COUNCIL OF THE DISTRICT OF COLUMBIA D.C. Law 20-97, effective April 30, 2014

20 DCSTAT 3164

AN ACT

Bill 20-343 Act 20-279 effective February 19, 2014

To permit health care practitioners to prescribe prescription drugs without an examination to the sexual partners of a patient diagnosed with a sexually transmitted infection.

Codification District of Columbia Official Code 2001 Edition

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Expedited Partner Therapy Act of 2014".

Expedited Partner Therapy Act of 2014

Sec. 2. Definitions.

For the purpose of this act, the term:

New Chapter 20B, Title 7

- (1) "Antimicrobial drug" means a drug identified in the most current guidelines for the treatment of sexually transmitted infections recognized by the Centers for Disease Control and Prevention.
- New § 7-2081.01

- (2) "DOH" means the Department of Health.
- (3) "Expedited partner therapy" or "EPT" means when a health care practitioner who has diagnosed a sexually transmitted infection in a patient, prescribes and dispenses antimicrobial drugs to the patient's sexual partner for treatment of that sexually transmitted infection without an examination of the sexual partner.
- (4) "Health care practitioner" means a physician, advanced practice registered nurse, or physician's assistant authorized to diagnose and prescribe drugs for sexually transmitted infections.
 - (5) "STI" means a sexually transmitted infection.

Sec. 3. Expedited partner therapy.

New § 7-2081.02

- (a)(1) A health care practitioner who diagnoses a chlamydia, gonorrhea or trichomoniasis infection in a patient may prescribe and dispense antimicrobial drugs to the patient's sexual partner for treatment of that STI without an examination of the sexual partner.
- (2) The Director of DOH may add to the STIs covered under this act by rulemaking.
- (b)(1) A health care practitioner providing EPT shall designate, in writing, on the prescription form:
- (A) The phrase "EPT" above the name of the medication and dosage for all prescriptions issued; and
 - (B) The name, address, and date of birth of the sexual partner, if available.
- (2) If the name, address, and date of birth of the sexual partner are not available, the written designation "EPT" shall be sufficient for the pharmacist to fill the prescription.

- (3) The health care practitioner shall report to DOH the number of prescribed EPT prescriptions issued, in addition to existing STI reporting requirements.
- (c) A health care practitioner that provides a patient with antimicrobial drugs or a prescription in accordance with this act shall give the patient informational materials for the patient to give to his or her sexual partner. The health care practitioner shall counsel the patient to inform his or her sexual partner of the importance of reading the information contained in the materials before the sexual partner takes the medication. The materials shall:
- (1) Encourage the sexual partner to consult a health care practitioner for a complete STI evaluation as a preferred alternative to EPT;
- (2) Disclose the risk of potentially adverse drug reactions, including allergic reactions, that the antimicrobial drugs could produce and the possibility of dangerous interactions between the antimicrobial drugs and other medications that the sexual partner may be taking;
- (3) Inform the sexual partner that he or she may be affected by other STIs that may be left untreated by the delivered antimicrobial drugs;
- (4) Inform the sexual partner that if symptoms of a more serious infection are present (such as abdominal, pelvic, or testicular pain, fever, nausea, or vomiting) he or she should seek medical care as soon as possible;
- (5) Recommend that a sexual partner who is or could be pregnant should consult a health care practitioner as soon as possible;
- (6) Instruct the sexual partner to abstain from sexual activity for at least 7 days after treatment to decrease the risk of recurrent infection;
- (7) Inform a sexual partner who is at high risk of co-morbidity with HIV infection that he or she should consult a health care practitioner for a complete medical evaluation, including testing for HIV and other STIs; and
- (8) Inform the sexual partner how to prevent repeated chlamydia, gonorrhea, or trichomoniasis infections.

Sec. 4. Liability.

New § 7-2081.03

- (a) A health care practitioner or a pharmacist who reasonably and in good faith renders EPT in accordance with this act or any other District law shall not be subject to civil or criminal liability or be deemed to have engaged in improper professional conduct.
- (b) This subsection shall not apply to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a health care practitioner or pharmacist whose act or omission involves reckless, wanton, or intentional misconduct.

Sec. 5. Rules.

Within 60 days of the effective date of this act, the Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act. The proposed rules shall be submitted to the Council for a 45-day period of review, excluding

New § 7-2081.04 Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution within the 45-day review period, the proposed rules shall be deemed approved.

Sec. 6. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 7. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.