

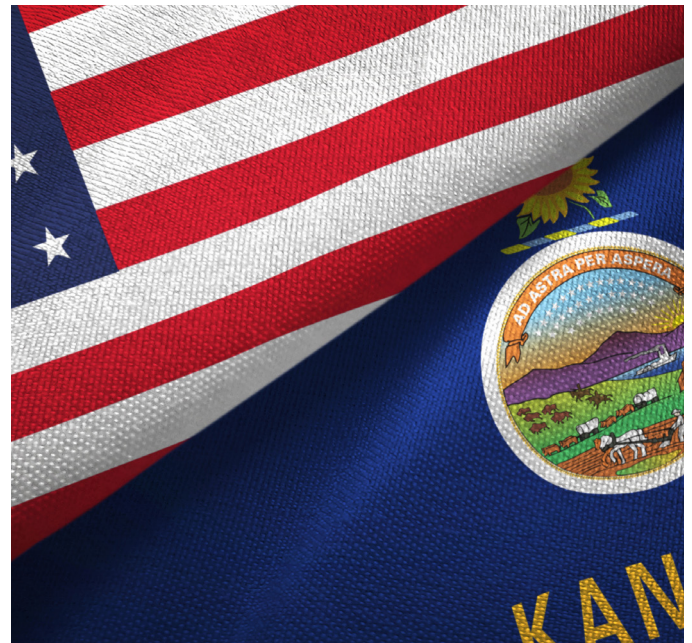


2024 KANSAS LEGISLATIVE RECAP

Session Overview

The 2024 regular legislative session began on Jan. 8 and ended shortly after midnight on Wednesday, May 1. However, after Gov. Laura Kelly vetoed the third tax bill passed by legislators on the last day of the regular session, they returned to Topeka for a one-day special session on June 18 to pass another tax bill, which the Governor signed on Friday, June 21.

During the session, 605 bills were introduced, including more than 100 health-related bills. In addition, because 2023 was the first year in a legislative biennium, 655 bills introduced in that session were still active for legislative action in 2024. Of that total of 1,260 bills, 111 became law, including 28 health-related bills. Gov. Kelly vetoed 21 bills and



**2024
LEGISLATIVE
RECAP**



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KEY POINTS

- ✓ Legislators addressed a wide variety of behavioral health issues, including addiction treatment, certified community behavioral health clinics, services for minors and the creation of the crime of “encouraging suicide.”
- ✓ Legislators established the Office of the Child Advocate as an independent agency in Senate Bill 115, which was signed by Gov. Kelly on April 22.
- ✓ Senate Substitute for House Bill 2036, which would have reduced the rate of tax on the sale of food and food ingredients to 0 percent on July 1, along with other tax provisions, was passed by both chambers on April 5, but was vetoed by the Governor on April 24, citing concerns related to the future cost of the bill. Elimination of the state sales tax on food and food ingredients will occur on Jan. 1, 2025, under current law.
- ✓ Two bills to regulate the processing, distribution, sale and use of medical cannabis were introduced this session, but only one received a hearing.
- ✓ Seven health-related interim committees began meeting in August and continue through December in preparation for the 2025 session, including two new special committees on sedation dentistry and targeted case management.

44 line items in appropriations bills, from which 14 bill vetoes, including nine health-related bill vetoes, and 37 line-item vetoes were sustained. Because 2024 was the second year in the biennium, no bills remain active for the 2025 legislative session.

Child welfare was once again a key area of activity for the 2024 Legislature, along with bills related to controlled substances and addiction, and health care provider licensing and scope of practice. Two bills to expand Medicaid, one in each chamber, were introduced on Jan. 17, but only one received a hearing, and neither was debated on the floor.

Behavioral Health

Legislators addressed a wide variety of behavioral health issues, including addiction treatment, certified community behavioral health clinics, services for minors and the creation of the crime of “encouraging suicide.”

Senate Bill (SB) 307, signed by Gov. Kelly on March 22, amends the Kansas Fights Addiction Act to include for-profit entities in the definition of “qualified applicant.” Under continuing law, the Act allows qualified applicants to apply for grants from the Kansas Fights Addiction Fund for projects and activities that prevent, reduce, treat or mitigate the effects of substance abuse and addiction. These grant applications must be approved by the Kansas Fights Addiction Grant Review Board.

SB 414, as signed by Gov. Kelly on May 9, combined provisions or content from several bills this session.

- Amends the crime and penalties of aggravated endangering a child and amends the crime and applies a special sentencing rule to the crime of unlawful distribution of fentanyl-related controlled substances (fentanyl).
- Mandates that individuals convicted of a third or subsequent DUI offense must participate

in a multidisciplinary model of services for substance use disorders.

