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U.S. Department of Health and Human Services
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Washington, DC 20024
Attention Dr. Tammy Beckham

**Association of State and
Territorial Health Officials**

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Developing a STD Federal Action Plan

Comments from the Association of State and Territorial Health Officials

In response to the May 3, 2019 Request for Information, ASTHO's Infectious Disease Policy Committee is pleased to provide comments for consideration in the development of the first-ever Sexually Transmitted Disease (STD) Federal Action Plan. The Committee is comprised of state health officials, senior deputies, and other state health agency infectious disease experts. The comments below summarize the Committee's input.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, the District of Columbia, and over 100,000 public health professionals these agencies employ. Public health agencies play a critical role in preventing, detecting, and responding to STDs. ASTHO is committed to supporting this work across the states and territories through capacity building, technical assistance, and thought leadership.

The development of the STD Federal Action Plan is particularly timely, given the steep and sustained increases in STD rates across the U.S. The concurrent updates of both the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan also present opportunities to address coinfection through a coordinated approach. Though the STD Federal Action Plan will focus primarily on activities that federal agencies can undertake, ASTHO recognizes the critical role that state and territorial health agencies will play in advancing federal priorities in the field. We look forward to collaborating with federal partners to align strategies and optimize implementation of STD prevention and control approaches across the continuum of governmental public health.

How the federal government can address the rising rates of STDs:

Cases of chlamydia, gonorrhea, and syphilis have reached an all-time high, while federal funding dedicated to STD prevention has steadily declined over the past 16 years. State and territorial health agencies are a critical line of defense in reducing STD rates across the nation but increased and sustained public health investments are necessary for these agencies to turn the tide in the STD epidemic. ASTHO urges the federal government to address rising STD rates by expanding the critical resources needed to support health agency infrastructure and workforce, encouraging healthcare partner engagement and education, and supporting access to high-quality, evidence-based STD services. Specific recommendations follow:

- **Increase resources to support state and local STD core public health infrastructure** and enhance capacity to investigate and respond to the STD epidemic.
- **Prioritize funding to expand the workforce** supporting critical STD surveillance activities and field services. Optimize existing staff efforts by identifying best practices for disease intervention and data collection.
- **Increase resources and training opportunities for disease intervention specialists (DIS).** DIS are a critical part of the STD workforce but are increasingly overburdened and under-resourced. Jurisdictions that cover large, predominantly rural geographic areas encounter specific challenges in ensuring adequate DIS support across their communities. Specific recommendations relating to DIS follow:



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- *Provide funding for recruitment, employment and training:* Resources to adequately compensate and attract new workers is crucial, in addition to continued trainings and development for seasoned DIS. Certification for this work should be pursued to ensure sustainability and common job competencies.
- *Evaluate and communicate priority DIS job functions:* DIS are increasingly asked to do more (e.g., identify drug overdoses, distribute naloxone, conduct primary financial eligibility assessments) while STD burden increases and resources plateau or decrease. Federal partners should explore increasing support for this workforce to address the increased job responsibilities and—in the current under-resourced environment—work with state and local health agencies to provide guidance for prioritizing core job functions.
- **Continue and enhance support for public health response to congenital syphilis.** Prioritizing active surveillance and case detection is critical in stemming the rise of congenital syphilis.
- **Create opportunities for developing collective impact solutions** by removing barriers to or instituting requirements for cross-program and agency collaborations, braided funding opportunities, etc.
- **Provide clinical and public health guidance and recommendations** to address the changing STD landscape, such as the recommendations for 3rd trimester syphilis screening among pregnant women in high morbidity areas.
- **Develop or expand partnerships with allied health professionals** to broaden the impact of efforts to reduce STDs. Non-traditional partners may include the following:
 - *Pharmacists:* Engage and educate about expedited partner therapy (EPT) and cultivate champions at chain and independent pharmacy systems who can build and support internal processes that allow pharmacists to accept EPT prescriptions. Involve professors and students at colleges of pharmacy and solicit support from professional associations for pharmacists. Work with pharmacies to provide STD screening and sexual health services that are accessible to adolescents.
 - *Dentists:* Engage and educate about the link between throat cancer and human papillomavirus (HPV). Work with dental associations to encourage dentists to offer HPV vaccinations to young people, and as appropriate, explore legal barriers that may limit practitioners from offering the vaccine.
- **Support access to comprehensive and affordable STD services.** In under-resourced jurisdictions there is frequently limited or no funding—apart from federal resources—to support adequate STD clinical services for populations at risk. Young people, for example, are frequently un- or under-insured, or not on an independent policy, and many jurisdictions are unable to offer sufficient free STD services. Federal partners should prioritize support for state and local STD clinics, which provide timely and comprehensive services to populations at risk. To increase accessibility, explore incentivizing health agencies and federally qualified health centers (FQHCs) to provide STD services for extended hours and during the weekend. Protect funding for access to high-quality, evidence-based reproductive healthcare services, including through Title X.
- **Improve access to and implementation of extragenital testing.** Extragenital testing is critical for detecting and controlling STDs. However, inadequate patient and provider awareness of multi-site testing recommendations, inconsistent access to the appropriate testing technology, and the inability in some jurisdictions to bill for extragenital tests present significant challenges. Federal partners should prioritize funding to increase patient and provider awareness about extragenital testing and develop strategies to improve access to and billing for the appropriate diagnostic tests.



