CONFERENCE COMMITTEE REPORT

MR. PRESIDENT and MR. SPEAKER: Your committee on conference on House amendments to **SB 287** submits the following report:

The Senate accedes to all House amendments to the bill, and your committee on conference further agrees to amend the bill as printed with House Committee of the Whole amendments, as follows:

On page 1, in line 7, before "Section" by inserting "New";

On page 2, following line 23, by inserting:

"New Sec. 2. (a) This section shall be known and may be cited as the no patient left alone act.

(b) As used in this section:

(1) "Essential caregiver" means an individual designated by the patient who meets an essential need of the patient by assisting with the tasks of daily living or providing important emotional, social or psychological support;

(2) "immediate family member" means father, mother, stepparent, child, grandchild, stepchild, sibling, spouse or grandparent of the patient;

(3) "patient" means an individual who is receiving care at a patient care facility; and

(4) "patient care facility" includes any adult care home as defined in K.S.A. 39-923, and amendments thereto, and any medical care facility as defined in K.S.A. 65-425, and amendments thereto, except that "patient care facility" includes a hospice that is certified to participate in the medicare program under 42 C.F.R. § 418.1 et seq., and that provides services only to hospice patients.

(c) When providing end-of-life care, a patient care facility shall not:

(1) Take action to prevent a patient from receiving in-person visitation from any person

designated by the patient, if the patient has the capacity to make such designation, or any person designated by the patient's agent for healthcare decisions established by a durable power of attorney for healthcare decisions pursuant to K.S.A 58-625 et seq., and amendments thereto, if the patient does not have such capacity. Such visitor may include, but shall not be limited to:

(A) An immediate family member, domestic partner or significant other;

(B) the agent for healthcare decisions established by a durable power of attorney for healthcare decisions pursuant to K.S.A. 58-625 et seq., and amendments thereto;

(C) an essential caregiver; or

(D) a minister, priest, rabbi or clergyperson of any religious denomination or sect to which the patient is an adherent; or

(2) prohibit a patient from receiving in-person visitation from one or more individuals at a time.

(d) A patient may refuse in-person visitation or revoke previously granted in-person visitation from any person at any time.

(e) Prior to September 1, 2024, each patient care facility may establish visitation policies and procedures, including, but not limited to:

(1) Infection control protocols and education for visitors;

(2) a set schedule of dates and times when visitation is allowed;

(3) allowable visit length; and

(4) limits on number of visitors.

(f) Visitation policies and procedures adopted under this section shall:

(1) Allow in-person visitation, unless the patient objects, when the patient is:

(A) Receiving end-of-life care;

(B) making one or more major medical decisions;

(C) experiencing emotional distress or grieving the recent loss of a friend or family member;

(D) experiencing functional, cognitive or nutritional decline;

(E) struggling with the change in environment at the patient care facility after having previously lived with such patient's immediate family member;

(F) admitted to a patient care facility for childbirth, including care related to a miscarriage or stillbirth; or

(G) under 18 years of age;

(2) be provided to the patient care facility's licensing agency at the time of initial licensure or renewal or any time upon request; and

(3) be easily accessible from the homepage of the patient care facility's website.

(g) Visitation policies and procedures adopted under this section shall not contain more stringent infection control protocols for visitors than for employees of the patient care facility who are providing direct care to patients.

(h) A patient care facility may:

(1) Adopt visitation policies and procedures that are more stringent for intensive or critical care units;

(2) modify visitation based on a patient's condition or need for rest;

(3) require a visitor to agree in writing to follow the facility's policies and procedures;

(4) temporarily suspend a visitor's in-person visitation if such visitor violates the facility's policies and procedures;

(5) revoke a visitor's in-person visitation if such visitor repeatedly violates the facility's policies and procedures or displays any violent or aggressive behavior; and

(6) notwithstanding subsection (g), require a visitor to adhere to infection control

procedures, including wearing personal protective equipment.

(i) The department of health and environment shall publish on its website:

(1) An explanation of this section's visitation requirements; and

(2) a link for individuals to report complaints alleging violations of this section by a patient care facility.

(j) A patient care facility shall be immune from civil liability for damages for acts taken in compliance with this section unless such act constitutes gross negligence or willful, wanton or reckless conduct.

