



Kansas Register

Scott Schwab, Secretary of State

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May 9, 2019

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State of Kansas

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210. These rates and their uses are defined in K.S.A. 12-1675(b)(c)(d) and K.S.A. 12-1675a(g).

Effective 5-6-19 through 5-12-19

Term	Rate
1-89 days	2.42%
3 months	2.44%
6 months	2.43%
12 months	2.38%
18 months	2.34%
2 years	2.31%

Scott Miller
Director of Investments

Doc. No. 047136

State of Kansas

Secretary of State

Code Mortgage Rate for May

Pursuant to the provisions of K.S.A. 16a-1-301, Section 11, the code mortgage rate during the period of May 1-31, 2019, is 12 percent. The reference rate referred to in the definition of "code mortgage rate" set forth in K.S.A. 16a-1-301(11)(b)(i) is discontinued, has become impractical to use, and/or is otherwise not readily ascertainable from the Federal Home Loan Mortgage Corporation.

Scott Schwab
Secretary of State

Doc. No. 047143

State of Kansas

**Department of Administration
Office of the Chief Financial Officer**

Public Notice

Under requirements of K.S.A. 65-34,117(c), as amended, records of the Office of the Chief Financial Officer show the unobligated balances are \$7,242,107.29 in the Underground Petroleum Storage Tank Release Trust Fund and \$2,332,456.43 in the Aboveground Petroleum Storage Tank Release Trust Fund at April 30, 2019.

Annette Witt, Manager
Office of the Chief Financial Officer

Doc. No. 047142

State of Kansas

**Department for Aging
and Disability Services**

Request for Applications

The Department for Aging and Disability Services (KDADS), announces the release of a Request for Application (RFA) to qualified applicants to provide services to produce outcomes requested in the goal areas

identified within the RFA. Applications will be accepted no later than 5:00 p.m. (CST) May 31, 2019. A complete copy of the RFA with details of important dates and timelines may be found at <https://kdads.ks.gov/funding-opportunities> under Behavioral Health Services Commission Section. Additional files may be located at this website throughout the process so please monitor on a regular basis for changes.

Laura Howard
Secretary

Doc. No. 047156

(Published in the Kansas Register May 9, 2019.)

Delaware Watershed Joint District No. 10

Request for Proposals

The Delaware Watershed Joint District No. 10, Holton, Kansas, is requesting a qualifications and cost proposal to complete a study to reaffirm feasibility for fifteen (15) floodwater Retarding Dams (FRDs) in the Grasshopper Coal Creeks Watershed. The existing Watershed Work Plan and EIS is dated March 1978, with an Addendum dated August 1980 (voided), and a Supplemental Watershed Agreement No. 1 dated October 1983. The Statement of Work provides the requirements to reaffirm feasibility for all planned, but not yet constructed, Public Law 83-566 dam sites in the watershed, with documentation acceptable to the USDA Natural Resources Conservation Service.

The award under this contract will be based on the following selection criteria:

1. Professional qualifications, specialized experience, and competence necessary for the satisfactory performance of watershed planning;
2. Technical understanding of the requirements, deliverables, and delivery schedule;
3. Experience on projects similar in scope to the work described in the geographic area;
4. Capacity to accomplish the work in the required time; and
5. Past performance on contracts in terms of quality of work, timeliness, and cost control.

In addition to the selection criteria above, proposals should address Statement of Work Section E (Personnel) and Section J (Measurement and Payment). Upon selection of the best qualified firm, negotiations will be concluded as needed to award a contract at a fair and reasonable price. The successful firm will then provide a consulting services contract document or service agreement for execution by both parties.

Proposals are due June 7, 2019. Questions and proposals should be submitted in writing to:

Delaware Watershed Joint District No. 10
Attn: Marilyn Snider, Contracting Officer
125 W. 4th St.
PO Box 70
Holton, KS 66436
785-364-4309
delawarews@embarqmail.com

(continued)

Submit an electronic copy and at least one hard copy of the proposal to the Contracting Officer. The Statement of Work, Reaffirming Feasibility, and all Exhibits are available upon request from the Contracting Officer.

Marilyn Snider
Contracting Officer

Doc. No. 047148

(Published in the Kansas Register May 9, 2019.)

Workforce Alliance of South Central Kansas

Notice of Meeting

The Workforce Alliance of South Central Kansas (WA), the Local Workforce Development Board for Kansas Local Area IV (LAIV), is requesting participation in the development of a new Chief Elected Officials Board as part of the implementation of the Federal Workforce Innovation and Opportunity Act (WIOA). Counties through their elected officials carry out required duties of WIOA and those will be discussed at the meeting. Elected Officials from municipalities are encouraged to participate but not required. The WA is hosting a meeting for elected officials from the six counties and all the municipalities in LAIV at 10:00 a.m. Thursday, May 16, 2019, at the Wichita Workforce Center, 2021 N. Amidon, Suite 1100, Wichita, KS 67203. LAIV consists of the counties of Butler, Cowley, Harper, Kingman Sedgwick and Sumner. Questions or requests for meeting materials can be directed to Laura Rainwater at 316-771-6613 or LRainwater@workforce-ks.com.

Chad Pettera
Vice President and
Chief Operating Officer

Doc. No. 047141

State of Kansas

**Department of Administration
Procurement and Contracts**

Notice to Bidders

Sealed bids for items listed will be received by the Director of Procurement and Contracts until 2:00 p.m. on the date indicated. For more information, call 785-296-2376:

05/22/2019	EVT0006550	Wahington DC Legal Counsel – Attorney Pool
05/28/2019	EVT0006579	Court Interpreter Orientation
05/28/2019	EVT0006595	Pest Control Services – Bed Bugs
05/28/2019	EVT0006598	Concrete Pad for Chemical Storage – KDOT
05/29/2019	EVT0006575	Vendor Managed Co-Location Data Center Facility
05/29/2019	EVT0006577	Ford F-350 Topper and Accessory Installation
05/30/2019	EVT0006547	Bomb Truck Box
05/30/2019	EVT0006576	Fertilizer/Herbicide
05/30/2019	EVT0006580	Tobacco Cessation Quitline
05/30/2019	EVT0006581	Courtesy Bid – Medicare Part D Drug Prescription Benefit Program
05/31/2019	EVT0006602	Security Surveillance

05/31/2019	EVT0006607	Economic Forecast Data
06/04/2019	EVT0006568	Temporary Psychiatric and Medical Services
06/04/2019	EVT0006588	One Ton Truck
06/05/2019	EVT0006565	Legal Services
06/05/2019	EVT0006587	Janitorial Services – Junction City
06/05/2019	EVT0006594	One Ton Dump Truck
06/07/2019	EVT0006589	Janitorial Services – Emporia
06/07/2019	EVT0006590	Rest Area Maintenance – Linn County

The above referenced bid documents can be downloaded at the following website:

<http://admin.ks.gov/offices/procurement-and-contracts/bid-solicitations>

Additional files may be located at the following website (please monitor this website on a regular basis for any changes/addenda):

<http://admin.ks.gov/offices/procurement-and-contracts/additional-files-for-bid-solicitations>

06/04/2019	A-013412	Topeka State Defense Building Direct Digital Controls
06/04/2019	A-013692 A-013693 A-013694	Nimitz Modular Boiler Conversion, Replacement of HVAC Units – Various BLDG Eisenhower Hall HVAC Conversion
06/06/2019	A-013758	LSOB Decommission and Upgrade Data Center & UPS Cooling – PH-1

Information regarding prequalification, projects, and bid documents can be obtained at 785-296-8899 or <http://admin.ks.gov/offices/ofpm/dcc>.

Tracy T. Diel, Director
Office of Procurement and Contracts

Doc. No. 047149

(Published in the Kansas Register May 9, 2019.)

Flint Hills Area Transportation Agency

Notice to Bidders

Flint Hills Area Transportation Agency (FHATA) is soliciting competitive bids for vehicle tires and tire services for the period commencing in June 2019 through June 30, 2020. FHATA reserves the right to exercise two (2) one (1) year extension option through June 30, 2022. It is FHATA's intent to award one contract tires and tires services no later than June 20, 2019.

Complete details of the invitation to bid, as well as any future addendums are posted at our website at <https://rileycountyks.gov/1773/Bid-Postings>. Bids must be received in the FHATA office at 5815 Marlatt Ave., Manhattan, KS 66503 by 2:00 p.m. (CST) June 10, 2019. All related questions should be in writing and directed to Melanie Tuttle, Finance Director, mtuttle@fhata.org, no later than May 23, 2019. A public bid opening will take place at the FHATA office on June 13, 2019 at 2:00 p.m.

In order to receive communication, including addenda's, regarding this invitation to bid, you must notify Melanie Tuttle via email of your interest in this solicitation at mtuttle@fhata.org. All communication will be sent

to known solicitation holders via email. FHATA will not be responsible for communicating with firms that do not notify us of their interest in this solicitation.

Melanie Tuttle
Finance Director

Doc. No. 047150

**State of Kansas
Office of Judicial Administration**

Notice of Grant Funding

The Access to Justice Fund is administered by the Kansas Supreme Court. To the extent the Judicial Branch budget is funded, Access to Justice Grants will be made available for operating expenses of programs that provide access to the Kansas civil justice system for people who otherwise would not be able to participate. Such programs may provide legal assistance to *pro se* litigants, legal counsel for civil and domestic matters, or other legal or dispute resolution services to recipients that meet financial qualifications under grant guidelines promulgated by the Supreme Court of Kansas.

Access to Justice Grant application packets may be requested from the Office of Judicial Administration and must be returned to this office by June 21, 2019:

Office of Judicial Administration
Kansas Judicial Center
301 SW 10th Ave., Room 337
Topeka, KS 66612

Please direct telephone inquiries to Jeff Peter at 785-296-2256.

Jeff Peter
Assistant Financial Officer

Doc. No. 047151

**State of Kansas
Wichita State University**

Notice of Intent to Lease Land and/or Building Space

Public notice is hereby given that Wichita State University (WSU) intends to lease available land and building space. The university will consider leasing such property and/or space to those whose presence on campus would advance the university's applied learning vision or its mission as an educational, cultural, and economic driver for Kansas and the greater public good, or otherwise provide supporting services and amenities to the campus community (such as restaurants, retail establishments, financial institutions, etc.). Because tenant use must be a good fit with the university's educational mission and available space, please be prepared to provide the following information: (1) name; (2) square footage of space needs and desired lease term and location; (3) equipment, design, or other special needs; (4) description of anticipated use; and (5) the anticipated benefits to the university, its students, and the WSU community (e.g. applied learning, joint research, faculty start-up, etc.). The university will consider serious offers and inquiries from any financially qualified individual, group, organization, or company. If interested, please contact Vice

President for Research & Technology Transfer, Dr. John Tomblin, john.tomblin@wichita.edu or Property Manager Crystal Stegeman, crystal.stegeman@wichita.edu. This publication is being published pursuant to K.S.A. 75-430a(d), to the extent applicable.

Crystal Stegeman
University Property Manager
Office of the Vice President for
Administration and Finance
Wichita State University

Doc. No. 046691

**State of Kansas
Department of Health and Environment**

**Notice Concerning Kansas/Federal Water
Pollution Control Permits and Applications**

In accordance with Kansas Administrative Regulations 28-16-57 through 63, 28-18-1 through 17, 28-18a-1 through 33, 28-16-150 through 154, 28-46-7, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, various draft water pollution control documents (permits, notices to revoke and reissue, notices to terminate) have been prepared and/or permit applications have been received for discharges to waters of the United States and the state of Kansas for the class of discharges described below.

The proposed actions concerning the draft documents are based on staff review, applying the appropriate standards, regulations, and effluent limitations of the state of Kansas and the Environmental Protection Agency. The final action will result in a Federal National Pollutant Discharge Elimination System Authorization and/or a Kansas Water Pollution Control permit being issued, subject to certain conditions, revocation, and reissuance of the designated permit or termination of the designated permit.

Public Notice No. KS-AG-19-166/173

Pending Permits for Confined Feeding Facilities

Name and Address of Applicant	Legal Description	Receiving Water
RK Cattle Company Ryan Ortner 135 N. Glen St. Ainsworth, NE 69210-1519	All of Section 22 and SW/4 of Section 23 T26S, R28W Gray County	Upper Arkansas River Basin

Kansas Permit No. A-UAGY-C010
Federal Permit No. KS0087602

An update to the Nutrient Management Plan (NMP) was received for this existing facility currently permitted for 20,000 head (20,000 animal units) of cattle weighing greater than 700 pounds. The facility's NMP was updated to include the addition of nine new application fields. There are no changes to the permit or in the permitted number of animal units. Only the updated portions of the Nutrient Management Plan are subject to comment. This facility has an approved Nutrient Management Plan on file with KDHE.

Name and Address of Applicant	Legal Description	Receiving Water
Greg Allen 1168 I Rd. Centralia, KS 66415	NW/4 of Section 9 T04S, R12E Nemaha County	Missouri River Basin

(continued)

Kansas Permit No. A-MONM-S034

This is a permit modification for an existing facility for 150 head (60 animal units) of swine weighing greater than 55 pounds, and 30 head of dogs in kennels (0.6 animal units), for a total of 60.6 animal units. There has been 149.4 decrease in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
High C Farms Chris Pinkston 1213 NW 80th Ave. St. John, KS 67576	SW/4 of Section 17 T22S, R14W Stafford County	Upper Arkansas River Basin

Kansas Permit No. A-UASF-B001

This is a renewal permit for an existing facility for 990 head (990 animal units) of cattle weighing more than 700 pounds. There has been no change in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
Wayne Hermes 1353 136th Rd. Seneca, KS 66538	SW/4 of Section 21 and NW/4 of Section 28 T03S, R13E Nemaha County	Missouri River Basin

Kansas Permit No. A-MONM-M028

This is a renewal permit for an existing facility for 120 head (168 animal units) of mature dairy cows and 20 head (10 animal units) of cattle weighing 700 pounds or less (dairy calves), for a total of 178 animal units. There has been no change in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
Watowa Farms Owen Watoma 12124 Neosho Rd. Atchison, KS 66002	NW/4 of Section 5 T05S, R20E Atchison County	Missouri River Basin

Kansas Permit No. A-MOAT-S004

This is a renewal permit for an existing facility for 1,022 head (408.8 animal units) of swine weighing more than 55 pounds and 420 head (42 animal units) of swine weighing 55 pounds or less, for a total of 450.8 animal units. There has been no change in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
Billips Farms Lyle Billips 3449 350th Ave. Hill City, KS 67642	NE/4 of Section 31 T06S, R21W Graham County	Solomon River Basin

Kansas Permit No. A-SOGH-B005

This is a renewal permit for an existing facility for 990 head (990 animal units) of cattle weighing greater than 700 pounds. There has been no change in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
Leslie Werth 104 S. Front Schoenchen, KS 67667	NW/4 of Section 3 T16S, R19W Rush County	Smoky Hill River Basin

Kansas Permit No. A-SHRH-B009

This is a renewal permit for an existing facility for 220 head (220 animal units) of cattle weighing greater than 700 pounds and 760 head (380 animal units) of cattle weighing 700 pounds or less, for a total of 600 animal units. There has been no change in animal units from the last permit.

Name and Address of Applicant	Legal Description	Receiving Water
Urban Farms Barry Urban 2981 Ave. D Bison, KS 67520	SE/4 of Section 17 T16S, R17W Rush County	Smoky Hill River Basin

Kansas Permit No. A-SHRH-B008

This is a renewal permit for an existing facility for 80 head (80 animal units) of cattle weighing more than 700 pounds and 80 head (40 animal units) of cattle weighing 700 pounds or less, for a total of 120 animal units. There has been no change in animal units from the last permit.

Public Notice No. KS-AG-R-19-009/012

Per Kansas Statutes Annotated 65-171d, the following Registration has been received for a proposed facility:

Name and Address of Registrant	Legal Description	County
Troy Wiebe 12361 NW Prairie Creek Rd. Whitewater, KS 67154	NW/4 of Section 20 T21S, R03E	Marion

Name and Address of Registrant	Legal Description	County
Steve Peterson 1931 4th St. Clay Center, KS 67432	W/2 of Section 20 T08S, R03E	Clay

Name and Address of Registrant	Legal Description	County
Robert Kramer 1109 ORD Goff, KS 66428	SE/4 of Section 8 T04S, R13E	Nemaha

Name and Address of Registrant	Legal Description	County
Sharon Munk 562 S. Road 150 W. Menlo, KS 67753-5344	SW/4 of Section 18 T08S, R30W	Sheridan

Public Notice No. KS-Q-19-110/111

The requirements of the draft permit public noticed below are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-g), and Federal Surface Water Criteria.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Mid-States Materials PO Box 236 Topeka, KS 66601	Marais des Cygnes River via Pottawatomie Creek via Unnamed Tributary	Process Wastewater

Kansas Permit No. I-MC13-PO08
Federal Permit No. KS0100412

Legal Description: NE¼, S16, T20S, R20E, Anderson County, Kansas

Facility Name: Garnett Quarry

The proposed action is to reissue an existing State/NPDES permit for an existing facility. This facility is engaged in limestone quarrying operation, which may wash rock occasionally. If rock washing occurs and wash water is generated, it will be directed to a large sedimentation pond, which is in the old quarry pit, and treated wash water will be recycled and not discharged. The proposed permit contains generic language to protect the waters of the state.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Waste Corporation of Kansas, Inc. 33924 Olathe Dr. Lebanon, MO 65536	Marais des Cygnes River via Cox Creek via Unnamed Tributary	Process Wastewater

Kansas Permit No. I-MC03-PO05
Federal Permit No. KS0100480

Legal Description: SE¼, S2, T28S, R25E, Crawford County, Kansas

Facility Name: Oak Grove Landfill

The proposed action is to reissue an existing State/NPDES permit for an existing facility. This facility is engaged in mining of clay used to construct the liner of the Oak Grove Municipal Solid Waste Landfill. Stormwater runoff around the clay pits is discharged from Outfall 004A1, after being treated by an on-site settling pond. The Municipal Solid Waste (MSW) landfill area has an Industrial Stormwater Permit issued by KDHE's Bureau of Water and has a solid waste permit issued by KDHE's Bureau of Waste Management. The proposed permit contains monitoring for total suspended solids.

Persons wishing to comment on the draft documents and/or permit applications must submit their comments in writing to the Kansas Department of Health and Environment if they wish to have the comments considered in the decision-making process. Comments should be submitted to the attention of the Livestock Waste Management Section for agricultural related draft documents or applications, or to the Technical Services Section for all other permits, at the Kansas Department of Health and Environment, Division of Environment, Bureau of Water, 1000 SW Jackson St., Suite 420, Topeka, KS 66612-1367.

All comments regarding the draft documents or application notices received on or before June 8, 2019, will be considered in the formulation of the final determinations regarding this public notice. Please refer to the appropriate Kansas document number (KS-AG-19-166/173, KS-AG-R-19-009/012, KS-Q-19-110/111) and name of the applicant/permittee when preparing comments.

After review of any comments received during the public notice period, the Secretary of Health and Environment will issue a determination regarding final agency action on each draft document/application. If response to any draft document/application indicates significant public interest, a public hearing may be held in conformance with K.A.R. 28-16-61 (28-46-21 for UIC).

All draft documents/applications and the supporting information including any comments received are on file and may be inspected at the offices of the Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Suite 420, Topeka, Kansas. These documents are available upon request at the copying cost assessed by KDHE. Application information and components of plans and specifications for all new and expanding swine facilities are available at <http://www.kdheks.gov/feedlots>. Division of Environment offices are open from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

Lee A. Norman, M.D.
Secretary

Doc. No. 047147

State of Kansas

Department of Revenue

Notice of Available Publications

Listed below are Private Letter Rulings, Opinion Letters, Final Written Determinations, Revenue Rulings, Notices, Property Valuation Division Directives, Q & A's, and Information Guides published by the Department of Revenue for April 2019. Copies can be obtained by accessing the Policy Information Library located at <http://www.ksrevenue.org> or by calling the Tax Policy Group at 785-296-3081.

Private Letter Rulings

No New Publications

Opinion Letters

No New Publications

Final Written Determination

No New Publications

Revenue Rulings

No New Publications

Notices

Notice 19-01 Tax Imposed on CMB by Retail Liquor Stores

Property Valuation Division, Directives

No New Publications

Q & A's

No New Publications

Information Guides

No New Publications

Mark Burghart
Secretary

Doc. No. 047138

State of Kansas

Department of Transportation

Notice to Consulting Firms

(Note: This advertisement replaces the previous advertisement which was due on April 22, 2019. The advertisement has been revised to indicate up to five contracts will be awarded.)

The Kansas Department of Transportation (KDOT) is seeking the services of a consultant firm to provide Engineering Design Services in the areas of Traffic Control Analysis and Design.

KDOT intends to award up to five on-call contracts. Services may not be required on a constant, continuous basis but rather on an as-needed basis during the term of the contract. Individual work orders will be negotiated and issued. KDOT is not obligated for services until a work order is issued. Consultants currently under an on-call agreement with KDOT are eligible to respond to this advertisement.

Requirements

Interested consulting firms must: (a) be prequalified by KDOT in category 231-Traffic Control Analysis and Design and (b) submit a Letter of Interest on or before close of business May 28, 2019, to David Lutgen, Contracts
(continued)

Engineer for KDOT, by email to kdot.designcontracts@ks.gov with subject line reading "Traffic Engineering On-Call – [Firm Name]." Letters of interest in the form of a PDF document (maximum size 4 pages) should express interest in the project and describe qualifications for the professional services sought by KDOT, including any special expertise, skill, and experience or knowledge of the firm. Include previous project experience in the area of traffic control analysis and design. If a firm is not currently prequalified by KDOT but is interested in obtaining prequalification, then please view the requirements and categories at <http://www.ksdot.org/divengdes/prequal/default.asp>. All firms doing business with KDOT must be registered and in good standing under the laws of the State of Kansas and comply with applicable state and federal laws, rules and regulations.

Qualification-Based Selection Process

Based on the qualifications submitted in the Letter of Interest and other information available to KDOT, on or about June 3, 2019, KDOT will shortlist up to ten firms and notify all firms submitting Letters of Interest of the names of the shortlisted firms by return email. Thereafter, KDOT will issue a Request for Proposal (RFP) to the shortlisted firms soliciting a technical proposal. Shortlisted firms will also be interviewed in person, tentatively scheduled for June 19, 2019. KDOT will select up to five firms to enter negotiations with to provide Traffic Engineering Design services. In the event KDOT cannot reach agreement with these firms, it will terminate negotiations with such firm and commence negotiations with the next highest ranked firm, and so on, until either agreement is reached for satisfactory scope of services for a fair and reasonable price, or KDOT decides to pursue other alternatives.

Please do not call or write KDOT staff for information regarding the services in this RFQ. Email all inquiries/questions to kdot.designcontracts@ks.gov.

Ron Seitz, P.E., Director
Division of Engineering and Design

Doc. No. 047137

State of Kansas

Department of Revenue Division of Property Valuation

Directive #19-038 Classification of Real Property Used for Mixed Purposes

This directive is adopted pursuant to the provisions of K.S.A. 79-505(a), and amendments thereto, and shall be in force and effect from and after the Director's approval date.

Summary

Generally, real property should be classified based upon how it is used on January 1st utilizing information that is reasonably available to the county appraiser. If it appears that the property may be subject to mixed uses, it is prudent to contact the property owner or occupant for further information. Real property with varying uses may be assigned more than one classification. If the uses

are so intermingled as to defy classifying identifiable, physical portions of the property, then the property should be classified based upon its predominate use. The county has the discretion to determine the appropriate level of detail to apply for classification purposes; however, we encourage efficient use of local resources. Even when mixed uses are recognized for classification purposes, the market value of the property should continue to be determined based upon its highest and best use.

General Rule: Classify Property on January 1; Certain Exceptions

The county appraiser has the statutory duty to classify real property each year in accordance with K.S.A. 79-1439, which mirrors the classification system in Article 11, § 1 of the Kansas Constitution. Property should be assessed on an annual basis based upon the property's use on January 1st. Property such as agricultural land, which has seasonal uses typical to the trade that do not necessarily take place on January 1 or on a 12-month basis, shall be classified annually based upon the overall use during the prior year or operating period.

Home Site Delineation; Land Devoted to Agricultural Use

The county appraiser shall not establish a "standard" size for home sites. Each tract must be considered individually and delineated as to what is actually being used as a home site.

K.S.A. 79-1476 was amended in the 2016 legislative session to provide:

If a parcel has land devoted to agricultural purposes and land used for suburban residential acreages, rural home sites or farm home sites, the county appraiser shall determine the amount of the parcel used for agricultural purposes. The county appraiser shall then determine the amount of the remaining land used for such other purposes and value and assess that land according to its use.

Thus, it is not acceptable to delineate suburban residential acreages, rural home sites or farm home sites based on predominate use. The county appraiser shall determine the amount of the parcel used for agricultural purposes and then determine the amount of the remaining land used for other purposes; thus, creating a mixed use classification.

Information for Classification

The county appraiser shall annually classify property based upon information that is reasonably available. For example, the county appraiser may classify real property based upon viewing its exterior during the annual final review. Or, the county appraiser may classify real property based upon an interior inspection of public areas and/or an interview performed in conjunction with the re-inspection performed every 6 years. (K.S.A. 79-1476).

If the owner or an occupant of the real property provides reliable detailed information regarding the interior use of real property, the county appraiser may utilize the information to more precisely assess the property, just as the information can be used to more accurately value the property. The county appraiser should keep in mind his or her legal authority to make any changes in value or classification.

The county appraiser is not required to annually inspect the interior of every property in the jurisdiction in order to classify the property with a high degree of precision. However, if the county appraiser is aware that a property may have more than one use that could affect classification, it would be prudent to contact the owner for more information.

Real Property Subject to Mixed Uses

If real property is used for more than one purpose, it may have more than one classification. If specific portions of the real property cannot be identified as being used for specific purposes, then the real property should be classified based upon its predominate use. The county has the discretion to determine the appropriate level of detail needed for classification purposes. However, we encourage efficient use of local resources.

Valuation and Classification

Even when mixed uses are recognized for purposes of classifying real property, the county appraiser shall continue to determine the fair market value of the real property based upon its highest and best use. *Board of Douglas County Comm’rs v. Cashatt*, 23 K.A.2d 532, 933 P.2d 167 (1997) (property used for residential purposes classified as residential, but value as commercial, its highest and best use). The exception to this rule is land devoted to agricultural use, which by law is valued based upon its physical use. See Article 11, §12 of the Kansas Constitution, K.S.A. 79-1476, *Board of Johnson County Comm’rs v. Smith*, 18 Kan. App. 2d 662, 857 P.2d 1386 (1993).

Approved April 30, 2019.

David N. Harper, Director
Division of Property Valuation

Doc. No. 047139

State of Kansas

**Department of Revenue
Division of Property Valuation**

**Directive #19-039
Classification and Valuation of Bed
and Breakfast Facilities**

This directive is adopted pursuant to the provisions of K.S.A. 79-505(a), and shall take effect and be in force from and after the Director’s approval date.

Summary

K.S.A. 79-1439 was amended during the 2016 legislative session to revise the definition of real property used for residential purposes for purposes of classification.

For purposes of classification, a “bed and breakfast” is now defined as “a property with five or fewer bedrooms available for overnight guests who stay for not more than 28 consecutive days for which there is compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests.” K.S.A. 2018 Supp. 79-1439(b)(1)(A). “Real property used for bed and breakfast purposes” no longer requires the property to be utilized as a dwelling or home and will include lodges and cabins provided the above qualifications are met.

Article 11, § 1 of the Kansas Constitution and K.S.A. 79-1439(b)(1)(A) provide that real property used for residential purposes shall be assessed at 11.5%. Effective July 1, 2016 K.S.A. 79-1439(b)(1)(A) provides for assessment of:

“Real property used for residential purposes including multi-family residential real property, real property necessary to accommodate a residential community of mobile or manufactured homes including the real property upon which such homes are located, residential real property used partially for day care home purposes if such home has been registered or licensed pursuant to K.S.A. 65-501 *et seq.*, and amendments thereto, and real property used for bed and breakfast purposes at 11.5%. As used in this paragraph “bed and breakfast” means a property with five or fewer bedrooms available for overnight guests who stay for not more than 28 consecutive days for which there is compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests[.]”

