



UTILIZING EXPEDITED PARTNER THERAPY (EPT) TO SUPPORT PENNSYLVANIA YOUTH'S SEXUAL HEALTH

Rates of sexually transmitted infections (STIs) are at an *all-time high*, increasing annually since 2013. Chlamydia, gonorrhea, and trichomoniasis are among the most common STIs in the United States, with nearly 60,000 new cases of chlamydia and 16,000 new cases of gonorrhea reported in Pennsylvania each year. While Philadelphia has Pennsylvania's highest STI rates, they are on the rise across the state. Suburban and rural areas such as *Dauphin, Sullivan, and Delaware counties* report some of the state's highest rates of chlamydia and gonorrhea. STI rates were *exacerbated* further by the COVID-19 pandemic, as a direct and indirect result of public health agencies and health systems shifting resources and attention away from STIs.

Expedited partner therapy (EPT)—a widely supported, evidence-based practice—can help stop the spread of STIs among youth, and Pennsylvania's legislature passed a law specifically authorizing its use in late 2022. New data on the financial cost and long-term health implications of untreated STIs reinforces the need for this type of legislation, which clearly permits health care providers and pharmacists to treat the unnamed partners of individuals with STIs. This issue brief highlights current evidence of the effectiveness of EPT, the importance of legislation specifically authorizing EPT for states that do not currently have it, and additional measures that would maximize EPT effectiveness in Pennsylvania with the enactment of the Expedited Partner Therapy Act.



Expedited partner therapy (EPT)

is a patient-delivered partner therapy used to help prevent spread of STIs like chlamydia, gonorrhea, and trichomoniasis by providing the patient with extra medication or a prescription to give to their sex partner(s) who are unable or unwilling to seek treatment.

STIs DISPROPORTIONATELY AFFECT ADOLESCENTS AND YOUNG ADULTS AGES 15 TO 29

If left untreated, STIs can cause serious complications, including pelvic inflammatory disease, increased risk of HIV transmission, infertility, ectopic pregnancy, miscarriage and chronic pain. Unlike other conditions, many STIs do not have noticeable symptoms, so individuals may not know they are infected until it is too late.

In addition to experiencing *high rates* of STI infection, adolescents are at elevated risk of being reinfected. *Many adolescents are reinfected* within 3 to 6 months, usually because of resumed sexual contact with an untreated partner. Internal data from Children's Hospital of Philadelphia's (CHOP) primary care network demonstrates that the reinfection rate for chlamydia, gonorrhea, and trichomoniasis in adolescents is high (30%), with most reinfections occurring within a year of the initial diagnosis.

STIs are also financially costly to both individuals and the health system. For cases of chlamydia and gonorrhea *acquired in 2018 alone*, the estimated total *lifetime cost* is \$1 billion, and new STIs account for almost *\$16 billion* in medical expenditures. The good news is that these infections are easily curable with oral antibiotics and lend themselves to treatment via EPT.

EPT CAN HELP TO CURB THE SPREAD OF STIs

Based on a *systematic review of the scientific literature*, EPT is recommended and supported by key organizations that study adolescent health.

EPT is officially recommended by:

- Centers for Disease Control and Prevention (CDC)

EPT is a key component of:

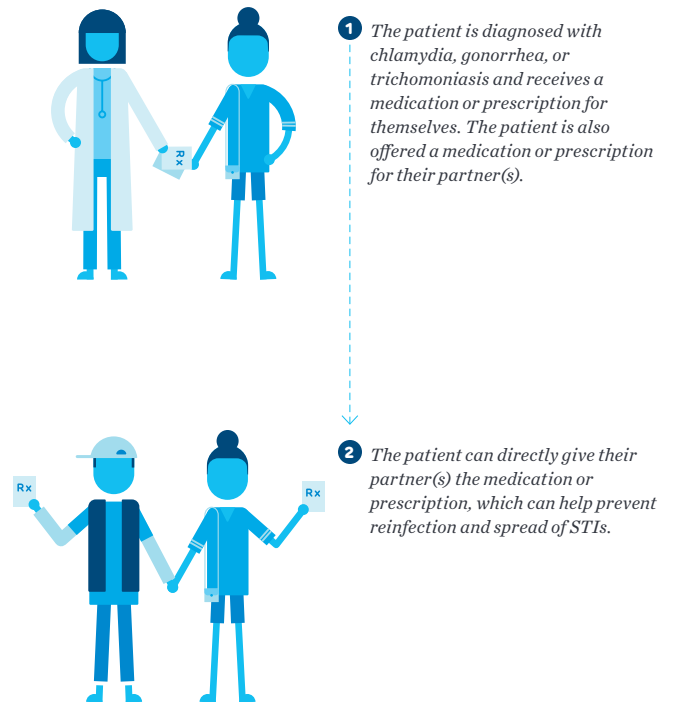
- U.S. Department of Health and Human Services' *STI National Strategic Plan 2021*
- National Academies of Sciences, Engineering, and Medicine's 2021 Sexually Transmitted Infections Consensus *report*

