

# Update

## HELPFUL HINTS

### Presumptive Eligibility (PE)

Family PACT provides very limited pregnancy services. Only a pregnancy test and examination to confirm the pregnancy are covered by the program. Other laboratory tests or other Family PACT services are not available to clients once they are pregnant. At the time pregnancy is confirmed Family PACT does allow providers to counsel the client on all options including prenatal care, adoption and termination. If a client has a negative pregnancy test, the client is eligible for all program services including contraception.

If you become a Presumptive Eligibility Medi-Cal Program provider you are able to offer more thorough pregnancy services. The Presumptive Eligibility Program allows qualified providers to provide immediate and temporary coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their enrollment in the Medi-Cal Program. Contraception is not a benefit of Presumptive Eligibility; however the client is eligible for these services through Family PACT if she is not pregnant.

In order to be a qualified provider for Presumptive Eligibility, a provider must be a Medi-Cal provider in good standing and provide prenatal services. If you wish to enroll as a qualified provider you must complete a Qualified Provider Application for Presumptive Eligibility participation and a Qualified Provider Responsibilities and Agreement form. Contact the Presumptive Eligibility Support Unit 1-800-824-0088 for additional information and application materials. ■

## Pelvic examinations before provision of hormonal contraception

### **P**rudent practice or barrier to care?

*By Felicia H. Stewart MD, Adjunct Professor, Department of Obstetrics, Gynecology and Reproductive Sciences and Co-Director, Center for Reproductive Health Research & Policy and George F. Sawaya, MD, Assistant Professor, University of California, San Francisco, Departments of Obstetrics, Gynecology and Reproductive Sciences Epidemiology and Biostatistics*

Requirements for clinical breast and pelvic examinations prior to providing hormonal contraception are common, but have recently been eased by several major organizations active in the field of contraception. Most notably, the World Health Organization, Planned Parenthood Federation of America (PPFA) and the American College of Obstetricians and Gynecologists (ACOG), among others, do not require pelvic examinations be performed before initiating hormonal methods. PPFA states that the examination may be deferred up to 13 months; ACOG states that the examination is not necessary in teens initiating oral contraceptives. The Family PACT program, as a leader in reproductive health care, has de-linked the

requirement of a pelvic examination with the initiation of hormonal contraception. Reducing requirements is desirable because they often lead to delay for a woman who wants (and needs) to start effective contraception<sup>1</sup>. Delay, in turn, is dangerous; a very likely result of delay is unintended pregnancy. Clinical policies need to count health risks for delay as well as potential risks for starting an effective method. For hormonal contraceptives, the most important contraindications include pregnancy, a personal history of breast cancer, hypertension and certain liver, heart, vascular and thrombotic diseases. A careful medical history and measurement of blood pressure are important for clinicians to perform before initiating hormonal methods. For most women, no further evaluation is necessary to make a decision about use of hormonal contraception.

Breast cancer is very uncommon in young women, and routine clinical breast examinations and screening mammograms are recommended only in women over age 40 years. Pelvic examinations are important in screening for cervical diseases, including infections and precancerous and cancerous lesions, but none of these conditions is a contraindication for use of hormonal contraception.

Access to good, routine preventive health care is important, including several key physical exam steps-especially cervical neoplasia screening. At the same time, women requesting effective methods of contraception have a very high risk of unintended pregnancy if these methods are not made readily available; the benefits of pregnancy prevention likely far outweigh the possible risks involved in delaying the traditional physical examinations.

<sup>1</sup> JAMA, May 2, 2001, Vol 285, #17, pages 2232-2239 ■

### THIS ISSUE:

- *Helpful Hints*
- *Pelvic Exams and Contraception*
- *Options to Combat CT*
- *Chief of the OFP Appointed*
- *Frequently Asked Questions*

# ADDITIONAL OPTION AVAILABLE TO COMBAT CHLAMYDIA EPIDEMIC

by Gail Bolan, M.D., Chief, Sexually Transmitted Disease (STD) Control Branch, California Department of Health Services

SB 648<sup>1</sup> amended current law to allow physicians, nurse practitioners, physician assistants and certified nurse-midwives to prescribe, dispense, furnish or otherwise provide prescriptive antibiotic therapy for the sex partners of individuals infected with genital Chlamydia trachomatis, even if they have not been able to perform an exam of the patient's partner(s). This law provides another option to combat a serious public health epidemic.

More than 85,000 cases of chlamydia were reported in California in 1999. However, the majority of infections are asymptomatic and go unreported. It is estimated that 600,000 Californians may become infected each year with rates of 5 to 10% among adolescent girls.

