

Kansas Mental Health Coalition

Speaking with one voice to meet critical needs of people with mental illness.

Minutes

March 27, 2019 Monthly Meeting

Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Eric Harkness, President

Amy Campbell

Dana Schoffelman, Florence Crittenton

Stu Parker, Netsmart

Jessica Stoffer, MHAH

Sue Crain-Lewis, MHAH

Matt Spezint, P3

Corinna West ,P3

Monica Kurz, Headquarters

Bill Persinger, Valeo

Chad Benhardt, Sunflower Health Plan

Clayton Dierksen, Cottonwood Springs

Steve Solomon, Merging Trend

Sherrie Vaughn, NAMI KS

Colin Thomasset, Kearney and Associates

Jane Rhys

Mary Ellen Conlee, Breakthrough of Wichita

Bob Chase

Becky Fast

Dave Ranney

Kyle Kessler, ACMHCK

On the phone:

Stacy Manbeck

Stephanie West-Potter

Marcia Epstein

Timothy Crain

Minutes of the previous meeting approved. Motion by Schoffelman, second Persinger. [Read minutes draft.](#)

9:15 a.m. Reports

Board of Directors – Meeting after the Coalition today.

Financial Report – No report.

Advocacy Committee –Grassroots Advocacy Network – Amy Campbell, Eric Harkness The 2019 Advocacy Day at the Capitol was one of the strongest events we have ever hosted. There were between 350 and 400 people in attendance and lots of good interaction with legislators. For once, the House and Senate were not stuck on the floor and were available to attend the lunch. Eric led the Rally and we presented two Legislative Leadership and Collaboration Awards – one to Rep. Kathy Wolfe-Moore during the rally and one to Senator Carolyn McGinn at the lunch. This is the second year to present these awards, and these are for the legislator's work during the 2018 Legislative Session. The Advocacy Committee did a great job with fundraising and it looks like the committee will cover expenses with about \$2000 left for further training and advocacy projects, which will be important because we did not host an advocacy training event this year with Advocacy Day. So far, the feedback from participants has been very positive. If you are not already following our Facebook page, check it out to see pictures from the event.

Governor's Behavioral Health Services Planning Council – reports by members – Vocational Subcommittee meets tomorrow.

Big Tent Coalition - Jane Rhys – Coalition is following appropriations and other issues. Client obligation issue is a priority. House is looking at a 2% HCBS rate increase and 2.5% additional funds to reduce waiting lists for PD and DD waivers. Many issues in common with the KMHC. Next meeting is April 18 at TILRC.

KanCare Advocates Network – Medicaid Expansion – There has been a lot of activity around Medicaid Expansion and the Governor has made it a priority. Both the House and Senate Leadership have worked to block anything coming out of committee, so it requires actions on the floor to make progress. The motion by Rep. Kathy Wolfe-Moore to gut HB 2066 forced action on the floor of the House. The amendment was passed 69-53 on a vote to override a ruling that the amendment was not germane to the bill. Once the rules chair had been overruled, the House adopted a couple of amendments then forwarded to final action 70-54. The Final Action vote was 69-54 on 3-21-19. Now, it remains to be seen if action can be forced in the Senate.

Consumer Programs - Corinna West- Matt – recently completed on the ground Wyandotte County program to have conversations on the streets with people talking about resiliency and recovery.

ArtsConnect awarded \$2500 grant to P3 to continue resiliency messaging events. Recruiting artists and training them and delivering those events. Bringing people into advocacy – have 20 new signups. Some don't have emails, but do have phones. Peer Recovery Training – recently trained 9 new individuals. June event will be in Kansas City. Seeking an organization to host an event outside of Kansas City October 14-17. Looking for help in broadcasting the

event (can rent facility) and also committing to send their own members to be trained. P3 is bidding to be the first recovery movement led city wide recovery project.

Juliana – helped lead the Wyandotte County project. Met people from the Burmese community, hosted a pizza event at the Library that brought in a good number of people. It is a unique strategy to engage people who do not have a voice and who are often the most impacted by health disparities.

KHI Meaningful Measures Collaborative – right now nationally there are not too many outcome measures in common use.

DBSA – meet the second and fourth Mondays of each month support group at Topeka Library.

Speaker Share and Care Support Group is the first and third Wednesday of each month at Valeo that brings in a variety of speakers, from community folks to clinicians.

