Medical Society of the District of Columbia

Testimony Before

The Committee on Health

On The

Expedited Partner Therapy Act of 2013

Bill 20- 0343

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The Expedited Partner Therapy Act of 2013
B20-0343

Chair Alexander, members of the Committee, good morning. My name is Dr. Carla Cargill Sandy and I am testifying today as a member of the Board of Directors of the Medical Society of the District of Columbia and on behalf of our 2,800 members. I am a practicing Obstetrician/Gynecologist and Chief of Service with Kaiser Permanente involved in both direct patient care as well as administrative and clinical oversight for Kaiser’s two health centers in the District of Columbia. On behalf of the entire medical community and the thousands of patients whom District physicians treat each and every day, I want to thank you for holding today’s hearing on the Expedited Partner Therapy Act of 2013 and for considering the remarks that follow.

The Medical Society strongly supports the Expedited Partner Therapy Act of 2013 and commends Councilmember Grosso for its introduction. We are heartened that the legislation already enjoys widespread Council support with 9 co-introducers or co-sponsors. We all know that the rates of sexually transmitted infections (STI) in the District of Columbia are not only higher than national norms, but that we also have the ability to bring these rates down. Expedited partner therapy (EPT) is one tool we have to accomplish this, and it’s a tool that has been successful in many states across the US. In fact, EPT is permissible in 35 states, potentially permissible in 9 states, and prohibited in only 6 states. The Centers for Disease Control includes the District of Columbia in the 9 “potentially allowable” jurisdictions. Passage
of the legislation before you will end any ambiguity surrounding a physician’s use of EPT.

The reasons for adding expedited partner therapy to a physician’s treatment options are clear:
- STI's are very common, disproportionately affect women, and impact future fertility
- In the US, women ages 15-24 have the highest number of cases of gonorrhea and chlamydia infections
- Reinfection is a serious problem from untreated sexual partners
- Studies have shown rates of reinfection of 14-26% within 12 months of initial chlamydial infection
- EPT decreases reinfection rates compared with standard partner referrals for examination and treatment
- EPT is supported by the American Medical Association, the Society for Adolescent Health and Medicine, the American Academy of Pediatrics, the American Bar Association, the American College of Obstetricians and Gynecologists, and the United States Centers for Disease Control.

The legislation before the Committee is well crafted and is based upon much of the extensive work that the CDC and other public health groups have done in this area. It includes both appropriate patient and partner education, as well as the legal protections for the physician, which absent those protections, would present a barrier to EPT. If there is any area that the legislation could be improved upon, it would be to provide for a process within the Department of Health and the Board of Medicine to possibly
expand the list of STIs beyond chlamydia and gonorrhea subject to the provisions of EPT at some point in the future. The medical community would clearly be a partner with the Board and the Department in evaluating any appropriate expansion.

As a clinician in the District of Columbia treating District residents, I am excited that you are considering expanding the treatments available to me to treat District patients and improve public health. I see first-hand in my practice the effects of STIs, and would welcome the opportunity during the question and answer period to tell you how this currently plays out in my exam room, and how much better things would be with the passage of this legislation.

I very much appreciate your consideration of these remarks and look forward to answering your questions. Thank you.