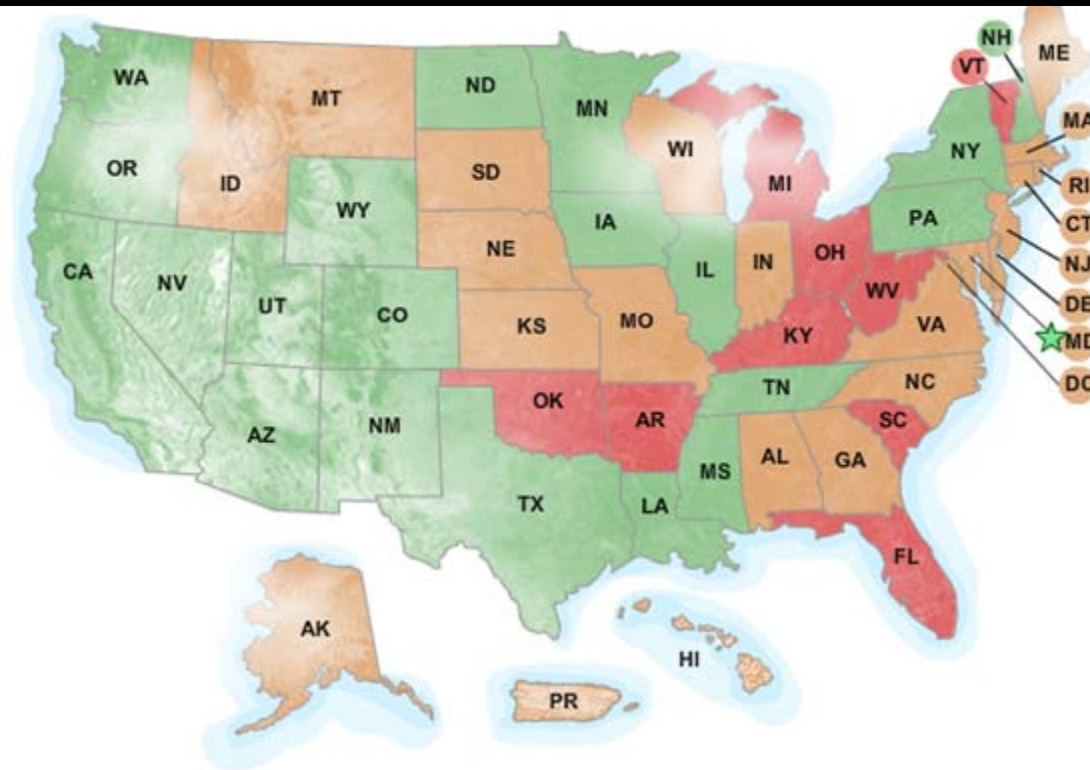


EPT in Louisiana

Lisa Longfellow, MPH
STD Director



EPT is permissible in 20 states:

[Arizona](#)

EPT is potentially allowable in 21 states:

[Alabama](#)

EPT is prohibited in 9 states:

[Arkansas](#)

Expedited Partner Therapy was not Permissible in Louisiana

■ Pharmacy Regulation

- “A prescription issued...in the absence of a documented patient evaluation including a physical examination, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription.”

■ Medical Board opinion on Internet prescribing

- It is the position of the Louisiana State Board of Medical Examiners that: (i) it is in contravention of the Louisiana Medical Practice Act for a physician to prescribe medication, treatment or a plan of care generally if the physician has not established a physician patient relationship.”

2008 Regular Session

■ Act 449

- To enact R.S. 40:1064.1, relative to expedited partner therapy; to provide for the prescription of medications to individuals who may have been exposed to certain venereal diseases absent a doctor-patient relationship and absent a clinical assessment; to provide for the promulgation of rules; and to provide for related matters.

§1064.1 Expedited partner therapy

A. The purpose of this Section is to allow for the provision of medications or prescriptions by any physician licensed to practice medicine in this state or any advanced practice registered nurse who is licensed to practice nursing in this state, or any physician assistant who is licensed to practice in this state, provided such physician or nurse or physician assistant has the authority to write prescriptions in this state, to individuals who may have been exposed to gonorrhea or chlamydia. Expedited partner therapy is hereby authorized absent a doctor-patient relationship and absent clinical assessment.

B. Notwithstanding any other provisions of law to the contrary, any physician or any advanced practice registered nurse who diagnoses or does a nurse clinical assessment or any physician assistant who performs an examination of a case of chlamydia or gonorrhea in an individual patient may prescribe, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners absent a doctor-patient relationship or absent an advanced practice registered nurse-patient relationship and without examination or nurse clinical assessment or physician assistant examination of that patient's sexual partner or partners.

C. If expedited partner therapy is chosen as an alternative, the patient with a case of chlamydia or gonorrhea will be given a written document that he agrees to give to his sexual contact. The document will contain, but will not be limited to, the following information:

(1) The sexual contact should be examined and treated by a physician, advanced practice registered nurse or physician assistant, if at all possible.

