

# SB 655, SD1

Measure Title: RELATING TO HEALTH.

Report Title: Medicine and Surgery; Sexually Transmitted Diseases; Expedited Partner Therapy; Prescription Drugs; Labeling; Record Keeping

Description: Allows health care professionals, subject to certain requirements, to treat the partners of patients diagnosed as having a sexually transmitted disease recommended by the Centers for Disease Control and Prevention for expedited partner therapy, such as chlamydia, by dispensing or prescribing medication to the partners without examining the partners. Provides protection from criminal liability, legal liability, and disciplinary action for health care professionals who provide expedited partner therapy as authorized. 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. Creates exceptions to prescription drug labeling and reporting requirements for expedited partner therapy. (SD1)

Companion:

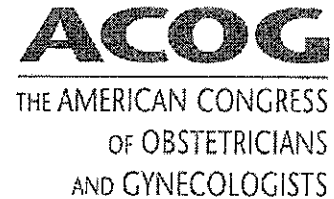
Package: None

Current Referral: HTH, CPN

Introducer(s): GREEN, CHUN OAKLAND, RUDERMAN, Nishihara, Shimabukuro

<u>Sort by Date</u>		<b>Status Text</b>
1/18/2013	S	Introduced.
1/22/2013	S	Passed First Reading.
1/22/2013	S	Referred to HTH, CPN.
1/24/2013	S	The committee(s) on HTH has scheduled a public hearing on 01-28-13 1:15PM in conference room 229.
1/28/2013	S	The committee(s) on HTH recommend(s) that the measure be PASSED, WITH AMENDMENTS. The votes in HTH were as follows: 4 Aye(s): Senator(s) Green, Baker, Chun Oakland, Nishihara; Aye(s) with reservations: none ; 1 No(es): Senator(s) Slom; and 0 Excused: none.
2/6/2013	S	Reported from HTH (Stand. Com. Rep. No. 79) with recommendation of passage on Second Reading, as amended (SD 1) and referral to CPN.
2/6/2013	S	Report adopted; Passed Second Reading, as amended (SD 1) and referred to CPN.
2/15/2013	S	The committee(s) on CPN will hold a public decision making on 02-20-13 9:30AM in conference room 229.

**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



**February 20, 2013 - Wednesday  
9:30 AM  
Conference Room 229  
State Capitol**

**To: Senator Rosalyn H. Baker, Chair  
Senator Brickwood Galuteria, Vice Chair  
Senate Committee on Commerce and Consumer Protection**

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

**Re: SB655 SD1 Relating to Health (Expedited Partner Therapy)**

**Position: Strongly Support**

Dear Chair Baker, Vice Chair Galuteria, and Commerce and Consumer Protection Committee Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section strongly supports SB655 SD1, 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. 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, ectopic pregnancy, 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 was the only testimony against SB655 (12 supporting testimonies) at the Senate Health hearing on January 28, 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 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 SD1 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.

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

DATE: Wednesday, February 20, 2013

TIME: 9:30 am

To: Chairperson Rosalyn Baker and Members of the Senate Committee on Commerce and Consumer Protection:

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

**The CDC changed its position on use of oral antibiotics last year.** The CDC no longer recommends the use of oral antibiotic treatment because of a rise in resistant “super bugs” with the potential to give infected people the misimpression that they are cured (when they are not) and breed even more powerful antibiotic resistant bacteria.

**The CDC now recommends medication administered by injection (which is not possible in EPT)** in combination with additional oral medication.

In 2006, the CDC recommended single dose oral antibiotic treatment and supported that treatment protocol for EPT. By the next year (2007), the CDC found the emergence of drug resistant gonorrhea bacteria which became prevalent in California and Hawaii before spreading to the rest of the nation. In 2010, the CDC changed its recommended treatment protocol to a combination therapy consisting of either: 1) an injection plus oral medication; or 2) two different oral antibiotics taken together. Last year the CDC changed its recommendation again: “CDC recommends combination therapy with a single intramuscular (injection) dose of ceftriaxone 250 mg plus either a

single dose of azithromycin 1 g orally or doxycycline 100 mg orally twice daily for 7 days.”

Because the CDC recognized that “since EPT is not possible where treatment involves an injection,” the **CDC also revised its position on EPT last year**. The current CDC recommendation is different for male/female partners and male/male partners. For male/male partners “EPT is not routinely recommended.” For male/female partners “providers can still **consider** EPT for heterosexual partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment.”

The CDC has moved from a positive “use” recommendation to a more neutral “consider” recommendation for male/female partners. This is because there is still merit in not leaving infected people untreated. The CDC emphasis is to now make a greater effort to get partners to treatment using EPT as a treatment of last resort.

The **CDC recommends against EPT in several situations**. This measure was originally restricted to the treatment of gonorrhea and chlamydia but amended to include all STDs in the SD1. The inclusion of all STDs conflicts with the CDC recommendation that EPT not be used in the treatment of: 1) syphilis for male/male and male/female partners; 2) trichomoniasis for females; 3) gonorrhea for male/male partners; and 4) chlamydia for male/male partners. It appears that the CDC guidance for EPT applies only to the treatment of gonorrhea and chlamydia in male/female partners.

While well intended, this measure highlights the dangers of codifying rapidly evolving treatment protocols. The CDC has had three recommendations in six years and with the evolving nature of drug-resistant bacteria it is reasonable to assume that treatment protocols will continue to change.

HAJ does not oppose measures to treat sexually transmitted disease. HAJ's opposition is limited to immunity from civil liability for "personal injury, death, or other consequences arising from . . ." the dispensing of prescription medication for the use of persons the health care professional has not seen, spoken with or examined, potentially in situations where the CDC does not recommend EPT .