In other words, “real property used for bed and breakfast purposes” qualifies for the residential classification provided it is: (a) a property with five or fewer bedrooms available for overnight guests who stay for not more than 28 consecutive days and (b) for which there is compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests.

“Property” means a parcel under one contiguous ownership with one description used for bed and breakfast purposes which has five or fewer bedrooms available for overnight guests.

The statute no longer requires the real property be used in part for residential purposes to qualify as a “bed and breakfast” eligible for the 11.5% assessment rate. The property does not have to be the residence of a person who lives in a portion of the property for more than 28 consecutive days.

If the property has *more* than five (5) bedrooms available for overnight guests, it should be classified as commercial. If the property is not in compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests, it should be classified as commercial.

Whether “there is compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests” will depend on the zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests which apply to the specific property at issue and the relevant facts.

Reservations made for lodging in a bed and breakfast facility by an online marketplace and hospitality service such as Airbnb, Inc. does not invalidate the residential classification provided it is (a) a property with five or fewer bedrooms available for overnight guests who stay for not more than 28 consecutive days and (b) for which there is compliance with all zoning or other applicable ordinances or laws which pertain to facilities which lodge and feed guests.

(continued)

Classification

A bed and breakfast facility which offers *more* than five (5) bedrooms furnished for guest accommodation shall be classified as commercial, at least in part, if the occupants do not have extended stays. If occupants stay 28 consecutive days or less, then the bed and breakfast is akin to a hotel or motel, and the property (or portion thereof) that is utilized predominately for such short stays should be classified as commercial. If occupants typically stay more than 28 consecutive days, then the bed and breakfast facility is akin to a multi-family dwelling, and shall be classified as residential.

This approach to classification is consistent with the transient guest laws (K.S.A. 12-1692, K.S.A. 12-1696). It is also consistent with prior Kansas Board of Tax Appeals (BOTA) orders, which referenced sales tax statutes to distinguish between residential and commercial use. (*See, e.g., In the Matter of the Equalization Appeal of Tosti, Sam and Lisa A.*, Docket No. 96-9269-EQ, issued July 15, 1997, utilizing K.S.A. 79-3606 (u)). The sales tax statute formerly adopted by BOTA has since been repealed. However, the local transient guest tax laws continue to exist and are based upon the same premise as the former state sales tax.

Under the transient guest tax laws, a transient guest is a person who occupies a room in a hotel, motel or tourist court for not more than twenty-eight (28) consecutive days. (K.S.A. 12-1692(c) and 12-1696(c)). A "hotel, motel or tourist court" means:

“. . . any structure or building which contains rooms furnished for the purposes of providing lodging, which may or may not also provide meals, entertainment or various other personal services to transient guests, and which is kept, used, maintained, advertised or held out to the public as a place where sleeping accommodations are sought for pay or compensation by transient or permanent guests and having more than two bedrooms furnished for the accommodation of such guests." (K.S.A. 12-1692(b) and 12-1696(b) (Emphasis added).)

Valuation

The real property should be valued based upon its fair market value, regardless of whether it is classified as residential or commercial. When considering the income approach to value, the county appraiser should be cognizant that the income stream may stem from not only the real property, but the personal property and/or going concern. Real property for property tax purposes does not include the going concern. (*See* K.S.A. 79-102; real property defined for property tax purposes).

The personal property of a bed and breakfast facility shall generally be classified as commercial and industrial machinery and equipment and valued according to the formula set forth in K.S.A. 79-1439 and Article 11, § 1 of the Kansas Constitution. Generally, such personal property is used for commercial purposes—to produce income. The attorney general has opined that the term "equipment" is broad and includes beds, sheets and forks. (A.G. Op. 96-41)

Commercial and industrial machinery and equipment acquired by qualified purchase or lease made or entered

into after June 30, 2006, including commercial and industrial machinery and equipment transported into this state after June 30, 2006 for the purpose of expanding an existing business or creation of a new business, may be exempt from taxation pursuant to K.S.A. 79-223. If the personal property used by the owner to produce income has a retail cost when new of \$1,500 or less, it may be exempt from taxation pursuant to K.S.A. 79-201w. It is possible a bed and breakfast may be partly used as a residence. Any personal property that constitutes a household good or personal effect that is *not used for the production of income* may be exempt under K.S.A. 79-201c. The county appraiser has discretion over these exemptions. (K.S.A. 79-213(l) (3), (13) and 18)). However, when in doubt, the county appraiser should construe in favor of taxation and assist the owner in applying for exemption. See directive 92-025 or successive directive.

Approved April 30, 2019.

David N. Harper, Director
Division of Property Valuation

Doc. No. 047140

State of Kansas

Office of the State Bank Commissioner

Amended Administrative Interpretation No. 1004 Guaranteed Asset Protection

Administrative Interpretation No. 1004 was issued October 20, 1994 and first amended August 7, 1997. This Administrative Interpretation was further amended December 19, 2012, and again on April 30, 2019.

This Administrative Interpretation provides guidelines that must be followed for creditors to exclude the cost of Guaranteed Asset Protection ("GAP") waiver agreements from the calculation of the finance charge with consumer credit sales and closed-end consumer loans pursuant to the Uniform Consumer Credit Code. A GAP waiver agreement cancels or waives all or part of the outstanding balance due on a consumer's finance agreement in the event physical damage insurance does not pay the consumer's debt in full following a total loss or unrecovered theft of the vehicle. This Amended Administrative Interpretation is limited to GAP waiver products offered in connection with the finance agreement on a consumer vehicle. For purposes of this Amended Administrative Interpretation, "vehicle" means self-propelled or towed vehicles designed for personal use, including but not limited to automobiles, trucks, motorcycles, recreational vehicles, travel trailers, all-terrain vehicles, snowmobiles, and personal watercraft.

GAP waiver products may be offered to consumers and the charges for GAP products may continue to be excluded from the finance charge in Kansas provided the following conditions are met:

1. There must be a reasonable expectation that the condition will exist where the loan balance will exceed the fair market value of the vehicle at some point in time during the life of the loan in order for a creditor to offer GAP to the consumer. The price

charged for GAP shall be subject to the principles of unconscionability expressed in K.S.A. 16a-5-108.

2. In accordance with the Truth in Lending Act and implementing regulations, as they may be amended from time to time, all GAP waiver agreements must:
 - a. contain a written statement that GAP coverage is not required by the creditor;
 - b. disclose the cost of the GAP product; and
 - c. have the consumer affirmatively sign a written request for GAP coverage after receiving the required disclosures.
3. In addition to the requirements of the Truth in Lending Act, all GAP waiver agreements shall contain the following provisions:
 - a. The GAP waiver agreement must identify the name of the dealership or financial institution selling the GAP product and the GAP Administrator;
 - b. The GAP waiver agreement remains a part of the finance agreement upon the assignment, sale, or transfer of such finance agreement by the creditor;
 - c. The consumer must have no less than a 30-day unconditional right to cancel with a full refund of the purchase price of the GAP waiver agreement, provided no amounts have been waived pursuant to the agreement;
 - d. The GAP waiver agreement must include, at a minimum, coverage of the physical damage insurance deductible up to \$500; however, the GAP waiver agreement may cover deductibles in excess of \$500;
 - e. The GAP waiver agreement must include a warning in bold type that the GAP coverage may not cancel or waive the entire amount owing at the time of loss;
 - f. The procedure the consumer must follow to obtain GAP waiver benefits under the terms and conditions of the GAP waiver agreement, including a telephone number and address where the consumer may apply for waiver benefits; and
 - g. The GAP waiver agreement must contain a statement advising Kansas consumers how to contact the GAP provider with claims for GAP coverage, and that information shall be printed in bold font. The word "claims" shall be bolded and underlined. The form must also advise Kansas consumers that they may contact the Kansas Office of the State Bank Commissioner with complaints about their GAP waiver agreement at 700 SW Jackson, Suite 300, Topeka, KS 66603, <http://www.osbckansas.org/>. The word "complaints" should be bolded and underlined.
4. The GAP waiver agreement must provide coverage, subject to conditions and exclusions identified in the agreement, for all physical damage claims or unrecovered theft that constitute a total loss. All conditions and exclusions to GAP coverage must

be clearly and conspicuously disclosed in the GAP waiver agreement in easy to read language. A creditor or such other entity acting on the creditor's behalf shall not sell GAP coverage on a vehicle that does not meet the eligibility requirements of the GAP waiver agreement.

5. The amount waived or cancelled pursuant to the GAP waiver agreement shall be computed as the difference between the outstanding balance on the date of loss and the primary insurance carrier's determination of the Actual Cash Value of the vehicle. The GAP waiver agreement must clearly define the method used to determine the outstanding balance on the date of loss in a manner in which a consumer may reasonably be expected to understand, including disclosure of all items that will be excluded from the outstanding balance on the date of loss. (For example: delinquent or deferred payments, late payment charges, refundable items, etc.)

The GAP waiver agreement must uniformly define the term "Actual Cash Value" as the value established by the primary insurance carrier. If there is no primary insurance coverage at the time of the loss, the market value of the vehicle will be determined by the National Automobile Dealers Association ("NADA") Official Used Car Guide or equivalent. Terms such as "Payable Loss" and "Constructive Total Loss" must be consistent with this method of calculating the GAP waiver benefit.

6. The initial creditor that offers a GAP waiver agreement must report the sale of, and forward funds received on all such waivers to the designated GAP Administrator identified in the GAP waiver agreement.
7. Each creditor must insure its GAP waiver obligations under a contractual liability insurance policy issued by an insurer licensed in this state. Additionally, each creditor must maintain copies, in paper or electronic form, of all GAP waiver agreements for a period of not less than three years following the termination of the agreement. GAP administrators must also be prepared to provide records as requested by the Administrator of the Uniform Consumer Credit Code.

Failure to meet the requirements of this Administrative Interpretation will require that the cost of the GAP product to be included in the finance charge and disclosed accordingly.

This Amended Administrative Interpretation applies to all GAP waiver agreements executed on and after May 15, 2019.

Tim Kemp
Acting Bank Commissioner

Doc. No. 047146

State of Kansas

Office of the Governor

Executive Directive No. 19-501

Authorizing the Establishment of a Federal Fund

By virtue of the authority vested in the Governor as the head of the Executive Branch of the State of Kansas, the following transactions are hereby authorized:

Pursuant to the authority of the Secretary of the Kansas Department for Children and Families to receive and expend federal funds, and pursuant to the authority granted the Governor by Section 250(b) of Chapter 104 of *The 2017 Session Laws of Kansas*, approval is hereby granted to the Department for Children and Families for expenditure in FY 2019 through FY 2020 of monies in the federal fund entitled "ESSA Preschool Development Block Grant Fund."

I have conferred with the Director of the Budget and members of my staff, and I have determined that the guidelines set forth in KSA 75-3711 and 75-3711c have been applied and that none of the foregoing actions exceeds the limitations contained therein.

Dated May 2, 2019.

Laura Kelly
Governor

Doc. No. 047155

State of Kansas

Office of the Governor

Executive Order No. 19-08

Establishing the Kansas Alzheimer's Disease Task Force

WHEREAS, more than 54,000 Kansans suffer from Alzheimer's, and that number is estimated to more than triple by the year 2050; and

WHEREAS, nearly one out of every three seniors who die each year suffer from some form of dementia; and

WHEREAS, Alzheimer's is a serious disease that affects not only those who have it, but also their families and 151,000 caregivers in Kansas; and

WHEREAS, the severity of this health crisis necessitates the implementation of a statewide response plan; and

WHEREAS, this health crisis has a significant fiscal impact on the State of Kansas, which is estimated to keep increasing, currently costing \$441 million in Medicaid alone each year; and

WHEREAS, Alzheimer's and other forms of dementia negatively impact the health and quality of life of Kansans; and

WHEREAS, in 2018 Governor Colyer created an Alzheimer's Disease Plan task force that made significant progress.

NOW THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby establish the Kansas Alzheimer's Disease Task Force ("Task Force"):

1. Membership of the "Task Force" shall be comprised of the following members:
 - a. One member appointed by the Speaker of the House;
 - b. One member appointed by the House Majority Leader;
 - c. One member appointed by the Minority Leader of the House;
 - d. One member appointed by the Senate President;
 - e. One member appointed by the Senate Majority Leader;
 - f. One member appointed by the Minority Leader of the Senate;
 - g. At least one person with Alzheimer's disease;
 - h. At least one caregiver of a person with Alzheimer's disease;
 - i. A representative of the nursing facility industry;
 - j. A representative of the assisted living industry;
 - k. A representative of the in-home care/hospice industry;
 - l. A representative of the medical care provider community;
 - m. An Alzheimer's disease researcher;
 - n. A psychologist who specializes in geriatric care;
 - o. An elder law attorney;
 - p. A representative of the Alzheimer's Association;
 - q. A representative of the Kansas Silver Haired Legislature; and
 - r. A representative from the law enforcement community.
2. Research, data, administrative support, and guidance from the following agencies: Kansas Department of Labor, Kansas Department of Commerce, Kansas Department for Aging and Disability Services, and the Kansas Department of Health and Environment. The Kansas Department for Aging and Disability Services shall be primarily responsible for and take the lead in providing such support.
3. The Governor shall select one member of the Task Force to serve as chair.
4. Other members with relevant experience may be invited to join the Task Force by the Governor or Chair.
5. The Task Force shall meet monthly or as needed, at the discretion of the Chair.
6. Members of the Task Force shall not receive compensation, subsistence, allowance, or associated expenses. Officers or employees of state agencies who are appointed to the Task Force as part of their duties shall be authorized to participate on the Task Force and may claim subsistence, allowance, mileage, or associated expenses as permitted by law.
7. It shall be the duty of the Task Force to:

- a. Assess the current and future impact of Alzheimer's disease on residents of the State of Kansas;
 - b. Examine the existing industries, services, and resources addressing the needs of persons with Alzheimer's, their families, and caregivers; and
 - c. Develop a strategy to mobilize a state response to this public health crisis.
8. The Task Force shall also include an examination of the following in its assessment and recommendations:
- a. Trends in Alzheimer's population and needs, including the changing population with dementia, including but not limited to:
 - i. State role in long-term care, family caregiver support, and assistance to persons with early-stage and early onset of Alzheimer's;
 - ii. Surveillance of persons with Alzheimer's disease for purposes of having proper estimates of the number of persons in the state with Alzheimer's disease; and
 - iii. The inappropriate use of antipsychotic medications to treat symptoms of dementia, which is a multi-faceted issue that touches every major area of our state's health care system, and comprehensive strategies to reduce this use.
 - b. Existing services, resources, and capability, including but not limited to the:
 - i. Type, cost, and availability of dementia services;
 - ii. Dementia-specific training requirements for long-term care staff;
 - iii. Quality care measures for long-term care facilities;
 - iv. Capacity of public safety and law enforcement to respond to persons with Alzheimer's;
 - v. Availability of home- and community-based resources for persons with Alzheimer's and respite care to assist families;
 - vi. Inventory of long-term care dementia care units;
 - vii. Adequacy and appropriateness of geriatric-psychiatric units for persons with behavior disorders associated with Alzheimer's and related dementia;
 - viii. Assisted living residential options for persons with dementia; and
 - ix. State support of Alzheimer's research through Kansas universities and other resources.
 - c. Needed State policies or responses, including but not limited to directions for the provision of clear and coordinated services and supports to persons and families living with Alzheimer's and related disorders and strategies to address any identified gaps in services.

9. The Task Force is directed to hold public meetings and to utilize technological means, such as webcasts, to gather feedback on the recommendations from persons and families affected by Alzheimer's disease and the general public. The Task Force shall be subject to the Kansas Open Records Act and the Kansas Open Meetings Act. Plans, reports, or recommendations of any nature adopted by the Task Force shall be considered advice to the Governor and Legislature, and shall not be construed as official policies, positions, or interpretations of laws, rules, or regulations by any department or agency of state government, nor shall any such department or agency be bound in any manner to consider such advice when conducting their regulatory affairs.
10. The Task Force is directed to submit a report of its finding and recommendations to the Legislature and Governor in the form of a Kansas Alzheimer's Disease Plan by January 13, 2020, or as appropriate during the intervening period.
11. The Task Force shall sunset upon delivery of the Kansas Alzheimer's Disease Plan to the Legislature and Governor. By further Executive Order, the Governor may reconvene the Task Force to update the plan in the future.

This document shall be filed with the Secretary of State as Executive Order No. 19-08. It shall become effective immediately and remain in force until rescinded.

Dated May 2, 2019.

Laura Kelly
Governor

Doc. No. 047154

(Published in the Kansas Register May 9, 2019.)

City of Augusta, Kansas

Summary Notice of Bond Sale
\$2,440,000*

General Obligation Refunding and Improvement
Bonds, Series 2019

(General Obligation Bonds Payable
from Unlimited Ad Valorem Taxes)

Bids

Subject to the Notice of Bond Sale dated April 15, 2019 (the "Notice"), facsimile, written, and electronic bids will be received on behalf of the Clerk of the City of Augusta, Kansas (the "Issuer") in the case of written or facsimile bids, at the address set forth below, and in the case of electronic bids, through PARITY® until 11:00 a.m. (CST) May 20, 2019, for the purchase of the above-referenced bonds (the "Bonds"). No bid of less than 100% of the principal amount of the Bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The Bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The Bonds will be dated June 6, 2019, and will become due on September 1 in the years as follows:

(continued)

Year	Principal Amount*	Year	Principal Amount*
2020	\$225,000	2028	\$235,000
2021	255,000	2029	240,000
2022	255,000	2030	5,000
2023	270,000	2031	5,000
2024	275,000	2032	5,000
2025	215,000	2033	5,000
2026	220,000	2034	5,000
2027	225,000		

Financial Advisor – Facsimile Bid Delivery Address

Piper Jaffray & Co.
 Attn: Dustin Avey
 11635 Rosewood St.
 Leawood, KS 66211
 913-345-3351
 Fax: 913-345-3393
 dustin.j.avey@pjc.com

Dated May 2, 2019.

Erica Jones
 Clerk

The Bonds will bear interest from the date thereof at rates to be determined when the Bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning on March 1, 2020.

Book-Entry-Only System

The Bonds shall be registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Treasurer of the State of Kansas, Topeka, Kansas.

Delivery

The Issuer will pay for preparation of the Bonds and will deliver the same properly prepared, executed, and registered without cost to the successful bidder on or about June 6, 2019, to DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States of America as may be specified by the successful bidder, or elsewhere at the expense of the successful bidder.

Assessed Valuation and Indebtedness

The Equalized Assessed Tangible Valuation for Computation of Bonded Debt Limitations for the year 2018 is \$69,504,454. The total general obligation indebtedness of the Issuer as of the Dated Date, including the Bonds being sold but excluding general obligation temporary notes to be retired from the proceeds of the Bonds, is \$15,683,152.

Approval of Bonds

The Bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, Bond Counsel to the Issuer, whose approving legal opinion as to the validity of the Bonds will be furnished and paid for by the Issuer, printed on the Bonds, and delivered to the successful bidder as and when the Bonds are delivered.

Additional Information

Additional information regarding the Bonds may be obtained from the undersigned, or from the Financial Advisor at the addresses set forth below:

Issuer – Sealed Bid Delivery Address

City of Augusta
 Attn: Erica Jones, Clerk
 113 E. 6th Ave.
 PO Box 489
 Augusta, KS 67010-0489
 316-775-4510
 Fax: 316-775-4566
 ejones@augustagov.org

* Subject to change, see the Notice
 Doc. No. 047152

(Published in the Kansas Register May 9, 2019.)

Linn County, Kansas

**Revised Summary Notice of Bond Sale
 \$18,095,000***

General Obligation Sales Tax Bonds, Series 2019

**(General Obligation Sales Tax Bonds
 Payable from Unlimited Ad Valorem Taxes)**

Bids

Subject to the Notice of Bond Sale dated April 22, 2019 (the "Notice"), facsimile, written, and electronic bids will be received on behalf of the Clerk of Linn County, Kansas (the "Issuer") in the case of written bids, at the address set forth below, and in the case of electronic bids, through PARITY® until 10:00 a.m. (CST) May 23, 2019, for the purchase of the above-referenced bonds (the "Bonds"). No bid of less than 100% nor greater than 106% of the principal amount of the Bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The Bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The Bonds will be dated June 12, 2019, and will become due on July 1 in the years as follows:

Year	Principal Amount*	Year	Principal Amount*
2021	\$350,000	2036	\$585,000
2022	365,000	2037	610,000
2023	375,000	2038	630,000
2024	390,000	2039	650,000
2025	400,000	2040	675,000
2026	415,000	2041	700,000
2027	430,000	2042	720,000
2028	445,000	2043	745,000
2029	460,000	2044	775,000
2030	480,000	2045	800,000
2031	495,000	2046	830,000
2032	510,000	2047	855,000
2033	530,000	2048	885,000
2034	550,000	2049	920,000
2035	570,000	2050	950,000

The Bonds will bear interest from the date thereof at rates to be determined when the Bonds are sold as hereinafter provided, which interest will be payable semiannually on July 1 and January 1 in each year, beginning on January 1, 2020.

Book-Entry-Only System

The Bonds shall be registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Treasurer of the State of Kansas, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied (in the manner set forth in the Notice) by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States of America or a wire transfer in Federal Reserve funds immediately available for use by the Issuer in the amount of \$361,900.

Delivery

The Issuer will pay for preparation of the Bonds and will deliver the same properly prepared, executed, and registered without cost to the successful bidder on or about June 12, 2019, to DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States of America as may be specified by the successful bidder, or elsewhere at the expense of the successful bidder.

Assessed Valuation and Indebtedness

The Equalized Assessed Tangible Valuation for Computation of Bonded Debt Limitations for the year 2019 is \$276,244,406. The total general obligation indebtedness of the Issuer as of the Dated Date, including the Bonds being sold, is \$18,095,000*.

Approval of Bonds

The Bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, Bond Counsel to the Issuer, whose approving legal opinion as to the validity of the Bonds will be furnished and paid for by the Issuer, printed on the Bonds, and delivered to the successful bidder as and when the Bonds are delivered.

Additional Information

Additional information regarding the Bonds may be obtained from the undersigned, or from the Financial Advisor at the addresses set forth below:

Issuer – Written Bid Delivery, Facsimile Bid and Good Faith Deposit Delivery Address

Linn County, Kansas
Attn: David Lamb, Clerk
315 Main St.
PO Box 350
Mound City, KS 66056
913-795-2668
Fax: 913-795-2419
dlamb@linncountyks.com

Financial Advisor Address

McLiney and Company
Attn: G. Joseph McLiney
5201 Johnson Dr., Suite 415
Mission, KS 66205
816-221-4042

Cell: 816-786-5639
gjm3@mcliney.com

Dated May 2, 2019.

David Lamb
Clerk

* Subject to change, see the Notice
Doc. No. 047153

State of Kansas

Secretary of State

Certification of New State Laws

I, Scott Schwab, Secretary of State of the State of Kansas, do hereby certify that each of the following bills is a correct copy of the original enrolled bill now on file in my office.

Scott Schwab
Secretary of State

(Published in the Kansas Register May 9, 2019.)

Senate Bill No. 15

AN ACT concerning public health; relating to the behavioral sciences regulatory board; licensure requirements for certain behavioral sciences professions; naturopathic doctors; scope of practice; adult care homes; licensure; receivership; financial solvency; amending K.S.A. 39-955, 39-956, 39-957, 39-959, 65-5801, 65-5807, 65-6306, 65-6309, 65-6321, 65-6401, 65-6405, 65-6406, 65-6411, 65-6611, 65-6613, 65-7202, 65-7302, 74-5301, 74-5310, 74-5315, 74-5316, 74-5344, 74-5375 and 74-5376 and K.S.A. 2018 Supp. 39-923, 39-927, 39-931, 39-931a, 39-958, 39-960, 39-961 and 39-963 and repealing the existing sections.

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

New Section 1. (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice social work in another jurisdiction, if the board determines that:

(1) The standards for registration, certification or licensure to practice social work at the baccalaureate level in another jurisdiction are substantially the equivalent of the requirements in the social workers licensure act and rules and regulations of the board for licensure as a baccalaureate social worker; or

(2) the applicant demonstrates compliance on forms set by the board, with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice social work at the baccalaureate level for at least 48 of the last 54 months immediately preceding the application, with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) completion of a baccalaureate degree in social work from a regionally accredited university.

(b) The board may issue a license to an individual who is currently registered, certified or licensed to practice social work in another jurisdiction, if the board determines that:

(1) The standards for registration, certification or licensure to practice social work at the master's level in another jurisdiction are substantially the equivalent of the requirements in the social workers licensure act and rules and regulations of the board for licensure as a master social worker; or

(2) the applicant demonstrates compliance on forms set by the board, with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice social work at the master level for at least 48 of the last 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(continued)

(C) completion of a master's degree in social work from a regionally accredited university.

(c) Applicants for licensure as a specialist clinical social worker shall demonstrate:

- (1) That the applicant meets the requirements of subsection (b);
- (2) that the applicant is currently licensed to practice social work at the clinical level in another state; and
- (3) competence to diagnose and treat mental disorders by meeting at least two of the following areas acceptable to the board:
 - (A) Passing a national clinical examination approved by the board;
 - (B) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or
 - (C) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery, stating that the applicant is competent to diagnose and treat mental disorders.
- (d) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-6411, and amendments thereto, if required by the board.

New Sec. 2. (a) If, in evaluating any applicant for licensure as a professional counselor, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 65-5804a or 65-5807, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for provisional licensure as a professional counselor on a form and in a manner prescribed by the board. The board may issue a provisional license to practice professional counseling. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice professional counseling or 12 months after the date of issuance of the provisional license. No provisional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing professional counseling with a provisional license may not use the title "licensed professional counselor" or "licensed clinical professional counselor" or the initials "LPC" or "LCPC," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

New Sec. 3. (a) If, in evaluating any applicant for licensure as a marriage and family therapist, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 65-6404 or 65-6406, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for provisional licensure as a marriage and family therapist on a form and in a manner prescribed by the board. The board may issue a provisional license to practice marriage and family therapy. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice marriage and family therapy or 12 months after the date of issuance of the provisional license. No provisional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing marriage and family therapy with a provisional license may not use the title "licensed marriage and family therapist" or "licensed clinical marriage and family therapist" or the initials "LMFT" or "LCMFT," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

New Sec. 4. (a) If, in evaluating any applicant for licensure as a master's level psychologist, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 74-5363 or 74-5375, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for a provisional license as a master's level psychologist on a form and in a manner prescribed by the board. The board may issue a provisional license to

practice master's level psychology. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice master's level psychology or 12 months after the date of issuance of the provisional license. No provisional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing master's level psychology with a provisional license may not use the title "licensed master's level psychologist" or "licensed clinical psychotherapist" or the initials "LMLP" or "LCP," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

New Sec. 5. (a) If, in evaluating any applicant for licensure as a social worker, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 65-6306, and amendments thereto, or section 1, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for provisional licensure as a social worker on a form and in a manner prescribed by the board. The board may issue a provisional license to practice social work. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice social work or 12 months after the date of issuance of the provisional license. No provisional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing social work with a provisional license may not use the title "licensed baccalaureate social worker," "licensed master's social worker" or "licensed specialist clinical social worker" or the initials "LBSW," "LMSW" or "LSCSW," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

(d) This section shall be a part of and supplemental to the social workers licensure act.

