

FINANCE AND ADMINISTRATION CABINET
KENTUCKY HIGHER EDUCATION ASSISTANCE AUTHORITY

Andy Beshear
Governor

P.O. Box 798
Frankfort, Kentucky 40602-0798
Phone: 1.800.693.8211
Fax: 1.502.696.7293

Holly M. Johnson
Secretary

Jo Carole Ellis
Executive Director

September 29, 2023

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

Re: 11 KAR 5:001. Definitions pertaining to 11 KAR Chapter 5.
11 KAR 15:110. Scholarships for Registered Apprenticeship and Qualified
Workforce Training programs.

Dear Co-Chair West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 11 KAR 5:001 and 11 KAR 15:110, the Kentucky Higher Education Assistance Authority proposes the attached amendments to 11 KAR 5:001 and 11 KAR 15:110.

Sincerely,

A handwritten signature in black ink, appearing to read "Miles F. Justice".

Miles F. Justice
General Counsel
KHEAA
100 Airport Road
Frankfort, Kentucky 40601

Staff-suggested Amendment

Final Version 8/15/2023

**Kentucky Higher Education Assistance Authority
Division of Student and Administrative Services**

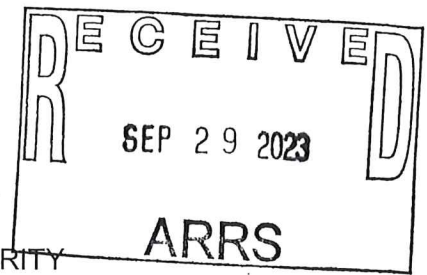
11 KAR 5:001. Definitions pertaining to 11 KAR Chapter 5.

Page 4

Section 1(9)(b)3.

Line 12

After "visa," insert "or".



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Re: 11 KAR 5:001. Definitions pertaining to 11 KAR Chapter 5.
11 KAR 15:110. Scholarships for Registered Apprenticeship and Qualified
Workforce Training programs.

Dear Co-Chair West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 11 KAR 5:001 and 11 KAR 15:110, the Kentucky Higher Education Assistance Authority proposes the attached amendments to 11 KAR 5:001 and 11 KAR 15:110.

Sincerely,

Miles F. Justice
General Counsel
KHEAA
100 Airport Road
Frankfort, Kentucky 40601

Staff-suggested Amendment

Final Version 8/15/2023

**Kentucky Higher Education Assistance Authority
Division of Student and Administrative Services**

11 KAR 15:110. Scholarships for Registered Apprenticeship and Qualified Workforce Training programs.

Page 1

Section 1(1)

Line 15

After "program", insert "shall be".
Delete "is".

Page 1

Section 1(2)

Line 18

After "training program", insert "shall be".
Delete "is".

Page 2

Section 3(2)

Line 18

After "(2)", delete "In order".

After "the student", insert "shall".
Delete "must".

Page 3

Section 4(1)

Line 15

After "request", insert "shall".
Delete "must".

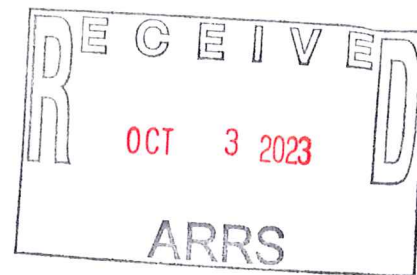


**Kentucky Council on
Postsecondary Education**

Andy Beshear
Governor

100 Airport Road
Frankfort, Kentucky 40601
Phone: 502-573-1555
<http://www.cpe.ky.gov>

Aaron Thompson, Ph.D.
President



October 2, 2023

Senator Stephen West, Administrative Regulation Review Subcommittee Co-Chair
Representative Derek Lewis, Administrative Regulation Review Subcommittee Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs,

After consideration of the issues raised by 13 KAR 5:010 and 13 KAR 5:020, the Council on Postsecondary Education proposes the attached agency amendments to these ordinary administrative regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Crayton".

Sterling Crayton, Attorney
Council on Postsecondary Education
100 Airport Road, Third Floor
Frankfort, KY 40601

Agency Amendment
(ARRS – October 2023)

COUNCIL ON POSTSECONDARY EDUCATION

13 KAR 5:010. Healthcare training scholarships.

Page 1

Section 1(3)

Lines 15-16

After “(3)”, insert the following:

“Eligible entity” means an entity that offers a healthcare program.

Delete the following:

"Eligible postsecondary institution" means an institution licensed by the Council or the Commission Proprietary Education to operate in Kentucky that offers a healthcare program.

Page 3

Section 3(1)(b)

Lines 5-7

After “eligible”, insert the following:

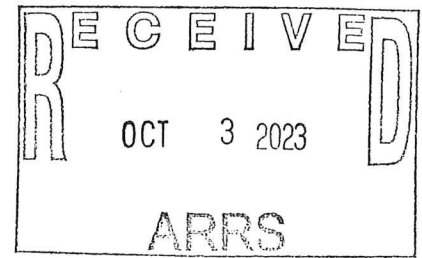
entity and that completion of the program meets eligibility requirements for certification or license in Kentucky.

Delete the following:

postsecondary institution or a Kentucky public high school or secondary career and technical center offering a healthcare vocational program.



**Kentucky Council on
Postsecondary Education**



Andy Beshear
Governor

100 Airport Road
Frankfort, Kentucky 40601
Phone: 502-573-1555
<http://www.cpe.ky.gov>

Aaron Thompson, Ph.D.
President

October 2, 2023

Senator Stephen West, Administrative Regulation Review Subcommittee Co-Chair
Representative Derek Lewis, Administrative Regulation Review Subcommittee Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs,

After consideration of the issues raised by 13 KAR 5:010 and 13 KAR 5:020, the Council on Postsecondary Education proposes the attached suggested amendments to these ordinary administrative regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Crayton".

Sterling Crayton, Attorney
Council on Postsecondary Education
100 Airport Road, Third Floor
Frankfort, KY 40601

Staff-suggested Amendment
(ARRS – October 2023)

Final Version 9/26/2023
COUNCIL ON POSTSECONDARY EDUCATION

13 KAR 5:010. Healthcare training scholarships.

Page 2

Section 2(2)(d)

Line 20

After “weighting of each”, insert “criterion”.
Delete “criteria”.

Page 4

Section 5(2)

Line 16

After “from the fund”, insert “monies”.
Delete “moneys”.

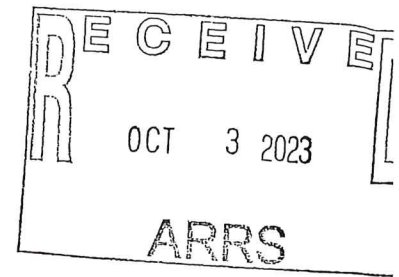


**Kentucky Council on
Postsecondary Education**

Andy Beshear
Governor

100 Airport Road
Frankfort, Kentucky 40601
Phone: 502-573-1555
<http://www.cpe.ky.gov>

Aaron Thompson, Ph.D.
President



October 2, 2023

Senator Stephen West, Administrative Regulation Review Subcommittee Co-Chair
Representative Derek Lewis, Administrative Regulation Review Subcommittee Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs,

After consideration of the issues raised by 13 KAR 5:010 and 13 KAR 5:020, the Council on Postsecondary Education proposes the attached agency amendments to these ordinary administrative regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Crayton".

Sterling Crayton, Attorney
Council on Postsecondary Education
100 Airport Road, Third Floor
Frankfort, KY 40601

Agency Amendment
(ARRS – October 2023)

COUNCIL ON POSTSECONDARY EDUCATION

13 KAR 5:020. Healthcare program incentives.

Page 1

Section 1(3)

Lines 14-15

After “(3)”, insert the following:

“Eligible entity” means an entity that offers a healthcare program.

Delete the following:

"Eligible postsecondary institution" means an institution licensed by the Council or the Commission Proprietary Education to operate in Kentucky that offers a healthcare program.

Page 2

Section 2(3)

Lines 18-20

After “eligible”, insert the following:

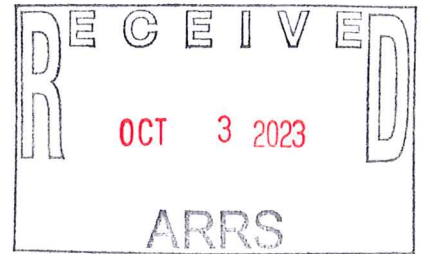
entity and that completion of the program meets eligibility requirements for certification or license in Kentucky.

Delete the following:

postsecondary institution or a Kentucky public high school or secondary career and technical center offering a healthcare vocational program.



**Kentucky Council on
Postsecondary Education**



Andy Beshear
Governor

100 Airport Road
Frankfort, Kentucky 40601
Phone: 502-573-1555
<http://www.cpe.ky.gov>

Aaron Thompson, Ph.D.
President

October 2, 2023

Senator Stephen West, Administrative Regulation Review Subcommittee Co-Chair
Representative Derek Lewis, Administrative Regulation Review Subcommittee Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

Dear Co-Chairs,

After consideration of the issues raised by 13 KAR 5:010 and 13 KAR 5:020, the Council on Postsecondary Education proposes the attached **suggested** amendments to these ordinary administrative regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Crayton".

Sterling Crayton, Attorney
Council on Postsecondary Education
100 Airport Road, Third Floor
Frankfort, KY 40601

**Staff-suggested Amendment
(ARRS – October 2023)**

**Final Version 9/26/2023
COUNCIL ON POSTSECONDARY EDUCATION**

13 KAR 5:020. Healthcare program incentives.

**Page 1
Section 1(5)
Line 17**

After “KRS 164.0401”, insert “(4)”.

**Pages 1 and 2
Section 1(9)
Lines 21 and 1**

After “(9)”, delete the following:

“Kentucky resident” is defined by KRS 164.020(8).
(10)

**Page 2
Section 1(11)
Line 3**

Before “(11)”, insert “(10)”.
Delete “(11)”.

**Page 4
Section 5(2)
Line 8**

After “from the fund”, insert “monies”.
Delete “moneys”.

Andy Beshear
Governor



Jamie Link
Secretary, Education and
Labor Cabinet

Robin Fields Kinney
Interim Commissioner of Education

KENTUCKY DEPARTMENT OF EDUCATION
300 Sower Boulevard • Frankfort, Kentucky 40601
Phone: (502) 564-3141 • www.education.ky.gov



October 9, 2023

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

Re: 16 KAR 2:240. Interim Certificate

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 16 KAR2:240, the Education Professional Standards Board proposes the attached amendment to 16 KAR 2:240.

Thank you for your consideration.

Sincerely,

Cassie L. Trueblood
Policy Advisor and Special Counsel

Final, 9-21-2023

SUGGESTED SUBSTITUTE

EDUCATION AND LABOR CABINET
Education Professional Standards Board

16 KAR 2:240. Interim certificate.

RELATES TO: KRS 161.020

STATUTORY AUTHORITY: ~~[HB 319 RS]~~ 2023 Ky. Acts ch. 164 sec. 8

NECESSITY, FUNCTION, AND CONFORMITY: KRS 161.020(1) requires educators to hold a certificate of legal qualifications for the position, issued by the Education Professional Standards Board (EPSB). ~~[Section 8 of HB 319 RS]~~ 2023 Ky. Acts ch. 164 sec. 8 creates an interim certificate and ~~requires~~authorizes the EPSB to promulgate administrative regulations as may be needed to issue the interim certificate. This administrative regulation establishes the requirements for issuance of the interim certificate.

Section 1. Interim Certificate.

- (1) A candidate shall be eligible for issuance of the one-year interim certificate upon application to the EPSB, compliance with 16 KAR 2:010, Section 3(1), and submission of the following documentation:
 - (a) A bachelor's degree or higher as evidenced by an official transcript from a nationally or regionally accredited institution of higher education; and
 - (b) Confirmation from an employer of a minimum of four (4) years of work experience in the area in which certification is being sought; ~~and~~
 - ~~(c) An offer of employment in a Kentucky school district in the area in which certification is being sought].~~
- (2) An applicant for certification in the area of career and technical education may substitute an additional four (4) years of work experience in the area in which certification is being sought to meet the requirements of subsection (1)(a) of this section.
- (3) Work experience shall be considered in the area of certification if it includes the content taught by the certificate.
- (4) The interim certificate shall be issued for the certification area that aligns with the applicant's work experience and job offer.
- (5) The interim certificate shall be issued at the rank corresponding to the degree held by the teacher applicant in accordance with the requirements established in KRS 161.1211 and 16 KAR Chapter 8.
- (6) An interim certificate shall not be valid after June 30, 2026.

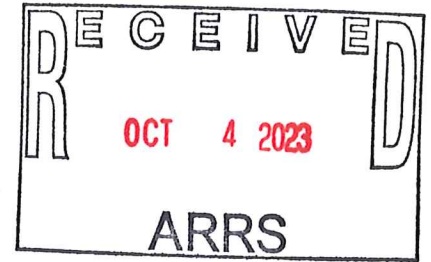
Section 2. Renewal of the Interim Certificate.

- (1) A candidate shall be eligible for renewal of the one-year interim certificate upon application to the EPSB and;] compliance with 16 KAR 2:010, Section 3(1); ~~and evidence of employment in a Kentucky school district in the content area or areas indicated on the initial certificate].~~
- (2) The interim certificate may be renewed a maximum of two (2) times.
- (3) The interim certificate shall not be renewed after June 30, 2026.

CONTACT PERSON: Todd Allen, General Counsel, Kentucky Department of Education, 300 Sower Boulevard, 5th Floor, Frankfort, Kentucky 40601, phone 502-564-4474, fax 502-564-9321; email regcomments@education.ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by **30 KAR 10:010**, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE (As Amended at ARRS)

30 KAR 010:010. Definitions for 30 KAR Chapter 10.

RELATES TO: *KRS 14.302 [Ky Acts ch. 172]*

STATUTORY AUTHORITY: *KRS 14.318 [Ky Acts ch. 172]*

NECESSITY, FUNCTION, AND CONFORMITY: *KRS 14.318 [Ky Acts ch. 172]* authorizes the Secretary of State to promulgate administrative regulations implementing ***the Safe at Home Program [Ky Acts ch. 172]***. This administrative regulation ***establishes definitions for the Safe at Home Program [implements Ky Acts ch. 172]***.

Section 1. Definitions. (1) "Agency" means every elected or appointed state or local public office, public officer, or official, department, division, bureau, board, commission, committee, council, authority, agency, institution of higher education, or other unit of the executive, legislative, or judicial branch of the state; or any city, county, city and county, town, special district, school district, local improvement district, or other statutory unit of state or local government or any functional subdivision of that agency, or any other kind of municipal, quasi-municipal, or public corporation.

(2) "Address" is defined by *KRS 14.300(1) [Ky Acts ch. 172]*.

(3) "Applicant" is defined by *KRS 14.300(2) [Ky Acts ch. 172]*.

(4) "Designated address" ***means [is]*** the address assigned to a program participant by the Secretary of State.

(5) "Mail" means first-class letters and flats delivered via the United States Postal Service, including priority, express, and certified mail.

(6) "Program Participant" is defined by *KRS 14.300(7) [Ky Acts ch. 172]*.

(7) "Safe at Home verification card" ***means [is]*** the card provided to each program participant~~[,]~~ that ***contains [must contain]*** the participant's name, ***designated [substitute]*** address ***[designated by the Secretary of State]***, the participant's ID assigned by the Secretary of State, the participant's birthdate, the participant's picture, and the expiration date.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



Clean
filed 10-4-23

Michael G. Adams
Secretary of State

Application for Recognition of Out of State Participant

Return Form to:
Safe at Home (c/o SOS Office)
700 Capital Avenue, Suite 152
Frankfort, KY 40601

APPLICANT INFORMATION

I am applying for recognition of inclusion in Kentucky's Safe at Home Program:

- I have moved to Kentucky and participated in a like-program in another state
- I am temporarily living in Kentucky and participated in a like-program in another state
- I am doing business or engaged in other transactions and participated in a like-program in another state

Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number	Gender Female <input type="checkbox"/> or Male <input type="checkbox"/>
Any Other Name that may appear on Applicant's Mail		Email	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	Alternate telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		
Emergency Contact	Emergency Contact Phone Number		

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of Person(s) Feared:
I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for applying to Safe at Home (optional) Domestic Violence Sexual Assault Stalking Trafficking
How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
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Please read each of the statements below and initial. You must read and agree to each of the statements below.	
	I am an adult survivor of domestic abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking or I am the parent/guardian of a child or incapacitated individual who is such a survivor. I fear for my safety, the safety of those who reside in my household, or the safety of the person on whose behalf I completed this application.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not a sexually violent predator.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to third parties when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Safe at Home may be cancelled for any of the following reasons: 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information, I become ineligible for Safe at Home. 5. I become ineligible for Safe at Home in the original state certification.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address could include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Safe at Home for a one-year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I realize that if I purchase real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Safe at Home program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it will aid in responding to an emergency situation, criminal complaint, or an ongoing investigation.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turns 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.

SIGNATURE OF APPLICANT OR FILER		
I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or designee of an applicant or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.		
_____	_____	_____
Printed Name of Applicant or Filer	Signature of Applicant or Filer	Date
_____	_____	_____
Printed Name of Application Assistant	Signature of Application Assistant	Date



Dirty
Filed 10-4-2023

Michael G. Adams
Secretary of State

Application for Recognition of Out of State Participant

Return Form to:
Safe at Home (c/o SOS Office)
700 Capital Avenue, Suite 152
Frankfort, KY 40601

APPLICANT INFORMATION

I am applying for recognition of inclusion in Kentucky's Safe at Home Program:

- I have moved to Kentucky and participated in a like-program in another state
- I am temporarily living in Kentucky and participated in a like-program in another state
- I am doing business or engaged in other transactions and participated in a like-program in another state

Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number	Gender Female <input type="checkbox"/> or Male <input type="checkbox"/>
Any Other Name that may appear on Applicant's Mail		County	Email
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		Alternate telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	
Emergency Contact		Emergency Contact Phone Number	

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of Person(s) Feared:

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency.

Yes No

Reason for applying to Safe at Home (optional)

Domestic Violence Sexual Assault Stalking Trafficking

How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
-----------------	--------------------	----------	------------------------------------

Please read each of the statements below and initial. You must read and agree to each of the statements below.	
	I am an adult survivor of domestic abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking or I am the parent/guardian of a child or incapacitated individual who is such a survivor. I fear for my safety, the safety of those who reside in my household, or the safety of the person on whose behalf I completed this application.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not a sexually violent predator.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to third parties when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Safe at Home may be cancelled for any of the following reasons: 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information, I become ineligible for Safe at Home. 5. I become ineligible for Safe at Home in the original state certification.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address could include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Safe at Home for a one-year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I realize that if I purchase real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Safe at Home program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it will aid in responding to an emergency situation, criminal complaint, or an ongoing investigation.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turns 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.

