AN ACT concerning insurance; relating to coverage of mental illness and
substance use disorders; limiting utilization review under certain
circumstances; enacting the Kristi L. Bennett mental health parity act;
amending K.S.A. 2019 Supp. 40-2,105 and 40-2,105a and repealing the
existing sections.

WHEREAS, The provisions of the amendments to the sections in this
act shall be named the Kristi L. Bennett mental health parity act.

Now, therefore:

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

Section 1. K.S.A. 2019 Supp. 40-2,105a is hereby amended to read as
follows: 40-2,105a. (a) (1) Any
group health insurance policy, medical
service plan, contract, hospital service corporation contract, hospital and
medical service corporation contract, fraternal benefit society or health
maintenance organization health insurer that offers a health benefit plan
that provides medical, surgical or hospital expense coverage shall include
coverage for diagnosis and treatment of mental illnesses and alcoholism,
drug abuse or other substance use disorders illness or substance use
disorder as required by this section. Such coverage shall include treatment
and services for inpatient or outpatient care. Reimbursement or indemnity
shall be provided for treatment in a medical care facility licensed under the
provisions of K.S.A. 65-429, and amendments thereto, treatment facilities
licensed under K.S.A. 65-4605, and amendments thereto, a community
mental health center or clinic licensed under the provisions of K.S.A. 2019
Supp. 39-2001 et seq., and amendments thereto, a psychiatric hospital
licensed under the provisions of K.S.A. 2019 Supp. 39-2001 et seq., and
amendments thereto, or by a physician or psychologist licensed to practice
under the laws of the state of Kansas. Such coverage shall not be subject to
the same deductibles, copayments, coinsurance, out-of-pocket expenses,
treatment limitations and other limitations— as that are more strict or
limiting than those that apply to other covered services.

(2) (A) The coverage shall include treatment for inpatient care and
outpatient care for mental illness, alcoholism, drug abuse or substance use
disorders. For patients who have substance use disorder, are afflicted with
suicidal ideation or are actively suicidal, health insurers shall provide
coverage without the imposition of prior authorization, concurrent review;
retrospective review or other form of utilization review for the first:
   (i) Fourteen days of medically necessary inpatient treatment and
services provided in-network; and
   (ii) 180 days of medically necessary outpatient treatment and
services provided in-network.
   (B) The medical necessity of any treatment shall be determined by the
   treating provider in consultation with the patient and shall be noted in the
   patient's medical record.
   (C) For any inpatient treatment, if there is no in-network facility
immediately available for a covered person, a health insurer shall provide
all necessary network exceptions to ensure that the patient is admitted to a
treatment facility within 24 hours.
   (D) Treating providers of patients who have substance use disorder,
are afflicted with suicidal ideation or are actively suicidal shall not
require prepayment of medical expenses during the first 14 days of
medically necessary inpatient treatment and services provided in-network
or the first 180 days of medically necessary outpatient treatment and
services provided in-network in excess of any applicable copayment,
deductible or coinsurance under the health benefit plan.

(b) For the purposes of this section, "mental illness, alcoholism, drug
abuse or substance use" means any disorder as such terms are defined in
the diagnostic and statistical manual of mental disorders, fourth edition,
(DSM-IV, 1994) of the American psychiatric association
As used in this
section:
   (1) "Health benefit plan" means the same as that term is defined in
K.S.A. 40-4602, and amendments thereto. Health benefit plan includes any
policy of health insurance purchased by an individual and the state
employee healthcare benefits plan.
   (2) "Health insurer" means the same as that term is defined in K.S.A.
40-4602, and amendments thereto.
   (3) "Mental illness or substance use disorder" means any condition
or disorder that involves a mental health condition or substance use
disorder that falls under any of the diagnostic categories listed in the
mental disorders section of the diagnostic and statistical manual of mental
disorders, fifth edition, of the American psychiatric association.
(c) The provisions of this section shall be applicable to health-
maintenance organizations organized under article 32 of chapter 40 of the
Kansas Statutes Annotated, and amendments thereto.
(d) The provisions of this section shall not apply to any small
employer group policy, as defined under K.S.A. 40-2209, and amendments
thereto, providing medical, surgical or hospital expense coverage or to any
medicare supplement policy of insurance, as defined by the commissioner of insurance by rule and regulation.

(e) The provisions of this section shall be applicable to the Kansas state employees health care benefits program and municipal funded pools.

(f) The provisions of this section shall not apply to any policy or certificate that provides coverage for any specified disease, specified accident or accident only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, vision care or any other limited supplemental benefit nor to any medicare supplement policy of insurance as defined by the commissioner of insurance by rule and regulation, any coverage issued as a supplement to liability insurance, workers compensation or similar insurance, automobile medical-payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group, blanket or individual basis.

