Session of 2025

SENATE BILL No. 20

By Committee on Financial Institutions and Insurance

1-16

1 AN ACT concerning insurance; reducing the number of board members 2 appointed by the commissioner on certain insurance-related boards and 3 the frequency of the meetings of the committee on surety bonds and 4 insurance; amending K.S.A. 40-2102, 40-2109, 40-3116, 40-3413 and 5 75-4101 and repealing the existing sections.

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

8 Section 1. K.S.A. 40-2102 is hereby amended to read as follows: 40-9 2102. (a) Every insurer undertaking to transact in the state of Kansas the 10 business of automobile and motor vehicle bodily injury and property 11 damage liability insurance and every rating organization-which that files 12 rates for such insurance shall cooperate in the preparation and submission preparing and submitting a plan to the commissioner of insurance-of a 13 14 plan or plans for the equitable apportionment among insurers of applicants for insurance who-are, in good faith, are entitled to, but-who are unable to 15 16 procure such insurance through ordinary methods, such insurance. Such plan or plans shall provide: 17

18 (a)(1) Reasonable rules governing the equitable distribution of risks 19 by direct insurance, reinsurance or otherwise and their assignment to 20 insurers, including provisions requiring, at the request of the applicant, an 21 immediate assumption of the risk by an insurer or insurers upon 22 completion of an application, payment of the specified premium and 23 deposit the application and the premium in the United States mail, postage 24 prepaid and addressed to the plan's office;

(b)(2) rates and rate modifications applicable to such risks-which that shall be reasonable, adequate and not unfairly discriminatory;

27 (c)(3) the limits of liability-which that the insurer shall be required to assume;

(d)(4) a method whereby by which applicants for insurance, insureds
 and insurers may have a hearing on grievances and the right of appeal to
 the commissioner;

(e) for every such plan or plans, there shall be (5) a governing board
 to be appointed by the commissioner of insurance which *that* shall meet at
 least annually to review and prescribe operating rules, and which shall
 consist of the following members:.

36 (1)(b) (1) Prior to January 1, 2026, such board shall consist of the

1 following nine members:

2 (A) (i) Seven members who shall be appointed prior to December 31, 3 2025. as follows:

4 (a) Three of such members shall be representatives of foreign 5 insurance companies;

6 (b) two members shall be representatives of domestic insurance 7 companies; and

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(c) two members shall be licensed independent insurance agents.;

9 (ii) such seven members shall be appointed for a term of three years, except that the initial appointment shall include two members appointed 10 for a two-year term and two members appointed for a one-year term as 11 12 designated by the commissioner; and

(2)(B) two members-representative shall be representatives of the 13 14 general public interest with such members to be appointed for a term of 15 two years.

16 (2) The terms of the members appointed and serving on the governing board as of July 1, 2025, shall expire on December 31, 2025. 17

(c) (1) The commissioner shall appoint a governing board for the 18 19 plan that shall serve on and after January 1, 2026, and that shall have the same powers, duties and functions as its predecessor. On and after 20 21 January 1, 2026, all members of such governing board shall serve three-22 vear terms, except that such members shall be removable by the 23 commissioner for inefficiency, neglect of duty or malfeasance. Such governing board shall consist of five members to be appointed as follows: 24 25

(A) Three members shall be representatives of insurers:

26 (B) one member shall be a representative of independent insurance 27 agents; and

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(*C*) one member shall be a representative of the general public.

29 (2) In making appointments to the governing board, the 30 commissioner shall consider if foreign and domestic insurers are fairly 31 represented.

32 (d) (1) The commissioner shall review the plan as soon as reasonably 33 possible after filing in order to determine whether it meets the 34 requirements set forth in (a), (b), (c) and (d) above subsections (a)(1) 35 through (a)(4). As soon as reasonably possible after the plan has been filed 36 the commissioner shall, in writing, approve or disapprove-the same such 37 plan. Any plan shall be deemed approved unless disapproved within 45 38 days. Subsequent to the waiting period the commissioner may disapprove 39 any plan on the ground grounds that-it such plan does not meet the requirements set forth in (a), (b), (c) and (d) above subsections (a)(1) 40 41 through (a)(4), but only after a hearing held upon not less than 10 days' written notice to every insurer and rating organization affected specifying 42 43 the matter to be considered at such hearing, and only by an order

specifying in what respect the commissioner finds that such plan fails to meet such requirements, and stating when within a reasonable period thereafter such plan shall be deemed no longer effective. Such order shall not affect any assignment made or policy issued or made prior to the expiration of the period set forth in such order. Amendments to such plan or plans shall be prepared, and filed and reviewed in the same manner as herein provided *in this section* with respect to the original plan or plans.

