HOUSE BILL No. 2639

By Committee on Corrections and Juvenile Justice

2-8

AN ACT concerning care and treatment of certain persons; enacting the emergency observation and treatment act; relating to mentally ill persons, persons with an alcohol or substance abuse problem and persons with co-occurring conditions; licensed crisis recovery centers; amending K.S.A. 59-2953, 59-2980, 59-29b53 and 59-29b80 and K.S.A. 2015 Supp. 59-2978 and 59-29b78 and repealing the existing sections.

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

New Section 1. (a) The provisions of sections 1 through 9, and amendments thereto, shall be known and may be cited as the emergency observation and treatment act.

- (b) It is hereby declared to be the public policy of the state of Kansas to limit the trauma sustained by individuals with mental illness, substance use disorders and those with co-occurring conditions that occurs when the person is involuntarily committed through the state court and hospital procedure. This act shall be liberally construed to effectuate that public policy.
- New Sec. 2. When used in the emergency observation and treatment act:
- (a) "Behavioral health professional" includes a physician, psychologist, qualified mental health professional or licensed addiction counselor.
- (b) "Head of the treatment facility" means the administrative director of a licensed crisis recovery center treatment facility or a behavioral health professional designated by such person.
- (c) "Law enforcement officer" shall have the meaning ascribed to it in K.S.A. 22-2202, and amendments thereto.
- (d) "Licensed crisis recovery center" means any facility licensed by the Kansas department for aging and disability services that is open 24 hours a day, 365 days a year, equipped to serve voluntary and involuntary individuals in crisis due to mental illness, substance abuse or a co-occurring condition.
- (e) "Licensed crisis recovery center service area" means the counties which the licensed crisis recovery center has agreed to provide service to.
 - New Sec. 3. (a) In computing the date upon or by which any act must

 be done or hearing held by under the provisions of the emergency observation and treatment act, the day on which an act or event occurred and from which a designated period of time is to be calculated shall not be included, but the last day in a designated period of time shall be included unless that day falls on a Saturday, Sunday or legal holiday, in which case the next day which is not a Saturday, Sunday or legal holiday shall be considered to be the last day.

- (b) Unless the court orders otherwise, if the clerk's office is inaccessible on the last day for filing, then the time for filing is extended to the first accessible day that is not a Saturday, Sunday or legal holiday.
- (c) "Legal holiday" means any day declared a holiday by the president of the United States, the congress of the United States or the legislature of this state, or any day observed by order of the Kansas supreme court. A half holiday is considered as other days and not as a holiday.
- New Sec. 4. (a) The fact that a person may have voluntarily accepted any form of psychiatric treatment or treatment for an alcohol or substance abuse problem, or become subject to a court order entered under authority of the emergency observation and treatment act, shall not be construed to mean that such person shall have lost any civil right they otherwise would have as a resident or citizen, any property right or their legal capacity, except as may be specified within any court order or as otherwise limited by the provisions of this act or the reasonable rules and regulations which the head of a licensed crisis recovery center may, for good cause, find necessary to make for the orderly operations of that facility. No person held in custody under the provisions of this act shall be denied the right to apply for a writ of habeas corpus.
- (b) There shall be no implication or presumption that a patient within the terms of this act is for that reason alone a person in need of a guardian or a conservator, or both, as provided in K.S.A. 59-3050 through 59-3097, and amendments thereto.
- New Sec. 5. (a) A licensed crisis recovery center may admit and detain any person 18 years of age or older who is presented for emergency observation and treatment upon written application of a law enforcement officer, behavioral health professional or other reliable individual having contact with such person as described in this section, except that a state psychiatric hospital shall not admit or detain any such person without a written statement from a qualified mental health professional authorizing such admission.
- (b) An emergency observation and treatment application shall be made on a form set forth by the secretary for aging and disability services or a locally-developed form approved by the secretary. The original application shall be kept in the regular course of business with the law

enforcement agency, behavioral health professional or individual, and a copy shall be provided to the licensed crisis recovery center and to the patient. The application shall include, but not be limited to, the following:

