State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Expedited Partner Therapy (EPT) AB 653 & SB 460 FAQ

Q: **Will the bill allow more than one partner per patient to receive EPT?**
A: Yes. Even though the bill language states "partner," the bill permits multiple partners to receive EPT per patient (communication with LRB). It is up to the prescriber's discretion how many prescriptions they are willing to give their patient. However, guidance from the Department of Health Services (DHS) would advice prescribers to write prescriptions for all partners the patient is able to name and only one prescription for "EPT" if the name(s) is not given or unknown.

Q: **What are the risks of an adverse reaction to the antimicrobials used for EPT?**
A: Fortunately, serious adverse reactions are very rare with the CDC recommended Chlamydia, gonorrhea and trichomoniasis medications. If side effects do occur, they are typically transient gastrointestinal symptoms that rarely result in severe morbidity. The risk for anaphylaxis with these antibiotics is rare with estimates ranging from 0.0001 to 0.1 percent. In California and Washington States, which have implemented EPT since 2001, have documented no adverse events related to EPT medication allergies. EPT partner information to be given with EPT will contain explicit information about medication allergies and warnings of medication allergies such as those who are taking medication for epilepsy. In reality, the health risks to a patient and their partner from consequences of untreated STDs far exceed the small risk of adverse reactions to the antibiotics.

Q: **Why does current Wisconsin legislation need to be changed to allow for EPT?**
A: Current legislation does not expressly authorize a physician, physician assistant or advanced practice nurse prescriber to treat the sex partner of infected patient without prior evaluation of the partner (Statute 252.11) and requires name and address of patient for dispensing of an antibiotic drug (Statute 450.11 (1)). The Medical Examining Board recommended statutory changes to clarify the legality of EPT. Some physicians do not prescribe EPT because of the legal uncertainty. Also, physician assistants and advanced nurse prescribers currently can not furnish, dispense, prescribe or otherwise provide treatment for unseen partners under any circumstances. Physician assistants and advanced nurse practice nurse prescribers are the majority of providers at public clinics (STD clinics) and/or Family Planning clinics where the majority of STD patients are seen.

Q: **Why is liability to providers and pharmacists included in the legislation?**
A: This EPT bill exempts medical prescribers and pharmacists from civil liability for injury to the sexual partner unless an act or omission of the provider involves reckless, wanton, or intentional misconduct, and this language was reviewed by the DHS legal counsel. The American Bar Association supports the CDC EPT guidelines and recommends the removal of legal and civil liability barriers hindering routine EPT practice. Limiting liability for prescribers and pharmacists would increase confidence in using EPT and increase the acceptance of EPT among providers and pharmacists.

Q: **Why does the bill only include chlamydia, gonorrhea, and trichomoniasis and not other communicable diseases?**
A: The gold-standard public health practice to prevent STDs is to treat partners *before* they develop disease and partners are treated when being tested not after test results have been received. This is not true for other communicable diseases.

Q: **Why are "EPT" prescriptions important?**
A: Ideally the index patient would give their partner's name, but some patients are unwilling or do not know their partner's name. Providing the patient with a prescription for "EPT," STD counseling and written materials for the partner increases the chances that the partner will receive treatment and the index patient will not be re-infected. Other states allow prescriptions to be written for partners without a name including Utah, Washington, Pennsylvania, Mississippi, and Tennessee.

Q: **What are the cost benefits of EPT?**
A: STDs cost the U.S. health care system an estimated $15.9 billion annually**.** Although most STDs are easily treated with antibiotics costing between $5 and $30, if left untreated, these infections will result in healthcare costs for treating PID that typically are $1000 to $2000. Healthcare costs for other consequences of untreated STDs can be tens of thousands of dollars or more. Preliminary economic analysis by the CDC suggests that EPT is a cost-saving and cost-effective partner management strategy.

Q: **Will the antimicrobials used for EPT increase drug resistance among bacteria?**
A: No. Drug resistance most commonly occurs when a full course or dosage of treatment is not completed. The only drug dosage recommended for EPT is 1 dose orally which eliminates the chance of treatment not being completed.

Q: **Could pharmacists be penalized for dispensing medication for EPT because they would be violating the Pharmacy Examining Board requirements for patient record keeping?**
A: According to DHS legal counsel, the pharmacy examining board should revise their rule to be consistent with the legislative action in this bill. The statutory requirement should trump the administrative rule.