

May 19, 2014

Michigan State Senate
Health Policy Committee
Senator Jim Marleau, Chair
1010 Farnum Building
P.O. Box 30036
Lansing, MI 48909-7536

Dear Senator Marleau,

Thank you for the opportunity to express our support for regarding the public health practice known as Expedited Partner Therapy (EPT).

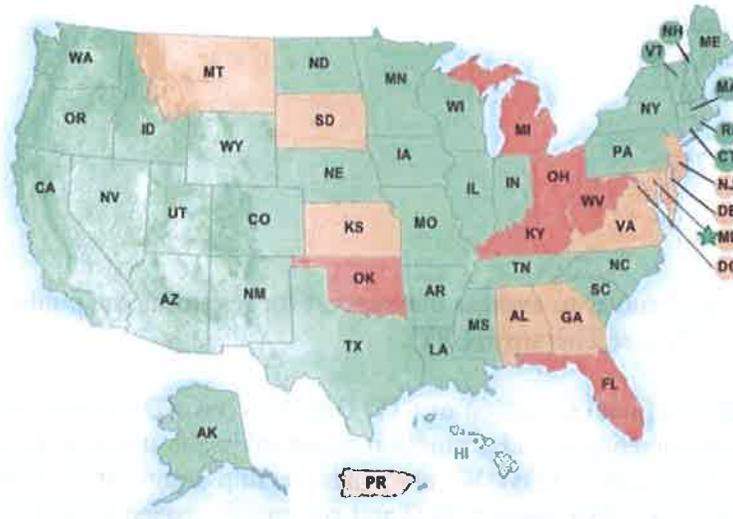
My organization, the National Coalition of STD Directors (NCS D), works toward the development of systemic change and promotion of sexual health of the policies that govern sexually transmitted diseases (STDs). We are a membership organization representing health department STD directors, their support staff and community-based partners across 50 states, seven large cities and eight US territories. We use the collective knowledge and experience of our members to successfully advocate for STD policies, programs and funding that helps promote and protect the sexual health of every American. We are proud to say that several employees at the Michigan Department of Community Health are NCS D members.

We unequivocally support the use of EPT for several reasons. First, scientific studies demonstrate the practice's efficacy. Studies repeatedly show that patients who receive EPT are far less likely to become reinfected with Chlamydia and gonorrhea. These findings are not surprising. Patients that receive EPT can deliver antibiotics or written prescriptions to their sexual partner(s), increasing the likelihood that their partner's STDs are treated and thus preventing the patient's reinfection.¹

Secondly, EPT saves the scarce resources of the health care system and of health departments. Because EPT reduces reinfection rates, fewer patients return to healthcare providers for repeated treatment, and this minimizes the cost borne by the health care system. Similarly, EPT essentially allows medical professionals to treat a patient's infected sexual partner(s) without seeing them in a clinic or hospital, again reducing the financial strain on the health care system. Additionally, EPT can be more cost effective than other more traditional methods of partner contact and treatment used by public health departments. To treat a patient's sexual partner(s), health department personnel must often locate the patient's sexual partner(s)—a sometimes laborious and expensive task—and then encourage the partner(s) to obtain treatment at a local healthcare provider. EPT, however, allows the patient to deliver medications and obviates the need for health department staff to engage in costly partner location and contact.^{1,2}

Finally, EPT is safe. In 2001, California became the first state to legalize EPT. Over the last 11 years of use, no adverse effects were reported.³ Nearly half of nurses and physicians in California report using EPT.⁴ Most states followed in California's footsteps by legalizing EPT.⁵

EPT is permissible in 35 states:	EPT is potentially allowable in 9 states:	EPT is prohibited in 6 states:
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Again, thank you for the opportunity to deliver testimony to your committee. We hope the information provided in this letter is helpful in your deliberations. We are happy to answer any questions. Feel free to contact Stephanie Arnold Pang, Director of Policy and Communications, at sarnold@ncsddc.org or 202-715-3865.

Best regards,

William A. Smith
Executive Director - National Coalition of STD Directors

1. Golden, Matthew R., et al. "Effects of expedited treatment of sex partners on recurrence of persistent gonorrhea or chlamydia infections." *New England Journal of Medicine*. 2005; 352:7, 676-85.
2. Gift, TL et al. "The cost and cost-effectiveness of expedited partner therapy compared with standard partner referral for the treatment of chlamydia or gonorrhea." *Sexually Transmitted Diseases*. 2011; 38(11):1067-73.
3. Wohlfeiler, Dan. California Department of Public Health. "ept." Email to Stephanie Arnold-Pang. 6 March, 2012.
4. Packel LJ, Guerry S, Bauer HM, et al. Patient-delivered partner therapy for chlamydial infections: attitudes and practices of California physicians and nurse practitioners. *Sex Transmitted Disease*. 2006; 33:458-63.
5. Centers for Disease Control and Prevention. "2010 Sexually Transmitted Diseases Surveillance." Atlanta, GA: US Department of Health and Human Services. Access February 2, 2012 via: <http://www.cdc.gov/std/stats10/gonorrhea.htm>.

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