SIGNATURE OF APPLICANT OR FILER		
I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or designee of an applicant or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.		
_____	_____	_____
Printed Name of Applicant or Filer	Signature of Applicant or Filer	Date
_____	_____	_____
Printed Name of Application Assistant	Signature of Application Assistant	Date



Michael G. Adams
Secretary of State

*Clean
Filed: 10.4.23*

APPLICATION FOR CERTIFICATION TO PARTICIPATE IN SAFE AT HOME PROGRAM	Return Form to: Safe at Home (c/o SOS Office) 700 Capital Avenue, Suite 152 Frankfort, KY 40601
---	--

TYPE OF APPLICATION	
<input type="checkbox"/> Enrollment	<input type="checkbox"/> Renewal

APPLICANT INFORMATION			
This form is being completed by:			
<input type="checkbox"/> Applicant <input type="checkbox"/> Parent or guardian on behalf of minor applicant <input type="checkbox"/> Guardian of applicant declared incompetent by a court <input type="checkbox"/> Individual living with a victim			
Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number	Gender
Any Other Name that may appear on Applicant's Mail		Email	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State () - () <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		Alternate telephone number for use by Secretary of State () - () <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	
Emergency Contact		Emergency Contact Phone Number	

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of person(s) who is causing you to have safety concerns for yourself, your household members and/or the person you are completing this application for:
--

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. *This is not required if not applicable*
Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for applying to Safe at Home (optional)
Domestic Violence Sexual Assault Stalking Human Trafficking Criminal Offense Against a Minor
How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
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Please read each of the statements below and initial. You must read and agree to each of the statements below.	
	I am an adult survivor of domestic violence, sexual assault, stalking or human trafficking or I am the parent of a child or guardian of an adult individual who is such a survivor, or I am a household member of such a survivor. I fear for my safety or the safety of another person who resides in the same household.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not required to register as a sex offender under the laws of Kentucky or any other state.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to state or local agencies when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Safe at Home may be cancelled for any of the following reasons: 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address may include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Safe at Home for a four year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I authorize the Safe at Home Program to notify the State Board of Elections to remove my physical and mailing address from voter registration documents that can be viewed by the public but maintain my physical address for the purpose of remaining registered and populated in the correct precinct.
	I realize that if I purchase or sell real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes within 14 days.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless an agency has a bona fide statutory or administrative requirement for use of the address.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turn 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.

SIGNATURE OF APPLICANT		
I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.		
_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Printed Name of Application Assistant	Signature of Application Assistant	Date

NOTARIZATION
State of Kentucky County of _____
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____.
_____ Notary Public Signature Commission ID: _____ Commission Expires: _____



Michael G. Adams
Secretary of State

DIRTY
Filed 10-4-23

APPLICATION FOR CERTIFICATION TO PARTICIPATE IN SAFE AT HOME PROGRAM

Return Form to:
Safe at Home (c/o SOS Office)
700 Capital Avenue, Suite 152
Frankfort, KY 40601

TYPE OF APPLICATION

Enrollment Renewal

APPLICANT INFORMATION

This form is being completed by:

- Applicant
- Parent or guardian on behalf of minor applicant
- Guardian of applicant declared incompetent by a court
- Individual living with a victim

Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number	Gender
Any Other Name that may appear on Applicant's Mail		County <u> </u> Email <u> </u>	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State () - - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	Alternate telephone number for use by Secretary of State () - - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		
Emergency Contact	Emergency Contact Phone Number		

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of person(s) who is causing you to have safety concerns for yourself, your household members and/or the person you are completing this application for:

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. *This is not required if not applicable*

Yes No

Reason for applying to Safe at Home (optional)

Domestic Violence Sexual Assault Stalking Human Trafficking Criminal Offense Against a Minor

How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
-----------------	--------------------	----------	------------------------------------

**Please read each of the statements below and initial.
You must read and agree to each of the statements below.**

	I am an adult survivor of domestic violence, sexual assault, stalking or human trafficking or I am the parent of a child or guardian of an adult individual who is such a survivor, or I am a household member of such a survivor. I fear for my safety or the safety of another person who resides in the same household.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not required to register as a sex offender under the laws of Kentucky or any other state.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to state or local agencies when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Safe at Home may be cancelled for any of the following reasons: 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address may include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Safe at Home for a four year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I authorize the Safe at Home Program to notify the State Board of Elections to remove my physical and mailing address from voter registration documents that can be viewed by the public but maintain my physical address for the purpose of remaining registered and populated in the correct precinct.
	I realize that if I purchase or sell real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes within 14 days.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless an agency has a bona fide statutory or administrative requirement for use of the address.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turn 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.

SIGNATURE OF APPLICANT

I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.

Printed Name of Applicant	Signature of Applicant	Date
Printed Name of Application Assistant	Signature of Application Assistant	Date

NOTARIZATION

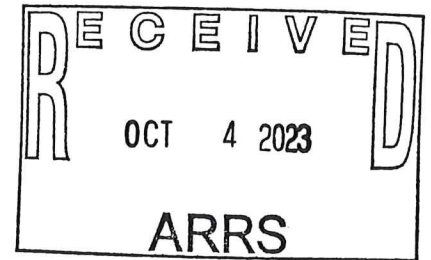
State of Kentucky
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____.

Notary Public Signature
Commission ID: _____
Commission Expires: _____



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE
(As Amended at ARRS)

30 KAR 010:020. Application and certification.

RELATES TO: KRS 14.302 [Ky Acts ch. 172]

STATUTORY AUTHORITY: KRS 14.304, 14.318 [Ky Acts ch. 172]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 14.318 [Ky Acts ch. 172] authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program. This administrative regulation establishes the application and certification requirements for the Safe at Home Program [implements Ky Acts ch. 172].

Section 1. Requirements for Application for Certification to Participate in the Safe at Home Program.

(1) Application for certification to participate in the Safe at Home Program shall be made to the Secretary of State by submitting a completed Application for Certification to Participate in [the] Safe at Home Program, which shall contain[contains]:

- (a) The applicant's full legal name;
- (b) The applicant's date of birth;
- (c) Any other names that may appear on the applicant's mail;
- (d) The applicant's county of residence;
- (e) The applicant's residential address;
- (f) The applicant's phone number;
- (g) The applicant's email address; and
- (h) The applicant's dependent's legal names and identifying information (if applicable).

(2) The application shall [must] include a sworn statement and acknowledge the following:

(a) I am an adult survivor of domestic violence, sexual assault, stalking, or human trafficking, or I am the parent of a child, or guardian of an adult individual, who is such a survivor, or I am a household member of such a survivor;

(b) I am not applying to participate in the Safe at Home Program [in-order] to avoid prosecution of any kind. I confirm that I am not a sexually violent predator;

(c) I give permission to the Secretary of State's Office to verify my participation in the Safe at Home Program to state or local agencies when requested;

(d) I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. [Therefore,] If the Secretary of State [Safe-at-Home] accepts legal documents or certified mail addressed to me, it is as if I received them;

(e) I understand that my participation in the Safe at Home Program may be cancelled if [for any-of-the-following-reasons]:

1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change;

2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service;

3. ~~[If]~~ The Secretary **of State** accepts service of process on my behalf~~[-]~~ and I do not acknowledge ~~it [such]; or~~

4. ~~[If]~~ My application contains false information;

(f) I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home **Program** designated address. I recognize that if I share my confidential address, the Safe at Home Program cannot control its distribution;

(g) I realize that my **mailing [mail]** address may include an apartment number ~~and that[-]~~ without this apartment number~~[-]~~ my mail may be delayed or may never reach me. **I**

understand that the Safe at Home **Program shall [will]** forward only first-class, legal, and certified mail, as well as packages of prescriptions;

(h) I understand that I am enrolled in **the** Safe at Home **Program** for a four (4) year term. At the end of this term, I realize **that I am required [will-have]** to renew my enrollment or be cancelled from the program;

(i) I authorize the Safe at Home Program to notify the State Board of Elections to remove my physical and mailing address from voter registration documents that **may [can]** be viewed by the public but maintain my physical address for the purpose of remaining registered and populated in the correct precinct.

(j) I realize that if I purchase or sell real estate, my information **shall [will]** appear on public records;

(k) I understand that I **am required to [must]** notify the Safe at Home Program if any of the information on my original **[Safe at Home]** application changes within fourteen (14) days;

(l) I understand that once I am enrolled in the Safe at Home Program, my actual address **shall [will]** be confidential unless an agency has a bona fide statutory or administrative requirement for use of my address; and

(m) **I understand that** my children under the age of eighteen (18) may be enrolled with me as dependents ~~and that[-]~~ individuals over the age of eighteen (18) **are required to [must]** enroll separately. **I realize that** minors who turn eighteen (18) during participation in the program **shall complete [are responsible for completing]** a renewal form at that time to continue Safe at Home **Program** participation.

(3) The Application for Certification to Participate in Safe at Home shall be:

(a) Notarized; and

(b) In English.

Section 2. Certification in the Safe at Home Program. (1) The Secretary of State shall approve an Application for Certification to Participate in Safe at Home Program and certify the applicant as a program participant if the applicant and the Application for Certification to Participate in Safe at Home Program meet the requirements established in **KRS 14.304 [Ky Acts ch. 172]** and this administrative regulation.

(2) The Secretary of State shall notify the applicant or filer whether the Application for Certification to Participate in Safe at Home Program was denied, or the applicant was certified as a program participant.

(a) If an Application for Certification to Participate in Safe at Home Program is denied, the Secretary of State shall inform the applicant or filer of the reason for the denial.

(b) If an applicant is certified as a program participant, the Secretary of State shall:

1. Assign to the program participant a participant number and designated address; **[and]**
2. Issue to the program participant a Safe at Home Program Participant Card; **[:]**
3. Provide information about the Safe at Home Program with instructions, frequently asked question and answers, and other information deemed necessary; **and[:]**
4. Provide a general letter from the Secretary of State **that** the participant can provide to agencies.
 - (3) If an applicant is certified as a program participant, participation in the Safe at Home program shall be effective as of the date of the notification of certification.

Section 3. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Application for Certification to Participate in Safe at Home Program", July 2023;

(b) "Address Confidentiality Program Participant Card", July 2023;

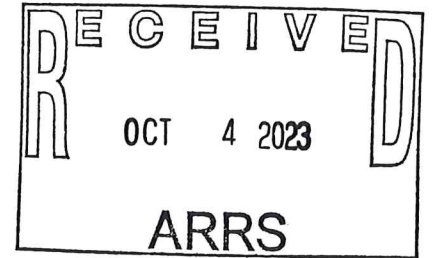
(c) "Safe at Home Program Participant Change of Information Form", July 2023;

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at sos.ky.gov.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

**SECRETARY OF STATE
(As Amended at ARRS)**

30 KAR 010:030. Notification of expiration and recertification in the Safe at Home Program.

RELATES TO: *KRS 14.302 [Ky Acts ch. 172]*

STATUTORY AUTHORITY: *KRS 14.304, 14.318 [Ky Acts ch. 172]*

NECESSITY, FUNCTION, AND CONFORMITY: *KRS 14.318 [Ky Acts ch. 172]* authorizes the Secretary of State to promulgate administrative regulations ***to implement the Safe at Home Program [Ky Acts ch. 172]***. This administrative regulation ***establishes the requirements for notification of expiration and recertification in the Safe at Home Program [implements Ky Acts ch. 172]***.

Section 1. Notification of Expiration. The Secretary of State shall send notification to the participant or filer of expiring certification at least four (4) weeks prior to expiration and provide an Application for Certification to Participate in Safe at Home Program.

Section 2. Application for Renewal of Certification in the Safe at Home Program.

(1) A program participant or filer wishing to renew certification in the Safe at Home Program shall submit to the Secretary of State at least five (5) business days prior to the date on which the program participant's certification expires an Application for Certification to Participate in Safe at Home Program pursuant ***to*** 30 KAR 010:020.

(2) The Application for Certification to Participate in Safe at Home Program shall be considered timely submitted for purposes of renewal if it is date-stamped received by the Office of the Secretary of State at least five (5) business days prior to the date on which the program participant's certification expires.

Section 3. Review by the Secretary of State of a Renewal Application for Certification to Participate in Safe at Home Program.

(1) The Secretary of State shall approve a renewal Application for Certification to Participate in Safe at Home Program if the applicant and Application for Certification to Participate in Safe at Home Program meet the requirements established in *KRS 14.304 [Ky Acts ch. 172]* and 30 KAR 010:020.

(2) The Secretary of State shall notify the program participant or filer whether the renewal Application for Certification to Participate in Safe at Home Program was denied or the program participant's certification was renewed within five (5) business days after it is date-stamped received by the Secretary of State.

(a) If a renewal Application for Certification to Participate in Safe at Home Program is denied, the Secretary of State shall inform the program participant or filer of the reason for denial.

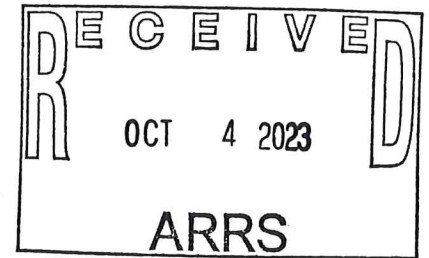
(b) If a program participant's certification is renewed, the Secretary of State shall issue to the program participant a new Safe at Home Program Participant Card pursuant to 30 KAR 010:020,

and the renewal shall be effective as of the date of the notification of renewal.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE (As Amended at ARRS)

30 KAR 010:040. Cancellation, appeal, and withdrawal.

RELATES TO: KRS 14.302 [Ky Acts ch. 172]

STATUTORY AUTHORITY: KRS 14.306, 14.318 [Ky Acts ch. 172]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 14.318 [Ky Acts ch. 172] authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program [Ky Acts ch. 172]. This administrative regulation establishes the cancellation, appeal, and withdrawal procedures for the Safe at Home Program [implements Ky Acts ch. 172].

Section 1. Cancellation from Participation in Safe at Home Program.

(1) A program participant's certification in the Safe at Home Program shall be canceled if:

- (a) The program participant fails to notify the Secretary of State of a name change;
- (b) The program participant fails to notify the Secretary of State of an address change;
- (c) The Secretary of State determines the program participant applied using false information;
- (d) The program participant relocates outside of Kentucky;
- (e) The program participant is no longer eligible;
- (f) The program participant is required to register as a sex offender; or

(g) The program participant fails to submit an Application for Participation in [the] Safe at Home Program for renewal upon the expiration of the initial four (4) year enrollment.

(2) Upon cancellation, the Secretary of State shall send notice to the program participant of the cancellation of participation in the Safe at Home Program, which shall [and] include:

- (a) The reasons for the cancellation;
- (b) A copy of the Appeal from Cancellation of Certification in Safe at Home Program; and
- (c) Notification that an appeal shall [must] be received within thirty (30) days.

Section 2. Appeal from Cancellation of Certification in Safe at Home Program.

(1) A program participant or filer wishing to appeal from a cancellation of certification in the Safe at Home Program shall submit to the Secretary of State an Appeal from Cancellation of Certification in Safe at Home Program form.

(2) The Appeal from Cancellation of Certification in Safe at Home Program shall be considered timely submitted if it is date-stamped received by the Secretary of State within thirty (30) days of the date of the notice of certification cancellation.

(3) The Appeal from Cancellation of Certification in Safe at Home Program shall:

- (a) Be in writing;
- (b) Be in English;
- (c) Be signed by the program participant or filer; and

(d) Include information as to why certification in the Safe at Home Program should not be cancelled.

(4) If an Appeal from Cancellation of Certification in Safe at Home Program is not timely

submitted, cancellation of certification in the Safe at Home Program shall be effective upon the expiration of thirty (30) days after the date of the notice of certification cancellation.

Section 3. Review by the Assistant Secretary of State of an Appeal from Cancellation of Certification in Safe at Home Program.

(1) The Assistant Secretary of State shall approve or deny an Appeal from Cancellation of Certification in Safe at Home Program within five (5) business days after it is date-stamped received by the Office of the Secretary of State.

(a) The Assistant Secretary of State shall approve an Appeal from Cancellation of Certification in Safe at Home Program if he or she determines that grounds for cancellation pursuant to **KRS 14.306 [Ky Acts ch. 172]** do not exist.

(b) The Assistant Secretary of State shall deny an Appeal from Cancellation of Certification in Safe at Home Program if he or she determines that grounds for cancellation pursuant to **KRS 14.306 [Ky Acts ch. 172]** exist.

(2) The Assistant Secretary of State shall provide to the program participant or filer written notice of the decision regarding an Appeal from Cancellation of Certification in Safe at Home Program.

(3) If an Appeal from Cancellation of Certification in Safe at Home Program is timely submitted and denied pursuant to this section, cancellation of certification in the Safe at Home program shall be effective on the date on which the notice of denial is mailed.

(4) The decision of the Assistant Secretary of State shall conclude the appeal procedures pursuant to **KRS 14.306 [Ky Acts ch. 172]** and this administrative regulation.

Section 4. Withdrawal from Participation in **[the]** Safe at Home Program.

(1) A program participant or filer wishing to withdraw from participation in the Safe at Home Program shall submit to the Secretary of State a Withdrawal from Participation in Safe at Home Program form.

(2) The Withdrawal from Participation in Safe at Home Program form shall be:

- (a) In writing;
- (b) In English;
- (c) Signed by the program participant or **[a]** filer; and
- (d) Notarized or signed by an Application Assistant.

Section 5. Confirmation by the Secretary of State of a Withdrawal from Participation in **[the]** Safe at Home Program.

(1) Upon receiving a Withdrawal from Participation in Safe at Home Program form, the Secretary of State shall mail to the program participant or filer a written confirmation of withdrawal.

(2) The written confirmation shall notify the program participant or filer:

(a) Of the date on which a Withdrawal from Participation in Safe at Home Program form was date stamped received by the Office of the Secretary of State; and

(b) That program participation shall be terminated ten (10) days following the date of the written confirmation of withdrawal, unless the program participant or **[a]** filer notifies the Secretary of State on or before that date that the withdrawal request was not legitimate because

it was not voluntarily submitted by the program participant or **[a]** filer.

