As Amended by Senate Committee

Session of 2012

HOUSE BILL No. 2416

By Joint Committee on Heath Policy Oversight

12-1

AN ACT concerning the division of health care finance of the department 1 2 of health and environment; relating to updating references and 3 corresponding changes due to transfer of powers and duties from the 4 Kansas health policy authority and hospital provider assessment; amending K.S.A. 22-4612 and K.S.A. 2011 Supp. 2-224a, 38-2001, 38-5 6 2006, 39-760, 39-7,116, 39-7,118, 39-7,119, 39-7,120, 39-7,121, 39-7 7,121a, 39-7,121d, 39-7,121e, 39-7,159, 39-968, 40-2134, 40-2136, 40-8 2251, 40-2252, 40-4702, 40-4706, 46-3501, 65-435a, 65-1685, 65-9 6208, 65-6801, 65-6803, 65-6804, 65-6805, 65-6806, 65-6807, 65-10 6809, 65-7405, 75-37,121, 75-5601, 75-6102, 75-7403, 75-7404, 75-7405, 75-7408, 75-7409, 75-7410, 75-7411, 75-7412, 75-7413, 75-11 12 7423, 75-7424, 75-7425, 75-7426, 75-7427, 75-7429, 75-7430, 75-13 7433, 75-7435, 75-7436 and 77-421 and repealing the existing sections; also repealing K.S.A. 2011 Supp. 75-7401, 75-7402, 75-7414, 75-7415, 14 15 75-7416, 75-7417, 75-7418, 75-7419, 75-7420, 75-7421, 75-7422 and 75-7428. 16

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19 Section 1. K.S.A. 2011 Supp. 2-224a is hereby amended to read as 20 follows: 2-224a. (a) Notwithstanding the provisions of K.S.A. 44-576, 21 and amendments thereto, the state fair board is hereby authorized to 22 purchase workers compensation insurance from an admitted carrier. Any 23 contract for the purchase of workers compensation insurance entered into 24 by the state fair board shall be purchased in the manner prescribed for the 25 purchase of supplies, materials, equipment and contractual services as 26 provided in K.S.A. 75-3738 through 75-3744, and amendments thereto, 27 and any such contract having a premium or rate in excess of \$500 shall be 28 purchased on the basis of sealed bids. Such contract shall not be subject to 29 the provisions of K.S.A. 75-4101 through 75-4114 and K.S.A. 2011 Supp. 30 75-4125, and amendments thereto.

(b) If the state fair board enters into a contract for the purchase of workers compensation insurance as described in subsection (a), from and after the end of the payroll period in which such workers compensation policy takes effect, the state fair board shall not be subject to the self-

¹⁸ Be it enacted by the Legislature of the State of Kansas:

insurance assessment prescribed by K.S.A. 44-576, and amendments
 thereto, and the director of accounts and reports shall cease to transfer any
 amounts for such self-assessment for the state fair board pursuant to such
 statute, except that any moneys paid relating to existing claims with the
 state workers compensation self-insurance fund made by the state fair
 board shall be assessed to the state fair board until all such claims have
 been closed and settled.

8 (c) Notwithstanding the provisions of K.S.A. 44-575, and 9 amendments thereto, if the state fair board enters into a contract for the 10 purchase of workers compensation insurance as described in subsection (a), the state workers compensation self-insurance fund shall not be liable 11 12 for any compensation claims under the workers compensation act relating 13 to the state fair board and arising during the term of such contract, or for 14 any other amounts otherwise required to be paid under the workers 15 compensation act during the term of such contract.

(d) The state fair board shall notify the secretary of administration
and the Kansas health policy authority secretary of health and environment
of the effective date of any workers compensation policy acquired
pursuant to this section.

20 Sec. 2. K.S.A. 22-4612 is hereby amended to read as follows: 22-21 4612. (a) Except as otherwise provided in this section, a county, a city, a 22 county or city law enforcement agency, a county department of corrections 23 or the Kansas highway patrol shall be liable to pay a health care provider 24 for health care services rendered to persons in the custody of such agencies 25 the lesser of the actual amount billed by such health care provider or the medicaid rate. The provisions of this section shall not apply if a person in 26 27 the custody of a county or city law enforcement agency, a county 28 department of corrections or the Kansas highway patrol is covered under a 29 current individual or group accident and health insurance policy, medical 30 service plan contract, hospital service corporation contract, hospital and 31 medical service corporation contract, fraternal benefit society or health 32 maintenance organization contract.

(b) Nothing in this section shall prevent a county or city law enforcement agency, a county department of corrections, the Kansas highway patrol or such agencies authorized vendors from entering into agreements with health care providers for the provision of health care services at terms, conditions and amounts which are different than the medicaid rate.

(c) It shall be the responsibility of the custodial county or city law enforcement agency, county department of corrections or the Kansas highway patrol or such agencies' agents, to determine, under agreement with the Kansas health policy authoritysecretary of health and environment, the amount payable for the services provided and to 1 communicate that determination along with the remittance advice and 2 payment for the services provided.

3 (d) Nothing in this section shall be construed to create a duty on the 4 part of a health care provider to render health care services to a person in 5 the custody of a county or city law enforcement agency, a county 6 department of corrections or the Kansas highway patrol.

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(e) As used in this section:

8 (1) "County or city law enforcement agency" means a city police 9 department, a county sheriff's department, a county law enforcement 10 department as defined in K.S.A. 19-4401, and amendments thereto, or a 11 law enforcement agency established pursuant to the consolidated city-12 county powers in K.S.A. 12-345, and amendments thereto.

(2) "Health care provider" means a person licensed to practice any 13 14 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 15 16 by the state board of healing arts, a person engaged in a postgraduate 17 training program approved by the state board of healing arts, a licensed 18 physician assistant, a person licensed by the behavioral sciences regulatory 19 board, a medical care facility licensed by the department of health and 20 environment, a podiatrist licensed by the state board of healing arts, an 21 optometrist licensed by the board of examiners in optometry, a registered 22 nurse, and advanced nurse practitioner, a licensed professional nurse who 23 is authorized to practice as a registered nurse anesthetist, a licensed 24 practical nurse, a licensed physical therapist, a professional corporation 25 organized pursuant to the professional corporation law of Kansas by 26 persons who are authorized by such law to form such a corporation and 27 who are health care providers as defined by this subsection, a Kansas 28 limited liability company organized for the purpose of rendering 29 professional services by its members who are health care providers as 30 defined by this subsection and who are legally authorized to render the 31 professional services for which the limited liability company is organized. a partnership of persons who are health care providers under this 32 33 subsection, a Kansas not-for-profit corporation organized for the purpose 34 of rendering professional services by persons who are health care 35 providers as defined by this subsection, a dentist certified by the state 36 board of healing arts to administer anesthetics under K.S.A. 65-2899, and 37 amendments thereto, a psychiatric hospital licensed under K.S.A. 75-38 3307b, and amendments thereto, a licensed social worker or a mental 39 health center or mental health clinic licensed by the secretary of social and 40 rehabilitation services and any health care provider licensed by the 41 appropriate regulatory body in another state that has a current approved 42 provider agreement with the Kansas health policy authority secretary of 43 health and environment.

1 (3) "Medicaid rate" means the terms, conditions and amounts a health 2 care provider would be paid for health care services rendered pursuant to a 3 contract or provider agreement with the Kansas health policy– 4 authoritysecretary of health and environment.

Sec. 3. K.S.A. 2011 Supp. 38-2001 is hereby amended to read as
follows: 38-2001. (a) The Kansas health policy authoritydepartment of *health and environment* shall develop and submit a plan consistent with
federal guidelines established under section 4901 of public law 105-33 (42
U.S.C. 1397aa et seq.; title XXI).

10 (b) The plan developed under subsection (a) shall be a capitated 11 managed care plan covering Kansas children from zero to 19 years which:

12 (1) Contains benefit levels at least equal to those for the early and 13 periodic screening, diagnosis and treatment program;

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(2) provides for presumptive eligibility for children where applicable;

(3) provides continuous eligibility for 12 months once a formal
determination is made that a child is eligible subject to subsection (e);

(4) has performance based contracting with measurable outcomes
indicating age appropriate utilization of plan services to include, but not
limited to, such measurable services as immunizations, vision, hearing and
dental exams, emergency room utilization, annual physical exams and
asthma;

(5) shall use the same prior authorization standards and requirements
 as used for health care services under medicaid to further the goal of
 seamlessness of coverage between the two programs;

(6) shall provide targeted low-income children, as defined under
section 4901 of public law 105-33 (42 U.S.C. § 1397aa, et seq.), coverage
subject to appropriations;

28 (7) shall provide coverage, subject to appropriation of funds and 29 eligibility requirements, for children residing in a household having a gross household income (A) for 2009, at or under 225% of the 2008 30 31 federal poverty income guidelines and (B) for 2010 and subsequent years, 32 at or under 250% of the 2008 federal poverty income guidelines; the 33 participants receiving coverage shall contribute to the payment for such 34 coverage through a sliding-fee scale based upon ability to pay as 35 established by rules and regulations of the Kansas health policy-36 authoritysecretary of health and environment; and

(8) contains a provision which requires the newly enrolled
participants with a family income over 200% of the federal poverty
income guidelines to wait at least 8 months before participating in this
program, if such participants previously had comprehensive health benefit
coverage through an individual policy or a health benefit plan provided by
any health insurer as defined in K.S.A. 40-4602, and amendments thereto.
This waiting period provision shall not apply when the prior coverage

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ended due to loss of employment other than the voluntary termination,
 change to a new employer that does not provide an option for dependent
 coverage, discontinuation of health benefits to all employees, expiration of
 COBRA coverage period or any other situations where the prior coverage
 ended due to reasons unrelated to the availability of this program.

6 (c) The Kansas health policy authority secretary of health and 7 environment is authorized to contract with entities authorized to transact 8 health insurance business in this state to implement the health insurance 9 coverage plan pursuant to subsection (a) providing for several plan options to enrollees which are coordinated with federal and state child health care 10 programs, except that when contracting to provide managed mental health 11 12 care services the Kansas health polity authority secretary of health and environment shall assure that contracted entities demonstrate the ability to 13 14 provide a full array of mental health services in accordance with the early 15 and periodic screening, diagnosis and treatment plan. The Kansas health 16 policy authority secretary of health and environment shall not develop a 17 request for proposal process which excludes community mental health centers from the opportunity to bid for managed mental health care 18 19 services.

(d) When developing and implementing the plan in subsection (a), the
 Kansas health policy authoritysecretary of health and environment to the
 extent authorized by law:

(1) Shall include provisions that encourage contracting insurers to
 utilize and coordinate with existing community health care institutions and
 providers;

(2) may work with public health care providers and other community
 resources to provide educational programs promoting healthy lifestyles
 and appropriate use of the plan's health services;

(3) shall plan for outreach and maximum enrollment of eligible
children through cooperation with local health departments, schools, child
care facilities and other community institutions and providers;

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(4) shall provide for a simplified enrollment plan;

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(5) shall provide cost sharing as allowed by law;

(6) shall not count the caring program for children, the Kansas health
insurance association plan or any charity health care plan as insurance
under subsection (e)(1);

(7) may provide for payment of health insurance premiums, including
contributions to a health savings account if applicable, and, in conjunction
with an employer sponsored insurance premium assistance plan, may
provide that supplemental benefits be purchased outside of the capitated
managed care plan, if it is determined cost effective, taking into account
the number of children to be served and the benefits to be provided;

43 (8) may provide that prescription drugs, transportation services and

dental services are purchased outside of the capitated managed care plan to
 improve the efficiency, accessibility and effectiveness of the program; and

3 (9) shall include a provision that requires any individual to be a 4 citizen or an alien lawfully admitted to the United States for purposes of 5 establishing eligibility for benefits under the plan and to present 6 satisfactory documentary evidence of citizenship or lawful admission of 7 the individual. The criteria for determining whether the documentation is 8 satisfactory shall be no more restrictive than the criteria used by the social security administration to determine citizenship. A document issued by a 9 federally-recognized Indian tribe evidencing membership or enrollment in, 10 or affiliation with, such tribe, such as a tribal enrollment card or certificate 11 12 of degree of Indian blood shall be satisfactory documentary evidence of 13 citizenship or lawful admission.

(e) A child shall not be eligible for coverage and shall lose coverage
under the plan developed under subsection (a) of K.S.A. 38-2001, and
amendments thereto, if such child's family has not paid the enrollee's
applicable share of any premium due.

If the family pays all of the delinquent premiums owed during the year,
such child will again be eligible for coverage for the remaining months of
the continuous eligibility period.

(f) The plan developed under section 4901 of public law 105-33 (42 U.S.C. § 1397aa et seq., and amendments thereto) is not an entitlement program. The availability of the plan benefits shall be subject to funds appropriated. The Kansas health policy authoritysecretary of health and *environment* shall not utilize waiting lists, but shall monitor costs of the program and make necessary adjustments to stay within the program's appropriations.

28 (g) Eligibility and benefits under the plan prescribed by subsection 29 (b)(7) are not and shall not be construed to be entitlements, are for legal 30 residents of the state of Kansas and are subject to availability of state and 31 federal funds and to any state and federal requirements and the provisions 32 of appropriation acts. If the Kansas health policy authority secretary of 33 health and environment determines that the available federal funds and the 34 state funds appropriated are insufficient to sustain coverage for the income 35 eligibility levels prescribed by subsection (b)(7), a lower income level 36 shall be adopted and implemented by the Kansas health policy-37 authoritysecretary of health and environment, within the limits of 38 appropriations available therefor, and all such changes shall be published 39 by the Kansas health policy authority secretary of health and environment 40 in the Kansas register.

41 Sec. 4. K.S.A. 2011 Supp. 38-2006 is hereby amended to read as 42 follows: 38-2006. The secretary *of social and rehabilitation services* shall 43 advise and consult with the Kansas health policy authoritysecretary of 1 *health and environment* on issues relating to children's health status.

Sec. 5. K.S.A. 2011 Supp. 39-760 is hereby amended to read as 2 3 follows: 39-760. (a) The Kansas health policy authority secretary of health 4 and environment and the secretary of social and rehabilitation services are 5 hereby directed to establish a system for the reporting of suspected abuse or fraud in connection with state welfare or medical assistance programs, 6 7 either by recipients or health care providers. The system shall be designed 8 to permit any person in the state at any time to place a toll-free call into the 9 system and report suspected cases of welfare abuse or suspected cases of 10 health care provider fraud.

(b) The Kansas health policy authoritysecretary of health and
 environment and the secretary of social and rehabilitation services are
 further directed to publicize the system throughout the state.

(c) Notice of the existence of the system established pursuant to this
 section shall be displayed prominently in the office or facility of every
 health care provider who provides services under the state medical
 assistance program.

18 (d) The Kansas health policy authoritysecretary of health and 19 environment shall notify annually each recipient of state medical assistance 20 of the toll-free number of the system established pursuant to this section 21 and the purpose thereof. If possible, such notice shall be printed on the 22 medical cards issued to recipients by the authoritysecretary.

23 Sec. 6. K.S.A. 2011 Supp. 39-7,116 is hereby amended to read as 24 follows: 39-7,116. As used in this act:

(a) "Restrictive drug formulary" means a list of prescription-only
drugs established by the department which excludes in whole or in part
reimbursement by the department for such drugs under a program
administered by the department.

(b) The words and phrases used in this section shall have the same
meanings as are ascribed to such words and phrases under K.S.A. 651626, and amendments thereto.

(c) "Physician" means a person licensed to practice medicine andsurgery.

(d) "Authority" means the Kansas health policy authority established
by K.S.A. 2011 Supp. 75-7401, and amendments thereto. "Department"
means the department of health and environment.

Sec. 7. K.S.A. 2011 Supp. 39-7,118 is hereby amended to read as follows: 39-7,118. The Kansas health policy authoritysecretary of health and environment shall implement a drug utilization review program with the assistance of a medicaid drug utilization review board as provided in K.S.A. 39-7,119, and amendments thereto, to assure the appropriate utilization of drugs by patients receiving medical assistance under the medicaid program. The drug utilization review program shall include:

(a) Monitoring of prescription information including overutilization 1 2 and underutilization of prescription-only drugs;

(b) making periodic reports of findings and recommendations to the 3 Kansas health policy authority secretary of health and environment and the 4 United States department of health and human services regarding the 5 6 activities of the board, drug utilization review programs, summary of 7 interventions, assessments of education interventions and drug utilization 8 review cost estimates:

9 (c) providing for prospective and retrospective drug utilization review, as specified in the federal omnibus budget reconciliation act of 10 1990 (public law 101-508); 11

12 (d) monitoring provider and recipient compliance with program 13 objectives;

(e) providing educational information on state program objectives, 14 directly or by contract, to private and public sector health care providers to 15 16 improve prescribing and dispensing practices;

(f) reviewing the increasing costs of purchasing prescription drugs 17 and making recommendations on cost containment; 18

19 (g) reviewing profiles of medicaid beneficiaries who have multiple 20 prescriptions above a level specified by the board; and

21 (h) recommending any modifications or changes to the medicaid 22 prescription drug program.

23 Sec. 8. K.S.A. 2011 Supp. 39-7,119 is hereby amended to read as follows: 39-7,119. (a) There is hereby created the medicaid drug utilization 24 25 review board which shall be responsible for the implementation of retrospective and prospective drug utilization programs under the Kansas 26 27 medicaid program.

(b) Except as provided in subsection (i), the board shall consist of at 28 29 least seven members appointed as follows:

(1) Two licensed physicians actively engaged in the practice of 30 medicine, nominated by the Kansas medical society and appointed by the 31 32 Kansas health policy authority secretary of health and environment from a 33 list of four nominees:

34 (2) one licensed physician actively engaged in the practice of osteopathic medicine, nominated by the Kansas association of osteopathic 35 medicine and appointed by the Kansas health policy authority secretary of 36 37 health and environment from a list of four nominees;

38 (3) two licensed pharmacists actively engaged in the practice of 39 pharmacy, nominated by the Kansas pharmacy association and appointed by the Kansas health policy authority secretary of health and environment 40 41 from a list of four nominees:

42 (4) one person licensed as a pharmacist and actively engaged in 43 academic pharmacy, appointed by the Kansas health policy

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authoritysecretary of health and environment from a list of four nominees
 provided by the university of Kansas;

3 (5) one licensed professional nurse actively engaged in long-term 4 care nursing, nominated by the Kansas state nurses association and 5 appointed by the Kansas health policy authoritysecretary of health and 6 *environment* from a list of four nominees.

7 (c) The Kansas health policy authoritysecretary of health and 8 *environment* may add two additional members so long as no class of 9 professional representatives exceeds 51% of the membership.

10 (d) The physician and pharmacist members shall have expertise in the 11 clinically appropriate prescribing and dispensing of outpatient drugs.

12 (e) The appointments to the board shall be for terms of three years. In 13 making the appointments, the Kansas health policy authority secretary of 14 *health and environment* shall provide for geographic balance in the 15 representation on the board to the extent possible. Subject to the provisions 16 of subsection (i), members may be reappointed.

(f) The board shall elect a chairperson from among board memberswho shall serve a one-year term. The chairperson may serve consecutiveterms.

(g) The board, in accordance with K.S.A. 75-4319, and amendments
thereto, may recess for a closed or executive meeting when it is
considering matters relating to identifiable patients or providers.

(h) All actions of the medicaid drug utilization review board shall be
 upon the affirmative vote of five members of the board and the vote of
 each member present when action was taken shall be recorded by roll call
 vote.

