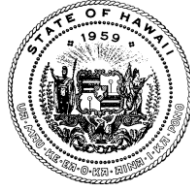


NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

SB 655 SD2, RELATING TO HEALTH

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

March 13, 2013

1 **Department's Position:** The Department supports this bill.

2 **Fiscal Implications:** Successful implementation of the bill should reduce STD transmission and allow
3 earlier treatment of infection resulting in overall lower health care costs.

4 **Purpose and Justification:** The purpose of this bill is to amend Chapter 453 HRS to authorize Hawaii
5 health care professionals to prescribe or dispense Expedited Partner Therapy (EPT) for sexually
6 transmitted infections (STIs) to their patient for treatment of the patient's sexual partner when the
7 partner is otherwise unable or highly unlikely to obtain medical evaluation or treatment on their own.

8 The Department supports this bill as Hawaii has a high rate of chlamydia infection (over 7,000
9 diagnosed cases in 2011) and significant numbers of gonorrhea cases (over 700 in 2011). EPT is highly
10 recommended by the Centers for Disease Control and Prevention (CDC).

11 Currently, at least 28 states have one or more laws that permit or facilitate health care
12 practitioners to practice EPT. Reducing the prevalence of STIs through EPT can significantly reduce
13 health care costs by preventing infections and by treating infections at an earlier stage, particularly for
14 young women who can develop pelvic inflammatory disease and infertility, with the attendant
15 preventable suffering from these conditions. Thank you for this opportunity to testify.

Promoting Lifelong Health & Wellness

**GAY LESBIAN
BISEXUAL AND
TRANSGENDER
CAUCUS**



**DEMOCRATIC
PARTY OF HAWAII**

**TESTIMONY IN SUPPORT OF SB655 SD2
Relating to Health (Expedited Partner Therapy)**

Hearing Info: March 13, 2013, 8:30 a.m., Conference Room 329

To: House Committee on Health

Representative Della Au Belatti, Chair

Representative Dee Morikawa, Vice Chair

Representatives Cabanilla, Carroll, Jordan, Kobayashi, Woodson and Cheape, Members

From: Jo-Ann M. Adams, Legislative Liaison

The Gay Lesbian Bisexual and Transgender Caucus supports SB655 SD2 without further amendment. This bill provides treatment for the partner(s) of patients with sexually transmitted infections. It is intuitively obvious that to adequately treat patients with sexually transmitted diseases, their sexual partner(s) should also be treated. Although partner treatment is recommended to patients, partners often do not seek treatment, leading to re-infection and possible complications.

This bill provides a mechanism to expedite partner treatment, as recommended by the Centers for Disease Control and Prevention (CDC) since 2006. The goals of Expedited Partner Therapy are to decrease persistent or recurrent infection, reduce the medical complications of certain sexually transmitted diseases, and decrease the persistence of infection in the population by dispensing or prescribing antibiotics to the partner(s) of the patient without examining the partner(s).

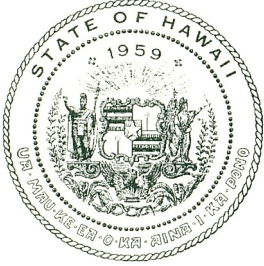
The State of Hawaii has high reported rates of chlamydia. The most recent CDC data ranks Hawaii #22 for reported chlamydia infection rates with the disease peaking in the age group 15-24 years.

Expedited Partner Therapy can decrease costs borne by the taxpayers by reducing the spread of infection and preventing the medical complications.

In 2011, there were 27 states in which Expedited Partner Therapy was permissible by law. The statutes in the majority of these states 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.

Thank you for the opportunity to testify.

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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March 13, 2013

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

To: Honorable Della Au Belatti, Chair
Honorable Dee Morikawa, Vice-Chair
Members of the House Committee on Health

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

Re: Testimony in Support of SB 655, SD2

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.

The Commission strongly support this bill. This bill will benefit our public health by decreasing the incidence of sexually transmitted infections in Hawaii.

Thank you for this opportunity to testify.

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



March 12, 2013

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

From: Jeanne Y. Ohta, Co-Chair

RE: SB 655 SD2 Relating to Health
Hearing: Wednesday, March 13, 2013, 8:30 a.m., Room 329

Position: Support

The Hawai'i State Democratic Women's Caucus writes in support of SB 655 SD2 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 HEALTH

Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

DATE: Wednesday, March 13, 2013

TIME: 8:30 A.M.

PLACE: Conference Room 329

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

Aloha Chair Au Belatti, Vice Chair Morikawa and Members of the Committee,

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)

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.

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.



Hawaii Women's Coalition

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.

In 2011, there were 27 states in which Expedited Partner Therapy was permissible by law, and to benefit our patients. 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. Hawaii should be added to that list.

With Expedited Partner Therapy, there is the potential to decrease serious medical complications for 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.

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



1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • www.pphi.org • Phone: 808-589-1156 • Fax: 808-589-1404

March 13, 2013

Testimony in Support: SB 655 SD2

To: Chair Della Au Belatti, Vice Chair Dee Morikawa and Members of the House Committee on Health
From: Katie Reardon Polidoro, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii

Re: Testimony in Support of SB 655 SD2 Relating to Healthcare

Planned Parenthood of Hawaii (PPHI) supports SB 655 SD2 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. 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)

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 12, 2013 10:15 AM
To: HLTtestimony
Cc: karaeve@usa.net
Subject: Submitted testimony for SB655 on Mar 13, 2013 08:30AM

SB655

Submitted on: 3/12/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Kara Berlin	Individual	Support	No

Comments: SB 655, SD2 (SSCR604), while a needed amendment to our practice, it is unacceptable to exclude homosexual partners and puts the greater community at risk (not to mention discriminatory). Please consider partner treatment for all.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Lea Minton

PO Box 241

Hauula, HI 96717

March 12, 2013

To: Committee on Health

I support the passage of SB 655 regarding Expedited Partner Therapy. As a health care professional working with adolescents, and women of all ages, I recognize the difficulty in clients getting their partners in for treatment of sexually transmitted diseases. We do see women seeking screening/ testing and treatment for reinfection of STIs by their partners, which if left untreated can cause chronic pain for both partners and may lead to sterility. Reinfection could be avoided with Expedited Partner Therapy, and the health of at minimum 2 patients, could be improved.

Thank you,

Lea Minton, CNM

Raydeen M Busse, MD, FACOG
1401 S. Beretania Street, Suite 310
Honolulu, HI 96814

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: Raydeen M Busse, MD

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

Position: Strongly Support

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

I am a practicing OB-GYN on Oahu and I strongly support 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.

I 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 that 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 an obstetrician/gynecologist in this community for over 20 years, I am very 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)

I 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.

I Strongly Support 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.