



## **Family Planning Visits and 340B STD Designation**

The country is currently experiencing unprecedented and growing STD epidemics. This continued increase is driven by many factors, including cuts to state and local STD programs. Health departments in Oregon welcome partnerships with service providers and others to address the increase in STDs statewide.

The OHA Sexually Transmitted Disease Program is funded by the CDC to implement and strengthen programs that prevent and control STDs in Oregon. Funds are directed to support these functions and are not intended for direct service provision.

### **Use of 318 (STD) Designation**

LPHAs and other sites that qualify as safety net sites by receiving STD in-kind services can register for the 340B Program as an STD prevention (318 designation) covered entity. In Oregon, safety net sites receive in-kind services in the form of state-subsidized chlamydia and gonorrhea testing at the Oregon State Public Health Lab for anyone aged 24 and under who is underinsured/uninsured.

STD clinics that participate in the 340B Program may purchase and dispense 340B drugs (including prescribed contraceptives) for patients that meet the patient definition criteria below:

1. The health center has a medical record for the individual;
2. The individual receives a service from a professional employed by or under contract with the health center;
3. The individual receives a service consistent with the grant funding.

If the 340B patient definition is met at each visit, 340B-purchased supplies can be used for any prescription that is warranted within that visit.

For an RH visit to be consistent with STD grant funding (#3 above), the visit must include screening, prevention, or testing related to STDs. This includes any of the following:

- Taking sexual health history
- Counseling on reducing STD risks
- Providing contraceptive counseling that indicates when a method does not prevent STDs
- Providing a Pap test or chlamydia screening (or other STD screening) as indicated.

STD testing and treatment should be consistent with the 2015 CDC STD Treatment Guidelines.