

The Patient Protection and Affordable Care Act: The evolving role of state Sexually Transmitted Disease programs

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Abstract: The Centers for Disease Control and Prevention estimates that there are 20 million new sexually transmitted infections (STI) every year in the United States, costing about \$16 billion. Less than half of all people who should be screened actually receive recommended STI screening. This is of concern because people with STIs can be asymptomatic, leading to further spread of the disease; potentially costly complications such as infertility, organ damage, and cervical cancer; and increased susceptibility to HIV.

State Sexually Transmitted Disease (STD) prevention programs vary, but generally, they engage in primary prevention, conduct surveillance, operate partner services, and support STD-related clinical services through STD clinics or by partnering with other providers. Over the past few years, budget declines have led to reduced STD-related health resources at the state and local levels. At the same time, states are encountering changing health system structure as a result of the 2010 Patient Protection and Affordable Care Act (ACA).

The purpose of this research study was to explore the financial, service-related, and partner entity-related changes, including relevant policies, that state STD programs were making or planned to make as a result of the changing healthcare environment after passage of the ACA. The researcher employed a qualitative approach, using semi-structured interviews of leadership in eight state STD programs to understand their views about key changes that were planned or implemented as a result of the ACA and a changing healthcare environment. Six major themes were identified: decentralization of public health governance is directly related to the amount and type of change reported; all states have utilized partners to take advantage of health reform-related changes, or at least identify the opportunity to do so in the future; public health programs continue to have a non-redundant, important role in STD prevention; programs that have not already started to bill for clinical and laboratory services are considering or pursuing billing; health reform generated hopefulness about future improvements in public health surveillance; and barriers exist to making changes. On the basis of this information, the researcher developed recommendations in three areas: training and technical assistance, national activities, and research.

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