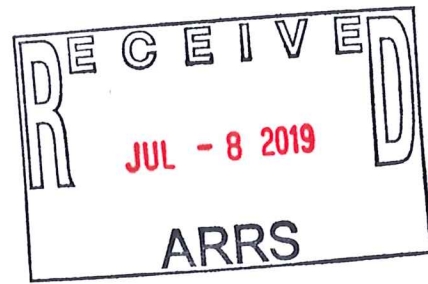




COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
<http://ethics.ky.gov/>



CHRISTOPHER L. THACKER
CHAIR

CHRISTOPHER W. BROOKER
VICE CHAIR

APRIL A. WIMBERG
HOLLY R. IACCARINO
KYLE M. WINSLOW

KATHRYN H. GABHART
EXECUTIVE DIRECTOR

MICHAEL W. BOARD
GENERAL COUNSEL

CAPITAL COMPLEX EAST
1025 CAPITAL CENTER DRIVE, SUITE #104
FRANKFORT, KY 40601
(502) 564-7954
FAX: (502)-695-5939

July 8, 2019

Senator West, Co-Chair
Representative Hale, Co-Chair
c/o Regulations Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **9 KAR 1:010. Statement of financial disclosure**

Dear Co-Chair West and Co-Chair Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 9 KAR 1:010, the Executive Branch Ethics Commission proposes the attached amendment to 9 KAR 1:010.

Sincerely,

Kathryn H. Gabhart
Executive Director
Executive Branch Ethics Commission
Capital Complex East
1025 Capital Center Drive, Suite 104
Frankfort, Kentucky 40601
(502) 564-7954

REVISED:
7/3/2019 9:12 AM
Suggested Amendment
Finance and Administration Cabinet
Executive Branch Ethics Commission

9 KAR 1:010. Statement of financial disclosure.

Page 1

Section 1(1)

Line 12

After "means", insert ":(a)".

Capitalize "a".

Line 13

After "local government", insert the following:

; or (b) If this

Delete the following:

. If such an

Line 14

After "available," delete the following:

then "address or location" means

Page 1

Section 1(2)

Line 17

After "11A.010(1)", insert period.

Delete semicolon.

Pages 1-2

Section 1(6)

Lines 21, 1

After "purchased", insert ", except for".

Delete the following:

; "consumer goods" do not include

Page 2

Section 1(8)

Lines 4-5

After "value is received", insert ", except for".

Delete the following:

; "gift" does not include

Page 2

Section 1(9)

Line 10

After "basis", insert period.

Delete semicolon.

Page 2

Section 2(1)

Line 17

After "(1)", insert the following:

Current officers and public servants, as defined by KRS 11A.010(9)(a) to (g), shall file the statement of financial disclosure required by KRS 11A.050(1)

Delete the following:

The statement of financial disclosure required of current officers and public servants listed in KRS 11A.010(9)(a) to (g) by KRS 11A.050(1) shall be filed

Page 2

Section 2(2)

Line 23

After "(2)", insert the following:

Former officers and former public servants, as defined by KRS 11A.010(9)(a) to (g), shall file the statement of financial disclosure:

(a) In accordance with KRS 11A.050(1)(c); and

(b) On the statement of financial disclosure form effective at the date of departure from state service.

Delete the following:

Delete the remainder of Subsection (2) in its entirety. .

Page 3

Section 2(3)

Lines 4-6

After "(3)", delete the following:

Until June 27, 2019, an officer, public servant listed in KRS 11A.010(9)(a) to (g), or candidate shall file a statement of financial disclosure on the form Statement of Financial Disclosure (Rev. 11/2016). After June 27, 2019,

Capitalize "the".

Page 3

Section 3(2)[*second occurrence of (c)*]

Line 19

Before "Through an online system", insert "(d)".
Delete "(c)".

Pages 3-4

Section 4(1)

Lines 21-23, 1

After "(1)", delete the following:
The following material is incorporated by reference:
(a) "Statement of Financial Disclosure", rev. 11/2016.
(b)

Page 4

Section 4(1)

Line 1

After "5/2019)", insert the following:
is incorporated by reference

MATERIAL INCORPORATED BY REFERENCE:

FORM: EBEC-SFD-101 (Rev. 5/2019)

Page 1

Question 4 Box

NOTE

After "Please answer questions", insert "#12 through #21".
Delete "#11 through #20".

Page 2

Question 5 Box

NOTE

After "Please answer questions", insert "#12 through #21".
Delete "#11 through #20".

Page 2

Second box from the top

Heading

Before "STATE AGENCY FOR POSITION LISTED ABOVE:", insert "6a.".

Page 2

Third box from the top

Before "Title of any other state jobs", insert "6b."

NOTE TO AGENCY:

Please renumber remaining questions.



COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
<http://ethics.ky.gov/>

CHRISTOPHER L. THACKER
CHAIR

CHRISTOPHER W. BROOKER
VICE CHAIR

APRIL A. WIMBERG
HOLLY R. IACCARINO
KYLE M. WINSLOW

KATHRYN H. GABHART
EXECUTIVE DIRECTOR

MICHAEL W. BOARD
GENERAL COUNSEL

CAPITAL COMPLEX EAST
1025 CAPITAL CENTER DRIVE, SUITE #104
FRANKFORT, KY 40601
(502) 564-7954
FAX: (502)-695-5939

July 8, 2019

Senator West, Co-Chair
Representative Hale, Co-Chair
c/o Regulations Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: 9 KAR 1:040. Executive agency lobbyist, employer of executive agency lobbyist, and real party in interest registration and expenditure statements; financial transactions and termination forms; and enforcement.

Dear Co-Chair West and Co-Chair Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 9 KAR 1:040, the Executive Branch Ethics Commission proposes the attached amendment to 9 KAR 1:040.

Sincerely,

Kathryn H. Gabhart
Executive Director
Executive Branch Ethics Commission
Capital Complex East
1025 Capital Center Drive, Suite 104
Frankfort, Kentucky 40601
(502) 564-7954

REVISED:
7/8/2019 1:33 PM
Suggested Amendment
Finance and Administration Cabinet
Executive Branch Ethics Commission

9 KAR 1:040. Executive agency lobbyist, employer or executive agency lobbyist, and real party in interest registration and expenditure statements; financial transactions and termination forms; and enforcement.

Page 1

Title

Line 4

After "employer", insert "of".
Delete "or".

Page 2

Section 1(6)

Line 5

After "interest", insert period.
Delete semicolon.

Page 2

Section 2(2)(b)4.

Line 19

After "(f)", insert semicolon.
Delete comma.

Page 4

Section 4(1)

Line 1

After "notice", insert comma.

Page 5

Section 5(2)(b)

Line 3

After "696-5092", insert semicolon.

Page 5

Section 5(2)[*second occurrence of (c)*]

Line 5

Before "Through an online", insert "(d)".
Delete "(c)".

Page 5

Section 6(1)(g)

Line 16

After "9/93", insert semicolon.
Delete period.

Page 5

Section 5(2)(b)

Line 3

After "(502)", insert "696-5091".
Delete "696-5092".

Page 6

Section 6(1)(l)

Line 1

After "(Rev.", insert "05/2019".
Delete "05/2016".

Page 6

Section 6(1)(m)

Line 3

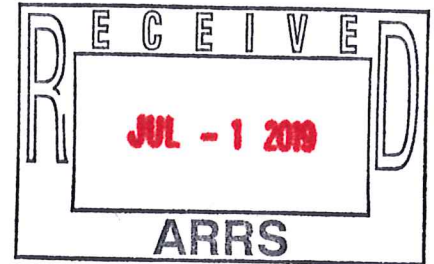
After semicolon, insert "and".

MATTHEW G. BEVIN
GOVERNOR



501 HIGH STREET, 3RD FLOOR
FRANKFORT, KENTUCKY 40601
PHONE: (502) 564-7430
FAX (502) 564-7603
[HTTPS://PERSONNEL.KY.GOV](https://personnel.ky.gov)

THOMAS B. STEPHENS
SECRETARY



July 1, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: 101 KAR 2:180. Employee performance evaluation system.

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 101 KAR 2:180, the Personnel Cabinet proposes the attached amendment to 101 KAR 2:180.

Sincerely,

Thomas B. Stephens
Secretary

Attachment

Staff-suggested Amendment

**Final Version 6/18/2019 8:11 a.m.
PERSONNEL CABINET**

101 KAR 2:180. Employee performance evaluation system.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 6

After "NECESSITY, FUNCTION", insert "AND".
Delete "and".

Page 1

Section 1(3)

Line 15

After "provided in subsection", insert "(5)(d)".
Delete "(4)(d)".

Page 6

Section 5(1)

Lines 20 and 21

After "provided in Section 1", insert "(5)(d)".
Delete "(4)(d)".

Staff-suggested Amendment

**Final Version 6/18/2019 8:11 a.m.
PERSONNEL CABINET**

101 KAR 2:180. Employee performance evaluation system.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 6

After "NECESSITY, FUNCTION", insert "AND".

Delete "and".

Page 1

Section 1(3)

Line 15

After "provided in subsection", insert "(5)(d)".

Delete "(4)(d)".

Page 6

Section 5(1)

Lines 20 and 21

After "provided in Section 1", insert "(5)(d)".

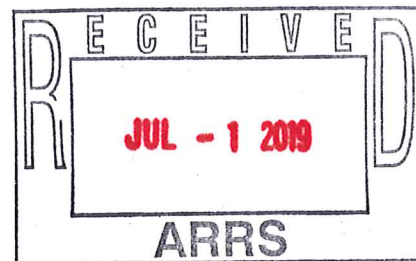
Delete "(4)(d)".

MATTHEW G. BEVIN
GOVERNOR



501 HIGH STREET, 3RD FLOOR
FRANKFORT, KENTUCKY 40601
PHONE: (502) 564-7430
FAX (502) 564-7603
[HTTPS://PERSONNEL.KY.GOV](https://personnel.ky.gov)

THOMAS B. STEPHENS
SECRETARY



July 1, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **101 KAR 2:190**. Employee performance management system.

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 101 KAR 2:190, the Personnel Cabinet proposes the attached amendment to 101 KAR 2:190.

Sincerely,

Thomas B. Stephens
Secretary

Attachment

Staff-suggested Amendment

**Final Version 6/18/2019 8:13 a.m.
PERSONNEL CABINET**

101 KAR 2:190. Employee performance management system.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 6

After "NECESSITY, FUNCTION", insert "AND".

Delete "and".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 9

After "KRS 18A.110(2)", insert "requires".

Delete "authorizes".



Commonwealth of Kentucky
Finance and Administration Cabinet

DEPARTMENT OF REVENUE

501 High Street
Frankfort, KY 40601
(502) 564-3226
Fax (502) 564-3875

Matthew G. Bevin
Governor

William M. Landrum III
Cabinet Secretary

Daniel P. Bork
Commissioner

July 9, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **103 KAR 15:050**. Filing dates and extensions.

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 103 KAR 15:050, the Department of Revenue proposes the attached amendment to 103 KAR 15:050.

Kind regards,

Lisa S. Swiger, Tax Policy Research Consultant II
Office of Tax Policy and Regulation
Department of Revenue
501 High Street, St 1
Frankfort, Kentucky 40601

lcs
Cc: file

Staff-suggested Amendment

**Final Version 6/19/2019 3:26 p.m.
FINANCE AND ADMINISTRATION CABINET
Department of Revenue**

103 KAR 15:050. Filing dates and extensions.

Page 1

STATUTORY AUTHORITY

Line 6

After "AUTHORITY: KRS", insert "131.081".

After "131.130,", insert "131.170".

After "141.050", insert ", 141.170".

Page 2

Section 1(5)

Line 1

After "KRS 141.010", insert "(22)".

Delete "(21)".

Page 3

Section 2(3)(b)

Line 16

After "A corporation", delete ", S-corporation,".



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.
Executive Director
Larry A. Hadley, R.Ph.



July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:010. Schools Approved by the Board

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:010, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:010.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:010. Schools approved by the board.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY:", insert the following:

KRS 315.191(1) authorizes the board to promulgate administrative regulations to regulate and control all matters set forth in KRS Chapter 315 relating to pharmacists.

Page 1

Section 1

Line 13

After "degree program", insert a comma.

Page 1

Section 1(1)

Line 16

After "Education", insert a comma.

Immediately following, delete the opening quotation marks.

Line 18

After "Degree", insert a semicolon.

Delete the closing quotation marks.

Page 2

Section 1(2)

Line 1

After "Programs", insert a comma.

Delete "in", and the opening quotation marks

Line 2

After "Pharmacy Programs", delete the closing quotation marks.

Page 2

Section 2

Lines 5-6

After "graduate of a pharmacy degree program", insert a comma.

Line 8

After "Certification Program", insert a comma.

Page 2

Section 3(1)(a)

Line 12

After "Degree", insert closing quotation marks.

After the comma, delete the closing quotation marks.

MATERIAL INCORPORATED BY REFERENCE

The agency needs to file one (1) clean copy of each of the following at the time that it files this staff suggested amendment:

- "Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree", January 25, 2015
- "Accreditation Standards for Canadian First Professional Degree in Pharmacy Programs", January 2018



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:090. Reference Material and Prescription Equipment

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:090, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:090.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:090. Reference material and prescription equipment.

Page 1

STATUTORY AUTHORITY

Line 6

After "KRS 315.035(6)," insert "315.191".
Delete "315.19(1)".

Page 2

NECESSITY, FUNCTION, AND CONFORMITY

Line 9

After "establishes the", delete "minimum".

Page 1

Section 1(1)

Line 13

After "manner.", insert the following:

(a) Appropriate reference material includes references such as those from the following categories:

1. Category I – Pharmacology;
2. Category II – Drug Interactions;
3. Category III – Drug Product Composition; and
4. Category IV – State and Federal Laws and Regulations.

(b) Appropriate equipment as determined by the pharmacist in charge includes items such as the following:

1. A prescription balance with sensitivity not less than that of a Class 3 balance;
2. Weights-metric or apothecary-complete set;
3. Graduates capable of accurately measuring from 1 ml to 250 ml;
4. Mortars and pestles-glass, porcelain, or wedgewood;
5. Spatulas-steel and nonmetallic;
6. Filtration funnel with filter papers;
7. A heating unit;
8. Suitable refrigeration unit for proper storage of drugs; and
9. Ointment slab or ointment papers.



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.



July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:100. Security and Control of Drugs and Prescription

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:100, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:100.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:100. Security and control of drugs and prescriptions.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY:", insert "KRS 315.191(1) authorizes".

Lowercase the first letter of "The".

Lines 7-8

After "Board of Pharmacy", delete "is authorized by KRS 315.191(1)".

Line 8

After "to", immediately following, insert "promulgate".

Delete "adopt rules and".

Line 9

After "This administrative regulation", insert "establishes requirements for".

Delete "is to assure".

Page 1

Section 1(1)(a)

Line 12

After "legend drugs", insert a semicolon.

Delete the period.

Page 1

Section 1(2)

Line 15

After "within a larger establishment", insert a comma.

Line 16

After "is not present", insert a comma.

After "fully enclosed by", delete "a", including the opening and closing quotation marks.

Line 18

After "of a pharmacist", delete "such".

Line 19

After "locked and secured.", insert "A".

Delete "No".

After "person shall", insert "not".

Line 20

Delete "be authorized to".

Page 2

Section 2

Line 3

After ", all legend drugs", insert a comma.

Line 4

After "under the ", delete "personal".

Page 2

Section 3

Line 5

After "refill requests", insert "may".

Delete "can".

Line 6

After "is present", insert a comma

Line 7

After "patient or", insert "the patient's".

Delete "his".

Page 2

Section 4

Line 9

After "in the pharmacy and", insert "shall not".

Delete "cannot".

Line 12

After "the patient at", insert "the patient's".

Delete "his".



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:116. Substitution of Drugs, Biologics and Biosimilar Products

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:116, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:116.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:116. Substitution of drugs, biologics and biosimilar products.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 8

After "KRS 217.819", insert "(1) requires".
Delete "directs".

Line 9

After "to prepare", insert "by administrative regulation".

