(Corrected)

{As Amended by House Committee of the Whole}

As Amended by House Committee

Session of 2019

HOUSE BILL No. 2066

By Committee on Health and Human Services

1-23

1 AN ACT concerning—advanced practice registered nurses; board of 2 nursing; relating to definition of practice; prescribing authority; licensure requirements; rules and regulations; amending K.S.A. 65-3 4 1130 and 65-4101 and, K.S.A. 2017 Supp. 65-1113, as amended by 5 section 2 of of chapter 42 of the 2018 Session Laws of Kansas, and 6 K.S.A. 2018 Supp. 40-3401 and repealing the existing sections. {the 7 department of health and environment; establishing the KanCare 8 bridge to a healthy Kansas program; amending K.S.A. 2018 Supp. 9 40-3213 and repealing the existing section.

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

Section 1. K.S.A. 2017 Supp. 65-1113, as amended by section 2 of chapter 42 of the 2018 Session Laws of Kansas, is hereby amended to read as follows: 65-1113. When used in this act and the act of which this section is amendatory:

- (a) "Board" means the board of nursing.
- (b) "Diagnosis" in the context of nursing practice, for licensed-practical nurses and registered nurses, means that the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution implementation execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis patient's healthcare, determined by the nurse's level of education nursing regimen. Advanced practice registered nurses are educated and trained in using diagnoses and may develop primary and differential diagnoses within the advanced practice registered nurse scope of practice.
- (c) "Treatment" means the selection and performance of those-therapeutic measures essential to effective execution *implementation* and management of the nursing regimen, and any prescribed medical regimen patient's healthcare, determined by the nurse's level of education.
- (d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments-

thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the: Care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical *treatment* regimen as prescribed by a person licensed to practice medicine and surgery or, a person licensed to practice dentistry or appearant licensed to practice advanced practice registered nursing.

- (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and any amendments thereto, of tasks and responsibilities defined in paragraph (1), which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, aperson licensed to practice medicine and surgery or a person licensed to practice dentistry.
- (3) The practice of professional nursing as an advanced practice-registered nurse as defined in subsection (g) within the APRN role means, in addition to the practice and responsibilities of professional nursing as defined in paragraph (1): Conducting an advanced assessment; ordering and interpreting diagnostic procedures; establishing primary and differential diagnoses; prescribing, ordering, administering and furnishing therapeutic measures as set forth by the board; delegating and assigning therapeutic measures to assistive personnel; collaborating and consulting with physicians and other healthcare providers; providing referrals to-healthcare providers, agencies and community resources; and other acts that require education and training consistent with the professional-standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.
- (e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in subsection (d)(1).
- (f) A "practical nurse" means a person who is licensed to practice-practical nursing as defined in subsection (d)(2).
- (g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to function practice advanced practice registered nursing as defined in subsection (d)(3) as a professional nurse in an advanced role, and this advanced role shall may be further defined by rules and regulations consistent with the Kansas nurse practice act adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto.
 - (h) "Continuing nursing education" means learning experiences

intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

(i) "Collaboration" means the process in which two or more—

- (i) "Collaboration" means the process in which two or morehealthcare professionals work together to meet the healthcare needs of apatient, as warranted by the patient.
- (j) "Consultation" means the process in which an advanced practice registered nurse who maintains primary management responsibility for a patient's care seeks advice or opinion of a physician or another member of the healthcare team.
- Sec. 2. K.S.A. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.
- (b) (1) The board shall establish standards and requirements for any professional nurse who desires to obtain licensure as an advanced practice registered nurse. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education of advanced practice registered nurses. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.
- (2) On and after July 1, 2020, for an applicant, an initial advanced practice registered nurse license shall have a current advanced practice registered nurse certification in such applicant's specific role granted by a national certifying organization recognized by the board whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board.
- (e) The board shall adopt rules and regulations consistent with the Kansas nurse practice act applicable to advanced practice registered nurses which that:
- (1) Establish roles and identify titles and abbreviations of advanced practice registered nurses which that are consistent with nursing practice specialties recognized by the nursing profession including titles describing the four APRN roles of certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife and certified nurse practitioner.
- (2) Establish education and qualifications necessary for licensure for each role of advanced practice registered nurse established by the board at a level adequate to assure the competent performance by advanced practice registered nurses of functions and procedures which advanced practice registered nurses are authorized to perform. Advanced practice

 registered nursing is based on knowledge and skills acquired in. Education and qualifications for APRN licensure established by the board shall-include completion of basic nursing education, licensure as a registered nurse and graduation from or completion of a master's or higher degree an accredited graduate or post-graduate level APRN program in one of the advanced practice registered nurse roles approved by the board of nursing.

- (3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role consistent with the Kansas nurse practice act. The board shall adopt a definition of the role under this paragraph which that is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, which that protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which that authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider:
- (A) The education required for a licensure as an advanced practice registered nurse;
- (B) the type of nursing practice and preparation in specialized-advanced practice skills involved in each role of advanced practice-registered nurse established by the board;
- (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations. Advanced practice nursing is built on the practice of health promotion, health maintenance, illness-prevention, diagnosis, treatment and management of common health-problems and acute and chronic conditions; and
- (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing.
- (4) Require an advanced practice registered nurse to wear-identification that clearly identifies the nurse as such when providing-direct patient care, unless wearing identification creates a safety or health risk to the nurse or patient.
- (d) (1) An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of eare for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. Any written, procure and administer prescription drugs and controlled-substances in schedules II through V pursuant to applicable federal and state laws. An advanced practice registered nurse shall not prescribe

any drug that is intended to cause an abortion.

