

LATE

2009 IL S 212

AUTHOR: Koehler
VERSION: Enacted
VERSION DATE: 08/24/2009

AN ACT concerning public health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Medical Practice Act of 1987 is amended by adding Section 64 as follows:

(225 ILCS 60/64 new)

Sec. 64. Sexually Transmissible Disease Control Act. No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.

Section 10. The Nurse Practice Act is amended by adding Section 70-170 as follows:

(225 ILCS 65/70-170 new)

Sec. 70-170. Sexually Transmissible Disease Control Act. No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.

Section 15. The Physician Assistant Practice Act of 1987 is amended by adding Section 25 as follows:

(225 ILCS 95/25 new)

Sec. 25. Sexually Transmissible Disease Control Act. No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.

Section 20. The Illinois Sexually Transmissible Disease Control Act is amended by changing Sections 3 and 6 as follows:

(410 ILCS 325/3)(from Ch. 111 1/2, par. 7403)

Sec. 3. Definitions. As used in this Act, unless the context clearly requires otherwise:

- (1) "Department" means the Department of Public Health.
- (2) "Local health authority" means the full-time official health department or board of health, as recognized by the Department, having jurisdiction over a particular area.
- (3) "Sexually transmissible disease" means a bacterial, viral, fungal or parasitic disease, determined by rule of the Department to be sexually transmissible, to be a threat to the public health and welfare, and to be a disease for which a legitimate public interest will be served by providing for

regulation and treatment. In considering which diseases are to be designated sexually transmissible diseases, the Department shall consider such diseases as chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis (NGU), pelvic inflammatory disease (PID)/Acute Salpingitis, syphilis, Acquired Immunodeficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV) for designation, and shall consider the recommendations and classifications of the Centers for Disease Control and other nationally recognized medical authorities. Not all diseases that are sexually transmissible need be designated for purposes of this Act.

(4) "Health care professional" means a physician licensed to practice medicine in all its branches, a physician assistant who has been delegated the provision of sexually transmissible disease therapy services or expedited partner therapy services by his or her supervising physician, or an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmissible disease therapy services or expedited partner therapy services, or an advanced practice nurse who practices in a hospital or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act.

(5) "Expedited partner therapy" means to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the partner or partners of persons clinically diagnosed as infected with a sexually transmissible disease, without physical examination of the partner or partners.

(Source: P.A. 85-1209.)

(410 ILCS 325/6)(from Ch. 111 1/2, par. 7406)

Sec. 6. Physical examination and treatment.

(a) Subject to the provisions of subsection (c) of this Section, the Department and its authorized representatives may examine or cause to be examined persons reasonably believed to be infected with or to have been exposed to a sexually transmissible disease.

(b) Subject to the provisions of subsection (c) of this Section, persons with a sexually transmissible disease shall report for complete treatment to a physician licensed under the provisions of the Medical Practice Act of 1987, or shall submit to treatment at a facility provided by a local health authority or other public facility, as the Department shall require by rule or regulation until the disease is noncommunicable or the Department determines that the person does not present a real and present danger to the public health. This subsection (b) shall not be construed to require the Department or local health authorities to pay for or provide such treatment.

(c) No person shall be apprehended, examined or treated for a sexually transmissible disease against his will, under the provisions of this Act, except upon the presentation of a warrant duly authorized by a court of competent jurisdiction. In requesting the issuance of such a warrant the Department shall show by a preponderance of evidence that the person is infectious and that a real and present danger to the public health and welfare exists unless such warrant is issued and shall show that all other reasonable means of obtaining compliance have been exhausted and that no other less restrictive alternative is available. The court shall require any proceedings authorized by this subsection (c) to be conducted in camera. A record shall be made of such proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal.

(d) Any person who knowingly or maliciously disseminates any false information or report

concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

(e) Taking into account the recommendations of the U.S. Centers for Disease Control and Prevention and other nationally recognized medical authorities, the Department shall provide information and technical assistance as appropriate to health care professionals who provide expedited partner therapy services for persons with sexually transmissible diseases.

