

SB394 Support - EPT-BV - Powell.pdf

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Position: FAV

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Anna Powell, MD
*Associate Professor of Gynecology and Obstetrics
Johns Hopkins Medicine*

SB394
Favorable

DATE: February 11, 2026

RE: SB394 Public Health - Expedited Partner Therapy - Bacterial Vaginosis

Johns Hopkins supports **SB394 Public Health - Expedited Partner Therapy - Bacterial Vaginosis**. This bill adds bacterial vaginosis (BV) to the list of diagnoses for which a health care provider may prescribe, dispense, or provide antibiotic therapy to a sexual partner of a diagnosed patient without making a personal physical assessment of the sexual partner. Treating a sexual partner without a personal physical assessment is called Expedited Partner Therapy and is an incredibly safe and useful option in treating patients. Johns Hopkins supports initiatives that ease access to important medical care for patients.

Expedited Partner Therapy is currently allowed in Maryland for chlamydia, gonorrhea and trichomoniasis. Including BV as an allowable diagnosis is aligned with best clinical practice, as stated in an article from the *New England Journal of Medicine* and the American College of Obstetricians and Gynecologists. Research shows that treatment for both male and female partners resulted in a lower rate of recurrence of BV within 12 weeks than standard care¹.

Creating greater access to the treatment referenced above by allowing a provider to authorize treatment as quickly as possible is essential to seeing the positive results found in the research in Maryland. We appreciate the Sponsor's introducing this legislation to improve access to care and reduce the impact of BV.

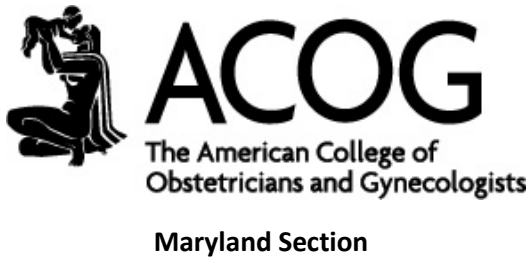
Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on SB394.

¹ Vodstrcil, L.A. et al. (2025) 'Male-partner treatment to prevent recurrence of bacterial vaginosis', *New England Journal of Medicine*, 392(10), pp. 947–957. doi:10.1056/nejmoa2405404.

SB0394_FAV_MedChi, MDACOG_PH - Expedited Partner T

Uploaded by: Christine Krone

Position: FAV



MedChi

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

Senate Finance Committee
February 10, 2026

Senate Bill 394 – *Public Health – Expedited Partner Therapy – Bacterial Vaginosis*
POSITION: SUPPORT

On behalf of the Maryland Section of the American College of Obstetricians and Gynecologists (MD ACOG) and MedChi, the Maryland State Medical Society, we **support** Senate Bill 394.

Bacterial vaginosis (BV) is a common vaginal condition that occurs when the natural balance of bacteria in the vagina is disrupted. Instead of healthy bacteria keeping the vagina balanced, other bacteria grow too much, which can cause symptoms, though some people have no symptoms at all. BV is the most common vaginal infection in women ages 15 to 44¹.

Senate Bill 394 reflects emerging data and evidence demonstrating that the use of expedited partner therapy (EPT) for recurrent BV can improve patient outcomes. Allowing EPT for BV will help reduce reinfection, improve treatment effectiveness, and promote timely, evidence-based care. This approach is particularly important for patients who face barriers to partner evaluation and follow-up, including limited access to care, transportation challenges, and concerns related to cost or confidentiality. By enabling prompt treatment of partners, EPT supports better health outcomes and helps prevent repeated infections that may increase the risk of serious reproductive health complications.

ACOG's relevant clinical practice update is attached for the Committee's reference. We urge a favorable report.

Attachment: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
410-244-7000

¹ Office on Women's Health (U.S. Department of Health and Human Services). *Bacterial Vaginosis Fact Sheet*. Washington, DC: Office on Women's Health; 2015.

Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence

This Clinical Practice Update was developed by the American College of Obstetricians & Gynecologists in collaboration with Anna Powell, MD, MSCR; and Jenell Coleman, MD, MPH.

This Clinical Practice Update provides new guidance on the use of sexual partner therapy in the management of bacterial vaginosis based on new research findings and a growing body of evidence implicating sexual activity as an important method of infection transmission. This document is a focused update of related content in Practice Bulletin No. 215, *Vaginitis in Nonpregnant Patients* (Obstet Gynecol 2020;135:e1–17).

