

Senate Public Health and Welfare Committee
February 7, 2024
Senate Bill 404

Obstetrician/Gynecologists and Nurse Midwives
Testimony in Support

Members of the Committee,

Thank you for allowing us to offer testimony in support of SB 404, permitting the use of expedited partner therapy to treat a sexually transmitted disease.

The OB/GYNs and nurse midwives in our office see around 100 patients per day. We diagnose and treat sexually transmitted infections several times per day, and routinely screen for sexually transmitted infections at every initial pregnancy visit. The rising rates of sexually transmitted infections in Kansas and particularly Shawnee County have a direct impact on our practice and patient care, as well as maternal and infant morbidity and mortality rates. Expedited partner therapy is safe and effective, and is an accepted practice in the majority of the United States, with legal protection in 46 states.

Just this past week, I saw a patient with a persistent chlamydia infection during pregnancy. She has now had this infection for over half of her pregnancy. She received treatment with oral antibiotics after screening was positive at her first pregnancy visit three months ago, but her partner was not treated. She was retested for chlamydia last week and remains positive, because her partner has not received the treatment he needs for her to be cured from the infection. He just started his new job, cannot miss work, and is not yet eligible to sign up for health insurance. SB 404 would allow for me to call her partner with her permission, inquire about allergies and medication history, counsel about importance of treatment, and prescribe this necessary medication to him without an appointment, increasing the likelihood that my patient will be cured, and decreasing the risks to their pregnancy.

Untreated and persistent sexually transmitted infections can increase risk of infertility and miscarriage. They can also jeopardize pregnancies by increasing risks of preterm labor, premature rupture of membranes, and low birth weight. Additionally, newborn infants can develop lung and eye infections when exposed as they pass through the birth canal, or in some cases can lead to serious multi system infections and stillbirth or death. By ensuring appropriate treatment is readily available to both our patients and their partners, we can work together to reduce maternal and infant morbidity and mortality rates in Kansas.

My partners and I support SB 404, and ask that the committee recommend this bill favorably for passage. Thank you for your time and consideration.

Jessica Kieffer, M.D., OB/GYN
jesskieffermd@gmail.com
(785) 249-8356