



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Wednesday, March 13, 2013  
TIME: 8:30 A.M.  
PLACE: Conference Room 329

To:  
COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair  
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association  
Dr. Steven Kemble, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: SB 655 Relating to Health (Expedited Partner Therapy)

Position: Strongly Support with American Congress of Obstetricians and Gynecologists,  
Hawaii Section Amendments

The Hawaii Medical Association is submitting testimony in strong support of SB 655. 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 Expedited Partner Therapy in Hawaii.

The HMA strongly support this bill. This bill will benefit our patients as well as public health by decreasing the burden of sexually transmitted infections in Hawaii.

Mahalo for the opportunity to submit testimony on this important issue.

### OFFICERS

**PRESIDENT - STEPHEN KEMBLE, MD PRESIDENT-ELECT -WALTON SHIM, MD**  
**SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT - ROGER KIMURA, MD**  
**TREASURER - BRANDON LEE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO**



**Testimony to the House Committee on Health  
Wednesday, March 13, 2013  
8:30 a.m.  
Conference Room 329, State Capitol**

**RE: SENATE BILL NO. 665, SD 1 RELATING TO HEALTH**

Chair Belatti, Vice Chair Morikawa, and members of the Committee:

The Chamber of Commerce of Hawaii **supports** SB 665, SD 1 Relating to Health.

The Chamber is the largest business organization in Hawaii, representing more than 1,100 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the “Voice of Business” in Hawaii, the organization works on behalf of its members, which employ more than 200,000 individuals, to improve the state’s economic climate and to foster positive action on issues of common concern.

Access to healthcare in rural areas is a longstanding issue in many parts of Hawaii. We believe that pilot programs used to provide incentives and support for physicians to serve these underserved rural areas is important to residents, business and the our overall economy.

We believe appropriating funds to address the shortage of primary care physicians in the State as part of a comprehensive primary care workforce development plan will help address the shortage of doctors, especially on the neighbor islands, as well as keep the providers in Hawaii.

Thank you for the opportunity to testify.

**PRESENTATION OF THE  
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2013

Wednesday, March 13, 2013  
8:30 a.m.

**TESTIMONY ON SENATE BILL NO. 655, S.D.2, RELATING TO HEALTH.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Danny M. Takanishi, Jr. and I am the Chairperson of the Hawaii Medical Board ("Board"). The Board thanks you for the opportunity to testify on this measure.

The Board has not had an opportunity to review Senate Draft 2 of the bill but will be discussing it at its Board meeting tomorrow. Therefore, it is not able to take a position at this time.

On behalf of the Board, I thank you for the opportunity to provide testimony on S.B. No. 655, S.D. 2.

**American Congress of Obstetricians and Gynecologists  
District VIII, Hawaii (Guam & American Samoa) Section**

Lori Kamemoto, MD, MPH, FACOG, Chair  
1319 Punahou Street, Suite 990  
Honolulu, HI 96826



**March 13, 2013 - Wednesday**

**8:30 AM**

**Conference Room 329**

**State Capitol**

**To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair  
House Committee on Health**

**From: Lori Kamemoto, MD, MPH, Chair  
Greigh Hirata, MD, Vice Chair  
American Congress of Obstetricians and Gynecologists, Hawaii Section**

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

**Position: Strongly Support**

Dear Chair Belatti, Vice Chair Morikawa, and Health Committee Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section strongly supports SB655 SD2 without further amendments that can defeat the purpose of this bill. This bill 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. 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)

The goals of Expedited Partner Therapy are to decrease persistent or recurrent infection by the patient's untreated partner(s), reduce the medical complications of certain sexually transmitted diseases – which include infertility, chronic pain, ectopic pregnancy, PID that can cause serious infection requiring hospitalization, and even death; and to decrease the

persistence of infection in the population, by dispensing or prescribing antibiotics to the patient for treatment of the partner(s) without examining the partner(s).

