

**Testimony on House Bill 2259
Regarding Expedited Partner Therapy**

Senate Public Health and Welfare Committee

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Chairman Hilderbrand and members of the committee, my name is Dr. Joan Duwve, and I serve as the State Health Officer for the Kansas Department of Health and Environment (KDHE). Thank you for the opportunity to provide supporting testimony relative to House Bill 2259.

We strongly support this bill and the use of expedited partner therapy (EPT) for the treatment of sexually transmitted infections. Prior to the SARS CoV-2 pandemic, the most common reportable infection each year in Kansas has been the sexually transmitted infection chlamydia. During calendar year 2019, 15,283 cases of chlamydia were diagnosed in Kansas, with 98% of cases occurring in people of reproductive age. Left untreated, chlamydia can result in infertility, ectopic pregnancy, pelvic inflammatory disease and, in rare circumstances, life-threatening sepsis. One of the most significant risk factors for these complications is repeat infection, and most repeat infections are due to re-exposure by an untreated partner. The use of EPT removes barriers to ensuring the prompt treatment of potentially infected partners, thus reducing the risk of reinfection.

Nearly 70% of all chlamydia cases are diagnosed in women, because women are more likely to seek out preventive health services and have symptoms of infection. Men, by contrast, are less likely to have routine screening or to exhibit symptoms if infected. EPT provides an option for providers to treat the partners of infected individuals who are unlikely to seek medical care by asking the individual with the

infection to deliver a prescription or medication directly to their partners without requiring a medical visit. Data shows us that the more barriers to care that can be removed, the more likely it is that patients will obtain the care they need to treat sexually transmitted infections like chlamydia.

EPT is supported at the national level by numerous organizations, most notably the Centers for Disease Control and Prevention, as well as numerous professional organizations of medical practitioners. In addition, EPT is currently supported in 46 states, including in our neighboring states of Missouri, Colorado, Nebraska, and Arkansas.

The medications recommended by CDC for treating chlamydia are safe oral antibiotics with very few side effects or contraindications. EPT has been in common use in most states for more than a decade with no major adverse events reported, further demonstrating the safety and efficacy of the treatment.

Economic modeling recently published by CDC estimates that each male chlamydia infection incurs an average lifetime cost of \$46, and each female chlamydia infection incurs an average lifetime cost of \$262. According to our recent search for the prices of generic medications online, a single dose of Azithromycin as EPT for chlamydia costs less than \$10. Using these estimates and our own surveillance data, chlamydia infections burdened Kansas healthcare systems with an estimated lifetime cost of nearly \$3,000,000 in 2019 alone. Given that chlamydia infections have increased by an average of 7.4% from 2015-2019, these avoidable medical costs can reasonably be expected to increase by more than \$150,000 each year that growth trends continue.

In summary, the practice of EPT is a proven medical practice that Kansas providers are interested in conducting, but which is disincentivized by a lack of legal protection that almost all other states provide. The treatments are a safe and cost-effective way to prevent STD-related infertility and other serious long-term consequences in women. Simply put, House Bill 2259 provides a common sense way to protect the

health of Kansans by allowing healthcare providers to choose an evidence-based practice that has been in practice now for more than 15 years, is legal in 46 other states, and is supported by AAFP, SAM, AAP, AMA, AOA, and the ABA.

Thank you for the opportunity to provide testimony on HB 2259.