27 (i) Upon the expiration of the term of office of any member of the 28 medicaid drug utilization review board on or after the effective date of this 29 act and in any case of a vacancy existing in the membership position of 30 any member of the medicaid drug utilization review board on or after the 31 effective date of this act, a successor shall be appointed by the Kansas 32 health policy authority secretary of health and environment so that as the 33 terms of members expire, or vacancies occur, members are appointed and 34 the composition of the board is changed in accordance with the following 35 and such appointment shall be made by the Kansas health policy-36 authoritysecretary of health and environment in the following order of 37 priority:

(1) One member shall be a licensed pharmacist who is actively
performing or who has experience performing medicaid pharmacy services
for a hospital and who is nominated by the Kansas hospital association and
appointed by the Kansas health policy authoritysecretary of health and *environment* from a list of two or more nominees;

43 (2) one member shall be a licensed pharmacist who is actively

performing or who has experience performing medicaid pharmacy services 1 2 for a licensed adult care home and who is nominated by the state board of 3 pharmacy and appointed by the Kansas health policy authority secretary of 4 health and environment from a list of two or more nominees;

5 (3) one member shall be a licensed physician who is actively engaged 6 in the general practice of allopathic medicine and who has practice 7 experience with the state medicaid plan and who is nominated by the 8 Kansas medical society and appointed by the Kansas health policy-9 authoritysecretary of health and environment from a list of two or more 10 nominees;

11 (4) one member shall be a licensed physician who is actively engaged 12 in mental health practice providing care and treatment to persons with mental illness, who has practice experience with the state medicaid plan 13 and who is nominated by the Kansas psychiatric society and appointed by 14 15 the Kansas health policy authority secretary of health and environment 16 from a list of two or more nominees;

17 (5) one member shall be a licensed physician who is the medical 18 director of a nursing facility, who has practice experience with the state 19 medicaid plan and who is nominated by the Kansas medical society and 20 appointed by the Kansas health policy authority secretary of health and 21 environment from a list of two or more nominees;

22 (6) one member shall be a licensed physician who is actively engaged 23 in the general practice of osteopathic medicine, who has practice 24 experience with the state medicaid plan and who is nominated by the 25 Kansas association of osteopathic medicine and who is appointed by the Kansas health policy authority secretary of health and environment from a 26 27 list of two or more nominees:

28 (7) one member shall be a licensed pharmacist who is actively 29 engaged in retail pharmacy, who has practice experience with the state medicaid plan and who is nominated by the state board of pharmacy and 30 31 appointed by the Kansas health policy authority secretary of health and 32 environment from a list of two or more nominees:

33 (8) one member shall be a licensed pharmacist who is actively 34 engaged in or who has experience in research pharmacy and who is 35 nominated jointly by the Kansas task force for the pharmaceutical research and manufacturers association and the university of Kansas and appointed 36 37 by the Kansas health policy authority secretary of health and environment 38 from a list of two or more jointly nominated persons; and

39 (9) one member shall be a licensed advanced practice registered nurse 40 or physician assistant actively engaged in the practice of providing the health care and treatment services such person is licensed to perform, who 41 has practice experience with the state medicaid plan and who is nominated 42 43 jointly by the Kansas state nurses' association and the Kansas academy of

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1 physician assistants and appointed by the Kansas health policy 2 authoritysecretary of health and environment from a list of two or more 3 jointly nominated persons.

K.S.A. 2011 Supp. 39-7,120 is hereby amended to read as 4 Sec. 9. 5 follows: 39-7,120. (a) The Kansas health policy authority secretary of 6 health and environment shall not restrict patient access to prescription-only 7 drugs pursuant to a program of prior authorization or a restrictive 8 formulary except by rules and regulations adopted in accordance with 9 K.S.A. 77-415 et seq.75-5625, and amendments thereto. Prior to the promulgation of any such rules and regulations, the Kansas health policy 10 authority secretary of health and environment shall submit such proposed 11 12 rules and regulations to the medicaid drug utilization review board for written comment. The Kansas health policy authoritysecretary of health 13 14 and environment may not implement permanent prior authorization until 15 30 days after receipt of comments by the drug utilization review board.

16 (b) When considering recommendations from the medicaid drug 17 utilization review board regarding the prior authorization of a drug, the 18 Kansas health policy authority secretary of health and environment shall 19 consider the net economic impact of such prior authorization, including, 20 but not limited to, the costs of specific drugs, rebates or discounts pursuant 21 to 42 U.S.C. § 1396r-8, dispensing costs, dosing requirements and 22 utilization of other drugs or other medicaid health care services which may 23 be related to the prior authorization of such drug.

Sec. 10. K.S.A. 2011 Supp. 39-7,121 is hereby amended to read as follows: 39-7,121. (a) The Kansas health policy authority department of *health and environment* shall establish and implement an electronic pharmacy claims management system in order to provide for the on-line adjudication of claims and for electronic prospective drug utilization review.

(b) The system shall provide for electronic point-of-sale review of
drug therapy using predetermined standards to screen for potential drug
therapy problems including incorrect drug dosage, adverse drug-drug
interactions, drug-disease contraindications, therapeutic duplication,
incorrect duration of drug treatment, drug-allergy interactions and clinical
abuse or misuse.

(c) The Kansas health policy authoritydepartment of health and *environment* shall not utilize this system, or any other system or program
to require that a recipient has utilized or failed with a drug usage or drug
therapy prior to allowing the recipient to receive the product or therapy
recommended by the recipient's physician.

41 Sec. 11. K.S.A. 2011 Supp. 39-7,121a is hereby amended to read as 42 follows: 39-7,121a. (a) The Kansas health policy authority department of 43 *health and environment* may establish an advisory committee pursuant to K.S.A. 75-531375-5616, and amendments thereto, to advise the Kansas health policy authoritydepartment of health and environment in the development of a preferred formulary listing of covered drugs by the state medicaid program.

5 (b) The Kansas health policy authority department of health and 6 environment shall evaluate drugs and drug classes for inclusion in the state 7 medicaid preferred drug formulary based on safety, effectiveness and 8 clinical outcomes of such treatments. In addition, the Kansas health policy 9 authority department of health and environment shall evaluate drugs and 10 drug classes to determine whether inclusion of such drugs or drug classes 11 in a starter dose program would be clinically efficacious and cost effective.

12 If the factors of safety, effectiveness and clinical outcomes among drugs 13 being considered in the same class indicate no therapeutic advantage, then 14 the Kansas health policy authority department of health and environment shall consider the cost effectiveness and the net economic impact of such 15 16 drugs in making recommendations for inclusion in the state medicaid 17 preferred drug formulary. Drugs which do not have a significant, clinically 18 meaningful therapeutic advantage in terms of safety, effectiveness or 19 clinical outcomes over other drugs in the same class which have been selected for the preferred drug formulary may be excluded from the 20 21 preferred drug formulary and may be subject to prior authorization in 22 accordance with state and federal law, except, prior to July 1, 2003, where 23 a prescriber has personally written "dispense as written" or "D.A.W.", or 24 has signed the prescriber's name on the "dispense as written" signature line 25 in accordance with K.S.A. 65-1637, and amendments thereto.

(c) The Kansas health policy authoritydepartment of health and
environment shall consider the net economic impact of drugs selected or
excluded from the preferred formulary and may gather information on the
costs of specific drugs, rebates or discounts pursuant to 42 U.S.C. § 1396r8, dispensing costs, dosing requirements and utilization of other drugs or
other medicaid health care services.

32 (d) The Kansas health policy authority department of health and 33 environment may accept all services, including, but not limited to, disease 34 state management, associated with the delivery of pharmacy benefits under 35 the state medicaid program having a determinable cost effect in addition to 36 the medicaid prescription drug rebates required pursuant to 42 U.S.C. 37 section § 1396r-8.

(e) The state medicaid preferred drug formulary shall be submitted to
 the medicaid drug utilization review board for review and policy
 recommendations.

Sec. 12. K.S.A. 2011 Supp. 39-7,121d is hereby amended to read as
follows: 39-7,121d. (a) The state medicaid plan shall include provisions
for a program of differential dispensing fees for pharmacies that provide

prescriptions for adult care homes under a unit dose system in accordance
 with rules and regulations of the state board of pharmacy and that
 participate in the return of unused medications program under the state
 medicaid plan.

5 (b) The state medicaid plan shall include provisions for differential 6 ingredient cost reimbursement of generic and brand name pharmaceuticals. 7 The Kansas health policy authority*department of health and environment* 8 shall set the rates for differential cost reimbursement of generic and brand 9 name pharmaceuticals by rules and regulations.

(c) On and after May 23, 2007, The state medicaid plan shall require
 that every pharmacy claim form under the plan include the prescriber's
 unique identification number.

Sec. 13. K.S.A. 2011 Supp. 39-7,121e is hereby amended to read as 13 follows: 39-7,121e. (a) Except where a prescriber has personally written 14 "dispense as written" or "D.A.W.," or has signed the prescriber's name on 15 16 the "dispense as written" signature line in accordance with K.S.A. 65-17 1637. and amendments thereto. the Kansas health policy 18 authoritydepartment of health and environment may limit reimbursement 19 for a prescription under the medicaid program to the multisource generic 20 equivalent drug.

(b) No pharmacist participating in the medical assistance program
 shall be required to dispense a prescription-only drug that will not be
 reimbursed by the medical assistance program.

Sec. 14. K.S.A. 2011 Supp. 39-7,159 is hereby amended to read as follows: 39-7,159. (a) In the state of Kansas, long-term care services, including home and community based services, shall be provided through a comprehensive and coordinated system throughout the state.

(b) The system shall:

29 (1) Emphasize a delivery concept of self-direction, individual choice,
 30 home and community settings and privacy;

31 (2) ensure transparency, accountability, safety and high quality32 services;

33 (3) increase expedited eligibility determination;

- 34 (4) provide timely services;
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(5) utilize informal services; and

36 (6) ensure the moneys follow the person into the community.

(c) All persons receiving services pursuant to this section shall be offered the appropriate services which are determined to be in aggregate the most economical available with regard to state general fund expenditures. For those persons moving from a nursing facility to the home and community based services, the nursing facility reimbursement shall follow the person into the community.

43 (d) The department on aging, the department of social and

1 rehabilitation services and the Kansas health policy authority department of

health and environment shall design and implement the system, in
 consultation with stakeholders and advocates related to long-term care
 services.

5 (e) The department on aging and the department of social and 6 rehabilitation services, in consultation with the Kansas health policy-7 authoritydepartment of health and environment, shall submit an annual 8 report on the long-term care system to the governor and the legislature 9 annually, during the first week of the regular session.

10 Sec. 15. K.S.A. 2011 Supp. 39-968 is hereby amended to read as follows: 39-968. (a) To achieve a quality of life for Kansans with long-11 12 term care needs in an environment of choice that maximizes independent 13 living capabilities and recognizes diversity, this act establishes a program which is intended to encourage a wide array of quality, cost-effective and 14 15 affordable long-term care choices. This program shall be known as client 16 assessment, referral and evaluation (CARE). The purposes of CARE is for 17 data collection and individual assessment and referral to community-based 18 services and appropriate placement in long-term care facilities.

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(b) As used in this section:

(1) "Assessment services" means evaluation of an individual's health
and functional status to determine the need for long-term care services and
to identify appropriate service options which meet these needs utilizing the
client assessment, referral and evaluation (CARE) form.

(2) "Health care data governing board" means the board abolished byK.S.A. 65-6803, and amendments thereto.

(3) "Medical care facility" shall have the meaning ascribed to such
term under K.S.A. 65-425, and amendments thereto.

(4) "Nursing facility" shall have the meaning ascribed to such termunder K.S.A. 39-923, and amendments thereto.

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(5) "Secretary" means the secretary of aging.

(c) There is hereby established the client assessment, referral and
evaluation (CARE) program. The CARE program shall be administered by
the secretary of aging and shall be implemented on a phased-in basis in
accordance with the provisions of this section.

35 All rules and regulations adopted by the health care data (d)36 governing board relating to client assessment, referral and evaluation 37 (CARE) data entry form shall be deemed to be the rules and regulations of 38 the Kansas health policy authority department of health and environment 39 until revised, revoked or nullified pursuant to law. The purpose of this 40 form is for data collection and referral services. Such form shall be concise 41 and questions shall be limited to those necessary to carry out the stated 42 purposes. The client assessment, referral and evaluation (CARE) data 43 entry form shall include, but not be limited to, the preadmission screening and annual resident review (PASARR) questions. Prior to the adoption of
 the client assessment, referral and evaluation (CARE) data entry form by
 the health care data governing board, the secretary of aging shall approve
 the form. The client assessment, referral and evaluation (CARE) data entry
 form shall be used by all persons providing assessment services.

6 (e) (1) On and after January 1, 1995, Each individual prior to 7 admission to a nursing facility as a resident of the facility shall receive 8 assessment services to be provided by the secretary of aging, with the 9 assistance of area agencies on aging, except (A) such assessment services shall be provided by a medical care facility to a patient of the medical care 10 facility who is considering becoming a resident of a nursing facility upon 11 12 discharge from the medical care facility and (B) as authorized by rules and regulations adopted by the secretary of aging pursuant to subsection (i). 13

(2) The provisions of this subsection (e) shall not apply to any
individual exempted from preadmission screening and annual resident
review under 42 code of federal regulations 483.106.

(f) The secretary of aging shall cooperate with the area agencies onaging providing assessment services under this section.

(g) The secretary of aging shall assure that each area agency on aging shall compile comprehensive resource information for use by individuals and agencies related to long-term care resources including all area offices of the department of social and rehabilitation services and local health departments. This information shall include, but not be limited to, resources available to assist persons to choose alternatives to institutional care.

(h) Nursing facilities and medical care facilities shall make available
information referenced in subsection (g) to each person seeking admission
or upon discharge as appropriate. Any person licensed to practice the
healing arts as defined in K.S.A. 65-2802, and amendments thereto, shall
make the same resource information available to any person identified as
seeking or needing long-term care. Each senior center and each area
agency on aging shall make available such information.

(i) The secretary shall adopt rules and regulations to govern such
 matters as the secretary deems necessary for the administration of this act.

(j) (1) There is hereby established an eleven-member voluntary 35 36 oversight council which shall meet monthly prior to July 1, 1995, for the 37 purpose of assisting the secretary of aging in restructuring the assessment 38 and referral program in a manner consistent with this act and shall meet 39 quarterly thereafter for the purpose of monitoring and advising the 40 secretary regarding the CARE program. The council shall be advisory 41 only, except that the secretary of aging shall file with the council each six 42 months the secretary's response to council comments or recommendations.

43 (2) The secretary of aging shall appoint two representatives of

1 hospitals, two representatives of nursing facilities, two consumers and two representatives of providers of home and community-based services. The 2 3 secretary of health and environment and the secretary of social and 4 rehabilitation services, or their designee, shall be members of the council 5 in addition to the eight appointed members. The secretary of aging shall 6 serve as chairperson of the council. The appointive members of the council 7 shall serve at the pleasure of their appointing authority. Members of the 8 voluntary oversight council shall not be paid compensation, subsistence 9 allowances, mileage or other expenses as otherwise may be authorized by 10 law for attending meetings, or subcommittee meetings, of the council.

(k) The secretary of aging shall report to the governor and to the legislature on or before December 31, 1995, and each year thereafter on or before such date, an analysis of the information collected under this section. In addition, the secretary of aging shall provide data from the CARE data forms to the Kansas health policy authoritydepartment of *health and environment*. Such data shall be provided in such a manner so as not to identify individuals.

Sec. 16. K.S.A. 2011 Supp. 40-2134 is hereby amended to read as follows: 40-2134. (a) Subject to the provisions of subsection (e), the Kansas health policy authority*department of health and environment* in conjunction with the Kansas department of insurance shall establish a long-term care partnership program in Kansas to provide for the financing of long-term care through a combination of private insurance and medical assistance. The long-term care partnership program shall:

(1) Provide incentives for individuals to insure against the costs ofproviding for their long-term care needs;

(2) provide a mechanism for individuals to qualify for coverage under
 medical assistance while having certain assets disregarded for eligibility
 determinations and recovery; and

(3) reduce the financial burden on the state's medical assistance
 program by encouraging the pursuit of private initiatives using qualified
 long-term care partnership insurance policies.

(b) An individual who is a beneficiary of a Kansas long-term care
 partnership program policy shall be eligible for assistance under the state's
 medical assistance program using the asset disregard as provided under
 subsection (e).

(c) The Kansas health policy authoritydepartment of health and environment shall pursue reciprocal agreements with other states to extend the asset disregard to Kansas residents who purchased long-term care partnership policies in other states that are compliant with title VI, section 6021 of the federal deficit reduction act of 2005, public law 109-171, and any applicable federal regulations or guidelines.

43 (d) As provided under subsection (e), certain assets of an individual

who has received benefits from a qualified long-term care partnership 1 2 policy shall not be considered when determining:

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(1) The individual's medical assistance eligibility; and

4 (2) any subsequent recovery by the state for a payment for medical 5 services or long-term care services made by the medical assistance 6 program on behalf of the individual.

7 (e) Under the individual's long-term care insurance policy if the 8 individual is a beneficiary of a qualified long-term care partnership program policy at the time the individual applies for benefits under the 9 Kansas medical assistance program, the assets an individual may own and 10 retain under Kansas medical assistance program and still qualify for 11 benefits under the program shall be increased dollar-for-dollar for each 12 dollar paid out after the effective date of the state plan amendment, or after 13 the issue date of a policy exchanged, whichever is later. 14

(f) If the long-term care partnership program established by this act is 15 16 discontinued, any individual who purchased a Kansas long-term care 17 partnership program policy before the date the program was discontinued shall be eligible to receive asset disregard if allowed as provided by title 18 19 VI, section 6021 of the federal deficit reduction act of 2005, public law 20 109-171.

21 (g) The Kansas health policy authority department of health and 22 environment, the department of social and rehabilitation services, the 23 department on aging and the department of insurance shall post, on their 24 respective websites, information on how to access the national 25 clearinghouse established under the federal deficit reduction act of 2005, public law 109-171, when the national clearinghouse becomes available to 26 27 consumers

28 Sec. 17. K.S.A. 2011 Supp. 40-2136 is hereby amended to read as 29 follows: 40-2136. Each issuer of gualified long-term care partnership program policies in this state shall: (a) Provide regular reports to both the 30 31 secretary of the United States department of human services in accordance 32 with federal law and regulations and to the Kansas health policy-33 authoritysecretary of health and environment and the commissioner of insurance as provided in section 6021 of the federal deficit reduction act of 34 35 2005, public law 109-171.

36 (b) Provide to consumers a notice explaining the benefits associated 37 with a partnership policy and indicating that at the time issued, the policy 38 is a qualified state long-term care insurance partnership policy at a time 39 and in a manner to be determined by the commissioner of insurance.

40 (c) Submit a partnership certification form signed by an officer of the 41 company with all policies submitted for certification as partnership policies. 42

(d) Obtain verification that producers receive training required by the

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commissioner of insurance before a producer is permitted to sell, solicit or
 negotiate the insurer's long-term care insurance products, maintain records

3 of compliance, and make the verification available to the commissioner of 4 insurance upon request.

5 (e) Maintain records with respect to the training of its producers 6 concerning the distribution of its partnership policies that will allow the 7 department of insurance to provide assurance to the Kansas health policy 8 authoritydepartment of health and environment that producers have 9 received the training required by the commissioner of insurance and that 10 producers have demonstrated an understanding of the partnership policies and their relationship to public and private coverage of long-term care, 11 12 including medical assistance in this state. These records shall be 13 maintained and made available to the commissioner of insurance upon 14 request.

15 (f) (1) Offer, on a one-time basis, in writing, to all existing 16 policyholders that were issued long-term care coverage of the type certified by the insurer on or after February 8, 2006, the option to 17 18 exchange their existing long-term care coverage for coverage that is 19 intended to qualify under Kansas' long-term care partnership program. The 20 mandatory offer of an exchange shall only apply to products issued by the 21 insurer that are comparable to the type of policy form, such as group 22 policies and individual policies and on the policy series that the company 23 has certified as partnership qualified:

(2) the offer shall remain open for a minimum of 45 days from thedate of mailing by the insurer;

26 (3) the offer shall be made on a nondiscriminatory basis without 27 regard to the age or health status of the insured. However, the insurer may 28 underwrite if the policy is amended to provide additional benefits or the 29 exchange would require the issuance of a new policy. Any portion of the policy that was issued prior to the exchange date shall be priced based on 30 31 the policyholder's age when the policy was originally issued. Any portion 32 of the policy that is added as a result of the exchange may be priced based 33 on the policyholder's age at the time of the exchange;

(4) if there is no change in coverage material to the risk, policies
exchanged under this provision shall not be subject to any medical
underwriting;

(5) notwithstanding paragraphs (1) and (3), an insurer is not required to offer an exchange to an individual who is eligible for benefits within an elimination period, who is, or who has been in claim status or who would not be eligible to apply for coverage due to issue age or plan design limitations under the new policy. The insurer may require that policyholders meet all eligibility requirements, including plan design, underwriting, if applicable and payment of the required premium; 1 (6) policies issued pursuant to this section shall be considered 2 exchanges and not replacements and are not subject to K.A.R. 40-4-37i; 3 and

4 (7) a policy received in an exchange after the effective date of the 5 long-term care partnership program act is treated as newly issued and is 6 eligible for partnership policy status. For purposes of applying the 7 medicaid rules relating to Kansas' long-term care partnership program, the 8 addition of a rider, endorsement or change in schedule page for a policy 9 may be treated as giving rise to an exchange.