BACKGROUND

Recurrent bacterial vaginosis is extremely common after initial therapy, with up to 66% of women experiencing a recurrence within 12 months of treatment (1). (Please see the “Use of Language” section later in this document.) Although the etiology of bacterial vaginosis remains incompletely understood, the available evidence suggests that it is a multifactorial condition influenced by endogenous factors and exogenous exposures, including sexual activity (2, 3). Concurrent male sexual partner therapy has been investigated as a potential strategy to reduce the risk of bacterial vaginosis recurrence, but past studies have not demonstrated a clear benefit (4, 5). Potential reasons for this include the use of oral monotherapy and poor treatment adherence by male partners. For example, in one study, although male partner treatment did not show a significant overall benefit, multivariable modeling found that women had fewer treatment failures when their male partners were more adherent to therapy (adjusted relative risk 0.78, 95% CI, 0.67–0.91) (5). To overcome limitations of prior studies, a recent randomized controlled trial treated male partners of women diagnosed with bacterial vaginosis with a combination of oral and topical antimicrobial agents (instead of oral treatment alone, as in prior studies) and is the first partner therapy study to report a significant reduction in bacterial vaginosis recurrence (6). These new findings, combined with increasing biologic and epidemiologic evidence that sexual activity plays an important role in the transmission of bacterial vaginosis, support the use of concurrent sexual partner therapy in the management of bacterial vaginosis.

UPDATED CLINICAL RECOMMENDATIONS

Concurrent sexual partner therapy with a combination of oral and topical antimicrobial agents should be considered for male sexual partners of adult patients with recurrent, symptomatic bacterial vaginosis.

Shared decision making regarding concurrent sexual partner therapy is recommended for adult patients with recurrent, symptomatic bacterial vaginosis who have same-sex partners and for patients with a first occurrence of symptomatic bacterial vaginosis.

RATIONALE

New Evidence to Support Concurrent Male Partner Therapy

In a 2025 multicenter, open-label, randomized controlled trial that included 137 women diagnosed with bacterial vaginosis and their male sexual partners, female participants in the treatment and control groups received usual therapy with multidose oral metronidazole (twice daily for 7 days) or with intravaginal antibiotic treatment (2% clindamycin cream for 7 nights or 0.75% metronidazole gel for 5 nights) if oral antibiotic treatment was contraindicated (6). Male partners in the treatment group were treated concurrently with multidose oral metronidazole and topical 2% clindamycin cream (2-cm diameter of cream applied twice daily for 7 days to the glans penis, or under the foreskin if uncircumcised, and the upper shaft) (6). All study

participants were asked to abstain from sexual intercourse during the 7-day treatment. Trial recruitment was stopped early when investigators observed that standard therapy was clearly inferior to partner therapy at 12 weeks: relapse infection occurred in 35% of participants in the treatment group (recurrence rate 1.6/person-year, 95% CI, 1.1–2.4) compared with 63% in the control group (recurrence rate, 4.2/person-year, 95% CI, 3.2–5.7), which corresponded to an absolute risk difference of –2.6 recurrences per person-year (95% CI, –4.0 to –1.2) (6). All women reported taking at least 70% of their prescribed medication, and bacterial vaginosis recurrence risk was lowest (1.3/person-year, 95% CI, 0.7–2.6) among those whose male partner reported 100% treatment adherence. The most commonly reported systemic adverse effects were those already known to be associated with oral metronidazole treatment, including nausea, headache, and a metallic taste in the mouth. Up to 7% of male partners reported mild penile irritation or redness. No serious adverse events were reported (6).

Although these results are significant, the study did have several limitations. Only monogamous heterosexual couples were enrolled, and most female participants had at least one risk factor for recurrent infection (eg, history of bacterial vaginosis, intrauterine device use, uncircumcised male partner) (6), which may limit the generalizability of the results. Longer-term studies are needed to determine, for example, whether male partner maintenance therapy is needed and whether sexual partner treatment is effective in broader populations, including women who have sex with women, individuals in nonmonogamous relationships, and patients with incident or asymptomatic bacterial vaginosis.

Sexual Transmission of Bacterial Vaginosis

The use of sexual partner therapy to prevent bacterial vaginosis recurrence is further supported by an increasing and robust body of evidence that demonstrates the sexual transmission of bacterial vaginosis. Incident bacterial vaginosis has a similar incubation period to bacterial sexually transmitted infections (7). Bacterial vaginosis occurs predominantly in sexually active populations and is rare among individuals with no history of sexual activity (8). Observational studies have repeatedly demonstrated an association between bacterial vaginosis incidence and exposure to new or multiple sexual partners (9–11), and bacterial vaginosis recurrence risk is highest among women with a regular sexual partner (12–14). Microbiologic evidence supports the exchange of bacterial vaginosis-associated bacteria between female and male sexual partners (15–20). Interventions such as consistent condom use, which reduces the exchange of genital secretions, are associated with lower incidence and recurrence rates of bacterial vaginosis (12).