Line 11

After "that are", delete "deemed".

Line 12

After "interchangeable are", delete "deemed".

Page 1

Section 1

Line 17

After "the colon", insert "(1)".
Capitalize the first letter of "drugs".

Line 18

After "published in the", delete the opening quotation marks.

Line 19

After "Evaluations", delete the closing quotation marks.
After "Orange Book)", insert "; and (2)".
Delete the period.
Capitalize the first letter of "biologics", immediately following.

Page 2

Section 1

Line 2

After "published in the", delete the opening quotation marks.

Line 3

After "Evaluations", delete the closing quotation marks.

Page 2

Section 2

Line 15

After "Section 2.", insert the following:
Incorporation by Reference.
(1) The following material is incorporated by reference:

(a)

Line 16

After "Administration", insert "39th Edition, 2019".

After "and", immediately following, insert "(b)".

Line 19

After "Administration", insert "June 2019".

Delete "are incorporated by reference".

After the period insert the following:

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, Frankfort, KY 40601-8204, Monday through Friday, 8 a.m. to 4:30 p.m. and is available online at <http://www.fda.gov>.

MATERIAL INCORPORATED BY REFERENCE

The agency needs to file one (1) clean copy of each of the following at the time that it files this staff suggested amendment:

- "Approved Drug Products with Therapeutic Equivalent Evaluations", Orange Book, 39th Edition, 2019
- "Lists of Licensed Biological Products with Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations", Purple Book, June 2019



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members

Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.



July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:225. Special Limited Pharmacy Permit – Medical Gas

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:225, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:225.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:225. Special limited pharmacy permit – Medical gas.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY:", insert the following:

KRS 315.191(1)(a) authorizes the board to promulgate administrative regulations to regulate and control all matters set forth in KRS Chapter 315 relating to pharmacists and pharmacies.

Page 1

Section 1(1)

Line 13

After "use of", lowercase the first letter of "Medical", "Gas", "Related", and "Equipment".

Lines 13-14

After "required under", lowercase the first letter of "Federal".

After "or", immediately following, lowercase the first letter of "State".

Page 1

Section 1(2)

Line 16

After "Special limited pharmacy", insert "permit".

Delete "permits".

Page 2

Section 2(1)(b)

Line 2

After "(b)", delete "Effective January 1, 2010".

Capitalize the first letter of "the", immediately following.

Line 3

After "limited pharmacy permit", insert "for".

Delete "-".

After "medical", insert "gases".

Delete "gas".

Page 2

Section 2(2)

Line 5

After "(2)", delete "Effective January 1, 2010".

Capitalize the first letter of "an", immediately following.

Page 2

Section 2(2)(b)

Line 10

After "medical gas", insert "remains".

Delete "remain".

Lines 10-11

After "secure and", insert "complies".

Delete "comply".

Lines 11-12

After "pharmacopoeias", delete "specified by KRS 217.015(5)(a)".

Page 2

Section 2(3)

Line 13

After "medical", insert "gases".

Delete "gas".

Page 2

Section 3(1)

Lines 16-17

After "medical", insert "gases".

Delete "gas".

Page 3

Section 3(2)(b)

Line 12

After "medical", insert "gases".

Delete "gas".

Page 3

Section 4(1)

Line 21

After "(1)", delete "Effective January 1, 2020".

Capitalize the first letter of "an".

Line 21-22

After "special limited pharmacy permit", insert "for".

Delete "-".

Line 22

After "on either", delete the opening quotation marks.

Line 23

After "or the", delete the opening quotation marks.

Page 4

Section 4(1)

Line 1

After "Medical Gas Renewal", delete the closing quotation marks.

Page 4

Section 4(2)(a)

Line 3

After "established by", delete "Section 1(10),".

After "201 KAR 2:050", insert ", Section 1(9)".

Page 4

Section 4(2)(b)

Line 4

After "established by", delete "Section 1(11),".

After "201 KAR 2:050", insert ", Section 1(10)".

Page 4

Section 5(1)(a)

Line 7

After "Medical Gas", and the closing quotation marks, insert a comma.

Delete "dated".

After "May 2019", insert a semicolon.

Delete the comma.

Page 4

Section 5(1)(b)

Line 8

After "Medical Gas Renewal", and the closing quotation marks, insert a comma.

Delete "dated".

Page 4

Section 5(2)

Line 10

After "subject to applicable", insert "copyright".

Delete "copy right".



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members

Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director

Larry A. Hadley, R.Ph.

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:240. Special Limited Pharmacy Permit – Charitable

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:240, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:240.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:240. Special limited pharmacy permit – Charitable

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY: KRS", delete "315.020, 315.030, and".

Line 7-8

After "315.191(1)(a)", insert "authorizes".

Delete "requires".

Line 11

After "which a charitable organization", insert "may".

Delete "can be permitted to".

Page 2

Section 2(1)

Line 3

After "pharmacy:", insert "(a)".

Page 2

Section 2(1)

Lines 4-6

After "subsection; and", insert "(b)".

Page 2

Section 2(5) and Section 2(6)

Lines 16-17

After "shall not:", insert "(a)".

Delete "(6)".

Page 2

Section 2(6) and Section 2(7)

Lines 17-18

After "manufacturers; or", insert "(b)".

Delete "(7)".

Page 2

Section 2(7) and Section 2(8)

Lines 18-19

After "substances.", insert "(6)".

Delete "(8)".

Page 3

Section 3(1)

Line 3

After "on either", delete the opening quotation marks.

Line 4

After "or the", delete the opening quotation marks.

Line 5

After "Pharmacy Renewal", delete the closing quotation marks.

Page 3

Section 3(2)(a)

Line 7

After "established by", insert "201 KAR 2:250".

After "Section 1(9)", delete ", 201 KAR 2:050".

Page 3

Section 3(2)(b)

Line 8

After "established by", insert "201 KAR 2:250".

After "Section 1", insert "(10) and (11)".

Delete "(10-11), 201 KAR 2:050".

Page 3

Section 4(1)(a)

Line 11

After "(a)", delete "Effective January 1, 2020".

Line 12

After "Pharmacy", and the closing quotation marks, insert ", May 2019".

Page 3

Section 4(1)(b)

Line 13

After "(b)", delete "Effective January 1, 2020".

Line 14

After "Pharmacy Renewal", and the closing quotation marks, insert ", May 2019".



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

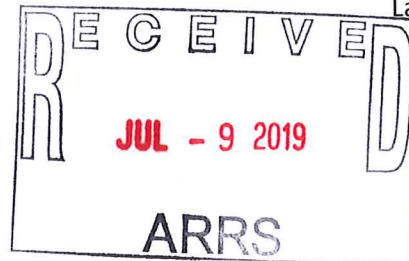
Board Members

Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director

Larry A. Hadley, R.Ph.

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:270. Expungement

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:270, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:270.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:270. Expungement.

Page 1

Section 2(1)(a)

Line 19

After "unregistered", insert a comma.

Line 20

After "registration", insert a comma.

Line 21

After "registration", insert a comma.

Page 2

Section 2(2)

Line 4

After "(2)", delete "Effective January 1, 2020,".

Capitalize "a", immediately following.

After "registrant", insert a comma.



KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

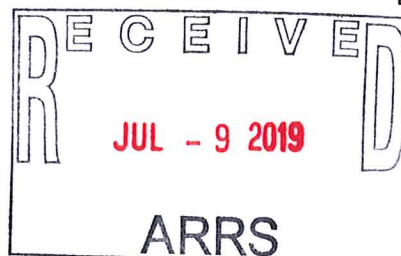
Board Members

Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm.D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director

Larry A. Hadley, R.Ph.

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 2:340. Special Limited Pharmacy Permit-Clinical Practice

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 2:340, the Kentucky Board of Pharmacy proposes the attached amendment to 201 KAR 2:340.

Sincerely,

Larry A. Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Kentucky Board of Pharmacy**

201 KAR 2:340. Special limited pharmacy permit-clinical practice.

Page 1

Section 1(1)

Line 12

After "limited pharmacy", insert "permit".
Delete "permits".

Line 13

After "means", delete the colon.

Page 2

Section 2(2)(a)

Line 17

After "201 KAR 2:090, Section", insert "1".
Delete "2".

Page 2

Section 3

Line 21

After "to the board", delete the opening quotation marks

Line 22

After "(15)", delete the closing quotation marks.

Page 3

Section 5(1)(a)

Line 9

After "(a)", delete "Effective January 1, 2020".

Line 10

After "Clinical Practice", and the closing quotation marks, insert ", May 2019".

Page 3

Section 5(1)(b)

Line 11

After "(b)", delete "Effective January 1, 2020".

Line 12

After "Practice Renewal", and the closing quotation marks, insert ", May 2019".



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

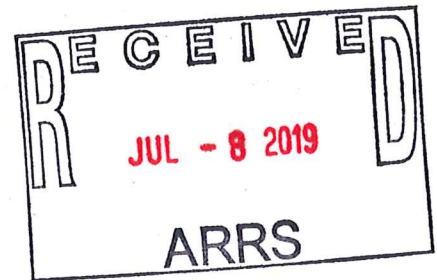
Matthew G. Bevin
Governor

PO Box 1360
Frankfort, KY 40602
Phone 502-564-3296
Fax 502-564-4818
<http://ltca.ky.gov>

K.Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 6.030 – Temporary Permits

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 6.030, the Kentucky Board of Licensure for Long-Term Care Administrators proposes the attached amendment to 201 KAR 6.030.

Sincerely,

A handwritten signature in cursive script that reads "Greg Wells".

Greg Wells, Chairman
Kentucky Board of Licensure
Long-Term Care Administrators

Staff-suggested Amendment

Final Version 7/1/2019 8:58 a.m.

BOARDS AND COMMISSIONS

Board of Licensure for Long-Term Care Administrators

201 KAR 6:030. Temporary permits.

Page 1

RELATES TO

Line 5

After "KRS 12.357", insert "L".

Delete "I".

Page 1

STATUTORY AUTHORITY

Line 6

After "KRS 12.357", insert "L".

Delete "I".

Page 2

Section 1(1)(a)

Line 6

After "KAR 6:020, Section", insert "2".

Delete "1".

Page 2

Section 1(1)(a)

Line 7

After "KAR 6:020, Section", insert "2".

Delete "1".

Page 3

Section 2(1)

Line 1

After "spouse of an active", insert "duty".

After "military", delete "duty".

Page 3

Section 2(2)

Line 5

After "spouse of an active", insert "duty".

Page 3

Section 2(2)(a)

Line 9

After "KAR 6:020, Section", insert "2".

Delete "1".

Page 3

Section 2(2)(a)

Line 10

After "KAR 6:020, Section", insert "2".

Delete "1".

Page 3

Section 3(2)

Line 23

After "accordance with KRS 216", insert "A".

Page 4

Section 3(3)

Lines 7 and 8

After "pursuant to Section 1(1)", insert "(d)".

Delete "(c)".

Page 4

Section 3(6)

Line 15

After "requirements of KRS 216", insert "A".



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

Matthew G. Bevin
Governor

PO Box 1360
Frankfort, KY 40602
Phone 502-564-3296
Fax 502-564-4818
<http://ltca.ky.gov>

K.Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 6.040 – Renewal, reinstatement, and reactivation of license.
Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 6.040, the Kentucky Board of Licensure for Long-Term Care Administrators proposes the attached amendment to 201 KAR 6.040.

Sincerely,

Greg Wells, Chairman
Kentucky Board of Licensure
Long-Term Care Administrators

Staff-suggested Amendment

Final Version 7/1/2019 9:01 a.m.

BOARDS AND COMMISSIONS

Board of Licensure for Long-Term Care Administrators

201 KAR 6:040. Renewal, reinstatement, and reactivation of license.

Page 1

STATUTORY AUTHORITY

Line 6

After "KRS 216A.070(3)", insert "216A.090".

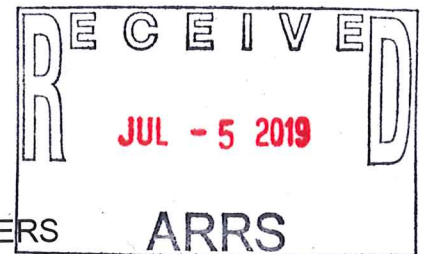
Page 4

Section 2(1)(b)

Line 9

After "in 201 KAR 6:060", insert " ".

Delete " , ".



KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 564-3296
Fax (502) 564-4818
<http://bod.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 13:040, the Board of Ophthalmic Dispensers proposes the attached suggested amendment to 201 KAR 13:040.

Sincerely,

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, Kentucky 40601



SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

- (1) The Application for Ophthalmic or Apprentice License, July 2019, is the two
- (2) page form required for applicants seeking licensure as an ophthalmic dispenser or apprentice in the Commonwealth.

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

The Board previously had separate applications and forms to apply for licensure as an Ophthalmic Dispenser and an Apprentice. These two forms have been eliminated and replaced by a new, single form, simplified to two-pages for ease of use and administration.

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS
PO BOX 1360
FRANKFORT, KY 40602
<http://bod.ky.gov>
502-564-3296

APPLICATION FOR OPHTHALMIC DISPENSER OR APPRENTICE LICENSE

1. PERSONAL INFORMATION:

Name: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: () _____ Email: _____

2. GENERAL INFORMATION:

- | | | |
|--|----------------------|------------|
| A. I am seeking licensure as (circle one): | Ophthalmic Dispenser | Apprentice |
| B. Are you currently licensed as an Apprentice in the state of Kentucky? | Yes | No |
| If yes, Sponsor's name _____ Sponsor's license number: _____ | | |
| C. Have you ever held a Kentucky Ophthalmic Dispenser License? | Yes | No |
| If yes, license # _____ | | |
| D. Have you ever held or do you currently hold an ophthalmic dispenser license from any other state? | Yes | No |
| If yes, attach documentation. | | |
| E. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state? | Yes | No |
| If yes, attach explanation. | | |
| F. Is there currently a complaint pending against you in another state in which you hold a license? | Yes | No |
| If yes, attach explanation. | | |
| G. Have you ever had your license to practice ophthalmic dispensing revoked, restricted or denied in any state or territory or been placed on probation or entered into a voluntary surrender of your license? | Yes | No |
| If yes, attach explanation specifying state, date, charge, and circumstances. | | |
| H. Have you ever been involved in a court action, civil or criminal? | Yes | No |
| If yes, attach explanation. | | |

3. EDUCATION AND EXPERIENCE:

- A. List below past employment.
- | | Month/Year | Month and Year |
|---|------------|----------------|
| 1. Employer _____ City _____ State _____ | From _____ | To _____ |
| 2. Employer _____ City _____ State _____ | From _____ | To _____ |
| 3. Employer _____ City _____ State _____ | From _____ | To _____ |

- B. What is the extent of your education? Grade School High School College Graduate Study
- C. Have you taken any academic work relating to ophthalmic dispensing? Yes No
If yes, please list and attach verification
- D. Are you a graduate of any school of ophthalmic dispensing approved by the Board? Yes No
If yes, please attach copy of transcript and certificate
- E. Have you successfully passed the ABO Basic Examination? Yes No
If yes, please attach a copy of your certificate or computer printout showing successful completion of the examination.
- F. Have you successfully passed the NCLE Basic Examination? Yes No
If yes, please attach a copy of your certificate or computer printout showing successful completion of the examination.
- G. Check the type of operation you are associated with:
Ophthalmic Dispenser __ Optometrist's Office __ Jeweler and Optician __
Ophthalmologist's Office __ Wholesale Distributor __ Other (explain) _____
- H. Will you be the owner, manager or employee of the company where you will be employed? Yes No
- I. Have you completed a two (2) year apprenticeship? Yes No
- J. Have you successfully passed the NCSORB (National Commission of State Opticianry Regulatory Boards) National Practical Examination or both the ABO Practical Examination and the NCLE Practical Examination? Yes No

4. COMPLETE ONLY IF SEEKING A TEMPORARY PERMIT

- A. Why are you applying for a temporary ophthalmic dispensing permit? _____
- B. Describe the duties for which you are employed: _____
- C. Is your position temporary or permanent? _____

APPLICANT'S AFFIDAVIT

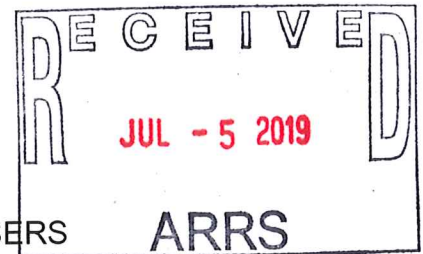
I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice approved by the Board.

