

To the Senate Public Health and Welfare Committee

From: Karen “Kelly” Fritz, APRN, CNM
Proponent of Expedited Partner Therapy
Volunteer at Miami County Health Department, Women’s Clinic
In-person testimony.

Thank you to Chair Gossage for holding this meeting and addressing the topic of Expedited Partner Therapy, SB404. Thank you for the opportunity to speak.

I am an APRN, Certified Nurse Midwife (CNM), and have worked with women and babies for 39 years, first as a nurse, then as a Clinical Nurse Specialist in Women’s Health and Community Health, and for the past 21 years as a nurse midwife. One of the trademarks of nurse midwifery is listening to women. My career has been characterized by listening to and serving women in their healthcare.

I have volunteered at the Miami County Health Department for the past 18 years, first in their Family Planning Clinic, and now in a limited scope Women’s Health Clinic, two mornings a month.

I fully support Expedited Partner Therapy as a tool to target and treat sexually transmitted infections (STIs). The physicians I have worked for and collaborated with have supported me in utilizing EPT for my clients’ partners. There have been no adverse reactions or complications from utilizing EPT in any of the practices I have worked.

EPT is managed by treatment regimens provided by the CDC, and (per CDC) is recommended to be offered to patients when the provider cannot ensure that all of a patient’s sex partners from the previous 60 days can or will seek timely treatment. Providing packaged oral medication (as at the Health Department) is preferred because many obstacles can exist at the pharmacy level, and many persons do not fill the prescriptions provided to them by a partner. At the health department, education and instructions are provided.

In a private office, I encouraged the patient to fill the prescription for the partner and take it to them.

My goal is to increase opportunity for testing, treatment and health in the women of my community. EPT is something that can help reduce reinfection in my clients.

We know that women are more likely to be tested. We are accustomed to getting annual exam visits for renewal of prescription birth control, periodic cervical cancer screenings, and are more likely to have an appointment which may include STI screening. Women also receive routine STI screenings during prenatal care, due to the

risks to the mom, pregnancy and fetus. Women who screen positive are treated and recommended follow-up testing. **Treatment of partners is crucial in decreasing re-infection.**

Young men are not accustomed to having annual exams unless they are on prescription medication and therefore do not have the same opportunity for routine screenings. They are also less likely to have an established relationship with a healthcare provider. My female clients have reported that their partners either initially deny they could even have an infection, are hesitant to find or see a new healthcare provider, are reluctant to be “swabbed”, don’t have health insurance, or can’t afford a doctor’s visit. **EPT can bypass those barriers, leading to treatment, and decrease the spread of infection to others.**

In Miami County:

We have no obstetricians, gynecologists, CNMs providing maternity care, nor anywhere to go to have a baby. **Lack of providers for women’s health is a barrier to routine care and testing in Kansas.**

We have no Family Planning Grant, which would provide free to low cost services. We only have my limited Women’s Clinic, which is not free, because we have no Grant funding. Attendance at this clinic is far below attendance prior to the loss of the grant. **Cost is a barrier to routine care and testing.**

There are no OB-GYN/midwifery practices or places to deliver a baby from Overland Park (Johnson County) to Pittsburg (Crawford County). Women in Miami County, Linn County, Bourbon County and Anderson County have no locally based OB-Gyn/Midwifery practices, and limited Family Planning Grants in health departments.

Distance to services and cost of travel is a barrier to care and testing.

My county is not alone in this. 75% of Kansas counties have no maternity care services. **No maternity services is a barrier to routine care, testing and treatment.**

The data that we have is concerning (see Miami County Data), but incomplete. **Local and systemic barriers to routine care and testing** mean that there are more cases out there than we know, so we need to treat partners to try to have an impact. March 2020-Summer 2022 **Covid decreased attendance to all healthcare appts**, limiting opportunities for testing, and we are still catching up on some of those services/screenings.

Fewer people today have long term, established relationships with a provider or provider office than in the past. My family went to one family practice doctor for 27 years. Today providers change practices, locations or insurance networks more frequently. Today individuals may change insurance companies frequently, affecting their available in-network provider options and continuity of care.

