



2017 KANSAS LEGISLATIVE RECAP

Key health policy bills

2017 LEGISLATIVE RECAP

SEPTEMBER

2017

Introduction

During the 2017 session—which ended with sine die on June 26 and matched the record-setting, 114-day 2015 session—legislators dealt with many issues. They voted to override Gov. Sam Brownback’s veto of their \$1.2 billion tax plan that repealed many of the tax cuts enacted by the Legislature in 2012. They also passed a school finance bill that would provide an additional \$470.4 million for K-12 schools over the next two years. They ended the session by passing a \$6.3 billion budget bill for fiscal year 2018. They sent a bill to enact Medicaid expansion in Kansas to the governor’s desk but it was vetoed, and a veto override attempt failed by three votes in the House.

In all, more than 80 health-related bills were introduced during the first month of the session. Two committees heard the bulk of this legislation—the House Health and Human Services Committee, chaired by Rep. Dan Hawkins (*R-Wichita*), and the Senate Public Health and Welfare Committee, chaired by Sen. Vicki Schmidt (*R-Topeka*).

A table describing many of the health-related bills considered during the 2017 session—and showing how far they moved through the legislative process—is included at the end of this brief.

Uncertainty

An underlying sense of uncertainty overshadowed the 2017 session from the very start. Although Republicans continued to hold a supermajority in both the House and Senate, Democrats and moderate Republicans gained seats in both chambers during the November 2016 election, which set the stage for potentially close votes on high-profile issues such as Medicaid expansion, school funding and a new tax plan.

Legislators also anxiously awaited the Kansas Supreme Court’s opinion in the school funding case and its potential impact on the state’s budget. When the court released its opinion on March 2, legislators were faced with defining a new funding formula and finding additional dollars by the court’s June 30 deadline. Rumors of the departure of Gov. Brownback for a position in President Donald Trump’s administration also continued to swirl throughout the session, and legislators considered how their work might be affected if Lt. Gov. Jeff Colyer moved into the governor’s office.

Meanwhile, with Republicans now in control of both the White House and Congress, legislators were left to speculate about the future of federal health reform and the potential effects on Kansas.

KEY POINTS

- ✓ A bill to enact Medicaid expansion in Kansas made it all the way to the governor’s desk but was vetoed. A veto override attempt failed.
- ✓ Legislators reversed a 4-percent reduction in KanCare provider payments that was initiated in 2016. The same bill provided additional funding for Community Mental Health Centers.
- ✓ The Kansas Department of Health and Environment was directed to develop a strategic plan to address the diabetes epidemic.
- ✓ Law enforcement is now allowed to transport a person in custody to a crisis intervention center for observation and treatment for up to 72 hours.
- ✓ The concealed carry law was revised to prohibit the carrying of concealed firearms in certain health care buildings.

Medicaid Expansion

As in previous sessions, Medicaid expansion was a key health policy issue for lawmakers and health advocates. Just nine days into the session, House Bill (HB) 2064—the *KanCare Bridge to a Healthy Kansas Program*—was introduced in the House Health and Human Services Committee. During three days of hearings in early February, expansion supporters filled the area outside the hearing room while more than a dozen proponents testified in favor of the bill. While opponents warned legislators that continuation of Medicaid expansion funding was uncertain with Congress considering the repeal and replacement of the Affordable Care Act (ACA), proponents pointed out that Republican governors in expansion states had been encouraging members of Congress to continue the program. Opponents also pointed to expansion states where enrollment and costs have exceeded projections, and disputed a report prepared by the Kansas Hospital Association that indicated the revenues and cost savings generated by expansion would cover the state’s share of the cost of expansion.

