Improving and Expanding Access to STD/HIV Screening, Treatment and Prevention Programs

The Need for Action

Women have the right to information on and access to all of their reproductive health options, including diagnosis and treatment of sexually transmitted disease (STDs). STDs, including HIV, are a serious public health problem in the United States. STDs cause profound, costly and even deadly conditions for women and their children, including infertility, pregnancy complications, cervical cancer and higher risk of contracting HIV.[132]

- Estimated annual costs of STDs and their complications to the United States are $8.4 billion.[133]

- The devastating effects of STDs and HIV are particularly acute for women of color, whose rates of infection are dramatically higher than those of white women[134] and who often have more limited access to adequate health care.[135]

Of even greater concern, a 2001 study suggests that the problem will only worsen with time unless sexually active young people are better educated about ways to protect themselves.

- A majority of sexually active African American teenage girls surveyed had grave misconceptions about STD/HIV prevention — more than 50 percent thought that all STDs were curable, that STDs do not increase the odds of HIV transmission and that douching after sex can protect against STD infection.[136]

Despite these alarming statistics and the profound health consequences of misinformation, the federal government continues to advocate for unproven abstinence-only sex education programs that can put teens at risk of STDs by prohibiting teachers from providing young people medically necessary STD/HIV prevention information.[137] Further, STD/HIV prevention and treatment programs vary widely in funding and impact,[138] and often ignore the cultural and socioeconomic barriers that prevent women of color and low-income women from seeking or obtaining adequate health care.[139]

The proactive policy options in this section focus on STD/HIV prevention and treatment initiatives to improve the reproductive health of women of color and low-income women. The primary goals of these policies are to:

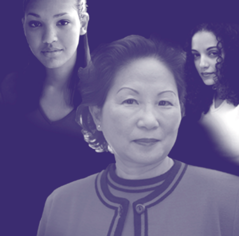
(1) increase the availability of STD/HIV prevention, screening and treatment services for low-income women and women of color;

(2) remove educational, cultural, linguistic and other barriers to such programs;

(3) improve the effectiveness of such programs;

(4) increase the availability of comprehensive and accurate sex education programs; and

(5) highlight that STD testing and treatment is a vital component of comprehensive reproductive health care.



WOMEN OF COLOR ARE DRAMATICALLY AFFECTED BY STDS

- **HIV/AIDS**: Although African American women represent only 13 percent of the United States female population, they accounted for almost two-thirds (63 percent) of new AIDS cases reported among women in 1999.[140] Similarly, Latinas represent only 11 percent of the female population, but accounted for 18 percent of new cases reported among women in 1999.[141] According to the surgeon general, African American and Latina women will make up 80 percent of women newly infected with HIV.[142] For African American women aged 25 to 44, HIV was the third leading cause of death in 1999.[143]

- **Chlamydia**: Chlamydia is the most commonly reported infectious disease in the United States and, according to the CDC, may be one of the most dangerous STDs among women today.[144] Chlamydia is one of the leading causes of Pelvic Inflammatory Disease (PID), which, in turn, can cause infertility.[145] Chlamydia may also cause life-threatening ectopic pregnancies and negative outcomes for newborn children, such as neonatal conjunctivitis and pneumonia.[146] African American women, Latinas, Asian American women and Native American women all have higher rates of chlamydia than white women. In fact, African American women's chlamydia rate is almost nine times, and Native American women's rate is over six times, the rate for white women.[147]

- **Gonorrhea**: After years of steady decline, gonorrhea infections are on the rise — especially among African Americans.[148] Gonorrhea rates among African Americans are more than 30 times higher than whites and more than 11 times higher than Latinos.[149] Untreated, gonorrhea is a major cause of PID and can lead to infertility and ectopic pregnancies.[150] Gonorrhea also has been shown to facilitate transmission of HIV.[151]

- **Herpes Simplex Virus Type-2 (HSV-2)**: HSV-2, also known as genital herpes, is one of the most common STDs in the United States. Symptoms of HSV-2 may be especially severe for those infected with HIV and may even make HIV transmission more likely.[152] Moreover, HSV-2 is potentially fatal in newborns.[153] A recent study found that African American women are at the highest risk of contracting this incurable, lifelong viral infection.[154] Researchers also found that only 7.8 percent of African Americans infected with HSV-2 had been previously diagnosed, compared to 23.4 percent of whites.[155] This is especially problematic because most herpes infections do not cause noticeable symptoms, but can still be transmitted.[156]