New Sec. 6. (a) If, in evaluating any applicant for licensure as an addiction counselor, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 65-6610 or 65-6613, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for provisional licensure as an addiction counselor on a form and in a manner prescribed by the board. The board may issue a provisional license to practice addiction counseling. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice addiction counseling or 12 months after the date of issuance of the provisional license. No provisional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing addiction counseling with a provisional license may not use the title "licensed addiction counselor," "licensed master's addiction counselor" or "licensed clinical addiction counselor" or the initials "LAC," "LMAC" or "LCAC," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

(d) This section shall be a part of and supplemental to the addiction counselor licensure act.

New Sec. 7. (a) If, in evaluating any applicant for licensure as a psychologist, the board finds that the applicant is deficient in the qualifications or in the quality of the applicant's educational experience required by K.S.A. 74-5310 or 74-5315, and amendments thereto, as applicable, or by rules and regulations adopted by the board, the board may require the applicant to fulfill remedial or other requirements, as the board may prescribe.

(b) A person who is completing requirements prescribed by the board under subsection (a) may apply to the board for provisional licensure as a psychologist on a form and in a manner prescribed by the board. The board may issue a provisional license to practice psychology. A provisional license shall expire upon the earlier of the date that the board issues or denies a license to practice psychology or 12 months after the date of issuance of the provisional license. No provi-

sional license shall be renewed, and no provisional license shall be issued again, upon any subsequent application for the same license level.

(c) A person practicing psychology with a provisional license may not use the title "licensed psychologist" or the initials "LP," independently. The word "licensed" may be used by such person only when preceded by the word "provisional."

Sec. 8. K.S.A. 65-5801 is hereby amended to read as follows: 65-5801. K.S.A. 65-5801 through ~~65-5816~~ 65-5818, and amendments thereto, and section 2, and amendments thereto, shall be known and may be cited as the professional counselors licensure act.

Sec. 9. K.S.A. 65-5807 is hereby amended to read as follows: 65-5807. (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice professional counseling in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice professional counseling in the other jurisdiction are substantially equivalent to the requirements of this state; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice professional counseling for at least ~~60~~ 48 of the last ~~66~~ 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) at least a master's degree in counseling or a related field from a regionally accredited university or college.

(b) Applicants for licensure as a clinical professional counselor shall additionally demonstrate competence to diagnose and treat mental disorders through meeting the requirements of either subsection (a) (1) or (a)(2) and at least two of the following areas acceptable to the board:

(1) Either graduate coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(2) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or

(3) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery stating that the applicant is competent to diagnose and treat mental disorders.

(c) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-5808, and amendments thereto, if required by the board.

Sec. 10. K.S.A. 65-6309 is hereby amended to read as follows: 65-6309. (a) ~~Except as provided in subsections (b) and (c);~~ An applicant shall be exempted from the requirement for any examination provided for herein, if:

(1) ~~The applicant proves to the board that the applicant is licensed or registered under the laws of a state or territory of the United States that imposes substantially the same requirements as this act as determined by the board; and~~

(2) ~~pursuant to the laws of any such state or territory; the applicant has taken and passed an examination similar to that for which exemption is sought, as determined by the board.~~

(b) ~~The board may issue a license to an individual who is currently licensed to practice social work at the clinical level in another jurisdiction if the board determines that:~~

(1) ~~The standards for licensure to practice social work at the clinical level in the other jurisdiction are substantially equivalent to the requirements of this state for licensure at the clinical level; or~~

(2) ~~the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:~~

(A) ~~Licensure to practice social work at the clinical level for at least 60 of the last 66 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;~~

(B) ~~the absence of disciplinary actions of a serious nature brought by a licensing board or agency; and~~

(C) ~~a master's or doctoral degree in social work from a regionally accredited university or college and from an accredited graduate social work program recognized and approved by the board pursuant to rules and regulations adopted by the board.~~

(c) Applicants for licensure as a clinical specialist social worker

shall additionally demonstrate competence to diagnose and treat mental disorders through meeting the following requirements:

(1) ~~Passing a national clinical examination approved by the board or, in the absence of the national examination, continuous licensure to practice as a clinical social worker during the 10 years immediately preceding the application; and~~

(2) ~~three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders.~~

(d) ~~An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-6314, and amendments thereto, if required by the board.~~

(e) Upon application, the board shall issue temporary licenses to persons who have submitted documentation and met all qualifications for licensure under provisions of this act, except passage of the required examination, and who have paid the required fee.

(f)(c) Absent extenuating circumstances approved by the board, a temporary license issued by the board shall expire upon the date the board issues or denies a license to practice social work or ~~six~~ 12 months after the date of issuance of the temporary license. No temporary license will be renewed or issued again on any subsequent applications for the same license level. The preceding provisions in no way limit the number of times an applicant may take the examination.

(g)(d) No person may work under a temporary license except under the supervision of a licensed social worker.

(h)(e) Nothing in this section shall affect any temporary license to practice issued under this section prior to the effective date of this act and in effect on the effective date of this act. Such temporary license shall be subject to the provisions of this section in effect at the time of its issuance and shall continue to be effective until the date of expiration of the license as provided under this section at the time of issuance of such temporary license.

(i)(f) Any individual employed by a hospital and working in the area of hospital social services to patients of such hospital on July 1, 1974, is exempt from the provisions of this act.

(g) *A person practicing social work with a temporary license may not use the title "licensed baccalaureate social worker" or "licensed master social worker" or use the initials "LBSW" or "LMSW," independently. The word "licensed" may be used only when followed by the words "by temporary license."*

Sec. 11. K.S.A. 65-6321 is hereby amended to read as follows: 65-6321. K.S.A. 65-6301 through ~~65-6320~~, and K.S.A. 65-6321, and amendments thereto, and sections 1 and 5, and amendments thereto, shall be known and may be cited as the social workers licensure act.

Sec. 12. K.S.A. 65-6401 is hereby amended to read as follows: 65-6401. K.S.A. 65-6401 through ~~65-6412~~ 65-6414, and amendments thereto, and section 3, and amendments thereto, shall be known and may be cited as the marriage and family therapists licensure act.

Sec. 13. K.S.A. 65-6405 is hereby amended to read as follows: 65-6405. (a) A person who is waiting to take the examination required by the board may apply to the board for a temporary license to practice as a licensed marriage and family therapist by:

(1) Paying an application fee as established by the board under K.S.A. 65-6411, and amendments thereto; and

(2) meeting the application requirements as stated in K.S.A. 65-6404(a)(1), (a)(2) and (a)(4), and amendments thereto.

(b) (1) A temporary license may be issued by the board after the application has been reviewed and approved by the board and the applicant has paid the appropriate fee ~~set as established by the board for issuance of new licenses under K.S.A. 65-6411, and amendments thereto.~~

(2) Absent extenuating circumstances approved by the board, a temporary license issued by the board shall expire upon the date the board issues or denies the person a license to practice marriage and family therapy or 12 months after the date of issuance of the temporary license.

(3) No temporary license ~~will~~ shall be renewed or issued again on any subsequent application for the same license level. The preceding provision in no way limits the number of times an applicant may take the examination.

(c) A person practicing marriage and family therapy with a temporary license may not use the title "licensed marriage and family therapist" or the initials "LMFT" independently. The word "licensed" may be used only when followed by the words "by temporary license." ~~such as licensed marriage and family therapist by temporary license, or marriage and family therapist, temporarily licensed.~~

(continued)

(d) No person may practice marriage and family therapy under a temporary license except under the supervision of a person licensed by the behavioral sciences regulatory board at the independent level.

(e) Nothing in this section shall affect any temporary license to practice issued under this section prior to the effective date of this act and in effect on the effective date of this act. Such temporary license shall be subject to the provisions of this section in effect at the time of its issuance and shall continue to be effective until the date of expiration of the license as provided under this section at the time of issuance of such temporary license.

Sec. 14. K.S.A. 65-6406 is hereby amended to read as follows: 65-6406. (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice marriage and family therapy in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice marriage and family therapy in the other jurisdiction are substantially the equivalent of the requirements of the marriage and family therapists licensure act and rules and regulations of the board;

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice marriage and family therapy for at least ~~60~~ 48 of the last ~~66~~ 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) completion of *at least* a master's degree in marriage and family therapy *or a related field as approved by the board* from a regionally accredited university.

(b) Applicants for licensure as a clinical marriage and family therapist shall additionally demonstrate competence to diagnose and treat mental disorders through meeting the requirements of either subsection (a)(1) or (a)(2) and at least two of the following areas acceptable to the board:

(1) Either graduate coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(2) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or

(3) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery stating that the applicant is competent to diagnose and treat mental disorders.

(c) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-6411, and amendments thereto, if required by the board.

Sec. 15. K.S.A. 65-6411 is hereby amended to read as follows: 65-6411. (a) The board may fix the following fees, and any such fees shall be established by rules and regulations adopted by the board:

(1) For application for licensure as a marriage and family therapist, not to exceed \$150;

(2) *for temporary licensure as a marriage and family therapist, not to exceed \$175;*

(3) for original licensure as a marriage and family therapist, not to exceed \$175;

~~(3)(4)~~ for renewal for licensure as a marriage and family therapist, not to exceed \$175;

~~(4)(5)~~ for application for licensure as a clinical marriage and family therapist, not to exceed \$175;

~~(5)(6)~~ for original licensure as a clinical marriage and family therapist, not to exceed \$175;

~~(6)(7)~~ for renewal for licensure as a clinical marriage and family therapist, not to exceed \$175;

~~(7)(8)~~ for reinstatement of a license, not to exceed \$175;

~~(8)(9)~~ for replacement of a license, not to exceed \$20;

~~(9)(10)~~ for renewal penalty, an amount equal to the renewal of license; and

~~(10)(11)~~ for a wallet card license, not to exceed \$5.

(b) Fees paid to the board are not refundable.

Sec. 16. K.S.A. 65-6611 is hereby amended to read as follows: 65-6611. (a) A person who is waiting to take the examination for licensure as an addiction counselor may apply to the board for a temporary license to practice as a licensed addiction counselor by:

(1) Paying ~~an application~~ a fee for a temporary license fixed under K.S.A. 65-6618, and amendments thereto; and

(2) meeting the application requirements as stated in K.S.A. 65-6610(a)(1), ~~(a)(2) and~~, ~~(a)(4) and~~ ~~(a)(5)~~, and amendments thereto.

(b) A person who is waiting to take the examination for licensure as a master's addiction counselor may apply to the board for a temporary license to practice as a licensed master's addiction counselor by:

(1) Paying ~~an application~~ a fee for a temporary license fixed under K.S.A. 65-6618, and amendments thereto; and

(2) meeting the application requirements as stated in K.S.A. 65-6610(b)(1)(A), ~~(b)(2) and~~ ~~(b)(4)~~ ~~(1)(B)~~, ~~(b)(1)(D) and~~ ~~(b)(1)(E)~~, and amendments thereto.

(c) (1) A temporary license may be issued by the board after the application has been reviewed and approved by the board and the applicant has paid the appropriate fee set by the board for issuance of new licenses.

(2) Absent extenuating circumstances approved by the board, a temporary license issued by the board shall expire upon the date the board issues or denies the person a license to practice addiction counseling or 12 months after the date of issuance of the temporary license.

(3) No temporary license will be renewed or issued again on any subsequent application for the same license level. The preceding provision in no way limits the number of times an applicant may take the examination.

(d) A person practicing addiction counseling with a temporary license may not use the title "licensed addiction counselor" or "licensed master's addiction counselor" or use the initials "LAC" or "LMAC" independently. The word "licensed" may be used only when followed by the words "by temporary license." ~~such as licensed addiction counselor by temporary license, or addiction counselor, temporarily licensed.~~

(e) No person may practice addiction counseling under a temporary license except in a licensed or certified alcohol and other drug abuse program, under the direction of a person licensed by the behavioral sciences regulatory board at the clinical level or a person licensed to practice medicine and surgery.

(f) Nothing in this section shall affect any temporary license to practice issued under this section prior to the effective date of this act and in effect on the effective date of this act. Such temporary license shall be subject to the provisions of this section in effect at the time of its issuance and shall continue to be effective until the date of expiration of the license as provided under this section at the time of issuance of such license.

Sec. 17. K.S.A. 65-6613 is hereby amended to read as follows: 65-6613. (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice addiction counseling in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice addiction counseling in the other jurisdiction are substantially the equivalent of the requirements of the addiction counselor licensure act and rules and regulations of the board; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice as an addiction counselor for at least ~~60~~ 48 of the last ~~66~~ 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) completion of at least a baccalaureate degree from a college or university approved by the board.

(b) The board may issue a license to an individual who is currently registered, certified or licensed to practice addiction counseling at the master's level in another jurisdiction if the board determines that:

(1) (A) The standards for registration, certification or licensure to practice addiction counseling at the master's level in the other jurisdiction are substantially the equivalent of the requirements of the addiction counselor licensure act and rules and regulations of the board; and

(B) completion of at least a master's degree from a college or university approved by the board; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice addiction counseling at the master's level for at least ~~60~~ 48 of the last ~~66~~ 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) completion of at least a master's degree from a college or university approved by the board.

(c) The board may issue a license to an individual who is currently registered, certified or licensed to practice addiction counseling at the clinical level in another jurisdiction if the board determines that:

(1) (A) The standards for registration, certification or licensure to practice addiction counseling at the clinical level in the other jurisdiction are substantially the equivalent of the requirements of the addiction counselor licensure act and rules and regulations of the board; and

(B) the applicant demonstrates completion of at least a master's degree from a college or university approved by the board; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice addiction counseling at the clinical level for at least 48 of the last 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency;

(C) completion of at least a master's degree from a college or university approved by the board; and

(D) at least two of the following areas acceptable to the board:

(i) Either coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(ii) three years of clinical practice with demonstrated experience supporting diagnosing or treating substance use disorders; or

(iii) attestation from a professional licensed to diagnose and treat mental disorders, or substance use disorders, or both, in independent practice or licensed to practice medicine and surgery, stating that the applicant is competent to diagnose and treat substance use disorders.

(d) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-6618, and amendments thereto, if required by the board.

Sec. 18. K.S.A. 74-5301 is hereby amended to read as follows: 74-5301. ~~This act K.S.A. 74-5301 through 74-5350, and amendments thereto, and section 7, and amendments thereto,~~ shall be known and may be cited as the licensure of psychologists act of the state of Kansas.

Sec. 19. K.S.A. 74-5310 is hereby amended to read as follows: 74-5310. (a) The board shall issue a license as a psychologist to any person who pays ~~an~~ a nonrefundable application fee prescribed by the board, if required by the board, not in excess of \$225 and, if required by the board, ~~an~~ a nonrefundable original license fee not in excess of \$150, ~~which shall not be refunded,~~ who either satisfies the board as to such person's training and experience after a thorough review of such person's credentials and who passes a satisfactory examination in psychology. Any person paying the fee must also submit evidence verified by oath and satisfactory to the board that such person:

(1) Is at least 21 years of age;

(2) is of good moral character;

(3) has received the doctor's degree based on a program of studies in content primarily psychological from an educational institution having a graduate program with standards consistent with those of the state universities of Kansas, or the substantial equivalent of such program in both subject matter and extent of training; and

(4) has had at least two years of supervised experience, a significant portion of which shall have been spent in rendering psychological services satisfying the board's approved standards for the psychological service concerned.

(b) The board shall adopt rules and regulations establishing the criteria which an educational institution shall satisfy in meeting the requirements established under subsection (a)(3). The board may send a questionnaire developed by the board to any educational institution for which the board does not have sufficient information to determine whether the educational institution meets the requirements of subsection (a)(3) and rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the educational institution to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about educational institutions. In entering such contracts the authority to approve educational institutions shall remain solely with the board.

Sec. 20. K.S.A. 74-5315 is hereby amended to read as follows: 74-5315. (a) The board may grant a license to any person who, at the time

of application, is registered, certified or licensed as a psychologist at the doctoral level in another jurisdiction if the board determines that:

(1) The requirements of such jurisdiction for such certification or licensure are substantially the equivalent of the requirements of this state; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure as a psychologist at the doctoral level for at least 48 of the last 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) a doctoral degree in psychology from a regionally accredited university or college.

(b) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 74-5310, and amendments thereto, if required by the board.

Sec. 21. K.S.A. 74-5316 is hereby amended to read as follows: 74-5316. (a) Upon application, the board may issue temporary licenses to persons who have met all qualifications for licensure under the provisions of the licensure of psychologists act of the state of Kansas, except passage of the required examination, pursuant to K.S.A. 74-5310, and amendments thereto, ~~who must wait for completion of the next examination,~~ who have paid the required application, examination and temporary license fees and who have submitted documentation as required by the board, under the following:

(1) ~~Such temporary licensee shall take the next license examination subsequent to the date of issuance of the temporary license unless there are extenuating circumstances approved by the board. Absent extenuating circumstances approved by the board, a temporary license issued by the board shall expire upon the earlier of the date the board issues or denies a license to practice psychology or two years after the date of issuance of the temporary license. No temporary license shall be renewed or issued again on any subsequent application for licensure under the provisions of the licensure of psychologists act of the state of Kansas. This paragraph shall not limit the number of times that an applicant may take the required examination;~~

(2) the board shall adopt rules and regulations prescribing continuing education requirements for temporary licensees, including, but not limited to, a requirement that temporary licensees shall complete a minimum of 25 contact hours of continuing education during the two-year period of temporary licensure, which shall include a minimum of three hours in psychology ethics;

(3) no person may work under a temporary license except under the supervision of a licensed psychologist as prescribed in rules and regulations adopted by the board; and

(4) the fee for such temporary license may be fixed by the board and shall not exceed \$200, and any such fee shall be established by rules and regulations adopted by the board.

(b) Upon application, the board may issue temporary licenses not to exceed two years to persons who have completed all requirements for a doctoral degree approved by the board but have not received such degree conferral or who have met all qualifications for licensure under provisions of such act, except completion of the postdoctoral supervised work experience pursuant to K.S.A. 74-5310(a)(4), and amendments thereto, who have paid the required application and temporary license fees and who have submitted documentation as required by the board, under the following:

(1) The temporary license shall expire at the end of the two-year period after issuance or if such temporary licensee is denied a license to practice psychology;

(2) the temporary license may be renewed for one additional two-year period ~~after expiration;~~

(3) ~~temporary licensees shall take the license examination pursuant to K.S.A. 74-5310(a)(4), and amendments thereto, subsequent to the date of issuance and prior to expiration of the temporary license unless there are extenuating circumstances approved by the board no temporary license shall be issued again on any subsequent application for licensure under the provisions of the licensure of psychologists act of the state of Kansas. This paragraph shall not limit the number of times that an applicant may take the required examination;~~

(4) temporary licensees shall be working toward the completion of the postdoctoral supervised work experience prescribed in K.S.A. 74-5310(a)(4), and amendments thereto;

(continued)

(5) the board shall adopt rules and regulations prescribing continuing education requirements for temporary licensees, including, but not limited to, a requirement that temporary licensees shall complete a minimum of 25 contact hours of continuing education during the two-year period of temporary licensure, which shall include a minimum of three hours in psychology ethics;

(6) no temporary licensee may work under a temporary license except under the supervision of a licensed psychologist as prescribed in rules and regulations adopted by the board; and

(7) the fee for a renewal of the temporary license may be fixed by the board and shall not exceed \$200 per issuance, and any such fee shall be established by rules and regulations adopted by the board.

(c) A person practicing psychology with a temporary license may not use the title "licensed psychologist" or the initials "LP," independently. The word "licensed" may be used only when preceded by the word "temporary" ~~such as temporary licensed psychologist, or the initials "TLP."~~

(d) This section shall be part of and supplemental to the provisions of article 53 of chapter 74 of the Kansas Statutes Annotated, and amendments thereto.

(e) As used in this section, "temporary licensee" means any person practicing psychology with a temporary license pursuant to subsection (a) or (b) ~~or (c).~~

Sec. 22. K.S.A. 74-5344 is hereby amended to read as follows: 74-5344. Nothing contained in the licensure of psychologists act of the state of Kansas shall be construed: (a) To prevent qualified members of other professional groups such as, but not limited to, ministers, Christian Science practitioners, social workers and sociologists from doing work of a psychological nature consistent with their training and consistent with any code of ethics of their respective professions so long as they do not hold themselves out to the public by any title or description of services incorporating the words "psychologic," "psychological," "psychologist" or "psychology";

(b) in any way to restrict any person from carrying on any of the aforesaid activities in the free expression or exchange of ideas concerning the practice of psychology, the application of its principles, the teaching of such subject matter and the conducting of research on problems relating to human behavior if such person does not represent such person or such person's services in any manner prohibited by such act;

(c) to limit the practice of psychology of a licensed masters level psychologist or a person who holds a temporary license to practice as a licensed masters level psychologist ~~insofar as such practice is a part of the duties of any such person's salaried position, and insofar as such practice is performed solely on behalf of such person's employer, so long as such practice is under the direction of a licensed psychologist, licensed clinical psychotherapist, a person licensed by the state board of healing arts to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of mental disorders~~ or insofar as such person is engaged in public speaking with or without remuneration;

(d) to limit the practice of psychology or services of a student, intern or resident in psychology pursuing a degree in psychology in a school, college, university or other institution, with educational standards consistent with those of the state universities of Kansas if such practice or services are supervised as a part of such person's degree program. Nothing contained in this section shall be construed as permitting such persons to offer their services as psychologists to any other person and to accept remuneration for such psychological services other than as specifically excepted herein, unless they have been licensed under the provisions of the licensure of psychologists act of the state of Kansas, registered under the provisions of K.S.A. 74-5361 ~~to through 74-5371, inclusive,~~ and amendments thereto, or granted a temporary license under the provisions of K.S.A. 74-5367, and amendments thereto;

(e) to prevent the employment, by a person, association, partnership or a corporation furnishing psychological services for remuneration, of persons licensed as psychologists under the provisions of the licensure of psychologists act of the state of Kansas;

(f) to restrict the use of tools, tests, instruments or techniques usually denominated "psychological," so long as the user does not represent oneself to be a licensed psychologist or a licensed masters level psychologist;

(g) to permit persons licensed as psychologists to engage in the practice of medicine as defined in the laws of this state, nor to require such licensed psychologists to comply with the Kansas healing arts act;

(h) to restrict the use of the term "social psychologist" by any person who has received a doctoral degree in sociology or social psychology from an institution whose credits in sociology or social psychology are acceptable by a school or college as defined in the licensure of psychologists act of the state of Kansas, and who has passed comprehensive examination in the field of social psychology as a part of the requirements for the doctoral degree or has had equivalent specialized training in social psychology;

(i) to restrict the practice of psychology by a person who is certified as a school psychologist by the state department of education so long as such practice is conducted as a part of the duties of employment by a unified school district or as part of an independent evaluation conducted in accordance with K.S.A. 72-3405, and amendments thereto, including the use of the term "school psychologist" by such person in conjunction with such practice; or

(j) to restrict the use of the term psychologist or the practice of psychology by psychologists not licensed under the licensure of psychologists act of the state of Kansas in institutions for people with intellectual disability, in a juvenile correctional facility, as defined in K.S.A. 2018 Supp. 38-2302, and amendments thereto, or in institutions within the department of corrections insofar as such term is used or such practice of psychology is performed solely in conjunction with such person's employment by any such institution or juvenile correctional facility.

(k) Any person not licensed as a psychologist but who immediately prior to the effective date of this act was engaged in the practice of psychology in accordance with subsection (e) as it existed immediately prior to the effective date of this act under the supervision of a licensed psychologist may continue on and after the effective date of this act to engage in such practice in the manner authorized by subsection (e) as it existed immediately prior to the effective date of this act.

Sec. 23. K.S.A. 74-5375 is hereby amended to read as follows: 74-5375. (a) The behavioral sciences regulatory board may issue a license to an individual who is currently registered, certified or licensed to practice psychology at the master's level in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice psychology at the master's level in the other jurisdiction are substantially equivalent to the requirements of this state; or

(2) the applicant demonstrates, on forms provided by the board, compliance with the following standards adopted by the board:

(A) Registration, certification or licensure to practice psychology at the master's level for at least ~~60~~ 48 of the last ~~66~~ 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) at least a master's degree in psychology from a regionally accredited university or college.

(b) Applicants for licensure as a clinical psychotherapist shall additionally demonstrate competence to diagnose and treat mental disorders through meeting the requirements of either subsection (a)(1) or (a)(2) and at least two of the following areas acceptable to the board:

(1) Either graduate coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(2) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or

(3) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery, stating that the applicant is competent to diagnose and treat mental disorders.

(c) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 74-5365, and amendments thereto, if required by the board.

Sec. 24. K.S.A. 74-5376 is hereby amended to read as follows: 74-5376. K.S.A. 74-5361 through ~~74-5374~~ and K.S.A. 74-5375, and amendments thereto, ~~and section 4, and amendments thereto,~~ shall be known and may be cited as the licensure of master's level psychologists act.

Sec. 25. K.S.A. 65-6306 is hereby amended to read as follows: 65-6306. (a) The board shall issue a license as a baccalaureate social worker to an applicant who:

(1) Has a baccalaureate degree from an accredited college or university, including completion of a social work program recognized and

approved by the board, pursuant to rules and regulations adopted by the board;

(2) has passed an examination approved by the board for this purpose; and

(3) has satisfied the board that the applicant is a person who merits the public trust.

(b) The board shall issue a license as a master social worker to an applicant who:

(1) Has a master's degree from an accredited college or university, including completion of a social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board;

(2) has passed an examination approved by the board for this purpose; and

(3) has satisfied the board that the applicant is a person who merits the public trust.

(c) The board shall issue a license in one of the social work specialties to an applicant who:

(1) Has a master's or doctor's degree from an accredited graduate school of social work, including completion of a social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board;

(2) has had two years of full-time post-master's or post-doctor's degree experience under the supervision of a licensed social worker in the area of the specialty in which such applicant seeks to be licensed;

(3) has passed an examination approved by the board for this purpose; and

(4) has satisfied the board that the applicant is a person who merits the public trust.

(d) (1) The board shall issue a license as a specialist clinical social worker to an applicant who:

(A) Has met the requirements of subsection (c);

(B) has completed 15 credit hours as part of or in addition to the requirements under subsection (c) supporting diagnosis or treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual, through identifiable study of the following content areas: Psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches and professional ethics;

(C) has completed a graduate level supervised clinical practicum of supervised professional experience including psychotherapy and assessment, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual, with not less than 350 hours of direct client contact or additional postgraduate supervised experience as determined by the board;

(D) has completed as part of or in addition to the requirements of subsection (c) not less than two years of postgraduate supervised professional experience in accordance with a clinical supervision plan approved by the board of not less than ~~4,000~~ 3,000 hours of supervised professional experience including at least 1,500 hours of direct client contact conducting psychotherapy and assessments with individuals, couples, families or groups and not less than ~~150~~ 100 hours of clinical supervision, including not less than 75 hours of person-to-person individual supervision, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual;

(E) for persons earning a degree under subsection (c) prior to July 1, 2003, in lieu of the education and training requirements under parts (B) and (C) of this subsection, has completed the education requirements for licensure as a specialist clinical social worker in effect on the day immediately preceding the effective date of this act;

(F) for persons who apply for and are eligible for a temporary license to practice as a specialist clinical social worker on the day immediately preceding the effective date of this act, in lieu of the education and training requirements under parts (B), (C) and (D) of this subsection, has completed the education and training requirements for licensure as a specialist clinical social worker in effect on the day immediately preceding the effective date of this act;

(G) has passed an examination approved by the board; and

(H) has paid the application fee.

(2) A licensed specialist clinical social worker may engage in the social work practice and is authorized to diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations. When a client has symptoms of a mental disorder, a licensed specialist clinical social worker shall consult

with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived and such request shall be made a part of the client's record. A licensed specialist clinical social worker may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived.

(3) Notwithstanding any other provision of this subsection, a licensed master social worker who has provided to the board an acceptable clinical supervision plan for licensure as a specialist clinical social worker prior to the effective date of this act shall be licensed as a specialist clinical social worker under this act upon completion of the requirements in effect for licensure as a specialist clinical social worker at the time the acceptable training plan is submitted to the board.

