Session of 2026

HOUSE BILL No. 2695

By Representative Howe

2-4

AN ACT concerning health and healthcare; relating to children receiving medical assistance; enacting the enhanced oversight and accountability for the prescription of psychotropic drug act; enhancing oversight of psychotropic drug prescriptions for children receiving medical assistance; requiring the department of health and environment to establish an adverse drug reaction online reporting system.

WHEREAS, In 2023, KanCare statistics showed that 37,372 children and adolescents from ages 0-17 were prescribed psychotropic drugs, including 2,784 aged 0-5; and

WHEREAS, The administration of most psychotropic drugs to children aged 0-5 is prescribed off-label, meaning that the drugs are being prescribed for an age group that is not approved by the United States food and drug administration (FDA); and

WHEREAS, Psychotropic drugs, including stimulants, antidepressants, antipsychotics and other behavioral drugs, are being prescribed to children receiving medical assistance and are documented by the FDA to include severe side effects, including but not limited to, addiction, suicidal ideation, aggression, hallucinations, cardiovascular events, stunted growth and developmental concerns; and

WHEREAS, Parents and caregivers are frequently not informed of the risks posed by the off-label prescription of psychotropic drugs documented by the FDA, including the pediatric risks; and

WHEREAS, 21 C.F.R. § 208.20 establishes a requirement for FDA medication guides to provide nontechnical, understandable information about the potential risks and side effects of prescription drugs to the average consumer, including parents and caregivers. According to 21 C.F.R. § 208.20, medication guides must detail the particular and significant public health concern that created the need for a medication guide, note any pediatric risks, include the risk of patients developing a dependence on the drug, use a font no smaller than 10-point and not be promotional in tone or content; and

WHEREAS, To effectively monitor the effects of psychotropic drugs prescribed to children and adolescents, particularly those drugs cited by the FDA for having pediatric risks, parents and caregivers must be given a hard copy of the FDA medication guide for the psychotropic drug

prescribed; and

WHEREAS, The state's medical assistance program is a state and federally funded program that provides essential healthcare services to vulnerable populations, including children and adolescents. It should be required to distribute the FDA medication guides to ensure patients and their guardians are fully informed of the risks and potential side effects of psychotropic drugs, thereby supporting informed consent and promoting patient safety; and

WHEREAS, A reliable system for parents and caregivers to report adverse drug reactions to psychotropic drugs is essential to help state medical assistance program agencies and legislators monitor and assess the frequency, severity and impact of such reactions within the public sector; and

WHEREAS, The absence of an accessible reporting mechanism for psychotropic drug side effects funded by a medical assistance program limits the ability to identify and address these risks effectively, compromising the safety of children and adolescents; and

WHEREAS, The state's medical assistance program is the primary payer for psychotropic drugs prescribed to children and adolescents in the public sector, including for off-label use in children, making it directly responsible for ensuring the safety and monitoring of these prescriptions; and

WHEREAS, Adverse drug reactions to psychotropic drugs can have significant physical, psychological and developmental impacts on children, requiring timely identification and response to mitigate harm; and

WHEREAS, The establishment of an online adverse drug reactions reporting system would enable the state medical assistance program to fulfill its duty of care by providing a mechanism to collect critical safety data, support evidence-based decision making and comply with its responsibility to protect public health; and

WHEREAS, Funding this reporting system aligns with the state medical assistance program's obligations under federal law to monitor and improve the quality of care to its beneficiaries, especially vulnerable pediatric patients, and would facilitate oversight and accountability for the use of public funds in prescribing psychotropic drugs; and

WHEREAS, The Kansas legislature establishes the following provisions to enhance oversight, informed consent and accountability for the prescription of psychotropic drugs to children receiving medical assistance.

Now, therefore:

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

Section 1. Sections 1 through 6, and amendments thereto, shall be known and may be cited as the enhanced oversight and accountability for

the prescription of psychotropic drug act.

Sec. 2. As used in this act:

(a) "Adverse drug reaction" means any unintended harmful reaction of a psychotropic drug.

(b) "Child" means an individual under 18 years of age.

(c) "Medication guide" means a handout produced by the United States food and drug administration that accompanies certain prescription medications with significant safety concerns and are used to inform patients and caregivers about risks, side effects and proper usage.