(1) Notwithstanding any other provision of law, a health care professional who makes a clinical diagnosis of chlamydia or gonorrhea may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the infected person's sexual partner or partners for the treatment of the sexually transmissible disease without physical examination of the partner or partners, if in the judgment of the health care professional the partner is unlikely or unable to present for comprehensive healthcare, including evaluation, testing, and treatment for sexually transmissible diseases. Expedited partner therapy shall be limited to partners who may have been exposed to a sexually transmissible disease within the previous 60 days, if the patient is able to contact the partner.

(2) Health care professionals who provide expedited partner therapy shall comply with Sections 4 and 5 of the Illinois Sexually Transmissible Disease Control Act.

(3) Health care professionals who provide expedited partner therapy shall provide counseling for the patient and written materials provided by the Department to be given by the patient to the partner or partners that include at a minimum the following:

(A) a warning that a woman who is pregnant or might be pregnant must not take certain antibiotics and must immediately contact a health care professional for an examination, and a recommendation for such an examination;

(B) information about the antibiotic and dosage provided or prescribed; clear and explicit allergy and side effect warnings, including a warning that a partner who has a history of allergy to the antibiotic or the pharmaceutical class of antibiotic must not take the antibiotic and must be immediately examined by a health care professional, and a recommendation for such an examination;

(C) information about the treatment and prevention of sexually transmissible diseases;

(D) the requirement of abstinence until a period of time after treatment to prevent infecting others;

(E) notification of the importance of the partner or partners of the patient to receive examination and testing for HIV and other sexually transmissible diseases, and available resources;

(F) notification of the risk to self, others, and the public health if the sexually transmissible disease is not completely and successfully treated;

(G) the responsibility of the partner or partners to inform his or her sex partner or partners of the risk of sexually transmissible disease and the importance of prompt examination and treatment; and

(H) other information as deemed necessary by the Department.

(4) The Department shall develop and disseminate in electronic and other formats the following written materials:

(A) informational materials for partners, as required in item (3) of this subsection (e);

(B) informational materials for persons who are repeatedly diagnosed with sexually transmissible diseases; and

(C) guidance for health care professionals on the safe and effective provision of expedited partner therapy.

The Department may offer educational programs about expedited partner therapy for health care professionals and pharmacists licensed under the Pharmacy Practice Act.

(5) A health care professional prescribing, dispensing, furnishing, or otherwise providing in good faith without fee or compensation prescription antibiotics to partners under this subsection (e) and providing counseling and written materials as required by item (3) of this subsection (e) shall not be subject to civil or professional liability, except for willful and wanton misconduct. A health care professional shall not be subject to civil or professional liability for choosing not to provide expedited partner therapy.

(6) A pharmacist or pharmacy shall not be subject to civil or professional liability for choosing not to fill a prescription that would cause the pharmacist or pharmacy to violate any provision of the Pharmacy Practice Act, including the definition of "prescription" set forth in subsection (e) of Section 3 of the Pharmacy Practice Act or the definition of "drug regimen review" set forth in subsection (y) of Section 3 of the Pharmacy Practice Act.

(Source: P.A. 90-14, eff. 7-1-97.)

LATE

**March 25, 2013 - Wednesday
2:20 PM
House Conference Room 325
State Capitol**

**To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary**

**From: Nathan Fujita M.D.
1329 Lusitana, #402
Honolulu, HI 96813**

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

I strongly urge you to pass SB655 Expedited Partner Therapy (EPT) with no changes to liability protections and change the effective date of this bill from July 1, 2050 to January 1, 2014.

Chlamydia is very common in Hawaii, particularly in our young women. This bill is needed to decrease the medical complications of chlamydia in women - which includes PID, infertility, chronic pain, ectopic pregnancy and even death, as well as decrease chlamydia prevalence in Hawaii. The CDC has recommended EPT since 2006, and recently updated their state data revealing that 32 states now have laws allowing the use of EPT.

The trial lawyers have testified against this bill and would like to change the liability protections language to benefit themselves. However, the liability language is necessary to assure that EPT will be used. As their own association, the American Bar Association, notes, in one study 75% of providers did not use EPT due to liability concerns. Please support this bill with no changes to liability protections to assure implementation of EPT.

You may have several family members or friends that have been affected by infertility or chronic pelvic pain or PID or even ectopic pregnancy and this may have been caused by chlamydia. I urge you to support passage of SB655 with no liability protection changes to assure that EPT will be used in the community.

