

SESSION OF 2021

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2259

As Amended by House Committee on Health
and Human Services

Brief*

HB 2259, as amended, would allow for the use of expedited partner therapy (EPT) to treat sexually transmitted diseases (STDs).

As defined in the bill, “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 a STD without a physical examination of such sexual partner. The bill would define “sexually transmitted disease” to mean any disease transmitted through sexual contact defined by rules and regulations adopted by the Secretary of Health and Environment (Secretary) as reportable infectious diseases set forth in Kansas statute and designated as appropriate for EPT by rules and regulations adopted by the Secretary.

The bill would allow a health care provider who clinically diagnoses a patient with a 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. 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. The bill would require the following information be included in the written materials:

*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 <http://www.kslegislature.org>

- 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's 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.

A health care provider would 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.

The bill would provide that no health care provider or pharmacist would be liable for civil damages resulting from any act or omission in good faith compliance with the provisions of the bill, including civil damages for refusing to provide EPT, other than an act or omission constituting gross negligence or willful or wanton misconduct. The bill would also provide that no health care provider or pharmacist would be subject to disciplinary action by the State Board of Healing Arts, the Board of Nursing, or the State Board of Pharmacy resulting from an act or omission in good faith compliance with the provisions of the bill, other than an act or omission constituting gross negligence or willful or wanton misconduct.

The bill would provide that a child who is 16 years of age or older may consent to receive EPT when no parent or guardian is immediately available.

Background

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Parker.

[*Note:* The bill, as introduced, was identical to 2019 HB 2198, which was recommended favorably for passage by the House Committee on Health and Human Services and passed the House during the 2019 Session. HB 2198 was referred to the Senate Committee on Public Health and Welfare, where it died at the end of the 2020 Session. A companion bill to HB 2198, 2019 SB 144, had a hearing in the Senate Committee on Public Health and Welfare, but died in Committee.]

House Committee on Health and Human Services

In the House Committee hearing, **proponent** testimony was provided by a representative of KDHE, who stated EPT is a proven medical practice that Kansas providers are interested in providing, but the practice is disincentivized by a lack of legal protection that almost all other states provide. The representative noted the treatments are a safe and cost-effective way to prevent STD-related infertility and other serious long-term consequences in women. The representative provided data regarding the prevalence of chlamydia infections in Kansas, the health risks resulting from such infections, and the likelihood of repeat infections without EPT. The representative stated the use of EPT removes barriers to ensuring the prompt treatment of potentially infected partners, thus reducing the risk of reinfection. Written-only proponent testimony was provided by representatives of the Kansas Association of Local Health Departments, the Kansas Association of Osteopathic Medicine, the Kansas Medical Society, the Kansas Pharmacists Association, the Kansas Public Health Association, and the Kansas Section of the American College of Obstetricians and Gynecologists and by an internal medicine physician.

No neutral or **opponent** testimony was provided.

The House Committee amended the bill to add language authorizing minors ages 16 and older to consent to receive EPT when a parent or guardian is not immediately available.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget, the Board of Nursing estimates the bill would require one-time expenditures of \$3,410 from the Board of Nursing Fee Fund in FY 2021 to mail notifications to licensed Advanced Practice Registered Nurses prior to the bill's effective date of July 1, 2021.

The State Board of Healing Arts and the State Board of Pharmacy are unable to estimate the respective additional workloads that may result from the passage of the bill. However, the boards indicate the fiscal effect on each agency would likely be negligible and absorbed within existing resources.

KDHE indicates the bill could be implemented with existing resources.

Any fiscal effect associated with the bill is not reflected in *The FY 2022 Governor's Budget Report*.

Health; health care; sexually transmitted diseases; expedited partner therapy; rules and regulations; consent to medical treatment by a minor