- (2) A prescription order shall include the name, address and telephone number of the responsible physician. The advanced practice registered nurse. An advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician.
- (3) In order to prescribe controlled substances, the advanced practice registered nurse shall: (1)
- (A) Register with the federal drug enforcement administration; and (2)
- (B) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced practice registered nurse exceed the normal and customary practice of the responsible physician federal drug enforcement—administration registration as prescribed by the rules and regulations of the board. An advanced practice registered nurse shall comply with the federal drug enforcement administration requirements related to—controlled substances.
- (4) An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 through 65-1164, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 through 65-1164, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person-licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced practice registered nurse when prescribing drugs.
- (5) An advanced practice registered nurse shall maintain malpractice insurance coverage in effect as a condition of rendering professional-service as an advanced practice registered nurse in this state and shall-provide proof of insurance at the time of licensure and renewal of license. The requirements of this paragraph shall not apply to an advanced-practice registered nurse who: Practices solely in employment for which the advanced practice registered nurse is covered under the federal tort-claims act or Kansas tort claims act; practices solely as a charitable-healthcare provider under K.S.A. 75-6102, and amendments thereto; or is serving on active duty in the military service of the United States.
- (e) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.
- (f) A person registered to practice as an advanced registered nurse practitioner in the state of Kansas immediately prior to the effective date of

 this act shall be deemed to be licensed to practice as an advanced practice registered nurse under this act and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which that has not been granted prior to the effective date of this act shall be processed as an application for licensure under this act.

- (g) An advanced practice registered nurse certified in the role of certified nurse-midwife and engaging in the independent practice of midwifery under the independent practice of midwifery act with respect to prescribing drugs shall be subject to the provisions of the independent practice of midwifery act and shall not be subject to the provisions of this section.
- (h) (1) The board shall adopt rules and regulations establishing a program of transition to full practice as an advance practice registered nurse. Any advanced practice registered nurse who has less than 4,000 hours of licensed active practice as an advanced practice registered nurse under a collaborative relationship with a physician in accordance with this subsection shall be required to undergo such transition program. Any hours completed under a written protocol with a responsible physician prior to the amendments made to this section by this act shall not count towards the 4,000-hour requirement.
- (2) A transition period advanced practice registered nurse shall-not prescribe, procure or administer prescription drugs, except as provided in this paragraph. As part of the transition to full practice as an advance practice registered nurse, an advanced practice registered nurse shall complete 4,000 hours in accordance with paragraph (1) within a period of three years while maintaining a collaborative relationship with a physician or a full practice advanced practice registered nurse for the prescription, procurement and administration of prescription drugs by the transition period advanced practice registered nurse.
- (3) A transition period advanced practice registered nurse may engage in the practice of nursing as an advanced practice registered nurse and may prescribe, procure and administer prescription drugs as part of the collaborative relationship described in paragraph (2).
- (4) The board shall specify the manner and form in which a transition period advanced practice registered nurse may identify and represent such credentials, professionally and to the public.
- (5) A transition period advanced practice registered nurse shall-complete any documentation required by the board to demonstrate completion of the transition program prior to becoming a full practice advanced practice registered nurse. Upon successful completion of the transition program, the board shall authorize the advanced practice registered nurse to engage in the practice of advanced practice

registered nursing without the limitations imposed by this subsection and as otherwise authorized by law.

- (6) The board shall adopt rules and regulations as necessary to implement and administer this subsection.
 - (7) As used in this subsection:
- (A) "Full practice" means the full extent of practice authorized under the Kansas nurse practice act, and rules and regulations-adopted thereunder, without a written protocol with a responsible physician or a collaborative relationship with a physician.
- (B) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
- Sec. 3. K.S.A. 65-4101 is hereby amended to read as follows: 65-4101. As used in this act: (a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:
- (1) A practitioner or pursuant to the lawful direction of a practitioner; or
- (2) the patient or research subject at the direction and in the presence of the practitioner.
- (b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common carrier, public warehouseman or employee of the carrier or warehouseman.
- (e) "Application service provider" means an entity that sells electronic prescription or pharmacy prescription applications as a hosted service where the entity controls access to the application and maintains the software and records on its server.
 - (d) "Board" means the state board of pharmacy.
- (e) "Bureau" means the bureau of narcotics and dangerous drugs,-United States department of justice, or its successor agency.
- (f) "Controlled substance" means any drug, substance or immediate precursor included in any of the schedules designated in K.S.A. 65-4105, 65-4107, 65-4109, 65-4111 and 65-4113, and amendments thereto.
- (g) (1) "Controlled substance analog" means a substance that isintended for human consumption, and at least one of the following:
- (A) The chemical structure of the substance is substantially similar to the chemical structure of a controlled substance listed in or added to the schedules designated in K.S.A. 65-4105 or 65-4107, and amendments-thereto:
- (B) the substance has a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-

