**POLICYLAB** POLICY BRIEF | FALL 2016 (UPDATED FALL 2018) INFORMING CHILDREN'S HEALTH POLICY THROUGH RESEARCH

# EXPEDITED PARTNER THERAPY (EPT) IN PENNSYLVANIA

# EPT CAN HELP TO CURB AN EPIDEMIC.

**Expedited partner therapy (EPT)** is a patient-delivered partner therapy used to help prevent reinfection of chlamydia or gonorrhea 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.

These are two of the most common sexually transmitted infections (STIs) in the United States, disproportionately affecting adolescents and young adults ages 15-24.<sup>1,2</sup> 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.<sup>3</sup> Younger age is associated with higher risk of reinfection,<sup>4</sup> and many adolescents are reinfected within three to six months of treatment, usually because of resumed sexual contact with an untreated partner.<sup>5</sup>

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 and gonorrhea. EPT can increase the likelihood that patients will notify their partners, and that the partners will follow through with treatment.<sup>6</sup>

# PENNSYLVANIA NEEDS A CLEAR LEGAL MANDATE TO ALLOW EPT

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 the lack of clarity can influence provider utilization of the practice.<sup>7</sup> Pennsylvania laws, like those in many other states, do not explicitly address EPT. Additionally, in Pennsylvania and other states, several prescribing rules require the use of a patient's name and contact information on prescription labels, in-person exams and patient counseling, which are counter to the practice of EPT. Clear legal authority to prescribe EPT would require a narrow exception to certain prescribing rules but would benefit both patients and providers and help curb the high rates of chlamydia and gonorrhea.



- Multiple U.S. clinical trials found that EPT reduced the rates of chlamydia and gonorrhea reinfection, when compared with standard partner referral.<sup>6</sup>
- Most physicians agree that EPT is an effective way to help prevent spread of the disease and reinfection.<sup>7</sup>
- Patients are at least as likely to choose and comply with EPT as they are with the standard patient referral method.<sup>8</sup>
- EPT is widely supported by professional medical and legal organizations including the CDC, American Medical Association and American Bar Association.

# HOW EXPEDITED PARTNER THERAPY (EPT) WORKS



 The patient is diagnosed with chlamydia or gonorrhea and receives a prescription or medication for themselves and for their partner(s).



2 The patient directly gives their partner(s) the prescription or medication, which can help prevent reinfection.



#### EPT AND ADOLESCENTS

Young people have the greatest risk of reinfection, so it is important that they have access to the most effective treatments. Some providers report concerns about providing EPT to minors. In particular, 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, although this is not a typical provider concern when caring for minors seeking other STI-related services. A related potential barrier surrounds cases that involve minor patients with older partners, which may indicate statutory rape.

Every state, including Pennsylvania, has mandatory reporting requirements for such inappropriate or illegal sexual activity, which apply whether or not the provider is offering EPT.<sup>5,9,10</sup> Additionally, Pennsylvania laws regarding STI-related services clearly allow all minors to consent to STI testing and treatment regardless of their age.<sup>11</sup>

If Pennsylvania were to allow the practice of EPT, a thorough understanding of these laws should reduce provider concerns about appropriate provision of services to their minor patients.

#### **RECOMMENDATIONS FOR PENNSYLVANIA**

Pennsylvania should enact a law that expressly permits the use of EPT to treat chlamydia and gonorrhea.

This action will create a safe practice environment and encourage Pennsylvania's providers to make use of EPT to treat their patients, including adolescents, and help prevent the further spread of sexually transmitted infections. With this legal authority in place, the following additional recommendations would help to maximize the effectiveness of the practice by mitigating any remaining clinical, legal or administrative uncertainties:

- → The state should amend existing prescription labeling requirements to allow prescriptions for EPT without any identifying information of the partner.
- → The PA Department of Health and State Board of Pharmacy should clarify their support of EPT through public statements of leadership and other communication channels.
- → Health providers and systems should establish clear treatment pathways that support the use of EPT.

## REFERENCES

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The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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