

February 4, 2025

The Honorable Beverly Gossage, Chairperson
Senate Committee on Public Health and Welfare
300 SW 10th Avenue, Room 142-S
Topeka, Kansas 66612

Dear Senator Gossage:

SUBJECT: Fiscal Note for SB 19 by Senate Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 19 is respectfully submitted to your committee.

SB 19 would enact the Conscientious Right to Refuse Act and would prohibit employers, healthcare entities, schools, and persons from discriminating against individuals based on the refusal of any vaccination, biologic, pharmaceutical, drug, gene editing technology, DNA-or-RNA-based product if such refusal is for reasons of conscience. The bill would make related definitions and outline prohibited discriminatory actions. The bill would allow for a private cause of action for violation of the Act. In addition, the bill would repeal KSA 65-126, 65-127, 65-129, and 65-129c. These statutes pertain to the authorization of the Secretary of Health and Environment to order individuals to isolate or quarantine in certain cases of infectious or contagious diseases.

The Kansas Department of Environment (KDHE) states that enactment of SB 19 would remove the authority of the Secretary of Health and Environment to control the spread of infectious or contagious diseases by repealing KSA 65-126, 65-127, 65-129 and 65-129c. The agency notes this would remove public health authority to order individuals who have been exposed to a vaccine-preventable disease and are not immune to the disease because of past natural disease or vaccination to quarantine. The bill would also remove the authority to order individuals with active disease, such as active tuberculosis, who refuse treatment to isolate during their infectious period. The agency states that interventions like isolation and quarantine are cornerstones to controlling the spread of infectious and contagious diseases and without these measures, or the severe limitation to the use of these measures, the number of cases and close contacts during infectious disease outbreaks could increase and would result in increased cost of public health

investigations. These costs would fall to local and state public health to cover, plus the cost to insurance companies and Medicaid to cover additional health care costs. There would also be costs to employers and employees with lost work time and costs to families and individuals that must pay for healthcare and other costs.

The agency notes that KSA 72-6262(b) currently allows for medical and religious exemptions of health tests or inoculations for preschool, daycare, elementary, junior high, or high schools within the state. SB 19 would remove the need for medical or religious exemptions based on individual conscience which could lead to less students being immunized and more children at risk of being exposed to diseases like measles, mumps, polio, pertussis, and hepatitis. There is no corresponding statute for adult vaccines, related requirements and exceptions are set by individual businesses.

KDHE indicates that rules and regulations, including those specific to isolation and quarantine, are developed by subject matter experts and 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. The enactment of SB 19 would eliminate the isolation of people with highly infectious gastrointestinal illnesses. Currently, anyone working as a food employee, a health care worker, or attending or working in childcare settings are isolated away from these locations while they are infectious to others. The enactment of SB 19 would also eliminate the requirement that contact precautions be used in healthcare settings for patients with certain infections or diseases. KDHE estimates new costs could be up to \$10.2 million in FY 2026 and \$25.4 million in FY 2027, with costs increasing in out years. While some funding could be supplemented with federal funding, there are no state funding resources identified for this increase. A breakdown of the increased costs is outlined below.

In 2024, KDHE and local health departments had 20,573 cases of infectious and contagious diseases reported. Of those, 1,841 cases were gastrointestinal diseases; 509 cases were vaccine preventable diseases; 82 cases were multidrug resistant organisms in healthcare facilities; 109 were active tuberculosis disease; and 630 were latent tuberculosis infection. For gastrointestinal diseases, the agency currently estimates a cost of \$1,850 per individual and believes a 20.0 percent increase in case counts would be a conservative estimate if Kansas no longer isolated ill persons while infectious. This would bring the total cases 2,209 with a cost estimate of \$4.1 million in the first year. Estimating another 20.0 percent increase in the second year, case counts would increase to 2,651 cases with an estimated cost of \$4.9 million. The cost to public health for investigating enteric diseases and outbreaks ranges from \$14,000 to \$125,000 per year. If case counts were to increase by 20.0 percent, this would increase the cost of investigation to a range of \$16,800 to \$150,000 in the first year and \$20,160 to \$180,000 in the second year.

