Approved: March 21, 2005
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:32 P.M. on March 16, 2005, in Room 526-S of the Capitol.

Committee members absent:
Representative Brenda Landwehr- excused

Committee staff present:
Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Dr. Howard Rodenberg, Director of Division of Health, Kansas Department of Health and Environment
Lougene Marsh, Director, Lyon County Health Department
Judy Moler, General Counsel, Kansas Association of Counties
John Gianfranco Pezzino, Kansas Health Institute

Others attending:
See attached list.

The Chair announced that the committee will consider **HB 2503.**

A motion was made and seconded to recommend the bill as favorable for passage

Members commented on the bill. One member said the bill was not good public policy and was misguided by addressing only one kind of clinic rather than regulating all clinics statewide. Another member said the bill raised the standards for protecting women's health.

The motion passed. Representatives Flaharty, Hill, and Kirk were recorded as voting against the motion.

Staff provided a briefing on **HB 2396**. The bill would require college students living in campus housing to either receive a meningitis vaccination or sign an affidavit noting that they had received information informing them of the risks of refusing the vaccination. Twenty-seven states have similar laws.

The Chair opened the hearing on **HB 2396**.

Dr. Howard Rodenberg, Director of Division of Health, Kansas Department of Health and Environment, (KDHE) spoke as a proponent. (Attachment 1) He said the bill addresses an important health issue, requiring a college student to either receive a vaccination or sign an affidavit indicating he/she knows the risk by refusing the vaccination. He recounted the danger of the most virulent form of meningitis and the

vulnerability of college students to contract the disease.

Answering questions, Dr. Rodenberg said the mortality rate for the vaccine is virtually zero and that the cost of the vaccine was about $20 per person. He replied that the vaccine was not recommended for the general population, but only for those living in close proximity to each other, such as those in college dorms. Dr. Richard Morrissey, Deputy Director, Division of Health, KDHE, replied to another question that the agency has not discussed the implementation of the bill with the state universities and colleges. Susan Kang, Policy Director, KDHE, said that the Chairman's suggestion of merging **HB 2396** and **SB 216** might be problematic.

The Chair closed the hearing on **HB 2396**.

Staff provided a briefing on **SB 216.** The bill would expand and clarify the powers and duties of local health officials and the Secretary of KDHE when issuing and enforcing isolation and quarantine orders. The bill also takes steps to protect the rights of individuals affected by the orders, including job protection. The same bill, amended by the House Appropriations Committee in 2004 (**HB 2890),** passed the House 113-11, but was not acted on in the Senate. The present bill is the amended version of last year's bill.

The Chair opened the hearing on **SB 216.**

Dr. Howard Rodenberg, Director of Division of Health, KDHE, testified that the bill was intended to clarify and assist local health officers. (Attachment 2) He defined isolation as the separation and restriction of persons who have an infectious disease, and quarantine as separation and restriction of persons who are not presently ill, but have been exposed and may become infected with a contagious disease. He said that isolation or quarantine may be voluntary or mandatory through legal authority. He observed that neither isolation nor quarantine need be considered a rigid structure, but can be done in such a way to respect individual freedom. However, he noted that outbreaks such as SARS in Toronto or the possible release of a biological agent by terrorists requires that the state be prepared for contingencies; he stated that this bill provides for such exigencies.

Lougene Marsh, Director, Lyon County Health Department, testified as a proponent for the bill. (Attachment 3) She said local public health departments across the state have been working on emergency preparedness planning for the past three and a half years. The bill updates and clarifies the authority to utilize isolation and quarantine as the platform upon which emergency measures may be based in the event of an infectious disease outbreak. She stated that the Kansas Association of Local Health Departments had significant input in developing the bill.

Judy Moler, General Counsel, Kansas Association of Counties, speaking in support of the bill, said that the Kansas Association of Counties worked with KDHE to update the isolation and quarantine statutes and that the bill protects the safety and rights of Kansas citizens. (Attachment 4)

Gianfranco Pezzino, Director of Public Health Studies, Kansas Health Institute, testified that he was giving

informational background on the bill and its implications. (Attachment 5) He commented on the etymology of the word *quarantine*, saying that it comes from the Italian word meaning 40, indicating that historically those subject to an infectious disease were required to wait 40 days before being allowed in public again. He commented that although quarantine has a noble history, the present threats of biological agents and new infectious diseases require updated principles in order for quarantine to be effective in the modern world. He said the bill accomplishes two purposes: giving public authorities direction regarding quarantine, and providing due process for citizens.

