BEFORE THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY

Request for Information (RFI): Developing an STD Federal Action Plan	**)** **)**	84 Fed. Reg. 19086

Submitted via STDPlan@hhs.gov

COMMENTS OF WHITMAN-WALKER HEALTH

Whitman-Walker Health (WWH or Whitman-Walker) submits these comments in response to the Centers for Disease Control and Prevention's request for information published on May 3, 2019. We strongly support the creation of a federal action plan for sexually transmitted diseases (STDs) – or more accurately, sexually transmitted infections (STIs).[1]

EXPERTISE AND INTEREST OF WHITMAN-WALKER HEALTH

Whitman-Walker Health is a community-based, Federally Qualified Health Center offering primary medical care and HIV specialty care, community health services and legal services to residents of the greater Washington, DC metropolitan area. WWH has a special mission to the lesbian, gay, bisexual and transgender members of our community, as well as to all Washington-area residents of every gender and sexual orientation who are living with or otherwise affected by HIV. In calendar year 2018, more than 20,000 individuals received health services from Whitman-Walker.

WWH services include primary medical care, HIV and LGBTQ specialty care, oral health, mental health care, addictions treatment services, psychosocial support, medical nutrition therapy, early intervention services, public benefits and insurance navigation, nurse-focused case management, HIV and STI screening, legal services, youth programs, and an onsite pharmacy.

[1] Our medical providers and community health specialists prefer "sexually transmitted infections" over the older term "sexually transmitted diseases," because many people find "STD" unnecessarily stigmatizing. Moreover, "STI" is more accurate, since not all infections are symptomatic or develop into diseases. In our comments, we use the term "STI" except when referring to questions posed in the RFI.

The health center has achieved Level 3 Patient Centered Medical Home accreditation with the National Committee for Quality Assurance.

Whitman-Walker's service area is the greater Washington, DC metropolitan area; we serve more than 25% of the District of Columbia's reported HIV-positive population, many of them low-income or members of otherwise underserved communities. Our patient populations include: African Americans; Latinx individuals; cisgender gay and bisexual men; substance users; low-income and homeless individuals; and transgender persons. In 2017, our HIV testing program diagnosed 11% of the new cases of HIV reported in the District. Whitman-Walker also operates longstanding, high-volume STI testing and treatment programs. In 2018, our walk-in evening STI testing and treatment clinics served 2,154 separate individuals, and our medical providers tested 4,675 patients for STIs during our regular business hours. We also diagnosed approximately 9% of the new HCV cases in DC in 2017; 27% of the new cases of primary and secondary syphilis; more than 18% of the new cases of gonorrhea; and more than 9% of the new cases of chlamydia. Whitman-Walker also has more than 1,000 patients on Pre-Exposure Prophylaxis (PrEP) for HIV prevention, and has instituted a low-barrier "PrEP clinic" to make it easier for individuals who would benefit to start and remain adherent to the therapy. As part of our standard-of-care clinical follow-up for patients on PrEP, we regularly offer STI testing.

COMMENTS

In response to the broad questions posed by HHS, we offer the following general recommendations based on our expertise. We would be happy to provide more information.

Strategies for reducing STD prevalence: increased insurance coverage and higher reimbursement rates. Timely screening and treatment of STIs is a central tenant of preventive efforts. Access to STI screening and treatment is curtailed for low income patients by lack of

insurance or insurers and other payers not covering screenings for sexually transmitted infections. Many insurance plans do not cover STI screenings more than annually, which is far less than is recommended for the groups identified as disproportionately affected by STIs; youths aged 15-24 years, men who have sex with men, and racial and ethnic minorities.

We recommend that the federal government undertake steps to increase payments for STI screenings. Expanding Medicaid in the remaining 14 states would provide insurance coverage to an estimated 2.5 million adults, largely concentrated in the southern United States. Specific to federal programs, we recommend increasing fee for service reimbursement rates in public insurances and increasing payments in CDC programs for STI screenings and treatments. We recommend that the federal government increase funding levels for STI treatments across programs. The federal government's funding of HIV/AIDS prevention and treatment efforts reflect the resources necessary to adequately address the scale of the STI epidemic.