- (1) The name and address of the person to be admitted for emergency observation and treatment, if known;
- (2) a statement that the law enforcement officer, behavioral health professional or other reliable individual has reason to believe and does believe that:
- (A) Such person is a mentally ill person subject to involuntary commitment for care and treatment, as defined in K.S.A. 59-2946, and amendments thereto, is a person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment, as defined in K.S.A. 59-29b46, and amendments thereto, or is a person with co-occurring conditions; and
- (B) because of such mental illness, alcohol or substance abuse problem or co-occurring condition is likely to cause harm to self or others unless such person is immediately transported for emergency observation and treatment, including a specific description of the risk of harm;
- (3) a statement that the law enforcement officer, behavioral health professional or other reliable individual has reason to believe and does believe that the risk of harm is imminent unless such person is immediately transported for emergency observation and treatment;
- (4) a statement that the law enforcement officer, behavioral health professional or other reliable individual's beliefs are derived from specific recent behavior, acts, attempts or threats that were observed by or reliably reported to such individual, including:
- (A) A detailed description of the specific recent behavior, acts, attempts or threats; and
- (B) the name and relationship to the person in need of emergency observation and treatment of any individual who reported or observed the specific recent behavior, acts, attempts or threats; and
- (5) such person's psychiatric history as reported by or known to the law enforcement officer, behavioral health professional or other reliable individual.
 - (c) A likelihood of harm to self or others may be demonstrated by:
- (1) The person's behavior, acts, attempts or threats observed by the law enforcement officer, behavioral health professional or other reliable individual; or
- (2) evidence of severe emotional distress and deterioration in the person's condition to the extent that the person cannot remain at liberty.
 - (d) A law enforcement officer, behavioral health professional or other reliable individual may form the belief that a person meets the criteria for emergency observation and treatment from:

 (1) The behavior, acts, attempts or threats of such person or the circumstances under which such person is found; or

(2) the representation of any credible individual.

New Sec. 6. A law enforcement officer who takes a person into custody pursuant to the emergency observation and treatment act shall immediately transport the person to a licensed crisis recovery center if such officer is in a licensed crisis recovery center service area. The licensed crisis recovery center shall not refuse to accept any person for treatment if such person is brought to the licensed crisis recovery center by a law enforcement officer and such officer's jurisdiction is in the licensed crisis recovery center's service area. If a law enforcement officer is not in a licensed crisis recovery center service area, then the officer shall follow the procedures set forth in the care and treatment act for mentally ill persons or the care and treatment act for persons with an alcohol or substance abuse problem.

New Sec. 7. (a) If the requirements of section 5, and amendments thereto, are satisfied, then a law enforcement officer, behavioral health professional or other reliable person is not required to seek an ex parte order pursuant to the care and treatment act for mentally ill persons or the care and treatment act for persons with an alcohol or substance abuse problem prior to presenting a person to a licensed crisis recovery center pursuant to the emergency observation and treatment act.

- (b) The head of the treatment facility shall evaluate a person admitted pursuant to the emergency observation and treatment act within four hours of admission and at appropriate intervals thereafter as determined by best practices.
- (c) The head of the treatment facility shall discharge a person admitted pursuant to the emergency observation and treatment act as soon as the individual is deemed appropriate to return to the community safely, and, except as provided in subsection (d), not later than 72 hours after admission.
- (d) If the head of the treatment facility determines that a person admitted pursuant to the emergency observation and treatment act may be a mentally ill person or a person with an alcohol or substance abuse problem subject to involuntary commitment proceedings, and because of such person's mental illness or alcohol or substance abuse problem is likely to cause harm to self or others if not detained longer than 72 hours, then the head of the treatment facility shall file the appropriate petition pursuant to the care and treatment act for mentally ill persons or the care and treatment act for persons with an alcohol or substance abuse problem and find appropriate placement for the individual, including, but not limited to, community hospitals equipped to take involuntary commitments or the designated state hospital.

