



**National Coalition  
of STD Directors**



*Health  
Insurance  
Benefits*

## **STI Insurance Coverage**

**Mirroring state policy to advance STI  
services and care**

**This policy aid aims to support and inform public health departments, community-based organizations, lawmakers, regulatory bodies, and other entities involved in shaping health care policy so that they may consider, prepare for, or begin implementation stages of expanded STI insurance coverage to advance STI services and care.**

This document was developed by NCSD's state policy team and formed in partnership with several individuals whose expertise in STI insurance coverage helped shape the recommendations. NCSD would like to acknowledge Jack Teter, Director of Policy, Planned Parenthood of the Rocky Mountains; Kayla Herring, Director of Advocacy and Policy, Planned Parenthood of New Mexico; and State Senate Pro Tempore, Mimi Stewart (D-NM) for their contributions.

# BACKGROUND

The Affordable Care Act expanded health insurance coverage to millions of Americans through several key provisions, including Essential Health Benefits, which every plan must cover to be compliant with federal law.<sup>1</sup> These services include outpatient hospital care, prescription drug coverage, and more. The ACA further requires preventative services given an “A” or “B” rating from the U.S. Preventive Services Taskforce (USPSTF) must be covered without cost-sharing, i.e. \$0 for the patient.<sup>2</sup> Such mandates include certain STI services for specific populations. See the chart below for more details on which STI services are currently required to be available to a patient without cost-sharing.

## Required Zero Cost-Sharing for STI Services\*

	Men who have sex with men (MSM)	Pregnant People	Women who are sexually active/at “increased risk”	Adolescents
Chlamydia Screening		✓	✓	
Gonorrhea Screening		✓	✓	
Syphilis Screening	✓	✓	✓	
STI Prevention Counseling	✓		✓	✓
PrEP (pre-exposure prophylaxis)	✓	✓	✓	✓

\*As of Dec. 31, 2023. Source: <https://www.kff.org>

## USPSTF Grade A and B Definitions

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.

Source: United States Preventive Services Taskforce

1.“Information on Essential Health Benefits (EHB) Benchmark Plans.” Centers for Medicare and Medicaid Services. <https://www.cms.gov/marketplace/resources/data/essential-health-benefits>. Accessed Nov 2023.  
 2.Procedure Manual Appendix I. Congressional Mandate Establishing the U.S. Preventive Services Task Force.” U.S. Preventive Services Task Force. <https://uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual/procedure-manual-appendix-i>. Accessed Nov. 9, 2023.

## Glossary

### Actuarial

The analysis of insurance to determine risk and premium costs.

### In-network services

Services an insurance carrier covers at a negotiated, contracted discount rate, typically considered eligible to accumulate toward a consumer’s deductible and out-of-pocket maximum.

### Gender Parity

Rules that ensure equal treatment or access to a healthcare service regardless of one’s gender.

### Out-of-network services

Services from an health care entity or provider with which the insurance carrier does not directly contract; services may not apply to a consumer’s deductible and out-of-pocket maximum.

### Self-collected testing

For this document, defined by S1002, legislation introduced by State Sen. Brad Hoylman-Sigal (D - NY), as a “CDC-recommended, CLIA 1988-waived product that allows individuals to self-collect specimens for STIs and HIV outside of a clinical setting.”

### Surprise billing

An unexpected medical bill after balance-billing (the difference between the provider’s cost of a service and what the insurance plan paid), especially when the patient had reason to believe the overall visit was covered at no cost.

