

SENATE BILL No. 283

AN ACT concerning the governmental response to the COVID-19 pandemic in Kansas; extending the expanded use of telemedicine in response to the COVID-19 public health emergency; extending the authority of the board of healing arts to grant certain temporary emergency licenses; imposing requirements related thereto and expiring such provisions; extending the suspension of certain requirements related to medical care facilities and expiring such provisions; modifying the COVID-19 response and reopening for business liability protection act; extending immunity from civil liability for certain healthcare providers and for certain persons conducting business in this state for COVID-19 claims until March 31, 2022; amending K.S.A. 2020 Supp. 48-963, as amended by section 7 of 2021 Senate Bill No. 14, 48-964, 48-965, as amended by section 8 of 2021 Senate Bill No. 14, 60-5503, 60-5504, as amended by section 10 of 2021 Senate Bill No. 14, 60-5508 and 65-468 and repealing the existing sections.

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

Section 1. K.S.A. 2020 Supp. 48-963, as amended by section 7 of 2021 Senate Bill No. 14, is hereby amended to read as follows: 48-963.

(a) A physician may issue a prescription for or order the administration of medication, including a controlled substance, for a patient without conducting an in-person examination of such patient.

(b) A physician under quarantine, including self-imposed quarantine, may practice telemedicine.

(c) (1) A physician holding a license issued by the applicable licensing agency of another state may practice telemedicine to treat patients located in the state of Kansas, if such out-of-state physician:

~~(A) Advises the state board of healing arts of such practice in writing and in a manner determined by the state board of healing arts; and~~

~~(B) holds an unrestricted license to practice medicine and surgery in the other state and is not the subject of any investigation or disciplinary action by the applicable licensing agency~~ holds a temporary emergency license granted pursuant to K.S.A. 2020 Supp. 48-965, and amendments thereto.

(2) The state board of healing arts may extend the provisions of this subsection to other healthcare professionals licensed and regulated by the board as deemed necessary by the board to address the impacts of COVID-19 and consistent with ensuring patient safety.

(d) A physician practicing telemedicine in accordance with this section shall conduct an appropriate assessment and evaluation of the patient's current condition and document the appropriate medical indication for any prescription issued.

(e) Nothing in this section shall supersede or otherwise affect the provisions of K.S.A. 65-4a10, and amendments thereto, or K.S.A. 2020 Supp. 40-2,215, and amendments thereto.

(f) As used in this section:

(1) "Physician" means a person licensed to practice medicine and surgery.

(2) "Telemedicine" means the delivery of healthcare services by a healthcare provider while the patient is at a different physical location.

(g) This section shall expire on March 31, 2021-2022.

Sec. 2. K.S.A. 2020 Supp. 48-964 is hereby amended to read as follows: 48-964. (a) (1) A hospital may admit patients in excess of such hospital's number of licensed beds or inconsistent with the licensed classification of such hospital's beds to the extent that such hospital determines is necessary to treat COVID-19 patients and to separate COVID-19 patients and non-COVID-19 patients.

(2) A hospital admitting patients in such manner shall notify the department of health and environment as soon as practicable but shall not be required to receive prior authorization to admit patients in such manner.

(b) (1) A hospital may utilize non-hospital space, including off-campus space, to perform COVID-19 testing, triage, quarantine or patient care to the extent that such hospital determines is necessary to treat

COVID-19 patients and to separate COVID-19 patients and non-COVID-19 patients.

(2) The department of health and environment may impose reasonable safety requirements on such use of non-hospital space to maximize the availability of patient care.

(3) Non-hospital space used in such manner shall be deemed to meet the requirements of K.S.A. 65-431(d), and amendments thereto.

(4) A hospital utilizing non-hospital space in such manner shall notify the department of health and environment as soon as practicable but shall not be required to receive prior authorization to utilize non-hospital space in such manner.

(c) A medical care facility may permit healthcare providers authorized to provide healthcare services in the state of Kansas to provide healthcare services at such medical care facility without becoming a member of the medical care facility's medical staff.

(d) As used in this section, "hospital" and "medical care facility" mean the same as defined in K.S.A. 65-425, and amendments thereto.

(e) This section shall expire ~~120 calendar days after the expiration or termination of the state of disaster emergency proclamation issued by the governor in response to the COVID-19 public health emergency, or any extension thereof on March 31, 2022.~~

Sec. 3. K.S.A. 2020 Supp. 48-965, as amended by section 8 of 2021 Senate Bill No. 14, is hereby amended to read as follows: 48-965.

(a) Notwithstanding any statute to the contrary, the state board of healing arts may grant a temporary emergency license to practice any profession licensed, certified, registered or regulated by the board to an applicant with qualifications the board deems sufficient to protect public safety and welfare within the scope of professional practice authorized by the temporary emergency license for the purpose of preparing for, responding to or mitigating any effect of COVID-19.

(b) *Notwithstanding any statute to the contrary, an applicant may practice in Kansas pursuant to a temporary emergency license upon submission of a non-resident healthcare provider certification form to the Kansas healthcare stabilization fund and without paying the surcharge required by K.S.A. 40-3404, and amendments thereto.*

(c) This section shall expire on March 31, ~~2021~~2022.