10:00 a.m. KDADS Update - Andy Brown, Commissioner of Behavioral Health, KDADS

The agency is now being led by Secretary Laura Howard, also overseeing DCF. New leadership includes Janis DeBoer, Deputy Secretary; and Connie Hubbell, Legislative Policy Director.

Behavioral Health Services Commission – there are some structural changes underway.

HCBS Commission and Aging Commission are being combined to a single commission in order to create space for a Hospitals Commission. Right now the hospitals are still under BHS. This is an efforts to put a more dedicated focus on the hospitals.

Trying to make sure we are covering all of our federal requirements.

We still have vacancies – I am still the “interim” commissioner. Mindy Barnett is interim Prevention Director. State Opioid Response Director. Have a candidate for Systems of Care Coordinator. Youth Engagement Specialist open – oversees YLINK and other youth engagement, supports Systems of Care grant. Recently filled SUD Problem Gambling Coordinator / also works half-time on Kancare issues, her name is Andrea Clark.

Governors Behavioral Health Services Planning Council – Charlie Bartlett is the liaison. Working with Jane Adams to try to get more representation from parents and families on the council. There is ongoing effort to work with the state epidemiological outcomes workgroup so the council can make more data driven decisions. Last month, there was a meeting with a lot of the subcommittee members present where we did a deeper dive into the work of the council and had some good ideas come forward there. Reach out to Charles Bartlett for formal position applications. Can talk to the subcommittee chairs for participating in the subcommittees.

We also have a lot of vacancies at the state hospitals. Wes Cole is interim superintendent at OSH. Lesia Dipman is interim superintendent at LSH. Looking for permanent superintendents. Larned has a strong recruitment page and program going on. Nurses, security, and some manager/director positions need to be filled. There continues to be a workforce issue that needs to be addressed. The hospitals are very connected to the communities where they are located. Larned continues to be below census and allowing voluntary commitments. OSH continues to be under the moratorium and only taking involuntary commitments. We are hoping to look toward regional beds in the future, but not much happening at the legislative level to fund that. The Mental Health Task Force recommendations are very strong in this area.

Hoping to complete a workforce study soon that may help with this effort.

KDADS is not really the source of all of the good ideas for solutions to systems issues, so the Secretary is interested in the staff reaching out to stakeholders for additional input.

Hoping that now the Secretary is confirmed, we will be moving forward to finalize positions and hiring.

Why do we have one secretary for two departments? We have been told that there will not be an effort to combine the agencies any time soon. The Governor does want the childrens issues that DCF and KDADS have roles in to be better coordinated. There may be some support for combining the agencies in the long run among our members. Kyle commented that

Federal Housing Grant (Bridge Housing Project) ends in October and it is not clear that there will be an opportunity to renew that funding. Agency has been looking for alternative funding to use for that. We have a legislative mandate to come up with a way to work with CMHCs and SUD providers for Medicaid billing for housing services. It is taking a lot of work to get over the hurdle of having KDHE approve the codes in order to start using them. These are CPST codes and KDHE and the MCOs do not CMHCs billing "per diem" type codes and still be able to bill other services. Bill commented that if you are going to take four or five activities and direct them to a single individual in one month, what does that involve and should it be part of a new code? It is a content of service issue.

The idea from the Legislature was to create a way to help people maintain housing through a core set of services that can be billed to MCOs. The challenge to implementation is that what we present to KDHE gets turned back on us to resolve. There has been a lot of back and forth over the past 9 months. We are still trying to find ways of implementation that KDHE will sign off on with a high enough per diem code and enough other billable services that CMHCs would provide without a loss. Randy Callstrom and Missy at KDADS have been most involved. Other states are doing this under waivers or pilot projects. Housing First is not designed to serve everyone, it is really designed for those who are really struggling with high usage of Medicaid already including incarcerations, hospitalizations or other medical needs.

KDADS original supplemental request included salary for manager and a couple of other things. This was not approved by the Governor and has not been picked up by the Legislature and may not be likely. We do have an opportunity to make an amendment. Not sure what will make the amendments list. We had a large number of supplemental requests and I am only one commission. It is worth noting that CABHI already ended and this Federal Project ends soon. Don't think that Housing First as a committed concept will go away but not sure what happens when this federal grant ends.

I have a concern about HAPHY – hospital alternative contract – and our ability to pay for that. I am one commission out of several at KDADS. If you want to advocate strongly about this program.