4105 or 65-4107, and amendments thereto; or

- (C) with respect to a particular individual, such individual represents or intends the substance to have a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-4105 or 65-4107, and amendments thereto.
 - (2) "Controlled substance analog" does not include:
- (A) A controlled substance;
- 10 (B) a substance for which there is an approved new drug application;
 - (C) a substance with respect to which an exemption is in effect for investigational use by a particular person under section 505 of the federal food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with respect to the substance is permitted by the exemption.
 - (h) "Counterfeit substance" means a controlled substance which that, or the container or labeling of which, without authorization bears the trademark, trade name or other identifying mark, imprint, number or device or any likeness thereof of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.
 - (i) "Cultivate" means the planting or promotion of growth of five or more plants which *that* contain or can produce controlled substances.
 - (j) "DEA" means the U.S. department of justice, drug enforcement administration.
 - (k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.
 - (l) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the packaging, labeling or compounding necessary to prepare the substance for that delivery, or pursuant to the prescription of a mid-level practitioner.
 - (m) "Dispenser" means a practitioner or pharmacist who dispenses, or a physician assistant who has authority to dispense prescription-only drugs in accordance with K.S.A. 65-28a08(b), and amendments thereto.
 - (n) "Distribute" means to deliver other than by administering or dispensing a controlled substance.
 - (o) "Distributor" means a person who distributes.
 - (p) "Drug" means: (1) Substances recognized as drugs in the official United States pharmacopeia, official homeopathic pharmacopeia of the United States or official national formulary or any supplement to any of them; (2) substances intended for use in the diagnosis, cure, mitigation,

treatment or prevention of disease in human or animals; (3) substances (other than food) intended to affect the structure or any function of the body of human or animals; and (4) substances intended for use as a component of any article specified in paragraph (1), (2) or (3). It does not include devices or their components, parts or accessories.

- (q) "Immediate precursor" means a substance which that the board has found to be and by rule and regulation designates as being the-principal compound commonly used or produced primarily for use and which that is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.
- (r) "Electronic prescription" means an electronically prepared prescription that is authorized and transmitted from the prescriber to the pharmacy by means of electronic transmission.
- (s) "Electronic prescription application" means software that is used to create electronic prescriptions and that is intended to be installed on the prescriber's computers and servers where access and records are controlled by the prescriber.
- (t) "Electronic signature" means a confidential personalized digital key, code, number or other method for secure electronic data transmissions which *that* identifies a particular person as the source of the message, authenticates the signatory of the message and indicates the person's approval of the information contained in the transmission.
- (u) "Electronic transmission" means the transmission of an electronic prescription, formatted as an electronic data file, from a prescriber's electronic prescription application to a pharmacy's computer, where the data file is imported into the pharmacy prescription application.
- (v) "Electronically prepared prescription" means a prescription that is generated using an electronic prescription application.
- (w) "Facsimile transmission" or "fax transmission" means the transmission of a digital image of a prescription from the prescriber or the prescriber's agent to the pharmacy. "Facsimile transmission" includes, but is not limited to, transmission of a written prescription between the prescriber's fax machine and the pharmacy's fax machine; transmission of an electronically prepared prescription from the prescriber's electronic prescription application to the pharmacy's fax machine, computer or printer; or transmission of an electronically prepared prescription from the prescriber's fax machine to the pharmacy's fax machine, computer or printer:
- (x) "Intermediary" means any technology system that receives and transmits an electronic prescription between the prescriber and the pharmacy.
 - (y) "Isomer" means all enantiomers and diastereomers.

- (z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance either directly or indirectly or by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance by an individual for the individual's own lawful use or the preparation, compounding, packaging or labeling of a controlled substance:
- (1) By a practitioner or the practitioner's agent pursuant to a lawful order of a practitioner as an incident to the practitioner's administering or dispensing of a controlled substance in the course of the practitioner's professional practice; or
- (2) by a practitioner or by the practitioner's authorized agent under such practitioner's supervision for the purpose of or as an incident to research, teaching or chemical analysis or by a pharmacist or medical care facility as an incident to dispensing of a controlled substance.
- (aa) "Marijuana" means all parts of all varieties of the plant Cannabis whether growing or not, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. It does not include: (1) The mature stalks of the plant, fiber produced from the stalks, oil or eake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil or eake or the sterilized seed of the plant which *that* is incapable of germination; (2) any substance listed in schedules II through V of the uniform controlled substances act; or (3) cannabidiol (other trade name: 2-[(3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol).
- (bb) "Medical care facility" shall have the meaning ascribed to that term in K.S.A. 65-425, and amendments thereto.
- (ce) "Mid-level practitioner" means a certified nurse-midwife-engaging in the independent practice of midwifery under the independent practice of midwifery act, an advanced practice registered nurse issued a license pursuant to K.S.A. 65-1131, and amendments thereto, who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130, and amendments thereto, or a physician assistant licensed under the physician assistant licensure act who has authority to prescribe drugs pursuant to a written agreement with a supervising physician under K.S.A. 65-28a08, and amendments thereto.
- (dd) "Narcotic drug" means any of the following whether produced directly or indirectly by extraction from substances of vegetable origin or

 independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

- (1) Opium and opiate and any salt, compound, derivative orpreparation of opium or opiate;
- (2) any salt, compound, isomer, derivative or preparation thereof which *that* is chemically equivalent or identical with any of the substances referred to in paragraph (1) but not including the isoquinoline alkaloids of opium;
 - (3) opium poppy and poppy straw; or
- (4) coca leaves and any salt, compound, derivative or preparation of eoca leaves, and any salt, compound, isomer, derivative or preparation thereof which *that* is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of eoca leaves which *that* do not contain cocaine or cegonine.
- (ee) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of-conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under K.S.A. 65-4102, and amendments thereto, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms.
- (ff) "Opium poppy" means the plant of the species Papaver-somniferum! except its seeds.
- (gg) "Person" means an individual, corporation, government, orgovernmental subdivision or agency, business trust, estate, trust, partnership or association or any other legal entity.
- (hh) "Pharmacist" means any natural person licensed under K.S.A. 65-1625 et seq., and amendments thereto, to practice pharmacy.
- (ii) "Pharmaeist intern" means: (1) A student currently enrolled in an accredited pharmaey program; (2) a graduate of an accredited pharmaey program serving such person's internship; or (3) a graduate of a pharmaey program located outside of the United States which *that* is not accredited, and who had successfully passed equivalency examinations approved by the board.
- (jj) "Pharmacy prescription application" means software that is used to process prescription information, is installed on a pharmacy's computers and servers, and is controlled by the pharmacy.
- (kk) "Poppy straw" means all parts, except the seeds, of the opium-poppy, after mowing.
- (ll) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, veterinarian, optometrist, or scientific investigator or other person authorized by law to use a controlled substance in teaching or chemical analysis or to conduct research with

respect to a controlled substance.

- (mm) "Prescriber" means a practitioner or a mid-level practitioner.
- (nn) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.
- (00) "Readily retrievable" means that records kept by automatic data processing applications or other electronic or mechanized recordkeeping systems can be separated out from all other records within a reasonable-time not to exceed 48 hours of a request from the board or other authorized agent or that hard-copy records are kept on which certain items are asterisked, redlined or in some other manner visually identifiable apart-from other items appearing on the records.
- (pp) "Ultimate user" means a person who lawfully possesses a controlled substance for such person's own use or for the use of a member of such person's household or for administering to an animal owned by such person or by a member of such person's household.
- Sec. 4. K.S.A. 2018 Supp. 40-3401 is hereby amended to read as-follows: 40-3401. As used in this act:
 - (a) "Applicant" means any healthcare provider.
- (b) "Basic coverage" means a policy of professional liability-insurance required to be maintained by each healthcare provider pursuant to the provisions of K.S.A. 40-3402(a) or (b), and amendments thereto.
 - (c) "Commissioner" means the commissioner of insurance.
- (d) "Fiseal year" means the year commencing on the effective date of this act and each year, commencing on the first day of July thereafter.
- (e) "Fund" means the healthcare stabilization fund established pursuant to K.S.A. 40-3403(a), and amendments thereto.
- (f) (1) "Healthcare provider" means a person licensed to practice any branch of the healing arts by the state board of healing arts, a person who holds a temporary permit to practice any branch of the healing arts issued by the state board of healing arts, a person engaged in a postgraduate training program approved by the state board of healing arts, a medical eare facility licensed by the state of Kansas, a podiatrist licensed by the state board of healing arts, a health maintenance organization issued a certificate of authority by the commissioner, an optometrist licensed by the board of examiners in optometry, a pharmacist licensed by the state board of pharmacy, a licensed professional nurse who is authorized to practice as a registered nurse anesthetist, a licensed professional nurse who has been granted a temporary authorization to practice nurse anesthesia under-K.S.A. 65-1153, and amendments thereto, a professional corporationorganized pursuant to the professional corporation law of Kansas bypersons who are authorized by such law to form such a corporation and who are healthcare providers as defined by this subsection, a Kansaslimited liability company organized for the purpose of rendering-

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professional services by its members who are healthcare providers asdefined by this subsection and who are legally authorized to render the professional services for which the limited liability company is organized, a partnership of persons who are healthcare providers under this subsection, a Kansas not-for-profit corporation organized for the purpose of rendering professional services by persons who are healthcare providers as defined by this subsection, a nonprofit corporation organized toadminister the graduate medical education programs of community hospitals or medical care facilities affiliated with the university of Kansas school of medicine, a dentist certified by the state board of healing arts to administer anesthetics under K.S.A. 65-2899, and amendments thereto, a psychiatric hospital licensed prior to January 1, 1988, and continuously thereafter under K.S.A. 2015 Supp. 75-3307b, prior to its repeal, and K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, or a mental health center or mental health clinic licensed by the state of Kansas. On and after January 1, 2015, "healthcare provider" also means, a physician assistant licensed by the state board of healing arts, a licensed advanced practice registered nurse who is authorized by the board of nursing topractice as an advanced practice registered nurse in the classification of a nurse-midwife, a licensed advanced practice registered nurse who has been granted a temporary authorization by the board of nursing to practice as an advanced practice registered nurse in the classification of a nurse-midwife. a nursing facility licensed by the state of Kansas, an assisted living facility licensed by the state of Kansas or, a residential healthcare facility licensed by the state of Kansas or an advanced practice registered nurse licensed by the board of nursing.

