

February 6, 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 29 by Senate Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 29 is respectfully submitted to your committee.

SB 29 would enact the Constitutional Right to Health Freedom Act. The Act would remove the authority of the Secretary of Health and Environment to designate infectious or contagious diseases by rules and regulations. The Secretary would be required to submit a report to the Legislature on such diseases and would be authorized to recommend ways to prevent the spread and dissemination of diseases injurious to the public health and could recommend the isolation and quarantine of persons afflicted with or exposed to such diseases. The Secretary would be allowed to adopt policies necessary to carry out provisions of KSA 65-101 related to the general supervision of the health of the people of the state but could not carry out those provisions in a manner that conflicts with any other statute or otherwise expands the authority of the Secretary.

The bill would amend various statutes pertaining to the issuance of orders by the Secretary, county or joint boards of health, and local health officers related to infectious and contagious diseases and would remove authority to issue certain orders to allow only recommendations. The bill would clarify violations of certain provisions related to tuberculosis. The bill would remove requirements for licensed social workers, teachers, and school administrators to report knowledge or information related to individuals suffering from or a death from a reportable infectious or contagious disease. In addition, the bill would also remove the authority of a county or joint board of health or local health officer from prohibiting public gatherings when necessary for the control of any and all infectious or contagious diseases, although a recommendation against the public gathering would be allowed.

The Kansas Department of Environment (KDHE) states that enactment of 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. The agency notes that the Secretary would be limited to making recommendations and policies and 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 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. According to the agency, in 2024, KDHE and local health departments received over 20,573 reported cases of infectious and contagious diseases; the vast majority of these cases were directly reported to KDHE. Of the total, 15,484 cases were sexually transmitted infections; 1,841 cases were enteric diseases caused by consuming contaminated food products, exposure to contaminated water, or exposure to animals; 509 cases were vaccine preventable diseases; 132 cases were vector-borne diseases including Lyme disease and West Nile virus; 82 cases were multidrug resistant organisms occurring in healthcare facilities; and 31 cases of animal rabies which is a fatal disease in humans if people exposed to rabies do not receive treatment. Overall, the fiscal effect of SB 29 would increase the cost of public health investigations, which 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. KDHE estimates new costs for state and local public health could total up to \$5.2 million in FY 2026, with case counts and costs estimated to increase in out-years. While some funding could be supplemented with federal funding, there are no specific state or federal funding sources identified for this increase. A breakdown of the increased costs is outlined below.

KDHE states that the medical-related costs associated with sexually transmitted infections are estimated for chlamydia to be about \$42 per infection, gonorrhea about \$78 per infection, and syphilis about \$1,190 per infection. Extrapolated to Kansas 2024 counts the total cost would be approximately \$493,920 for chlamydia, \$248,742 for gonorrhea, and \$458,150 for syphilis per year. Estimating a doubling of case counts if Kansas no longer mandated reporting of sexually transmitted infections and no longer investigated cases or located contacts to begin treatment, the direct medical costs of sexually transmitted infections is estimated to increase by \$1.2 million per year for chlamydia, gonorrhea, and syphilis. The agency also noted that in addition to these costs, the approximate cost associated with Human Immunodeficiency Virus (HIV) is \$420,285 per lifetime and extrapolated to Kansas 2024 case counts that would be \$63.0 million over the lifetime of these patients which would increase to \$126.1 million.

For gastrointestinal diseases, the agency currently estimates a cost of \$1,850 per individual and believes case counts could double if Kansas no longer mandated reporting of these diseases, no longer investigated cases to identify the source of the infection, and no longer helped guide the Department of Agriculture's restaurant inspections resulting from illness complaints. This would increase the total cost for these cases by approximately \$3.4 million.

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, assuming these cases would double if Kansas no longer mandated reporting of these diseases and no longer provided vulnerable settings like schools and daycares infection prevention and control guidance for outbreaks, the direct medical costs would increase by \$144,556.

The agency estimates the cost per Lyme disease patient to be approximately \$11,838 per patient and extrapolated to Kansas 2024 case counts that would total \$94,704. The cost of uncomplicated West Nile Virus infection is estimated to be about \$1,000 per case while neuroinvasive cases are estimated at \$27,500 per case. In 2024, Kansas reported 12 non-neuroinvasive cases and 11 neuroinvasive cases approximating a medical cost of \$314,500. In total, in 2024, Kansas reported 132 cases of vector-borne diseases which are transmitted to humans from mosquitoes and ticks. If these conditions are no longer reported to KDHE, the agency would not have any insight into the geographic area of exposure and would not be able to guide local and state collection and testing of these vectors or local control methods like mosquito spraying. Again, assuming cases would double the costs would increase by \$409,204 for these types of cases.

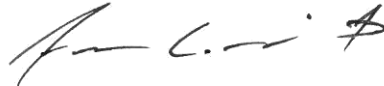
In addition to the local and state public health increases, the agency reports that depending on the infection type of carbapenem-resistant *Enterobacteriaceae*, the median cost of a single infection can range from \$22,484 to \$66,031 for hospitals and \$10,440 to \$31,621 for third-party payers. In 2024, Kansas had 81 reported confirmed Carbapenemase-Producing Organism infections for an approximate cost to third-party payers ranging from \$845,640 to \$2.6 million. Currently, in response to these reports, 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, using an estimate of double the amount of these infections, the cost estimate would increase to a range of \$1.7 million to \$5.1 million.

The Office of Judicial Administration states enactment of SB 29 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 Kansas Department of Education and the Kansas Board of Regents report that enactment of SB 29 would not have a direct fiscal effect for the agencies, school districts, or universities. Any fiscal effect associated with SB 29 is not reflected in *The FY 2026 Governor's Budget Report*.

The Kansas Association of Counties reports that enactment of SB 29 could result in a fiscal effect on local governments, but a total fiscal effect could not be estimated. The League of Kansas Municipalities stated the bill would not have a fiscal effect on cities. KDHE notes that there are an estimated 8,060 law enforcement officers and over 5,000 Emergency Medical Service workers in Kansas. On average per year approximately 30.0 percent of these staff experience an occupational needle stick injury resulting in 3,918 bloodborne exposures per year. For each

needlestick injury, the Occupational Safety and Health Administration recommends immediate medical evaluation, repeat testing for HIV, Hepatitis B and Hepatitis C, and post exposure prophylaxis for Hepatitis B and HIV at no cost to the employee. KDHE states the potential cost to local governments would exceed \$16.0 million dollars.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam C. Proffitt", with a stylized flourish at the end.

Adam C. Proffitt
Director of the Budget

cc: Amy Penrod, Department of Health & Environment
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