Sec. 18. K.S.A. 2011 Supp. 40-2251 is hereby amended to read as 10 11 follows: 40-2251. (a) The commissioner of insurance shall develop or approve statistical plans which shall be used by each insurer in the 12 recording and reporting of its premium, accident and sickness insurance 13 14 loss and expense experience, in order that the experience of all insurers 15 may be made available at least annually in such form and detail as may be 16 necessary to aid the commissioner and other interested parties in 17 determining whether rates and rating systems utilized by insurance 18 companies, mutual nonprofit hospital and medical service corporations, 19 health maintenance organizations and other entities designated by the 20 commissioner produce premiums and subscriber charges for accident and 21 sickness insurance coverage on Kansas residents, employers and 22 employees that are reasonable in relation to the benefits provided and to 23 identify any accident and sickness insurance benefits or provisions that 24 may be unduly influencing the cost. Such plans may also provide for the 25 recording and reporting of expense experience items which are specifically 26 applicable to the state. In promulgating such plans, the commissioner shall 27 give due consideration to the rating systems, classification criteria and 28 insurance and subscriber plans on file with the commissioner and, in order 29 that such plans may be as uniform as is practicable among the several 30 states, to the form of the plans and rating systems in other states.

31 (b) The Kansas health policy authority department of health and 32 environment, as administrator of the health care database, pursuant to 33 K.S.A. 65-6804, and amendments thereto, shall serve as the statistical 34 agent for the purpose of gathering, receiving and compiling the data 35 required by the statistical plan or plans developed or approved under this 36 section. The commissioner of insurance shall make an assessment upon the 37 reporting insurance companies, health maintenance organizations, group 38 self-funded pools, and other reporting entities sufficient to cover the 39 anticipated expenses to be incurred by the Kansas health policy-40 authoritydepartment of health and environment in gathering, receiving and 41 compiling such data. Such assessment shall be in the form of an annual fee 42 established by the Kansas health policy authority department of health and 43 environment and charged to each reporting entity in proportion to such

1 entity's respective shares of total health insurance premiums, subscriber

2 charges and member fees received during the preceding calendar year. 3 Such assessments shall be paid to the Kansas health policy 4 authoritydepartment of health and environment and the Kansas health 5 policy authority department of health and environment shall remit such 6 fees to the state treasurer in accordance with the provisions of K.S.A. 75-7 4215, and amendments thereto. Upon receipt of each such remittance, the 8 state treasurer shall deposit the entire amount in the state treasury to the 9 credit of the insurance statistical plan fund. Compilations of aggregate data 10 gathered under the statistical plan or plans required by this act shall be made available to insurers, trade associations and other interested parties. 11

12 (c) The Kansas health policy authority department of health and environment, in writing, shall report to the commissioner of insurance any 13 insurance company, health maintenance organization, group self-funded 14 pool, nonprofit hospital and medical service corporation and any other 15 16 reporting entity which fails to report the information required in the form, 17 Kansas health policy manner or time prescribed bv the 18 authoritydepartment of health and environment. Upon receipt of such 19 report, the commissioner of insurance shall impose an appropriate penalty 20 in accordance with K.S.A. 40-2,125, and amendments thereto.

Sec. 19. K.S.A. 2011 Supp. 40-2252 is hereby amended to read as
follows: 40-2252. The commissioner and the executive director of the
Kansas health policy authoritysecretary of health and environment, jointly,
may adopt rules and regulations necessary to effect the purposes of K.S.A.
40-19c09 and 40-2251, and amendments thereto.

Sec. 20. K.S.A. 2011 Supp. 40-4702 is hereby amended to read as follows: 40-4702. (a) The governor of the state of Kansas shall appoint a committee which shall be known as the Kansas business health policy committee, whose purpose is to explore opportunities and encourage employer participation in health plans developed by the committee for low and modest wage employees of small employers.

32 (b) The Kansas business health policy committee, hereinafter referred33 to as the health committee, shall consist of:

34 (1) The secretary of the department of commerce or the secretary's35 designee;

36 (2) the secretary of the department of social and rehabilitation37 services or the secretary's designee;

(3) the commissioner of insurance or the commissioner's designee;

39 (4) one member appointed by the president of the senate;

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40 (5) one member appointed by the speaker of the house of 41 representatives;

42 (6) one member appointed by the minority leader of the senate;

43 (7) one member appointed by the minority leader of the house of

1 representatives; and

2 (8) three members at large from the private sector appointed by the 3 governor.

The secretary of each state agency represented on this committee shall provide such staff and other resources as the health committee may require.

(c) (1) The initial meeting of the health committee shall be convened
within 60 days after the effective date of this act by the governor at a time
and place designated by the governor.

Meetings of the health committee subsequent to its initial meeting
 shall be held and conducted in accordance with policies and procedures
 established by the health committee.

(3) Commencing at the time of the initial meeting of the health
 committee, the powers, authorities, duties and responsibilities conferred
 and imposed upon the health committee by this act shall be operative and
 effective.

17 (d) The health committee shall develop and approve a request for 18 proposals for a qualified entity to serve as the Kansas business health 19 partnership, hereinafter referred to as health partnership, which shall 20 provide a mechanism to combine federal and state subsidies with 21 contributions from small employers and eligible employees to purchase 22 health insurance in accordance with guidelines developed by the health 23 committee.

(e) The health committee shall evaluate responses to the request forproposals and select the qualified entity to serve as the health partnership.

(f) The health committee shall:

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27 (1) Develop, approve and revise subsidy eligibility criteria provided28 that:

29 (A) Low wage and modest wage employees of small employers shall30 be eligible for subsidies if:

(i) The small employer has not previously offered health insurance
 coverage within the two years next preceding the date upon which health
 insurance is offered; or

(ii) the small employer has previously offered health insurance
coverage and a majority of such small employer's employees are low wage
or modest wage employees as defined in K.S.A. 40-4701, and amendments
thereto;

(B) any small employer's eligible employee with a child who is
eligible for coverage under the state childrens' health insurance program
established by K.S.A. 38-2001 et seq., and amendments thereto, or in the
state medical assistance program shall be eligible automatically for a
subsidy and shall be included in the determination of eligibility for the
small employer and its low and modest wage employees; and

1 (C) at least 70% of the small employer's eligible employees without 2 group health insurance coverage from another source are insured through 3 the partnership; and

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(2) determine and arrange for eligibility determination for subsidies of low wage or modest wage employees; and

6 (3) develop subsidy schedules based upon eligible employee wage 7 levels and family income; and

8 (4) be responsible for arranging for the provision of affordable health 9 care coverage for eligible employees of small employers and evaluating 10 and creating the opportunity to improve health care provided by plans in 11 the small group health insurance program.

(g) The health committee shall oversee and monitor the ongoing operation of any subsidy program and the financial accountability of all subsidy funds. If, in the judgment of the health committee, the entity selected to serve as the health partnership fails to perform as intended, the health committee may terminate its selection and designation of that entity as the health partnership and may issue a new request for proposal and select a different qualified entity to serve as the health partnership.

19 (h) The health committee is hereby authorized to accept funds from 20 the federal government, or its agencies, or any other source whatsoever for 21 research studies, investigation, planning and other purposes related to 22 implementation of the objectives of this act. Any funds so received shall be 23 deposited in the state treasury and shall be credited to a special revenue fund which is hereby created and shall be known as the health committee 24 25 insurance fund and used in accordance with or direction of the contributing 26 federal agencies. Expenditures from such fund may be made for any 27 purpose in keeping with the responsibilities, functions and authority of the 28 department. Warrants on such fund shall be drawn in the same manner as 29 required of other state agencies upon vouchers approved by the Kansas-30 health policy authority secretary of health and environment, or the 31 authority's secretary's designee, upon receiving prior approval of the health 32 committee.

33 (i) The health committee is authorized to develop policies for the 34 administration of the subsidy program and for the use of additional federal 35 or private funds to subsidize health insurance coverage for low and modest 36 wage employees of predominantly low-wage small employers. The health 37 committee shall be responsible for setting benefit levels and establishing 38 performance measures for health plans providing health care coverage for 39 this program that include quality, preventative health and other 40 supplementary measures. The health committee shall limit access to the 41 program subsidy to the projected annualized expenditure.

42 (j) The health committee is hereby authorized to organize, or cause to 43 be organized, one or more advisory committees. No member of any 1 advisory committee established under this subsection shall have previously

2 received or currently receive any payment or other compensation from the 3 health partnership. The membership of each advisory committee 4 established under this subsection shall contain at least one representative 5 who is a small employer and one representative who is an eligible 6 employee as defined in K.S.A. 40-4701, and amendments thereto, and one 7 representative of the insurance industry.

8 (k) The health committee shall report on an annual basis on the 9 following subjects:

- 10 (1) Quality assurance measures;
- 11 (2) disease prevention activities;
 - (3) disease management activities; and

(4) other activities or programs the committee decides to include.

K.S.A. 2011 Supp. 40-4706 is hereby amended to read as 14 Sec. 21. follows: 40-4706. The Kansas health policy authority division of health 15 16 care finance of the department of health and environment shall investigate 17 and pursue all possible policy options to bring into this partnership title XIX and the title XXI eligible families of any eligible employees 18 19 employed by a small employer. On and after July 1, 2006, the Kansashealth policy authority The division of health care finance of the 20 21 department of health and environment shall develop and seek federal 22 approval of any appropriate variance or state plan amendment for the state 23 children's health insurance program established by K.S.A. 38-2001 et seq., 24 and amendments thereto, and the state medical assistance program 25 required to accomplish the purposes of this act. On and after July 1, 2006, the Kansas health policy authority The division of health care finance of 26 27 the department of health and environment shall work with the health 28 partnership to develop a single employee application that may be used by 29 the health plan and the medicaid and state children's health insurance 30 program to determine eligibility.

31 K.S.A. 2011 Supp. 46-3501 is hereby amended to read as Sec. 22. 32 follows: 46-3501. (a) There is hereby created the joint committee on health 33 policy oversight within the legislative branch of state government. The 34 joint committee shall be composed of 12 members. Six members shall be 35 members of the house of representatives and six members shall be 36 members of the senate. Four of the members who are members of the 37 house of representatives shall be appointed by the speaker of the house of 38 representatives, four members who are senators shall be appointed by the 39 president of the senate, two members who are members of the house of 40 representatives shall be appointed by the minority leader of the house of 41 representatives and two members who are senators shall be appointed by 42 the minority leader of the senate.

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(b) All members of the joint committee on health policy oversight

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1 shall serve for terms of two years ending on the first day of the regular 2 session of the legislature commencing in the first odd-numbered year after 3 the year of appointment, except that the first members shall be appointed 4 on July 1, 2005, and shall serve for terms ending on the first day of the regular session of the legislature commencing in 2007. If a vacancy occurs 5 6 in the office of any member of the joint committee on health policy 7 oversight, a successor shall be appointed in the same manner as the 8 original appointment for the remainder of the term.

9 (c) (1) The chairperson of the joint committee on health policy 10 oversight shall be appointed for a term of one year which ends on the first day of the next occurring regular session of the legislature. The speaker of 11 12 the house of representatives shall appoint the first chairperson on July 1, 13 2005, and shall appoint the chairperson for the term commencing on the first day of the regular session of the legislature commencing in 2006 for a 14 15 one-year term to end on the first day of the regular session of the 16 legislature commencing in the year 2007. The president of the senate shall 17 appoint the next chairperson on the first day of the regular session of the 18 legislature commencing in the year 2007 for a one-year term which ends 19 on the first day of the next occurring regular session of the legislature. 20 Thereafter the appointment of the chairperson shall continue to alternate 21 between the speaker of the house of representatives and the president of 22 the senate with each subsequent chairperson being appointed for a one-23 vear term ending on the first day of the regular session of the legislature in 24 the next occurring regular session of the legislature after the year of 25 appointment.

26 (2) The vice-chairperson of the joint committee on health policy 27 oversight shall be appointed for a term of one year which ends on the first 28 day of the next occurring regular session of the legislature. The president 29 of the senate shall appoint the first vice-chairperson on July 1, 2005, and 30 shall appoint the vice-chairperson for the term commencing on the first 31 day of the regular session of the legislature commencing in 2006 for a one-32 year term to end on the first day of the regular session of the legislature 33 commencing in the year 2007. The speaker of the house of representatives 34 shall appoint the next vice-chairperson on the first day of the regular 35 session of the legislature commencing in the year 2007 for a one-year term 36 which ends on the first day of the next occurring regular session of the 37 legislature. Thereafter the appointment of the vice-chairperson shall 38 continue to alternate between the speaker of the house of representatives 39 and the president of the senate with each subsequent vice-chairperson 40 being appointed for a one-year term ending on the first day of the regular session of the legislature in the next occurring regular session of the 41 legislature after the year of appointment. 42

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(3) If a vacancy occurs in the office of the chairperson or vice-

chairperson, a member of the joint committee on health policy oversight
 who is a member of the same house of the legislature as the member who
 vacated the office shall be appointed by the speaker of the house, if the
 vacating member was a member of the house of representatives, or by the
 president of the senate, if the vacating member was a member of the
 senate, to fill such vacancy.

7 (d) A quorum of the joint committee on health policy oversight shall
8 be seven. All actions of the joint committee on health policy oversight
9 shall be taken by a majority of all of the members of the joint committee.

(e) The joint committee on health policy oversight shall have the
authority to meet at any time and at any place within the state on the call
of the chairperson.

(f) The provisions of the acts contained in article 12 of chapter 46 of the Kansas Statutes Annotated, and amendments thereto, applicable to special committees shall apply to the joint committee on health policy oversight to the extent that the same do not conflict with the specific provisions of this section applicable to the joint committee.

18 (g) Members of the joint committee on health policy oversight shall 19 receive compensation, travel expenses and subsistence expenses as 20 provided in K.S.A. 75-3212, and amendments thereto, when attending 21 meetings of the joint committee.

(h) The staff of the legislative research department, the office of revisor of statutes and the division of legislative administrative services shall provide such assistance as may be requested by the joint committee on health policy oversight and to the extent authorized by the legislative coordinating council.

27 (i) The joint committee on health policy oversight shall have the 28 exclusive responsibility to monitor and study the operations and decisions 29 of the Kansas health policy authority division of health care finance of the 30 department of health and environment. In addition, the joint committee 31 shall oversee the implementation and operation of the children's health insurance plans, including the assessment of the performance based 32 33 contracting's measurable outcomes as set forth in subsection (b)(4) of 34 K.S.A. 38-2001, and amendments thereto.

(j) In accordance with K.S.A. 46-1204, and amendments thereto, the
 legislative coordinating council may provide for such professional services
 as may be requested by the joint committee on health policy oversight.

(k) The joint committee on health policy oversight may introducesuch legislation as it deems necessary in performing its functions.

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(l) The provisions of this section shall expire on July 1, 2013.

41 Sec. 23. K.S.A. 2011 Supp. 65-435a is hereby amended to read as 42 follows: 65-435a. The contents of the annual report under K.S.A. 65-429, 43 and amendments thereto, and the contents of an inspection form for purposes of inspections under K.S.A. 65-433, and amendments thereto, shall be developed by the licensing agency in consultation with the Kansas health policy authority and the Kansas hospital association. The licensing agency may specify the contents of the annual report and the contents of the inspection form by rules and regulations. Nothing in this section shall require the licensing agency to adopt the annual report or the inspection form by rules and regulations.

8 Sec. 24. K.S.A. 2011 Supp. 65-1685 is hereby amended to read as 9 follows: 65-1685. (a) The prescription monitoring program database, all information contained therein and any records maintained by the board, or 10 by any entity contracting with the board, submitted to, maintained or 11 stored as a part of the database, shall be privileged and confidential, shall 12 not be subject to subpoena or discovery in civil proceedings and may only 13 14 be used for investigatory or evidentiary purposes related to violations of state or federal law and regulatory activities of entities charged with 15 16 administrative oversight of those persons engaged in the prescribing or 17 dispensing of scheduled substances and drugs of concern, shall not be a public record and shall not be subject to the Kansas open records act, 18 19 K.S.A. 45-215 et seq., and amendments thereto, except as provided in 20 subsections (c) and (d).

(b) The board shall maintain procedures to ensure that the privacy
and confidentiality of patients and patient information collected, recorded,
transmitted and maintained is not disclosed to persons except as provided
in subsections (c) and (d).

(c) The board is hereby authorized to provide data in the prescriptionmonitoring program to the following persons:

27 (1) Persons authorized to prescribe or dispense scheduled substances
28 and drugs of concern, for the purpose of providing medical or
29 pharmaceutical care for their patients;

(2) an individual who requests the individual's own prescription
 monitoring information in accordance with procedures established by the
 board;

(3) designated representatives from the professional licensing,
 certification or regulatory agencies charged with administrative oversight
 of those persons engaged in the prescribing or dispensing of scheduled
 substances and drugs of concern;

(4) local, state and federal law enforcement or prosecutorial officials
engaged in the administration, investigation or enforcement of the laws
governing scheduled substances and drugs of concern subject to the
requirements in K.S.A. 22-2502, and amendments thereto;

41 (5) designated representatives from the Kansas health policy
 42 authoritydepartment of health and environment regarding authorized
 43 medicaid program recipients;

1 (6) persons authorized by a grand jury subpoena, inquisition 2 subpoena or court order in a criminal action;

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(7) personnel of the prescription monitoring program advisory committee for the purpose of operation of the program; and

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5 (8) personnel of the board for purposes of administration and 6 enforcement of this act or the uniform controlled substances act, K.S.A 65-7 4101 et seq., and amendments thereto.

8 (d) The board is hereby authorized to provide data in the prescription 9 monitoring program to public or private entities for statistical, research or 10 educational purposes after removing information that could be used to 11 identify individual practitioners, dispensers, patients or persons who 12 received prescriptions from dispensers.

Sec. 25. K.S.A. 2011 Supp. 65-6801 is hereby amended to read as follows: 65-6801. (a) The legislature recognizes the urgent need to provide health care consumers, third-party payors, providers and health care planners with information regarding the trends in use and cost of health care services in this state for improved decision-making. This is to be accomplished by compiling a uniform set of data and establishing mechanisms through which the data will be disseminated.

20 (b) It is the intent of the legislature to require that the information 21 necessary for a review and comparison of utilization patterns, cost, quality 22 and quantity of health care services be supplied to the health care database 23 by all providers of health care services and third-party payors to the extent 24 required by this section and K.S.A. 65-6805, and amendments thereto and 25 this section and amendments thereto. The Kansas health policy-26 authoritydepartment of health and environment shall specify by rule and 27 regulation the types of information which shall be submitted and the 28 method of submission.

(c) The information is to be compiled and made available in a form prescribed by the Kansas health policy authority department of health and *environment* to improve the decision-making processes regarding access, identified needs, patterns of medical care, price and use of health care services.

Sec. 26. K.S.A. 2011 Supp. 65-6803 is hereby amended to read as
follows: 65-6803. (a) On January 1, 2006, the health care data governing
board is hereby abolished.

37 (b)(a) The ehairperson of the Kansas health policy authoritysecretary 38 of health and environment may appoint a task force or task forces of 39 interested citizens and providers of health care for the purpose of studying 40 technical issues relating to the collection of health care data. At least one 41 member of the Kansas health policy authorityThe secretary of health and 42 environment or the secretary's designee shall be a member of any task 43 force appointed under this subsection. (c)(b) The Kansas health policy authoritydepartment of health and
 environment shall develop policy regarding the collection of health care
 data and procedures for ensuring the confidentiality and security of these
 data.

5 Sec. 27. K.S.A. 2011 Supp. 65-6804 is hereby amended to read as 6 follows: 65-6804. (a) The Kansas health policy authoritysecretary of 7 *health and environment* shall administer the health care database. In 8 administering the health care database, the *authoritysecretary* shall receive 9 health care data from those entities identified in K.S.A. 65-6805, and 10 amendments thereto, and provide for the dissemination of such data.

(b) The Kansas health policy authority secretary of health and 11 12 environment may contract with an organization experienced in health care data collection to collect the data from the health care facilities as 13 described in subsection (h) of K.S.A. 65-425, and amendments thereto, 14 15 and maintain the database. The Kansas health policybuild 16 authoritysecretary of health and environment may accept data submitted 17 by associations or related organizations on behalf of health care providers 18 by entering into binding agreements negotiated with such associations or 19 related organizations to obtain data required pursuant to this section.

(c) The Kansas health policy authoritysecretary of health and *environment* shall adopt rules and regulations governing the acquisition,
compilation and dissemination of all data collected pursuant to this act.
The rules and regulations shall provide at a minimum that:

24 (1) Measures have been taken to provide system security for all data25 and information acquired under this act;

26 (2) data will be collected in the most efficient and cost-effective27 manner for both the department and providers of data;

(3) procedures will be developed to assure the confidentiality ofpatient records;

(4) users may be charged for data preparation or information that is
 beyond the routine data disseminated and that the <u>authority</u> secretary of
 health and environment shall establish by the adoption of such rules and
 regulations a system of fees for such data preparation or dissemination;
 and

(5) the Kansas health policy authoritysecretary of health and *environment* will ensure that the health care database will be kept current,
accurate and accessible as prescribed by rules and regulations.