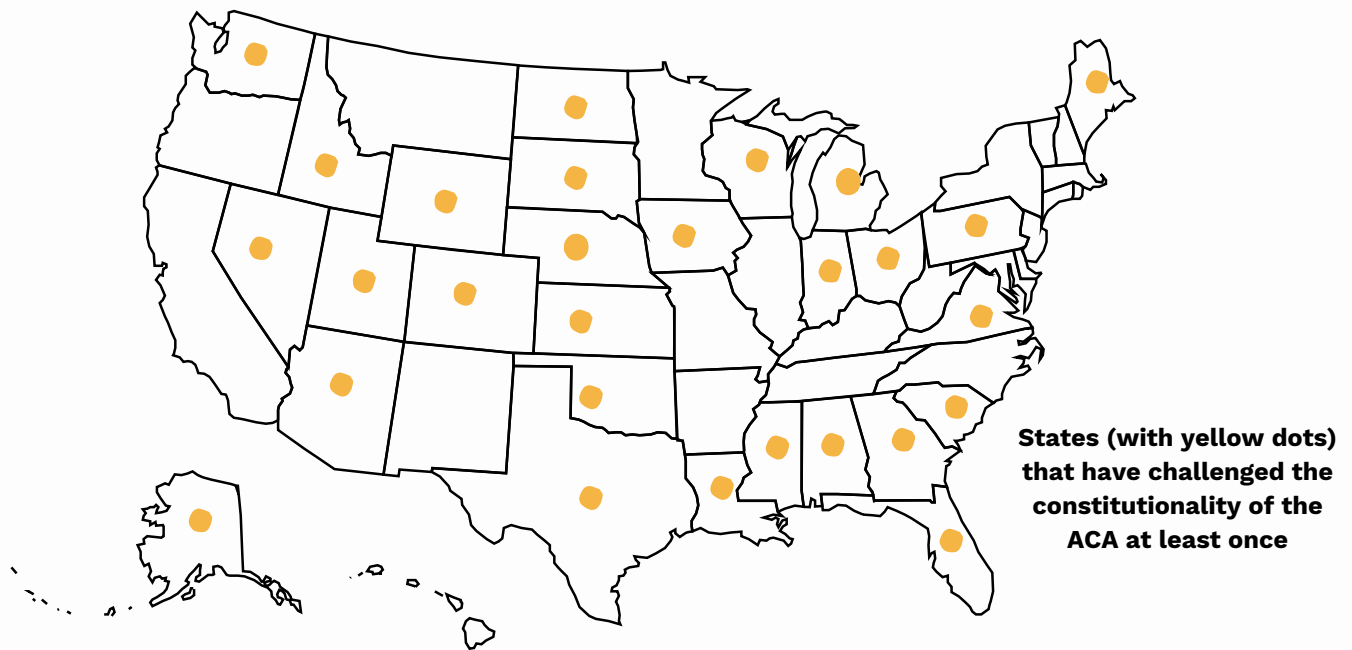
### Zero cost-sharing

Cost-sharing is the portion of payment a patient is required to make for a covered service under their health care plan; zero cost-sharing means that payment is \$0 (often/usually for in-network services only).

While certain STI services currently remain safeguarded by the ACA and USPSTF, others are not given the same level of protection for some populations, or at all. This can include office visits, administration of injectable treatments, and diagnostic testing. If patients encounter burdensome or unanticipated costs for STIs, it may discourage them from finalizing treatment or pursuing future services.

On top of systemic inequities, current regulations shielding specified STI services from cost-sharing could be reduced or eliminated. There have been over 2,000 legal challenges in state and federal courts against the ACA, and particular provisions such as USPSTF’s authority have also been reconsidered (see Braidwood Management Inc. v. Becerra below for more).<sup>3</sup>

In order to ensure all patients diagnosed with or at risk of acquiring any STI are afforded the opportunity to access free or low-cost prevention and treatment services, NCSD researched successful state policies whose key components provide insight for replication or parallel policymaking.



### Braidwood Management Inc. v. Becerra

Importantly, the authority and creditability of the U.S. Preventive Services Taskforce (USPSTF) remains in limbo after a ruling in Texas in 2023, further jeopardizing access to STI prevention and treatment services beyond systemic insurance barriers.

The latest legal challenge to the ACA claimed the establishment of USPSTF violated federal Appointments and Vesting Clauses.<sup>4</sup> A U.S. district judge ruled in favor of the plaintiffs, blocking zero cost-sharing. However, the Fifth Circuit Court of Appeals under joint stipulation has allowed USPSTF to be enforced except for the plaintiffs.<sup>5</sup> The appeals process by the Biden Administration could lead to the Supreme Court rendering a final decision.



3. “Continued Legal Challenges to the Affordable Care Act.” Tufts University Center for Health Systems and Policy. Issued, June 23, 2023. <https://sites.tufts.edu/chsp/2023/06/23/continued-legal-challenges-to-the-affordable-care-act/>  
4. “Fact Sheet: Braidwood v. Becerra Case on Preventive Services.” Center for American Progress. Issued, May 4, 2023.  
5. “Health Plans Must Continue Covering Preventative Care Services.” Health Payer Intelligence. Issued, July 13, 2023.

