

Concept Report

Assuring STI Services Among Uninsured New Yorkers

Purpose of the Proposed Request for Proposal (RFP)

In accordance with Section 3-16(j) of the New York City Procurement Policy Board (PPB) Rules, the New York City Health Department (“NYC Health Department” or “Health Department”) is issuing this Concept Report in advance of issuing a Request for Proposals (RFP) for a new client services program. Specifically, the Health Department is planning to issue an RFP for assuring Sexually Transmitted Infections (STI) services among uninsured New Yorkers.

Within the NYC Health Department, the Bureau of Hepatitis, HIV, and Sexually Transmitted Infections (BHHS)’s STI Program is dedicated to improving the sexual health of all New Yorkers. **Assuring that New Yorkers have equitable access to STI services, including STI screening and treatment, is essential to this mission, and particularly important in light of recent increases in reported STI cases in NYC^[1], and the slow resumption of STI care-seeking practices following the COVID-19 pandemic^[2, 3].**

Reported STI cases in NYC have risen steadily since 2018. **Between 2021 and 2022, we observed a 3% increase in cases of primary and secondary syphilis, a 3% increase in chlamydia cases, and 10% increase in gonorrhea cases^[1].** These increases may partially reflect resumption of STI screening services that were deferred or delayed during the COVID-19 pandemic, when access to routine STI services was significantly impacted by lockdown protocols and restrictions^[2, 4, 5], and further impacted by nationwide shortages in STI testing supplies. Post-COVID, STI testing rates have increased, though are not yet at pre-pandemic levels^[2, 3], and are likely slower to rebound in certain groups, including uninsured individuals. **Assuring comprehensive and timely screening and treatment for STIs, including chlamydia, gonorrhea, and syphilis, is critical for preventing negative sequelae—including infertility, increased susceptibility to HIV, and congenital syphilis—as well as preventing onward spread to sex partners.**

Research suggests that uninsured individuals are less likely to be screened for, and more likely to be diagnosed with, STIs, relative to their insured counterparts^[6, 7, 8]. Additionally, those who are uninsured or elect to self-pay^[9] for clinical care are often members of at least one marginalized community. **To address unmet needs for STI services, we are seeking up to three contractors to provide STI services among uninsured (inclusive of those electing to self-pay) New Yorkers residing in neighborhoods with the highest chlamydia, gonorrhea, and syphilis case rates. The purpose of this RFP is to ensure that these individuals have equitable access to STI services.**

Background

Lack of insurance^[10, 11] and financial instability^[10, 11, 12] are among the frequently noted barriers to STI care, and they are often correlated. Even after the implementation of the Patient Protection and Affordable Care Act (ACA) in January 2014, it was predicted that by 2023, 10% of Americans would remain uninsured and that 4.7 million uninsured individuals would need STI care^[13]. The NYC Community Health Survey estimates that 16% of adults were uninsured in 2020, representing a 2% increase from 2014 (14%)^[14]. **Uninsured persons are a particularly important safety net population for STI screening programs,** as they may be less likely to seek STI screening and treatment services due to decreased health care utilization and concerns about cost, among other

factors ^[10, 15]. It is critical to assure STI services—including screening and treatment for chlamydia, gonorrhea, and syphilis—are provided among individuals presenting for care without insurance ^[16].

People from marginalized identities are disproportionately affected by unemployment and financial instability ^[11] which are independently associated with lack of insurance ^[17, 15]. Groups who have been systematically marginalized—including Black and Latino communities, those who have immigrated to the US, people who are unstably housed, adolescents and young adults, and LGBTQ+ individuals—face multiple barriers within the health care system that compounds their higher likelihood of being uninsured. These groups may also be less likely to be screened for STIs ^[18, 12, 19, 20], due to reduced care-seeking, burdensome out-of-pocket costs, and test refusal among other factors, highlighting an unmet need in STI prevention programs.