Applicant's Signature _____ Date _____

SPONSOR'S AFFIDAVIT

I, the sponsor of record for the above named applicant and a current licensee of the Kentucky Board of Ophthalmic Dispensers, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. Further, I accept full responsibility for training the above named in accordance with the requirements of KRS Chapter 326 and 201 KAR Chapter 13.

Sponsor's Signature (if applicable) _____ Date _____



KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 564-3296
Fax (502) 564-4818
<http://bod.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 13:040, the Board of Ophthalmic Dispensers proposes the attached agency amendment to **201 KAR 13:040**.

Sincerely,

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, Kentucky 40601

**Agency Amendment
Board of Ophthalmic Dispensers**

201 KAR 13:040. Licensing.

NOTE TO COMPILER: Please enroll the changes as directed in the staff suggested amendment first, and then the changes for the agency amendment.

Page 2

Section 2(1)(a)

Line 8

After "(a)", insert "Passage of both: 1.".

Page 2

Section 2(1)(a) and Section 2(1)(b)

Lines 8-9

After "(ABO) Basic Examination;", insert "and 2.".

Delete "(b)".

Page 2

Section 2(1)(b) and Section 2(1)(c)

Lines 9-10

After "(NCLE) Basic Examination;", insert the following:

and

(b) Passage of either: 1.

Delete "(c)".

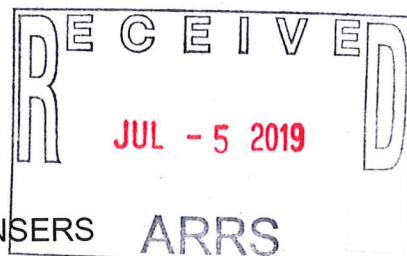
Page 2

Section 2(1)(c) and Section 2(1)(d)

Lines 11-12

After "Practical Examination; or", insert "2.".

Delete "(d)".



KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 564-3296
Fax (502) 564-4818
<http://bod.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 13:055, the Board of Ophthalmic Dispensers proposes the attached suggested amendment to 201 KAR 13:055.

Sincerely,

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, Kentucky 40601

**Suggested Amendment
Board of Ophthalmic Dispensers**

201 KAR 13:055. Continuing education requirements.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY:", insert the following:

KRS 326.020(3)(a) authorizes the board to promulgate administrative regulations to carry out the purposes and provisions of KRS Chapter 326, including the adoption of a program of continuing education for all licensees.

Pages 4 and 5

Section 6 through 11

Lines 4, 7, 10, and 13, and Lines 8 and 11

NOTE TO COMPILER: Renumber Sections 6 through 11 as Sections 5 through 10.

Page 4 and 5

Section 9(2)

Line 22 and Line 2

After "shall submit", delete "either".



KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 564-3296
Fax (502) 564-4818
<http://bod.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 13:060, the Board of Ophthalmic Dispensers proposes the attached suggested amendment to 201 KAR 13:060.

Sincerely,

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, Kentucky 40601



**Suggested Amendment
Board of Ophthalmic Dispensers**

201 KAR 13:060. Military service; reciprocity; endorsement.

Page 2

Section 2(2)(d)

Line 8

After "(d)", insert "1.".

Line 10

After "Examination; or", insert "2.".

Capitalize "a".

Page 2

Section 3(1)(a)

Line 20

After "(NCLE);", insert "and".

Page 3

Section 3(2)(d)

Line 9

After "NCLE; and", delete "either".

Page 3

Section 3(2)(e)

Line 10

After "(e)", insert "1.".

Line 11

After "Examination; or", insert "2.".

Capitalize "a".

**Suggested Amendment
Board of Ophthalmic Dispensers**

201 KAR 13:060. Military service; reciprocity; endorsement.

Page 2

Section 2(2)(d)

Line 8

After "(d)", insert "1.".

Line 10

After "Examination; or", insert "2.".

Capitalize "a".

Page 2

Section 3(1)(a)

Line 20

After "(NCLE);", insert "and".

Page 3

Section 3(2)(d)

Line 9

After "NCLE; and", delete "either".

Page 3

Section 3(2)(e)

Line 10

After "(e)", insert "1.".

Line 11

After "Examination; or", insert "2.".

Capitalize "a".

502-429-3300
800-305-2042
Fax: 502-429-3311

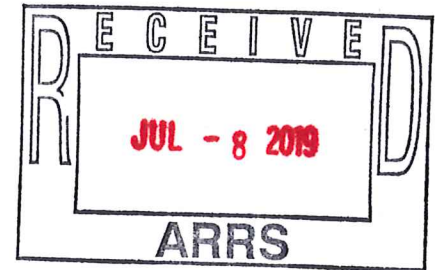
KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov

Matthew G. Bevin
Governor

Monday, July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulations Compiler
Legislative Research Commission
702 Capital Avenue
Room 29
Frankfort, Kentucky 40601



Re: **201 KAR 020:370. Applications for licensure.**

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by **201 KAR 20:370**, the Kentucky Board of Nursing proposes the attached suggested amendments to **201 KAR 20:370**.

Sincerely,

Nathan Goldman, General Counsel
Kentucky Board Of Nursing
312 Whittington Pkwy, Suite 300
Louisville, Ky 40222-5172

NG/ml

Enclosures

**Suggested Amendment
GENERAL GOVERNMENT CABINET
Board of Nursing**

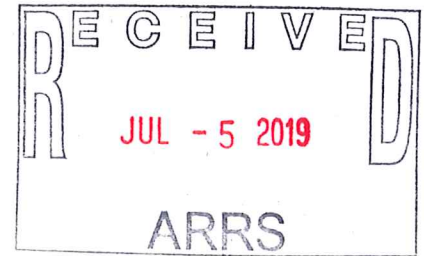
201 KAR 20:370. Applications for licensure.

Page 1

Section 1(1)

Line 16

After "submit the", delete "truthfully and accurately".



KENTUCKY BOARD OF PODIATRY

Matthew G. Bevin
Governor

P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 782-8806
Fax: (502) 696-5891
<http://podiatry.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Regulations Compiler:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 25:090, the Board of Podiatry proposes the attached suggested amendment to 201 KAR 25:090.

Sincerely,

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, KY 40601

**Suggested Amendment
BOARDS AND COMMISSIONS
Kentucky Board of Podiatry**

201 KAR 25:090. Prescribing and dispensing controlled substances.

Page 1

RELATES TO

Line 5

After "KRS", insert "218A.172".

After "218A.205", delete ", 218A.172".

Page 2

Section 2(2)

Line 20

After "pursuant to this", lowercase the first letter of "Section".

Page 5

Section 2(5)

Lines 6-7

After "requirements of", lowercase the first letter of "Subsection".

Immediately after "subsection", insert "(3) of this section".

Delete "2(3)".

Page 6

Section 3(2)

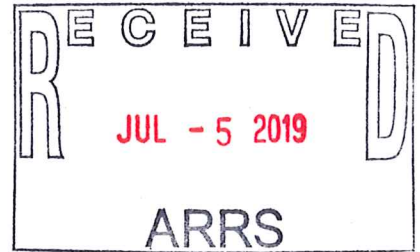
Line 1

After "not directly dispense", insert "more".

Delete "mroe".



Agency Amr



KENTUCKY BOARD OF PODIATRY

Matthew G. Bevin
Governor

P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 782-8806
Fax: (502) 696-5891
<http://podiatry.ky.gov>

K. Gail Russell
Secretary

July 5, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Regulations Compiler:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 25:090, the Board of Podiatry proposes the attached agency amendment to **201 KAR 25:090**.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony G. Cotto".

Anthony G. Cotto
Executive Advisor
Public Protection Cabinet – Office of Legal Services
656 Chamberlin Ave. Suite B
Frankfort, KY 40601

**Agency Amendment
BOARDS AND COMMISSIONS
Kentucky Board of Podiatry**

201 KAR 25:090. Prescribing and dispensing controlled substances.

NOTE TO COMPILER: Please enroll the changes as directed in the Staff suggested amendment first, and then enroll the changes as directed in this agency amendment.

Page 8

Section 5(5)

Line 1

After "(5)", insert the following:

Admitted to a long-term care facility licensed under KRS Chapter 216B;

(6)

Page 8

Section 5(5) and Section 5(6)

Lines 2-3

After "procedure; or", insert "(7)".

Delete "(6)".

Page 8

Section 5(6)

Line 3

After "KRS 218A.172" delete "or 218A.205".

**Suggested Amendment
BOARDS AND COMMISSIONS
Kentucky Board of Podiatry**

201 KAR 25:090. Prescribing and dispensing controlled substances.

Page 1

RELATES TO

Line 5

After "KRS", insert "218A.172".

After "218A.205", delete ", 218A.172".

Page 2

Section 2(2)

Line 20

After "pursuant to this", lowercase the first letter of "Section".

Page 5

Section 2(5)

Lines 6-7

After "requirements of", lowercase the first letter of "Subsection".

Immediately after "subsection", insert "(3) of this section".

Delete "2(3)".

Page 6

Section 3(2)

Line 1

After "not directly dispense", insert "more".

Delete "mroe".

**Agency Amendment
BOARDS AND COMMISSIONS
Kentucky Board of Podiatry**

201 KAR 25:090. Prescribing and dispensing controlled substances.

NOTE TO COMPILER: Please enroll the changes as directed in the Staff suggested amendment first, and then enroll the changes as directed in this agency amendment.

Page 8

Section 5(5)

Line 1

After "(5)", insert the following:

Admitted to a long-term care facility licensed under KRS Chapter 216B;

(6)

Page 8

Section 5(5) and Section 5(6)

Lines 2-3

After "procedure; or", insert "(7)".

Delete "(6)".

Page 8

Section 5(6)

Line 3

After "KRS 218A.172" delete "or 218A.205".



KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

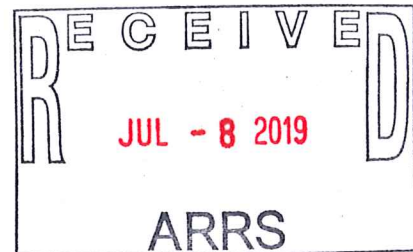
Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone 502-564-3296
Fax (502) 564-4818
<http://kpi.ky.gov>

K. Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 41.030 - Examination

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 41.030, the Kentucky Board of Private Investigators proposes the attached amendment to 201 KAR 41.030.

Sincerely,

Rick Hessig, Chairman
Kentucky Board of Private Investigators



Suggested Amendment
BOARDS AND COMMISSIONS
Board of Private Investigators

201 KAR 41:030. Examination.

Page 1

Section 1(3)

Lines 17-18

After "by the contractor", delete "at least twice annually".



KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

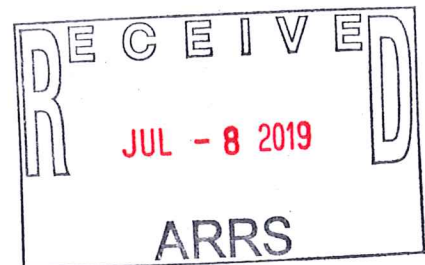
Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone 502-564-3296
Fax (502) 564-4818
<http://kpi.ky.gov>

K. Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 41.040 - Fees

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 41.040, the Kentucky Board of Private Investigators proposes the attached amendment to 201 KAR 41.040.

Sincerely,

Rick Hessig, Chairman
Kentucky Board of Private Investigators



**Suggested Amendment
BOARDS AND COMMISSIONS
Board of Private Investigators**

201 KAR 41:040. Fees.

Page 1

RELATES TO

Line 5

After "329A.045(4)", insert " 329A.070(9)".

Page 1

STATUTORY AUTHORITY

Line 7

After "329A.045(4)", insert " 329A.070(9)".

Page 2

Section 1(2)(b)

Line 10

After "check the board's", insert the following:

Web site at <http://kpi.ky.gov/Pages/default.aspx>

Delete "website".

Page 3

Section 6(1)

Line 18

After "Section 4", insert "of this administrative regulation".

Page 4

Section 9(2)

Line 16

After "201 KAR 41:070, Section 3", delete "(1)".

Page 4

Section 10

Line 17

After "registration fee.", delete "(1)".

Lines 17-18

After "or private", insert "investigating".

Delete "investigation".

Line 18

After "240 hours", insert "per year".



KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

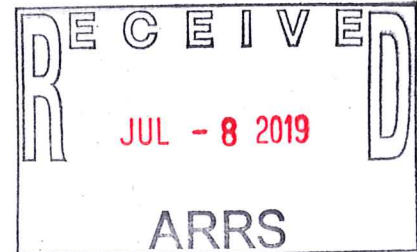
Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone 502-564-3296
Fax (502) 564-4818
<http://kpi.ky.gov>

K. Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 41.065 – Inactive Status

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 41.065, the Kentucky Board of Private Investigators proposes the attached amendment to 201 KAR 41.065.

Sincerely,

Rick Hessig, Chairman
Kentucky Board of Private Investigators



Suggested Amendment
BOARDS AND COMMISSIONS
Board of Private Investigators

201 KAR 41:065. Inactive status.

Page 1

Section 1(1)(a)

Line 15

After "request to the board", insert "prior to".

Delete "at".

Page 1

Section 1(1)(b)

Line 18

After "established in", insert "201".

Page 2

Section 1(2)(b)

Line 1

After "himself", insert "or herself".



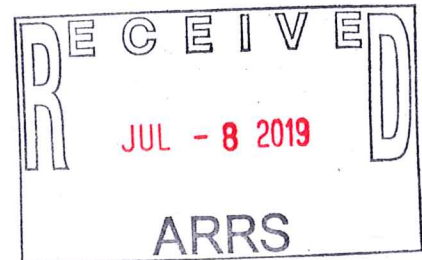
KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone 502-564-3296
Fax (502) 564-4818
<http://kpi.ky.gov>

K. Gail Russell
Secretary

July 8, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: 201 KAR 41.070 – Continuing Professional Education Requirements

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 41.070, the Kentucky Board of Private Investigators proposes the attached amendment to 201 KAR 41.070.

Sincerely,

Rick Hessig, Chairman
Kentucky Board of Private Investigators



**Suggested Amendment
BOARDS AND COMMISSIONS
Board of Private Investigators**

201 KAR 41:070. Continuing professional education requirements.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 9

After "KRS 329A.025(2)(a)", insert "requires".

Delete "authorizes".

Page 2

Section 3

Line 18

After "shall be", delete "deemed".

Page 3

Section 4

Line 20

After "The board", insert "shall".

Delete "may".

After "the following", insert "programs".

After "whether", insert "these".

Delete "they".

Page 4

Section 4(3) and 4(3)(a)

Line 11

After "(3)", delete "(a)".

After "licensee.", insert "(a)".

Page 5

Section 5(3)

Line 16

After "pursuant to", delete "this".

After "Section", insert "3".

Page 5

Section 6(1)

Line 19

After "A licensee", insert "shall".

Delete "may".

Page 6

Section 6(1)(f)

Line 11

After "Hours", delete "application".

Page 6

Section 6(2)

Line 14

After "subsection (1) of this", lowercase the first letter of "Section".

After "the time of", insert "the licensee's".

Delete "their".

Line 15

After "date of approval", insert the following:

. The licensee shall submit

Delete "by submitting".

Page 7

Section 7(2)(e)

Line 14

After "Section", insert "5".

Delete "6".

Page 9

Section 10(1)(c)

Line 9

After "family member;", delete "or".

Page 9

Section 10(1)(d)

Line 10

After "Active military duty", insert the following:

(e) Undue hardship; or

(f) Similar extenuating circumstance that precludes the licensee's completion of the requirements.