Section 6. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Withdrawal from Participation in Safe at Home Program", July 2023; and

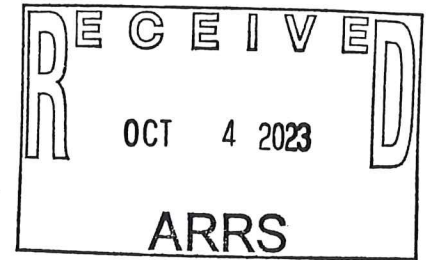
(b) "Appeal from Cancellation of Certification in Safe at Home Program", July 2023.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at www.sos.ky.gov.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, **30 KAR 10:050**, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE (As Amended at ARRS)

30 KAR 010:050. Application assistant training and designation.

RELATES TO: ~~KRS 14.302 [Ky Acts ch. 172]~~

STATUTORY AUTHORITY: ~~KRS 14.310, 14.318 [Ky Acts ch. 172]~~

NECESSITY, FUNCTION, AND CONFORMITY: ~~KRS 14.318 [Ky Acts ch. 172]~~ authorizes the Secretary of State to promulgate administrative regulations **to implement the Safe at Home Program [Ky Acts ch. 172]**. This administrative regulation **establishes the application assistant training and designation procedures for the Safe at Home Program [implements Ky Acts ch. 172]**.

Section 1. The Application Assistant training and designation process **shall consist [consists]** of:

- (1) Completing an in-person or online training **that [which]** is conducted or approved by the Secretary of State Safe at Home Program; and
- (2) Submitting a completed Application Assistant Agreement.

Section 2. Valid Period. The Application Assistant designation **shall be [is]** valid for a three (3) year period and may be renewed by submitting a new Application Assistant Agreement prior to the end of the three (3) year term.

Section 3. Employment.

- (1) ~~[The]~~ Application Assistants **shall [must]** provide the Safe at Home Program with current employer and contact information.
- (2) Application Assistants who change employment may retain their designation **if [as-long as]** they continue to meet the statutory criteria for the Application Assistant designation and submit an updated Application Assistant Agreement.

Section 4. Expiration ~~or [A]~~ Cancellation.

- (1) The Safe at Home Program **shall [will]** notify Application Assistants prior to the expiration of their designation using the contact information on record with the program.
- (2) An Application Assistant designation **shall [will]** expire if the Application Assistant fails to submit a new Application Assistant Agreement before the end of his ~~or [A]~~ her three (3) year term.
- (3) An Application Assistant may cancel his or her designation at any time by notifying the Safe at Home Program.

Section 5. Incorporation by Reference.

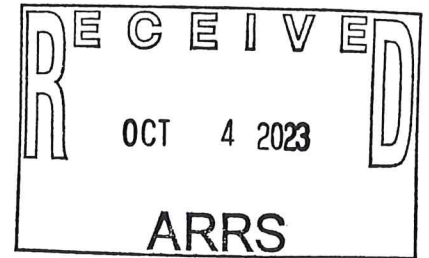
- (1) "Application Assistant Agreement", July 2023, is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky

40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at www.sos.ky.gov.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687. Email: jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE
(As Amended at ARRS)

30 KAR 010:060. Release of participant information to criminal justice officials or agencies.

RELATES TO: KRS 14.302 [Ky Acts Ch. 172]

STATUTORY AUTHORITY: KRS 14.308, 14.318 [Ky Acts Ch. 172]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 14.318 [Ky Acts Ch. 172] authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program [Ky Acts Ch. 172]. This administrative regulation establishes the release of participant information to criminal justice officials or agencies [implements Ky Acts Ch. 172].

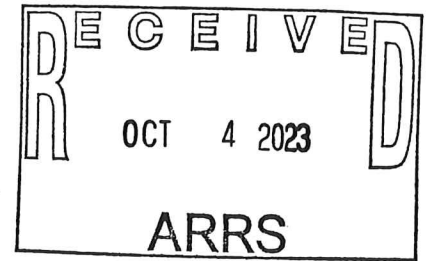
Section 1. Expedited release of participant information shall be granted in response to a written request setting forth the reason(s) requiring the expedited release of information to the criminal justice agency. The request shall [must] be on agency letterhead and signed by the employee of the criminal justice agency requesting the [such] information and his or her direct supervisor or acting supervisor if the employee's direct supervisor is unavailable.

Section 2. If a [the] participant indicates on his or her [their] application that he or [/] she has reason to believe he or she is a victim of domestic violence, sexual assault, trafficking, or stalking perpetrated by an employee of a law enforcement agency, the letter shall [must] be accompanied by a court order for release of records in the program participant's file.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
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October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

**SECRETARY OF STATE
(As Amended at ARRS)**

30 KAR 010:070. School enrollment and record transfers.

RELATES TO: ***KRS 14.302 [Ky Acts ch. 172]***

STATUTORY AUTHORITY: ***KRS 14.318 [Ky Acts ch. 172]***

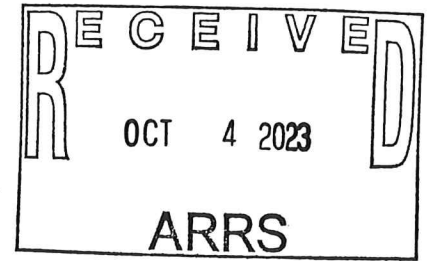
NECESSITY, FUNCTION, AND CONFORMITY: ***KRS 14.318 [Ky Acts ch. 172]*** authorizes the Secretary of State to promulgate administrative regulations implementing ***the Safe at Home Program [Ky Acts ch. 172]***. This administrative regulation ***establishes the procedures for school enrollment and record transfers [implements Ky Acts ch. 172]***.

Section 1. At the request of an enrolling school, the Safe at Home Program ***shall [will]*** determine ***a [the]*** student~~[/]~~ participant's school district eligibility based on the current residential address listed in the participant's program file. The Safe at Home Program ***shall [will]*** notify the enrolling school of district eligibility in writing. The Safe at Home Program ***shall [will]*** request a student's records for the purpose of transferring ***the [such]*** records from one ***(1)*** school to another upon receiving the written request and authorization from the student's parent or legal guardian.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE (As Amended at ARRS)

30 KAR 010:080. Substitute address.

RELATES TO: KRS 14.302 [Ky Acts ch. 172]

STATUTORY AUTHORITY: KRS 14.318 [Ky Acts ch. 172]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 14.318 [Ky Acts ch. 172] authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program [Ky Acts ch. 172]. This administrative regulation establishes that Safe at Home Program participants may use a substitute address provided by the Secretary of State [implements Ky Acts ch. 172].

Section 1. (1) Program participants may use the substitute address provided by the Secretary of State when interacting with any state or local agency on all forms or applications that require an address.

(2) Every state or local government agency, or office, shall accept the substitute address issued by the Secretary of State as the only address for all program participants when the participant provides the address and authorization card and authorization number. Program participants shall not be [are not] required to respond to any question regarding the details or circumstances of the person's inclusion in the program. The public agency may contact the Secretary of State to verify program participation and for additional program information.

(3) The agency official creating a new record may make a file photocopy of the authorization card and shall [will] immediately return the authorization card to the program participant.

(4) The agency official may call the Safe at Home Program to verify an individual's participation status in the program and to confirm the participant's authorization number.

(5) The Secretary of State shall be [is] the agent for receipt of all mail sent to program participants at the substitute address.

(6) All first-class mail specifically addressed to the program participant at the substitute address shall [will] be forwarded at least every second business day to each participant's mailing address, using "return service requested" designation on the envelope. The Secretary of State shall [is] not be required to forward mail that is not specifically addressed to the participant.

(7) The Secretary of State may hold a participant's mail for up to three **(3)** weeks if the participant provides a Mail Hold Request. The Secretary of State shall [must] compare the signature on the hold request with that on file for the participant prior to holding the mail.

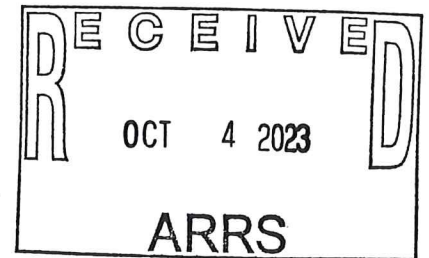
Section 2. Incorporation by Reference. (1) "Safe at Home Mail Hold Request", July 2023, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at www.sos.ky.gov.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

**SECRETARY OF STATE
(As Amended at ARRS)**

30 KAR 010:090. Exercise of program participant's privileges.

RELATES TO: *KRS 14.302 [Ky Acts ch. 172]*

STATUTORY AUTHORITY: *KRS 14.318 [Ky Acts ch. 172]*

NECESSITY, FUNCTION, AND CONFORMITY: *KRS 14.318 [Ky Acts ch. 172]* authorizes the Secretary of State to promulgate administrative regulations implementing *the Safe at Home Program [Ky Acts ch. 172]*. This administrative regulation *establishes that a program participant may use a substitute address provided by the Secretary of State for updating official records for his or her residence, work, or school address [implements Ky Acts ch. 172]*.

Section 1. (1) At the time any state or local government agency creates a new record or updates an existing record, a program participant may request that the agency use the substitute mailing address as the participant's residence, work, *or [and/or]* school address.

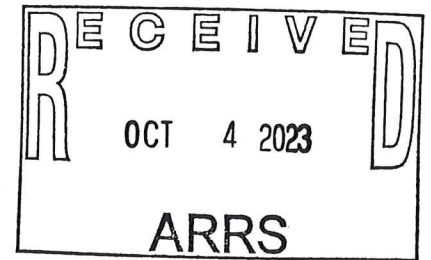
(2) Program participants *shall be [are solely]* responsible for requesting the use of a substitute address.

(3) A program participant shall show his *or [and]* her authorization card to the agency official creating a new record and request address confidentiality through the use of the substitute mailing address as it appears on the authorization card, in lieu of the actual location.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



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MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE (As Amended at ARRS)

30 KAR 010:100. Attaining Age of Majority.

RELATES TO: KRS 14.302 [Ky Acts ch. 172]

STATUTORY AUTHORITY: KRS 14.318 [Ky Acts ch. 172]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 14.318 [Ky Acts ch. 172] authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program [Ky Acts ch. 172]. This administrative regulation establishes the procedures for a minor child participant who has reached the age of majority [implements Ky Acts ch. 172].

Section 1. When the Secretary of State becomes aware that a minor child participant has reached the age of eighteen (18), the Secretary of State shall [will] inform the minor child participant of options related to continued participation in the Safe at Home Program. These options shall include leaving the program and reapplying on their own behalf.

(1) In anticipation of a [the] minor child participant's 18th birthday, the Secretary of State shall [will] send an application packet via first class mail to the participant's address. The packet shall [will] include an application form and instructions on actions to be taken by age eighteen (18). The packet shall [will] include notice that if the participant does not respond within thirty (30) days he or she shall [they will] be removed from the program, and mail forwarding shall [will] stop. If thirty (30) days pass without contact from the participant, the Secretary of State shall [will] mail a final notice that the participant's certification shall [will] be canceled if the participant fails to submit the Application for Certification within ten (10) days.

(2) ~~The packet will include the application form.~~

~~(3)]~~ The Secretary of State shall renew the certification of a participant upon receipt of a properly completed application form.

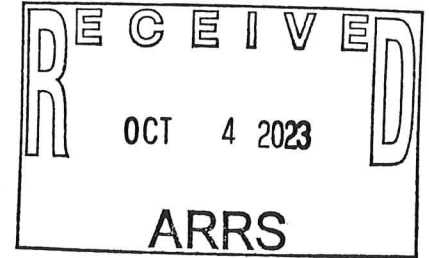
~~(3)[(4)]~~ A participant who reaches age eighteen (18) and changes residence may reapply or withdraw.

~~(4)[(5)]~~ Program participants who [that] have reached age eighteen (18) and [who] have withdrawn or allowed certification to expire, may reapply on their own behalf.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



COMMONWEALTH OF KENTUCKY
OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE
(As Amended at ARRS)

30 KAR 010:110. Service of process.

RELATES TO: ~~KRS 14.302 [Ky Acts ch. 172]~~

STATUTORY AUTHORITY: ~~KRS 14.304, 14.318 [Ky Acts ch. 172]~~

NECESSITY, FUNCTION, AND CONFORMITY: ~~KRS 14.318 [Ky Acts ch. 172]~~ authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program [Ky Acts ch. 172]. This administrative regulation establishes that the Secretary of State shall be an agent for service of process for program participants [implements Ky Acts ch. 172].

Section 1. Service of Process. (1) The Secretary of State shall be an agent of the program participant upon whom any summons, writ, notice, demand, or process may be served. [;]

(2) Service on the Secretary of State of any [such] summons, writ, demand, notice, or process shall be made by mailing to the designated address or by delivering to the Secretary of State at his ~~or [;]~~ her office in Frankfort, Kentucky. [;]

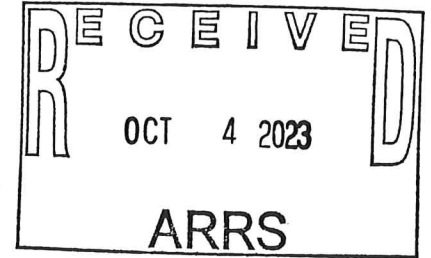
(3) If a summons, writ, notice, demand, or process is served on the Secretary of State, the Secretary of State shall immediately forward a copy of the summons, writ, notice, demand, or process to [at] the participant's mailing address shown on the program records. [;]

(4) The Secretary of State shall maintain in the program participant's file, a record of all summonses, writs, notices, demands, and processes served upon the Secretary of State for that participant, which shall include the date of [such] service and the Secretary of State's action.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



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OFFICE OF THE SECRETARY OF STATE
MICHAEL G. ADAMS



October 4, 2023

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

Dear Co-Chairs West and Hale:

After consideration of the issues raised by 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120, the Office of the Secretary of State proposes the attached suggested amendments to 30 KAR 6:012, 30 KAR 10:010, 30 KAR 10:020, 30 KAR 10:030, 30 KAR 10:040, 30 KAR 10:050, 30 KAR 10:060, 30 KAR 10:070, 30 KAR 10:080, 30 KAR 10:090, 30 KAR 10:100, 30 KAR 10:110, and 30 KAR 10:120.

Sincerely,

Jennifer Scutchfield
Assistant Secretary of State

Subcommittee Substitute

SECRETARY OF STATE
(As Amended at ARRS)

30 KAR 010:120. Recognition of certification in other state.

RELATES TO: ~~KRS 14.302 [Ky Acts ch. 172]~~

STATUTORY AUTHORITY: ~~KRS 14.304, 14.318 [Ky Acts ch. 172]~~

NECESSITY, FUNCTION, AND CONFORMITY: ~~KRS 14.318 [Ky Acts ch. 172]~~ authorizes the Secretary of State to promulgate administrative regulations implementing ***the Safe at Home Program [Ky Acts ch. 172]***. This administrative regulation ***establishes the reciprocity processes for a participant of a similar program in another state [implements Ky Acts ch. 172]***.

Section 1. A participant in a program in another state that is similar to the Safe at Home Program may apply for approval in the Kentucky Secretary of State Safe at Home Program.

(1) The application for recognition shall be made to the Secretary of State by submitting a completed Application for Recognition of Out of State Participant, which ~~shall contain~~***[contains]***:

- (a) ***The applicant's*** full legal name;
- (b) ***The applicant's*** date of birth;
- (c) ***Any*** other names that may appear on ***the*** applicant's mail;
- (d) ***The applicant's*** county of residence;
- (e) ***The applicant's*** residential address;
- (f) ***The applicant's*** phone number;
- (g) ***The applicant's*** email address; ***[and]***
- (h) ***The applicant's*** dependent's legal names and identifying information (if applicable);***[-]***
- (i) The state where ***the*** applicant is currently enrolled;***[-]***
- (j) Contact information for the other State's administrator of the similar program; ***and [-]***
- (k) Whether the applicant is permanently moving to the Commonwealth, temporarily living in the Commonwealth, ~~[or]~~ ***in the Commonwealth***, or engaged in other transactions in the Commonwealth.

(2) The application ***shall [must]*** include a sworn statement and acknowledge the following:

(a) I am an adult survivor of domestic abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking, or I am the parent ~~or~~***[/]*** guardian of a child or incapacitated individual who is such a survivor. I fear for my safety, the safety of those who reside in my household, or the safety of the person on whose behalf I completed this application;

(b) I am not applying to participate in ***the*** Safe at Home ***Program [in order]*** to avoid prosecution of any kind. I confirm that I am not a sexually violent predator;

(c) I give permission to the Secretary of State's Office to verify my participation in ***the*** Safe at Home ***Program*** to third parties when requested;

(d) I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. ~~[Therefore,]~~ If ***the Secretary of State [Safe at Home]*** accepts legal documents or certified mail addressed to me, it is as if I received them;

(e) I understand that my participation in ***the*** Safe at Home ***Program*** may be cancelled ~~if~~ ***[for]***

any of the following reasons]:

1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change;[;]

2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service;[;]

3. [If] I do not accept service of process or I am unavailable for delivery of service of process;[;]

4. [If] My application contains false information; or[;]

5. I become ineligible for **the similar program [Safe at Home]** in the original state certification;

(f) I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home **Program** designated address. I recognize that if I share my confidential address, the Safe at Home Program cannot control its distribution;

(g) I realize that my **mailing [mail]** address could include an **apartment [apt.]** number **and[;]** without this **apartment [apt.]** number, my mail may be delayed or may never reach me. **I understand the Safe at Home Program shall [will]** forward only first-class, legal, and certified mail, as well as packages of prescriptions;

(h) I understand that my approval in **the Safe at Home Program** is for a **one (1) [one-]year** term. At the end of this term, I realize **that I am required [will-have]** to renew my enrollment or be cancelled from the program;

(i) I realize that if I purchase real estate, my information **shall [will]** appear on public records;

(j) I understand that I **am required to [must]** notify the Safe at Home Program if any of the information on my original Safe at Home **Program** application changes;

(k) I understand that once I am enrolled in the Safe at Home Program, my actual address **shall [will]** be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Safe at Home Program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it **may [will]** aid in responding to an emergency situation, criminal complaint, or an ongoing investigation; and

(l) **I understand that** my children under the age of eighteen (18) may be enrolled with me as dependents **and that[;]** individuals over the age of eighteen (18) **are required to [must]** enroll separately. **I realize that** minors who turn eighteen (18) during participation in the program **shall be [are]** responsible for completing a renewal form at that time to continue Safe at Home **Program** participation.

Section 2. Certification in the Safe at Home Program. (1) The Secretary of State shall approve an Application for Certification to Participate in Safe at Home Program and certify the applicant as a program participant if the applicant and the Application for Certification to Participate in **[the]** Safe at Home Program meet the requirements established **in KRS 14.304 [Ky Acts ch. 172]** and this administrative regulation.

(2) The Secretary of State shall notify the applicant or filer whether the Application for Certification to Participate in **[the]** Safe at Home Program was denied, or the applicant was certified as a program participant.