(d) "Medical assistance" means the same as defined in K.S.A. 39-702, and amendments thereto.

(e) "Parent" includes a parent or guardian and every person who is by law liable to maintain, care for or support the child.

(f) "Prescriber" means the same as defined in K.S.A. 65-1626, and amendments thereto.

(g) "Psychotropic drugs" mean medications that affect the mind, emotions or behavior, including, but not limited to, stimulants, antidepressants, antipsychotics or other behavioral drugs authorized or funded under the state medical assistance program.

(h) "Online reporting system" means a web-based platform through which a child receiving medical assistance or such child's parent can report an adverse drug reaction related to psychotropic drug use.

Sec. 3. (a) Before prescribing or administering a psychotropic drug to a child receiving medical assistance, a prescriber shall provide any medication guide for such drug to such child's parent.

(b) Medication guides shall be provided to a parent in writing and reviewed with the parent to make them aware of:

(1) Potential side effects identified by the United States food and drug administration, as well as cautionary monitoring citations;

(2) any United States food and drug administration black box warning that details serious or life-threatening risks; and

(3) pediatric-specific side effects or warnings relating to children and adolescents.

(c) Before prescribing or administering a psychotropic drug, written informed consent shall be obtained from a parent. Such written informed consent shall be:

(1) Signed by a parent, confirming that they have received and reviewed the medication guide and understand the associated risks of the medication that is being prescribed; and

(2) kept on file by the prescriber, with a copy provided to the parent or legal guardian.

Sec. 4. (a) The secretary of health and environment shall develop and maintain a secure online reporting system for adverse drug reactions

related to psychotropic drugs prescribed to children. The reporting system shall include, at minimum, the following fields:

(1) Name of the patient;

(2) age of the patient;

(3) class of the prescribed psychotropic drug;

(4) name of the prescribed psychotropic drug;

(5) type of adverse reaction, including, but not limited to:

(A) Physical reactions, such as gastrointestinal issues, neurological issues, cardiovascular symptoms, endocrine or metabolic effects or allergic reactions;

(B) physiological reactions, such as mood changes, increased anxiety, hallucinations or delusions, agitation or restlessness or suicidal thoughts; and

(C) behavioral reactions, such as sleep disturbances, increased aggression, mania, cognitive impairments, self-harm or disassociation;

(6) severity level of such reaction, to be measured as either mild, moderate or severe; and

(7) name of the person reporting the reaction, such person's relation to the patient and the phone number and email address of the person reporting the reaction.

(b) (1) Documents or other information reported or maintained by the secretary pursuant to subsection (a) shall be confidential and privileged and shall not be subject to disclosure under the open records act, K.S.A. 45-215, et seq., and amendments thereto.

(2) The provisions of this subsection shall expire on July 1, 2031, unless the legislature reviews and reenacts this provision pursuant to K.S.A. 45-229, and amendments thereto, prior to July 1, 2031.

(c) On and after the first day of the legislative session of 2027, the secretary of health and environment shall compile and submit quarterly reports that summarize the adverse drug reaction data related to psychotropic drugs prescribed to children and adolescents and submit such reports to the senate standing committee on ways and means, the house of representatives standing committee on appropriations, the house of representatives standing committee on social services budget and the Robert G. Bethell joint committee on home and community-based services and KanCare oversight. Such reports shall include:

(1) The overall number of adverse drug reactions reported and categorized by age;

(2) the total number of adverse reactions categorized by severity level; and

(3) a breakdown of adverse drug reactions by adverse drug reaction category, detailing the number of incidents for each category.

(d) Any information submitted to committees shall be disaggregated

by age, gender and race and shall not include any personally identifiable information. Such legislative committees shall review such reports and may recommend actions to improve the safety of prescribing psychotropic drugs.

(e) The secretary of health and environment shall allocate moneys to establish and maintain the adverse drug reaction online reporting system and may seek additional moneys as needed.

Sec. 5. On and after the first day of the legislative session of 2027, the secretary of health and environment shall submit annual reports to the senate standing committee on ways and means, the house of representatives standing committee on appropriations, the house of representatives standing committee on social services budget and the Robert G. Bethell joint committee on home and community-based services and KanCare oversight summarizing implementation efforts, compliance statistics and the impact of sections 1 through 4, and amendments thereto, including fiscal analysis and health outcomes.

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