Federal surveys estimate the proportion of Black and Hispanic working-age individuals who are uninsured to be 11% and 23% in 2022, compared to 7% among White non-Hispanic individuals ^[21]. Those who have immigrated to the US face barriers including insurance ineligibility (for undocumented and DACA recipients) ^[22], delays in eligibility to access public health insurance programs (for documented immigrants), and barriers in understanding eligibility standards ^[23]. People with unstable housing face barriers to insurance and care-seeking including inadequate transportation and previous negative experiences. People experiencing homelessness have been estimated to have suboptimal rates of STI screening ^[24]. Adolescents and young adults face unique challenges to sexual health care utilization, notably lack of awareness and education regarding STIs, reticence to disclose or discuss sexual behaviors with health care providers, cost barriers, as well as confidentiality concerns among minors ^[19]. Nationally, those aged 19-25 were the most likely age group to be uninsured ^[25], and also a group facing disproportionate STI diagnosis rates ^[26]. Transgender and gender diverse patients are more likely to be uninsured, likely attributed to a range of factors including discrimination in employment and health care, and public policy ^[27]. In a survey conducted in 2021, 18% of LGBTQ+ individuals delayed treatment or did not go to see a doctor because they were afraid of health care provider discrimination based on their gender identity or sexual orientation ^[28]. Relative to persons in sex-discordant relationships, both men and women in same sex relationships are less likely to have health insurance and have unmet health care needs, particularly in terms of preventive care ^[12]. **These findings underscore the importance of addressing unmet STI service needs among uninsured individuals presenting for care.**

Program Service Model

The goal of the resultant RFP is to assure and improve the provision of STI care services among uninsured New Yorkers presenting for care. In the proposed service model, selected contractors will be reimbursed for STI services provided among uninsured individuals (inclusive of those who elect to self-pay), submission of data deliverables, and participation in quality improvement initiative(s). Selected contractors will be responsible for the following:

- Maintaining operating hours, locations, and services that maximize accessibility to the target population (e.g., offices accessible by public transportation, convenient hours, services that are linguistically and culturally responsive).
- Maintaining an electronic medical record for patient care that complies with local, state, and federal confidentiality and privacy regulations; and complying with confidentiality and privacy regulations set forth in a Data Use and Confidentiality agreement between the Health Department and Contractor.
- Maintaining systems (electronic medical record, as well as clinical forms, etc.) that appropriately capture information among patients served, including information on patient's age, gender, race and ethnicity, and sex/gender of partners.

- Ensuring comprehensive and affirming sexual history taking among patients presenting for care in a way that emphasizes sexual health over risks or disease, e.g., utilizing the New York State GOALS approach for sexual history taking ^[29].
- Comply with all public health reporting requirements ^[30] in a timely manner, including the submission of provider reports for chlamydia, gonorrhea, and syphilis.
- Maintain systems to regularly collect, analyze and report clinical and program data (population level measures as well as visit-level records) to NYC Health Department on the provision of RFP-funded STI screening and treatment services.
- Develop and implement a staffing plan to ensure that qualified staff will provide required clinical services as well as data management and reporting functions.
- Develop and implement a plan to assure or improve the provision of RFP-funded STI screening and treatment services to uninsured individuals.
- Participate in quality improvement initiatives with NYC Health Department, which aim to: characterize pre-award provision of STI screening and treatment services among uninsured individuals; identify missed opportunities in STI screening and treatment among uninsured persons; craft detailed quality improvement plans to address missed opportunities and evaluate their impact.
- Meet biannually with NYC Health Department program staff to discuss progress, successes, and challenges in providing RFP-funded services.
- Participate in one annual meeting across all selected partners to share progress, successes, challenges, and best practices in providing RFP-funded services.
- Participate in at least one annual chart review to verify service provision among RFP-indicated target populations.

Goals of Concept Paper

The NYC Health Department intends to issue a Request for Proposals (RFP) to reduce barriers to STI care among uninsured (inclusive of those electing to self-pay) individuals residing in high morbidity neighborhoods and ultimately increase the provision of STI screening and treatment services. Accordingly, the NYC Health Department proposes to select up to three contractors to provide comprehensive STI services among uninsured and self-pay New Yorkers. Goals of the resultant RFP will include, but not be limited to:

- 1. Increase access and provision of routine, quality sexual health care among uninsured individuals, resulting in an increased number and/or proportion of these individuals receiving:**
 - a. Chlamydia, gonorrhea, and syphilis testing
 - b. Chlamydia, gonorrhea, and syphilis treatment
 - c. Vaccines relevant to sexual health (hepatitis A, hepatitis B, HPV, and mpox)
- 2. Through the submission of data reporting requirements, characterize:**
 - a. Trends in care provision and missed opportunities among uninsured individuals seeking STI care
 - b. Obtain accurate STI positivity, prevalence, and screening and treatment rate trends among uninsured individuals
 - c. Commonalities in best practices for STI care and effective reimbursement structures
 - d. Factors associated with receipt of STI screening and treatment services