Concurrent Female Partner Therapy

Although the use of concurrent partner therapy for the prevention of bacterial vaginosis recurrence among female couples is an emerging area of investigation (21), its use is supported by epidemiologic and microbiologic evidence that suggests the sexual exchange of bacterial vaginosis between female sexual partners is an important mechanism of transmission. For example, the risk of incident and recurrent bacterial vaginosis is increased in women who report having new or multiple female sexual partners, particularly those who report symptoms or a history of bacterial vaginosis (10–12, 22). In addition, studies of the vaginal microbiota of monogamous female couples demonstrate high concordance for both normal flora and bacterial vaginosis-associated species (11, 22, 23).

IMPLEMENTATION CONSIDERATIONS

Based on the eligibility requirements of the male partner therapy trial (6), ideal candidates for concurrent partner therapy for bacterial vaginosis are patients with symptomatic, recurrent infection who are in a monogamous relationship and have a regular male sexual partner. Shared decision making is recommended for patients who do not meet these criteria. For these patients, the unclear therapeutic benefit needs to be weighed against considerations such as adverse treatment effects and possible out-of-pocket costs for partner therapy.

Male partners and same-sex partners of patients with recurrent, symptomatic bacterial vaginosis should be encouraged to seek evaluation and treatment from their own health care practitioners. When a partner lacks access to care, the patient's clinician may consider providing a prescription to a same-sex partner after a patient–physician relationship has been established. Clinicians should adhere to local regulations and institutional policies when determining whether and how to establish a patient–physician relationship with a male partner. Although the American College of Obstetricians & Gynecologists (ACOG) supports the practice of expedited partner therapy (24), this is not a recommended strategy for the management of bacterial vaginosis, because the provision of expedited partner therapy is regulated by state and local laws that generally permit its implementation only in cases of chlamydial infection, gonococcal infection, and, sometimes, trichomoniasis (25). Clinicians should refer to their state and local health departments for the most current guidelines on the provision of expedited partner therapy.

Patient counseling should address expected adverse effects for female and male patients (eg, nausea and metallic taste with oral metronidazole [500 mg twice daily for 7 days], potential mild penile irritation with 2% clindamycin cream [applied twice daily for 7 days]). Clinicians

should emphasize the importance of abstinence during treatment and strict adherence to the treatment regimen for both partners (6). As an alternative to abstinence, male partners should use a condom during sexual activity to reduce the risk of reinfection. Patients and their partners also should be made aware of the potential for out-of-pocket treatment costs, because sexual partner therapy for bacterial vaginosis may not be covered by insurance.

For additional information about the prevention and treatment of bacterial vaginosis, please see related guidance from ACOG (26) and from the Centers for Disease Control and Prevention (8).

USE OF LANGUAGE

ACOG recognizes and supports the gender diversity of all patients who seek obstetric and gynecologic care. In original portions of this document, the authors seek to use gender-inclusive language or gender-neutral language. When describing research findings, this document uses gender terminology reported by the investigators. ACOG's policy on inclusive language can be reviewed at <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>.

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CONFLICT OF INTEREST STATEMENT

All ACOG committee members and authors have submitted a conflict of interest disclosure statement related to this published product. Any potential conflicts have been considered and managed in accordance with ACOG's Conflict of Interest Disclosure Policy. The ACOG policies can be found on acog.org. For products jointly developed with other organizations, conflict of interest disclosures by representatives of the other organizations are addressed by those organizations. The American College of Obstetricians & Gynecologists has neither solicited nor accepted any commercial involvement in the development of the content of this published product.

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American College of Obstetricians & Gynecologists 409 12th Street SW, Washington, DC 20024-2188

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

A Clinical Practice Update is a brief statement that communicates a focused change in published ACOG guidance on a clinical topic or issue. The American College of Obstetricians & Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org/clinical.

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2026 SB0394 NAPNAP.pdf

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Position: FAV



February 6th, 2026

Maryland Senate
Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, we respectfully submit this letter in strong support of Senate Bill 394, *Public Health – Expedited Partner Therapy – Bacterial Vaginosis*, sponsored by Senator Gile.

The Maryland Chesapeake Chapter of NAPNAP represents pediatric-focused advanced practice registered nurses who provide comprehensive primary, sexual, and reproductive health care to infants, children, adolescents, and young adults throughout Maryland. Our members routinely diagnose and manage reproductive tract infections and are acutely aware of the clinical and public health consequences of untreated or recurrent infections, particularly among adolescents and young adults.

SB 394 represents an important, evidence-based expansion of Maryland’s expedited partner therapy (EPT) statute. By adding 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 without requiring a personal physical assessment, this bill addresses a common and frequently recurrent condition that disproportionately affects adolescent and young adult patients. Reinfection from untreated partners remains a significant barrier to effective treatment and contributes to persistent symptoms, repeat clinical visits, and preventable complications.

