Barriers, Concerns, and Recommended Course of Action for Expedited Partner Therapy for the Treatment of Gonorrhea and Chlamydia
Introduction

What is expedited partner therapy?

Expedited Partner Therapy (EPT) is the practice of treating the sex partners of patients diagnosed with Chlamydia and Gonorrhea without a clinical evaluation of the partners. Endorsed by the CDC, expedited partner therapy has been proven to be a cost-effective measure to reduce the prevalence and incidence of these two highly contagious STDs. Legislation has been passed in 22 states that explicitly permits the use of EPT as a means of treating individuals suspected of having Gonorrhea and/or Chlamydia. In the remaining 28 states, only 8 have legislation in place that opposes or prohibits EPT. The remaining 20 states have little to no guidance regarding EPT.

Background

Michigan is one of the 8 states in which EPT is prohibited. Under Michigan Statutory Law:

[Excerpt taken from: (Kelly, 2010) and (Legal Status of EPT in Michigan, 2006)]

- “Prescribing practitioners can only dispense prescription drugs to the practitioner’s own patients. Mich. Comp. Laws Ann. § 333.17745
- Prescriptions cannot be dispensed unless patient’s name and record number are on the prescription label. Mich. Comp. Laws Ann. § 333.177457
- Pharmacists must provide purchaser of prescription drug a receipt which includes patient name. Pharmacists may not dispense prescription drugs unless s/he determines that the prescription is pursuant to an existing physician/patient relationship. Mich. Comp. Laws Ann. § 333.17751.
- A prescriber who issues a written prescription for a non-controlled legend drug . . . shall ensure that the prescription contains... (a) The full name of the patient for whom the drug is being prescribed...."

Expedited partner therapy cannot currently take place in the state of Michigan because existing statutory law does not provide a legal environment to do so. Under section 333.17745 of the Michigan Public Health Code the exchange of medication from a practitioner to an individual is unlawful without an established relationship and medical examination. Additionally, pharmacists are obligated to determine that all prescriptions are dispensed to a valid physician-patient relationship. These laws aim to prohibit the unethical dispensation of medication to individuals who have not had a medical examination, or who may not need the prescribed therapies (Legal Status of EPT in Michigan, 2006).

States that support EPT are allowing partners of patients diagnosed with Chlamydia or Gonorrhea to receive antibiotic treatment without being seen by a medical provider. The aim of EPT practices are to reduce the prevalence and incidence of Chlamydia and Gonorrhea, and decrease the likelihood of individuals from getting reinfected by their untreated partners. There are various methods to implementing expedited partner therapy that currently exist. In some cases, antibiotics are prescribed to the patient for both the patient and their partners. The patient is given the necessary information and antibiotics to dispense to their partner(s). Another form of EPT exists where the patient is given a separate prescription that can be filled by the partner, as opposed to the patient getting the partner’s prescription.
Treatment of Chlamydia and Gonorrhea

Chlamydia and Gonorrhea are ideal infections to be treated through expedited partner therapy due to their relatively easy treatment process. Both infections are generally treated with a one-time dose of antibiotics that have a low potential for an adverse reaction. In addition to the antibiotic, it is important for patients to receive information on sexually transmitted diseases/infections, as well as how to use prescribed medications.

As stated by the Centers for Disease Control and Prevention, “expedited partner therapy was first endorsed by public health officials to supplement traditional approaches of contacting and treating sexual partners” (2006). Time has proven EPT to be an even greater tool than expected, and has now become an important part of public health’s strategy on sexually transmitted disease control and prevention. Many times individuals are unwilling or unable to seek treatment, and therefore go untreated. Expedited partner therapy removes many of the barriers that prohibit or discourage individuals from seeking treatment, resulting in a larger percentage of individuals getting cured. According to Bauer, California health officials recently compared expedited partner therapy success to other approaches used in family planning centers. They found that although a majority of patients used traditional partner referral with only a 40 percent success rate, patient-delivered partner therapy (California’s version of expedited partner therapy) was used for one in five patients and achieved a 77 percent success rate (2008).

