Dear Senator [**Insert Last Name**],

My name is [**Insert Your First/Last Name**], and I am with the [**Insert Health Department Name**]. I wanted to reach out to you regarding HB 2016 (as it was sent over from the House) as there are several changes I am concerned might have an unintended impact in regard to the work of local health departments. Things are moving fast but I am hoping floor amendments can be used to help improve this piece of legislation.

1. Contact tracing: Contract tracing is a typical public health strategy and has been used for decades for all sorts of contagious diseases. I’m very concerned that the ability to control the pandemic may be negatively impacted by some of the changes in terms of how contract tracing works. Local health departments are deeply sensitive about what information they share with others. If there is desire to install new privacy requirements, I’d like to suggest some steps to ensure we aren’t stopping the typical contact tracers from being able to work. Some suggestions:
   1. In New Sec. 16 (c)(2) I’d suggest changing “the secretary or local health officer may conduct or authorize” to “the secretary, *local health department*, or local health officer may conduct or authorize”. Adding in the local health department outright would help make clear that LHD staff are fully able to do the contact tracing (the local health officer relies on LHD staff for this work).
   2. In New Sec. 16 (d)(2) it only enables contact tracers to act under the supervision of the secretary. I’d suggest adding *or local health officer* to that provision. Public health in Kansas is decentralized, most of the contact tracing is happening under the local health officers already, and this might be seen to imply things can only happen under KDHE rather than the trusted local officials.
   3. New Sec. 16 (h)(3) states that no contact tracer shall obtain contact data related to an infected person or contact from any third party. This could be a problem for proper tracing. The reason is, sometimes an infected person may know a person’s name they were with but not their phone number or address. Online tools, such as public records tools, are used in those cases to quickly look up the contact details to that contact can be reached and informed of their possible exposure. This language suggests that would not be allowed. I would suggest an addition to the end of the sentence *except if the third party is critical to the tracing process*.
2. First responder communication: This is New Sec. 18. Communication is already happening between local health departments and first responders. Some first responders have been very demanding on wanting a high level of detail. With scanners and such so accessible the concern isn’t so much the first responder knowing too much but rather it being easy for the public to find out who might be exposed to COVID-19 (and put their privacy in jeopardy). I’d advise dropping this entire section given the risks. Alternatively, if (a) were modified to drop the “Such information shall” and all the text under (1) and (2), I think that would instruct the LHDs to work with the first responders without being overly prescriptive. The LHDs will strive to protect private information.
3. Home rule: In Sec. 25 (a)(39) puts K.S.A. 65-201 and 65-202 no longer subject to home rule. This is going to have unintended consequences. For example, counties have used these powers regarding sanitary inspections of school buildings. There may be other impacts as well; the ability to use home rule on these statutes has been around a very long time. Passing this could have financial impacts on county budgets unrelated to COVID-19 and possibly burden the local health system with duties that are handled elsewhere. There’s no real way to tweak this; I recommend it be removed.
4. Consultation with health officials: Sec. 33 (h)(1) is confusing. It enables the board of county commissioners to be less stringent than an executive order, but references “other local health officials” as a consultation option. This does not make sense. The local health officer is the board’s appointed health official. I recommend Sec. 33 (h)(1) be amended to just say: *The board has consulted with the local health officer regarding the governor’s executive order*.
5. Review of a local health officer’s order and expiration dates: Sec. 37 (b) is oddly phrased. It allows the board of county commissioners to review the local health officer’s order. So that is optional, but if they do review it then an expiration date is mandated (shall include an expiration date). I’d suggest changing the “shall” to “*may*” to fit with the rest of the language.
6. School building sanitary inspections: Sec. 38 (a). I noted earlier that home rule has been used by counties for several reasons; one reason I know several have done is regarding the sanitary inspection of each school building. The reasons may vary but generally I believe this is because the duty is seen as more environmental than traditional public health. If you are not willing to remove the home rule restriction language, I would ask that language be changed from “The local health officer shall upon the opening” make it “The local health officer *may* upon the opening”. The “shall” to “may” change would protect those counties from placing a task back under the local health officer that they deemed not suited in their county.

Those are my main areas of concern. My thanks for all your work to help protect the health of all Kansans!

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