

SESSION OF 2026

SUPPLEMENTAL NOTE ON SENATE BILL NO. 522

As Amended by Senate Committee on Public
Health and Welfare

Brief*

SB 522, as amended, would enact the Kansas Medical Freedom Act (Act).

Definitions

The bill would define the following terms:

- “Medical intervention” would mean any medical procedure, treatment, device, prescription, or nonprescription drug or any injection or medication or medical action prescribed, administered, dispensed, recommended, sold, offered, installed, or implanted to monitor, diagnose, prevent, treat, or cure a disease or alter the health or biological function of a person. “Medical intervention” would include, but not be limited to, masks, vaccines, biologics, swabs, tests, including genomic tests, pills, capsules, creams, sprays, liquids, injections, chips, devices, and monitors;
- “Governmental entity” would mean any state, county, municipal, or local government, or any political subdivision thereof, including, but not limited to, any department, agency, authority, commission, board, council, committee, office, task force, working group, or other body established by

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

or under the authority of the laws of such governmental entity or other body;

- “School” would mean:
 - Any school of any public school district;
 - A postsecondary educational institution, defined as any public university, municipal university, community college, technical college, or institute of technology. This would include any entity resulting from the consolidation or affiliation of any two or more of such postsecondary educational institutions, or;
 - A day care facility defined as a day care home, preschool, child care center, school-age program, youth development program, or other facility of a type determined by the Director of Early Childhood to require regulation.

The definition of “school” would not include a day care facility that is owned or operated by a private entity defined as any partnership, firm, association, corporation, sole proprietorship, or other business organization, whether organized for profit or not-for-profit and includes any faith-based organization.

Prohibitions

Condition of Employment

The bill would prohibit a governmental entity from requiring a medical intervention as a condition of employment.

Schools

The bill would prohibit a school from requiring a medical intervention for participation or entry by any individual.

Government

The bill would prohibit any governmental entity, agent, or official from requiring a medical intervention for an individual, group, or private or public entity or members for any purpose, including, but not limited to:

- Access to government services;
- Receipt of licenses, permits, or benefits;
- Use of public buildings, facilities, infrastructure, or transportation; or
- Employment by governmental entities.

Personal Protective Equipment

The bill would allow for personal protective equipment (PPE) to be required as part of occupational safety standards if such requirement is consistent with federal and state workplace and occupational safety regulations and if it does not discriminate based upon medical intervention status.

The bill would not require any individual to wear or otherwise be subjected to PPE for a specific purpose that is authorized only under an emergency use authorization or similar state of emergency, edict, or proclamation.

Cause of Action

The bill would allow an individual who has been aggrieved by a violation of the Act by a school or government entity to file a complaint with the Attorney General.

The Attorney General would have a requirement to investigate each complaint and issue a final order within 60 calendar days of the filing of the complaint.

The order issued by the Attorney General would be required to include the findings and conclusions of the investigation as to whether the governmental entity or school violated the Act. The Attorney General would provide any order that finds a violation of the Act to both the entity and the individual who filed the initial complaint. The order would be considered a final order with the right to appeal pursuant to the Kansas Judicial Review Act.

Applicability

The provisions of the Act would apply at all times and could not be suspended, nullified, or otherwise disregarded during any declared emergency, public health crisis, or state of emergency issued by any local, state, or federal authority.

Severability

The provisions of the Act would be severable. If any portion of the Act was held by a court to be unconstitutional or invalid, or the application of any portion of the Act to any person or circumstance was held by a court to be unconstitutional or invalid, the invalidity would not affect other portions of the Act that could be given effect without the invalid portion or application.

Background

The bill was introduced by the Senate Committee on Federal and State Affairs.

Senate Committee on Public Health and Welfare

In the Senate Committee hearing, **proponent** testimony was provided by six private citizens. Proponents generally stated the bill would allow for sincerely held beliefs to be recognized within the scope of the workplace and for individuals to not be identified for their medical decisions.

Written-only proponent testimony was provided by a representative from Stand for Health Freedom and 16 private citizens.

Opponent testimony was provided by representatives of the Kansas Association of Local Health Departments, Kansas Chamber of Commerce, Kansas Interfaith Action, Kansas SHRM, and Sedgwick County Health Department. Opponents generally stated the bill puts Kansans at risk of preventable disease outbreaks and removes required necessary protective safeguards in the workplace.

