

Proponent Testimony on HB 2750
House Committee on Health and Human Services
Monday, February 12, 2024

Madame Chair Landwehr and members of the committee:

My name is Dr. Dereck Totten, and I serve as the Chief Medical Officer for the Kansas Department of Health and Environment (KDHE). Thank you for the opportunity to provide supporting testimony regarding Senate Bill 404 (SB 404) allowing the practice of Expedited Partner Therapy (EPT). EPT is the clinical practice of treating the partners of patients diagnosed with sexually transmitted infections (STIs) by providing prescriptions, or medications, to the patient to take to his/her partner without the health care provider first examining the partner.

The agency strongly supports this bill and the use of EPT for the treatment of STIs, including chlamydia, gonorrhea, and trichomoniasis. In Kansas, chlamydia has increased from 11,138 cases in 2021 to 13,967 cases in 2022. Left untreated, chlamydia can result in infertility, ectopic pregnancy, pelvic inflammatory disease (PID), and in rare circumstances, life-threatening sepsis. Gonorrhea cases have more than doubled over the last decade from 2,237 in 2012 to 4,995 cases reported in 2022. In women, gonorrhea can spread into the uterus or fallopian tubes and cause PID. PID can damage the fallopian tubes, causing infertility, or increase the risk of ectopic pregnancy. In men, gonorrhea may be complicated by epididymitis, which can lead to infertility.

Ensuring timely treatment of partners will reduce ongoing transmission of the infection and prevent re-infection of the original patient. Additionally, early treatment and preventing re-infection will help mitigate transmission to newborn babies and prevent many of the long-term consequences of chlamydia infection, including infertility in both men and women. Prevention of lifelong challenges and state burden of untreated or late treatment for chlamydia, gonorrhea, and trichomoniasis is a necessity. Permitting EPT in Kansas will lessen barriers to care, including logistical and financial challenges.

Assuring treatment of an infected person's partners has been the central component of prevention and control of bacterial STIs in the United States since the 1940s. Preventative treatment has been recommended for all partners sexually exposed to the infected person within a specified time interval to prevent morbidity in the partner, curtail transmission, and prevent re-infection of the original patient. EPT is supported nationally in 46 states and territories, including in our neighboring states of Missouri, Colorado, Nebraska, and Arkansas. Oklahoma has proposed a bill similar to SB 404 this year.

EPT has been recommended since 2006 for the heterosexual partners of patients diagnosed with gonorrhea if it was unlikely the partners would seek timely evaluation and treatment. The medications recommended for treating these diseases are safe, low cost, oral antibiotics with very few side effects or contraindications. EPT has been in common use throughout the United States for many years with no major adverse events reported, further demonstrating the safety and efficacy of the treatment.

When compared to the traditional practice of standard partner referral (SR) it has been found that EPT has significantly increased partner treatment over SR. From a health care system or societal perspective, EPT was less costly, and it treated more partners than SR. Less disease burden also lowers the amount of public health disease investigations. From the

perspective of an individual payer, EPT was less costly than SR. Overall health care system costs for EPT compared with SR were 10% lower for index men and 8% lower for index women. Societal costs for EPT compared with SR were 17% lower for index men and 26% lower for index women.

Many healthcare providers in Kansas have expressed a strong desire to implement EPT as a means of preventing STI-related infertility and other severe long-term complications that can result with delayed or no treatment. EPT has been shown to be a safe and cost-effective approach to combating these issues. It is time for Kansas to offer the same legal protections for providers that nearly all other states have established for EPT. Senate Bill 404 has been introduced to address this issue, offering a practical approach to protecting the health of Kansans by offering a safe and effective treatment option. Let's support this bill to ensure that Kansans have access to the best possible healthcare.