(2) "Healthcare provider" does not include: (1)(A) Any state institution for people with intellectual disability; (2)(B) any state psychiatric hospital; (3)(C) any person holding an exempt license issued by the state board of healing arts or the board of nursing; (4)(D) any person holding a visiting clinical professor license from the state board of healing arts; (5)(E) any person holding an inactive license issued by the state board of healing arts; (6)(F) any person holding a federally active license issued by the state board of healing arts; (7)(G) an advanced practice registered nurse who is authorized by the board of nursing topractice as an advanced practice registered nurse in the classification of nurse-midwife or nurse anesthetist and who practices solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who provides professional services as a charitable healthcare provider as defined under K.S.A. 75-6102, and amendments thereto; or (8) (H) a physician assistant licensed by the state board of healing arts who practices solely in the course of employment or active duty in the United States government or any of its departments,

 bureaus or agencies or who provides professional services as a charitable healthcare provider as defined under K.S.A. 75-6102, and amendments thereto; or (I) an advanced practice registered nurse: (i) Holding animactive license issued by the board of nursing; (ii) practicing solely inemployment for which the advanced practice registered nurse is covered under the federal tort claims act or the Kansas tort claims act; (iii) practicing solely as a charitable healthcare provider in accordance with K.S.A. 75-6102, and amendments thereto; or (iv) practicing solely while serving on active duty in the military service of the United States.

- (g) "Inactive healthcare provider" means a person or other entity who purchased basic coverage or qualified as a self-insurer on or subsequent to the effective date of this act but who, at the time a claim is made for personal injury or death arising out of the rendering of or the failure to render professional services by such healthcare provider, does not have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a healthcare provider.
- (h) "Insurer" means any corporation, association, reciprocal exchange, inter-insurer and any other legal entity authorized to write-bodily injury or property damage liability insurance in this state, including workers compensation and automobile liability insurance, pursuant to the provisions of the acts contained in article 9, 11, 12 or 16 of chapter 40 of the Kansas Statutes Annotated, and amendments thereto.
- (i) "Plan" means the operating and administrative rules and procedures developed by insurers and rating organizations or the commissioner to make professional liability insurance available to healthcare providers.
- (j) "Professional liability insurance" means insurance providingcoverage for legal liability arising out of the performance of professional services rendered or that should have been rendered by a healthcareprovider.
- (k) "Rating organization" means a corporation, an unincorporated-association, a partnership or an individual licensed pursuant to K.S.A. 40-956, and amendments thereto, to make rates for professional liability-insurance.
- (l) "Self-insurer" means a healthcare provider who qualifies as a self-insurer pursuant to K.S.A. 40-3414, and amendments thereto.
- (m) "Medical care facility" means the same when used in the healthcare provider insurance availability act as defined in K.S.A. 65-425, and amendments thereto, except that as used in the healthcare provider insurance availability act such term, as it relates to insurance coverage under the healthcare provider insurance availability act, also includes any director, trustee, officer or administrator of a medical care facility.
 - (n) "Mental health center" means a mental health center licensed by

the state of Kansas under K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, except that as used in the healthcare provider-insurance availability act such term, as it relates to insurance coverage under the healthcare provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health center.

- (o) "Mental health clinic" means a mental health clinic licensed by the state of Kansas under K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, except that as used in the healthcare provider insurance availability act such term, as it relates to insurance coverage under the healthcare provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health clinic.
- (p) "State institution for people with intellectual disability" means Winfield state hospital and training center, Parsons state hospital and training center and the Kansas neurological institute.
- (q) "State psychiatric hospital" means Larned state hospital,—Osawatomic state hospital and Rainbow mental health facility.
 - (r) "Person engaged in residency training" means:
- (1) A person engaged in a postgraduate training program approved by the state board of healing arts who is employed by and is studying at the university of Kansas medical center only when such person is engaged in medical activities that do not include extracurricular, extra-institutional medical service for which such person receives extra compensation and that have not been approved by the dean of the school of medicine and the executive vice-chancellor of the university of Kansas medical center. Persons engaged in residency training shall be considered resident healthcare providers for purposes of K.S.A. 40-3401 et seq., and amendments thereto; and
- (2) a person engaged in a postgraduate training program approved by the state board of healing arts who is employed by a nonprofit corporation organized to administer the graduate medical education programs of community hospitals or medical care facilities affiliated with the university of Kansas school of medicine or who is employed by an affiliate of the university of Kansas school of medicine as defined in K.S.A. 76-367, and amendments thereto, only when such person is engaged in medical activities that do not include extracurricular, extra-institutional medical service for which such person receives extra compensation and that have not been approved by the chief operating officer of the nonprofit corporation or the chief operating officer of the affiliate and the executive vice-chancellor of the university of Kansas medical center.
- (s) "Full-time physician faculty employed by the university of Kansas medical center" means a person licensed to practice medicine and surgery who holds a full-time appointment at the university of Kansas medical center when such person is providing healthcare. A person licensed to-

 practice medicine and surgery who holds a full-time appointment at the university of Kansas medical center may also be employed part-time by the United States department of veterans affairs if such employment is approved by the executive vice-chancellor of the university of Kansas medical center

- (t) "Sexual act" or "sexual activity" means that sexual conduct that constitutes a criminal or tortious act under the laws of the state of Kansas.
- (u) "Board" means the board of governors created by K.S.A. 40-3403, and amendments thereto.
- (v) "Board of directors" means the governing board created by K.S.A. 40-3413, and amendments thereto.
- (w) "Locum tenens contract" means a temporary agreement notexceeding 182 days per calendar year that employs a healthcare provider to actively render professional services in this state.
- (x) "Professional services" means patient care or other servicesauthorized under the act governing licensure of a healthcare provider.
- (y) "Healthcare facility" means a nursing facility, an assisted living facility or a residential healthcare facility as all such terms are defined in K.S.A. 39-923, and amendments thereto.
- (z) "Charitable healthcare provider" means the same as defined in K.S.A. 75-6102, and amendments thereto.

