

March 21, 2013

Open Letter Regarding Kansas House Bill 2183

To whom it may concern:

Many concerns have been raised recently about Substitute HB 2183 (designation and control of infectious and contagious diseases). Unfortunately, the bill has been mischaracterized to imply that the bill would allow public health officials to issue isolation orders for persons with HIV. This letter provides some background information about the bill and seeks to address the concerns. I have also attached my testimony to the health committees in the legislature for your information.

Members of the emergency medical services (EMS) community facilitated the original bill's introduction to address three primary concerns in current law related to management of occupational exposures: 1) current law covers only HIV, even though other pathogens and diseases pose potential risks (e.g., hepatitis B and C viruses, meningococcal disease, etc.); 2) only corrections officers, emergency services employees, law enforcement, and juvenile correctional facility staff are covered, but it is recognized that occupational exposures to blood and other potentially infectious materials can occur among health care providers and other types of workers; and 3) explicit consent must be obtained from source person, which is not always feasible (e.g., unconscious or unresponsive patient).

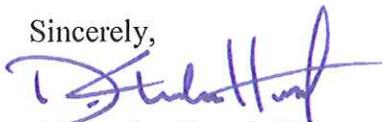
The original bill would have addressed these concerns by expanding current statutes pertaining to HIV and AIDS (i.e., K.S.A. 65-6001 *et seq.*) to encompass additional infectious diseases and care providers, and specifying how exposures are to be managed. During my bill review, I identified two major concerns. First, expanding the AIDS statutes to encompass a broader array of infectious diseases would have created two sets of statutes dealing with the prevention and control of infectious diseases, thereby increasing complexity and risk of conflicts and differences in interpretation. Second, the bill contained operational details about exposure management that would be more appropriately addressed in administrative regulations.

As an alternative, simpler approach to accomplish the objectives of the original bill, I recommended that we amend pertinent sections of K.S.A. 65-101 *et seq.* Our substitute bill provides the 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 substitute bill will provide more specific authority to adopt regulations to manage exposures to infectious diseases, which I plan to draft to encompass the key components of the original bill.

This bill was never about isolation or quarantine related to persons with HIV infection. In fact, current law requires that any isolation or quarantine actions taken by the local health officer or secretary of KDHE must be "reasonable and medically necessary". Isolating persons with HIV infection or quarantining persons exposed to HIV would not be reasonable or medically necessary, and, therefore, would not be legal. These points have been made repeatedly by Paul Marx (KDHE Associate Chief Counsel) and me during testimony to the Senate Public Health and Welfare Committee and in response to media inquiries.

If there are additional questions regarding this, please feel free to contact me directly.

Sincerely,



D. Charles Hunt, MPH
State Epidemiologist
Director, Bureau of Epidemiology and Public Health Informatics

**House Bill 2183: An act concerning communicable diseases
Testimony on Proposed Substitute Language**

By:
D. Charles Hunt, MPH
State Epidemiologist and Director
Bureau of Epidemiology and Public Health Informatics

21 February 2013

Chairman Crum and members of the committee, thank you for the opportunity to discuss our recommended substitute language for House Bill 2183 regarding communicable diseases. We have worked closely with representatives from the Kansas Emergency Medical Services Association on the revisions to this bill and have consulted with the Kansas Hospital Association and Kansas Medical Society. All of these stakeholders have indicated support for the revisions we have proposed.

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. The original bill would accomplish this by expanding provisions of existing state statutes dealing with exposure to human immunodeficiency virus (HIV) to encompass additional infectious diseases and care providers, and specifying how exposures are to be managed.

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 infectious diseases other than HIV, while K.S.A. 65-6001 *et seq.* deal explicitly with HIV.

During our review of HB 2183 we determined that an alternative, simpler approach to accomplish the objectives of the original bill would be to amend pertinent sections of K.S.A. 65-101 *et seq.* Essentially, our proposed alternative language would provide the 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 proposed new language would provide more specific authority to adopt regulations to manage exposures to infectious diseases. We feel that it would be most appropriate to specify many of the operational details in the original version of HB 2183 in administrative regulations rather than in statute.

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



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

By:
D. Charles Hunt, MPH
State Epidemiologist and Director
Bureau of Epidemiology and Public Health Informatics

14 March 2013

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.