(a) If an Application for Certification to Participate in **[the]** Safe at Home Program is denied, the Secretary of State shall inform the applicant or filer of the reason for the denial.

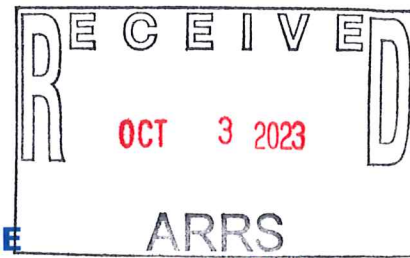
(b) If an applicant is certified as a program participant, the Secretary of State shall:

1. Assign to the program participant a participant number and designated address; **[and]**
 2. Issue to the program participant a Safe at Home Program Participant Card; **[:]**
 3. Provide information about the Safe at Home Program with instructions, frequently asked question and answers, and other information deemed necessary; **[and:]**
 4. Provide a general letter from the Secretary of State **that** the participant can provide to agencies.
- (3) If an applicant is certified as a program participant, participation in the Safe at Home program shall be effective as of the date of the notification of certification.

Section 3. Incorporation by Reference. (1) "Application for Recognition of Out of State Participant", July 2023; is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at www.sos.ky.gov.

CONTACT PERSON: Jennifer Scutchfield, Assistant Secretary of State, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, phone (502) 782-7417, fax (502) 564-5687, email jscutchfield@ky.gov.



KENTUCKY REGISTRY OF ELECTION FINANCE

Thomas P. O'Brien, III, Chairman
Adrian M. Mendiondo, Vice-Chair
Richard Clayton Larkin, Member
H. David Wallace, Member
J. Bissell Roberts, Member
Laura Marie Bennett, Member
Jessica Burke, Member

140 Walnut Street
Frankfort, Kentucky 40601-3240
Phone: (502) 573-2226
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www.kref.ky.gov

John R. Steffen
Executive Director
Leslie M. Saunders
General Counsel

October 3, 2023

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex
Frankfort KY 40601

Re: 32 KAR 2:020. General provisions.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 32 KAR 2:020, the Kentucky Registry of Election Finance proposes the attached amendment to 32 KAR 2:020.

Sincerely,

Leslie M. Saunders, General Counsel
Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601

Final, 9-26-2023

STAFF-SUGGESTED AMENDMENT

GENERAL GOVERNMENT CABINET
Kentucky Registry of Election Finance

32 KAR 2:020. General provisions.

Page 1

RELATES TO

Line 5

After "121.140", insert ", 446.030".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 7

After "CONFORMITY:", insert "KRS 121.120(1)(g) authorizes".

Lowercase the first letter of "the" immediately following.

After "Election Finance", insert the following:

to promulgate administrative regulations necessary to carry out and enforce the

Lines 7-8

Delete the following:

is charged with the responsibility of enforcing

Line 13

After "throughout", insert "32 KAR".

Delete "this".

Capitalize the first letter of "chapter".

After "Chapter", insert "2".

Page 2

Section 2(2)

Line 21

After "by mail.", insert "If".

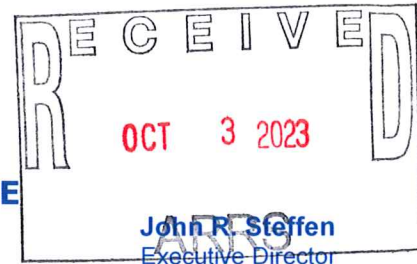
Delete "When".



KENTUCKY REGISTRY OF ELECTION FINANCE

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John R. Steffen
Executive Director

Leslie M. Saunders
General Counsel

October 3, 2023

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex
Frankfort KY 40601

Re: **32 KAR 2:030**. Complaints; internally-generated matters.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 32 KAR 2:030, the Kentucky Registry of Election Finance proposes the attached amendment to 32 KAR 2:030.

Sincerely,

Leslie M. Saunders, General Counsel
Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601

Final, 9-26-2023

SUGGESTED SUBSTITUTE

GENERAL GOVERNMENT CABINET
Kentucky Registry of Election Finance

32 KAR 2:030. Complaints; internally-generated matters.

RELATES TO: KRS 121.140, 121.180

STATUTORY AUTHORITY: KRS 121.120(1)(g)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 121.120(1)(g) authorizes the Registry of Election Finance to promulgate administrative regulations necessary to carry out KRS Chapter 121. [The purpose of] This administrative regulation establishes~~is to establish~~ the procedure to be followed by the Registry of Election Finance in processing complaints of alleged violations of campaign finance law~~law or administrative regulations promulgated by the registry. This administrative regulation also repeals 32 KAR 2:010, Processing complaints; hearings because the provisions of that administrative regulation do not comply with the registry's current statutory authority.~~

Section 1. Filing Requirements for Complaints.

(1) A person who believes that a violation of campaign finance law~~any campaign finance statute or administrative regulation~~ may have occurred or is about to occur may file a complaint in writing with the general counsel, Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601.

(2) A complaint alleging a violation shall be filed within one (1) year~~a~~ year from the time the violation has occurred.~~[time prescribed by KRS 500.050.]~~ If the alleged practice is of a continuing nature, the date of the occurrence of the practice shall be deemed to be any date subsequent to the commencement of the practice until~~up to and including~~ the date on which the practice has ceased, or the date on which the complaint is filed. The registry may refer a complaint to the Office of the Attorney General for potential criminal prosecution at any time.

(3) A complaint filed with the general counsel shall comply with the following requirements:

(a) The complaint shall provide the full name and address of the complainant.

(b) The contents of the complaint shall be sworn to and signed in the presence of a notary public and shall be duly notarized.

(c) The complaint shall state that statements contained within it are based upon the complainant's personal knowledge and are~~Statements contained in the complaint shall be~~ made under penalty of perjury. ~~[The complaint shall differentiate between statements based upon personal knowledge and statements based upon information and belief.]~~

(d) The complaint shall clearly identify as a respondent each person or entity who is alleged to have committed a violation or is about to commit a violation.

~~[(e)] [Statements which are not based upon personal knowledge shall be accompanied by an identification of the source of information which gives rise to the complainant's belief in the truth of the statements contained in the complaint.]~~

~~(e)~~~~(f)~~ The complaint shall contain a clear and concise recitation of the facts which support the allegation of a violation of ~~[a-]~~campaign finance law~~[statute or administrative regulation.]~~

~~(f)~~~~(g)~~ The complaint shall be accompanied by documentation supporting the allegations if the documentation is known by and available to the complainant.

Section 2. Initial Complaint Processing; Notification.

(1) Upon receipt of a complaint, the general counsel shall review the complaint for substantial compliance with the technical requirements of Section 1 of this administrative regulation. If the complaint complies with those requirements, the general counsel shall, within five (5) days after receipt of the complaint, notify each respondent that the complaint has been filed, advise them of registry procedures, and enclose a copy of the complaint and supporting documentation.

(2) If a complaint fails to comply with the requirements of Section 1 of this administrative regulation, the general counsel shall notify the complainant and person or entity identified as respondents, within the five (5) day period specified in subsection (1) of this section, that no action shall be taken on the basis of that complaint. A copy of the complaint shall be enclosed with the notification to each respondent. The notification shall include an explanation of the reasons the complaint fails to comply.

Section 3. Responses.~~[Opportunity to Demonstrate that no Action Should be Taken on Complaint-Generated Matters.]~~

(1) Within fifteen (15) days of receiving a copy of the complaint, a respondent or respondent's counsel may file:

- (a) A written response to the complaint, signed by the respondent or the respondent's counsel; and
- (b) An entry of appearance as described in 32 KAR 2:020, **Section 4**~~[(4)(1)]~~, if the respondent has retained counsel.

(2) The registry shall **not take**~~take no~~ action **or**~~nor~~ make any finding against a respondent other than action dismissing the complaint unless it has considered the response or unless **a**~~no~~ response has **not** been served upon the registry within the fifteen (15) day period prescribed in subsection (1) of this section.

~~[(1) [A respondent shall be afforded an opportunity to demonstrate that no action should be taken on the basis of a complaint by submitting, within fifteen (15) days from receipt of a copy of the complaint, a letter or memorandum setting forth reasons why the registry should take no action.]~~

~~[(2) [The registry shall not take any action, or make any finding against a respondent other than action dismissing the complaint, unless it has considered the respondent's letter or memorandum or unless no response has been served upon the registry within the fifteen (15) day period prescribed in subsection (1) of this section.]~~

Section 4. Reason to Believe Finding.

(1) Following either the expiration of the fifteen (15) day period prescribed by Section 3 of this administrative regulation, or receipt of a response from the respondent, whichever occurs first, the general counsel shall determine **if**~~whether~~ there is reason to believe that a respondent may have violated or is about to violate **campaign finance law**~~a campaign statute or administrative regulation~~.

(2) If the general counsel determines that there is reason to believe that a violation may have occurred or is about to occur, an investigation shall commence as provided in ~~[Section 2 of]~~32 KAR 2:040, **Section 1**.

(3) If the general counsel determines that there is no reason to believe that a violation may have occurred or is about to occur, he or she shall recommend to the registry that the complaint be dismissed. The registry shall determine whether to accept or reject the general counsel's recommendation.

Section 5. Referrals.

(1) On the basis of information ascertained by the registry in the normal course of performing its enforcement duties, or on the basis of referral from an agency of the United States or of any state, the general counsel may find reason to believe that a person or entity may have committed or is about to commit a violation of campaign finance law~~statutes or administrative regulations,~~ and an investigation shall commence as provided in ~~[Section 2 of]~~32 KAR 2:040, **Section 1**.

(2) If the general counsel finds reason to believe that a violation may have occurred or is about to occur, the notification to the respondent required by Section 2 of this administrative regulation shall include a copy of a staff report setting forth the legal basis for and the alleged facts which support the general counsel's finding.

(3) No later than four (4) days preceding each primary and general election, the registry shall publish the names of all candidates appearing on the ballot who have failed to timely file any report required by KRS 121.180(3)(a) for any reporting period since the date of the last election.

Section 6. Reopening of Proceedings. After a hearing and the issuance of a final order as provided in KRS 121.140~~Acts 1992, Chapter 288, Section 46,~~ the registry may, upon its own motion or upon

application of any party or intervening party, for good cause shown, or iff[whenever] justice so requires, reopen any closed proceeding upon notice to all parties and intervenors, and may take the action it deems necessary.

Section 7. Certification. The chairman or the executive director may certify all documents or records which are a part of the files of the registry.

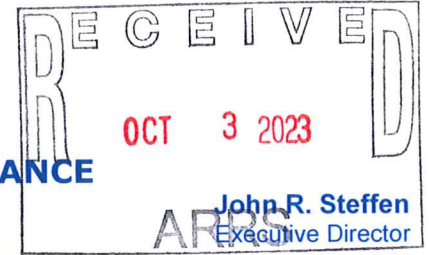
CONTACT PERSON: Leslie Saunders, General Counsel, Kentucky Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, phone (502) 573-2226, fax (502) 573-5622, email LeslieM.Saunders@ky.gov.



KENTUCKY REGISTRY OF ELECTION FINANCE

Thomas P. O'Brien, III, Chairman
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John R. Steffen
Executive Director
Leslie M. Saunders
General Counsel

October 3, 2023

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex
Frankfort KY 40601

Re: 32 KAR 2:040. Investigatory procedures.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 32 KAR 2:040, the Kentucky Registry of Election Finance proposes the attached amendment to 32 KAR 2:040.

Sincerely,

Leslie M. Saunders, General Counsel
Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601

Final, 9-28-2023

SUGGESTED SUBSTITUTE

GENERAL GOVERNMENT CABINET
Kentucky Registry of Election Finance

32 KAR 2:040. Investigatory procedures.~~[Preconciliation procedures.]~~

RELATES TO: KRS ~~[121.120,]~~121.140, **121.180**

STATUTORY AUTHORITY: KRS 121.120(1)(g)

NECESSITY, FUNCTION, AND CONFORMITY: *KRS 121.120(1)(g) authorizes the Registry of Election Finance to promulgate administrative regulations necessary to carry out KRS Chapter 121.*~~[The purpose of]~~ This administrative regulation ~~establishes~~***is to establish*** a procedure for ~~[processing complaints or internally-generated matters prior to the conciliation process established by Acts 1992, Chapter 288, Section 46 enacted by the General Assembly. The bill became effective July 14, 1992, and it is necessary to promulgate this administrative regulation to enable the registry to comply with the new provision.]~~investigations into complaints or internally generated matters and is necessary to ensure a consistent procedure.

~~[Section 1.] [Reason to Believe Finding.]~~

~~[(1)] [If the general counsel, either after reviewing a complaint and a respondent's letter or memorandum requesting that the registry take no action on the complaint as provided in Section 3 of 32 KAR 2:030, or after reviewing an internally-generated matter as described in Section 5 of 32 KAR 2:030, determines there is reason to believe that a respondent may have violated or is about to violate a campaign finance statute or administrative regulation, he shall notify the respondent and complainant of his finding by letter, setting forth the sections of the statute or administrative regulation alleged to have been violated and the factual basis supporting the finding.]~~

~~[(2)] [If the general counsel finds no reason to believe that a violation occurred or otherwise terminates its proceedings, the general counsel shall so advise both the complainant and respondent by letter.]~~

Section 1.~~[Section 2.]~~ Investigations.

(1) An investigation shall be conducted ~~if~~***if in any case in which*** the general counsel finds reason to believe that a violation of a campaign finance ~~law~~***statute or administrative regulation*** may have occurred or is about to occur, or at the direction of the registry if the general counsel's recommendation of dismissal is rejected.

(2) In its investigation, the registry may utilize the provisions of Sections ~~2[3]~~ to ~~5[7]~~ of this administrative regulation. The investigation may include field investigations, audits, and other methods of information gathering.

Section 2.~~[Section 3.]~~ Written Question Under Oath. The registry may authorize its chairman or general counsel to issue an order requiring any person to submit sworn written answers to written questions and may specify a date by which the answers shall be submitted.

Section 3.~~[Section 4.]~~ Subpoenas; Depositions.

(1) The registry may authorize its chairman or general counsel to issue subpoenas requiring the attendance and testimony of any person by deposition or at a hearing. ~~Further~~***Further*** The registry may issue subpoenas duces tecum for the production of documentary or other tangible evidence in connection with an investigation, deposition, or a hearing.

(2) If oral testimony is ordered to be taken by deposition or documents are ordered to be produced, the subpoena shall so state and shall advise the deponent or person subpoenaed that all testimony ~~shall~~***will*** be given under oath. A deposition may be taken before any person having the power to administer oaths.

(3) The Kentucky Rules of Civil Procedure, Rule 30.05, shall govern the opportunity to review and sign depositions taken pursuant to this section.

Section 4.~~[Section 5.]~~ Service of Subpoenas, Orders, and Notifications.

(1) Service of a subpoena, order, or notification upon a person named therein shall be made by delivering a copy to that person in the manner prescribed by this section.~~[In the case of subpoenas, fees for one (1) day's attendance and mileage shall be tendered as specified in Section 6 of this administrative regulation.]~~

(2) ~~if~~**[When]** service is to be made upon a person who has advised the registry of representation by an attorney, the service shall be made upon the attorney by any of the methods specified in subsection (3) of this section and a copy shall be sent to the individual.

(3)

(a) Delivery of subpoenas, orders, and notifications to a natural person may be made by:

1. Handing a copy to the person;
2. Leaving a copy at the person's~~[his]~~ dwelling place or usual place of abode with a person of suitable age and discretion residing therein;
3. Mailing a copy by registered or certified mail to the person's~~[his]~~ last known address; or
4. ~~Another~~**[Any other]** method ~~if~~**[whereby]** actual notice is given.

(b) ~~if~~**[When]** the person to be served is not a natural person, delivery of subpoenas, orders, and notifications may be made by:

1. Mailing a copy by registered or certified mail to the person at its place of business;
2. Handing a copy to a registered agent for service, or to any officer, director, or agent in charge of any office of the person;
3. Mailing a copy by registered or certified mail to the representative at the representative's~~[his]~~ last known address; or
4. ~~Another~~**[Any other]** method by which actual notice is given.

~~[Section 6.] [Witness Fees and Mileage. Witnesses subpoenaed to appear for depositions shall be paid the same fees and mileage as witnesses in the courts of the Commonwealth of Kentucky. These fees may be tendered at the time the witness appears for the deposition or within a reasonable time thereafter.]~~

Section 5.~~[Section 7.]~~ Motions to Quash or Modify a Subpoena.

(1) A person to whom a subpoena is directed may, prior to the time specified therein for compliance, but no later than five (5) days after the date of receipt of the subpoena, move the registry to quash or modify the subpoena, accompanying the motion with a brief statement of the reasons therefore. Motions to quash shall be filed with the general counsel, Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601.~~[Three (3) copies shall be submitted.]~~

(2) The registry may deny the motion, quash the subpoena, or modify the subpoena.

(3) The person subpoenaed and the general counsel may agree to change the date, time, or place of a deposition or the conditions for the production of documents without affecting the force and effect of the subpoena, but any modifications shall be confirmed in writing.

Section 6.~~[Section 8.]~~ Briefing Procedures.

(1)

(a) Upon completion of the investigation, the general counsel shall make a report of the findings of the registry.

(b) If the registry determines that the information obtained in the course of the investigation is insufficient to support a finding of probable cause or to provide a basis for dismissal of the action, it may direct the general counsel to prepare a brief setting forth his or her position on the alleged factual and legal issues of the case.

(c) The registry may ~~[also]~~ request the respondent to appear to present additional information, or the respondent may request ~~[that he]~~ be allowed to present additional evidence.

(d) The decision as to whether the respondent may present additional evidence shall be within the determination~~[discretion]~~ of the registry.

(2) The general counsel shall provide a copy of the[his] brief to the respondent who may, within fifteen (15) days of receipt of the general counsel's brief, file a brief with the registry setting forth the respondent's[his] position on the factual and legal issues of the case. [~~Ten (10) copies of the brief shall be filed with the executive director and three (3) copies shall be filed with the general counsel.~~]

Section 7.[~~Section 9.~~] Probable Cause Finding; Notification.

(1) If the registry determines that there is probable cause to believe that a respondent may have or is about to violate [a] campaign finance law,[~~statute or administrative regulation,~~] the general counsel shall notify the respondent and complainant by letter.

(2) If the registry finds no probable cause or otherwise orders a termination of its proceedings, the general counsel shall notify respondent and complainant by letter.

Section 8.[~~Section 10.~~] Noncompliance with Reporting Requirements; Probable Cause Determination.

