

**Opposition Testimony on SB 6
Public Health and Welfare Committee
February 13, 2023**

Chairperson Gossage and members of the Committee, thank you for the opportunity to provide testimony on Senate Bill SB 6 (SB 6). SB 6 amends statutes addressing infectious and contagious diseases, specifically the authority of the Secretary of KDHE and county local health officers.

Overview:

SB 6 would significantly alter Chapter 65: Public Health, Article 1: Secretary of Health and Environment Activities, as well as several other statutes. Overall, SB 6 would remove or drastically limit the authority of the secretary of health and environment, as well as drastically limit the authority of local health officers. SB 6 would remove the secretary of health and environment's authority to designate which diseases are reportable to public health in Kansas. Instead, the secretary would submit a report to the legislature. Moreover, the secretary's authority to adopt rules and regulations to prevent transmission would be removed. Instead, the secretary would only be able to make recommendations to the public and provide education on ways to prevent disease spread.

Under SB 6, teachers and school administrators would no longer be required to report infectious diseases; identifying cases or outbreaks of infectious diseases in schools and preventing transmission would become increasingly challenging. Public gatherings would no longer be allowed to be prohibited for the purpose of disease control. Isolation and quarantine would become recommendations only rather than legal orders, and thus, unable to be legally enforced.

Specific changes: Lawfulness

K.S.A. 65-116g

Section 2, Line 19, makes it unlawful for any person to violate any provision of this act, which includes giving the secretary of KDHE the authority to "take action to prevent the introduction of infectious or contagious disease into this state and to prevent the spread of infectious or contagious disease within this state" but only relating to the disease tuberculosis. This effectively only allows KDHE to prevent the spread of tuberculosis but not other infectious diseases such as measles, chickenpox, Ebola, Highly Pathogenic Avian Influenza, and future outbreaks of new diseases.

Interventions like isolation and quarantine and prevention and intervention programs are public health tools that are the cornerstones to controlling the spread of infectious and contagious diseases. Without these measures, or the severe limitation to the use of these measures, the number of cases and close contacts during infectious

disease outbreaks will increase and those increases will result in increased cost of public health investigations at KDHE and at local health departments.

For example, measles is a disease for which cases are isolated and close contacts who are not immune are quarantined. During a 2018/2019 measles outbreak including 72 cases, the public health response to the outbreak cost approximately \$2.3 million. The investigators estimated that, if no isolation or quarantine measures had been implemented, the outbreak would have resulted in an additional 1,296 cases and 72,198 contacts thus increasing the cost of the public health response to over 120 million dollars (Pike J, et al. Societal Costs of a Measles Outbreak. Pediatrics April 2021;147(4)).

As another example, currently if someone is potentially exposed to Ebola in another country and comes into the United States, the Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) notifies the state public health department in the destination state. In the most recent Ebola outbreak, which began in September 2022 and was declared over January 2023, KDHE worked very closely with the county health departments to monitor people who travelled from the affected area for signs and symptoms of Ebola disease for 21 days. SB 6 would remove the secretary's authority to act upon notification from CDC DGMQ; Ebola is a rare but highly contagious disease and local health departments do not receive notification directly from CDC DGMQ thereby the amendment effectively allows someone infected with Ebola to move about freely and infect others.

As another example, when patients are newly diagnosed with HIV/AIDS, public health works with the patient to identify any close contacts that they may have infected and to recommend testing and treatment for those close contacts. In a large nationally representative survey, the investigators estimated that the aggregate cost of HIV/AIDS was approximately \$10.7 billion higher than the costs for those without HIV/AIDS. **This speaks to a strong need for prevention and intervention programs that have the potential to reduce HIV/AIDS transmission thus reducing the economic burden of HIV/AIDS** (Ritchwood TD, et al. Trends in healthcare expenditure among people living with HIV/AIDS in the United States: Evidence from 10 years of nationally representative data. International Journal for Equity in Health 2017;16(188)).