Antibiotics are one of the most common medications and are generally safe for use by most people most of the time. However, antibiotics are not appropriate for everyone all of the time and the consequences of inappropriate use can be severe. Common issues that can be overlooked are allergies, drug interactions (including birth control and vitamin supplements) and adverse physical conditions such as pregnancy, compromised kidney function and immune system deficiencies.

Medications currently recommended by the CDC can, for example, reduce the effectiveness of birth control pills, cause birth defects in pregnant women, pass through breast milk and affect bone and tooth development in babies, or interact with common vitamins, antacids, calcium supplements and laxatives.

There is a provision that an "information sheet" containing notices and warnings regarding the use of antibiotics is to be dispensed with the medication. However, there are two practical issues with this process. First, the medication need not be prescribed to a particular person but can be prescribed to an unnamed "Expedited Partner." This means that the person who will take the medication may not be the same person who picks up the medication and the person taking the medication may not receive the information sheet. Second, a sheet of fine print containing information, disclaimers and warnings covering a myriad of subjects (only one of which may apply) is unlikely to be

as effective as a doctor's warning about the specific situation applicable to the person or the doctor's determination that the patient should not be given the medication at that time.

Immunity for negligence should be considered only where there is a clear crisis and less drastic alternatives are not available. At least from a public perception standpoint, there does not appear to be a reason that most, if not all, partners can not receive antibiotics in ways already available, such as from a doctor or telemedicine.

For these reasons, HAJ questions the grant of immunity for negligence in the dispensing of medication which requires a doctor's prescription. There is a reason, after all, that antibiotics require a doctor's prescription and are not available over the counter.

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





1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • [www.pphi.org](http://www.pphi.org) • Phone: 808-589-1156 • Fax: 808-589-1404

February 19, 2013

**Testimony in Support: SB 655 SD1**

**To:** Chair Rosalyn Baker, Vice Chair Brickwood Galuteria and Members of the Senate Committee on Commerce and Consumer Protection

**From:** Katie Reardon Polidoro, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii

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

Planned Parenthood of Hawaii (PPHI) supports SB 655 SD1 Relating to Healthcare, which enables health care providers to treat the sexual partners of patients treated for 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, it is important 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 SD1.

**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)

**SB655**

Submitted on: 2/16/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<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, in support of SB 655, RELATING TO HEALTH. This is an important step in reducing the spread of STDs and it should be acknowledged in the statute. Again, I urge this legislative body to recognize that physicians are not the only providers prescribing medications to people with STDs. Advance Practice Registered Nurses (APRNs) should also be acknowledged in this statute as they are providing treatment for STDs currently. 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. Please amend this bill by simply inserting, "or advance practice nursing" after, "practice medicine or surgery," in S453-A Definitions. 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

**SB655**

Submitted on: 2/16/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Terri Pacheco APRN	HAPN	Support	No

**SB655**

Submitted on: 2/19/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Heather Lusk	CHOW Project	Support	No

Comments: Expedited Partner Therapy has been recommended to treat for sexually transmitted infections for the past 6 years by the Centers for Disease Control and Prevention. Hawaii has consistently ranked 10th or higher in clamymdia rates and we desperately need this best practice! Thank you for your support.

**February 20, 2013 - Wednesday**  
**9:30 AM**  
**Conference Room 229**  
**State Capitol**

**To: Senator Rosalyn H. Baker, Chair**  
**Senator Brickwood Galuteria, Vice Chair**  
**Senate Committee on Commerce and Consumer Protection**

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

**Re: SB 655 SD1 Relating to Health (Expedited Partner Therapy)**

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

Dear Senators Baker, Galuteria, 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 proposed revisions to the bill that are being 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>

**SB655**

Submitted on: 2/19/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jane Gallagher Felix, APRN, MSN	Individual	Support	No

Comments: RELATING TO HEALTH. This is an important step in reducing the spread of STDs, which I would support with the following alteration. In order to fully address the treatment of people with STDs, Advance Practice Registered Nurses (APRNs) should be acknowledged in this statute as they too prescribe treatment for STDs. These services are paramount to health care consumers' access to care. Please consider inserting "or advance practice nursing" after, "practice medicine or surgery," in S453-A Definitions. Mahalo for your efforts to protect our community and improve our quality of life.

**SB655**

Submitted on: 2/17/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stacy Kracher, APRN Rx	Individual	Support	No

**SB655**

Submitted on: 2/17/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Harrison	Individual	Support	No

Comments: Mahalo for this opportunity to testify on behalf of the Hawai'i Association of Professional Nurses, in support of SB 655, RELATING TO HEALTH. This is an important step in reducing the spread of STDs and it should be acknowledged in the statute. Again, I urge this legislative body to recognize that physicians are not the only providers prescribing medications to people with STDs. Advance Practice Registered Nurses (APRNs) should also be acknowledged in this statute as they are providing treatment for STDs currently. 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. Please amend this bill by simply inserting, "or advance practice nursing" after, "practice medicine or surgery," in S453-A Definitions. Mahalo for the fine work you do to protect our community and improve our quality of life. Sincerely, Lori Kam Harrison, APRN, Women's Health Care Nurse Practitioner



**SB655**

Submitted on: 2/17/2013

Testimony for CPN on Feb 20, 2013 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Kawasaki	Individual	Comments Only	No

Comments: Please add Advanced Practice Registered Nurses to "health care professional" as we currently treat patients with STI's. The provision to treat partners in other states without seeing them directly has greatly decreased the incidence of STI's in those states.