Barriers and Concerns

Legalities and Liabilities:

Expedited partner therapy allows practitioners to provide prescription medications to people they have not examined. Without legislation that explicitly endorses the practice of EPT, many practitioners may fear sanctions by state licensing boards or have concerns with malpractice liability. There are several ideas addressing the legalities and liabilities issues surrounding expedited partner therapy (EPT). In 20 states throughout the nation, there are no clear and defined rules regarding EPT. Providers are left to decide for themselves about the legalities of EPT, and whether it meets the appropriate medical standard of care. In states such as California, a provider that uses Patient Distributed Partner Therapy (PDPT: California’s version of EPT) is under no additional liability protection; however, EPT is endorsed by the state as meeting the medical standard of care (Sexually Transmitted Diseases (STD) Control Branch, 2007). In this instance, an individual who has received treatment for Gonorrhea or Chlamydia by means of EPT is considered to be under the provider’s care for the treatment of the STI, and any complications or adverse reactions that arise are subject to a medical malpractice lawsuit.

Benefits of not including additional protection for providers who use EPT include holding physicians and providers more accountable for the care in which they provide. This will encourage providers to do some fact finding relating to the partners of the patient as opposed to prescribing medications haphazardly to all sex partners of the patient. Additionally, in instances of negligence or improper care on behalf of the provider, the physician is not shielded by laws that protect against malpractice lawsuits regarding EPT.

In the most recent legislation passed in 2009 regarding EPT, “Utah House Bill 17 and Illinois Senate Bill 212 specifically state that medical practitioners who use expedited partner therapy according to the guidelines are not liable for medical malpractice, unless their actions constitute willful or wanton misconduct” (Kelly,
In previous cases, such as the state of California, state guidelines address liability issues, which are used to inform practitioners considering using EPT.

Among the state guidelines are the approved treatments that can be used in expedited partner therapy, as well as appropriate care guidelines. State health departments and key stakeholders will establish these guidelines to help ensure that the medical standard of care is maintained or improved, as opposed to diminished.

Ethics, Mores, and Values:

Expedited partner therapy (EPT) is not a highly contentious debate, nor is this topic a part of the public’s primary focus. The assessment of EPT on an ethical level has been done largely on an individual level. As EPT will not be required of physicians and providers, any individual practitioners that oppose expedited partner therapy on ethical or moral grounds can choose not to engage in it. The 22 states that have passed legislation endorsing EPT have obviously found the practice to align with the ethical and moral standards of their state, and another 20 states have not passed legislation either endorsing or opposing EPT practices. Michigan has laws in place that inadvertently prohibit EPT from taking place. These laws need only minor changes to allow for EPT to exist, while still providing the necessary prescription drug protection.

Acceptable Standard of Care:

The current standard of care for sex partners of patients who have been diagnosed with Chlamydia or Gonorrhea is through patient referral. Health care providers encourage patients to inform their partners of the exposure to the STI, and from there it is in the partner’s control of whether or not to seek treatment. Health departments may also try to contact the partners of infected patients, educate them on the importance of getting tested, and provide screening. Given the limited resources of health departments, and limited capacity to inform all of the partners of the patient, it is often the sole responsibility of the patient to inform their partners. Adding expedited partner therapy does not decrease the standard of care for the patients or partners, but instead provides an easier and less resistant path to secure treatment. EPT has the ability to remove barriers for many individuals to acquire treatment, thus improving access and standard of care.

Diminished standard of care can be seen in partners that have been informed of their STI exposure and would have normally chosen to seek medical attention, but opt out because they have already received the treatment. In cases such as this, the individual is losing additional STD/STI screening, education, and a further medical examination.

Adverse Reactions and Antimicrobial Resistance:

Another concern that lies within expedited partner therapy is adverse reactions that can occur from the prescribed medication to those who have not undergone a medical examination. Serious adverse reactions to the recommended treatments for EPT are rare. Additional concerns about EPT include misuse of the medication, waste if the medication is not delivered or not taken, and contribution to antibiotic resistance at the population level. Currently, there is no evidence that EPT is misused or leads to increasing antimicrobial resistance (IDPH, 2010).
Provider Reimbursement

Patients and providers who choose to engage in expedited partner therapy may cause individuals to bypass contact with a medical provider, which will result in practitioners not receiving reimbursement from individuals they may have otherwise treated. The American Medical Association has nationally endorsed expedited partner therapy, and the majority of practitioners support its use. Additionally, if a practitioner has an issue with “providing services” that are not being billed for, they can choose not to participate.

