Summary of Legislation 2018

This document contains a summary of legislation relevant to the policy priorities and professional practice of the Kansas Academy of Family Physicians. Included are bills passed by the Legislature and some that did not advance in 2018.

KANSAS ACADEMY OF FAMILY PHYSICIANS
CARING FOR KANSANS

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Legislation Passed

SB 109 – State Appropriations; Selected Health Care Priorities; Graduate Medical Education

SB 109 contains appropriations from the State Budget, primarily for fiscal years (FY) 2018 and 2019. Following are selected items contained in the final legislation that relate to health care, health care delivery and other KAFP priorities:

- **Tobacco Cessation, FY 2019 –** Adds $350,000 SGF (state funding) for Medicaid tobacco cessation treatment policy changes (related to provisions of SB 436, which did not pass Legislature)
- **Graduate Medical Education, FY 2018 & FY 2019 –** Adds $3 million SGF for the Medicaid regular medical program for the teaching hospitals associated with the Wichita Center for Graduate Medical Education (WCGME) in FY 2018. Adds $4.3 SGF, of which $3 million SGF is for the first half of the fiscal years for the teaching hospitals associated with WCGME and the remaining $1.3 million SGF for increased GME funding to hospitals currently receiving GME, resulting in a federal match of $1.7 million
- **Substantial Changes to KanCare (Medicaid) Program** – Prohibits any state agency from making any substantial changes to the KanCare capitated managed care delivery system, as provided on January 1, 2018. These include, but are not limited to, imposing any new eligibility requirements or limitations to receive health care services, *without expressed prior authorization by the Legislature.*

HB 2028 – The Kansas Telemedicine Act

HB 2028 establishes the Kansas Telemedicine Act (Act). The bill also provides for coverage of speech-language pathologist and audiologist services *via* telehealth under the Kansas Medical Assistance Program (KMAP), if such services are covered under KMAP when delivered *via* in-person contact.

Definitions

The bill establishes definitions for the following terms under the Act:

- "Distant site" means a site at which a healthcare provider is located while providing healthcare services by means of telemedicine;
- "Healthcare provider" means a physician, licensed physician assistant, licensed advanced practice registered nurse, or a person licensed, registered, certified, or otherwise authorized to practice by the Behavioral Sciences Regulatory Board (BSRB);
- "Originating site" means a site at which a patient is located at the time healthcare services are provided by means of telemedicine;
- "Physician" means a person licensed to practice medicine and surgery by the Board of Healing Arts (BOHA); and
- "Telemedicine," including "telehealth" means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine is to be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-

forward technology, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient's healthcare. The term does not include communication between healthcare providers consisting solely of a telephone voice-only conversation, e-mail, or facsimile transmission, or between a physician and a patient consisting solely of an e-mail or facsimile transmission.

Privacy and Confidentiality, Establishment of a Provider-Patient Relationship, Standards of Practice, and Follow-up

Requirements for Patient Privacy

The bill specifies the same requirements for patient privacy and confidentiality under the Health Insurance Portability and Accountability Act of 1996 and 42 CFR § 2.13 (related to confidentiality restrictions and safeguards), as applicable, applying to healthcare services delivered *via* in-person visits also apply to healthcare visits delivered *via* telemedicine. Nothing in this section supersedes the provisions of any state law relating to the confidentiality, privacy, security, or privileged status of protected health information.

Establishment of the Provider-Patient Relationship

The bill authorizes telemedicine to be used to establish a valid provider-patient relationship.

Standards of Practice

The bill requires the same standards of practice and conduct that apply to healthcare services delivered *via* in-person visits apply to healthcare services delivered *via* telemedicine.

Follow-up Care

The bill requires a person authorized by law to provide and who provides telemedicine services to a patient to provide the patient with guidance on appropriate follow-up care.

Reporting of Services

If the patient consents and has a primary care or other treating physician, the person providing telemedicine services is required to send a report to the primary care or other treating physician of the treatment and services rendered to the patient within three business days of the telemedicine encounter. A person licensed, registered, certified, or otherwise authorized to practice by the BSRB is not required to comply with this reporting requirement.

