



**Connecticut State Medical Society Testimony in Support of
H. B. 5450 An Act Concerning Expedited Partner Therapy for Sexually Transmitted Diseases
Submitted to the Public Health Committee
March 12, 2010**

Senator Harris, Representative Ritter and members of the Public Health Committee, my name is Ken Ferrucci, Vice President of Public Policy and Government Affairs for the Connecticut State Medical Society (CSMS). On behalf of the more than 7,000 members of the Connecticut State Medical Society thank you for the opportunity to submit this testimony to you today on House Bill 5450 An Act Concerning Expedited Partner Therapy for Sexually Transmitted Disease.

The legislation contains language that has been the recommended practice by the Centers for Disease Control and Prevention for use in the very limited circumstances of gonorrhea or chlamydial infection.

CSMS supports the granting of the ability to physicians to provide expedited partner therapy (EPT) to treat gonorrhea or Chlamydia mainly for the positive impact it could have on public health. However, we must also emphasize language in the legislation allowing the Commissioner of public Health (DPH) in consultation with the Commissioner of Consumer Protection (DCP) to promulgate regulations. Such action could help delineate situation in which it is appropriate for the use of EPT and the provision of needed information in such circumstances. Recommended guidelines for the suitable use of EPT include:

- (1) The physician reasonably believes that a patient's partner(s) will be unwilling or unable to seek treatment within the context of a traditional patient-physician relationship should the use of EPT be considered.
- (2) If the physician chooses to initiate EPT, he or she must provide patients with appropriate instructions regarding EPT and its accompanying medications and answers to any questions that they may have.
- (3) Physicians must provide patients with educational material to share with their partners that encourages the partners to consult a physician as a preferred alternative to EPT, and that discloses the risk of potential adverse drug reactions and the possibility of dangerous interactions between the patient-delivered therapy and other medications that the partner may be taking. The partner should also be informed that he or she may be affected by other STDs that may be left untreated by the delivered medicine.
- (4) The treating physician should also make reasonable efforts to refer a patient's partner(s) to appropriate health care professionals.

Ensuring that such provisions are met when providing EPT will remove barriers for physicians such as liability issues and encourage the appropriate use of EPT. Thank you for the opportunity to present this testimony. We respectfully ask for your support of HB 5450.