



February 22, 2021

To: House Health & Humans Services Committee

From: Vicki Whitaker, KAOM Executive Director

Subj: Proponent Written Testimony on HB 2259 – Relating to the treatment of sexually transmitted diseases; permitting the use of expedited partner therapy for the treatment thereof.

Madame Chair Landwehr, Vice Chair Eplee, Ranking Minority Member Parker and members of the Committee:

The Kansas Association of Osteopathic Medicine (KAOM), founded in 1913, represents osteopathic physicians and the osteopathic profession in Kansas. At the direction of KAOM members, the association is in support of HB 2259 which would allow the use of expedited partner therapy (EPT) to treat a sexually transmitted disease.

Several sexually transmitted diseases are rising rapidly and the ability to treat the patient and her/his partner(s) would help stem this alarming increase. According to the Centers for Disease and Control and Prevention (CDC), chlamydia, gonorrhea and syphilis result in an estimated \$1.1 billion in direct medical costs just for these three common preventable infections. Presently physicians treating the patient and her/his partner in Kansas creates liability for the physician. This is because the physician would be writing a prescription for someone they have not seen as a patient – the partners.

The CDC has concluded expedited partner therapy (EPT) is a useful tool for clinicians in treating chlamydia and gonorrhea infections. A chart of the U.S on the CDC website ([Legal Status of Expedited Partner Therapy \(cdc.gov\)](https://www.cdc.gov/od/oc/ohrt/legalsupport.htm)) shows that Kansas is one of four states and the territory of Puerto Rico where it is “potentially” allowable. South Carolina prohibits EPT and the rest of the states legally allow it. In 2019, Kentucky also prohibited treatment but has joined the vast majority of states where it is legally permissible. KAOM believes in the interest of public health, Kansas should recognize the legitimacy of EPT and allow it. This would remove liability when the physician, in good faith, treats a patient’s sexual partner(s). It would also treat sexual partners who might otherwise not be treated.

KAOM appreciates the opportunity to present written proponent testimony for the Committee.