8 (2) If no plan meeting the standards set forth in (a), (b), (c) and (d) 9 subsections (a)(1) through (a)(4) is submitted to the commissioner within 10 the period stated in any order disapproving an existing plan, the commissioner shall, if necessary to carry out the purpose of this section 11 12 after hearing, prepare and promulgate a plan meeting such requirements. 13 If, after a hearing conducted in accordance with the provisions of the Kansas administrative procedure act, the commissioner finds that any 14 15 activity or practice of any insurer or rating organization in connection with 16 the operation of such plan or plans is unfair or unreasonable or otherwise 17 inconsistent with the provisions of this subsection, the commissioner may 18 issue a written order specifying in what respects such activity or practice is 19 unfair or unreasonable or otherwise inconsistent with the provisions of this 20 subsection and requiring discontinuance of such activity or practice.

21 Sec. 2. K.S.A. 40-2109 is hereby amended to read as follows: 40-22 2109. (a) Every insurer undertaking to transact in this state the business of 23 either workers compensation or employer's liability insurance or both, and 24 every rating organization-which that files rates for such insurance shall cooperate in the preparation and submission preparing and submitting a 25 26 *plan* to the commissioner of insurance of a plan or plans, for the equitable 27 apportionment among insurers of applicants for insurance who-are, in good 28 faith, *are* entitled to but who are unable to procure *such insurance* through 29 ordinary methods, such insurance. Such plan or plans shall provide:

30 (a)(1) Reasonable rules governing the equitable distribution of risks 31 by direct insurance, reinsurance or otherwise and their assignment to 32 insurers;

33 (b)(2) rates and rate modifications applicable to such risks-which that
 34 shall be reasonable, adequate and not unfairly discriminatory;

35 (c)(3) a method whereby by which applicants for insurance, insured
 and insurers may have a hearing on grievances and the right of appeal to
 the commissioner; and

(d) for every such plan or plans, there shall be (4) a governing
 board to be appointed by the commissioner of insurance which that shall
 meet at least annually to review and prescribe operating rules, and which
 shall consist of the following members:.

42 (b) (1) Prior to January 1, 2026, such board shall consist of the 43 following nine members: 1 (1)(A) (*i*) Seven members who shall be appointed *prior to December* 2 31, 2025, as follows:

3 *(a)* Three-of-such members shall be representatives of foreign 4 insurance companies;

5 (b) two members shall be representatives of domestic insurance 6 companies; and

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(c) two members shall be licensed independent insurance agents.

8 *(ii)* Such *seven* members shall be appointed for a term of three years, 9 except that the initial appointment shall include two members appointed 10 for a two-year term and two members appointed for a one-year term, as 11 designated by the commissioner; and

12 (2)(B) two members representative of the general public interest with 13 such members to be appointed for a term of two years.

14 (2) The terms of the members appointed and serving on the 15 governing board as of July 1, 2025, shall expire on December 31, 2025.

16 (c) (1) The commissioner shall appoint a governing board for the 17 plan that shall serve on and after January 1, 2026, and that shall have the 18 same powers, duties and functions as its predecessor. On and after 19 January 1, 2026, all members of such governing board shall serve threeyear terms, except that such members shall be removable by the 20 21 commissioner for inefficiency, neglect of duty or malfeasance. Such 22 governing board shall consist of seven members to be appointed as 23 follows:

(A) Four members shall be representatives of insurance companies;

(B) two members shall be licensed insurance agents; and

26 (C) one member shall be a representative of the general public 27 interest.

(2) In selecting the members who shall be representatives of insurers,
 the commissioner shall consider if foreign and domestic insurers are fairly
 represented.

