Barriers to routine practice of EPT include:

*Information regarding the partner is secondhand. The original patient may have no knowledge of a partner's allergy history or if the partner is currently taking other medications.

*Partner treatment cannot be tied to a specific person. One clinic is switching to an electronic system for generating prescriptions. For those prescriptions given to partners, there would be no tie to a patient record number when the partner is not also a patient at the clinic. In another clinic, EPT is problematic because there is no social security number or other identifier available to link the treated partner with the prescribed treatment.

*Clinicians are unsure whether EPT is good medical practice and fear that practicing EPT might result in losing their licenses.

*EPT is so rarely practiced that clinicians have little experience with this practice.

*Clinic directors are often resistant to EPT and need information about why EPT is desirable and how it should be implemented.

*Clinics do not know if EPT is a practice that is recommended by the state health department.

*We may be out of compliance with the 340B rules if we are distributing Zithromax bought at 340B prices to non-Title X clients (and possible non-STD clinic clients). The federal register just ran a rule proposal that clarified the definition of a covered entity's patient. EPT would not fit that definition. Therefore, if we send treatment drugs out with a Title X client to give to a partner (who is not a Title X client), have we violated the rules of the 340B drug pricing program?