

**Verbal Proponent Testimony on Senate Bill 448  
Senate Committee on Public Health and Welfare  
Tuesday, February 10, 2026  
Dr. Dereck Totten, Chief Medical Officer  
Kansas Department of Health and Environment**

Chairwoman Gossage 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 testimony in support of Senate Bill 448, which would authorize the use of Expedited Partner Therapy (EPT). EPT is the clinical practice of treating the partners of patients diagnosed with sexually transmitted infections (STIs) by allowing health care providers to prescribe or provide medication to the patient for their partner without first conducting a physical examination of that partner.

I strongly support this legislation and the use of EPT for the treatment of STIs. In Kansas, reported cases of chlamydia were at 10,884 in 2025. If left untreated, chlamydia can lead to serious complications such as infertility, ectopic pregnancy, pelvic inflammatory disease, and, in rare cases, life-threatening sepsis. Kansas reported 2,430 cases of gonorrhea in 2025. In women, gonorrhea can spread to the uterus or fallopian tubes and cause pelvic inflammatory disease, which may damage the fallopian tubes, resulting in infertility, or increase the risk of ectopic pregnancy. In men, gonorrhea can be complicated by epididymitis, which can also result in infertility.

Ensuring prompt treatment of exposed partners will reduce ongoing transmission of infection and help prevent re-infection of the original patient. Additionally, early treatment and prevention of re-infection will reduce the risk of transmission to newborns and help avert many of the long-term consequences, including infertility in both men and women. Preventing lifelong health challenges and financial burden associated with untreated or delayed treatment of STIs is essential. Allowing EPT in Kansas would reduce barriers to care, including logistical and financial obstacles that often prevent timely treatment.

Partner treatment has been a central component of bacterial STI prevention and control in the United States since the 1940s. Preventive treatment has long been recommended for all partners who were sexually exposed to an infected individual within a specified time frame in order to prevent illness in the partner, limit further transmission, and avoid re-infection of the original patient. EPT is currently supported by 47 states.

Since 2006, EPT has been recommended for heterosexual partners of patients diagnosed with gonorrhea when it is unlikely that those partners would seek timely medical evaluation and treatment. The medications used to treat these infections are safe, inexpensive oral antibiotics with few side effects or contraindications. EPT has been widely used across the United States for many years, with no major adverse events reported, further demonstrating its safety and effectiveness.

Compared with traditional standard partner referral, EPT has been shown to significantly increase the likelihood that partners receive treatment. From both a health care system and societal perspective, EPT is

less costly and results in more partners being treated. Reducing disease burden also decreases the workload associated with public health disease investigations. For individual payers, EPT has been shown to be less expensive than standard referral. Overall health care system costs for EPT compared with standard referral were 10% lower for male index patients and 8% lower for female index patients, while societal costs were 17% lower for men and 26% lower for women.

Many health care providers in Kansas have expressed strong support for implementing EPT as a means of preventing STI-related infertility and other serious long-term complications that can result from delayed or absent treatment. EPT has been demonstrated to be a safe and cost-effective strategy for addressing these concerns. It is time for Kansas to provide the same legal protections for health care providers that nearly all other states have established for EPT. Senate Bill 448 offers a practical and effective approach to protecting the health of Kansans by expanding access to safe and timely treatment. I urge you to support this bill to ensure that Kansans have access to the best possible health care.