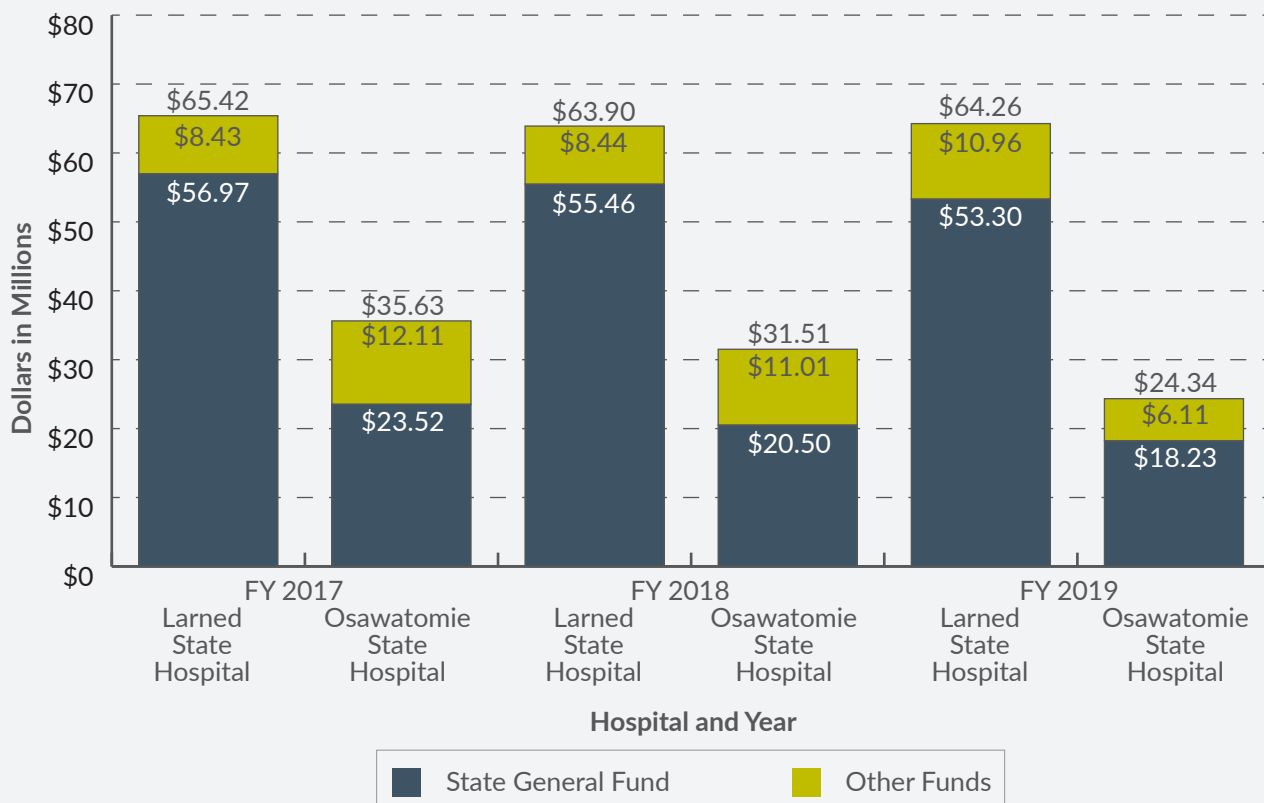
When the House Health and Human Services Committee voted to table HB 2064 until later in the session, the bill appeared to be dead. However, on February 22, the full House voted 83-40 to amend the contents of the expansion bill into another active bill—HB 2044, which was related to mental health services—and handed it off to the Senate. Following two days of hearings in the Senate Public Health and Welfare Committee, the full Senate passed the bill on March 27 by a vote of 25-13. After the governor vetoed the bill on March 30, on April 3 the House failed to override the veto and the expansion bill was dead.

Expansion advocates considered the possibility of another bill with modifications that might gain enough votes to override a veto. Ultimately, no further action was taken, but advocates and some legislators vowed to try again in 2018.

Osawatomie State Hospital

Since the Centers for Medicare and Medicaid Services (CMS) decertified Osawatomie State Hospital (OSH) in December 2015—citing inadequate staffing and “immediate and serious threat to patient

Figure 1. State Hospital Funding, Fiscal Years 2017–2019



Source: Kansas Health Institute analysis of FY 2018 Comparison Report, State of Kansas, August 4, 2017.

safety”—officials from the Kansas Department for Aging and Disability Services (KDADS) have been working closely with CMS officials to secure recertification as quickly as possible. The decertification is costing the state about \$1 million per month in lost reimbursement from Medicare and federal programs that offset the costs of uninsured patients, and the hospital has been operating at 60 beds below its 206-bed capacity since mid-2015.

In anticipation of recertification and resumption of federal reimbursements, the Legislature approved a state budget for FY 2018 that includes less funding than requested by KDADS, but also instructed the State Finance Council to review funding for OSH later in the fiscal year.

During a May 1 inspection, federal surveyors found no evidence of the safety concerns identified in 2015, but did find new problems with sanitation, food safety, infection control and fire safety. During a follow-up inspection in early August, OSH passed federal inspection. KDADS officials have reported that the hospital will undergo at least one more inspection—following a “period of reasonable assurance” to ensure that improvements are maintained—before it can be recertified. KDADS officials stated they do not anticipate budget problems due to a delay in recertification.

