

February 19, 2019
Kansas Senate Public Health and Welfare Committee
SB 144 -Proponent

To the Committee on Health,

Thank you for allowing me to present testimony today. My name is Dr. Selina Sandoval and I am an Obstetrician and Gynecologist (Ob/Gyn), serving the women and families of Kansas. As a representative of the American College of Obstetrics and Gynecologist (ACOG), I want to voice my support of Senate Bill 144, which allows for the use of expedited partner therapy in the treatment of sexually transmitted infections (STIs). Expedited partner therapy allows health care providers to prescribe or administer antimicrobial medications to the known sexual partner or partners of a patient clinically diagnosed with a sexually transmitted disease without a physical examination of said sexual partner.

As an Ob/Gyn I see women infected with STIs often. We know that STIs disproportionately affect women and are a direct threat to their health, their fertility and often their pregnancies. Unfortunately, the prevalence STIs are currently rising in the United States. We know that one of the greatest factors contributing to this high rate of STIs is the rate of reinfection by a patient's current sexual partner or partners. We can directly combat this rate of reinfection using expedited partner therapy.

Personally, one of the most common presentations I see for diagnosis and treatment of STIs is in pregnancy. Pregnant women infected with STIs are at increased risk of preterm rupture of membranes as well as preterm labor. As you can imagine, this has direct consequences on their health as well as the health of their child. Not only can these children suffer from the complications of prematurity, but some STIs can also be directly transmitted to the infant during delivery.

To illuminate the benefits of expedited partner therapy, I would like to share the story of one of my patients. I will call her Louise. Louise presented late to me during her second pregnancy, already late into her second trimester. She shared with me that during her first pregnancy, her labor was so quick that she barely made it to the hospital in time for her delivery. On Louise's initial prenatal labs, she tested positive for Chlamydia. I offered Louise treatment and counselled her on the importance of discussing her infection with her partner, in order to encourage him to present for treatment as well. Unfortunately, on Louise's test of reinfection, she again tested positive for Chlamydia. Her partner had promised her he had sought out treatment, however she had her doubts. She was now in her third trimester, and with her history of a precipitous delivery, the threat of delivering her baby while she had an active Chlamydia infection was very real. After counselling Louise about treatment of her partner and providing her with material for him to read, I offered the patient expedited partner therapy, because I knew this was the right thing to do. There are currently no legal protections for me to treat Louise's partner, but as a physician, I know that a reinfection would harm Louise and her baby. I'm happy to share that on Louise's next test of reinfection, she had cleared the Chlamydia infection. She shared with me that she had made dinner for herself and her partner that night, and they took their treatment together. Louise went on to give birth to a healthy baby girl shortly after her

negative testing. She again had a very fast labor. In fact, Louise did not make it to the hospital in time for her child's delivery. We would not have had time to treat her and the new daughter prior to the delivery with crucial antibiotics. Had her baby been delivered while her Chlamydia infection was still active, she would have been at risk for serious health conditions, including pneumonia and even blindness.

Louise's story is just one example of how expedited partner therapy would benefit the health of the families of Kansas. I truly believe this is a safe and efficacious intervention, as evidence does suggest the benefits of expedited partner therapy in preventing STI reinfection do outweigh the risk of the possible adverse outcomes.¹ This research also shows us that expedited partner therapy decreases the reinfection rate of our patients when compared to the standard practice of referring the patients' partners for outside treatment. Please help the health care providers of Kansas treat women and their families as a whole by voting "yes" on Senate Bill 144.

Thank you,
Selina Sandoval, MD

¹Center for Disease Control and Prevention, Expedited partner therapy in the management of sexually transmitted diseases: review and guidance. Atlanta (GA): CDC;2006. Available at: <http://www.cdc.gov/std/treatment/eptfinalreport2006.pdf>.