From a pediatric and adolescent health perspective, allowing EPT for bacterial vaginosis promotes timely treatment, improves adherence to care plans, and reduces recurrence. Adolescents and young adults often face barriers to accessing care, including transportation challenges, confidentiality concerns, and limited appointment availability. Expanding EPT authority supports patient-centered, trauma-informed care while advancing broader public health goals. SB 394 aligns with current clinical practice and public health strategies aimed at reducing reproductive tract infections and promoting sexual health equity. Enabling providers to treat both patients and their partners strengthens prevention efforts and helps reduce downstream healthcare costs associated with untreated or recurrent infections.

The Maryland Chesapeake Chapter of NAPNAP strongly supports SB 394 and urges the Senate Finance Committee to issue a favorable report. We thank you for your leadership and commitment to improving public health outcomes for Maryland’s adolescents and young adults. The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland’s pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter legislative committee or president, Yvette Laboy at mdchesnapnapleg@outlook.com.

Sincerely,

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
Maryland Chapter Legislative Chair

Dr. Evgenia Ogorodova DNP, CPNP-PC
Chapter Legislative Co-Chair

Dr. Yvette Laboy DNP, CPNP-AC,
CCRN, CPN; Chapter President

Ms. Lindsay Ward MSN, CPNP-PC,
IBCLC; Immediate Past-President

Dr. Samantha Hoffman DNP, MS,
CPNP-PC; Chapter President-elect

SB 394 - FIN - PHPA - LOS.docx (1).pdf

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Position: FAV



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 10, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 394 – Public Health – Expedited Partner Therapy – Bacterial Vaginosis – Letter of Support

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 394 – Public Health – Expedited Partner Therapy – Bacterial Vaginosis. This bill 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 first conducting a personal physical assessment of that partner.

Bacterial vaginosis is highly prevalent among reproductive-age individuals and is associated with increased risk of adverse reproductive health outcomes, highlighting the public health benefit of partner treatment.

Expedited partner therapy (EPT) is a public health strategy currently authorized in Maryland for chlamydia, gonorrhea, and trichomoniasis. SB 394 would expand this existing framework by permitting, but not requiring, EPT for bacterial vaginosis, consistent with evolving clinical evidence and practice considerations.¹

In December 2025, the American College of Obstetricians and Gynecologists recommended supporting partner evaluation and treatment in certain cases, particularly when partners face barriers to accessing care.² Currently, statutory restrictions limit the widespread adoption of EPT for bacterial vaginosis. EPT can help ensure that partners facing geographic, financial, or social barriers still receive timely treatment. SB 394 would align Maryland law with the expanding scientific literature by permitting its use where clinically appropriate. Implementation of this bill

¹ Vodstrcil, L. A., Plummer, E. L., Fairley, C. K., Hocking, J. S., Law, M. G., Petoumenos, K., Bateson, D., Murray, G. L., Donovan, B., Chow, E. P., Chen, M. Y., Kaldor, J., & Bradshaw, C. S. (2025a). Male-partner treatment to prevent recurrence of bacterial vaginosis. *New England Journal of Medicine*, 392(10), 947–957. <https://doi.org/10.1056/nejmoa2405404>

² American College of Obstetricians & Gynecologists. (2025). *Concurrent sexual partner therapy to prevent bacterial vaginosis recurrence*. *Obstetrics & Gynecology*. <https://doi.org/10.1097/AOG.0000000000006102>

would primarily involve updating regulations and related materials for health care providers, which the Department can accommodate with existing resources.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D.

Secretary

2026 ACNM SB 394 Senate Side.pdf

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Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 394 – Public Health - Expedited Partner Therapy - Bacterial Vaginosis

Hearing Date: February 10, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 394 - Public Health - Expedited Partner Therapy - Bacterial Vaginosis*. The bill adds bacterial vaginosis to Maryland’s expedited partner therapy law. ACNM supports this legislation as it aligns Maryland’s law with a recent recommendation from the American College of Obstetrics and Gynecologists.ⁱ Bacterial vaginosis is the most common vaginal infection of women of child bearing age.ⁱⁱ With expedited partner therapy, clinicians can help protect their patients from becoming reinfected from their partners.