Sec. 4. K.S.A. 2020 Supp. 60-5503 is hereby amended to read as follows: 60-5503. (a) Notwithstanding any other provision of law, except as provided in subsection (c), a healthcare provider is immune from civil liability for damages, administrative fines or penalties for acts, omissions, healthcare decisions or the rendering of or the failure to render healthcare services, including services that are altered, delayed or withheld, as a direct response to ~~any state of disaster emergency declared pursuant to K.S.A. 48-924, and amendments thereto, related to the COVID-19 public health emergency.~~

(b) The provisions of this section shall apply to any claims for damages or liability that arise out of or relate to acts, omissions or healthcare decisions occurring ~~during any state of disaster emergency declared pursuant to K.S.A. 48-924, and amendments thereto~~ *between March 12, 2020, and March 31, 2022*, related to the COVID-19 public health emergency.

(c) (1) The provisions of this section shall not apply to civil liability when it is established that the act, omission or healthcare decision constituted gross negligence or willful, wanton or reckless conduct.

(2) The provisions of this section shall not apply to healthcare services not related to COVID-19 that have not been altered, delayed or withheld as a direct response to the COVID-19 public health emergency.

Sec. 5. K.S.A. 2020 Supp. 60-5504, as amended by section 10 of 2021 Senate Bill No. 14, is hereby amended to read as follows: 60-5504. (a) Notwithstanding any other provision of law, a person, or an agent of such person, conducting business in this state shall be immune from liability in a civil action for a COVID-19 claim if such person was acting pursuant to and in substantial compliance with public health directives applicable to the activity giving rise to the cause of action when the cause of action accrued.

(b) The provisions of this section shall expire on March 31, ~~2021~~ 2022.

Sec. 6. K.S.A. 2020 Supp. 60-5508 is hereby amended to read as follows: 60-5508. (a) The provisions of K.S.A. 2020 Supp. 60-5504, 60-5505 and 60-5507, and amendments thereto, shall apply retroactively to any cause of action accruing on or after March 12, 2020.

(b) The provisions of K.S.A. 2020 Supp. ~~60-5503~~ and 60-5506, and amendments thereto, shall apply retroactively to any cause of action accruing on or after March 12, 2020, and prior to termination of the state of disaster emergency related to the COVID-19 public health emergency declared pursuant to K.S.A. 48-924, and amendments thereto.

(c) *The provisions of K.S.A. 2020 Supp. 60-5503, and amendments thereto, shall apply retroactively to any cause of action accruing on or after March 12, 2020, and prior to March 31, 2022.*

Sec. 7. K.S.A. 2020 Supp. 65-468 is hereby amended to read as follows: 65-468. As used in K.S.A. 65-468 through 65-474, and amendments thereto:

(a) "Healthcare provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

(b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.

(c) "Mid-level practitioner" means a physician assistant or advanced practice registered nurse who has entered into a written protocol with a rural health network physician.

(d) "Physician" means a person licensed to practice medicine and surgery.

(e) "Rural health network" means an alliance of members, including at least one critical access hospital and at least one other hospital, that has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding: Patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.

(f) (1) "Critical access hospital" means a member of a rural health network that: Makes available 24-hour emergency care services; provides not more than 25 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not exceed 25 beds; provides acute inpatient care for a period that does not exceed, on an

annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician, pharmacist, laboratory technician, medical technologist and radiological technologist on a part-time, off-site basis under written agreements or arrangements with one or more providers or suppliers recognized under medicare. The critical access hospital may provide inpatient services by a physician assistant, advanced practice registered nurse or a clinical nurse specialist subject to the oversight of a physician who need not be present in the facility. In addition to the facility's 25 acute beds or swing beds, or both, the critical access hospital may have a psychiatric unit or a rehabilitation unit, or both. Each unit shall not exceed 10 beds and neither unit shall count toward the 25-bed limit or be subject to the average 96-hour length of stay restriction.

(2) Notwithstanding the provisions of paragraph (1), prior to ~~June 30, 2021~~ *March 31, 2022*, to the extent that a critical access hospital determines it is necessary to treat COVID-19 patients or to separate COVID-19 patients and non-COVID-19 patients, such critical access hospital shall not be limited to 25 beds or, in the case of a facility with an approved swing bed agreement, to a combined total of 25 extended care and acute care beds, and shall not be limited to providing acute inpatient care for a period of time that does not exceed, on an annual average basis, 96 hours per patient.

(g) "Hospital" means a hospital other than a critical access hospital that has entered into a written agreement with at least one critical access hospital to form a rural health network and to provide medical or administrative supporting services within the limit of the hospital's capabilities.

Sec. 8. K.S.A. 2020 Supp. 48-963, as amended by section 7 of 2021 Senate Bill No. 14, 48-964, 48-965, as amended by section 8 of 2021 Senate Bill No. 14, 60-5503, 60-5504, as amended by section 10 of 2021 Senate Bill No. 14, 60-5508 and 65-468 are hereby repealed.

Sec. 9. This act shall take effect and be in force from and after its publication in the Kansas register.

I hereby certify that the above BILL originated in the SENATE, and passed that body

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SENATE concurred in  
HOUSE amendments \_\_\_\_\_

\_\_\_\_\_  
*President of the Senate.*

\_\_\_\_\_  
*Secretary of the Senate.*

Passed the HOUSE  
as amended \_\_\_\_\_

\_\_\_\_\_  
*Speaker of the House.*

\_\_\_\_\_  
*Chief Clerk of the House.*

APPROVED \_\_\_\_\_

\_\_\_\_\_  
*Governor.*