EPT is also widely supported by professional medical organizations, including:

- American Academy of Family Physicians (AAFP)*
- American Academy of Pediatrics (AAP)*
- American College of Emergency Physicians (ACEP)*
- American College of Obstetricians and Gynecologists (ACOG)*
- Infectious Diseases Society of America (IDSA)*
- Society for Adolescent Health and Medicine (SAHM)*

Most physicians agree that EPT is an *effective* way to help prevent STI spread and reinfection and would *benefit* their patients. Patients are *as likely*, if not more likely, to choose and comply with EPT as they are with the standard patient referral method, which is when a medical provider advises a patient to tell their partner to seek out testing and treatment for a possible infection. U.S. clinical trials found that EPT reduced rates of chlamydia and gonorrhea *reinfection* and *increased* partner utilization of antibiotics when compared with standard partner referral.

HOW EPT WORKS:



PENNSYLVANIA NOW HAS A CLEAR LAW TO ALLOW EPT

While STIs are costly to both the individual and the health system, EPT is shown to be *cost-effective* from a societal and health system perspective when compared with standard partner referral. EPT laws vary by state, but with the passage of the Expedited Partner Therapy Act, Pennsylvania joined the ranks of states that have a law explicitly allowing EPT. This is important because *research* shows that unclear legal status and fear of liability are major barriers to health care providers' use of EPT, and that passing state legislation that specifically authorizes EPT and removing any regulatory barriers to the use of EPT facilitates increased uptake.

Multiple studies, including a 2015 PolicyLab *study*, have shown that medical providers and dispensing pharmacists are confused about EPT regulations, which limits EPT use and effectiveness, and that lack of EPT legislation is associated with increased STI rates. This limited awareness is true even where EPT is "permissible" but there is not a law explicitly authorizing it. Clear legal authority to prescribe EPT requires a narrow exception to certain prescribing rules and must expressly allow provider and pharmacist to prescribe and furnish EPT antibiotics without liability.

As we follow the impact of Pennsylvania's new law, we anticipate that the explicit authorization of EPT will result in more people receiving appropriate STI treatment for themselves and their partners, as demonstrated by prior research.

OFFERING EPT TO ADOLESCENTS

Adolescents are disproportionately affected by STIs, reinfection and complications from STIs. Some health care providers worry about needing parental consent to prescribe EPT to minors. However, Pennsylvania laws regarding STI-related services clearly allow all *minors* to consent to STI testing and treatment regardless of their age.

Another potential concern relates to cases that involve minors and older partners, which may indicate illegal sexual activity. Every state, including *Pennsylvania*, has mandatory reporting requirements for inappropriate or illegal sexual activity that apply regardless of whether or not the provider is offering EPT. With Pennsylvania explicitly authorizing EPT, clear understanding of these other relevant laws should reduce concerns about providing EPT as part of appropriate care to minor patients.

RECOMMENDATIONS FOR PENNSYLVANIA AND OTHER STATES

With the legal authority now in place in Pennsylvania, there are additional measures that would maximize EPT effectiveness by clarifying any remaining clinical, legal or administrative uncertainty:

- **The Pennsylvania Department of Health and State Board of Pharmacy should clarify their support of EPT through public statements of leadership and other communication channels.**
- **Health care providers and systems should establish clear treatment guidelines to support the use of EPT.**
- **Researchers should engage clinician and youth stakeholders to design EPT delivery strategies that are safe, effective, efficient and patient-centered.**

States that have not yet passed legislation specifically authorizing EPT and removing any regulatory barriers to the use of EPT should do so in order to increase uptake of this evidence-based and cost-effective best practice to reduce the spread of STIs.

These actions will create a safe practice environment and encourage medical providers to use EPT to treat their patients, including adolescents, and help to curb the spread of STIs.

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PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.

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