Using a cost estimate of \$284 per patient for the 509 cases of vaccine preventable diseases reported in Kansas in 2024, the agency estimates a direct medical cost of \$144,556. Again, using a 20.0 percent increase in cases each year if Kansas no longer mandated childhood vaccinations and isolation and quarantine, the agency would expect approximately 611 cases of vaccine preventable diseases in the first year with a direct medical cost around \$173,524 and 733 cases

with a direct medical cost around \$208,172. The cost to public health for investigating vaccine preventable diseases ranges from \$8,700 to \$82,000 per year. If case counts were to increase by 20.0 percent, the agency estimates the range would be \$10,440 to \$98,400 in the first year and \$12,180 to \$118,000 in the second year. These estimates are for routine surveillance only. The cost of investigating vaccine preventable disease outbreaks would exceed an additional \$78,000 per outbreak of pertussis, mumps, or varicella. KDHE states that Kansas investigates between 10 and 12 outbreaks of pertussis, mumps, or varicella per year, with a reduction in herd immunity, the estimated increase in outbreaks would result in an additional four outbreaks in the first year at a cost of \$312,000 and eight outbreaks in the second year at a cost of \$624,000.

Increases in both measles and tuberculosis outbreaks could add millions of additional dollars. For example, the agency states that if there were a measles outbreak like the 2018 Johnson County measles outbreak that resulted in 22 cases and 198 contacts, applying an estimated median cost per case of \$32,805, a median cost per contact of \$223, and a median cost for a 68 day public health investigation of \$263,364, Kansas might expect a measles outbreak with a cost around \$1.0 million. If no isolation or quarantine measures had been implemented the agency estimates there would be 396 cases and 3,564 contacts increasing the cost to public health to \$14.0 million with the assumption of a 68-day investigation.

Kansas reported 109 active tuberculosis disease cases and 630 latent tuberculosis infections in 2024. The agency states that investigations include extensive contact tracing of household, school, and workplace contacts of active tuberculosis cases. Investigations also include the identification of people with disease, isolation, and treatment. All contacts are evaluated for tuberculosis including testing, chest imaging, and sputum testing. Costs paid out in 2024 for tuberculosis investigations totaled \$971,249. The agency states that the enactment of SB 19 would allow patients who refuse treatment to continue working and not subject to isolation during their infectious period. Estimating a 20.0 percent increase in cases each year, Kansas could expect 131 active tuberculosis cases and 756 latent tuberculosis infections with a cost of \$1.2 million in the first year and 157 active cases and 907 latent infections with a cost of \$1.4 million in the second year.

In 2024, Kansas reported 82 cases of multidrug resistant organisms in hospitals. The median cost of a single infection of carbapenem-resistant *Enterobacteriaceae* can range from \$22,484 to \$66,031 for hospitals and \$10,440 to \$31,621 for third-party payers. Currently, KDHE works with hospitals and long-term care facilities to quickly put into place additional infection prevention and control measures and screening for these antibiotic-resistant organisms to help control the spread. In the absence of these measures, and in the absence of isolation requirements for these patients, estimating a 20.0 increase in these infections, Kansas might expect to see 98 cases with the lowest cost estimate around \$3.2 million in the first year and 118 cases costing \$3.9 million in the second year.

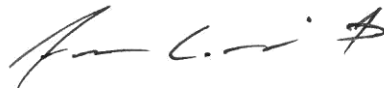
The Office of Judicial Administration states enactment of SB 19 could increase the number of cases filed in district courts because it creates a civil cause of action. This could result in more time spent by judicial and nonjudicial personnel processing, researching, and hearing these cases. The Office estimates enactment of the bill could result in the collection of docket fees and fines assessed in those cases filed under the bill's provisions, which would be deposited to the State

General Fund. The bill would not affect other revenues to the Judicial Branch. However, a fiscal effect cannot be estimated.

The Board of Regents indicates that enactment of the bill could require revision of institutional policies to ensure compliance with the new law, but the fiscal effect would be negligible. The Department of Education notes the bill would apply to any employer that took applicable action against an employee but there is no specific impact anticipated for the agency or school districts. The Kansas Human Rights Commission reports there would be no fiscal effect on the agency. The Department of Labor indicates that enactment of SB 19 could affect the agency if a violation of the Act were to occur; however, the agency does not anticipate any fiscal effect. The agency notes that as an employer, local governments could be affected by the Act for any related violations. Any fiscal effect associated with SB 19 is not reflected in *The FY 2026 Governor's Budget Report*.

The League of Kansas Municipalities states there would be no fiscal effect on cities. The Kansas Association of Counties notes the legislation could have a fiscal effect on local government if public health officers were sued for trying to prevent the spread of infectious diseases. KDHE notes that SB 19 would impact local public health agencies and the healthcare system as a whole. In addition, the agency notes counties would incur increased costs for public health investigations.

Sincerely,



Adam C. Proffitt
Director of the Budget

cc: Amy Penrod, Department of Health & Environment
Ruth Glover, Human Rights Commission
Dawn Palmberg, Department of Labor
Gabrielle Hull, Department of Education
Becky Pottebaum, Board of Regents
Trisha Morrow, Judiciary
Jay Hall, Kansas Association of Counties
Wendi Stark, League of Kansas Municipalities