

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	9 - 0 - 0
Yeas:	Boone, Cowan, Dembrow, Freeman, Huffman, Maurer, Olson, VanOrman, Tomei
Nays:	0
Exc.:	0
Prepared By:	Keely West, Administrator
Meeting Dates:	3/9, 4/13

WHAT THE MEASURE DOES: Allows practitioners who diagnose patients with gonorrhea or Chlamydia to prescribe antibiotic treatment for the patient and the patient's partners without an examination of the partners. Requires practitioners to provide informational materials about sexually transmitted diseases provided by Department of Human Services and specific dosage information for the patient and each partner for whom medication is described.

ISSUES DISCUSSED:

- Fiscal effects of this change, who pays for second or third prescription
- Importance of allowing non-named partners to access therapy
- Cost of non-treatment versus cost of the program
- Education at point of diagnosis
- Pressure on physicians
- Other issues the unseen partner may have
- The pharmacist relationship as a safeguard

EFFECT OF COMMITTEE AMENDMENT: Allows medication to be prescribed and dispensed without a patient's name if prescribed or dispensed for the partner of an individual diagnosed with gonorrhea, Chlamydia or other approved sexually transmitted infection.

BACKGROUND: Sexually transmitted infections are the most common communicable diseases reported in Oregon, making up two-thirds of all reported conditions. Chlamydia is considered by the Oregon Public Health Association (OPHA) as the most commonly reported disease in the state. Chlamydia and gonorrhea both may produce lifelong pain, disability, tubal pregnancy and infertility in women as well as increased risks of HIV infection. OPHA estimates that 28,000 individuals are infected with Chlamydia each year, and 15 to 30 percent of young women with Chlamydia are re-infected within six months. Repeated infection increases the likelihood of more severe long term consequences. Planned Parenthood Advocates of Oregon reports that of the 102,000 patients seen in the program each year, 20 percent are diagnosed with Chlamydia.

Studies sponsored by the Centers for Disease Control found that expedited partner therapy programs like the one established by HB 3022 significantly reduce the rate of infection and re-infection and increase partner notification and completed partner treatment. Advocates assert that the increased prescription cost results in a decrease in system costs because of the reduction in long-term treatment for more severe secondary effects of these diseases. HB 3022 creates a standardized practice for expedited partner therapy intended to provide improved outcomes for patients and access for practitioners to the best information possible.