Loss of Public Health Record and Accuracy:

An additional drawback of expedited partner therapy occurs when individuals are treated without having medical contact, and therefore produce no medical record of having a sexually transmitted disease/infection. This will result in a loss of accuracy in public health data concerning Chlamydia and gonorrhea, which may make it more difficult to monitor the prevalence and incidence of the two infections.

Expedited Partner Therapy and Adolescents

A final concern lies with minors who receive treatment with expedited partner therapy. Ethical issues may arise with adolescents giving other adolescents medication for the treatment of sexually transmitted diseases. This also limits the opportunities for intervention by medical professionals to educate youths on safe sex practices and sex education, as well as limits the ability of healthcare providers to evaluate adolescents for abuse or report suspected statutory rape.

Recommended Course of Action

EPT and Michigan

There are currently prescription drug laws that prohibit medical practitioners from prescribing or dispensing medical treatments without a patient-provider relationship established. These statutory laws currently restrict Michigan from participating in expedited partner therapy. Amendments to these laws can be made to uphold prescription drug safety, and allow EPT to exist without sacrificing the medical standard of care.

Expedited partner therapy is an effective tool for reducing Gonorrhea and Chlamydia prevalence. Michigan and its’ residents stand to benefit from this reduced burden of sexually transmitted infections. Practitioners and healthcare professionals are encouraged to advocate in support of implementing EPT policy throughout the state.

Recommendations for creating expedited partner therapy policies adapted from Alaska’s EPT plan (State of Alaska Epidemiology, 2011):

1. Develop state guidance for EPT use in Michigan that is flexible enough to accommodate the multiple health care delivery systems across the state;

2. Collaborate with partners to provide technical assistance on EPT implementation and evaluation;
Amendments to Section 333.17745 of Public Health Code

[Taken from (Legal Status of EPT in Michigan, 2006)]

- “Prescribing practitioners can only dispense prescription drugs to the practitioner’s own patients, or in cases of Chlamydia trachomatis or Neisseria gonorrhoeae, may dispense approved therapies to patient’s sexual partner(s). Mich. Comp. Laws Ann. § 333.17745
- Prescriptions cannot be dispensed unless patient’s name and record number are on the prescription label, unless prescribed to a patient’s sexual partner(s) for the treatment of Chlamydia trachomatis or Neisseria gonorrhoeae. Mich. Comp. Laws Ann. § 333.177457
- Pharmacists must provide purchaser of prescription drug a receipt which includes patient name. Pharmacists may not dispense prescription drugs unless s/he determines that the prescription is pursuant to an existing physician/patient relationship, with the exception of approved Chlamydia trachomatis or Neisseria gonorrhoeae treatments. Mich. Comp. Laws Ann. § 333.17751.
- A prescriber who issues a written prescription for a non-controlled legend drug . . . shall ensure that the prescription contains... (a) The full name of the patient for whom the drug is being prescribed, unless prescribed treatment is an approved therapy for Chlamydia trachomatis or Neisseria gonorrhoeae....”

Conclusion

Supported by the Centers for Disease Control and Prevention and the American Medical Association, expedited partner therapy (EPT) is the practice of treating the sex partners of patients diagnosed with Chlamydia and Gonorrhea without a clinical evaluation of the partners, under certain conditions. EPT ultimately promotes the health of our communities by limiting the burden of sexually transmitted infections. In addition, costs associated with STIs will reduce with time; saving the state and its’ residents from unnecessary financial waste. From a societal perspective, using expedited partner therapy is morally and ethically sound, and commendable. Expedited partner therapy provides an additional instrument in combating two of the most prevalent sexually transmitted infections throughout the state and nation. By removing barriers for many individuals to get treatment, EPT also helps to improve access to medical care for many individuals who would otherwise not get treatment. As Michigan is one of the few remaining states where expedited partner therapy remains illegal, it is time to adapt our laws to support this innovative approach to reducing the burden of sexually transmitted disease.
Bibliography