We also wanted to thank the bill sponsor for offering an amendment to add licensed certified midwives (CMs) to the list of expedited partner therapy providers. The Maryland General Assembly established licensure for CMs in 2021 (SB 684/HB 758). Licensed certified midwives have the same scope of practice as nurse-midwives, and they must meet the same educational and exam requirements as nurse-midwives.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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

ⁱⁱ <https://health.maryland.gov/phpa/idehashreddocuments/bv.pdf>

SB 394 - FIN - MACHO - LOS .pdf

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Position: FAV



**2026 SESSION
POSITION PAPER**

BILL: SB 394 – Public Health - Expedited Partner Therapy - Bacterial Vaginosis
COMMITTEE: Senate Finance Committee
POSITION: Letter of Support
BILL ANALYSIS: SB 394 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 SB 394. 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. SB 394 extends this provision to the treatment of bacterial vaginosis. The American College of Obstetricians & Gynecologists supports this position¹ based on recent medical evidence that partner treatment doubles the cure rate of recurrent bacterial vaginosis.²

Additional research shows that 66% of women will experience recurrent infections if their partners are not treated.³ 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.⁴

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 SB 394 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 SB 394. For more information, please contact Ruth Maiorana, MACHO Executive Director at 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>

PPM-SB394-FAV.pdf

Uploaded by: Tica Torres

Position: FAV

Planned Parenthood of Maryland

Committee: Finance

Bill: SB394 – Public Health– Expedited Partner Therapy – Bacterial Vaginosis

Hearing: February 10, 2026

Position: Favorable

Planned Parenthood of Maryland supports Senate *Bill 394 – Public Health – Expedited Partner Therapy – Bacterial Vaginosis*, legislation that strengthens Maryland’s public health response to common and recurrent infections by expanding the state’s Expedited Partner Therapy (EPT) statute to include bacterial vaginosis (BV).

Maryland already authorizes EPT for chlamydia, gonorrhea, and trichomoniasis. This bill updates this framework to reflect current clinical practice, and the realities patients face. Bacterial Vaginosis is one of the most frequently diagnosed vaginal conditions nationwide, and reinfection is common when partners remain untreated¹. Allowing clinicians to provide antibiotic therapy to a patient’s partner reduces reinfection, improves treatment outcomes, and supports timely, evidence-based care.

Senate Bill 394 maintains all existing safeguards and applies only to licensed clinicians already authorized to provide EPT. Expanding eligibility to include BV ensures Maryland’s public health tools remain responsive, practical, and aligned with the needs of patients and providers.

Planned Parenthood of Maryland respectfully requests a **favorable** report on SB394. If we can provide any additional information, please contact Vice President of Public Affairs, Erin Bradley, erin.bradley@ppm.care.

¹ <https://www.cdc.gov/bacterial-vaginosis/about/index.html>

SB 394 Written Testimony - Sen. Gile.docx.pdf

Uploaded by: Dawn Gile

Position: FWA

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3568 · 301-858-3568
800-492-7122 Ext. 3568
Dawn.Gile@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB 394

Public Health – Expedited Partner Therapy – Bacterial Vaginosis

Madam Chair, Mr. Vice Chair, and Members of the Senate Finance Committee:

Expedited partner therapy, or EPT, enables health care providers to prescribe, dispense, or otherwise provide antibiotic therapy to the sexual partner of a patient diagnosed with a qualifying infection, without first examining the partner. The purpose of EPT is to reduce reinfection, interrupt transmission, and improve patient outcomes, while relying on existing provider discretion and statutory safeguards.

In Maryland, expedited partner therapy is currently authorized for chlamydia, gonorrhea, and trichomoniasis.

SB 394 would add bacterial vaginosis as a condition authorized to be treated by expedited partner therapy in Maryland statute.

Background

Bacterial vaginosis is the most common vaginal infection among women of reproductive age. While initial treatment is generally effective, recurrence is extremely common—up to sixty-six percent of women experience a recurrence within one year of treatment of their original diagnosis.

If recurrent bacterial vaginosis goes untreated, it can pose significant clinical risks over time, including increased susceptibility to sexually transmitted infections, a higher risk of pelvic inflammatory disease, and, for pregnant patients, adverse pregnancy-related outcomes, including preterm birth and post-delivery uterine infections.

This bill was inspired by new clinical guidance issued in October 2025 by the American College of Obstetricians and Gynecologists, which reflects increasing evidence supporting the efficacy of sexual partner therapy in reducing recurrences of bacterial vaginosis. SB 394 reflects this updated medical understanding.

Existing Law

Under current Maryland law, expedited partner therapy is authorized for chlamydia, gonorrhea, and trichomoniasis. The statute specifies which health care providers may provide EPT and includes safeguards governing its use.

Bacterial vaginosis is not currently included among the conditions eligible for expedited partner therapy, despite its prevalence and high rate of recurrence.

What SB 394 Does

SB 394 adds bacterial vaginosis to the list of conditions for which expedited partner therapy is permitted under Maryland law.

The bill:

- Operates entirely within Maryland's existing expedited partner therapy framework;
- Does not expand scope of practice or prescribing authority;
- Preserves provider discretion and clinical judgment;
- Maintains all existing statutory safeguards; and
- Does not mandate treatment or create new reporting requirements.

