Unified Government Public Health Department
619 Ann Avenue, Kansas City, KS 66101-3038
Phone (913) 573-8855
wycokck.org/health

Proponent Testimony :: HB2750

Elizabeth Groenweghe with the Unified Government of Wyandotte County/Kansas City, KS Public Health Department

House Committee on Health and Human Services

February 12, 2024

Chair Landwehr and Members of the Committee

Thank you for the opportunity to submit written testimony in support of House Bill 2750 regarding the use of expedited partner therapy (EPT) in Kansas. I am the Chief Epidemiologist at the Unified Government Public Health Department of Wyandotte County and Kansas City, KS. One of my primary job duties is to prevent the spread of serious and potentially life-threatening infectious diseases in Wyandotte County. As sexually transmitted infection (STI) rates continue to rise across Kansas and in Wyandotte County, the use of EPT can play a pivotal role in mitigating this spread.

In my position as Chief Epidemiologist, I track STI rates in Wyandotte County and across Kansas. STIs continue to rapidly rise—in Kansas STI rates have nearly doubled in the last decade (KDHE). Wyandotte County has the highest rates of chlamydia, a serious and fertility threatening STI, of any county in Kansas. These rates continue to rise. Action is necessary to control these rising rates of disease.

Untreated, STIs can have serious health consequences for Kansans, especially our most vulnerable community members. When untreated, chlamydia can cause a condition called pelvic inflammatory disease in women. Pelvic inflammatory disease can lead to scar tissue in the reproductive system, ectopic pregnancy, preterm labor, and infertility. It can also cause complications for the baby including low birth weight, eye, and lung infections (CDC).

EPT is an opportunity to take action to reduce STIs in Kansas. The Centers for Disease Control and Prevention states that “EPT is a useful option to facilitate partner management, particularly for the treatment of male partners of women with chlamydia infection or gonorrhea”. EPT is supported by the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and other medical organizations. In addition, multiple studies found that, when EPT is practiced, reductions in chlamydia prevalence at follow-up were approximately 20%, and reductions in gonorrhea were approximately 50% at follow-up (CDC). Despite this overwhelming evidence and support, Kansas is one of just four states where EPT is not explicitly allowed by law as demonstrated by the map below.

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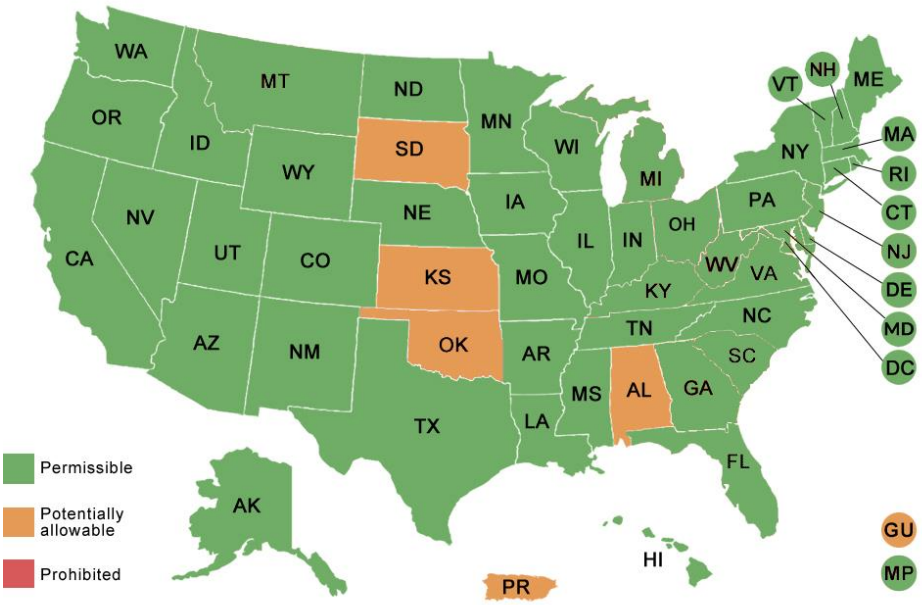

Finally, in my role as Chief Epidemiologist, I conducted a survey to assess the attitudes regarding EPT among medical providers in Kansas. In total, we surveyed 155 medical providers including physicians, advance practice nurses, and physician assistants. 94% of providers surveyed support legislation that would explicitly allow medical providers to utilize EPT. In addition, 96% of providers surveyed believe legislation that allows EPT would help reduce STIs in their communities. We have coordinated multiple health departments and medical providers across Kansas in support of SB404 and we have found there to be widespread support for EPT across the Kansas medical community.

In conclusion, as STI rates in Kansas continue to rise, evidence-based policies must be implemented to help control this spread. EPT is shown to be a tool in the toolkit for reducing STIs across communities and could be a valuable tool for Kansas medical practitioners to have available. Support among medical professionals is high for this practice. For these reasons and more, I ask that you support HB2750 and recommend it for passage.

Sincerely,

Elizabeth Groenweghe, MPH

Chief Epidemiologist and Epidemiology/Tuberculosis Program Manager, Unified Government Public Health Department