(4) A person licensed as a specialist clinical social worker on the day immediately preceding the effective date of this act shall be deemed to be a licensed specialist clinical social worker under this act. Such person shall not be required to file an original application for licensure as a specialist clinical social worker under this act.

(e) The board shall adopt rules and regulations establishing the criteria which a social work program of a college or university shall satisfy to be recognized and approved by the board under this section. The board may send a questionnaire developed by the board to any college or university conducting a social work program for which the board does not have sufficient information to determine whether the program should be recognized and approved by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the program to be considered for recognition and approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about a social work program of a college or university. In entering such contracts the authority to recognize and approve a social work program of a college or university shall remain solely with the board.

Sec. 26. K.S.A. 2018 Supp. 39-923 is hereby amended to read as follows: 39-923. (a) As used in this act:

(1) "Adult care home" means any nursing facility, nursing facility for mental health, intermediate care facility for people with intellectual disability, assisted living facility, residential healthcare facility, home plus, boarding care home and adult day care facility; all of which are classifications of adult care homes and are required to be licensed by the secretary for aging and disability services.

(2) "Nursing facility" means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations.

(3) "Nursing facility for mental health" means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

(4) "Intermediate care facility for people with intellectual disability" means any place or facility operating 24 hours a day, seven days a week, caring for four or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments caused by intellectual disability or related conditions, need services to compensate for activities of daily living limitations.

(5) "Assisted living facility" means any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week, for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

(continued)

(6) "Residential healthcare facility" means any place or facility, or a contiguous portion of a place or facility, caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes individual living units and provides or coordinates personal care or supervised nursing care available on a 24-hour, seven-days-a-week basis for the support of resident independence. The provision of skilled nursing procedures to a resident in a residential healthcare facility is not prohibited by this act. Generally, the skilled services provided in a residential healthcare facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

(7) "Home plus" means any residence or facility caring for not more than 12 individuals not related within the third degree of relationship to the operator or owner by blood or marriage unless the resident in need of care is approved for placement by the secretary for children and families, and who, due to functional impairment, needs personal care and may need supervised nursing care to compensate for activities of daily living limitations. The level of care provided to residents shall be determined by preparation of the staff and rules and regulations developed by the Kansas department for aging and disability services. An adult care home may convert a portion of one wing of the facility to a not less than five-bed and not more than 12-bed home plus facility provided that the home plus facility remains separate from the adult care home, and each facility must remain contiguous. Any home plus that provides care for more than eight individuals after the effective date of this act shall adjust staffing personnel and resources as necessary to meet residents' needs in order to maintain the current level of nursing care standards. Personnel of any home plus who provide services for residents with dementia shall be required to take annual dementia care training.

(8) "Boarding care home" means any place or facility operating 24 hours a day, seven days a week, caring for not more than 10 individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.

(9) "Adult day care" means any place or facility operating less than 24 hours a day caring for individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision of or assistance with activities of daily living.

(10) "Place or facility" means a building or any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building, and the term "place or facility" may include multiple buildings.

(11) "Skilled nursing care" means services performed by or under the immediate supervision of a registered professional nurse and additional licensed nursing personnel. Skilled nursing includes administration of medications and treatments as prescribed by a licensed physician or dentist; and other nursing functions which that require substantial nursing judgment and skill based on the knowledge and application of scientific principles.

(12) "Supervised nursing care" means services provided by or under the guidance of a licensed nurse with initial direction for nursing procedures and periodic inspection of the actual act of accomplishing the procedures; administration of medications and treatments as prescribed by a licensed physician or dentist and assistance of residents with the performance of activities of daily living.

(13) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.

(14) "Person" means any individual, firm, partnership, corporation, company, association or joint-stock association, and the legal successor thereof.

(15) "Operate an adult care home" means to own, lease, *sublease*, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which that hold title to an adult care home purchased or constructed through the sale of bonds.

(16) "Licensing agency" means the secretary for aging and disability services.

(17) "Skilled nursing home" means a nursing facility.

(18) "Intermediate nursing care home" means a nursing facility.

(19) "Apartment" means a private unit which that includes, but is not limited to, a toilet room with bathing facilities, a kitchen, sleeping, living and storage area and a lockable door.

(20) "Individual living unit" means a private unit which that includes, but is not limited to, a toilet room with bathing facilities, sleeping, living and storage area and a lockable door.

(21) "Operator" means an individual registered pursuant to the operator registration act, K.S.A. 2018 Supp. 39-973 et seq., and amendments thereto, who may be appointed by a licensee to have the authority and responsibility to oversee an assisted living facility or residential healthcare facility with fewer than 61 residents, a home plus or adult day care facility.

(22) "Activities of daily living" means those personal, functional activities required by an individual for continued well-being, including, but not limited to, eating, nutrition, dressing, personal hygiene, mobility and toileting.

(23) "Personal care" means care provided by staff to assist an individual with, or to perform activities of daily living.

(24) "Functional impairment" means an individual has experienced a decline in physical, mental and psychosocial well-being and as a result, is unable to compensate for the effects of the decline.

(25) "Kitchen" means a food preparation area that includes a sink, refrigerator and a microwave oven or stove.

(26) The term "intermediate personal care home" for purposes of those individuals applying for or receiving veterans' benefits means residential healthcare facility.

(27) "Paid nutrition assistant" means an individual who is paid to feed residents of an adult care home, or who is used under an arrangement with another agency or organization, who is trained by a person meeting nurse aide instructor qualifications as prescribed by 42 C.F.R. § 483.152, 42 C.F.R. § 483.160 and 42 C.F.R. § 483.35(h), and who provides such assistance under the supervision of a registered professional or licensed practical nurse.

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

(29) "Licensee" means any person or persons acting jointly or severally who are licensed by the secretary for aging and disability services pursuant to the adult care home licensure act, K.S.A. 39-923 et seq., and amendments thereto.

(30) "Insolvent" means that the adult care home, or any individual or entity that operates an adult care home or appears on the adult care home license, has stopped paying debts in the ordinary course of business or is unable to pay debts as they come due in the ordinary course of business.

(b) The term "adult care home" shall does not include institutions operated by federal or state governments, except institutions operated by the director of the Kansas commission on veterans affairs office, hospitals or institutions for the treatment and care of psychiatric patients, child care facilities, maternity centers, hotels, offices of physicians or hospices which that are certified to participate in the medicare program under 42 code of federal regulations, chapter IV, C.F.R. § 418.1 et seq., and amendments thereto, and which that provide services only to hospice patients, or centers approved by the centers for medicare and medicaid services as a program for all-inclusive care for the elderly (PACE) under 42 code of federal regulations, chapter IV, part C.F.R. § 460 et seq., and amendments thereto, which that provides services only to PACE participants.

(c) Nursing facilities in existence on the effective date of this act changing licensure categories to become residential healthcare facilities shall be required to provide private bathing facilities in a minimum of 20% of the individual living units.

(d) Facilities licensed under the adult care home licensure act on the day immediately preceding the effective date of this act shall continue to be licensed facilities until the annual renewal date of such license and may renew such license in the appropriate licensure category under the adult care home licensure act subject to the payment of fees and other conditions and limitations of such act.

(e) Nursing facilities with less than 60 beds converting a portion of the facility to residential healthcare shall have the option of licensing for residential healthcare for less than six individuals but not less than 10% of the total bed count within a contiguous portion of the facility.

(f) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute,

change and in a manner consistent with the definitions established in this section, further define and identify the specific acts and services ~~which that~~ shall fall within the respective categories of facilities so long as the above categories for adult care homes are used as guidelines to define and identify the specific acts.

Sec. 27. K.S.A. 2018 Supp. 39-927 is hereby amended to read as follows: 39-927. (a) An application for a license to operate an adult care home shall be made in writing to the licensing agency upon forms provided by ~~it the licensing agency~~ and shall be in such form and shall contain such information as the licensing agency shall require, ~~which may include if applicable:~~

(1) ~~A detailed projected budget for the first 12 months of operation, prepared in accordance with generally accepted accounting principles and certified by the principal officer of the applicant, accompanied by evidence of access to a sufficient amount of working capital required to operate the adult care home in accordance with the budget, in the form of cash on deposit, a line of credit, applicant's equity, or any combination thereof;~~

(2) ~~a list of each current or previously licensed facility in Kansas or any other state, territory or country or the District of Columbia in which the applicant has or previously had any percentage of ownership in the operations or the real property of the facility; and~~

(3) ~~affirmative evidence of the applicant's ability to comply with such reasonable standards and rules and regulations as are adopted under the provisions of this act.~~

(b) The application shall be signed by the person or persons seeking to operate an adult care home, as specified by the licensing agency, or by a duly authorized agent of any person so specified.

(c) Any nonprofit corporation operating a nursing facility for people with intellectual disability ~~which that~~, on the effective date of this act, includes more than one residential building located on one site or on contiguous sites may apply for a license to operate a new nursing facility for people with intellectual disability ~~which that~~ includes more than one residential building located on one site or on contiguous sites and may apply for one license for each residential building located on the new site, except that total resident population at any such location shall not exceed 75 residents.

Sec. 28. K.S.A. 2018 Supp. 39-931 is hereby amended to read as follows: 39-931. (a) Whenever the licensing agency finds a substantial failure to comply with the requirements, standards or rules and regulations established under this act ~~or that a receiver has been appointed under K.S.A. 39-958, and amendments thereto~~, ~~it, the licensing agency shall make an order denying, suspending or revoking the license after notice and a hearing in accordance with the provisions of the Kansas administrative procedure act, K.S.A. 77-501 et seq., and amendments thereto. Any applicant or licensee who is aggrieved by the order may appeal such order in accordance with the provisions of the Kansas judicial review act, K.S.A. 77-601 et seq., and amendments thereto.~~

(b) Except as provided in subsection (c), whenever the licensing agency denies, suspends or revokes a license under this section, the applicant or licensee shall not be eligible to apply for a new license or reinstatement of a license for a period of two years from the date of denial, suspension or revocation, ~~and whenever the district court appoints a receiver under K.S.A. 39-958, and amendments thereto, the applicant or licensee that is under receivership shall not be eligible to apply for a new license or reinstatement of a license for a period of 10 years from the date the receivership action was terminated under K.S.A. 39-963, and amendments thereto.~~

(c) (1) Any applicant or licensee issued an emergency order by the licensing agency denying, suspending or revoking a license under this section may apply for a new license or reinstatement of a license at any time upon submission of a written waiver of any right conferred upon such applicant or licensee under the Kansas administrative procedure act, ~~K.S.A. 77-501 et seq., and amendments thereto~~, and the Kansas judicial review act, ~~K.S.A. 77-601 et seq., and amendments thereto~~, to the licensing agency in a settlement agreement or other manner as approved by the licensing agency.

(2) Any licensee issued a notice of intent to take disciplinary action by the licensing agency under this section may enter into a settlement agreement or other manner as approved by the licensing agency, with the licensing agency, at any time upon submission of a written waiver of any right conferred upon such licensee under the Kansas administrative procedure act, ~~K.S.A. 77-501 et seq., and amendments thereto~~, and the Kansas judicial review act, ~~K.S.A. 77-601 et seq., and amendments thereto~~.

(d) No person shall operate an intermediate care facility for people with intellectual disability, ~~as defined in K.S.A. 39-923, and amendments~~

~~thereto, of five beds or less, as defined by subsection (a)(4) of K.S.A. 39-923, and amendments thereto~~, within this state unless such person:

(A) Is issued a license by the licensing agency on or before January 1, 2012; or

(B) participated in the medicaid program as an intermediate care facility for people with intellectual disability of five beds or less, on or before January 1, 2012.

Sec. 29. K.S.A. 2018 Supp. 39-931a is hereby amended to read as follows: 39-931a. (a) As used in this section, the term "person" means any person who is an applicant for a license to operate an adult care home or who is the licensee of an adult care home and who has any direct or indirect ownership interest ~~of 25% or more~~ in an adult care home or who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured, in whole or in part, by such facility or any of the property or assets of such facility, or who, if the facility is organized as a corporation, is an officer or director of the corporation, or who, if the facility is organized as a partnership, is a partner.

(b) Pursuant to K.S.A. 39-931, and amendments thereto, the licensing agency may deny a license to any person and may suspend or revoke the license of any person who:

(1) Has willfully or repeatedly violated any provision of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated, and amendments thereto;

(2) has had a license to operate an adult care home denied, suspended, revoked or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia or other country, a certified copy of the record of such action of the other jurisdiction being conclusive evidence thereof;

(3) has failed or refused to comply with the medicaid requirements of title XIX of the social security act, or medicaid regulations under chapter IV of title 42 of the code of federal regulations, a certified copy of the record of such action being conclusive evidence thereof;

(4) has failed or refused to comply with the medicare requirements of chapter 7 of title 42 of the United States code, or medicare regulations under chapter IV of title 42 of the code of federal regulations, a certified copy of the record of such action being conclusive evidence thereof;

(5) has been convicted of a felony;

(6) has failed to assure that nutrition, medication and treatment of residents, including the use of restraints, are in accordance with acceptable medical practices;

(7) has aided, abetted, sanctioned or condoned any violation of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated, ~~and amendments thereto~~; or

(8) has willfully admitted a person to a nursing facility in violation of K.S.A. 39-968, and amendments thereto.

Sec. 30. K.S.A. 39-955 is hereby amended to read as follows: 39-955. The application for receivership shall be filed in the *Shawnee county district court* or the district court in the county where the adult care home is located. The application shall be verified and set forth the specific reasons therefor.

Sec. 31. K.S.A. 39-956 is hereby amended to read as follows: 39-956. The applicant shall serve those persons set forth in K.S.A. 39-954, ~~and amendments thereto~~, with copies of the application. Service of process shall be as provided for under the code of civil procedure. The applicant shall also send ~~five (5) copies~~ a copy of the application for receivership to the adult care home. The adult care home shall post ~~the copies~~ of the application in a conspicuous ~~places~~ place within the adult care home.

Sec. 32. K.S.A. 39-957 is hereby amended to read as follows: 39-957. A party shall file an answer to the application within ~~five (5) days~~ days after the service of *process* of the application ~~upon such person~~.

Sec. 33. K.S.A. 2018 Supp. 39-958 is hereby amended to read as follows: 39-958. (a) The application for receivership shall be given priority by the district court and shall be heard no later than the seventh day following the filing of the ~~application~~ answer or other responsive pleading. A continuance of no more than ~~10~~ 14 days may be granted by the district court for good cause. The district court shall give all parties who have filed an answer the opportunity to present evidence pertaining to the application. If the district court finds that the facts warrant the granting of the application, the court shall appoint the secretary for aging and disability services or the designee of the secretary as receiver to operate the home.

(continued)

(b) Upon the appointment of a receiver under this section, the receiver shall be granted a license by the licensing agency to operate an adult care home as provided under the provisions of article 9 of chapter 39 of the Kansas Statutes Annotated, and amendments thereto. The provisions of article 9 of chapter 39 of the Kansas Statutes Annotated, and amendments thereto, relating to inspection prior to granting a license to operate an adult care home and relating to payment of license fees shall not apply to a license granted to a receiver under this section, and such license shall remain in effect during the existence of the receivership and shall expire on the termination of the receivership. ~~The receiver shall make application for the license on forms provided for this purpose by the licensing agency.~~

Sec. 34. K.S.A. 39-959 is hereby amended to read as follows: 39-959. (a) A receiver appointed in accordance with the provisions of this act shall have the following powers and duties:

~~(a)(1)~~ (1) Conduct the day to day business operations of the adult care home;

(2) *operate the adult care home to provide safe and adequate healthcare for the residents of the adult care home;*

(3) *correct or eliminate any deficiency in the adult care home that concerns the health, safety, nutrition or sanitation of the residents of the adult care home and that is life threatening or endangering;*

(4) *provide for the orderly transfer of all residents of the adult care home to other adult care homes or make other provisions for such residents' continued safety and healthcare, as necessary;*

(5) *be entitled to the immediate use of all proceeds of any accounts receivable to discharge the powers and duties of the receiver;*

(6) *collect incoming payments from all sources and apply such payments to costs incurred in the performance of the receiver's powers and duties, including compensation of the receiver, if any;*

(7) *enter into or terminate contracts as necessary to carry out the receiver's powers and duties and incur expenses for individual items for repairs, improvements or supplies, without being subject to any requirements to procure competitive bids established by law;*

(8) *repay expenditures of the receiver from moneys appropriated to the Kansas department for aging and disability services for purposes set forth in K.S.A. 39-954 et seq., and amendments thereto, if incoming payments from the operation of the adult care home exceed the costs incurred by the receiver in the performance of the receiver's powers and duties; and*

(9) *other powers and duties as authorized or imposed by the district court.*

(b) *If incoming payments from the operation of the adult care home exceed the costs incurred by the receiver in the performance of the receiver's powers and duties, the receiver may:*

(1) *Pay post-receivership quality care assessments as established under Kansas law;*

(2) *reimburse the owner or licensee, as appropriate, a fair monthly rental for the adult care home, taking into account all relevant factors, including the condition of such adult care home and set-offs arising from improvements made by the receiver; and*

~~(c)(3)~~ (3) give fair compensation to the owner or licensee, as appropriate, for all property taken or used during the course of the receivership if such person has not previously received compensation for the property being taken or used;

~~(d)~~ *correct or eliminate any deficiency in the adult care home that concerns the health, safety, nutrition, or sanitation of the residents of the adult care home and is life threatening or endangering;*

~~(e)~~ *enter into contracts as necessary to carry out his or her duties as receiver and incur expenses for individual items of repairs, improvements or supplies without the procurement of competitive bids, if otherwise required by law, where the total amount of such individual item does not exceed five hundred dollars (\$500);*

~~(f)~~ *collect incoming payments from all sources and apply them to the costs incurred in the performance of his or her functions as receiver including the compensation of the receiver, if any;*

~~(g)~~ *honor all existing leases, mortgages, chattel mortgages and security interests;*

~~(h)~~ *operate the adult care home so as to provide safe and adequate health care for the residents of the adult care home;*

~~(i)~~ *provide for the orderly transfer of all residents in the adult care home to other adult care homes or make other provisions for their continued safety and health care, as necessary;*

~~(j)~~ *other powers and duties as authorized or imposed by the district court.*

Sec. 35. K.S.A. 2018 Supp. 39-960 is hereby amended to read as follows: 39-960. (a) The secretary for aging and disability services, upon

request of a receiver, may authorize expenditures from moneys appropriated for purposes set forth in this act if incoming payments from the operation of the adult care home are less than the cost incurred by the receiver in the performance of the receiver's functions as receiver or for purposes of initial operating expenses of the receivership.

(b) Any payments made by the secretary for aging and disability services pursuant to this section shall be owed by the owner, operator or licensee, including any individuals or entities that appear on the license issued by the secretary pursuant to the adult care home licensure act, and repaid to the secretary for aging and disability services when the receivership is terminated pursuant to K.S.A. 39-963, and amendments thereto, and until repaid shall constitute a lien against all non-exempt personal and real property of the owner, operator or licensee.

Sec. 36. K.S.A. 2018 Supp. 39-961 is hereby amended to read as follows: 39-961. (a) The personnel and facilities of the Kansas department for aging and disability services shall be available to the receiver for the purposes of carrying out the receiver's duties as receiver as authorized by the secretary for aging and disability services.

(b) The Kansas department for aging and disability services shall itemize and keep a ledger showing costs of personnel and other expenses establishing the receivership and assisting the receiver and such amount shall be owed by the owner, operator or licensee to the Kansas department for aging and disability services. Such department shall submit a bill for such expenses to the receiver for inclusion in the receiver's final accounting. Any amount so billed and until repaid shall constitute a lien against all ~~non-exempt~~ non-exempt personal and real property of the owner, operator or licensee, including any individuals or entities that appear on the license issued by the secretary pursuant to the adult care home licensure act.

Sec. 37. K.S.A. 2018 Supp. 39-963 is hereby amended to read as follows: 39-963. (a) The court shall terminate the receivership only under any of the following circumstances:

(1) Twenty-four months after the date on which the receivership was ordered;

(2) a new license, other than the license granted to the receiver under K.S.A. 39-958, and amendments thereto, has been granted to operate the adult care home; or

(3) at such time as all of the residents in the adult care home have been provided alternative modes of healthcare, either in another adult care home or otherwise.

(b) (1) At the time of termination of the receivership, the receiver shall render a full and complete accounting to the district court and shall make disposition of surplus money at the direction of the district court.

(2) The court may make such additional orders as are appropriate to recover the expenses and costs to the Kansas department for aging and disability services ~~and the secretary for children and families~~ incurred pursuant to K.S.A. 39-960 or 39-961, and amendments thereto.

Sec. 38. K.S.A. 65-7202 is hereby amended to read as follows: 65-7202. As used in K.S.A. 65-7201 ~~to through 65-7218, inclusive;~~ and amendments thereto:

(a) "Naturopathic doctor" means a doctor of naturopathic medicine who is authorized and licensed pursuant to this act.

(b) (1) "Naturopathic medicine," or "naturopathy" means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes, and includes: (A) Prescribing, recommending or administering: ~~(1)(i)~~ (i) Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (i) of this section, and amendments thereto; ~~(2)(ii)~~ (ii) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; ~~(3)(iii)~~ (iii) substances on the naturopathic formulary ~~which~~ that are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor licensed under ~~this act~~ the naturopathic doctor licensure act; ~~(4)(iv)~~ (iv) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and orofacial examinations, excluding endoscopies; ~~(5)(v)~~ (v) minor office procedures; and ~~(6)(vi)~~ (vi) naturopathic acupuncture; and (B) ordering diagnostic imaging studies, including, but not limited to, x-ray, ultrasound, mammogram, bone densitometry, computed tomography, magnetic resonance

imaging and electrocardiograms, except that naturopathic doctors shall refer patients to an appropriately licensed and qualified healthcare professional to conduct diagnostic imaging studies and interpret the results of such studies.

(2) A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in K.S.A. 65-4101, and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act.

(c) "Board" means the state board of healing arts.

(d) "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine that has been approved by the board under this act and which college and program requires at a minimum a four-year, full-time resident program of academic and clinical study.

(e) "Homeopathic preparations" means substances and drugs prepared according to the official homeopathic pharmacopoeia recognized by the United States food and drug administration.

(f) "Naturopathic acupuncture" means the insertion of fine metal needles through the skin at specific points on or near the surface of the body with or without the palpation of specific points on the body and with or without the application of electric current or heat to the needles or skin or both to treat human disease and impairment and to relieve pain.

(g) "Minor office procedures" means care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in the superficial tissues, except eyes, and not involving blood vessels, tendons, ligaments or nerves. "Minor office procedures" includes use of antiseptics, but shall not include the suturing, repairing, alteration or removal of tissue or the use of general or spinal anesthesia. Minor office procedures does not include anesthetics or surgery.

(h) "Naturopathic physical applications" means the therapeutic use by naturopathic doctors of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitutional hydrotherapy, naturopathic musculoskeletal technique and therapeutic exercise.

(i) "Topical drugs" means topical analgesics, antiseptics, scabicides, antifungals and antibacterials but does not include prescription only drugs.

(j) "Physician" means a person licensed to practice medicine and surgery.

(k) "Written protocol" means a formal written agreement between a naturopathic doctor licensed under this act and a person licensed to practice medicine and surgery. Any licensee of the board entering into a written protocol with a licensed naturopathic doctor shall notify the board in writing of such relationship by providing such information as the board may require.

Sec. 39. K.S.A. 65-7302 is hereby amended to read as follows: 65-7302. As used in this act:

(a) "Board" means the state board of healing arts.

(b) "Ionizing radiation" means x-rays, gamma rays, alpha and beta particles, high speed electrons, protons, neutrons and other nuclear particles capable of producing ions directly or indirectly in its passage through matter.

(c) "License" means a certificate issued by the board authorizing the licensee to perform radiologic technology procedures on humans for diagnostic or therapeutic purposes.

(d) "Licensed practitioner" means a person licensed to practice medicine and surgery, dentistry, podiatry or chiropractic in this state, or a person licensed as a physician assistant, advanced practice registered nurse or naturopathic doctor in this state.

(e) "Licensure" and "licensing" mean a method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in a health related occupation or profession.

(f) "Nuclear medicine technologist" means a person who uses radio pharmaceutical agents on humans for diagnostic or therapeutic purposes.

(g) "Nuclear medicine technology" means the use of radio nuclides on human beings for diagnostic or therapeutic purposes.

(h) "Radiation therapist" means a person who applies radiation to humans for therapeutic purposes.

(i) "Radiation therapy" means the use of any radiation procedure or article intended for the cure, mitigation or prevention of disease in humans.

(j) "Radiographer" means a person who applies radiation to humans for diagnostic purposes.

(k) "Radiography" means the use of ionizing radiation on human beings for diagnostic purposes.

(l) "Radiologic technologist" means any person who is a radiographer, radiation therapist or nuclear medicine technologist.

(m) "Radiologic technology" means the use of radioactive substance or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes upon prescription of a licensed practitioner. The term includes the practice of radiography, nuclear medicine technology and radiation therapy, but does not include echocardiography, diagnostic sonography and magnetic resonance imaging.

~~(n) This section shall take effect on and after July 1, 2005.~~

Sec. 40. K.S.A. 39-955, 39-956, 39-957, 39-959, 65-5801, 65-5807, 65-6306, 65-6309, 65-6321, 65-6401, 65-6405, 65-6406, 65-6411, 65-6611, 65-6613, 65-7202, 65-7302, 74-5301, 74-5310, 74-5315, 74-5316, 74-5344, 74-5375 and 74-5376 and K.S.A. 2018 Supp. 39-923, 39-927, 39-931, 39-931a, 39-958, 39-960, 39-961 and 39-963 are hereby repealed.

Sec. 41. This act shall take effect and be in force from and after its publication in the Kansas register.

(Published in the Kansas Register May 9, 2019.)

House Bill No. 2209

AN ACT concerning insurance; relating to life insurance unfair or deceptive acts or practices; third party administrator license and renewal application fees; purchase of cybersecurity insurance; association health plans; healthcare benefit coverage; establishing the unclaimed life insurance benefits act; amending K.S.A. 40-2209b and 40-2209e and K.S.A. 2018 Supp. 40-2209, 40-2209d, 40-2222, 40-2222, as amended by section 12 of this act, 40-2222a, 40-2222a, as amended by section 14 of this act, 40-2222b, 40-2222b, as amended by section 16 of this act, 40-2404, 40-3812, 40-3813, 40-3814 and 75-4101 and repealing the existing sections.

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

New Section 1. On and after July 1, 2019, the provisions of sections 1 through 3, and amendments thereto, shall be known and may be cited as the unclaimed life insurance benefits act.

New Sec. 2. As used in the unclaimed life insurance benefits act:

(a) "Contract" means an annuity contract. The term "contract" shall not include an annuity used to fund an employment-based retirement plan or program where: (1) The insurer does not perform the record-keeping services; or (2) the insurer is not committed by terms of the annuity contract to pay death benefits to the beneficiaries of specific plan participants.

(b) "Death master file" means the United States social security administration's death master file or any other database or service that is at least as comprehensive as the United States social security administration's death master file for determining that a person has reportedly died.

(c) "Death master file match" means a search of the death master file that results in a match of the social security number or the name and date of birth of an insured, annuity owner or retained asset account holder.

(d) "Knowledge of death" means: (1) Receipt of an original or valid copy of a certified death certificate; or (2) a death master file match validated by the insurer in accordance with section 3(a), and amendments thereto.

(e) "Policy" means any policy or certificate of life insurance that provides a death benefit. The term "policy" shall not include: (1) Any policy or certificate of life insurance that provides a death benefit under an employee benefit plan: (A) Subject to the employee retirement income security act of 1974 (29 U.S.C. § 1002); or (B) under any federal employee benefit program; (2) any policy or certificate of life insurance that is used to fund a preneed funeral contract or prearrangement; (3) any policy or certificate of credit life or accidental death insurance; or (4) any policy issued to a group master policyholder for which the insurer does not provide record keeping services.