Application to Policies, Contracts, and KMAP

Issued for Delivery, Amended, or Renewed On or After January 1, 2019

The provisions of this section apply to any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization that provides coverage for accident and health services delivered, issued for delivery, amended, or renewed on or after January 1, 2019. The Act also applies to KMAP.

Prohibitions

The bill prohibits the aforementioned policies, plans, contracts, and KMAP from excluding an otherwise covered healthcare service from coverage solely because the service is provided through telemedicine rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider. The bill also prohibits such groups from requiring a covered individual to use telemedicine or in lieu of receiving in-person healthcare service or consultation from an in- network provider.

Medically Necessary Coverage

These groups shall not be prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan.

Medical Record

The insured's medical record serves to satisfy all documentation for the reimbursement of all telemedicine healthcare services, and no additional documentation outside the medical record is required.

Payment or Reimbursement

The bill authorizes an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation, or health maintenance organization to establish payment or reimbursement of covered healthcare services delivered through telemedicine in the same manner as payment or reimbursement for covered services delivered *via* in-person contact.

No Mandate of Coverage

The bill does not mandate coverage for a healthcare service delivered *via* telemedicine, if such service is not already a covered service when delivered by a healthcare provider, and subject to the terms and conditions of the covered individual's health benefits plan.

Rules and Regulations

Board of Healing Arts (BOHA)

The bill requires the BOHA, following consultation with the State Board of Pharmacy and the Board of Nursing, to adopt rules and regulations by December 31, 2018, relating to the prescribing of drugs, including controlled substances, *via* telemedicine.

Additionally, the BOHA is required to adopt rules and regulations necessary to effectuate provisions of the Act by December 31, 2018.

Behavioral Sciences Regulatory Board (BSRB)

The BSRB is required to adopt rules and regulations as necessary to effectuate provisions of the Act by December 31, 2018.

Prohibition on Delivery of Abortion Procedures via Telemedicine [New Section 6]

The bill states nothing in the Act is construed to authorize the delivery of any abortion procedure *via* telemedicine.

Severability and Non-Severability Clauses [New Section 7]

The bill states if any provision of the Act, or the application thereof to any person or circumstance, is held invalid or unconstitutional by court order, the remainder of the Act and application of such provision is not affected. Additionally, it is conclusively presumed the Legislature would have enacted the remainder of the Act without the invalid or unconstitutional provision. Further, the provision of the bill related to abortion is expressly declared to be non- severable. If the abortion language is held invalid or unconstitutional by court order, the entire Act is affected.

Coverage of Speech-Language Pathology and Audiology Services

Coverage Requirement under KMAP

On and after January 1, 2019, the Kansas Department of Health and Environment (KDHE) and any managed care organization providing state Medicaid services under KMAP is required to provide coverage for speech-language pathology services and audiology services by means of telehealth, as defined in the Act, when provided by a licensed speech-language pathologist or audiologist licensed by the Kansas Department for Aging and Disability Services if such services are covered by KMAP when delivered *via* in-person contact.

Implementation and Administration by KDHE

KDHE is required to implement and administer this section consistent with applicable federal laws and regulations. KDHE is required to submit to the Centers for Medicare and Medicaid Services any state Medicaid plan amendment, waiver request, or other approval request necessary to implement this section.

Rules and Regulations

KDHE is required to adopt rules and regulations necessary to implement and administer this section by December 31, 2018.

Impact Report

On or before January 13, 2020, KDHE is required to prepare an impact report that assesses the social and financial effects of the coverage mandated under this section for speech-language pathology and audiology services, including the impacts listed in KSA 40- 2249(a) and (b) relating to social and financial impacts of mandated health benefits. KDHE is required to submit such report to the Legislature, the House Committee on Health and Human Services, the House Committee on Insurance, the Senate Committee on Public Health and Welfare, and the Senate Committee on Financial Institutions and Insurance.

Application of the Act to Insurance Policies

The bill specifies the requirements of the Act apply to all insurance policies, subscriber contracts, or certificates of insurance delivered, renewed, or issued for delivery within or outside of Kansas, or used within the state by or for an individual who resides or is employed in the state.

Corporations Under the Nonprofit Medical and Hospital Service Corporation Act

The bill specifies corporations organized under the Nonprofit Medical and Hospital Service Corporation Act are subject to the provisions of the Act.