Untreated or persistent sexually transmitted infections, such as chlamydia, can have long-term devastating health effects. It is estimated that 10-20% of women with untreated chlamydia or gonorrhea infection will develop Pelvic Inflammatory Disease (PID), an infection sometimes requiring hospitalization and rarely leading to severe infection and even death. Among women with PID, 20% develop infertility, 18% have chronic pelvic pain, and PID can lead to ectopic pregnancy, a life-threatening diagnosis, in 9%. About 80-90% of all chlamydia infections are asymptomatic; therefore patients do not seek out medical care until they develop PID. Even with PID, patients tend to have very vague symptoms, which leads to 85% of PID patients further delaying medical care. Since the majority of chlamydia infections are asymptomatic, and even PID symptoms are vague, patients are often not diagnosed and treated until they are already at risk for developing long-term or life-threatening medical complications. Therefore, it is important that patients who are diagnosed with chlamydia infection are properly treated, which includes treating their sexual partners in a timely fashion to prevent recurrent and persistent infection. (2011 Sexually Transmitted Diseases Surveillance, CDC website 1/23/13)

The State of Hawaii 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. Even more disturbing, chlamydia infection peaks in the age group 15-24 years (2071.8 per 100,000), making them vulnerable to the long-term medical complications of infection from a very young age. (Table 2. Chlamydia – Reported Cases and Rates by State, Ranked by Rates, United States, 2011, CDC website 1/23/13)

In addition to the benefits to individual patient care, there are also potential benefits to health care costs. An estimated \$850 billion is spent every year in the U.S. treating chlamydia and gonorrhea infections. Expedited Partner Therapy can decrease these costs by reducing the spread of infection and preventing the medical complications associated with PID. It is estimated that the treatment of PID on average costs \$1,167 per case of PID, and even more monies are spent on the treatment of ectopic pregnancy, infertility, chronic pelvic pain and other medical complications of chlamydia infection. Sexually transmitted infections like chlamydia can also increase the risk of contracting Human Immunodeficiency Virus (HIV) infection, and it is estimated that about \$355,000, the lifetime cost of treating HIV infection, is saved for each HIV infection averted.

We have reviewed the testimony of the Hawaii Association for Justice (HAJ), which has been the only testimony against SB655 at the Senate Health hearing on January 28, 2013 and at the Senate Commerce and Consumer Protections Committee on February 20, 2013. HAJ questions the grant of immunity for negligence in the dispensing of medication which requires a doctor's prescription. For the public good, the arguments enumerated here provide a compelling argument to justify the need for this legislation. There are many health professionals in Hawaii who do not provide Expedited Partner Therapy due to liability concerns. As obstetrician/gynecologists, we are all cognizant of

the malpractice crisis in the United States. Nationally, three-fourths of all obstetrician/gynecologists have been sued at least once and many obstetrician/gynecologists are not delivering babies due to malpractice concerns. (2012 ACOG Survey) Liability protections are needed for implementation of Expedited Partner Therapy.

In their Senate Commerce and Consumer Protections hearing testimony, the Hawaii Association for Justice also questions changes in CDC guidelines. HAJ misunderstands medical progress. STD guidelines will and should change in the future as more research is done on STDs. This is standard for all medical guidelines.

In 2011, there were 27 states in which Expedited Partner Therapy was permissible by law, and to benefit our patients, we would like to add Hawaii to that list. (ACOG Committee Opinion #506 Expedited Partner Therapy in the management of gonorrhea and chlamydia by obstetrician-gynecologists, September 2011) The majority of these laws include some form of liability protection. In 2001, California was the first state to authorize Expedited Partner Therapy, and after more than ten years of use, no adverse events have been reported. (Expedited Partner Therapy: Reducing health care costs and creating healthy communities, NCSD-National Coalition of STD Directors, 2012)

We would like to focus on the common good provided by this bill. With Expedited Partner Therapy, we have the potential to decrease serious medical complications for our patients from persistent infection (including hospitalizations for PID, infertility, ectopic pregnancy, chronic pelvic pain, and even death); decrease the incidence of sexually transmitted infections such as chlamydia in Hawaii's population; and decrease costs for medical complications.