(k) Nothing in this section shall be construed to:

(1) Supersede any federal laws, rules or regulations regarding patient care facilities; or

(2) prohibit a patient care facility from taking actions, including those based on guidance from the centers for medicare and medicaid services, necessary to ensure that such patient care facility remains eligible for federal financial participation, federal funds or participation in federal programs and for reimbursement for services provided in such patient care facility.

Sec. 3. On and after the date of publication in the Kansas register of the notice prescribed in section 4, K.S.A. 2023 Supp. 65-484 is hereby amended to read as follows: 65-484. (a) A facility shall be eligible to apply for a rural emergency hospital license if such facility, as of December 27, 2020, was a:

(1) Licensed critical access hospital;

(2) general hospital with not more than 50 licensed beds located in a county in a rural area as defined in section 1886(d)(2)(D) of the federal social security act; or

(3) general hospital with not more than 50 licensed beds that is deemed as being located in a rural area pursuant to section 1886(d)(8)(E) of the federal social security act.

(b) (1) A facility shall be eligible to apply for a rural emergency hospital license if such facility, at any point during the period beginning on January 1, 2015, and ending on December 26, 2020, was a facility described in subsection (a) or became a department of a provider or provider-based entity.

(2) A facility may qualify for licensure under this subsection notwithstanding whether such facility was enrolled in medicare under a different United States centers for medicare and medicaid services certification number if such facility remains within the same zip code as when the facility originally received such facility's certification number.

(3) As used in this subsection, "provider-based entity" means the same as defined in 42 C.F.R. § 413.65.

(c) A facility applying for licensure as a rural emergency hospital shall include with the licensure application:

(1) An action plan for initiating rural emergency hospital services, including a detailed transition plan that lists the specific services that the facility will retain, modify, add and discontinue;

(2) a description of services that the facility intends to provide on an outpatient basis; and

(3) such other information as required by rules and regulations adopted by the department of health and environment.

~~(c)~~(d) A rural emergency hospital shall not have inpatient beds, except that such hospital may have a unit that is a distinct part of such hospital and that is licensed as a skilled nursing facility to provide post-hospital extended care services.

~~(d)~~(e) A rural emergency hospital may own and operate an entity that provides ambulance services.

~~(e)~~(f) A licensed general hospital ~~or~~, critical access hospital, provider-based entity or provider department that applies for and receives licensure as a rural emergency hospital and elects to operate as a rural emergency hospital shall retain its original license as a general hospital or critical access hospital. Such original license shall remain inactive while the rural emergency hospital license is in effect.

New Sec. 4. When the rural emergency hospital adjustment act, S. 3394, 118th Cong. (2023) or H.R. 7759, 118th Cong. (2024) is passed into law, the attorney general shall certify such bill's passage to the secretary of state. Upon receipt of such certification, the secretary of state shall publish such certification in the Kansas register.

Sec. 5. K.S.A. 2023 Supp. 65-16,127 is hereby amended to read as follows: 65-16,127. (a) As used in this section:

(1) "Bystander" means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose.

(2) "Emergency opioid antagonist" means any drug that inhibits the effects of opioids and that is approved by the United States food and drug administration for the treatment of an opioid overdose.

(3) "First responder" includes any emergency medical service provider, as defined by K.S.A. 65-6112, and amendments thereto, any law enforcement officer, as defined by K.S.A. 22-2202, and amendments thereto, and any actual member of any organized fire department, whether regular or volunteer.

(4) "First responder agency" includes, but is not limited to, any law enforcement agency, fire department or criminal forensic laboratory of any city, county or the state of Kansas.

(5) "Opioid antagonist protocol" means the protocol established by the state board of

pharmacy pursuant to subsection (b).

(6) "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined, and for which medical assistance is required.

(7) "Patient" means a person believed to be at risk of experiencing an opioid overdose.

(8) "School nurse" means a professional nurse licensed by the board of nursing and employed by a school district to perform nursing procedures in a school setting.

(9) "Healthcare provider" means a physician licensed to practice medicine and surgery by the state board of healing arts, a licensed dentist, a mid-level practitioner as defined by K.S.A. 65-1626, and amendments thereto, or any person authorized by law to prescribe medication.

(b) The state board of pharmacy shall issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section. The opioid antagonist protocol shall include procedures to ensure accurate recordkeeping and education of the person to whom the emergency opioid antagonist is furnished, including, but not limited to: Opioid overdose prevention, recognition and response; safe administration of an emergency opioid antagonist; potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; a requirement that the administering person immediately contact emergency medical services for a patient; and the availability of drug treatment programs.

