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Assembly Bill 653 & Senate Bill 460: Expedited Partner Therapy (EPT)

Expedited Partner Therapy (EPT) treats partners of patients diagnosed with STDs.

- EPT is a treatment option for partners of a patient diagnosed with sexually transmitted diseases (STDs) without a medical evaluation of the partner.
- EPT allows the patient to deliver oral medication or prescriptions to their sexual partner who might not otherwise seek care.
- EPT ensures that sexual partners get treated and reinfection to the original patient does not occur, thus reducing the burden of STDs in the community.

STDs are increasing at an alarming rate in Wisconsin.

- The rate of STDs has increased 33% in Wisconsin from 1999 to 2008, and over 30,000 cases of STDs were reported in Wisconsin last year alone.
- Wisconsin had the 23rd highest chlamydia rate and 18th highest gonorrhea rate in 2007 when compared to other states in the U.S. (much higher than Iowa and Minnesota).
- Milwaukee ranked 2nd highest in the Nation for rates of both chlamydia and gonorrhea in 2007 of the 50 largest metropolitan areas in the U.S. which include Chicago, Minneapolis, & Detroit.
- Trichomoniasis is the most common curable STD in young, sexually active women in the U.S. An estimated 7.4 million new cases occur each year in both men & women.
- Untreated chlamydia, gonorrhea, and trichomoniasis infections can lead to serious and expensive complications such as pelvic inflammatory disease, ectopic pregnancy (fetal death), and infertility. It also increases the risk of acquiring and transmitting HIV.
- CDC estimates that about 40% of chlamydia infections and 50% of gonorrhea infections remain undiagnosed and untreated each year. Expedited partner therapy (EPT) will increase the percentage of partners receiving treatment in Wisconsin.

EPT is a safe, effective, and cost-saving strategy.

- Chlamydia, gonorrhea, and trichomoniasis can be effectively treated by single doses of common antibiotics which studies have shown to have mild side effects if any at all.
- In a study conducted in King County, Washington, EPT was more effective in preventing re-infection of gonorrhea (by 73%) and chlamydia (by 15%) when compared to standard partner management methods.
- The use of EPT is associated with a higher likelihood of partner notification when compared to other forms of unassisted partner management, and patients who receive EPT are significantly more likely to report that all sexual partners were treated than those who were told to refer their partners for treatment.
- EPT is a cost-saving and cost effective partner management strategy
 - o 1 oral pill for chlamydia treatment costs \$30 per patient while infertility treatments can cost thousands of dollars
 - o 1 oral pill for gonorrhea costs \$19 per patient while treating PID costs over \$1000 per patient

Purpose of EPT legislation:

- Explicitly allow medical providers to dispense medication or prescribe EPT and pharmacists to dispense medication for EPT in statute, and limits liability for all providers as long as EPT is provided in accordance with the Act
- Allows the prescription to be written for "EPT" when the patient does not know or is unwilling to give the partner's name
- Requires written materials be developed by the Department of Health Services to be provided with EPT about gonorrhea, chlamydia, or trichomoniasis, their treatment and the risk of drug allergies.

EPT is supported by the CDC, Wisconsin Medical Examining Board, American Medical Association, National Association of County and City Health Officials, the National Bar Association, and is permitted in 22 states including Minnesota, Illinois, and Iowa.