# The State of STI Coverage

In 2023, several bills were considered or passed by state legislatures that aimed to expand STI coverage, either by enforcing zero cost-sharing to close coverage gaps from the ACA or by tailoring policy to specific needs, such as self-collected testing or congenital syphilis prevention. The following bills were analyzed by NCS&D's state policy team to inform the development of this document and its recommended practices by reviewing data, legislative language, health insurance compliance complexities, and actuarial costs.



## 2023 bills that became law:

**SB132**  
New Mexico



Eliminates cost-sharing for STI services in plans that cover STI testing and treatment.

**SB189**  
Colorado



Eliminates cost-sharing for STI services in plans that cover STI testing and treatment.

**SB292**  
Oklahoma



Eliminates cost-sharing for syphilis testing in pregnant women at increased risk.



## 2023 bills that did not become law:

**AB1645**  
California



Would have eliminated cost-sharing for STI services for any plan.

**SB892**  
Hawai'i



Would have eliminated cost-sharing for some STI services

**S1002**  
New York



Would have required coverage for self-collected STI testing.



Vetoed by Gov. Newsom (D-CA)



Moved to 2024 legislative session



Died in committee

# Health Insurance Landscape

Understanding the landscape of health insurance will enable jurisdictions interested in replicating expanded STI insurance coverage to determine which policy routes are the most feasible and in compliance with federal and state law. Strategies for STI coverage expansion need to assess the health insurance landscape from several key angles, including preventative service regulations, federal limitations, parity laws, and any additional legal barriers.

**Remember: any legislation must consider the complex interplay between state and federal law within the health insurance umbrella. Use this checklist to help navigate the landscape by asking preliminary questions that can guide policy strategies.**



What regulatory language exists for free, preventative services?  
Are rules solely based off the ACA, or are there state-specific rules?



Do any rules prohibit insured financial responsibility for STI-related care during a visit that includes zero-cost sharing screenings? This is often called “surprise billing” for services conducted during preventative visits because it surprises the patient.



Do gender parity or similar laws exist in the jurisdiction?  
Gender parity laws could be used to justify STI coverage beyond ACA requirements, if state law allows.



What relevant health insurance coverage-related legislation has failed or passed in recent sessions? Did those bills indicate any existing state law that should be cited? Streamline the search by using keywords targeting specific bills.



Has the state expanded limited-scope family planning programs to non-Medicaid beneficiaries? This enables lower income individuals ineligible for Medicaid to access free STI services at Title X clinics.



## **High-Deductible Health Plans with HSAs: The Exception**

High-deductible health plans (HDHPs) with Health Savings Accounts (HSAs) are not eligible for expanded STI coverage since they are tax-savings mechanisms subject to IRS regulations. However, legislative language can include a preemptive protection that clarifies, “unless otherwise required by the federal government” when excluding HDHPs from expanded coverage, should the federal list be modified in the future to include more comprehensive STI services.

# The Map to Good Data

Before pursuing policy options for expanding STI insurance coverage, several key data should be identified, organized, and analyzed to inform strategy. Consider the steps below to help identify useful paths toward accurate and relevant data collection.

1

Gather bulletins and health notifications from local, territorial, state, and federal health authorities about the rising state of STIs to illustrate urgency.



2

Review denial claims data to determine which kind of STI tests, exams, or treatment services are not being covered consistently by insurance carriers.

3

Draft a white paper to ensure foundational knowledge is communicated.



## What costs need to be considered?

Generate fiscal impact and/or cost-savings reports, which may be required under state rules before legislation can be introduced. What are the actuarial costs of expanding coverage? What kind of cost analysis is feasible?

Colorado's SB189 found that premium increases were minimal and largely due to growth in enrollment rather than coverage requirements, which increased its viability during the legislative process.<sup>6</sup>

6. "SB 22-040 - Actuarial Review of Health Benefit Coverage Legislative Proposals." Colorado Department of Regulatory Agencies. <https://doi.colorado.gov/sb-22-040-actuarial-review-of-health-benefit-coverage-legislative-proposals>. Accessed Nov. 9, 2023.



# Messaging & Language

Whether writing a memo to leadership, communicating with your legislative liaison, or crafting language in a policy brief, knowing your audience is crucial. Solid messaging translates complex public health data into tangible information.



NCSD interviewed individuals who developed messaging and language strategies behind two state bills that became law: SB189 in Colorado and SB132 in New Mexico. These recommendations are a direct result of these interviews.

Explain what constitutes STI services. Policymakers may not understand the service continuum (diagnostic testing vs. screening, etc.)