(1) **Prima facie evidence that probable cause to believe that a violation has occurred exists and the general counsel and executive director may immediately enter into conciliation negotiations with a respondent if:**

(a) Any person subject to the provisions of KRS 121.180 fails to comply with any reporting requirement contained in that section; or

(b) Any candidate or slate of candidates does not revoke a request for exemption in a timely manner as described in KRS 121.180(1)(b), making the candidate or slate of candidates subject to the \$500 penalty imposed in KRS 121.180(1)(k).

(2) A candidate or slate of candidates shall be deemed to have not revoked a request for exemption in a timely manner for purposes of subsection (1)(b) of this section if:

(a) The candidate or slate of candidates electronically files an amended Statement of Spending Intent beyond the deadlines established in KRS 121.180; or

(b) Reports the receipt of contributions or the expenditures of funds in excess of \$3,000 once the time to amend the Statement of Spending Intent has passed.

(3) The notice required by KRS 121.140(2) shall be issued when the registry's staff concludes any applicable deadlines related to the filing of required reports or revocation of a request for exemption made under KRS 121.180(1)(b) have passed[~~if any person subject to the provisions of KRS 121.180 fails to comply with any reporting requirement contained in that section, the failure to file a report due in a timely manner shall constitute prima facie evidence that probable cause exists to believe that a violation has occurred and the general counsel and executive director may immediately enter into conciliation negotiations with the respondent. The notice required by KRS 121.140(2) shall be issued when the registry's staff concludes that there has been a failure to file any report required under the campaign finance laws.~~]

(2) If any a candidate or slate of candidates does not revoke a request for exemption in a timely manner as described in KRS 121.180(1)(b), making the candidate or slate of candidates subject to the \$500 penalty imposed in KRS 121.180(1)(k), the filing of an amended Statement of Spending Intent untimely or the reporting of the receipt of contributions or the expenditures of funds in excess of \$3,000 once the time to amend the Statement of Spending Intent has passed, shall constitute prima facie evidence that probable cause exists to believe that a violation has occurred and the general counsel and executive director may immediately enter into conciliation negotiations with the candidate or slate of candidates.

The notice required by KRS 121.140(2) shall be issued when the registry's staff concludes that there has been a failure to timely amend a Statement of Spending Intent].

(4)[~~(3)~~][~~(2)~~] A conciliation agreement pertaining to a violation of KRS 121.180 shall not be binding upon either party until it is signed by the respondent, the general counsel, and the executive director, and approved by the registry.

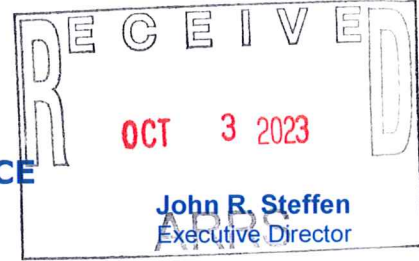
CONTACT PERSON: Leslie Saunders, General Counsel, Kentucky Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, phone (502) 573-2226, fax (502) 573-5622, email LeslieM.Saunders@ky.gov.



KENTUCKY REGISTRY OF ELECTION FINANCE

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John R. Steffen
Executive Director
Leslie M. Saunders
General Counsel

October 3, 2023

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex
Frankfort KY 40601

Re: 32 KAR 2:060. Advisory Opinions.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 32 KAR 2:060, the Kentucky Registry of Election Finance proposes the attached amendment to 32 KAR 2:060.

Sincerely,

Leslie M. Saunders, General Counsel
Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601

Final, 9-26-2023

SUGGESTED SUBSTITUTE

GENERAL GOVERNMENT CABINET
Kentucky Registry of Election Finance

32 KAR 2:060. Advisory opinions.

RELATES TO: KRS 121.135

STATUTORY AUTHORITY: KRS 121.120(1)(g)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 121.120(1)(g) authorizes the Registry of Election Finance to promulgate administrative regulations necessary to carry out KRS Chapter 121. KRS 121.135 requires the Registry of Election Finance to issue advisory opinions concerning the application of campaign finance ~~law/laws or administrative regulations promulgated by the registry pursuant to statutory authority.~~ ~~[These provisions became effective July 14, 1992, and]~~ This administrative regulation establishes the~~is necessary to implement the~~ process through which advisory opinions may be requested and issued.

Section 1. Requests for Advisory Opinions.

(1) A person may request in writing an advisory opinion concerning the application of campaign finance ~~law/statutes or administrative regulations~~ with regard to a particular transaction. An authorized agent of the person requesting an advisory opinion may submit the advisory opinion request, but the agent shall disclose the identity of ~~the~~~~[his]~~ principal.

(2)(a) The written advisory opinion request shall describe a specific transaction or activity that the requesting person:

1. Plans to undertake;
- 2.[undertake or] Is presently undertaking; or
- 3.[undertaking and] Intends to undertake in the future.

(b) Requests presenting a general question of interpretation, ~~[or]~~posing a hypothetical situation, or regarding the activities of third ~~parties~~~~[parties.]~~ shall not be considered.

(3) Advisory opinion requests shall include a complete description of all facts relevant to the specific transaction or activity with respect to which the request is made.

(4) The office of general counsel shall review all requests for advisory opinions submitted to the registry. If the office of general counsel determines that a request is incomplete or otherwise fails to meet the criteria established in this section, it shall, within ten (10) calendar days of receipt of the request, notify the requesting ~~person~~~~[person.]~~ of any deficiencies in the request.

(5) Advisory opinion requests shall be submitted by:

(a) Mail to the Office of the General Counsel, Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601; or

(b)[by] Email to KREFRequests@ky.gov.~~[Kentucky 40601.]~~

(6) Upon receipt by the registry, each request which qualifies as an advisory opinion request (AOR) under this section shall be assigned an AOR number for reference purposes.

Section 2. Public Availability of Requests. (1) The registry shall make public on its Web site at www.kref.ky.gov any advisory [Advisory] opinion requests that[which] qualify under Section 1 of this administrative regulation [shall be made public at the registry.] promptly upon receipt.

(2) A register shall be:

- (a) Maintained by the registry containing a list of requests for advisory opinions; and
- (b)[shall be] Updated on a regular basis.~~[The register, copies of all requests for advisory opinions, supplemental materials, and copies of all opinions issued shall be available for public inspection at the Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, Monday through Friday, between the hours of 8 a.m. and 4:30 p.m. local time.]~~

Section 3. Written Comments on Request.

(1) Any interested person may submit comments concerning requests for advisory opinions made public ~~to~~[by] the registry. All comments shall be in writing and shall refer to the AOR number of the request.

(2) Written comments shall be submitted not later than ten (10) calendar days following the date the request is made public by the registry. If the tenth day falls on a Saturday, Sunday, or legal holiday, the ten (10) day period shall expire at the close of the following business day.~~[day next following.]~~

(3) ~~***[The registry may grant additional time to submit written comments at the Office of General Counsel's discretion or if a member of the public wishing to submit comments requests it.]***~~ Additional time for submission of written comments may be granted upon written request for an extension by the person who wishes to submit comments or may be granted in the discretion of the Office of General Counsel without a request.]

~~***[(4)]***~~ Written comments and requests for additional time to comment shall be sent:

~~***(a)***~~ To the Office of General Counsel, Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky, 40601; or

~~***(b)***~~ By email to KREFRequests@ky.gov.

~~***[(4)]***~~~~***[(5)]***~~ Before issuing an advisory opinion, the registry shall accept and consider all written comments submitted within the ten (10) day comment period or any extension of the normal comment period.

~~[Section 4.] [Issuance of Advisory Opinions. Advisory opinions shall be issued by the registry as provided in KRS 121.135(2).]~~

~~[Section 5.] [Reliance on Advisory Opinions. An advisory opinion issued by the registry may be relied upon only as provided in KRS 121.135(4).]~~

~~[Section 6.] [Advisory Opinion Subscription Service Available. Copies of all advisory opinions issued by the Registry of Election Finance shall be made available to interested parties through a per page charge of ten (10) cents per page plus postage. Persons wishing to obtain a copy of an advisory opinion may contact the Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, (502) 564-2226.]~~

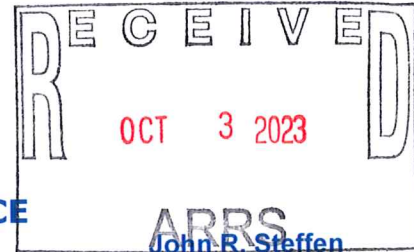
CONTACT PERSON: Leslie Saunders, General Counsel, Kentucky Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, phone (502) 573-2226, fax (502) 573-5622, email LeslieM.Saunders@ky.gov.



KENTUCKY REGISTRY OF ELECTION FINANCE

Thomas P. O'Brien, III, Chairman
Adrian M. Mendiondo, Vice-Chair
Richard Clayton Larkin, Member
H. David Wallace, Member
J. Bissell Roberts, Member
Laura Marie Bennett, Member
Jessica Burke, Member

140 Walnut Street
Frankfort, Kentucky 40601-3240
Phone: (502) 573-2226
Fax: (502) 573-5622
www.kref.ky.gov



John R. Steffen
Executive Director

Leslie M. Saunders
General Counsel

October 3, 2023

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex
Frankfort KY 40601

Re: **32 KAR 2:230**. Processing of records requests.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 32 KAR 2:230, the Kentucky Registry of Election Finance proposes the attached amendment to 32 KAR 2:230.

Sincerely,

Leslie M. Saunders, General Counsel
Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601

Final, 9-26-2023

SUGGESTED SUBSTITUTE

GENERAL GOVERNMENT CABINET
Kentucky Registry of Election Finance

32 KAR 2:230. Processing of records requests.

RELATES TO: KRS ~~61.870-61.884~~, 121.120

STATUTORY AUTHORITY: KRS ~~61.876~~, 121.120(1)(g)~~[-61.876]~~

NECESSITY, FUNCTION, AND CONFORMITY: KRS 121.120(1)(g) authorizes the Registry of Election Finance to promulgate administrative regulations necessary to carry out the provisions of KRS Chapter 121. ~~[Further,]~~ KRS 61.876 ~~requires/mandates that~~ each public agency ~~to~~ adopt rules and regulations in conformity with Kentucky open records law in KRS 61.870 to 61.884. This administrative regulation ~~establishes/provides~~ the process by which the public may access the public records held by the Kentucky Registry of Election Finance that are not available through the agency's ~~Web site/website~~.

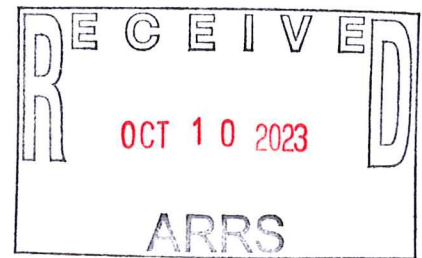
Section 1. Records Requests.

- (1) The principal office for the registry is 140 Walnut St., Frankfort, Kentucky 40601. Regular office hours are from 8 a.m. to 4:30 p.m., Monday through Friday, prevailing time in Frankfort, Kentucky.
- (2) The title of the official custodian of records of the registry is the Records Custodian, whose address is the address of the agency's principal office and whose email address is KREFRequests@ky.gov.
- (3) Requested records ~~shall/will~~ be sent via electronic means to the extent possible and that the requestor provides an email address through which to receive them.
- (4) Fees, to the extent authorized by KRS 61.874, shall be charged for physical copies of requested materials, with a charge of ten (10) cents a page for each photocopy and reasonable costs for materials provided in any other format, such as on storage media. ~~The~~ requestor shall view the records on the registry's searchable public database to the extent ~~these/they~~ are available.
- (5) Procedure for requesting records.
 - (a) Requests to inspect records shall be made to the Records Custodian by U.S. postal mail or by email address ~~as~~ provided in ~~subsection~~ (2) of this Section.
 - (b) Requests to inspect public records shall be made in writing, describing in reasonably sufficient detail the records to be inspected, including party and case number, if applicable and known. The registry shall ~~also~~ accept any standardized open records request form provided by the Office of the Attorney General.

Section 2. Public Disclosure of Registry Action.

- (1) If the registry makes a finding of no reason to believe or no probable cause or otherwise terminates an enforcement action, it shall make public its determination and the basis for the determination no later than thirty (30) days from the date on which the required notifications are sent to complainant and respondent.
- (2) If a conciliation agreement is finalized, the registry shall make the agreement public.
- (3) Except as provided in subsections (1) and (2) of this section, a complaint filed with the registry, any notification sent by the registry, any investigation conducted by the registry, or any findings made by the registry shall not be made public by the registry without the written consent of the respondent until a written response has been received or the expiration of the fifteen (15) day response period required by ~~[Section 3 of]~~ 32 KAR 2:030, ~~Section 3~~. Upon receipt of a response or the expiration of the fifteen (15) day period, the complaint, response, and ~~related~~ materials~~[related thereto]~~, exclusive of materials exempted by KRS 61.878(1), shall be open for public inspection.
- (4) Except as provided in subsections (1) and (2) of this section, an action by the registry or by any person, and information derived in connection with conciliation efforts shall not be made public by the registry until a final action with regard to a conciliation attempt is taken.

CONTACT PERSON: Leslie Saunders, General Counsel, Kentucky Registry of Election Finance, 140 Walnut Street, Frankfort, Kentucky 40601, phone (502) 573-2226, fax (502) 573-5622, email LeslieM.Saunders@ky.gov.



KENTUCKY PERSONNEL BOARD

Andy Beshear
Governor

1025 Capital Center Drive, Suite 105
Frankfort, Kentucky 40601
Phone (502) 564-7830
Fax (502) 695-5799
<http://personnelboard.ky.gov>
www.kentucky.gov

Mark A. Sipek
Executive Director and Secretary

Stafford Easterling
General Counsel

October 10, 2023

Senator Stephen West
Rep. Derek Lewis
Legislative Research Commission
Administrative Regulation Review Subcommittee
Room 083 Capitol Annex
02 Capitol Avenue
Frankfort, Kentucky 40601

RE: 101 KAR 1:365 Ordinary

Dear Co-Chairs:

The Personnel Board received and accepted LRC Staff suggested amendments to 101 KAR 1:365. A new draft of the regulation has been updated and provided with this letter.

Sincerely,

Stafford Easterling
General Counsel
General Government Cabinet
Personnel Board

TEAM 
KENTUCKY™

An Equal Opportunity Employer M/F/D

Staff-suggested Amendment

**Final Version 9/15/2023
GENERAL GOVERNMENT CABINET
Personnel Board**

101 KAR 1:365. Appeal and hearing procedures.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY paragraph

Line 9

After "KRS 18A.075", insert "requires".

Delete "provides that".

After "Personnel Board", insert "to".

Delete "shall".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY paragraph

Line 11

After "KRS 18A.0751", insert "requires".

Delete "provides that".

After "Personnel Board", insert "to".

Delete "shall".

Page 2

Section 3(2)

Line 7

After "witness list", insert " ;".

Page 3

Section 5(2)

Line 10

After "Officer", insert "shall have".

Delete "has the".

After "continuance", delete "shall".

Page 3

Section 5(3)

Lines 15 and 16

After "Officer", insert "shall have".

Delete "has the".

After "continuance", delete "shall".



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director

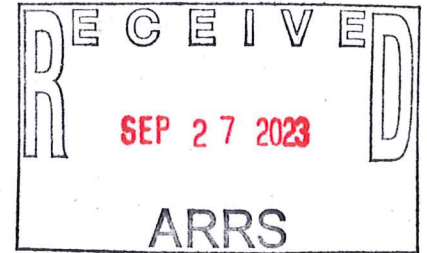
1260 Louisville Road • Frankfort, Kentucky 40601
kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



Kentucky Public
Pensions Authority

September 27, 2023

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



Re: 105 KAR 1:457 In-line-of-duty survivor benefits.

Dear Co-Chairs West and Hale:

After further consideration of issues raised concerning the statutory authority for the Kentucky Public Pensions Authority's use of third-party vendors in 105 KAR 1:457, the Kentucky Public Pensions Authority has added the appropriate statutory reference and proposes the attached agency amendment to 105 KAR 1:457.

Sincerely,

Jessica Beaubien

Jessica Beaubien, Policy Specialist
Kentucky Public Pensions Authority
1270 Louisville Road
Frankfort, KY 40601

Final, 9-26-2023

AGENCY AMENDMENT

**FINANCE AND ADMINISTRATION CABINET
Kentucky Public Pensions Authority**

105 KAR 1:457. In-line-of-duty survivor benefits.

NOTE TO COMPILER: Enroll these changes into the staff suggested substitute for this administrative regulation.

Page 1

STATUTORY AUTHORITY

Line 7

After "61.505(1)(g)", insert ", (3)(d)".

Page 2

Section 2(1)

Line 7

After "(1)", insert "KRS 61.505(3)(d) authorizes".

Lowercase the first letter of "The".

After "agency", insert "to".

Delete "may".



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director

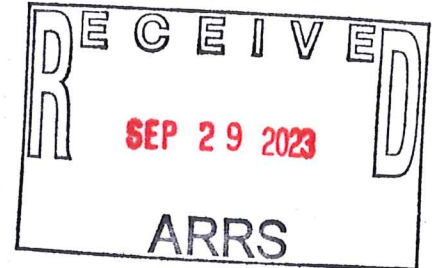
1260 Louisville Road • Frankfort, Kentucky 40601
kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



Kentucky Public
Pensions Authority

September 29, 2023

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



Re: **105 KAR 1:457** In-line-of-duty survivor benefits.

Dear Co-Chairs West and Hale:

After discussions with the Administrative Regulation Review Subcommittee staff of issues raised by 105 KAR 1:457, the Kentucky Public Pensions Authority accepts the proposed attached staff suggested amendment.

Sincerely,

Jessica Beaubien

Jessica Beaubien, Policy Specialist
Kentucky Public Pensions Authority
1270 Louisville Road
Frankfort, KY 40601

Final, 9-28-2023

SUGGESTED SUBSTITUTE

FINANCE AND ADMINISTRATION CABINET Kentucky Public Pensions Authority

105 KAR 1:457. In-line-of-duty survivor benefits.

RELATES TO: KRS 13B.010-13B.170, ~~16.505-16.582~~[~~16.578~~], 16.601, 61.505, ~~61.592~~, 61.615, 61.640, 61.665, 61.691, ~~78.510-78.852~~[~~78.545, 78.5518, 78.5528, 78.5532, 78.5534~~]

STATUTORY AUTHORITY: KRS 61.505(1)(g)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 16.505 to 16.652, ~~61.505~~, 61.510 to 61.705, and 78.510 to 78.852. KRS 16.601 and 78.5534 establish survivor benefits for certain eligible beneficiaries in the event of a hazardous position employee's death resulting from an act in-line-of-duty. This administrative regulation establishes the procedures for filing and administering an application for in-line-of-duty survivor benefits, and the appeal procedures if denied.

