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South Carolina  
 Department of Labor, Licensing and Regulation

Board of Medical Examiners



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**POSITION STATEMENT<sup>1</sup> ON THE USE OF EXPEDITED PARTNER THERAPY**

South Carolina is experiencing an ongoing epidemic of sexually transmitted diseases. According to CDC data from 2018, per capita, South Carolina ranks 4<sup>th</sup> in the nation in cases of chlamydia and 3<sup>rd</sup> in cases of gonorrhea.<sup>2</sup> These STDs can be successfully treated if the infected individual seeks medical care in a timely fashion. While the treatment of one sexual partner will benefit that specific patient, without treating other partners, it does little to stop the spread of these STDs in our communities.<sup>3</sup>

The CDC recognizes that “[e]ffective clinical management of patients with treatable sexually transmitted diseases (STDs) requires treatment of the patients’ current sex partners to prevent reinfection and curtail further transmission.”<sup>4</sup> To this end, the “CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea.”<sup>5</sup> EPT, or Expedited Partner Therapy, “is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.”<sup>6</sup> “This allows partners to receive treatment quickly and prevents the need for a potentially complicated notification process.”<sup>7</sup>

In 2011, the Board issued a policy titled, “Post-Exposure Prophylaxis Policy.” This policy endorsed the use of EPT in accordance with current guidelines published by various agencies. In 2013, however, the Board voted to rescind the policy. The policy was rescinded shortly after the Board issued a new policy titled, “Establishment of Physician-Patient Relationship as Prerequisite to Prescribing Drugs” in November 2012.

The November 2012 Establishment of Physician-Patient Relationship as Prerequisite to Prescribing Drugs policy set forth the Board’s view on the situations where a licensee may prescribe

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<sup>1</sup> The Board is authorized to “publish advisory opinions and position statements relating to practice procedures or policies authorized or acquiesced to by any agency, facility, institution, or other organization that employs persons authorized to practice under this chapter to comply with acceptable standards of practice.” S.C. Code Ann. § 40-47-10(I)(1).

<sup>2</sup> CDC 2018 STD Surveillance Report, available at: <https://www.cdc.gov/std/stats18/2018-Surveillance-Report-EMBARGOED-FINAL-State-Ranking-Tables.pdf> (last accessed February 2, 2021).

<sup>3</sup> Further adding to this problem, many individuals are more reluctant to schedule appointments with providers due to the COVID-19 pandemic.

<sup>4</sup> *Expedited Partner Therapy*, CDC, available at: <https://www.cdc.gov/std/ept/default.htm> (last accessed February 2, 2021).

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Expedited Partner Therapy: Helping to Reduce Sexually Transmitted Infections*, CDC, available at: <https://www.cdc.gov/std/products/success/ept-success-story-2016.pdf> (last accessed February 2, 2021).

for a patient he/she has not personally examined, as contemplated by S.C. Code Ann. § 40-47-113(B). It stated:

*A physician who prescribes drugs to an individual he has never personally examined and for whom he has not assumed responsibility with the acknowledgment of the patient's primary care provider has engaged in unprofessional conduct **unless** he is writing admission orders for a newly hospitalized patient, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant, or other physician extender authorized by law and supervised by the physician, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment.*

(emphasis in original). This policy,<sup>8</sup> when combined with the Board's rescission of the 2011 Post-Exposure Prophylaxis Policy policy, effectively provided that the Board would consider the use of EPT unprofessional conduct.

Considering this issue in light of the continued STD epidemic in South Carolina, the Board concludes that the 2012 policy, as amended in 2016, should be revised.

S.C. Code Ann. § 40-47-113(B) provides that:

*[. . .] a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant, or other physician extender authorized by law and supervised by the physician, continuing medication on a short-term basis for a new patient before the patient's first appointment, or prescribing for a patient for whom the licensee has established a physician-patient relationship solely via telemedicine so long as the licensee complies with Section 40-47-37 of this act.*

(emphasis added). The Board's position is that this provision contemplates situations other than the specifically identified circumstances in which a licensee may prescribe for a patient whom the licensee has not personally examined.

Therefore, for the reasons set forth above, the Board issues this Position Statement to inform its licensees that it interprets S.C. Code Ann. § 40-47-113(B) to allow for the use of EPT. More specifically, the Board concludes that this provision allows licensees to prescribe for the sexual partners of patients diagnosed with chlamydia and gonorrhea, in accordance with CDC guidelines in effect at the time of treatment, without establishing a licensee-patient relationship as otherwise required by S.C. Code Ann. § 40-47-113(A). The Board does not view such prescribing as unprofessional conduct.<sup>9</sup>

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<sup>8</sup> The policy was last revised in August of 2016 to address issues regarding telemedicine; however, it still effectively prohibits the use of EPT.

<sup>9</sup> Licensees, of course, are free to use their independent clinical judgment in determining whether to utilize EPT. This Position Statement should not be considered as imposing a requirement that licensees utilize EPT.