
Legislative Update

**2016 STI Update
Annapolis, Maryland
June 2, 2016**

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Topics

- **HB 72** - Sexual Abuse and Assault Awareness and Prevention Program
- **SB 848** - Maryland Contraceptive Equity Act
- **HB 978/SB 856** - HIV Testing During Pregnancy
- **COMAR 10.06.07** - Expedited Partner Therapy Regulations



HB 72 – Sexual Abuse and Assault Awareness and Prevention Program

Effective Date: July 1, 2016

- Intended to help prevent child sexual abuse by providing children with the information they need to recognize abuse; and to prevent college sexual assault.
- Requires MD State Board of Education and specified non-public schools to develop and implement an age-appropriate sexual assault and abuse awareness and prevention program for grades K-12, to be incorporated into the health curriculum.
- Next Steps: MD Board of Education will adopt regulations to implement the new law.



SB848 - Maryland Contraceptive Equity Act

Effective Date: January 2, 2018

- **Groundbreaking legislation** – Most comprehensive contraceptive coverage law nationwide
- Makes Maryland the first state to require insurance coverage for over-the-counter contraceptive medications, like the morning-after pill
- Overwhelming broad bipartisan support, championed by Planned Parenthood of MD and numerous community partners



SB848 - Maryland Contraceptive Equity Act (2)

- Prohibits insurers from charging co-payments for:
 - contraceptive drugs
 - procedures (like vasectomies)
 - devices (like Long-Acting Reversible Contraceptives – IUDs, implants, injectibles)
- Applies to insurance plans regulated by the state of Maryland
 - covers about a third of state residents
 - expands the coverage already provided through Medicaid.



HB 180 - HIV Testing During Pregnancy

(updates §18-338.2, informed consent & pretest requirements)

Effective Date: October 1, 2016

- Requires health care providers providing prenatal care to test patients for HIV in the third trimester of pregnancy, unless the patient declines.
 - The third trimester test is in addition to the already required offer of a test in the first trimester.
- Applies to routine prenatal medical care visits; not to incidental or episodic provision of prenatal care given to a pregnant patient by a health care provider.



HB 180 - HIV Testing During Pregnancy (2)

- Aligns consent processes for HIV testing for pregnant women with recently updated HIV testing laws for the general population of Maryland.
- Health care providers may not be subject to certain disciplinary action for not testing a pregnant patient during the third trimester.
- Next steps: DHMH will develop changes to current regulations to conform to the new law.



EPT for Chlamydia and Gonorrhea in MD

- Bill Effective Date: June 1, 2015



What is EPT?

- **Definition:** The clinical practice of providing antibiotic therapy, via medication or prescriptions, to sex partners of patients diagnosed with a STI without an intervening medical assessment.
- **Purpose:** Reduce re-infection of index patients, prevent long-term sequelae of certain untreated STIs (GC, CT, trich), and halt further transmission.



Expedited Partner Therapy in Maryland (EPT) Regulations (COMAR 10.06.07)



Health Care Providers Authorized to Prescribe and Dispense EPT in Maryland

In accordance with current scopes of practice, EPT may be prescribed or dispensed by:

- **Licensed physicians**
- **Authorized licensed physician assistants**
- **Advanced practice registered nurses**
- **RNs employed by Local Health Departments**
who comply with the drug formulary, and complete specified training being developed by Nurse Dispensing Committee and Board of Nursing



EPT Regulations

Regulations Effective Date: March 28, 2016

- Regulations developed with extensive stakeholder input:
 - DHMH programs
 - Local Health Officers & designees
 - Medical Boards
 - MedChi
 - ACOG; AAP
 - FQHCs
 - Hospital-based and community-based practices
Infectious Disease; Internal Medicine; Adolescent
Medicine; Pediatrics; OB/Gyn



Prescribing Requirements

- Separate prescriptions needed for each partner – double-dosing not allowed;
- “EPT” or “Expedited Partner Therapy” be must be designated on each prescription;
- If partner’s name is known, must be included on prescription;
- If partner’s name is unknown, “EPT” or “Expedited Partner Therapy” is sufficient for pharmacist to fill the prescription;
- EPT prescriptions may not be refilled.