Page 9

Section 10(2)

Line 12

After "pursuant to this", lowercase the first letter of "Section".

Lines 12-13

Delete "of this administrative regulation".

Page 9

Section 10(2)(b)

Line 16

After "(b)", insert "1.".

Line 17

After "physician", insert the following:

, or proper military personnel, if applicable; or

2. Documentation to support the waiver

Page 9

Section 10(4)

Line 20

After "medical disability", insert a comma.

Delete "or", immediately following.

After "illness", insert the following:

, active military duty, or circumstance

Page 10

Section 11 and Section 11(1)

Lines 2-3

After "Licensure.", delete "(1)".

MATERIAL INCORPORATED BY REFERENCE:

The Agency needs to file one (1) clean copy of the "Licensee Application for Approval of Continuing Education Hours" at the time that it files this staff suggested amendment with the May 2019 Edition date.

**THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS
P.O. Box 1360
Frankfort, Kentucky 40602**

APPLICATION FOR APPROVAL FOR PROVIDERS TO OFFER CONTINUING EDUCATION

PLEASE TYPE ALL INFORMATION

1. SUBMITT FEE OF \$50.00 (PER COURSE) CHECK OR MONEY ORDER
PAYABLE TO THE KENTUCKY STATE TREASURER

2. COURSE TITLE & DATE(S TO BE OFFERED _____

3. NAMES and QUALIFICATIONS OF INSTRUCTORS (send documentation or list):

4. ATTACH A COPY OF THE PROGRAM AGENDA INDICATING HOURS OF
INSTRUCTION, COFFEE AND LUNCH BREAKS

5. NUMBER OF CONTINUING EDUCATION HOURS REQUESTED _____

6. APPLICATION SUBMITTED BY (include complete mailing address and license
number if licensed)

Mail application along with all necessary documentation at least sixty (60) days in advance of the commencement of the program to
the address listed above.

THIS AREA IS FOR BOARD MEMBERS ONLY

APPROVE _____ DEFER _____ DENY _____

201-411:070

MAY 2019

THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS
P.O. Box 1360
Frankfort, KY 40601

LICENSEE APPLICATION FOR APPROVAL OF CONTINUING EDUCATION HOURS

1. COURSE TITLE & DATE COMPLETED: _____

2. ATTACH A LIST INCLUDING THE NAMES OF INSTRUCTORS AND THEIR QUALIFICATIONS.
3. ATTACH A COPY OF THE PROGRAM AGENDA INDICATING HOURS OF INSTRUCTION, COFFEE, AND LUNCH BREAKS.
4. ATTACH ANY CERTIFICATIONS OF COMPLETION RECEIVED.
5. NUMBER OF CONTINUING EDUCATION HOURS REQUESTED: _____

I, (print name) _____, hereby certify that I completed all of the continuing education programs attached to this Licensee Application for Approval of Continuing Education Hours.

Applicant signature: _____.

Applicant's address: _____
_____.

Applicant's email address: _____.

Applicant's phone number: _____.

This area is for Board use only.

APPROVED

OF HOURS

DENIED



KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

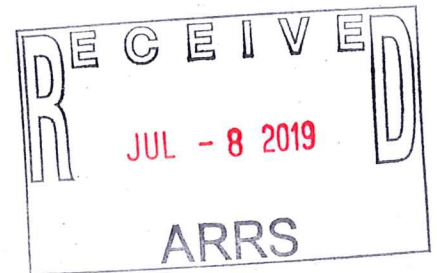
Matthew G. Bevin
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone 502-564-3296
Fax (502) 564-4818
<http://kpi.ky.gov>

K. Gail Russell
Secretary

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 201 KAR 41.080 – Complaint Procedure

Dear Co-Chairs:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 41.080, the Kentucky Board of Private Investigators proposes the attached amendment to 201 KAR 41.080.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Hessig".

Rick Hessig, Chairman
Kentucky Board of Private Investigators



**Suggested Amendment
BOARDS AND COMMISSIONS
Board of Private Investigators**

201 KAR 41:080. Complaint procedure.

Page 2

Section 1(4)

Line 4

After "one", insert "(1)".

Page 2

Section 2(1)

Line 23

After "individual,", insert "a".

Page 3

Section 2(2)

Line 1

After "individual or", insert "a".

After "shall be", insert ":(a)".

Line 2

Capitalize the first letter of "submitted".

Line 6

After "in writing", insert the following:

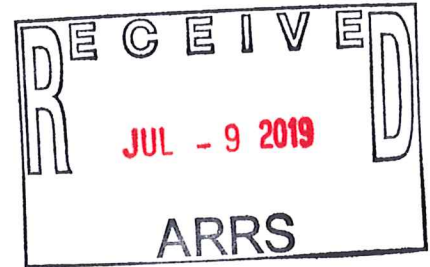
using the Complaint Form and Instructions;

After "and", insert "(b)".

Delete "be".

Line 7

Capitalize the first letter of "signed".



July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulations Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort, KY 40601

Re: 202 KAR 7:560

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 202 KAR 7:560, the Kentucky Board of Emergency Medical Services proposes the attached amendment to 202 KAR 7:560.

Sincerely,

Philip Dietz, Chairman
Kentucky Board of Emergency Medical Services
118 James Court, Suite 50, Lexington, KY 40505

118 James Court, Suite 50 • Lexington, KY 40505
(859) 256-3565 • Fax: (859) 256-3128
Email: KBEMS@kctcs.edu • Website: kbems.kctcs.edu

KCTCS is an equal opportunity employer and education institution.

KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM

Revised: 7/9/2019

SUGGESTED AMENDMENT

**KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
Kentucky Board of Emergency Medical Services**

202 KAR 7:560. Ground vehicle staff.

Page 2

Section 1(2)(b)2.

Line 5

After "until reviewed", insert "by board staff".

Page 2

Section 1(6)

Line 23

After "(6)", insert "(a)".

Page 3

Section 1(6)(a)-(c)

Lines 2-5

Renumber paragraphs "(a)", "(b)", and "(c)" as subparagraphs "1.", "2.", and "3.".

Page 3

Section 1(6)(a) (now renumbered as paragraph (a)1.)

Line 2

After ""(EMT);", delete "and".

Page 3

Section 1(6)(c)1.-6.

Lines 6-11

Renumber subparagraphs "1." through "6." as clauses "a." through "f.".

Page 3

Section 1(6)(d)

Line 12

Renumber paragraph "(d)" as paragraph "(b)".

Page 3

Section 1(7)

Line 16

After "(7)", insert "(a)".

Page 3

Section 1(7)(a)-(c)

Lines 18-21

Renumber paragraphs "(a)", "(b)", and "(c)" as subparagraphs "1.", "2.", and "3.".

Pages 3-4

Section 1(7)(c)1.-6.

Lines 22-23, 1-4

Renumber subparagraphs "1." through "6." as clauses "a." through "f.".

Page 4

Section 1(7)(c)6. (now renumbered as paragraph (a)3.f.)

Line 4

After "Paramedic", insert a period.

Page 4

Section 1(7)(d)

Line 5

Renumber paragraph "(d)" as paragraph "(b)".

Ryan F. Quarles
Commissioner



Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,

Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 11:40 AM

**DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection**

302 KAR 16:010. Business identification number for amusement rides or attractions[required].

Page 1

TITLE

Line 5

After "Business identification number", insert the following:
for amusement rides or attractions

Delete "required".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 8

After "KRS 247.234(2)", insert "and (3)(a) require".
Delete "requires".

Page 1

Section 1

Line 12

After "Section 1. Definition. "Business", lowercase the first letters of "Identification" and "Number".

Lines 14 through 16

After "it is assigned.", delete the remainder of Section 1. in its entirety.

Page 1

Section 2

Line 17

After "Section 1.", insert "(a) A unique".

Delete "A".

After "required to operate", insert "each applicable".

Delete "an".

Line 19

After "KRS 247.234(3)(a).", insert "(2)".

Page 2

Section 3(1)

Lines 2 and 3

After "Kentucky shall submit", insert the following:
 a Business Identification Number Application for Rides and Attractions
Delete the following:
 an application for a business identification number

Page 2

Section 3(2)(a)4.

Line 10

After "pursuant to KRS", insert "247.234(3)(b)".
Delete "247.234(2)(d)".

Page 2

Section 3(3)

Line 16

After "(3) Except as", insert "established".
Delete "provided".

Line 17

After "the amount of", insert "at least".

Page 2

Section 3(3)(a)

Lines 19 and 20

After "the policy without", insert "at least".

Page 3

Section 3(4)

Lines 3 and 4

After "located or erected", insert "the applicant".
Delete "he".

Line 6

After "be shown by", delete the following:
 one (1) of the following methods

Page 3

Section 3(4)(a)

Line 7

After "liability insurance of", insert "at least".

Page 3

Section 3(4)(b)

Line 9

After "net worth of", insert "at least".

Page 3

Section 3(4)(c)

Line 11

After "the amount of", insert "at least".

Page 3

Section 4

Line 13

After "a complete itinerary,", delete "shall".

After "business identification number", insert "shall".

Line 14

After "of the applicant.", insert "(1)".

After "all items required", insert "by this section".

Line 16

After "not be issued.", insert "(2)".

Line 17

After "at all times.", insert "(3)".

Page 3

Section 5(1)(b)

Line 22

After "(b) "Itinerary", delete "of".

Page 3

Section 5(1)(c)

Line 23

After "(c) "Itinerary", delete "of".

Ryan F. Quarles
Commissioner

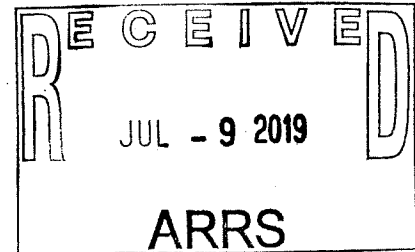


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,

A handwritten signature in black ink, appearing to read "Clint Quarles".

Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 12:02 PM

DEPARTMENT OF AGRICULTURE Division of Regulation and Inspection

302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.

Page 2

Section 2(1)

Line 20 and 21

After "inspection seal. Following", insert "and passing".

Page 3

Section 3(8)

Line 14

After "(8)", insert "Go-cart".

Delete "Go cart".

Page 3

Section 3(13)

Lines 19 and 20

After "(13)", insert the following:

Re-inspection as established in KRS 247.234(4)(a).

(a) Re-inspection fees shall be assessed as established in paragraph (b)1. through 12. of this subsection.

(b)1. Air inflatable devices shall be \$100.

2. Kiddie rides shall be \$150.

3. Play port shall be \$150.

4. Water rides shall be \$150.

5. Dark rides shall be \$150.

6. Walk throughs and glass houses shall be \$150.

7. Tracked trains shall be \$200.

8. Go-cart facility shall be \$250.

9. Major rides shall be \$300.

10. Steel roller coaster shall be \$400.

11. Wooden roller coaster shall be \$500.

12. Any amusement ride or amusement attraction not listed in this paragraph shall be \$300.

Delete the remainder of this subsection in its entirety.

Ryan F. Quarles
Commissioner

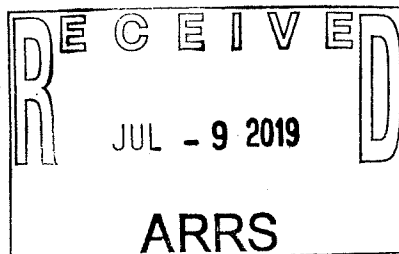


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601




Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,


Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 12:19 PM

**DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection**

302 KAR 16:040. Correction of safety violations and right to re-inspection[reinspection].

Page 1

TITLE

Line 5

After "and right to", insert "re-inspection".

Delete "reinspection".

Page 1

Section 1

Line 15

After "be in violation.", insert "(1)".

Line 16

After "or structure only", insert "if".

Delete "when".

Line 17

After "department safety inspector.", insert "(2)".

Line 18

After "be correctable as", insert "established".

Delete "defined".

After "302 KAR 16:030.", insert "(3)".

Line 19

After "that requires a", insert "re-inspection".

Delete "reinspection".

After "the applicable fee", insert "established".

Ryan F. Quarles
Commissioner

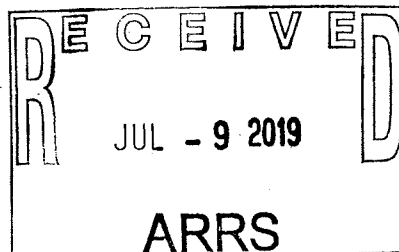


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

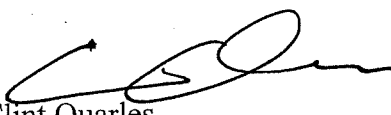


Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,


Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 2:28 PM

**DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection**

302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.

Page 1

TITLE

Line 6

After "identification number", insert the following:
for amusement rides or attractions

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 12

After "administrative regulation establishes", delete "those".
After "requirements", insert the following:
for violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions

Page 2

Section 1(1)(h)

Line 2

After "ride or attraction", insert "at an unsafe distance".

Page 2

Section 1(2)(a)

Line 14

After "Failing to follow", insert "manufacturer".

Page 4

Section 3(2)

Line 16

After "is not requested", delete the following:
as provided for in subsection (1) of this section

Page 4

Section 3(3)

Line 19

After (3)", insert "(a)".

Line 20

After "period of time", insert "that".

Delete "which".

Line 21

After "days, pending inquiry.", insert "(b)".

Pages 4 and 5

Section 3(3)

Lines 22 and 1

After "KRS 247.234 if", insert "the department".

Delete "it".

Ryan F. Quarles
Commissioner

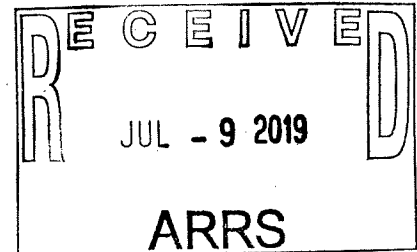


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification
number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,

A handwritten signature in black ink, appearing to read "Clint Quarles".

Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 2:39 PM

DEPARTMENT OF AGRICULTURE Division of Regulation and Inspection

302 KAR 16:121. Inflatable amusement rides or attractions.

Page 1

TITLE

Line 5

After "Inflatable", insert "amusement".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 11

After "rides or attractions", insert "if".

Delete "when".

Page 1

Section 3

Line 17

After "in the manual", insert a comma.

Page 2

Section 4

Line 3

After "is in operation", delete "with".

Page 2

Section 4(1)

Line 5

After "Remove shoes, eyeglasses", insert a comma.

Page 2

Section 4(6)

Line 10

After "as required by", delete "the".

After "KRS", insert "247.2353".

Page 2

Section 5

Lines 11 and 12

After "for electrical components", insert ", if any".

Ryan F. Quarles
Commissioner

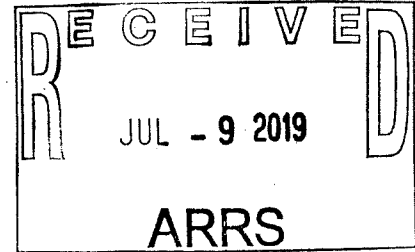


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 302 KAR 16:010. Business identification number for amusement rides or attractions
302 KAR 16:020. Inspection and operation of amusement rides or amusement attractions.
302 KAR 16:040. Correction of safety violations and right to re-inspection
302 KAR 16:111. Violations, civil penalties, revocations, and suspensions of business identification number for amusement rides or attractions.
302 KAR 16:121. Inflatable amusement rides or attractions.
302 KAR 16:131. Maintenance and repair of amusement rides or attractions.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131 the Kentucky Department of Agriculture proposes the attached amendments to 302 KAR 16:010, 302 KAR 16:020, 302 KAR 16:040, 302 KAR 16:111, 302 KAR 16:121 and, 302 KAR 16:131.

Sincerely,

Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 2:44 PM

DEPARTMENT OF AGRICULTURE Division of Regulation and Inspection

302 KAR 16:131. Maintenance and repair of amusement rides[ride] or attractions.

Page 1

TITLE

Line 5

After "repair of amusement", insert "rides".
Delete "ride".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 9

After "establishing replacement part", insert "requirements".
Delete "guidelines".

