



## KANSAS HEALTH INSTITUTE

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<p><b>Health and Human Services Committee</b></p>
<p>March 16, 2005</p>
<p><b>Senate Bill 216</b></p>
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*Healthier Kansans Through Informed Decisions*

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

My name is Dr. Gianfranco Pezzino. I am a physician with over 20 years of experience working in public health in different countries, the last 14 in the United States. My background includes a 10-year tenure as state epidemiologist with the Kansas Department of Health and Environment. During that time, I often assisted local health officials in their efforts to contain the spread of contagious diseases. For the last year, I have been the director of public health studies at the Kansas Health Institute.

Isolation and quarantine are essential tools that have been used for thousands of years to control the spread of communicable diseases such as leprosy and plague. In the United States, quarantine has been practiced since the early colonial period. Despite the huge progress in medicine and public health in the last centuries, including the use of antimicrobial medications, keeping infectious individuals separated from those who are not infected remains a basic principle for the control of many infectious diseases.

While the federal government retains responsibility to prevent the introduction of disease in the country and the inter-state transmission of disease, the 10th Amendment of the U.S. Constitution leaves the authority to states to enforce measures necessary to protect the health of the public at the state and local level. For this reason, it is very important that states have good, well-crafted laws in place to address the circumstances under which the government can restrict personal freedom to protect public health.

In the last few years, a renewed interest has grown regarding the use of personal restrictive measures for public health purposes, as a result mainly of two factors. The first is the concern that a bioterrorism attack could cause large-scale outbreaks that could not be controlled using routine measures. A second factor is the emergence of new infections, such as SARS, that can only be contained through the use of aggressive isolation and quarantine policies.

As a result of this renewed interest, the CDC, academic centers, and the Turning Point initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation have developed a Model State Public Health Act, designed to serve as a tool that state, local, and tribal governments can use to revise or update their public health laws. According to the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities (a CDC collaborating center that studies health-related laws), as of November 10, 2004, 30 states have introduced 64 legislative initiatives related to the Model Act. Of these, at least 25 have been passed.

K.S.A. 65-119 through 65-202 are among the state's oldest statutes. Even so, they still govern the circumstances under which local health officers impose isolation or quarantine measures in their jurisdictions. However, like in most other states, these laws have not been widely used and updated for decades. Senate Bill 216 accomplishes two purposes, both consistent with principles included in the Model State Public Health Act:

- It spells out the authority of health officers to restrict individual freedom when necessary to protect public health, and it describes how restrictive measures can be put in place. This is important because current Kansas laws only define a generic authority to use isolation and

quarantine, but do not specify what measures can be used and how those measures can be implemented.

- It also defines a due process procedure through which individuals subjected to restrictive orders can appeal the government's decisions. Current Kansas laws include no such process.

The Model State Public Health Act is a very broad and comprehensive document covering a variety of actions and issues related to public health laws. This bill deals only with some of the most essential aspects of isolation and quarantine procedures. Additional issues addressed by the Model State Public Health Act, but not covered by this bill, include a description of the standards for isolation and quarantine premises, specifications about compensation and payment for the implementation costs of the restrictive measures, and requirements to address the needs of individuals who are isolated or quarantined (e.g., providing adequate food, clothing, shelter, and competent medical care). One could assume that some of these issues could be addressed in Kansas through rules and regulations.