The federal government can provide guidance, recommendations, and regulations for private insurances to cover STI screenings at the frequency recommended by the CDC. We recommend that the federal plan include steps to bring insurance coverage and medical practice into agreement with evidence-based best practices. To address the epidemic of HPV, private and public insurances should cover the HPV vaccine until the age of 45, as recommended by the CDC. To address chlamydia, gonorrhea, and syphilis, we recommend that private and public insurance plans cover screenings as often as CDC guidelines designate based on individual exposures and characteristics.

Standardizing STD testing practices. We recommend that three-site, self-administered extra genital testing be standardized across providers. Whitman-Walker Health has incorporated self-administered three-site testing into our practice and found it increases adherence while

exhibiting the same sensitivity. Our practice as demonstrated that patients prefer to self-administer throat, genital and anal swabs and are able to do so accurately. Allowing patients to self-administer tests lowers costs to provider's time and facilitates increased screenings without additional personnel.

Emphasizing youth. To address the epidemic of STIs, particular focus should be made on serving youth. We recommend expanding access to services for youth by lowering barriers to care. The federal action plan should include creating inviting and accessible spaces for youth, creating linguistically appropriate outreach materials, and creating youth services in locations that are convenient for youth. Clinics are more accessible to youths when they have expanded service hours in evenings and weekends.

While recognizing the inherently local nature of this jurisdictional issue, we recommend that the federal government provide leadership in supporting local jurisdictional efforts to improve access to STI screenings and treatment by allowing youth to access them without parental consent. Allowing youth to access counseling, testing, and treatment for STIs without parental consent will lower a substantial barrier to these services.

Making STD testing more accessible. We recommend expanding access to services for LGBT communities by lowering barriers to care. We recommend creating spaces that are inviting and accessible to LGBT communities, creating services in locations that are convenient to LGBT people, and training staff and providers on LGBT cultural competencies, specifically in medical care.

We recommend that increased use of pre-exposure prophylaxis or PrEP for HIV may be instrumental in reducing STI prevalence. PrEP may provide a pathway to treatment for persons who are motivated to prevent HIV, but consider STIs to be a less serious health issue. PrEP is a

prevention modality that includes a daily medication, quarterly testing and treatment for STIs, and counseling on reducing exposures to STIs. Increasing PrEP use will help reduce new HIV infections and could, through frequent testing and treatment, be instrumental in reducing the spread of other STIs.[2] The federal action plan should include the testing and treatment of STIs in the regular clinical follow-up for patients on PrEP.

Influencing and implementing innovative and culturally competent STD testing programs. In order to encourage STI testing programs to become more innovative and culturally competent, and therefore more effective, we recommend partnering whenever feasible with local community-based organizations that have historic and cultural ties to, and credibility with, the communities that need to be reached. Culturally accessible programming, facilities, and services require understanding of and connections with the populations that are being prioritized.

Reducing STD-associated stigma. We recommend public education campaigns and educational materials in public schools on the benefit of sexual health check-ups. Education should include information that STIs are often asymptomatic, that STIs are highly contagious from a wide variety of sexual contact, and that screenings for STIs are a regular part of healthcare services.

Our providers have found that using terms like "high risk" is experienced as stigmatizing by many. Moreover, it can be confusing, because it fails to match with the sense that many people have of their level of risk. We recommend clinical diagnostic tools use language that is based on individualized exposures and sexual behaviors rather than assessments based on identifying people as high risk based on sexual orientation, age, race, or zip code. Individualized

[2] Jenness SM, Weiss KM, Goodreau SM, et al. Incidence of Gonorrhea and Chlamydia following Human Immunodeficiency Virus Preexposure Prophylaxis among men who have sex with men: a modeling study. *Clin Infect Dis*. 2017; 65(5): 712-8.

risk assessments treat people with dignity and allow people to accurately identify and understand their healthcare needs.

We recommend training and education for medical providers to reduce stigma when engaging in conversations around STI prevention, screening, and treatment. Medical providers are often a primary and most trusted source of information regarding health and wellness.

We note that abstinence-based STI prevention programs are inefficacious at reducing teen pregnancy and STI infection rates. Abstinence programs can increase barriers to care for youth by increasing stigma surrounding sex and STIs. Abstinence programs fail to teach participants about alternative means of preventing STIs and crowd out other sources of education on preventing pregnancy and practicing safer sexual practices.

CONCLUSION

Thank you for this opportunity to submit comments. We would be happy to provide any additional information that might be helpful.

Respectfully submitted,

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