Effective Dates

The bill takes effect upon publication in the statute book, with most provisions effective by January 1, 2019.

HB 2600 – Maternal Deaths and Palliative Care

HB 2600 provides for the study and investigation of maternal deaths by the Secretary of Health and Environment (Secretary), and creates the Palliative Care and Quality of Life Interdisciplinary Advisory Council (Council) and the State Palliative Care Consumer and Professional Information and Education Program (Program) within the Kansas Department of Health and Environment (KDHE).

Study and Investigation of Maternal Deaths

The bill provides for the study and investigation of maternal deaths by the Secretary; defines "maternal death"; provides for access to records related to maternal death and addresses the confidentiality of those records; and establishes a July 1, 2023, expiration date for provisions addressing confidentiality of the records, unless the provisions are reenacted by the Legislature prior to their expiration. The Legislature is required to review the confidentiality provisions prior to the expiration date established in the bill. Additionally, the bill requires reports of aggregate non-individually identifiable data to be compiled on a routine basis for distribution to further study the causes and problems associated with maternal death.

Definition of "Maternal Death"

"Maternal death" means the death of any woman from any cause while pregnant or within one calendar year of the end of any pregnancy, regardless of the duration of the pregnancy or the site of the end of the pregnancy.

Access to Records by the Secretary

The bill requires the Secretary to have access to all law enforcement investigative information regarding a maternal death in Kansas, any autopsy records and coroner's investigative records relating to the death, any medical records of the mother, and any records of the Kansas Department for Children and Families or any other state social service agency that has provided services to the mother.

The bill authorizes the Secretary to apply to the district court for, and the court may issue, a subpoena to compel the production of any books, records, or papers relevant to the cause of any maternal death being

investigated by the Secretary. Any books, records, or papers received by the Secretary through a subpoena are confidential and privileged information and are not subject to disclosure.

The provisions related to the confidentiality of the records received by the Secretary pursuant to a subpoena expire on July 1, 2023, unless reenacted by the Legislature. The Legislature is required to review these confidentiality provisions prior to the expiration date.

Duties of the Secretary

The bill requires the Secretary to identify maternal death cases; review medical records and other relevant data; contact family members and other affected or involved persons to collect additional relevant data; consult with relevant experts to evaluate the records and data collected; make determinations regarding the preventability of maternal deaths; develop recommendations and actionable strategies to prevent maternal deaths; and disseminate findings and recommendations to the Legislature, healthcare providers, healthcare facilities, and the general public.

Access to Medical Records

The bill requires the following to provide reasonable access to all relevant medical records associated with a maternal death case under review by the Secretary:

- Healthcare providers licensed pursuant to Chapters 65 and 74 of the Kansas statutes [*Note:* Examples of licensed healthcare providers include advanced practice registered nurse, practical nurse, and professional nurse; dentist and dental hygienist; optometrist; pharmacist; podiatrist; individual licensed to practice medicine and surgery, osteopathic medicine and surgery, or chiropractic; physician assistant; physical therapist; mental health technician; occupational therapist and occupational therapy assistant; respiratory therapist; professional counselor and clinical professional counselor; licensed dietitian; baccalaureate social worker, master social worker, and specialist clinical social worker; marriage and family therapist and clinical marriage and family therapist; speech-language pathologist and audiologist; addiction counselor, master's addiction counselor, and clinical addiction counselor; naturopathic doctor; radiologic technologist; behavior analyst and assistant behavior analyst; licensed acupuncturist; psychologist and master's level psychologist; and individual with licensure to practice fitting and dispensing of hearing instruments.];
- Medical care facilities licensed pursuant to Article 4 of Chapter 65 of the Kansas statutes (hospital, ambulatory surgical center, or recuperation center);
- Maternity centers licensed pursuant to Article 5 of Chapter 65 of the Kansas statutes; and
- Pharmacies licensed pursuant to Article 16 of Chapter 65 of the Kansas statutes.

When making good-faith efforts to provide access to medical records as required under the bill, these providers are exempt from liability for civil damages and are not subject to criminal or disciplinary administrative action.