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- **Develop an enhanced research agenda** at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health to target medical, laboratory, and public health interventions with potential for the highest impact on reduction of STD transmission and adverse outcomes. This research agenda could include priority areas such as:
 - *Medical/Laboratory*: Prioritize chlamydia vaccine development, rapid syphilis diagnostics, molecular diagnostics for antibiotic-resistant gonorrhea, and screening for HPV-induced oropharyngeal precancerous lesions.
 - *Public Health*: Fund and evaluate pilots for innovative public health solutions, such as alternative partner service models, provider detailing, and assessment of HIV prevention outcomes related to follow-up of extragenital STD cases.
- **Explore opportunities to reduce the price of cefixime** so that it can be prescribed when appropriate for gonorrhea treatment. High costs have resulted in hospitals removing the drug from their formularies and make its use for EPT a challenge.

Strategies that can be implemented by federal agencies to improve the efficiency, effectiveness, coordination, accountability, and impact of the national response to increasing rates of STDs for all priority populations:

A coordinated public health response across all levels of government is critical for the nation's response to the unprecedented rise in STDs. Meaningful integration of STD treatment and prevention priorities across the programs and policies instituted by federal agencies will support state and territorial health agency efforts to address STDs through a comprehensive, patient-centered approach. Other recommendations for improved effectiveness reinforce the importance of bolstering state and local public health infrastructure and increasing access to STD treatment and care. Specific recommendations follow:

- **Improve communication and coordination across federal centers and agencies** related to STD, HIV, hepatitis, reproductive health, unplanned pregnancy prevention, and substance use and misuse. Align and support STD-related clinical guidance, accountability measures, and reporting requirements across federal agencies that affect public health and healthcare (e.g., CDC Division of STD Prevention, CDC Division of HIV/AIDS Prevention, the Health Resources and Services Administration [HRSA], the Centers for Medicare and Medicaid Services, etc.).
- **Apply a more holistic approach to federal responses to substance use and misuse and the infectious disease syndemics.** As appropriate, integrate STDs into federal substance use and misuse plans, so that jurisdictions can leverage the federal platform to facilitate cross-agency and sector collaboration.
- **Optimize national performance metrics for STD prevention and control,** so that reporting efforts effectively quantify priority and required activities. Efforts should be made to remove metrics that no longer accomplish this goal.
- **Support initiatives that promote STD awareness** through health communication campaigns and patient/provider education.
- **Create funding opportunities and program structures that incentivize public health and primary care partnerships** to improve population health.
- **Evaluate DIS workload, process, and outcomes,** and work with state and local health agencies to make recommendations regarding staffing levels and work processes for optimal effectiveness.
- **Advance DIS certification** to support the professionalization of this role in the community. As appropriate, develop a tiered structure for DIS positions for job advancement and national deployment. Expanding the definition of billable services



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to include DIS activities (e.g., field specimen collection and treatment) would also support sustainable funding for these positions.