(continued)

(f) "Record keeping services" means those circumstances under which the insurer has agreed with a group policy or contract customer to be responsible for obtaining, maintaining and administering in its own or its agents' systems information about each individual insured under an insured's group insurance contract, or a line of coverage thereunder, at least the following information: (1) Social security number or name and date of birth; (2) beneficiary designation information; (3) coverage eligibility; (4) benefit amount; and (5) premium payment status.

(g) "Retained asset account" means any mechanism whereby the settlement of proceeds payable under a policy or contract is accomplished by the insurer or an entity acting on behalf of the insurer depositing the proceeds into an account with check or draft writing privileges, where those proceeds are retained by the insurer or its agent, pursuant to a supplementary contract not involving annuity benefits other than death benefits.

(h) The provisions of this section shall take effect on and after July 1, 2019.

New Sec. 3. (a) An insurer shall perform a comparison of its insureds' in-force policies, contracts, and retained asset accounts against a death master file, on at least a semi-annual basis, by using the full death master file once and thereafter using the death master file update files for future comparisons to identify potential matches of its insureds. For those potential matches identified as a result of a death master file match, the insurer shall:

(1) Within 90 days of a death master file match:

(A) Complete a good faith effort that shall be documented by the insurer to confirm the death of the insured or retained asset account holder against other available records and information;

(B) determine whether benefits are due in accordance with the applicable policy or contract. If benefits are due in accordance with the applicable policy or contract:

(i) Use good faith efforts that shall all be documented by the insurer to locate the beneficiary or beneficiaries; and

(ii) provide the appropriate claim forms or instructions to the beneficiary or beneficiaries to make a claim including the need to provide an official death certificate, if applicable under the policy contract.

(2) With respect to group life insurance, insurers shall confirm the possible death of an insured when the insurers maintain at least the following information of those covered under a policy or certificate:

(A) Social security number or name and date of birth; (B) beneficiary designation information; (C) coverage eligibility; (D) benefit amount; and (E) premium payment status.

(3) Every insurer shall implement procedures to account for:

(A) Common nicknames, initials used in lieu of a first or middle name, use of a middle name, compound first and middle names and interchanged first and middle names;

(B) compound last names, maiden or married names, and hyphens, blank spaces or apostrophes in last names;

(C) transposition of the month and date portions of the date of birth; and

(D) incomplete social security numbers.

(4) To the extent permitted by law, the insurer may disclose minimum, necessary personal information about the insured or beneficiary to a person who the insurer reasonably believes may be able to assist the insurer locate the beneficiary or a person otherwise entitled to payment of the claims proceeds.

(b) An insurer or its service provider shall not charge any beneficiary or other authorized representative for any fees or costs associated with a death master file search or verification of a death master file match conducted pursuant to this section.

(c) The benefits from a policy, contract or a retained asset account, plus any applicable accrued contractual interest shall first be payable to the designated beneficiaries or owners, and in the event the beneficiaries or owners can not be found, shall escheat to the state as unclaimed property pursuant to K.S.A. 58-3936, and amendments thereto. Interest payable under K.S.A. 40-447, and amendments thereto, shall not be payable as unclaimed property.

(d) An insurer shall notify the state treasurer upon the expiration of the statutory time period for escheat that:

(1) A policy or contract beneficiary or retained asset account holder has not submitted a claim with the insurer; and

(2) the insurer has complied with subsection (a) and has been unable, after good faith efforts, documented by the insurer, to contact the retained asset account holder, beneficiary or beneficiaries.

(e) Upon such notice, an insurer shall immediately submit the unclaimed policy or contract benefits or unclaimed retained asset accounts, plus any applicable accrued interest, to the state treasurer in accordance with the unclaimed property act.

(f) Failure to meet any requirement of this section with such frequency as to constitute a general business practice shall be considered an unfair or deceptive act or practice under K.S.A. 40-2404, and amendments thereto, and subject to the penalties contained under K.S.A. 40-2401 et seq., and amendments thereto. Nothing herein shall be construed to create or imply a private cause of action for a violation of this section.

(g) The provisions of this section shall take effect on and after July 1, 2019.

Sec. 4. On and after July 1, 2019, K.S.A. 2018 Supp. 40-2404 is hereby amended to read as follows: 40-2404. The following are hereby defined as unfair methods of competition and unfair or deceptive acts or practices in the business of insurance:

(1) *Misrepresentations and false advertising of insurance policies.* Making, issuing, circulating or causing to be made, issued or circulated, any estimate, illustration, circular, statement, sales presentation, omission or comparison ~~which that~~:

(a) Misrepresents the benefits, advantages, conditions or terms of any insurance policy;

(b) misrepresents the dividends or share of the surplus to be received on any insurance policy;

(c) makes any false or misleading statements as to the dividends or share of surplus previously paid on any insurance policy;

(d) is misleading or is a misrepresentation as to the financial condition of any person, or as to the legal reserve system upon which any life insurer operates;

(e) uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof;

(f) is a misrepresentation for the purpose of inducing or tending to induce the lapse, forfeiture, exchange, conversion or surrender of any insurance policy;

(g) is a misrepresentation for the purpose of effecting a pledge or assignment of or effecting a loan against any insurance policy; or

(h) misrepresents any insurance policy as being shares of stock.

(2) *False information and advertising generally.* Making, publishing, disseminating, circulating or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated or placed before the public, in a newspaper, magazine or other publication, or in the form of a notice, circular, pamphlet, letter or poster, or over any radio or television station, or in any other way, an advertisement, announcement or statement containing any assertion, misrepresentation or statement with respect to the business of insurance or with respect to any person in the conduct of such person's insurance business, ~~which that~~ is untrue, deceptive or misleading.

(3) *Defamation.* Making, publishing, disseminating or circulating, directly or indirectly, or aiding, abetting or encouraging the making, publishing, disseminating or circulating of any oral or written statement or any pamphlet, circular, article or literature ~~which that~~ is false, or maliciously critical of or derogatory to the financial condition of any person, and ~~which that~~ is calculated to injure such person.

(4) *Boycott, coercion and intimidation.* Entering into any agreement to commit, or by any concerted action committing, any act of boycott, coercion or intimidation resulting in or tending to result in unreasonable restraint of the business of insurance, or by any act of boycott, coercion or intimidation monopolizing or attempting to monopolize any part of the business of insurance.

(5) *False statements and entries.* (a) Knowingly filing with any supervisory or other public official, or knowingly making, publishing, disseminating, circulating or delivering to any person, or placing before the public, or knowingly causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false material statement of fact as to the financial condition of a person.

(b) Knowingly making any false entry of a material fact in any book, report or statement of any person or knowingly omitting to make a true entry of any material fact pertaining to the business of such person in any book, report or statement of such person.

(6) *Stock operations and advisory board contracts.* Issuing or delivering or permitting agents, officers or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common-law corporation, or securities or any special or advisory

board contracts or other contracts of any kind promising returns and profits as an inducement to insurance. Nothing herein shall prohibit the acts permitted by K.S.A. 40-232, and amendments thereto.

(7) *Unfair discrimination.* (a) Making or permitting any unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for any contract of life insurance or life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract.

(b) Making or permitting any unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, policy fees or rates charged for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever.

(c) Refusing to insure, or refusing to continue to insure, or limiting the amount, extent or kind of coverage available to an individual, or charging an individual a different rate for the same coverage solely because of blindness or partial blindness. With respect to all other conditions, including the underlying cause of the blindness or partial blindness, persons who are blind or partially blind shall be subject to the same standards of sound actuarial principles or actual or reasonably anticipated experience as are sighted persons. Refusal to insure includes denial by an insurer of disability insurance coverage on the grounds that the policy defines "disability" as being presumed in the event that the insured loses such person's eyesight. However, an insurer may exclude from coverage disabilities consisting solely of blindness or partial blindness when such condition existed at the time the policy was issued.

(d) Refusing to insure, or refusing to continue to insure, or limiting the amount, extent or kind of coverage available for accident and health and life insurance to an applicant who is the proposed insured or charge a different rate for the same coverage or excluding or limiting coverage for losses or denying a claim incurred by an insured as a result of abuse based on the fact that the applicant who is the proposed insured is, has been, or may be the subject of domestic abuse, except as provided in ~~subpart (v)~~ *subsection (7)(d)(v)*. "Abuse" as used in this ~~sub-section (7)(d) paragraph~~ means one or more acts defined in ~~subsection (a) or (b)~~ of K.S.A. 60-3102, and amendments thereto, between family members, current or former household members, or current or former intimate partners.

(i) An insurer may not ask an applicant for life or accident and health insurance who is the proposed insured if the individual is, has been or may be the subject of domestic abuse or seeks, has sought or had reason to seek medical or psychological treatment or counseling specifically for abuse, protection from abuse or shelter from abuse.

(ii) Nothing in this section shall be construed to prohibit a person from declining to issue an insurance policy insuring the life of an individual who is, has been or has the potential to be the subject of abuse if the perpetrator of the abuse is the applicant or would be the owner of the insurance policy.

(iii) No insurer that issues a life or accident and health policy to an individual who is, has been or may be the subject of domestic abuse shall be subject to civil or criminal liability for the death or any injuries suffered by that individual as a result of domestic abuse.

(iv) No person shall refuse to insure, refuse to continue to insure, limit the amount, extent or kind of coverage available to an individual or charge a different rate for the same coverage solely because of physical or mental condition, except where the refusal, limitation or rate differential is based on sound actuarial principles.

(v) Nothing in this section shall be construed to prohibit a person from underwriting or rating a risk on the basis of a preexisting physical or mental condition, even if such condition has been caused by abuse, provided that:

(A) The person routinely underwrites or rates such condition in the same manner with respect to an insured or an applicant who is not a victim of abuse;

(B) the fact that an individual is, has been or may be the subject of abuse may not be considered a physical or mental condition; and

(C) such underwriting or rating is not used to evade the intent of this section or any other provision of the Kansas insurance code.

(vi) Any person who underwrites or rates a risk on the basis of preexisting physical or mental condition as set forth in subsection (7)(d)(v), shall treat such underwriting or rating as an adverse underwriting decision pursuant to K.S.A. 40-2,112, and amendments thereto.

(vii) The provisions of ~~subsection (d)~~ *this paragraph* shall apply to all policies of life and accident and health insurance issued in this state

after the effective date of this act and all existing contracts ~~which that~~ are renewed on or after the effective date of this act.

(e) *Refusing to insure, or refusing to continue to insure, or limiting the amount, extent or kind of coverage available for life insurance to an individual, or charging an individual a different rate for the same coverage, solely because of such individual's status as a living organ donor. With respect to all other conditions, persons who are living organ donors shall be subject to the same standards of sound actuarial principles or actual or reasonably anticipated experience as are persons who are not organ donors.*

(8) *Rebates.* (a) Except as otherwise expressly provided by law, knowingly permitting, offering to make or making any contract of life insurance, life annuity or accident and health insurance, or agreement as to such contract other than as plainly expressed in the insurance contract issued thereon; paying, allowing, giving or offering to pay, allow or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, any special favor or advantage in the dividends or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract; or giving, selling, purchasing or offering to give, sell or purchase as inducement to such insurance contract or annuity or in connection therewith, any stocks, bonds or other securities of any insurance company or other corporation, association or partnership, or any dividends or profits accrued thereon, or anything of value whatsoever not specified in the contract.

(b) Nothing in subsection (7) or (8)(a) shall be construed as including within the definition of discrimination or rebates any of the following practices:

(i) In the case of any contract of life insurance or life annuity, paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance. Any such bonuses or abatement of premiums shall be fair and equitable to policyholders and for the best interests of the company and its policyholders;

(ii) in the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount ~~which that~~ fairly represents the saving in collection expenses; or

(iii) readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first or any subsequent policy year of insurance thereunder, which may be made retroactive only for such policy year.

(9) *Unfair claim settlement practices.* It is an unfair claim settlement practice if any of the following or any rules and regulations pertaining thereto are: ~~(A) either~~ committed flagrantly and in conscious disregard of such provisions, or ~~(B)~~ committed with such frequency as to indicate a general business practice:

(a) Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;

(b) failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies;

(c) failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies;

(d) refusing to pay claims without conducting a reasonable investigation based upon all available information;

(e) failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;

(f) not attempting in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear;

(g) compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by such insureds;

(h) attempting to settle a claim for less than the amount to which a reasonable person would have believed that such person was entitled by reference to written or printed advertising material accompanying or made part of an application;

(i) attempting to settle claims on the basis of an application ~~which that~~ was altered without notice to, or knowledge or consent of the insured;

(j) making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made;

(k) making known to insureds or claimants a policy of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration;

(continued)

(l) delaying the investigation or payment of claims by requiring an insured, claimant or the physician of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information;

(m) failing to promptly settle claims, where liability has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage; or

(n) failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement.

(10) *Failure to maintain complaint handling procedures.* Failure of any person, who is an insurer on an insurance policy, to maintain a complete record of all the complaints which that it has received since the date of its last examination under K.S.A. 40-222, and amendments thereto; but no such records shall be required for complaints received prior to the effective date of this act. The record shall indicate the total number of complaints, their classification by line of insurance, the nature of each complaint, the disposition of the complaints, the date each complaint was originally received by the insurer and the date of final disposition of each complaint. For purposes of this subsection, "complaint" means any written communication primarily expressing a grievance related to the acts and practices set out in this section.

(11) *Misrepresentation in insurance applications.* Making false or fraudulent statements or representations on or relative to an application for an insurance policy, for the purpose of obtaining a fee, commission, money or other benefit from any insurer, agent, broker or individual.

(12) *Statutory violations.* Any violation of any of the provisions of K.S.A. 40-216, 40-276a, 40-2155 or 40-1515, and amendments thereto.

(13) *Disclosure of information relating to adverse underwriting decisions and refund of premiums.* Failing to comply with the provisions of K.S.A. 40-2,112, and amendments thereto, within the time prescribed in such section.

(14) *Rebates and other inducements in title insurance.* (a) No title insurance company or title insurance agent, or any officer, employee, attorney, agent or solicitor thereof, may pay, allow or give, or offer to pay, allow or give, directly or indirectly, as an inducement to obtaining any title insurance business, any rebate, reduction or abatement of any rate or charge made incident to the issuance of such insurance, any special favor or advantage not generally available to others of the same classification, or any money, thing of value or other consideration or material inducement. The words "charge made incident to the issuance of such insurance" includes, without limitations, escrow, settlement and closing charges.

(b) No insured named in a title insurance policy or contract nor any other person directly or indirectly connected with the transaction involving the issuance of the policy or contract, including, but not limited to, mortgage lender, real estate broker, builder, attorney or any officer, employee, agent representative or solicitor thereof, or any other person may knowingly receive or accept, directly or indirectly, any rebate, reduction or abatement of any charge, or any special favor or advantage or any monetary consideration or inducement referred to in subsection (14)(a).

(c) Nothing in this section shall be construed as prohibiting:

(i) The payment of reasonable fees for services actually rendered to a title insurance agent in connection with a title insurance transaction;

(ii) the payment of an earned commission to a duly appointed title insurance agent for services actually performed in the issuance of the policy of title insurance; or

(iii) the payment of reasonable entertainment and advertising expenses.

(d) Nothing in this section prohibits the division of rates and charges between or among a title insurance company and its agent, or one or more title insurance companies and one or more title insurance agents, if such division of rates and charges does not constitute an unlawful rebate under the provisions of this section and is not in payment of a forwarding fee or a finder's fee.

(e) As used in paragraphs (c) through (i) of this subpart subsections (14)(e) through (14)(i), unless the context otherwise requires:

(i) "Associate" means any firm, association, organization, partnership, business trust, corporation or other legal entity organized for profit in which a producer of title business is a director, officer or partner thereof, or owner of a financial interest; the spouse or any relative within the second degree by blood or marriage of a producer of title business who is a natural person; any director, officer or employee of a

producer of title business or associate; any legal entity that controls, is controlled by, or is under common control with a producer of title business or associate; and any natural person or legal entity with whom a producer of title business or associate has any agreement, arrangement or understanding or pursues any course of conduct, the purpose or effect of which is to evade the provisions of this section.

(ii) "Financial interest" means any direct or indirect interest, legal or beneficial, where the holder thereof is or will be entitled to 1% or more of the net profits or net worth of the entity in which such interest is held. Notwithstanding the foregoing, an interest of less than 1% or any other type of interest shall constitute a "financial interest" if the primary purpose of the acquisition or retention of that interest is the financial benefit to be obtained as a consequence of that interest from the referral of title business.

(iii) "Person" means any natural person, partnership, association, cooperative, corporation, trust or other legal entity.

(iv) "Producer of title business" or "producer" means any person, including any officer, director or owner of 5% or more of the equity or capital or both of any person, engaged in this state in the trade, business, occupation or profession of:

(A) Buying or selling interests in real property;

(B) making loans secured by interests in real property; or

(C) acting as broker, agent, representative or attorney for a person who buys or sells any interest in real property or who lends or borrows money with such interest as security.

(v) "Refer" means to direct or cause to be directed or to exercise any power or influence over the direction of title insurance business, whether or not the consent or approval of any other person is sought or obtained with respect to the referral.

(f) No title insurer or title agent may accept any order for, issue a title insurance policy to, or provide services to, an applicant if it knows or has reason to believe that the applicant was referred to it by any producer of title business or by any associate of such producer, where the producer, the associate, or both, have a financial interest in the title insurer or title agent to which business is referred unless the producer has disclosed to the buyer, seller and lender the financial interest of the producer of title business or associate referring the title insurance business.

(g) No title insurer or title agent may accept an order for title insurance business, issue a title insurance policy, or receive or retain any premium, or charge in connection with any transaction if: (i) The title insurer or title agent knows or has reason to believe that the transaction will constitute controlled business for that title insurer or title agent; and (ii) 70% or more of the closed title orders of that title insurer or title agent during the 12 full calendar months immediately preceding the month in which the transaction takes place is derived from controlled business. The prohibitions contained in this ~~subparagraph~~ paragraph shall not apply to transactions involving real estate located in a county that has a population, as shown by the last preceding decennial census, of 10,000 or less.

(h) Within 90 days following the end of each business year, as established by the title insurer or title agent, each title insurer or title agent shall file with the department of insurance and any title insurer with which the title agent maintains an underwriting agreement, a report executed by the title insurer's or title agent's chief executive officer or designee, under penalty of perjury, stating the percent of closed title orders originating from controlled business. The failure of a title insurer or title agent to comply with the requirements of this section, at the discretion of the commissioner, shall be grounds for the suspension or revocation of a license or other disciplinary action, with the commissioner able to mitigate any such disciplinary action if the title insurer or title agent is found to be in substantial compliance with competitive behavior as defined by federal housing and urban development statement of policy 1996-2.

(i) (1) No title insurer or title agent may accept any title insurance order or issue a title insurance policy to any person if it knows or has reason to believe that such person was referred to it by any producer of title business or by any associate of such producer, where the producer, the associate, or both, have a financial interest in the title insurer or title agent to which business is referred unless the producer has disclosed in writing to the person so referred the fact that such producer or associate has a financial interest in the title insurer or title agent, the nature of the financial interest and a written estimate of the charge or range of charges generally made by the title insurer or agent for the title services. Such disclosure shall include language stating that the consumer is not obligated to use the title insurer or agent in which the

referring producer or associate has a financial interest and shall include the names and telephone numbers of not less than three other title insurers or agents ~~which that~~ operate in the county in which the property is located. If fewer than three insurers or agents operate in that county, the disclosure shall include all title insurers or agents operating in that county. Such written disclosure shall be signed by the person so referred and must have occurred prior to any commitment having been made to such title insurer or agent.

(2) No producer of title business or associate of such producer shall require, directly or indirectly, as a condition to selling or furnishing any other person any loan or extension thereof, credit, sale, property, contract, lease or service, that such other person shall purchase title insurance of any kind through any title agent or title insurer if such producer has a financial interest in such title agent or title insurer.

(3) No title insurer or title agent may accept any title insurance order or issue a title insurance policy to any person it knows or has reason to believe that the name of the title company was pre-printed in the sales contract, prior to the buyer or seller selecting that title company.

(4) Nothing in this ~~subpart (i) paragraph~~ shall prohibit any producer of title business or associate of such producer from referring title business to any title insurer or title agent of such producer's or associate's choice, and, if such producer or associate of such producer has any financial interest in the title insurer, from receiving income, profits or dividends produced or realized from such financial interest, so long as:

(a) Such financial interest is disclosed to the purchaser of the title insurance in accordance with ~~part paragraphs (i)(1) through (i)(4) of this subpart;~~

(b) the payment of income, profits or dividends is not in exchange for the referral of business; and

(c) the receipt of income, profits or dividends constitutes only a return on the investment of the producer or associate.

(5) Any producer of title business or associate of such producer who violates the provisions of paragraphs (i)(2) through (i)(4), or any title insurer or title agent who accepts an order for title insurance knowing that it is in violation of paragraphs (i)(2) through (i)(4), in addition to any other action ~~which that~~ may be taken by the commissioner of insurance, shall be subject to a fine by the commissioner in an amount equal to five times the premium for the title insurance and, if licensed pursuant to K.S.A. 58-3034 et seq., and amendments thereto, shall be deemed to have committed a prohibited act pursuant to K.S.A. 58-3602, and amendments thereto, and shall be liable to the purchaser of such title insurance in an amount equal to the premium for the title insurance.

(6) Any title insurer or title agent that is a competitor of any title insurer or title agent that, subsequent to the effective date of this act, has violated or is violating the provisions of ~~subpart (i) this paragraph~~, shall have a cause of action against such title insurer or title agent and, upon establishing the existence of a violation of any such provision, shall be entitled, in addition to any other damages or remedies provided by law, to such equitable or injunctive relief as the court deems proper. In any such action under this subsection, the court may award to the successful party the court costs of the action together with reasonable attorney fees.

(7) The commissioner shall also require each title agent to provide core title services as required by the real estate settlement procedures act.

(j) The commissioner shall adopt any regulations necessary to carry out the provisions of this act.

(15) *Disclosure of nonpublic personal information.* (a) No person shall disclose any nonpublic personal information contrary to the provisions of title V of the Gramm-Leach-Bliley act of 1999 (public law 106-102). The commissioner may adopt rules and regulations necessary to carry out this ~~section subsection~~. Such rules and regulations shall be consistent with and not more restrictive than the model regulation adopted on September 26, 2000, by the national association of insurance commissioners entitled "Privacy of consumer financial and health information regulation".

~~(b) Any rules and regulations adopted by the commissioner which implement article V of the model regulation adopted on September 26, 2000, by the national association of insurance commissioners entitled "Privacy of consumer financial and health information regulation" shall become effective on and after February 1, 2002.~~

(c) Nothing in this ~~paragraph (15) subsection~~ shall be deemed or construed to authorize the promulgation or adoption of any regulation ~~which that~~ preempts, supersedes or is inconsistent with any provision of Kansas law concerning requirements for notification of, or obtaining consent from, a parent, guardian or other legal custodian of a minor

relating to any matter pertaining to the health and medical treatment for such minor.

Sec. 5. On and after July 1, 2019, K.S.A. 2018 Supp. 40-3812 is hereby amended to read as follows: 40-3812. (a) A person shall apply to be an administrator in its home state and shall receive a license from the regulatory authority of its home state prior to performing any function of an administrator in this state.

(b) A person applying to Kansas as its home state shall apply for licensure by submitting to the commissioner an application in the form prescribed by the commissioner that shall include or be accompanied by the following information and documents:

(1) All basic organizational documents of the applicant, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement, certificate of existence from the Kansas secretary of state and other applicable documents and all amendments to such documents;

(2) the bylaws, rules, regulations or similar documents regulating the internal affairs of the applicant;

(3) NAIC biographical affidavits for the individuals who are directly or indirectly responsible for the conduct of affairs of the applicant, including all members of the board of directors, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership, association or limited liability company, any shareholders or members holding directly or indirectly 10% or more of the voting stock, voting securities or voting interest of the applicant and any other person who directly or indirectly exercises control or influence over the affairs of the applicant;

(4) audited annual financial statements or reports for the two most recent fiscal years that demonstrate that the applicant has a positive net worth. If the applicant has been in existence for less than two fiscal years, the uniform application shall include financial statements or reports, certified by at least two officers, owners or directors of the applicant and prepared in accordance with GAAP, for any completed fiscal years and for any month during the current fiscal year for which such financial statements or reports have been completed. An audited annual financial report prepared on a consolidated basis shall include a columnar consolidating or combining worksheet that shall be filed with the report and include the following:

(A) Amounts shown on the consolidated audited financial report shown on the worksheet;

(B) amounts for each entity stated separately; and

(C) explanations of consolidating and eliminating entries included.

The applicant shall also include such other information as the commissioner may require in order to review the current financial condition of the applicant;

(5) in lieu of submitting audited financial statements, and upon written application by an applicant and good cause shown, the commissioner may grant a hardship exemption from filing audited financial statements and allow the submission of unaudited financial statements. Acceptable formats for unaudited financial statements, that shall include notes, are:

(A) Reports compiled or reviewed by a certified public accountant; or

(B) internal financial reports prepared in accordance with GAAP, certified by at least two officers, owners or directors of the administrator.

If unaudited financial statements are submitted, the applicant must also secure and maintain a surety bond in a form prescribed by the commissioner for the use and benefit of the commissioner to be held in trust for the benefit and protection of covered persons and any payor or self-funded plan against loss by reason of acts of fraud or dishonesty, for the greater of 10% of funds handled for the benefit of Kansas residents or \$20,000. Administrators of self-funded plans in Kansas are subject to the mandatory surety bond requirement found in subsection (h), regardless of whether they file audited or unaudited financial reports;

(6) a statement describing the business plan, including information on staffing levels and activities, proposed in this state and nationwide. The plan shall provide details setting forth the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping and underwriting;

~~(7) the a license application fee as provided for by rules and regulations in the amount of \$400; and~~

(8) such other pertinent information as may be required by the commissioner.

(continued)

(c) An administrator licensed or applying for licensure under the provisions of this section shall make available for inspection by the commissioner, copies of all contracts with payors or other persons utilizing the services of the administrator.

(d) An administrator licensed or applying for licensure under the provisions of this section shall produce its accounts, records and files for examination, and makes its officers available to give information with respect to its affairs, as often as reasonably required by the commissioner.

(e) The commissioner may refuse to issue a license if the commissioner determines that the applicant or any individual responsible for the conduct of affairs of the applicant is not competent, trustworthy, financially responsible or of good personal and business reputation, or has had an insurance or an administrator certificate of authority or license denied or revoked for cause by any jurisdiction, or if the commissioner determines that any of the grounds set forth in K.S.A. 40-3810, and amendments thereto, exist with respect to the applicant.

(f) A license issued under this section shall remain valid, unless surrendered, suspended or revoked by the commissioner, for so long as the administrator continues in business in this state and remains in compliance with the provisions of this act and any applicable rules and regulations.

(g) An administrator licensed or applying for licensure under the provisions of this section shall immediately notify the commissioner of any material change in its ownership, control or other fact or circumstance affecting its qualification for a license in this state.

(h) An administrator licensed or applying for a home state license that administers or will administer governmental or church self-insured plans in this state or any other state shall maintain a surety bond for the use and benefit of the commissioner to be held in trust for the benefit and protection of covered persons and any payor or self-funded plan against loss by reason of acts of fraud or dishonesty. The bond shall be in the greater of the following amounts:

(1) \$100,000; or

(2) an amount equal to 10% of the aggregate total amount of self-funded coverage under church plans or governmental plans handled in this state and all additional states in which the administrator is authorized to do business.

Sec. 6. On and after July 1, 2019, K.S.A. 2018 Supp. 40-3813 is hereby amended to read as follows: 40-3813. (a) Unless an administrator has obtained a home state license in this state, any administrator who performs duties as an administrator in this state shall obtain a nonresident administrator license in accordance with the provisions of this section by filing with the commissioner the uniform application, accompanied by a letter of certification. In lieu of requiring an administrator to file a letter of certification with the uniform application, the commissioner may verify the nonresident administrator's home state certificate of authority or license status through an electronic database maintained by the NAIC, its affiliates or subsidiaries.