- **Human Papillomavirus (HPV)**: HPV, the virus that sometimes causes genital warts and also can lead to cervical cancer, is probably the most common STD in America.[157] Approximately 20 million people are infected in the United States, with 5.5 million new infections occurring each year.[158] Although cervical cancer is nearly 100 percent preventable through detection and treatment of precancerous cells, an estimated 13,000 women will develop the disease and 4100 will die from the disease in 2002.[159] The connection between HPV and cervical cancer is of particular concern for African Americans, who die from cervical cancer at twice the rate of whites.[160]

Developing Your Plan of Action

Before choosing a policy vehicle to expand and improve STD/HIV screening, treatment and prevention programs in your state, you should gather information on existing STD/HIV programs. Questions to ask include:

- What are the existing STD/HIV prevention and treatment programs available through your state Department of Health STD/HIV program? Has your state conducted a needs assessment to determine whether the programs are adequately serving the needs of all women?

  *If not, consider **Option 1**.*

- What is included in sex education programs in your state or local community? Do sex education courses address STD/HIV prevention methods beyond abstinence? Do they provide medically and factually accurate and objective information?

  *If not, consider **Option 2**.*

- Does your state Medicaid program adequately cover STD/HIV screening and treatment?

  *If not, consider **Option 3**.*

- Does your state public health department fund culturally appropriate STD/HIV screening and prevention programs for medically underserved people?

  *If not, consider **Option 4**.*

- Has your state developed a program to address the high rates of chlamydia reinfection?

  *If not, consider **Option 5**.*

GATHERING FACTS

The following organizations and resources can assist you in gathering information on STDs/HIV in your state:

The **National Minority AIDS Council's (NMAC)** report, EMPOWERMENT: A STRATEGY FOR HIV PREVENTION AND ACCESS TO CARE AMONG WOMEN OF COLOR, can be ordered by contacting (202) 483-6622. In addition, NMAC's website contains extensive resources, including GET THE FACTS ABOUT HIV/AIDS, available in both English, http://www.nmac.org/kioskpublic, and Spanish, http://www.nmac.org/kioskespanol;

The **American Social Health Association's (ASHA)** mission is to stop STDs and their harmful consequences to individuals, families and communities. Information on STDs can be found on ASHA's website, http://www.ashastd.org/news/factsheets.html;

The **Centers for Disease Control and Prevention's (CDC)** website contains STD/HIV data and statistics, factsheets and publications, including TRACKING THE HIDDEN EPIDEMICS: TRENDS IN STDS IN THE UNITED STATES 2000, http://www.cdc.gov. The CDC IN ESPANOL is available at http://www.cdc.gov/spanish;

The **Kaiser Family Foundation's State Health Facts Online** contains the latest state-level data on health coverage, access to services and health policy. The data is broken down by race, age, gender, income level and citizenship status, http://www.statehealthfacts.kff.org; and

The **Sexuality Information and Education Council of the U.S.** provides extensive information about comprehensive sex education at http://www.siecus.org.

Proactive Policy Options

OPTION 1

CONDUCT A NEEDS ASSESSMENT AND EVALUATION OF CURRENT STD/HIV PREVENTION, SCREENING AND TREATMENT PROGRAMS

BACKGROUND

An important step to improving access to and the effectiveness of STD/HIV programs for women of color and low-income women in your state is to analyze established programs. Depending on the size of your state, you may have a variety of existing programs that provide different levels of service. A comprehensive study can significantly improve your knowledge base, enabling you to better determine how to fill existing STD/HIV program gaps. Moreover, even where experts are confident about the most appropriate approach, an interdisciplinary study can be useful in creating the political consensus necessary to bring about change and can promote communication among stake-holders and service providers.

ACTION

Require the state to undertake a comprehensive needs assessment and evaluation of STD/HIV prevention, screening and treatment programs for women of color and low-income women.