Chlamydia is a leading cause of pelvic inflammatory disease, ectopic pregnancy and preventable infertility. Patients with chlamydia are also at increased risk of sexual transmission of HIV. Partner treatment is critical since repeat infections in women, the majority of which are caused by partners going untreated, are much more likely to cause these complications. Research has demonstrated that providing medication to male partners of infected women patients has reduced the rates of reinfection among women patients.

This option for partner delivered therapy for chlamydia should not be the first-line method of care to partners of individuals diagnosed with chlamydia. But this therapy delivery system can serve as a useful alternative when the partner is unlikely to seek care or cannot easily get an evaluation or diagnosis in the community.

In California, physicians are still required by law to: 1) investigate the source of infection, as well as any sexual or other intimate contact that the patient made while in the communicable stage of the disease, and 2) make an effort, through the cooperation of the patient, to bring these cases in for examination and treatment (Title 17, California Code of Regulations § 2636).

All sexual contacts within the past 60 days from the onset of symptoms or diagnostic test need to be treated. The medication recommended for patient-delivered therapy is single dose azithromycin pills (1 gram orally once). While somewhat more expensive than the azithromycin sachet formulation, pills are easier to deliver and facilitate compliance. Patients may be provided with the number of

- doses necessary to treat each of their exposed partners.
- Providers should encourage the patient to deliver both the medication and accompanying educational information to the partner.
- This method of therapy has been supported by clinical experts since the risk of re-infection and severe complications to the female patient is greater than the risk of one dose of azithromycin to the male partner. For female partners, providers should make an extra effort to refer them for timely clinical evaluation since women may already have Pelvic Inflammatory Disease and need additional treatment.
- Providers should address four key counseling messages when prescribing patient-delivered therapy: Patients should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated.

*SB648 allows clinicians to provide antibiotics for sex partners of CT positive clients*

Partners should seek a complete sexually transmitted infection (STI) evaluation whenever possible. Partners who have allergies to erythromycin, azithromycin or other similar macrolides, have kidney failure, heart disease, or any other serious health problems, should not take the medication and should see a provider. Patients should be encouraged to use condoms to prevent STIs.

For complete guidelines, information regarding materials for patients and their partners, the text of revisions to the Health and Safety Code, and telephone numbers for local health departments for information on local Chlamydia efforts, please visit the California Chlamydia Action Coalition's

- website at [www.ucsf.edu/castd](http://www.ucsf.edu/castd) (see Spotlight on SB648 Legislation on Home Page) or call the California Department of Health Services' STD Control Branch at (510) 540-2657. Please report any adverse reactions by calling (866) 556-3730 (toll-free).
- Family PACT services include care and treatment of STIs for Family PACT clients. Family PACT clients should encourage partners to be screened for eligibility to also become a Family PACT Client. Family PACT providers may write prescriptions for antibiotics to treat Chlamydia for the sex partner of a Family PACT client though Family PACT will not cover the cost of the prescription for the non-enrolled partner.

<sup>1</sup> SB648 - Ortiz. Venereal Disease: Chlamydia: Treatment of Partner, Section 5, 120581. ■

## FAMILY PACT PROGRAM SUPPORT & SYSTEM SERVICES

Health Access Programs (HAP) Hotline	800-257-6900	Family PACT Educational Material Ordering (EDS)	800-848-7907
Order HAP cards		POS/Internet Assistance	800-427-1295
Family PACT billing assistance		AEVS Assistance	800-456-2387
On-site claims consultations		Medi-Cal Fraud Hotline	800-822-6222
Office of Family Planning	916-654-0357		
Medi-Cal Provider Services/Enrollment	916-323-1945		

# Chief of the Office of Family Planning (OFP) Appointed

**A**nna Ramirez, MPH, became the Chief of the Office of Family Planning April 1, 2001 after functioning as Acting Chief for many months. Ms. Ramirez comes to OFP with a Masters degree in Health Education and Maternal and Child Health as well as many years of experience in public health and prevention programs.

Ms. Ramirez is committed to providing Californians with the information and services they need to impact their health while minimizing risk behaviors. From her perspective, the Family PACT program offers an excellent opportunity to not only bring prevention messages to Californians but to support those prevention messages with clinical services for those with little or no access to health care.

