Legislative & Policy Update

2015 STI Update
Clarksville, MD
June 3, 0215

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Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Sexual Health-Related Bills Passed During the 2015 Legislative Session

- **HB 978**  HIV Testing - Informed Consent and Pretest Requirements – Modification
- **SB 599**  Public Health - Expedited Partner Therapy for Chlamydia and Gonorrhea
- **HB 228/SB 337**  Public Health - Expedited Partner Therapy Program - Repeal of Termination Date
- **SB 626**  Registered Nurses – Local Health Departments – Requirements for Personally Preparing and Dispensing Drugs and Devices
HIV Testing - Informed Consent and Pretest Requirements – Modification

The major change is to the consenting process in specified clinical settings as defined by Maryland State law.

Consent:

• When HIV testing is offered, consent for HIV testing shall be included in the patient’s general informed consent for medical care (as is done for other screening and diagnostic tests).
  o A health care provider may not** be required to obtain consent using a separate form. (** Indicates an absolute prohibition)
• Inform the individual either verbally or in writing that HIV testing will be performed unless the individual declines.
• If the individual refuses HIV testing, document the individual’s decision in the medical record.
HIV Testing - Informed Consent and Pretest Requirements – Modification

• Effective Date: July 1, 2015

• Next Steps:
  o Providers are encouraged to begin documenting consent and providing patients with pretest information as laid out in the law.
  o DHMH will develop regulations regarding updates to the law.
Expedited Partner Therapy for Chlamydia and Gonorrhea

• Bill authorizes Expedited Partner Therapy (EPT) for certain health care providers in public and private health care settings in Maryland who diagnose chlamydia or gonorrhea in an individual patient to prescribe or dispense antibiotic therapy to that patient’s sexual partner(s) without examination of the partner(s).

• Physicians, Advance Practice Registered Nurses with prescriptive authority, authorized Physician Assistants. Bill does not expand the scope of practice for any group.

• EPT is permissible, not mandatory.
Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea

• Effective Date: June 1, 2015

• Next Steps:
  • DHMH Center for STI Prevention is conducting a “listening tour” to get input on implementation issues, provider education
    • Bd of Physicians, Bd of Pharmacy, Bd of Nursing
    • DHMH Programs, MD Medicaid
    • MD Insurance Administration
    • Local Health Officers/designees, (esp. Balt. City HD)
    • MedChi
    • MD chapters of ACOG, AAP
    • FQHCs - Primary Care Association

• DHMH promulgates regulations
Expedited Partner Therapy for Chlamydia and Gonorrhea

Effective Date: June 1, 2015

Next Steps:

- CSTIP EPT web site: [http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/SitePages/EPT.aspx](http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/SitePages/EPT.aspx)
- DHMH Center for STI Prevention is conducting a "listening tour" to get input on implementation issues, provider education at Bd of Physicians; Bd of Pharmacy; Bd of Nursing; DHMH Programs; MD Medicaid; MD Insurance Admin.; Local Health Officers/designees, (esp. Balt. City HD); MedChi, state medical society; MD chapters of ACOG, AAP; FQHCs - Primary Care Association
- DHMH promulgating regulations
EPT and Antibiotic Resistant Gonorrhea

• Despite concerns about abx-resistant gonorrhea (GC), the CDC encourages states implementing EPT to continue including oral gonorrhea treatment for now.

• Rationale: Important to continue reducing levels of community infection through direct medical care, the gold standard of care, or through patient-delivered partner therapy (EPT) for partners who are unwilling or unable to come in for a medical evaluation.

• 2015 CDC Recommendations for Tx for GC using EPT:

  Cefixime 400 mg
  PLUS
  Azithromycin 1 gram
Baltimore City - Expedited Partner Therapy Program - Repeal of Termination Date

• Baltimore City introduced a bill repealing the expiration date of the Baltimore City Pilot EPT Program, thereby granting the program permanent status.

• Since the statewide EPT bill passed, the Governor vetoed the Baltimore City bill as duplicative.

