

Good morning, Committee members, and thank you for your time and consideration of this important topic. My name is Jill Burgen. I am a Family Nurse Practitioner practicing at Heartland Community Health Center in Lawrence. I am providing testimony today as a proponent of Expedited Partner Therapy in Kansas.

I practice in Primary Care, as well as Family Planning. I am the Title X Family Planning provider at Heartland. As such I provide sexual and reproductive health care to low and no income uninsured or underinsured individuals. Sexually transmitted infection (STI) care and treatment is a core function of Title X care that helps individuals reach reproductive well-being, prevent transmission of STIs and prevent adverse health outcomes.

Untreated sexually transmitted infections can lead to pelvic inflammatory disease and infertility. Partner treatment is critical to effective care, prevents reinfections, stops the spread of treatable infections, and prevents long term damage to the reproductive system.

When Expedited Partner Therapy (EPT) is explicitly allowed by law providers can use their best judgment to provide treatment quickly and effectively for their patient's sexual partner(s). Studies have shown EPT to be safe and effective. EPT is used throughout the country without safety concern and is well-supported by the medical community, both locally and nationally. EPT is the standard of care in 46 other states and is the guidance provided by the CDC in the treatment of STIs to prevent reinfection and avoid adverse outcomes.

Because Expedited Partner Therapy is not explicitly allowed in Kansas, partner treatment can be delayed, difficult to access, or worse--it may not happen at all. Within the last week I have had patients whose care was delayed while they waited to access a visit after their partner tested positive for an STI. This put their treatment time frames out of sync with their partners, putting them at risk of reinfection if they do not fully understand or abide by careful patient education about abstinence timeframes. Additionally, EPT would ensure that partners are treated for the correct infection, rather than presenting because they have been told their partner has an STI, but they are unsure which one.

When we consider that STI rates have risen significantly in the State of Kansas over the last decade, Expedited Partner Therapy only makes sense to help reduce the burden of STIs on our communities, healthcare systems and State. The legal gray area caused by not explicitly allowing EPT in Kansas is a current barrier to care and treatment. Thank you again for your time and consideration.