- **Prioritize investments for outbreak control**, including expanding the workforce, testing and treatment, and data analysis required to effectively respond to an STD outbreak.
- **Develop a dedicated CDC response team** that provides assistance as needed to programs across the nation when faced with outbreaks, staffing shortages, and training and education needs. This team could provide recommendations to improve program performance, refresher trainings to DIS and other program staff, and serve as a surge capacity workforce to conduct quality patient interviews during outbreak response.
- **Leverage opportunities to prevent HIV by** enhancing access to pre-exposure prophylaxis (PrEP) for populations accessing STD clinics.
- **Encourage the use of federal funds to improve access to STD clinical services** by supporting health agencies and FQHCs in using resources to provide extended or alternative clinic hours.
- **Support the provision of STD medications and clinical services through federal funding**, especially for those clinics that do not have the ability to bill.
- **Ensure access to appropriate STD treatment options.** Collaborate with pharmaceutical companies in developing new antibiotics. Explore opportunities to prevent and respond to drug shortages (e.g., Bicillin) and increase effective treatment options for gonorrhea.
- **Improve testing technologies.** Enhance point-of-care tests to include both screening and confirmation labs.
- **Study the long-term outcomes of exposure to syphilis for children** in order to develop more accurate mechanisms for identifying congenital syphilis, rather than solely relying on the lab, treatment, or morbidity history of the mother.
- **Assist programs with updating their syphilis reactor grids** to help prioritize their workload.

Barriers to populations receiving quality STD health services:

State and territorial health agencies face an array of barriers in preventing and responding to STDs in the communities they serve. Structural barriers (e.g., time or distance to STD health services), economic obstacles, and patient/provider lack of awareness or stigmatizing perceptions are cited as challenges in combating the STD epidemic. Specific barriers include:

- **Limited access to STD services:** Lack of public and reliable transportation; limited hours of access to health agencies and FQHCs providing STD clinical services; lack of access to family planning services.
- **Inadequate resources** for health agencies seeking to provide consistent and comprehensive STD services (e.g., lack of qualified staff and availability of specialty health care providers). Closures of health department STD specialty clinics which provide low- or no-cost care to populations that may otherwise not have access to care.
- **Sexual healthcare not normalized as standard part of primary care** and lack of comfort among medical providers in talking about sexual health.
- **Reimbursement structures that restrict ability to provide integrated care**, such as restrictions on drug treatment facilities' ability to provide or bill for primary care services.
- **Insufficient primary care provider networks:** lack of providers in rural and high-need or low-resourced areas; insufficient mid-level providers; reductions in the incoming provider and nurse supply chains. In some small communities, healthcare staff may



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be related or socially connected to patients, thus discouraging patient access of services.

- **Challenges related to onsite dispensing of treatment** which result in treatment delays or incomplete treatment, such as lack of Medicaid reimbursement for EPT, Bicillin costs, and capitated funding that disincentivizes onsite dispensing.
- **Gaps in provider knowledge** which may lead to misdiagnosis and inadequate treatment. In small communities, provider service manuals may be outdated or fail to integrate comprehensive health services.
- **Inadequate funding and clinical networks for delivering culturally appropriate care for populations at risk**, including youth, lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations, people experiencing homelessness and/or mental illness, people who are incarcerated, as well as people using or injecting drugs.
- **Social and self-stigma** associated with seeking STD services or disclosing risk factors, particularly in rural areas.
- **Structuralized stigma within delivery systems**, including inadequate reimbursement for more complex patients or visits, and the ability to deny provision of services due to personal beliefs.
- **Healthcare barriers and clinical quality gaps along the congenital syphilis continuum**, including lack of syphilis screening among women of child-bearing age in high morbidity areas, prenatal care barriers for vulnerable populations, missed opportunities for screening in emergency room settings, and gaps in syphilis management in labor and delivery.
- **Distrust of the government** amongst some communities, which can extend to distrust of health agencies and staff (e.g., DIS), resulting in and reluctance to engage in care.

Strategies that can be implemented to overcome these barriers:

State and territorial health agencies work tirelessly to address barriers to STD prevention and treatment within their jurisdictions. The recommendations below outline successful efforts in this area and additional opportunities to optimize strategies for addressing structural, economic, and behavioral obstacles:

- **Invest in innovation and evaluation regarding alternative care delivery systems** and integration of care delivery into non-traditional settings that better reach and serve marginalized and affected communities (e.g., telemedicine, field services, street medicine, and screening in drug treatment facilities).
- **Ensure accountability measurement of STD screening and treatment** by practices and providers, including within HIV care settings (i.e., requiring Ryan White HIV/AIDS Program recipients to measure STD screening and treatment), primary care settings such as FQHCs (e.g., adding chlamydia screening to HRSA Uniform Data System metric set).
- **Invest in clinical quality improvement interventions** to address care gaps along the congenital syphilis continuum, including ensuring routine syphilis screening among women of childbearing age in high morbidity areas, prenatal screening among at-risk or marginalized communities (i.e., pregnant women experiencing homelessness, mental illness, use drugs), and appropriate screening and management during labor and delivery.
- **Ensure availability of clinical services during extended or alternative clinic hours**, provided by individuals who are appropriately trained to take comprehensive history, provide comprehensive services (e.g., extragenital testing, EPT, partner services and referrals to social/other services).



