



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### TESTIMONY PRESENTED BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH March 12, 2010

*Lisa Davis, Chief, Public Health Initiatives Branch Chief 509-7655*

### **House Bill 5450 - An Act Concerning Expedited Partner Therapy for Sexually Transmitted Diseases**

The Department of Public Health supports House Bill 5450 and recommends changes to the language as reflected in paragraph 5.

This act amends the current statute to allow the practice of expedited partner therapy (EPT) by healthcare practitioners for the treatment of chlamydia and gonorrhea. EPT is a treatment option for persons diagnosed with chlamydia and gonorrhea in which the practitioner either provides medication or a prescription to a patient to give to their sexual partners without the partners being seen by a healthcare provider. EPT has been shown to increase treatment rates and decrease reinfection rates for these sexually transmitted diseases.

In 2005, the Centers for Disease Control and Prevention recommended the use of EPT for the treatment of chlamydia and gonorrhea. This recommendation was based on the evaluation of four randomized clinical trials of EPT which showed decreases in persistent and recurrent infection as well as improved behavioral outcomes including improvement in patients informing partners of their infection, improved confidence that partners were treated and a decrease in sexual activity with untreated partners. Currently, 23 states and one large metropolitan area allow the practice of EPT.

In 2008, there were 12,522 chlamydia infections and 2,801 gonorrhea infections reported in Connecticut. This represented a 9% increase for chlamydia and 20% increase for gonorrhea respectively. It has been estimated that nationally, treatment of these diseases costs over 760 million dollars annually. Infection with either of these diseases can increase the risk of contracting HIV. Both infections, if untreated, can lead to pelvic inflammatory disease in women, resulting in additional treatment costs of over \$2,000 per patient and can also lead to infertility problems.

Currently, sexual partners can be treated by seeing the patient's provider, seeing their own physician or by being contacted by public health officials if the patient names their partners. Partners often do not seek medical care because they don't have symptoms, might be too busy or are embarrassed. Given the high and increasing number of these infections, there are not enough resources for the current traditional partner treatment strategies to adequately address this problem in Connecticut.

The bill as written is in conflict with section 19a-216 of the CT General Statutes. The Department respectfully requests adding the following language to the bill to resolve the conflict:

(a) Any municipal health department, state institution or facility, licensed physician or public or private hospital or clinic, may [examine and] provide treatment for venereal disease for a minor, if the physician or facility is qualified to provide such [examination and] treatment. The consent of the parents or guardian of the minor shall not be a prerequisite to the [examination and] treatment. The physician in charge or other appropriate authority of the facility or the licensed physician concerned shall prescribe an appropriate course of treatment for the minor. The fact of consultation, examination [and] or treatment of a minor under the provisions of this section shall be confidential and shall not be divulged by the facility or physician, including the sending of a bill for the services to any person other than the minor, except for purposes of reports under section 19a-215, and except that, if the minor is not more than twelve years of age, the facility or physician shall report the name, age and address of that minor to the Commissioner of Children and Families or his designee who shall proceed thereon as in reports under section 17a-101g.

Thank you for your consideration of the Department's views on this bill.

Phone:



Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # \_\_\_\_\_

P.O. Box 340308 Hartford, CT 06134

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