Line 10

After "administrative regulation establishes", insert the following:
requirements pertaining to replacement parts for amusement
rides or attractions
Delete "those guidelines".

Page 1

Section 1

Line 11

After "in good electrical", insert the following:
condition as established in KRS 247.2351(1)(b) and good
Delete "and".

Ryan F. Quarles
Commissioner

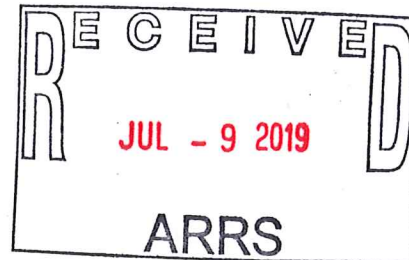


Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

July 9, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 302 KAR 101:010. Training requirement for Kentucky animal control officers.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 302 KAR 101:010 the Kentucky Department of Agriculture proposes the attached amendment to 302 KAR 101:010.

Sincerely,

A handwritten signature in black ink, appearing to read "Clint Quarles".

Clint Quarles
Staff Attorney
Kentucky Department of Agriculture
107 Corporate Drive
Frankfort, KY 40601



Suggested Amendment

Final Version: 6/27/2019 2:48 PM

DEPARTMENT OF AGRICULTURE Office of the State Veterinarian

302 KAR 101:010. Training requirement for Kentucky animal control officers.

Page 1

TITLE

Line 5

After "302 KAR 101:010", insert a period.

After "Training", lowercase the first letters of "Requirement", "Animal", "Control", and "Officers".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 8

After "KRS 258.117(1)", insert "requires an".

Delete "creates the".

Lines 8 and 9

After "Animal Control Advisory Board", delete the comma.

Line 9

After "establishes", delete the quotation marks around "creating training programs".

Lines 10 and 11

After "board have an", delete the quotation marks around "animal care control and care program".

Line 12

After "Officer who has", insert "at least".

Line 13

After "administrative regulation establishes", delete "those".

After "training requirements", insert "for animal control officers".

Page 2

Section 1(4)

Line 3

After "five (5) years.", insert "Upon completion".

Lowercase the first letter of "Counties".



MATTHEW G. BEVIN
GOVERNOR

CHARLES G. SNAVELY
SECRETARY

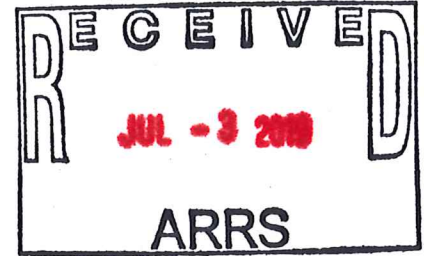
**ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR NATURAL RESOURCES**

JOHN D. SMALL
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

July 2, 2019

Senator West, Co-Chair
Representative Hale, Co-Chair
c/o Regulations Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 805 KAR 3:110 – Employee's personal protection

Dear Co-Chair West and Co-Chair Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 805 KAR 3:110, the Department for Natural Resources proposes the attached amendments to 805 KAR 3:110.

Sincerely,

Michael S. Mullins
Regulation Coordinator

Suggested Amendment

Final Version: 7/1/2019 2:46 PM

**ENERGY AND ENVIRONMENT CABINET
Department for Natural Resources
Division of Mine Safety**

805 KAR 3:110. Employees' personal protection.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 8

After "FUNCTION, AND CONFORMITY:", insert the following:

KRS 351.070(13) authorizes the cabinet to promulgate administrative regulations for the administration of KRS Chapter 351.

Lines 10 and 11

After "and clay mines", insert "that".

Delete "which".

Page 2

Section 1(5)

Line 1

After "shall be worn", insert "if".

Delete "where".

Page 2

Section 1(6)

Line 3

After "shall be worn", insert "if".

Delete "where".

Page 2

Section 1(8)

Lines 6 and 7

After "when welding, cutting", insert a comma.

Page 2

Section 1(10)

Line 10

After "handling materials that", insert "could".

Delete "may".

Page 2

Section 1(11)

Line 12

After "not be worn", insert "if".

Delete "where".

Page 2

Section 1(12)

Line 14

After "shall be worn", insert "if".

Delete "where".

After "noise levels", insert "could".

Delete "may".



PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

Department of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517
1-800-595-6053
<http://insurance.ky.gov>

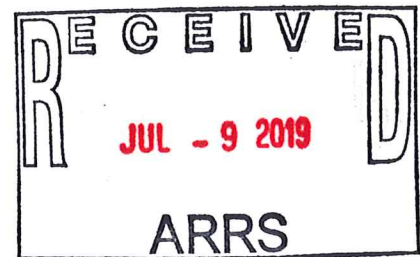
K. Gail Russell
Secretary

Nancy G. Atkins
Commissioner

July 9, 2019

VIA Hand Delivery

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 806 KAR 47:010. Fraud Prevention

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 806 KAR 47:010, the Department of Insurance proposes the attached amendment to 806 KAR 47:010.

Sincerely,

Patrick O'Connor II,
Deputy Commissioner - Policy
Department of Insurance

Enclosed: Staff Suggested Amendment (21 Copies)
Uniform Suspected Insurance Fraud Reporting Form (7/2019)

REVISED
7/9/2019 10:08 AM
Suggested Amendment
Public Protection Cabinet
Department of Insurance

(AMENDED AFTER COMMENTS version)

806 KAR 47:010. Fraud Prevention.

Page 1

Section 1(1)

Line 16

After "304.47-010(6)", insert period.
Delete semicolon.

Page 2

Section 4(2)(c)2.

Line 21

After "enforcement agencies", insert "and".
Delete period.

Page 3

Section 5(1)(a)

Line 14

After "whether any", delete "such".
After "staff", insert "member".
After "; and", delete "either".

Page 3

Section 5(1)(b)

Line 14

After "(b)", insert "1".

Page 3

Section 5(1)(c)

Line 17

After "(c)", insert "2".
Delete "(c)".

Page 4

Section 7(1)

Line 15

After " Reporting Form," ", insert "7/2019".

Delete "03/2019".

MATERIAL INCORPORATED BY REFERENCE

Uniform Suspected Insurance Fraud Reporting Form

Page 1

Top right corner

After "IFID", insert "7/2019".

Delete "3/2019".

Page 2

Box at bottom of page

Line 1

After "304", insert "1".

Delete dash.

After "-050(2)", insert "specific".

Delete "The following".

Lines 5-9

After "agents may require", insert period.

Delete beginning with ": (a) Any" through "(c) of this subsection."

Page 2

Bottom left corner

After "IFID", insert "7/2019".

Delete "3/2019".

Page 3

Bottom left corner

After "IFID", insert "7/2019".

Delete "3/2019".

UNIFORM SUSPECTED INSURANCE FRAUD REPORTING FORM – IFID [3/2019] 7/2019

For State Use Only

Status

FYI

| | | | | | | | |
|---|-----------------------|-----------|--|----------------------------------|--|---|--|
| Reporting Person: | | | Insurance Company: | | | NAIC# | |
| Mailing address: | | | | | | Phone number: () | |
| | | | | | | Fax number: () | |
| | | | | | | E-mail address: | |
| Detailed synopsis. Attach additional pages, if necessary. | | | | | | | |
| Date of Loss / Injury: | | | | Dates of Service: _____ to _____ | | | |
| Address of Loss / Injury: | | | | Description of Service: | | | |
| (City) _____ (State) _____ (Zip) _____ | | | | | | | |
| Claim # | | | | Policy # | | | |
| Reserve Amount \$ | Amount Paid \$ | Date Paid | Procedure Code #'s: <input type="checkbox"/> CPT <input type="checkbox"/> CDT | | | Insurance Type | |
| | | | | | | <input type="checkbox"/> PC <input type="checkbox"/> WC | |
| Loss Amount \$ | Settlement Amt. \$ | Date Paid | Civil Litigation Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> HC <input type="checkbox"/> Auto | |
| | | | | | | <input type="checkbox"/> Life <input type="checkbox"/> Disability | |

| | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|
| Subject Information | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|

| | | | | | | |
|---|-------------------------|---|--|--|--|---|
| Type: | Name (Last / Business): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> Number: | EIN <input type="checkbox"/> | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. | |
| Driver's License #: | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. | |
| Vehicle Year: | Make: | Model: | License Plate #: | Reported Injuries: | | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Additional Party Involved <input type="checkbox"/> AKA Information: <input type="checkbox"/> | | | See Additional Party Involved/AKA Information | | | |
| Comments: | | | | | | |

Case Details (check all that apply)

SIU Investigation Completed ☐ Yes ☐ No Date Completed: _____

Is there any reason to believe that this incident is related to other suspected fraudulent activity? ☐ Yes ☐ No

| | | |
|---|---|---|
| <input type="checkbox"/> Statements (Witness / Insured / Subject) | <input type="checkbox"/> EUO / Deposition | <input type="checkbox"/> Law Enforcement / Other Agency Reports |
| <input type="checkbox"/> Sworn <input type="checkbox"/> Recorded | <input type="checkbox"/> Copies of Receipts | <input type="checkbox"/> Claim History Extracts |
| <input type="checkbox"/> Proof of Loss | <input type="checkbox"/> Expert Reports | <input type="checkbox"/> IME Reports |
| <input type="checkbox"/> Continuance of Disability Forms | <input type="checkbox"/> Videos / Photos | <input type="checkbox"/> Investigative Reports |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Claim Information | <input type="checkbox"/> External Database results |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

☐ Other ☐ Other ☐ Other

Identify Other Agency You Have Contacted Regarding This Referral

Agency Type: ☐ Other State Fraud Bureau ☐ Law Enforcement ☐ Other Insurance Company ☐ Regulatory Agency ☐ Other

Agency: _____ Contact Person: _____

(Address) _____ (City) _____ (State) _____ (ZIP) _____

Telephone (____) _____ Fax (____) _____ Case/Claim No. _____

Suspected Fraud Types (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arson <input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> business <input type="checkbox"/> Fictitious loss <input type="checkbox"/> damages <input type="checkbox"/> <input type="checkbox"/> Fictitious theft <input type="checkbox"/> vehicle <input type="checkbox"/> property <input type="checkbox"/> Inflated inventory <input type="checkbox"/> Inflated loss <input type="checkbox"/> damages <input type="checkbox"/> <input type="checkbox"/> Inflated theft <input type="checkbox"/> vehicle <input type="checkbox"/> property <input type="checkbox"/> Double-dipping <input type="checkbox"/> Exaggerated injuries <input type="checkbox"/> Injuries not related to work <input type="checkbox"/> Malingering <input type="checkbox"/> Misappropriated vehicle salvage <input type="checkbox"/> Premium avoidance <input type="checkbox"/> Prior injuries <input type="checkbox"/> Slip and fall <input type="checkbox"/> Staged injury / accident at work <input type="checkbox"/> Staged collisions <input type="checkbox"/> Paper accidents <input type="checkbox"/> Other _____ | <input type="checkbox"/> Agent fraud <input type="checkbox"/> Application fraud <input type="checkbox"/> Billing for services/products not provided <input type="checkbox"/> Failure to disclose multiple insurance companies <input type="checkbox"/> False claims <input type="checkbox"/> Illegal solicitation (cappers) <input type="checkbox"/> Issued fraudulent insurance policies, certificates, binders, ID cards <input type="checkbox"/> Misrepresentation of services / products provided <input type="checkbox"/> Kickbacks/bribery <input type="checkbox"/> Money laundering <input type="checkbox"/> Multiple claims <input type="checkbox"/> Possession/sold fraudulent insurance policies, certificates, binders, ID cards <input type="checkbox"/> Questioned documents <input type="checkbox"/> altered <input type="checkbox"/> forged <input type="checkbox"/> falsified <input type="checkbox"/> duplicated <input type="checkbox"/> Received compensation for referral to health care provider or attorney <input type="checkbox"/> Ring / organized activity type | <input type="checkbox"/> Duplicate billing for same service <input type="checkbox"/> Forged prescriptions <input type="checkbox"/> Fraudulent death claims <input type="checkbox"/> Over-utilization of services <input type="checkbox"/> Prescription abuse / doctor shopping <input type="checkbox"/> Prescriptions issued for non-medical purposes <input type="checkbox"/> Unbundling <input type="checkbox"/> Upcoding <input type="checkbox"/> Misrepresented non-covered services as covered <input type="checkbox"/> Changing dates of service, CPT/CDT/diagnostic codes <input type="checkbox"/> Charges inconsistent with services provided <input type="checkbox"/> Products billed are inconsistent with the products <input type="checkbox"/> Using unqualified/unlicensed persons to perform billable services <input type="checkbox"/> Other _____ |
|--|---|--|

Subject / Additional Party Types

| | | |
|--|---|--|
| CL Claimant IN Insured WT Witness LC Lawyer for Claimant LI Lawyer for Insured INS Insurer SI Self-Insured IY Insurance Company Employee IB Agent/Broker IS Adjuster IR Appraiser BS Body Shop SY Salvage Yard Owner / Employee TY Tow Yard Owner / Employee MD Medical Doctor DO Doctor of Osteopathic Medicine DEN Dentist | PH Pharmacist CHI Chiropractor NP Nurse Practitioner LPN Licensed Practical Nurse PT Physical Therapist PA Physician's Assistant OP Optometrist PO Podiatrist RD Radiologist MT Massage Therapist AMB Ambulance Service Employee DME DME Supplier HHA Home Health Agency MR Laboratory MH Medical Clinic/Hospital MZ Office Administrator BS Billing Services | TPA Third Party Administrator FP False Provider UP Unlicensed Provider MN Other Medical Personnel MS Medical Specialist DS Dental Specialist NS Nurse Specialist OT Other _____ |
|--|---|--|

Under KRS 304-47-050(2), specific [The following] individuals having knowledge or believing that a fraudulent insurance act or any other act or practice which may constitute a felony or misdemeanor under this subtitle is being or has been committed shall send to the division a report or information pertinent to the knowledge or belief and additional relevant information that the commissioner or his employees or agents may require.[: (a) Any professional practitioner licensed or regulated by the Commonwealth, except as provided by law; (b) Any private medical review committee; (c) Any insurer, agent, or other person licensed under this chapter; and (d) Any employee of the persons named in paragraphs (a) to (c) of this subsection.]

Under KRS 304.47-060(1), In the absence of malice, fraud, or gross negligence, a person shall not be subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports or furnishing other information required by this chapter or requested by the division or its authorized representative.

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

UNIFORM SUSPECTED INSURANCE FRAUD REPORTING FORM – IFID 7/2019

State of Kentucky
Division of Insurance Fraud Investigation

For State Use Only

Case No.