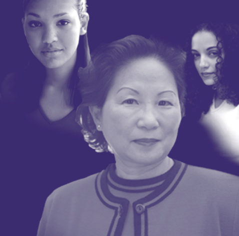
STRATEGY GUIDE

- **FIRST**, contact your state Department of Health to determine whether your state has recently conducted an adequate needs assessment study of HIV/STD programs that addresses the necessary breadth of issues for your state.

  > *Refer to the **Appendix** for contact information for the Association of State and Territorial Health Officials.*

- **IF NO SUCH STUDY EXISTS**, develop an effective policy campaign to require the state to conduct such a study.
  - *Refer to **Section 1** of this kit for key elements of a proactive policy campaign.*
  - *Use the **Model Legislation** in this section as a guide for your policy campaign.*
  - *Depending on the politics of your state, this option may be achieved without legislation by lobbying the appropriate decision-maker, such as the director of health or the governor.*

Keep in mind that this policy option will require additional state funds, which may be unrealistic if your state is facing a budget deficit. Nevertheless, even in a difficult political environment, your policy advocacy can highlight the need for effective STD/HIV screening, treatment and prevention programs for women of color and low-income women.



MODEL LEGISLATION

IMPLEMENT NEEDS ASSESSMENT AND EVALUATION OF STD/HIV PREVENTION, SCREENING AND TREATMENT PROGRAMS

A. Within two years following the date of enactment of this Act, the [Department of Health/Office of Women's Health/Office of Minority Health] shall coordinate a comprehensive needs assessment (assessment) and evaluation of the prevention, screening and treatment of STDs/HIV for low-income women and women of color in [state].

B. Such assessment shall be directed by a study panel consisting of governmental and non-governmental health policy experts, service providers, activists and community representatives. Membership in the study panel shall be determined by the [director of the Department of Health] in consultation with the governor, legislature and community representatives.

C. The assessment shall:

1. Examine low-income women and women of color's knowledge levels of and attitudes toward STD/HIV testing and treatment, as well as low-income women and women of color's access to STD/HIV-related health care;

2. Examine the effects of cultural and linguistic differences on knowledge, attitudes and use of the health care system;

3. Determine if existing programs for STD/HIV prevention, screening and treatment are culturally and linguistically appropriate for low-income women and women of color in the state;

4. Examine whether existing programs on STD/HIV prevention, screening and treatment are adequately integrated and coordinated to maximize effectiveness;

5. Examine whether existing programs on STD/HIV prevention, screening and treatment are cost-effective. In conducting this assessment, long-term savings and quality of life improvements due to prevention and early detection of STD/HIV shall be specifically considered;

6. Examine whether existing STD/HIV programs are taking full advantage of available federal and private sector funds; and

7. Determine whether existing STD/HIV programs are adequately funded.

D. If the study panel determines that additional funds would produce cost-effective improvements in health outcomes, it shall designate program improvements and expansions with specificity, including funds required and anticipated outcome improvements.

E. The assessment shall also include an evaluation component to assess the effectiveness of the program improvements and expansions recommended as a result of the assessment.

MODEL LEGISLATION

(CONTINUED)

F. As part of the study, the [Department of Health/Office of Women's Health/Office of Minority Health] shall determine whether federal funds are available to develop surveillance systems and research risk factors and prevention strategies, including, but not limited to, funds from the Centers for Disease Control and Prevention, the National Institutes of Health and the Health Resources and Services Administration. If such federal funds exist, the [Department/Office] is directed to use its best efforts to obtain such funds for this purpose.

G. The study panel shall make specific recommendations to the legislature, the governor, the director of the Department of Health and other appropriate actors on methods to improve the prevention, screening and treatment of STD/HIV for low-income women and women of color.

H. The study panel shall report its findings and recommendations to the legislature, the governor, the director of the Department of Health and the public by [date].