{New Section 1. Sections 1 through 15, and amendments thereto, shall be known and may be cited as the KanCare bridge to a healthy Kansas program, which is hereby established. The department of health and environment shall administer and promote the program and provide information to potential eligible individuals who live in medically underserved areas of Kansas. 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 KanCare bridge to a healthy Kansas program.

New Sec. 2. For purposes of eligibility determinations under the Kansas program of medical assistance on and after January 1, 2020, medical assistance shall be granted to any adult under 65 years of age who is not pregnant and whose income does not exceed 133% of the federal poverty level, to the extent permitted under the provisions of 42 U.S.C. § 1396a, as it exists on the effective date of this act, and subject to the requirements of the KanCare bridge to a healthy Kansas program.

New Sec. 3. (a) The department of health and environment shall refer all non-disabled adults in the KanCare bridge to a healthy Kansas program who are unemployed or working fewer than 20 hours a week, as a condition of the program, to the state's existing workforce

training programs and work search resources, including, but not limited to:

- (1) The Kansasworks program administered by the department of commerce; or
- (2) the generating opportunities to attain lifelong success program administered by the Kansas department for children and families.
- (b) The KanCare bridge to a healthy Kansas program application shall:
 - (1) Screen applicants for education status;
 - (2) screen applicants for employment status; and
 - (3) require applicants to acknowledge the referral required by subsection (a).
 - (c) Full-time students shall be exempted from the referral required by subsection (a) for each year they are enrolled in a postsecondary education institution or technical school.
- (d) Parents with minor children in the home may be exempted from the referral required by subsection (a) at the discretion of the department of health and environment.
- New Sec. 4. (a) The department of health and environment may establish a health insurance coverage premium assistance program for individuals who meet the following requirements:
- (1) The individual has an annual household income of not more than 133% of the federal income poverty level, based on the modified adjusted gross income provisions set forth in section 2001(a)(1) of the federal patient protection and affordable care act; or
- (2) the individual is eligible for health insurance coverage through an employer but cannot afford the health insurance coverage premiums.
 - (b) A program established under this section must:
- (1) Contain eligibility requirements that are the same as in sections 2 and 3, and amendments thereto; and
- (2) provide that an individual's payment for a health insurance coverage premium may not exceed 2% of the individual's annual income.
- New Sec. 5. A denial of federal approval and federal financial participation that applies to any part of the KanCare bridge to a healthy Kansas program shall not prohibit the department of health and environment from implementing any other part of the program that is federally approved for federal financial participation or does not require federal approval or federal financial participation.
- New Sec. 6. The department of health and environment shall submit to the centers for medicare and medicaid services of the United

 States department of health and human services any state plan amendment, waiver request or other approval request necessary to implement the KanCare bridge to a healthy Kansas program.

New Sec. 7. (a) All moneys collected or received by the secretary of health and environment from drug rebates connected to KanCare bridge to a healthy Kansas program beneficiaries shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the KanCare bridge to a healthy Kansas drug rebate fund.

- (b) There is hereby created in the state treasury the KanCare bridge to a healthy Kansas program drug rebate fund as a reappropriating fund. Moneys in the KanCare bridge to a healthy Kansas program drug rebate fund shall be expended for the purpose of medicaid medical assistance payments for KanCare bridge to a healthy Kansas program beneficiaries. All expenditures from the KanCare bridge to a healthy Kansas program drug rebate fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the secretary of health and environment or the secretary's designee.
- (c) The KanCare bridge to a healthy Kansas program drug rebate fund shall be used for the purposes set forth in the KanCare bridge to a healthy Kansas program and for no other governmental purposes. It is the intent of the legislature that the fund shall remain intact and inviolate for the purposes set forth in the KanCare bridge to a healthy Kansas program, and moneys in the fund shall not be subject to the provisions of K.S.A. 75-3722, 75-3725a and 75-3726a, and amendments thereto.
- (d) On or before the 10th day of each month, the director of accounts and reports shall transfer from the state general fund to the KanCare bridge to a healthy Kansas program drug rebate fund interest earnings based on:
- (1) The average daily balance of moneys in the KanCare bridge to a healthy Kansas program drug rebate fund for the preceding month; and
- (2) the net earnings rate of the pooled money investment portfolio for the preceding month.
- (e) On or before January 11, 2021, and on or before the first day of the regular session of the legislature each year thereafter, the secretary of health and environment shall prepare and deliver a report to the legislature that summarizes all expenditures from the KanCare

 bridge to a healthy Kansas program drug rebate fund, fund revenues and recommendations regarding the adequacy of the fund to support necessary KanCare bridge to a healthy Kansas program expenditures.

New Sec. 8. (a) All moneys collected or received by the secretary of health and environment for privilege fees collected pursuant to K.S.A. 40-3213, and amendments thereto, connected to KanCare bridge to a healthy Kansas program beneficiaries shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the KanCare bridge to a healthy Kansas privilege fee fund.