(g) Treatment limitations include limits on the frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of treatment.

(h) There shall be no coverage under the provisions of this section for any assessment against any person required by a diversion agreement or by order of a court to attend an alcohol and drug safety action program certified pursuant to K.S.A. 8-1008, and amendments thereto, or for evaluations and diagnostic tests ordered or requested in connection with criminal actions, divorce, child custody or child visitation proceedings.

(i) Utilization review for mental illness shall be consistent with provisions in K.S.A. 40-22a01 through 40-22a12, and amendments thereto.

Sec. 2. K.S.A. 2019 Supp. 40-2,105 is hereby amended to read as follows: 40-2,105. (a) On or after the effective date of this act, Every insurer that issues any individual policy of accident and sickness insurance or group policy of accident and sickness insurance to a small employer as defined in K.S.A. 40-2209d, and amendments thereto, that provides medical, surgical or hospital expense coverage for other than specific diseases or accidents only and that provides for reimbursement or indemnity for services rendered to a person covered by such policy in a medical care facility, must provide for reimbursement or indemnity under such individual policy or under such small employer group policy, except as provided in subsection (d), that shall be limited to not less than 45 days per year for in-patient treatment of mental illness in a medical care facility licensed under the provisions of K.S.A. 65-429, and amendments thereto, and not less than 30 days per year when such person is confined for treatment of substance use disorder in a treatment facility for alcoholics licensed under the provisions
of K.S.A. 65-4014, and amendments thereto, a treatment facility for drug
abusers licensed under the provisions of K.S.A. 65-4605, and amendments
thereto, a community mental health center or clinic licensed under the
provisions of K.S.A. 2019 Supp. 39-2001 et seq., and amendments thereto,
or a psychiatric hospital licensed under the provisions of K.S.A. 2019
Supp. 39-2001 et seq., and amendments thereto. Such individual policy or
Such small employer group policy shall also provide for reimbursement or
indemnity, except as provided in subsection (d), of the costs of treatment
of such person for mental illness, alcoholism, drug abuse and or substance
use disorders subject to the same deductibles, copayments, coinsurance, out-of-pocket expenses and treatment limitations as apply to
other covered services, limited to not less than $15,000 in such person's
lifetime, with no annual limits, in the facilities enumerated when in-patient
treatment is not necessary for the treatment or by a physician licensed or
psychologist licensed to practice under the laws of the state of Kansas.
(b) For patients who have substance use disorder, are afflicted with
suicidal ideation or are actively suicidal, health insurers shall provide
coverage without the imposition of prior authorization, concurrent review,
retrospective review or other form of utilization review for the first:
(1) Fourteen days of medically necessary inpatient treatment and
services provided in-network; and
(2) 180 days of medically necessary outpatient treatment and services
provided in-network.
(c) The medical necessity of any treatment shall be determined by the
treating provider in consultation with the patient and shall be noted in the
patient's medical record.
(d) For any inpatient treatment, if there is no in-network facility
immediately available for a covered person, a health insurer shall provide
all necessary network exceptions to ensure that the patient is admitted to a
treatment facility within 24 hours.
(e) Treating providers of patients who have substance use disorder,
are afflicted with suicidal ideation or are actively suicidal shall not
require prepayment of medical expenses during the first 14 days of
medically necessary inpatient treatment and services provided in-network
or the first 180 days of medically necessary outpatient treatment and
services provided in-network in excess of any applicable copayment,
deductible or coinsurance under the health benefit plan.
(f) For the purposes of As used in this section, "mental illness–
alcoholism, drug abuse or substance use disorder" means disorders–
specified in any condition or disorder that involves a mental health
condition or substance use disorder that falls under any of the diagnostic
categories listed in the mental disorders section of the diagnostic and
The provisions of this section shall be applicable to health maintenance organizations organized under article 32 of chapter 40 of the Kansas Statutes Annotated, and amendments thereto.

There shall be no coverage under the provisions of this section for any assessment against any person required by a diversion agreement or by order of a court to attend an alcohol and drug safety action program certified pursuant to K.S.A. 8-1008, and amendments thereto, or for evaluations and diagnostic tests ordered or requested in connection with criminal actions, divorce, child custody or child visitation proceedings.

The provisions of this section shall not apply to any medicare supplement policy of insurance, as defined by the commissioner of insurance by rule and regulation.

Treatment limitations include limits on the frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of treatment.

Utilization review for mental illness shall be consistent with provisions in K.S.A. 40-22a01 through 40-22a12, and amendments thereto.

Sec. 3. K.S.A. 2019 Supp. 40-2,105 and 40-2,105a are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the Kansas register.