31 (d) (1) The commissioner shall review the plan as soon as reasonably 32 possible after filing in order to determine whether it meets the 33 requirements set forth in subsections (a) and (c) above(1) through (a)(3). 34 As soon as reasonably possible after the plan has been filed the 35 commissioner shall in writing approve or disapprove the same such plan, 36 except that any plan shall be deemed approved unless disapproved within 37 45 days. Subsequent to the waiting period the commissioner may 38 disapprove any plan on the ground that it does not meet the requirements 39 set forth in subsections (a), (b) and (c) above(1) through (a)(3), but only after a hearing held upon not less than 10 days' written notice to every 40 insurer and rating organization affected specifying the matter to be 41 considered at such hearing, and only by an order specifying in what 42 43 respect the commissioner finds that such plan fails to meet such

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requirements and stating when within a reasonable period thereafter such plan shall be deemed no longer effective. Such order shall not affect any assignment made or policy issued or made prior to the expiration of the period set forth in such order. Amendments to such plan or plans shall be prepared, and filed and reviewed in the same manner as herein provided *in this section* with respect to the original plan or plans.

7 (2) If no plan meeting the standards set forth in subsections (a), (b) 8 and (c)(1) through (a)(3) is submitted to the commissioner within the 9 period stated in any order, disapproving an existing plan the commissioner 10 shall, if necessary to carry out the purpose of this section after hearing, prepare and promulgate a plan meeting such requirements. When such 11 plan or plans or amendments thereto have been approved or promulgated, 12 no insurer shall thereafter issue a policy of workers compensation or 13 14 employer's liability insurance or undertake to transact such business in this 15 state unless such insurer shall participate in such an approved or 16 promulgated plan. If, after a hearing conducted in accordance with the 17 provisions of the Kansas administrative procedure act, the commissioner 18 finds that any activity or practice of any insurer or rating organization in 19 connection with the operation of such plan or plans is unfair or 20 unreasonable or otherwise inconsistent with the provisions of this section, 21 the commissioner may issue a written order specifying in what respects 22 such activity or practice is unfair or unreasonable or otherwise inconsistent 23 with the provisions of this section and requiring discontinuance of such 24 activity or practice.

(e) The commissioner shall approve rates and rate modifications for
each plan that provides workers compensation insurance. This provision
shall not prohibit the application of surcharges, experience modifications
or other rating variables.

Sec. 3. K.S.A. 40-3116 is hereby amended to read as follows: 40-30 3116. (a) Insurers and self-insurers are hereby directed to organize and maintain an assigned claims plan to provide that any person; who suffers injury in this state may obtain personal injury protection benefits through such plan if:

(1) Personal injury protection benefits are not available to the injured
person, except that personal injury protection benefits shall not be deemed
unavailable to any person suffering injury while such person was the
operator of a motorcycle or motor-driven cycle, for which the owner
thereof has rejected personal injury protection benefits pursuant to
subsection (f) of K.S.A. 40-3107, and amendments thereto;

40 (2) Motor vehicle liability insurance or self-insurance applicable to 41 the injury cannot be identified;

42 (3) Personal injury protection benefits applicable to the injury are 43 inadequate to provide the contracted-for benefits because of financial

inability of an insurer or self-insurer to fulfill its obligation; however, 1 2 except that benefits available through the assigned claims plan shall be 3 excess over any benefits paid or payable through the Kansas insurance 4 guaranty association. If the personal injury protection benefits are not paid 5 by the Kansas insurance guaranty association within the limitation of time 6 specified in this act, such benefits shall be paid by the assigned claims 7 plan. Payments made by the assigned claims plan pursuant to this section 8 shall constitute covered claims under K.S.A. 40-2901et seq., and 9 amendments thereto.

10 (b) If a claim qualifies for assignment under this section, the assigned 11 claims plan or any insurer or self-insurer to whom the claim is assigned 12 shall be subrogated to all of the rights of the claimant against any insurer 13 or self-insurer, its successor in interest or substitute, legally obligated to 14 provide personal injury protection benefits to the claimant, for any of such 15 benefits provided by the assignment.

16 (c) A person shall not be entitled to personal injury protection 17 benefits through the assigned claims plan with respect to injury-which *that* 18 such person has sustained if, at the time of such injury, such person was 19 the owner of a motor vehicle for which a policy of motor vehicle liability 20 insurance is required under this act and such person failed to have such 21 policy in effect.

22 (d) The assigned claims plan shall be governed by such rules and 23 regulations as are necessary for its operation and for the assessment of 24 costs, which shall be approved by the commissioner. Any claim brought 25 through said plan shall be assigned to an insurer or self-insurer, in accordance with the approved regulations of operation, and such insurer or 26 27 self-insurer, after the assignment, shall have the same rights and 28 obligations as it would have if, prior to such assignment, it had issued a motor vehicle liability insurance policy providing personal injury 29 30 protection benefits applicable to the loss or expenses incurred or was a 31 self-insurer providing such benefits. Any party accepting benefits 32 hereunder under this section shall have such rights and obligations as such 33 person would have if a motor vehicle liability insurance policy providing 34 personal injury protection benefits were issued to such person.