- (b) There is hereby created in the state treasury the KanCare bridge to a healthy Kansas privilege fee fund as a reappropriating fund. Moneys in the KanCare bridge to a healthy Kansas privilege fee fund shall be expended for the purpose of medicaid medical assistance payments for KanCare bridge to a healthy Kansas program beneficiaries. All expenditures from the KanCare bridge to a healthy Kansas privilege fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the secretary of health and environment or the secretary's designee.
- (c) The KanCare bridge to a healthy Kansas privilege fee fund shall be used for the purposes set forth in the KanCare bridge to a healthy Kansas program and for no other governmental purposes. It is the intent of the legislature that the fund shall remain intact and inviolate for the purposes set forth in the KanCare bridge to a healthy Kansas program, and moneys in the fund shall not be subject to the provisions of K.S.A. 75-3722, 75-3725a and 75- 3726a, and amendments thereto.
- (d) On or before the 10th day of each month, the director of accounts and reports shall transfer from the state general fund to the KanCare bridge to a healthy Kansas privilege fee fund interest earnings based on:
- (1) The average daily balance of moneys in the KanCare bridge to a healthy Kansas privilege fee fund for the preceding month; and
- (2) the net earnings rate of the pooled money investment portfolio for the preceding month.
- (e) On or before January 11, 2021, and on or before the first day of the regular session of the legislature each year thereafter, the secretary of health and environment shall prepare and deliver a report to the legislature that summarizes all expenditures from the KanCare bridge to a healthy Kansas privilege fee fund, fund revenues and

recommendations regarding the adequacy of the fund to support necessary KanCare bridge to a healthy Kansas program expenditures.

New Sec. 9. (a) On or before January 11, 2021, and on or before the first day of the regular session of the legislature each year thereafter, the secretary of health and environment shall prepare and deliver a report to the legislature that summarizes the cost savings achieved by the state from the movement of beneficiaries from the KanCare program to the KanCare bridge to a healthy Kansas program, including, but not limited to, the MediKan program, the medically needy spend-down program and the breast and cervical cancer program.

(b) State cost savings shall be determined by calculating the cost of beneficiaries if services were provided in the KanCare program less the cost of services provided to beneficiaries under the KanCare bridge to a healthy Kansas program.

New Sec. 10. On or before January 11, 2021, and on or before the first day of the regular session of the legislature each year thereafter, the secretary of corrections shall prepare and deliver a report to the legislature that identifies cost savings to the state from the use of the KanCare bridge to a healthy Kansas program to cover inmate inpatient hospitalization.

New Sec. 11. On or before February 15 of each year, the secretary of health and environment shall present a report to the house committee on appropriations and the senate committee on ways and means that summarizes the costs for the KanCare bridge to a healthy Kansas program and the cost savings and additional revenues identified in sections 7 through 9, and amendments thereto.

New Sec. 12. (a) There is hereby established the KanCare bridge to a healthy Kansas working group.

- (b) The working group is charged with identifying non-state general fund sources to fund any shortfall of the KanCare bridge to a healthy Kansas program, identified by the secretary of health and environment in section 11, and amendments thereto.
- (c) The working group shall be composed of the following members:
- (1) Two members of the house of representatives appointed by the speaker of the house of representatives;
- (2) one member of the house of representatives appointed by the minority leader of the house of representatives;
- (3) two members of the senate appointed by the president of the senate;
- (4) one member of the senate appointed by the minority leader of the senate;

- (5) one representative from the Kansas hospital association;
- (6) one representative from the Kansas medical society;
- (7) one representative from the community care network of Kansas;
- (8) one representative from the Kansas academy of family physicians;
- (9) one representative from the association of community mental health centers of Kansas:
 - (10) one representative from the Kansas dental association;
- 10 (11) one representative from the Kansas emergency medical services association:
 - (12) one representative from the Kansas optometric association;
 - (13) one representative from the Kansas pharmacists association; and
 - (14) one representative of KanCare bridge to a healthy Kansas program consumers from alliance for a healthy Kansas.
 - (d) The chairperson of the working group shall be elected by the members of the working group:
 - (1) From members of the working group from the house of representatives in even-numbered years; and
 - (2) from members of the working group from the senate in oddnumbered years.
 - (e) Legislative staff shall provide such assistance as may be requested by the working group.
 - (f) (1) Legislative members attending a meeting of the working group or a subcommittee meeting thereof shall receive compensation and travel expenses and subsistence expenses or allowances as provided in K.S.A. 75-3212, and amendments thereto.
 - (2) Non-legislative members shall not receive compensation, subsistence allowance, mileage or associated expenses from the state for attending a meeting or subcommittee meeting of the working group.
 - (h) The working group shall meet no fewer than two times in any given calendar year.
 - (i) A quorum of the working group shall be nine members, of which at least four shall be legislative members of the working group.
 - (j) The working group shall report to the legislature on or before March 15 of each year with recommendations for funding the KanCare bridge to a healthy Kansas program, as necessary.
 - New Sec. 13. If, at any point, the percentages of federal medical assistance available to the program for coverage of program participants described in section 1902(a)(10)(A)(i)(VIII) of the federal social security act are less than the percentages provided for in section

 1201(b)(1)(A) through (E) of the federal health care and education reconciliation act of 2010, as it exists on the effective date of this act, the department of health and environment shall terminate the KanCare bridge to a healthy Kansas program over a 12-month period, beginning on the first day that the federal medical assistance percentages fall below such amount.

