



PO Box 1327 • Madison WI 53701-1327  
608-268-5074 (Madison) • 866-849-2536 (toll-free) • 608-256-3370 (fax)  
Email: [info@wifamilyaction.org](mailto:info@wifamilyaction.org)  
Blog: [www.wisconsinfamilyvoice.wordpress.com](http://www.wisconsinfamilyvoice.wordpress.com)  
Web site: [www.wifamilyaction.org](http://www.wifamilyaction.org)

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## LEGISLATIVE MEMORANDUM

To: Wisconsin State Legislators  
From: Julaine K. Appling, President  
Date: February 2, 2010  
Re: Assembly Bill 653, “Expedited Partner Therapy” bill

Wisconsin Family Action (WFA) urges member legislators to vote “no” on Assembly Bill 653. WFA believes implementing the so-called “Expedited Partner Therapy” (EPT) is the wrong approach to curbing the spread of Sexually Transmitted Infections (STI’s) in Wisconsin and may have disastrous results.

- **Legitimate concerns from reputable organizations/agencies are not addressed in AB 653.**

In a July 24, 2006, issue paper of the **Milwaukee Alliance for Sexual Health (MASH)**,<sup>1</sup> Matt Maxwell said about EPT,

*An important concern with the implementation of EPT is the possibility of undiagnosed infections in partners that could be diagnosed if a clinician were visited. Chief among these concerns is a woman with Pelvic Inflammatory Disease (PID) resulting from an infection with Chlamydia. Further, undiagnosed HIV or other STD infection would be missed by not having a clinic visit to receive treatment.*

Mr. Maxwell also cited **Centers for Disease Control** recommendations concerning the use of EPT, which warned against the use of EPT for women with trichomoniasis.<sup>2</sup> AB 653 allows the use of EPT for the treatment of trichomoniasis. The CDC’s recommendations stress the importance of encouraging patients receiving EPT to urge their partners to seek medical treatment.

The **American Medical Association’s Council on Ethical and Judicial Affairs**<sup>3</sup> (AMACEJA) gives the same warning,

*It was recommended that EPT not be utilized in place of standard patient referral or provider-assisted referral, and that partners be provided with information instructing them to seek traditional health care in addition to the patient-delivered therapy.*

The AMACEJA’s report outlined the ethical concerns with EPT, including the fact that

*...The patients’ partners are not afforded the opportunity to discuss questions or concerns with the prescribing physician, to present relevant aspects of their medical history, or to establish treatment goals (see E-10.02, “Patient Responsibilities”). EPT programs also abrogate the standard informed consent process by relying on the patient, usually a layperson, rather than a physician to inform partners of the risks, benefits, and available alternatives associated with treatment. If this information is not presented correctly, an informed medical decision is not possible.*

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<sup>1</sup> <http://www.milwaukee.gov/ImageLibrary/Groups/healthAuthors/MCH/PDFs/MASH/ExpeditedPartnerTherapy.pdf>, accessed 01/20/2010.

<sup>2</sup> <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>, accessed 01/20/2010.

<sup>3</sup> [www.ama-assn.org/ama1/pub/upload/mm/471/ceja6.doc](http://www.ama-assn.org/ama1/pub/upload/mm/471/ceja6.doc), accessed 01/20/2010.

Because of the ethical violations, and the risks associated with prescribing drugs to a person whose medical history, state and number of infections, current drug use and drug allergies are completely unknown to the prescribing physician, the AMACEJA recommends that,

*...physicians must emphasize to patients that EPT is not intended to replace standard physician-delivered treatment for their sexual partners. Instead, EPT is more appropriately regarded as a secondary treatment option that is a less desirable alternative. With this understanding, physicians should first recommend to patients that their partners seek medical care within a traditional setting. If despite this recommendation, the physician reasonably believes that the patient's partners will be unable or unwilling to seek traditional medical care, it is then ethical for the physician to provide EPT as a less desirable option.*

There is no requirement in AB 653 that physicians administering EPT in Wisconsin must first recommend that the patient's partner(s) seek medical treatment before resorting to the less-desirable option of EPT.

Furthermore, the "information sheet" requirement only covers information about sexually transmitted diseases and their treatment and the risks of drug allergies. It does *not*, as recommended by the AMACEJA,

*...illuminate the potential risks posed by additional STDs that may be left untreated by the medication, and emphasize the importance of seeking a formal clinical evaluation.*

AB 653 lacks yet another component that the AMACEJA strongly recommends; that physicians

*...make all reasonable efforts to assist patients in referring their partners to appropriate health care professionals.*

WFA believes AB 653 is insufficient at best and irresponsible at worst in addressing the rising rates of STDs and STIs in Wisconsin. AB 653 assumes that a shot in the dark is better than nothing at all, and therefore completely exempts EPT providers from any liability. However, the irresponsible medical care this bill encourages and legalizes—the prescription for a serious and highly contagious infection without even a name and address—opens the door for all kinds of abuse both among the medical profession and the patient-provider.

WFA recommends that you reject this bill completely. At the very least, we urge you to amend the bill to comply with the recommendations and ethical concerns of the CDC, MASH, and the AMACEJA.

JKA