Chad Austin, Kansas Hospital Association, provided written testimony in support of the bill. (Attachment 6)

A member expressed gratitude to Ms. Marsh for her work to improve accessibility and to lower costs of health care for citizens of Kansas.

Ms. Moler replied to a question that the process envisioned by the bill should be completed by May 31.

The Chair closed the hearing on **SB 216** and opened discussion on the bill.

A motion was made, seconded and passed to recommend **SB 216** as favorable for passage.

The Chair suggested considering **HR 6021**.

A motion was made and seconded to recommend **HR 6021** as favorable for passage.

Staff Mary Galligan, answering a member's question, said the resolution urged the secretary of KDHE to recognize the value of screening for cervical cancer, to review data regarding cervical cancer, and to consider options for increasing screening accuracy.

The motion passed unanimously.

Staff provided a briefing for **SB 10.**

As background for the bill, staff noted that an interim committee, the Joint Committee on Legislative Educational Planning, had recommended this legislation. The bill, if enacted, will give preference to the state for federal grants related to asthma. The bill modifies current statutes concerning self-medication by elementary and secondary students, adding a definition for *self-administration* and further defining *medication* and *school.* The bill requires each school district to adopt a policy regarding self-administration of medication by students; it requires that a student demonstrate skill in self-administering, that a health-care person provide a written treatment plan, and that those who supervise students be informed of the authorization. The bill also extends the sunset provision. The bill passed the Senate 40-0. Answering a question, Ms. Calderwood said that the bill does not directly address a child who misuses medication.

MINUTES OF THE House Health and Human Services Committee at 1:32 P.M. on March 16, 2005, in Room 526-S of the Capitol.

The meeting was adjourned at 2:34 p.m. The next meeting is scheduled for Thursday, March 17, 2005.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: MARCH 16 2005

NAME	REPRESENTING
Chip Wheelen	Ass of Osteopathic Med.
Chad Austin	KS Hosp Assoc
Lougene Marsh	Flint Hills CHC / Lyon County Health Dept.
[illegible]	[illegible] Law Firm
Rebecca Bailey	KMS
Judy Moler	KAC
Monica Mayer	Merck
Barbara Belcher	Merck
Mark Tallman	KASB
Tayin Sokari	KALHD
[illegible]	KACCT
Gail R. Hansen	KDHE
Sharon Patnode	KDHE
Dick Morrissey	KDHE
[illegible]	KDHE
Sarah London	Planned Parenthood
Jana Wickey	NOW
Susan Kang	KDHE
Ward Cook	American Cancer Society

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: March ~~15~~ 16, 2005

NAME	REPRESENTING
Jenny Davis	Conlee Consulting
Michelle Peterson	Ks. Governmental Consulting

KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on House Bill 2396
Regarding Meningococcal Disease Vaccinations
Before the
House Health and Human Services Committee

Dr. Howard Rodenberg
Director, Division of Health

March 16, 2005

Chairman Morrison , members of the committee, I am Dr. Howard Rodenberg, Director of the Division of Health. The Department appreciates this opportunity to discuss with you legislation that addresses what we believe to be an important public health issue. House Bill 2396 is intended to protect college students from meningitis infection by requiring students either receive the meningitis vaccine or sign a waiver indicating they know their increased risk of contracting the disease.

Meningitis is an infection of the meninges, which line the spinal column and the brain. Different organisms, including both viruses and bacteria, can cause meningitis. The type of meningitis associated with this case (and the type we normally are referring to in public health issues) is caused by a bacterium, *Neisseria meningitidis*, which can be found in many healthy people. For unknown reasons, some individuals develop meningitis when exposed to this bacterium through contact with respiratory or throat secretions (coughing, kissing, CPR, etc.) The resulting illness can be severe; 10%-15% of cases die. Among those that survive, an additional 10%-15% may suffer serious long-term effects (mental retardation, loss of limbs, hearing loss etc.).

Although there are antibiotics that can treat a *Neisseria* meningitis infection mortality and complication rates remain high. Steps can be taken to prevent the disease in others, however. A vaccine protects against all but one of the most important strains of the bacteria. In the event a person becomes ill, those with very close contact to the ill person's respiratory/throat secretions are treated. Family members, roommates, boyfriends, girlfriends, etc. are given antibiotics to prevent them from becoming ill.

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Attachment 1
HHS 3-16-05

Everyone has a small chance of contracting this type of meningitis, but those that live in college dormitories are at a modestly increased risk, apparently due to the close contact among residents.