35 (e) No insurer shall write any motor vehicle liability insurance policy 36 in this state unless the insurer participates in the assigned claims plan 37 organized pursuant to this section, nor shall any person qualify as a self-38 insurer pursuant to-subsection (f) of K.S.A. 40-3104, and amendments 39 thereto, unless such person agrees to participate in such assigned claims 40 plan. Any insurer or self-insurer required to participate in the assigned 41 claims plan who violates this subsection shall be assessed a civil penalty of 42 not more than \$5,000 for each policy issued or self-insurance certificate 43 obtained in violation thereof.

(f) (1) On and after January 1, 2026, the governing committee of the assigned claims plan shall consist of five members, who shall be removable by the commissioner for inefficiency, neglect of duty or

4 malfeasance. Members shall be appointed as follows:

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(A) Three members shall be representatives of insurers;

6 (B) one member shall be a representative of independent insurance 7 agents; and

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(C) one member shall be a representative of the general public.

9 (2) In selecting the members who shall be representatives of insurers, 10 the commissioner shall consider whether foreign and domestic insurers 11 are fairly represented.

12 Sec. 4. K.S.A. 40-3413 is hereby amended to read as follows: 40-13 3413. (a) Every insurer and every rating organization shall cooperate in the preparation of *preparing* a plan or plans for the equitable apportionment 14 among such insurers of applicants for professional liability insurance and 15 16 such other liability insurance as may be included in or added to the plan, 17 who-are, in good faith, are entitled to such insurance but are unable to procure-the same through ordinary methods. Such plan or plans shall be 18 19 prepared and filed with the commissioner and the board of governors 20 within a reasonable time but not exceeding 60 calendar days-from the 21 effective date of this act. Such plan or plans shall provide:

(1) Reasonable rules governing the equitable distribution of risks by
 direct insurance, reinsurance or otherwise including the authority to make
 assessments against the insurers participating in the plan or plans;

(2) rates and rate modifications applicable to such risks-which that
shall be reasonable, adequate and not unfairly discriminatory;

(3) a method whereby periodically the plan shall compare the premiums earned to the losses and expenses sustained by the plan. If there is any surplus of premiums over losses and expenses received for that year such surplus shall be transferred to the fund. If there is any excess of losses and expenses over premiums earned such losses shall be transferred from the fund, however except that such transfers shall not occur more often than once each three months;

(4) the limits of liability-which *that* the plan shall be required to
provide, but in no event shall except that such limits shall not be less than
those limits provided for in-subsection (a) of K.S.A. 40-3402, and
amendments thereto; and

(5) a method-whereby by which applicants for insurance, insureds and
 insurers may have a hearing on grievances and the right of appeal to the
 commissioner.

41 (b) (1) For every such plan or plans, there shall be a governing board
42 which that shall meet at least annually to review and prescribe operating
43 rules. *Prior to December 31, 2025*, such board of directors shall consist of

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1 nine members to be appointed, for terms of four years, by the 2 commissioner as follows:

(+)(A) Two members who shall be representatives of foreign insurers;

4 (2)(B) two members who shall be representatives of domestic 5 insurers;

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(3)(C) two members *who* shall be health care *healthcare* providers;

7 one member *who* shall be a licensed insurance agent actively (4)(D)8 engaged in the solicitation of casualty insurance;

9 (5)(E) one member who shall be the chairperson of the board of 10 governors or the chairperson's designee; and

one member who shall be a representative of the general 11 (6)(F) 12 public.

13 (2) The members of the governing board appointed on or before July 1, 2025, shall serve their current terms that shall expire on December 31, 14 2025. On and after January 1, 2026, the governing board shall consist of 15 16 five members who shall be appointed for a term of four years except that 17 such members shall be removable by the commissioner for inefficiency, 18 neglect of duty or malfeasance as follows:

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(i) One member who shall be a representative of foreign insurers;

(ii) one member who shall be a representative of domestic insurers;

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(iii) one member shall be a healthcare provider; 22 *(iv)* one member who shall be a licensed insurance agent engaged in

23 the solicitation of casualty insurance: and

24 (v) one member who shall be chairperson of the board or the 25 chairperson's designee.

