

**Testimony on Substitute for House Bill 2183:  
An act concerning the designation and control of infectious and  
contagious diseases**

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Chairwoman Pilcher-Cook and members of the committee, thank you for the opportunity to discuss substitute for House Bill 2183 regarding communicable diseases. We have worked closely with representatives from the Kansas Emergency Medical Services Association on this bill and have also consulted with the Kansas Hospital Association and Kansas Medical Society. All of these stakeholders have indicated support for this bill.

The primary objective of the original version of HB 2183 is to improve the health and safety of emergency services workers and other first responders, law enforcement and corrections officers, and health care providers exposed to infectious diseases during the course of performing their jobs.

Currently, the surveillance, prevention, and control of infectious diseases are addressed in two separate articles in Kansas statutes. The pertinent sections of K.S.A. 65-101 *et seq.* provide authority for the secretary of Kansas Department of Health and Environment (KDHE) to issue administrative regulations for designating reportable infectious diseases and isolation and quarantine requirements for diseases other than HIV, while K.S.A. 65-6001 *et seq.* deal explicitly with HIV. However, neither article provides adequate explicit authority for managing potential exposures to communicable diseases, including HIV, among emergency medical service providers, other first responders, corrections and law enforcement officers, or health care providers.

This bill amends pertinent sections of K.S.A. 65-101 *et seq.* by providing explicit authority for the secretary of KDHE to adopt administrative regulations for prevention and control of HIV in addition to the other specified infectious diseases under current law. In particular, the bill would provide more specific authority to adopt regulations to manage exposures to infectious diseases. One of the most important outcomes of this change is that KDHE would be authorized to specify requirements for testing source patients who might have exposed a first responder or health care provider to a broader array of communicable diseases – for example, as a result of a needle stick or other documented incident that could have resulted in disease transmission – and vice versa.

We will work collaboratively with our stakeholders to develop and adopt administrative regulations to ensure the original objectives of HB 2183 are met. Thank you.