Dispensing Requirements

Each EPT medication label shall:

- Include the designation “EPT” or “Expedited Partner Therapy”
- Include the partner’s name, if known
- Comply with prescription labeling requirements in Health Occupations Article, §12-505, Annotated Code of Maryland



Counseling and Educational Information Requirements

- Patients must be counseled:
 - Encourage patients to have partners seen by medical provider for complete STI evaluation - *regardless* of whether they take the EPT medication.
- Information for each partner must accompany medication/prescriptions:
 - Recommendation to be medically evaluated;
 - Infection information;
 - Medication instructions,
 - Abstinence during tx;
 - Warnings – allergic/adverse reactions.



Documenting EPT in a Medical Chart

- Providers prescribing or dispensing EPT must document the provision of EPT in the patient's chart.
- Documentation shall include:
 - Number of EPT prescriptions or medications provided to the patient for each partner; and
 - Medication and dosage being provided to the patient for each partner.



Reporting of Chlamydia and Gonorrhea by a Health Care Provider or Institution

- Providers still obligated to report CT or GC and treatment provided
- **NEW:** If EPT prescribed or dispensed for partners:
Did you provide treatment for any of this patient's partners? (Check all that apply):
 - Yes, I saw the sex partner(s) in my office
 - Yes, I gave extra medication for ____ (#) partner(s)
 - Yes, I wrote a prescription for ____ (#) partner(s)



MARYLAND CONFIDENTIAL MORBIDITY REPORT (DHMH 1140)

STATE DATA BASE NUMBER

(For use by physicians and other health care providers, but not laboratories. Laboratories should use forms DHMH 1281 & DHMH 4402.)

