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Testimony on SB 29
presented to the
Senate Committee on Public Health and Welfare
by the
Kansas Department of Health and Environment
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Chairperson Gossage and members of the Committee, thank you for the opportunity to provide testimony on Senate Bill 29 (SB 29). SB 29 would significantly alter Chapter 65: Public Health, Article 1: Secretary of Health and Environment Activities, as well as several other statutes. Overall, SB 29 would remove or limit the authority of the secretary of health and environment, as well as limit the authority of local health officers, to control the spread of infectious or contagious diseases.

A major underpinning of SB 29 states that the "secretary of health and environment shall not adopt rules and regulations." Instead, the secretary would only have the authority to adopt departmental policies to carry out the provisions of 65-101(a). Departmental policies are only effective to guide operations and decision-making within the agency, typically only applying to employees and activities within the agency, with no legal binding outside of the agency. **This language in SB 29 effectively eliminates all KDHE authority to require reports of infectious and contagious disease, investigate causes of disease, advise other offices of environmental hazards in public buildings, make sanitary inspections, take action to prevent the introduction and spread of infectious or contagious diseases in the state, and provide public outreach services.**

SB 29 specifically states that KDHE shall not adopt rules and regulations to carry out the provisions of 65-101(a). Currently, K.A.R. 28-1-1 through 28-1-18 specifically lists the reporting requirements for infectious and contagious diseases, mandates the reporting of emergency department and other hospital data that provide early warning signs of public health threats, describes the requirements for the control of rabies, and mandates laboratory reporting including sending isolates and clinical specimens of public health importance to the state public health laboratory for further testing. K.A.R. 28-1-23 outlines the management of occupational exposures to infectious and contagious diseases, protecting law enforcement and healthcare personnel exposed to these diseases in the course of their work. This regulation allows for the testing of blood and blood products, eliminating the need for healthcare providers, first responders, and law enforcement officers to undergo testing and post exposure prophylaxis for bloodborne pathogens. K.A.R. 28-1-26 and K.A.R. 28-1-27 outlines the protection of confidential information regarding HIV infection and adopts guidance for HIV screening in pregnant persons. K.A.R. 28-24-1 through 28-24-16 outlines sanitary regulations for the practice of cosmetology, nail technology,

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electrology, and esthetics. The passage of SB 29, as written, would effectively eliminate these regulations.

Without KDHE's authority to designate reportable infectious and contagious diseases in the state, healthcare providers, hospitals, and laboratories would no longer be mandated to report cases of infectious and contagious diseases to the Kansas Department of Health and Environment (KDHE); the medical and public health community would no longer have accurate insight into whether these diseases are increasing or decreasing in our state. Also, in the case of many new and emerging infectious diseases, the federal government distributes treatments through state public health departments. Without mandated reporting of people diagnosed with these diseases, KDHE would not be able to provide these treatments to the people who need them. Additionally, as new diseases like the tickborne alpha gal syndrome are recognized in the state, it is important that we can track the spread of this condition and provide education on how to prevent acquiring a disease which results in an allergy to meat and meat products. Diseases like campylobacteriosis and salmonellosis, foodborne illnesses, or emerging infections like novel influenza could go undetected, delaying responses and enabling silent spread. Without data, Kansas cannot allocate resources effectively, identify clusters of disease, and participate in regional preparedness activities.

As part of regional preparedness, KDHE is currently working with other state agencies, local, and state partners in Missouri, Iowa and Nebraska on Region 7 preparedness for the FIFA World Cup in Summer 2026. This month-long event is projected to bring over a million visitors from all over the world to the Kansas City metro area. KDHE's preparations include gathering information on endemic and outbreak diseases around the world, including Middle East Respiratory Syndrome (MERS) in Saudi Arabia, Ebola in Uganda, and measles in 60 different countries, to identify and fill gaps in Kansas' testing and response capabilities well ahead of the games.

Another example of utilizing data for action is when Lawrence-Douglas County Public Health (LDCPH) used a KDHE supported system to track rabies post-exposure prophylaxis (PEP) in local emergency departments, identifying an increase in bat-related concerns. This data prompted LDCPH to launch a public outreach campaign, educating residents on rabies risks and guiding healthcare providers on appropriate PEP use. This public health initiative improved awareness, reduced unnecessary costly treatments, and strengthened collaboration between public health officials and healthcare providers enhancing rabies prevention efforts in the community.