(d) Data and other information collected pursuant to this act shall not
be disclosed by the Kansas health policy authority department of health
and environment or made public in any manner which would identify
individuals. A violation of this subsection (d) is a class C misdemeanor.

42 (e) In addition to such criminal penalty under subsection (d), any 43 individual whose identity is revealed in violation of subsection (d) may bring a civil action against the responsible person or persons for any
 damages to such individual caused by such violation.

3 Sec. 28. K.S.A. 2011 Supp. 65-6805 is hereby amended to read as 4 follows: 65-6805. Each medical care facility as defined by subsection (h) 5 of K.S.A. 65-425, and amendments thereto; health care provider as defined 6 in K.S.A. 40-3401, and amendments thereto; providers of health care as 7 defined in subsection (f) of K.S.A. 65-5001, and amendments thereto; 8 health care personnel as defined in subsection (e) of K.S.A. 65-5001, and 9 amendments thereto; home health agency as defined by subsection (b) of 10 K.S.A. 65-5101, and amendments thereto; psychiatric hospitals licensed under K.S.A. 75-3307b, and amendments thereto; state institutions for the 11 12 mentally retarded; community mental retardation facilities as defined 13 under K.S.A. 65-4412, and amendments thereto; community mental health 14 center as defined under K.S.A. 65-4432, and amendments thereto; adult 15 care homes as defined by K.S.A. 39-923, and amendments thereto; 16 laboratories described in K.S.A. 65-1,107, and amendments thereto; 17 pharmacies; board of nursing; Kansas dental board; board of examiners in 18 optometry; state board of pharmacy; state board of healing arts and third-19 party payors, including, but not limited to, licensed insurers, medical and 20 hospital service corporations, health maintenance organizations, fiscal 21 intermediaries for government-funded programs and self-funded employee 22 health plans, shall file health care data with the Kansas health policy 23 authoritydepartment of health and environment as prescribed by the 24 authoritysecretary of health and environment. The provisions of this 25 section shall not apply to any individual, facility or other entity under this 26 section which uses spiritual means through prayer alone in accordance 27 with the tenets and practices of a recognized church or religious 28 denomination for the treatment or cure of disease.

Sec. 29. K.S.A. 2011 Supp. 65-6806 is hereby amended to read as follows: 65-6806. The Kansas health policy authority*department of health and environment* shall make the data available to interested parties on the basis prescribed by the *authoritydepartment* and as directed by rules and regulations of the authority.

34 Sec. 30. K.S.A. 2011 Supp. 65-6807 is hereby amended to read as 35 follows: 65-6807. The Kansas health policy authority department of health 36 and environment shall on or before February 1 each year make a report to 37 the governor and the legislature as to health care data activity, including 38 examples of policy analyses conducted and purposes for which the data 39 was disseminated and utilized, and as to the progress made in compiling 40 and making available the information specified under K.S.A. 65-6801, and 41 amendments thereto.

42 Sec. 31. K.S.A. 2011 Supp. 65-6809 is hereby amended to read as 43 follows: 65-6809. (a) There is hereby established in the state treasury the 1 health care database fee fund. The Kansas health policy authority secretary

of health and environment shall remit to the state treasurer, in accordance
with the provisions of K.S.A. 75-4215, and amendments thereto, all
moneys collected or received by the *authoritysecretary* from the following
sources:

6

(1) Fees collected under K.S.A. 65-6804, and amendments thereto;

7 (2) moneys received by the *authoritysecretary* in the form of gifts, 8 donations or grants;

9 10 (3) interest attributable to investment of moneys in the fund; and

(4) any other moneys provided by law.

11 Upon receipt of each such remittance, the state treasurer shall deposit 12 the entire amount in the state treasury to the credit of the health care 13 database fee fund.

(b) Moneys deposited in the health care database fee fund shall be
expended to supplement maintenance costs of the database, provide
technical assistance and training in the proper use of health care data and
provide funding for dissemination of information from the database to the
public.

(c) On or before the 10th of each month, the director of accounts and
 reports shall transfer from the state general fund to the health care database
 fee fund interest earnings based on:

(1) The average daily balance of moneys in the health care databasefee fund for the preceding month; and

(2) the net earnings rate of the pooled money investment portfolio forthe preceding month.

(d) All expenditures from the health care database 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
 Kansas health policy authoritysecretary of health and environment or the
 authority'ssecretary's designee for the purposes set forth in this section.

Sec. 32. K.S.A. 2011 Supp. 65-7405 is hereby amended to read as
follows: 65-7405. (a) There is hereby established the primary care safety
net clinic loan guarantee review committee within the department of health
and environment. The committee shall consist of five members.

35 (b) The members of the primary care safety net clinic loan guarantee 36 review committee shall be appointed by the secretary in accordance with 37 the following: (1) Two members shall be representatives of the department 38 of health and environment selected by the secretary; (2) one member shall 39 be appointed by the secretary who is nominated by the Kansas 40 development finance authority; (3) one member shall be appointed by the 41 secretary who is nominated by the Kansas health policy authority, director 42 of health care finance; and (4) one member shall be appointed by the 43 secretary who is nominated by the Kansas association for the medically

1 underserved.

(c) The secretary may appoint persons as members of the primary care safety net clinic loan guarantee review committee who are officers or employees of the agencies or organizations they are nominated by or that they are appointed to represent. Not more than three members of the committee shall be affiliated with the same political party. Members shall serve at the pleasure of the secretary.

8 (d) The primary care safety net clinic loan guarantee review 9 committee shall review all proposals for loan financing guarantees under 10 this act and shall approve those proposals that the committee deems to 11 represent reasonable risks and to have a sufficient likelihood of repayment. 12 The committee shall advise the secretary on matters regarding the 13 administration of this act when requested by the secretary and may provide 14 such advice when deemed appropriate by the committee.

(e) The secretary or the secretary's designee shall serve as a
nonvoting chairperson of the primary care safety net clinic loan guarantee
review committee, and the committee shall annually elect a vicechairperson from among its members. The committee shall meet upon call
of the chairperson or upon call of any two of its members. Three voting
members shall constitute a quorum for the transaction of business.

(f) Members of the primary care safety net clinic loan guarantee
review committee attending meetings of the committee, or attending a
subcommittee meeting thereof authorized by the committee, shall be paid
compensation, subsistence allowances, mileage and other expenses as
provided in K.S.A. 75-3223, and amendments thereto.

Sec. 33. K.S.A. 2011 Supp. 75-37,121 is hereby amended to read as follows: 75-37,121. (a) There is created the office of administrative hearings within the department of administration, to be headed by a director appointed by the secretary of administration. The director shall be in the unclassified service under the Kansas civil service act.

31 (b) The office may employ or contract with presiding officers, court 32 reporters and other support personnel as necessary to conduct proceedings 33 required by the Kansas administrative procedure act for adjudicative 34 proceedings of the state agencies, boards and commissions specified in 35 subsection (h). The office shall conduct adjudicative proceedings of any 36 state agency which is specified in subsection (h) when requested by such 37 agency. Only a person admitted to practice law in this state or a person 38 directly supervised by a person admitted to practice law in this state may 39 be employed as a presiding officer. The office may employ regular part-40 time personnel. Persons employed by the office shall be under the 41 classified civil service.

42 (c) If the office cannot furnish one of its presiding officers within 60 43 days in response to a requesting agency's request, the director shall designate in writing a full-time employee of an agency other than the
 requesting agency to serve as presiding officer for the proceeding, but only
 with the consent of the employing agency. The designee must possess the
 same qualifications required of presiding officers employed by the office.

5 (d) The director may furnish presiding officers on a contract basis to 6 any governmental entity to conduct any proceeding other than a 7 proceeding as provided in subsection (h).

8

(e) The secretary of administration may adopt rules and regulations:

9 (1) To establish procedures for agencies to request and for the 10 director to assign presiding officers. An agency may neither select nor 11 reject any individual presiding officer for any proceeding except in 12 accordance with the Kansas administrative procedure act;

(2) to establish procedures and adopt forms, consistent with the
 Kansas administrative procedure act, the model rules of procedure, and
 other provisions of law, to govern presiding officers; and

(3) to facilitate the performance of the responsibilities conferred upon
the office by the Kansas administrative procedure act.

(f) The director may implement the provisions of this section andrules and regulations adopted under its authority.

(g) The secretary of administration may adopt rules and regulations to
 establish fees to charge a state agency for the cost of using a presiding
 officer.

(h) The following state agencies, boards and commissions shall
 utilize the office of administrative hearings for conducting adjudicative
 hearings under the Kansas administrative procedures act in which the
 presiding officer is not the agency head or one or more members of the
 agency head:

(1) On and after July 1, 2005: Department of social and rehabilitation
services, juvenile justice authority, department on aging, department of
health and environment, Kansas public employees retirement system,
Kansas water office, Kansas animal health department and Kansas
insurance department.

(2) On and after July 1, 2006: Emergency medical services board,
emergency medical services council; Kansas health policy authority and
Kansas human rights commission.

36 (3) On and after July 1, 2007: Kansas lottery, Kansas racing and
37 gaming commission, state treasurer, pooled money investment board,
38 Kansas department of wildlife and parks and state court of tax appeals.

(4) On and after July 1, 2008: Department of human resources, state
corporation commission, state conservation commission, agricultural labor
relations board, department of administration, department of revenue,
board of adult care home administrators, Kansas state grain inspection
department, board of accountancy and Kansas wheat commission.

(5) On and after July 1, 2009, all other Kansas administrative procedure act hearings not mentioned in subsections (1), (2), (3) and (4).

1 2

3 (i) (1) Effective July 1, 2005, any presiding officer in agencies 4 specified in subsection (h)(1) which conduct hearings pursuant to the 5 Kansas administrative procedure act, except those exempted pursuant to 6 K.S.A. 77-551, and amendments thereto, and support personnel for such 7 presiding officers, shall be transferred to and shall become employees of 8 the office of administrative hearings. Such personnel shall retain all rights 9 under the state personnel system and retirement benefits under the laws of 10 this state which had accrued to or vested in such personnel prior to the effective date of this section. Such person's services shall be deemed to 11 12 have been continuous. All transfers of personnel positions in the classified 13 service under the Kansas civil service act shall be in accordance with civil 14 service laws and any rules and regulations adopted thereunder. This 15 section shall not affect any matter pending before an administrative 16 hearing officer at the time of the effective date of the transfer, and such 17 matter shall proceed as though no transfer of employment had occurred.

18 (2)Effective July 1, 2006, any presiding officer in agencies specified in subsection (h)(2) which conduct hearings pursuant to the Kansas 19 20 administrative procedure act, except those exempted pursuant to K.S.A. 21 77-551, and amendments thereto, and support personnel for such presiding 22 officers, shall be transferred to and shall become employees of the office 23 of administrative hearings. Such personnel shall retain all rights under the 24 state personnel system and retirement benefits under the laws of this state 25 which had accrued to or vested in such personnel prior to the effective date of this section. Such person's services shall be deemed to have been 26 27 continuous. All transfers of personnel positions in the classified service 28 under the Kansas civil service act shall be in accordance with civil service 29 laws and any rules and regulations adopted thereunder. This section shall 30 not affect any matter pending before an administrative hearing officer at 31 the time of the effective date of the transfer, and such matter shall proceed 32 as though no transfer of employment had occurred.

33 (3) Effective July 1, 2007, any presiding officer in agencies specified 34 in subsection (h)(3) which conduct hearings pursuant to the Kansas 35 administrative procedure act, except those exempted pursuant to K.S.A. 36 77-551, and amendments thereto, and support personnel for such presiding 37 officers, shall be transferred to and shall become employees of the office 38 of administrative hearings. Such personnel shall retain all rights under the 39 state personnel system and retirement benefits under the laws of this state 40 which had accrued to or vested in such personnel prior to the effective date 41 of this section. Such person's services shall be deemed to have been 42 continuous. All transfers of personnel positions in the classified service 43 under the Kansas civil service act shall be in accordance with civil service laws and any rules and regulations adopted thereunder. This section shall
 not affect any matter pending before an administrative hearing officer at
 the time of the effective date of the transfer, and such matter shall proceed
 as though no transfer of employment had occurred.

5 (4) Effective July 1, 2008, any full-time presiding officer in agencies 6 specified in subsection (h)(4) which conduct hearings pursuant to the 7 Kansas administrative procedure act, except those exempted pursuant to 8 K.S.A. 77-551, and amendments thereto, and support personnel for such 9 presiding officers, shall be transferred to and shall become employees of 10 the office of administrative hearings. Such personnel shall retain all rights under the state personnel system and retirement benefits under the laws of 11 12 this state which had accrued to or vested in such personnel prior to the 13 effective date of this section. Such person's services shall be deemed to have been continuous. All transfers of personnel positions in the classified 14 15 service under the Kansas civil service act shall be in accordance with civil 16 service laws and any rules and regulations adopted thereunder. This 17 section shall not affect any matter pending before an administrative 18 hearing officer at the time of the effective date of the transfer, and such 19 matter shall proceed as though no transfer of employment had occurred.

20 (5) Effective July 1, 2009, any full-time presiding officer in agencies 21 specified in subsection (h)(5) which conduct hearings pursuant to the 22 Kansas administrative procedure act, except those exempted pursuant to 23 K.S.A. 77-551, and amendments thereto, and support personnel for such 24 presiding officers, shall be transferred to and shall become employees of 25 the office of administrative hearings. Such personnel shall retain all rights 26 under the state personnel system and retirement benefits under the laws of 27 this state which had accrued to or vested in such personnel prior to the 28 effective date of this section. Such person's services shall be deemed to 29 have been continuous. All transfers of personnel positions in the classified 30 service under the Kansas civil service act shall be in accordance with civil 31 service laws and any rules and regulations adopted thereunder. This 32 section shall not affect any matter pending before an administrative 33 hearing officer at the time of the effective date of the transfer, and such 34 matter shall proceed as though no transfer of employment occurred.

K.S.A. 2011 Supp. 75-5601 is hereby amended to read as 35 Sec. 34. 36 follows: 75-5601. (a) There is hereby created a department of health and 37 environment, the head of which shall be the secretary of health and 38 environment, which office is hereby created. The governor shall appoint 39 the secretary of health and environment, subject to confirmation by the 40 senate as provided in K.S.A. 75-4315b, and amendments thereto, and the 41 secretary shall serve at the pleasure of the governor. Except as provided by 42 K.S.A. 46-2601, and amendments thereto, no person appointed as 43 secretary shall exercise any power, duty or function as secretary until

confirmed by the senate. The department of health and environment shall
 consist of the division of health, *the division of health care finance* and the
 division of environment. The secretary of health and environment shall
 receive an annual salary fixed by the governor.

5 (b) The provisions of the Kansas governmental operations 6 accountability law apply to the department of health and environment, and 7 the department is subject to audit, review and evaluation under such law.

8 Sec. 35. K.S.A. 2011 Supp. 75-6102 is hereby amended to read as 9 follows: 75-6102. As used in K.S.A. 75-6101 through 75-6118, and 10 amendments thereto, unless the context clearly requires otherwise:

(a) "State" means the state of Kansas and any department or branch of
 state government, or any agency, authority, institution or other
 instrumentality thereof.

(b) "Municipality" means any county, township, city, school district
or other political or taxing subdivision of the state, or any agency,
authority, institution or other instrumentality thereof.

17

(c) "Governmental entity" means state or municipality.

(d) (1) "Employee" means: (A) Any officer, employee, servant or
member of a board, commission, committee, division, department, branch
or council of a governmental entity, including elected or appointed
officials and persons acting on behalf or in service of a governmental
entity in any official capacity, whether with or without compensation and a
charitable health care provider;

(B) any steward or racing judge appointed pursuant to K.S.A. 748818, and amendments thereto, regardless of whether the services of such
steward or racing judge are rendered pursuant to contract as an
independent contractor;

(C) employees of the United States marshal's service engaged in the
 transportation of inmates on behalf of the secretary of corrections;

30 (D) a person who is an employee of a nonprofit independent 31 contractor, other than a municipality, under contract to provide educational 32 or vocational training to inmates in the custody of the secretary of 33 corrections and who is engaged in providing such service in an institution 34 under the control of the secretary of corrections provided that such 35 employee does not otherwise have coverage for such acts and omissions within the scope of their employment through a liability insurance contract 36 37 of such independent contractor;

(E) a person who is an employee or volunteer of a nonprofit program,
other than a municipality, who has contracted with the commissioner of
juvenile justice or with another nonprofit program that has contracted with
the commissioner of juvenile justice to provide a juvenile justice program
for juvenile offenders in a judicial district provided that such employee or
volunteer does not otherwise have coverage for such acts and omissions

within the scope of their employment or volunteer activities through a
 liability insurance contract of such nonprofit program;

3 (F) a person who contracts with the Kansas guardianship program to 4 provide services as a court-appointed guardian or conservator;

5

(G) an employee of an indigent health care clinic;

6 (H) former employees for acts and omissions within the scope of their 7 employment during their former employment with the governmental 8 entity;

9 (I) any member of a regional medical emergency response team, 10 created under the provisions of K.S.A. 48-928, and amendments thereto, in 11 connection with authorized training or upon activation for an emergency 12 response; and

(J) medical students enrolled at the university of Kansas medical
 center who are in clinical training, on or after July 1, 2008, at the
 university of Kansas medical center or at another health care institution.

16 (2) "Employee" does not include: (A) An individual or entity for 17 actions within the scope of K.S.A. 60-3614, and amendments thereto; or

(B) any independent contractor under contract with a governmental
 entity except those contractors specifically listed in paragraph (1) of this
 subsection.

21 (e) "Charitable health care provider" means a person licensed by the 22 state board of healing arts as an exempt licensee or a federally active 23 licensee, a person issued a limited permit by the state board of healing arts, 24 a physician assistant licensed by the state board of healing arts, a mental 25 health practitioner licensed by the behavioral sciences regulatory board, an ultrasound technologist currently registered in any area of sonography 26 27 credentialed through the American registry of radiology technologists, the 28 American registry for diagnostic medical sonography or cardiovascular 29 credentialing international and working under the supervision of a person 30 licensed to practice medicine and surgery, or a health care provider as the 31 term "health care provider" is defined under K.S.A. 65-4921, and 32 amendments thereto, who has entered into an agreement with:

33 (1) The secretary of health and environment under K.S.A. 75-6120, 34 and amendments thereto, who, pursuant to such agreement, gratuitously 35 renders professional services to a person who has provided information 36 which would reasonably lead the health care provider to make the good 37 faith assumption that such person meets the definition of medically 38 indigent person as defined by this section or to a person receiving medical 39 assistance from the programs operated by the Kansas health policy-40 authority department of health and environment, and who is considered an 41 employee of the state of Kansas under K.S.A. 75-6120, and amendments 42 thereto:

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(2) the secretary of health and environment and who, pursuant to such

agreement, gratuitously renders professional services in conducting 1 children's immunization programs administered by the secretary; 2

3 (3) a local health department or indigent health care clinic, which 4 renders professional services to medically indigent persons or persons 5 receiving medical assistance from the programs operated by the Kansas 6 health policy authority department of health and environment gratuitously 7 or for a fee paid by the local health department or indigent health care 8 clinic to such provider and who is considered an employee of the state of 9 Kansas under K.S.A. 75-6120, and amendments thereto. Professional 10 services rendered by a provider under this paragraph (3) shall be considered gratuitous notwithstanding fees based on income eligibility 11 12 guidelines charged by a local health department or indigent health care 13 clinic and notwithstanding any fee paid by the local health department or 14 indigent health care clinic to a provider in accordance with this paragraph 15 (3): or

16 (4) the secretary of health and environment to provide dentistry services defined by K.S.A. 65-1422 et seq., and amendments thereto, or 17 18 dental hygienist services defined by K.S.A. 65-1456, and amendments thereto, that are targeted, but are not limited to medically indigent persons, 19 20 and are provided on a gratuitous basis at a location sponsored by a not-for-21 profit organization that is not the dentist or dental hygienist office location. 22 Except that such dentistry services and dental hygienist services shall not 23 include "oral and maxillofacial surgery" as defined by Kansas-24 administrative regulation K.A.R. 71-2-2, or use sedation or general anesthesia that result in "deep sedation" or "general anesthesia" as defined 25 by Kansas administrative regulation 71-5-1K.A.R. 71-5-7. 26

27 (f) "Medically indigent person" means a person who lacks resources 28 to pay for medically necessary health care services and who meets the 29 eligibility criteria for qualification as a medically indigent person 30 established by the secretary of health and environment under K.S.A. 75-31 6120, and amendments thereto.