Information, records, reports, statements, notes, memoranda, or other data collected are privileged and confidential and are not admissible as evidence in any court action or before another tribunal, board, agency, or person. Exhibition of this information or disclosure of the contents in any manner by any officer or representative of KDHE or any other person is prohibited, except when necessary to further the investigation of the related case. Anyone participating in the investigation is prohibited from disclosing the information obtained. The confidentiality provisions related to these records expire on July 1, 2023, unless

reenacted by the Legislature. The bill requires the Legislature to review the confidentiality provisions prior to their expiration.

Confidentiality of Records Resulting from KDHE Review

The following are confidential records and are not subject to the Kansas Open Records Act or Kansas Open Meetings Act, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding:

- Proceedings, activities, and the resulting opinions of the Secretary or the Secretary's representatives; and
- Records obtained, created, or maintained, including records of interviews, written reports, and statements procured by the Secretary or any other person, agency, or organization acting jointly or under contract with KDHE in connection with investigating maternal death.

The bill specifies the right to discover or use in any civil or criminal proceeding any document or record that is available and entirely independent of the proceedings and activities of the Secretary or the Secretary's representatives is not limited or otherwise restricted.

The bill prohibits the Secretary or the Secretary's representatives from being questioned in a civil or criminal proceeding regarding the information presented in or opinions formed as a result of an investigation. The Secretary or the Secretary's representatives are allowed to testify to information that is public or obtained independently of investigations, activities, and proceedings by the Secretary or the Secretary's representatives or any other person, agency, or organization acting jointly or under contract with KDHE in connection with investigating maternal death.

The provisions regarding the confidentiality of this information expire on July 1, 2023, unless reenacted by the Legislature prior to their expiration.

Compilation and Distribution of Aggregate Reports

In an effort to further study the causes and problems associated with maternal death, the bill requires reports of aggregate non-individually identifiable data to be compiled on a routine basis for distribution to healthcare providers, medical care facilities, and other persons necessary to reduce the maternal death rate.

Palliative Care

The Council is responsible for developing recommendations and advising KDHE on matters related to the establishment, maintenance, operation, outcomes evaluation of palliative care initiatives in the state, and effectiveness of the Program. The Program's purpose is to maximize the effectiveness of palliative care initiatives in the state by ensuring comprehensive and accurate information and education about palliative care is available to the public, healthcare providers, and healthcare facilities. The bill also defines "palliative care."

Council Composition, Appointment, Terms, and Compensation

The Council consists of 13 members appointed on or before October 1, 2018, with appointments as follows:

- Two members by the Governor;
- Two members by the Speaker of the House of Representatives;
- One member by the Majority Leader of the House of Representatives;
- One member by the Minority Leader of the House of Representatives;
- Two members by the President of the Senate;
- One member by the Minority Leader of the Senate;
- One member of the House Committee on Health and Human Services by the chairperson of the House Committee;
- One member of the Senate Committee on Public Health and Welfare by the chairperson of the Senate Committee;
- One member by the Secretary to represent KDHE; and
- One member by the Secretary for Aging and Disability Services to represent the Kansas Department for Aging and Disability Services (KDADS).

Council members serve for three years and at the pleasure of their respective appointing authorities. The Council members appoint the chairperson and vice-chairperson, whose duties are established by the Council. KDHE is required to fix the time and place for regular Council meetings, with at least two meetings required annually. Council members serve without compensation but are reimbursed for actual and necessary expenses incurred in the performance of their duties.

Council Member Qualifications

The bill requires Council members to be individuals with experience and expertise in interdisciplinary palliative care medical, nursing, social work, pharmacy, and spiritual guidance. The bill specifies the Council membership must include healthcare professionals with palliative care work experience or expertise in palliative care delivery models in a variety of settings and with a variety of populations. The Council is required to have a minimum of two members who are board-certified hospice and palliative medicine physicians or nurses and at least one member who is a patient or caregiver.

Definition of Palliative Care

Palliative care means an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Enhances the quality of life, and may also positively influence the course of illness; and
- Applies early in the course of illness, in conjunction with other therapies intended to prolong life, such as chemotherapy or radiation, and includes investigations needed to better understand and manage distressing clinical complications.