Thank you for the opportunity to provide this testimony.

March 25, 2013 - Wednesday
2:20 PM
House Conference Room 325
State Capitol



To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary

From: Dr. Donn Tokairin

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

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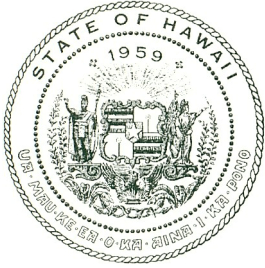
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Thank you for the opportunity to provide this testimony.

- Dr. Donn Tokairin

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

ELENA CABATU
ADRIENNE KING
CARMILLE LIM
AMY MONK
LISA ELLEN SMITH
CAROL ANNE PHILIPS

Executive Director
Cathy Betts, JD

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Honolulu, HI 96813
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LATE

March 25, 2013

Testimony in Support of SB 655, SD 2, HD 1 Relating to Health

To: Honorable Angus McKelvey, Chair
Honorable Derek Kawakami, Vice-Chair
Members of the House Committee on Consumer Protection

Honorable Karl Rhoads, Chair
Honorable Sharon Har, Vice-Chair
Members of the House Committee on Judiciary

From: Cathy Betts, Executive Director, Hawai'i State Commission on the Status of Women

Re: Testimony in Support of SB 655, SD2, HD1

The Hawai'i State Commission on the Status of Women is in strong support of SB 655, SD2.

Many patients with chlamydia have partners who refuse to seek treatment on their own, resulting in persistent chlamydia infection with its attendant medical complications. Expedited Partner Therapy (EPT) has been recommended by the CDC since 2006, however many health professionals do not provide EPT to their patients with chlamydia due to legal concerns. This bill outlines a procedure to provide and encourage EPT in Hawaii. It is important to note that the American Bar Association has issued supportive recommendations on EPT and has urged jurisdictions to eliminate the "legal barriers" for practitioners to provide EPT so that it can be utilized more often to prevent the spread of infection.¹

The Commission strongly supports this bill. This bill will benefit our public health by decreasing the incidence of sexually transmitted infections in Hawaii. We urge the committees to pass this measure.

Thank you for this opportunity to testify.

Cathy Betts
Executive Director
Hawaii State Commission on the Status of Women

¹ American Bar Association, Health Law Section, Report to the House of Delegates, Recommendation on Expedited Partner Therapy.

LATE



March 12, 2013

To: Committee on Consumer Protection and Commerce
To: Committee on Judiciary

From: Jeanne Y. Ohta, Co-Chair

RE: SB 655 SD2 HD1 Relating to Health
Hearing: Monday, March 25, 2013, 2:20 p.m., Room 325

Position: Support

The Hawai'i State Democratic Women's Caucus writes in support of SB 655 SD2 HD1 Relating to Health which provides treatment for the partner(s) of patients with sexually transmitted infections, such as chlamydia, via Expedited Partner Therapy.

To adequately treat patients with sexually transmitted infections like chlamydia, their sexual partner(s) should also be treated to prevent re-infection. Although partner treatment is recommended to patients, their partners often do not see their health provider for treatment, leading to persistent infection and medical complications.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls. It is because of this mission, the Women's Caucus supports this measure.

Currently, there is no clear mechanism or protection for health providers to deliver partner treatment without seeing the partner, as has been recommended by the Centers for Disease Control and Prevention (CDC) since 2006. This bill provides a mechanism to increase partner treatment. (Expedited Partner Therapy in the Management of Sexually Transmitted Diseases – Review and Guidance, CDC 2006)

Hawai'i has a history of comparatively high reported chlamydia rates, ranking in the top 10-20 by state. The most recent CDC data ranks Hawaii number 22 (441.2 per 100,000 population) for reported chlamydia infection rates. This measure would help provide needed treatment.

In 2011, there were 27 states in which Expedited Partner Therapy was permissible by law. The women of Hawai'i and their partners should also benefit from this public health policy. We ask the committee to pass this measure. Thank you for the opportunity to provide testimony.