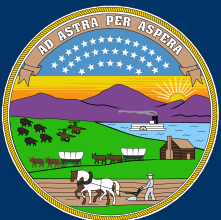
- Excludes certain types of incarceration time from being counted when calculating a defendant’s sentence and updates the general terms of supervision for offenders on probation and post-release supervision.

House Substitute (Sub.) for SB 419, signed by Gov. Kelly on May 9, provides immunity from prosecution for possession of a controlled substance or certain drug paraphernalia if the person seeks or provides medical assistance to a person under the influence of a controlled substance or who is under the influence of a controlled substance and is in need of medical assistance.

Senate Sub. for House Bill (HB) 2144, signed by Gov. Kelly on April 24, creates the crime of “encouraging suicide” and establishes penalties for the crime under the Kansas Criminal Code, amends the crime and penalties of aggravated endangering a child, and amends the crime and applies a special sentencing rule to the crime of unlawful distribution of fentanyl-related controlled substances (fentanyl). The term “encouraging suicide” is defined as knowingly encouraging a person to commit or attempt to commit suicide when:

- Such person knows the other person has communicated a desire to commit suicide.
- Such encouragement is made proximate in time to the other person committing or attempting to commit suicide.
- Such encouragement substantially influences the other person’s decision or methods used to commit or attempt to commit suicide.

988
SUICIDE & CRISIS
LIFELINE



Senate Substitute for House Bill (HB) 2144, signed by Gov. Kelly on April 24, creates the crime of “encouraging suicide” and establishes penalties for the crime under the Kansas Criminal Code, amends the crime and penalties of aggravated endangering a child, and amends the crime and applies a special sentencing rule to the crime of unlawful distribution of fentanyl-related controlled substances (fentanyl).

Interim Committees

Interim committee meetings scheduled during the summer and fall of 2024 include:

2024 Special Committee on Available and Affordable Housing, chaired by Rep. Sean Tarwater, is scheduled to meet on Nov. 20 and 21.

2024 Special Committee on Medical Marijuana, chaired by Sen. Michael Fagg, is scheduled to meet on Oct. 16 and 28.

2024 Special Committee on Sedation Dentistry, chaired by Rep. Will Carpenter, is scheduled to meet on Oct. 10.

2024 Special Committee on Targeted Case Management, chaired by Rep. Will Carpenter, is scheduled to meet on Oct. 9.

Joint Committee on Child Welfare System Oversight, chaired by Rep. Susan Concannon, met on Sept. 11 and will meet again on Nov. 13 and 14.

J. Russell (Russ) Jennings Joint Committee on Corrections and Juvenile Justice Oversight, chaired by Sen. Kellie Warren, is scheduled to meet Nov. 18-20.

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met on Aug. 26 and 27, and will meet again on Oct. 22 and 23.

The bill defines “attempt to commit suicide” to mean any physical action done by a person with the intent to commit suicide and defines “encouraging a person to commit or attempt to commit suicide” to mean oral, written or visual communication that is persuasive or intended to be persuasive and that gives advice to commit suicide, attempt to commit suicide or develop a plan to commit suicide.

HB 2667 would have increased transfers to the Community Crisis Stabilization Centers Fund and the Clubhouse Model Program Fund of the Kansas Department for Aging and Disability Services (KDADS) from \$8 million to \$12 million in fiscal year (FY) 2025 and each following fiscal year. The bill died on General Orders in the House.

HB 2669 would have created the Mental Health Intervention Team (MHIT) Program Act, codifying the program in statute. The Act would have established the MHIT Program as a continuation of the MHIT Pilot Program first established through a budget proviso in 2018, and continued and expanded through subsequent appropriation acts of the Legislature. The bill was passed by the House but died in the Senate committee. The Omnibus appropriations bill includes \$4.5 million for the MHIT pilot.

HB 2784, signed by Gov. Kelly on May 10, requires that prior to Feb. 1, 2027, only Community Mental Health Centers (CMHCs) licensed by KDADS and that provide certain services can be certified as Certified Community Behavioral Health Clinics (CCBHCs) in Kansas. The bill also requires that on or after Feb. 1, 2027, KDADS is required to certify as a CCBHC any CMHC or qualified nonprofit provider that is licensed by KDADS and provides certain services.

