

Testimony on SB 391

Submitted To

The Senate Public Health and Welfare Committee

By

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On behalf of the Kansas Association of Local Health Departments (KALHD) and our 100 member Health Departments, I appreciate the opportunity to provide this written testimony on Senate Bill 391. We are an opponent of this bill.¹

Proposed as the Constitutional Right to Health Freedom Act, this bill seeks to limit or eliminate, the duties of the Secretary of the Kansas Department of Health and Environment (KHDE), the county or joint board of health, and the local health officer, in responding to any infectious or contagious disease. In doing so, their primary response to such infectious or contagious diseases would be to make recommendations.

In previous hearings on this policy area, and presumably again today, although the process does not provide an opportunity to hear their current testimony before this opponent testimony must be submitted, proponents have articulated their frustration and concern with the response to the coronavirus pandemic and its impact on the day-to-day lives of all of us. And while those frustrations and concerns may be commonly held by many, perhaps including both proponents and opponents of this bill, the solutions proposed here today have little to no chance of providing a more effective response in the future.

I encourage the Committee to consider the following:

- The strategies used to respond to the coronavirus are not unique to the United States, the State of Kansas, and the principles of democracy and freedom that are cherished by all Americans. Governments worldwide, and of every conceivable design, used strategies of handwashing, social distancing, isolation, quarantine, limitations on public gatherings, and once they were developed, vaccination, to one degree or another in response to the pandemic.
- What new strategies does this bill provide that could improve any future response? Submitting a report to those who hold the offices of The Speaker of the House of Representatives and The President of the Senate, offices not elected by the people, is proposed, but the bill does not define what those who hold those offices are to do control infectious or contagious diseases. This proposal

also conflicts with a core value of the Kansas people, that of a part-time legislature, which cannot meet the need for a timely response to control an infectious or contagious disease.

- Who and where is the best venue to evaluate the past response, review the science of infectious and contagious disease control, and then identify and recommend new or additional strategies that could be deployed in the future? I would suggest that a committee hearing and a possible debate on the floor of a legislative body is not the best venue, if for no other reason than the limits of time to effectively examine all aspects of this topic that affect the health of everyone.

While I hear the concerns of the proponents for this bill, I have also seen firsthand the dedication to public health and the authentic compassion for their fellow persons that guided the efforts of our public health officials throughout the pandemic. I encourage you to conclude, as I have, that this bill will not improve any future disease response. Please do not schedule any further consideration or action on this bill or others like it.

Thank you for the opportunity to contribute to this discussion.