(b) An administrator shall not be eligible for a nonresident administrator license under the provisions of this section if it does not hold a license in a home state that has adopted a substantially similar law governing administrators.

(c) Except as provided in subsections (b) and (h) the commissioner shall issue to the administrator a nonresident administrator license promptly upon receipt of a complete application.

(d) Each nonresident administrator shall file biennially, as a part of its application for renewal of its license, a statement that its home state administrator license remains in force and has not been revoked or suspended by its home state during the preceding years. *Each nonresident administrator renewal application shall be accompanied by a renewal application fee in the amount of \$200.*

(e) At the time of filing the application for licensing required under the provisions of this section, the nonresident administrator shall pay a license application fee ~~as provided for by rules and regulations~~ in the amount of \$400.

(f) An administrator licensed or applying for licensure under the provisions of this section shall produce its accounts, records and files for examination, and make its officers available to give information with respect to its affairs, as often as reasonably required by the commissioner.

(g) A nonresident administrator is not required to hold a nonresident administrator license in this state if the administrator is licensed in its home state and the administrator's duties in this state are limited to:

(1) The administration of a group policy or plan and no more than

a total of 20% of covered persons, for all plans the administrator services, reside in this state; and

(2) the total number of covered persons residing in this state is less than 100.

(h) The commissioner may refuse to issue a nonresident administrator license, or delay the issuance of a nonresident administrator license, if the commissioner determines that, due to events or information obtained subsequent to the home state's licensure of the administrator, the nonresident administrator cannot satisfy the requirements of this act or that grounds exist for the home state's revocation or suspension of the administrator's home state certificate of authority or license.

Sec. 7. On and after July 1, 2019, K.S.A. 2018 Supp. 40-3814 is hereby amended to read as follows: 40-3814. (a) Each administrator licensed under the provisions of this act shall file an annual report for the preceding calendar year with the commissioner on or before July 1 of each year, or within such extension of time as the commissioner may grant for good cause, *accompanied by an annual report fee in the amount of \$100.* The annual report shall include:

(1) An audited financial statement attested to by an independent certified public accountant. An audited annual financial report prepared on a consolidated basis shall include a columnar consolidating or combining worksheet that shall be filed with the report and include the following:

(A) Amounts shown on the consolidated audited financial report shown on the worksheet;

(B) amounts for each entity stated separately; and

(C) explanations of consolidating and eliminating entries included.

(2) In lieu of submitting an audited financial statement, and upon written application by an administrator and good cause shown, the commissioner may grant a hardship exemption from filing audited financial statements and allow the submission of unaudited financial statements. Acceptable formats for unaudited financial statements, that shall include notes, are:

(A) Reports compiled or reviewed by a certified public accountant; or

(B) internal financial reports prepared in accordance with GAAP, certified by at least two officers, owners or directors of the administrator.

If unaudited financial statements are submitted, the administrator must secure and maintain a surety bond in a form prescribed by the commissioner for the use and benefit of the commissioner to be held in trust for the benefit and protection of covered persons and any payor or self-funded plan against loss by reason of acts of fraud or dishonesty, for the greater of 10% of funds handled for the benefit of Kansas residents or \$20,000.

(b) The annual report shall be in the form and contain such matters as the commissioner prescribes and shall be verified by at least two officers, owners or directors of the administrator.

(c) The annual report shall include the complete names and addresses of all payors and for self-funded plans, all employers and trusts, with which the administrator had agreements during the preceding fiscal year. The report shall also include the number of Kansas residents covered by each of the plans.

Sec. 8. K.S.A. 2018 Supp. 40-2209 is hereby amended to read as follows: 40-2209. (a) (1) Group sickness and accident insurance is declared to be that form of sickness and accident insurance covering groups of persons, with or without one or more members of their families or one or more dependents. Except at the option of the employee or member and except employees or members enrolling in a group policy after the close of an open enrollment opportunity, no individual employee or member of an insured group and no individual dependent or family member may be excluded from eligibility or coverage under a policy providing hospital, medical or surgical expense benefits both with respect to policies issued or renewed within this state and with respect to policies issued or renewed outside this state covering persons residing in this state. For purposes of this section, an open enrollment opportunity shall be deemed to be a period no less favorable than a period beginning on the employee's or member's date of initial eligibility and ending 31 days thereafter.

(2) An eligible employee, member or dependent who requests enrollment following the open enrollment opportunity or any special enrollment period for dependents as specified in ~~subsection~~ *paragraph* (3) shall be considered a late enrollee. An accident and sickness insurer may exclude a late enrollee, except during an open enrollment period. However, an eligible employee, member or dependent shall not be considered a late enrollee if:

(A) The individual:

(i) Was covered under another group policy which provided hospital, medical or surgical expense benefits or was covered under section 607(1) of the employee retirement income security act of 1974 (ERISA) at the time the individual was eligible to enroll;

(ii) states in writing, at the time of the open enrollment period, that coverage under another group policy ~~which~~ *that* provided hospital, medical or surgical expense benefits was the reason for declining enrollment, but only if the group policyholder or the accident and sickness insurer required such a written statement and provided the individual with notice of the requirement for a written statement and the consequences of such written statement;

(iii) has lost coverage under another group policy providing hospital, medical or surgical expense benefits or under section 607(1) of the employee retirement income security act of 1974 (ERISA) as a result of the termination of employment, reduction in the number of hours of employment, termination of employer contributions toward such coverage, the termination of the other policy's coverage, death of a spouse or divorce or legal separation or was under a COBRA continuation provision and the coverage under such provision was exhausted; and

(iv) requests enrollment within 30 days after the termination of coverage under the other policy; or

(B) a court has ordered coverage to be provided for a spouse or minor child under a covered employee's or member's policy.

(3) (A) If an accident and sickness insurer issues a group policy providing hospital, medical or surgical expenses and makes coverage available to a dependent of an eligible employee or member and such dependent becomes a dependent of the employee or member through marriage, birth, adoption or placement for adoption, then such group policy shall provide for a dependent special enrollment period as described in subsection (3)(B) of this section during which the dependent may be enrolled under the policy and in the case of the birth or adoption of a child, the spouse of an eligible employee or member may be enrolled if otherwise eligible for coverage.

(B) A dependent special enrollment period under this subsection shall be a period of not less than 30 days and shall begin on the later of: (i) The date such dependent coverage is made available;; or (ii) the date of the marriage, birth or adoption or placement for adoption.

(C) If an eligible employee or member seeks to enroll a dependent during the first 30 days of such a dependent special enrollment period, the coverage of the dependent shall become effective: (i) In the case of marriage, not later than the first day of the first month beginning after the date the completed request for enrollment is received; (ii) in the case of the birth of a dependent, as of the date of such birth; or (iii) in the case of a dependent's adoption or placement for adoption, the date of such adoption or placement for adoption.

(4) (A) No group policy providing hospital, medical or surgical expense benefits issued or renewed within this state or issued or renewed outside this state covering residents within this state shall limit or exclude benefits for specific conditions existing at or prior to the effective date of coverage thereunder. Such policy may impose a preexisting conditions exclusion, not to exceed 90 days following the date of enrollment for benefits for conditions whether mental or physical, regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received in the 90 days prior to the effective date of enrollment. Any preexisting conditions exclusion shall run concurrently with any waiting period.

(B) Such policy may impose a waiting period after full-time employment starts before an employee is first eligible to enroll in any applicable group policy.

(C) A health maintenance organization ~~which~~ *that* offers such policy ~~which~~ *that* does not impose any preexisting conditions exclusion may impose an affiliation period for such coverage, provided that: (i) Such application period is applied uniformly without regard to any health status related factors; and (ii) such affiliation period does not exceed two months. The affiliation period shall run concurrently with any waiting period under the plan.

(D) A health maintenance organization may use alternative methods from those described in this subsection to address adverse selection if approved by the commissioner.

(E) For the purposes of this section, the term "preexisting conditions exclusion" shall mean, with respect to coverage, a limitation or exclusion of benefits relating to a condition based on the fact that the condition was present before the date of enrollment for such coverage whether or not any medical advice, diagnosis, care or treatment was recommended or received before such date.

(F) For the purposes of this section, the term "date of enrollment" means the date the individual is enrolled under the group policy or, if earlier, the first day of the waiting period for such enrollment.

(G) For the purposes of this section, the term "waiting period" means with respect to a group policy the period ~~which~~ *that* must pass before the individual is eligible to be covered for benefits under the terms of the policy.

(5) Genetic information shall not be treated as a preexisting condition in the absence of a diagnosis of the condition related to such information.

(6) A group policy providing hospital, medical or surgical expense benefits may not impose any preexisting condition exclusion relating to pregnancy as a preexisting condition.

(7) A group policy providing hospital, medical or surgical expense benefits may not impose any preexisting condition waiting period in the case of a child who is adopted or placed for adoption before attaining 18 years of age and who, as of the last day of a 30-day period beginning on the date of the adoption or placement for adoption, is covered by a policy specified in subsection (a). This subsection shall not apply to coverage before the date of such adoption or placement for adoption.

(8) Such policy shall waive such a preexisting conditions exclusion to the extent the employee or member or individual dependent or family member was covered by: (A) A group or individual sickness and accident policy;; (B) coverage under section 607(1) of the employees retirement income security act of 1974 (ERISA);; (C) a group specified in K.S.A. 40-2222, and amendments thereto;; (D) part A or part B of title XVIII of the social security act;; (E) title XIX of the social security act, other than coverage consisting solely of benefits under section 1928;; (F) a state children's health insurance program established pursuant to title XXI of the social security act;; (G) chapter 55 of title 10 United States code;; (H) a medical care program of the Indian health service or of a tribal organization;; (I) the Kansas uninsurable health plan act pursuant to K.S.A. 40-2217 et seq., and amendments thereto, or a similar health benefits risk pool of another state;; (J) a health plan offered under chapter 89 of title 5, United States code;; (K) a health benefit plan under section 5(e) of the peace corps act (22 U.S.C. § 2504(e));; or (L) a group subject to K.S.A. 12-2616 et seq., and amendments thereto, ~~which~~ *that* provided hospital, medical and surgical expense benefits within 63 days prior to the effective date of coverage with no gap in coverage. A group policy shall credit the periods of prior coverage specified in subsection (a)(7) without regard to the specific benefits covered during the period of prior coverage. Any period that the employee or member is in a waiting period for any coverage under a group health plan or is in an affiliation period shall not be taken into account in determining the continuous period under this subsection.

(b) (1) An accident and sickness insurer which offers group policies providing hospital, medical or surgical expense benefits shall provide a certification as described in subsection (b)(2): (A) At the time an eligible employee, member or dependent ceases to be covered under such policy or otherwise becomes covered under a COBRA continuation provision; (B) in the case of an eligible employee, member or dependent being covered under a COBRA continuation provision, at the time such eligible employee, member or dependent ceases to be covered under a COBRA continuation provision; and (C) on the request on behalf of such eligible employee, member or dependent made not later than 24 months after the date of the cessation of the coverage described in ~~sub-~~ ~~section (b) paragraph (1)(A) or (b)(1)(B), whichever is later.~~

(2) The certification described in this subsection is a written certification of: (A) The period of coverage under a policy specified in subsection (a) and any coverage under such COBRA continuation provision;; and (B) any waiting period imposed with respect to the eligible employee, member or dependent for any coverage under such policy.

(c) Any group policy may impose participation requirements, define full-time employees or members and otherwise be designed for the group as a whole through negotiations between the group sponsor and the insurer to the extent such design is not contrary to or inconsistent with this act.

(d) (1) An accident and sickness insurer offering a group policy providing hospital, medical or surgical expense benefits must renew or continue in force such coverage at the option of the policyholder or certificateholder except as provided in paragraph (2) ~~below~~.

(2) An accident and sickness insurer may nonrenew or discontinue coverage under a group policy providing hospital, medical or surgical expense benefits based only on one or more of the following circumstances:

(continued)

(A) If the policyholder or certificateholder has failed to pay any premium or contributions in accordance with the terms of the group policy providing hospital, medical or surgical expense benefits or the accident and sickness insurer has not received timely premium payments;

(B) if the policyholder or certificateholder has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of such coverage;

(C) if the policyholder or certificateholder has failed to comply with a material plan provision relating to employer contribution or group participation rules;

(D) if the accident and sickness insurer is ceasing to offer coverage in such group market in accordance with ~~subsections~~ *subsection* (d)(3) or ~~(d)~~(4);

(E) in the case of accident and sickness insurer that offers coverage under a policy providing hospital, medical or surgical expense benefits through an enrollment area, there is no longer any eligible employee, member or dependent in connection with such policy who lives, resides or works in the medical service enrollment area of the accident and sickness insurer or in the area for which the accident and sickness insurer is authorized to do business; or

(F) in the case of a group policy providing hospital, medical or surgical expense benefits ~~which that~~ is offered through an association or trust pursuant to ~~subsections~~ *subsection* (f)(3) or (f)(5), the membership of the employer in such association or trust ceases but only if such coverage is terminated uniformly without regard to any health status related factor relating to any eligible employee, member or dependent.

(3) In any case in which an accident and sickness insurer ~~which that~~ offers a group policy providing hospital, medical or surgical expense benefits decides to discontinue offering such type of group policy, such coverage may be discontinued only if:

(A) The accident and sickness insurer notifies all policyholders and certificateholders and all eligible employees or members of such discontinuation at least 90 days prior to the date of the discontinuation of such coverage;

(B) the accident and sickness insurer offers to each policyholder who is provided such group policy providing hospital, medical or surgical expense benefits ~~which that~~ is being discontinued the option to purchase any other group policy providing hospital, medical or surgical expense benefits currently being offered by such accident and sickness insurer; and

(C) in exercising the option to discontinue coverage and in offering the option of coverage under subparagraph (B), the accident and sickness insurer acts uniformly without regard to the claims experience of those policyholders or certificateholders or any health status related factors relating to any eligible employee, member or dependent covered by such group policy or new employees or members who may become eligible for such coverage.

(4) If the accident and sickness insurer elects to discontinue offering group policies providing hospital, medical or surgical expense benefits or group coverage to a small employer pursuant to K.S.A. 40-2209f, and amendments thereto, such coverage may be discontinued only if:

(A) The accident and sickness insurer provides notice to the insurance commissioner, to all policyholders or certificateholders and to all eligible employees and members covered by such group policy providing hospital, medical or surgical expense benefits at least 180 days prior to the date of the discontinuation of such coverage;

(B) all group policies providing hospital, medical or surgical expense benefits offered by such accident and sickness insurer are discontinued and coverage under such policies are not renewed; and

(C) the accident and sickness insurer may not provide for the issuance of any group policies providing hospital, medical or surgical expense benefits in the discontinued market during a five year period beginning on the date of the discontinuation of the last such group policy which is nonrenewed.

(e) An accident and sickness insurer offering a group policy providing hospital, medical or surgical expense benefits may not establish rules for eligibility (including continued eligibility) of any employee, member or dependent to enroll under the terms of the group policy based on any of the following factors in relation to the eligible employee, member or dependent: (A) Health status;; (B) medical condition, including both physical and mental illness;; (C) claims experience;; (D) receipt of health care;; (E) medical history;; (F) genetic information;; (G) evidence of insurability, including conditions arising out of acts of domestic violence;; or (H) disability. This subsection shall not be construed to require a policy providing hospital, medical or surgical expense benefits to provide particular benefits other than those provided

under the terms of such group policy or to prevent a group policy providing hospital, medical or surgical expense benefits from establishing limitations or restrictions on the amount, level, extent or nature of the benefits or coverage for similarly situated individuals enrolled under the group policy.

(f) Group accident and health insurance may be offered to a group under the following basis:

(1) Under a policy issued to an employer or trustees of a fund established by an employer, who is the policyholder, insuring at least two employees of such employer, for the benefit of persons other than the employer. The term "employees" shall include the officers, managers, employees and retired employees of the employer, the partners, if the employer is a partnership, the proprietor, if the employer is an individual proprietorship, the officers, managers and employees and retired employees of subsidiary or affiliated corporations of a corporation employer, and the individual proprietors, partners, employees and retired employees of individuals and firms, the business of which and of the insured employer is under common control through stock ownership contract, or otherwise. The policy may provide that the term "employees" may include the trustees or their employees, or both, if their duties are principally connected with such trusteeship. A policy issued to insure the employees of a public body may provide that the term "employees" shall include elected or appointed officials.

(2) Under a policy issued to a labor union ~~which that~~ shall have a constitution and bylaws insuring at least 25 members of such union.

(3) Under a policy issued to the trustees of a fund established by two or more employers or business associations or by one or more labor unions or by one or more employers and one or more labor unions, which trustees shall be the policyholder, to insure employees of the employers or members of the union or members of the association for the benefit of persons other than the employers or the unions or the associations. The term "employees" shall include the officers, managers, employees and retired employees of the employer and the individual proprietor or partners if the employer is an individual proprietor or partnership. The policy may provide that the term "employees" shall include the trustees or their employees, or both, if their duties are principally connected with such trusteeship.

(4) A policy issued to a creditor, who shall be deemed the policyholder, to insure debtors of the creditor, subject to the following requirements: ~~(a)~~ (A) The debtors eligible for insurance under the policy shall be all of the debtors of the creditor whose indebtedness is repayable in installments, or all of any class or classes determined by conditions pertaining to the indebtedness or to the purchase giving rise to the indebtedness; ~~(b)~~; and (B) the premium for the policy shall be paid by the policyholder, either from the creditor's funds or from charges collected from the insured debtors, or from both.

(5) A policy issued to an association ~~which that~~ has been organized and is maintained for the purposes other than that of obtaining insurance, insuring ~~at least 25~~ members, employees, or employees of members of the association for the benefit of persons other than the association or its officers. The term "employees" shall include retired employees. The premiums for the policies shall be paid by the policyholder, either wholly from association funds; or funds contributed by the members of such association, or by employees of such members or any combination thereof.

(6) Under a policy issued to any other type of group which the commissioner of insurance may find is properly subject to the issuance of a group sickness and accident policy or contract.

(g) Each such policy shall contain in substance: (1) A provision that a copy of the application, if any, of the policyholder shall be attached to the policy when issued, that all statements made by the policyholder or by the persons insured shall be deemed representations and not warranties, and that no statement made by any person insured shall be used in any contest unless a copy of the instrument containing the statement is or has been furnished to such person or the insured's beneficiary.

(2) A provision setting forth the conditions under which an individual's coverage terminates under the policy, including the age, if any, to which an individual's coverage under the policy shall be limited, or, the age, if any, at which any additional limitations or restrictions are placed upon an individual's coverage under the policy.

(3) Provisions setting forth the notice of claim, proofs of loss and claim forms, physical examination and autopsy, time of payment of claims, to whom benefits are payable, payment of claims, change of beneficiary, and legal action requirements. Such provisions shall not be less favorable to the individual insured or the insured's beneficiary

than those corresponding policy provisions required to be contained in individual accident and sickness policies.

(4) A provision that the insurer will furnish to the policyholder, for the delivery to each employee or member of the insured group, an individual certificate approved by the commissioner of insurance setting forth in summary form a statement of the essential features of the insurance coverage of such employee or member, the procedure to be followed in making claim under the policy and to whom benefits are payable. Such certificate shall also contain a summary of those provisions required under paragraphs (2) and (3) of this subsection (g) in addition to the other essential features of the insurance coverage. If dependents are included in the coverage, only one certificate need be issued for each family unit.

(h) No group disability income policy which that integrates benefits with social security benefits, shall provide that the amount of any disability benefit actually being paid to the disabled person shall be reduced by changes in the level of social security benefits resulting either from changes in the social security law or due to cost of living adjustments which become effective after the first day for which disability benefits become payable.

(i) A group policy of insurance delivered or issued for delivery or renewed which that provides hospital, surgical or major medical expense insurance, or any combination of these coverages, on an expense incurred basis, shall provide that an employee or member or such employee's or member's covered dependents whose insurance under the group policy has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy or under any group policy providing similar benefits which that it replaces for at least three months immediately prior to termination, shall be entitled to have such coverage nonetheless continued under the group policy for a period of 18 months and have issued to the employee or member or such employee's or member's covered dependents by the insurer, at the end of such eighteen-month period of continuation, a policy of health insurance which that conforms to the applicable requirements specified in this subsection. This requirement shall not apply to a group policy which provides benefits for specific diseases or for accidental injuries only or a group policy issued to an employer subject to the continuation and conversion obligations set forth at title I, subtitle B, part 6 of the employee retirement income security act of 1974 or at title XXII of the public health service act, as each act was in effect on January 1, 1987, to the extent federal law provides the employee or member or such employee's or member's covered dependents with equal or greater continuation or conversion rights; or an employee or member or such employee's or member's covered dependents shall not be entitled to have such coverage continued or a converted policy issued to the employee or member or such employee's or member's covered dependents if termination of the insurance under the group policy occurred because:

(1) The employee or member or such employee's or member's covered dependents failed to pay any required contribution after receiving reasonable notice of such required contribution from the insurer in accordance with rules and regulations adopted by the commissioner of insurance; (2) any discontinued group coverage was replaced by similar group coverage within 31 days; (3) the employee or member is or could be covered by medicare (title XVIII of the United States social security act as added by the social security amendments of 1965 or as later amended or superseded); (4) the employee or member is or could be covered to the same extent by any other insured or lawful self-insured arrangement which provides expense incurred hospital, surgical or medical coverage and benefits for individuals in a group under which the person was not covered prior to such termination; or (5) coverage for the employee or member, or any covered dependent thereof, was terminated for cause as permitted by the group policy or certificate of coverage approved by the commissioner. In the event the group policy is terminated and not replaced the insurer may issue an individual policy or certificate in lieu of a conversion policy or the continuation of group coverage required herein if the individual policy or certificate provides substantially similar coverage for the same or less premium as the group policy. In any event, the employee or member shall have the option to be issued a conversion policy which that meets the requirements set forth in this subsection in lieu of the right to continue group coverage.

(j) The continued coverage and the issuance of a converted policy shall be subject to the following conditions:

(1) Written application for the converted policy shall be made and the first premium paid to the insurer not later than 31 days after ter-

mination of coverage under the group policy or not later than 31 days after notice is received pursuant to paragraph (20) of this subsection.

(2) The converted policy shall be issued without evidence of insurability.

(3) The employer shall give the employee and such employee's covered dependents reasonable notice of the right to continuation of coverage. The terminated employee or member shall pay to the insurance carrier the premium for the eighteen-month continuation of coverage and such premium shall be the same as that applicable to members or employees remaining in the group. Failure to pay such premium shall terminate coverage under the group policy at the end of the period for which the premium has been paid. The premium rate charged for converted policies issued subsequent to the period of continued coverage shall be such that can be expected to produce an anticipated loss ratio of not less than 80% based upon conversion, morbidity and reasonable assumptions for expected trends in medical care costs. In the event the group policy is terminated and is not replaced, converted policies may be issued at self-sustaining rates that are not unreasonable in relation to the coverage provided based on conversion, morbidity and reasonable assumptions for expected trends in medical care costs. The frequency of premium payment shall be the frequency customarily required by the insurer for the policy form and plan selected, provided that the insurer shall not require premium payments less frequently than quarterly.

(4) The effective date of the converted policy shall be the day following the termination of insurance under the group policy.

(5) The converted policy shall cover the employee or member and the employee's or member's dependents who were covered by the group policy on the date of termination of insurance. At the option of the insurer, a separate converted policy may be issued to cover any dependent.

(6) The insurer shall not be required to issue a converted policy covering any person if such person is or could be covered by medicare (title XVIII of the United States social security act as added by the social security amendments of 1965 or as later amended or superseded). Furthermore, the insurer shall not be required to issue a converted policy covering any person if:

(A) (i) Such person is covered for similar benefits by another hospital, surgical, medical or major medical expense insurance policy or hospital or medical service subscriber contract or medical practice or other prepayment plan or by any other plan or program, or

(ii) such person is eligible for similar benefits (whether or not covered therefor) under any arrangement of coverage for individuals in a group, whether on an insured or uninsured basis, or

(iii) similar benefits are provided for or available to such person, pursuant to or in accordance with the requirements of any state or federal law, and

(B) the benefits provided under the sources referred to in ~~clause subparagraph (A)(i) above~~ for such person or benefits provided or available under the sources referred to in ~~clauses subparagraphs (A)(ii) and (A)(iii) above~~ for such person, together with the benefits provided by the converted policy, would result in over-insurance according to the insurer's standards. The insurer's standards must bear some reasonable relationship to actual health care costs in the area in which the insured lives at the time of conversion and must be filed with the commissioner of insurance prior to their use in denying coverage.

(7) A converted policy may include a provision whereby the insurer may request information in advance of any premium due date of such policy of any person covered as to whether:

(A) Such person is covered for similar benefits by another hospital, surgical, medical or major medical expense insurance policy or hospital or medical service subscriber contract or medical practice or other prepayment plan or by any other plan or program;

(B) such person is covered for similar benefits under any arrangement of coverage for individuals in a group, whether on an insured or uninsured basis; or

(C) similar benefits are provided for or available to such person, pursuant to or in accordance with the requirements of any state or federal law.

(8) The converted policy may provide that the insurer may refuse to renew the policy and the coverage of any person insured for the following reasons only:

(A) Either the benefits provided under the sources referred to in ~~clauses paragraph (6) (A)(i) and (A)(ii) of paragraph (6)~~ for such person or benefits provided or available under the sources referred to in ~~clause (A)(iii) of paragraph (6)(A)(iii)~~ for such person, together with the ben-

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efits provided by the converted policy, would result in over-insurance according to the insurer's standards on file with the commissioner of insurance, or the converted policyholder fails to provide the requested information;

(B) fraud or material misrepresentation in applying for any benefits under the converted policy; or

(C) other reasons approved by the commissioner of insurance.

(9) An insurer shall not be required to issue a converted policy ~~which that~~ provides coverage and benefits in excess of those provided under the group policy from which conversion is made.

(10) If the converted policy provides that any hospital, surgical or medical benefits payable may be reduced by the amount of any such benefits payable under the group policy after the termination of the individual's insurance or the converted policy includes provisions so that during the first policy year the benefits payable under the converted policy, together with the benefits payable under the group policy, shall not exceed those that would have been payable had the individual's insurance under the group policy remained in force and effect, the converted policy shall provide credit for deductibles, copayments and other conditions satisfied under the group policy.

(11) Subject to the provisions and conditions of this act, if the group insurance policy from which conversion is made insures the employee or member for major medical expense insurance, the employee or member shall be entitled to obtain a converted policy providing catastrophic or major medical coverage under a plan meeting the following requirements:

(A) A maximum benefit at least equal to either, at the option of the insurer, ~~paragraphs the amount described in clause (i) or (ii) below:~~

(i) The smaller of the following amounts:

The maximum benefit provided under the group policy or a maximum payment of \$250,000 per covered person for all covered medical expenses incurred during the covered person's lifetime.

(ii) The smaller of the following amounts:

The maximum benefit provided under the group policy or a maximum payment of \$250,000 for each unrelated injury or sickness.

(B) Payment of benefits at the rate of 80% of covered medical expenses ~~which that~~ are in excess of the deductible, until 20% of such expenses in a benefit period reaches \$1,000, after which benefits will be paid at the rate of 100% during the remainder of such benefit period. Payment of benefits for outpatient treatment of mental illness, if provided in the converted policy, may be at a lesser rate but not less than 50%.

(C) A deductible for each benefit period which, at the option of the insurer, shall be: (i) The sum of the benefits deductible and \$100; or (ii) the corresponding deductible in the group policy. The term "benefits deductible," as used herein, means the value of any benefits provided on an expense incurred basis ~~which that~~ are provided with respect to covered medical expenses by any other hospital, surgical, or medical insurance policy or hospital or medical service subscriber contract or medical practice or other prepayment plan, or any other plan or program whether on an insured or uninsured basis, or in accordance with the requirements of any state or federal law and, if pursuant to the conditions of paragraph (13), the converted policy provides both basic hospital or surgical coverage and major medical coverage, the value of such basic benefits.