SEND TO YOUR LOCAL HEALTH DEPARTMENT

Revised

Maryland Confidential Morbidity Report Form DHMH 1140

<http://tiny.cc/frsb8x>

DEMOGRAPHIC DATA PATIENT INFORMATION	Patient's Name (Last) (First) (M.I.)		Date of Birth	Age	Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female																								
	Patient's Address		City	State	Zip																								
	County of Residence	Home Telephone	Cellphone	Work Telephone																									
	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown				Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):																								
Occupation or Contact with Vulnerable Persons <input type="checkbox"/> Food Service Worker <input type="checkbox"/> Not Employed <input type="checkbox"/> Health Care Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Parent of Daycare Child <input type="checkbox"/> Other (Specify):		Workplace, School, Child Care Facility, Etc. (Include Name, Address, Zipcode)																											
MORBIDITY DATA	Disease or Condition	Date of Onset	Patient Notified of this Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		Pertinent Clinical Information/Comments																								
	Patient Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No Date Hospital	Patient Died of This Illness <input type="checkbox"/> Yes <input type="checkbox"/> No Date		Additional Lab Results (Specimen - Test - Result - Date - Name of Lab) Please attach copies of lab reports whenever possible.																									
	Patient Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable If yes, Due date (mm/dd/yyyy) _____ Weeks Pregnant _____	Condition Acquired in Maryland <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, <input type="checkbox"/> Interstate <input type="checkbox"/> International				Suspected Source																							
	Laboratory Results																												
HAV Antibody Total <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HBV surface Antibody <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HCV Genotype _____ DATE _____																									
HAV Antibody IgM <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HBV DNA _____		ALT (SGPT) Level _____ DATE _____																									
HBV surface Antigen <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HCV Antibody RIBA <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		ALT-Lab Normal Range _____ TO _____																									
HBV e Antigen <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HCV RNA (e.g. by PCR) <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		AST (SGOT) Level _____ DATE _____																									
HBV core Antibody Total <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HCV Antibody ELISA <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		AST-Lab Normal Range _____ TO _____																									
HBV core Antibody IgM <input type="checkbox"/> POS <input type="checkbox"/> NEG DATE _____		HCV ELISA s/co Ratio _____		Name of Lab _____																									
HIV and AIDS	HIV Lab Tests		Date	Result																									
	HIV Diagnostic (Specify)		Risk Exposure (Select all that apply)																										
	CD4+ T-cells		Complete for HIV/AIDS or STI <input type="checkbox"/> Sex with Male <input type="checkbox"/> Sex with Female <input type="checkbox"/> Sex Partner has HIV or AIDS <input type="checkbox"/> Sex Partner Injects Drugs <input type="checkbox"/> Sex Partner is Male that has Sex with Males <input type="checkbox"/> Injection Drug Use <input type="checkbox"/> Perinatal Exposure of Newborn <input type="checkbox"/> Other Exposure (specify)																										
	HIV Viral Load		Name of Testing Lab																										
SEXUALLY TRANSMITTED INFECTION	Syphilis Stage		Syphilis Symptoms		Gonorrhea Site(s)																								
	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent (<1 yr) <input type="checkbox"/> Congenital <input type="checkbox"/> Other Stage (specify)		<input type="checkbox"/> Lesion <input type="checkbox"/> Palmar/Plantar Rash <input type="checkbox"/> Condylomata Lata <input type="checkbox"/> Neurologic <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Cervical <input type="checkbox"/> Urethral <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ophthalmia Neonatorum <input type="checkbox"/> PID <input type="checkbox"/> Other (specify)																								
	Specify STI Lab Test (e.g. RPR Titre, FTA-TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL-CSP)		Chlamydia Site(s)		Other STI (specify)																								
	STI treatment Given <input type="checkbox"/> (Specify date - drug - dosage below) <input type="checkbox"/> No Treatment Given		STI treatment Given <input type="checkbox"/> (Specify date - drug - dosage below) <input type="checkbox"/> No Treatment Given		STI treatment Given <input type="checkbox"/> (Specify date - drug - dosage below) <input type="checkbox"/> No Treatment Given																								
<table border="1"> <thead> <tr> <th>DATE</th> <th>TEST</th> <th>RESULT</th> <th>DATE</th> <th>DRUG</th> <th>DOSSAGE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						DATE	TEST	RESULT	DATE	DRUG	DOSSAGE																		
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Did you provide treatment for any of this patient's partners? (Check all that apply) <input type="checkbox"/> Yes, I saw the sex partner(s) in my office <input type="checkbox"/> Yes, I gave medication for ___ (#) partner(s) <input type="checkbox"/> Yes, I wrote a prescription for ___ (#) partner(s)																													
TB and OTHER MYCOBACT.	<input type="checkbox"/> Tuberculosis (Suspect or Confirmed) <input type="checkbox"/> Non TB: Atypical (Specify)																												
	Major Site: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary site: _____		POS QFT <input type="checkbox"/> NEG QFT <input type="checkbox"/> TST _____ mm		POS AFB Smear <input type="checkbox"/> POS Culture <input type="checkbox"/> NEG AFB Smear <input type="checkbox"/> NEG Culture <input type="checkbox"/>																								
	Symptoms: <input type="checkbox"/> Cough >3 Weeks <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Fever <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue		<input type="checkbox"/> Abnormal Chest X-ray																										
REPORTING SOURCE (REQUIRE D)	Provider Name		Provider Telephone No.		Check here if completed by the Local Health Department <input type="checkbox"/>																								
Facility/Organization (Name and Address)		Date of Report																											

NOTES: Your local health department may contact you following this initial report to request additional disease-specific information. To print blank report forms or get more information about reporting, go to <http://ghpa.dhmh.maryland.gov/SitePages/what-to-report.aspx>

Next Steps

- Materials Development
- Provider & Pharmacy Awareness
- EPT Evaluation



Materials Development

- Chlamydia and Gonorrhea Fact Sheet for Patients
- Chlamydia and Gonorrhea Fact Sheet for Partners
- Script to assist patients when providing EPT to partners
- EPT Fact Sheet for Providers and Pharmacists
- Clinical guidance
- FAQs
- EPT website



cstip

Quick Links:

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Expedited Partner Therapy



Expedited Partner Therapy (EPT) is:

- > The practice of providing antibiotic therapy to the sex partners of persons diagnosed with sexually transmitted infections (STIs) without an intervening medical evaluation.
- > Intended to reduce the likelihood of repeat infection in the index patient, and prevent the further spread of infection.
- > A valuable option for treating partners who are unlikely or unable to seek medical care.
- > Not a mandatory practice.
- > Not intended to replace traditional partner notification and management.
- > Legally permissible in most states.

