

S Sub for SB 29 Proponent
Melissa Campbell—District 14
3 March 2025

Chairman Carpenter, Vice Chair Bryce, and Distinguished Members of the House Health and Human Services Committee:

Today I write in support of S Sub for SB 29 and ask you to do the same. Our KDHE and local health officers have been abusing their power as appointed officials, not elected officials, to strong arm citizens into compliance. They say that they “recommend” actions, but it seems they tell the local health departments what to do. Because health departments fear losing funding, they take these recommendations to requirement levels. It has even gotten to the point of ordering sheriffs to TRESPASS STUDENTS who they’ve attempted to quarantine for exposure to infections that are not life threatening to healthy students. Giving power to elected officials would be more acceptable than to appointed officers.

It is essential that the authority of the KDHE and local health departments to quarantine and be prescriptive be constrained. Too much authority can cause them to be reckless. One month ago, a student was forced to quarantine at home because she was exposed to a student who self-reported chicken pox to the school. *Neither the school, nor the health department ever formally verified the chicken pox case from a physician.* Suspecting chicken pox or self-reporting does not rise to the level of physician-confirmed infection of chicken pox. This makes the basis of the 21-day quarantine challengeable. Sloppy work abounded by the school and the health department, but because we have no redress, the student suffered missing AP lectures and the end of her athletic season. This was painful and unnecessary to the student. Now the health department looks back at the incident and has spun the narrative to make sure they appear to have the authority.

Abuses by a public health office -- such as: no true verification of chicken pox leading to remanding well people to their home *sets a very dangerous precedent.* If you want to give ability to the health departments to isolate or quarantine, there needs to be prescriptive language about kinds of infections or diseases you can quarantine and isolate for. I’d argue it should include having legislative approval before an infection or disease is added to the list. Chicken pox is usually a 10-day infection. so a 21-day quarantine of a well child, timing chosen by an unelected bureaucracy and put into rules and regulations, is not based on science. You as a legislature need to create a minimum standard of burden of proof for quarantining people that are sick. If you want to quarantine WELL citizens, there MUST be burden of proof showing that the risk of a well person being in public is FAR more harmful than for that well person to be in school, hearing lectures, participating in sports, and being out in society. The KDHE and local health officers need to prove there is no downside to keeping a WELL kid at home for 3 weeks.

It is wrong for the health department to set their rules and regulations, then be the judge, jury, and executioner of their rules. As a legislature, it should be upsetting to you that your authority was usurped in a power play by one of your organizations.

Balance of government interest must be considered—our primary interest of government is to guarantee liberties of its people. That’s what you’re put in office to do. Public health would be secondary. Interests of public health cannot supersede our guaranteed liberties. With current law as written, public health supersedes liberties and *this should not be.*

The KDHE comes up with their lists and protocols, and it's delegated to county health departments. Therefore, it needs to be approved by the legislature. In the argument of bureaucrats vs legislature, will you

stand for the people against overreach? Citizens have the right to leave their homes and be part of society. Please recognize that the KDHE and local health departments have no capacity to measure risk/benefit and help put guardrails in place.

Using this authority which allows governmental overreach wasn't contemplated 20 years ago when some of this went into law, (in fact, it had no public hearing at all—it was an amendment added on the Senate floor!) and it's time to change it. We must amend this bill to strengthen it by updating 65-129b to both remove sheriff enforcement and change any verbiage of “require/mandate” to “recommend.”

Lastly, evidence is NOT supportive that a vaccine is 100% effective at preventing infection, and therefore, cannot be used as the primary supporting argument that getting a shot will fix the issue. Not all children should receive all vaccines on the current schedule as it has been known to cause adverse effects such as inflammatory response and auto-immune issues. In the case of this quarantined student, the health department said she could get a vaccine THAT FRIDAY and return to school Monday shedding the live virus on other students, or she could stay home for 21 days. There's no science showing a vaccine with no double blind placebo tests will be 100% effective at blocking the spread of infections nor that one vaccine fits all (again: risk/benefit!). Again, there is a burden of proof required that must trump the rules and regulations of a bureaucracy.

Thank you for your service and your careful consideration and strengthening of S Sub for SB 29 for passage.

Sincerely,

Melissa Campbell
District 14