

SESSION OF 2024

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2750

As Amended by House Committee on Health
and Human Services

Brief*

HB 2750, as amended, would authorize the use of expedited partner therapy (EPT) to treat sexually transmitted diseases (STDs).

Definitions

The bill would define several terms including the following:

- “Expedited partner therapy” would mean to prescribe, administer, dispense, or otherwise provide antimicrobial drugs to a sexual partner of a patient clinically diagnosed by a health care provider as infected with a STD without a physical examination of such sexual partner;
- “Healthcare provider” would mean a person licensed by the State Board of Healing Arts to practice medicine and surgery; an advanced practice registered nurse issued a license pursuant to Kansas Nurse Practice Act, who has authority to prescribe drugs; or a physician assistant licensed under the Physician Assistant Licensure Act who has authority to prescribe drugs according to a written protocol with a responsible physician; and

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

- “Sexually transmitted disease” would mean chlamydia, gonorrhea, or trichomoniasis.

Healthcare Provider Responsibilities

The bill would authorize a health care provider who clinically diagnoses a patient with an STD to provide EPT if the health care provider determines the patient’s sexual partner is unlikely or unable to present for examination, testing, and treatment. The health care provider would be required to document, if available, the name and date of birth of the patient’s sexual partner. A health care provider would use EPT only for a patient’s sexual partner who could have been exposed to an STD within 60 days immediately prior to the patient’s clinical diagnosis and who could be contacted and identified by the patient.

The bill would require a health care provider who provides EPT to provide counseling to the patient, including distributing written materials developed and provided by the Kansas Department of Health and Environment (KDHE) to be given by the patient to the patient’s sexual partner.

Written Material Requirements

The bill would require the following information to be included in the written materials:

- A warning that a woman who is pregnant or might be pregnant should not take certain antibiotics and should immediately contact a health care provider for an examination;
- Information about the antimicrobial drug and dosage provided or prescribed, including a warning that a sexual partner who has a history of allergy to the drug or the pharmaceutical class of drug should

not take the drug and should immediately contact a health care provider for examination;

- Information about the treatment and prevention of STDs;
- The requirement of sexual abstinence until a period of time after treatment to prevent infecting other sexual partners;
- Notification of the importance of the sexual partner's receiving examination and testing for human immunodeficiency virus and other STDs and information about available resources;
- Notification of the risk to the patient, the patient's sexual partner, and the general public if the STD is not completely and successfully treated;
- The responsibility of the sexual partner to inform the sexual partner's own sexual partners of the risk of STD and the importance of prompt examination and treatment by a health care provider; and
- Such other information deemed necessary by the Secretary.

Immunity from Civil Liability

The bill would provide that no health care provider or pharmacist would be liable for civil damages resulting from any act or omission in good faith compliance with the provisions of the bill, including civil damages for refusing to provide EPT, other than an act or omission constituting gross negligence or willful or wanton misconduct.

Protection from Disciplinary Action

The bill would provide that no health care provider or pharmacist would be subject to disciplinary action by the State Board of Healing Arts, the Board of Nursing, or the State Board of Pharmacy resulting from an act or omission in good faith compliance with the provisions of the bill, other than an act or omission constituting gross negligence or willful or wanton misconduct.

Rule and Regulation Authority

The bill would direct the Secretary of Health and Environment to adopt rules and regulations necessary to implement and administer these provisions.

Background

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Eplee.

[*Note:* A companion bill, SB 404, was introduced by the Senate Committee on Public Health and Welfare.]

[*Note:* The bill is identical to 2021 HB 2259, as amended by the House Committee on Health and Human Services, which passed the House during the 2021 Session. HB 2259 was referred to the Senate Committee on Public Health and Welfare, where it died at the end of the 2022 Session.]

House Committee on Health and Human Services

In the House Committee hearing, **proponent** testimony was provided by representatives of KDHE, Miami County Health Department, University of Kansas School of Medicine Wichita, Walgreens Pharmacy, and the Unified Government of Wyandotte County/Kansas City, Kansas Public Health

Department. Proponents generally stated EPT is a proven medical practice that Kansas providers are interested in providing, but the practice is disincentivized by a lack of legal protection that 46 other states provide. The proponents noted the treatments are a safe and cost-effective way to prevent STD-related infertility and other serious long-term consequences in women, who are disproportionately impacted by STDs. The proponents provided data regarding the prevalence of chlamydia infections in Kansas, the health risks resulting from such infections, and the likelihood of repeat infections without EPT. The proponents stated the use of EPT removes barriers to ensuring the prompt treatment of potentially infected partners, thus reducing the risk of reinfection.

Written-only proponent testimony was provided by representatives of the American Academy of Pediatrics Kansas Chapter, American College of Nurse Midwives Kansas Affiliate, American College of Obstetricians and Gynecologists, Health Partnership Clinic, Johnson County Department of Health and Environment, Kansas Academy of Family Physicians, Kansas Action for Children, Kansas Association of Local Health Departments, Kansas Medical Society, Kansas Pharmacists Association, Kansas Public Health Association, Lawrence-Douglas County Public Health, McPherson County Health Department, Pottawatomie County Health Department, Russell County Health Department, and Shawnee County Health Department, and by a practicing pharmacist and two private citizens.

Neutral testimony was provided by a representative of the Kansas State Board of Healing Arts, who stated support for the intent of the bill but expressed concern about vague language.

Opponent testimony was provided by a private citizen, who stated that the bill would encourage undesirable behavior.

No other testimony was provided.

The House Committee amended the bill to clarify the specific sexual transmitted diseases authorized for EPT; to require health care providers to document the name and date of birth of sexual partners when available; and to remove availability of EPT as an option for a child 16 years of age or older when a parent is not immediately available.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, KDHE states enactment of the bill would result in cost savings in local and state public health investigations due to fewer cases of sexually transmitted infections (STIs) as these would be expected to trend down with EPT implementation. The agency estimates cost savings of approximately \$2.0 million, including \$1.0 million from the State General Fund (SGF) in FY 2025 and savings of approximately \$3.0 million, including \$1.5 million from the SGF, in FY 2026. There could also be savings for insurance companies and Medicaid associated with less delayed treatment of infections. Additionally, local entities responsible for disease identification, response, and elimination could also experience cost savings. The agency states that the materials the bill would require KDHE to develop and provide would be obtained from the federal Centers for Disease Control and Prevention at no cost. Any materials provided by physicians and pharmacists would be at their cost, estimated at less than \$10,000 statewide.

The Board of Nursing indicates enactment of the bill would require communications to licensed advanced practice registered nurses but states the communication could occur through current agency communication avenues. The Board of Healing Arts and the Board of Pharmacy both anticipate that any additional workload resulting from enactment of the bill would be handled within existing resources. Any fiscal effect associated with enactment of the bill is not reflected in *The FY 2025 Governor's Budget Report*.

Health; health care; sexually transmitted diseases; expedited partner therapy; rules and regulations