Legislative History

Historically, there has been no opposition to targeted updates to Maryland's expedited partner therapy statute. The most recent update occurred in 2017, when Senate Bill 110 added trichomoniasis as a condition eligible for expedited partner therapy.

SB 394 follows that same narrow, evidence-based approach.

Fiscal Impact

There is no fiscal impact associated with SB 394. The bill does not create new programs, expand eligibility for services, or impose costs on the State.

Amendment

I have submitted a clarifying amendment to SB 394 to specify that licensed certified midwives, acting within their existing scope of practice under Title 8 of the Health Occupations Article, may provide expedited partner therapy where otherwise authorized. This amendment does not expand scope of practice, alter existing safeguards, or create any fiscal impact.

Closing

SB 394 reflects updated clinical guidance, addresses a common and recurrent condition with meaningful health consequences, and does so within Maryland's existing expedited partner therapy framework.

For these reasons, I respectfully request a favorable report on SB 394.

SB 394- HB 422 -Attachment - concurrent_sexual_par

Uploaded by: Dawn Gile

Position: FWA

Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence

This Clinical Practice Update was developed by the American College of Obstetricians & Gynecologists in collaboration with Anna Powell, MD, MSCR; and Jenell Coleman, MD, MPH.

This Clinical Practice Update provides new guidance on the use of sexual partner therapy in the management of bacterial vaginosis based on new research findings and a growing body of evidence implicating sexual activity as an important method of infection transmission. This document is a focused update of related content in Practice Bulletin No. 215, *Vaginitis in Nonpregnant Patients* (Obstet Gynecol 2020;135:e1–17).

BACKGROUND

Recurrent bacterial vaginosis is extremely common after initial therapy, with up to 66% of women experiencing a recurrence within 12 months of treatment (1). (Please see the “Use of Language” section later in this document.) Although the etiology of bacterial vaginosis remains incompletely understood, the available evidence suggests that it is a multifactorial condition influenced by endogenous factors and exogenous exposures, including sexual activity (2, 3). Concurrent male sexual partner therapy has been investigated as a potential strategy to reduce the risk of bacterial vaginosis recurrence, but past studies have not demonstrated a clear benefit (4, 5). Potential reasons for this include the use of oral monotherapy and poor treatment adherence by male partners. For example, in one study, although male partner treatment did not show a significant overall benefit, multivariable modeling found that women had fewer treatment failures when their male partners were more adherent to therapy (adjusted relative risk 0.78, 95% CI, 0.67–0.91) (5). To overcome limitations of prior studies, a recent randomized controlled trial treated male partners of women diagnosed with bacterial vaginosis with a combination of oral and topical antimicrobial agents (instead of oral treatment alone, as in prior studies) and is the first partner therapy study to report a significant reduction in bacterial vaginosis recurrence (6). These new findings, combined with increasing biologic and epidemiologic evidence that sexual activity plays an important role in the transmission of bacterial vaginosis, support the use of concurrent sexual partner therapy in the management of bacterial vaginosis.

UPDATED CLINICAL RECOMMENDATIONS

Concurrent sexual partner therapy with a combination of oral and topical antimicrobial agents should be considered for male sexual partners of adult patients with recurrent, symptomatic bacterial vaginosis.

Shared decision making regarding concurrent sexual partner therapy is recommended for adult patients with recurrent, symptomatic bacterial vaginosis who have same-sex partners and for patients with a first occurrence of symptomatic bacterial vaginosis.

RATIONALE

New Evidence to Support Concurrent Male Partner Therapy

In a 2025 multicenter, open-label, randomized controlled trial that included 137 women diagnosed with bacterial vaginosis and their male sexual partners, female participants in the treatment and control groups received usual therapy with multidose oral metronidazole (twice daily for 7 days) or with intravaginal antibiotic treatment (2% clindamycin cream for 7 nights or 0.75% metronidazole gel for 5 nights) if oral antibiotic treatment was contraindicated (6). Male partners in the treatment group were treated concurrently with multidose oral metronidazole and topical 2% clindamycin cream (2-cm diameter of cream applied twice daily for 7 days to the glans penis, or under the foreskin if uncircumcised, and the upper shaft) (6). All study

participants were asked to abstain from sexual intercourse during the 7-day treatment. Trial recruitment was stopped early when investigators observed that standard therapy was clearly inferior to partner therapy at 12 weeks: relapse infection occurred in 35% of participants in the treatment group (recurrence rate 1.6/person-year, 95% CI, 1.1–2.4) compared with 63% in the control group (recurrence rate, 4.2/person-year, 95% CI, 3.2–5.7), which corresponded to an absolute risk difference of –2.6 recurrences per person-year (95% CI, –4.0 to –1.2) (6). All women reported taking at least 70% of their prescribed medication, and bacterial vaginosis recurrence risk was lowest (1.3/person-year, 95% CI, 0.7–2.6) among those whose male partner reported 100% treatment adherence. The most commonly reported systemic adverse effects were those already known to be associated with oral metronidazole treatment, including nausea, headache, and a metallic taste in the mouth. Up to 7% of male partners reported mild penile irritation or redness. No serious adverse events were reported (6).

