

# Expedited Partner Therapy: A Legal Tool to Advance Women's Health

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.



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## Overview

- Women's health issue: STI-related infertility
  - ◆ Chlamydia and gonorrhea
  - ◆ Impact on women
- CDC guidance
  - ◆ Annual screening recommendations
  - ◆ Expedited Partner Therapy (EPT)
- Legal barriers/facilitators project

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## STI-related Infertility

- Chlamydia
  - ◆ Most commonly-reported infectious disease in U.S.
  - ◆ Bacterial infection, easily treated, asymptomatic
  - ◆ 929,462 cases reported to CDC in 2004
- Gonorrhea
  - ◆ Second most commonly-reported infectious disease
  - ◆ Bacterial infection, easily treated, asymptomatic
  - ◆ 330,132 cases reported to CDC in 2004

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### Chlamydia — Age- and sex-specific rates: United States, 2004



\* 2004 STD Surveillance Report

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### Gonorrhea — Age- and sex-specific rates United States, 2004\*



\* 2004 STD Surveillance Report

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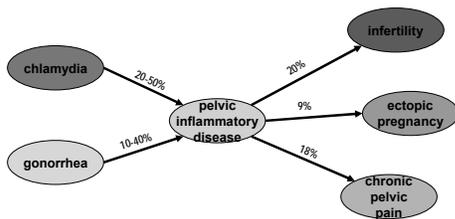
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### Women's Health Consequences



- Infectious complications
  - Neonatal pneumonia (CT) or eye infections (CT & GC) in 60-70% of infants born to untreated mothers
  - At least 2-5 fold increased risk of HIV infection

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## CDC Guidance

- Annual chlamydia screening recommended for sexually-active women  $\leq 25$  years of age
- Infertility Prevention Program
  - ◆ Partnership with HHS Office of Population Affairs
  - ◆ Screen low-income, sexually-active women in publicly-funded clinics

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## Partner Services

- Treating partners of patients with STD is critical
  - ◆ Halt spread of infection
  - ◆ Prevent re-infection of those treated
- Provider or provider-assisted referral is optimal strategy
  - ◆ Not available to most with chlamydia or gonorrhea diagnoses because of resources
  - ◆ Usual alternative is advising patients to refer partners for treatment

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## Expedited Partner Therapy

- Partners are treated without an intervening clinical assessment
- Patients deliver either medications or prescriptions to their partners
- 2005 CDC supports EPT as a useful option to facilitate partner management for treatment of male partners of female patients with chlamydial or gonorrheal infection

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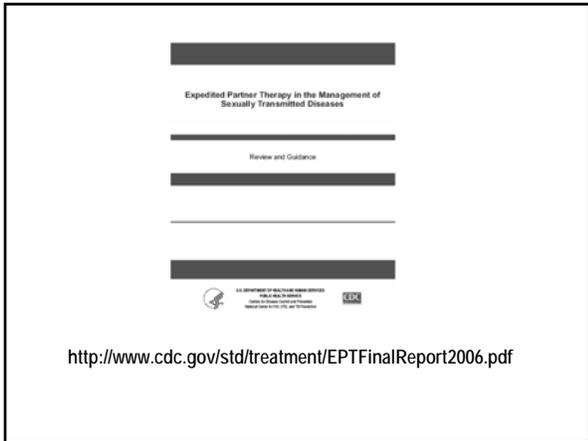
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## Guidance

“The evidence indicates that EPT should be available to clinicians as an option for partner management... EPT represents an additional strategy for partner management that does not replace other strategies, such as standard patient referral or provider-assisted referral, when available. Along with medication, EPT should be accompanied by information that advises recipients to seek personal health care in addition to EPT. This is particularly important when EPT is provided to male patients for their female partners, and for male partners with symptoms.”