Status

FYI

| | | | | | | | | | | | | | |
|---|-------------------------|-----------------|--------------------|---|-----------|--|----------------|--|------|--|------|--|--|
| Reporting Person: | | | Insurance Company: | | | NAIC# | | | | | | | |
| Mailing address: | | | | | | Phone number: () | | | | | | | |
| | | | | | | Fax number: () | | | | | | | |
| | | | | | | E-mail address: | | | | | | | |
| Detailed synopsis. Attach additional pages, if necessary. | | | | | | | | | | | | | |
| Date of Loss / Injury: | | | | Dates of Service: to | | | | | | | | | |
| Address of Loss / Injury: | | | | Description of Service: | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | |
| Claim # | | | | Policy # | | | | | | | | | |
| Reserve Amount | | Amount Paid | | Date Paid | | Procedure Code #'s: <input type="checkbox"/> CPT <input type="checkbox"/> CDT | | Insurance Type | | | | | |
| \$ | | \$ | | | | | | <input type="checkbox"/> PC <input type="checkbox"/> WC <input type="checkbox"/> HC <input type="checkbox"/> Auto <input type="checkbox"/> Life <input type="checkbox"/> Disability | | | | | |
| Loss Amount | | Settlement Amt. | | Date Paid | | Civil Litigation Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| \$ | | \$ | | | | | | | | | | | |
| Subject Information | | | | | | | | | | | | | |
| Type: | Name (Last / Business): | | (First): | | (Middle): | | Date of birth: | | Age: | | SSN: | | |
| Street Address (include P.O. Box and apartment #'s): | | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> | | Sex: | | | | | |
| | | | | | | Number: | | M <input type="checkbox"/> F <input type="checkbox"/> | | | | | |
| City: | | | State: | ZIP: | | County: | | Telephone No.: () | | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. | | | |
| Driver's License #: | | | State: | VIN: | | | | Telephone No.: () | | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. | | | |
| Vehicle Year: | | Make: | | Model: | | License Plate #: | | Reported Injuries: | | | | | |
| Employer: | | | Address & Phone #: | | | | Occupation: | | | | | | |
| Additional Party Involved <input type="checkbox"/> See Additional Party Involved/AKA | | | | Comments: | | | | | | | | | |
| AKA Information: <input type="checkbox"/> Information | | | | | | | | | | | | | |
| Case Details (check all that apply) | | | | | | | | | | | | | |
| SIU Investigation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Date Completed: | | | | | | | |
| Is there any reason to believe that this incident is related to other suspected fraudulent activity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> Statements (Witness / Insured / Subject) <input type="checkbox"/> Sworn <input type="checkbox"/> Recorded <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Continuance of Disability Forms <input type="checkbox"/> Medical Records <input type="checkbox"/> Other | | | | <input type="checkbox"/> EUO / Deposition <input type="checkbox"/> Copies of Receipts <input type="checkbox"/> Expert Reports <input type="checkbox"/> Videos / Photos <input type="checkbox"/> Claim Information <input type="checkbox"/> Other | | | | <input type="checkbox"/> Law Enforcement / Other Agency Reports <input type="checkbox"/> Claim History Extracts <input type="checkbox"/> IME Reports <input type="checkbox"/> Investigative Reports <input type="checkbox"/> External Database results <input type="checkbox"/> Other | | | | | |
| Identify Other Agency You Have Contacted Regarding This Referral | | | | | | | | | | | | | |
| Agency Type: <input type="checkbox"/> Other State Fraud Bureau <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other Insurance Company <input type="checkbox"/> Regulatory Agency <input type="checkbox"/> Other | | | | | | | | | | | | | |
| Agency: _____ | | | | | | Contact Person: _____ | | | | | | | |
| (Address) _____ (City) _____ | | | | | | (State) _____ (ZIP) _____ | | | | | | | |
| Telephone () _____ | | | | | | Fax () _____ Case/Claim No. _____ | | | | | | | |

Suspected Fraud Types (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arson <input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> business <input type="checkbox"/> Fictitious loss <input type="checkbox"/> damages <input type="checkbox"/> <input type="checkbox"/> Fictitious theft <input type="checkbox"/> vehicle <input type="checkbox"/> property <input type="checkbox"/> Inflated inventory <input type="checkbox"/> Inflated loss <input type="checkbox"/> damages <input type="checkbox"/> <input type="checkbox"/> Inflated theft <input type="checkbox"/> vehicle <input type="checkbox"/> property <input type="checkbox"/> Double-dipping <input type="checkbox"/> Exaggerated injuries <input type="checkbox"/> Injuries not related to work <input type="checkbox"/> Malingers <input type="checkbox"/> Misappropriated vehicle salvage <input type="checkbox"/> Premium avoidance <input type="checkbox"/> Prior injuries <input type="checkbox"/> Slip and fall <input type="checkbox"/> Staged injury / accident at work <input type="checkbox"/> Staged collisions <input type="checkbox"/> Paper accidents <input type="checkbox"/> Other _____ | <input type="checkbox"/> Agent fraud <input type="checkbox"/> Application fraud <input type="checkbox"/> Billing for services/products not provided <input type="checkbox"/> Failure to disclose multiple insurance companies <input type="checkbox"/> False claims <input type="checkbox"/> Illegal solicitation (cappers) <input type="checkbox"/> Issued fraudulent insurance policies, certificates, binders, ID cards <input type="checkbox"/> Misrepresentation of services / products provided <input type="checkbox"/> Kickbacks/bribery <input type="checkbox"/> Money laundering <input type="checkbox"/> Multiple claims <input type="checkbox"/> Possession/sold fraudulent insurance policies, certificates, binders, ID cards <input type="checkbox"/> Questioned documents <input type="checkbox"/> altered <input type="checkbox"/> forged <input type="checkbox"/> falsified <input type="checkbox"/> duplicated <input type="checkbox"/> Received compensation for referral to health care provider or attorney <input type="checkbox"/> Ring / organized activity type | <input type="checkbox"/> Duplicate billing for same service <input type="checkbox"/> Forged prescriptions <input type="checkbox"/> Fraudulent death claims <input type="checkbox"/> Over-utilization of services <input type="checkbox"/> Prescription abuse / doctor shopping <input type="checkbox"/> Prescriptions issued for non-medical purposes <input type="checkbox"/> Unbundling <input type="checkbox"/> Upcoding <input type="checkbox"/> Misrepresented non-covered services as covered <input type="checkbox"/> Changing dates of service, CPT/CDT/diagnostic codes <input type="checkbox"/> Charges inconsistent with services provided <input type="checkbox"/> Products billed are inconsistent with the products <input type="checkbox"/> Using unqualified/unlicensed persons to perform billable services <input type="checkbox"/> Other _____ |
|--|---|--|

Subject / Additional Party Types

- | | | |
|--|---|--|
| CL Claimant IN Insured WT Witness LC Lawyer for Claimant LI Lawyer for Insured INS Insurer SI Self-Insured IY Insurance Company Employee IB Agent/Broker IS Adjuster IR Appraiser BS Body Shop SY Salvage Yard Owner / Employee TY Tow Yard Owner / Employee MD Medical Doctor DO Doctor of Osteopathic Medicine DEN Dentist | PH Pharmacist CHI Chiropractor NP Nurse Practitioner LPN Licensed Practical Nurse PT Physical Therapist PA Physician's Assistant OP Optometrist PO Podiatrist RD Radiologist MT Massage Therapist AMB Ambulance Service Employee DME DME Supplier HHA Home Health Agency MR Laboratory MH Medical Clinic/Hospital MZ Office Administrator BS Billing Services | TPA Third Party Administrator FP False Provider UP Unlicensed Provider MN Other Medical Personnel MS Medical Specialist DS Dental Specialist NS Nurse Specialist OT Other _____ |
|--|---|--|

Under KRS 304-47-050(2), specific individuals having knowledge or believing that a fraudulent insurance act or any other act or practice which may constitute a felony or misdemeanor under this subtitle is being or has been committed shall send to the division a report or information pertinent to the knowledge or belief and additional relevant information that the commissioner or his employees or agents may require.

Under KRS 304.47-060(1), In the absence of malice, fraud, or gross negligence, a person shall not be subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports or furnishing other information required by this chapter or requested by the division or its authorized representative.

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Additional Party Involved / AKA Information

| | | | | | | |
|--|--------------|--------------------|---|------------------|---|--|
| Type: | Name (Last): | (First): | (Middle): | Date of birth: | Age: | SSN: |
| Street Address (include P.O. Box and apartment #'s): | | | Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other | | Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| City: | | State: | ZIP: | County: | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Driver's License #: | | State: | VIN: | | Telephone No.: () | Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |
| Vehicle Year: | Make: | Model: | | License Plate #: | Reported Injuries: | |
| Employer: | | Address & Phone #: | | | Occupation: | |
| Involvement in referral: | | | | | | |

Matthew G. Bevin
Governor

Charles G. Snaveley
Secretary
Energy and Environment Cabinet



Commonwealth of Kentucky
Public Service Commission
211 Sower Blvd.
P.O. Box 615
Frankfort, Kentucky 40602-0615
Telephone: (502) 564-3940
Fax: (502) 564-3460
psc.ky.gov

Michael J. Schmitt
Chairman

Robert Cicero
Vice Chairman

Talina R. Mathews
Commissioner

July 9, 2019

Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capital Annex
702 Capital Avenue
Frankfort, Kentucky 40601



Re: Suggested Amendments to 807 KAR 5:056

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 807 KAR 5:056, the Kentucky Public Service Commission proposes the attached suggested amendments to 807 KAR 5:056.

Sincerely,

A handwritten signature in blue ink that reads "Gwen R. Pinson".

Gwen R. Pinson
Executive Director

BAB

Attachment

Suggested Amendment

Final Version: 7/8/2019 3:59 PM

**ENERGY AND ENVIRONMENT CABINET
Public Service Commission
(Amended After Comments)**

807 KAR 5:056. Fuel adjustment clause.

Page 5

RELATES TO

Line 5

After "RELATES TO: KRS", insert "61.870 – 61.884, 143.020,".

Page 5

STATUTORY AUTHORITY

Line 6

After "STATUTORY AUTHORITY: KRS", insert "278.030(1), (2),".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "KRS 278.040(3)", insert "authorizes".

Delete "provides that".

Line 8

After "Public Service Commission", insert "to".

Delete "may".

Lines 9 and 10

After "KRS 278.030(1)", insert the following:

authorizes utilities to demand, collect, and receive

Delete the following:

provides that all rates received by an electric utility subject to
the jurisdiction of the Public Service Commission shall be

Line 11

After "just, and reasonable", insert "rates".

After "KRS 278.030(2)", insert "requires".

Delete "provides that".

After "every utility", insert "to".

Delete "shall".

Line 12

After "This administrative regulation", insert "establishes".

Delete "prescribes".

Page 1

Section 1

Line 17

After "Fuel adjustment clauses", insert "that".

Delete "which".

Lines 17 and 18

After "conformity with the", insert the following:

requirements established in subsections (1) through (6) of
this section

Delete "principles set out below".

Line 19

After "those parts of", insert "the".

Delete "such".

After "rate schedules", insert the following:

based on severity of the nonconformity and any history of
nonconformity

Page 1

Section 1(1)

Line 20

After "adjustment per", insert "Kilowatt Hour (KWH)".

Delete "KWH".

Page 2

Section 1(2)

Line 9

After "F(b)/S(b) shall be", delete "so".

After "determined", insert "so".

Line 10

After "the resultant adjustment", insert "shall".

Delete "will".

Page 2

Section 1(3)(a)

Line 15

After "cost of fuel", insert "that".

Delete "which".

Page 2

Section 1(3)(b)

Line 19

After "reasons other than", insert "as established".

Delete "identified".

Page 2

Section 1(3)(c)

Line 23

After "designation assigned to", insert "the".

Delete "such".

Pages 2 and 3

Section 1(3)(c)

Lines 23 and 1

After "transaction,", insert "if the".

Delete "when such".

Page 3

Section 1(3)(c)

Line 2

After "economic dispatch basis.", delete the following:

Included therein may be such".

Capitalize the first letter of "costs" and insert ", such".

Lines 2 and 3

After "economy energy purchases", insert a comma.

Delete "and".

Line 3

After "of scheduled outage,", insert "and other charges for".

Delete "all such kinds of".

Line 4

After "to substitute for", insert "the buyer's own".

Delete "its own".

After "higher cost energy", insert ", may be included".

Page 3

Section 1(3)(d)

Line 6

After "through intersystem sales", insert a comma.

Page 3

Section 1(4)

Line 9

After "generation or transmission", insert "that".

Delete "which".

Line 10

After "six (6) hours.", insert "If".

Delete "Where".

Lines 12 and 13

After "God, riot, insurrection", insert a comma.

Line 17

After "lost generation until", delete "such".

Page 3

Section 1(5)

Line 19

After "of sales (S).", insert "If".

Delete "Where".

Page 4

Section 1(5)(e)

Line 3

After "subsection (3)(d)", insert "of this section".

Delete "above".

Page 4

Section 2(1)

Line 20

After "similar", delete "such".

Page 5

Section 2(3)

Line 4

After "(3)", insert "If".

Delete "Where".

Page 5

Section 2(4)

Line 14

After "with the commission", insert "no later than".

Page 6

Section 3(1)

Line 1

After "charges", insert "that".

Delete "which".

Line 2

After "fuel adjustment clause", insert the following:
based on the severity of the utility's unreasonable fuel charges
and any history of unreasonable fuel charges

Page 6

Section 3(3)

Line 5

After "(3)", insert "(a)".

After "intervals, the commission", insert "shall".

Delete "will".

Line 6

After "past fuel adjustments.", insert "(b)".

After "The commission", insert "shall".

Delete "will".

Lines 7 and 8

After "rates, any adjustments", insert "the commission".

Delete "it".

Page 6

Section 3(4)

Line 10

After "(4)", insert "(a)".

Lines 10 and 11

After "clause, the commission", insert "shall".

Delete "will".

Lines 13 and 14

After "this administrative regulation.", insert "(b)".

Lines 14 and 15

After "public hearing if", insert "the commission".

Delete "it".

Page 6

Section 3(5)

Lines 17 and 18

After "contracts entered into", insert the following:

on or after December 1, 2019

Delete the following:

three (3) months or more after the effective date of this administrative regulation

Line 22

After "any jurisdiction", delete the following:

upon coal physically removed from the earth



PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

K. Gail Russell
Secretary

656 Chamberlin Avenue, Suite B
Frankfort, KY 40601
Phone: (502) 564-7760
Fax: (502) 564-1538
www.ppc.ky.gov

H.E. Corder, II,
Executive Director
Kentucky Real Estate Authority
Board of Appraisers
Board of Auctioneers
Board of Home Inspectors
Kentucky Real Estate Commission

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **831 KAR 1:010**. Licensing Fees and Applications

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 831 KAR 1:010, the Kentucky Real Estate Authority and Kentucky Board of Auctioneers proposes the attached amendment to 831 KAR 1:010.

Sincerely,

Heather Becker
General Counsel
Kentucky Real Estate Authority
Kentucky Board of Auctioneers
656 Chamberlin Avenue, Suite B
Frankfort, Kentucky 40601

**Suggested Amendment
PUBLIC PROTECTION CABINET
Real Estate Authority
Kentucky Board of Auctioneers**

831 KAR 1:010. Licensing fees and applications.

Page 2

Section 1(2)(c)

Line 14

After "License Renewal Form", insert ", KBA-7".

Page 2

Section 1(3)(a)

Line 17

After "Auctioneer", insert "License".

Page 2

Section 1(3)(b)

Line 19

After "Auctioneer", insert "License".

Page 3

Section 2(2)

Line 16

After "subsection (1) of this", lowercase the first letter of "Section".

Page 4

Section 4(1)(c)

Line 10

After the period, insert "If".

Delete "In the event".

Page 4

Section 4(2)

Line 13

After "to requesting to", insert "reactivate".

Delete "reactive".

Page 5

Section 5(6)

Line 6

After "submitted on the", insert "License Status and".

Line 7

After "Update", delete "and License Documentation".

Page 5

Section 8(1)(a)

Line 21

After "Application", and before the comma, insert closing quotation marks.

After "KBA-1", delete the closing quotation marks.

Page 5

Section 8(1)(b)

Line 22

After "Auctioneer", insert "License".

After "Application", and before the comma, insert closing quotation marks.

After "KBA-2", delete the closing quotation marks.

After the semicolon, delete "and".

Page 6

Section 8(1)(c)

Line 1

After "Form", and before the comma, insert closing quotation marks.

Line 2

After "May 2019", insert the following:

; and

(d) "License Renewal Form", KBA-7, May 2019

MATERIAL INCORPORATED BY REFERENCE

The agency will need to file one clean (1) copy of the "License Renewal Form", KBA-7, with the May 2019 edition date at the time that it files this staff suggested amendment.



KENTUCKY BOARD OF AUCTIONEERS

656 Chamberlin Avenue, Suite B
Frankfort, Kentucky 40601
(502) 564-7760
<http://auctioneers.ky.gov>

LICENSE RENEWAL FORM

All Kentucky auction licenses expire on June 30th of each year. To renew using this Form, you must certify that you are unable to renew online. To renew online, visit <https://auctioneers.ky.gov/Pages/License-Renewal.aspx>.

LICENSEE INFORMATION

Print Name

License No.