Hawaii Women's Coalition

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Angus L.K. McKelvey, Chair
Rep. Derek S.K. Kawakami, Vice Chair

LATE

COMMITTEE ON JUDICIARY
Rep. Karl Rhoads, Chair
Rep. Sharon E. Har, Vice Chair

DATE: Monday, March 25, 2013
TIME: 2:20 p.m.
PLACE: Conference Room 325

STRONG SUPPORT FOR SB655 – Sexually Transmitted Diseases; Expedited Partner Therapy

Aloha Chair McKelvey, Vice Chair Kawakami, Chair Rhoads, Vice Chair Har and Members of the Committees,

The Hawai'i Women's Coalition is in strong support of this measure, which ensures that both the patient and their partner are treated for STDs. With a Chlamydia epidemic in Hawai'i, this is a common sense, cost-effective approach to a growing problem.

To adequately treat patients with sexually transmitted infections like Chlamydia, their sexual partner(s) should also be treated to prevent re-infection. Although partner treatment is recommended to patients, their partners often do not see their health provider for treatment, leading to persistent infection and medical complications.

Currently, there is no clear mechanism or protection for health providers to deliver partner treatment without seeing the partner, as has been recommended by the Centers for Disease Control and Prevention (CDC) since 2006. This bill provides a mechanism to increase partner treatment. (Expedited Partner Therapy in the Management of Sexually Transmitted Diseases – Review and Guidance, CDC 2006)

We have testified at length in previous hearings and stand with ACOG in full support of this measure. Please pass this bill out of committee.

Mahalo nui loa,

Ann S. Freed
Co-Chair, Hawai'i Women's Coalition
Contact: annsreed@gmail.com
Phone: 808-623-5676

**March 25, 2013 - Wednesday
2:20 PM
House Conference Room 325
State Capitol**



**To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary**

From: Raydeen M Busse, MD

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

I strongly urge you to pass SB655 Expedited Partner Therapy (EPT) with no changes to liability protections and change the effective date of this bill from July 1, 2050 to January 1, 2014.

Chlamydia is very common in Hawaii, particularly in our young women. This bill is needed to decrease the medical complications of chlamydia in women - which includes PID, infertility, chronic pain, ectopic pregnancy and even death, as well as decrease chlamydia prevalence in Hawaii. The CDC has recommended EPT since 2006, and recently updated their state data revealing that 32 states now have laws allowing the use of EPT.

The trial lawyers have testified against this bill and would like to change the liability protections language to benefit themselves; however, the liability language is necessary to assure that EPT will be used. As their own association, the American Bar Association, notes, in one study 75% of providers did not use EPT due to liability concerns. Please support this bill with no changes to liability protections to assure implementation of EPT.

As a practicing OB-GYN for many years in Hawaii, I have seen the devastating consequences of untreated chlamydia infection on Hawaii's women, sometimes due to (untreated) partner re-infection. You may have several family members or friends that have been affected by infertility or chronic pelvic pain or PID or even ectopic pregnancy and this may have been caused by chlamydia. I urge you to support passage of SB655 with no liability protection changes to assure that EPT will be used in the community.

Thank you for the opportunity to provide this testimony.

March 25, 2013

Testimony in Support: SB 655 SD2 HD1

To: Chair Angus McKelvey, Vice Chair Derek Kawakami and Members of the House Committee on Consumer Protection and Commerce and
Chair Karl Rhoads, Vice Chair Sharon Haw and Members of the House Committee on Judiciary
From: Katie Reardon Polidoro, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii
Re: Testimony in Support of SB 655 SD2 HD1 Relating to Healthcare

Planned Parenthood of Hawaii (PPHI) supports SB 655 SD2 HD1 Relating to Healthcare, which enables health care providers to treat the sexual partners of patients treated for sexually transmitted infections, such as Chlamydia.

Chlamydia is a sexually transmitted infection that often has few obvious symptoms. Despite the lack of initial symptoms, when left untreated, it can cause serious health problems such as pelvic inflammatory disease, ectopic pregnancy, and sometimes infertility. As of 2011, Hawaii ranked 22 in the nation for highest rate of Chlamydia. It is an infection that disproportionately affects young women. In Hawaii, of the 6,015 cases reported in 2010, 4,340 were women. The Centers for Disease Control estimates that 1 in 5 sexually active women between the ages of 14-19 has Chlamydia.