- 3. Through participation in quality improvement initiatives, improve the provision of STI services to uninsured individuals presenting for care.**

Target Population

The population of focus for this RFP includes uninsured individuals (inclusive of individuals who elect to self-pay), who reside in New York City neighborhoods with the highest case rates of chlamydia, gonorrhea, or syphilis.

There is considerable overlap between the NYC neighborhoods with highest case rates for chlamydia, gonorrhea, and syphilis, and those identified by the Taskforce for Racial Inclusion and Equity (TRIE)^[31]. TRIE was established in April 2020 to address the disparate impact of COVID-19 on communities of color. TRIE priority neighborhoods were identified in May 2020, using a methodology to reflect social, economic and health indicators of structural inequities. At the time the Taskforce was established, these neighborhoods accounted for over 50% of all the City's COVID-19 cases. Among the ten NYC neighborhoods with the highest chlamydia, gonorrhea, or syphilis case rates in 2022, 60% were also TRIE neighborhoods, underscoring the interplay between structural inequities and STI rates, and the importance of prioritizing support for patients residing in these neighborhoods to assure equitable health access.

Reporting Requirements

Reporting requirements will be specified further in the resultant RFP. Broadly, reporting requirements may include, but not be limited to, submission of: deidentified, visit-level information on services provided, treatment, vaccination(s) provided among uninsured individuals; and population-level estimates of STI screening rates and treatment rates, by pathogen (chlamydia, gonorrhea, syphilis) and specific sub-populations (e.g., populations indicated in CDC STI treatment guidelines^[32], such as young women aged 16-24, men who have sex with men).

Proposed Term of the Contracts

The NYC Health Department anticipates that the term of each contract resulting from this RFP will be 6 years in duration, contingent on the availability of funding. As of the release date of this Concept Report, the anticipate contract start date is January 1, 2026.

Proposed Procurement Timeline

The proposed RFP would be issued through the PASSPort system, and proposals will only be accepted through PASSPort. It is anticipated that the RFP issuance date will be in Spring 2025, with proposals due 45-60 days after the RFP issuance date, and anticipated award decisions in Summer 2025.

Planned Method of Evaluating Proposals

The NYC Health Department anticipates that proposals will be evaluated based on the extent to which proposers demonstrate relevant organizational experience; the proposed approach to the scope of services; the proposed



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approach to data management, monitoring and reporting; demonstration of organizational capacity and qualifications; and the proposed approach to budget management.

Funding Information

The NYC Health Department anticipates awarding up to three contracts from the RFP. The Health Department estimates that the annual value of all contracts will be \$250,000 annually (\$1,500,000 total over the 6 years) subject to funding availability.

Use of PASSPort and Prequalification

To respond to this future RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved PASSPort Health and Human Services (HHS) PQL qualification status in PASSPort. If you do not already have a PASSPort account **or if you are not approved in any HHS PQL categories**, select the tab "Register NYC.ID" on that page. For assistance with technical issues relating to the PASSPort system, please contact the Mayor's Office of Contract Services (MOCS) via MOCS Service Desk (<https://mocssupport.atlassian.net/servicedesk/customer/portal/8>) '

Provider Conference

The NYC Health Department will hold a virtual meeting for interested providers on **September 5, 2024 at 11:00am**. The purpose of this meeting is for the Health Department to obtain feedback and input from the provider community relating to the content of this Concept Report.

If you plan to attend this meeting, please email RFP@health.nyc.gov with the attendee(s) name and email address(es); include **STI Services CP RSVP** in the subject line.

Contact Information /Deadline for Questions/Comments

Written comments on this Concept Report are invited by **10/03/24**. Please email RFP@health.nyc.gov and indicate **STI Services CP Comments** in the subject line of the email. Alternatively, you may submit comments via the City's digital procurement system, PASSPort (<https://www.nyc.gov/site/mocs/passport/about-passport.page>).

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