New Sec. 8. (a) Every patient being treated in any licensed crisis recovery center, in addition to all other rights preserved by the provisions of the emergency observation and treatment act, shall have the following rights:

- (1) To wear the patient's own clothes, keep and use the patient's own personal possessions, including toilet articles, and keep and be allowed to spend the patient's own money;
- (2) to communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night, including both to make and receive confidential telephone calls, and by letter, both to mail and receive unopened correspondence, except that if the head of the treatment facility should deny a patient's right to mail or to receive unopened correspondence under the provisions of subsection (b), such correspondence shall be opened and examined in the presence of the patient;
 - (3) to conjugal visits if facilities are available for such visits;
- (4) to receive visitors in reasonable numbers and at reasonable times each day;
- (5) to refuse involuntary labor other than the housekeeping of the patient's own bedroom and bathroom, provided that nothing herein shall be construed so as to prohibit a patient from performing labor as a part of a therapeutic program to which the patient has given their written consent and for which the patient receives reasonable compensation;
- (6) not to be subject to such procedures as psychosurgery, electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without the written consent of the patient;
- (7) to have explained, the nature of all medications prescribed, the reason for the prescription and the most common side effects and, if requested, the nature of any other treatments ordered;
- (8) to communicate by letter with the secretary for aging and disability services, the head of the treatment facility and any court, attorney, physician, psychologist, qualified mental health professional, licensed addiction counselor or minister of religion, including a Christian Science practitioner. All such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination;
- (9) to contact or consult privately with the patient's physician or psychologist, qualified mental health professional, licensed addiction counselor, minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, such patient's parent;
- (10) to be visited by the patient's physician, psychologist, qualified mental health professional, licensed addiction counselor, minister of

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 religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, such patient's parent;

- (11) to be informed orally and in writing of such patient's rights under this section upon admission to a treatment facility; and
- (12) to be treated humanely, consistent with generally accepted ethics and practices.
- (b) The head of the treatment facility may, for good cause only, restrict a patient's rights under this section, except that the rights enumerated in subsection (a)(5) through (12), and the right to mail any correspondence which does not violate postal regulations, shall not be restricted by the head of the treatment facility under any circumstances. Each treatment facility shall adopt regulations governing the conduct of all patients being treated in such treatment facility, which regulations shall be consistent with the provisions of this section. A statement explaining the reasons for any restriction of a patient's rights shall be immediately entered on such patient's medical record and copies of such statement shall be made available to the patient, and to the patient's attorney. In addition, notice of any restriction of a patient's rights shall be communicated to the patient in a timely fashion.
- (c) Any person willfully depriving any patient of the rights protected by this section, except for the restriction of such rights in accordance with the provisions of subsection (b) or in accordance with a properly obtained court order, shall be guilty of a class C misdemeanor.
- New Sec. 9. Any person or law enforcement agency, governing body, licensed crisis recovery center, community mental health center or personnel acting in good faith and without negligence shall be free from all liability, civil or criminal, which might arise out of acting pursuant to the emergency observation and treatment act. Any person who, for a corrupt consideration or advantage, or through malice, shall make or join in making or advise the making of any false petition, report or order provided for in the emergency observation and treatment act shall be guilty of a class A misdemeanor.
- Sec. 10. K.S.A. 59-2953 is hereby amended to read as follows: 59-2953. (a) Any law enforcement officer who has a reasonable belief formed upon investigation that a person is a mentally ill person and because of such person's mental illness is likely to cause harm to self or others if allowed to remain at liberty may take the person into custody without a warrant. If the officer is in a licensed crisis recovery center service area, as defined in section 2, and amendments thereto, the officer may transport the person to such licensed crisis recovery center. If the officer is not in a licensed crisis recovery center service area, as defined in section 2, and amendments thereto, or does not choose to transport the person to such licensed crisis recovery center, then the officer shall transport the person to