SB 29 would limit local health officer authority over isolation and quarantine. Interventions like isolation and quarantine 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 and increased healthcare costs for families and individuals. Rules and regulations, including those specific to isolation and quarantine, are tailored for individual diseases based on the infectious agent, how the disease spreads, the disease's unique infectious period and its unique incubation period and

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are developed by subject matter experts and align with guidance from the US Centers for Disease Control and Prevention and the American Public Health Association. Currently, the legislature may revoke any order issued by the secretary of health and environment during a disaster emergency providing a check and balance to the secretary's authority. Furthermore, **KDHE has not exercised its current authority to issue legal isolation and quarantine orders in more than a year other than to address several ongoing tuberculosis outbreaks in the state.**

Isolation and quarantine regulations are instrumental in reducing the spread of disease. For example, KDHE and a local public health department investigated a cluster of Shiga-toxin producing *E. coli* (STEC) cases occurring in children between two and three years old. Transmission occurred at a party and at a daycare home. Nine children were affected; three were hospitalized, two of which developed hemolytic uremic syndrome, a severe complication of STEC, requiring prolonged stays in the intensive care unit. Delays in the identification of transmission from ill children at the party to the daycare resulted in additional illnesses. KDHE currently provides investigation support to local health departments to quickly identify STEC cases in daycares so that isolation of ill children prior to transmission to healthy children can occur. During this outbreak, isolation of the children in daycare would have prevented illness and lengthy hospitalizations.

Under SB 29, 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. For example, if five children that attend the same school are diagnosed with an infectious disease, public health would need to receive the five reports from other mandatory reporters such as healthcare workers. These reports would lack the key linking factor that all of the cases attend the same school as this is typically not information healthcare providers gather and report to public health when diagnosing a patient. Only when the public health investigations are complete would the outbreak be identified. On the other hand, when teachers and school administrators are mandated to report, they are able to quickly identify that they have students absent with the same diagnosis, report the observation to public health, and receive timely guidance on infection control methods to decrease the spread of disease within the school and education on the proper isolation time period for cases so they do not return to school while infectious to others. **Delays in identifying outbreaks will increase the number of cases associated with school-based outbreaks which will result in increased expenditures by public health for investigations, lost school days for students, lost wages for parents missing work, potentially lost instruction time if teachers/aides are affected, and potentially increased healthcare costs for families and individuals.**

In 2024, KDHE and local health departments received approximately 20,573 reported cases of infectious and contagious diseases; most of these cases were directly reported to KDHE. SB 29 puts sole responsibility for persons with an infectious or contagious disease on the local health officer. Most cases of reportable infectious and contagious diseases, and the corresponding lab reports, come directly to KDHE and not local health departments. The infrastructure that allows secure transmission of this information from mandatory reporters, hospital electronic health record systems, and laboratory information management systems electronically to KDHE is vast and **it**

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is not reasonable for 100 local health departments to establish the same infrastructure with mandatory reporters, not to mention state and national laboratories. KDHE intakes this information and all local health departments have access to their cases based on the case's county of residence. So, the local health officer would have no reason to believe someone was exposed or infected unless KDHE notified the LHD. Also, based on the case investigation, KDHE provides the technical guidance as to when a person is no longer considered infectious to others. This process would not function without KDHE involvement.

In addition to KDHE directly receiving reports of infectious and contagious diseases, KDHE performs centralized case investigation for salmonellosis including typhoid fever, Shiga toxin producing *E. coli* infections, multi-state foodborne illness outbreaks, STI/HIV, healthcare associated infections including multidrug resistant bacterial infections, and Highly Pathogenic Avian Influenza. To decrease the burden for local public health, KDHE will soon be offering investigation services for tickborne disease including Lyme disease and ehrlichiosis. **Shifting the burden of these case investigations to local health departments would require local county governments to hire and train additional professional level staff including nurses.**

Request:

Our agency asks that this Committee please 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 does not have to spread everywhere. Without these public health mitigation measures, the impact of infectious diseases and outbreaks will increase and have both a human and financial impact on individuals, families, the healthcare system, and public health. **We ask that the Committee not support this bill as it will be undoing hundreds of years of public health work that has gone into controlling the spread of infectious and contagious diseases in our state.**

We appreciate the opportunity to submit this written testimony in opposition to SB 29.