(2) The medicine or prescription for medicine given to the sexual contact by the patient should not be taken by the contact if the contact has a history of allergy to the antibiotic or to the pharmaceutical class of antibiotic in which case the sexual contact should be examined and treated by a physician, advanced practice registered nurse or physician assistant and offered another type of antibiotic treatment.

(3) The medicine or prescription for medicine given to the sexual contact by the patient should not be taken by the contact if the contact is pregnant, in which case the sexual contact should be examined by the prenatal health care provider.

D. Any pharmacist licensed to practice pharmacy in this state may recognize a prescription authorized by this Section as valid notwithstanding any other provision of law or administrative rule to the contrary.

E. The provisions of this Section which relate to expedited partner therapy shall be implemented according to rules promulgated by the secretary of the Department of Health and Hospitals in accordance with the Administrative Procedure Act.

(Added by Act 449 of 2008 Louisiana Legislature, effective August 15, 2008) [Editor's Note: The administrative rule required by Subsection E was promulgated by the Department of Health and Hospitals at LAC 51:II.117.H, effective February 20, 2009.]

Legislation Passed on 1st Attempt

- How we did it:
 - Formed Steering Committee
 - Raised Awareness of EPT through IPP newsletter
 - Garnered Support for EPT by meeting with stakeholders (medical, nursing and pharmacy boards)
 - Orleans Parish Medical Society adopted resolution
 - Louisiana State Medical Society Public Health Committee sponsored resolution at annual business meeting
 - Sponsoring Senator is respected physician

Then What?

■ Rulemaking

- The provisions of this Section which relate to expedited partner therapy shall be implemented according to rules promulgated by the secretary of the Department of Health and Hospitals in accordance with the Administrative Procedure Act.

■ Get the word out

- Web Sites
- Newsletters
- Memos to Staff and School-based clinics

(EXAMPLE INFORMATIONAL SHEET)
CHLAMYDIA

* If using this template, please remember to remove this heading before placing onto your letterhead.

Date: _____

You have been IN contact WITH a person with **Chlamydia**.

You should immediately:

(1) Be examined by a medical care provider - your physician, nurse practitioner or physician's assistant

Or

(2) Take this prescription given to you by the person you had contact with and have it filled at a drug store of your choice, **unless you know YOU are allergic to azithromycin**. If you are, see your medical care provider as soon as possible for examination and treatment with another type of medicine. Take this letter with you.

If you are pregnant, see your health care provider who is taking care of you during your pregnancy FOR EXAMINATION AND TREATMENT and Take this letter with you.

DO NOT GIVE THIS MEDICINE TO ANYONE ELSE.

DO NOT HAVE SEX FOR 7 DAYS. IT TAKES 7 DAYS TO BE CURED.

If you need to schedule an appointment at this clinic or have questions, you may call _____ and ask to speak to a nurse.

(EXAMPLE INFORMATIONAL SHEET)
GONORRHEA

* If using this template, please remember to remove this heading before placing onto your letterhead.

Date: _____

You have been IN contact WITH a person with Gonorrhea.

You should immediately:

(1) Be examined by a medical care provider - your physician, nurse practitioner or physician's assistant

Or

(2) Take this prescription given to you by the person you had contact with and have it filled at a drug store of your choice, unless you know YOU are allergic to penicillin. If you are, see your medical care provider as soon as possible for examination and treatment with another type of medicine. Take this letter with you.

If you are pregnant, see your health care provider who is taking care of you during your pregnancy for an examination and treatment. Take this letter with you.

DO NOT GIVE THIS MEDICINE TO ANYONE ELSE.

DO NOT HAVE SEX FOR 7 DAYS. IT TAKES 7 DAYS TO BE CURED.

If you need to schedule an appointment at this clinic or have questions, you may call _____ and ask to speak to a nurse.

★ ★ ★ ★ ★ Our Mission ★ ★ ★ ★ ★

To safeguard the life and health of the citizens of Louisiana by assuring persons practicing as registered nurses and advanced practice registered nurses are competent and safe.

Board Notices

Expedited Partner Therapy

The 2008 Louisiana Legislature passed a law that authorizes Expedited Partner Therapy in this state. When treating a patient diagnosed with gonorrhea or chlamydia, one alternative procedure now available to a physician, advanced practice registered nurse, or physician assistant to assist other individuals who may have been exposed to gonorrhea or chlamydia is the issuance of a prescription for the appropriate antibiotic to that partner even in the absence of a physical examination or other physician-patient relationship. As you know, pharmacy laws and rules require that a prescription be issued only in the context of a legitimate physician-patient relationship. The legislature recognized the public health imperative for the prompt treatment of persons exposed to gonorrhea or chlamydia, and specifically author-

have been exposed to gonorrhea or chlamydia. Expedited partner therapy is hereby authorized in the absence of a doctor-patient relationship and without a clinical assessment.

