



**The Committee on Health Law of
The Association of the Bar of the City of New York**

S.6210 --A

Senator Hannon

AN ACT to amend the public health law to add a new section 2312 authorizing a health care practitioner to provide antibiotic drugs for the partner of a patient diagnosed with sexually transmitted Chlamydia.

THIS BILL IS APPROVED

The Committee Strongly Endorses The Bill and Urges its Adoption by Governor Paterson

The Committee on Health Law of the Association of the Bar of the City of New York strongly endorses Senate bill 6210-A (the “Proposed Act”), and urges that Governor Paterson sign into law this much-needed legislation.

The Association is an organization of over 23,000 lawyers and judges dedicated to improving the administration of justice. The members of the Committee on Health include attorneys, physicians, public health officials and in-house hospital counsel who confront issues surrounding medical decision-making and implementation of uniform laws. The Association has always taken great interest in the legal, social and public policy aspects of medical care, public health issues, and issues pertinent to the importance of national uniformity among certain state laws, and through various committees, regularly issues reports and policy statements, and testifies at hearings.

Chlamydia is the most common sexually transmitted disease in New York State. Although infections are often asymptomatic, if untreated Chlamydia infection can lead to female or male infertility, pelvic inflammatory disease, chronic pelvic pain, and adverse pregnancy outcomes. Chlamydia infection also facilitates the spread of HIV. At the individual level, each subsequent Chlamydia infection increases the likelihood of a negative outcome. Early Chlamydia infection, however, is readily treatable with a single oral dose of the antibiotic azithromycin, a commonly used drug with few side effects or allergic reactions.

Adolescent and young females are the groups most often diagnosed with Chlamydia. These groups also have the highest rates of reinfection, which occurs because they continue to have unprotected sex with untreated partners. Therefore, prevention of reinfection requires adequate treatment of partners.

Partner treatment is complicated by the need for partners, who often are asymptomatic, to seek medical evaluations. This is a significant barrier to their treatment that increases the risk of reinfection. Expedited Partner Therapy (EPT) removes this barrier by allowing a health care practitioner to prescribe, dispense, furnish or otherwise provide antibiotics to the sexual partner or partners of a patient diagnosed with Chlamydia. The Proposed Act directs the Commissioner of the Department of Health both to promulgate rules for EPT and to develop clear and concise forms explaining the practice to patients and their partners. Thus, any interstices not covered by the Proposed Act will be addressed by regulation. We support regulatory guidance that would both (i) identify the potential liability from which the practitioner is being exempted as including, but not limited to, that being derived from not having first examined the sexual partner of the patient and not having advised such partner as to risk associated with the administration of an antibiotic, and (ii) state that the practitioner should be able to rely on the identity of the sexual partner as communicated to him or her by the practitioner's patient.

The U. S. Centers for Disease Control and Prevention (CDC) recommends EPT in the treatment of persons diagnosed with Chlamydia.¹ The American Medical Association similarly supports EPT when treating persons infected with Chlamydia.² Recently, the Health Law Section of the American Bar Association recommended that the American Bar Association urge states, territories and tribes to “support the removal of legal barriers to the appropriate use by health care providers of Expedited Partner Therapy (EPT)” in the treatment of sexually transmitted disease.³ The Proposed Act does exactly this, making clear a health care practitioner’s legal authority to render EPT without risk of liability. For this reason, the Health Law committee strongly endorses it.

¹ H. Hunter Handsfield, M.D., et al., *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases*, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 4 (2006).

² AMA Council on Scientific Affairs (CSA) Report 9 (A-05), June 2006.

³ Resolution 116A, adopted as amended by the House of Delegates of the American Bar Association, August 2008.