HB 2596 would have amended the state Uniform Controlled Substances Act to add 35 new substances to the Act, including 23 fentanyl-related controlled substances. The bill would have added four additional substances to be excluded from control as Schedule II opioids: thebaine-derived butorphanol, naldemedine, naloxegol and samidorphen. The bill would have added daridorexant, a medication used to treat insomnia, and serdexmethylphenidate, an active ingredient in medication used to treat attention deficit/hyperactivity disorder, to the list of Schedule IV substances. The bill would have added ganaxolone, a medication used to treat a particular type of seizure, to Schedule V. The Committee amended the bill to add tianeptine, its optical isomers, salts and salts of isomers as Schedule I controlled substances. The bill then passed the House, but died on the Senate calendar on April 30.

HB 2793 would have prohibited individuals licensed by the Board of Nursing and the Behavioral Sciences Regulatory Board from providing a health care service to a minor without the consent of the minor's parent(s). The bill also would have provided that violation of this provision would subject the individual to professional discipline from such health care provider's appropriate licensing agency. The bill received a hearing but died in committee.

Children and Minors

Like the prior two sessions, child welfare was once again a focal point for legislators during 2024. The House Child Welfare and Foster Care Committee took action on various bills addressing issues such as new permanency options for children in state custody, child representation in legal proceedings, and the management of federal benefits for children in foster care. Additionally, legislators also addressed improving transparency and access to confidential information regarding child welfare, enactment of the Uniform Nonparent Visitation Act and other legislative measures aimed at enhancing the welfare of children in the state.

SB 115, introduced in 2023, enacts the Child Advocate Act, which establishes the Office of the Child Advocate (OCA) as an independent agency. The bill also amends current law in the revised Kansas Code for Care of Children (CINC Code) and the revised Kansas Juvenile Justice Code to specify the OCA would have access to certain files and records of a child subject to proceedings under these codes. Gov. Kelly signed the bill on April 22.

HB 2536, signed by Gov. Kelly on April 15, establishes a new legal permanency option for children 16 years of age or older who are in the custody of the Secretary for the Kansas Department for Children and Families (DCF). The bill also amends various statutes contained in the revised CINC Code to reference this new form of

permanency, which will be designated as SOUL Family Legal Permanency.

HB 2628, signed by Gov. Kelly on April 12, modifies the law governing access to confidential information regarding children alleged or adjudicated to be in need of care. The bill requires DCF to release certain information to the public in response to an open records request pursuant to the Kansas Open Records Act within seven business days of receipt of the request if criminal charges are filed with a court alleging that a person caused a child fatality.

HB 2629, signed by Gov. Kelly on April 15, amends provisions in law pertaining to the State Child Death Review Board. The bill eliminates certain reporting requirements by a coroner involving the investigation and autopsy of child death and requires the Kansas Department of Health and Environment (KDHE) to provide the Review Board with a copy of the child death certificate. The bill also increases the Review Board's membership, outlines its responsibilities, allows for member compensation, addresses the disclosure and maintenance of the Review Board's records and removes the limit on the Review Board's access to DCF and other social service agency records involving services provided to the child or the child's family.

HB 2675, signed by Gov. Kelly on April 15, enacts the Uniform Nonparent Visitation Act (UNVA). "Nonparent" means an individual, other than a parent or person acting as a parent of a child. The bill specifies the term includes a grandparent, sibling or stepparent to a child. The UNVA applies to a proceeding commenced on or after July 1, 2024, in which a nonparent seeks visitation. The UNVA also applies to proceedings commenced before July 1, 2024, where a final order has not been entered. The bill provides that a nonparent may commence a proceeding under the UNVA by filing a petition in the court having jurisdiction



HB 2703, signed by Gov. Kelly on April 12, adds students in the custody of the Secretary for the Kansas Department for Children and Families to the list of students identified as eligible to receive at-risk programs and services.

2024 Bill Tracker

Check out our online table with descriptions and progress updates of health-related bills for the 2024 session.

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to determine visitation under the Uniform Child Custody Jurisdiction and Enforcement Act.

HB 2703, signed by Gov. Kelly on April 12, adds students in the custody of the Secretary of DCF to the list of students identified as eligible to receive at-risk programs and services.

Sub. for HB 2189 would have added the definition of “non-minor dependent” to the Kansas Code for Care of Children, which would be an individual who is at least 18 years old but less than 21 years old, and except for the age requirement, meets the definition of a “child in need of care.” The bill would have, upon written request by a child to the court, prohibited the court from issuing an order terminating jurisdiction over the child before June 1 of the school year in which the child turns 18 years old if the child is in an out-of-home placement, is still attending high school and has not completed a high school education, or is a non-minor dependent in the custody of the Secretary of DCF when in out-of-home placement and is transitioning to adulthood. Committee members discussed the re-entry process for individuals previously in custody, the services they would receive and the fiscal note associated with the bill. They expressed concerns regarding the duration of services, accountability and the distinction between re-entry services and those provided under the independent living program. The Committee amended the bill to add definitions for “non-minor dependent” and “behavioral health crisis” and set an expiration date for the independent living services for June 30, 2029. But the bill died on the House calendar on April 30.