OPTION 2

PROMOTE RESPONSIBLE, COMPREHENSIVE SEX EDUCATION IN SCHOOLS

BACKGROUND

STDs disproportionately affect young women of color. For instance, young African American and Latina women account for more than 75 percent of the cumulative HIV infections reported among females between the ages of 13 and 24.[161] Lack of responsible, comprehensive sex education contributes significantly to this problem. A 2000 survey of more than 500 sexually active African American teenage girls from "high-risk, low-income" neighborhoods found that many do not know the basics about most STDs and how they are spread. One-third of the girls said they thought they "could always tell" if a partner had a STD and 40 percent of the girls did not know that STDs can lead to infertility if left untreated.[162] Age-appropriate, medically and factually accurate sex education that encourages abstinence while providing complete information on contraception and STD/HIV prevention is one of the most effective methods for protecting young people's health.[163]

- Respected studies demonstrate that responsible sex education delays sexual initiation, decreases teen pregnancy and childbirth and increases the use of contraceptives.[164] Moreover, medical experts and parents overwhelmingly support responsible sex education.[165]

- Nevertheless, some policy-makers continue to advocate for unproven abstinence-only programs that can put teens at risk of pregnancy and STDs by censoring teachers from providing medically necessary reproductive health information.[166]

- In particular, the federal government has prioritized abstinence-only programs, sinking over $500 million into curricula that censor information about contraception use beyond its failure rate.[167] These programs fail to teach sexually active young people how to protect themselves and often contain inaccurate information that contradicts the teaching of public health experts.[168]

- Current scientific research fails to show that abstinence-only programs are effective. In 2001, the National Campaign to Prevent Teen Pregnancy found *no credible* studies of abstinence-only programs showing any significant impact on participants' initiation or frequency of sex.[169]

Promoting the provision of medically and factually accurate, responsible sex education in our schools is an important means of ensuring that teens have the skills and knowledge to protect themselves from STDs, whether through abstinence or through consistent contraception use, including condoms, and to seek STD/HIV screening and treatment if they have been sexually active.

- More than half of all teens aged 15 to 19 years old in the U.S. have had sex.[170]

- Approximately one quarter of all new STD cases occur in teens aged 15 to 19.[171] About one-half of all new cases of HIV infection occur among people under the age of 25.[172]

- Comprehensive sexual health and HIV prevention education decreases rates of STD infection.[173]

ACTION

Require schools to teach age-appropriate, comprehensive and medically and factually accurate sex education.

STRATEGY GUIDE

- **FIRST,** contact your state board of education or local school board to determine whether responsible sex education is already required.

  > *Refer to the **Appendix** for contact information for the National Association of State Boards of Education.*

- **NEXT,** determine whether your state has accepted federal abstinence-only funds, and how it has allocated those funds.

  - *How the funds are allocated may affect your ability to pursue comprehensive sex education policies. Contact NARAL Pro-Choice America Foundation's Proactive Policy Institute at (202) 973-3000 or proactive@prochoiceamerica.org for advice with respect to your state.*

- **IF SEX EDUCATION IN YOUR STATE IS INADEQUATE,** develop an effective strategy, using the model legislation in this section as a guide, to enact legislation or a school board policy to guarantee responsible sex education in schools.

  - *When developing your strategy, refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.*

  - *Use the **Model Legislation** in this section as a guide for your policy campaign.*

  - *In some states, abstinence-only education may already have a strong foothold. In such instances, legislative approaches that promote responsible sex education without directly mandating it, or that respond directly to the proliferation of abstinence-only education, may be more appropriate.*

- *Also, consider other legislative options, such as requiring the evaluation of abstinence-only programs or requiring that any sex education taught be medically and factually accurate — useful vehicles for highlighting the effectiveness and importance of responsible sex education.*

This policy option will require an allocation of state funds and may face opposition because of budget concerns. However, you can counter this argument by showing that responsible sex education decreases rates of STD/HIV infection, thus saving the state long-term public health costs.

MODEL LEGISLATION

REQUIRE RESPONSIBLE STD/HIV PREVENTION EDUCATION IN SCHOOLS

A. The [Board of Education] shall adopt rules requiring schools to teach age-appropriate, comprehensive and religiously neutral sex education that includes education on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases (STDs), including HIV; that develops skills in communication, decision-making and conflict resolution; that contributes to healthy relationships; that promotes responsible sexual behavior and that teaches skills for responsible decision-making regarding sexuality.