B. Notwithstanding any other provision to the contrary, any physician or any advanced practice registered nurse who diagnoses or examines a patient or nurse clinical assessment or any physician assistant who performs an examination of a patient for chlamydia or gonorrhea in an individual may prescribe, furnish, or otherwise provide a prescription for antibiotic drugs to that patient or partner or partners absent a doctor-patient relationship or absent an advanced practice registered nurse-patient relationship and without a physical examination or nurse clinical assessment or physician assistant examination of that patient.

Tracking Implementation

- Internal
 - Added variables to clinic visit tracking database
- External
 - Incorporate in provider visitation protocol



Office of Public Health

Louisiana Department of Health and Hospitals

Place PASSPORT label here, if available

Patient				* required field
Last Name *	First Name *	Midd Init	Medical Record #(PASSPORT #)	
Address *			LINKS SIIS Patient ID#	
City	State *	Zip *	SSN	
Date of Birth *		Gender *		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Services		
<p><u>Medical/Nursing</u></p> <input type="checkbox"/> MEDICAL VISIT <input type="checkbox"/> NURSE PRACTITIONER VISIT <input type="checkbox"/> NURSE VISIT <input type="checkbox"/> TELEPHONE FOLLOW-UP <p><u>Counseling</u></p> <input type="checkbox"/> DIS VISIT <input type="checkbox"/> HIV POST TEST COUNSELING <input type="checkbox"/> HIV PRE TEST COUNSELING <input type="checkbox"/> SOCIAL SERVICES VISIT <p><u>Laboratory</u></p> <input type="checkbox"/> AMPLIFIED - CT (SWAB) <input type="checkbox"/> AMPLIFIED - CT (e.g. URINE) <input type="checkbox"/> AMPLIFIED - GC (SWAB) <input type="checkbox"/> AMPLIFIED - GC (e.g. URINE) <input type="checkbox"/> HIV (ORAL) <input type="checkbox"/> HIV ELISA (SERUM) <input type="checkbox"/> HIV RAPID TEST <input type="checkbox"/> HIV WESTERN BLOT (SERUM) <input type="checkbox"/> MICROSCOPY (SALINE OR KOH) <input type="checkbox"/> MICROSCOPY SYPHILIS DARKFIELD <input type="checkbox"/> PAP SMEAR <input type="checkbox"/> PREGNANCY TEST NEGATIVE <input type="checkbox"/> PREGNANCY TEST POSITIVE	<p><u>Laboratory (cont.)</u></p> <input type="checkbox"/> SYPHILIS IgG (EIA) SCREEN <input type="checkbox"/> SYPHILIS RPR <input type="checkbox"/> SYPHILIS VDRL <input type="checkbox"/> TB SKIN TEST <input type="checkbox"/> OTHER <hr/> <p><u>Immunization</u></p> <input type="checkbox"/> HepA (PEDIATRIC) <input type="checkbox"/> HepB (PEDIATRIC) <input type="checkbox"/> HepA (ADULT) <input type="checkbox"/> HepB (ADULT) <input type="checkbox"/> HepA/HepB (ADULT) <input type="checkbox"/> KINRIX (DTAP-IPV) <input type="checkbox"/> MMR/VAR <input type="checkbox"/> MMR <input type="checkbox"/> MCV4 <input type="checkbox"/> MPSV4 <input type="checkbox"/> PENTACEL (DTAP-IPV-HIB) <input type="checkbox"/> HUMAN PAPILLOMAVIRUS (HPV) Vaccine <input type="checkbox"/> Td <p><u>Pharmaceuticals</u></p> <input type="checkbox"/> BENZATHINE PENICILLIN G (BICILLIN) 2.4 MU IM <hr/>	<p><u>Pharmaceuticals (cont.)</u></p> <input type="checkbox"/> DOXYCYCLINE 100 mg, QTY _____ <input type="checkbox"/> ERYTHROMYCIN ETHYL SUCCINATE 400 mg, 42 TABS PO <input type="checkbox"/> ERYTHROMYCIN ETHYL SUCCINATE 400 mg, 56 TABS PO <input type="checkbox"/> FLUCONAZOLE 150 mg PO <input type="checkbox"/> METRONIDAZOLE 250 mg, 8 CAPS PO <input type="checkbox"/> METRONIDAZOLE 250 mg, 28 CAPS PO <input type="checkbox"/> PRESCRIPTION GIVEN - ACYCLOMR <input type="checkbox"/> PRESCRIPTION GIVEN - ACYCLOMR CREAM/OINTMENT <input type="checkbox"/> PRESCRIPTION GIVEN - ALDARA <input type="checkbox"/> PRESCRIPTION GIVEN - ELIMITE <input type="checkbox"/> PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - AZITHROMYCIN <input type="checkbox"/> PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - SUPRAX <input type="checkbox"/> PRESCRIPTION GIVEN - VALTREX <input type="checkbox"/> TERCONAZOLE (TERAZOL) CREAM 7, QTY _____ <input type="checkbox"/> TRI-CHLOROACETIC ACID - ONETOPICAL APPLICATION <input type="checkbox"/> ZITHROMAX POWDER 1 gm, SACHET 01 <p><u>Other</u></p> <input type="checkbox"/> OTHER <hr/>

Thank You!

Contact Information:

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