HB 2381 would have revised the Kansas Code for Care of Children by requiring the court to appoint an attorney to represent a child who is the subject of a child in need of care proceeding, making the guardian ad litem appointment optional. The appointed attorney would have had access to all information and records necessary for the

representation of the child. The bill received a hearing but died in committee.

HB 2554 would have amended the Kansas Code for Care of Children to require DCF to search for, identify and notify adult relatives of children who are the subject of a temporary custody order. The bill also would have required DCF to file reports within 30 days of a court order being issued and at each subsequent hearing for the child in need of care proceeding after that order has been entered that would document DCF's efforts to comply with the search and notice efforts to locate adult relatives of the child or persons with whom the child has close emotional ties. The bill would have required that adult relatives of the child and persons with whom the child has close emotional ties receive notice of court proceedings by certified mail, unless DCF is aware of safety concerns. An adult relative or a person who failed to respond within 30 days of the date of the notice and subsequently wishes to become the child's placement would have been required to show by clear and convincing evidence that a change in placement is in the best interest of the child. The court could have ordered DCF to continue to search for adult relatives of the child or a person with whom the child has close emotional ties for up to six months from the date of the temporary custody order entered or from the date of change in the child's placement. During a permanency hearing, DCF would have reported to the court all unsuccessful, intensive, ongoing efforts that had been made to return the child home or secure a permanent placement with a fit and willing relative, legal guardian or an adoptive parent. The bill received a hearing but died in committee.

HB 2580 would have amended the revised Kansas Code for Care of Children by permitting a court to consent to mental, emotional or behavioral health screenings and treatment, including the release and inspection of mental, emotional or behavioral

health records for children under the jurisdiction of the court, other than inpatient treatment at a state psychiatric hospital, including the release and inspection of medical or hospital records. A child or parent who was opposed to a mental health screening or treatment could have requested a hearing. The bill also would have granted immunity to any health care providers who provide such screenings and treatment and would have defined “behavioral health crisis” and “behavioral health treatment.” The bill received a hearing but died in committee.

HB 2581 would have eliminated the requirement that court-ordered child support be paid when a child is in the custody of DCF. The bill also would have removed the requirement that child support payment requests be made in a child in need of care petition. The bill was amended to reinsert language that would have been removed by the bill, as introduced, concerning the required contents of a child in need of care petition and would have modified the language to make a request for child support permissive rather than mandatory. The bill died when it was stricken from the calendar on Feb. 23.

HB 2772 would have established the Kansas Indian Child Welfare Act by providing additional requirements for child custody proceedings involving American Indian children. The bill would have defined terms used in the Act and would have granted jurisdiction over proceedings that involve an American Indian child to the child’s tribe. The bill would have required DCF to notify tribes if a proceeding would involve an American Indian child and would have required state courts to seek placement of an American Indian child with an American Indian custodian or person committed to the child’s culture. The state courts would have been required to declare standards for proceedings involving an American Indian child and also would have been required to provide notice of the proceedings and identify when to notify the United States Secretary of the Interior. The bill received a hearing but died in committee.

Gender

A series of proposed bills this session addressed gender-related treatments and policies, focusing on minors and the use of state funds.

House Sub. for SB 233, vetoed by Gov. Kelly on April 12, would have stated that a recipient of state funds could not use those funds to provide

or subsidize medication or surgery as a treatment for a child’s perception of gender or sex that is inconsistent with the child’s sex. The bill would have stated that an individual or entity that receives state funds to pay for or subsidize the treatment of children for psychological conditions, including gender dysphoria, could not promote or advocate for such medication or surgery as a treatment for such child. The bill would have prohibited the Kansas Program of Medical Assistance and its managed care organizations from reimbursing or providing coverage for medication or surgery as a treatment for such child.

Except to the extent required by the First Amendment to the U.S. Constitution, the bill would have prohibited a state property, facility or building from being used to promote or advocate for the use of social transitioning, medication or surgery as a treatment for such child. A state property, facility or building also would have been prohibited from being used to prescribe, administer or dispense medication or perform surgery as a treatment for such child. The bill also would have prohibited a state employee whose official duties include the care of children from, while engaged in official duties, providing or promoting the use of social transitioning, medication or surgery as a treatment for such child.