(g) "Indigent health care clinic" means an outpatient medical care 32 33 clinic operated on a not-for-profit basis which has a contractual agreement 34 in effect with the secretary of health and environment to provide health 35 care services to medically indigent persons.

36 (h) "Local health department" shall have the meaning ascribed to 37 such term under K.S.A. 65-241, and amendments thereto.

38 (i) "Fire control, fire rescue or emergency medical services 39 equipment" means any vehicle, firefighting tool, protective clothing, breathing apparatus and any other supplies, tools or equipment used in 40 41 firefighting or fire rescue or in the provision of emergency medical 42 services.

43 Sec. 36. K.S.A. 2011 Supp. 75-7403 is hereby amended to read as 1 follows: 75-7403. (a) The Kansas health policy authoritysecretary of 2 health and environment is hereby authorized to establish policies and to 3 adopt rules and regulations for the implementation and administration of 4 the powers, duties and functions prescribed for or transferred to the 5 authoritydepartment as provided by law.

6 (b) The Kansas health policy authority secretary of health and 7 environment may enter into contracts as may be necessary to perform the 8 powers, duties and functions of authoritydepartment and as provided by 9 law. As provided by this act or as otherwise the Kansas health policy-10 authoritysecretary of health and environment may enter into contracts with other state agencies or with local governmental entities for the 11 12 coordination of health services, including care and prevention programs 13 and activities, and public health programs.

(c) The Kansas health policy authority secretary of health and 14 15 environment may appoint advisory committees as deemed necessary by the 16 authoritysecretary. The advisory committees shall consult with and advise 17 the Kansas health policy authority secretary of health and environment 18 regarding the matters referred thereto by the authoritydepartment. 19 Members of any advisory committee created under this section attending 20 meetings of such committee or attending a subcommittee meeting thereof 21 authorized by such committee shall be paid subsistence allowances, 22 mileage and other expenses as provided in K.S.A. 75-3223, and 23 amendments thereto, but shall receive no compensation for services as 24 members of such advisory committee.

25 Sec. 37. K.S.A. 2011 Supp. 75-7404 is hereby amended to read as follows: 75-7404. The Kansas health policy authority department of health 26 27 and environment shall develop and maintain a coordinated health policy 28 agenda that combines effective purchasing and administration of health 29 care with health promotion oriented public health strategies. The powers, 30 duties and functions of the Kansas health policy authority department of 31 *health and environment* are intended to be exercised to improve the health 32 of the people of Kansas by increasing the quality, efficiency and 33 effectiveness of health services and public health programs.

34 Sec. 38. K.S.A. 2011 Supp. 75-7405 is hereby amended to read as 35 follows: 75-7405. (a) The Kansas health policy authority department of 36 *health and environment* is responsible for the development of a statewide 37 health policy agenda including health care and health promotion 38 components. The Kansas health policy authority department of health and 39 environment shall report to the legislature at the beginning of the regular 40 session of the legislature in 2007 and at the beginning of each regular 41 legislative session thereafter. The report of the Kansas health policy-42 authoritydepartment of health and environment to the legislature shall 43 include recommendations for implementation of the health policy agenda

1 recommended by the authoritydepartment. The Kansas health policyauthoritydepartment of health and environment shall develop or adopt 3 health indicators and shall include baseline and trend data on the health 4 costs and indicators in each annual report to the legislature. In accordance 5 with the provisions of this act and the provisions of appropriation acts, the 6 Kansas health policy authoritydepartment of health and environment shall 7 assume powers, duties and functions in accordance with the provisions of

8 this act.

9 (b) On January 1, 2006, the Kansas health policy authority*The* 10 *department of health and environment* shall assume the functions of the 11 health care data governing board and the functions of the department of 12 social and rehabilitation services under the Kansas business health 13 partnership act, as provided by this act.

(c) On or before March 1, 2006, the Kansas health policy authority
shall submit a plan with recommendations for funding and anyrecommended legislation for the powers, duties and functions transferred
to the authority on July 1, 2006, of the programs and activities specified in
subsection (d).

19 (d)(c) On July 1, 2006, the Kansas health policy authority The 20 department of health and environment shall assume operational and 21 purchasing responsibility for (1) the regular medical portion of the state 22 medicaid program, (2) the MediKan program, (3) the state children's 23 health insurance program as provided in K.S.A. 38-2001 et seq., and 24 amendments thereto, (4) the working healthy portion of the ticket to work 25 program under the federal work incentive improvement act and the medicaid infrastructure grants received for the working healthy portion of 26 27 the ticket to work program, (5) the medicaid management information 28 system (MMIS), (6) the restrictive drug formulary, the drug utilization 29 review program, including oversight of the medicaid drug utilization 30 review board, and the electronic claims management system as provided in 31 K.S.A. 39-7,116 through 39-7,121 and K.S.A. 2011 Supp. 39-7,121a 32 through 39-7,121e, and amendments thereto, (7) the state health care 33 benefits program as provided in K.S.A. 75-6501 through 75-6523, and 34 amendments thereto, and (8) the state workers compensation self-35 insurance fund and program as provided in K.S.A. 44-575 through 44-580, 36 and amendments thereto.

37 (c) (d) At the beginning of the regular session of the legislature in 38 2007, the Kansas health policy authorityThe department of health and 39 environment shall submit to the legislature recommendations and an 39 implementation plan for the transfer of additional medicaid-funded 41 programs to the Kansas health policy authoritydepartment of health and 42 environment which may include (1) mental health services, (2) home and 43 community-based services (HCBS) waiver programs, (3) nursing facilities, 1 (4) substance abuse prevention and treatment programs, and (5) the 2 institutions, as defined in K.S.A. 76-12a01, and amendments thereto.

3 (f) (e) At the beginning of the regular session of the legislature in-4 2008, the Kansas health policy authority The department of health and 5 environment shall submit to the legislature recommendations and an 6 implementation plan for the Kansas health policy authority department of 7 health and environment to assume responsibility for health care purchasing 8 functions within additional state agencies, which may include (1) the 9 department on aging, (2) the department of education for local education 10 agencies, (3) the juvenile justice authority and the juvenile correctional institutions and facilities thereunder, and (4) the department of corrections 11 12 and the correctional institutions and facilities thereunder.

Sec. 39. K.S.A. 2011 Supp. 75-7408 is hereby amended to read as follows: 75-7408. (a) On and after July 1, 2006, the Kansas health policy authority*The department of health and environment* shall coordinate health care planning, administration, and purchasing and analysis of health data for the state of Kansas with respect to the following health programs administered by the state of Kansas:

(1) Developing, implementing, and administering programs that
provide medical assistance, health insurance programs, or waivers granted
thereunder for persons who are needy, uninsured, or both, and that are
financed by federal funds or state funds, or both, including the following:

(A) The Kansas program of medical assistance established in
accordance with title XIX of the federal social security act, 42 U.S.C. §
1396 et seq., and amendments thereto;

(B) the health benefits program for children established under K.S.A.
38-2001 et seq., and amendments thereto, and developed and submitted in
accordance with federal guidelines established under title XXI of the
federal social security act, section 4901 of public law 105-33, 42 U.S.C. §
1397aa et seq., and amendments thereto;

(C) any program of medical assistance for needy persons financed by
 state funds only, to the extent appropriations are made for such a program;

(D) the working healthy portion of the ticket to work program under
 the federal work incentive improvement act and the medicaid
 infrastructure grants received for the working healthy portion of the ticket
 to work program; and

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(E) the medicaid management information system (MMIS);

(2) the restrictive drug formulary, the drug utilization review
program, including oversight of the medicaid drug utilization review
board, and the electronic claims management system as provided in K.S.A.
39-7,116 through 39-7,121 and K.S.A. 2011 Supp. 39-7,121a through 397,121e, and amendments thereto; and

43 (3) administering any other health programs delegated to the Kansas

health policy authoritydepartment of health and environment by the
 governor or by a contract with another state agency.

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3 (b) Except to the extent required by its single state agency role as 4 designated in K.S.A. 2011 Supp. 75-7409, and amendments thereto, or as 5 otherwise provided pursuant to this act the Kansas health policy-6 authoritydepartment of health and environment shall not be responsible for 7 health care planning, administration, purchasing and data with respect to 8 the following:

9 (1) The mental health reform act, K.S.A. 39-1601 et seq., and 10 amendments thereto;

(2) the developmental disabilities reform act, K.S.A. 39-1801 et seq.,
and amendments thereto;

(3) the mental health program of the state of Kansas as prescribedunder K.S.A. 75-3304a, and amendments thereto;

(4) the addiction and prevention services prescribed under K.S.A. 654001 et seq., and amendments thereto; or

(5) any institution, as defined in K.S.A. 76-12a01, and amendmentsthereto.

19 Sec. 40. K.S.A. 2011 Supp. 75-7409 is hereby amended to read as 20 follows: 75-7409. (a) On and after July 1, 2006, the Kansas health policy 21 authority The department of health and environment shall be designated as 22 the single state agency with responsibility for supervising and 23 administering the state plan for medical assistance under the federal social 24 security act, 42 U.S.C. § 1396 et seq., and amendments thereto. The 25 Kansas health policy authority department of health and environment shall develop state plans, as provided under the federal social security act, 26 27 whereby the state cooperates with the federal government in its program of 28 assisting the states financially in furnishing medical assistance and 29 services to eligible individuals.

(b) The Kansas health policy authority department of health and 30 31 environment shall undertake to cooperate with the federal government on 32 any other federal program providing federal financial assistance and 33 services for medical assistance not inconsistent with this act. The Kansas 34 health policy authority department of health and environment is not 35 required to develop a state plan for participation or cooperation in all 36 federal social security act programs relating to medical assistance or other 37 available federal programs that relate to medical assistance.

Sec. 41. K.S.A. 2011 Supp. 75-7410 is hereby amended to read as follows: 75-7410. On and after July 1, 2006, the Kansas health policyauthority*The department of health and environment* shall have the power, but is not required, to develop a state plan with regard to medical assistance and services in which the federal government does not participate, within the limits of appropriations therefor.

Sec. 42. K.S.A. 2011 Supp. 75-7411 is hereby amended to read as 1 2 follows: 75-7411. (a) Subject to the limitations of subsection (b), the 3 Kansas health policy authority department of health and environment may enter into a contract with one or more state agencies or local governmental 4 5 entities providing for the state agency or local governmental entity to 6 perform services for the division of health policy and finance or delegating 7 to the state agency or local governmental entity the administration of 8 certain functions, services or programs under any of the programs for 9 which the Kansas health policy authoritydepartment of health and 10 environment is responsible.

(b) With respect to any plan or program that is subject to or financed 11 12 in part under the federal social security act, 42 U.S.C. § 1396 et seq., and amendments thereto, the authority of the Kansas health policy-13 14 authority department of health and environment to exercise administrative 15 discretion in the administration or supervision of the plan or program and 16 to issue policies and to adopt rules and regulations on plan or program 17 shall not be delegated by the Kansas health policymatters authoritysecretary of health and environment, other than to officials and 18 19 employees of the authority department of health and environment. To the extent that the Kansas health policy authoritysecretary of health and 20 21 environment enters into a contract with a state agency or local 22 governmental entity under this section, the other state agency or the local 23 governmental entity shall not have the authority to change or disapprove 24 anv administrative decision of the Kansas health policy 25 authoritydepartment of health and environment or to otherwise substitute 26 its judgment for that of the Kansas health policy authority department of 27 health and environment with respect to the application of policies issued or 28 by the Kansas health policy rules and regulations adopted 29 authority department of health and environment for any plan or program 30 that is subject to or financed in part under the federal social security act, 42 31 U.S.C. § 1396 et seq., and amendments thereto.

Sec. 43. K.S.A. 2011 Supp. 75-7412 is hereby amended to read as follows: 75-7412. (a) On and after July 1, 2006, the Kansas health policy authority*The department of health and environment* shall have the power and duty to establish general policies relating to the health programs under the authority*department* as provided in K.S.A. 2011 Supp. 75-7408, and amendments thereto, and to adopt rules and regulations therefor.

(b) The Kansas health policy authoritysecretary of health and
 environment shall advise the governor and the legislature on all health
 programs, policies and plans for which the Kansas health policy authoritydepartment of health and environment is responsible under this
 act.

43 (c) The Kansas health policy authority department of health and

environment shall establish an adequate system of financial records. The
 Kansas health policy authority*department of health and environment* shall
 make periodic reports to the governor and shall make any reports required
 by federal agencies.

5 (d) The Kansas health policy authority department of health and 6 *environment* may assist other departments, agencies and institutions of the 7 state and federal government and of other states under interstate 8 agreements, when so requested, by performing services in conformity with 9 the purposes of this act.

10 (e) All contracts of the Kansas health policy authority department of health and environment shall be made in the name of the "Kansas health 11 policy authority department of health and environment." In that name, the 12 13 Kansas health policy authority department of health and environment may 14 sue and be sued. The grant of authority under this subsection shall not be 15 construed to be a waiver of any rights retained by the state under the 11th 16 amendment to the United States constitution and shall be subject to and 17 shall not supersede the provisions of any appropriation act of this state.

18 (f) After consulting with any agency that has responsibility under a 19 contract with the Kansas health policy authority department of health and environment for administration of any of the programs of the 20 21 authoritydepartment, the Kansas health policy authoritysecretary of health 22 and environment shall prepare annually, at the time and in the form 23 directed by the governor, a budget covering the estimated receipts and 24 expenditures of the Kansas health policy authority department of health 25 and environment for the coming fiscal year.

(g) The Kansas health policy authoritysecretary of health and
 environment shall have authority to make grants of funds for the promotion
 of health programs in the state of Kansas, subject to the provisions of
 appropriation acts.

(h) The Kansas health policy authoritysecretary of health and *environment* may receive grants, gifts, bequests, money, or aid of any
character whatsoever, for purposes consistent with K.S.A. 2011 Supp. 757408 through 75-7413, and amendments thereto.

(i) The Kansas health policy authoritysecretary of health and *environment* may enter into agreements with other states or the agency
designated as the single state agency under the federal social security act,
42 U.S.C. § 1396 et seq., and amendments thereto, for another state setting
out the manner for determining the state of residence in disputed cases and
the bearing or sharing of costs associated with those cases.

40 (j) The Kansas health policy authoritysecretary of health and 41 *environment* shall establish such advisory groups as are necessary to assist 42 the division of health policy and finance in carrying out its responsibilities 43 under K.S.A. 2011 Supp. 75-7408 through 75-7413, and amendments 1 thereto, including the following:

2 (1) A consumer advisory board consisting of representatives of 3 consumers of health care services provided under title XIX of the federal 4 social security act, 42 U.S.C. § 1396 et seq., and title XXI of the social 5 security act, 42 U.S.C. § 1397aa et seq., and amendments thereto, and 6 representatives of these consumers' family members; and

7 (2) a policy coordination board consisting of representatives from 8 agencies with which the Kansas health policy those state 9 authoritysecretary of health and environment enters into a contract under 10 K.S.A. 2011 Supp. 75-7411, and amendments thereto, and representatives from any other state agencies, as determined by the Kansas health policy 11 12 authoritydepartment of health and environment.

(k) The Kansas health policy authority department of health and *environment* shall perform any other duties and services that are necessary
to carry out the purposes of K.S.A. 2011 Supp. 75-7408 through 75-7413,
and amendments thereto, and that are not inconsistent with state law.

17 K.S.A. 2011 Supp. 75-7413 is hereby amended to read as Sec. 44. 18 follows: 75-7413. On and after July 1, 2006, Except as otherwise provided 19 by this act, all of the following powers, duties and functions of the division 20 of health policy and finance within the department of administration and 21 the director of health policy and finance-Kansas health policy authority are 22 hereby transferred to and imposed upon the Kansas health policy authority 23 established by K.S.A. 2011 Supp. 75-7401, and amendments 24 theretodepartment of health and environment:

25 (a) All of the powers, duties and functions under chapter 39 of the 26 Kansas Statutes Annotated, and amendments thereto, that were transferred 27 on July 1, 2005, to the division of health planning and finance and the-28 director of health planning and finance and that relate to development, 29 implementation and administration of programs that provide medical 30 assistance, health insurance programs or waivers granted thereunder for 31 persons who are needy or uninsured, or both, and that are financed by 32 federal funds or state funds, or both, including the following:

(1) The Kansas program of medical assistance established in
accordance with title XIX of the federal social security act, 42 U.S.C. §
1396 et seq., and amendments thereto; and

36 (2) any program of medical assistance for needy persons financed by37 state funds only;

(b) all of the powers, duties and functions that were transferred on
July 1, 2005, to the division of health planning and finance and the director
of health planning and finance with respect to the health benefits program
for children established under K.S.A. 38-2001 et seq., and amendments
thereto, and developed and submitted in accordance with federal
guidelines established under title XXI of the federal social security act,

section 4901 of public law 105-33, 42 U.S.C. § 1397aa et seq., and
 amendments thereto;

3 (c) the working healthy portion of the ticket to work program under 4 the federal work incentive improvement act and the medicaid 5 infrastructure grants received for the working healthy portion of the ticket 6 to work program;

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(d) the medicaid management information system (MMIS);

8 (e) the restrictive drug formulary, the drug utilization review 9 program, including oversight of the medicaid drug utilization review 10 board, and the electronic claims management system as provided in K.S.A. 11 39-7,116 through 39-7,121 and K.S.A. 2011 Supp. 39-7,121a through 39-12 7,121e, and amendments thereto;

(f) all of the powers, duties and functions of the division of health policy and finance associated*Kansas health policy authority* with designation as the single state agency under title XIX of the federal social security act, 42 U.S.C. § 1396 et seq., and amendments thereto. On and after July 1, 2006, the designation of the division of health and finance as the single state agency for medicaid purposes is hereby transferred to the Kansas health policy authority; and

(g) hearings conducted pursuant to the transfer of powers, duties and
 functions conveyed through this section shall be conducted in accordance
 with the Kansas administrative procedure act utilizing a presiding officer
 from the office of administrative hearings.

24 Sec. 45. K.S.A. 2011 Supp. 75-7423 is hereby amended to read as 25 follows: 75-7423. The Kansas health policy authority department of health and environment in consultation with the joint committee on health policy 26 27 oversight shall consider as part of the health reform in Kansas various 28 medicaid reform options including, but not limited to: The experience of 29 other states, long-term care, waste, fraud and abuse, health opportunity 30 accounts, tax credits, vouchers and premium assistance, and wellness as 31 provided through the federal deficit reduction act of 2005, public law 109-32 171. Such medicaid reforms should result in improved health outcomes for 33 medicaid recipients, long-term cost controls and encourage primary and 34 preventive care which will result in cost savings for the state.

Sec. 46. K.S.A. 2011 Supp. 75-7424 is hereby amended to read as 35 36 follows: 75-7424. (a) On or before November 1, 2007, the Kansas health 37 policy authority shall develop and deliver to the governor, the joint-38 committee on health policy oversight, the speaker of the house of-39 representatives, the majority leader of the house of representatives, the 40 minority leader of the house of representatives, the president of the senate, the majority leader of the senate and the minority leader of the senate,-41 42 health care finance reform options for enactment by the legislature during 43 the 2008 regular session, including an analysis of a Kansas health care

1 insurance connector, a model for a voluntary health insurance connector,

and draft legislation for the proposed health care finance reform options. 2 3 In developing such options, the Kansas health policy authority shall solicit 4 and consider information and recommendations from advisory committees 5 established under subsection (c) of K.S.A. 75-7403, and amendments-6 thereto, and shall advise and consult with the joint committee on health 7 policy oversight regularly and on a continuing basis. The Kansas health 8 policy authority shall develop and analyze other pertinent initiatives and 9 policies designed to increase access to affordable health insurance and to otherwise promote health in developing the options. 10

(b)(a) The Kansas health policy authority department of health and 11 12 environment shall analyze and develop health care finance reform options with the goals of (1) financing health care and health promotion in a 13 manner that is equitable, seamless and sustainable for consumers, 14 15 providers, purchasers and government, (2) promoting market-based 16 solutions that encourage fiscal and individual responsibility, (3) protecting 17 the health care safety net in the development of such options, (4) facilitate 18 purchasing of health insurance, and facilitating access to private sector 19 health insurance by small businesses and individuals.

(c) (b) The Kansas health policy authority department of health and
 environment shall identify and analyze policies that are designed to
 increase portability, to increase individual ownership of health care
 policies, to utilize pre-tax dollars for the purchase of health insurance, and
 to expand consumer responsibility for making health care decisions.