Try anonymously calling a few private offices this afternoon and ask about their first available new patient appointment. I tried that last week for a pregnant woman at 20weeks with no prior prenatal care, and the answer was April 5th (two months out). **These are all barriers to care, testing, treatment, and public health.**

In the face of all these barriers to care, Expedited Partner Therapy can help us have an impact on the increasing number of newly identified STI cases by reducing ongoing transmission of the infection and preventing re-infection of the original patient.

Thank you.

Miami County Information

This data is released from **KDHE's STI/HIV Surveillance Program** directly to local health departments; therefore, this information is sensitive, and caution needs to be used when releasing data that may be identifiable.

Due to the information being sensitive and possibly identifiable, there are a few categories that have been combined to prevent a breach of HIPPA.

These cases may have resulted from tests completed in county or out of county. Many pregnancies are cared for out of county, and those positive screenings are included in these numbers.

Miami County Disease Count Cases 2018:

- Chlamydia: 101
- Gonorrhea: 23
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 1

Miami County Disease Count Cases 2019:

- Chlamydia: 88
- Gonorrhea: 15
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 4

Miami County Disease Count Cases 2020:

- Chlamydia: 94
- Gonorrhea: 21
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 2

Miami County Disease Count Cases 2021:

- Chlamydia: 107
- Gonorrhea: 21
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 5

Miami County Disease Count Cases 2022:

- Chlamydia: 89
- Gonorrhea: 29
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 2

Miami County Disease Count Cases 2023:

- Chlamydia: 89
- Gonorrhea: 19
- Primary Syphilis, Secondary Syphilis, Early Latent Syphilis, Late Latent Syphilis and HIV: 4

In September 2022, the **Miami County Health Department** partnered with a local APRN-FNP to start offering STD testing and treatment to the community (both males and females). MCHD also partnered with a laboratory to provide lower cost lab tests beyond those provided by KDHE.

From September 2022 through the year of 2023, MCHD ran 40 "full panel" STD test, to include Gonorrhea, Chlamydia, HIV, Syphilis and Hepatitis B and C.

From September 2022 through the year of 2023, MCHD conducted 23 Gonorrhea and Chlamydia only test, and 2 miscellaneous tests, for a total of 65 tests conducted.

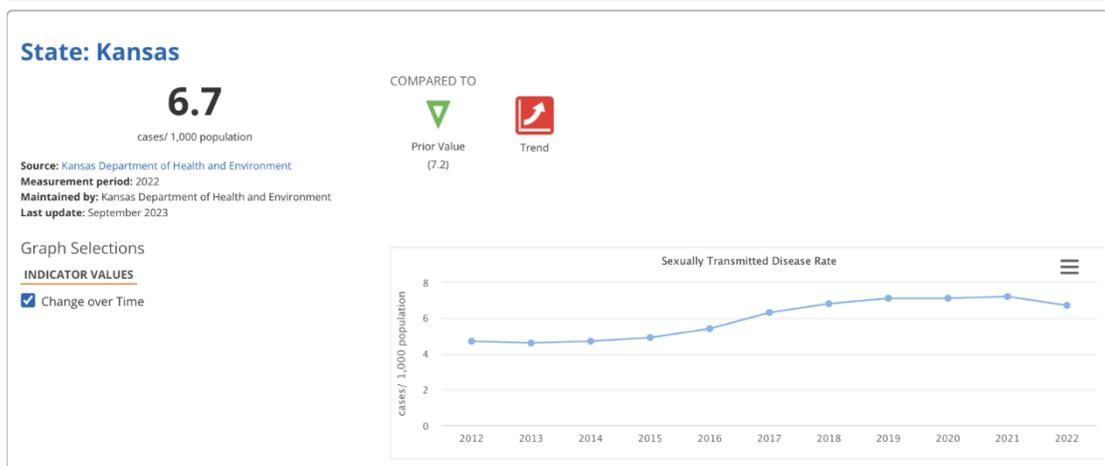
What is Expedited Partner Therapy?

