

**Opposition Testimony on SB 391**  
**Senate Committee on Public Health and Welfare**  
**February 15, 2024**

Chairperson Gossage and members of the Committee:

Thank you for the opportunity to provide testimony on Senate Bill 391 (SB 391). SB 391 would significantly alter Chapter 65: Public Health, Article 1: Secretary of Health and Environment Activities, as well as several other statutes. Overall, SB 391 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 passage of SB 391 would remove the secretary of health and environment's authority to adopt rules and regulations including the authority to designate reportable infectious and contagious diseases in the state. Without this authority, healthcare providers, hospitals, and laboratories would no longer be mandated to report cases of infectious and contagious diseases to the Kansas Department of Health and Environment (KDHE); the medical and public health community would no longer have accurate insight into whether these diseases are increasing or decreasing in our state. Also, in the case of many new and emerging infectious diseases, the federal government distributes treatments through state public health departments. Without mandated reporting of people diagnosed with these diseases, KDHE would not be able to get these treatments to the people who need them.

SB 391 would strip the secretary's authority to adopt rules and regulations related to isolation and quarantine. Legal orders of isolation and quarantine provide protection for Kansans that have, or are exposed to, a reportable infectious or contagious disease. On numerous occasions, Public Health has provided these written orders to help Kansans avoid losing money when having to cancel flights due to illness, avoid being fired from their jobs for not reporting to work while infectious, and avoid being penalized at their colleges for missing classes. These regulations 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 and are developed by subject matter experts and align with guidance from the US Centers for Disease Control and Prevention. Interventions like isolation and quarantine are cornerstones to controlling the spread of infectious and contagious diseases. Without these measures, or the severe limitation to the use of these measures, the number of cases and close contacts during infectious disease outbreaks will increase posing a threat to the safety and well-being of Kansans.

Under SB 391, teachers and school administrators would no longer be required to report infectious diseases or school closures due to outbreaks; identifying cases or outbreaks of infectious diseases in schools and preventing transmission would become increasingly challenging. Assuming that every school building or even school district has access to other mandatory reporters, such as school nurses, puts many rural school districts that do

not have ready access to healthcare staff at a disadvantage. When teachers and school administrators are mandated to report, they can quickly identify that they have students absent with the same diagnosis, report the observation to public health, and receive timely guidance on infection control methods to control the spread of disease within the school. Families receive education on the proper isolation period for cases so they do not return to school while infectious to others. Delays in identifying outbreaks and involving Public Health will increase the number of children affected by school-based outbreaks.

SB 391 puts sole responsibility for suspecting that someone has been exposed to an infectious or contagious disease on the local health officer. In reality, all cases of reportable infectious and contagious diseases, and the corresponding lab reports, come to KDHE. The infrastructure that allows transmission of this information from mandatory reporters, hospital electronic health record systems, and laboratory information management systems electronically to KDHE is vast and it is not reasonable for 100 local health departments to establish the same infrastructure with mandatory reporters, not to mention state and national laboratories. KDHE intakes all of this information and then shares this information with the county health department that has jurisdiction based on the case's county of residence. So, the local health officer would have no reason to believe someone was exposed or infected unless KDHE notified the local health department. Also, based on the case investigation, KDHE provides the technical guidance as to when a person is no longer considered infectious to others. This process would not function without KDHE involvement.

Our agency asks that this Committee please recognize that the work of Public Health is all encompassing, arduous, and necessary for everyday life to continue. Public Health ensures that hospitals are practicing good infection control, that children can play, learn, grow and stay healthy, and that when one person gets sick with an old or a new disease, it does not have to spread everywhere. Without these public health mitigation measures, the impact of infectious disease outbreaks will increase and have both a human and financial impact on individuals, families, the healthcare system, and public health. We ask that the Committee not support this bill as it would undo hundreds of years of public health work that has helped control the spread of infectious and contagious diseases in our state.

We appreciate the opportunity to testify in opposition to SB 391 and urge you not to pass the bill.