Although these results are significant, the study did have several limitations. Only monogamous heterosexual couples were enrolled, and most female participants had at least one risk factor for recurrent infection (eg, history of bacterial vaginosis, intrauterine device use, uncircumcised male partner) (6), which may limit the generalizability of the results. Longer-term studies are needed to determine, for example, whether male partner maintenance therapy is needed and whether sexual partner treatment is effective in broader populations, including women who have sex with women, individuals in nonmonogamous relationships, and patients with incident or asymptomatic bacterial vaginosis.

Sexual Transmission of Bacterial Vaginosis

The use of sexual partner therapy to prevent bacterial vaginosis recurrence is further supported by an increasing and robust body of evidence that demonstrates the sexual transmission of bacterial vaginosis. Incident bacterial vaginosis has a similar incubation period to bacterial sexually transmitted infections (7). Bacterial vaginosis occurs predominantly in sexually active populations and is rare among individuals with no history of sexual activity (8). Observational studies have repeatedly demonstrated an association between bacterial vaginosis incidence and exposure to new or multiple sexual partners (9–11), and bacterial vaginosis recurrence risk is highest among women with a regular sexual partner (12–14). Microbiologic evidence supports the exchange of bacterial vaginosis-associated bacteria between female and male sexual partners (15–20). Interventions such as consistent condom use, which reduces the exchange of genital secretions, are associated with lower incidence and recurrence rates of bacterial vaginosis (12).

Concurrent Female Partner Therapy

Although the use of concurrent partner therapy for the prevention of bacterial vaginosis recurrence among female couples is an emerging area of investigation (21), its use is supported by epidemiologic and microbiologic evidence that suggests the sexual exchange of bacterial vaginosis between female sexual partners is an important mechanism of transmission. For example, the risk of incident and recurrent bacterial vaginosis is increased in women who report having new or multiple female sexual partners, particularly those who report symptoms or a history of bacterial vaginosis (10–12, 22). In addition, studies of the vaginal microbiota of monogamous female couples demonstrate high concordance for both normal flora and bacterial vaginosis-associated species (11, 22, 23).

IMPLEMENTATION CONSIDERATIONS

Based on the eligibility requirements of the male partner therapy trial (6), ideal candidates for concurrent partner therapy for bacterial vaginosis are patients with symptomatic, recurrent infection who are in a monogamous relationship and have a regular male sexual partner. Shared decision making is recommended for patients who do not meet these criteria. For these patients, the unclear therapeutic benefit needs to be weighed against considerations such as adverse treatment effects and possible out-of-pocket costs for partner therapy.

Male partners and same-sex partners of patients with recurrent, symptomatic bacterial vaginosis should be encouraged to seek evaluation and treatment from their own health care practitioners. When a partner lacks access to care, the patient's clinician may consider providing a prescription to a same-sex partner after a patient–physician relationship has been established. Clinicians should adhere to local regulations and institutional policies when determining whether and how to establish a patient–physician relationship with a male partner. Although the American College of Obstetricians & Gynecologists (ACOG) supports the practice of expedited partner therapy (24), this is not a recommended strategy for the management of bacterial vaginosis, because the provision of expedited partner therapy is regulated by state and local laws that generally permit its implementation only in cases of chlamydial infection, gonococcal infection, and, sometimes, trichomoniasis (25). Clinicians should refer to their state and local health departments for the most current guidelines on the provision of expedited partner therapy.

Patient counseling should address expected adverse effects for female and male patients (eg, nausea and metallic taste with oral metronidazole [500 mg twice daily for 7 days], potential mild penile irritation with 2% clindamycin cream [applied twice daily for 7 days]). Clinicians

should emphasize the importance of abstinence during treatment and strict adherence to the treatment regimen for both partners (6). As an alternative to abstinence, male partners should use a condom during sexual activity to reduce the risk of reinfection. Patients and their partners also should be made aware of the potential for out-of-pocket treatment costs, because sexual partner therapy for bacterial vaginosis may not be covered by insurance.

For additional information about the prevention and treatment of bacterial vaginosis, please see related guidance from ACOG (26) and from the Centers for Disease Control and Prevention (8).