It is important that when a patient seeks treatment for Chlamydia that prevention from future infection be addressed. This includes both counseling about safer sex and also encouraging treatment for a patient's sexual partners. Expedited Partner Treatment allows a health care provider to provide a prescription for a patient's partner in the event that she or he is unlikely to seek out medical care. This important tool helps prevent re-infection and will assist in lowering the overall rate of infections in Hawaii.

Accordingly, we ask that this Committee pass SB 655 SD2 HD1. Mahalo.

Honolulu Health Center

1350 S. King Street, Suite 310
Honolulu, HI 96814
808-589-1149

Kailua Kona Health Center

75-184 Hualalai Road, Suite 205
Kailua Kona, HI 96740
808-329-8211

Kahului (Maui) Health Center

140 Ho'ohana Street, Suite 303
Kahului, HI 96732
808-871-1176
(A Maui United Way Agency)

**March 25, 2013 - Monday
2:20 PM
House Conference Room 325
State Capitol**



**To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary**

From: Alan Katz, MD, MPH

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

I strongly urge you to pass SB655 Expedited Partner Therapy (EPT) with no changes to liability protections and change the effective date of this bill from July 1, 2050 to January 1, 2014.

Chlamydia is very common in Hawaii, particularly in our young women. This bill is needed to decrease the medical complications of chlamydia in women - which includes PID, infertility, chronic pain, ectopic pregnancy. The US Centers for Disease Control and Prevention (CDC) has recommended EPT since 2006, and recently updated their state data revealing that 32 states now have laws allowing the use of EPT.

The trial lawyers have testified against this bill and would like to change the liability protections language. However, the liability language is necessary to assure that EPT will be used. The American Bar Association, notes, in one study 75% of providers did not use EPT due to liability concerns. Please support this bill with no changes to liability protections to assure implementation of EPT.

Thank you for the opportunity to provide this testimony.

March 25, 2013 – Monday
2:30 PM
House Conference Room 325
State Capital



To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and
Commerce

Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary

From: Steven Emura, MD
Assistant Professor in Obstetrics, Gynecology, and Women's Health
John A Burns School of Medicine
University of Hawaii, Manoa
Firm Director of Womens Health, Queen Emma Clinics, Queens Medical
Center

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har and Consumer
Protection & Commerce and Judicial Committee Members

I strongly urge you to pass SB655 with no changes to liability protection and change
the effective date of this bill from July 1, 2050 to January 1, 2014.

Sexually Transmitted Infections (STI) are extremely common and highly contagious.
Treatment is highly effective both for mitigation of substantial ongoing sequelae
and for prevention of reinfection from partner to partner. Time is of the essence as
the treatments require a time interval for efficacy and re-exposure in this window to
an untreated partner would substantially jeopardize the treatment of the index
partner. In the Queen Emma Clinics, many partners of our patients do not attend
our clinic and hence do not have ready access to our care. The partners often do not
attend the community STI clinics that we make referral to. It is my belief that many
more of these partners would be treated with Expedited Partner Therapy. The

treatments for these STIs are effective and have low side effect and complication risks both in quantum and severity.

Thank you for your consideration in this matter.

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO S.B. NO. 655, SD2,
HD 1**

DATE: Monday, March 25, 2013
TIME: 2:20 pm

LATE

To: Chairpersons Angus McKelvey and Karl Rhoads and Members of the House
Committee on Consumer Protection and Commerce and the House Committee on
Judiciary:

My name is Bob Toyofuku and I am presenting testimony on behalf of the Hawaii
Association for Justice (HAJ) in Opposition to S.B. No. 655, SD 2, HD 1 relating to
Health.

This opposition is limited to the overly broad immunity “for personal injury,
death, or other consequences arising from or related in any way to the provision of
expedited partner therapy,” except for gross negligence, found in §453-D on pages 7 & 8
of this bill.

While EPT is permitted in many states pursuant to statute or administrative rule,
very few states provide immunity from negligent conduct according to material from the
CDC (Center for Disease Control) and ACOG (American College of Obstetricians and
Gynecologists). Among the few that do, the limitation of liability is often much narrower
and restricted. Missouri, for example, retains liability where a “physician acts
negligently, recklessly, in bad faith, or with malicious purpose.” New York limits
liability only for doctors “who **reasonably** and in **good faith**” render EPT. Illinois and
Maine also require EPT services to be rendered “in **good faith without fee or**
compensation.”

