

**Testimony on Senate Bill 273
Senate Judiciary Committee
Dr. Lee Norman, *Secretary of KDHE*
Kansas Department of Health and Environment
February 25, 2021**

Chair Warren and Members of the Committee:

Thank you for the opportunity to supply written testimony in opposition to Senate Bill 273. As written, the Bill is very complex, but summarizable as creating a new statutory structure for declaring and responding to a “public health disaster”. At its face, a “public health disaster” seems to be a subset of “disaster” as defined by K.S.A. 48-904.

As the State’s Public Health department, we are greatly concerned with protecting the health of the public, so we scrutinize legislation that would affect those obligations. In fairness, we view SB 273 as, at best, a rushed attempt to respond to our recent history involving COVID-19. In general, KDHE would favor a more deliberate discussion and analysis of, not only, our recent history dealing with COVID-19, but also, with prior public health events (like H1N1 in 2009 or Ebola in 2013 or flooding that occurs regularly) before proposing major changes to public health law. Each of these prior events posed challenges to public health authorities. We should not ignore the lessons learned from those events. In short, KDHE respectfully suggests that the topic this bill is attempting to cover is deserving of an in-depth and thoughtful review instead of a hurried legislative presentation.

While KDHE believes there are many aspects that are concerning about this bill, KDHE will select two that are concerning.

1. Assuming the intent is to severely limit governmental responses and actions involving infectious or contagious diseases, the proposed definition of “public health disaster” in Section 6 is myopic as to the scope of diseases covered. The definition is limited to diseases that are “human to human transmissible” even if the original source is non-human. If the concern is for having a consistent public health response to infectious or contagious diseases, this proposed definition ignores zoonotic and other non-human vectored diseases and infections. As example, a common concern during flooding is leptospirosis which is vectored by contact with water contaminated with rodent urine and feces. Another example are mosquito-borne diseases such as the West Nile virus. Both would not be covered by the proposed definition of a “public health disaster”.
2. Currently, the federal government, through the Department of Health and Human Services (HHS hereafter) has the ability to issue “Public Health Emergency” (PHE) declarations under the Public Health Services Act. A PHE declaration is important as a basis for a state to draw down federal funding, supplies and/or personnel if the state is impacted by the PHE. The Secretary of HHS is to communicate and coordinate such activity with local and state health authorities to ensure need. If a county commission can override a declaration of a “Public Health Disaster”

on the same event and determine that there is no “Public Health Disaster”, such action can undercut a financial request by the state.

Given the complexity of the proposed legislation, KDHE respectfully suggests a thorough discussion as a prelude to developing a new statutory structure for responding to infectious and contagious diseases. KDHE opposes SB273 as it is currently written.