Is Kansas not currently certifying peer support specialists and what is the next step to move that forward? The reality is there is not an available training for that certification. There is a lot of effort in place for trying to get that up and running. I have reservations about what is being proposed because it is only online and may limit the options of some other options that can be conducted by alternative entities, particularly those that are in person. There are a couple of layers of resistance to making that happen and I am working through that. Want to get the partners together at the table. We have this problem with peer support and also the peer mentors and SBIRT certification. We have these online state required training programs that close out our ability to work with others across the state.

Corinna – the previous conversation about housing brings forward a need to look at value based funding. There are a lot of ways to do value based care and P3 is funded by SAMHSA to look for options of value based care. It is something that, as a collaborative, we should work together to create the pathways for developing more of that.

If you look at our continuum of behavioral health care in our state, there are a lot of pathways for care until you hit Medicaid – and once you hit that tollbooth, it is a rigid medical model without many offramps or options.

PRTF – House proposed funding a Medicaid rate increase (4%) and funds for the agency to RFP additional beds.

Don't think a rate increase would hurt providers' interest in providing PRTF services. Advocates have proposed a capitol investment for adding new beds to the system, KDADS will remain neutral on that piece. The Secretary is aware of it but don't know that we are going to get guidance on providing supportive testimony. The waiting list is hovering around 130-150 kids. People don't always understand that each MCO has their own waiting list. The way kids are pulled off of that waiting list is by admissions or acuity level. Hospital choice can also influence how long they are on the list.

There are going to be new PRTF beds opening very soon that are not tied to an appropriation by the Legislature.

Any additional conversations about restoring the CMHC role of assessments and handing off to the MCOs for screening/admission? There is still a lot of internal dialogue at KDADS. Don't think we have adopted a pro or con stance.

Right now, MCOs are in the captain's chair to decide if kids meet qualifications to be on the wait list and they also have the option to call on CMHCs to do an assessment. MCOs can add kids to the wait list without a CMHC assessment. Prior the creation of the wait list, CMHCs had the role of screening every child for PRTF placement. Those screenings were removed, and CMHCs are asking to reinstate a role for assessment that would not rise to the level of a screen/determination.

Corinna – are there funds for youth to youth peer support or family counseling to serve the kids on the waiting list? Those are services available with CMHCs and peer groups.

While you are on a wait list, you are still eligible for services in the community. Parents choose what services they will participate in. Some are CMHC billable services. Some are community based services. We do not have a flex fund just to serve the kids on the wait list.

11:00 a.m. New Business - Discuss creating committee for behavioral health parity - Rick Cagan and Tamara Werth – There have been efforts to address non-compliance with insurance parity for behavioral health over the years with various commissioners of insurance. Those have not ever landed in a place of clarity except that commissioners have asked that we bring forward complaints that the office could respond to. There have also been efforts by various provider groups to coordinate around this issue that have not been sustained. There have

There was a national class action suit settled again United Healthcare. There has been talk about such a case in Kansas but it did not materialize. NAMI has collated information for the commissioner and the attorney general in the past with no action. There is a meeting schedule April 2 with the new Insurance Commissioner

Need sustained advocacy and examination of the nature of the non-compliance and how that occurs in the private market and perhaps within Medicaid. It is clear with my conversation with Tamara that what is needed is a grassroots campaign. The Coalition is well suited to lead that.

Proposing the formation of a Parity Committee that would include NAMI, ACMHCK, KAAP, BHAK, KPS, KNASW, as well as KS Psychological Association and others who might be interested in participating.

Tamara Werth is a psychologist in private practice in Lawrence, Kansas. Have been advocating for the past five years regarding the issues I and my colleagues are experiencing. We strongly believe there are violations by one particular insurance carrier that dominates the Kansas market. There have been a handful of law firms consulted who support our endeavors and agree with our assertions. However, there are legal constraints that hinder the ability to move forward at this time. That leaves us with a continuation of damage to the consumers who either have to discontinue their mental health services or reduce their services. Many live in fear as to what will happen next with their services. At least 18 of my clients have been affected by this. It causes tremendous anxiety and exacerbates their clinical issues to have an entity out there dominating and interfering with their mental health care.

Rick – Kansas has good laws on the books but a lack of enforcement as identified by NAMI. There may be other members of the Coalition that might want to participate as well.

Bill - Patrick Kennedy, Kennedy Forum, leading the way on this. Check out website DONTDENYME.org. Sue - NAMI in Missouri did this a year ago, might want to look into that.

There is consensus in the room to proceed. No objections. Will become a standing item on the agenda.

11:00 a.m. Lobbyist Report - Amy Campbell - see handout attached.