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1 a treatment facility where the person shall be examined by a physician or 2 psychologist on duty at the treatment facility, except that no person shall 3 be transported to a state psychiatric hospital for examination, unless a 4 written statement from a qualified mental health professional authorizing 5 such an evaluation at a state psychiatric hospital has been obtained. If no 6 physician or psychologist is on duty at the time the person is transported to 7 the treatment facility, the person shall be examined within a reasonable 8 time not to exceed 17 hours. If a written statement is made by the 9 physician or psychologist at the treatment facility that after preliminary 10 examination the physician or psychologist believes the person likely to be a mentally ill person subject to involuntary commitment for care and 11 12 treatment and because of the person's mental illness is likely to cause harm 13 to self or others if allowed to remain at liberty, and if the treatment facility 14 is willing to admit the person, the law enforcement officer shall present to 15 the treatment facility the application provided for in subsection (b) of 16 K.S.A. 59-2954(b), and amendments thereto. If the physician or 17 psychologist on duty at the treatment facility does not believe the person 18 likely to be a mentally ill person subject to involuntary commitment for 19 care and treatment the law enforcement officer shall return the person to 20 the place where the person was taken into custody and release the person 21 at that place or at another place in the same community as requested by the 22 person or if the law enforcement officer believes that it is not in the best 23 interests of the person or the person's family or the general public for the 24 person to be returned to the place the person was taken into custody, then 25 the person shall be released at another place the law enforcement officer 26 believes to be appropriate under the circumstances. The person may 27 request to be released immediately after the examination, in which case the 28 law enforcement officer shall immediately release the person, unless the 29 law enforcement officer believes it is in the best interests of the person or 30 the person's family or the general public that the person be taken elsewhere 31 for release. 32

(b) If the physician or psychologist on duty at the treatment facility states that, in the physician's or psychologist's opinion, the person is likely to be a mentally ill person subject to involuntary commitment for care and treatment but the treatment facility is unwilling to admit the person, the treatment facility shall nevertheless provide a suitable place at which the person may be detained by the law enforcement officer. If a law enforcement officer detains a person pursuant to this subsection, the law enforcement officer shall file the petition provided for in subsection (a) of K.S.A. 59-2957(a), and amendments thereto, by the close of business of the first day that the district court is open for the transaction of business or shall release the person. No person shall be detained by a law enforcement officer pursuant to this subsection in a nonmedical facility used for the

detention of persons charged with or convicted of a crime.

Sec. 11. K.S.A. 2015 Supp. 59-2978 is hereby amended to read as follows: 59-2978. (a) Every patient being treated in any treatment facility, in addition to all other rights preserved by the provisions of this act, shall have the following rights:

- (1) To wear the patient's own clothes, keep and use the patient's own personal possessions including toilet articles and keep and be allowed to spend the patient's own money;
- (2) to communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night, including both to make and receive confidential telephone calls, and by letter, both to mail and receive unopened correspondence, except that if the head of the treatment facility should deny a patient's right to mail or to receive unopened correspondence under the provisions of subsection (b), such correspondence shall be opened and examined in the presence of the patient;
 - (3) to conjugal visits if facilities are available for such visits;
- (4) to receive visitors in reasonable numbers and at reasonable times each day;
- (5) to refuse involuntary labor other than the housekeeping of the patient's own bedroom and bathroom, provided that nothing herein shall be construed so as to prohibit a patient from performing labor as a part of a therapeutic program to which the patient has given their written consent and for which the patient receives reasonable compensation;
- (6) not to be subject to such procedures as psychosurgery, electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without the written consent of the patient or the written consent of a parent or legal guardian, if such patient is a minor or has a legal guardian provided that the guardian has obtained authority to consent to such from the court which has venue over the guardianship following a hearing held for that purpose;
- (7) to have explained, the nature of all medications prescribed, the reason for the prescription and the most common side effects and, if requested, the nature of any other treatments ordered;
- (8) to communicate by letter with the secretary for aging and disability services, the head of the treatment facility and any court, attorney, physician, psychologist, *qualified mental health professional* or minister of religion, including a Christian Science practitioner. All such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination;
- (9) to contact or consult privately with the patient's physician or psychologist, qualified mental health professional, minister of religion,

 including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent;

