



National Coalition of STD Directors

Inclusive Metrics for Policy Assessment & Cultural Transformation (IMPACT) 2025 Report from State Legislative Sessions

Background: After launching the IMPACT tool in 2024*, the National Coalition of STD Directors (NCSDD) underwent a refinement process to improve the tool’s utility. This included hosting a focus group with Policy Academy Alumni Network (PAAN) participants at STI Engage, NCSDD’s annual conference, in June 2025. PAAN is a legacy membership group that includes all individuals who have graduated from NCSDD’s Policy Academy, which trains public health professionals in foundational policy skills. Feedback from the group resulted in three changes that were applied to the tool: 1) develop tips for jurisdictions that want to adapt the tool; 2) rephrase Question 2 to better account for the wide range of individuals whose endorsement or opposition may indicate support from various communities; and 3) consider “affordability” instead of “cost-effective” in the context of Question 6 since affordability is the primary factor being weighed rather than cost-effectiveness.

Other changes made to the tool included Question 3, which now asks if the bill supports or expands health department capacities; these changes are reflected in the chart below.

*For more information about the 2024 report, email the NCSDD policy team at policyteam@ncsddc.org.

Question #	2024 Language	2025 Language	Reason for Change(s)
2	Does the policy have support from advocacy organizations within the jurisdiction who identify with one or more of the communities listed above?	Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above?	Accounts for the various ways legislation is endorsed or opposed by impacted community members, not just through formal testimony, and expands whose perspective to consider.
3	Does the policy explicitly state ways it intends to target communities with service gaps and measure outcomes stratified by population to hold the policy’s effectiveness accountable? If disparate outcomes will likely result from the policy, does it explain why and/or offer a mechanism for	Does the policy explicitly empower, authorize, or in other ways, support the health department’s role in preventing STIs?	More realistically captures whether legislation will improve communities with service gaps by including the state agencies responsible for monitoring and reporting it.

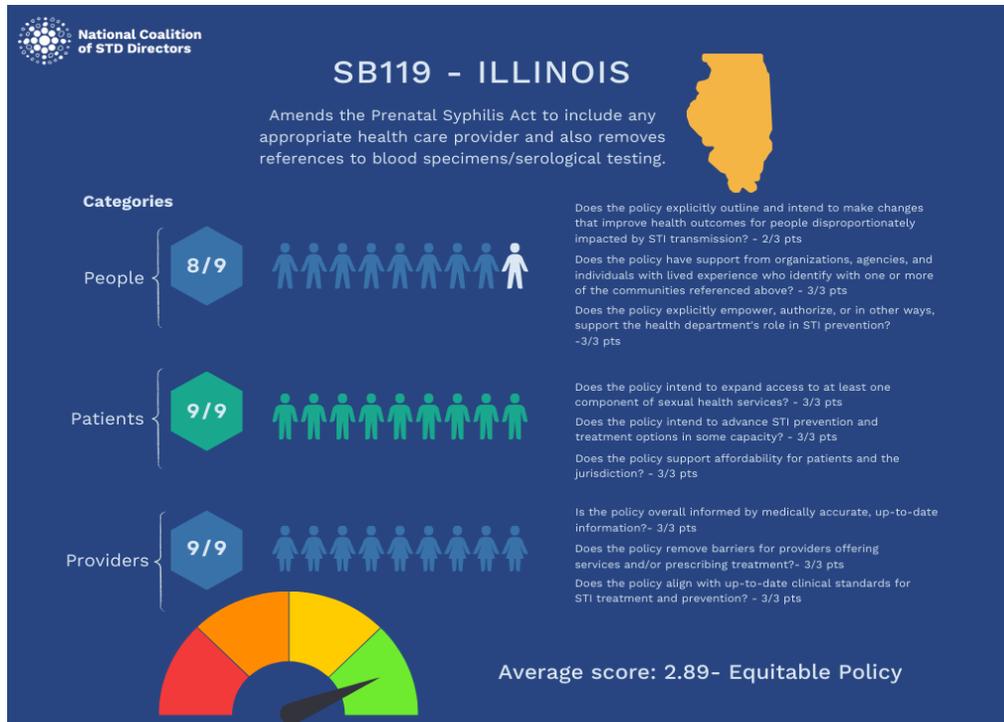


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	mitigating anticipated gaps?		
6	Is the policy cost-effective?	Does the policy support affordability for patients and the jurisdiction?	More clearly captures affordability as the primary metric, especially for patients who rely on copay or coinsurance thresholds to access health care.

Results

NCSA tracked over 100 bills across eight public health-related categories in state legislatures from January to June 2025, including: 340B, adolescent health, HIV, public health infrastructure, STIs, and more. NCSA then selected six bills from this group to apply the IMPACT tool, all of which became state law and expanded syphilis prevention efforts. Below are the final calculations for the six bills analyzed from 2025:





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SB174 - LOUISIANA

Establishes an "opt out" model in Louisiana's existing three-times testing landscape for congenital syphilis.