Legislators also added a provision to SB 32—a bill amending the Medical Student Loan Act—that prohibits KDADS or any state agency from taking any action to outsource or privatize OSH or any state facility providing mental health services without specific authorization by the Legislature. Last November, after a similar provision had passed in 2016, KDADS issued a request for proposals to create a public-private partnership to operate OSH. KDADS received one bid—from Correct Care Recovery Solutions (CCRS), a Tennessee-based company with a history of problems at mental health facilities it operates in Florida. On August 29, KDADS Secretary Tim Keck described a proposal—which will require legislative approval—to demolish and rebuild OSH and contract with CCRS to operate and staff the new facility. Secretary Keck reported a projected cost of \$100 million to \$175 million for the new 200-bed facility.

KanCare Provider Payments

Multiple bills to restore a 4-percent reduction in KanCare provider payments initiated in 2016 were considered during the session.

HB 2180—introduced in the House Committee on Appropriations in late January and passed by the full house in early April—increased the privilege fee assessed on health maintenance organizations (HMOs) to 5.77 percent effective July 1, 2017, until December 31, 2022. The bill directed the additional fees be paid into the Medical Assistance Fee Fund and spent in the following priority order: 1) Restoration of the 2016 cuts to providers; 2) Transfers to the Community Mental Health Center Improvement Fund of \$3.5 million for FY 2018 and \$15 million for each fiscal year thereafter; 3) Transfers to the Kansas newborn screening fund; and 4) Medical assistance payments.

During a hearing on the bill, proponents included provider organizations representing hospitals,

physicians, pharmacists, community mental health centers, nursing homes and safety net clinics. Opponents, including health insurance companies that market HMO products and the Kansas Insurance Department, were concerned about the retroactive implementation of the fee, which would create an unanticipated liability that was not taken into consideration when the companies set their premium rates for 2017.

The bill passed to the Senate Ways and Means Committee in early April, where it did not move forward. The contents of the bill, however, were later amended and inserted into the shell of HB 2079—a bill related to water district vehicle registration—by the conference committee. The amendments changed the start date of the privilege fee increase to January 1, 2018; removed the January 1, 2023, decrease; added language to establish a semi-annual fee payment structure; changed the amount of the privilege fee revenue dedicated to community mental health centers to \$3.5 million for FY 2018 and \$5.0 million per fiscal year thereafter; and, added the contents of Senate Bill (SB) 186, which related to Medicaid reimbursement for eligible emergency medical transportation providers. Senate Substitute for HB 2079, as amended, was submitted to Gov. Brownback and signed on June 15.

HB 2180 reversed a 4-percent reduction in KanCare provider payments initiated in 2016 and also provides additional mental health and other health care funding.

Standardizing KanCare Processes

To address concerns raised by some KanCare providers regarding the administrative burdens encountered when interacting with the three managed care organizations (MCOs), SB 69 was introduced in the Senate Public Health and Welfare Committee early in the session. It proposed standardizing some of the MCO business practices, such as credentialing, prior authorizations and appeals of disputed claims. After both the committee and the Senate Committee of the Whole made revisions to the bill, the language was ultimately amended into HB 2026, which was further amended by the conference committee and signed by the governor on April 24. In addition to many of the provisions in the original SB 69, HB 2026 also requires the MCOs to provide patient encounter data to providers upon request, provide quarterly in-person training for participating providers, and implement an external review process for providers who have received denial of services and have exhausted an MCO's internal appeals process.

Medicaid Inspector General

During the first week of the session, HB 2047—a bill to transfer all functions, records and property of the Office of the Inspector General from the Kansas Department of Health and Environment (KDHE) to the Office of the Attorney General (AG)—was introduced in the House Health and Human Services Committee. Following a hearing with no opponent testimony, the bill was passed and referred to the Senate Public Health and Welfare Committee, where the contents of the bill were inserted into SB 149—a bill introduced by the AG to establish procedures related to criminal appellate briefs, establish an inter-agency fee structure for legal services provided by the AG's office, and create the Scrap Metal Theft Reduction Act. The final bill—which also clarifies that the duties of the inspector general include oversight, audits, investigations, performance reviews and independent and ongoing evaluations of the state's Medicaid, MediKan and Children's Health Insurance Program (CHIP)—was signed by Gov. Brownback on May 24.

In order to reduce administrative burdens encountered by some providers, a bill was passed to standardize some business practices of three KanCare managed care organizations.

Behavioral Health

After legislation that would have allowed crisis recovery centers to detain individuals with mental illness or substance use disorders for observation and treatment for 72 hours ran into opposition in 2016, a committee of law enforcement officers, treatment providers and mental health advocates met several times to revise it. The updated bill—HB 2240—was introduced in the House Committee on Judiciary and received hearings in both chambers, but was not considered by the Senate Committee of the Whole.