In Maryland, EPT for chlamydia or gonorrhea may be prescribed or dispensed by the following health care providers in accordance with their current scopes of practice:

- > licensed physicians;
- > authorized physician assistants;
- > advanced practice registered nurses, and;
- > certain RNs in Local Health Departments.

For additional guidance, see the EPT in MD fact sheet, EPT statute, and implementation regulations below.

RESOURCES

Maryland health care providers and pharmacists must provide the following information for patients' sex partners: (1) Advice for the partner to seek a medical evaluation; (2) Information about chlamydia and gonorrhea; (3) Medication instructions; (4) Warnings about adverse drug or allergic reactions; and (5) Advice to abstain from sexual activity as required during treatment.

Any educational materials complying with this requirement may be used, including the Centers for Disease Control and Prevention (CDC) patient fact sheets below.

The DHMH Center for STI Prevention is developing clinical guidance, and patient and partner educational materials for your use. They will be posted here as soon as they are finalized.

For Patients:

[Chlamydia - CDC Fact Sheet](#)
[Gonorrhea - CDC Fact Sheet](#)

For Providers:

[Chlamydia Treatment – CDC STD Treatment Guidelines \(see “Management of Sex Partners”\)](#)

Physicians, physician assistants and advanced practice registered nurses,

You are now encouraged to provide medications or prescriptions to patients with chlamydia or gonorrhea to give to their partner(s) for treatment if the partner(s) are unlikely to obtain a timely medical evaluation. To find out if you are eligible to provide EPT, see the EPT law and implementing regulations at: <http://tinyurl.com/MarylandEPT>



CHLAMYDIA

Partners of persons with chlamydia should receive or be prescribed:

- 1 gm azithromycin orally (e.g., four 250 mg tablets) in a single dose, **OR**
- 100 mg doxycycline orally twice a day for 7 days.

GONORRHEA

Partners of persons with gonorrhea* should receive or be prescribed:

- 400 mg cefixime (Suprax®) **AND** 1 gm azithromycin orally in a single dose. 



Prescriptions or medications for partners must be accompanied by information about the infection(s), medication instructions, and warnings about adverse reactions. Printable partner information, and information for patients, pharmacists, and medical providers is available for download at: <http://tinyurl.com/EPTMaryland>



For additional questions, please contact the Maryland Department of Health and Mental Hygiene, Center for STI Prevention, at DMMH.STIClinicalConsult@maryland.gov or **410-767-6690**.

**The CDC no longer recommends the routine use of orally-administered cefixime for treating gonorrhea. However, oral treatment should still be considered for EPT since not treating partners is significantly more dangerous. The current recommended regimen for in-office treatment of gonorrhea is dual treatment with ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 g orally in a single dose (1).*



Your Sex Partner Is Being Treated For **Gonorrhea**. You Need Treatment, Too.

Gonorrhea is a sexually transmitted infection (STI) you can get from oral, vaginal or anal sex with a person who already has the infection. Because you may have gonorrhea, too, your partner has given you cefixime and azithromycin, or a prescription for these two medicines. Being treated for gonorrhea this way is called Expedited Partner Therapy, or EPT. These two medicines, taken together, can cure gonorrhea.

Gonorrhea is Easily Cured with These Medicines...But You Should Still See a Provider

- Seeing your health care provider (provider) is best – so you can be tested and treated for gonorrhea and other STIs by a health care provider.
- If you cannot get to a clinic or provider's office in the next few days, take the medicine, or fill the prescription, your partner has given you.
- You may have more than one STI at the same time, and these medicines will not cure other STIs. Even if you have taken the EPT medicines, visit a provider as soon as possible for other STI testing and treatment.

Reasons Not to Take the Medicines – and See a Provider Instead

Center for

STI Prevention

Maryland Department of Health and Mental Hygiene

<http://phpa.dhmfh.maryland.gov/OIDPCS/CSTIP/>