25 (d) (c) The Kansas health policy authority department of health and environment shall obtain economic and actuarial analyses by an entity or 26 27 entities that are recognized as having specific experience in the subject 28 matter of all health care finance reform options proposed under subsection 29 (a) to determine (1) the economic impact of proposed reforms on 30 consumers, providers, purchasers, businesses and government and (2) the 31 number of uninsured Kansans who have the potential to receive coverage 32 as a result of the options proposed under subsection (a).

(e) (d) The Kansas health policy authority department of health and
 environment shall investigate and identify possible public funding sources
 for the options proposed under subsection (a), including medicaid and
 other federal programs, specifically including possible waivers to specific
 federal program requirements.

38 (f) (e) In collaboration with the United States department of health 39 and human services, the Kansas health policy authoritydepartment of 40 health and environment shall investigate (1) the development and 41 availability of federal affordable choices initiatives funding, (2) waiver and 42 funding opportunities under the federal deficit reduction act of 2005, 43 public law 109-171, and (3) waivers under the federal health insurance flexibility and accountability demonstration initiative to expand health
 services to low income populations. To the extent feasible, the Kansas
 health policy authority shall include such federal programs in the options
 proposed under subsection (a).

5 (g) In collaboration with the commissioner of insurance, the Kansas 6 health policy authority shall analyze the potential for reinsurance and state 7 subsidies for reinsurance as mechanisms to reduce premium volatility in 8 the small group insurance market, to increase predictability in premium 9 trends, to lower costs and to increase coverage as a component of the 10 options proposed under subsection (a).

11 Sec. 47. K.S.A. 2011 Supp. 75-7425 is hereby amended to read as 12 follows: 75-7425. (a) The Kansas department of insurance shall conduct a 13 study on the impact of extending continuation benefits under COBRA for a period of 18 months pursuant to K.S.A. 40-19c06, and amendments 14 15 thereto, and other applicable statutes and other policy changes to make 16 health insurance more competitive, affordable and portable. The 17 commissioner of insurance shall prepare a report on its findings and 18 present such report to the Kansas health policy authority secretary of 19 health and environment and the joint committee on health policy oversight.

(b) The legislative coordinating council shall appoint a legislative
study committee during the 2007 interim period to study and review
various options for tax credits and benefits for the purchase of long-term
care insurance, health earned income tax credits, health insurance and
health savings accounts.

25 Sec. 48. K.S.A. 2011 Supp. 75-7426 is hereby amended to read as follows: 75-7426. (a) All third parties, including health insurers, self-26 27 insured plans, group health plans (as defined in section 607(1) of the 28 employee retirement income security act of 1974), service benefit plans, 29 managed care organizations, pharmacy benefit managers or other parties 30 that are, by statute, contract or agreement, legally responsible for payment 31 of a claim for a health care item or service to pay for care and services 32 available under the plan, shall not, in enrolling an individual or in making 33 any payments for benefits to the individual or on the individual's behalf, 34 take into account that the individual is eligible for or is provided medical assistance under the Kansas state plan under title XIX of the social 35 36 security act, commonly known as medicaid or medical assistance, 37 administered by the Kansas health policy authority department of health 38 and environment, or under any such plan of any other state.

(b) All third parties described in subsection (a), shall provide, with
respect to individuals who are eligible for, or are provided, medical
assistance under such state plan, upon the request of the <u>authority</u> *department*, information to determine during what period individuals or
their spouses or their dependents may be (or may have been) covered by a

1 health insurer and the nature of the coverage that is or was provided by the

health insurer (including the name, address and identifying number of the
plan) in a manner prescribed by the United States secretary of health and
human services.

5 (c) All third parties described in subsection (a) shall: (1) Accept the 6 authority's department's right of recovery and the assignment to the 7 authority department of any right of an individual or other entity to 8 payment from the party for an item or service for which payment has been 9 made under the state plan; (2) respond to any inquiry by the 10 authority department or its designee regarding a claim for payment for any health care item or service that is submitted not later than three years after 11 12 the date of the provision of such health care item or service; and (3) agree not to deny a claim submitted by the authoritydepartment solely on the 13 14 basis of the date of submission of the claim, the type or format of the claim 15 form or a failure to present proper documentation at the point-of-sale that 16 is the basis of the claim, if: (A) The claim is submitted by the 17 authority department within the three-year period beginning on the date on 18 which the item or service was furnished; and (B) any action by the 19 authority department to enforce its rights with respect to such claim is 20 commenced within six years of the authority's department's submission of 21 such claim.

(d) As used in this section, "Kansas health policy authority" or
 "authority" "department" means the Kansas health policy authority established by K.S.A. 2011 Supp. 75-7401, and amendments theretodepartment of health and environment.

26 Sec. 49. K.S.A. 2011 Supp. 75-7427 is hereby amended to read as 27 follows: 75-7427. (a) As used in this section:

(1) "Attorney general" means the attorney general, employees of the
 attorney general or authorized representatives of the attorney general.

(2) "Benefit" means the receipt of money, goods, items, facilities,
 accommodations or anything of pecuniary value.

32 (3) "Claim" means an electronic, electronic impulse, facsimile, 33 magnetic, oral, telephonic or written communication that is utilized to 34 identify any goods, service, item, facility or accommodation as 35 reimbursable to the state medicaid program, or its fiscal agents, the state 36 mediKan program or the state children's health insurance program or 37 which states income or expense.

(4) "Client" means past or present beneficiaries or recipients of the
state medicaid program, the state mediKan program or the state children's
health insurance program.

41 (5) "Contractor" means any contractor, supplier, vendor or other 42 person who, through a contract or other arrangement, has received, is to 43 receive or is receiving public funds or in-kind contributions from the contracting agency as part of the state medicaid program, the state
 mediKan program or the state children's health insurance program, and
 shall include any sub-contractor.

4 (6) "Contractor files" means those records of contractors which relate 5 to the state medicaid program, the state mediKan program or the state 6 children's health insurance program.

7 (7) "Fiscal agent" means any corporation, firm, individual, 8 organization, partnership, professional association or other legal entity 9 which, through a contractual relationship with the state of Kansas receives, 10 processes and pays claims under the state medicaid program, the state 11 mediKan program or the state children's health insurance program.

12 (8) "Health care provider" means a health care provider as defined 13 under K.S.A. 65-4921, and amendments thereto, who has applied to 14 participate in, who currently participates in, or who has previously 15 participated in the state medicaid program, the state mediKan program or 16 the state children's health insurance program.

(9) "Kansas health policy authority" or "authority""Department"
means the Kansas health policy authority established under K.S.A. 2011
Supp. 75-7401, and amendments theretodepartment of health and
environment, or its successor agency.

(10) "Managed care program" means a program which provides
 coordination, direction and provision of health services to an identified
 group of individuals by providers, agencies or organizations.

(11) "Medicaid program" means the Kansas program of medical
assistance for which federal or state moneys, or any combination thereof,
are expended, or any successor federal or state, or both, health insurance
program or waiver granted thereunder.

(12) "Person" means any agency, association, corporation, firm,
 limited liability company, limited liability partnership, natural person,
 organization, partnership or other legal entity, the agents, employees,
 independent contractors, and subcontractors, thereof, and the legal
 successors thereto.

(13) "Provider" means a person who has applied to participate in, who currently participates in, who has previously participated in, who attempts or has attempted to participate in the state medicaid program, the state mediKan program or the state children's health insurance program, by providing or claiming to have provided goods, services, items, facilities or accommodations.

(14) "Recipient" means an individual, either real or fictitious, in whose behalf any person claimed or received any payment or payments from the state medicaid program, or its fiscal agent, the state mediKan program or the state children's health insurance program, whether or not any such individual was eligible for benefits under the state medicaid 1 program, the state mediKan program or the state children's health 2 insurance program.

3 (15) "Records" means all written documents and electronic or 4 magnetic data, including, but not limited to, medical records, X-rays, 5 professional, financial or business records relating to the treatment or care 6 of any recipient; goods, services, items, facilities or accommodations 7 provided to any such recipient; rates paid for such goods, services, items, 8 facilities or accommodations; and goods, services, items, facilities or 9 accommodations provided to nonmedicaid recipients to verify rates or 10 amounts of goods, services, items, facilities or accommodations provided to medicaid recipients, as well as any records that the state medicaid 11 12 program, or its fiscal agents, the state mediKan program or the state 13 children's health insurance program require providers to maintain. 14 "Records" shall not include any report or record in any format which is made pursuant to K.S.A. 65-4922, 65-4923 or 65-4924, and amendments 15 16 thereto, and which is privileged pursuant to K.S.A. 65-4915 or 65-4925, 17 and amendments thereto

(16) "State children's health insurance program" means the state
children's health insurance program as provided in K.S.A. 38-2001 et seq.,
and amendments thereto.

21 (b) (1) There is hereby established within the Kansas health policy 22 authoritydepartment of health and environment the office of inspector 23 general. All budgeting, purchasing and related management functions of 24 the office of inspector general shall be administered under the direction 25 and supervision of the executive director of the Kansas health policy-26 authoritydepartment of health and environment. The purpose of the office 27 of inspector general is to establish a full-time program of audit, 28 investigation and performance review to provide increased accountability. 29 integrity and oversight of the state medicaid program, the state mediKan 30 program and the state children's health insurance program within the 31 jurisdiction of the Kansas health policy authority department of health and 32 environment and to assist in improving agency and program operations and 33 in deterring and identifying fraud, waste, abuse and illegal acts. The office 34 of inspector general shall be independent and free from political influence 35 and in performing the duties of the office under this section shall conduct 36 investigations, audits, evaluations, inspections and other reviews in 37 accordance with professional standards that relate to the fields of 38 investigation and auditing in government.

(2) (A) The inspector general shall be appointed by the Kansas health
policy authority department of health and environment with the advice and
consent of the senate and subject to confirmation by the senate as provided
in K.S.A. 75-4315b, and amendments thereto. Except as provided in
K.S.A. 46-2601, and amendments thereto, no person appointed to the

position of inspector general shall exercise any power, duty or function of 1 2 the inspector general until confirmed by the senate. The inspector general 3 shall be selected without regard to political affiliation and on the basis of 4 integrity and capacity for effectively carrying out the duties of the office of inspector general. The inspector general shall possess demonstrated 5 6 knowledge, skills, abilities and experience in conducting audits or 7 investigations and shall be familiar with the programs subject to oversight 8 by the office of inspector general.

9 (B) No former or current executive or manager of any program or agency subject to oversight by the office of inspector general may be appointed inspector general within two years of that individual's period of service with such program or agency. The inspector general shall hold at time of appointment, or shall obtain within one year after appointment, certification as a certified inspector general from a national organization that provides training to inspectors general.

16 (C) The term of the person first appointed to the position of inspector 17 general shall expire on January 15, 2009. Thereafter, a person appointed to 18 the position of inspector general shall serve for a term which shall expire 19 on January 15 of each year in which the whole senate is sworn in for a new 20 term.

21 (D) The inspector general shall be in the classified service and shall 22 receive such compensation as is determined by law, except that such 23 compensation may be increased but not diminished during the term of 24 office of the inspector general. The inspector general may be removed 25 from office prior to the expiration of the inspector general's term of office in accordance with the Kansas civil service act. The inspector general shall 26 27 exercise independent judgment in carrying out the duties of the office of 28 inspector general under subsection (b). Appropriations for the office of inspector general shall be made to the Kansas health policy-29 30 authority department of health and environment by separate line item 31 appropriations for the office of inspector general. The inspector general 32 shall report to the Kansas health policy authority secretary of health and 33 environment

(E) The inspector general shall have general managerial control over
the office of the inspector general and shall establish the organization
structure of the office as the inspector general deems appropriate to carry
out the responsibilities and functions of the office.

38 (3) Within the limits of appropriations therefor, the inspector general may hire such employees in the unclassified service as are necessary to administer the office of the inspector general. Such employees shall serve at the pleasure of the inspector general. Subject to appropriations, the inspector general may obtain the services of certified public accountants, qualified management consultants, professional auditors, or other 1 professionals necessary to independently perform the functions of the 2 office.

3 (c) (1) In accordance with the provisions of this section, the duties of 4 the office of inspector general shall be to oversee, audit, investigate and 5 make performance reviews of the state medicaid program, the state 6 mediKan program and the state children's health insurance program, which 7 programs are within the jurisdiction of the Kansas health policy-8 authoritydepartment of health and environment.

9 (2) In order to carry out the duties of the office, the inspector general 10 shall conduct independent and ongoing evaluation of the Kansas health 11 policy authority department of health and environment and of such 12 programs administered by the Kansas health policy authority department of 13 health and environment, which oversight includes, but is not limited to, the 14 following:

(A) Investigation of fraud, waste, abuse and illegal acts by the Kansas
 health policy authoritydepartment of health and environment and its
 agents, employees, vendors, contractors, consumers, clients and health
 care providers or other providers.

(B) Audits of the Kansas health policy authority department of health
 and environment, its employees, contractors, vendors and health care
 providers related to ensuring that appropriate payments are made for
 services rendered and to the recovery of overpayments.

(C) Investigations of fraud, waste, abuse or illegal acts committed by
 clients of the Kansas health policy authority department of health and
 environment or by consumers of services administered by the Kansas health policy authority department of health and environment.

27 (D) Monitoring adherence to the terms of the contract between the 28 Kansas health policy authority*department of health and environment* and 29 an organization with which the authority*department* has entered into a 30 contract to make claims payments.

(3) Upon finding credible evidence of fraud, waste, abuse or illegal
 acts, the inspector general shall report its findings to the Kansas health
 policy authoritydepartment of health and environment and refer the
 findings to the attorney general.

(d) The inspector general shall have access to all pertinent 35 36 information, confidential or otherwise, and to all personnel and facilities of 37 the Kansas health policy authority department of health and environment, 38 their employees, vendors, contractors and health care providers and any 39 federal, state or local governmental agency that are necessary to perform 40 the duties of the office as directly related to such programs administered by the authority department. Access to contractor or health care provider 41 files shall be limited to those files necessary to verify the accuracy of the 42 43 contractor's or health care provider's invoices or their compliance with the

contract provisions or program requirements. No health care provider shall
 be compelled under the provisions of this section to provide individual
 medical records of patients who are not clients of the state medicaid
 program, the state mediKan program or the state children's health
 insurance program. State and local governmental agencies are authorized
 and directed to provide to the inspector general requested information,
 assistance or cooperation.

8 (e) Except as otherwise provided in this section, the inspector general 9 and all employees and former employees of the office of inspector general shall be subject to the same duty of confidentiality imposed by law on any 10 such person or agency with regard to any such information, and shall be 11 12 subject to any civil or criminal penalties imposed by law for violations of such duty of confidentiality. The duty of confidentiality imposed on the 13 14 inspector general and all employees and former employees of the office of 15 inspector general shall be subject to the provisions of subsection (f), and 16 the inspector general may furnish all such information to the attorney 17 general, Kansas bureau of investigation or office of the United States 18 attorney in Kansas pursuant to subsection (f). Upon receipt thereof, the 19 attorney general, Kansas bureau of investigation or office of the United 20 States attorney in Kansas and all assistants and all other employees and 21 former employees of such offices shall be subject to the same duty of 22 confidentiality with the exceptions that any such information may be 23 disclosed in criminal or other proceedings which may be instituted and 24 prosecuted by the attorney general or the United States attorney in Kansas, 25 and any such information furnished to the attorney general, the Kansas 26 bureau of investigation or the United States attorney in Kansas under 27 subsection (f) may be entered into evidence in any such proceedings.

28 (f) All investigations conducted by the inspector general shall be 29 conducted in a manner that ensures the preservation of evidence for use in 30 criminal prosecutions or agency administrative actions. If the inspector 31 general determines that a possible criminal act relating to fraud in the 32 provision or administration of such programs administered by the Kansas 33 health policy authority department of health and environment has been 34 committed, the inspector general shall immediately notify the office of the 35 Kansas attorney general. If the inspector general determines that a possible 36 criminal act has been committed within the jurisdiction of the office, the 37 inspector general may request the special expertise of the Kansas bureau of 38 investigation. The inspector general may present for prosecution the 39 findings of any criminal investigation to the office of the attorney general 40 or the office of the United States attorney in Kansas.

41 (g) To carry out the duties as described in this section, the inspector 42 general and the inspector general's designees shall have the power to 43 compel by subpoena the attendance and testimony of witnesses and the

production of books, electronic records and papers as directly related to 1 2 the such programs administered by Kansas health policy 3 authoritydepartment of health and environment. Access to contractor files 4 shall be limited to those files necessary to verify the accuracy of the 5 contractor's invoices or its compliance with the contract provisions. No 6 health care provider shall be compelled to provide individual medical 7 records of patients who are not clients of the authoritydepartment.

8 (h) The inspector general shall report all convictions, terminations 9 and suspensions taken against vendors, contractors and health care providers to the Kansas health policy authority department of health and 10 environment and to any agency responsible for licensing or regulating 11 12 those persons or entities. If the inspector general determines reasonable suspicion exists that an act relating to the violation of an agency licensure 13 14 or regulatory standard has been committed by a vendor, contractor or 15 health care provider who is licensed or regulated by an agency, the 16 inspector general shall immediately notify such agency of the possible 17 violation

18 (i) The inspector general shall make annual reports, findings and recommendations regarding the office's investigations into reports of 19 20 fraud, waste, abuse and illegal acts relating to any such programs 21 administered by the Kansas health policy authority director of health care 22 finance to the executive director of the Kansas health policy-23 authority secretary of health and environment, the legislative post auditor, 24 the committee on ways and means of the senate, the committee on 25 appropriations of the house of representatives, the joint committee on health policy oversight and the governor. These reports shall include, but 26 27 not be limited to, the following information:

28

(1) Aggregate provider billing and payment information;

(2) the number of audits of such programs administered by the
 Kansas health policy authoritydepartment of health and environment and
 the dollar savings, if any, resulting from those audits;

(3) health care provider sanctions, in the aggregate, includingterminations and suspensions; and

(4) a detailed summary of the investigations undertaken in the
 previous fiscal year, which summaries shall comply with all laws and rules
 and regulations regarding maintaining confidentiality in such programs
 administered by the Kansas health policy authority department of health
 and environment.

 (j) Based upon the inspector general's findings under subsection (c),
 the inspector general may make such recommendations to the Kansashealth policy authoritydepartment of health and environment or the
 legislature for changes in law, rules and regulations, policy or procedures
 as the inspector general deems appropriate to carry out the provisions of law or to improve the efficiency of such programs administered by the
 Kansas health policy authoritydepartment of health and environment. The
 inspector general shall not be required to obtain permission or approval
 from any other official or authoritydepartment prior to making any such
 recommendation.

6 (k) (1) The inspector general shall make provision to solicit and 7 receive reports of fraud, waste, abuse and illegal acts in such programs 8 administered by the Kansas health policy authority department of health 9 and environment from any person or persons who shall possess such information. The inspector general shall not disclose or make public the 10 identity of any person or persons who provide such reports pursuant to this 11 12 subsection unless such person or persons consent in writing to the disclosure of such person's identity. Disclosure of the identity of any 13 14 person who makes a report pursuant to this subsection shall not be ordered 15 as part of any administrative or judicial proceeding. Any information received by the inspector general from any person concerning fraud, 16 17 waste, abuse or illegal acts in such programs administered by the Kansas 18 health policy authority department of health and environment shall be 19 confidential and shall not be disclosed or made public, upon subpoena or 20 otherwise, except such information may be disclosed if (A) release of the 21 information would not result in the identification of the person who 22 provided the information, (B) the person or persons who provided the 23 information to be disclosed consent in writing prior to its disclosure, (C) 24 the disclosure is necessary to protect the public health, or (D) the 25 information to be disclosed is required in an administrative proceeding or court proceeding and appropriate provision has been made to allow 26 27 disclosure of the information without disclosing to the public the identity 28 of the person or persons who reported such information to the inspector 29 general.

30 (2) No person shall:

(A) Prohibit any agent, employee, contractor or subcontractor from
 reporting any information under subsection (k)(1); or

(B) require any such agent, employee, contractor or subcontractor togive notice to the person prior to making any such report.