Section 1. Definitions.

- (1) "Contingent eligible beneficiary" means a person that meets the requirements to be an eligible beneficiary, except that he or she is superseded by a different eligible beneficiary.
- (2) "Eligible beneficiary" means a person who meets the eligibility qualifications for in-line-of-duty survivor benefits as provided by KRS 16.601(1)-(3) and 78.5534(1)-(3).
- (3) "Submit" means the required form, documentation, report, or payment has been received by the retirement office via mail, fax, electronic mail, the Employer Self Service Web site, or other mode specifically detailed in this administrative regulation.

Section 2. Use of Third-party Vendors.

- (1) The agency may contract with third-party vendors to act on its behalf throughout the in-line-of-duty survivor benefit application and review process.
- (2) The agency may utilize independent, licensed physicians provided by third-party vendors to serve as medical examiners pursuant to KRS 61.665 and 78.545. Third-party vendors may provide additional persons to fulfill non-physician roles throughout the in-line-of-duty survivor benefit application process.
- (3) Third-party vendors may act on behalf of the agency and the systems with all the rights and responsibilities therein.

Section 3. Requesting In-line-of-duty Survivor Benefits.

- (1)
 - (a) In-line-of-duty survivor benefits pursuant to KRS 16.601 and 78.5534 may be requested for an eligible beneficiary by filing a written request that shall include:
 1. Member's name and date of birth or other identifying number;
 2. Member's date of death;
 3. Employer's name and circumstance surrounding the member's death; and
 4. Name, relationship, and contact information for the person making the request.
 - (b) If the agency becomes aware of a hazardous position employee's death potentially resulting from an act in-line-of-duty, the agency or the agency's third-party vendor may notify an eligible beneficiary, or his or her parent or legal guardian, of his or her ability to file a written request for in-line-of-duty survivor benefits.
- (2) If the agency becomes aware of a hazardous position employee's death potentially resulting from an act in-line-of-duty, the agency or the agency's third-party vendor shall notify the member's employer

of the following requirements that shall be completed and submitted to the agency or the agency's third-party vendor:

- (a) A copy of the deceased member's death certificate;
- (b) The employer's death investigation report;
- (c) A detailed position description or a valid Form 8030, Employer Job Description; and
- (d) A valid Form 6800, Application for Duty Related/In-Line-of-Duty Survivor Benefits, certified by the deceased member's immediate supervisor and agency head.

(3) If requested by the agency or the agency's third-party vendor, the eligible beneficiary or his or her parent or legal guardian, or the employer, shall respectively file or submit any additional information including additional medical information, autopsy or other medical records, information about the member's job duties and accommodations, documentation relating to workers' compensation claims, and police or other crime reports.

Section 4. Determining Eligibility for In-line-of-duty Survivor Benefits.

(1) Once all forms and documentation required by Section 3 of this administrative regulation are on file, the agency or the agency's third-party vendor~~[vender]~~ shall evaluate and make a determination regarding in-line-of-duty survivor benefits pursuant to KRS 16.601 and 78.5534. The agency or the agency's third-party vendor shall notify the eligible beneficiary, or his or her parent or legal guardian, of the findings.

(2) If in-line-of-duty survivor benefits are approved, the eligible beneficiary, or his or her parent or legal guardian, shall complete all requirements in Sections 6 to 8 of this administrative regulation prior to any benefits beginning.

(3)

(a) If in-line-of-duty survivor benefits are denied, the eligible beneficiary, or his or her parent or legal guardian, shall have until the end of day ~~[one hundred eighty (180)]~~ calendar days from the date the notice of denial is mailed to complete one (1) of the following:

1. Submit additional supporting information in accordance with Section 5 of this administrative regulation; or
2. Request a formal hearing to appeal the decision in accordance with Section 10 of this administrative regulation.

(b) Denial of in-line-of-duty survivor benefits shall not affect any other benefits to which an eligible beneficiary may be entitled.

Section 5. Additional Supporting Information After Denial.

(1) If the eligible beneficiary, or his or her parent or legal guardian, files additional supporting information including additional medical information, autopsy or other medical records, information about the member's job duties and accommodations, documentation relating to Workers' Compensation claims, police or other crime reports, or other required documentation by the end of day 180 calendar days from the date of a denial of in-line-of-duty survivor benefits, the agency or the agency's third-party vendor shall review and evaluate the additional supporting information.

(2) Once the agency or the agency's third-party vendor completes the evaluation of the additional supporting information provided in accordance with subsection (1) of this section, the agency or the agency's third-party vendor shall make a determination and notify the eligible beneficiary of the findings.

(a) If the application for in-line-of-duty survivor benefits is approved, the eligible beneficiary, or his or her parent or legal guardian, shall complete all requirements in Sections 6 to 8 of this administrative regulation prior to any benefits beginning.

(b) If the findings indicate the additional supporting information filed failed to provide enough evidence to approve in-line-of-duty survivor benefits, the in-line-of-duty survivor benefits shall be denied, and the eligible beneficiary, or his or her parent or legal guardian, shall have 180 calendar days from the date the notification of denial is mailed to request a formal hearing to appeal the findings in accordance with Section 10 of this administrative regulation.

Section 6. Election of Benefits.

(1) An eligible beneficiary who has been approved for in-line-of-duty survivor benefits in accordance with Section 4 or 5 of this administrative regulation shall have the option to select either in-line-of-duty survivor benefits pursuant to KRS 16.601(1)-(3) and 78.5534(1)-(3) or any other type of benefit under the provisions of KRS 16.505-16.582 and 78.510-78.852.

(2) If the deceased member's accumulated account balance has been withdrawn by his or her beneficiary pursuant to KRS 16.578, 61.592(4), and 78.5532, **a[no]** beneficiary shall **not** be eligible for in-line-of-duty survivor benefits.

(3) While an application for in-line-of-duty survivor benefits is pending, but not approved, a potential eligible beneficiary may elect to receive benefits under KRS 16.578(2)(a) or (b), 61.592(4), or 78.5532(2)(a) or (b). If the potential eligible beneficiary is approved for in-line-of-duty survivor benefits, the agency shall determine what is owed to the eligible beneficiary in accordance with KRS 16.601(6) and 78.5534(6).

Section 7. Requirements to Receive In-line-of-duty Survivor Benefits.

(1) The agency shall provide the eligible beneficiary, or his or her parent or legal guardian, with a Form 6810, Certification of Beneficiary. The eligible beneficiary, or his or her parent or legal guardian, shall complete and file a valid Form 6810.

(2) The agency shall provide the eligible beneficiary, or his or her parent or legal guardian, the monthly payment options available on the Form 6010, Estimated Retirement Allowance. The eligible beneficiary, or his or her parent or legal guardian, shall complete and file a valid Form 6010.

(3)

(a) If the eligible beneficiary, or his or her parent or legal guardian, elects the in-line-of-duty survivor benefit option that includes the one-time payment of \$10,000, the eligible beneficiary, or his or her parent or legal guardian, shall be given the option to receive the payment as either a direct rollover or as a direct payment. The eligible beneficiary, or his or her parent or guardian, shall complete and file a valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, **[or a Spouse] Beneficiary, or Alternate Payee Regarding[-of]** an Eligible Rollover Distribution, indicating the payment option elected.

(b) If the eligible beneficiary, or his or her parent or legal guardian, intends to have the funds rolled over directly into an IRA or other qualified plan, the eligible beneficiary, or his or her parent or legal guardian, shall have the trustee or institution relevant to the IRA or other qualified plan complete the applicable section of the Form 6025 certifying that the rollover will be accepted.

(4) If an eligible beneficiary is a spouse, he or she shall file the following documents:

(a) A copy of his or her certificate of marriage to the member; and

(b) Proof of his or her date of birth by filing one **(1)** of the following:

1. Age record of the Social Security Administration;

2. Immigration and naturalization service records;

3. Birth certificate;

4. Military discharge;

5. U.S. passport;

6. Driver's license issued by the Commonwealth of Kentucky; or

7. Other reliable proof of date of birth that may be used by the courts to verify date of birth.

(5) If an eligible beneficiary is a dependent child, each dependent child, or his or her parent or legal guardian, shall file the following documents:

(a) A valid Form 6458, Designation of Dependent Child for In Line of Duty/Duty-Related;

(b) If a dependent child is under the age of eighteen (18), a valid Form 6110, Affidavit of Authorization to Receive Funds on Behalf of Minor. If the dependent child has a court appointed guardian or conservator and the court appointed guardian or conservator completed the Form 6110, the guardian or conservator shall file a copy of the court order appointing the guardian or conservator.

(c) If the dependent child is age eighteen (18) or over and a full-time student, verification of full-time student status;

(d) If the dependent child is age eighteen (18) or over and receives federal Social Security disability benefits, a copy of the most recent statement issued by the Social Security Administration indicating the dependent child is disabled; or if the dependent child is being claimed as a qualifying child for tax

purposes due to the dependent child's total and permanent disability, a copy of the deceased member's most recent tax return showing the dependent child was totally and permanently disabled for tax purposes, or duly appointed order of the court specifying the dependent child is a disabled dependent child of the deceased member; and

(e)

1. A copy of the dependent child's birth certificate; or
2. A final order or decree of adoption which shall include his or her date of birth or other reliable proof of date of birth that may be used by the courts to verify date of birth.

(6) If an eligible beneficiary is a dependent as provided by KRS 16.601(3) and 78.5534(3), each dependent, or each dependent's parent or legal guardian, shall file the following:

(a) A copy of the deceased member's most recent tax return showing the dependent was the deceased member's qualifying dependent for tax purposes, or duly appointed order of the court specifying the dependent is a dependent of the deceased member.

(b) If the dependent is under the age of eighteen (18), a valid Form 6110, Affidavit of Authorization to Receive Funds on Behalf of Minor. If the dependent has a court appointed guardian or conservator and the court appointed guardian or conservator completed the Form 6110, the guardian or conservator shall file a copy of the court order appointing the guardian or conservator; and

(c) Proof of his or her date of birth by filing one (1) of the following:

1. Age record of the Social Security Administration;
2. Immigration and naturalization service records;
3. Birth certificate;
4. Military discharge;
5. U.S. passport;
6. Driver's license issued by the Commonwealth of Kentucky; or
7. Other reliable proof of date of birth that may be used by the courts to verify date of birth.

(7) A contingent eligible beneficiary shall ~~[be required to]~~ provide proof that he or she is the eligible beneficiary. The agency shall not process benefits for a contingent eligible beneficiary unless the following requirements are met:

(a) If the agency identified eligible beneficiary is deceased, a copy of his or her death certificate shall be on file; or

(b) If the agency identified eligible beneficiary was divorced from the deceased member, a copy of the divorce decree shall be on file.

Section 8. Distribution of Payments.

(1) The agency shall not disburse payment for in-line-of-duty survivor benefits until the eligible beneficiary, or his or her parent or legal guardian, has completed the requirements of either subsection (2) or (3) of this section.

(2)

(a) To receive in-line-of-duty survivor benefits the eligible beneficiary, or his or her parent or legal guardian, shall authorize direct deposit to an account in a financial institution ~~by~~ **in the following way**:

1. **Filing[File]** a valid Form 6130, Authorization for Deposit of Retirement Payment; and
2. **Providing[Provide]** the information and authorizations required for the electronic transfer of funds from the State Treasurer's Office to the designated financial institution, including any authorizations or information needed from the financial institution.

(b) At any time while receiving a monthly benefit, the eligible beneficiary, or his or her parent or legal guardian, may change the designated institution by completing and filing a new valid Form 6130, Authorization for Deposit of Retirement Payment, or by updating the authorization for deposit of retirement payments on the Member Self-Service Web site maintained by the agency.

(3) If the eligible beneficiary, or his or her parent or legal guardian, does not currently have an account with a financial institution, or his or her financial institution does not participate in the electronic funds transfer program, the eligible beneficiary, or his or her parent or guardian, may receive in-line-of-duty survivor benefits by check. For the eligible beneficiary to receive payment by check, the eligible

beneficiary, or his or her parent or legal guardian, shall complete and file a valid Form 6135, Request for Payment by Check.

(4) The most recently filed valid Form 6130, Authorization for Deposit of Retirement Payment, authorization for deposit of retirement payments on the Member Self-Service Web site[Website], or valid Form 6135, Request for Payment by Check, shall control the payment or electronic transfer designation of the eligible beneficiary's in-line-of-duty survivor benefits.

(5)

(a) Once an eligible beneficiary is approved for in-line-of-duty survivor benefits and has completed and filed all forms and documentation required by Sections 3 to ~~7[8]~~ of this administrative regulation and this section, in-line-of-duty survivor benefits shall be paid retroactive to the month following the month of the member's date of death.

(b) Any increases provided under KRS 61.691 and 78.5518 shall be applied in determining the ongoing monthly payments and total retroactive payments owed to the eligible beneficiaries.

Section 9. Requirements for Dependent Children After In-line-of-duty Survivor Benefits Begin.

(1) Once an eligible dependent child begins receiving in-line-of-duty survivor benefits, each dependent child, or his or her parent or legal guardian, shall ~~be required to~~:

(a) Notify the agency of the death or marriage of the dependent child;

(b) If applicable, notify the agency if the dependent child ceases to be a full-time student;

(c) If applicable, notify the agency if the dependent child's disability status changes; and

(d) If applicable, file a copy of the dependent child's verification of full-time student status with the agency for each semester of study within thirty (30) calendar days following the start, and within thirty

(30) calendar days following the end of each semester.

(2) Each dependent child, or his or her parent or legal guardian, shall be responsible for repaying any benefits overpaid to the dependent child, or his or her parent or legal guardian, due to the failure of the dependent child, or his or her parent or legal guardian, to provide the information required by this section.

Section 10. Right to Appeal.

(1) A request for a formal hearing to appeal a denial of in-line-of-duty survivor benefits may be made by an eligible beneficiary, or his or her parent or legal guardian, in accordance with KRS 61.665 and 78.545. The request shall be made by filing a written request containing a short and plain statement of the issues being appealed.

(2) The hearing shall be conducted in accordance with KRS Chapter 13B.010-13B.170.

(3) The hearing officer presiding over an administrative hearing shall review the administrative record and any records introduced at the administrative hearing.

(a) The determination of other state and federal agencies' approval of benefits, including the Kentucky Department of Workers' Claims and the Social Security Administration, may support a final determination if accompanied by underlying objective medical evidence or vocational evidence.

(b) Written statements from medical providers within the administrative record shall not themselves be objective medical evidence, but may be relied upon if accompanied by, and reviewed in concert with, other supporting objective medical evidence.

(4) The final determination shall not be bound by factual or legal findings of other state or federal agencies. The final determination shall be based on objective medical evidence and vocational records, including objective medical evidence and vocational records contained within or that accompany a determination by another state or federal agency.

(5) Once a final determination is issued, the person who filed the appeal shall be notified of the final order of the Administrative Appeals Committee (AAC) in accordance with KRS 61.615(3)(g) and 78.5528(3)(g).

Section 11. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) Form 6010, "Estimated Retirement Allowance", updated April 2021;

- (b) Form 6025, "Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution", updated June 2023;
- (c) Form 6110, "Affidavit of Authorization to Receive Funds on Behalf of Minor", updated June 2023;
- (d) Form 6130, "Authorization for Deposit of Retirement Payment", updated June 2023;
- (e) Form 6135, "Request for Payment by Check", updated June 2023;
- (f) Form 6458, "Designation of Dependent Child for In Line of Duty/Duty-Related", updated June 2023;
- (g) Form 6800, "Application for Duty Related/In Line of Duty Survivor Benefits", updated June 2023;
- (h) Form 6810, "Certification of Beneficiary", updated April 2021; and
- (i) Form 8030, "Employer Job Description", updated June 2023.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601, Monday through Friday, from 8:00 a.m. to 4:30 p.m. This material is also available on the agency's Web site at kyret.ky.gov.

CONTACT PERSON: Jessica Beaubien, Policy Specialist, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601, phone (502) 696-8800 ext. 8570, fax (502) 696-8615, email Legal.Non-Advocacy@kyret.ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

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

- Includes in the agency's answer to Question (1)(c) a justification or explanation regarding how "Section 2. Use of third-party vendors" of the amended regulation conforms to statutory authority

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:457
Contact person: Jessica Beaubien
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the procedures and requirements for applying or reapplying for in-line-of-duty survivor benefits and for administratively appealing a denial of an application for in-line-of-duty survivor benefits.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedures and requirements for applying or reapplying for in-line-of-duty survivor benefits and for administratively appealing a denial of an application for in-line-of-duty survivor benefits.

(c) How this administrative regulation conforms to the content of the authorizing statutes: The Kentucky Public Pensions Authority is authorized to promulgate "administrative regulations as an authority or on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively, provided such regulations are not inconsistent with the provisions of this section and KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852, necessary or proper in order to carry out the provisions of this section and duties authorized by KRS 16.505 to 16.652 and 61.510 to 61.705[.]" This administrative regulation is necessary and proper to carry out the procedures and requirements for applying or reapplying for in-line-of-duty survivor benefits and for administratively appealing a denial of an application for in-line-of-duty survivor benefits in accordance with KRS 16.601 and 78.5534. There is no inconsistency between this administrative regulation and KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, or 78.510 to 78.852.

Additionally, KRS 61.505(3)(d) specifically authorizes the Kentucky Public Pensions Authority to carry out its obligations subject to KRS Chapters 45, 45A, 56, and 57. The Kentucky Public Pensions Authority's obligations include, but are not limited to, benefit administration, processing and distribution of benefit payments, and all administrative actions, orders, decisions, and determinations necessary to carry out benefit functions. See KRS 61.505(1)(c)1., 5., and 6. In-line-of-duty survivor benefits pursuant to KRS 16.601 and 78.5535 are a benefit that must be administered (including all administrative actions, orders, decisions, and determinations necessary to carry out this benefit function) and distributed if the applicant is eligible. Accordingly, the Kentucky Public Pensions Authority is authorized by statute to carry out its obligations relating to benefits administration, benefit payments, and all other benefit functions through a contract with a third-party vendor to act on its behalf throughout the in-line-of-duty survivor benefit application and review process, so long as that contract meets the requirements of KRS Chapters 45, 45A, 56, and 57.