Relatively few people contract this type of meningitis every year in the United States. In 2002, less than one person per 100,000 contracted this disease. The rate of disease per year among Kansans was similarly low -- 8 total cases were reported in 2002, 6 in 2003, and 4 in 2004.

A total of 25 states have laws in place regarding vaccination of college students. Sixteen states (including Missouri and Oklahoma) require students to either receive the meningitis vaccine ***or*** sign a waiver indicating they know their increased risk of contracting the disease. Nine states (including Nebraska, Texas, and Minnesota) take a different approach, requiring universities to inform incoming students of their increased risk of meningitis and the availability of the meningitis vaccine. In states without such laws, universities are left to design their own policy.

This legislation would require every public institution of higher education to require all students who reside in dormitory-type housing to ***either*** be vaccinated with the meningitis vaccine ***or*** sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine

K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on Senate Bill No. 216
Concerning Infectious Diseases – Quarantine and Isolation
Before the
House Committee on Health and Human Services

Dr. Howard Rodenberg
Director, Division of Health

March 16, 2005

Chairman Morrison , members of the committee, I am Dr. Howard Rodenberg, Director of the Division of Health. The Department appreciates this opportunity to discuss with you legislation that addresses what we believe to be a critical public health issue. Senate Bill No. 216 is intended to clarify – and add to – the authority of local health officers and the Secretary to issue and enforce isolation and quarantine orders. Isolation and quarantine are two common public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons.

- In general, **isolation** refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.

- **Quarantine**, in contrast, generally refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.

- Both isolation and quarantine may be conducted on a voluntary basis or compelled on a mandatory basis through legal authority.

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Attachment 2
HHS 3-16-05

Several statutes and regulations in Kansas address isolation and quarantine of individuals for public health purposes. Most of them have been on the books unchanged for many years and have rarely been used, especially in situations requiring isolation of multiple individuals at the same time. New emerging diseases such as SARS, and the possibility of the intentional release of a biological agent (bioterrorism), have brought the need to use large-scale isolation and quarantine back into the realm of possibility. Changes in state law, similar to this, are part of a national effort recommended by the Centers for Disease Control and Prevention dealing with bioterrorism threats and are being undertaken across the country. A number of states have passed comprehensive public health statutory reform legislation that includes similar provisions for isolation and quarantine, and others have passed legislation similar to this, limited to updating the authority for isolation and quarantine.

Since September 11, 2001, we have all become more sensitive about the potential for infectious disease outbreaks which might call for expanded quarantine efforts, even though we haven't yet experienced such situations in Kansas. However, the SARS outbreak and the experience in several countries in 2003 caused public health officials to re-evaluate existing capacity to implement isolation and quarantine measures. A variety of different quarantine measures were employed in March, 2003 in Toronto at the height of the outbreak. These included quarantine of groups of individuals; home quarantine; and work quarantine, where exposed workers were allowed to continue to work (as long as they were not symptomatic), but were required to follow home quarantine guidelines when not working. All area hospitals were required to create isolation units for SARS patients, limit visitors, and implement protective clothing procedures for exposed staff. Other less coercive measures were also employed; these included the closure of schools and day care facilities and the cancellation or postponement of large public events.

Considering the very real threats from emerging infectious diseases and threat of intentional release of biological agents, KDHE and other state health departments are moving to ensure that the necessary authority for public health safeguards is in place, while also assuring that individual rights are protected with appropriate due process.

This bill establishes three protections for persons who are subject to compulsory isolation or quarantine and expands the authority of local health officers and the Secretary in two important ways. The bill contains the following key elements:

1) The provision for individuals ordered to isolation or quarantine to appeal the order to a court .

2) The provision of counsel for individuals who are not represented by counsel in court proceedings related to appeals from quarantine or isolation orders.

3) A provision making it unlawful for any public or private employer to discharge an employee who is under an order of isolation or quarantine because of such order.

4) The authority of public health officials to issue quarantine orders affecting groups of exposed individuals, such as passengers arriving on a certain aircraft who may have been

exposed to an infectious disease.

5) The authority of public health officials to require individuals who have been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment. That would include diagnostic tests necessary to determine the infectiousness of the exposed individuals, and vaccination or prophylaxis (when appropriate), of exposed individuals to limit the spread of disease.