KDHE's Program Responsibilities

With regard to the Program, KDHE is required to publish information and resources on its website, including links to external resources, about palliative care for the public, healthcare providers, and healthcare facilities; develop and implement any other initiatives regarding palliative care services and education KDHE determines would further the Program's purposes; and consult with the Council. The information to be published on the KDHE website includes, but is not limited to, healthcare provider continuing education opportunities, information about palliative care delivery in home and other environments, and consumer educational materials and referral information for palliative care, including hospice. Palliative care has the meaning as described in the section regarding the Council.

Legislation Not Passed

SB 38 – KanCare Expansion, Bridge to a Healthy Kansas

SB 38 would have established the KanCare Bridge to a Healthy Kansas Program (Program). The Kansas Department of Health and Environment (KDHE) would be required to administer and promote the Program and provide information to potential eligible individuals who live in medically underserved areas of the state. The bill modified the eligibility requirements for the Kansas Medical Assistance Program, on or after January 1, 2018, to include any non-pregnant adult under 65 years of age who is a U.S. citizen or legal resident and who has been a resident of Kansas for at least 12 months, whose income does not exceed 133 percent of the federal poverty level (FPL), to the extent allowed under the federal Social Security Act as it exists on the effective date of the bill, and subject to the requirements of the Program. The bill would require referral to workforce training programs, create a Program Drug Rebate Fund and a Program Privilege Fee Fund, create a health insurance coverage premium assistance program, address federal denial and approval of financial participation, require submission of a waiver request to the federal government, require various Program reports to the Legislature, and create a Program Working Group.

SB 377 – Pharmacists Administering Injections

SB 377 would authorize a licensed pharmacist to administer a drug by injection to a patient pursuant to a physician's prescription order, unless the prescription specifically prohibits such administration.

SB 387 – Statewide Drug Therapy Protocol for Pharmacists

SB 387 would require the Collaborative Drug Therapy Management (CDTM) Committee, staffed by the Board of Pharmacy, to develop and establish statewide protocols to allow pharmacists to perform numerous pharmaceutical-related patient care functions under numerous conditions. The bill would specifically permit licensed pharmacists broader drug therapy management authority without a one-to-one physician-pharmacist relationship or protocol.

SB 300; HB 2507; HB 2591 – Changes to KanCare without Legislative Approval

SB 300 & HB 2507 would require the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) to terminate any request to United States Centers for Medicare and Medicaid Services (CMS) to administer state Medicaid services under the Kansas Medical Assistance Program using a capitated managed care delivery system in a manner that is substantially different than the manner in which state Medicaid services under the Kansas Medical Assistance Program were provided on January 1, 2017. Further, the bill would prohibit KDHE and KDADS from submitting any such request in the future without express prior authorization by an act or appropriation act of the Legislature.

The bill would require KDHE and KDADS to submit to CMS a request to extend for one year any waiver in effect on January 1, 2017, authorizing the administration of state Medicaid services using a capitated managed care delivery system. KDHE, KDADS, and the Department of Administration would be required to negotiate for the renewal of contacts in effect on January 1, 2017, for the administration and provision of managed care Medicaid services. Any contract renewal negotiated under this requirement could not impose any new eligibility requirements or limitations, would have to be substantially the same as contracts in effect on January 1, 2017, and could be for a term of only one year. The agencies would be prohibited from negotiating or entering into any contract for the administration and provision of managed care Medicaid services without express prior authorization by an act or appropriation act of the Legislature.

HB 2591would extend the current Kansas Medical Assistance Program (KanCare 1.0) until January 1, 2022, with no changes in eligibility requirements or limitations to receive State Medicaid Services. The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) would be required to consult with the KanCare Improvement Ad Hoc Committee in the development of a revised Medicaid delivery system. KDHE and KDADS would also be required to jointly submit a report on the progress of planning to the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare annually, on or before January 10th, 2019, and each year thereafter until 2022.

SB 316; SB 436 – Smoking Cessation for Medicaid Beneficiaries

SB 316 would require the Kansas Department of Health and Environment (KDHE) to provide coverage of tobacco cessation treatments for any state Medicaid beneficiary. Tobacco cessation treatments include all FDA-approved medications, individual, group, or telephone counseling. Coverage of tobacco cessation treatments would not be limited in the number of attempts, whether annual or lifetime basis. No prior authorization or co-pay would be required.

SB 436 was identical to SB 316, but would have been limited to four attempts per year for medication treatments.

