

2018 Kansas Legislative Session Recap

The Kansas Legislative session concluded on May 4, 2018 successfully wrapping up on schedule. [Primary elections will be held August 7 and the general election on November 6](#), providing adequate incentive for legislators to stay on task and start their campaigning. However, there is a possibility of the legislature being called back for a special session this summer to address the issue of school finance. While a finance package increasing education funding was passed, briefs have been submitted teeing up the argument of whether or not it is enough to meet the Kansas Supreme Court's order of adequate funding. That decision is expected prior to June 30.

The National MS Society monitored and pursued a variety of Kansas health policy legislation this session. Here are a few of those bills:

SB 304, Establishing patient protections on health insurers use of step therapy protocols:

The National MS Society brought together and led over two dozen advocacy organizations to support step therapy patient protections in Kansas with the creation of the [Kansas Coalition for Treatment Access \(KCTA\)](#). A hearing was held in February in the Senate Public Health and Welfare committee. [Activist Gayle Taylor-Ford](#) and MS nurse, Tally Bell, shared how step therapy practices delay medication access and puts people living with MS at risk of negative health consequences. Although the bill did not make it out of committee this year, the KCTA plans to introduce the bill again in 2019.

SB 38, Establishing the KanCare bridge to a healthy Kansas program (Medicaid expansion):

The Senate Public Health and Welfare Committee held a hearing with an overflow crowd in February, passing the bill on to the Senate for consideration. This was followed by an April rally with over 200 people in attendance, showing that the desire and momentum remains strong among advocates for action. MS activists Marceline Dover and Emma Hernandez spoke at the event and conducted visits to continue our request to allow the bill to come up for a vote in the Senate. You can see their photo and read Marcillene's quote here: [Adherents of Medicaid expansion in Kansas apply extra heat to GOP lawmakers](#). Later that month, [Marcillene responded to criticism from the House Health Committee Chair](#) by writing this editorial that was printed in both the Topeka Capital Journal and the Wichita Eagle. **Unfortunately, a vote on KanCare Expansion did not occur in the Senate this session.** [An amendment to add KanCare Expansion to the House budget failed.](#)

Prohibiting substantial change to the Kansas Medical Assistance Program (KanCare) without prior legislative approval:

The state's privatized managed care Medicaid delivery program (KanCare), has been fraught with issues ranging from delayed provider payments, application backlogs and service delivery and [recently lacked sufficient data](#) to analyze. [Despite advocate concerns](#), an 1115 waiver was submitted to Centers For Medicare And Medicaid Services (CMS) this year. It included Medicaid work requirements and a 36-month lifetime cap, both of which the Society opposes. An amendment successfully added to the budget and signed by Governor Colyer states that KanCare policy changes that limit eligibility must be approved by the legislature. Additionally, the Centers for Medicare and Medicaid [recently announced that the lifetime cap was being denied.](#)

Establishing the advisory council on palliative care and quality of life and palliative care education program:

MS Neurologist Dr. Lynch testified in support of this bill last year. Palliative care helps people living with chronic and complex illness like MS. [This bill passed](#) as part of the conference committee report for **HB2600** and was signed into law by Governor Colyer.

Establishing the Kansas telemedicine act:

[Senate Sub HB 2028](#) requires that Kansas insurance policies [cover telemedicine services](#). This would include neurology care provided via video conference. This bill passed and was signed into law by Governor Colyer.

Kansas Pharmacy Patients Fair Practices Act:

[SB 351](#) specifies co-payments applied by a health carrier for a prescription drug may not exceed the total submitted charges by the network pharmacy. This bill will prevent previous practices of pharmacy benefit management companies (PBMs) from preventing pharmacists (commonly referred to as a 'gag clause') from sharing if the consumer's actual cost of the medication is cheaper than their co-pay and allow the consumer to pay the actual cost instead of their co-payment or co-insurance. It also allows pharmacists to sell a more affordable alternative to the consumer if an alternative is available. So for example, if your co-pay is \$35 and your medication actual cost is \$20, you could pay the actual cost. However, this is not counted towards your deductible. This bill was signed into law by Governor Colyer.