• EPT is now permissible in all jurisdictions, for specified health care providers in both public and private health care settings.
Registered Nurses – Local Health Departments (Nurse Dispensing Bill)

• Bill codifies the MD Board of Physicians Declaratory Ruling that originally established the long-standing LHD Nurse Dispensing Program (NDP);

• LHD nurses are explicitly authorized to dispense Naloxone and Expedited Partner Therapy medications;

• The Department must establish a training program for specified RNs and must work with the Board of Nursing (BON) and the Board of Pharmacy (BOP) to develop and annually review the training program.
Registered Nurses – Local Health Departments (Nurse Dispensing Bill)

Effective Date – June 1, 2015

Next Steps:

• Committee appointments underway for the Nurse Dispensing Program committee

• Meetings are being planned with the Behavioral Health Administration and the Overdose Response Program regarding aligning their two programs; and with the Center for STI Prevention regarding training on EPT.

• DHM will begin discussions with the Board of Nurses and the Board of Physicians regarding the training program soon after committee appointments are made.
Non-Chargeable List  SFY2016

• Health Officers are currently in the process of reviewing the Non-Chargeable list for next year.

• They will provide input to the Secretary by mid-June.

• Any changes approved by the Secretary will be effective July 1, 2015 (start of SFY16).
Revisions to MD Confidential Morbidity Report From DHMH 1140

• Revisions currently underway to various sections: Demographic; HIV, STI; TB

• Fillable PDF

• Expected to be finalized this summer

• Will be available for downloading at same site where current form resides:
  http://phpa.dhmh.maryland.gov/Pages/what-to-report.aspx
### Demographic Data/Pt Information

<table>
<thead>
<tr>
<th>Patient’s Name (Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex at Birth</th>
<th>Current Gender</th>
<th>Race:</th>
<th>Ethnicity:</th>
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<tbody>
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<td>Female</td>
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<tr>
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<td></td>
<td></td>
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<td>M to F Transgender</td>
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<td>Female</td>
<td>Asian</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>F to M Transgender</td>
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<td>Female</td>
<td>Black or African American</td>
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<td>Hawaiian or Pacific Islander</td>
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<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Occupation or Contact with Vulnerable Persons:**
- Not Employed
- Health Care Worker
- Daycare
- Parent of Daycare Child
- Food Service Worker
- Other (Specify)

**Workplace, School, Child Care Facility Etc. (Include Name, Address, Zipcode):**

Sex at Birth
- □ Male
- □ Female

Current Gender
- □ Male
- □ Female

- □ M to F Transgender
- □ F to M Transgender
- □ Other
HIV and AIDS

<table>
<thead>
<tr>
<th>HIV Lab Tests</th>
<th>Date</th>
<th>Result</th>
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<tbody>
<tr>
<td>HIV Diagnostic (Specify)</td>
<td></td>
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</tr>
<tr>
<td>CD4+ T-cells</td>
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<td></td>
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<tr>
<td>HIV Viral Load</td>
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<td></td>
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<tr>
<td>HIV Genotype (Resistance)</td>
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</tbody>
</table>

Name of Testing Lab
Complete Risk Exposures for HIV/AIDS or STI

- Sex with Male
- Sex with Female
- Sex Partner has HIV or AIDS
- Sex Partner Injects Drugs
- Sex Partner is Male that has Sex with Males
- Injection Drug Use
- Perinatal Exposure of Newborn
- Other Exposure (specify)
Revisions to MD Confidential Morbidity Report
From DHMH 1140 (cont’d)

Adding Syphilis Symptoms

<table>
<thead>
<tr>
<th>Syphilis Stage</th>
<th>Syphilis Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Primary</td>
<td>☐ Lesion</td>
</tr>
<tr>
<td>☐ Secondary</td>
<td>☐ Palmar/Plantar Rash</td>
</tr>
<tr>
<td>☐ Early Latent (&lt;1 yr)</td>
<td>☐ Condylomata Lata</td>
</tr>
<tr>
<td>☐ Congenital</td>
<td>☐ Neurologic</td>
</tr>
<tr>
<td>☐ Other Stage (specify)</td>
<td>☐ Other (specify)</td>
</tr>
</tbody>
</table>
Revisions to MD Confidential Morbidity Report From DHMH 1140 (cont’d)

Adding Information about Expedited Partner Therapy

Did you provide treatment for any of this patient’s partners? (Check all that apply)

☐ Yes, I saw the sex partner(s) in my office ☐ Yes, I gave extra medication for ___(#) partner(s) ☐ Yes, I wrote a prescription for ___(#) partner(s)
Center for STI Prevention and Health Promotion
Bureau of Infectious Disease Prevention and Health Services
Prevention and Health Promotion Administration
MD Department of Health and Mental Hygiene

http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/Pages/Home.aspx