National
Family Planning
& Reproductive Health Association

September 9, 2011

Louis Jacques, MD
Director
Coverage and Analysis Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Proposed Decision Memo for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs (CAG-00426N)

Dear Dr. Jacques:

Thank you for the opportunity to comment on the Proposed Decision Memo for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs (CAG-00426N). The National Family Planning and Reproductive Health Association (NFPRHA) represents the nation's publicly funded family planning providers – nurses, nurse practitioners, administrators and other key health care professionals. NFPRHA's more than 400 organizational members operate or fund a network of more than 3,700 health centers and service sites that provide family planning services to millions of low-income and uninsured or underinsured individuals in 48 states and the District of Columbia.

NFPRHA applauds the Centers for Medicare & Medicaid Services (CMS) for highlighting the need for STI screening and counseling. However, NFPRHA is concerned that the proposed decision memo overlooks the importance of the nation's publicly funded family planning providers – which include state, county and local health departments; non-profit organizations; community health care centers; and hospitals – in the provision of STI screening and counseling. NFPRHA therefore suggests the memo be modified to include family planning providers and settings, regardless of whether the services are ordered by a primary care provider.

Coverage of and Referral for STI Screening and Counseling by Family Planning Providers in Family Planning Settings

Reimbursement for STI screening and counseling is an important means to ensuring greater access to such services, and NFPRHA supports CMS' move to cover them. However, the proposed decision memo limits this reimbursement to primary care physicians providing these services in primary care settings, when ordered by a primary care provider, which does not take into account the needs of individuals seeking STI screening and counseling, the means in which they often obtain these services, or the settings in which they are most likely to both seek these services and receive expert care.

In 1997, the Institute of Medicine called STIs "a hidden epidemic," in part because of the prevalence of STIs and in part because many are asymptomatic and therefore go undiagnosed. Women are not only biologically

more susceptible than men to some STIs, but also may suffer more serious consequences – untreated STIs in women can lead to pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. Of women with PID, approximately 1 in 5 will become infertile, almost 1 in 5 will suffer from chronic pelvic pain, and nearly 1 in 10 will have an ectopic (tubal) pregnancy.[i] A woman infected with Chlamydia has up to a five-fold increased risk of acquiring HIV infection.[ii] Chlamydia may also result in adverse outcomes for infants, including neonatal conjunctivitis and pneumonia.

Publicly funded family planning providers routinely screen and counsel for STIs, which disproportionately affect women, racial and ethnic minorities, and teenagers—populations that tend to rely heavily on family planning clinics for their reproductive health care. In 2009, health centers that receive funds through the federal Title X family planning program performed 5.9 million STD tests and nearly 1 million confidential HIV tests.[iii] Each year, family planning clinics serve one in three women of reproductive age who obtain testing or treatment for STIs and one in four who obtain an HIV test.[iv]

The Unique and Sensitive Nature of STI Screening and Counseling

Publicly funded family planning providers have the specialized knowledge and skills needed to diagnose, treat, and provide appropriate follow-up care for STIs. Because women are less likely than men to have STI symptoms, they are far more likely to have their infections detected in the context of a contraceptive or prenatal visit. According to the Guttmacher Institute, women receiving contraceptive or other related services at family planning centers are one-third more likely to report that they obtained an STI service than women who saw private physicians.[v]

More and more private health care providers are providing STI testing; however, studies have shown that many primary care physicians have limited confidence in their ability to change their patients' sexual risk behaviors, do not feel responsible for delivering STI prevention services and face time constraints that severely limit their ability to provide STI prevention services.[vi] Often, even the most basic STI risk assessment is not performed by many primary care physicians.[vii] Research conducted in 2000 found that only one-third of surveyed physicians stated that they would screen asymptomatic, sexually active adolescent women for Chlamydia during a routine gynecologic examination, which is the recommended screening practice for teenage women.[viii]

As the US Department of Health and Human Services' (HHS) *Healthy People 2020* report notes, "For many women, a family planning clinic is their entry point into the health care system and is considered to be their usual source of care. This is especially true for women with incomes below 100 percent of the poverty level, women who are uninsured, Hispanic women, and black women."[ix] Even with the expansion of and emphasis on primary care settings in the Affordable Care Act (ACA), many of the patients who currently seek sexual health services at the nation's publicly funded family planning centers will continue to seek services at these centers, with or without a referral from a primary care physician.

A key issue in the provision of sexual health services is that the services provided, and even the provider visit itself, be kept confidential. This is particularly important when minors are concerned, to ensure that the minor receives sexual health care free from governmental and/or parental intrusion which could prevent the minor from seeking such services. Research confirms that a perceived lack of access to confidential care is a significant barrier to the receipt of health services for adolescents.[x]

The same need for confidentiality applies to adults, who have a legal right to keep their sexual health care private from spouses and/or partners. The sensitive nature of STI screening and counseling, coupled with the expertise that publicly funded family planning providers have in providing confidential, high-quality sexual

health services, highlights the need to include these providers and settings for the purposes of Medicare reimbursement. Publicly funded family planning centers and providers have a long history of commitment to confidentiality and patient privacy, and it is critical that patients have choices beyond primary care providers when it comes to accessing sexual health services such as STI screening and counseling.

For the foregoing reasons, we urge CMS to modify the proposed decision memo to include family planning providers and settings, regardless of whether the services are ordered by a primary care provider.

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We appreciate the opportunity to comment on the proposed decision memo. If you require additional information about the issues raised in these comments, please contact Robin Summers at 202-293-3114.

Sincerely,

Clare Coleman
President & CEO

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[i] Westrom, L, et al., "Pelvic inflammatory disease and fertility: A cohort study of 1,844 women with laparoscopically verified disease and 657 women with normal laparoscopy," *Sex Transm Dis* 19 (1992): 185-192.

[ii] Centers for Disease Control and Prevention, "New CDC treatment guidelines critical to preventing consequences of sexually transmitted diseases," press release, May 9, 2002, www.cdc.gov/od/oc/media/pressrel/fs020509.htm.

[iii] RTI International, *Family Planning Annual Report: 2009 National Summary* (November 2010), http://www.hhs.gov/opa/familyplanning/toolsdocs/fpar_2009_national_summary.pdf.

[iv] Dailard, C, "Family Planning Clinics and STD Services," *The Guttmacher Report on Public Policy* 5, no. 3 (2002): 8–11.

[v] Ibid.

[vi] Ashton, MR, et al., "Primary Care Physician Attitudes Regarding Sexually Transmitted Diseases," *Sexually Transmitted Diseases* 29, no. 4 (April 2002): 246-51.

[vii] Haley, N, et al., "Sexual Health Risk Assessment and Counseling in Primary Care: How Involved Are General Practitioners and Obstetrician-Gynecologists?" *American Journal of Public Health* 89, no. 6 (June 1999): 899-902.

[viii] Cook, L, et al., "Barriers to Screening Sexually Active Adolescent Women for Chlamydia: A Survey of Primary Care Physicians," *Journal of Adolescent Health* 28, no. 3 (March 2001): 204-210.

[ix] "Family Planning," *Healthy People 2020*, last modified June 29, 2011, http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13.

[x] Ford, C, et al., "Confidential Health Care for Adolescents: Positions Paper for the Society of Adolescent Medicine," *Journal of Adolescent Heath* 35, no. 21, (August 2004): 160-167.