B. All sex education courses taught in schools must provide medically and factually accurate and objective information.

C. "Medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and: (1) published in peer-reviewed journals where applicable; or (2) comprising information that leading professional organizations and agencies with relevant expertise in the field, such as the American College of Obstetricians and Gynecologists (ACOG), recognize as accurate and objective.

OPTION 3

EXPAND MEDICAID COVERAGE OF STD/HIV SCREENING AND TREATMENT

BACKGROUND

Diagnosis and treatment of STDs, including HIV, comprise a central part of women's reproductive health care, and Medicaid is a major provider of health services for low-income women.[174] However, state Medicaid coverage for STD/HIV diagnosis and treatment varies widely. For example:

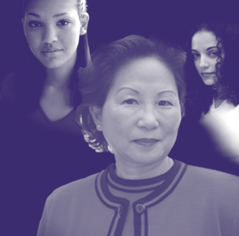
- Nine states consider STD tests and lab services to be family planning services in all cases.[175]
- Twenty-six (26) states will classify STD tests, and 27 states will classify STD lab services, as family planning only if provided during a family planning visit.[176]
- Many other states do not include STD/HIV testing or treatment within the definition of family planning services, which prohibits beneficiaries from going out-of-network for such care.[177] Wisconsin, for example, covers STD/HIV testing, counseling and treatment through its Medicaid managed care network, but does not include STD treatment in the definition of family planning services.[178]

Because of the complexity of the Medicaid system and the range of available testing and treatment options, ensuring Medicaid coverage of STD/HIV programs could take several different forms depending on your state. Ideally, a broad range of STD/HIV programs would be included under Medicaid family planning services, which have two major advantages over other Medicaid programs:

- The family planning program is funded 90 percent by the federal government and only 10 percent by the state, compared with a much less favorable federal match for other health care services.[179] Therefore, bringing more STD/HIV programs under the family planning program may permit your state to expand coverage with a small investment of state funds.
- Medicaid beneficiaries in managed care plans may access any Medicaid-certified family planning provider, including those outside of their assigned network.[180] This provision is especially important if services are refused due to moral or religious reasons. *For more information on religious refusals, refer to **Section 4** of this kit.*

ACTION

Require the state to include STD/HIV screening and treatment under the Medicaid definition of family planning.



ALTERNATIVE OPTIONS FOR EXPANDING ACCESS TO STD/HIV SCREENING AND TREATMENT PROGRAMS THROUGH MEDICAID

Even if STD/HIV services are not classified as family planning, these services could, and should, be covered by Medicaid. Other possible policy options that you may consider include, but are not limited to:

- Include a broad range of STD/HIV programs in your state Medicaid program, either through legislation or by lobbying your state Medicaid director; and

- Seek a federal Section 1115 expansion waiver to cover people with HIV who would not otherwise qualify for Medicaid.

For more information on expanding Medicaid coverage, refer to **Section 4** of this kit.

STRATEGY GUIDE

- **FIRST**, determine whether your state's Medicaid program covers STD/HIV programs under the definition of family planning.

  > *Due to the complexity of the Medicaid system and the vast range of available STD/HIV services, it is highly recommended that you contact your state Medicaid director, as well as one of the many advocacy organizations that specialize in Medicaid expansion policies. Research and advocacy links are listed in the* ***Gathering Facts*** *box in this section,* ***Section 4*** *and the* ***Appendix****.*

  > *For state-specific information, also refer to NARAL/NY's Medicaid Managed Care Report, which provides information about each state Medicaid program's STD/HIV coverage, http://medicaidmanagedcare.naralny.org.*

- **IF STD/HIV PROGRAMS ARE NOT CONSIDERED FAMILY PLANNING SERVICES,** contact your state Medicaid agency to determine:

  (a) which state official(s) are empowered to expand the family planning definition; and

  (b) whether a legislative campaign is necessary to implement the change.

- **FINALLY**, develop an effective policy campaign to expand the Medicaid family planning definition.

