

CHAPTER 110
HOUSE BILL No. 2672

AN ACT concerning the Kansas health policy authority; amending K.S.A. 38-2006, 39-968 and 65-435a and repealing the existing sections; also repealing K.S.A. 46-2507.

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

New Section 1. (a) The Kansas legislature recognizes that failure to combat the medical and societal epidemic of obesity will result in higher mortality rates for the individuals with obesity and create a disastrous economic impact on medical expenses. The Kansas health policy authority shall conduct a study on the topic of bariatric surgery for the morbidly obese; the issues include, but are not limited to, emerging research evidence of the positive health impact for the morbidly obese, qualification of the patients and the surgeons when the bariatric surgery is appropriate or necessary and a cost analysis with insurance and medicaid reimbursement.

(b) In collaboration with the commissioner of insurance, the Kansas health policy authority shall conduct a study on the impact of extending coverage for the bariatric surgery in the state employee health care benefits program, the affordability of coverage in the small business employer group and the high risk pool and the possibility of reinsurance or state subsidies for reinsurance. The Kansas health policy authority shall submit a report on its findings and present such report to the joint committee on health policy oversight on or before November 1, 2008, and to the senate committee on financial institutions and insurance and the house committee on insurance and financial institutions on or before February 1, 2009. The joint committee on health policy oversight may introduce bills based on the study reported.

(c) All departments, boards, agencies, officers and institutions of the state and all subdivisions thereof shall cooperate with the Kansas health policy authority in carrying out its duties pursuant to this act.

Sec. 2. K.S.A. 38-2006 is hereby amended to read as follows: 38-2006. The secretary shall advise and consult with the ~~health care data governing board~~ *Kansas health policy authority* on issues relating to children's health status.

Sec. 3. K.S.A. 39-968 is hereby amended to read as follows: 39-968. (a) To achieve a quality of life for Kansans with long-term care needs in an environment of choice that maximizes independent living capabilities and recognizes diversity, this act establishes a program which is intended to encourage a wide array of quality, cost-effective and affordable long-term care choices. This program shall be known as client assessment, referral and evaluation (CARE). The purposes of CARE is for data collection and individual assessment and referral to community-based services and appropriate placement in long-term care facilities.

(b) As used in this section:

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

(2) "Health care data governing board" means the board ~~created under~~ *abolished by* K.S.A. 65-6803 and amendments thereto.

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

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

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

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

(d) ~~Prior to January 1, 1995, the health care data governing board shall adopt by rules and regulations a~~ *All rules and regulations adopted by the health care data governing board relating to client assessment, referral and evaluation (CARE) data entry form shall be deemed to be the rules and regulations of the Kansas health policy authority until revised, revoked or nullified pursuant to law.* The purpose of this form is for data collection and referral services. Such form shall be concise and questions

shall be limited to those necessary to carry out the stated purposes. The client assessment, referral and evaluation (CARE) data entry form shall include, but not be limited to, the preadmission screening and annual resident review (PASARR) questions. Prior to the adoption of the client assessment, referral and evaluation (CARE) data entry form by the health care data governing board, the secretary of aging shall approve the form. The client assessment, referral and evaluation (CARE) data entry form shall be used by all persons providing assessment services.

~~(e) (1) Prior to January 1, 1995, each individual prior to admission to a nursing facility as a resident of the facility shall receive assessment and referral services to be provided by the secretary of social and rehabilitation services except that such services shall be provided by a medical care facility to a patient of the medical care facility who is considering becoming a resident of a nursing facility upon discharge from the medical care facility.~~

~~(2) (1) On and after January 1, 1995, each individual prior to admission to a nursing facility as a resident of the facility shall receive assessment services to be provided by the secretary of aging, with the assistance of area agencies on aging, except (A) such assessment services shall be provided by a medical care facility to a patient of the medical care facility who is considering becoming a resident of a nursing facility upon discharge from the medical care facility and (B) as authorized by rules and regulations adopted by the secretary of aging pursuant to subsection (i).~~

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

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

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

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

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

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

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

(k) The secretary of aging shall report to the governor and to the legislature on or before December 31, 1995, and each year thereafter on or before such date, an analysis of the information collected under this

section. In addition, the secretary of aging shall provide data from the CARE data forms to the ~~health care data governing board~~ *Kansas health policy authority*. Such data shall be provided in such a manner so as not to identify individuals.

Sec. 4. K.S.A. 65-435a is hereby amended to read as follows: 65-435a. The contents of the annual report under K.S.A. 65-429 and amendments thereto and the contents of an inspection form for purposes of inspections under K.S.A. 65-433 and amendments thereto shall be developed by the licensing agency in consultation with the ~~health care data governing board~~ *Kansas health policy authority* and the Kansas hospital association. The licensing agency may specify the contents of the annual report and the contents of the inspection form by rules and regulations. Nothing in this section shall require the licensing agency to adopt the annual report or the inspection form by rules and regulations.

Sec. 5. K.S.A. 38-2006, 39-968, 46-2507 and 65-435a are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.

Approved April 21, 2008.