The bill would have prohibited a health care provider from knowingly providing surgical procedures or medications stated in the bill as treatment for such child. The bill would have made related definitions and outlined exceptions to prohibitions. The bill would have stated a health care professional who violates the provisions of the bill has engaged in unprofessional conduct and would have their license revoked by the appropriate licensing entity or disciplinary review board.

The bill would have stated that a health care professional who provides treatment to a child in violation of the bill would be held strictly liable to the child if the treatment or effects of such treatment results in any physical, psychological, emotional or physiological harms to the child in the next 10 years from the date that the individual turns 18 years old. The bill would have allowed a civil cause of action against health care providers in violation of the provisions of the Act and also would have prevented professional liability insurance from covering related damages.



SB 19, signed by the Governor on April 23, requires school districts to adopt cardiac emergency response plans based on the statewide standards developed by the Kansas Department of Health and Environment.

HB 2791 would have prohibited health care professionals from providing specified treatments for a child whose gender identity was inconsistent with the child's sex, including certain surgical procedures, puberty blockers and other medications. The bill would have made related definitions and outlined exceptions to prohibitions. Health care professionals would have been required to obtain informed consent from a child's parent or guardian as detailed in the bill before discussing with a child the possibility of social transitioning, medication or surgery as a treatment for a child whose perceived gender or sex is inconsistent with such child's sex. The bill would have allowed a civil cause of action against health care professionals in violation of the provisions of the Act and also would have prevented professional liability insurance from covering related damages. The bill received a hearing but died in committee.

HB 2792 would have prohibited gender-transition surgeries on minors and a violation would have been considered unprofessional conduct under K.S.A. 65-2837. The bill also would have required transgender care services and treatments to be conducted according to the clinical practice guidelines specified in Wylie C. Hembree, et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Person: An Endocrine Society Clinical Practice Guidelines." The bill received a hearing but died in committee.

Health Insurance

HB 2325 would have amended the Health Care Provider Insurance Availability Act to add certain maternity centers to the definition of "health care provider" and to add facilities where elective abortions are performed to the list of entities that are not health care providers, as defined in the bill, which would have made them ineligible to purchase professional liability insurance from the Health Care Stabilization Fund. The bill was passed by both

chambers and presented to the Governor on April 14. After she vetoed the bill on April 24, the Senate failed to override the veto on April 27 and her veto was sustained.

HB 2787, signed by Gov. Kelly on April 22, amends the Kansas Life and Health Insurance Guaranty Association Act to include health maintenance organizations as member insurers of the association. The Guaranty Association is a statutory entity created in 1972, composed of all insurers licensed to sell life insurance, health insurance and individual annuities in the state, which provides protection to Kansas residents who are holders of life and health insurance policies and individual annuities with insurers found to be insolvent and ordered to be liquidated by a court.

HB 2834, which was passed by the House but failed to receive a hearing in the Senate, would have transferred authority over the Kansas State Employee Health Plan (SEHP) from the Department of Administration to the Department of Insurance and would have established the Commissioner of Insurance as the Chairperson of the Kansas State Employees Health Care Commission. The bill would have provided for all powers, duties and functions of the staff of the SEHP to be under the direction of the Commissioner. The bill was passed by the House on March 27, but failed to get a hearing in the Senate Financial Institutions and Insurance Committee.

Health-Related Sales Taxes

More than a handful of bills that would have accelerated the elimination of the state sales tax on food and food ingredients from Jan. 1, 2025, to July 1, 2024, were introduced and passed in committee but failed to pass into law. One bill, **Senate Sub. for HB 2036**, which would have reduced the rate of tax on the sale of food and food ingredients to 0 percent on July 1, along with other tax provisions, was passed by both chambers on April 5. Despite



Currently, Kansas adults are eligible for Medicaid if they are age 65 or older, blind or have a disability and meet income and resource requirements, are pregnant and meet income limits, or if they are a parent or guardian with family income below 38 percent FPL, or \$11,856 per year for a family of four in 2024.

the Governor's support for the earlier elimination of the sales tax on food, she vetoed the bill on April 24, citing concerns related to the future cost of the bill. The Senate failed to override her veto on April 29. Elimination of the state sales tax on food and food ingredients will occur on Jan. 1, 2025, under current law.

Medicaid Expansion

Before the session began, Gov. Laura Kelly declared that Medicaid expansion was her "No. 1 priority" for the session. Two companion bills, **SB 355** and **HB 2556**, to expand Medicaid were introduced on Jan. 17. Both bills would have expanded medical assistance eligibility and enacted the Cutting Healthcare Costs for All Kansans Act.