  > *Refer to* ***Section 1*** *to identify key elements of a proactive policy campaign.*

  > *Whether working directly with the Medicaid director or embarking on a legislative campaign, use the* ***Model Legislation*** *in this section as a guide for your policy campaign.*

  - *For additional policy options, refer to the box in this section entitled* ***Alternative Options for Expanding Access to STD/HIV Screening and Treatment Programs through Medicaid*** *and contact one of the advocacy groups listed in this section and the* ***Appendix*** *that specializes in STD/HIV policy initiatives.*

In the short-term, providing more family planning services will require additional state funds. However, any budget concerns related to this policy option can and should be countered by pointing out:

- The long-term cost-effectiveness of increasing STD/HIV screening and treatment; and
- The fact that the state contribution will actually be limited to just 10 percent of the total cost, with the federal government providing a 90 percent match.[181]

MODEL LEGISLATION

ENSURE COMPREHENSIVE COVERAGE OF STD/HIV PROGRAMS UNDER MEDICAID

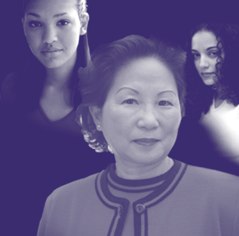
A. The state [Medicaid Program] shall include STD/HIV screening and treatment programs within the definition of family planning.

B. Under the family planning program, the State Medicaid Program shall provide coverage for annual STD/HIV screening tests for enrollees who are not more than 29 years old or who are at the highest risk of infection, according to guidelines determined by leading professional organizations and agencies with relevant expertise in the field, such as the American College of Obstetricians and Gynecologists or the Centers for Disease Control and Prevention.

C. Under the family planning program, the State Medicaid Program shall provide coverage for treatment of STD/HIV infection.

D. Covered screening and treatment methods shall include any medically appropriate [FDA-approved] screening or treatment method recommended by the treating health care provider, which shall be reimbursed at the reasonable and customary rates.

E. Coverage required under Section A of this Act may be subject to the deductibles, co-pays, coinsurance provisions or other limitations as to coverage as are applied to the most favorably treated, from the perspective of the Medicaid enrollee, of other covered medical services.



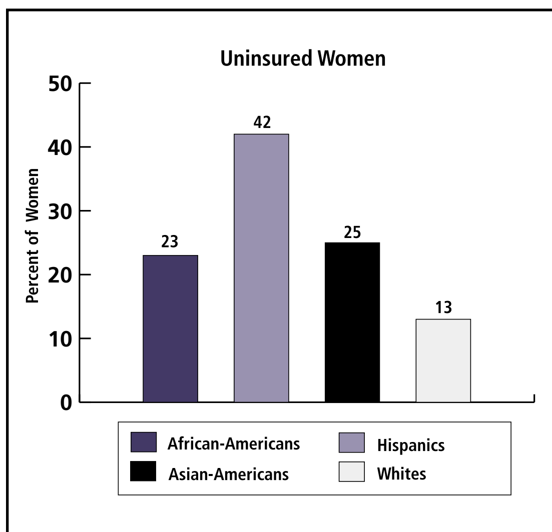
OPTION 4

PROMOTE STD/HIV SCREENING AND PREVENTION PROGRAMS FOR MEDICALLY UNDERSERVED POPULATIONS

BACKGROUND

In some states, expanding existing free or subsidized health care may be sufficient to reach the majority of people needing access to STD/HIV prevention. However, in other states more creative means are necessary to reach people who are unlikely to seek health care from a doctor or community health center for many different reasons, including lack of insurance, language barriers, cultural insensitivities and racial discrimination.

- Many women of color **lack health insurance** or have limited coverage and benefits compared to white women. About 42 percent of Hispanics, 23 percent of African Americans and 25 percent of Asian Americans are uninsured, compared to 13 percent of whites.[182]



- **Language barriers and bias** prevent many people of color, especially recent immigrants, from seeking medical care. In a 1999 Texas study, 14 percent of Latinos felt they had been judged unfairly or treated with disrespect because of how well they spoke English, compared to one percent of whites.[183]

- A focus group of women of color with HIV/AIDS overwhelmingly agreed that **cultural insensitivities** in public and private health care affects the "design and delivery of health care services."[184]

- People of color often avoid seeking health care because of **racial and ethnic discrimination**. A significant number of African Americans avoid HIV/AIDS prevention programs because of distrust from past abuse, such as the notorious Tuskegee syphilis study.[185]

To best reach medically underserved populations, STD/HIV screening and prevention services should be incorporated into medical care wherever women receive family planning or prenatal care services. In addition, screening and prevention programs should include intensive outreach in settings frequented by targeted populations, and such services should be provided with cultural and linguistic competency appropriate to the particular women being served.