In her role as Chief, Ms. Ramirez provides briefings on the Office of Family Planning and the Family PACT program to not only the legislature, but also to other departments within Department of Health Services (DHS), the Director of DHS and the Secretary of Health. She is responsible for defending the program, presenting innovative approaches

- and justifying current and expanded funding of the Office of Family Planning.
- Ms. Ramirez views the position as an exciting, yet challenging opportunity to work with Family PACT partners within DHS as well as in communities throughout California. As the new census data shows, California is an extremely diverse population with a new cohort of adolescents coming of age every year. While the success of family planning has been demonstrated with the reduction of adolescent births, Ms. Ramirez encourages providers and advocates alike to avoid becoming complacent about this success. Her goal is to work jointly with the incredibly committed provider community to insure continued success in reducing unintended pregnancy and assisting Californians to make healthy choices about risk behaviors. ■

## Reminder!

**I**n order to receive payment of claims, Medi-Cal provider enrollment needs accurate information on delivery sites and the practitioners delivering care. Providers have 35 days to submit updated information.

### Adding Family PACT sites

To add a new Family PACT site to an approved Family PACT provider Application and Agreement (A&A), copy the original A&A (or complete a new A&A with the identical information on the main site) and add the new site information. Send this revised A&A to Medi-Cal Provider Enrollment with a letter stating you have included an amended Family PACT A&A that adds sites and also list the names and Medi-Cal numbers of the additional sites.

### Updating practitioners providing Family PACT

Submit a revised page 3 from your Family PACT Application and Agreement for each service site with the additional names, license numbers, and Medi-Cal rendering provider numbers of new Family PACT clinicians at your site. Send this revision with a letter to Medi-Cal Provider Enrollment stating you are updating the list of clinicians providing Family PACT services. ■

## FREQUENTLY ASKED QUESTIONS

### ◆ 1. What are the risks of emergency contraception pills (EC pills)?

EC pills have no known risks. The treatment course is of short duration and there is no effect on an established pregnancy. The major concern is taking EC pills too late-if it is more than 72 hours after unprotected sex they are less effective.

### ◆ 2. Since Family PACT now includes Emergency Contraception (EC) is RU 486 also a benefit?

No! Family PACT services do NOT include RU 486. Do not confuse EC with RU 486, a medication for early stage pregnancy termination. Family PACT does not provide abortion services. EC is a means of preventing unplanned pregnancy and is known to decrease the number of women seeking abortions.

### ◆ 3. The pharmacy in my area does not carry Plan B. As a private practice what can we do to make it available to our patients?

You may stock it yourself by ordering it directly from the manufacturer, Capitol Women's Corporation (800-330-1271). You can also ask Capitol Women's Corporation to have a representative contact your local pharmacy so the product will be available to your community in the future.

For additional information check these web sites with professional and client information on ECP:

- <http://www.acog.org>
- <http://www.arhp.org/ec>
- <http://www.crlp.org>
- <http://www.path.org>
- <http://www.etr.org>
- <http://www.piwh.org>

# TRAINING CALENDAR

## Family PACT Orientation Sessions

08/10/01 - Roseville  
Hilton Garden Inn  
1951 Taylor Road  
Roseville, CA  
916-773-7171

09/07/01 - Long Beach  
Long Beach Airport Holiday Inn  
2640 Lakewood Blvd.  
Long Beach, CA  
562-597-4401

10/11/01 - Fresno  
Piccadilly Inn  
4961 N. Cedar, Fresno, CA  
559-251-6000

08/17/01 - San Bernardino  
Hilton San Bernardino  
285 E. Hospitality Lane  
San Bernardino, CA  
909-388-7900

09/28/01 - Santa Barbara  
Fess Parker's Double Tree Resort  
633 E. Cabrillo Blvd.  
Santa Barbara, CA  
805-564-4333

Additional Family PACT orientations will be listed in upcoming Medi-Cal Bulletins.

All Orientation Sessions begin promptly at 8:30 a.m. and end at 4:30 p.m.  
The morning session covers comprehensive family planning and the afternoon session covers client eligibility and claims processing.

Please call The Center for Health Training at (510) 835-3795 x113, to leave a message to register for the Orientation Session you plan to attend. Be sure to leave the name of the Medi-Cal provider or facility, the anticipated number of people who will be attending, a phone number, and the location of the Orientation Session.

*Family*  **PACT**  
Planning • Access • Care & Treatment

California Department of Health Services • Office of Family Planning

**714 P Street, Room 440  
Sacramento, CA 95814**

PRSR. STD.  
U.S. Postage  
**PAID**  
Permit No. 8  
Fairfield, CA 94533