Centers for Disease Control and Prevention. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA: US Department of Health and Human Services, 2006

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## Legal Status

- Uncertainty about legal status consistently identified as barrier to implementation
  - ◆ Published papers
  - ◆ CDC guidance and reports
  - ◆ AMA statements
- Perceived legal status is as important as actual legal status

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## Legal Status

- "Of the numerous issues pertinent to systematic implementation of EPT as a partner management strategy, the potential for missed morbidity in partners, **the legal status of EPT**, and concerns about adverse effects of antibiotics probably are the dominant potential obstacles in most settings."
- "The legal status of EPT, whether real or perceived, will affect implementation."
- "Most of the EPT implementation issues carry their own implications for research. For example, the only available data on the legality of EPT is based on the personal opinions of survey respondents, and refinement is desirable."

Centers for Disease Control and Prevention. Expected partner therapy in the management of sexually transmitted diseases. Atlanta, GA: US Department of Health and Human Services, 2006.

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## Partners



- ◆ James G. Hodge, Jr., JD, LL.M., Executive Director
- ◆ Erin Fusé Brown, JD, MPH, Senior Researcher

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## Project Goals

- Assess the legal and ethical environment underlying the practice of EPT
  - ◆ identify major legal issues
  - ◆ clarify relevant laws, ethics, and policies
  - ◆ identify obstacles and barriers
  - ◆ offer legal interpretations, strategies, or proposals for reform to accomplish EPT in a manner that is consistent with public health laws and policies

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## EPT Legal Analysis Project Outcomes

- Web-based tool to assist state law-makers, policy-makers, STD prevention professionals, and health care workers
- Report analyzing results of review of state laws, rules and opinions
- Not specific legal advice or opinion

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## Methodology

- Develop relevant questions addressing 4 key areas:
  - ◆ Laws concerning the ability of physicians to provide a prescription to a patient's partner without prior evaluation of the partner
  - ◆ Laws concerning the ability of other health care personnel (nurses, physicians' assistants, pharmacists) to provide a prescription to a patient's partner without prior evaluation of the partner
  - ◆ Laws concerning prescription requirements (e.g., patient-specific information requirements)
  - ◆ Laws concerning public health authorization for EPT

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## Web-based Tool

Jurisdiction	I. Existing statutes/regulations on whether health care providers can prescribe STDs to a patient's partner(s) without prior evaluation	II. Specific judicial decisions concerning EPT (or like practices)	III. Specific administrative opinions by the Attorney General, medical or pharmacy board concerning EPT (or like practices)	IV. Legislative bills or prospective regulations concerning EPT (or like practices)	V. Legal provisions that incorporate via reference guidelines as acceptable treatment practices (including EPT or like practices)	VI. Prescription law requirements re: the individual's name or other identifying data on order or label	VII. Assessment of EPT's legal status
Alabama ↓ Wyoming	Results, findings with <u>hot links</u> to citation						
Summary Totals	(+) x states feature one or more laws that permit or may facilitate certain health care practitioners to practice EPT. (#) y states feature one or more laws that may limit the ability of some health care practitioners to conduct EPT.						

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## Hot Link from Matrix



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## Preliminary Conclusions

- As of May 2006, our initial and currently incomplete evaluation leads to the following preliminary conclusions:
  - ◆ EPT is permissible for certain practitioners and conditions in **5** states
  - ◆ EPT is possible (not prohibited) subject to additional actions or policies in **33** states
  - ◆ EPT is likely prohibited in **12** states

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## Preliminary Conclusions

- In a number of states where EPT is either prohibited or possible, EPT could be permitted if it were adopted by treatment guidelines or official recommendations incorporated into state law
- Survey and analysis may change the perception of illegality and lead to additional legal work without legislative action

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## Limitations

- Study not yet completed
- Systematic, comprehensive review, but not exhaustive
- Comparative snapshot of legal provisions that may highlight legislative, regulatory, judicial, and policies concerning EPT in a given jurisdiction based on currently available information
- Measuring the legal weight of non-binding legal sources, such as policy guidance documents or administrative decisions, is complicated within the context of applicable statutes and regulations

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## Acknowledgements

- Hunter Handsfield, MD, University of Washington
- CDC Colleagues
  - ◆ Susan Bradley
  - ◆ Matthew Hogben, PhD
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  - ◆ Rachel Wynn, MPH

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