Since the hearing in the House Health committee, an agreement has been reached with Dr. Sakamoto from the DOH for amending the provision in section 453-D as follows:

“§453-D Limitation of liability. A health professional who provides expedited partner therapy, *reasonably and in good faith*, as authorized under section 453-B, including a person licensed or otherwise authorized by law to practice medicine or surgery under this chapter, an advanced practice registered nurse with prescriptive authority under chapter 457, or a pharmacist who is licensed or otherwise authorized to engage in the practice of pharmacy under chapter 461, shall not be subject to prosecution in a criminal proceeding, liable for damages in a civil action, or subject to disciplinary action under sections 453-8 and 453-8.2 for personal injury, death, or other consequences arising from or related in any way to the provision of expedited partner therapy by the health professional; provided that this section shall not apply if the action of the health professional in providing expedited partner therapy constitutes gross negligence.”

We urge your committees to adopt this language in the spirit of compromise. Thank you for the opportunity to testify on this measure. Please feel free to contact me should there be any questions.

March 25, 2013
2:20 PM
House Conference Room 325
State Capitol



To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary

From: Debra Ogata-Arakaki, RN

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

I strongly urge you to pass SB655 Expedited Partner Therapy (EPT) with no changes to liability protections and change the effective date of this bill from July 1, 2050 to January 1, 2014.

Chlamydia is very common in Hawaii, particularly in our young women. This bill is needed to decrease the medical complications of chlamydia in women - which includes PID, infertility, chronic pain, ectopic pregnancy and even death, as well as decrease chlamydia prevalence in Hawaii. The CDC has recommended EPT since 2006, and recently updated their state data revealing that 32 states now have laws allowing the use of EPT.

The trial lawyers have testified against this bill and would like to change the liability protections language to benefit themselves. However, the liability language is necessary to assure that EPT will be used. As their own association, the American Bar Association, notes, in one study 75% of providers did not use EPT due to liability concerns. Please support this bill with no changes to liability protections to assure implementation of EPT.

You may have several family members or friends that have been affected by infertility or chronic pelvic pain or PID or even ectopic pregnancy and this may have been caused by chlamydia. I urge you to support passage of SB655 with no liability protection changes to assure that EPT will be used in the community.

Thank you for the opportunity to provide this testimony.

**March 25, 2013 - Wednesday
2:20 PM
House Conference Room 325
State Capitol**



**To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary**

From: Sharon Vitousek MD

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

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To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary

From: William F. McKenzie, MD

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

Dear Chairs McKelvey and Rhoads, Vice Chairs Kawakami and Har, and Consumer Protection & Commerce and Judicial Committee Members:

I strongly urge you to pass SB655 Expedited Partner Therapy (EPT) with no changes to liability protections and change the effective date of this bill from July 1, 2050 to January 1, 2014.

Chlamydia is very common in Hawaii, particularly in young women. This bill is needed to decrease the medical complications of chlamydia in women - which includes PID, infertility, chronic pain, ectopic pregnancy and even death, as well as decrease chlamydia prevalence in Hawaii. The CDC has recommended EPT since 2006, and recently updated their state data revealing that 32 states now have laws allowing the use of EPT.

The trial lawyers have testified against this bill and would like to change the liability protections language to benefit themselves. However, the liability language is necessary to assure that EPT will be used. As their own association, the American Bar Association, notes, in one study 75% of providers did not use EPT due to liability concerns. Please support this bill with no changes to liability protections to assure implementation of EPT.

You may know family members or friends that have been affected by infertility or chronic pelvic pain or PID or even ectopic pregnancy in the past, and this may have been caused by chlamydia. I urge you to support passage of SB655 with no liability protection changes to assure that EPT will be used in the community.

Thank you for the opportunity to provide this testimony.

**March 25, 2013 - Wednesday
2:20 PM
House Conference Room 325
State Capitol**

LATE

**To: Representative Angus McKelvey, Chair
Representative Derek Kawakami, Vice Chair
House Committee on Consumer Protection and Commerce
Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair
House Committee on Judiciary**

From: Patricia McKenzie, APRN

Re: SB655 SD2 HD1 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support

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