- SB 22 – Tax Legislation – decoupling from new federal tax policy taxing foreign investments, allowing itemization, decreasing food sales tax 1%. Governor vetoed.
- H Sub for SB 25 – House Mega-Budget – House passed 3-26-19
- Sub SB 75 – Senate Mega-Budget - Senate passed 3-21-19

- HB 2066 – Medicaid Expansion – House amended into APRN bill 3-21-19.
- HB 2034 – Supported Decision Making – House passed 2-8-19. Senate Committee passed 2-21-19.
- HB 2082 – Pharmacist Scope of Practice – House passed 3-21-19
- HB 2103 – Necessary Changes to Statutes for Family First Federal Program – House passed 2-27-19, Senate passed 3-26-19.

11:25 a.m. Announcements

11:30 a.m. Adjourn

2019 Schedule:

Mental Health Advocacy Day: March 14, 2019

2019 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 23, Feb. 27, Mar. 27, April 24, May 22, June 26, July 24, Aug 28, Sept. 25, Oct. 23, Nov 20, Dec.18

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 27, June 26, Sept. 25, Dec. 18)

Advocacy Committee Meetings: January - March: Friday teleconferences, Meet after Coalition meetings: January 23, February 27, April 24, May 22, August 28, October 23

For more information, contact: Kansas Mental Health Coalition

c/o Amy A. Campbell, Lobbyist, 785-969-1617 campbell525@sbcglobal.net

ATTACHMENT: List of Legislation 3-26-19

SB 32, as amended, would amend the Insurance Code to add an entity to the list of those entities providing healthcare benefit coverage that are not subject to the jurisdiction of the Commissioner of Insurance (Commissioner). The bill would exempt a nonprofit agricultural membership organization incorporated in Kansas on June 23, 1931 (the Kansas Farm Bureau), that provides healthcare benefit coverage for the payment of expenses to or for the members of the organization and their dependents from the jurisdiction of the Commissioner. The bill would specify the healthcare benefit coverage provided by the nonprofit agricultural membership organization would not be considered insurance. Senate passed 28-11 2-20-19. House held hearing 3-6-19, Committee tabled bill.

SB 76 – Sales tax rate on food. Hearing Feb 21.

SB 77 – Create law in the Revised Kansas Code for Care of children (CINC code) defining a “child with sexual behavior problems” and to take certain actions when reports of child abuse or neglect are received. Subsequent to a joint investigation with law enforcement, DCF would be required to immediately provide a referral to a child advocacy center or other mental health provider and, as needed, offer additional services to the child and the child’s family. Such services would be voluntary unless there will be a high risk of future sexual behavior problems. 3-26-19 - House passed as amended by House Federal and State Affairs. Introduced by Senator Baumgardner.

SB 93 would require health insurance plans to consider available recognized evidence-based and peer-reviewed clinical practice guidelines when establishing a step therapy protocol. Step therapy protocol is defined as a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition, including self-administered and physician-administered drugs, are medically appropriate for a particular patient and are covered under a health insurance plan. Senate Public Health & Welfare held hearing Feb 25.

SB 122 would require the Kansas Department of Health and Environment (KDHE) to contract with one non-profit Managed Care Organization (MCO) to provide Medicaid services to any child under the age of 18 that is in the custody of the Department for Children and Families (DCF). The provisions of the bill would also apply to persons between the ages of 18 and 26 who are in the custody of DCF on the day before their 18th birthday, as well as any child under the age of 18 that was in DCF custody and was subsequently adopted. The bill would also require the State Board of Education to provide for persons in these identified three populations who are attending school in grades nine through 12 with an internet-based delivery system for academic instruction and support. Senate Public Health & Welfare held hearing Feb 20. Bill was blessed.

SB 162, as amended, would require a foster care case management contractor (contractor) under contract with the Department for Children and Families (DCF) to notify DCF within an established time frame whenever a child in foster care has gone missing or spent any overnight period in a facility under the control of the contractor. Within specific time frames of receipt of a contractor’s notice, DCF would be required to notify the Governor, each member of the Legislature, and the official newspaper of the county where a child went missing. Senate passed as amended 2-27-19. House Children and Seniors Committee held hearing 3-18-19.

SB 166 would amend the Grandparents as Caregivers Act by lowering the age of the grandparent or caregiver from 50 to 40 years old and increasing the annual household income eligibility from 130.0 percent to 300.0 percent of the federal poverty level. The bill would require the Department for Children and Families (DCF) to offer parenting skills training to the grandparent or caregiver. The bill would also deem grandchildren as foster children to be eligible for free and reduced lunches. Judiciary hearing Feb. 21.

