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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB 394

Public Health – Expedited Partner Therapy – Bacterial Vaginosis

Madam Chair, Madam Vice Chair, and Members of the House Health 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.