AN ACT concerning health and healthcare; relating to health insurance coverage; expanding medical assistance eligibility; implementing a health insurance plan reinsurance program; directing the department of health and environment to study certain medicaid expansion topics; adding meeting days to the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight to monitor implementation; making and concerning appropriations for the fiscal years ending June 30, 2020, June 30, 2021, and June 30, 2022; amending K.S.A. 65-6207, 65-6208, 65-6209, 65-6210, 65-6211, 65-6212, 65-6217 and 65-6218 and K.S.A. 2019 Supp. 39-7,160 and 40-3213 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) Sections 1 through 13 and 16 through 19, and amendments thereto, shall be known and may be cited as the Kansas innovative solutions for affordable healthcare act.
(b) The legislature expressly consents to expand eligibility for receipt of benefits under the Kansas program of medical assistance, as required by K.S.A. 39-709(e)(2), and amendments thereto, by the passage and enactment of the act, subject to all requirements and limitations established in the act.
(c) The secretary of health and environment shall adopt rules and regulations as necessary to implement and administer the act.
(d) As used in sections 1 through 13 and 16 through 19, and amendments thereto, unless otherwise specified:
1. "138% of the federal poverty level," or words of like effect, includes a 5% income disregard permitted under the federal patient protection and affordable care act.
2. "Act" means the Kansas innovative solutions for affordable healthcare act.

New Sec. 2. (a) The secretary of health and environment and the insurance commissioner shall submit to the United States centers for medicare and medicaid services and the United States department of the treasury any state plan amendment, waiver request or other approval
insurance plan reinsurance program established by the Kansas innovative
solutions for affordable healthcare act and section 21: Provided further,
That the state finance council is hereby authorized to approve the
implementation of the health benefit reinsurance program to commence on
January 1, 2022: And provided further, That the state finance council acting
on this matter is hereby characterized as a matter of legislative delegation
and subject to the guidelines prescribed in K.S.A. 75-3711c(c), and
amendments thereto, except that the state finance council may act upon
such matter while the legislature is in session.

Sec. 23. K.S.A. 2019 Supp. 39-7,160 is hereby amended to read as
follows: 39-7,160. (a) There is hereby established the Robert G. (Bob)
Bethell joint committee on home and community based services and
KanCare oversight. The joint committee shall review the number of
individuals who are transferred from state or private institutions and long-
term care facilities to the home and community based services and the
associated cost savings and other outcomes of the money-follows-the-
person program. The joint committee shall review the funding targets
recommended by the interim report submitted for the 2007 legislature by
the joint committee on legislative budget and use them as guidelines for
future funding planning and policy making. The joint committee shall have
oversight of savings resulting from the transfer of individuals from state or
private institutions to home and community based services. As used in
K.S.A. 2019 Supp. 39-7,159 through 39-7,162, and amendments thereto,
"savings" means the difference between the average cost of providing
services for individuals in an institutional setting and the cost of providing
services in a home and community based setting. The joint committee shall
study and determine the effectiveness of the program and cost-analysis of
the state institutions or long-term care facilities based on the success of the
transfer of individuals to home and community based services. The joint
committee shall consider the issues of whether sufficient funding is
provided for enhancement of wages and benefits of direct individual care
workers and their staff training and whether adequate progress is being
made to transfer individuals from the institutions and to move them from
the waiver waiting lists to receive home and community based services.
The joint committee shall review and ensure that any proceeds resulting
from the successful transfer be applied to the system of provision of
services for long-term care and home and community based services. The
joint committee shall monitor and study the implementation and operations
of the home and community based service programs, the children's health
insurance program, the program for the all-inclusive care of the elderly
and the state medicaid programs including, but not limited to, access to
and quality of services provided and any financial information and
budgetary issues. Any state agency shall provide data and information on

Sec. 23. Medical assistance shall not provide coverage or reimbursement
for any abortion services except in circumstances of pregnancy resulting
from rape or incest or when necessary to save the life of the mother.