Both bills would have enacted the Cutting Healthcare Costs for All Kansans Act to expand KanCare effective Jan. 1, 2025, and included a work requirement with some exemptions. The bill would have covered the state's 10-percent share of the cost to expand Medicaid, in part, "from drug rebates, a hospital fee, and savings from higher reimbursement rates for existing Medicaid recipients." The bill also included a work requirement for Medicaid enrollees in the expansion population with exemptions. It would have allowed people with household income between 100-138 percent of the federal poverty level (FPL) to choose between enrolling in Medicaid or remaining on their employer-sponsored insurance, with premium assistance managed by the Kansas Department of Health and Environment (KDHE).

On Wednesday, March 20, the Senate Ways and Means and Public Health and Welfare Committees held a joint "informational hearing" while the House Health and Human Services Committee held a hearing on **HB 2556**, but took no vote on the bill. The Legislature had last held

a hearing on Medicaid expansion in 2020, with subsequent bills introduced each year but failing to receive hearings until this legislative session.

Currently, Kansas adults are eligible for Medicaid if they are age 65 or older, blind or have a disability and meet income and resource requirements, are pregnant and meet income limits, or if they are a parent or guardian with family income below 38 percent FPL, or \$11,856 per year for a family of four in 2024. An estimated 151,898 Kansans, including 106,450 adults and 45,448 children, may have newly enrolled in KanCare if Medicaid had been expanded in January 2025. (bit.ly/ExpansionEstimate)

Welfare Reform

Legislators considered a handful of bills related to homelessness, various assistance programs, and reorganization of the eligibility requirements for all public assistance programs.

SB 488 would have expanded the scope of the Inspector General within the Office of the Attorney General to include the audit, investigation and performance review of all state cash, food and health assistance programs. Current law provides only for a full-time program to audit, investigate and perform such reviews of the state Medicaid program and Children's Health Insurance Plan. The bill was passed by the Senate on March 26, but received no hearing and died in the House Health and Human Services Committee on April 30.

SB 542 would have appropriated \$20.0 million, all from the State General Fund, over two years for grants to municipalities to build or improve homeless shelters. The bill would have required all cities and counties to adopt an ordinance or resolution prohibiting unauthorized public camping, sleeping or obstruction of sidewalks, and would have prohibited cities or counties from dropping off individuals without a home outside

their jurisdictions without the consent of the receiving entity. The Senate Ways and Means Committee passed the bill on March 25, but it died on the Senate Calendar on April 30. During the Committee hearing, it was noted that the U.S. Supreme Court was considering a case regarding the constitutionality of ordinances and resolutions prohibiting public camping. On June 28, the U.S. Supreme Court, in the case of *City of Grants Pass, Oregon v. Johnson et al.*, held that the enforcement of laws regulating camping on public property does not constitute cruel and unusual punishment prohibited by the Eighth Amendment.

HB 2627 would have reorganized subsections within the public assistance statute regarding eligibility requirements for the cash assistance program (Temporary Assistance for Needy Families, TANF), food assistance program (Supplemental Nutrition Assistance Program, SNAP) and the child care subsidy program. The Welfare Reform Committee passed the bill Feb. 13, but it was then transferred to the Appropriations Committee and then to the Committee of the Whole, where it died on the calendar on April 30.

HB 2673 would have directed the Department for Children and Families (DCF) to request a waiver from SNAP that would allow the state to prohibit the purchase of candy and soft drinks with food assistance benefits. However, it was stricken from the House Calendar on Feb. 23.

Licensing and Scope of Practice

SB 433, signed by the Governor on April 4, clarified the practice privileges of institutional license holders who are employed by the Kansas Department for Aging and Disability Services (KDADS) or the Kansas Department of Corrections (KDOC) or by a third party contracted by the institution. The bill allows state hospitals to increase

their employment of doctors, as current language prevents employers from hiring institutional doctors that practice physical medicine only.

HB 2453, signed by the Governor on April 12, enacted the Dentist and Dental Hygienist Compact to provide interstate practice privileges for dentists and dental hygienists. The bill contains uniform language that would enact the compact in Kansas.

HB 2484, signed by the Governor on April 12, established the Social Work Licensure Compact to facilitate interstate practice of regulated social workers. The bill also amended law to add the background check procedure for the Social Work Licensure Act and added a fee relating to multistate licenses under the compact.

HB 2745, signed by the Governor on March 29, limits the application of the statute providing for reciprocal occupational licensing, including health care professional licensing, for military services members and military spouses to those residing in Kansas or planning to reside in Kansas due to the assigned military station of the individual or their spouse, and exempts such applicants from all fees for applications for any such credential assessed by licensing bodies, including criminal background report fees whether assessed by the licensing body or another agency, including initial applications and any fees associated with renewal of any credential. Licensing bodies include the Behavioral Sciences Regulatory Board, Board of Healing Arts, Board of Nursing, Kansas Dental Board and Kansas Board of Pharmacy.