New Sec. 14. (a) The department of health and environment shall charge to each person enrolled under the KanCare bridge to a healthy Kansas program a \$25 monthly fee as a condition of participation in the program, up to a maximum of \$100 per month per family household.

- (b) The department of health and environment shall remit all moneys collected under this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount into the state treasury to the credit of the state general fund.
- (c) (1) The department of health and environment shall suspend an enrollee's coverage under the KanCare bridge to a healthy Kansas program for three calendar months following three consecutive calendar months of nonpayment of the fee established under this section.
- (2) Any such suspended enrollee may apply for reinstatement of coverage one time.
- (3) The department of health and environment shall suspend an enrollee's reinstated coverage permanently following another three consecutive months of nonpayment of the fee established under this section.
- New Sec. 15. The KanCare bridge to a healthy Kansas program shall not provide coverage or reimbursement for any abortion services.
- Sec. 14: 16. K.S.A. 2018 Supp. 40-3213 is hereby amended to read as follows: 40-3213. (a) Every health maintenance organization and medicare provider organization subject to this act shall pay to the commissioner the following fees:
 - (1) For filing an application for a certificate of authority, \$150;
 - (2) for filing each annual report, \$50; or
 - (3) for filing an amendment to the certificate of authority, \$10.
- (b) Every health maintenance organization subject to this act shall pay annually to the commissioner at the time such organization files its annual report, a privilege fee in an amount equal to the following percentages of the total of all premiums, subscription charges or any other term that may be used to describe the charges

 made by such organization to enrollees: 3.31% during the reporting period beginning January 1, 2015, and ending December 31, 2017; and 5.77% on and after January 1, 2018. In such computations all such organizations shall be entitled to deduct therefrom any premiums or subscription charges returned on account of cancellations and dividends returned to enrollees. If the commissioner shall determine at any time that the application of the privilege fee, or a change in the rate of the privilege fee, would cause a denial of, reduction in or elimination of federal financial assistance to the state or to any health maintenance organization subject to this act, the commissioner is hereby authorized to terminate the operation of such privilege fee or the change in such privilege fee.

- (c) For the purpose of insuring the collection of the privilege fee provided for by subsection (b), every health maintenance organization subject to this act and required by subsection (b) to pay such privilege fee shall at the time it files its annual report, as required by K.S.A. 40-3220, and amendments thereto, make a return, generated by or at the direction of its chief officer or principal managing director, under penalty of K.S.A. 2018 Supp. 21-5824, and amendments thereto, to the commissioner, stating the amount of all premiums, assessments and charges received by the health maintenance organization, whether in cash or notes, during the year ending on the last day of the preceding calendar year. Upon the receipt of such returns the commissioner of insurance shall verify such returns and reconcile the fees pursuant to subsection (f) upon such organization on the basis and at the rate provided in this section.
- (d) Premiums or other charges received by an insurance company from the operation of a health maintenance organization subject to this act shall not be subject to any fee or tax imposed under the provisions of K.S.A. 40-252, and amendments thereto.
- (e) Fees charged under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, except as provided in section 8, and amendments thereto, the state treasurer shall deposit the entire amount in the state treasury to the credit of the medical assistance fee fund created by K.S.A. 2018 Supp. 40-3236, and amendments thereto.
- (f) (1) On and after January 1, 2018, in addition to any other filing or return required by this section, each health maintenance organization shall submit a report to the commissioner on or before March 31 and September 30 of each year containing an estimate of the total amount of all premiums, subscription charges or any other term that may be used to describe the charges made by such organization to

enrollees that the organization expects to collect during the current calendar year. Upon filing each March 31 report, the organization shall submit payment equal to ½ of the privilege fee that would be assessed by the commissioner for the current calendar year based upon the organization's reported estimate. Upon filing each September 30 report, the organization shall submit payment equal to the balance of the privilege fee that would be assessed by the commissioner for the current calendar year based upon the organization's reported estimates.

- (2) Any amount of privilege fees actually owed by a health maintenance organization during any calendar year in excess of estimated privilege fees paid shall be assessed by the commissioner and shall be due and payable upon issuance of such assessment.
- (3) Any amount of estimated privilege fees paid by a health maintenance organization during any calendar year in excess of privilege fees actually owed shall be reconciled when the commissioner assesses privilege fees in the ensuing calendar year. The commissioner shall credit such excess amount against future privilege fee assessments. Any such excess amount paid by a health maintenance organization that is no longer doing business in Kansas and that no longer has a duty to pay the privilege fee shall be refunded by the commissioner from funds appropriated by the legislature for such purpose.}

Sec. 4. 5. {17.} K.S.A. 65-1130 and 65-4101 and, K.S.A. 2017 Supp. 65-1113, as amended by section 2 of chapter 42 of the 2018 Session Laws of Kansas, and K.S.A. 2018 Supp. 40-3401 are {40-3213 is} hereby repealed.

Sec. 5. 6. {18.} This act shall take effect and be in force from and after July 1, 2020, and its publication in the statute book {Kansas register}.