Written-only opponent testimony was provided by representatives of American Cancer Society, Childcare Aware of Eastern Kansas, Franklin County Health Department, Health Forward Foundation, Immunize Kansas Coalition, J.A.M.I.E. Group, Johnson County Department of Health and Environment, Lawrence-Douglas County Public Health, Kansas Academy of Family Physicians, Kansas Action for Children, the Kansas Chamber of Commerce, Kansas Chapter of American Academy of Pediatrics, Kansas City Medical Society Foundation, Kansas Department of Health and Environment (KDHE), Kansas Head Start Association, Kansas Medical Society, Kansas National Education Association, Kansas Public Health Association, Kansas School Nurses Organization, LeadingAge Kansas, Loud Light

Civic Action, McPherson County Health Department, Nurture KC, Oral Health Kansas, and Reach Healthcare Foundation, and by eight private citizens.

No other testimony was provided.

The Senate Committee amended the bill to:

- Remove the definitions of “private entity” and “ticket holders”;
- Amend the definition of “school”;
- Remove specified locations and entities that could not require a medical intervention;
- Remove the penalties that could be awarded by the Attorney General in a final order;
- Remove the cause of action that could be filed by the Attorney General against an employer; and
- Make technical and conforming amendments.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, KDHE indicates the bill could increase direct medical and public health expenditures by up to \$4.2 million in FY 2027 and \$5.1 million in FY 2028. Costs for tuberculosis could increase by \$1.2 million in FY 2027 and \$1.4 million in FY 2028. Agency costs for the Facilities and Licensing Program could increase by \$65,000 in FY 2027 and \$130,000 in FY 2028. The agency notes that Kansas law currently requires students (K-12) to provide proof of certain vaccinations to attend school, regulations specify the immunizations required for children attending child care facilities and early childhood programs licensed by KDHE. Legal alternatives to school vaccination requirements are already provided in KSA 72-6262. Under current law,

school districts, licensed child care facilities, and health care providers routinely remind guardians about the need to keep children up to date on vaccinations for school or day care entry, or fill out paperwork documenting the vaccine exemptions. The agency states that the bill would negate KDHE requirements for school and day care entry vaccinations and anticipates that enactment of the bill would remove safety nets, thus leading to an increased number of children infected with vaccine-preventable diseases. Current law also requires colleges and universities to have policies and procedures in place requiring all incoming students residing in student housing, which is considered a high-risk setting for disease spread, be vaccinated for meningitis. The same statute directs the establishment of a waiver procedure for the vaccination. The agency anticipates that enactment of the bill would result in an increased number of outbreaks associated with bacterial meningitis spreading in settings such as dormitories. All other adult vaccine requirements for entities such as hospitals or day care workers are set by the individual businesses. Allowable waivers and enforcement of requirements are up to the individual businesses. Enactment of the bill would make it illegal to test people for active tuberculosis (TB) disease before entering into resident health care, volunteering at a day care, or working in a health care setting. The agency anticipates this would result in an increased number of TB outbreaks and negate the ability of a health officer to require masking to stop the spread of active TB, which is expected to increase the number of people exposed to TB.

The bill would impact anyone refusing treatment or medication, for example TB treatment for active infection, from being excluded from school or work while infectious. The agency anticipates this would result in a general increase in infectious diseases that could be prevented by vaccines or treated so that the person would recover and no longer be infectious to others. Provisional data shows that, in 2025, KDHE and local health departments received 839 reports of infectious diseases that are preventable with vaccines; of these, 342 cases were among children 0 to 19 years old.

Between 2021 and 2025, Kansas saw almost a 40.0 percent increase in these cases. Among children specifically, incidence of these cases has increased by almost 203.0 percent. This increase among children corresponds to an increase in vaccine exemptions among kindergarteners, which has grown from 2.1 percent during the 2019-2020 school year to 3.6 percent in the 2024-2025 school year.

To estimate the fiscal effect related to the potential direct medical and public health costs, the agency utilized studies on various vaccine-preventable diseases and extrapolated costs to Kansas 2025 counts for cases, then assumed a conservative 20.0 percent increase in cases if Kansas no longer mandated childhood vaccinations. The agency estimates that Kansas might expect approximately 314 cases of pertussis (\$89,176), 84 cases of varicella (\$31,164), 109 measles cases and 1,270 contacts (\$3,858,955), 32 hepatitis A and acute hepatitis B cases (\$122,368), and 467 other vaccine-preventable diseases (\$132,628) in the first year with a total direct medical and public health cost around \$4,234,291. In the second year, Kansas might expect approximately 377 cases of pertussis (\$107,068), 101 cases of varicella (\$37,471), 131 measles cases and 1,524 contacts (\$4,637,307), 38 hepatitis A and acute hepatitis B cases (\$145,312), and 560 other vaccine-preventable diseases (\$159,040) in the second fiscal year with a total direct medical and public health cost around \$5,086,198.

