

November 6, 2024

Office of the Insurance Commissioner
Washington State
P.O. Box 40258
Olympia, WA 98504-0258

Re: Consolidated Health Care (R2024-05) Rulemaking

To the Rules Coordinator:

Kitsap Public Health District (KPHD) appreciates the opportunity to comment on Consolidated Health Care (R2024-05) rulemaking. We are writing to share our request that expanded screening for syphilis and all components of Latent Tuberculosis infection (LTBI) screening and treatment be included as preventative services which are essential health benefits not subject to cost-sharing for health plans in Washington. We join with our colleagues in Public Health–Seattle King County and Snohomish County Health Department in this request.

Included in this rule-making process is implementation of ESHB 1957, Health Carriers–Coverage of Preventative Services without Cost Sharing,¹ which authorizes the insurance commissioner to adopt rules related to “any future preventive services recommendations and guidelines issued by the United States preventive services

¹ Engrossed Substitute House Bill 1957, Chapter 314, Laws of 2024

task force, the advisory committee on immunization practices of the centers for disease control and prevention, and the health resources and services administration or related federal rules or guidance.” The below comments reflect federal recommendations. KPHD asks the Insurance Commissioner to ensure that these recommendations are included in the Consolidated Health Care rulemaking.

Syphilis Prevention

Washington's syphilis epidemic is growing, causing long-term health consequences and deaths that are preventable. Between 2019 and 2021, the number of reported syphilis cases in Washington increased by 49 percent, while the number of cases of primary and secondary syphilis, an early stage infection characterized by a high risk of transmission, increased by 79 percent.² In 2021, the legislature funded the Sexually Transmitted Infection (STI) and Hepatitis B Virus (HBV) Legislative Advisory Group, which produced policy recommendations that included health coverage for syphilis prevention services without cost sharing.³

In 2022, Public Health–Seattle & King County and Washington State Department of Health updated its syphilis screening recommendations to providers statewide to include routine screening of some cisgender women and men who have sex with women.⁴ This guidance falls within CDC's National Center for HIV, Viral Hepatitis, STD and Tuberculosis Prevention recommendations.⁵

The United States Preventative Services Task Force (USPSTF) currently recommends early screening for syphilis infection in all pregnant women⁶ and for others who are at increased risk of infection.⁷ While these criteria are consistent with CDC's recommendation to screening all persons aged 15–44, the USPSTF recommendation is not explicit and may not consistently ensure access to testing without cost sharing. The absence of clear information on whether patients will be billed for testing is an impediment to widespread adoption of the expanded screening recommendation.

² [Engrossed Substitute Senate Bill 5983, Chapter 248, Laws of 2024](#)

³ [Report to the Legislature: STI & HBV Legislative Advisory Group Recommendations, December 2022](#)

⁴ [Congenital syphilis letter to providers, Public Health -- Seattle & King County and Washington State Department of Health, May 12, 2022](#)

⁵ CDC recommends that counties offer syphilis testing to all sexually active people aged 15–44 years in counties with a rate of primary & secondary syphilis among women aged 15–44 years that is greater than 4.6 per 100,000 people. Most WA counties are well above this threshold. See [County-level Syphilis Rates to Direct Screening Efforts | CDC NCHHSTP](#).

⁶ [Recommendation: Syphilis Infection in Pregnant Women: Screening | United States Preventive Services Taskforce](#)

⁷ [Recommendation: Syphilis Infection in Nonpregnant Adolescents and Adults: Screening | United States Preventive Services Taskforce](#)

TB Prevention

In 2023, 221 cases of Tuberculosis (TB) disease were reported in Washington.⁸ In addition to these cases, it is estimated that many more have LTBI; individuals with LTBI are not sick from TB and can't spread it to others, but can develop active, contagious TB over time. Nearly all the cases of active TB in King County could have been prevented by increasing LTBI testing and treatment among individuals who have spent two or more years in TB endemic countries.⁹

The USPSTF has issued a Grade B recommendation for LTBI screening in populations at increased risk. These recommendations detail screening tests and other inputs, including chest radiographs (x-rays) needed to diagnose LTBI;¹⁰ they also note: "To achieve the benefit of screening, it is important that persons who screen positive for LTBI receive follow up and treatment."¹¹ Currently, chest x-rays and treatment for LTBI are not routinely covered by health insurance without cost-sharing, which can be a barrier to TB prevention.

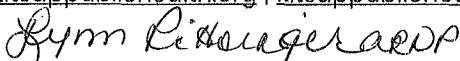
We ask that, based on CDC's recommendations for syphilis testing and USPSTF's recommendations for LTBI, you ensure that those insured in Washington can access syphilis testing and the full range of LTBI screening and treatment services with no cost-sharing. Thank you for considering changes during this consolidated rulemaking process, which will support efforts to prevent illness and death.

Sincerely, 

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⁸ [Tuberculosis Cases Statewide by Year, Summary Brief 2023, Washington State Department of Health](#)

⁹ [Tuberculosis in Seattle & King County, Program Summary 2023, Public Health -- Seattle & King County](#)

¹⁰ [Recommendation: Latent Tuberculosis Infection in Adults: Screening | United States Preventive Services Taskforce, Full Recommendations>Practice Considerations>Screening Tests](#)

¹¹ See [above](#), "Pathway to Benefit"