This legislation gives state and local governments some needed tools to protect the public health in situations not anticipated before the events of September 11, 2001 and the subsequent outbreaks of infectious disease, while still assuring citizens due process. We have worked closely with the Kansas Association of Local Health Departments and the Kansas Association of Counties in developing this legislation. It is extremely difficult to project the many scenarios that may occur, but we are jointly working to develop necessary contingency plans, both state and local, using our federal bioterrorism funding.

We expect that the greatest use of isolation and quarantine will be based on voluntary compliance as has been the history in this country, and most recently in the SARS outbreak in Canada. At the same time, however, we must be prepared to enforce compliance for the social good in extreme situations where alternatives are limited.

I would be happy to answer your questions.

LYON COUNTY HEALTH DEPARTMENT

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TESTIMONY
House Health and Human Services
Senate Bill 216
March 16, 2005, 1:30 pm
By
Lougene Marsh, Director and Health Officer
Lyon County Health Department
Member of Kansas Association of Local Health Departments

Chairman Morrison and Members of the House Committee, thank you for the opportunity to provide testimony on Senate Bill 216 on behalf of Kansas Association of Local Health Departments (KALHD).

Local public health departments across the state have been working on emergency preparedness planning for our communities over the past three and a half years. These efforts provide the framework for a local response to biological and infectious diseases. The appropriate level of response will be dependent on updated statutory authority for isolation and quarantine. Most Kansas statutes and regulations that address interventions such as isolation and quarantine were originally adopted in the late 1800's and early 1900's and are both outdated and unclear.

Senate Bill 216 updates and clarifies the authority to utilize isolation and quarantine and will provide the necessary platform on which emergency response may be based in the event of an infectious disease outbreak. Recent events such as the 2003 SARS outbreak and the ever-present possibility of pandemic flu have emphasized the potential need for large-scale isolation and quarantine.

In addition to providing the updated statutory authority for isolation and quarantine, SB 216 protects the due process rights of individuals. The key elements of the bill include the following:

1) The provision for individuals ordered to isolation or quarantine to appeal the order to a court.

2) The provision of counsel for individuals who are not represented by counsel in court proceedings related to appeals from quarantine or isolation orders.

3) A provision making it unlawful for any public or private employer to discharge an employee who is under an order of isolation or quarantine because of such order.

4) The authority of public health officials to issue quarantine orders affecting groups of exposed individuals, such as passengers arriving on a certain aircraft who may have been exposed to an infectious disease.

5) The authority of public health officials to require individuals who have been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment. That would include diagnostic tests necessary to determine the infectiousness of the exposed individuals, and vaccination or prophylaxis (when appropriate), of exposed individuals to limit the spread of disease.

KALHD has had significant input into the development of SB216. In addition, KALHD is in the process of developing community training to be delivered this year for elected officials, law enforcement, district/county attorneys and other local partners on the proper community response in the event of having to utilize isolation and quarantine.

On behalf of KALHD I request your support and passage of SB 216.

Attachment 3
HHS 3-16-05

TESTIMONY
House Health and Human Services Committee
SB 216
March 16, 2005
By Judy A. Moler, General Counsel/Legislative Services Director

Thank you Chairman Morrison and Members of the House Committee for allowing the Kansas Association of Counties to provide testimony on SB 216.

The Kansas Association of Counties supports the passage of SB 216. At the 2004 KAC Annual Meeting support of this bill was voted on by the entire membership and affirmed unanimously.

As you know, the Kansas quarantine and isolation statutes have not been updated in a very long time. Recent events have made that evident to those in the public health field.

The Kansas Association of Counties worked with KDHE to craft this bill. KDHE did its due diligence in checking with county officials including sheriffs to seek input regarding the legislation.

This bill is a modernization of the quarantine and isolation laws, and it is also a way to protect the due process rights of the citizens of Kansas in case of an event requiring isolation and/or quarantine.

The Kansas Association of Counties respectfully requests passage of SB 216.

The Kansas Association of Counties, an instrumentality of member counties under K.S.A. 19-2690, provides legislative representation, educational and technical services and a wide range of informational services to its member counties. Inquiries concerning this testimony should be directed to Randy Allen or Judy Moler by calling (785) 272-2585.

