

Technical Assistance Note #15 | Monitoring STD-related policies and policy development

From Strategy Area IV: Promote STD Prevention and Policy

15. Monitor STD-related policies and policy development
 - a. Work with the CDC, the NNECS recipient, and other partners to identify STD-related policies of interest. Monitor proposed and actual changes in policies that may affect STD prevention programs
 - b. Work with local policy liaisons and with partner organizations on the development of policies that enhance the work of the STD prevention program

Why DSTDP included these strategies

Policy is a core domain for public health—policies can have a large impact on a number of people, from changing fundamental services that can affect health, such as employment or housing, to impacting patients of an STD clinic. The goal of these activities is to understand how policies may be affecting STD prevention and control in a jurisdiction, and use that information to educate the community, providers and other stakeholders about relevant policies, for example, to increase uptake of Expedited Partner Therapy (EPT). A health department STD program also may want to make changes in policies, such as those that govern information sharing between agencies, determine access to HIV and STD systems, or determine billing and reimbursement at an STD clinic.

Key definitions

Policy can operate at the state and national level, in the form of legislation, regulations, statutes, and other laws. Policies also exist at the health department level, in the form of protocols, procedures, and guidelines. All are included in this NOFO's definition of "policy" and are a part of this strategy.



Monitoring, educating about, and helping to develop policies are distinct from lobbying and advocating for particular policies. When planning policy work, recipients must make sure their work is within the legal bounds of policy work. Even when operating within what are thought to be legal limits, attention must be paid to appropriateness of policy positions, Congressional intent regarding the use of appropriations, and the appropriateness of grantee activities. When in question, please reach out to DSTDP or NCSD for guidance.

Considerations for Implementation

Working with others to identify and monitor policies of interest

- Identify a champion in the STD program who will take the lead on this activity. Ensure they have appropriate background and training to work effectively in this arena.
- Identify which policies may be affecting STD outcomes, including the prevention, screening, and treatment of STDs in the highest priority populations. Talk to colleagues in other programs, clinical and public health partners, NCSD, CDC, and other partners for ideas and input.

- Examples of policy issues that operate outside the health department include:
 - Medicaid regulations/guidelines such as those affecting reimbursement and what appears on EOBs (Explanation of Benefits);
 - STD clinic policies, such as billing and reimbursement, extra-genital testing, walk-in vs. express/same-day models, confidentiality practices, EPT, and access to treatment
 - EPT laws, medical and pharmacy group support, implementation, access to medication, and uptake
 - Policies that affect syphilis testing in pregnant women, such as third trimester testing laws, barriers to prenatal care access, case follow-up, and provider education
- Examples of policy issues that operate within the health department include:
 - Job classification and its impact on hiring/staffing
 - Timing, execution, competition requirements, and data sharing restrictions for contracts or MOUs
 - Rules or policies that may create challenges for DIS to access certain websites or apps, restrict how and when they can communicate during contact tracing and partner services
 - Rules that may restrict data sharing between public health or other governmental programs
 - Policies that may inhibit sharing STD information and data on the HD website
 - Practices that restrict sharing important STD-related information with the public via the news media
 - Policies governing publication or presentation of STD data and findings
- Stay aware of the activities of state and local governing bodies for relevant legislative activities, by monitoring legislative websites, signing up for legislative and news alerts, working with partner organizations
 - Programs could go over and above by doing a policy analysis for particularly complex policies, or ones with unknown impacts

Working with others on the development of policies that enhance the work of STD programs

- Have a staff person in the STD program participate in a policy training for health department staff (e.g. NCSA's Policy Academy), and also consider bringing a partner (e.g. HIV program, safety-net provider, county STD program) to the table to work as a team
- Analyze the policies being monitored and whether there are any barriers or gaps in policies. For example, an STD program could:
 - Conduct a business assessment to determine if billing Medicaid and private insurance should be considered in an STD clinic
 - Work with the state Medicaid agency or other third-party payers to revise any policies that may be barriers to effective care, such as reimbursement for screening multiple times per year when warranted and extra-genital testing or EOB policies
 - Work with clinical partners to change any policies, billing practices, or other barriers to extra-genital testing
 - Engage with pharmacy, nursing and medical state boards and professional organizations to remove any barriers to, and promote, EPT
 - Remove any barriers to treatment, such as access to Benzathine penicillin G, to increase timely and recommended treatment
 - Talk to DIS to identify barriers that may slow disease investigation and follow-up, and remedy them
 - Identify ways to enhance data sharing with governmental, clinical, and other partners

- Be sure NOT to engage in lobbying/advocacy or conduct activities that are prohibited in a jurisdiction
- Please do let DSTDP and others know when policy barriers have been successfully overcome
- An STD program could go above and beyond by establishing some pre/post implementation metrics or more formal evaluation to better assess the effects of this work with people in its jurisdiction, NCSDD, CDC, and others

Other resources

- Anti-lobbying restrictions: <http://intranet.cdc.gov/ofr/documents/grants/Anti-Lobbying-Restrictions.pdf>.
- CDC EPT site with legal permissibility map: <https://www.cdc.gov/std/ept/default.htm>
- NCSDD policy academy: <http://www.ncsddc.org/project/ncsd-policy-academy/>
- NASHP website: <https://nashp.org/>
- CSG website: <http://www.csg.org/>
- NCSL website: <http://www.ncsl.org/>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019