26 (c) The commissioner and board of directors governing board shall 27 review the plan as soon as reasonably possible after filing in order to 28 determine whether-it if such plan meets the requirements set forth in 29 subsection (a). As soon as reasonably possible after the plan has been filed, the commissioner, consistent with the recommendations of the board 30 31 of directors governing board, shall in writing approve or disapprove the 32 plan in writing. Any plan shall be deemed approved unless disapproved within 30 days. Subsequent to the waiting period the commissioner may 33 34 disapprove any plan on the ground grounds that it such plan does not meet 35 the requirements set forth in subsection (a), but only after a hearing held 36 upon not less than 10 days' written notice to every insurer and rating 37 organization affected specifying in what respect the commissioner finds 38 that such plan fails to meet such requirements, and stating when, within a 39 reasonable period thereafter, such plan shall be deemed no longer 40 effective. Such order shall not affect any assignment made or policy issued or made prior to the expiration of the period set forth in the order. 41 Amendments to such plan or plans shall be prepared, and filed and 42 43 reviewed in the same manner as herein provided in this section with 1 respect to the original plan or plans.

2 (d) If no plan meeting the standards set forth in subsection (a) is 3 submitted to the commissioner and board of directors within 60 calendar 4 days from-the effective date of this aet *July 1, 1982*, or within the period 5 stated in any order disapproving an existing plan, the commissioner with 6 the assistance of the board of directors shall after a hearing, if necessary to 7 carry out the purpose of this act, prepare and promulgate a plan meeting 8 such requirements.

9 (e) If, after a hearing conducted in accordance with the provisions of 10 the Kansas administrative procedure act, the commissioner and board of directors find that any activity or practice of any insurer or rating 11 organization in connection with the operation of such plan or plans is 12 13 unfair or unreasonable or otherwise inconsistent with the provisions of this act, the commissioner and board of directors may issue a written order 14 15 specifying in what respects such activity or practice is unfair or 16 unreasonable or otherwise inconsistent with the provisions of this act and 17 requiring discontinuance of such activity or practice.

(f) An insurer participating in the plan approved by the commissioner may pay a commission with respect to insurance written under the plan to an insurance agent licensed for any other insurer participating in the plan or to any insurer participating in the plan. Such commission shall be reasonably equivalent to the usual customary commission paid on similar types of policies issued in the voluntary market.

24 (g) Notwithstanding the provisions of K.S.A. 40-3402, and 25 amendments thereto, the plan shall make available policies of professional 26 liability insurance covering prior acts. Such professional liability insurance 27 policies shall have limits of coverage not exceeding \$1,000,000 per claim, 28 subject to not more than \$3,000,000 annual aggregate liability for all-29 elaims made as a result of personal injury or death arising out of the-30 rendering of or the failure to render professional services within this state 31 on or before December 31, 2014. Such professional liability insurancepolicies shall be made available only to physician assistants licensed by 32 33 the state board of healing arts, licensed advanced practice registered nurses 34 authorized by the state board of nursing to practice as an advanced practice 35 registered nurse in the classification of a nurse-midwife, nursing facilities 36 licensed by the state of Kansas, assisted living facilities licensed by the 37 state of Kansas and residential health care facilities licensed by the state of 38 Kansas that will be in compliance with K.S.A. 40-3402, and amendments 39 thereto, on January 1, 2015. The premiums for such professional liability 40 insurance policies shall be based upon reasonably prudent actuarial principles. The provisions of this subsection shall expire on January 1, 41 42 $\frac{2016}{2016}$

43 Sec. 5. K.S.A. 75-4101 is hereby amended to read as follows: 75-

1 4101. (a) There is hereby created a committee on surety bonds and 2 insurance, which shall consist of the state treasurer, the attorney general 3 and the commissioner of insurance or their respective designees. The 4 commissioner of insurance shall be the chairperson of the committee and 5 the director of purchases or the director's designee shall be the ex officio 6 secretary. The committee shall meet upon the call of the chairperson and at 7 such other times as the committee shall determine-but at least once each 8 month on the second Monday in each month. Meetings shall be held in the 9 office of the commissioner of insurance. The members of the committee 10 shall serve without compensation. The secretary shall be the custodian of all property, records and proceedings of the committee. Except as provided 11 12 in this section and K.S.A. 74-4925, 74-4927, 75-6501 through 75-6511 13 and 76-749, and amendments thereto, no state agency shall purchase any 14 insurance of any kind or nature or any surety bonds upon state officers or 15 employees, except as provided in this act. Except as otherwise provided in 16 this section, health care healthcare coverage and health care healthcare 17 services of a health maintenance organization for state officers and 18 employees designated under K.S.A. 75-6501(c), and amendments thereto, 19 shall be provided in accordance with the provisions of K.S.A. 75-6501 20 through 75-6511, and amendments thereto.