SB 193, as amended, would provide for licensure by reciprocity for social workers at baccalaureate, master's, and specialist clinical levels and amend the requirements for licensure by reciprocity for other professions regulated by the Behavioral Sciences Regulatory Board (Board). Senate passed as amended 40-0 on 2-27-19. House Health and Human Services recommended passage and placed on the consent calendar 3-14-19. Pulled from consent calendar 3-19-19.

SB 208 increases reimbursement rates for home and community based waiver services. Introduced by Senate Ways and Means.

SB 211 would require the Attorney General to appoint a Kansas Youth Suicide Prevention Coordinator who would be responsible for identifying, creating, coordinating, and supporting youth suicide awareness and prevention efforts throughout the state. The bill would outline initiatives the coordinator may pursue, including developing a website and phone application, developing multidisciplinary and interagency strategies, organizing events and disseminate information to prevent and address youth suicide. Initially referred to Senate Judiciary. Removed from Judiciary and referred to Senate Education – hearing 3-18-19.

SB 231 would require all moneys received by the Kansas Department of Health and Environment (KDHE) from drug rebates associated with medical assistance enrollees to be deposited to the credit of the State General Fund (SGF). Senate Public Health & Welfare recommends bill be passed 3-26-19. (SWM introduced.)

SB 234, as amended, would amend the Pharmacy Act of the State of Kansas to require certain prescription orders be transmitted electronically. The bill would require every prescription order issued for a controlled substance in schedule II through V that contains opiate to be transmitted electronically with some exceptions. Senate Public Health & Welfare recommends bill be passed 3-26-19. (Federal and State Affairs introduced.)

SB 225 would update the current provider assessment program referred to as the Healthcare Access Improvement Panel (HCAIP). The bill would change the tax structure being assessed against the prospective payment system hospitals. Hospitals would be charged 3.0 percent (versus the current 1.83 percent) of net inpatient and outpatient revenues (currently the tax applies only to net in patient revenue) for the hospital's fiscal year occurring three years prior to the assessment period. The base year for assessing the tax would roll forward every year (currently the base year is 2010 and does not roll forward). The bill would leave intact the current disbursement levels of no less than 80.0 percent to hospitals, nor more than 20.0 percent to physicians, and no more than 3.2 percent for medical education. Hearing March 20 – bill was blessed. Different policy has been incorporated into the Senate mega-budget bill.

HB 2027 Evidence based juvenile programs; lapsing and appropriating \$6,000,000 state general fund moneys from department of health and environment--division of health care finance to the department of corrections. No hearing held. Transfer included in budget.

HB 2028 Allowing money in the evidence-based programs account managed by the department of corrections to be used for transportation to programs and electronic monitoring. No hearing.

HB 2030 Expanding eligibility for medicaid benefits to the extent permitted by the affordable care act. Medicaid Expansion bill by Rep. Ward. No hearing held.

HB 2034 as amended, would create the Supported Decision-Making Agreements Act (Act) allowing adults, or “ principals,” to enter into supported decision-making agreements to receive decision-making assistance with the adult’s affairs from one or more other adults, or “supporters.” HFSA recommended bill be passed 2-4-19. House passed 101-15 2-8-19. Senate Judiciary recommends bill be passed as amended 2-21-19.

HB 2045 Allowing use of certified drug abuse treatment programs for certain offenders convicted of unlawful cultivation or distribution of controlled substances. Committee on Corrections and Juvenile Justice recommends bill be passed 2-6-19. Stricken from calendar 2-28-19.

HB 2066, as amended, would establish the KanCare Bridge to a Healthy Kansas Program (Program). The House amended Medicaid Expansion into an APRN scope of practice bill with a “gut and go” amendment by Rep. Kathy Wolfe-Moore. The amendment was passed 69-53 on a vote to override a ruling that the amendment was not germane to the bill. Once the rules chair had been overruled, the House adopted a couple of amendments then forwarded to final action 70-54. The Final Action vote was 69-54 on 3-21-19.

HB 2077 Requiring suicide risk evaluation upon admission to certain treatment facilities. No hearing.

HB 2082 as amended, would amend the Pharmacy Act of the State of Kansas by permitting a licensed pharmacist to administer a drug by injection that, in the judgment of the prescriber, could safely be self-administered by a patient, to a patient pursuant to a prescription order, unless the prescription order includes the words “not to be administered by a pharmacist,” or words of like effect. The bill would define “medication order” to mean an order by a prescriber for a registered patient of a Kansas licensed medical care facility. House passed 122-1 3-21-19. Referred to Senate Public Health & Welfare.