On May 15, however, a conference committee removed the contents of HB 2053—which would have enacted the Asbestos Bankruptcy Trust Claims Transparency Act—and inserted the text of HB 2240. Senate Substitute for HB 2053 was signed into law on May 24.

The bill created the Crisis Intervention Act, which is intended to protect individuals with mental illnesses or substance use disorders by allowing law enforcement to transport a person in custody to a crisis intervention center for observation and treatment for no more than 72 hours. The act also includes requirements for evaluation at regular, mandatory intervals to determine whether the person meets criteria to be detained—including likelihood to cause harm to self or others—and requires that within 48 hours the center must file an affidavit with the district court if the person still meets criteria. The crisis center is required to discharge a person admitted under the act if they no longer meet the criteria or no later than 72 hours after admission, whichever comes first, unless it files a petition and finds an appropriate placement, including at a state hospital.

Kansas has three crisis centers—in Kansas City, Wichita and Topeka—that receive some funding from the state. The act did not specify how the state would fund the services provided under the new law.

In early February, the House Social Services Budget Committee reviewed an updated report prepared by the Adult Continuum of Care Task Force that provided recommendations for improving the behavioral health system, including returning OSH to 206 certified beds, developing additional diversion

and crisis services at the community level, and expanding access to certified peer support specialists in hospital and community settings by reinstating the availability of training.

A bill vetoed by the governor on June 15—HB 2313—would have authorized the use of lottery ticket vending machines and would have used the money generated from the new machines to fund community crisis stabilization centers and Mental Health Clubhouse Programs that provide life skills and job training.

The final budget bill approved by the Legislature includes funding to partially restore cuts made to community mental health centers and \$4.7 million to be used either to reopen 20 beds at OSH or to pay another facility to make beds available through contract.

Concealed Carry

Under the provisions of the concealed carry law—K.S.A. 75-7c01 et seq., the Personal and Family Protection Act passed by the Legislature in 2013—public universities and other public buildings were not allowed to prohibit concealed guns on campus starting on July 1, 2017, unless adequate security measures were in place to prohibit all guns. Multiple bills seeking to permanently exempt educational institutions and public hospitals from this requirement were introduced during the session and drew much attention from both proponents and opponents.

Toward the end of the session, the Senate Ways and Means Committee removed the contents of HB 2278—a de-annexation bill for the city of Valley Center—and inserted the contents of SB 235, creating Senate Substitute for HB 2278. It was forwarded to the governor on June 5, and he allowed it to become law without his signature on June 15.

The bill exempts the following institutions, allowing them to prohibit concealed guns: state and municipal medical care facilities and adult care homes, community mental health centers, indigent health care clinics and buildings in the health care district associated with the University of Kansas Hospital. The bill does not exempt public university campuses.

The bill also specifies that public employers are not liable for wrongful or negligent acts of employees carrying concealed handguns when those weapons are not carried within the scope of their employment.

Opioids

As the year began, Kansas was one of only three states that did not allow emergency first responders to carry and administer medication known as “emergency opioid antagonists.” In January, HB 2217 was introduced in the House Health and Human Services Committee. It created standards for opioid antagonist use and administration by first responders and bystanders, including family members, friends, caregivers or others in a position to assist a person who is experiencing an opioid overdose. The bill was passed unanimously by both chambers and signed by the governor on April 7.

HB 2217, passed unanimously by both chambers and signed by the governor, allowed opioid antagonist use and administration by first responders and bystanders.

Medical Marijuana

Several bills related to medical marijuana—ranging from legalization of treatment with a non-psychoactive cannabinoid oil (CBD) for specific illnesses, to more comprehensive legislation that would have allowed widespread administration of various medical marijuana substances for a variety of ailments—were introduced, but most failed to move beyond the committee level. One exception was Substitute for SB 155, which passed out of the Senate Federal and State Affairs Committee, but moved no further. The bill would have eliminated criminal and professional penalties for non-intoxicating cannabinoid medicines.

House Substitute for SB 51—introduced in the House Health and Human Services Committee and incorporating House Substitute for SB 52—amends existing statutes related to controlled substances and scheduling of controlled substance analogs or new drugs by the State Board of Pharmacy on an emergency basis. Included in the bill is a provision that legalizes the use of pharmaceuticals that contain CBD as the sole active ingredient if approved by the Food and Drug Administration. One such drug—Epidiolex, which is used to treat rare, treatment-resistant epilepsy conditions in children—is in the Food and Drug Administration pipeline and approval

may be forthcoming. Substitute for SB 51 passed and was signed by the governor on April 21.

