Brief*

Sub. for HB 2183 would amend existing law to expand the scope of the rules and regulation authority of the Secretary of the Department of Health and Environment (Secretary) relating to the protection of public health and for the control of infectious or contagious diseases and would designate those changes to law as “Chy J. Miller’s law.”

The bill would allow the Secretary to issue orders and adopt rules and regulations to provide for the testing of such diseases. The bill also would require rules and regulations be developed and adopted by January 1, 2014, to protect both individuals who provide services that may result in occupational exposure to blood or other potentially infectious materials and those who receive the services. Further, the bill would provide definitions for applicable terms and would repeal KSA 2012 Supp. 65-129a containing definitions addressed by the bill. Technical amendments also would be made.

Existing law only authorizes the Secretary to designate diseases that are infectious or contagious and to adopt rules and regulations for the isolation and quarantine of such diseases and persons with or exposed to such diseases as are needed to prevent the spread and dissemination of diseases dangerous to the public.

*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 http://www.kslegislature.org
The following definitions would be amended or newly defined by the bill:

- The definition of “tuberculosis” would be updated;
- “Infectious and contagious diseases” would mean those designated by the Secretary as needing control for the protection of the public health; and
- “Blood,” “occupational exposure,” and “other potentially infectious materials” would be defined.

Background

The original bill was introduced by the House Committee on Health and Human Services. Representatives of the City of Lenexa Fire Department, Butler County Emergency Medical Services, and the Kansas Board of Emergency Medical Services (EMS) testified in favor of the bill at the hearing before the House Committee on Health and Human Services. The City of Lenexa Fire Department representative testified the bill would update the disease list in accordance with Occupational Safety and Health Administration and the Centers for Disease Control and Prevention, as well as the updates to the federal Ryan White law. The representative of the Kansas Board of EMS stated the bill would incorporate new language in several statutes that define, clarify, and identify updates to information and processes that address the management and follow-up of exposure to communicable diseases by emergency first responders, whether fire, law enforcement or emergency medical services. The representative said the bill would ensure providers found to be affected are made aware of the exposure and a treatment regimen is implemented. He noted if not known and not treated, there is the potential for continued exposure to fellow workers, family members, and patients treated after the exposure. Written testimony in favor of the bill was provided by representatives of the Kansas State Firefighters Association and the Kansas Hospital Association. No opponent or neutral testimony was provided on the bill.
The House Committee on Health and Human Services amended the bill by substituting a new bill to address the same subject matter of the original bill by using a different set of statutes related to the Secretary’s authority to issue administrative regulations for infectious diseases other than Human Immunodeficiency Virus (HIV). The original bill used statutes explicitly dealing with HIV. The substitute bill would provide for the operational details in the original bill to be addressed in administrative regulations, rather than in statute, by expanding the Secretary's rules and regulations authority to manage exposures to infectious diseases. The substitute bill contains an amendment to clarify the protections to be provided by rules and regulations regarding possible exposure to blood and other potentially dangerous materials extended to individuals receiving services from those who by the nature of their occupations may be exposed to such materials.

At the time the substitute bill was being considered by the House Committee, testimony was provided by a representative of the Kansas Department of Health and Environment (KDHE), who stated KDHE had worked closely with representatives from the Kansas Emergency Medical Services Association on the language and consulted with the Kansas Hospital Association and the Kansas Medical Society. The representative said these stakeholders indicated support for the revisions proposed.

The House Committee of the Whole amended the bill to correct an inadvertent omission in the printing of the substitute bill that did not reflect an amendment passed by the House Committee on Health and Human Services. The House Committee of the Whole amendment would clarify the protections to be provided by rules and regulations regarding possible exposure to blood and other potentially dangerous materials extended to individuals receiving services from those who by the nature of their occupations may be exposed to such materials.
The Senate Committee on Public Health and Welfare amendment names the changes to law made by the bill as “Chy J. Miller’s Law.” The amendment was requested in testimony submitted at the Senate Committee hearing on the bill by Representative Christmann.

No fiscal note was available on the substitute bill. The fiscal note prepared by the Division of the Budget on the original bill states the Kansas Department for Aging and Disability Services indicated passage of the bill could increase costs for the state hospitals; however, a precise fiscal effect cannot be determined because the potential number of incidents that may occur is unknown. Both the Department of Corrections and the Juvenile Justice Authority expect that any fiscal effect resulting from the bill would be accommodated within existing agency resources. The Kansas Board of EMS indicated there would be no fiscal effect on the Kansas Board of EMS; however, any reimbursements for patient transportation costs relating to incidents addressed in the bill would be handled at the local level.