Expedited Partner Therapy (EPT) 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.¹

One of the most common scenarios for EPT is when a female Kansan seeks medical treatment for a STI, but she has a male partner who refuses to go to the doctor. Empowering her with the ability to provide a prescription to her partner can save her from becoming reinfected in the future.

Why Is EPT Needed in Kansas?

- The ability to treat sexual partners is important given that up to 14 percent of people with chlamydia and 12 percent of people with gonorrhea become reinfected within 12 months of treatment, often through untreated partners.²
- STIs can cause premature labor, which is the number one cause of infant death and can lead to long-term developmental and health problems in children.³
- Both gonorrhea and chlamydia can pass from the mother to her baby as the baby passes through the birth canal.³
- Untreated gonorrhea and chlamydia can lead to pelvic inflammatory disease and infertility.⁴
- STI rates in Kansas have increased significantly over the past decade, nearly doubling from 2002 to 2022 (5.5 per 1000 to 9.3 per 1000).⁵



- STI rates in Miami County have increased 195% since 2002 (1.9 per 1000 to 3.7 per 1000).⁶



KDHE Legislative Agenda | Expedited Partner Therapy Bill

Background

Assuring treatment of an infected person's sex partners has been the central component of prevention and control of bacterial Sexually Transmitted Infections (STIs) in the United States since the 1940s. Preventative treatment has been recommended for all partners sexually exposed to the infected partner within a specified time interval in order to prevent morbidity in the partner, curtail transmission, and prevent re-infection of the original patient.

Expedited Partner Therapy (EPT) is the practice of treating sex partners of persons infected with the sexually transmitted infection *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae* bacterium without a medical evaluation. The usual implementation of EPT consists of patient delivered prescriptions or antibiotics to the sexual partner. EPT is strongly recommended and supported for use by the Centers of Disease Control and Prevention (CDC). EPT has been successfully implemented in 43 other states within the past 10 years, with no reported adverse outcomes.

Why does Kansas need this bill?

In the last decade, STIs (chlamydia, syphilis, and gonorrhea) have increased over 65%. In Kansas, Chlamydia has increased from 11,138 cases annually to 13,967 cases annually. Gonorrhea cases have doubled from 2,237 reported cases in 2012 to 4,995 cases reported in 2022. Most recently, Kansas has seen the number of reported syphilis cases trending up every year since 2020, when 529 cases were reported. In 2021, the number rose to 801 and then 941 in 2022. Untreated syphilis in pregnant women results in infant death in up to 40% of cases. In 2021, Kansas was ranked 35th in the United States with a rate of 20.2 cases of congenital syphilis per 100,000 live births. Treatment of all STIs is critical in preventing detrimental life-long consequences.

EPT is essential to Kansas Department of Health and Environment's (KDHE) mission to protect and improve the health and environment of all Kansans. EPT is one of the only ways KDHE can have a direct impact on the increasing number of newly identified cases. Ensuring timely treatment of sex 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 prevent transmission to newborn infants during pregnancy and birth 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, syphilis, and gonorrhea is a necessity.

Specific Provisions

This bill:

- Creates a statute allowing a physician, physician assistant, or advanced registered nurse practitioner who diagnoses a sexually transmitted chlamydial and gonorrheal infection in an individual patient to have the ability to prescribe, dispense, furnish, or otherwise provide prescription oral antibiotic medications to that patient's sexual partner(s) without the examination of that patient's sexual partner(s).

Public Input

This initiative will have a positive impact in decreasing Chlamydia and Gonorrhea rates across the state. Proponents of EPT include: Centers for Disease Control, American Medical Association, American Academy of Pediatrics, American Bar Association, as well as prominent Kansas doctors, including Dr. Donna Sweet, Professor of Medicine, University of Kansas Medical Center, Dr. Sharon Lee, Physician, Family Health Care Clinic, and Dr. Carl Weiner, Associate Director, KU Institute for Reproductive Health and Regenerative Medicine.

To protect and improve the health and environment of all Kansans