



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

February 11, 2026

HB422 – Public Health – Expedited Partner Therapy – Bacterial Vaginosis

Good afternoon, Madame Vice Chair and members of the Health Committee. Thank you for the opportunity to present House Bill 422.

HB 422 will amend the Maryland Health Article to add bacterial vaginosis (BV) to the list of diagnoses for which Expedited Partner Therapy (EPT) may be used. EPT allows healthcare providers, when appropriate, to prescribe treatment for an intimate partner of a patient who has chlamydia, gonorrhea, and trichomoniasis without requiring a separate provider visit. This measure will expand the list of eligible diagnoses to include bacterial vaginosis.

Globally, BV is one of the most common vaginal conditions among reproductive-aged women, affecting roughly one in three women worldwide. BV occurs when the number of protective lactobacilli bacteria decreases relative to other vaginal microbes. Recurrence rates for BV are alarmingly high – up to 66% within a year of treatment,¹ and just one bout can require repeated rounds of antibiotics.

Newly published research shows that treating male partners at the same time as the patient significantly reduces recurrence. A 2025 randomized controlled trial in the *New England Journal of Medicine*² found that when male partners received both oral and topical antimicrobial therapy along with the patient's treatment, BV recurrence fell from 63% to 35% within 12 weeks, compared to treating the patient alone. Based on this growing body of evidence, the American College of Obstetricians and Gynecologists now recommends considering concurrent partner therapy for patients with recurrent, symptomatic BV.

HB 422 does not create a new state program or mandate treatment. It simply expands the existing clinical practice that Maryland already uses for other conditions. Aligning Maryland law with the growing body of evidence supporting the use of EPT for BV will give clinicians the evidence-based tools they need to better serve their patients.

Over time, reducing BV recurrence is likely to decrease repeat office visits, laboratory testing, and antibiotic use, resulting in savings for patients and the healthcare system. I respectfully request a favorable report on House Bill 422.

¹ <https://www.acog.org/news/news-releases/2025/10/acog-recommends-concurrent-sexual-partner-treatment-recurrent-bacterial-vaginosis-first-time>

² <https://www.nejm.org/doi/abs/10.1056/NEJMoa2405404>