Pregnancy/Maternal Health

House Substitute for SB 232 would have amended K.S.A. 20-165 by adding an unborn child's direct medical and pregnancy-related expenses as factors in child support guidelines but would have prohibited costs related to elective abortion.



HB 2453, signed by the Governor on April 12, enacted the Dentist and Dental Hygienist Compact to provide interstate practice privileges for dentists and dental hygienists. The bill contains uniform language that would enact the compact in Kansas.

Support for the unborn child would have started from conception and not exceeded the mother's expenses. The bill also would have clarified that "child" includes unborn children. The conference committee report was adopted and passed by both the House and the Senate but was vetoed by Gov. Kelly on May 10. There was no motion to reconsider, and the veto was upheld.

SB 498 would have enacted the Pregnancy Resource Act to allow contributions to eligible charitable organizations operating pregnancy centers or residential maternity facilities to receive a 70-percent tax credit beginning in tax year 2024. This bill was passed by the Senate but died in the House Committee.

HB 2478 would have added "maternity center" to the definition of "healthcare provider" in statutes regarding professional liability insurance requirements for health care providers. The bill would have allowed maternity centers that are not organized as professional corporations to have access to coverage through the Health Care Stabilization Fund, provided they meet certain requirements provided for in the Health Care Provider Insurance Availability Act. The bill was passed by the House Insurance Committee but died in the House on General Orders.

Medical Cannabis

Two bills, **SB 555** and **SB 558**, related to the regulation of the processing, distribution, sale and use of medical cannabis, were introduced this session. One of them received a hearing.

SB 555 would have created the Medical Cannabis Pilot Program Act and established the Medical Cannabis Pilot Program to be administered by KDHE. KDHE would have been authorized to enter into contracts with medical cannabis operators and one or more pharmacies for the

purpose of dispensing medical cannabis products in the state, as specified in the bill. The bill would have included a sunset for the pilot program of July 1, 2029. **SB 555** received a hearing in the Senate Federal and State Affairs Committee on March 28, but died in committee with no vote on April 30. After the Committee's meeting, Senate President Ty Masterson stated that "[d]iscussions will no doubt continue in future sessions, especially if and when the federal government acts." A 2024 interim Special Committee on Medical Marijuana is scheduled to meet on Oct. 16 and 28.

Marijuana is a Schedule I controlled substance under federal law, which prohibits the manufacture, distribution, dispensation and possession of marijuana except in research studies approved by the federal government. Thirty-eight states, three territories and the District of Columbia allow the medical use of cannabis products.

Abortion

Eight bills related to abortion were introduced or worked during the 2024 session. Two made their way to the Governor's desk.

Senate Sub. for HB 2436 creates the crime of "coercion to obtain an abortion," which is defined as engaging in coercion with both the knowledge that a woman is pregnant and the intent to compel the woman to obtain an abortion when she has expressed a desire to not obtain an abortion. The bill classifies the offense of "coercion to obtain an abortion" as a nongrid person felony with a sentence of between 30 days and one year imprisonment and a fine of \$500 to \$5,000. The penalty for the "coercion to obtain an abortion" offense rises to a sentence between 90 days and one year of imprisonment and a fine between \$1,000 and \$10,000 if (1) the offense was



Two bills, **SB 555** and **SB 558**, related to the regulation of the processing, distribution, sale and use of medical cannabis, were introduced this session. One of them received a hearing. A 2024 interim Special Committee on Medical Marijuana is scheduled to meet on Oct. 16 and 28.



SB 394 creates law requiring the use of age verification technology to permit access to internet websites containing material harmful to minors. Governor Kelly allowed the bill to become law without her signature on April 12.

committed by the father or putative father of the unborn child who is 18 years of age or older at the time of the offense; and (2) the offense is committed against a pregnant woman who is under the age of 18.

The bill, which passed both the House and Senate, was vetoed by Gov. Kelly on April 12, but her veto was overridden by both chambers on April 29.

HB 2749, vetoed by Governor Kelly on April 12 and overridden on April 29, amends reporting requirements for abortions performed in Kansas and now requires written reports of pregnancies lawfully terminated to be submitted to KDHE biannually by medical care facilities and persons licensed to practice medicine and surgery. The law also mandates that, except in medical emergencies, patients must be asked before termination of a pregnancy to indicate the most important factor regarding their reason for deciding to seek an abortion.