(c) A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the requirements of this section, the pharmacy act of the state of Kansas and any rules

and regulations adopted by the state board of pharmacy thereunder.

(d) A pharmacist furnishing an emergency opioid antagonist pursuant to this section may not permit the person to whom the emergency opioid antagonist is furnished to waive any consultation required by this section or any rules and regulations adopted thereunder.

(e) Any first responder, scientist or technician operating under a first responder agency or school nurse is authorized to possess, store, distribute and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained, at a minimum, on the following:

(1) Techniques to recognize signs of an opioid overdose;

(2) standards and procedures to store, distribute and administer an emergency opioid antagonist;

(3) emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and

(4) inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.

(f) (1) Any first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers for the purpose of administering the emergency opioid antagonist shall procure the services of a physician to serve as physician medical director for the first responder agency's emergency opioid antagonist program.

(2) The first responder agency shall utilize the physician medical director or a licensed pharmacist for the purposes of:

(A) Obtaining a supply of emergency opioid antagonists;

(B) receiving assistance developing necessary policies and procedures that comply with

this section and any rules and regulations adopted thereunder;

(C) training personnel; and

(D) coordinating agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.

(g) (1) Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist prescribing or dispensing the emergency opioid antagonist.

(2) Any patient, bystander, school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.

(3) Any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability, criminal prosecution, any disciplinary or other adverse action by a professional licensure entity or any professional review.

(h) The state board of pharmacy shall adopt rules and regulations as may be necessary to implement the provisions of this section prior to January 1, 2018.

(i) This section shall be a part of and supplemental to the pharmacy act of the state of Kansas.

Sec. 6. K.S.A. 65-6144 is hereby amended to read as follows: 65-6144. (a) An emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced practice registered nurse when authorized by a physician or a professional nurse when authorized by a physician, upon order of such person:

(1) Emergency vehicle operations;

(2) initial scene management;

(3) patient assessment and stabilization;

(4) cardiac arrest management through the use of cardiopulmonary resuscitation and the use of an automated external defibrillator;

(5) airway management and oxygen therapy;

(6) utilization of equipment for the purposes of acquiring an EKG rhythm strip;

(7) control of bleeding;

(8) extremity splinting;

(9) spinal immobilization;

(10) nebulizer therapy;

(11) intramuscular injections with auto-injector;

(12) administration of medications as approved by the board by appropriate routes;

(13) recognize and comply with advanced directives;

(14) use of blood glucose monitoring;

(15) ~~assist~~ assistance with childbirth;

(16) non-invasive monitoring of hemoglobin derivatives;

(17) distribution of non prescription, over-the-counter medications as approved by the service medical director, except an emergency medical responder shall not distribute:

(A) Any compound, mixture, or preparation that contains any detectable quantity of ephedrine, its salts or optical isomers, or salts of optical isomers and is exempt from being reported to the statewide electronic logging system for the sale of methamphetamine precursors; or

(B) any compound, mixture, or preparation that contains any detectable quantity of pseudoephedrine, its salts or optical isomers, or salts of optical isomers and is exempt from being reported to the statewide electronic logging system for the sale of methamphetamine precursors; and

~~(17)~~(18) other techniques and devices of preliminary care an emergency medical responder is trained to provide as approved by the board.

Sec. 7. On and after the date of publication in the Kansas register of the notice prescribed in section 4, K.S.A. 2023 Supp. 65-484 is hereby repealed.

Sec. 8. K.S.A. 65-6144 and K.S.A. 2023 Supp. 65-16,127 are hereby repealed.

And by renumbering sections accordingly;

On page 1, in the title, in line 1, by striking "children and"; in line 2, by striking "minors" and inserting "healthcare providers"; in line 4, after "consent" by inserting "; enacting the no patient left alone act to require hospitals, adult care homes and hospice facilities to allow in-person visitation in certain circumstances; authorizing such patient care facilities to adopt visitation policies and procedures; expanding licensure of rural emergency hospitals that meet criteria between January 2015 and December 2020; relating to emergency medical responder

authorized activities; authorizing distribution of non prescription over-the-counter medications; amending K.S.A. 65-6144 and K.S.A. 2023 Supp. 65-484 and 65-16,127 and repealing the existing sections";

And your committee on conference recommends the adoption of this report.

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Conferees on part of House

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Conferees on part of Senate