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FISCAL AND POLICY NOTE
Revised

Senate Bill 599

(Chair, Education, Health, and Environmental Affairs
Committee)(By Request - Departmental - Health and
Mental Hygiene)

Education, Health, and Environmental Affairs

Health and Government Operations

Public Health - Expedited Partner Therapy for Chlamydia and Gonorrhea

This bill modifies the existing Baltimore City Expedited Partner Therapy (EPT) Pilot Program to make provision of EPT a permanent option and authorize use of EPT throughout Maryland. The purpose of EPT is altered to encompass reducing the likelihood of reinfection in the diagnosed patient, and the program may include prescribing antibiotic therapy to any sexual partner of a patient diagnosed with chlamydia or gonorrhea without making a personal physical assessment of the patient's partner. The bill requires the Secretary of Health and Mental Hygiene to adopt regulations and implement requirements for practicing EPT in public and private health care settings in Maryland.

The bill takes effect June 1, 2015.

Fiscal Summary

State Effect: The bill authorizes expanded EPT in Maryland, but it does not *require* participation by public or private providers. Thus, the Department of Health and Mental Hygiene can promulgate the required regulations and provide technical assistance as needed to public and private health care providers who choose to provide EPT with existing budgeted resources. Revenues are not affected.

Local Effect: Expenditures for the Baltimore City Health Department EPT Program (less than \$10,000 annually) are maintained annually beyond FY 2015 if the city chooses to maintain a program under the new statewide authorization. To the extent other local health departments (LHDs) choose to exercise authority under the new statewide authorization, costs may increase minimally.

Small Business Effect: Minimal.

Analysis

Current Law: Baltimore City is the only jurisdiction in the State where EPT is used. Chapter 146 of 2007 established the EPT Pilot Program in the Baltimore City Health Department to dispense or otherwise provide antibiotic therapy to the partner of a patient diagnosed with either chlamydia or gonorrhea, without making a personal physical assessment of the patient's partner. Chapter 146 required the Baltimore City Health Department to report to the Governor and the General Assembly annually on the pilot program's operation and performance. Chapter 136 of 2010 extended the termination date for the EPT Pilot Program from June 30, 2010, until June 30, 2015.

A certified nurse practitioner is the only advanced practice nurse with prescriptive authority under Title 8 of the Health Occupations Article. Certified nurse practitioners are authorized to prescribe drugs under regulations adopted by the State Board of Nursing. A nurse practitioner may personally prepare and dispense a starter dosage of any drug the nurse practitioner is authorized to prescribe to a patient if the starter dosage complies with the statutory labeling requirements, there is not a charge for the starter dosage, and the practitioner enters an appropriate record in the patient's medical record. A starter dosage is an amount of drug sufficient to begin therapy for a 72-hour or less duration or prior to obtaining a larger quantity of the drug to complete therapy. The nurse practitioner also must provide the patient with a written prescription, except for starter dosages or samples dispensed without charge.

A supervising physician and physician assistant may enter into a delegation agreement under which the physician may delegate prescribing and administering of controlled dangerous substances, prescription drugs, or medical devices, and the oral, written, or electronic ordering of medications. The agreement must meet specified statutory requirements.

Background: The U.S. Centers for Disease Control and Prevention (CDC) identify EPT as a central component to prevent and control sexually transmitted diseases (STDs) in the United States. Initially developed to control syphilis, EPT became heavily recommended for the treatment of gonorrhea and chlamydia. To help state and local STD programs implement EPT programs, CDC collaborated with the Center for Law and the Public's Health at Georgetown and the Johns Hopkins universities to assess the legal framework concerning EPT across all 50 states and other jurisdictions. According to CDC, state law does not preclude the administration of prescription drugs to a patient for use by partners. However, some states are reluctant to support prescriptions issued outside of a physician-patient relationship. EPT programs are permissible in 36 states.

Chlamydia is the most frequently reported bacterial STD in the United States. An estimated 2.9 million Americans are infected with the disease each year. In women, untreated infection can progress to serious reproductive and other health problems, while complications among men are rare. Gonorrhea is likewise a bacterial STD. CDC estimates that 820,000 individuals in the United States get new gonorrheal infections each year. Left untreated, gonorrhea can cause serious and permanent health problems in both women and men. Gonorrhea and chlamydia rates in Baltimore are much higher than the national average.

In November 2012, CDC issued updated guidance on the use of EPT in the treatment of gonorrhea based on data from the Gonococcal Isolate Surveillance Project, which indicated that the United States may be in the early stages of the development of clinically significant gonococcal resistance to oral antibiotic treatment. Thus, CDC no longer recommends the routine use of orally administered antibiotics for the treatment of certain types of uncomplicated gonorrhea in the United States. Instead, CDC recommends combination therapy involving shots and oral medication. Shots cannot be administered through EPT programs.

The new guidelines advise that every effort should be made to ensure that a patient's partners from the past 60 days are evaluated and treated with the recommended combination medications. However, because that is not always possible, providers can still consider EPT for heterosexual partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. CDC advises that EPT is not routinely recommended for men who have sex with men because of a high risk for coexisting infections in their partners. Further, the new guideline instructions for partners should include a recommendation that the partners receive a test-of-cure approximately one week after finishing their medication and information on where they can receive a test-of-cure.

The Baltimore City Health Department advises that it continues to use oral antibiotics to treat partners through the EPT Pilot Program because the rates of gonococcal resistance in Baltimore are extremely low. The department monitors for the emergence of gonococcal resistance to oral antibiotic treatments. In 2014, the resistance surveillance program did not detect any resistant cases in Baltimore City.

The Baltimore City Health Department reports that, from October 2007 through December 2014, the Druid and Eastern STD Clinics have provided 3,174 partner packs containing medication and instructions for EPT during 2,524 patient encounters. These encounters represented 2,479 confirmed cases of gonorrhea and/or chlamydia. Although policy allows each patient to take up to three packs for partners, most patients only request one pack. The department found that reinfection rates for patients who accepted EPT packs were lower than those who did not.

Local Fiscal Effect: Expenditures for the Baltimore City Health Department EPT Pilot Program are less than \$10,000 annually to provide antibiotic medication and instruction for the partners of individuals diagnosed with gonorrhea and/or chlamydia and who are in EPT therapy. If the Baltimore City Health Department continues the EPT program under the statewide authorization beyond fiscal 2015, expenditures of \$10,000 or less annually are maintained in future years. Expenditures for other LHDs increase minimally to the extent that an LHD chooses to implement a similar program and dispenses partner packs for EPT. Expenditures are likely not affected to the extent that LHDs merely utilize the prescriptive authority established under the bill.

Additional Comments: Senate Bill 337 and its cross file, House Bill 228, of 2015 would make permanent the EPT Pilot Program in the Baltimore City Health Department.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Baltimore City, Department of Health and Mental Hygiene, Maryland Association of County Health Officers, Department of Legislative Services

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