Another study estimated that the lifetime medical costs for an individual who becomes infected with HIV at age 35 was \$326,500 (Schackman BR, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015;53(4):293). And a 2015 outbreak of HIV in Indiana was estimated to cost the state upwards of \$58 million, including long-term healthcare costs covered by the state's Medicaid program. Costs included the cost for HIV treatment at about \$250,000 to \$300,000 for lifetime care, plus the cost of treating almost 90% of the cases who were co-infected with another infectious disease, Hepatitis C, which runs about \$85,000 per patient (https://www.newsandtribune.com/news/hiv-outbreak-costs-state-58-million/article_189054a4-a45f-11e5-964a-c39db793576d.html).

K.S.A 65-118 Schools/Children

Section 3, Line 35 strikes out teachers and school administrators from the list of mandatory reporters for infectious and contagious diseases. Currently, schools are required to report known individual cases with a reportable infectious or contagious disease so that state and local public health can work closely with the school to identify infected individuals and make recommendations for isolation and identify exposed individuals who may be susceptible to infection and, if warranted, make recommendations for quarantine. Schools are also

required to report outbreaks of any infectious disease, including outbreaks of respiratory and gastrointestinal diseases within the school so that state and local public health officials can make recommendations on appropriate control measures including additional cleaning and disinfection.

Striking school administrators from the list of mandatory reporters effectively leaves school authorities to make decisions about isolation and quarantine without the input or guidance of public health experts. This will likely lead to an inconsistent approach on how each school district handles teachers, students and staff who are infectious to others and, if school authorities are not informed of the infectious and incubation periods for each disease, may result in an excess number of school days missed or in infectious persons returning to school too early and thus infecting others. Additionally, this change leaves school authorities to make decisions about appropriate control measures like cleaning and disinfection practices, practices that public health authorities tailor based on the infectious agent and the specific pathway by which the disease spreads. This may lead to ineffective practices and the further spread of disease within the school.

K.S.A 65-119 Public Gatherings/Spread of Disease

Section 4, Line 9 strikes out the ability for the county or joint board of health or local health officer to prohibit public gatherings when necessary to control the spread of infectious and contagious diseases.

For example, while the Kansas Department of Agriculture has the authority to close a restaurant because of inspection violations, public health currently has the authority to recommend closure to control the spread of foodborne illness. Early identification of the foodborne illness outbreak and early control measures help reduce the number of people who become ill. In one investigation, it was estimated that the cost of a single foodborne illness outbreak ranged from \$3,968 to \$1.9 million for a fast-food restaurant, \$6,330 to \$2.1 million for a fast-casual restaurant, \$8,030 to \$2.2 million for a casual-dining restaurant, and \$8,273 to \$2.6 million for a fine-dining restaurant, varying from a 5-person outbreak, with no lost revenue, lawsuits, legal fees, or fines, to a 250-person outbreak, with high lost revenue (100 meals lost per illness), and a high amount of lawsuits and legal fees (\$1,656,569) and fines (\$100,000) (Bartsch SM, et al. Estimated cost to a restaurant of a foodborne illness outbreak. Public Health Reports 2018;133(3)).

K.S.A 65-128 Determining which Diseases are Infectious/Contagious

Section 5, Line 22 strikes the authority of the Secretary to designate which diseases are infectious or contagious in nature and, instead, the secretary would submit a report of these diseases to the speaker of the house of representatives and the president of the senate, and potentially yields this authority to the legislature.

Currently, public health authorities around the world and in the United States are responding to the identification of highly pathogenic avian (bird) flu virus. KDHE has been working closely with the Kansas Department of Agriculture for information on any detections in Kansas. When flocks have been identified, KDHE works closely with KDA to quickly identify any potential human exposures, as this is a disease that can transmit from animals to humans and monitors those individuals. SB 6 would limit the secretary's ability to respond to newly emerging diseases, like avian flu that have not explicitly been recognized by the legislature.