- (10) to be visited by the patient's physician, psychologist, *qualified mental health professional*, minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent;
- (11) to be informed orally and in writing of their rights under this section upon admission to a treatment facility; and
- (12) to be treated humanely consistent with generally accepted ethics and practices.
- (b) The head of the treatment facility may, for good cause only, restrict a patient's rights under this section, except that the rights enumerated in subsections (a)(5) through (a)(12), and the right to mail any correspondence which does not violate postal regulations, shall not be restricted by the head of the treatment facility under any circumstances. Each treatment facility shall adopt regulations governing the conduct of all patients being treated in such treatment facility, which regulations shall be consistent with the provisions of this section. A statement explaining the reasons for any restriction of a patient's rights shall be immediately entered on such patient's medical record and copies of such statement shall be made available to the patient or to the parent, or legal guardian if such patient is a minor or has a legal guardian, and to the patient's attorney. In addition, notice of any restriction of a patient's rights shall be communicated to the patient in a timely fashion.
- (c) Any person willfully depriving any patient of the rights protected by this section, except for the restriction of such rights in accordance with the provisions of subsection (b) or in accordance with a properly obtained court order, shall be guilty of a class C misdemeanor.
- (d) The provisions of this section do not apply to persons civilly committed to a treatment facility as a sexually violent predator pursuant to K.S.A. 59-29a01 et seg., and amendments thereto.
- Sec. 12. K.S.A. 59-2980 is hereby amended to read as follows: 59-2980. Any person or law enforcement agency, governing body, community mental health center or personnel acting in good faith and without negligence shall be free from all liability, civil or criminal, which might arise out of acting pursuant to this act. Any person who for a corrupt consideration or advantage, or through malice, shall make or join in making or advise the making of any false petition, report or order provided for in this act shall be guilty of a class A misdemeanor.
- Sec. 13. K.S.A. 59-29b53 is hereby amended to read as follows: 59-29b53. (a) Any law enforcement officer who has a reasonable belief formed upon investigation that a person may be a person with an alcohol or substance abuse problem subject to involuntary commitment and is

likely to cause harm to self or others if allowed to remain at liberty may 1 2 take the person into custody without a warrant. If the officer is in a 3 licensed crisis recovery center service area, as defined in section 2, and 4 amendments thereto, the officer may transport the person to such licensed 5 crisis recovery center. If the officer is not in a licensed crisis recovery 6 center service area, as defined in section 2, and amendments thereto, or 7 does not choose to transport the person to such licensed crisis recovery 8 center, then the officer shall transport the person to a treatment facility or 9 other facility for care or treatment where the person shall be examined by a 10 physician or psychologist on duty at the facility. If no physician or psychologist is on duty at the time the person is transported to the facility, 11 12 the person shall be examined within a reasonable time not to exceed 17 13 hours. If a written statement is made by the physician or psychologist at 14 the facility that after preliminary examination the physician or psychologist believes the person likely to be a person with an alcohol or 15 16 substance abuse problem subject to involuntary commitment for care and 17 treatment and is likely to cause harm to self or others if allowed to remain 18 at liberty, and if the facility is a treatment facility and is willing to admit 19 the person, the law enforcement officer shall present to that treatment 20 facility the application provided for in subsection (b) of K.S.A. 59-21 29b54(b), and amendments thereto. If the physician or psychologist on 22 duty at the facility does not believe the person likely to be a person with an 23 alcohol or substance abuse problem subject to involuntary commitment for 24 care and treatment, the law enforcement officer shall return the person to 25 the place where the person was taken into custody and release the person 26 at that place or at another place in the same community as requested by the 27 person or if the law enforcement officer believes that it is not in the best 28 interests of the person or the person's family or the general public for the person to be returned to the place the person was taken into custody, then 29 30 the person shall be released at another place the law enforcement officer 31 believes to be appropriate under the circumstances. The person may 32 request to be released immediately after the examination, in which case the 33 law enforcement officer shall immediately release the person, unless the 34 law enforcement officer believes it is in the best interests of the person or 35 the person's family or the general public that the person be taken elsewhere 36 37

(b) If the physician or psychologist on duty at the facility states that, in the physician's or psychologist's opinion, the person is likely to be a person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment but the facility is unwilling or is an inappropriate place to which to admit the person, the facility shall nevertheless provide a suitable place at which the person may be detained by the law enforcement officer. If a law enforcement officer detains a

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person pursuant to this subsection, the law enforcement officer shall file the petition provided for in subsection (a) of K.S.A. 59-29b57(a), and amendments thereto, by the close of business of the first day that the district court is open for the transaction of business or shall release the person. No person shall be detained by a law enforcement officer pursuant to this subsection in a nonmedical facility used for the detention of persons charged with or convicted of a crime unless no other suitable facility at which such person may be detained is willing to accept the person.