Attachment 4
HHS 3-16-05

KANSAS HEALTH INSTITUTE

For additional information contact:

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Health and Human Services Committee March 16, 2005
Senate Bill 216
Gianfranco Pezzino, M.D., M.P.H. **Director of Public Health Studies** **Kansas Health Institute**

Healthier Kansans Through Informed Decisions

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Attachment 5
HHS 3-16-05

My name is Dr. Gianfranco Pezzino. I am a physician with over 20 years of experience working in public health in different countries, the last 14 in the Unites States. My background includes a 10-year tenure as state epidemiologist with the Kansas Department of Health and Environment. During that time, I often assisted local health officials in their efforts to contain the spread of contagious diseases. For the last year, I have been the director of public health studies at the Kansas Health Institute.

Isolation and quarantine are essential tools that have been used for thousands of years to control the spread of communicable diseases such as leprosy and plague. In the United States, quarantine has been practiced since the early colonial period. Despite the huge progress in medicine and public health in the last centuries, including the use of antimicrobial medications, keeping infectious individuals separated from those who are not infected remains a basic principle for the control of many infectious diseases.

While the federal government retains responsibility to prevent the introduction of disease in the country and the inter-state transmission of disease, the 10th Amendment of the U.S. Constitution leaves the authority to states to enforce measures necessary to protect the health of the public at the state and local level. For this reason, it is very important that states have good, well-crafted laws in place to address the circumstances under which the government can restrict personal freedom to protect public health.

In the last few years, a renewed interest has grown regarding the use of personal restrictive measures for public health purposes, as a result mainly of two factors. The first is the concern that a bioterrorism attack could cause large-scale outbreaks that could not be controlled using routine measures. A second factor is the emergence of new infections, such as SARS, that can only be contained through the use of aggressive isolation and quarantine policies.

As a result of this renewed interest, the CDC, academic centers, and the Turning Point initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation have developed a Model State Public Health Act, designed to serve as a tool that state, local, and tribal governments can use to revise or update their public health laws. According to the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities (a CDC collaborating center that studies health-related laws), as of November 10, 2004, 30 states have introduced 64 legislative initiatives related to the Model Act. Of these, at least 25 have been passed.

K.S.A. 65-119 through 65-202 are among the state's oldest statutes. Even so, they still govern the circumstances under which local health officers impose isolation or quarantine measures in their jurisdictions. However, like in most other states, these laws have not been widely used and updated for decades. Senate Bill 216 accomplishes two purposes, both consistent with principles included in the Model State Public Health Act:

- It spells out the authority of health officers to restrict individual freedom when necessary to protect public health, and it describes how restrictive measures can be put in place. This is important because current Kansas laws only define a generic authority to use isolation and

quarantine, but do not specify what measures can be used and how those measures can be implemented.

- It also defines a due process procedure through which individuals subjected to restrictive orders can appeal the government's decisions. Current Kansas laws include no such process.

The Model State Public Health Act is a very broad and comprehensive document covering a variety of actions and issues related to public health laws. This bill deals only with some of the most essential aspects of isolation and quarantine procedures. Additional issues addressed by the Model State Public Health Act, but not covered by this bill, include a description of the standards for isolation and quarantine premises, specifications about compensation and payment for the implementation costs of the restrictive measures, and requirements to address the needs of individuals who are isolated or quarantined (e.g., providing adequate food, clothing, shelter, and competent medical care). One could assume that some of these issues could be addressed in Kansas through rules and regulations.

Thomas L. Bell
President

To: **Health and Human Services Committee Members**

From: **Chad Austin**
Senior Director of Health Policy & Data

RE: **Senate Bill 216**

Date: **March 16, 2005**

The Kansas Hospital Association (KHA) appreciates the opportunity to discuss Senate Bill 216. While resources are often tight, Kansas community hospitals stand ready to support efforts to protect the public's health.

Outbreaks of contagious diseases have impacted our country in recent years. Many United States public health agencies, including those in Kansas, are preparing for these events. Table top disaster drills across the state have identified the need to clarify our statutes and regulations related to isolation and quarantine procedures. Senate Bill 216 gives Kansas public health officials the needed tools to protect the health of all its citizens when outbreaks of infectious disease strike.

Senate Bill 216 also allows for due process for those individuals impacted by the actions of public health officials and enables the administrative and legal process to manage any appeals that may arise. This bill also protects employees, or those who have an immediate family member placed in isolation or quarantined, from being discharged by their employer.

While there are still many unanswered questions regarding how isolation and quarantine procedures would be implemented and what the impact would be to our community hospitals, KHA is prepared to work with the Kansas Department of Health & Environment to address these issues and concerns. Thank you for your consideration of our comments.

Kansas Hospital Association
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Attachment 6
HHS 3-16-05