Other Bills

SB 19, signed by the Governor on April 23, requires school districts to adopt cardiac emergency response plans based on the statewide standards developed by KDHE.

House Sub. for SB 287, signed by the Governor on April 30, prohibits a health care provider from administering medication, diagnostic tests or conducting ongoing behavioral health treatments to a minor in a school facility without parental consent.

SB 381 amends law concerning the appointment of district coroners to allow a county in a multiple county judicial district to appoint, at the county's expense, a district coroner, regardless of the county's population. The bill allows the board of county commissioners in any county that is not the most populous county in the judicial district to appoint a coroner to serve as district coroner for

the county. The bill also requires the district coroner appointee to be nominated by the local medical society or a qualified person. The law was adopted by both the House and Senate on a unanimous vote and signed by Governor Kelly on April 4.

SB 384 authorizes the Emergency Medical Services (EMS) Board to grant a permanent variance from a rule and regulation adopted to implement, enforce or otherwise regulate provisions regarding minimal staffing on each vehicle providing emergency service. The bill was passed by the House and Senate, with both chambers adopting the Conference Committee Report on April 4. Governor Kelly signed the bill into law on April 22.

SB 394 creates law requiring the use of age verification technology to permit access to internet websites containing material harmful to minors. Governor Kelly allowed the bill to become law without her signature on April 12.

HB 2358 modifies the Uniform Vital Statistics Act provisions concerning who may certify a cause of death. The law specifies that a cause of death certifier could certify the cause of death of a deceased person. Under the law, "cause of death certifier" would mean:

- A person licensed to practice medicine and surgery by the State Board of Healing Arts (Board).
- A physician assistant licensed by the Board.
- An advanced practice registered nurse licensed by the State Board of Nursing.
- A district coroner.
- A deputy coroner.
- A special deputy coroner.

The bill was passed by the House and Senate, with both chambers adopting the Conference

Committee Report on April 4. Governor Kelly signed the bill into law on April 12.

HB 2446 would have prohibited municipalities from adopting or enforcing an ordinance, resolution or regulation that restricts, taxes, imposes a fee upon, prohibits or regulates the use of auxiliary containers. The bill defined “auxiliary container” as a straw, bag, cup, package, container, bottle, device or other packaging, without limitation. Both Chambers passed **HB 2446**; however, on April 5, Governor Kelly vetoed the bill. By April 30, there was no motion to reconsider the bill, and the veto was sustained.

SB 142 would have prohibited the use of a mobile telephone while driving by drivers under the age of 18 and for all drivers while driving in construction zones with workers present or in school zones during hours of reduced speed enforcement. The bill passed through both the House and Senate, but on April 30, died in Conference.

HB 2300 would have added duly ordained ministers of religion, as defined in statute, as mandated reporters. A duly ordained minister of religion who suspects physical, mental or emotional abuse, neglect or sexual abuse of a child based on penitential communication would not be required to violate penitential privilege. The bill died on General Orders in the House.

HB 2499 would have prohibited the use of a mobile telephone while driving by drivers under the age of 18 and for all drivers while driving in construction zones with workers present or in school zones during hours of reduced speed enforcement. The bill would have specified holding a mobile telephone when not permitted under the bill would constitute prima facie evidence of a violation. The bill passed in the

House on Feb. 15, but later died in the Senate on General Orders.

HB 2547, signed by the Governor on April 19, amends the law regarding the stock maintenance and administration of emergency medication kits in schools, including epinephrine and albuterol. The bill provides a level of immunity from liability for a pharmacist, physical or a mid-level practitioner who distributes or prescribes emergency medications to a school or provides training on the administration of the emergency medicine for school personnel, and for the school personnel who administer the medications under specific circumstances.

HB 2579 would have amended law concerning emergency medical services (EMS) to add to the list of interventions that emergency medical responders (EMRs) may provide. The bill would add the distribution of non-prescription, over-the-counter (OTC) medications, as approved by the EMS medical director. The EMS medical director would not be able to include as approved OTC medications any compound, mixture or preparation that has a detectable quantity of ephedrine or pseudoephedrine and is exempt from being reported to the statewide electronic logging system for the sale of methamphetamine precursors. The bill passed the House 120-0 but died on the Senate calendar on April 30.

HB 2613 would have created a statewide Drug Abuse Resistance Education (DARE) educator in the Office of the Attorney General. The DARE educator would have been charged with providing DARE curriculum instruction, including content on fentanyl and other opioids, to public K-12 schools and would have performed services and provided materials and information necessary to support the DARE program in Kansas. The bill was passed by the House but died in Senate committee.

ABOUT THE ISSUE BRIEF

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