Finally, to be absolutely clear, the current contract in place between the Kentucky Public Pensions Authority and its present third-party vendor to act on behalf of the Kentucky Public Pensions Authority in carrying out its benefit administrative obligations fully complies with KRS Chapters 45, 45A, 56, and 57. Notably, on September 8, 2020, the Government Contract Review Committee of the Kentucky General Assembly reviewed the Kentucky Public Pensions Authority's (then, Kentucky Retirement Systems') contract with its third party vendor, Managed Medical review Organization, Inc., to provide in-line-of-duty application and review services without objection. On June 14, 2022, the Government Contract Review Committee again reviewed this contract. No objections or corrections were raised by the Government Contract Review Committee. The Kentucky General Assembly has clearly authorized the Kentucky Public Pensions Authority's use of a third-party vendor to act on its behalf through the in-line-of-duty survivor benefit application and review process by statute and again ratified the use of the third-party vendor through multiple Government Contract Review Committee reviews.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist in the effective administration of the statutes by establishing the procedures and requirements for applying or reapplying for in-line-of-duty survivor benefits and for administratively appealing a denial of an application for in-line-of-duty survivor benefits in accordance with KRS 16.601 and 78.5534.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System, and the members and beneficiaries of the Kentucky Retirement Systems and the County Employees Retirement System. Number of individuals is unknown. Number of businesses, organizations, or state and local governments affected is three (3): the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: This amendment should not substantially alter the actions that the Kentucky Public Pensions

Authority, the Kentucky Retirement Systems, and the County Employees Retirement System will have to take to comply with this regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): This regulation should not cost any additional funds.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The amendment allows the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System to conform with KRS 61.505 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, particularly the in-line-of-duty survivor benefit application process as well as the process for administratively appealing the denial of in-line-of-duty survivor benefit applications.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: The costs associated with the implementation of this administrative regulation should be negligible.

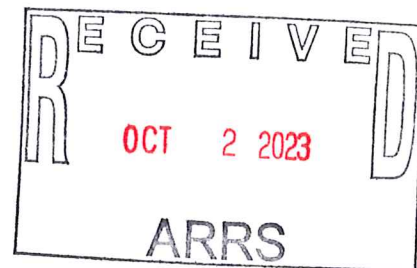
(b) On a continuing basis: The costs associated with the implementation of this administrative regulation should be negligible.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding required.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All members are subject to the same processes and procedures.



Andy Beshear
Governor

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Executive Director
Christopher P. Harlow, PharmD

October 2, 2023

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

Re: 201 KAR 2:020

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:020, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

SUGGESTED SUBSTITUTE

**BOARD AND COMMISSIONS
Kentucky Board of Pharmacy**

201 KAR 2:020. Examination.

RELATES TO: KRS 218A.205(7)~~(8)~~, 315.050

STATUTORY AUTHORITY: KRS 218A.205(8), 315.050(2), 315.191(1), (2), (4)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.050(2) and 315.191(1)(c) authorize the board to promulgate administrative regulations to prescribe the time, place, method, manner, scope, and subjects of examinations. KRS 218A.205(8) requires the board to establish requirements for background checks for licensees. This administrative regulation establishes the examination and application requirements for obtaining a license to practice pharmacy in Kentucky.

Section 1. The examination for licensure shall include:

- (1) The North American Pharmacist Licensure Examination (NAPLEX); and
- (2) The Multistate Pharmacy Jurisprudence Examination (MPJE).

Section 2. Both the NAPLEX and the MPJE examinations are graded as pass or fail.

Section 3. If an applicant fails an examination described in Section 2 of this administrative regulation, the applicant may upon proper application retake the examination. An applicant is limited to three (3) attempts for each examination without further board approval. An applicant is limited to a lifetime limit of five (5) attempts on each examination.

Section 4. If after three (3) examination attempts, the applicant has not passed, to qualify for two (2) additional attempts, the applicant shall:

- (1) For the NAPLEX, complete a refresher course and submit to the Board of Pharmacy a certificate of completion; and
- (2) For the MPJE, submit to the Board of Pharmacy:
 - (a) Proof of (5) five hours of ACPE or board approved continuing education in the topic of pharmacy law; or
 - (b) A certificate of completion of a refresher course.

Section 5. All results of examinations shall be preserved according to the Board of Pharmacy Record Retention Schedule.

Section 6. Prior to approval for examination, an applicant shall:

- (1) Submit to a nation-wide criminal background investigation by means of fingerprint check by the Department of Kentucky State Police and the Federal Bureau of Investigation;
- (2) Submit to a query to the National Practitioner Data Bank of the United States Department of Health and Human Services;
- (3) Submit an Initial Application for Pharmacist Licensure that reports:
 - (a) Name, maiden, and other names used currently or previously;
 - (b) Address and telephone number;
 - (c) Date of birth;
 - (d) Social Security number;
 - (e) Citizenship;
 - (f) Sex;
 - (g) Name of pharmacy school;
 - (h) Intern Registration Number;

- (i) Record of any conviction for any felony or misdemeanor offense;
 - (j) Record of any state licensing agency refusal of licensure, failure of examination, or refusal of examination; and
 - (k) Certificate of moral standing.
- (4) Submit **as part of the Initial Application for Pharmacist Licensure** a Certification of College Graduation completed by the Dean of the College of Pharmacy where the applicant graduated pharmacy school; and
- (5) Submit **as part of the Initial Application for Pharmacist Licensure** a Certification of Intern Hours completed by the College of Pharmacy where the applicant graduated, or the State Board of Pharmacy if the hours are outside of Kentucky.

Section 7. **Each applicant for renewal shall submit the Pharmacist License Renewal Application along with the fee as required by Section 8 of this administrative regulation.**

Section 8. Fee. An applicant shall submit the fee established by 201 KAR 2:050, Section 1(1).

Section **9[8]**. Incorporation by Reference.

(1) The following material is incorporated by reference:

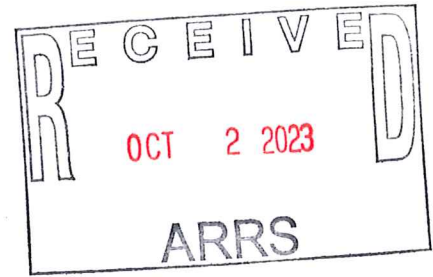
(a) "Initial Application for Pharmacist Licensure", [~~Form 1,~~ June 2023~~(3/2022)~~]; and

(b) "**Pharmacist License Renewal Application**" [~~for Pharmacist Licensure~~], June 2023["Certification of College Graduation", Form 2, 03/2022; and]

[(e)] [~~"Certification of Intern Hours", Form 3, 03/2022~~].

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also available on the board's Web site at <https://pharmacy.ky.gov/Forms/Pages/default.aspx>.

CONTACT PERSON: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.



Andy Beshear
Governor

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October 2, 2023

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

Re: 201 KAR 2:050

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:050, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 10-02-2023

STAFF-SUGGESTED AMENDMENT

**BOARDS AND COMMISSIONS
Kentucky Board of Pharmacy**

(Amended After Comments Version)

201 KAR 2:050. Licenses and permits; fees.

Page 2

Section 1(19)

Line 17

After "(25 dollars)", insert a period.
Delete the semicolon.

Page 2

Section 2

Line 18

After "Section 2.", insert the following:

An applicant shall submit:

(1) An initial or renewal application for a pharmacy permit on either the:

(a) 1. Application for Permit to Operate a Pharmacy in Kentucky; or

2. Application for Resident Pharmacy Permit Renewal; or

(b) 1. Application for Non-Resident Pharmacy Permit; or

2. Application for Non-Resident Pharmacy Permit Renewal; and

(2) As appropriate, the:

(a) Initial application fee established by Section 1(8) of this administrative regulation; or

(b) Renewal fee established by Section 1(9) of this administrative regulation.

Section 3.

Page 2

Section 2(1)(a) (Renumbered as Section 3(1)(a))

Line 20

After "Permit", insert closing quotation marks.

Page 2

Section 2(1)(b) (Renumbered as Section 3(1)(b))

Line 21

After "(b)", insert opening quotation marks.

After "Renewal", insert closing quotation marks.

Page 2

Section 2(1)(c) (Renumbered as Section 3(1)(c))

Line 22

After "(c)", insert opening quotation marks.

After "Kentucky", insert closing quotation marks.

Page 2
Section 2(1)(d) (Renumbered as Section 3(1)(d))
Line 23

After "(d)", insert opening quotation marks.
After "Renewal", insert closing quotation marks.

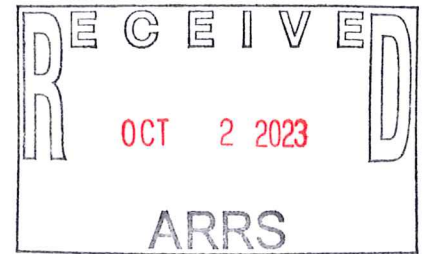
Page 2
Section 2(2) (Renumbered as Section 3(2))
Line 24

After "obtained", insert a comma.

MATERIAL INCORPORATED BY REFERENCE

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

- The "Application for Non-Resident Pharmacy Permit", Form 3 that was missing from its 6/7 filing that has the 6/2023 edition date
- The "Application for Non-Resident Pharmacy Permit Renewal", Form 4 that was missing from its 6/7 filing that has the 6/2023 edition date



Andy Beshear
Governor

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October 2, 2023

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

Re: 201 KAR 2:105

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:105, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

STAFF-SUGGESTED AMENDMENT

BOARDS AND COMMISSIONS

Board of Pharmacy

201 KAR 2:105. Requirements for wholesalers, medical gas wholesalers, wholesale distributors, and virtual wholesale distributors.

Page 1

RELATES TO

Line 6

After "KRS", insert "217.182".

After "315.010,", insert "315.0351".

Line 7

After "315.412", insert ", 21 U.S.C. 360eee-eee-4".

Page 2

Section 1(7)

Line 9

After "to believe that", insert "the".

Delete "such".

Page 2

Section 1(7)(b)

Line 11

After "adulterated", insert "so".

Delete "such".

Lines 11-12

After "drug-related device", insert "may".

Delete "would".

Page 2

Section 1(7)(d)

Line 15

After "unfit for distribution", insert "so".

Delete "such".

Line 15-16

After "drug-related device", insert "may".

Delete "would".

Page 5

Section 2(7)(b)

Lines 3-4

After "Pharmacy and", insert "the recipient or recipients".

Delete "recipient(s)".

Page 5

Section 2(8)

Line 5

After "subsection", delete "2".

Page 6

Section 3(2)

Line 1

After "The Board of Pharmacy", insert "may".

Delete the following:

shall have the right to

Page 6

Section 4(3)(c)

Line 20

After "the names of", insert "contact".

Delete "contract".

Page 6

Section 4(3)(e)

Line 24

After "The", insert "name or names".

Delete "name(s)".

Page 8

Section 5(2)(b)

Line 6

After "from outside", insert "the wholesaler's".

Delete "their".

Page 8

Section 5(3)(a)

Line 21

After "(6) years", delete "(").

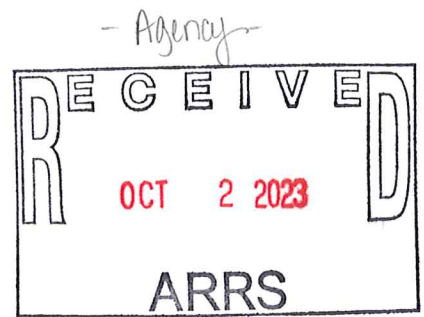
Page 13

Section 7(2)

Lines 4-5

After "the Board's", insert "Web site".

Delete "website".



Andy Beshear
Governor

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October 2, 2023

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

Re: 201 KAR 2:205

Dear Co-Chairs West and Lewis:

After discussions with CHFS, the Board of Pharmacy proposes the attached agency amendment.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 10-02-2023

AGENCY AMENDMENT

BOARDS AND COMMISSIONS
Board of Pharmacy

201 KAR 2:205. Pharmacist-in-charge.

Page 3

Section 2(3)(g)2.

Line 3

After "KRS 315.335;" , delete "and" .

Page 3

Section 2(3)(g)3.

Line 4

After "report submitted" , insert the following:

: and

4. The Cabinet for Health and Family Services



Andy Beshear
Governor

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October 2, 2023

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

Re: 201 KAR 2:205

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:205, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

STAFF-SUGGESTED AMENDMENT

BOARDS AND COMMISSIONS
Board of Pharmacy

201 KAR 2:205. Pharmacist-in-charge.

Page 1

RELATES TO

Line 5

After "315.020," insert "315.035."

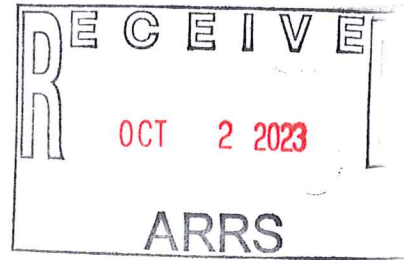
After "315.335", insert ", 21 C.F.R. 1301.76(b)".

Page 2

Section 2(1)

Lines 1-2

After "Application for Non-Resident Pharmacy Permit Renewal", insert the following:
, as incorporated by reference in 201 KAR 2:050, and



Andy Beshear
Governor

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Christopher P. Harlow, PharmD

October 2, 2023

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

Re: 201 KAR 2:225

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:225, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

SUGGESTED AMENDMENT

BOARDS AND COMMISSIONS

Board of Pharmacy

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

RELATES TO: KRS 217.015(11), 315.010(9), 315.020, 315.035, 315.191(1)(a)

STATUTORY AUTHORITY: KRS 315.020, 315.035, 315.191(1)(a)

NECESSITY, FUNCTION, AND CONFORMITY: 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. This administrative regulation establishes, consistent with the requirements of KRS 315.191(1)(a), minimum requirements for the permitting of those entities that distribute medical gases.

Section 1. Definitions.

- (1) "Medical gases" means gases (including liquefied gases) classified by FDA as drugs or devices that are used for medical applications and which may be stored and administered through the use of Medical Gas Related Equipment, which may or may not be required under Federal or State law for the immediate container to bear the label, "Rx only" or "Caution: Federal or State law prohibits dispensing without a prescription."
- (2) "Special limited pharmacy permit" means a permit issued to a pharmacy that provides miscellaneous specialized pharmacy service and functions.

Section 2. General Requirements.

- (1)
 - (a) An applicant for a special limited pharmacy permit for medical gases shall comply with the requirements of 201 KAR 2:180, except Section 5 and 201 KAR 2:205, except that the pharmacist-in-charge designated on the special permit shall be exempt from the requirements of 201 KAR 2:205, Section 2(2).
 - (b) The pharmacist-in-charge shall review the records and do an onsite visit of the special limited pharmacy permit [applicant] for medical gases not less than once each quarter.
- (2) An applicant for a special limited pharmacy permit for medical gases shall prepare and adopt a policy and procedures manual that sets forth a detailed description of how the:
 - (a) Operation will comply with applicable federal, state, or local laws or administrative regulations; and
 - (b) Licensee will maintain the premises so that the medical gas remains secure and complies with applicable compendial monographs of official pharmacopoeias.
- (3) An applicant for a special limited pharmacy permit for medical gases/gas[gases] shall be inspected by the board prior to the issuance of the license.

Section 3. Qualifications for License.

- (1) The board shall consider the following in reviewing the qualifications of an applicant for a special limited pharmacy permit for medical gases:
 - (a) The applicant's experience in the sale or distribution of prescription drugs, including controlled substances;
 - (b) A felony conviction of the applicant under federal, state, or local laws;
 - (c) The furnishing by the applicant of false or fraudulent material in a previous application for:
 1. A special limited pharmacy permit for medical gases; or
 2. A federal or state medical assistance program;
 - (d) Suspension or revocation of an applicant's license or permit by federal, state, or local government; and
 - (e) Compliance with requirements under a previously granted license or permit.

(2) The board shall deny an application for a special limited pharmacy permit for medical gases, if an applicant has:

- (a) Been convicted for a violation of federal, state, or local laws relating to:
 1. The practice of pharmacy;
 2. Drugs; or
 3. Federal or state medical assistance programs.
- (b) Furnished false or fraudulent material in the application for a special limited pharmacy permit for medical gases;
- (c) Failed to maintain or make available required records to the:
 1. Board; or
 2. Federal, state, or local law enforcement officials;
- (d) Failed to comply with applicable federal, state, and local laws and regulations relating to medical gas; or
- (e) Failed to provide appropriate land, buildings, and security necessary to properly carry on the business described in his or her application.

Section 4. License Fees; Renewals. An applicant shall submit:

(1) An initial or renewal application for a special limited pharmacy permit for medical gases on either the:

- (a) 1. Application for Special Limited Pharmacy Permit – Medical Gas; or
2.[the] Application for Special Limited Pharmacy Permit – Medical Gas Renewal; or
(b) 1. Application for Nonresident Special Limited Pharmacy Permit – Medical Gas; or
2. Application for Nonresident Special Limited Pharmacy Permit – Medical Gas Renewal; and

(2) As appropriate, the:

- (a) Initial application fee established by 201 KAR 2:050, Section 1(8); or
- (b) Renewal fee established by 201 KAR 2:050, Section 1(9).

Section 5. Incorporation by Reference.

(1) The following material is incorporated by reference:

- (a) "Application for Special Limited Pharmacy Permit – Medical Gas", June 2023[~~March 2022~~]; and
- (b) "Application for Special Limited Pharmacy Permit – Medical Gas Renewal", June 2023;
- (c) "Application for Nonresident Special Limited Pharmacy Permit – Medical Gas",
September[~~June~~] 2023; and
- (d) "Application for Nonresident Special Limited Pharmacy Permit – Medical Gas Renewal",
September[~~June~~] 2023[~~March 2022~~].

(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, Kentucky 40601-8204, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's Web site at <https://pharmacy.ky.gov/Businesses/Pages/Pharmacy.aspx>[~~https://pharmacy.ky.gov/Forms/Pages/default.aspx~~].

CONTACT PERSON: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

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

- "Application for Nonresident Special Limited Pharmacy Permit – Medical Gas"
- "Application for Nonresident Special Limited Pharmacy Permit – Medical Gas Renewal"
 - Each Form includes updated edition date of September 2023

- **Clarifies the Ownership Section Question on Kentucky Secretary of State Registration by adding a not applicable check box for those non-resident pharmacy permit holders not registered with the Kentucky Secretary of State**



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

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Meredith Figg, PharmD
John Fuller, RPh
Anthony B. Tagavi, PharmD
Jonathan Van Lahr, RPh

Executive Director
Christopher P. Harlow, PharmD

201 KAR 2:225 Forms Incorporated by Reference
September 2023 Edition

KENTUCKY BOARD OF PHARMACY
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<http://pharmacy.ky.gov>



Application for Nonresident Special Limited Pharmacy Permit ⇨ Medical Gas

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

I. Facility Information:

Name of Facility:			
Physical Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Mailing address of facility:			
CITY:	STATE:	COUNTY:	ZIP:

Email:
Phone number:
Fax number:
Website Address:

II. Check and complete one of the following and attach proper fee:

New Facility → \$150.00

Current Permit No. :	Exp. Date:
----------------------	------------

(In State where presently located)

Change of Ownership → \$150.00

Proposed date of Acquisition:
Name of Previous Owner(s):

(Confirmation statement of previous owner must be attached)

Change of Address/Location → \$150.00

Date of Proposed Relocation:
Previous Address:

Name Change → **NO CHARGE**

Previous Name:

III. Ownership:

How is the facility registered with the Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★ ★ Name and title for each owner/officer/member, including professional designation (e.g. Pres. John Jones, PharmD):

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Name:

Title:

(Use supplemental information page if necessary)

IV. Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* please attach statement

V. Pharmacist in Charge:

Name:	KY License No.:
-------	-----------------

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

VI. Schedule of Hours:

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS

315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure.