Categories



Does the policy explicitly outline and intend to make changes that improve health outcomes for people disproportionately impacted by STI transmission? - 2/3 pts

Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above? - 2/3 pts

Does the policy explicitly empower, authorize, or in other ways, support the health department's role in STI prevention? -2/3 pts



Does the policy intend to expand access to at least one component of sexual health services? - 3/3 pts

Does the policy intend to advance STI prevention and treatment options in some capacity? - 3/3 pts

Does the policy support affordability for patients and the jurisdiction? - 3/3 pts



Is the policy overall informed by medically accurate, up-to-date information? - 3/3 pts

Does the policy remove barriers for providers offering services and/or prescribing treatment? - 3/3 pts

Does the policy align with up-to-date clinical standards for STI treatment and prevention? - 3/3 pts



Average score: 2.67 - Potential to be an Equitable Policy



SB79- MISSOURI

Expands prenatal syphilis screening requirements to include the third trimester and delivery.



Categories



Does the policy explicitly outline and intend to make changes that improve health outcomes for people disproportionately impacted by STI transmission? - 2/3 pts

Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above? - 3/3 pts

Does the policy explicitly empower, authorize, or in other ways, support the health department's role in STI prevention? -3/3 pts



Does the policy intend to expand access to at least one component of sexual health services? - 3/3 pts

Does the policy intend to advance STI prevention and treatment options in some capacity? - 3/3 pts

Does the policy support affordability for patients and the jurisdiction? - 3/3 pts



Is the policy overall informed by medically accurate, up-to-date information? - 3/3 pts

Does the policy remove barriers for providers offering services and/or prescribing treatment? - 2/3 pts

Does the policy align with up-to-date clinical standards for STI treatment and prevention? - 3/3 pts



Average score: 2.78- Equitable Policy



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LB41 - NEBRASKA



Expands prenatal syphilis screening to include the third trimester and delivery, with explicit opt-out measures.

Categories



Does the policy explicitly outline and intend to make changes that improve health outcomes for people disproportionately impacted by STI transmission? - 2/3 pts

Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above? - 3/3 pts

Does the policy explicitly empower, authorize, or in other ways, support the health department's role in STI prevention? -2/3 pts



Does the policy intend to expand access to at least one component of sexual health services? - 3/3 pts

Does the policy intend to advance STI prevention and treatment options in some capacity? - 3/3 pts

Does the policy support affordability for patients and the jurisdiction? - 3/3 pts



Is the policy overall informed by medically accurate, up-to-date information? - 3/3 pts

Does the policy remove barriers for providers offering services and/or prescribing treatment? - 2/3 pts

Does the policy align with up-to-date clinical standards for STI treatment and prevention? - 3/3 pts



Average score: 2.67 - Potential to be an Equitable Policy



AB360 - NEVADA



Expands the ability to use rapid syphilis tests in ER settings.



Does the policy explicitly outline and intend to make changes that improve health outcomes for people disproportionately impacted by STI transmission? - 2/3 pts

Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above? - 3/3 pts

Does the policy explicitly empower, authorize, or in other ways, support the health department's role in STI prevention? -3/3 pts



Does the policy intend to expand access to at least one component of sexual health services? - 3/3 pts

Does the policy intend to advance STI prevention and treatment options in some capacity? - 3/3 pts

Does the policy support affordability for patients and the jurisdiction? - 3/3 pts



Is the policy overall informed by medically accurate, up-to-date information? - 3/3 pts

Does the policy remove barriers for providers offering services and/or prescribing treatment? - 3/3 pts

Does the policy align with up-to-date clinical standards for STI treatment and prevention? - 2/3 pts



Average score: 2.78- Equitable Policy



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S796- RHODE ISLAND



Expands prenatal syphilis screening to include the third trimester and expands the types of providers who must obtain a blood specimen for testing.

Categories



Does the policy explicitly outline and intend to make changes that improve health outcomes for people disproportionately impacted by STI transmission? - 2/3 pts

Does the policy have support from organizations, agencies, and individuals with lived experience who identify with one or more of the communities referenced above? - 3/3 pts

Does the policy explicitly empower, authorize, or in other ways, support the health department's role in STI prevention? -3/3 pts



Does the policy intend to expand access to at least one component of sexual health services? - 3/3 pts

Does the policy intend to advance STI prevention and treatment options in some capacity? - 3/3 pts

Does the policy support affordability for patients and the jurisdiction? - 1/3 pts



Is the policy overall informed by medically accurate, up-to-date information?- 3/3 pts

Does the policy remove barriers for providers offering services and/or prescribing treatment?- 3/3 pts

Does the policy align with up-to-date clinical standards for STI treatment and prevention? - 3/3 pts



Average score: 2.67 - Potential to be an Equitable Policy