(1) If you are a **reciprocal licensee**, you must attach a copy of your current home state license to this Form.

(2) **Since your last renewal:**

(a) Have you been denied any type of professional license in Kentucky or any other state? ☐ Yes ☐ No

If yes, attach documentation explaining the circumstances of the denial.

(b) Has disciplinary action been taken against any professional license you hold or have held in Kentucky or any other state? ☐ Yes ☐ No If yes, attach documentation explaining the circumstances of the discipline.

(c) Has a judgment involving personal property or real estate been obtained against you or any partner or shareholder of your firm? ☐ Yes ☐ No If yes, attach documentation explaining the judgment.

(d) Have you been convicted of any state or federal felony crime? ☐ Yes ☐ No If yes, attach a copy of the conviction.

RENEWAL FEE(S)

Each application must be submitted with the Total Renewal Fee paid by **Check or Money Order** made out to the **Kentucky State Treasurer**. The total Fee(s) you owe will be determined by your base license renewal fee PLUS any penalties or additional Fee(s) as indicated below. Calculate your Total Renewal Fee by following the instructions below.

- Unless otherwise indicated below, your **base license renewal fee is \$125.00**.
- Base renewal fees for reciprocal licensees from AL, LA, NC, and SC are **\$150.00**, and from MS are **\$195.00**.

Write your base license renewal fee in box A.

A.

If your license IS in Escrow, write "0" in box B.

If your license is NOT in Escrow, write "30" in box B.

B.

If you did not complete your Continuing Education by May 31st of this year, write "300" in box C. If you did complete your Continuing Education by May 31st, write "0."

C.

If it will be post-marked ON OR BEFORE June 30th, write "0."

If this Form and your payment will be post-marked AFTER June 30th write "125" in box D.

+

D.

Add the amounts in boxes A-D and write the total in box E. This is your Total Renewal Fee.

E.

\$

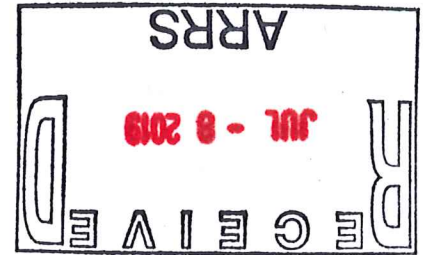
CERTIFICATION AND AUTHORIZATION

I, _____, hereby submit this License Renewal Form, its attachments, and all related fees in conformity with the Auctioneer Law (KRS Chapter 330) and Regulations (831 KAR Chapter 1) of the Commonwealth of Kentucky. I certify that, I am submitting this Form because I am unable to renew online. I certify that all the information contained in this application and attached material is true and correct. I also hereby authorize an investigation into all educational, criminal, and civil records which may be relevant to this renewal. This authorization shall serve as a release of all liability to all parties furnishing such information to the Kentucky Board of Auctioneers and their authorized agents, as well as to the Board for use of such information.

Signature of Licensee

Date

X



PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

K. Gail Russell
Secretary

656 Chamberlin Avenue, Suite B
Frankfort, KY 40601
Phone: (502) 564-7760
Fax: (502) 564-1538
www.ppc.ky.gov

H.E. Corder, II,
Executive Director
Kentucky Real Estate Authority
Board of Appraisers
Board of Auctioneers
Board of Home Inspectors
Kentucky Real Estate Commission

July 8, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **831 KAR 1:030**, Education requirements

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 831 KAR 1:030, the Kentucky Real Estate Authority and Kentucky Board of Auctioneers proposes the attached amendment to 831 KAR 1:030.

Sincerely,

Heather Becker
General Counsel
Kentucky Real Estate Authority
Kentucky Board of Auctioneers
656 Chamberlin Avenue, Suite B
Frankfort, Kentucky 40601

**Suggested Amendment
PUBLIC PROTECTION CABINET
Real Estate Authority
Kentucky Board of Auctioneers**

831 KAR 1:030. Education requirements.

Page 4

Section 3(1)

Line 4

After "or equivalent", insert the following:
, unless waived by the board pursuant to KRS 330.060(1)(b)

Page 4

Section 3(3)(a)

Line 10

After "at auctions;", insert "and".

Page 5

Section 4(3)

Lines 5-6

After "section", delete "of this administrative regulation".

Page 6

Section 6(1)(a)

Line 6

After "Application", and before the comma, insert closing quotation marks.
After "KBA-4", delete the closing quotation marks.

Page 6

Section 6(1)(b)

Line 9

After "Notification", and before the comma, insert closing quotation marks.
After "KBA-5", delete the closing quotation marks.

Agency Am.



Matthew G. Bevin
Governor

Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: 902 KAR 9:010. Environmental health

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 902 KAR 9:010, and after internal discussions regarding the need for an additional definition, the Department for Public Health proposes the enclosed agency amendment to 902 KAR 9:010.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs

Enclosure
cc: file



Agency Amendment

**Cabinet for Health and Family Services
Department for Public Health
Division of Public Health Protection and Safety**

902 KAR 9:010. Environmental health.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Lines 9-10

After "194A.050(1)", insert "requires".

Delete "authorizes".

Page 2

Section 1(3)(b)2.

Line 12

After "Facilities for", insert a colon.

Delete the semicolon.

Page 3

Section 1(8)

Line 14

After "hygiene.", insert the following:

(9) "Tempered water" means a water temperature of at least ninety (90) degrees Fahrenheit to a maximum temperature or 110 degrees Fahrenheit.

Page 3

Section 2(1)(c)

Line 20

After "made", insert "to this supply".

Delete "thereto".

Page 4

Section 2(2)(c)

Line 5

After "made", insert "to this system".

Delete "thereto".

Page 8

Section 12

Lines 2-3

After "Equipment.", delete the following:

Notwithstanding the other provisions of this administrative regulation,
Capitalize "facilities".

Page 8

Section 14(2)

Line 18

After "DFS-316," insert "Confinement Facility Inspection Report".

Delete "Correctional Facilities Inspection Form".

Page 10

Section 16(6)

Lines 7-8

After "that the", insert "variance".

Delete "granting thereof".

Page 10

Section 17(1)

Lines 10-11

After "DFS-316, """, insert "Confinement Facility Inspection Report".

Delete "Correctional Facilities Inspection Form".

Agency Am.



Matthew G. Bevin
Governor

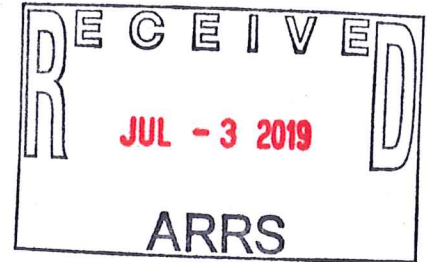
Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: **908 KAR 1:370**. Licensing procedures, fees, and general requirements for nonhospital-based alcohol and other drug treatment entities.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff and other stakeholders of the issues raised by 908 KAR 1:370, the Department for Behavioral Health, Developmental and Intellectual Disabilities proposes the attached amendment to 908 KAR 1:370. If you have any questions, please feel free to contact Justin Dearing, Regulations Administrator with the Department for Behavioral Health, Developmental and Intellectual Disabilities at (502) 782-7212.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



7/3/19

AGENCY AMENDMENT

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Behavioral Health, Developmental and Intellectual Disabilities

908 KAR 1:370. Licensing procedures, fees, and general requirements for nonhospital-based alcohol and other drug treatment entities.

Page 6

Section 3(5)(b)

Line 13

After "survey of", insert "an".

Delete "a fully accredited".

Lines 13 and 14

After "more often", delete the following:
than once every two (2) years

Page 6

Section 3(6)

Line 15

After "For", insert "an".

After "outpatient AODE", insert "program".

Delete "programs".

Lines 16 through 18

After "may", delete the following:

:

(a) Be conducted more frequently; and

(b)

Lowercase "Occur".

Page 31

Section 18(1)(d)

Line 12

After "Pregnancy", insert the following:

status and test results if completed

Delete the following:

testing, if medically indicated or requested

Agency Am.



Matthew G. Bevin
Governor

Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: **908 KAR 1:372**. Licensure of residential alcohol and other drug treatment entities.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff and other stakeholders of the issues raised by 908 KAR 1:372, the Department for Behavioral Health, Developmental and Intellectual Disabilities proposes the attached amendment to 908 KAR 1:372. If you have any questions, please feel free to contact Justin Dearing, Regulations Administrator with the Department for Behavioral Health, Developmental and Intellectual Disabilities at (502) 782-7212.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



7/3/2019

AGENCY AMENDMENT

**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Behavioral Health, Developmental and Intellectual Disabilities**

908 KAR 1:372. Licensure of residential alcohol and other drug treatment entities.

Page 12

Section 3(14)(a)

Line 5

After "(a)", insert the following:

If the program prepares meals on-site for a client,

Lowercase "Food".

Page 12

Section 3(14)(d)

Line 9

After "(d)", insert the following:

If clients prepare their own meals on-site or are otherwise responsible for their meals, a food service permit shall not be required.

(e)

Page 15

Section 5(1)(b)

Line 22

After "counseling", insert the following:

and planned clinical program activities

Line 23

After "week", insert the following:

. Client participation in any combination of individual, group, or family counseling shall be scheduled for no less than two (2) of the five (5) hours of weekly program activities

Page 16

Section 5(2)(c)

Line 9

After "counseling", insert the following:

and planned clinical program activities

Line 10

After "week", insert the following:

. Client participation in any combination of individual, group, or family counseling shall be scheduled for no less than two (2) of the five (5) hours of weekly program activities

Page 21

Section 8(1)(e)

Lines 14 and 15

After "(e)", delete the following:

If licensed as a residential AODE program prior to the effective date of this administrative regulation,

Capitalize "Have".

Page 21

Section 8(1)(f) and (g)

Lines 18 to 22

After "(f)", delete the following:

If licensed as a residential AODE program after the effective date of this administrative regulation, have at least one (1) shower or tub per (8) clients;

(g)

Page 22

Section 8(1)(h)

Line 1

Before "(h)", insert "(g)".

Delete "(h)".



Sugg. Am

Matthew G. Bevin
Governor

Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS

275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: **908 KAR 1:374**. Licensure of nonhospital-based outpatient alcohol and other drug treatment entities.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff raised by 908 KAR 1:374, the Department for Behavioral Health, Developmental and Intellectual Disabilities proposes the attached suggested amendment to 908 KAR 1:374. If you have any questions, please feel free to contact Justin Dearing, Regulations Administrator with the Department for Behavioral Health, Developmental and Intellectual Disabilities at (502) 782-7212.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



Suggested Amendment

Version: 7/3/2019 11:25 AM

**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Behavioral Health, Developmental and Intellectual Disabilities
Division of Behavioral Health
(Amended After Comments)**

908 KAR 1:374. Licensure of nonhospital-based outpatient alcohol and other drug treatment facilities.

Page 1

RELATES TO

Lines 7 and 8

After "21 C.F.R. 1301.72," insert "1301.74."

Page 1

STATUTORY AUTHORITY

Line 9

After "KRS 222.231(2)", insert a comma.
Delete "and".

Page 2

Section 1(8)

Line 19

After "extension sites as", insert "established".
Delete "described".

Page 2

Section 1(9) and (10)

Lines 21 through 23

After the notation "(9)", delete the remainder of subsection (9) in its entirety and delete the notation "(10)".

Page 3

Section 1(10) and (11)

Lines 1 and 2

After "SNA for Kentucky.", insert "(10)".
Delete "(11)".

Page 3

Section 1(11)

Line 2

After "approved controlled substance", insert a comma.

Page 3

Section 1(12) and (13)

Lines 4 and 6

Renumber subsections (12) and (13) as subsections (11) and (12), respectively.

Page 6

Section 2(8)(c)

Lines 22 and 23

After "an adequate trial," insert "meaning".

Delete "e.g.".

Line 23

After "intense craving and", insert "evidencing".

Delete "evidences".

Page 7

Section 3(1)(c)

Line 17

After "to addiction recovery", insert a comma.

Page 9

Section 4(1)

Line 11

After "to services that", delete "are".

Page 9

Section 4(1)(a)

Line 12

After "(a)", insert "Are".

Lowercase the first letter of "More".

Page 9

Section 4(1)(b)

Line 13

After "(b)", insert "Provide".

Delete "Provided".

After "a minimum of", insert "services" before the colon.

Page 9

Section 4(1)(b)1.

Line 14

Insert a space after the notation "1." before "For".

Page 11

Section 5(2)(b)

Line 11

After "Section 4(1)(b)", insert "of this administrative regulation".

Page 12

Section 6(2)(d)

Line 22

After "patient's record whether", insert "or not".

Page 13

Section 6(3)(a)

Line 10

After "and document whether", insert "or not".

Page 14

Section 6(3)(c)3.

Line 3

After "chronic viral illnesses,", insert "such as".

Delete "e.g.".

Page 14

Section 6(4)

Lines 11 and 12

After "in accordance with", insert "peer-reviewed".

Delete "peer reviewed".

Line 13

After "recognized organizations,", insert "such as".

Delete "for example,".

Page 14

Section 6(5)

Line 17

After "development of a", insert "list".

Delete "menu".

Page 14

Section 6(6)(b)

Line 23

After "applicable, a parent", insert a comma.

Delete "or".

Page 15

Section 7(2)(b)

Line 15

After "(b) Provide", delete "the following".

After "information", insert "regarding any".

Page 15

Section 7(2)(b)1.

Line 16

After "1.", delete "Any".

Capitalize the first letter of "dosing".

Page 15

Section 7(2)(b)2.

Line 17

After "2.", delete "Any".

Capitalize the first letter of "drug".

After "distribution problems that", insert "could".

Delete "may".

Page 16

Section 7(3)(a)5.

Line 5

After "of subsection (10)", insert "of this section".

Page 16

Section 7(3)(e)

Line 22

After "of treatment phases", insert "established".

Delete "outlined".

Lines 22 and 23

After "(12) of this", insert "section".

Delete "administrative regulation".

Page 17

Section 7(3)(f)

Lines 1 and 2

After "optional exception of", delete "the following holidays".

Page 17

Section 7(3)(h)

Lines 13 and 14

After "1:370, Section 9", insert ", establishing".

Delete "outlining".

Page 19

Section 7(5)(a)1.

Line 11

After "1. Have", insert "at least two (2)".

Delete "two".

Page 20

Section 7(5)(c)4.

Line 4

After "in subsection (3)(i)", insert "of this section".

Page 20

Section 7(5)(d)2.a.

Line 8

After "eligible psychiatrist with", insert "at least".

Page 20

Section 7(5)(e)

Lines 12 and 13

After "under the guidelines", insert "established in".

Delete "imposed by".

Page 20

Section 7(5)(g)

Line 16

After "a program physician", insert the following:

. If an NTP has a program physician, the program physician

Delete "who".

Page 20

Section 7(5)(g)2.b.

Line 22

After "person who has", insert "at least".

Page 23

Section 7(6)(b)

Line 3

After "shall be checked", insert "at least".

Page 23

Section 7(6)(c)

Line 5

After "are not obtaining", insert a comma.

Delete "or".

After "restocking", insert ", or inventorying".

Page 23

Section 7(6)(d)2.

Line 8

After "the program for", insert "at least".

Page 23

Section 7(6)(i)

Line 22

After "client records for", delete "the following".

Page 24

Section 7(6)(j)

Line 7

After "documents listed in", insert the following:
paragraph (i) of this subsection

Delete "subsection 6(i)".

Page 24

Section 7(6)(k)

Line 9

After "regulatory agencies for", insert "at least".

Page 24

Section 7(7)(b)

Line 13

After "to an NTP", insert a comma.

Page 24

Section 7(7)(c)2.

Line 21

After "asked to sign", insert a period.
Delete the semicolon.

Page 25

Section 7(7)(e)

Line 6

After "at admission and", insert "if".
Delete "when".

Page 25

Section 7(8)(a)

Line 16

After "in subsection (7)", insert "of this section".

Page 25

Section 7(8)(c)

Line 23

After "from an out-of-state", insert a comma.

Page 26

Section 7(8)(c)

Line 2

After ""entry phase" as", insert "established".

