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3 Title: Anonymous Prescribing Option for Expedited Partner Therapy  
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5 Introduced by: Nabiha Hashmi for the Medical Student Section  
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7 Original Author: Brianna Sohl  
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9 Referred To: Reference Committee D  
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11 House Action: APPROVED  
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14 Whereas, sexually transmitted infections (STIs) reached an all-time high in the United States  
15 in 2018 with more than 580,000 cases of gonorrhea and 1.7 million cases of chlamydia, the highest  
16 number of chlamydia cases ever reported to the Centers for Disease Control and Prevention (CDC),  
17 and

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19 Whereas, some data suggests that 40 to 70 percent of male partners do not receive STI  
20 treatment, and

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22 Whereas, reinfection rates of chlamydia and gonorrhea in women are high, estimated to be  
23 13.9 percent and 11.7 percent, respectively, and

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25 Whereas, untreated STIs can result in adverse health outcomes including pelvic  
26 inflammatory disease, infertility, ectopic pregnancy, and increased HIV risk, and

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28 Whereas, Expedited Partner Therapy (EPT) is the clinical practice in which a patient  
29 diagnosed with chlamydia or gonorrhea may be given medications for themselves and their sex  
30 partners without the health care provider first examining the partner, and

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32 Whereas, evidence indicates that EPT has improved clinical effectiveness in decreasing  
33 recurrent infection compared to other methods of partner treatment, and

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35 Whereas, EPT has been found to be cost-saving and cost-effective, improves notification of  
36 sexual partners of the STI diagnosis, and safe as severe reactions to treatment are so rare that there  
37 are no reported percentages, and

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39 Whereas, physicians have an ethical duty to not only help their patients but also improve  
40 public health, which includes the treatment of their patients' partner(s), and

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42 Whereas, the practice of EPT is supported by the CDC, the American College of  
43 Obstetricians and Gynecologists, the American Academy of Family Physicians, the American  
44 Academy of Pediatrics, and the Society for Adolescent Health and Medicine, and

45  
46 Whereas, existing AMA policy (D-440.968, H-440.868) supports the practice of EPT and  
47 existing policy states it will work with the CDC to develop tools for health departments and health  
48 professionals to facilitate the use of EPT, and

49           Whereas, Michigan has passed legislation making anonymous EPT permissible in which the  
50 prescription for the partner(s) is legally allowed to be prescribed to the name "expedited partner  
51 therapy," and

52           Whereas, the University of Michigan EPT protocol states that the patient may receive  
53 prescriptions for the number of partners the patient self-reports, and each prescription may be  
54 given an Order ID number to be utilized at prescription pick up, maintaining anonymity, and  
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56           Whereas, although EPT is well-supported, there is limited discussion surrounding  
57 anonymous prescribing within EPT and current policies do not explicitly address this component of  
58 EPT, and

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60           Whereas, most electronic medical record systems do not have the ability to allow a  
61 physician to prescribe medications anonymously; therefore be it

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63           RESOLVED: That MSMS advocate that electronic medical record vendors create an  
64 anonymous prescribing option for the purpose of expedited partner therapy; and be it further

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66           RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
67 our AMA to work with electronic medical record vendors to create an anonymous prescribing  
68 option for the purpose of expedited partner therapy.

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71           WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000 for regulatory/industry advocacy.

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**Relevant MSMS Policy:**

**Expedited Partner Therapy for Gonorrhea and Chlamydia**

MSMS supports amending the public health code to make expedited partner therapy legal in Michigan and supports immunity from professional and civil liability if expedited partner therapy is provided according to the regulations.

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**Relevant AMA Policy:**

**Expedited Partner Therapy (Patient-Delivered Partner Therapy) D-440.968**

Our AMA will continue to work with the Centers for Disease Control and Prevention as it implements expedited partner therapy, such as through the development of tools for local health departments and health care professionals to facilitate the appropriate use of this therapy.

**Expedited Partner Therapy H-440.868**

Our AMA supports state legislation that permits physicians to provide expedited partner therapy to patients diagnosed with gonorrhea, chlamydia infection, and other sexually transmitted infections, as supported by scientific evidence and identified by the CDC.

**Sources:**

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10. Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea. University of Michigan Health System; 2016. <https://www.med.umich.edu/clinical/images/UMHS-UHS-EPT.pdf>