Alcohol

House Substitute for SB 13, the so-called “UnCork Bill,” was approved by Gov. Brownback on April 18. The bill—which amends the Kansas Liquor Control Act and the Kansas Cereal Malt Beverage Act—will permit convenience stores, grocery stores and drug stores that are licensed to sell cereal malt beverage with an alcohol weight of 3.2 percent or less to also sell beer containing not more than 6.0 percent alcohol by volume beginning on April 1, 2019. On that same date, retailers with a license to sell alcoholic liquor (beer, wine and hard liquor) also will be allowed to sell cereal malt beverage and other goods or services, provided the amount of nonalcoholic sales—excluding the sales of lottery tickets, cigarettes and other tobacco products—would not exceed 20 percent of the retailers’ total gross sales.

Tobacco and E-Cigarette Taxes

Tobacco Tax

Following Gov. Brownback’s announcement of a proposed cigarette tax increase of \$1.00 per pack in his fiscal year 2018 Budget Report, legislators considered raising the tax on cigarettes but ultimately rejected the idea. In April, an amendment proposed by Rep. Henry Helgeson (*D-Wichita*) to increase the per-pack tax on cigarettes from \$1.29 to \$2.79, was rejected by the House, despite Rep. Helgeson’s assertion that his plan would create a financial incentive for Kansans to stop smoking and would generate revenue to reduce the long-term unfunded liability in the Kansas Public Employees Retirement System (KPERs). While opposing House members acknowledged that a tobacco tax increase might be needed in the future, they were not prepared to impose another sales tax increase.

Tax on Electronic Cigarettes (E-Cigarettes)

Although a special tax on e-cigarettes enacted by the Legislature in 2015 without a public hearing went into effect on January 1, 2017, officials of the Kansas Department of Revenue (KDOR) have not yet developed rules for enforcement of the law and have been considering reporting and payment of the tax as voluntary until the rules are finalized.

Uncertainty about the interpretation of language in the law—which imposes a tax of 20 cents per milliliter of “consumable material”—has interfered with KDOR’s development of rules, as e-cigarette retailers and vape store owners in the state (who would be subject to the tax) had asked for clarification of the

definition of “consumable material” for purposes of calculating the tax. Lobbyists for the retailers argued that the tax should not apply to all the “vaping” liquid contained in e-cigarettes, but only to the nicotine. Application of the tax to all vaping liquid would make Kansas’ tax more than twice as high as any other state.

In June, the governor approved Substitute for HB 2230, which delayed the effective date of the tax to July 1, 2017, reduced the rate of the tax on e-cigarettes to 5 cents per milliliter of “consumable material,” and clarified that “consumable material” means any “liquid solution or other material that is depleted as an electronic cigarette is used.”

HB 2219, signed into law, requires the KDHE secretary to identify goals and benchmarks and develop plans to reduce the incidence of diabetes in Kansas, improve diabetes care, and control complications associated with diabetes.

Anti-Diabetes State Plan

HB 2219—which requires the KDHE secretary to identify goals and benchmarks and develop plans to reduce the incidence of diabetes in Kansas, improve diabetes care, and control complications associated with diabetes—was introduced in the House Health and Human Services Committee by Rep. Susan Concannon (*R-Beloit*). It received hearings and progressed quickly through both chambers, ending with the governor’s signature on April 7. During the House committee hearing, proponents of the bill stated it would increase diabetes awareness, consolidate data and require KDHE to develop a strategic plan to address the diabetes epidemic.

Other Health-Related Bills

Legislators addressed many other health-related issues during the session, but most did not advance beyond the committee of origin.

Immunizations

HB 2030 passed into law in April, which allows pharmacists to administer vaccinations to children age 12 and older beginning July 1, 2017. It also requires all immunization providers to report the