Hawaii ACOG Strongly Supports SB655 SD2 without further amendments to benefit our patients, the population and public health.

Thank you for the opportunity to testify. Please do not hesitate to contact us with any questions regarding this important bill.

**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 11, 2013 9:33 PM  
**To:** HLTtestimony  
**Cc:** wailua@aya.yale.edu  
**Subject:** Submitted testimony for SB655 on Mar 13, 2013 08:30AM

**SB655**

Submitted on: 3/11/2013

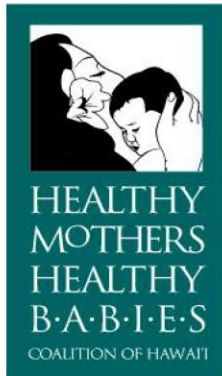
Testimony for HLT on Mar 13, 2013 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wailua Brandman APRN-Rx BC FAANP	Hawai`i Association of Professional Nurses (HAPN)	Support	No

Comments: Mahalo for this opportunity to testify on behalf of the Hawai`i Association of Professional Nurses (HAPN), in support of SB655, RELATING TO HEALTH. This is an important step in reducing the spread of STDs and it should be acknowledged in the statute. This outdated statute is one of many remaining barriers to APRN practice in Hawai`i. As you know, The past 3 sessions of this Legislative Body have passed bills enabling APRNs to practice independently to the full scope of their education and ability. These services are paramount to health care consumers' access to care, and the outdated statute this bill addresses remains a barrier to APRN practice. In this time of changing health care, Hawai`i needs to stand ready to meet the changing needs of the public, by providing ready access to their health care needs. Mahalo for the fine work you do to protect our community and improve our quality of life. Warmest Aloha, Wailua Brandman APRN-Rx BC FAANP HAPN Legislative Committee Chair

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March 11, 2013

TO: Rep. Della Au Belatti, Chair; Rep. Dee Morikawa, Vice Chair; and Members of the House Committee on Health

FROM: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies

RE: Testimony in Support of SB 655 SD2, Relating to Expedited Partner Therapy

HEARING: Wednesday, March 13, 2013 at 8:30 A.M.

Healthy Mothers Healthy Babies Coalition of Hawaii is testifying today in support of SB 655 SD2.

This bill would allow licensed health care professionals, subject to certain requirements, to treat the partner(s) of patients diagnosed with sexually transmitted diseases such as chlamydia or gonorrhea by dispensing or prescribing medication to the partner without examining the partner. **This proactive approach facilitates expeditious treatment and prevents the further spread of these diseases.**

This bill provides protection from criminal liability, legal liability, and disciplinary action for health care professionals who provide expedited partner therapy as authorized. It also requires the Department of Health to develop an information sheet about sexually transmitted diseases for use by health care professionals who provide expedited partner therapy and creates exceptions to prescription drug labeling and reporting requirements for expedited partner therapy.

We ask that you protect the health of people in Hawaii and pass this bill.

Thank you for opportunity to testify.

845 22<sup>nd</sup> Avenue, Honolulu, Hawaii 96816  
phone: (808) 222-0165 e-mail: [lisak@hmhb-hawaii.org](mailto:lisak@hmhb-hawaii.org)  
[www.hmhb-hawaii.org](http://www.hmhb-hawaii.org)



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

DATE: Wednesday, March 13, 2013

TIME: 8:30 am

To: Chairperson Della Au Belatti and Members of the House Committee on Health:

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, 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 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.**”

It appears that doctors in the vast majority of states are practicing without statutory immunity or with limited immunity. There should be a showing why Hawaii requires broad sweeping immunity before doctors are statutorily allowed to act negligently or unreasonably. HAJ has no objection to immunity for conduct that is not negligent or unreasonable in this measure.

Immunity for negligence or unreasonable conduct should be considered only where there is a demonstrated need and less drastic alternatives are not available. It is hoped that the proponents of this measure are not advocating that negligent or unreasonable conduct be statutorily permitted; or that doctors will refuse to address this public health issue unless they are permitted to act negligently or unreasonably.

