

Susan Gile, Executive Director

Laura Kelly, Governor

**Neutral Testimony on HB2750**  
**House Committee on Health and Human Services**  
**Kansas State Board of Healing Arts**  
**February 13, 2024**

Chair Landwehr and Honorable Committee Members,

My name is Susan Gile, and I am the Executive Director of the Kansas State Board of Healing Arts (“Board”). Thank you for the opportunity to provide neutral testimony regarding House Bill No. 2750, which would permit the use of Expedited Partner Therapy to treat a sexually transmitted infection. As presented, this bill poses concerns regarding existing standards and regulations pertaining to the keeping of medical records. Under K.A.R. 100-24-1, a licensee is required to maintain an adequate record for each patient for whom the licensee performs a professional service. These records are required to:

1. Be legible
2. Contain only terms and abbreviations comprehensible to similar licensees
3. Contain adequate identification of the patient
4. Indicate the dates any professional service was provided
5. Contain pertinent and significant information concerning the patient’s condition
6. Reflect what examinations, vital signs, and tests were obtained, performed, or ordered and the findings and results of each
7. Indicate the initial diagnosis and the patient’s initial reason for seeking the licensee’s services
8. Indicate the medications prescribed, dispensed, or administered and the quantity and strength of each.
9. Reflect the treatment performed or recommended.
10. Document the patient’s progress during the course of treatment provided by the licensee; and
11. Include all patient records received from other health care providers, if those records formed the basis for a treatment decision by the licensee.

From our standpoint, there is a lack of clarity within the bill as to how these records are kept for patients (in this case the partner) that have not been evaluated by the physician themselves. The Board strongly recommends further discussion to ensure that the requirements for medical keeping as outlined in K.A.R. 100-24-1 can be met by a provider of Expedited Partner Therapy. We would also appreciate clarification on this topic either in the bill or during discussion.

The Board has additional concerns regarding the accuracy of these records if the physician cannot evaluate the infected partner directly. According to the bill as written, the only person who *de facto* receives counseling would be Patient A, and it is then their prerogative to notify Infected Partner B and to deliver the written materials. This grey area poses questions regarding the standard of care. We would also encourage discussion on ways to verify that infected partner B has received these materials.

Overall, the Board’s position on the passage of HB2750 is neutral, and we encourage your consideration of the above factors when evaluating the proposed legislation.

Thank you again for this opportunity to provide these written comments. Should you have any questions, please feel free to contact me at 785-296-4385.



Susan Gile  
Executive Director

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