RACIAL AND ETHNIC DISCRIMINATION IN HEALTH CARE

A survey conducted by the Kaiser Family Foundation found that 35 percent of African Americans and 36 percent of Latinos said that they, a family member or friend had been treated unfairly because of their race or ethnicity when seeking medical care, compared to 15 percent of whites.[186]

ACTION

Direct the state to create pilot projects that promote culturally and linguistically competent STD/HIV screening and prevention programs for women of color and low-income women.

STRATEGY GUIDE

- **FIRST**, determine whether your state is currently conducting any demonstration projects that promote STD/HIV screening and treatment for medically underserved populations.

  > *For assistance, contact your state Department of Health, Office of Women's Health or Office of Minority Health.*

- **IF SO,** determine whether the existing programs meet the breadth of requirements outlined in the **Model Legislation** in this section.

- **IF NO PROGRAMS CURRENTLY EXIST, OR IF THOSE THAT DO EXIST ARE INADEQUATE IN REACHING MEDICALLY UNDERSERVED POPULATIONS**, develop an effective policy campaign to require effective, culturally competent STD/HIV screening and treatment demonstration projects.

- *Refer to **Section 1** to identify key elements of a proactive policy campaign.*

- *Use the **Model Legislation** in this section as a guide for your policy campaign.*

  > *Successful STD/HIV screening and prevention projects should be tailored to fit the needs of each particular state. To access information about community demonstration projects, go to the Centers for Disease Control and Prevention (CDC) website, http://www.cdc.gov/hiv/projects/acdp/acdp.htm. For further assistance in tailoring programs that best fit your state, contact one of the many advocacy organizations listed in the **Gathering Facts** box in this section and in the **Appendix**.*

Creating demonstration projects requires additional state funds. However, any budget concerns related to this policy option can and should be countered by pointing out the long-term cost-effectiveness of STD/HIV screening and prevention programs that target high-risk populations. Additionally, the model legislation in this section contains a cost-shifting provision directing the state to seek any available federal funds for the projects.

MODEL LEGISLATION

PROVIDE STD/HIV SCREENING AND TREATMENT FOR THE MEDICALLY UNDERSERVED

A. The director of the state [Department of Health] shall create [annually] [1-2] demonstration projects to bring STD/HIV screening and treatment to medically underserved individuals who are not accessing community health centers or other safety-net providers.

B. Such programs shall be appropriately tailored to address the cultural, linguistic and economic barriers to access in communities at high risk of STD/HIV infection.

C. The director of the state [Department of Health] shall determine whether federal funds are available to develop demonstration projects including, but not limited to, funds from the Centers for Disease Control and Prevention, the National Institutes of Health and the Health Resources and Services Administration. If such federal funds exist, the [Department of Health] is directed to use its best efforts to obtain such funds for this purpose.

D. By [date] the director shall report to the legislature on the success of the demonstration projects by describing positive outcomes with respect to STD/HIV prevention, screening and treatment caused as a result of the projects.

E. [ ] dollars are appropriated for these demonstration projects.

OPTION 5

ESTABLISH PROGRAMS TO PREVENT AND TREAT CHLAMYDIA REINFECTION

BACKGROUND

Chlamydia is the most frequently reported infectious disease in the United States.[187] It is also the leading cause of preventable infertility,[188] and it exacts a significant toll on women of color.

