

Testimony: HB 2750
House Committee on Health and Human Services
February 12, 2024
Written Only

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to submit written testimony in support of HB 2750. The Kansas Academy of Family Physicians (KAFP) represents nearly 2,000 family physicians, resident physicians and medical students across our state. Providing quality health care and good health outcomes for our patients guide our public policy work.

Sexually transmitted infections disproportionately affect women and create a preventable threat to their fertility. In the United States, adolescent girls and young women aged 15–24 years consistently have the highest number of cases of gonorrhea and chlamydial infection. One factor that contributes to young women's high rates of STIs is reinfection from an untreated sexual partner. One way to address this problem is through expedited partner therapy, the practice of treating the sexual partners of patients in whom STIs are diagnosed. Expedited partner therapy enables family physicians or other healthcare providers to give prescriptions or medications to patients to take to their partners without first examining these partners.

It is preferable that partners undergo complete clinical evaluation, STI screening and HIV testing, counseling, and treatment by a family physician or other healthcare provider. However, when comprehensive medical management is not practical, the use of expedited partner therapy as a method of preventing gonorrhea and chlamydial reinfection when a patient's partners are unable or unwilling to seek medical care. Evidence indicates that expedited partner therapy can decrease reinfection rates when compared with standard partner referrals for examination and treatment.

Barriers to Routine Use of Expedited Partner Therapy

Evidence suggests that the benefits of expedited partner therapy in preventing gonorrhea and chlamydial reinfection outweigh the risks of possible adverse effects of antibiotics, development of antibiotic resistance related to poor treatment adherence, or missed care opportunities. Despite the effectiveness of expedited partner therapy, numerous legal, medical, practical, and administrative barriers hinder its routine use by family physicians. Kansas is one of only four states without statute supporting expedited partner therapy.

KAFP recommends expedited partner therapy is recommended only after the family physician or other healthcare provider has assessed the risk of intimate partner violence associated with partner notification. It should not be intended for use in cases of suspected child abuse, sexual assault, or any other situation in which the patient's safety from their abuser may be compromised.

About Kansas Academy of Family Physicians

KAFP represents nearly 2,000 active, resident, student and life members across the state. Our member physicians are vibrant and trusted members of their communities and are dedicated to creating a healthier Kansas. Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.