For these reasons, HAJ questions the grant of immunity for negligent and unreasonable conduct without compelling data showing a clear need and lack of less drastic alternatives.

Thank you for the opportunity to testify on this measure. Please feel free to contact me should there be any questions.

**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 11, 2013 12:47 PM  
**To:** HLTtestimony  
**Cc:** jbsestak@prodigy.net  
**Subject:** \*Submitted testimony for SB655 on Mar 13, 2013 08:30AM\*

**SB655**

Submitted on: 3/11/2013

Testimony for HLT on Mar 13, 2013 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Betty Sestak	Individual	Support	No

Comments:

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**March 13, 2013 - Wednesday  
Conference Room 329  
State Capitol**

**To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair  
House Committee on Health**

**From: Alan Katz, MD, MPH**

**Re: SB 655 SD2 Relating to Health (Expedited Partner Therapy)**

**Position: Strongly Support with Amendments from the Hawaii Section of the  
American Congress of Obstetricians and Gynecologists**

Dear Representatives Au Belatti, Morikawa, and Respected Legislators:

I speak on behalf of myself as a private citizen, not on behalf of the University of Hawaii, where I am a professor in the John A. Burns School of Medicine's Department of Public Health Sciences.

As a public health physician who has specialized in the treatment and control of sexually transmitted diseases for close to three decades, I fully support this bill to allow Hawaii to join 32 other states, including California, which allow for expedited partner therapy (EPT).<sup>\*</sup> Please note, that this important strategy is fully supported and recommended by both the US Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG). I am also fully supportive of the revisions to the bill that have been proposed by the Hawaii Section of ACOG. Dr. Lori Kamemoto and her colleagues in the Hawaii Section of ACOG have worked closely with the Hawaii State Department of Health in consultation with the CDC to develop the amendments which will further strengthen this needed legislation. EPT is an evidence based approach which has been shown to decrease the spread of sexually transmitted infections (STIs) and to decrease the risk of reinfection of patients who have been treated for STIs.

Thank you for the opportunity to provide my strong support for this important legislation

Respectfully submitted,

Al Katz, MD, MPH

<sup>\*</sup><http://www.cdc.gov/std/ept/legal/default.htm>

**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 11, 2013 9:14 PM  
**To:** HLTtestimony  
**Cc:** docharry@hawaii.rr.com  
**Subject:** Submitted testimony for SB655 on Mar 13, 2013 08:30AM

**SB655**

Submitted on: 3/11/2013

Testimony for HLT on Mar 13, 2013 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Harry Yoshino, M.D.	Individual	Support	No

Comments: I am submitting testimony in favor of SB655. The risk of expedited partner therapy is minimal at best with no serious side effects and consequences. On the other hand, lack of treatment exposes other women to the disease, which can lead to infertility, pelvic inflammatory disease, ectopic pregnancy, and even permanent morbidity and death. We should stand up for women's health and abide what the CDC recommends. Harry N. Yoshino, M.D. Chief, Dept. of OB/GYN, The Queen's Medical Center Past Chair, American Congress of Obstetricians and Gynecologists

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**March 13, 2013 - Wednesday**  
**8:30 AM**  
**Conference Room 329**  
**State Capitol**

**To: Representative Della Au Belatti, Chair**  
**Representative Dee Morikawa, Vice Chair**  
**House Committee on Health**

**From: Nathan Fujita MD**

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

**Position: Strongly Support**

Dear Chair Belatti, Vice Chair Morikawa, and Health Committee Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section strongly supports SB655 SD2 without further amendments that can defeat the purpose of this bill. This bill 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. 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)

In 2011, there were 27 states in which Expedited Partner Therapy was permissible by law, and to benefit our patients, we would like to add Hawaii to that list. (ACOG Committee Opinion #506 Expedited Partner Therapy in the management of gonorrhea and chlamydia by obstetrician-gynecologists, September 2011) The majority of these laws include some form of liability protection.

Thank you for your consideration