If the maximum benefit is determined by ~~clause subparagraph (A)(ii) of this paragraph~~, the insurer may require that the deductible be satisfied during a period of not less than three months if the deductible is \$100 or less, and not less than six months if the deductible exceeds \$100.

(D) The benefit period shall be each calendar year when the maximum benefit is determined by ~~clause subparagraph (A)(i) of this paragraph or 24 months when the maximum benefit is determined by clause subparagraph (A)(ii) of this paragraph~~.

(E) The term "covered medical expenses," as used above, shall include at least, in the case of hospital room and board charges 80% of the average semiprivate room and board rate for the hospital in which the individual is confined and twice such amount for charges in an intensive care unit. Any surgical schedule shall be consistent with those customarily offered by the insurer under group or individual health insurance policies and must provide at least a \$1,200 maximum benefit.

(12) The conversion privilege required by this act shall, if the group insurance policy insures the employee or member for basic hospital or surgical expense insurance as well as major medical expense insurance, make available the plans of benefits set forth in paragraph (11). At the option of the insurer, such plans of benefits may be provided under one policy.

The insurer may also, in lieu of the plans of benefits set forth in paragraph (11), provide a policy of comprehensive medical expense benefits without first dollar coverage. The policy shall conform to the requirements of paragraph (11). An insurer electing to provide such a policy shall make available a low deductible option, not to exceed \$100, a high deductible option between \$500 and \$1,000, and a third deductible option midway between the high and low deductible options.

(13) The insurer, at its option, may also offer alternative plans for group health conversion in addition to those required by this act.

(14) In the event coverage would be continued under the group policy on an employee following the employee's retirement prior to the time the employee is or could be covered by medicare, the employee may elect, in lieu of such continuation of group insurance, to have the same conversion rights as would apply had such person's insurance terminated at retirement by reason of termination of employment or membership.

(15) The converted policy may provide for reduction of coverage on any person upon such person's eligibility for coverage under medicare (title XVIII of the United States social security act as added by the social security amendments of 1965 or as later amended or superseded) or under any other state or federal law providing for benefits similar to those provided by the converted policy.

(16) Subject to the conditions set forth above, the continuation and conversion privileges shall also be available:

(A) To the surviving spouse, if any, at the death of the employee or member, with respect to the spouse and such children whose coverage under the group policy terminates by reason of such death, otherwise to each surviving child whose coverage under the group policy terminates by reason of such death, or, if the group policy provides for continuation of dependents' coverage following the employee's or member's death, at the end of such continuation;

(B) to the spouse of the employee or member upon termination of coverage of the spouse, while the employee or member remains insured under the group policy, by reason of ceasing to be a qualified family member under the group policy, with respect to the spouse and such children whose coverage under the group policy terminates at the same time; or

(C) to a child solely with respect to such child upon termination of such coverage by reason of ceasing to be a qualified family member under the group policy, if a conversion privilege is not otherwise provided above with respect to such termination.

(17) The insurer may elect to provide group insurance coverage ~~which that~~ complies with this act in lieu of the issuance of a converted individual policy.

(18) A notification of the conversion privilege shall be included in each certificate of coverage.

(19) A converted policy ~~which that~~ is delivered outside this state must be on a form ~~which that~~ could be delivered in such other jurisdiction as a converted policy had the group policy been issued in that jurisdiction.

(20) The insurer shall give the employee or member and such employee's or member's covered dependents: (A) Reasonable notice of the right to convert at least once during the eighteen-month continuation period; or (B) for persons covered under 29 U.S.C. §§ 1161 et seq., notice of the right to a conversion policy required by this subsection (d) shall be given at least 30 days prior to the end of the continuation period provided by 29 U.S.C. §§ 1161 et seq. or from the date the employer ceases to provide any similar group health plan to any employee. Such notices shall be provided in accordance with rules and regulations adopted by the commissioner of insurance.

(k) (1) No policy issued by an insurer to which this section applies shall contain a provision ~~which that~~ excludes, limits or otherwise restricts coverage because medicaid benefits as permitted by title XIX of the social security act of 1965 are or may be available for the same accident or illness.

(2) Violation of this subsection shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

(l) The commissioner is hereby authorized to adopt such rules and regulations as may be necessary to carry out the provisions of this section.

Sec. 9. K.S.A. 40-2209b is hereby amended to read as follows: 40-2209b. (a) *The provisions of K.S.A. 40-2209b through 40-2209j and 40-2209m through 40-2209o, and amendments thereto, shall be known and may be cited as the small employer health insurance availability act.*

(b) *The purpose and intent of this the small employer health insurance availability act are to promote the availability of health insurance*

coverage to small employers regardless of their health status or claims experience, to prevent abusive rating practices, to require disclosure of rating practices to purchasers, to establish rules regarding renewability of coverage, to establish limitations on the use of pre-existing condition exclusions, to provide for development of "basic" and "standard" health benefit plans to be offered to all small employers, to provide for establishment of a reinsurance program, and to improve the overall fairness and efficiency of the small group health insurance market.

Sec. 10. K.S.A. 2018 Supp. 40-2209d is hereby amended to read as follows: 40-2209d. As used in ~~this~~ *the small employer health insurance availability act*:

(a) "Actuarial certification" means a written statement by a member of the American academy of actuaries or other individual acceptable to the commissioner that a small employer carrier is in compliance with the provisions of K.S.A. 40-2209h, and amendments thereto, based upon the person's examination, including a review of the appropriate records and of the actuarial assumptions and methods used by the small employer carrier in establishing premium rates for applicable health benefit plans.

(b) "Approved service area" means a geographical area, as approved by the commissioner to transact insurance in this state, within which the carrier is authorized to provide coverage.

(c) "Base premium rate" means, for each class of business as to a rating period, the lowest premium rate charged or that could have been charged under the rating system for that class of business, by the small employer carrier to small employers with similar case characteristics for health benefit plans with the same or similar coverage.

(d) "Carrier" or "small employer carrier" means any insurance company, nonprofit medical and hospital service corporation, nonprofit optometric, dental, and pharmacy service corporations, municipal group-funded pool, fraternal benefit society or health maintenance organization, as these terms are defined by *in chapter 40 of the Kansas Statutes Annotated, and amendments thereto*, that offers health benefit plans covering eligible employees of one or more small employers in this state.

(e) "Case characteristics" means, with respect to a small employer, the geographic area in which the employees reside; the age and sex of the individual employees and their dependents; the appropriate industry classification as determined by the carrier, and the number of employees and dependents and such other objective criteria as may be approved family composition by the commissioner. "Case characteristics" shall not include claim experience, health status and duration of coverage since issue.

(f) "Class of business" means all or a separate grouping of small employers established pursuant to K.S.A. 40-2209g, and amendments thereto.

(g) "Commissioner" means the commissioner of insurance.

(h) "Department" means the insurance department.

(i) "Dependent" means the spouse or child of an eligible employee, subject to applicable terms of the health benefits plan covering such employee and the dependent eligibility standards established by the board.

(j) "Eligible employee" means an employee who works on a full-time basis, with a normal work week of 30 or more hours, and includes a sole proprietor, a partner of a partnership or an independent contractor, provided such sole proprietor, partner or independent contractor is included as an employee under a health benefit plan of a small employer but does not include an employee who works on a part-time, temporary or substitute basis.

(k) "Financially impaired" means a member which, after the effective date of this act, is not insolvent but is:

(1) Deemed by the commissioner to be in a hazardous financial condition pursuant to K.S.A. 40-222d, and amendments thereto; or

(2) placed under an order of rehabilitation or conservation by a court of competent jurisdiction.

(l) "Health benefit plan" means any hospital or medical expense policy, health, hospital or medical service corporation contract, and a plan provided by a municipal group-funded pool, or a health maintenance organization contract offered by an employer or any certificate issued under any such policies, contracts or plans. "Health benefit plan" also includes a cafeteria plan authorized by 26 U.S.C. ~~section~~ § 125 ~~which~~ that offers the option of receiving health insurance coverage through a high deductible health plan and the establishment of a health savings account. In order for an eligible individual to obtain a high deductible health plan through the cafeteria plan, such individual shall

present evidence to the employer that such individual has established a health savings account in compliance with 26 U.S.C. ~~section~~ § 223, and any ~~amendments and regulations promulgated thereunder~~. "Health benefit plan" does not include policies or certificates covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, specified disease, vision care, coverage issued as a supplement to liability insurance, insurance arising out of a workers compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(m) "Health savings account" ~~shall have the same meaning ascribed to it means the same as in subsection (d) of 26 U.S.C. section § 223(d).~~

(n) "High deductible health plan" ~~shall mean~~ means a policy or contract of health insurance or health care plan that meets the criteria established in ~~subsection (c) of 26 U.S.C. section § 223(c)~~ and any regulations promulgated thereunder.

(o) "Index rate" means, for each class of business as to a rating period for small employers with similar case characteristics, the arithmetic average of the applicable base premium rate and the corresponding highest premium rate.

(p) "Initial enrollment period" means the period of time specified in the health benefit plan during which an individual is first eligible to enroll in a small employer health benefit plan. Such period shall be no less favorable than a period beginning on the employee's or member's date of initial eligibility and ending 31 days thereafter.

(q) "Late enrollee" means an eligible employee or dependent who requests enrollment in a small employer's health benefit plan following the initial enrollment period provided under the terms of the first plan for which such employee or dependent was eligible through such small employer, however an eligible employee or dependent shall not be considered a late enrollee if:

(1) The individual:

(A) Was covered under another employer-provided health benefit plan or was covered under section 607(1) of the employee retirement income security act of 1974 (ERISA) at the time the individual was eligible to enroll;

(B) states in writing, at the time of the initial eligibility, that coverage under another employer health benefit plan was the reason for declining enrollment but only if the group policyholder or the accident and sickness issuer required such a written statement and provided the individual with notice of the requirement for a written statement and the consequences of such written statement;

(C) has lost coverage under another employer health benefit plan or under section 607(1) of the employee retirement income security act of 1974 (ERISA) as a result of the termination of employment, reduction in the number of hours of employment, termination of employer contributions toward such coverage, the termination of the other plan's coverage, death of a spouse, or divorce or legal separation; and

(D) requests enrollment within 63 days after the termination of coverage under another employer health benefit plan; or

(2) the individual is employed by an employer who offers multiple health benefit plans and the individual elects a different health benefit plan during an open enrollment period; or

(3) a court has ordered coverage to be provided for a spouse or minor child under a covered employee's plan.

(r) "New business premium rate" means, for each class of business as to a rating period, the lowest premium rate charged or offered, or which could have been charged or offered, by the small employer carrier to small employers with similar case characteristics for newly issued health benefit plans with the same or similar coverage.

(s) "Preexisting conditions exclusion" means a policy provision which excludes or limits coverage for charges or expenses incurred during a specified period not to exceed 90 days following the insured's effective date of enrollment as to a condition, whether physical or mental, regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received in the six months immediately preceding the effective date of enrollment.

(t) "Premium" means moneys paid by a small employer or eligible employees or both as a condition of receiving coverage from a small employer carrier, including any fees or other contributions associated with the health benefit plan.

(u) "Rating period" means the calendar period for which premium rates established by a small employer carrier are assumed to be in effect but any period of less than one year shall be considered as a full year.

(continued)

(v) "Waiting period" means a period of time after full-time employment begins before an employee is first eligible to enroll in any applicable health benefit plan offered by the small employer.

(w) "Small employer" means any person, firm, corporation, or partnership or association eligible for group sickness and accident insurance pursuant to subsection (a) of K.S.A. 40-2209, and amendments thereto, actively engaged in business whose total employed work force consisted of, on at least 50% of its working days during the preceding year, of at least two and no more than 50 eligible employees, the majority of whom were employed within the state. In determining the number of eligible employees, *employees participating in an association health plan shall be counted in the aggregate at the association level. Also in determining the number of eligible employees companies which are affiliated companies or which that are eligible to file a combined tax return for purposes of state taxation, shall be considered one employer.* Except as otherwise specifically provided, the provisions of this act which the small employer health insurance availability act apply to a small employer which that has a health benefit plan shall continue to apply until the plan anniversary following the date the employer no longer meets the requirements of this definition.

(x) "Affiliate" or "affiliated" means an entity or person who directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, a specified entity or person.

(y) "Association health plan" or "AHP" means a coverage for the payment of expenses described in K.S.A. 40-2222, and amendments thereto, offered by a qualified trade, merchant, retail or professional association or business league that complies with the provisions of K.S.A. 40-2222a and 40-2222b, and amendments thereto.

(z) "Qualified trade, merchant, retail or professional association or business league" means any bona fide trade merchant, retail or professional association or business league that: (1) Has been in existence for at least five calendar years; (2) is comprised of five or more employers; and (3) is incorporated in this state, has a principal office located in this state, or has a principal office within a metropolitan area that has boundaries within this state.

Sec. 11. K.S.A. 40-2209e is hereby amended to read as follows: 40-2209e. (a) Any individual or group health benefit plan issued to a group authorized by subsection (a) of K.S.A. 40-2209(a), and amendments thereto, shall be subject to the provisions of this act if it provides health care benefits covering employees of a small employer and if it meets any one of the following conditions:

(1) Any portion of the premium is paid by a small employer, or any covered individual, whether through wage adjustments, reimbursement, withholding or otherwise;

(2) the health benefit plan is treated by the employer or any of the covered individuals as part of a plan or program for the purposes of section 106 or section 162 of the United States internal revenue code; or

(3) with the permission of the board, the carrier elects to renew or continue a health benefit plan covering employees of an employer who no longer meets the definition of a "small employer."

(b) For purposes of this act an aggregation of two or more small employers covered under a trust arrangement or a policy issued to an association of small employers pursuant to K.S.A. 40-2209, and amendments thereto, shall permit employee or member units of more than two but less than 51 employees or members and their dependents to participate in any health benefit plan to which this act applies. Any group which includes employee or member units of 50 or fewer employees shall be subject to the provisions of this act notwithstanding its inclusion of employee or member units with more than 50 employees or members.

(c) Except as expressly provided in this act, no health benefit plan offered to a small employer shall be subject to:

(1) Any law that would inhibit any carrier from contracting with providers or groups of providers with respect to health care services or benefits;

(2) any law that would impose any restriction on the ability to negotiate with providers regarding the level or method of reimbursing care or services provided under the health benefit plan.

(d)(c) Individual policies of accident and sickness insurance issued to individuals and their dependents totally independent of any group, association or trust arrangement permitted under K.S.A. 40-2209, and amendments thereto, shall not be subject to the provisions of this act.

Sec. 12. K.S.A. 2018 Supp. 40-2222 is hereby amended to read as follows: 40-2222. (a) Any person or other entity which that provides coverage in this state for medical, surgical, chiropractic, physical ther-

apy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expenses, whether such coverage is by direct payment, reimbursement, or otherwise, shall be presumed to be subject to the jurisdiction of the commissioner of insurance unless the person or other entity:

(1) Is a professional association of architects incorporated in Kansas on October 4, 1954, which that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established November 1, 1986, and complies with K.S.A. 40-2222a, and amendments thereto;

(2) is a professional association of dentists incorporated in Kansas on July 3, 1972, which that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established November 1, 1985, and complies with K.S.A. 40-2222a, and amendments thereto;

(3) (A) is a trade association of banks incorporated in Kansas on August 9, 1978, which that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established July 1, 1989, and complies with K.S.A. 40-2222a, and amendments thereto; or

(B) is a trade organization of banks incorporated in Kansas on June 1, 1982, which that provides coverage for expenses described herein to or for members of the association or dependents, and complies with K.S.A. 40-2222a, and amendments thereto;

(4) is a trade association of truckers incorporated in Kansas on July 1, 1985, which that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established January 1, 1990, and complies with K.S.A. 40-2222a, and amendments thereto;

(5) is an association of physicians practicing in the Kansas City metropolitan area, incorporated in Missouri on March 5, 1891, and qualified as a foreign corporation in Kansas on May 19, 1987, which that provides coverage for the payment of expenses described herein to or for the members of the association, their employees and dependents through a trust established November 1, 1984, and complies with K.S.A. 40-2222a, and amendments thereto;

(6) is organized as a farmers' cooperative under the Kansas cooperative marketing act, K.S.A. 17-1601 et seq., and amendments thereto, on January 13, 1983, and is an association of farmers' cooperatives and other like associations operated on a cooperative basis and their affiliated companies, which that provides benefits for employees, and family members of such employees, of such associations, and complies with K.S.A. 40-2222a, and amendments thereto;

(7) is any other qualified trade, merchant, retail, or professional association or business league incorporated in Kansas which that provides coverage for the payment of expenses described herein to or for the members of the association, their employees and dependents and that complies with K.S.A. 40-2222a, and amendments thereto;

(8) conclusively shows by submission of an appropriate certificate, license, letter or other document issued by the United States department of labor that such person or entity is not subject to Kansas law; or

(9) conclusively shows that it is subject to the jurisdiction of an agency of this state or the federal government. For purposes of this act, tax exempt status under section 501(c) of the federal internal revenue code of 1986 shall not be deemed to be jurisdiction of the federal government.

(b) For the purposes of this section, a qualified trade, merchant, retail or professional association or business league shall mean any bona fide trade, merchant, retail or professional association or business league that:

(1) Has been in existence for at least five calendar years; and

(2) is comprised of five or more employers means the same as in K.S.A. 40-2209d, and amendments thereto.

Sec. 13. On and after July 1, 2019, K.S.A. 2018 Supp. 40-2222, as amended by section 12 of this act, is hereby amended to read as follows: 40-2222. (a) Any person or other entity that provides coverage in this state for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expenses, whether such coverage is by direct payment, reimbursement, or otherwise, shall be presumed to be subject to the jurisdiction of the commissioner of insurance unless the person or other entity:

(1) Is a professional association of architects incorporated in Kansas on October 4, 1954, that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established November 1, 1986, and complies with K.S.A. 40-2222a, and amendments thereto;

(2) is a professional association of dentists incorporated in Kansas on July 3, 1972, that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through an established trust and complies with K.S.A. 40-2222a, and amendments thereto;

(3) (A) is a trade association of banks incorporated in Kansas on August 9, 1978, that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established July 1, 1989, and complies with K.S.A. 40-2222a, and amendments thereto; or

(B) is a trade organization of banks incorporated in Kansas on June 1, 1982, that provides coverage for expenses described herein to or for members of the association or dependents, and complies with K.S.A. 40-2222a, and amendments thereto;

(4) is a trade association of truckers incorporated in Kansas on July 1, 1985, that provides coverage for the payment of expenses described herein to or for the members of the association or dependents through a trust established January 1, 1990, and complies with K.S.A. 40-2222a, and amendments thereto;

(5) is an association of physicians practicing in the Kansas City metropolitan area, incorporated in Missouri on March 5, 1891, and qualified as a foreign corporation in Kansas on May 19, 1987, that provides coverage for the payment of expenses described herein to or for the members of the association, their employees and dependents through a trust established November 1, 1984, and complies with K.S.A. 40-2222a, and amendments thereto;

(6) is organized as a farmers' cooperative under the Kansas cooperative marketing act, K.S.A. 17-1601 et seq., and amendments thereto, on January 13, 1983, and is an association of farmers' cooperatives and other like associations operated on a cooperative basis and their affiliated companies, that provides benefits for employees, and family members of such employees, of such associations, and complies with K.S.A. 40-2222a, and amendments thereto;

(7) is any other qualified trade, merchant, retail, or professional association or business league that provides coverage for the payment of expenses described herein to or for the members of the association, their employees and dependents and that complies with K.S.A. 40-2222a, and amendments thereto;

(8) conclusively shows by submission of an appropriate certificate, license, letter or other document issued by the United States department of labor that such person or entity is not subject to Kansas law; or

(9) conclusively shows that it is subject to the jurisdiction of an agency of this state or the federal government. For purposes of this act, tax exempt status under section 501(c) of the federal internal revenue code of 1986 shall not be deemed to be jurisdiction of the federal government.

(10) *is a nonprofit agricultural membership organization incorporated in Kansas on June 23, 1931, or an affiliate thereof, that provides healthcare benefit coverage for the payment of expenses described herein to or for the members of the organization and their dependents. Notwithstanding any provision of law to the contrary, the healthcare benefit coverage described in this paragraph shall not be considered insurance. The risk under such coverage may be reinsured by a company authorized to conduct reinsurance in Kansas. Providers of healthcare benefit coverage shall file a signed, certified actuarial statement of plan reserves annually with the commissioner of insurance.*

(b) For the purposes of this section, a qualified trade, merchant, retail or professional association or business league means the same as in K.S.A. 40-2209d, and amendments thereto.

Sec. 14. K.S.A. 2018 Supp. 40-2222a is hereby amended to read as follows: 40-2222a. At the time the initial application for coverage is taken with respect to new applicants and upon the first renewal, reinstatement or extension of coverage following the effective date of this act with respect to persons previously covered, each association described in ~~subsection (a)~~ of K.S.A. 40-2222, and amendments thereto, shall provide a written notice stating that:

(a) The coverage is not provided by an insurance company;

(b) the plan is not subject to the laws and regulations relating to insurance companies;

(c) the plan is not under the jurisdiction of the commissioner of insurance; and

(d) if the plan does not pay medical expenses that are eligible for payment under the plan for any reason, the individuals covered by the plan may be liable for such expenses.

Sec. 15. On and after July 1, 2019, K.S.A. 2018 Supp. 40-2222a, as amended by section 14 of this act, is hereby amended to read as follows:

40-2222a. At the time the initial application for coverage is taken with respect to new applicants and upon the first renewal, reinstatement or extension of coverage following the effective date of this act with respect to persons previously covered, each ~~association~~ *person or entity* described in K.S.A. 40-2222, and amendments thereto, shall provide a written notice stating that:

(a) The coverage is not provided by an insurance company;

(b) the plan is not subject to the laws and regulations relating to insurance companies;

(c) the plan is not under the jurisdiction of the commissioner of insurance; and

(d) if the plan does not pay medical expenses that are eligible for payment under the plan for any reason, the individuals covered by the plan may be liable for such expenses.

Sec. 16. K.S.A. 2018 Supp. 40-2222b is hereby amended to read as follows: 40-2222b. (a) As a condition precedent to continuation of the exemption provided by K.S.A. 40-2222, and amendments thereto, each association described in ~~subsection (a)~~ of K.S.A. 40-2222, and amendments thereto, shall, no later than May 1 of each year, pay a tax at the rate of 1% per annum upon the annual Kansas gross premium collected during the preceding calendar year. *For associations that have a principal office within a metropolitan area that has boundaries in Kansas and associations that have their principal office located within the borders of this state and offer policies to non-residents of Kansas, the tax owed under this section shall be based upon the gross premium collected during the preceding year relating to health benefit plans issued to members that have a principal place of business in Kansas.* In the computation of the tax, such associations shall be entitled to deduct any annual Kansas gross premiums returned on account of cancellation or dividends returned to members or expenditures used for the purchase of reinsurance or stop-loss coverage.

(b) Every association subject to taxation under the provisions of this section shall pay the tax imposed and make a return under oath to the commissioner of insurance under such rules and regulations and in such form and manner as the commissioner may prescribe.

Sec. 17. On and after July 1, 2019, K.S.A. 2018 Supp. 40-2222b, as amended by section 16 of this act, is hereby amended to read as follows: 40-2222b. (a) As a condition precedent to continuation of the exemption provided by K.S.A. 40-2222, and amendments thereto, each ~~association~~ *person or entity* described in K.S.A. 40-2222, and amendments thereto, shall, no later than May 1 of each year, pay a tax at the rate of 1% per annum upon the annual Kansas gross premium collected during the preceding calendar year. ~~For associations~~ *persons or entities* that have a principal office within a metropolitan area that has boundaries in Kansas and associations that have their principal office located within the borders of this state and offer policies to non-residents of Kansas, the tax owed under this section shall be based upon the gross premium collected during the preceding year relating to health benefit plans issued to members that have a principal place of business in Kansas. In the computation of the tax, such ~~associations~~ *persons or entities* shall be entitled to deduct any annual Kansas gross premiums returned on account of cancellation or dividends returned to members or expenditures used for the purchase of reinsurance or stop-loss coverage.

(b) Every ~~association~~ *person or entity* subject to taxation under the provisions of this section shall pay the tax imposed and make a return under oath to the commissioner of insurance under such rules and regulations and in such form and manner as the commissioner may prescribe.

Sec. 18. K.S.A. 2018 Supp. 75-4101 is hereby amended to read as follows: 75-4101. (a) There is hereby created a committee on surety bonds and insurance, which shall consist of the state treasurer, the attorney general and the commissioner of insurance or their respective designees. The commissioner of insurance shall be the chairperson of the committee and the director of purchases or the director's designee shall be the ex officio secretary. The committee shall meet ~~on~~ *upon* the call of the chairperson and at such other times as the committee shall determine but at least once each month on the second Monday in each month. Meetings shall be held in the office of the commissioner of insurance. The members of the committee shall serve without compensation. The secretary shall be the custodian of all property, records and proceedings of the committee. Except as provided in this section and K.S.A. 74-4925, 74-4927, 75-6501 through 75-6511 and 76-749, and amendments thereto, no state agency shall purchase any insurance of any kind or nature or any surety bonds upon state officers or employ-
(continued)

ees, except as provided in this act. Except as otherwise provided in this section, health care coverage and health care services of a health maintenance organization for state officers and employees designated under K.S.A. 75-6501(c), and amendments thereto, shall be provided in accordance with the provisions of K.S.A. 75-6501 through 75-6511, and amendments thereto.

(b) The Kansas turnpike authority may purchase group life, health and accident insurance or health care services of a health maintenance organization for its employees or members of the highway patrol assigned, by contract or agreement entered pursuant to K.S.A. 68-2025, and amendments thereto, to police toll or turnpike facilities, independent of the committee on surety bonds and insurance and of the provisions of K.S.A. 75-6501 through 75-6511, and amendments thereto. Such authority may purchase liability insurance covering all or any part of its operations and may purchase liability and related insurance upon all vehicles owned or operated by the authority independent of the committee on surety bonds and insurance and such insurance may be purchased without complying with K.S.A. 75-3738 through 75-3744, and amendments thereto. Any board of county commissioners may purchase such insurance or health care services, independent of such committee, for district court officers and employees any part of whose total salary is payable by the county. Nothing in any other provision of the laws of this state shall be construed as prohibiting members of the highway patrol so assigned to police toll or turnpike facilities from receiving compensation in the form of insurance or health maintenance organization coverage as herein authorized.

(c) The agencies of the state sponsoring a foster grandparent or senior companion program, or both, shall procure a policy of accident, personal liability and excess automobile liability insurance insuring volunteers participating in such programs against loss in accordance with specifications of federal grant guidelines. Such agencies may purchase such policy of insurance independent of the committee on surety bonds and insurance and without complying with K.S.A. 75-3738 through 75-3744, and amendments thereto.

(d) Any state educational institution as defined by K.S.A. 76-711, and amendments thereto, may purchase insurance of any kind or nature except employee health insurance. Such insurance shall be purchased on a competitively bid or competitively negotiated basis in accordance with procedures prescribed by the state board of regents. Such insurance may be purchased independent of the committee on surety bonds and insurance and without complying with K.S.A. 75-3738 through 75-3744, and amendments thereto.

(e) (1) The state board of regents may enter into one or more group insurance contracts to provide health and accident insurance coverage or health care services of a health maintenance organization for all students attending a state educational institution as defined in K.S.A. 76-711, and amendments thereto, and such students' dependents, except that such insurance shall not provide coverage for elective procedures that are not medically necessary as determined by a treating physician. The participation by a student in such coverage shall be voluntary. In the case of students who are employed by a state educational institution in a student position, the level of employer contributions toward such coverage shall be determined by the board of regents.