35

(3) Subsection (k)(2) shall not be construed as:

(A) Prohibiting an employer from requiring that an employee inform
the employer as to legislative or auditing agency requests for information
or the substance of testimony made, or to be made, by the employee to
legislators or the auditing agency, as the case may be, on behalf of the
employer;

(B) permitting an employee to leave the employee's assigned work
areas during normal work hours without following applicable rules and
regulations and policies pertaining to leaves, unless the employee is

requested by a legislator or legislative committee to appear before a
 legislative committee or by an auditing agency to appear at a meeting with
 officials of the auditing agency;

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- 5

(C) authorizing an employee to represent the employee's personal opinions as the opinions of the employer; or

6 (D) prohibiting disciplinary action of an employee who discloses 7 information which (A) the employee knows to be false or which the 8 employee discloses with reckless disregard for its truth or falsity, (B) the 9 employee knows to be exempt from required disclosure under the open 10 records act, or (C) is confidential or privileged under statute or court rule.

(4) Any agent, employee, contractor or subcontractor who alleges that
 disciplinary action has been taken against such agent, employee, contractor
 or subcontractor in violation of this section may bring an action for any
 damages caused by such violation in district court within 90 days after the
 occurrence of the alleged violation.

16 (5) Any disciplinary action taken against an employee of a state 17 agency or firm as such terms are defined under subsection (b) of K.S.A. 18 75-2973, and amendments thereto, for making a report under subsection 19 (k)(1) shall be governed by the provisions of K.S.A. 75-2973, and 20 amendments thereto.

(1) The scope, timing and completion of any audit or investigation
conducted by the inspector general shall be within the discretion of the
inspector general. Any audit conducted by the inspector general's office
shall adhere and comply with all provisions of generally accepted
governmental auditing standards promulgated by the United States
government accountability office.

(m) Nothing in this section shall limit investigations by any state
department or agency that may otherwise be required by law or that may
be necessary in carrying out the duties and functions of such agency.

30 (n) No contractor who has been convicted of fraud, waste, abuse or 31 illegal acts or whose actions have caused the state of Kansas to pay fines 32 to or reimburse the federal government more than \$1,000,000 in the 33 medicaid program shall be eligible for any state medicaid contracts 34 subsequent to such conviction unless the Kansas health policy-35 authoritydepartment of health and environment finds that the contractor is 36 the sole source for such contracts, is the least expensive source for the 37 contract, has reimbursed the state of Kansas for all losses caused by the 38 contractor, or the removal of the contractor would create a substantial loss 39 access for medicaid beneficiaries. in which of case the 40 authoritydepartment after a specific finding to this effect may waive the prohibition of this subsection. Nothing in this section shall be construed to 41 42 conflict with federal law, or to require or permit the use of federal funds 43 where prohibited.

57

The Kansas health policy authority department of health and 1 (0) environment, in accordance with K.S.A. 75-4319, and amendments 2 3 thereto, may recess for a closed, executive meeting under the open 4 meetings act, K.S.A. 75-4317 through 75-4320a, and amendments thereto, to discuss with the inspector general any information, records or other 5 6 matters that are involved in any investigation or audit under this section. 7 All information and records of the inspector general that are obtained or 8 received under any investigation or audit under this section shall be 9 confidential, except as required or authorized pursuant to this section.

10 Sec. 50. K.S.A. 2011 Supp. 75-7429 is hereby amended to read as follows: 75-7429. (a) As used in this section, "medical home" means a 11 12 health care delivery model in which a patient establishes an ongoing 13 relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and 14 15 continuous evidence-based primary and preventive care, and to coordinate 16 the patient's health care needs across the health care system in order to 17 improve quality and health outcomes in a cost effective manner.

(b) The Kansas health policy authority established under K.S.A. 2011
 Supp. 75-7401, and amendments thereto, *department of health and environment* shall incorporate the use of the medical home delivery system
 within:

(1) The Kansas program of medical assistance established in
accordance with title XIX of the federal social security act, 42 U.S.C. §
1396 et seq., and amendments thereto;

25 (2) the health benefits program for children established under K.S.A. 26 38-2001 et seq., and amendments thereto, and developed and submitted in 27 accordance with federal guidelines established under title XXI of the 28 federal social security act, section 4901 of public law 105-33, 42 U.S.C. § 29 1397aa et seq., and amendments thereto; and

- 30
- (3) the state mediKan program.

31 (c) The Kansas state employees health care commission established under K.S.A. 75-6502, and amendments thereto, shall incorporate the use 32 33 of a medical home delivery system within the state health care benefits 34 program as provided in K.S.A. 75-6501 through 75-6523, and amendments 35 thereto. Except that compliance with a medical home delivery system shall 36 not be required of program participants receiving treatment in accordance 37 with a religious method of healing pursuant to the provisions of K.S.A. 38 2011 Supp. 75-6501, and amendments thereto.

39 (d) On or before February 1, 2009, the Kansas health policy authority
 40 in conjunction with the department of health and environment and state
 41 stakeholders shall develop systems and standards for the implementation
 42 and administration of a medical home in Kansas.

43 (e) The provisions of this section shall not take effect until July 1,

Sec. 51. K.S.A. 2011 Supp. 75-7430 is hereby amended to read as
 follows: 75-7430. The Kansas health policy authoritysecretary of health
 and environment shall, subject to appropriations, establish and implement
 the following:

6 (a) Dental coverage for pregnant medicaid beneficiaries the cost of 7 which shall not exceed \$545,833;

8 (b) expansion of medicaid eligibility up to 200% of the federal 9 poverty level and smoking cessation programs for pregnant women, the 10 cost of which will be approximately \$460,000 from the state general fund;

11 (c) the statewide community health records program, the cost of 12 which shall not exceed \$383,600.

(d) The provisions of this section shall not take effect until July 1,
 2008.

Sec. 52. K.S.A. 2011 Supp. 75-7433 is hereby amended to read as follows: 75-7433. (a) The Kansas health policy authoritysecretary of *health and environment* is hereby authorized to make grants or no interest loans for the purpose of financing the initial costs associated with the forming and organizing of associations to assist members of the association to obtain access to quality and affordable health care plans. Such grants or loans may be used to pay for actuarial or feasibility studies.

(b) Such grants and loans shall be made upon such terms and conditions as the Kansas health policy authoritysecretary of health and *environment* may deem appropriate, except that: (1) Such loans shall be made interest free and with recourse, and (2) the association shall provide a match for such grant or loan. Such grants and loans shall be made from funds credited to the association assistance plan fund.

28 (c) There is hereby established in the state treasury the association 29 assistance plan fund. The Kansas health policy authority secretary of health and environment shall administer such fund and expenditures from the 30 31 association assistance plan fund for the purpose of providing grants and no 32 interest loans in accordance with this section. All expenditures from the 33 association assistance plan fund shall be made in accordance with 34 appropriation acts upon warrants of the director of accounts and reports 35 issued pursuant to vouchers approved by the Kansas health policy-36 authoritysecretary of health and environment or the designee of the 37 authoritysecretary.

(d) On July 1, 2007, the director of accounts and reports shall transfer
\$500,000 from the state general fund to the association assistance plan
fund.

41 (e) On or before the 10th day of each month, the director of accounts
42 and reports shall transfer from the state general fund to the association
43 assistance plan fund interest earnings based on:

^{1 2008.}

1 (1) The average daily balance of moneys in the association assistance 2 plan fund for the preceding month; and

3 (2) the net earnings rate for the pooled money investment portfolio 4 for the preceding month.

5

(f) For the purpose of this section:

6 (1) "Association" means a small business or an organization of 7 persons having a common interest; and

8 (2) "small business" means any business that employs 50 or less 9 employees.

10 (g) The Kansas health policy authoritysecretary of health and 11 *environment* may adopt rules and regulations to implement the provisions 12 of this section.

(h) Any health care plans offered through any association funded in
whole or in part with grants or loans pursuant to this section shall be
underwritten by an insurance company or health maintenance organization
that holds a valid Kansas certificate of authority as verified by the
commissioner of insurance and any such association shall be subject to the
provisions of K.S.A. 40-2209, 40-2209a through 40-2209p and 40-2222,
and amendments thereto.

20 Sec. 53. K.S.A. 2011 Supp. 75-7435 is hereby amended to read as 21 follows: 75-7435. (a) As used in this section, and amendments thereto, 22 unless the context requires otherwise:

(1) Words and phrases have the meanings respectively ascribedthereto by K.S.A. 39-923, and amendments thereto.

25 (2) "Skilled nursing care facility" means a licensed nursing facility, 26 nursing facility for mental health as defined in K.S.A. 39-923, and 27 amendments thereto, or a hospital long-term care unit licensed by the 28 Kansas department of health and environment, providing skilled nursing 29 care, but shall not include the Kansas soldiers' home or the Kansas 30 veterans' home.

(3) "Licensed bed" means those beds within a skilled nursing carefacility which the facility is licensed to operate.

33

(4) "Authority" means the Kansas health policy authority.

34

(5) "Agent" means the Kansas department on aging.

35 (6)(5) "Continuing care retirement facility" means a facility holding a
 36 certificate of registration issued by the commissioner of insurance pursuant
 37 to K.S.A. 40-2235, and amendments thereto.

(b) (1) Except as otherwise provided in this section and in subsection (f), there is hereby imposed and the authoritysecretary of health and environment shall assess an annual assessment per licensed bed, hereinafter called a quality care assessment, on each skilled nursing care facility. The assessment on all facilities in the aggregate shall be an amount fixed by rules and regulations of the authoritysecretary of health

and environment, shall not exceed \$1,950 annually per licensed bed, shall 1 2 be imposed as an amount per licensed bed and shall be imposed uniformly 3 on all skilled nursing care facilities except that the assessment rate for 4 skilled nursing care facilities that are part of a continuing care retirement 5 facility, small skilled nursing care facilities and high medicaid volume 6 skilled nursing care facilities shall not exceed 1/6 of the actual amount 7 assessed all other skilled nursing care facilities. No rules and regulations 8 of the authority secretary of health and environment shall grant any 9 exception to or exemption from the quality care assessment. The 10 assessment shall be paid quarterly, with one fourth of the annual amount due by the 30th day after the end of the month of each calendar quarter. 11 12 The authority secretary of health and environment is authorized to establish delayed payment schedules for skilled nursing care facilities which are 13 unable to make quarterly payments when due under this section due to 14 financial difficulties, as determined by the authoritysecretary of health and 15 16 environment. The assessment made for years subsequent to the third year 17 from the date the provisions of this section are implemented shall not exceed 60% of the first assessment made under this section. As used in this 18 19 subsection (b)(1), the terms "small skilled nursing care facilities" and 20 "high medicaid volume skilled nursing care facilities" shall have the 21 meanings ascribed thereto by the authority secretary of health and 22 environment by rules and regulations, except that the definition of small 23 skilled nursing care facility shall not be lower than 40 beds.

(2) Beds licensed after July 1 each year shall pay a prorated amount of the applicable annual assessment so that the assessment applies only for the days such new beds are licensed. The proration shall be calculated by multiplying the applicable assessment by the percentage of days the beds are licensed during the year. Any change which reduces the number of licensed beds in a facility shall not result in a refund being issued to the skilled nursing care facility.

31 (3) If an entity conducts, operates or maintains more than one 32 licensed skilled nursing care facility, the entity shall pay the nursing 33 facility assessment for each facility separately. No skilled nursing care 34 facility shall create a separate line-item charge for the purpose of passing 35 through the quality care assessment to residents. No skilled nursing care 36 facility shall be guaranteed, expressly or otherwise, that any additional 37 moneys paid to the facility under this section will equal or exceed the 38 amount of its quality care assessment.

39 (4) The payment of the quality care assessment to the authoritysecretary of health and environment shall be an allowable cost for 41 medicaid reimbursement purposes. A rate adjustment pursuant to 42 paragraph (5) of subsection (d) shall be made effective on the date of 43 imposition of the assessment, to reimburse the portion of this cost imposed 1 on medicaid days.

2 (5) The authoritysecretary of health and environment shall seek a 3 waiver from the United States department of health and human services to 4 allow the state to impose varying levels of assessments on skilled nursing 5 care facilities based on specified criteria. It is the intent of the legislature 6 that the waiver sought by the authoritysecretary of health and environment 7 be structured to minimize the negative fiscal impact on certain classes of 8 skilled nursing care facilities.

9 (c) Each skilled nursing care facility shall prepare and submit to the authoritysecretary of health and environment any additional information 10 required and requested by the authoritysecretary of health and 11 12 environment to implement or administer the provisions of this section. Each skilled nursing care facility shall prepare and submit quarterly to the 13 14 secretary of aging the rate the facility charges to private pay residents, and 15 the secretary shall cause this information to be posted on the web site of 16 the department on aging.

17 (d) (1) There is hereby created in the state treasury the quality care fund, which shall be administered by the authority secretary of health and 18 19 environment. All moneys received for the assessments imposed pursuant to subsection (b), including any penalty assessments imposed thereon 20 21 pursuant to subsection (e), shall be remitted to the state treasurer in 22 accordance with K.S.A. 75-4215, and amendments thereto. Upon receipt 23 of each such remittance, the state treasurer shall deposit the entire amount 24 in the state treasury to the credit of the quality care fund. All expenditures 25 from the quality care fund shall be made in accordance with appropriation 26 acts upon warrants of the director of accounts and reports issued pursuant 27 to vouchers approved by the authority secretary of health and environment 28 or the authority's secretary's agent.

(2) All moneys in the quality care fund shall be used to finance 29 30 initiatives to maintain or improve the quantity and quality of skilled 31 nursing care in skilled nursing care facilities in Kansas. No moneys 32 credited to the quality care fund shall be transferred to or otherwise revert 33 to the state general fund at any time. Notwithstanding the provisions of 34 any other law to the contrary, if any moneys credited to the quality care 35 fund are transferred or otherwise revert to the state general fund, 30 days 36 following the transfer or reversion the quality care assessment shall 37 terminate and the authoritysecretary of health and environment shall 38 discontinue the imposition, assessment and collection of the assessment. 39 Upon termination of the assessment, all collected assessment revenues, 40 including the moneys inappropriately transferred or reverting to the state 41 general fund, less any amounts expended by the authority secretary of 42 health and environment, shall be returned on a pro rata basis to skilled 43 nursing care facilities that paid the assessment.

1 (3) Any moneys received by the state of Kansas from the federal 2 government as a result of federal financial participation in the state medicaid program that are derived from the quality care assessment shall 3 4 be deposited in the quality care fund and used to finance actions to 5 maintain or increase healthcare in skilled nursing care facilities.

6 (4) Moneys in the fund shall be used exclusively for the following 7 purposes:

8 (A) To pay administrative expenses incurred bv the 9 authoritysecretary of health and environment or the agent in performing the activities authorized by this section, except that such expenses shall not 10 exceed a total of 1% of the aggregate assessment funds collected pursuant 11 to subsection (b) for the prior fiscal year; 12

(B) to increase nursing facility payments to fund covered services to 13 14 medicaid beneficiaries within medicare upper payment limits, as may be 15 negotiated;

16 (C) to reimburse the medicaid share of the quality care assessment as 17 a pass-through medicaid allowable cost;

(D) to restore the medicaid rate reductions implemented January 1, 18 19 2010:

20 (E) to restore funding for fiscal year 2010, including rebasing and 21 inflation to be applied to rates in fiscal year 2011;

22 (F) the remaining amount, if any, shall be expended first to increase 23 the direct health care costs center limitation up to 150% of the case mix adjusted median, and then, if there are remaining amounts, for other 24 25 quality care enhancement of skilled nursing care facilities as approved by the quality care improvement panel but shall not be used directly or 26 27 indirectly to replace existing state expenditures for payments to skilled 28 nursing care facilities for providing services pursuant to the state medicaid 29 program.

30 (5) Any moneys received by a skilled nursing care facility from the 31 quality care fund shall not be expended by any skilled nursing care facility 32 to provide for bonuses or profit-sharing for any officer, employee or parent 33 corporation but may be used to pay to employees who are providing direct 34 care to a resident of such facility.

35 (6) Adjustment payments may be paid quarterly or within the daily medicaid rate to reimburse covered medicaid expenditures in the aggregate 36 37 within the upper payment limits.

38 (7) On or before the 10th day of each month, the director of accounts 39 and reports shall transfer from the state general fund to the quality care 40 fund interest earnings based on:

41 (A) The average daily balance of moneys in the quality care fund for 42 the preceding month; and

43 (B) the net earnings rate of the pooled money investment portfolio for

1 the preceding month.

2 (e) If a skilled nursing care facility fails to pay the full amount of the 3 quality care assessment imposed pursuant to subsection (b), when due and 4 payable, including any extensions of time granted under that subsection, 5 the authority secretary of health and environment shall assess a penalty in 6 the amount of the lesser of \$500 per day or 2% of the quality care 7 assessment owed for each day the assessment is delinquent. The 8 authority secretary of health and environment is authorized to establish 9 delayed payment schedules for skilled nursing care facilities that are 10 unable to make installment payments when due under this section because of financial difficulties, as determined by the authoritysecretary of health 11 12 and environment.

(f) (1) The authoritysecretary of health and environment shall assess
and collect quality care assessments imposed pursuant to subsection (b),
including any penalty assessments imposed thereon pursuant to subsection
(e), from skilled nursing care facilities on and after July 1, 2010, except
that no assessments or penalties shall be assessed under subsections (a)
through (h) until:

(A) An amendment to the state plan for medicaid, which increases the rates of payments made to skilled nursing care facilities for providing services pursuant to the federal medicaid program and which is proposed for approval for purposes of subsections (a) through (h) is approved by the federal government in which case the initial assessment is due no earlier than 60 days after state plan approval; and

(B) the skilled nursing care facilities have been compensated
retroactively within 60 days after state plan approval at the increased rate
for services provided pursuant to the federal medicaid program for the
period commencing on and after July 1, 2010.

(2) The authoritysecretary of health and environment shall implement and administer the provisions of subsections (a) through (h) in a manner consistent with applicable federal medicaid laws and regulations. The authoritysecretary of health and environment shall seek any necessary approvals by the federal government that are required for the implementation of subsections (a) through (h).

35 (3) The provisions of subsections (a) through (h) shall be null and 36 void and shall have no force and effect if one of the following occur:

(A) The medicaid plan amendment, which increases the rates of
payments made to skilled nursing care facilities for providing services
pursuant to the federal medicaid program and which is proposed for
approval for purposes of subsections (a) through (h) is not approved by the
federal centers for medicare and medicaid services;

42 (B) the rates of payments made to skilled nursing care facilities for 43 providing services pursuant to the federal medicaid program are reduced 1 below the rates calculated on December 31, 2009, increased by revenues in

the quality care fund and matched by federal financial participation and
rebasing as provided for in K.S.A. 2011 Supp. 75-5958, and amendments
thereto;

5 (C) any funds are utilized to supplant funding for skilled nursing care 6 facilities as required by subsection (g);

7 (D) any funds are diverted from those purposes set forth in subsection 8 (d)(4); or

9 (E) upon the governor signing, or allowing to become law without 10 signature, legislation which by proviso or otherwise directs any funds from 11 those purposes set forth in subsection (d)(4) or which would propose to 12 suspend the operation of this section.

(g) On and after July 1, 2010, reimbursement rates for skilled nursing
care facilities shall be restored to those in effect during December 2009.
No funds generated by the assessments or federal funds generated
therefrom shall be utilized for such restoration, but such funds may be
used to restore the rate reduction in effect from January 1, 2010, to June
30, 2010.

19 (h) Rates of reimbursement shall not be limited by private pay 20 charges.

(i) If the provisions of subsections (a) through (h) are repealed, expire
or become null and void and have no further force and effect, all moneys
in the quality care fund which were paid under the provisions of
subsections (a) through (h) shall be returned to the skilled nursing care
facilities which paid such moneys on the basis on which such payments
were assessed and paid pursuant to subsections (a) through (h).

(j) The authoritydepartment of health and environment may adopt
 rules and regulations necessary to implement the provisions of this section.

29 (k) For purposes of administering and selecting the reimbursements 30 of moneys in the quality care assessment fund, the quality care 31 improvement panel is hereby established. The panel shall consist of the 32 following members: Two persons appointed by Kansas homes and services 33 for the aging; two persons appointed by the Kansas health care association; 34 one person appointed by Kansas advocates for better care; one person 35 appointed by the Kansas hospital association; one person appointed by the 36 governor who is a member of the Kansas adult care executives association; 37 one person appointed by the governor who is a skilled nursing care facility 38 resident or the family member of such a resident; one person appointed by 39 the Kansas foundation for medical care; one person appointed by the 40 governor from the department on aging; and one person appointed by the 41 governor from the Kansas health policy authority department of health and 42 environment. The person appointed by the governor from the department 43 on aging and the person appointed by the governor from the Kansas health 1 policy authority department of health and environment shall be nonvoting

2 members of the panel. The panel shall meet as soon as possible subsequent 3 to the effective date of this act and shall elect a chairperson from among 4 the members appointed by the trade organizations specified in this 5 subsection. The members of the quality care improvement panel shall 6 serve without compensation or expenses. The quality care improvement 7 panel shall report annually on or before January 10 to the joint committee 8 on health policy oversight and the legislature concerning the activities of the panel during the preceding calendar year and any recommendations 9 which the panel may have concerning the administration of and 10 expenditures from the quality care assessment fund. 11

(1) The authority department of health and environment shall certify to
 the director of the budget of the department of administration the date
 upon which the provisions of this section are implemented. The provisions
 of this section shall expire four years subsequent to the implementation of
 this section.