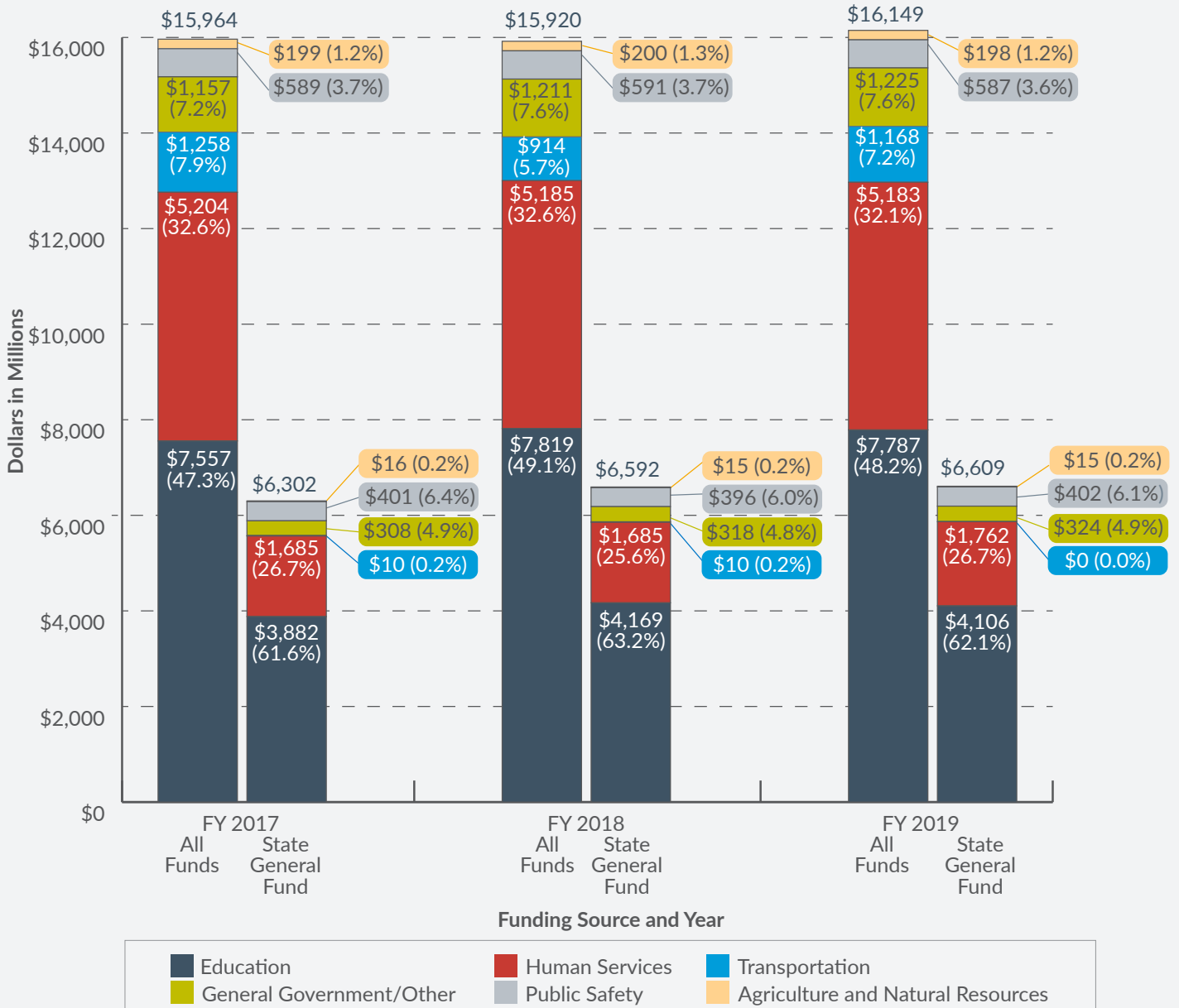
vaccinations they administer to WebIZ, the state's immunization registry, beginning in July 2020.

HB 2205, a bill mandating meningococcal immunization for adolescents, passed out of the House but did not advance in the Senate.

Loans and Scholarships for Behavioral Health Students

SB 32 amends the Medical Student Loan Act by expanding the eligible practice areas for loan recipients to include general and child psychiatry,

Figure 2. Kansas Budgeted Expenditures, All Funding Sources and State General Funds, in Millions, Fiscal Years 2017-2019



Notes: Dollars are rounded to the nearest million. State general fund expenditures for transportation and also for agriculture and natural resources are small compared to other expenditures, and therefore show up as lines instead of bars on the chart.

Source: Kansas Health Institute analysis of FY 2018 Comparison Report, State of Kansas, August 4, 2017.

and allows recipients to serve as full-time faculty members at the University of Kansas School of Medicine in those specialties. Students engaged in the full-time practice of medicine and surgery in a service commitment area may satisfy their loan obligation by performing at least 100 hours per month of on-site mental health care at a medical facility, a community mental health center, a state psychiatric hospital, or any other facility that provides mental health services and is operated by a state agency.

SB 100 amends the Nursing Service Scholarship Program to give priority to qualified nursing students who are sponsored by a mental health or treatment facility.

Simon’s Law

Simon’s Law—SB 85, which was approved by the governor on April 7—provides that a do-not-resuscitate (DNR) order or other similar order may not be instituted for an unemancipated minor unless at least one parent or legal guardian has been informed, orally and in writing, of the intent to institute the order. The bill provides that either parent or a guardian may refuse consent for a DNR.