HB 2094 Requiring the department for children and families to offer services to children with problem sexual behavior and to such child’s family. House Children and Senior Committee held hearing 2-5-19.

HB 2102 would establish the KanCare Bridge to a Healthy Kansas Program. Appropriations did not have a hearing.

HB 2103 Amending the revised Kansas code for care of children to provide requirements for placement of a child in a qualified residential treatment program. House passed as amended 122-1 2-27-19. Senate passed as amended 39-0 3-26-19.

HB 2120 Establishing restrictions on the use of step therapy protocols by health insurance plans. House Health and Human Services did not hold a hearing.

Senate Sub. for HB 2143 would amend several health insurance provisions in the Insurance Code related to the regulation of association health plans (AHPs) and small employer plans. The bill would also amend the Insurance Code to add an entity to the list of those entities providing healthcare benefit coverage that are not subject to the jurisdiction of the Commissioner of Insurance (Commissioner). Finally, the bill would designate certain statutes as the Small Employer Health Insurance Availability Act (Act). House passed 121-0 2-20-19. Senate Committee on Financial Institutions and Insurance recommends substitute bill be passed.

HB 2146 would allow the Kansas Board of Healing Arts to provide a certificate of authorization for a business entity to practice medicine. The bill would require a business entity to apply for the certification biennially. House Health hearing 2-12-19.

HB 2149 Requiring a timely determination of KanCare eligibility. Committee on Children and Seniors hearing 2-13-19.

HB 2205 would eliminate the client obligation for all individuals receiving home and community-based services under the Kansas medical assistance program. Under current law, individuals receiving home and community-based services pay a client obligation based on the individual's monthly income. Appropriations hearing was cancelled when the issue was incorporated into the mega-budget bill at 150% of poverty level.

HB 2292 would establish a certified drug abuse treatment program for certain persons who enter into a diversion agreement in lieu of further criminal proceedings on and after July 1, 2019. Placement of divertees in certified drug abuse treatment programs pursuant to a diversion agreement would be limited to placement of adults on a complaint alleging certain felony violations whose offense is classified within specific grid blocks and the divertee has no other specific felony convictions of any other substantially similar specific offense from another jurisdiction. Judiciary hearing Feb. 19.

HB 2344 would establish standards regarding prescribing and administering antipsychotic medications to residents of adult care homes. The Kansas Department for Aging and Disability Services would be required to make available certain forms for obtaining informed consent for the administration of antipsychotic medications to residents of adult care homes. The bill would clarify what information would be included on the informed consent forms. The bill would also specify that no antipsychotic medications could be administered to residents of adult care homes without informed consent except under certain circumstances identified in the bill. House Children and Seniors did not hold a hearing.

HB 2361 would amend the Student Data Privacy Act regarding the administration of a test, questionnaire, survey, or examination (survey) containing any questions about a student's personal beliefs or practices on sex, family life, morality, or religion, or concerning the student's parent's views on these subjects, to a student enrolled in kindergarten or grades 1 through 12. Specifically, the bill would remove the opt-in requirement the parent of the student be notified the survey is to be administered when no personally identifiable information is revealed, survey is voluntary, and parent or student may opt out. Committee on Children and Seniors recommend bill be passed 3-14-19.

HB 2365, as amended, would amend law concerning the peer support counseling session communication privilege within the Code of Civil Procedure. House passed 122-0 2-26-19. Senate Judiciary recommends bill be passed 3-26-19.

HB 2396, as amended, would amend criminal sentencing law regarding drug abuse treatment programs and probation violation sanctions. House passed as amended 97-27 3-26-19.

HB 2402, Corporate Medicine - as amended, would allow a business entity issued a certificate of authorization by the Board of Healing Arts (Board) to employ or contract with one or more licensees of the Board, for the purpose of providing professional services for which such licensees hold a valid license issued by the Board. Committee on Health and Human Services recommended bill be passed as amended 3-25-19 (after 3 days of hearings). COW recommends passed as amended 3-26-19.

HB 2403 Establishing the joint committee on child welfare system oversight. Committee on Children and Seniors recommend bill be passed 3-25-19.

HB 2404 Establishing the Kansas senior services task force. Committee on Children and Seniors recommending bill be passed 3-25-19.