(2) The state board of regents is hereby authorized to independently provide, through self-insurance or the purchase of insurance contracts, health care benefits for employees of a state educational institution, as such term is defined in K.S.A. 76-711, and amendments thereto, when the state health care benefits program is insufficient to satisfy the requirements of 22 C.F.R. § 62.14, as in effect upon the effective date of this section. Such healthcare benefits shall be limited to only those for whom the state health care benefits program does not meet federal requirements.

(3) *The state board of regents may purchase cybersecurity insurance as it deems necessary to protect student records, labor information and other statutorily protected data that the board maintains, independent of the committee on surety bonds and insurance and without complying with the provisions of K.S.A. 75-3738 through 75-3744, and amendments thereto. As used in this paragraph, "cybersecurity insurance" includes, but is not limited to, first-party coverage against losses such as data destruction, denial of service attacks, theft, hacking and liability coverage guaranteeing compensation for damages from errors such as the failure to safeguard data.*

(3)(4) The state board of regents may adopt rules and regulations necessary to administer and implement the provisions of this section.

Sec. 19. K.S.A. 40-2209b and 40-2209e and K.S.A. 2018 Supp. 40-2209, 40-2209d, 40-2222, 40-2222a, 40-2222b and 75-4101 are hereby repealed.

Sec. 20. On and after July 1, 2019, K.S.A. 2018 Supp. 40-2222, as amended by section 12 of this act, 40-2222a, as amended by section 14 of this act, 40-2222b, as amended by section 16 of this act, 40-2404, 40-3812, 40-3813 and 40-3814 are hereby repealed.

Sec. 21. This act shall take effect and be in force from and after its publication in the Kansas register.

State of Kansas

Legislature

Legislative Bills and Resolutions Introduced

The following numbers and titles of bills and resolutions were introduced May 1–4 during the 2019 session of the Kansas Legislature. Full text of bills, bill tracking, and other information may be accessed at <http://www.kslegislature.org/li/>.

House Bills

HB 2419, AN ACT reconciling conflicting amendments to certain statutes; amending K.S.A. 2016 Supp. 41-102, as amended by section 2 of chapter 99 of the 2018 Session Laws of Kansas; and K.S.A. 2018 Supp. 21-5413, 38-2212, 38-2232, 38-2242, 38-2243, 39-1431, 79-32,117 and 79-3602 and repealing the existing sections; also repealing K.S.A. 2015 Supp. 38-2232, as amended by section 24 of chapter 46 of the 2016 Session Laws of Kansas, 38-2242, as amended by section 25 of chapter 46 of the 2016 Session Laws of Kansas, and 38-2243, as amended by section 26 of chapter 46 of the 2016 Session Laws of Kansas; K.S.A. 2016 Supp. 41-102, as amended by section 10 of 2019 Senate Bill No. 70; K.S.A. 2017 Supp. 79-3602, as amended by section 5 of chapter 8 of the 2018 Session Laws of Kansas; and K.S.A. 2018 Supp. 21-5413a, 22-3302a, 38-2212a, 39-1431a and 79-32,117p. , by Committee on Appropriations.

House Resolutions

HR 6024, A RESOLUTION recognizing Rick Riggs' service to the State of Kansas, by Representative Burroughs.

Senate Bills

SB 241, AN ACT concerning state funds; relating to the local ad valorem tax reduction fund, county and city revenue sharing fund and job creation program fund; transfers from or credits to such funds; prior specific authorization by an act of the legislature or an appropriation act of the legislature required; amending K.S.A. 74-50,107 and K.S.A. 2018 Supp. 79-2959 and 79-2964 and repealing the existing sections, by Committee on Ways and Means.

Senate Resolutions

SR 1739, A RESOLUTION honoring the 125th anniversary of Goodwill of Western Missouri and Eastern Kansas, by Senator Sykes.

SR 1740, A RESOLUTION congratulating and commending the Olathe Northwest High School Raven Dance Team for winning the 2019 National Dance Alliance High School National Championship, by Senator Lynn.

SR 1741, A RESOLUTION honoring the outstanding achievements of William James "Bill" Noble, by Senator Holland.

SR 1742, A RESOLUTION recognizing Tom Hedrick for his accomplished and outstanding sports broadcasting career, by Senators Alley, Holland and Wagle.

SR 1743, A RESOLUTION recognizing Rick Riggs for his many years of service and dedication to the State of Kansas, by Senator Lynn.

SR1744, A RESOLUTION recognizing Raney L. Gilliland for his many years of service and dedication to the Kansas Legislature and the State of Kansas, by Senators Hensley and Wagle.

Doc. No. 047157

INDEX TO ADMINISTRATIVE REGULATIONS

This index lists in numerical order the new, amended, and revoked administrative regulations and the volume and page number of the *Kansas Register* issue in which more information can be found. Temporary regulations are designated with a (T) in the Action column. This cumulative index supplements the 2009 Volumes of the *Kansas Administrative Regulations* and the 2018 Supplement of the *Kansas Administrative Regulations*. Regulations can also be found at http://www.sos.ks.gov/pubs/pubs_kar.aspx.

AGENCY 4: DEPARTMENT OF AGRICULTURE

Reg. No.	Action	Register
4-6-3	Amended	V. 37, p. 592
4-28-5	Amended	V. 37, p. 592
4-28-6	Amended	V. 37, p. 593
4-34-1	New	V. 38, p. 57
4-34-2	New	V. 38, p. 58
4-34-3	New	V. 38, p. 58
4-34-4	New	V. 38, p. 59
4-34-5	New	V. 38, p. 59
4-34-6	New	V. 38, p. 61
4-34-7	New	V. 38, p. 62
4-34-8	New	V. 38, p. 62
4-34-9	New	V. 38, p. 63
4-34-10	New	V. 38, p. 64
4-34-11	New	V. 38, p. 64
4-34-12	New	V. 38, p. 64
4-34-13	New	V. 38, p. 65
4-34-14	New	V. 38, p. 65
4-34-15	New	V. 38, p. 66
4-34-16	New	V. 38, p. 66
4-34-17	New	V. 38, p. 67
4-34-18	New	V. 38, p. 67
4-34-19	New	V. 38, p. 68
4-34-20	New	V. 38, p. 68
4-34-21	New	V. 38, p. 70

AGENCY 9: DEPARTMENT OF AGRICULTURE—DIVISION OF ANIMAL HEALTH

Reg. No.	Action	Register
9-18-6	Amended	V. 38, p. 55
9-18-9	Amended	V. 38, p. 56
9-18-28	Amended	V. 38, p. 56

AGENCY 11: DEPARTMENT OF AGRICULTURE—DIVISION OF CONSERVATION

Reg. No.	Action	Register
11-13-1	New	V. 37, p. 466
11-13-2	New	V. 37, p. 467
11-13-3	New	V. 37, p. 467
11-13-4	New	V. 37, p. 467
11-13-5	New	V. 37, p. 467
11-13-6	New	V. 37, p. 467

AGENCY 14: DEPARTMENT OF REVENUE—DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Reg. No.	Action	Register
14-13-1	Amended	V. 37, p. 484
14-13-2	Amended	V. 37, p. 485
14-13-10	Amended	V. 37, p. 485
14-13-13	Amended	V. 37, p. 486
14-25-1	New	V. 37, p. 487

14-25-2	New	V. 37, p. 487
14-25-3	New	V. 37, p. 487
14-25-4	New	V. 37, p. 488
14-25-5	New	V. 37, p. 488
14-25-6	New	V. 37, p. 488
14-26-1	New	V. 37, p. 490
14-26-2	New	V. 37, p. 490
14-26-3	New	V. 37, p. 490
14-26-4	New	V. 37, p. 490
14-26-5	New	V. 37, p. 490
14-26-6	New	V. 37, p. 490
14-26-7	New	V. 37, p. 491
14-26-8	New	V. 37, p. 491

AGENCY 16: ATTORNEY GENERAL

Reg. No.	Action	Register
16-17-1	New	V. 37, p. 160

AGENCY 21: HUMAN RIGHTS COMMISSION

Reg. No.	Action	Register
21-30-18	Revoked	V. 37, p. 1059
21-40-5	Revoked	V. 37, p. 1059
21-45-1	Revoked	V. 37, p. 1059
21-45-2	Revoked	V. 37, p. 1059
21-45-3	Revoked	V. 37, p. 1059
21-45-4	Revoked	V. 37, p. 1059
21-45-5	Revoked	V. 37, p. 1059
21-45-6	Revoked	V. 37, p. 1059
21-45-7	Revoked	V. 37, p. 1059
21-45-8	Revoked	V. 37, p. 1059
21-45-9	Revoked	V. 37, p. 1059
21-45-10	Revoked	V. 37, p. 1059
21-45-11	Revoked	V. 37, p. 1059
21-45-12	Revoked	V. 37, p. 1059
21-45-13	Revoked	V. 37, p. 1059
21-45-14	Revoked	V. 37, p. 1059
21-45-15	Revoked	V. 37, p. 1059
21-45-16	Revoked	V. 37, p. 1059
21-45-17	Revoked	V. 37, p. 1059
21-45-18	Revoked	V. 37, p. 1059
21-45-21	Revoked	V. 37, p. 1059
21-45-22	Revoked	V. 37, p. 1059
21-45-23	Revoked	V. 37, p. 1059
21-45-24	Revoked	V. 37, p. 1059
21-45-25	Revoked	V. 37, p. 1059
21-46-2	Revoked	V. 37, p. 1059
21-46-3	Revoked	V. 37, p. 1059

AGENCY 22: STATE FIRE MARSHAL

Reg. No.	Action	Register
22-6-12	Revoked	V. 37, p. 244
22-6-16	Revoked	V. 37, p. 244
22-6-20	Amended	V. 37, p. 244
22-6-24	Amended	V. 37, p. 245
22-6-25	Amended	V. 37, p. 245
22-8-10	Amended	V. 37, p. 246
22-19-5	Amended	V. 37, p. 246
22-24-1	Amended	V. 37, p. 247
22-24-2	Revoked	V. 37, p. 247
22-24-3	Revoked	V. 37, p. 247
22-24-4	Revoked	V. 37, p. 247
22-24-5	Revoked	V. 37, p. 247
22-24-6	Revoked	V. 37, p. 247
22-24-7	Amended	V. 37, p. 247
22-24-8	Revoked	V. 37, p. 247
22-24-9	Revoked	V. 37, p. 247
22-24-10	Revoked	V. 37, p. 247
22-24-11	Revoked	V. 37, p. 247
22-24-12	Revoked	V. 37, p. 247
22-24-13	Revoked	V. 37, p. 247
22-24-15	Amended	V. 37, p. 247
22-24-16	Revoked	V. 37, p. 247
22-24-17	Revoked	V. 37, p. 247
22-24-18	Revoked	V. 37, p. 247

AGENCY 28: DEPARTMENT OF HEALTH AND ENVIRONMENT

Reg. No.	Action	Register
28-1-1	Amended	V. 37, p. 374
28-1-2	Amended	V. 37, p. 374
28-1-4	Amended	V. 37, p. 376
28-1-6	Amended	V. 37, p. 376
28-1-7	Revoked	V. 37, p. 377
28-1-12	Amended	V. 37, p. 377
28-1-13	Amended	V. 37, p. 377
28-1-18	Amended	V. 37, p. 377
28-4-95	New	V. 37, p. 1080
28-4-125	Amended	V. 37, p. 491
28-4-503	Amended	V. 37, p. 1135
28-4-584	Amended	V. 37, p. 492
28-4-705	Amended	V. 37, p. 492
28-15-18	Amended	V. 37, p. 493
28-15-19	Amended	V. 37, p. 493
28-15a-2	Amended	V. 37, p. 494
28-15a-3	Amended	V. 37, p. 494
28-15a-4	Revoked	V. 37, p. 494
28-15a-6	Amended	V. 37, p. 494
28-15a-11	Amended	V. 37, p. 494
28-15a-21	Amended	V. 37, p. 495
28-15a-23	Amended	V. 37, p. 495
28-15a-24	Amended	V. 37, p. 495
28-15a-25	Amended	V. 37, p. 495
28-15a-26	Amended	V. 37, p. 495
28-15a-27	Amended	V. 37, p. 495
28-15a-28	Amended	V. 37, p. 496
28-15a-29	Amended	V. 37, p. 496
28-15a-31	Amended	V. 37, p. 496
28-15a-32	New	V. 37, p. 496
28-15a-33	Amended	V. 37, p. 496
28-15a-41	Amended	V. 37, p. 496
28-15a-42	Amended	V. 37, p. 496
28-15a-43	Amended	V. 37, p. 496
28-15a-60	Amended	V. 37, p. 496
28-15a-61	Amended	V. 37, p. 496
28-15a-62	Amended	V. 37, p. 496
28-15a-63	Amended	V. 37, p. 496
28-15a-64	Amended	V. 37, p. 496
28-15a-65	Amended	V. 37, p. 496
28-15a-66	Amended	V. 37, p. 496
28-15a-70	Amended	V. 37, p. 496
28-15a-72	Revoked	V. 37, p. 497
28-15a-73	Revoked	V. 37, p. 497
28-15a-74	Revoked	V. 37, p. 497
28-15a-75	Revoked	V. 37, p. 497
28-15a-76	Revoked	V. 37, p. 497
28-15a-80	Amended	V. 37, p. 497
28-15a-81	Revoked	V. 37, p. 497
28-15a-82	Revoked	V. 37, p. 497
28-15a-83	Revoked	V. 37, p. 497
28-15a-84	Revoked	V. 37, p. 497
28-15a-85	Revoked	V. 37, p. 497
28-15a-86	Revoked	V. 37, p. 497
28-15a-87	Revoked	V. 37, p. 497
28-15a-88	Revoked	V. 37, p. 497
28-15a-89	Revoked	V. 37, p. 497
28-15a-90	Revoked	V. 37, p. 497
28-15a-91	Revoked	V. 37, p. 497
28-15a-100	Amended	V. 37, p. 497
28-15a-101	Amended	V. 37, p. 497
28-15a-110	Amended	V. 37, p. 497
28-15a-111	Amended	V. 37, p. 497
28-15a-130	Amended	V. 37, p. 497
28-15a-131	Revoked	V. 37, p. 497
28-15a-132	Revoked	V. 37, p. 497
28-15a-133	Revoked	V. 37, p. 497
28-15a-134	Revoked	V. 37, p. 497
28-15a-135	Revoked	V. 37, p. 497
28-15a-151	Amended	V. 37, p. 497
28-15a-152	Revoked	V. 37, p. 498
28-15a-153	Revoked	V. 37, p. 498

AGENCY 82: STATE CORPORATION COMMISSION

Reg. No.	Action	Register
82-3-206	Amended	V. 37, p. 592
82-3-307	Amended	V. 37, p. 592
82-4-3a	Amended (T)	V. 37, p. 27
82-4-3a	Amended	V. 37, p. 307

AGENCY 86: REAL ESTATE COMMISSION

Reg. No.	Action	Register
86-1-3	Amended	V. 37, p. 1212
86-1-5	Amended	V. 37, p. 1163
86-1-15	Revoked	V. 37, p. 1163
86-1-19	Amended	V. 37, p. 1163
86-3-15	Amended	V. 37, p. 1164
86-3-26	Amended	V. 37, p. 181
86-3-27	Amended	V. 37, p. 181
86-3-28	Amended	V. 37, p. 181

AGENCY 88: BOARD OF REGENTS

Reg. No.	Action	Register
88-3-8a	Amended	V. 37, p. 500

AGENCY 100: BOARD OF HEALING ARTS

Reg. No.	Action	Register
100-11-1	Amended	V. 38, p. 344
100-28a-14	Amended	V. 38, p. 184
100-76-2	Amended	V. 38, p. 184
100-77-1	New (T)	V. 38, p. 8
100-77-1	New	V. 38, p. 447
100-77-2	New (T)	V. 38, p. 8
100-77-2	New	V. 38, p. 448
100-77-3	New (T)	V. 38, p. 8
100-77-3	New	V. 38, p. 448

AGENCY 102: BEHAVIORAL SCIENCES REGULATORY BOARD

Reg. No.	Action	Register
102-1-13	Amended	V. 38, p. 185
102-1-18	Amended	V. 38, p. 212
102-2-3	Amended	V. 38, p. 185
102-2-14	Amended	V. 38, p. 212
102-3-2	Amended	V. 38, p. 185
102-3-15	Amended	V. 38, p. 212
102-4-2	Amended	V. 38, p. 186
102-4-15	Amended	V. 38, p. 212
102-5-2	Amended	V. 38, p. 186
102-5-14	Amended	V. 38, p. 212
102-7-2	Amended	V. 38, p. 186
102-7-12	Amended	V. 38, p. 212

AGENCY 105: BOARD OF INDIGENTS' DEFENSE SERVICES

Reg. No.	Action	Register
105-5-2	Amended	V. 38, p. 367
105-5-3	Amended	V. 38, p. 367
105-5-6	Amended	V. 38, p. 367
105-5-7	Amended	V. 38, p. 368
105-5-8	Amended	V. 38, p. 368
105-5-11	Revoked	V. 38, p. 368

AGENCY 109: BOARD OF EMERGENCY MEDICAL SERVICES

Reg. No.	Action	Register
109-5-1	Amended	V. 38, p. 153
109-8-1	Amended	V. 38, p. 153
109-8-2	Amended	V. 38, p. 154
109-11-6a	Amended	V. 38, p. 154

AGENCY 111: KANSAS LOTTERY

A complete index listing all regulations filed by the Kansas Lottery from 1988 through 2000 can be found in the Vol. 19,

No. 52, December 28, 2000 *Kansas Register*. A list of regulations filed from 2001 through 2003 can be found in the Vol. 22, No. 52, December 25, 2003 *Kansas Register*. A list of regulations filed from 2004 through 2005 can be found in the Vol. 24, No. 52, December 29, 2005 *Kansas Register*. A list of regulations filed from 2006 through 2007 can be found in the Vol. 26, No. 52, December 27, 2007 *Kansas Register*. A list of regulations filed from 2008 through November 2009 can be found in the Vol. 28, No. 53, December 31, 2009 *Kansas Register*. A list of regulations filed from December 1, 2009, through December 21, 2011, can be found in the Vol. 30, No. 52, December 29, 2011 *Kansas Register*. A list of regulations filed from December 22, 2011, through November 6, 2013, can be found in the Vol. 32, No. 52, December 26, 2013 *Kansas Register*. A list of regulations filed from November 7, 2013, through December 31, 2015, can be found in the Vol. 34, No. 53, December 31, 2015 *Kansas Register*. A list of regulations filed from 2016 through 2017, can be found in the Vol. 36, No. 52, December 28, 2017 *Kansas Register*.

Reg. No.	Action	Register
111-2-325	New	V. 37, p. 1192
111-2-326	New	V. 37, p. 1192
111-4-3507	Amended	V. 37, p. 127
111-4-3508	New	V. 37, p. 132
111-4-3509	New	V. 37, p. 132
111-4-3510	New	V. 37, p. 215
111-4-3511	New	V. 37, p. 216
111-4-3512	New	V. 37, p. 217
111-4-3513	New	V. 37, p. 247
111-4-3514	New	V. 37, p. 248
111-4-3515	New	V. 37, p. 249
111-4-3516	New	V. 37, p. 439
111-4-3517	New	V. 37, p. 440
111-4-3518	New	V. 37, p. 442
111-4-3519	New	V. 37, p. 443
111-4-3520	New	V. 37, p. 444
111-4-3521	New	V. 37, p. 614
111-4-3522	New	V. 37, p. 615
111-4-3523	New	V. 37, p. 616
111-4-3524	New	V. 37, p. 617
111-4-3525	New	V. 37, p. 618
111-4-3526	New	V. 37, p. 660
111-4-3527	New	V. 37, p. 661
111-4-3528	New	V. 37, p. 662
111-4-3529	New	V. 37, p. 693
111-4-3530	New	V. 37, p. 694
111-4-3531	New	V. 37, p. 695
111-4-3532	New	V. 37, p. 697
111-4-3533	New	V. 37, p. 698
111-4-3534	New	V. 37, p. 776
111-4-3535	New	V. 37, p. 776
111-4-3536	New	V. 37, p. 777
111-4-3537	New	V. 37, p. 980
111-4-3538	New	V. 37, p. 982
111-4-3539	New	V. 37, p. 983
111-4-3540	New	V. 37, p. 984
111-4-3541	New	V. 37, p. 985
111-4-3542	New	V. 37, p. 1166
111-4-3543	New	V. 37, p. 1167
111-4-3544	New	V. 37, p. 1168
111-4-3545	New	V. 37, p. 1169
111-4-3546	New	V. 37, p. 1083
111-4-3547	New	V. 37, p. 1171
111-4-3548	New	V. 38, p. 283
111-4-3549	New	V. 38, p. 284
111-4-3550	New	V. 38, p. 285
111-4-3551	New	V. 38, p. 286
111-4-3552	New	V. 38, p. 287

111-4-3553	New	V. 38, p. 289
111-4-3554	New	V. 38, p. 292
111-4-3555	New	V. 38, p. 320
111-4-3556	New	V. 38, p. 321
111-5-80	Amended	V. 37, p. 218
111-5-81	Amended	V. 37, p. 219
111-5-82	Amended	V. 37, p. 220
111-5-83	Amended	V. 37, p. 221
111-5-84	Amended	V. 37, p. 221
111-5-85	Amended	V. 37, p. 221
111-5-243	New	V. 37, p. 620
111-5-244	New	V. 38, p. 323
111-7-81	Amended	V. 37, p. 986
111-7-267	New	V. 37, p. 133
111-7-268	New	V. 37, p. 987
111-7-269	New	V. 37, p. 987
111-4-270	New	V. 37, p. 987
111-7-271	New	V. 37, p. 988
111-7-272	New	V. 37, p. 988
111-7-273	New	V. 37, p. 988
111-7-274	New	V. 37, p. 989
111-7-275	New	V. 37, p. 989
111-7-276	Amended	V. 38, p. 326
111-9-218	New	V. 37, p. 251
111-9-219	New	V. 37, p. 989
111-9-220	New	V. 37, p. 1193
111-9-221	New	V. 38, p. 323
111-9-222	New	V. 38, p. 324
111-15-1	Amended	V. 37, p. 1171
111-15-2	Amended	V. 37, p. 1171
111-15-3	Amended	V. 37, p. 1172
111-15-5	Amended	V. 37, p. 1173
111-15-6	Amended	V. 37, p. 1173
111-15-21	Amended	V. 37, p. 1174
111-19-11	Amended	V. 37, p. 251
111-19-26	New	V. 37, p. 134
111-19-27	New	V. 37, p. 222
111-19-28	New	V. 37, p. 222
111-19-29	New	V. 37, p. 620
111-19-30	New	V. 37, p. 620
111-19-31	New	V. 37, p. 620
111-19-32	New	V. 37, p. 621
111-19-33	New	V. 37, p. 621
111-19-34	New	V. 37, p. 621
111-19-35	New	V. 37, p. 622
111-19-36	New	V. 37, p. 622
111-19-37	New	V. 37, p. 622
111-19-38	New	V. 37, p. 623
111-19-39	New	V. 37, p. 623
111-19-40	New	V. 37, p. 624
111-19-41	New	V. 37, p. 624
111-19-42	New	V. 37, p. 625
111-19-43	New	V. 37, p. 252
111-19-44	New	V. 37, p. 665
111-19-45	New	V. 37, p. 778
111-19-46	New	V. 37, p. 990
111-19-47	New	V. 37, p. 1084
111-19-48	New	V. 38, p. 176
111-19-49	New	V. 38, p. 177
111-19-50	New	V. 38, p. 294
111-19-51	New	V. 38, p. 295
111-301-39	Amended	V. 37, p. 223
111-301-63	New	V. 37, p. 135
111-301-64	New	V. 37, p. 135
111-301-65	New	V. 37, p. 135
111-301-66	New	V. 37, p. 136
111-301-67	New	V. 37, p. 626
111-301-68	Amended	V. 37, p. 990
111-301-69	New	V. 37, p. 626
111-301-70	Amended	V. 37, p. 991
111-301-71	Amended	V. 37, p. 991
111-302-2	Amended	V. 38, p. 178
111-302-4	Amended	V. 37, p. 223
111-302-5	Amended	V. 38, p. 178
111-401-6	Amended	V. 37, p. 253
111-401-11	Amended	V. 37, p. 254

111-401-15	Amended	V. 38, p. 324	111-501-143	Amended	V. 37, p. 993	115-4-4	Amended	V. 38, p. 371
111-401-17	Amended	V. 38, p. 325	111-501-144	New	V. 37, p. 993	115-4-6b	Amended	V. 37, p. 723
111-401-35	Amended	V. 38, p. 326	111-501-145	Amended	V. 38, p. 296	115-4-11	Amended	Vol. 38, p. 372
111-401-63	Amended	V. 37, p. 445	111-501-146	New	V. 37, p. 994	115-7-1	Amended	V. 37, p. 1227
111-401-109	Amended	V. 37, p. 628	111-501-147	Amended	V. 38, p. 296	115-7-3	Amended	V. 37, p. 1165
111-401-117	Amended	V. 37, p. 254	111-501-148	New	V. 37, p. 996	115-7-4	Amended	V. 37, p. 1228
111-401-208	Amended	V. 37, p. 1037	111-601-22	Amended	V. 37, p. 630	115-7-10	Amended	V. 37, p. 1228
111-401-240	New	V. 37, p. 667	111-601-23	Amended	V. 37, p. 630	115-8-1	Amended	V. 37, p. 724
111-401-241	New	V. 37, p. 667	111-601-24	Amended	V. 37, p. 631	115-9-5	Amended	V. 38, p. 375
111-401-242	New	V. 37, p. 667	111-601-25	Amended	V. 37, p. 632	115-11-2	Amended	V. 38, p. 127
111-401-243	New	V. 37, p. 667	111-601-36	Amended	V. 37, p. 1086	115-15-3	Amended	V. 37, p. 81
111-401-244	New	V. 37, p. 668	111-601-37	Amended	V. 38, p. 182	115-15-4	Amended	V. 37, p. 82
111-401-245	New	V. 37, p. 668	111-601-46	New	V. 37, p. 632	115-17-2	Amended	V. 37, p. 1165
111-401-246	New	V. 37, p. 669	111-601-47	New	V. 37, p. 632	115-18-10	Amended	V. 37, p. 1166
111-401-247	New	V. 37, p. 779	111-601-48	Amended	V. 37, p. 1038	115-18-8	Amended	V. 37, p. 1228
111-401-248	New	V. 37, p. 779	111-601-49	New	V. 37, p. 633			
111-401-249	New	V. 37, p. 779	111-601-50	New	V. 37, p. 633			
111-401-250	New	V. 37, p. 780						
111-401-251	New	V. 37, p. 780						
111-401-252	New	V. 37, p. 781						
111-501-24	Amended	V. 37, p. 256						
111-501-25	Amended	V. 37, p. 257						
111-501-44	Amended	V. 37, p. 1174						
111-501-45	Amended	V. 37, p. 783						
111-501-101	Amended	V. 37, p. 1085						
111-501-141	Amended	V. 37, p. 1037						
111-501-142	Amended	V. 37, p. 258						

AGENCY 115: DEPARTMENT OF WILDLIFE, PARKS AND TOURISM			AGENCY 117: REAL ESTATE APPRAISAL BOARD		
Reg. No.	Action	Register	Reg. No.	Action	Register
115-2-1	Amended	V. 38, p. 368	117-2-1	Amended	V. 37, p. 1107
115-2-3	Amended	V. 38, p. 370	117-2-2	Amended	V. 37, p. 1107
115-2-4	Amended	V. 38, p. 371	117-3-2	Amended	V. 37, p. 1108
115-2-5	Revoked	V. 37, p. 1165	117-4-1	Amended	V. 37, p. 1109
115-2-7	New	V. 37, p. 1226	117-4-2	Amended	V. 37, p. 1111
115-3-2	Amended	V. 38, p. 371	117-5-1	Amended	V. 37, p., 1112
			117-8-3	Amended	V. 37, p. 98

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