

Dear Sexually Transmitted Diseases (STD) Controllers, Communicable Disease Controllers, and Other Community Partners:

Welcome to the fourth issue of the STD Control Branch Health Reform eUpdate. In this issue, we discuss coverage of preventive services in the Patient Protection and Affordable Care Act (ACA) and its implications for communicable disease prevention.

1) How does health care reform invest in prevention?

ACA calls for a shift from sickness-focused care to wellness-focused care, and promotes prevention in many ways, including through the development of a National Prevention Strategy. To increase access to preventive services, ACA also requires Medicaid programs (such as Medi-Cal) and health plans to cover selected preventive services with no patient cost-sharing (such as co-pays). Already, the U.S. Department of Health and Human Services (HHS) estimates that approximately 8 million Californians, including 2.1 million children, 2.9 million women, and 2.9 million men are receiving expanded preventive services coverage under ACA. To read the National Prevention Strategy, visit www.surgeongeneral.gov/initiatives/prevention/strategy/.

2) What preventive services are covered under health care reform?

While health plans typically cover a range of preventive services, ACA requires health plans and Medicaid expansion efforts to cover selected preventive services with no patient cost-sharing if the services meet any of the following criteria:

- a) Have been given an “A” or “B” rating by the U.S. Preventive Services Task Force (USPSTF)
- b) Are recommended by the Advisory Committee on Immunization Practices (ACIP)
- c) Are Women’s preventive services recommended by the Institute of Medicine
- d) (IOM)
- e) Are Children’s preventive services recommended by the HRSA Bright Future’s Project

For a complete list of preventive services covered for adults, women, and children under ACA, visit <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>.

a) U.S. Preventive Services Task Force

USPSTF is an independent body of experts that reviews the evidence on preventive services, such as screening, tests, counseling, and preventive medications, to determine whether, for large population groups, including pregnant women, the benefits of a given preventive service outweigh the harms. (USPSTF does not consider cost.) Based on this review, the Task Force issues a letter grade (A, B, C, D or I for insufficient evidence). Grades “A” and “B” indicate that USPSTF recommends the service and believes with high to moderate certainty that the service is of net benefit. These ratings have taken on new significance given their role in determining what preventive services will be covered with no patient cost-sharing under health care reform. To learn more about USPSTF, visit <http://www.uspreventiveservicestaskforce.org/about.htm>. For a list of all services rated “A” or “B” by USPSTF as of August 2013, visit <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>.

Note: The Centers for Disease Control and Prevention (CDC) also develops recommendations for preventive services, but in contrast to USPSTF, CDC considers the benefit to the community of preventing communicable diseases, not just the benefit to the individuals receiving the service. For this reason, not all preventive services recommended by CDC have been rated by USPSTF or been given an “A” or “B” rating by the Task Force. See **Table 1** for a summary of key differences and similarities between CDC and USPSTF recommendations for selected communicable diseases.

b) Advisory Committee on Immunization Practices

As part of ACA implementation, all vaccinations recommended by ACIP will be covered without patient cost-sharing for newly eligible Medi-Cal recipients and persons covered through Covered California. This will have potential implications for public health departments, which deliver childhood and adult vaccines. Health departments may see continued demand for vaccination services if providers refer patients seeking routine vaccinations to their local health department. Also, new federal policies no longer allow local health departments to deliver vaccine to fully insured individuals using vaccine purchased through Section 317 of the Public Health Services Act. Local health departments should be prepared to bill health plans when vaccinating insured patients. For an updated list of vaccines recommended by ACIP for children and adults, visit <http://www.cdc.gov/vaccines/schedules/>. For more information on 317 program requirements, visit <http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/317-QandA.htm>.

c) Women’s preventive services recommended by the Institute of Medicine

In 2011, IOM issued a report recommending which preventive services should be provided to women with no patient cost-sharing as part of health care reform. As of August 1, 2012, new health plans have been required to comply with these guidelines. Of interest to public health, these preventive services for women include:

- Human papillomavirus testing for women beginning at age 30 (and occurring no more frequently than every three years)
- Annual counseling for STDs for all sexually active women
- Annual counseling and screening for HIV for all sexually active women
- Contraceptive methods and counseling (with some exceptions) for all women with reproductive capacity

To read the IOM report, visit <http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>. For a complete list of IOM-recommended preventive services for women, as well as an explanation of the exceptions for contraceptive services, visit <http://www.hrsa.gov/womensguidelines/>.

d) Children’s preventive services recommended by the HRSA Bright Future’s Project

ACA requires that 26 services for children be covered with no patient cost-sharing, including several key preventive services of interest to local public health programs:

- Alcohol and drug use assessments for adolescents
- HIV screening for adolescents at higher risk
- STD prevention counseling and screening for adolescents at higher risk

- Tuberculin testing for children at higher risk of tuberculosis

For a summary of children's preventive services recommended by the HRSA Bright Future's Project (and the American Academy of Pediatrics), visit

www.healthychildren.org/documents/worksheets/immunizations/periodicity_schedule.pdf.

