

Department of Legislative Services  
Maryland General Assembly  
2010 Session

FISCAL AND POLICY NOTE

House Bill 162 (Delegate Anderson)(By Request - Baltimore City Administration)  
Health and Government Operations Education, Health, and Environmental Affairs

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**Expedited Partner Therapy Pilot Program - Extension**

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This bill extends the termination date for the Expedited Partner Therapy (EPT) Pilot Program by five years to June 30, 2015.

The bill takes effect June 1, 2010.

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**Fiscal Summary**

**State Effect:** None.

**Local Effect:** Baltimore City Health Department expenditures (\$13,000 annually) for the EPT Pilot Program would be maintained beyond FY 2010.

**Small Business Effect:** None.

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**Analysis**

**Current Law/Background:** The 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. Chlamydia is the most frequently reported bacterial STD in the United States. An estimated 2.8 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 more than 700,000 individuals in the United States get new gonorrheal infections each year. Left

untreated, gonorrhea can cause serious and permanent health problems in women and men. Gonorrhea and chlamydia rates in Baltimore are much higher than the national average.

EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea. The EPT Pilot Program allows individuals with these STDs to distribute antibiotics to their sexual partners. Patients can deliver antibiotics to up to three sexual partners without a prescription for their partners and without the health care provider first examining the partners. The ultimate goal of EPT is to prevent individuals from being reinfected with the disease by their partners.

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 21 states.

In July 2007, the EPT Pilot Program took effect in Baltimore City. Baltimore City is the only jurisdiction in the State where EPT is used. Two clinics – Druid Health Clinic and Eastern Health Clinic – are part of the pilot program. The Baltimore City Health Department Sexually Transmitted Disease Clinics issue an annual report regarding EPT activities. For 2009, Druid and Eastern STD clinics gave a combined 1,514 partner packs through 968 patient encounters. These encounters represented 600 cases of gonorrhea and 368 cases of chlamydia. The department does not charge patients for antibiotics for themselves or their partners. Although policy allows patients to take up to three partner packs, the majority of women ask for one partner pack, while the majority of men ask for packs for two partners. On 541 occasions, EPT was refused by a patient because the patient was unable to deliver a partner pack, or the patient wished not to see the partner again. EPT was also refused in some instances because the patient knew the partner had already been treated or was being evaluated in the clinic that day.

From October 2007 through March 2009, the Baltimore City Health Department observed a 38% reduction in reinfection rates for patients who elected to use any EPT as a partner management strategy as compared to those who refused EPT.

**Local Fiscal Effect:** Baltimore City Health Department expenditures for the EPT Pilot Program are maintained beyond fiscal 2010 to provide antibiotic medication and instructions for the partners of individuals diagnosed with gonorrhea and/or chlamydia and who are in EPT therapy. This assumes expenditures for EPT treatment of chlamydia

and gonorrhea reflect those of fiscal 2009. It also assumes 84% of patients elect to use EPT options and that the majority of patients request one or two partner packs.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Centers for Disease Control and Prevention, Baltimore City, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - January 29, 2010  
mpc/mwc

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