HB 2231 – Increasing the Tax on Cigarettes and Other Tobacco Products

HB 2231 would increase the state's cigarette and tobacco products taxes on July 1, 2017. The bill would increase the cigarette tax to $2.79 a pack (from $1.29 a pack) and increase the tobacco products tax to 65-percent of the wholesale price (from 10.0 percent). The bill would establish an inventory tax for all cigarette and tobacco products on hand as of July 1, 2017. The inventory tax would be $1.50 per pack for

cigarettes and would be due on October 31, 2017. The inventory tax would be 55.0 percent of the wholesale sales price for tobacco products on hand as of July 1, 2017 and the inventory tax would be due on July 31, 2017.

The bill would also create the Cigarette and Tobacco Cessation Fund to be administered by the Kansas Department of Health and Environment (KDHE) to promote the cessation of cigarette and tobacco usage. The first $5.0 million in cigarette and tobacco products tax revenue collected each year would be deposited in the Cigarette and Tobacco Cessation Fund.

HB 2574 – K-TRACS; Allowing Access by Law Enforcement & Mandating Physicians' Utilization

HB 2574 would amend the Prescription Drug Monitoring Program Act by requiring all prescribers of controlled substances to register in the Kansas Prescription Drug Monitoring Program system (K-Tracs) by January 1, 2020. Resident pharmacists would be required to register in K-Tracs by September 1, 2018. The bill would allow for requests of K-Tracs records by a Drug Enforcement Agency administrative subpoena and providers or pharmacist impaired provider programs. The bill would also require the Prescription Monitoring Program Advisory Committee to meet monthly and develop criteria for its use in identifying patterns and activity of concern in K-Tracs. The criteria would be provided to the Legislature, under seal, with the 2019 annual report.

HB 2589 – Independent Practice of Midwifery

HB 2589 would provide for the independent practice of midwifery, which is one of the four roles of Advanced Practice Registered Nurse. The State Board of Nursing would be responsible for administering guidelines for practice and establish a Nurse-Midwives' Advisory Council. Rules and regulations would also would established by the Board of Nursing for independent practice.

HB 2704 – Informed Consent from Adult Care Residents to Administer Antipsychotic Medications

HB 2704 would require written informed consent be obtained from a resident of an adult care home (or person acting on behalf of an incapacitated resident) prior to administering any antipsychotic medication that has a boxed warning under 21 C.F.R. 201.57.

The bill would require the Kansas Department for Aging and Disability Services (KDADS) to post multiple, drug-specific forms for obtaining written informed consent on the agency's website. The bill provides the requirements for the information to be contained and obtained on each form. The bill would require the prescriber of the medication to send a copy of the completed consent form to the adult care home to be placed in the resident's chart. The adult care home would be required to give the resident or person acting on behalf of the resident a copy of the completed consent form upon request. The consent form would be valid until withdrawn or the specific time period listed on the consent form by the resident or person acting on behalf of the resident has passed. The resident or person acting on behalf of the resident could withdraw consent, in writing, at any time. The bill would also require that specific information be relayed to the resident or person acting on behalf of the resident at the time the consent form was signed.

Adult care homes would not be required to obtain written consent when the resident is subject to court-ordered treatment that includes the administration of antipsychotic medication. The adult care home would also not be required to receive written consent in the event of an emergency. An emergency would consist of the resident being at significant risk of physical or emotional harm or the resident puts others at significant risk of physical or emotional harm. It would also be considered an emergency when the time and

distance does not allow for the obtaining of written informed consent before administering the antipsychotic medication and the physician, advanced practice registered nurse or physician assistant caring for the resident determines that the resident or others could be harmed. Any verbal consent would be entered into the resident's medical record and be valid for ten days, after such time, the adult care home could no longer administer the antipsychotic medication until written informed consent was obtained.

The bill would not limit a prescriber's authority to prescribe or provide treatment to a patient in accordance to applicable standards of care and licensing provisions found in the Kansas Statutes Annotated. The bill would also not limit a resident's right of access to antipsychotic drug prescribed by a licensed prescriber and administered for the purpose of treating a diagnosed behavioral health condition.

Note: Bill descriptions provided by the Kansas Legislative Research Department and Office of the Governor's Budget