Delete "described".

After "(12) of this", insert "section".

Delete "administrative regulation".

Page 26

Section 7(8)(e)2.

Line 11

After "record of the", delete "following".

Page 27

Section 7(9)(b)8.

Line 4

After "8. Any other", insert "drug or drugs".

Delete "drug(s)".

Page 27

Section 7(9)(b)9.

Line 6

After "other drugs that", insert "could".

Delete "may".

Page 30

Section 7(12)(f)1.

Line 22

After "one (1), the", insert "client shall".

Page 30

Section 7(12)(f)1.a.

Line 23

After "a.", delete "Client shall".

Capitalize the first letter of "have".

After "participated in the", insert the following:

"entry phase" for at least

Delete "Entry Phase for".

Page 31

Section 7(12)(f)1.b.

Line 2

After "b.", delete "Client shall".

Capitalize the first letter of "not".

After "program infractions for", insert "at least".

Page 31

Section 7(12)(g)1.a.

Line 16

After "one (1) for", insert "at least".

Page 31

Section 7(12)(g)1.b.

Line 17

After "program infractions for", insert "at least".

Page 32

Section 7(12)(g)1.c.(vi)

Line 1

After "or other circumstances", insert "that".

Delete "which".

Lines 1 and 2

After "might", insert the following:

make compliance with this clause unattainable, if the client

Delete the following:

prohibit this requirement and have

Page 32

Section 7(12)(h)1.a.

Line 17

After "two (2) for", insert "at least".

Page 32

Section 7(12)(h)1.b.

Line 18

After "program infractions for", insert "at least".

Page 32

Section 7(12)(h)1.c.

Line 20

After "criteria requirements as", insert "established".

Delete "noted".

Page 33

Section 7(12)(h)2.e.

Line 7

After "support groups outside", insert "the".

Page 33

Section 7(12)(i)1.b.

Line 11

After "treatment program for", insert "at least".

Page 33

Section 7(12)(i)2.c.(ii)

Line 20

After "less than one", insert "(1)".

Page 33

Section 7(12)(i)3.

Line 23

After "shall be developed", insert "that".

Delete "which".

Page 34

Section 7(12)(j)1.b.

Line 5

After "treatment program for", insert "at least".

Page 34

Section 7(12)(j)2.c.(ii)

Line 14

After "less than one", insert "(1)".

Page 34

Section 7(13)(a)

Lines 19 and 20

After "subsections (7) through", insert "(12) of".

Delete "(13)".

Page 34

Section 7(13)(b)

Line 22

After "least one (1)", insert "phase".

Delete "step".

Line 23

After "presence any substance", insert "established".

Delete "described".

Page 35

Section 7(13)(d)2.

Line 12

After "misusing medication, as", insert "established".

Delete "defined".

Page 36

Section 7(13)(e)

Lines 3 and 4

After "be exempt from", insert "paragraph (d)1.".

Delete "subparagraph (c)1."

Page 37

Section 7(13)(j)

Line 1

After "an NTP even", insert "if".

Delete "though".

Lines 1 and 2

After "termination", insert "is".

Delete "may be".

Page 37

Section 7(13)(k)

Line 3

After "(k) Except as", insert "established".

Delete "noted".

After "in subsection (15)(e)", insert "of this section".

Page 37

Section 7(14)(a)1.

Line 11

After "serious physical disability", insert "that".

Delete "which".

Page 37

Section 7(14)(a)2.b.

Line 15

After "compliance with the", insert "phase".

Delete "step".

Lines 15 and 16

After "level schedule", insert "established".

Delete "set out".

Line 16

After "section", delete "of this administrative regulation".

Page 37

Section 7(14)(b)

Line 17

After "take-home dosages shall", insert a colon.

Page 37

Section 7(14)(b)2.

Line 19

After "from the SNA", insert "that".
Delete "which".

Page 37

Section 7(14)(c)

Line 20

After "If a client", insert "is required to".
Delete "must".

Page 38

Section 7(14)(g)

Line 6

After "in accordance with", insert "the system's".
Delete "its".

Page 38

Section 7(14)(h)2.c.

Line 14

After "the first two", insert "(2)".

Page 39

Section 7(15)(d)

Lines 10 and 11

After "terminated for cause", insert ". Cause shall".
Delete ", which may".

Page 39

Section 7(15)(f)

Line 20

After "in the program", insert a comma.

Page 40

Section 7(16)(b)

Line 5

After "with subsection (14)", insert "of this section".

Page 40

Section 7(17)(d)

Line 20

After "(d)", insert the following:
Approval or denial of a waiver shall be based upon a review of
the merits of the request, taking into consideration:
1. Public safety;

- 2. Practicality; and
 - 3. The purpose of the requirement for which the waiver is requested.
- (e)

Page 40

Section 7(17)(d) and (e)

Lines 21 and 22

After "earlier expiration date.", insert "(f)".
Delete "(e)".

Page 40

Section 7(17)(e)

Lines 22

After "given prior to", insert "January 1, 2020".
Delete the following:
the effective date of this administrative regulation

Line 23

After "shall expire on", insert "January 1, 2020".
Delete the following:
the effective date of this administrative regulation

Page 41

Section 8(3)(b)

Lines 20 and 21

After "personnel, and visitors", insert "shall be".
Delete "are".

Page 42

Section 8(4)(e)

Line 9

After "two (2) restrooms", insert a comma.

Page 42

Section 8(4)(f)2. and 3.

Lines 13 and 14

After "2.", delete "Private; 3.".

Page 42

Section 8(4)(f)3. and 4.

Lines 14 and 15

After "Clean; and", insert "3.".
Delete "4.".

Agency Am



Matthew G. Bevin
Governor

Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: **908 KAR 1:374**. Licensure of nonhospital-based outpatient alcohol and other drug treatment entities.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff and other stakeholders of the issues raised by 908 KAR 1:374, the Department for Behavioral Health, Developmental and Intellectual Disabilities proposes the attached amendment to 908 KAR 1:374. If you have any questions, please feel free to contact Justin Dearing, Regulations Administrator with the Department for Behavioral Health, Developmental and Intellectual Disabilities at (502) 782-7212.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



7/3/2019

AGENCY AMENDMENT

**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Behavioral Health, Developmental and Intellectual Disabilities**

908 KAR 1:374. Licensure of nonhospital-based outpatient alcohol and other drug treatment entities.

Page 10

Section 4(4)

Line 21

After "(4)", insert "(a)".

Line 23

After "902 KAR 45:005.", insert the following:

(b) If clients prepare their own meals on-site or are otherwise responsible for their meals, a food service permit shall not be required.



Matthew G. Bevin
Governor

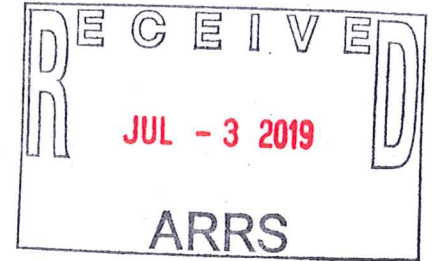
Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019

Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601



Re: **921 KAR 1:380**. Child Support Enforcement Program application and intergovernmental process.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 921 KAR 1:380, the Department for Income Support proposed the attached suggested amendment to 921 KAR 1:380. If you have any questions, please feel free to contact Mary Sparrow in the Department for Income Support at (502) 564-2285, ext. 4832.

Sincerely,

A handwritten signature in cursive script that reads "Donna Little".

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



7/1/2019

SUGGESTED AMENDMENT

**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Income Support**

921 KAR 1:380. Child Support Enforcement Program application and intergovernmental process.

Page 7

Section 2(1)(d)2.

Line 2

After "2.", insert "a.".

Page 7

Section 2(1)(d)3.

Line 5

Before "3.", insert "b.".

Delete "3.".

Page 7

Section 2(1)(g)

Line 19

After "U.S.C. 654(6)", insert "(B)".

Delete "(b)".

Agency Am.



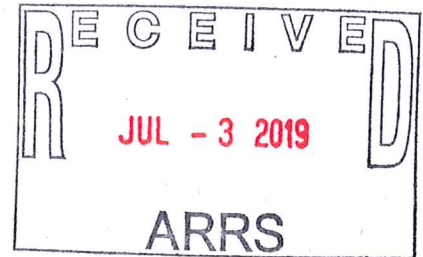
Matthew G. Bevin
Governor

Cabinet for Health and Family Services
OFFICE OF LEGISLATIVE AND REGULATORY AFFAIRS
275 EAST MAIN, 5 W-A
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7042
(502) 564-7091 FAX

Adam M. Meier
Secretary

James C. Musser
Executive Director

July 3, 2019



Senator Stephen West, Co-Chair
Representative David Hale, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
029, Capitol Annex
Frankfort KY 40601

Re: **922 KAR 1:510**. Authorization for disclosure of protection and permanency records.

Dear Co-Chairs West and Hale:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 922 KAR 1:510, the Department for Community Based Services proposes the attached agency amendment to 922 KAR 1:510. If you have any questions, please feel free to contact Laura Begin in the Department for Community Based Services at (502) 564-3703, ext. 3798.

Sincerely,

Donna Little

Donna Little
Deputy Executive Director
Office of Legislative and Regulatory Affairs



7/2/19

AGENCY AMENDMENT

CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

922 KAR 1:510. Authorization for disclosure of protection and permanency records.

Page 4

Section 4(1)

Lines 2 and 3

After "Protected Information",", insert "8/2019".

Delete "5/2019".

Incorporated material

CHFS-305

Page 2

Reinsert "within ten (10) days" for the completion and submittal of the form to the department.

After "Records Management Section,", insert the following:

275 East Main St., Section 3E-G, Frankfort, Kentucky, 40621

Delete the following:

pursuant to 922 KAR 1:510, Section 2

Please update the revision date of the form to "8/2019".

**CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
PROTECTION AND PERMANENCY**

Authorization for Disclosure of Protected Information
PLEASE PRINT LEGIBLY

| | |
|---|--|
| This form must be completed to authorize the disclosure of protected information. | |
| I HEREBY AUTHORIZE PROTECTION AND PERMANENCY IN THE DEPARTMENT FOR COMMUNITY BASED SERVICES IN THE CABINET FOR HEALTH AND FAMILY SERVICES TO DISCLOSE AND USE THE SPECIFIED INFORMATION BELOW. | |
| Individual Requesting Records: Name (Print) | Address |
| City, State, Zip Code | |
| Telephone Number | (Home) (Work) |
| Please Send Records To: Name (Print) | Address |
| City, State, Zip Code | |
| Telephone Number | (Home) (Work) |
| The name of the individual whose information you authorize the disclosure of: | |
| Social Security Number | Date of Birth |
| Case Record # (if known) | County where case record is maintained |
| I request to inspect the following document(s): | |
| The purpose for disclosure is: (Note: Must complete, Do Not Leave Blank) | |
| Please attach a copy of photo ID for verification | |
| The specific protected information you authorized the disclosure of: <input type="checkbox"/> Medical History <input type="checkbox"/> Immunizations <input type="checkbox"/> Treatment Information <input type="checkbox"/> Developmental Information <input type="checkbox"/> Benefits Eligibility Records <input type="checkbox"/> Payment Records <input type="checkbox"/> Medicaid Claim Information <input type="checkbox"/> Child Protective Services Information (Provide Court Custody Order, Court Order or Birth Certificate) <input type="checkbox"/> Adult Protective Services Information (Provide Court Order or POA) <input type="checkbox"/> Other _____ | |

Please read carefully

- Complete this form and submit it within ten (10) days to the **Cabinet for Health and Family Services, Department for Community Based Services, Records Management Section, 275 East Main St., Section 3E-G, Frankfort, Kentucky, 40621.**
- I understand this authorization will expire in ninety (90) days.
- I understand I have the right to revoke this authorization at any time, however I must do so **in writing**. I further understand that actions already taken based on this authorization prior to revocation will **not** be affected.
- I understand I have the right to a copy of this authorization.
- I understand that authorizing the use/disclosure of public information is voluntary. I need not sign this authorization in order to assure service. I may request to inspect or receive a copy of information to be used or disclosed, as provided in 45 CFR 164.524. I further understand that any disclosure carries with it the potential for an unauthorized disclosure and the information may not be covered by federal confidentiality rules.
- I understand that information may be subject to re-disclosure and no longer protected.
- The following statement applies to any alcohol and/or drug abuse treatment information disclosed. This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations, 42 CFR Part 2, prohibit you from making further disclosures without the specific written authorization of the person to whom it pertains, or as otherwise specified by such regulations. A general authorization for disclosure is **not** sufficient for this purpose.

My signature below acknowledges that I have read, understand, and authorize the release of my information.

Signature _____

Date _____

THIS FORM MUST BE COMPLETE

Records Requests Fee: The charge is ten cents (\$0.10) per page after twenty (20) pages, plus postage. Please do not send money with this request. This office will notify you of the amount due once the records are available.

**CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
PROTECTION AND PERMANENCY**

**Authorization for Disclosure of Protected Information
PLEASE PRINT LEGIBLY**

| | |
|---|--|
| This form must be completed to authorize the disclosure of protected information. | |
| I HEREBY AUTHORIZE PROTECTION AND PERMANENCY IN THE DEPARTMENT FOR COMMUNITY BASED SERVICES IN THE CABINET FOR HEALTH AND FAMILY SERVICES TO DISCLOSE AND USE THE SPECIFIED INFORMATION BELOW. | |
| Individual Requesting Records: Name (Print) | Address |
| City, State, Zip Code | |
| Telephone Number | (Home) (Work) |
| Please Send Records To: Name (Print) | Address |
| City, State, Zip Code | |
| Telephone Number | (Home) (Work) |
| The name of the individual whose information you authorize the disclosure of: | |
| Social Security Number | Date of Birth |
| Case Record # (if known) | County where case record is maintained |
| I request to inspect the following document(s): | |
| The purpose for disclosure is: (Note: Must complete, Do Not Leave Blank) | |
| Please attach a copy of photo ID for verification | |
| The specific protected information you authorized the disclosure of: <input type="checkbox"/> Medical History <input type="checkbox"/> Immunizations <input type="checkbox"/> Treatment Information <input type="checkbox"/> Developmental Information <input type="checkbox"/> Benefits Eligibility Records <input type="checkbox"/> Payment Records <input type="checkbox"/> Medicaid Claim Information <input type="checkbox"/> Child Protective Services Information (Provide Court Custody Order, Court Order or Birth Certificate) <input type="checkbox"/> Adult Protective Services Information (Provide Court Order or POA) <input type="checkbox"/> Other _____ | |

Please read carefully

- Complete this form and submit it within ten (10) days to the **Cabinet for Health and Family Services, Department for Community Based Services, Records Management Section, 275 East Main St., Section 3E-G, Frankfort, Kentucky, 40621** [pursuant to **922 KAR 1:510, Section 2**].
- I understand this authorization will expire in ninety (90) days.
- I understand I have the right to revoke this authorization at any time, however I must do so **in writing**. I further understand that actions already taken based on this authorization prior to revocation will **not** be affected.
- I understand I have the right to a copy of this authorization.
- I understand that authorizing the use/disclosure of public information is voluntary. I need not sign this authorization in order to assure service. I may request to inspect or receive a copy of information to be used or disclosed, as provided in 45 CFR 164.524. I further understand that any disclosure carries with it the potential for an unauthorized disclosure and the information may not be covered by federal confidentiality rules.
- I understand that information may be subject to re-disclosure and no longer protected.
- The following statement applies to any alcohol and/or drug abuse treatment information disclosed. This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations, 42 CFR Part 2, prohibit you from making further disclosures without the specific written authorization of the person to whom it pertains, or as otherwise specified by such regulations. A general authorization for disclosure is **not** sufficient for this purpose.

My signature below acknowledges that I have read, understand, and authorize the release of my information.

Signature _____

Date _____

THIS FORM MUST BE COMPLETE

Records Requests Fee: The charge is ten cents (\$0.10) per page after twenty (20) pages, plus postage. Please do not send money with this request. This office will notify you of the amount due once the records are available.