

February 14, 2019
House of Representatives Health and Human Services Committee
HB 2198 -Proponent

To the Committee on Health,

As an Obstetrician and Gynecologist (Ob/Gyn), and on behalf of the American College of Obstetrics and Gynecologist (ACOG), I fully support of House Bill 2198, 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.

In my practice seeing 75 patients per week, 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 frequency that physicians diagnose STIs is currently rising in the United States. One of the greatest factors contributing to the 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 through the use of expedited partner therapy, especially for patients whose partners are either unable or unwilling to present for their own medical care.

Personally, the most common presentation I see for diagnosis of STIs is in the pregnant women, where my patients present with complaints and concerns during their pregnancies. These infected patients are at increased risk of preterm rupture of membranes as well as preterm labor. 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. Chlamydia contracted at birth can cause blindness in an infant. Gonorrhea can cause meningitis and require weeks of treatment in the NICU. When women present with their symptoms and are diagnosed with an STI, this bill would allow us to treat not only the patient herself but also offer treatment to her partner. Evidence from the Centers for Disease Control (CDC) has shown that expedited partner therapy can decrease the reinfection rate of patients compared to the standard practice of referring the patients' partners for full examination and treatment, decreasing patients' risks of adverse outcomes.¹

Expedited partner therapy would benefit the health of women and families in Kansas. This is a safe and efficacious intervention, as evidence shows the benefits of expedited partner therapy in preventing STI reinfection outweigh the risk of the possible adverse outcomes.¹ I encourage the committee to support the health care providers of Kansas to treat women and their families as a whole by voting "yes" on House Bill 2198.

Thank you,
Selina Sandoval, MD
Obstetrician and Gynecologist

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>.