



**2026 SESSION  
POSITION PAPER**

**BILL:** HB 422 – Public Health - Expedited Partner Therapy - Bacterial Vaginosis  
**COMMITTEE:** House Health Committee  
**POSITION:** Letter of Support  
**BILL ANALYSIS:** HB 422 would add bacterial vaginosis to the list of diagnoses for which certain health care providers may prescribe, dispense, or otherwise provide antibiotic therapy to a sexual partner of a diagnosed patient without making a personal physical assessment of the sexual partner.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) is in support of HB 422. This legislation will improve the ability of licensed clinicians to reduce recurrent bacterial vaginosis in underserved populations. Currently, Maryland clinicians are allowed to treat partners of their patients for chlamydia, gonorrhea, and trichomoniasis without requiring the partner to undergo a physical examination. HB 422 extends this provision to the treatment of bacterial vaginosis. The American College of Obstetricians & Gynecologists supports this position<sup>1</sup> based on recent medical evidence that partner treatment doubles the cure rate of recurrent bacterial vaginosis.<sup>2</sup>

Additional research shows that 66% of women will experience recurrent infections if their partners are not treated.<sup>3</sup> In addition to the aggravating symptoms associated with this infection, the World Health Organization states that bacterial vaginosis increases the risk of acquiring HIV, acquisition of and transmission of other STIs, and if left untreated can lead to adverse effects of pregnancy.<sup>4</sup>

This is particularly concerning for populations with limited access to routine outpatient healthcare. Local health departments treat predominantly low-income patients. Their partners often have barriers to any healthcare other than emergency departments. The passage of HB 422 will allow local health departments to more effectively treat the symptoms and potential broader health consequences of bacterial vaginosis for our low-resource patients and their partners.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for HB 422. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

1 Concurrent sexual partner therapy to prevent bacterial vaginosis recurrence. Clinical Practice Update. American College of Obstetricians & Gynecologists. *Obstet Gynecol* 2025;146:e111–e114

2 Vodstrcil LA, Plummer EL, Fairley CK, Hocking JS, Law MG, Petoumenos K, et al. Male-partner treatment to prevent recurrence of bacterial vaginosis. *N Engl J Med* 2025;392:947–57. doi: 10.1056/NEJMoa2405404

3 Sobel JD, Ferris D, Schwebke J, Nyirjesy P, Wiesenfeld HC, Peipert J, et al. Suppressive antibacterial therapy with 0.75% metronidazole vaginal gel to prevent recurrent bacterial vaginosis. *Am J Obstet Gynecol* 2006;194:1283–9. doi: 10.1016/j.ajog.2005.11.041

4 <https://www.who.int/news-room/fact-sheets/detail/bacterial-vaginosis>