K.S.A. 65-129b Isolation/Quarantining--Vaccinations

Section 6, Line 25, strikes vaccination from the list of reasons a child can be recommended to isolate or quarantine. Currently, if a child is diagnosed with a vaccine preventable infectious disease and attended school or daycare while infectious to others, public health evaluates close contacts of the infected individual who are susceptible to becoming infected with the disease because they do not have immunity from previous disease or vaccination. For certain diseases like measles, those susceptible close contacts are quarantined during their incubation period because they can develop disease during their incubation period and thus infect others. For many vaccine preventable diseases, a person can spread disease to others before noticeable symptoms develop so it is important to quarantine away from others while the body is potentially incubating disease.

KDHE conducted a cost analysis for a 2012 measles outbreak in Finney County. The total cost at the county level was \$32,589 from local tax revenue. This relatively small outbreak resulted in six cases and 314 close contacts. The total cost of the outbreak was \$76,881; converted to 2022 dollars, approximately \$97,639 (\$16,273 per case of measles). This is just one of many examples of the cost of public health investigations that affect local taxpayers in Kansas.

In 2005, a 17-year-old unvaccinated girl who was incubating measles returned from Romania, creating the largest documented outbreak of measles in the United States in nearly 3 decades. Approximately 500 persons attended a gathering with the index patient one day after her return home; she was experiencing symptoms that typically occur before the measles rash appears. A person is considered infectious from four days before through four days after the onset of rash. Approximately 50 people lacked evidence of measles immunity, of whom 16 (32 percent) acquired measles at the gathering. During the six weeks after the gathering, a total of 34 cases of measles were confirmed. Of the patients with confirmed measles, 94 percent were unvaccinated, 88 percent were less than 20 years of age, and 9 percent were hospitalized. In aggregate, containment activities involved approximately 3650 person-hours, 4800 telephone calls, 5500 miles driven, and 550 laboratory specimens tested. Costs of containment were \$167,685 (\$4,932 per patient). The hospital employing an infected health care worker accrued 68 percent of the costs, creating a hospital specific cost of more than \$113,647 (Parker AA, et al. Implications of a 2005 measles outbreak in Indiana for sustained elimination of measles in the United States. *The New England Journal of Medicine* August 2006;355(5)).

In 2008, an intentionally unvaccinated 7-year-old boy who was unknowingly infected with measles returned from Switzerland, resulting in the largest outbreak in San Diego, California, in over 15 years. The importation resulted in 839 exposed persons, 11 additional cases (all in unvaccinated children), and the hospitalization of an infant too young to be vaccinated. Two-dose vaccination coverage of 95%, absence of vaccine failure, and a vigorous outbreak response halted spread beyond the third generation, at a net public-sector cost of \$10 376 per case. Although 75% of the cases were of persons who were intentionally unvaccinated, 48 children too young to be vaccinated were quarantined, at an average family cost of \$775 per child (Sugarman DE, et al. Measles outbreak in a highly vaccinated population, San Diego, 2008: Role of the intentionally undervaccinated. *Pediatrics* 2010;125(747-755)).

These examples alone illustrate the importance of keeping these recommendations intact. It is imperative for public health to maintain and utilize these standards in order to mitigate infectious and contagious diseases.

Request:

Our agency is cognizant of the aftermath of COVID-19 and how it has affected the perception of infectious and contagious disease mitigation. However, it is important to recognize that the work of public health is all encompassing, arduous, and necessary for everyday life to continue. Public health ensures that hospitals are practicing good infection control, that children can play, learn, grow and stay healthy, and that when one person gets sick with an old or a new disease, it doesn't have to spread everywhere. Without these public health mitigation measures, the impact of infectious disease outbreaks will increase and have both a human and financial impact on individuals, families, the healthcare system, and public health.

We appreciate the opportunity to testify in opposition to SB 6.