

Impact of Insurance Policies on Access to Treatment for STI-related Skin Conditions

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Background

Sexually transmitted infections (STIs) often present with dermatological manifestations that require a timely diagnosis and treatment. But, access to care can be hindered by varying insurance policies. Differences in coverage, such as policy exclusions, high out-of-pocket costs, and coverage limitations, create numerous barriers to treatment. Medicaid policies and changes from the Affordable Care Act (ACA) have reshaped access to STI-related dermatological care, impacting patients' access to these services. Additionally, reimbursement policies for dermatologists also influence the availability of these services. To improve equitable access to STI-related dermatological care, it is vital to understand these policies and their impact on patients. This study will examine how these policies affect access, identify major obstacles, and evaluate their influence on health outcomes.

Methods

To assess complications related to insurance coverage for dermatological conditions associated with STIs, a comprehensive analysis of existing policies and practices is essential. A systematic review of coverage under Medicaid, private insurance, and employer-sponsored health plans will be conducted to identify barriers such as policy exclusions, out-of-pocket costs, and coverage limitations. Additionally, evaluating Medicaid policies and key changes introduced by the ACA can provide insight into their impact on coverage. Studies highlight the importance of exploring reimbursement structures, particularly for services provided by dermatologists or STI specialists. Survey-based study is justified to assess confidentiality practices, and whether current policies adequately safeguard patient privacy for individuals seeking STI-related care.

Results

Findings indicate that coverage limitations are the main barrier to accessing treatment for STI-related skin conditions, surpassing challenges such as the availability of specialized clinics, physician reimbursement, and screening access. Although the ACA revised Medicaid eligibility, allowing enrollment for individuals with incomes up to 138% of the federal poverty level, the incorporation of the new guidelines was left to individual states, resulting in inconsistent healthcare across the U.S. High STI rates in uninsured adults were observed in counties without the Medicaid expansion. About 64.3% of these counties are in the top two STI quartiles. In contrast, only 42.2% of counties with Medicaid expansion are in those same

quartiles. In 2023, U.S. health insurance coverage was primarily through employer-based insurance, with Medicaid and Medicare following. Employer-based insurance presents challenges for individuals seeking STI-related care, including but not exclusive to high copayments and deductibles, confidentiality concerns, and restricted access to specialists due to network limitations.

Conclusion

Insurance policies play a critical role in determining quality and timely access to treatment for dermatological conditions related to sexually transmitted infections. The type of insurance policy available to an individual often depends on their income and immigration status. These constraints result in many individuals being underserved by the healthcare system. Addressing the insurance coverage gap for skin conditions related to STIs is crucial. The lack of appropriate treatment due to limited coverage could result in many individuals facing untreated health issues in the future, raising serious public health concerns. Expanding insurance coverage and eligibility is essential to prevent complications, reduce transmission rates, and achieve better health outcomes in STI-related skin conditions.