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- **On an ongoing basis, offer training opportunities and certifications for providers** (e.g., within medical education curriculum, fellowship opportunities, training centers, certification programs) on integrating sexual healthcare into primary care and providing culturally competent care to youth and to at-risk and complex-need communities.
- **Improve provision of culturally-competent care** by encouraging and incentivizing individuals from affected communities to enter the healthcare field.
- **Explore use and expansion of mobile units** to provide on demand STD services where the populations at risk are located.
- **Support school nurses and other educators** in providing appropriate information and resources to students about sexual health and disease prevention.

How federal agencies can influence, design and implement STD-related policies, services and programs in innovative and culturally-responsive ways for priority populations:

State and territorial health agencies have strong expertise in infectious disease prevention and response, and an in-depth understanding of the communities they serve. This knowledge is foundational as they develop and deliver innovative and culturally-competent policies and programs. The recommendations below highlight opportunities for federal partners to align and expand on this work:

- **Promote sexual health education** that is comprehensive, medically accurate, age-appropriate, and includes tailored information for priority populations.
- **Offer special incentives for providers who serve priority populations** such as people who are experiencing homelessness, mental illness, or using drugs. Incentives may take the form of medical education loan forgiveness for years of service, and higher reimbursement rates for longer visits for complex patients.
- **Continue to update the STD treatment guidelines for providers.** As appropriate, refine STD treatment guidelines to reduce provider misinterpretation.
- **Promote best practices for prenatal care** for women who use drugs or who are experiencing homelessness. Consider recommending maternal testing at first and third trimesters, as well as during labor and delivery for states with high morbidity.
- **Create reimbursement structures that support delivery of complex and cross-cutting care** (e.g., STDs, substance abuse, mental health) to build a comprehensive care model. Ensure adequate reimbursement for DIS activities and complex case management. Improve billing and reimbursement opportunities for STD clinics.
- **Update and modernize the program operating guidelines and standards** for DIS and surveillance performance.
- **Incorporate flexibility in federal funding language** to allow jurisdictions to direct resources to interventions that best meet the needs of that area.

How the federal government can help reduce STD-associated stigma and discrimination:

Stigma and discrimination associated with STDs influence all levels of the diagnosis and care continuum, from provider discomfort in taking sexual histories to patient hesitancy in seeking STD testing and treatment services. These factors in turn challenge state health agency efforts to identify, track, and link cases to care. Comprehensive efforts across public health and primary care should be implemented to reduce STD-associated stigma and discrimination. Specific recommendations follow:



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- **Increase federal visibility of support for communities that are most impacted by STDs** and associated negative health outcomes.
- **Support policies that prohibit discrimination** in healthcare settings due to demographic and social factors including sexual orientation, gender identity, drug use, housing situation, mental illness, immigration status, incarceration history, and age.
- **Fund and support local, state, and national advertising campaigns** to reduce the stigma and discrimination associated with STDs. Adapt broad media campaigns to specific service areas and populations. For HPV, promote messages that encourage vaccine uptake and engage parents as a target audience.
- **Promote medical and public health training programs** for culturally competent services. Promote use of gender-inclusive language throughout all levels of healthcare and education.
- **Develop standard tools for providers that incorporate inclusive language** and encourage patients to be forthcoming with their medical provider about their sexual history and risk.
- **Support clinics and mobile units that serve culturally and sexually diverse populations.** Promote engagement of outreach workers who can communicate competently with individuals at risk, and adoption of policies that help individuals feel comfortable in seeking services.
- **Consider the social, environmental, and structural issues** that place communities at a disproportionate risk when developing programs and policies to address STDs and comorbidities.

ASTHO appreciates the opportunity to comment on the development of the STD Federal Action Plan. We look forward to collaborating closely with federal partners to promote improved outcomes for STD prevention, care, and treatment in the United States.

For additional information about ASTHO’s activities to support STD prevention and response at state and territorial health agencies, please contact Elizabeth Ruebush, ASTHO’s Director of STD, HIV, and Viral Hepatitis (eruebush@astho.org).

Sincerely,

Michael Fraser, PhD, MS, CAE, FCPP
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