In relation to TB, the agency reports that investigations include extensive contact tracing of household, school, and workplace contacts of active TB cases. Investigations also include the identification of people with disease, isolation, and treatment. All contacts are evaluated for TB, including testing, chest imaging, and sputum testing. Costs paid out in 2024 for TB investigations totaled \$971,249. Enactment of the bill would allow patients who refuse treatment to continue working or attending school during their infectious period. Estimating a conservative 20.0 percent increase in cases each year, Kansas could expect 139 active TB cases and 911 latent TB infections in the first year and 167 active cases and

1,093 latent infections in the next year. Conservatively estimating a corresponding 20.0 increase in cost, response to TB cases would cost \$1,165,499 in the first year and \$1,398,599 in the second year. Enactment of the bill has the potential for a fiscal effect to both local and state public health agencies, as well as the health care system. Limitations on vaccines and treatments used to prevent infectious and contagious diseases would have compounding effect with case counts increasing each year.

Finally, the KDHE Facilities and Licensing Program, which is responsible for state licensing and federal certification activities for all acute and continuing care providers and suppliers in Kansas, currently averages 250 surveys per year with an average cost of \$5,000 per survey. Enactment of the bill would prevent health care facilities from requiring health care workers to be vaccinated, requiring testing for infectious diseases if suspected to be ill, or starting treatment to recover and prevent the further spread of disease. This would likely result in an increase in health care-associated infections, which could lead to an increase in complaints and cause for surveys. The agency assumes a 5.0 percent increase to 263 surveys, for an excess cost of \$65,000 in the first year. Another 5.0 percent increase in surveys is expected in the second year to 276 surveys with an excess cost of \$130,000. Overall, the fiscal effect of the proposed legislation includes increased cost of public health investigations, which would fall to local and state public health to cover, plus the cost to insurance companies and the state Medicaid program to cover additional health care costs, the cost to employers and employees with lost work time, and the cost to families and individuals that must pay for health care and other costs.

The Office of the Attorney General estimates that enactment of the bill would result in additional State General Fund expenditures of \$223,755 in FY 2027 and \$232,482 in FY 2028. The bill would require the Attorney General to investigate and assess civil penalties for violations of the Act, and the Office anticipates 2.00 additional positions would be

necessary to meet the requirements of the bill. The staff would conduct legal reviews of certain cases that violated the Act and would impose civil penalties as authorized by the bill. The positions would include 1.00 Assistant Attorney General with salary and benefits totaling \$133,904 and 1.00 Administrative Specialist with salary and benefits totaling \$54,929. There would also be overhead costs estimated at \$34,922 for office space, technology, and other equipment and services needed for the staff. The Office anticipates costs increasing slightly in out years.

The Office of Judicial Administration states enactment of the bill could increase the number of cases filed in district courts because it could result in civil actions brought by the Attorney General. 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 total fiscal effect cannot be estimated.

Given the broad scope of the language, the State Employee Health Plan and the State Self Insurance Fund are unable to estimate a total fiscal effect. The State Board of Regents estimates that enactment of the bill would have a negligible fiscal effect on the agency or the state's postsecondary education system. Any administrative costs related to policy review, staff training, and compliance would be handled within existing resources. The Kansas State Department of Education indicates that enactment of the bill would not result in a fiscal effect for the agency, the effect on school districts is described below. Any fiscal effect associated with SB 522 is not reflected in *The FY 2027 Governor's Budget Report*.

The Kansas Association of School Boards notes that the language of the bill regarding the definition of "medical intervention" is incredibly broad. Currently, schools are

required per KSA 72-6266 to require all employees to provide a certification from a licensed medical practitioner that there is no evidence the employee has a physical condition that would conflict with the health, safety, or welfare of the pupils. The law explicitly requires that the certification includes freedom from TB has been established for the employee by chest X-ray or negative TB skin test. If the bill were enacted, schools would be forced to choose between compliance with the bill or the requirements of KSA 72-6266. Failure to comply with either exposes each school district to financial penalties in the form of enforcement and legal action against the district. The fiscal effect would vary by district, and a total cannot be estimated.

The Kansas Association of Counties states the bill would prohibit governmental entities from conditioning employment, services, benefits, or access to public facilities on the use or non-use of certain medical interventions. Counties could incur administrative costs associated with reviewing and updating policies and procedures to ensure compliance with the provisions of the bill. Counties could also have costs related to responding to complaints or investigations by the Attorney General under the enforcement provisions of the Act. Because the number of potential complaints and enforcement actions are unknown, a total fiscal effect for counties cannot be estimated.

The League of Kansas Municipalities states the bill would result in a fiscal effect for cities. Although the bill does not mandate direct city spending or new municipal services, it could lead to additional legal and administrative costs for cities, including increased municipal litigation defense costs and potential liability exposure due to the statutory cause of action. There could also be new administrative burdens to review and revise policies to ensure compliance, human resources and employee policy changes where city employee health mandates may have existed, and coordination and planning costs for future emergency response alignment.

Health; health care; medical mandates; Kansas Medical Freedom Act