



To: Senate Public Health and Welfare Committee

From: Rachele Colombo; Executive Director

Date: March 8, 2022

Re: SB 489; Removing certain regulatory authority concerning infectious or contagious diseases from the secretary of health and environment.

The Kansas Medical Society appreciates the opportunity to submit testimony in opposition to SB 489, removing authority from the secretary of health and environment related to infectious or contagious diseases.

While we are all collectively still dealing with the effects and learning from the 2020 outbreak of COVID-19, we would urge you to consider other factors and aspects of the state's response, beyond the secretary's infectious and contagious disease authorities, that could be negatively impacted by this proposal. There is no question that the role of the secretary of health and environment and local public health officers changed dramatically as they worked in real-time alongside legislators and medical professionals to respond to a global pandemic. As that process unfolded with developing information, rampant infection and scarce resources, the secretary of health and environment carried the responsibility of coordination of information and securing and disseminating supplies. Re-routing those requests, as this bill proposes, to a legislative process involving House and Senate leaders would have made the response even more cumbersome and slowed the state's response to the COVID-19 crisis.

Though now it feels long ago, in March of 2020, recall that we heard from physicians from every part of the state, from small communities to the largest cities in the state, tell us: they needed personal protection equipment, tests and eventually vaccines. Those dire requests were immediate, with physicians across the state trying to meet the needs of all patients in the midst of the emerging pandemic. There were still heart attack patients, pregnant and delivering mothers, cancer patients, car accidents and more that required facilities, equipment, medical providers and care. Securing PPE and other necessary response tools required both federal, state and local coordination in order to receive, resulting in an extreme bottleneck of supplies and care leading to a short-term shutdown of medical services for nearly two months. Had this bill been in place and further delayed the delivery of those resources, it is probable that even more medical care would have been delayed, altered or unable to be delivered at all.

The processes passed through the Kansas Emergency Management Act appropriately address concerns about the emergency powers of unelected public health officials for any future medical emergency or pandemic.. We respectfully request your opposition to SB 489 and urge you to consider options which continue to protect the public's access to timely medical care.