3) What will be the role of local health departments and community-based organizations in delivering preventive services?

- Act as a safety net provider in delivering routine preventive services (such as immunizations; HIV, STD, and viral hepatitis screening; and STD treatment).
- Develop billing systems to ensure the sustainability of safety net services.
- Provide specialty preventive services unique to public health (such as services to contacts of cases of communicable diseases, including gonorrhea, measles, pertussis, perinatal hepatitis B, and tuberculosis).
- Provide referrals to preventive services.
- Educate providers about the importance of STDs, viral hepatitis, and other communicable diseases in the broader preventive services landscape, as indicated by the endorsement of these preventive services by USPSTF.
- Promote preventive services to members of the public and educate consumers about what kinds of preventive services they are recommended to receive based on their age, gender, risk factors, etc. For information for individuals about coverage of preventive benefits under ACA, visit <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>.

Table 1: Comparison of CDC and U.S. Preventive Services Task Force Recommendations for Selected Communicable Disease Preventive Services as of July 2013

Disease	Screening Recommendations for Selected Groups	CDC	USPSTF A or B
Chlamydia	Pregnant women ¹	YES	YES
	Sexually active women under 25 years of age and other women at increased risk	YES	YES
	Men who have sex with men (MSM)	YES	NO ^{2,3}
Syphilis	Pregnant women	YES	YES
	Sexually active men (including MSM) and women at high risk	YES	YES
Gonorrhea	Pregnant women at increased risk	YES	YES
	Sexually active young women under 25 years of age	---	YES
	Women at increased risk	YES	YES
	MSM	YES	NO ^{2,3}
Hepatitis B	Pregnant women	YES	YES
	Persons at increased risk, including injection drug users, MSM, and foreign-born persons from HBV-endemic regions ²	YES	NO ²
Hepatitis C	Injection drug users; recipients of blood transfusions prior to 1992; people with HIV infection; and other high risk persons	YES	YES
	One-time screening for persons born 1945-1965	YES	YES
HIV	Pregnant women, including those who present in labor whose HIV status is unknown	YES	YES
	Adolescents and adults aged 15-65 regardless of risk ⁴	YES	YES
	Annual screening of high risk patients at any age (e.g., injection drug users and their sex partners; persons who exchange sex for money or drugs; persons with HIV-positive sex partners; and MSM or heterosexuals with >1 sex partner since their last HIV test)	YES	YES
HPV/Cytology (Cervical Cancer)	Women aged 21-65 with cytology (Pap smear) every 3 years or, for women aged 30-65 years who want to lengthen the screening interval, cytology and HPV testing every 5 years ⁵	YES	YES
Herpes (HSV-2)	Consider for HIV-positive men and women, MSM	YES	NO
High Intensity STI Counseling	Counseling on sexually transmitted infections (STIs) for all sexually active adolescents and adults at high risk	YES	YES
Tuberculosis	Tuberculosis skin testing for asymptomatic high risk persons	YES	NO ⁶

Prepared by the California Department of Public Health

Note: This table does not describe every risk group indicated for testing. For complete USPSTF recommendations, visit www.uspreventiveservicestaskforce.org/recommendations.htm. For 2010 CDC STD screening recommendations, visit <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-Recommendations.pdf>.

1. CDC recommends chlamydia screening for all pregnant women; USPSTF recommends chlamydia screening for all pregnant women under 25 and for pregnant women 25 years of age and older who are at high risk.
2. USPSTF determined that the benefits of screening men for chlamydia to prevent infections in women were unknown and did not address the prevention of infections in MSM. Regarding gonorrhea screening for MSM, USPSTF found insufficient evidence and recommended future research. USPSTF is reviewing its gonorrhea and chlamydia screening recommendations. The Task Force is also reviewing its recommendations on hepatitis B screening for nonpregnant adolescents and adults.
3. For chlamydia, urine/urethral, and rectal screening is recommended if exposed; for gonorrhea, urine/urethral, plus rectal and pharyngeal screening is recommended if exposed.
4. Age groups, risk groups, and screening intervals differ slightly between CDC and USPSTF. For example, CDC recommends screening persons aged 13-64 years for HIV at least once with repeat screening based on risk, while USPSTF recommends screening persons aged 15-65 years for HIV at least once. For more information, see [USPSTF](#) and [CDC](#) HIV screening guidelines.
5. HPV testing, either alone or in conjunction with Pap smear, is not recommended for screening women under 30 years of age.
6. Rather than issuing its own TB screening recommendations, USPSTF defers to CDC screening recommendations. However, HRSA recommends TB screening for high-risk children so this service is covered with no patient cost-sharing under ACA.