- Sec. 14. K.S.A. 2015 Supp. 59-29b78 is hereby amended to read as follows: 59-29b78. (a) Every patient being treated in any treatment facility, in addition to all other rights preserved by the provisions of this act, shall have the following rights:
- (1) To wear the patient's own clothes, keep and use the patient's own personal possessions including toilet articles and keep and be allowed to spend the patient's own money;
- (2) to communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night, including both to make and receive confidential telephone calls, and by letter, both to mail and receive unopened correspondence, except that if the head of the treatment facility should deny a patient's right to mail or to receive unopened correspondence under the provisions of subsection (b), such correspondence shall be opened and examined in the presence of the patient;
 - (3) to conjugal visits if facilities are available for such visits;
- (4) to receive visitors in reasonable numbers and at reasonable times each day;
- (5) to refuse involuntary labor other than the housekeeping of the patient's own bedroom and bathroom, provided that nothing herein shall be construed so as to prohibit a patient from performing labor as a part of a therapeutic program to which the patient has given their written consent and for which the patient receives reasonable compensation;
- (6) not to be subject to such procedures as psychosurgery, electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without the written consent of the patient or the written consent of a parent or legal guardian, if such patient is a minor or has a legal guardian provided that the guardian has obtained authority to consent to such from the court which has venue over the guardianship following a hearing held for that purpose;
- (7) to have explained, the nature of all medications prescribed, the reason for the prescription and the most common side effects and, if requested, the nature of any other treatments ordered;
- (8) to communicate by letter with the secretary for aging and disability services, the head of the treatment facility and any court,

attorney, physician, psychologist, *licensed addiction counselor* or minister of religion, including a Christian Science practitioner. All such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination;

- (9) to contact or consult privately with the patient's physician or psychologist, *licensed addiction counselor*; minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent;
- (10) to be visited by the patient's physician, psychologist, *licensed* addiction counselor, minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent;
- (11) to be informed orally and in writing of their rights under this section upon admission to a treatment facility; and
- (12) to be treated humanely consistent with generally accepted ethics and practices.
- (b) The head of the treatment facility may, for good cause only, restrict a patient's rights under this section, except that the rights enumerated in subsections (a)(5) through (a)(12), and the right to mail any correspondence which does not violate postal regulations, shall not be restricted by the head of the treatment facility under any circumstances. Each treatment facility shall adopt regulations governing the conduct of all patients being treated in such treatment facility, which regulations shall be consistent with the provisions of this section. A statement explaining the reasons for any restriction of a patient's rights shall be immediately entered on such patient's medical record and copies of such statement shall be made available to the patient or to the parent, or legal guardian if such patient is a minor or has a legal guardian, and to the patient's attorney. In addition, notice of any restriction of a patient's rights shall be communicated to the patient in a timely fashion.
- (c) Any person willfully depriving any patient of the rights protected by this section, except for the restriction of such rights in accordance with the provisions of subsection (b) or in accordance with a properly obtained court order, shall be guilty of a class C misdemeanor.
- Sec. 15. K.S.A. 59-29b80 is hereby amended to read as follows: 59-29b80. Any person *or law enforcement agency, governing body, community mental health center or personnel* acting in good faith and without negligence shall be free from all liability, civil or criminal, which might arise out of acting pursuant to this act. Any person who for a corrupt consideration or advantage, or through malice, shall make or join in making or advise the making of any false petition, report or order provided for in this act shall be guilty of a class A misdemeanor.

1 Sec. 16. K.S.A. 59-2953, 59-2980, 59-29b53 and 59-29b80 and

- 2 K.S.A. 2015 Supp. 59-2978 and 59-29b78 are hereby repealed.
- Sec. 17. This act shall take effect and be in force from and after its publication in the statute book.