USE OF LANGUAGE

ACOG recognizes and supports the gender diversity of all patients who seek obstetric and gynecologic care. In original portions of this document, the authors seek to use gender-inclusive language or gender-neutral language. When describing research findings, this document uses gender terminology reported by the investigators. ACOG's policy on inclusive language can be reviewed at <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>.

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CONFLICT OF INTEREST STATEMENT

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American College of Obstetricians & Gynecologists 409 12th Street SW, Washington, DC 20024-2188

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

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SB394_FinalReprint

Uploaded by: Dawn Gile

Position: FWA

SENATE BILL 394

J1, J2

6lr1894
CF HB 422

By: **Senator Gile**

Introduced and read first time: January 28, 2026

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Expedited Partner Therapy – Bacterial Vaginosis and Licensed Certified Midwives**

3 FOR the purpose of adding bacterial vaginosis to the list of diagnoses for which certain
4 health care ~~providers~~ practitioners may prescribe, dispense, or otherwise provide
antibiotic
5 therapy to a sexual partner of a diagnosed patient without making a certain
6 assessment of the sexual partner; adding licensed certified midwives to the list of
health care practitioners who may prescribe, dispense, or otherwise provide antibiotic
therapy to a sexual partner of a diagnosed patient without making a certain assessment of
the sexual partner; and generally relating to expedited partner
7 therapy.

8 BY repealing and reenacting, with amendments,
9 Article – Health – General
10 Section 18–214.1
11 Annotated Code of Maryland
12 (2023 Replacement Volume and 2025 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
14 That the Laws of Maryland read as follows:

15 **Article – Health – General**

16 18–214.1.

17 (a) The purpose of expedited partner therapy is to provide antibiotic therapy to
18 any partner of a patient diagnosed with a sexually transmitted infection identified in
19 subsection (b) of this section in order to:

- 20 (1) Contain and stop the further spread of the infection; and
- 21 (2) Reduce the likelihood of reinfection in the diagnosed patient.

2 **REPRINT OF SENATE BILL 394 as amended by SB0394/553922/1 02/09/26 at 9:49 AM**

1 (b) Notwithstanding any other provision of law, the following health care
2 providers may prescribe, dispense, or otherwise provide antibiotic therapy to [any] A sexual
3 partner of a patient diagnosed with chlamydia, gonorrhea, [or] trichomoniasis, **OR**
4 **BACTERIAL VAGINOSIS** without making a personal physical assessment of the patient's
5 partner:

6 (1) A physician licensed under Title 14 of the Health Occupations Article;

7 (2) An advanced practice registered nurse with prescriptive authority
8 licensed under Title 8 of the Health Occupations Article acting in accordance with § 8-508
9 of the Health Occupations Article;

10 (3) An authorized physician assistant licensed under Title 15 of the Health
11 Occupations Article acting in accordance with § 15-302.2 of the Health Occupations Article;
12 and

13 (4) A registered nurse employed by a local health department who complies
14 with:

15 (i) The formulary developed and approved under § 3-403(b) of this
16 article; ~~and~~

17 (ii) The requirements established under § 8-512 of the Health
18 Occupations Article; **AND**

**(5) A CERTIFIED MIDWIFE LICENSED UNDER TITLE 8, SUBTITLE 6D OF THE HEALTH
OCCUPATIONS ARTICLE.**

19 (c) This section may not be construed to otherwise expand the prescribing or
20 dispensing authority of an advanced practice registered nurse with prescriptive authority
21 or a physician assistant.

22 (d) Notwithstanding any other provision of law, a pharmacist licensed under Title
23 12 of the Health Occupations Article may dispense antibiotic therapy prescribed in
24 accordance with subsection (b) of this section.

25 (e) The Secretary shall adopt regulations to implement the requirements of this
26 section in public and private health care settings in the State.

27 **SECTION 2. AND BE IT FURTHER ENACTED,** That this Act shall take effect
28 October 1, 2026.

SB394_SponsorAmendent

Uploaded by: Dawn Gile

Position: FWA



SB0394/553922/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

09 FEB 26
09:49:55

BY: Senator Gile
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 394
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “**Vaginosis**” insert “**and Licensed Certified Midwives**”; in line 4, strike “providers” and substitute “practitioners”; and in line 6, after “partner;” insert “adding licensed certified midwives to the list of health care practitioners who may prescribe, dispense, or otherwise provide antibiotic therapy to a sexual partner of a diagnosed patient without making a certain assessment of the sexual partner;”.

AMENDMENT NO. 2

On page 2, in line 16, strike “and”; and in line 18, after “Article” insert “;**AND**”

(5) A CERTIFIED MIDWIFE LICENSED UNDER TITLE 8, SUBTITLE 6D OF THE HEALTH OCCUPATIONS ARTICLE”.