Other Key Issues

Committees also considered legislation likely to return to the forefront in 2018, including bills to encourage the use of telemedicine, create the Advisory Council on Palliative Care, and license mid-level dental therapists to increase access to dental care.

Other Budget Provisions

Gov. Brownback signed the budget into law on June 25, but used his veto authority to strike down portions that have blocked the administration from consolidating or modifying Medicaid waiver services for Kansans with disabilities. The governor said the provision was too broad, but stated the administration would not attempt changes without engaging stakeholders and the Legislature.

Legislators also appropriated \$20.3 million to increase wages for workers providing home and community-based services to individuals with physical or mental disabilities, and \$3 million from a federal block grant to the Healthy Families Program, which utilizes home visits to prevent child abuse and neglect.

Bill Tracking

The 2017 Kansas state legislative session was the first year in a legislative biennium, or two-year cycle. Therefore, bills that were still under consideration at adjournment in 2017 may be considered when the Legislature reconvenes in January 2018. The following table describes some of the health-related bills monitored by the Kansas Health Institute during the 2017 legislative session.

Bill	Summary	Originating Committee	Originating Chamber Vote	Opposite Committee	Opposite Chamber Vote	Governor/ Other Action
KanCare Bills						
SB 68	Enacting the Kansas Lay Caregiver Act	Passed	Passed	Passed	Passed	Signed
Sub for SB 69	KanCare process and contract requirements (language bundled into Senate Sub for HB 2026)	Passed	Passed	No Hearing		See Senate Sub for HB 2026
SB 160	Establishing an independent home and community-based services ombudsman	Passed	No Vote			
Senate Sub for HB 2026	KanCare process and contract requirements; claims appeals	Passed	Passed	Passed	Passed	Signed

Bill	Summary	Originating Committee	Originating Chamber Vote	Opposite Committee	Opposite Chamber Vote	Governor/ Other Action
Medicaid Expansion Bills						
SB 38	Establishing the KanCare Bridge to a Healthy Kansas Program	No Hearing				See HB 2044
HB 2044	Establishing the KanCare Bridge to a Healthy Kansas Program and providing Medicaid reimbursement for Clubhouse Rehabilitation Services	Passed	Passed, Amended	Passed	Passed	Vetoed; Veto Override Failed
HB 2064	Establishing the KanCare Bridge to a Healthy Kansas Program	Hearing, No Vote				See HB 2044
HB 2154	Expanding Medicaid to the extent permitted under the Affordable Care Act	No Hearing				

Concealed Carry Bills						
Sub for SB 53	Creating a permanent exemption for certain entities from the public buildings law under the Personal and Family Protection Act	Passed	No Vote			
HB 2009	State Capitol; concealed handguns prohibited except for authorized law enforcement	No Hearing				
HB 2042	Concealed carry licensure amendments under the Personal and Family Protection Act	Passed	No Vote			
HB 2145	Prohibiting the possession of a firearm by certain individuals	Passed	No Vote			
HB 2150	Prohibiting the carrying of concealed firearms in certain buildings	Hearing, No Vote				
HB 2220	Prohibiting certain regulations concerning the carrying of concealed handguns at postsecondary educational institutions	Hearing, No Vote				
Senate Sub for HB 2278	Prohibiting the carrying of concealed firearms in certain buildings	Passed	Passed	Passed	Passed	Allowed to Become Law Without Signature
HB 2417	Authorizing state psychiatric institutions to prohibit the carrying of firearms in secured areas	No Hearing				

Bill	Summary	Originating Committee	Originating Chamber Vote	Opposite Committee	Opposite Chamber Vote	Governor/ Other Action
Controlled Substances Bills						
House Sub for SB 51	Scheduling of controlled substances analogs; controlled substances and new drugs; emergency scheduling	Passed	Passed	Passed	Passed	Signed
SB 151	Eliminating criminal and professional penalties for non-intoxicating cannabinoid medicines	No Hearing				
Sub SB 155	Enacting the Cannabis Compassion and Care Act	Passed	No Vote			
SB 165	Providing insurance coverage for opioid-related treatments and establishing standards for use of emergency opioid antagonists	Hearing, No Vote				
SB 178	Legalizing limited use of marijuana and authorizing the Department of Revenue to adopt rules and regulations related thereto	No Hearing				
HB 2029	Regulation of cannabidiol investigational products	No Hearing				
Sub for HB 2055	Pharmacy Act amendments	Passed	Passed	Passed	Passed	Signed
HB 2152	Authorizing hemp treatments for certain medical conditions	Hearing, No Vote				
HB 2217	Standards governing the use and administration of emergency opioid antagonists	Passed	Passed	Passed	Passed	Signed