(b) The Kansas turnpike authority may purchase group life, health 21 22 and accident insurance or health care services of a health maintenance 23 organization for its employees or members of the highway patrol assigned. 24 by contract or agreement entered pursuant to K.S.A. 68-2025, and 25 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. 26 27 75-6501 through 75-6511, and amendments thereto. Such authority may 28 purchase liability insurance covering all or any part of its operations and 29 may purchase liability and related insurance upon all vehicles owned or 30 operated by the authority independent of the committee on surety bonds 31 and insurance and such insurance may be purchased without complying 32 with K.S.A. 75-3738 through 75-3744, and amendments thereto. Any 33 board of county commissioners may purchase such insurance or health 34 eare healthcare services, independent of such committee, for district court 35 officers and employees any part of whose total salary is payable by the 36 county. Nothing in any other provision of the laws of this state shall be 37 construed as prohibiting members of the highway patrol so assigned to 38 police toll or turnpike facilities from receiving compensation in the form 39 of insurance or health maintenance organization coverage as herein 40 authorized.

41 (c) The agencies of the state sponsoring a foster grandparent or senior
 42 companion program, or both, shall procure a policy of accident, personal
 43 liability and excess automobile liability insurance insuring volunteers

1 participating in such programs against loss in accordance with 2 specifications of federal grant guidelines. Such agencies may purchase 3 such policy of insurance independent of the committee on surety bonds 4 and insurance and without complying with K.S.A. 75-3738 through 75-5 3744, and amendments thereto.

6 (d) Any state educational institution as defined by K.S.A. 76-711, and 7 amendments thereto, may purchase insurance of any kind or nature except 8 employee health insurance. Such insurance shall be purchased on a 9 competitively bid or competitively negotiated basis in accordance with 10 procedures prescribed by the state board of regents. Such insurance may be purchased independent of the committee on surety bonds and insurance 11 12 and without complying with K.S.A. 75-3738 through 75-3744, and 13 amendments thereto.

14 (e) (1) The state board of regents may enter into one or more group 15 insurance contracts to provide health and accident insurance coverage or 16 health care healthcare services of a health maintenance organization for all 17 students attending a state educational institution as defined in K.S.A. 76-18 711, and amendments thereto, and such students' dependents, except that 19 such insurance shall not provide coverage for elective procedures that are 20 not medically necessary as determined by a treating physician. The 21 participation by a student in such coverage shall be voluntary. In the case 22 of students who are employed by a state educational institution in a student 23 position, the level of employer contributions toward such coverage shall be 24 determined by the board of regents.

25 (2) The state board of regents is hereby authorized to independently provide, through self-insurance or the purchase of insurance contracts, 26 27 health care healthcare benefits for employees of a state educational 28 institution, as such term is defined in K.S.A. 76-711, and amendments 29 thereto, when the state-health-care healthcare benefits program is 30 insufficient to satisfy the requirements of 22 C.F.R. § 62.14, as in effect 31 upon-the effective date of this section April 13, 2017. Such healthcare 32 benefits shall be limited to only those for whom the state-health eare-33 healthcare benefits program does not meet federal requirements.

34 (3) The state board of regents may purchase cybersecurity insurance 35 as it deems necessary to protect student records, labor information and 36 other statutorily protected data that the board maintains, independent of the 37 committee on surety bonds and insurance and without complying with the 38 provisions of K.S.A. 75-3738 through 75-3744, and amendments thereto. 39 As used in this paragraph, "cybersecurity insurance" includes, but is not 40 limited to, first-party coverage against losses such as data destruction, 41 denial of service attacks, theft, hacking and liability coverage guaranteeing 42 compensation for damages from errors such as the failure to safeguard 43 data.

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- 1 (4) The state board of regents may adopt rules and regulations 2 necessary to administer and implement the provisions of this section.
- 3 Sec. 6. K.S.A. 40-2102, 40-2109, 40-3116, 40-3413 and 75-4101 are 4 hereby repealed.
- 5 Sec. 7. This act shall take effect and be in force from and after its 6 publication in the<u>statute book</u> Kansas register.