17 Sec. 54. K.S.A. 2011 Supp. 75-7436 is hereby amended to read as 18 follows: 75-7436. (a) As used in this section, unless the context requires 19 otherwise:

20

(1) "Authority" means the Kansas health policy authority.

21 (2) "Developmental disability" is as defined in K.S.A. 39-1803, and 22 amendments thereto, under the Kansas developmental disabilities reform 23 act.

(3) (2) "Entity" means individual, corporation, partnership, limited
 liability company, joint venture or other legal entity.

(4) (3) "Gross revenues" means the revenues received by waiver 26 27 providers for furnishing services to individuals with developmental 28 disabilities who qualify for the waiver program with eligibility criteria and scope of services not less than those in effect as of January 1, 2011; the 29 30 revenues received by waiver providers from or on behalf of individuals 31 with developmental disabilities who qualify for the waiver program but for 32 whom the services defined under the waiver program are not reimbursed 33 through such waiver; and, the revenues received by waiver providers from 34 or on behalf of individuals with developmental disabilities who do not 35 qualify for the waiver program but for whom receive the same services 36 offered under such waiver. Gross revenues does not include revenues 37 received for services to individuals with developmental disabilities funded 38 exclusively by state or local governments, or any revenues received for 39 furnishing services to individuals who are not developmentally disabled, 40 or charitable donations.

41 (5) (4) "Quality based community feeassessment fund" means a 42 segregated account within the state treasury for which moneys are 43 collected in accordance with the provisions of this act from developmental 1 disability home and community-based waiver service providers.

2 (6) (5) "Waiver program" means a developmental disability home and
3 community-based services waiver program authorized under the social
4 security act, 42 U.S.C. § 1915, for persons with a developmental disability.

5 (7) (6) "Waiver provider" means an entity that participates in the 6 Kansas developmental disability home and community-based waiver 7 program and that provides services to a person with a developmental 8 disability, regardless of whether such person qualifies under the waiver 9 program.

(8) (7) "Waiver provider assessment" means an assessment imposed
 on all waiver providers at the maximum rate allowable by federal law on
 the gross revenues applicable to services provided to persons with
 developmental disabilities.

14 (b) (1) Except as otherwise provided in this section, the authoritysecretary of health and environment shall impose an annual 15 16 assessment, hereinafter called a waiver provider assessment, on each 17 waiver provider at the maximum rate allowable by federal law, on the 18 gross revenues the waiver provider received from providing services to 19 individuals with developmental disabilities during the fiscal year 20 beginning with the effective date of the assessment. The waiver provider 21 assessment shall be imposed as follows:

(A) Withheld on a claim-by-claim basis from each waiver provider's
 uniform percentage increased HCBS MR/DD medicaid waiver payment
 rates beginning with the effective date of this section; and,

25 (B) paid on a quarterly basis by waiver providers based on the preceding fiscal revenues received by waiver providers from or on behalf 26 27 of individuals with developmental disabilities who qualify for the waiver 28 program but for whom the services defined under the waiver program are 29 not reimbursed through such waiver; and, the revenues received by waiver providers from or on behalf of individuals with developmental disabilities 30 31 who do not qualify for the waiver program but for whom receive the same 32 services offered under such waiver.

33 (2) The waiver provider assessment will become effective beginning34 with the first full month after:

(A) The federal centers for medicare and medicaid services (CMS)
authorizes developmental disability home and community-based services
as a permissible class of health care services on which states may impose a
health care-related assessment without penalty; and

(B) the CMS has approved any and all amendments necessary to
authorize the uniform percentage rate increases to the medicaid payment
rates under Kansas developmental disability home and community-based
waiver program.

43

(3) The duration of the waiver provider assessment shall be all or a

1 portion of the first state fiscal year in which the waiver provider 2 assessment is effective and the subsequent four full state fiscal years.

3 (4) The moneys collected under the provisions of this section shall be 4 used solely as the nonfederal share of uniform percentage increases to the 5 medicaid payment rates for developmental disability home and 6 community-based services waiver providers.

7 (5) The waiver provider assessment will be offset on a per claim basis 8 against each waiver provider's home and community-based services 9 MR/DD medicaid waiver payments in an amount equal to the maximum 10 rate allowable by federal law beginning with the effective date of this section. For gross revenues received by waiver providers from or on behalf 11 12 of individuals with developmental disabilities who qualify for the waiver 13 program but for whom the services defined under the waiver program are 14 not reimbursed through such waiver, and the revenues received by waiver providers from or on behalf of individuals with developmental disabilities 15 16 who do not qualify for the waiver program but for whom receive the same 17 services offered under such waiver, the maximum rate allowable by federal 18 law will be applied to the annual revenues received for such services for 19 the waiver providers' preceding fiscal year.

(6) The authoritysecretary of health and environment shall collect any and all assessment pursuant to the provisions of this section. The authoritysecretary of health and environment shall adopt administrative rules and regulations necessary to implement and enforce the provisions of this section within 30 days of the CMS authorization. No rules and regulations of the authoritysecretary of health and environment shall grant any exception to or exemption from the waiver provider assessment.

(7) If a waiver provider fails to pay the full amount of the waiver
provider assessment imposed pursuant to this subsection when due and
payable, including any extensions of time granted, the authoritysecretary
of health and environment shall impose a penalty in the amount of the
lesser of \$500 per day or 2% of the assessment owed for the current fiscal
year.

33 (c) (1) There is hereby created in the state treasury the quality based 34 community assessment fund, which shall be administered by the 35 authoritysecretary of health and environment. All moneys received or 36 withheld for the assessment imposed pursuant to subsection (b) shall be 37 remitted to the state treasurer in accordance with K.S.A. 75-4215, and 38 amendments thereto. Upon receipt of each such remittance the state 39 treasurer shall deposit the entire amount in the state treasury to the credit 40 of the quality based community assessment fund. All expenditures from 41 the quality based community assessment fund shall be made in accordance 42 with appropriation acts upon warrants of the director of accounts and 43 reports issued pursuant to vouchers approved by the authoritysecretary of 1 *health and environment* or the authority'ssecretary's designee.

2 (2) The quality based community assessment fund shall be a no limit3 fund and shall consist of:

4 (A) The assessments collected by the *authoritysecretary of health and* 5 *environment* under this section;

6 (B) any interest and penalties levied with the administration of this 7 section; and,

8 (C) any other funds received as donations for the quality based 9 community assessment fund and appropriations from other sources.

All moneys in the quality based community assessment fund shall be 10 used solely as the nonfederal share of uniform percentage increases to the 11 medicaid payment rates for waiver providers in order to maintain the 12 quality of services provided to individuals qualifying under Kansas 13 developmental disability waiver program. The fund will reimburse 14 15 administrative expenses incurred by the authoritydepartment of health and 16 environment or its agent in performing the activities authorized by this 17 section, except that such expenses shall not exceed a total of .5% of the aggregate assessment fees collected during the first fiscal year in which the 18 19 assessment becomes effective for purposes of start-up costs. The fund shall 20 reimburse the authority department of health and environment or its agent 21 in the amount of \$100,000 each year thereafter to administer the 22 assessment program.

23 (3) No moneys credited to the fund shall be transferred to or 24 otherwise revert to the state general fund at any time. Notwithstanding the 25 provisions of any other law to the contrary, if any moneys credited to the quality based community assessment fund are transferred or otherwise 26 revert to the state general fund, 30 days following the transfer or reversion, 27 28 the waiver provider assessment shall terminate and the authority secretary 29 of health and environment shall discontinue the imposition, assessment 30 and collection of the assessment. Upon termination of the assessment, any 31 collected assessment revenues, including any moneys transferred or 32 otherwise reverting to the state general fund which resulted in the 33 termination of the assessment, less any administrative expenses incurred 34 by the authority department of health and environment under paragraph (2), 35 shall be returned on a pro rata basis to waiver providers who paid the 36 assessment

(4) On or before the 10th day of each month, beginning with the first
full month following the effective date of the waiver provider assessment,
the director of accounts and reports shall transfer from the state general
fund to the quality based community assessment fund, interest earnings
based on:

42 (A) The average daily balance of moneys in the fund for the 43 preceding month; and 1 (B) the net earnings rate of the pooled money investment portfolio for 2 the preceding month.

3 (d) Any moneys received by the state of Kansas from the federal 4 government as a result of federal financial participation in the state's 5 developmental disability waiver program that are derived from the waiver 6 provider assessment shall be used to maintain the quality of services 7 provided by the waiver program.

8 (e) No moneys collected under the provisions of this section shall be 9 used directly or indirectly to replace or supplant existing state expenditures 10 for payments to waiver providers for services furnished to individuals with 11 developmental disabilities.

12 (f) (1) The waiver provider assessment and associated uniform 13 percentage increases for all waiver provider medicaid payment rates shall 14 become effective on the first day of the first full month after which the 15 CMS has adopted rules that recognize the waiver provider assessment as a 16 permissible class of health care services on which states may impose such 17 an assessment:

(A) Upon the approval from the CMS of any and all amendments to
the medicaid state plan, medicaid developmental disability waiver
program, or both, necessary to increase the rates of payments made to the
waiver providers for providing services pursuant to the waiver program;
and,

(B) the waiver providers have been compensated at the uniform
percentage increased medicaid payment rates for services provided
pursuant to the developmental disability waiver program for the period
commencing on and after the authorization of the waiver provider
assessment by the CMS.

28 (2) The authoritysecretary of health and environment shall implement 29 and administer the provisions of subsections (a) through (e) in a manner 30 consistent with applicable federal laws and regulations. The 31 authoritysecretary of health and environment shall seek any necessary 32 approvals of the federal government that are required for the 33 implementation of subsections (a) through (e).

(3) The provisions of subsections (a) through (e) shall be null andvoid and shall have no force and effect if either of the following occurs:

36 (A) The medicaid state plan amendment or an amendment to the 37 medicaid waiver program, or both, as applicable, that would otherwise 38 authorize the uniform percentage increases to the medicaid rates of 39 payment made to waiver providers for providing services pursuant to the 40 developmental disability waiver programs and which is proposed for 41 approval for purposes of subsections (a) through (e) is not approved by the 42 CMS;

43 (B) the medicaid payment rates made to waiver providers for

1 providing services pursuant to the developmental disability waiver 2 program are reduced below the rates calculated on the day immediately 3 preceding the effective date of this section, increased by revenues in the 4 quality based community assessment fund and matched by federal 5 financial participation. Nothing in this provision should be construed to 6 preclude additional increases to the medicaid payment rates to waiver 7 providers funded through state general fund appropriation;

8 (C) the medicaid eligibility criteria applicable to individuals 9 qualifying under the Kansas developmental disability waiver program are 10 reduced below the criteria in effect on the day immediately preceding the 11 effective date of this section; or

12 (D) the medicaid services available to individuals qualifying under 13 the Kansas developmental disability waiver program are reduced below 14 the services available on the day immediately preceding the effective date 15 of this section.

16 (g) If the provisions of subsections (a) through (e) are repealed, 17 expire or become null and void and have no further force and effect, all 18 moneys in the quality based community assessment fund which were paid 19 under the provisions of subsections (a) through (e) shall be returned to the 20 waiver provider which paid such moneys on the basis on which such 21 payments were assessed and paid pursuant to subsections (a) through (e).

(h) The provisions of this section shall expire five years subsequent tothe implementation of this section.

24 Sec. 55. K.S.A. 2011 Supp. 77-421 is hereby amended to read as 25 follows: 77-421. (a) (1) Except as provided by subsection (a)(2), subsection (a)(3) or subsection (a)(4), prior to the adoption of any 26 27 permanent rule and regulation or any temporary rule and regulation which 28 is required to be adopted as a temporary rule and regulation in order to 29 comply with the requirements of the statute authorizing the same and after 30 any such rule and regulation has been approved by the secretary of 31 administration and the attorney general, the adopting state agency shall 32 give at least 60 days' notice of its intended action in the Kansas register 33 and to the secretary of state and to the joint committee on administrative 34 rules and regulations established by K.S.A. 77-436, and amendments 35 thereto. The notice shall be provided to the secretary of state and to the 36 chairperson, vice chairperson, ranking minority member of the joint 37 committee and legislative research department and shall be published in 38 the Kansas register. A complete copy of all proposed rules and regulations 39 and the complete economic impact statement required by K.S.A. 77-416, 40 and amendments thereto, shall accompany the notice sent to the secretary 41 of state. The notice shall contain:

42 (A) A summary of the substance of the proposed rules and 43 regulations; 1 (B) a summary of the economic impact statement indicating the 2 estimated economic impact on governmental agencies or units, persons 3 subject to the proposed rules and regulations and the general public;

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(C) a summary of the environmental benefit statement, if applicable, indicating the need for the proposed rules and regulations;

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6 (D) the address where a complete copy of the proposed rules and 7 regulations, the complete economic impact statement, the environmental 8 benefit statement, if applicable, required by K.S.A. 77-416, and 9 amendments thereto, may be obtained;

10 (E) the time and place of the public hearing to be held; the manner in 11 which interested parties may present their views; and

12 (F) a specific statement that the period of 60 days' notice constitutes a 13 public comment period for the purpose of receiving written public 14 comments on the proposed rules and regulations and the address where 15 such comments may be submitted to the state agency. Publication of such 16 notice in the Kansas register shall constitute notice to all parties affected 17 by the rules and regulations.

18 (2) Prior to adopting any rule and regulation which establishes 19 seasons and fixes bag, creel, possession, size or length limits for the taking 20 or possession of wildlife and after such rule and regulation has been 21 approved by the secretary of administration and the attorney general, the 22 secretary of the department of wildlife and parks shall give at least 30 23 days' notice of its intended action in the Kansas register and to the 24 secretary of state and to the joint committee on administrative rules and 25 regulations created pursuant to K.S.A. 77-436, and amendments thereto. All other provisions of subsection (a)(1) shall apply to such rules and 26 27 regulations, except that the statement required by subsection (a)(1)(E)28 shall state that the period of 30 days' notice constitutes a public comment 29 period on such rules and regulations.

30 (3) Prior to adopting any rule and regulation which establishes any 31 permanent prior authorization on a prescription-only drug pursuant to 32 K.S.A. 39-7,120, and amendments thereto, or which concerns coverage or 33 reimbursement for pharmaceuticals under the pharmacy program of the 34 state medicaid plan, and after such rule and regulation has been approved 35 by the secretary of administration and the attorney general, the Kansas-36 health policy authoritysecretary of health and environment shall give at 37 least 30 days' notice of its intended action in the Kansas register and to the 38 secretary of state and to the joint committee on administrative rules and 39 regulations created pursuant to K.S.A. 77-436, and amendments thereto. 40 All other provisions of subsection (a)(1) shall apply to such rules and 41 regulations, except that the statement required by subsection (a)(1)(E)42 shall state that the period of 30 days' notice constitutes a public comment 43 period on such rules and regulations.

1 (4) Prior to adopting any rule and regulation pursuant to subsection 2 (c), the state agency shall give at least 30 days' notice of its intended action in the Kansas register and to the secretary of state and to the joint 3 4 committee on administrative rules and regulations created pursuant to 5 K.S.A. 77-436, and amendments thereto. All other provisions of 6 subsection (a)(1) shall apply to such rules and regulations, except that the 7 statement required by subsection (a)(1)(E) shall state that the period of 8 notice constitutes a public comment period on such rules and regulations.

9 (b) (1) On the date of the hearing, all interested parties shall be given 10 reasonable opportunity to present their views or arguments on adoption of 11 the rule and regulation, either orally or in writing. At the time it adopts or 12 amends a rule and regulation, the state agency shall prepare a concise 13 statement of the principal reasons for adopting the rule and regulation or 14 amendment thereto, including:

(A) The agency's reasons for not accepting substantial argumentsmade in testimony and comments; and

17 (B) the reasons for any substantial change between the text of the 18 proposed adopted or amended rule and regulation contained in the 19 published notice of the proposed adoption or amendment of the rule and 20 regulation and the text of the rule and regulation as finally adopted.

(2) Whenever a state agency is required by any other statute to give notice and hold a hearing before adopting, amending, reviving or revoking a rule and regulation, the state agency, in lieu of following the requirements or statutory procedure set out in such other law, may give notice and hold hearings on proposed rules and regulations in the manner prescribed by this section.

(3) Notwithstanding the other provisions of this section, the Kansas
parole board and the secretary of corrections, may give notice or an
opportunity to be heard to any inmate in the custody of the secretary of
corrections with regard to the adoption of any rule and regulation, but the
secretary shall not be required to give such notice or opportunity.

(c) (1) The agency shall initiate new rulemaking proceedings under
 this act, if a state agency proposes to adopt a final rule and regulation that:

34 (A) Differs in subject matter or effect in any material respect from the35 rule and regulation as originally proposed; and

(B) is not a logical outgrowth of the rule and regulation as originallyproposed.

(2) In accordance with subsection (a), the period for public comment
 required by K.S.A. 77-421, and amendments thereto, may be shortened to
 not less than 30 days.

41 (3) For the purposes of this provision, a rule and regulation is not the
42 logical outgrowth of the rule and regulation as originally proposed if a
43 person affected by the final rule and regulation was not put on notice that

1 such person's interests were affected in the rulemaking.

2 (d) When, pursuant to this or any other statute, a state agency holds a hearing on the adoption of a proposed rule and regulation, the agency shall 3 cause written minutes or other records, including a record maintained on 4 5 sound recording tape or on any electronically accessed media or any 6 combination of written or electronically accessed media records of the 7 hearing to be made. If the proposed rule and regulation is adopted and 8 becomes effective, the state agency shall maintain, for not less than three 9 years after its effective date, such minutes or other records, together with any recording, transcript or other record made of the hearing and a list of 10 11 all persons who appeared at the hearing and who they represented, any written testimony presented at the hearing and any written comments 12 submitted during the public comment period. 13

(e) No rule and regulation shall be adopted by a board, commission,
authority or other similar body except at a meeting which is open to the
public and notwithstanding any other provision of law to the contrary, no
rule and regulation shall be adopted by a board, commission, authority or
other similar body unless it receives approval by roll call vote of a
majority of the total membership thereof.

20 Sec. 56. K.S.A. 2011 Supp. 65-6208 is hereby amended to read as 21 follows: 65-6208. (a) Subject to the provisions of K.S.A. 2011 Supp. 65-22 6209, and amendments thereto, an annual assessment on inpatient 23 services is imposed on each hospital provider in an amount equal to 1.83% of each hospital's net inpatient operating revenue for the 24 hospital's fiscal year 2001 2010. In the event that a hospital does not 25 have a complete twelve-month 2001 2010 fiscal year, the assessment 26 27 under this section shall be \$200,000 until such date that such hospital 28 has completed the hospital's first twelve-month fiscal year. Upon completing such first twelve-month fiscal year, such hospital's 29 30 assessment under this section shall be the amount equal to 1.83% of 31 such hospital's net operating revenue for such first completed twelve-32 month fiscal year.

(b) Nothing in this act shall be construed to authorize any home
rule unit or other unit of local government to license for revenue or
impose a tax or assessment upon hospital providers or a tax or
assessment measured by the income or earnings of a hospital provider.

Sec. <u>56.</u>57. K.S.A. 22-4612 2-224a, 38-2001, 38-2006, 39-760, 39-780, 39-7116, 39-7,118, 39-7,119, 39-7,120, 39-7,121, 39-7,121a, 39-7,121d, 39-7,121e, 39-7,159, 39-968, 40-2134, 40-2136, 40-2251, 40-2252, 40-4702, 40-4706, 46-3501, 65-435a, 65-1685, 65-6208, 65-6801, 65-6803, 65-6804, 65-6805, 65-6806, 65-6807, 65-6809, 65-7405, 75-37,121, 75-5601, 75-6102, 75-7403, 75-7404, 75-7405, 75-7408, 75-7409, 75-7410, 75-7411, 75-7412, 75-7413, 75-7423, 75-7424, 75-7425, 75-7426, 75-7427,

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1 75-7429, 75-7430, 75-7433, 75-7435, 75-7436 and 77-421 are hereby 2 repealed.

3 Sec. <u>57.</u> 58. This act shall take effect and be in force from and after 4 its publication in the statute book.

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