EXPEDITED PARTNER THERAPY (EPT) IN PENNSYLVANIA

EPT offers a higher standard of patient care.

Expedited partner therapy (EPT) is a patient-delivered partner therapy used to help prevent reinfection of chlamydia or gonorrhea – two of the most common sexually transmitted infections (STIs) in the United States – by providing the patient with extra medication or a prescription to give to their sex partner(s) who are unwilling or unable to seek treatment. Rates of chlamydia and gonorrhea reached an all-time high in 2015 – more than 1.5 million and 400,000 cases, respectively1 – and they disproportionately affect adolescents and young adults ages 15-24.2,3 While both STIs are curable with antibiotics, reinfection and lack of treatment can cause serious health problems such as pelvic inflammatory disease (PID), which can result in chronic pelvic pain, infertility or ectopic pregnancy.4 Younger age is associated with higher risk of reinfection,5 and many adolescents are reinfected within three to six months of treatment, usually because of resumed sexual contact with an untreated partner.6

The U.S. Centers for Disease Control and Prevention (CDC) recommends EPT to reduce the risk of reinfection. Other STIs, such as HIV and syphilis, trigger the use of comprehensive partner services through which providers and health departments find, notify and treat potentially infected partners. Unfortunately, limited resources usually do not permit this level of service for patients with chlamydia or gonorrhea. EPT can increase the likelihood that patients will notify their partners, and that the partners will follow through with treatment.7

EPT is permissible in Pennsylvania.

Laws regarding the use of EPT vary by state. A 2015 PolicyLab study found that the legality of EPT is often unclear to providers and can influence provider utilization of the practice.11

EPT is considered permissible in the Commonwealth of Pennsylvania because there is no law that directly prohibits EPT. There is, however, also no law that affirmatively supports the practice.5 PolicyLab research found that uncertainty about the legality of EPT can increase hesitancy among providers, thereby influencing the number of providers who are willing or able to offer EPT in Pennsylvania.11

There is legal support for EPT use in PA. For instance, the Pennsylvania Pharmacy Act allows pharmacists to dispense prescriptions for “a patient or other individual entitled to receive the drug,” suggesting that providers can prescribe treatment to patients’ sex partners.8

Other rules potentially limit the use of EPT. For instance, the Pennsylvania code requires that prescriptions on file must include the name and address of the patient.4,9 This rule creates a barrier for the prescribing provider when identifying information about the partner is not available, and for the pharmacist who is expected to fill the prescription.

Multiple U.S. clinical trials found that EPT reduced the rates of chlamydia reinfection by 20% and gonorrhea reinfection by 50% at follow-up appointments, when compared with standard partner referral.10

Most physicians agree that EPT is an effective way to help prevent spread of the disease and reinfection in their patients.11

Patients are at least as likely to choose and comply with EPT as they are with the standard patient referral method.12

EPT is widely supported by professional medical and legal organizations including the CDC, American Medical Association, American Academy of Family Physicians and American Bar Association.13
EPT and Adolescents

Some providers report concerns about providing EPT to minors. For instance, the PolicyLab study found that approximately one in four providers felt they might need parental consent in order to offer EPT to their minor patients, which is typically not legally the case for minors seeking any STI-related services. Another concern surrounds cases that involve minor patients with older partners. Every state has its own mandatory reporting requirements for incidents of statutory rape. Even if a minor consents to sexual activity with an older partner, it must be reported by health care providers if the ages and age differences constitute statutory rape based on criminal law in that state.6

Pennsylvania laws regarding STI-related services and mandatory reporting for cases involving minors are very clear, and a thorough understanding of them should alleviate provider concerns about appropriate provision of services. According to Pennsylvania’s Minors’ Consent Act, all minors can consent to STI testing and treatment regardless of their age.13 The extent to which EPT is allowable is, therefore, the same for both adults and minor adolescents seeking care and should not be considered a legal barrier.

Laws defining statutory rape are straightforward and include the following: children under 13 cannot legally consent to sexual activity; teens 13-15 years old can consent to sexual activity with peers within a four year age range, but not less than 13; and individuals 16 and older can consent to sexual activity with anyone who does not have authority over them, like a parent, teacher or correctional officer.15,16

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References