

**Testimony in Support of SB404**  
**Senate Committee on Public Health & Welfare**  
**February 8, 2024**

Chairwoman Gossage and Members of the Committee,

I am a family medicine physician in Wichita and have practiced in Kansas since 2011.

Others today will testify to the data: The alarming increases of STI's in Kansas over recent years. The effectiveness of Expedited Partner Therapy (EPT) in decreasing infection and reinfection rates after explicit protection by state law in 46 other states. The significant cost savings to state healthcare systems where EPT is utilized. The clear consensus from local physicians and our representative professional organizations (CDC, AMA, AAFP, ACOG, AAP) in favor of EPT.

I will focus on the patients I serve.

Unfortunately, chlamydia and gonorrhea have become daily occurrences in my practice. These infections are not just minor inconveniences. I have seen them result in hospitalizations, surgeries, chronic pain, infertility, and other serious, unnecessary, and costly complications. In pregnancy, these infections can also cause premature delivery, low birth weight newborns, and infections in the newborn - outcomes which can have lifelong negative health implications for innocent children.

When we diagnose these infections, every effort is made to treat not just the patient, but also their recent sexual partners. Ideally, both partners receive treatment on the same day, and sexual activity is not resumed until 7 days afterwards. But in practice, the partner is usually not my patient. The partner must call their own doctor and schedule an appointment for some time in the future. Often the partner (usually a young, healthy man) does not even have a physician, or health insurance. Just last week a patient's partner worked at a physician's office and was too ashamed to seek treatment for chlamydia within that system. Sometimes the partner is just too busy with work and family obligations that they neglect or delay their own health needs. For whatever reason, partners often do not receive treatment, and patients are subsequently reinfected at rates as high as 30%. This puts them, and their unborn children, at substantial risk.

We, physicians and providers of Kansas, are striving to serve our patients better, yet many of us currently fear utilizing one of our well-established tools, Expedited Partner Therapy, to do so. By passing SB404, Kansas will be the 47th state to support physicians as we employ our best clinical judgment to treat and protect our patients, particularly the most vulnerable.

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