

SESSION OF 2026

**SUPPLEMENTAL NOTE ON SENATE BILL NO. 448**

As Recommended by Senate Committee on  
Public Health and Welfare

**Brief\***

SB 448 would authorize the use of expedited partner therapy (EPT) to treat sexually transmitted diseases (STDs).

**Definitions**

The bill would define several terms, including the following:

- “Expedited partner therapy” would mean to prescribe, administer, dispense, or otherwise provide antimicrobial drugs to a sexual partner of a patient clinically diagnosed by a health care provider as infected with an STD without a physical examination of such sexual partner;
- “Healthcare provider” would mean a person licensed by the State Board of Healing Arts to practice medicine and surgery; an advanced practice registered nurse issued a license pursuant to the Kansas Nurse Practice Act, who has authority to prescribe drugs; or a physician assistant licensed under the Physician Assistant Licensure Act who has authority to prescribe drugs according to a written protocol with a responsible physician; and

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

- “Sexually transmitted disease” would mean any disease transmitted through sexual contact and designated through rules and regulations by the Secretary of Health and Environment as appropriate for EPT. [Note: EPT is recommended for chlamydia, gonorrhea, and trichomoniasis in other jurisdictions that use EPT.]

### ***Health Care Provider Responsibilities***

The bill would authorize a health care provider who clinically diagnoses a patient with an STD to provide EPT if the health care provider determines the patient’s sexual partner is unlikely or unable to present for examination, testing, and treatment.

A health care provider would be able to use EPT only for a patient’s sexual partner who could have been exposed to an STD within 60 days immediately prior to the patient’s clinical diagnosis and who could be contacted and identified by the patient. A child who is 16 years of age or older would be able to consent to receive EPT when no parent or guardian is immediately available.

The bill would require a health care provider who provides EPT to provide counseling to the patient, including distributing written materials developed and provided by the Kansas Department of Health and Environment (KDHE) to be given by the patient to the patient’s sexual partner.

### ***Immunity from Civil Damages and Disciplinary Action***

The bill would not hold a health care provider or pharmacist liable for civil damages from any act or omission in good faith compliance with EPT, including civil damages for refusing to provide EPT, other than an act or omission constituting gross negligence or intentional or reckless misconduct.

The bill would not permit a health care provider or pharmacist to be subject to disciplinary action by the State Board of Healing Arts, the Board of Nursing, or the State Board of Pharmacy, on the basis of an act or omission in good faith compliance with EPT, other than an act or omission constituting gross negligence or intentional or reckless misconduct.

### ***Written Material Requirements***

The bill would require the following information to be included in the written materials distributed by a health care provider who provides EPT:

- A warning that a woman who is pregnant or might be pregnant should not take certain antibiotics and should immediately contact a health care provider for an examination;
- Information about the antimicrobial drug and dosage provided or prescribed, including a warning that a sexual partner who has a history of allergy to the drug or the pharmaceutical class of drug should not take the drug and should immediately contact a health care provider for examination;
- Information about the treatment and prevention of STDs;
- The requirement of sexual abstinence until a period of time after treatment to prevent infecting other sexual partners;
- Notification of the importance of the sexual partner receiving examination and testing for human immunodeficiency virus and other STDs and information about available resources;

- Notification of the risk to the patient, the patient's sexual partner, and the general public if the STD is not completely and successfully treated;
- The responsibility of the sexual partner to inform the sexual partner's own sexual partners of the risk of STD and the importance of prompt examination and treatment by a health care provider; and
- Such other information deemed necessary by the Secretary.

### ***Rule and Regulation Authority***

The bill would direct the Secretary of Health and Environment to adopt rules and regulations necessary to implement and administer the provisions of the bill.

### **Background**

The bill was introduced by the Senate Committee on Public Health and Welfare at the request of Senator Clifford.

### ***Senate Committee on Public Health and Welfare***

In the Senate Committee hearing, **proponent** testimony was provided by representatives of Ascension Via Christi Family Medicine Residency, the Kansas Association of Local Health Departments, KDHE, and the Kansas Section of American College of Obstetricians and Gynecologists. Proponents stated that the bill would ensure prompt treatment of exposed partners, reduce ongoing transmission of infection, and prevent re-infection of the original patient. It was noted that EPT is currently available in 48 states.

Written-only proponent testimony was provided by the American Academy of HIV Specialists, Kansas Academy of

Family Physicians, Kansas Action for Children, Kansas Medical Society, and five county health departments.

No other testimony was provided.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, KDHE indicates enactment of the bill would increase expenditures by \$49,940, including \$47,840 from the State General Fund (SGF), in FY 2026 and \$160,827, including \$85,040 from the SGF, in FY 2027. The agency states that the direct purchase of the primary medications used to treat STDs and positive sexually transmitted infection cases from 2020-2024 were calculated using the current prices via the federal 340B Drug Pricing Program. Jurisdictions that permit EPT have seen index cases result in at least one partner receiving EPT. For Kansas, the agency anticipates this would result in increased expenditures to purchase additional primary medications. Regardless of the disease, current pricing shows Kansans could be treated for \$20 to \$25 per patient. These expenditures would be ongoing but would decrease in future years as STDs would likely decline and reduce the future burden of purchasing medications. Also included in the estimate is \$73,514 for the salary, benefits, and administrative costs for 1.00 additional position, beginning in FY 2027, to facilitate ordering and shipping of the medications to covered entities. In addition, the agency estimates \$2,000 would be needed to produce and provide education materials required by the bill. Counties that have higher incident rates of STDs or infections could need to increase public health nursing staff to handle the increased patient flow for treatment and education, but a total fiscal effect cannot be estimated.

The Board of Nursing, the State Board of Healing Arts, and the State Board of Pharmacy report that enactment of the bill would not result in a fiscal effect on agency

operations. Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

Health; healthcare; sexually transmitted diseases; expedited partner therapy; rules and regulations