Remind your audience that preventative STI services reduce the spread of infections and adverse health outcomes like infertility and infant mortality.

Be prepared to explain how the cost of an STI service is the matter at hand, not whether it is someone's appropriate behavior, parenting technique, age, sex, gender, or sexual orientation that makes them "deserving" or not of care.

Minor consent protections are essential to ensure expanded and cost-free STI services are available to people under 18, who remain disproportionately at risk for STIs.

However, this means language in any proposed policy may face backlash from parental rights' groups, especially around specifics like HPV vaccinations. Consider using [NSCD's minor consent resource page](#) to navigate those conversations.

Requiring insurance companies to eliminate STI cost-sharing for in-network services they already cover under contracts works better than new mandated coverage, which risks defrayal, i.e. premium costs shifted to the state.

In fact, this was one of the reasons Governor Newsom vetoed AB1645. He argued it violated federal and state laws by exceeding ACA thresholds and requiring insurance carriers to reimburse nonparticipating providers.

# Coalition Partners

**Building a coalition is essential to successful policy and robust implementation. Consider these partners who were named in NCSD's interviews as integral to expanding STI insurance coverage.**

## Legislative Leaders

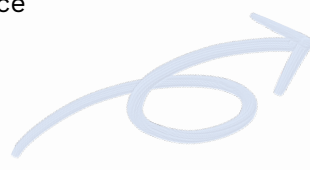
Legislators with shared values and influence could be champions. In NM and CO, both bills were sponsored by leadership in the Senate. New Mexico's President Pro Tempore Mimi Stewart (D) sat down with NCSD to discuss her role in SB132. Sen. Stewart emphasized that policy solutions are essential to ending the syphilis crisis.

## Previous Policy Victors

Partners who advocate on behalf of other health conditions may have already expanded insurance benefit designs for their cause (e.g. diabetes coverage). While such organizations may not align directly with STI goals, starting the conversation is a relatively low-risk strategy for exploratory purposes.

## Non-Sexual Health Partners

While key partners like HIV/STI advocacy groups and LGBTQ+ orgs are essential to advancing bills, so are partners who champion other health conditions. Such organizations may broadly support legislative efforts to expand insurance coverage for patients, even if the conditions for which they routinely advocate do or do not tangentially impact untreated STIs. (e.g., OB-GYN's, the American Medical Association, the American Liver Foundation, etc.).



**"Do the research, know the statistics. Neonatal syphilis is huge all over the country. It's important to remember this was exacerbated during the pandemic and we need to put [policies] in place now to help us get out of it." - State Senator Mimi Stewart (D-New Mexico).**



## State Insurance Regulators

Each state's insurance regulatory authority is important to prioritize. They are the experts on legal and fiscal ramifications for insurance regulations and they oversee compliance with insurance carriers. Their subject matter expertise will be invaluable to ensure successful expansion.

## Consumer Advocates

Consumer advocacy organizations familiar with insurance benefit design policies recognize the impact of high-quality health care coverage and are great partners. For example, the Colorado Consumer Health Initiative supported SB189 to maintain as many preventative services as possible after the Braidwood decision.

**Need technical assistance to think through any of these recommendations? Reach out to NCSD's policy team: [policyteam@ncsddc.org](mailto:policyteam@ncsddc.org) for more info!**



# Resources

## Legislation & Bill Language

- [SB132 - New Mexico](#)
- [SB189 - Colorado](#)
- [AB1645 - California](#)
- [SB292 - Oklahoma](#)

## Additional Legislative Analysis

- [“Major California bills Newsom just signed, vetoed”](#) - Fox 11 News
- [“New Oklahoma Law will increase syphilis screening”](#) - NPR
- [“This Month in State Policy”](#) - NCSD

## Federal and State Health Regulations

- [STIs and ACA Coverage Overview](#) - KFF.org
- [Braidwood v. Becerra FAQs](#) - Center for Health Law & Policy Innovation
- [FAQs - Defrayal of of State Additional Required Benefits](#) - HHS
- [Actuarial reviews of health benefits in Colorado](#) - State of Reform
- [Medicaid Coverage of Family Planning Benefits](#) - KFF.org

## Other STI Resources

- [Jurisdictional STI Data](#) - Atlas Plus, NCHHSTP, CDC
- [Resources on Minor Consent](#) - NCSD
- [STI Surveillance Data](#) - CDC



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