

## Department of Planning and Budget 2011 Fiscal Impact Statement

**1. Bill Number:** HB 2083

**House of Origin**    ☒ Introduced    ☐ Substitute    ☐ Engrossed  
**Second House**    ☐ In Committee    ☐ Substitute    ☐ Enrolled

**2. Patron:**        Herring

**3. Committee:** Health, Welfare and Institutions

**4. Title:**         Prescription requirements; treatment of sexually transmitted disease

**5. Summary:** Allows a Department of Health practitioner to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required. This bill also requires the Commissioner of Health to convene a workgroup consisting of Department of Health staff and private practitioners to evaluate services provided by the Department of Health pursuant to this act, and to make appropriate recommendations for the use of expedited partner therapy in Virginia. The Commissioner shall report to the Secretary of Health and Human Resources concerning his findings and recommendations by July 1, 2012. The bill also has a sunset date of July 1, 2013.

**6. Budget Amendment Necessary:** No.

**7. Fiscal Impact Estimates:** Preliminary. See Item #8.

**Expenditure Impact:**

| <i>Fiscal Year</i> | <i>Dollars</i> | <i>Positions</i> | <i>Fund</i> |
|--------------------|----------------|------------------|-------------|
| 2011               | \$0            | 0.00             |             |
| 2012               | \$9,033        | 0.00             | GF          |
| 2013               | \$9,033        | 0.00             | GF          |
| 2014               | \$0            | 0.00             |             |
| 2015               | \$0            | 0.00             |             |
| 2016               | \$0            | 0.00             |             |
| 2017               | \$0            | 0.00             |             |

**8. Fiscal Implications:** The purpose of this bill is to allow a Virginia Department of Health (VDH) clinician to prescribe antibiotic therapy to the sexual partner(s) of a patient diagnosed with Chlamydia or gonorrhea without a physical examination of the partner(s), a practice known as expedited partner therapy (EPT).

HB 2083 does not specify whether prescriptions or medications would be given to patients, or require that EPT be implemented with patients, so the bill itself does not impose a fiscal

impact. However, VDH may choose to implement the practice by giving medications to patients and requesting that they deliver them to their partners, so VDH would incur a cost.

EPT is supported by the Centers for Disease Control and Prevention as a “useful option” for furthering partner treatment, but is not recommended as the “gold standard” and is not recommended at all for men who have sex with men. A survey of local health departments in December 2010 found a wide variation of how often these departments planned to use EPT, from 15% to 80% of infected patients. An accurate calculation cannot be made until the practice is implemented, but a rough estimate is that about 30% of patients would be offered EPT, with an average of 1.3 partners per patient. The cost for EPT for these patients is estimated as follows:

Estimate of Annual Cost for EPT for Chlamydia

- There were 7,768 public cases with confirmed treatment in 2009
- An estimated 30% of treated cases (2,330) would use EPT for their partners
- 3,029 partners would be given medication based on average of 1.3 per case
- Recommended regimen: Azithromycin - 250mg. X 4 tabs stat = \$0.85
- Total cost to treat partners based on recommended medication = \$ 2,575

Estimate of Annual Cost for EPT for Gonorrhea

- There were 2,399 public cases with confirmed treatment in 2009
- An estimated 30% of treated cases (720) would use EPT for their partners
- 936 partners would be given medication based on average of 1.3 per case
- Recommended regimen: Cefixime 400mg. x one dose = \$6.90
- Total cost to treat partners = \$6,458

No budget amendment is necessary because VDH would absorb any costs to implement EPT as part of clinic operations.

**9. Specific Agency or Political Subdivisions Affected:**  
Virginia Department of Health

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** HB 2083 is similar to SB 1317.

**Date:** 1/25/2011

**Document:** G:\VDH\GA\Legislation\FIS\FY 2011\HB2083.doc