Mental and Behavioral Health Bills

SB 32	Medical student loan agreements for psychiatry	Passed	Passed	Passed	Passed	Signed
SB 100	Allowing scholarships for mental health nurses in the Nursing Service Scholarship Program	Passed	Passed	Passed	Passed	Signed
HB 2124	Medical student loan agreements for psychiatry	Hearing, No Vote				See SB 32
HB 2226	Prohibition of state mental health facility privatization (language amended into SB 32)	No Hearing				See SB 32

Scope of Authority and Practice/Licensing Bills

HB 2046	Anesthesiologist Assistant Licensure Act	Hearing, No Vote				
HB 2139	Licensure of dental therapists	Hearing, No Vote				

Bill	Summary	Originating Committee	Originating Chamber Vote	Opposite Committee	Opposite Chamber Vote	Governor/ Other Action
Alcohol and Tobacco Bills						
House Sub for SB 13	Alcoholic beverages; sale of beer by cereal malt beverage licensees	Passed	Passed	Passed	Passed	Signed
SB 163	Kansas Liquor Control Act and retailer's licenses	No Hearing				
HB 2230	Kansas cigarette and tobacco products; relating to definitions, license, permits, etc., taxation of electronic cigarettes	Passed	Passed	Passed	Passed	Signed
HB 2231	Increasing rates of tax on cigarettes and tobacco products; establishing the cigarette and tobacco products cessation fund	No Hearing				
HB 2282	Kansas Liquor Control Act and retailer's licenses	Hearing, No Vote				See Sub for SB 13
HB 2315	Income tax: rates, modifications, credits; cigarettes and tobacco products: rates; alcoholic beverages: liquor enforcement, rates; business entities: filing fees	Passed	No Vote			

Other Health-Related Bills						
Sub for SB 85	Withholding life-sustaining treatment from patients under 18 years of age	Passed	Passed	Passed	Passed	Signed
Senate Sub for HB 2002	Appropriations revisions for fiscal years 2017, 2018, 2019 and 2020 for various state agencies, Omnibus Appropriations Act	Passed	Passed	Passed	Passed	Approved: Line-Item Veto
HB 2030	Pharmacist, pharmacy student or intern, administration of any vaccine to a person 12 years of age or older	Passed	Passed	Passed, Amended	Passed	Signed
HB 2031	Establishing the Advisory Council on Palliative Care and Quality of Life and Palliative Care Education Program	Passed	Passed	Hearing, No Vote		
HB 2120	Kansas Death with Dignity Act	No Hearing				
HB 2121	Reporting the administration of vaccines to the state registry	Passed	Passed	Hearing, No Vote		See HB 2030
HB 2131	Providing a sales tax exemption for food and food ingredients	No Hearing				
HB 2205	Vaccinations for meningitis required	Passed	Passed	Hearing, No Vote		

Bill	Summary	Originating Committee	Originating Chamber Vote	Opposite Committee	Opposite Chamber Vote	Governor/ Other Action
Other Health-Related Bills (continued)						
HB 2206	Relating to telemedicine	Hearing, No Vote				
HB 2219	Relating to diabetes information reporting	Passed	Passed	Passed	Passed	Signed
HB 2237	Concerning taxation—food and food ingredients defined; reduced tax rate	Hearing, No Vote				
HB 2250	Relating to taxation—food and food ingredients defined; computation of food sales tax reductions	No Hearing				
HB 2254	Relating to the practice of telehealth	Hearing, No Vote				
HB 2307	Withholding life-sustaining treatment from patients under 18 years of age	Hearing, No Vote				See Sub for SB 85
HB 2373	Enacting the food sales tax refund and sunseting the tax credit for food purchased in this state	No Hearing				
HB 2418	Establishing an on-site state employee health clinic	Passed	No Vote			See Senate Sub for HB 2002
HB 2420	Concerning taxation—food and food ingredients defined; sales tax step reductions	No Hearing				
HCR 5010	A concurrent resolution opposing physician-assisted suicide	Hearing, No Vote				

Note: This table tracks bill numbers throughout the legislative process. However, the content of the bill—in all or in part—may have been combined with another bill. We have tried to note where this has occurred, but we may not have captured all instances.

Source: KHI analysis of legislation, Kansas Legislature, 2017.

ABOUT THE ISSUE BRIEF


This brief is based on work done by Carlie J. Houchen, M.P.H., and Linda J. Sheppard, J.D. It is available online at khi.org/policy/article/2017-legislative-recap.

KANSAS HEALTH INSTITUTE

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