- African American women, Latinas, Asian American women and Native American women all have higher rates of chlamydia infection than white women.[189]
- In fact, African American women's chlamydia rate is almost nine times, and Native American women's rate is over six times, the rate for white women.[190]

Because chlamydia is so often asymptomatic, reinfection is a common and serious problem. Seventy-five (75) percent of women and 50 percent of men infected with chlamydia have no symptoms,[191] leaving many people untreated. But even when women are successfully treated, ongoing sexual exposure to untreated partners is considered the most common cause of repeat infection, which conveys a higher risk of complications.[192] And the low rates of reported chlamydia-infected men suggest that many of the partners of chlamydia-infected women are neither screened nor treated.[193]

Partner treatment is essential to curbing chlamydia reinfection. In fact, well-respected STD experts believe that no woman infected with chlamydia can be considered adequately treated until all of her sexual partners have also been treated.[194] And partner treatment works — providing medication to male partners of chlamydia-infected women has been shown to reduce rates of reinfection by 20 percent.[195]

Public health programs have tried different techniques to decrease the incidence of chlamydia, but chlamydia infections — and reinfections — continue to rise.[196] New public health strategies that allow for treatment of sexual partners without examinations are necessary to effectively address this problem.

ACTION

Require the state to develop a pilot program to effectively prevent and treat chlamydia reinfection.

STRATEGY GUIDE

- **FIRST**, determine whether any established programs in your state address chlamydia. Do any specifically treat the partners of women who test positive for chlamydia?

  > *Contact your state Department of Health or the Centers for Disease Control and Prevention for more information on existing chlamydia programs.*

- **IF NO PROGRAMS CURRENTLY EXIST, OR IF EXISTING PROGRAMS ARE INADEQUATE**, develop an effective policy campaign to establish chlamydia reinfection prevention programs.

  > *Refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.*

  > *Use the **Model Legislation** in this section as a guide for your policy campaign. The legislation intentionally leaves the details of a chlamydia reinfection prevention program to the discretion of the state director of health and allows for some experimentation to determine the most appropriate program for your state.*

  > *Depending on the politics of your state, this option may be achieved without legislation by lobbying the appropriate decision-maker, such as the director of health or director of STD/HIV programs.*

Implementing chlamydia reinfection programs will require state funds and may thus face opposition in states with budget crises. This argument can be addressed by contrasting the costs of chlamydia infection and reinfection with the long-term cost savings of effective chlamydia programs. In addition to jeopardizing women's reproductive health, the annual cost of chlamydia treatment in the United States is more than $2 billion.[201] But the CDC estimates that every dollar spent on screening and treatment saves $12 in complications that result from untreated chlamydia.[202]

CALIFORNIA'S CHLAMYDIA REINFECTION PREVENTION PROGRAMS ILLUSTRATE THE NEED FOR INCREASED STATE ADVOCACY

In response to the dramatic rise in chlamydia rates, states have proposed innovative policies. For example, the California legislature recently passed a law, widely supported by the medical community, that allows doctors to prescribe medication for the sexual partners of patients diagnosed with chlamydia without an examination of the partners.[197] California tried to take its chlamydia reinfection prevention program even further by proposing that Medi-Cal, the state's Medicaid program, pay for chlamydia medications for the sexual partners of infected Medicaid beneficiaries.[198] However, the Centers for Medicare & Medicaid Services, the federal agency that oversees the Medicaid system, rejected the proposal because it does not comply with Medicaid program rules that require service only for those directly eligible.[199] California state health officials are currently exploring other options to fund the program and hope to provide partner treatment at free clinics and other publicly funded programs.[200]

MODEL LEGISLATION

PREVENT CHLAMYDIA REINFECTION

A. The state Department of Health shall institute a pilot program to treat the sexual partners of any Medicaid-eligible person who receives treatment for chlamydia infection.

B. The state Department of Health shall determine whether federal funds are available to develop demonstration projects including, but not limited to, funds from the Centers for Disease Control and Prevention, the National Institutes of Health and the Health Resources and Services Administration. If such federal funds exist, the Department of Health is directed to use its best efforts to obtain such funds for this purpose.

C. Stage 1 of the pilot program will be a three-year project to screen, treat and counsel the sexual partners of each Medicaid-eligible person infected with chlamydia.

D. Two years after the initiation of this program, the director of the Department of Health will report to the legislature on the impact of the program. Results of the report will be made available to the public.

E. [ ] dollars are appropriated for each of the next three fiscal years for this purpose.

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