Original Signature of Pharmacist in Charge:

Date:

I hereby certify that the above Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By:

Signature:

My Commission Expires _____ State of _____.

Original Signature of Owner:

Date:

I hereby certify that the above Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By:

Signature:

My Commission Expires _____ State of _____.

KENTUCKY BOARD OF PHARMACY
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<http://pharmacy.ky.gov>



Application for Nonresident Special Limited Pharmacy Permit ⇨ Medical Gas Renewal

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Please print legibly and complete this application; including the required original signature and return to the Board office no later than June 30th. All renewals received after June 30th will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

I. Facility Information:

Name of Facility:

Kentucky Permit Number:

Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:
Fax number:
Website Address:

II. Ownership:

How are you registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★ ★ Name and title for each owner/officer/member, including professional designation(e.g. Pres. John Jones, PharmD)

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

(Use supplemental information page if necessary)

III. Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* please attach statement

IV. Pharmacist in Charge:

Name:	KY License No.:
-------	-----------------

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

V. Schedule of Store Hours:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

Supplemental Information Page:

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge and that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the Regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].

Original Signature of Pharmacist in Charge: _____

Date: _____

I hereby certify that the above Application for Pharmacy Permit Renewal was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Original Signature of Owner: _____

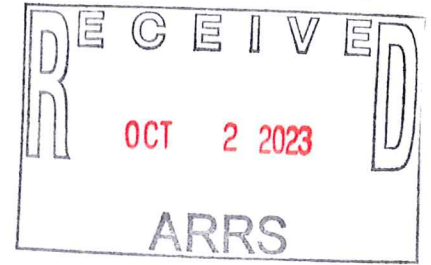
Date: _____

I hereby certify that the above Application for Pharmacy Permit Renewal was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

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Executive Director
Christopher P. Harlow, PharmD

October 2, 2023

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

Re: 201 KAR 2:240

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:240, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS

Board of Pharmacy

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

RELATES TO: KRS 315.035

STATUTORY AUTHORITY: KRS 315.020, 315.030, 315.035, 315.191(1)(a)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.191(1)(a) authorizes the board to promulgate administrative regulations to prescribe the criteria for obtaining a pharmacy permit to dispense legend drugs and the procedures for the safe dispensing of legend drugs to citizens of the Commonwealth. This administrative regulation identifies the manner and procedure by which a charitable organization may obtain a pharmacy permit and dispense legend drugs in the Commonwealth.

Section 1. Definitions.

- (1) "Charitable organization" means an organization qualified as a charitable organization pursuant to Section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3).
- (2) "Legend drug sample" means an unopened package of a manufacturer's legend drug product that has been distributed to either a practitioner or the charitable pharmacy in accordance with the provisions of the Prescription Drug Marketing Act of 1987, 21 C.F.R. Part 203.
- (3) "Qualified indigent patient" means a patient of the charitable pharmacy that has been screened and approved by the charitable organization as meeting the organization's mission of providing pharmaceutical care to those who are without sufficient funds to obtain needed legend drugs.
- (4) "Special limited pharmacy permit" means a permit issued to a pharmacy that provides specialized pharmacy services, such as dispensing legend drugs, and counseling patients.

Section 2.

- (1) A charitable pharmacy:
 - (a) Shall comply with all pharmacy permit requirements except those specifically exempted by the board pursuant to paragraph (b) of this subsection; and
 - (b) May petition the board in writing to be exempted from those pharmacy permit requirements that do not pertain to the operation of that charitable pharmacy.
- (2) The charitable pharmacy only shall dispense prescription legend drug samples or prescription legend drugs to qualified indigent patients of the pharmacy.
- (3) The charitable pharmacy shall not charge any fee for the dispensing of prescription legend drug samples or prescription legend drugs to qualified indigent patients of the pharmacy.
- (4) A charitable pharmacy may accept prescription legend drugs in their unbroken original packaging from pharmacies, wholesalers, or manufacturers, provided appropriate records of receipt and dispensing are maintained.
- (5) A charitable pharmacy shall not:
 - (a) Accept controlled substances from pharmacies, wholesalers, or manufacturers; or
 - (b) Dispense controlled substances.
- (6) A pharmacy that requests a special limited pharmacy permit - charitable shall submit to the board for prior approval, a plan describing the method by which the charitable pharmacy and the pharmacy shall maintain a separate and distinct prescription drug stock. The failure of either pharmacy to follow the plan shall result in revocation of the special limited pharmacy permit - charitable and the pharmacy permit.

Section 3. License Fees; Renewals. An applicant shall submit:

- (1) An initial or renewal application for a special limited pharmacy permit - charitable pharmacy on either the:

- (a) 1. Application for **Resident** Special Limited Pharmacy Permit – Charitable Pharmacy; or
2.[the] Application for **Resident** Special Limited Pharmacy Permit – Charitable Pharmacy Renewal;
or
(b) 1. Application for Non-Resident Special Limited Pharmacy Permit – Charitable Pharmacy;
or
2. Application for Non-Resident Special Limited Pharmacy Permit – Charitable Pharmacy Renewal; and
(2) As appropriate, the:
(a) Initial application fee established by 201 KAR 2:050, Section 1(8); or
(b) Renewal fee established by 201 KAR 2:050, Section 1(9) and (10).

Section 4. Incorporation By Reference.

- (1) The following material is incorporated by reference:
(a) "Application for **Resident** Special Limited Pharmacy Permit – Charitable Pharmacy", June 2023[May 2020];[-and]
(b) "Application for **Resident** Special Limited Pharmacy Permit – Charitable Pharmacy Renewal", June 2023[May 2020].
(c) "Application for Non-Resident Special Limited Pharmacy Permit – Charitable Pharmacy", September[June] 2023; and
(d) "Application for Non-Resident Special Limited Pharmacy Permit—Charitable Pharmacy **Renewal**", September[June] 2023.
(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, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's Web site at <https://pharmacy.ky.gov/Businesses/Pages/Pharmacy.aspx>.

CONTACT PERSON: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

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

- "Application for Non-Resident Special Limited Pharmacy Permit – Charitable Pharmacy"
- "Application for Non-Resident Special Limited Pharmacy Permit—Charitable Pharmacy Renewal"
 - Each Form includes updated edition date of September 2023
 - Clarifies the Ownership Section Question on Kentucky Secretary of State Registration by adding a not applicable check box for those non-resident pharmacy permit holders not registered with the Kentucky Secretary of State



Andy Beshear
Governor

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Jonathan Van Lahr, RPh

Executive Director
Christopher P. Harlow, PharmD

201 KAR 2:240 Forms Incorporated by Reference
September 2023 Edition

KENTUCKY BOARD OF PHARMACY
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 Frankfort KY 40601
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 Fax: (502) 696-3806
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Application for Non-Resident Special Limited Pharmacy Permit ⇨ Charitable Pharmacy

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

I. Facility Information:

Name of Facility:			
Physical Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Mailing Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:

Form 9/2023

Email Address:
Phone Number:
Fax Number:
Website Address:

II. Check and complete one of the following and attach proper fee:

New Facility → \$150.00

Proposed date of Opening:

(Filed with board 30 days in advance of opening)

<u>OR</u> Current Permit No. :	Exp. Date:
---------------------------------------	------------

(In State where presently located)

Change of Ownership → \$0

Proposed date of Acquisition:
Name of Previous Owner(s):

(Confirmation statement of previous must be attached)

Change of Address/Location → \$0

Date of Proposed Relocation:
Previous Address:

Name Change → \$0

Previous Name:

III. Ownership:

How is the pharmacy registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★ ★ Please provide the following for each owner/officer/member, including professional designation (e.g. Pres. John Jones, PharmD):

Name:	Title:		
Address (Home):			
CITY:	STATE:	COUNTY:	ZIP:

Address (Business):			
CITY:	STATE:	COUNTY:	ZIP:
Phone Number(Home):			
Phone Number(Business):			
Date of Birth:			
Social Security Number:			

Name:	Title:		
Address (Home):			
CITY:	STATE:	COUNTY:	ZIP:
Address (Business):			
CITY:	STATE:	COUNTY:	ZIP:
Phone Number(Home):			
Phone Number(Business):			

Date of Birth:

Social Security Number:

Name:	Title:
-------	--------

Address (Home):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address (Business):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Phone Number(Home):

Phone Number(Business):

Date of Birth:

Social Security Number:

Name:	Title:
-------	--------

Address (Home):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address (Business):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Phone Number(Home):

Phone Number(Business):

Date of Birth:

Social Security Number:

Name:	Title:
-------	--------

Address (Home):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address (Business):

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Phone Number(Home):

Phone Number(Business):

Date of Birth:

Social Security Number:

(Use supplemental information page if necessary)

IV. Pharmacist in Charge:

Name:	KY License No.:
-------	-----------------

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

V. Name and license/registration number of pharmacy employees:

Name:	License No. :
<hr/>	
Name:	License No. :
<hr/>	
Name:	License No. :
<hr/>	
Name:	License No. :
<hr/>	
Name:	License No. :
<hr/>	
Name:	License No. :
<hr/>	

(Use supplemental information page if necessary)

VI. Name and title of each non-pharmacist with keys to the pharmacy:

Name:	Title:
-------	--------

Name:	Title:
-------	--------

Name:	Title:
-------	--------

Name:	Title:
-------	--------

Name:	Title:
-------	--------

(Use supplemental information page if necessary)

VII. Schedule of Hours:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

★ Please indicate if closed for lunch:

_____ until _____

VIII. Discipline:

Has any owner , member or officer been subject to discipline by any other agency related to the ownership or employment in a pharmacy?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please explain below

:

IX. Does the pharmacy ship any prescriptions to the citizens of the Commonwealth of Kentucky under any name or return address other than the information of the pharmacy seeking or renewing a permit provided with this application?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please provide a list of the additional pharmacy name(s) or return addresses that the pharmacy ships prescriptions to citizens of the Commonwealth of Kentucky and why.

(Use supplemental information page if necessary)

X. List the methods of deliver services (e.g. USPS, UPS, FedEx, etc) utilized to deliver prescriptions to citizens of the Commonwealth of Kentucky and the percentage of time each service is utilized in Kentucky.

Delivery Service Utilized:	Percentage of Time:

(Use supplemental information page if necessary)

XI. Are you permitted in other states?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* please list below

:

REQUIRED DOCUMENTATION MUST BE ENCLOSED:

- Completed application
- Copy of Resident Pharmacy Permit
- Copy of Last Inspection Report
- Copy of DEA Registration
- Completed Attached License Verification Form or Primary Source Verification Form
- Sample Pharmacy Labels for Controlled and Non-Controlled Substances shipped into Kentucky
- Copy of the End-of-Day Report for the Seven (7) Business Days preceding the application date
- Copy of notarized *Memorandum of Understanding and Agreement*

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure DATE.

Signature of Pharmacist-in-Charge: _____

Date: _____

I hereby certify that the above Application for Non-Resident Special Limited Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Signature of Owner: _____

Date: _____

I hereby certify that the above Application for Non-Resident Special Limited Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

KENTUCKY BOARD OF PHARMACY
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Phone: (502) 564-7910
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<http://pharmacy.ky.gov>



Application for Non-Resident Special Limited Pharmacy Permit ⇨ Charitable Pharmacy Renewal

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Please print legibly and complete this application; including the required original signature and return no later than June 30th.

I. Facility Information:

Name of Facility:			
Kentucky Permit No.:			
Physical Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Email Address:			
Phone Number:			
Fax Number:			

Form 9/2023

Website Address:

II. Ownership:

How is the pharmacy registered with the Kentucky Secretary of State?

- Sole Proprietor
 Partnership
 LLC
 Corporation
 N/A

★ ★ Name and title for each owner/officer/member, including any professional designation (e.g. Pres. John Jones, PharmD):

Name: Title:
Name: Title:
Name: Title:
Name: Title:
Name: Title:
Name: Title:

(Use supplemental information page if necessary)

III. Schedule of Hours:

(P.I.C. must notify the Board within fourteen (14) days of any changes in scheduled hours.)

Table with 7 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY

OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:
<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS

★Please indicate if closed for lunch:

_____ until _____

EMPLOYEE INFORMATION :

1. Pharmacist in Charge (P.I.C.):

Name:	License No.:
-------	--------------

Note: 201 KAR 2:205 requires the pharmacist-in-charge to notify the Board within fourteen [14] calendar days of all pharmacist changes.

2. Please provide a complete list of all employees licensed/registered with the Board:

**License/Registration Number
(Pharmacist, Pharmacist Intern or
Pharmacy Technician):**

Name:

1.	
2.	
3.	
4.	

5.	
6.	
7.	
8.	
9.	
10.	

(Use supplemental information page if necessary)

3. Name, title and address of each non-pharmacist with keys to the pharmacy:

Name:		Title:	
Address:			
CITY:	STATE:	COUNTY:	ZIP:

Name:		Title:	
Address:			
CITY:	STATE:	COUNTY:	ZIP:

Name:		Title:	
Address:			
CITY:	STATE:	COUNTY:	ZIP:

Name:		Title:	
Address:			
CITY:	STATE:	COUNTY:	ZIP:

Name:		Title:	
Address:			
CITY:	STATE:	COUNTY:	ZIP:

(Use supplemental information page if necessary)

IV. Discipline:

Have you had a Pharmacy license/permit disciplined by any agency which you have not previously reported to this Board?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please explain below

:

V. Does the pharmacy ship any prescriptions to the citizens of the Commonwealth of Kentucky under any name or return address other than the information of the pharmacy seeking or renewing a permit provided with this application?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please provide a list of the additional pharmacy name(s) or return addresses that the pharmacy ships prescriptions to citizens of the Commonwealth of Kentucky and why.

(Use supplemental information page if necessary)

VI. List the methods of deliver services (e.g. USPS, UPS, FedEx, etc) utilized to deliver prescriptions to citizens of the Commonwealth of Kentucky and the percentage of time each service is utilized in Kentucky.

Delivery Service Utilized:

Percentage of Time:

(Use supplemental information page if necessary)

VII. Are you permitted in other states?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* please list below

:

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS

315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure.

Original Signature of Pharmacist-in-Charge: _____

Date: _____

I hereby certify that the above Application for Non-Resident Special Limit Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Original Signature of Owner: _____

Date: _____

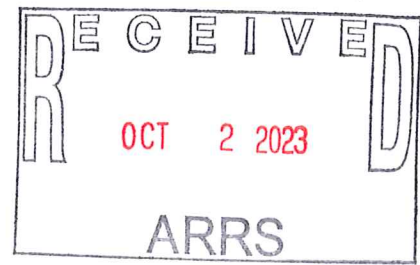
I hereby certify that the above Application for Non-Resident Special Limited Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Form 9/2023



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

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

Board Members
Jason Belcher, Consumer
Peter P. Cohron, RPh
Meredith Figg, PharmD
John Fuller, RPh
Anthony B. Tagavi, PharmD
Jonathan Van Lahr, RPh

Executive Director
Christopher P. Harlow, PharmD

October 2, 2023

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

Re: 201 KAR 2:320

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:320, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

STAFF-SUGGESTED AMENDMENT

BOARDS AND COMMISSIONS
Board of Pharmacy

201 KAR 2:320. Requirements for manufacturers and virtual manufacturers.

Page 1

RELATES TO

Line 5

After "KRS", insert "217.182".

After "315.404", insert "21 U.S.C. 360eee-eee-4".

Page 2

Section 1(8)

Line 12

After "to believe that", insert "the".

Delete "such".

Page 2

Section 1(8)(b)

Line 15

After "adulterated", insert "so".

Delete "such".

Line 16

After "drug-related device", insert "may".

Delete "would".

Page 1

Section 1(8)(d)

Line 19

After "unfit for distribution", insert "so".

Delete "such".

Line 20

After "drug-related device", insert "may".

Delete "would".

Page 3

Section 2(3)

Line 7

After "this section", insert "if".

Delete "when".

Page 4

Section 2(6)(b)

Line 11

After "Board of Pharmacy, and", insert "the recipient or recipients".

Delete "recipient(s)".

Page 4
Section 2(7)
Line 13

After "subsection", delete "2".

Page 5
Section 3(2)
Line 15

After "The Board of Pharmacy", insert "may".
Delete the following:
shall have the right to

Page 6
Section 4(3)(e)
Line 17

After "The", insert "name or names".
Delete "name(s)".

Page 8
Section 5(2)(b)
Line 2

After "from outside", insert "the manufacturer's".
Delete "their".

Page 11
Section 5(4)(g)
Line 19

After "FDA, and", insert "the recipient or recipients".
Delete "recipient(s)".



Andy Beshear
Governor

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October 2, 2023

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

Re: 201 KAR 2:340

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:340, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Board of Pharmacy

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

RELATES TO: KRS 315.010(9), 315.020, 315.035, 315.191(1)(a)

STATUTORY AUTHORITY: KRS 315.035, 315.191(1)(a)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.035 authorizes the Board of Pharmacy issue a permit to a pharmacy. KRS 315.191(1)(a) authorizes the Board of Pharmacy to promulgate administrative regulations with minimum requirements for the permitting of those entities that provide non-dispensing pharmacy services. This administrative regulation establishes the requirements for the Special limited pharmacy permit - Clinical practice.

Section 1. Definitions.

- (1) "Special limited pharmacy permit" means a permit issued to a pharmacy that provides miscellaneous specialized pharmacy service and functions.
- (2) "Special limited pharmacy permit - clinical practice" means a permit issued to a pharmacy that maintains patient records and other information for the purpose of engaging in the practice of pharmacy and does not dispense prescription drug orders.

Section 2. General Requirements.

- (1) An applicant for a special limited pharmacy permit - clinical practice shall:
 - (a) Prepare and adopt a policy and procedure manual that is updated annually;
 - (b) Maintain pharmacy references as outlined in 201 KAR 2:090;
 - (c) Maintain a physical pharmacy address;
 - (d) Designate a Pharmacist-in-Charge (PIC) without a required minimum number of hours of physical presence;
 - (e) 1. Maintain patient records for five (5) years in a manner that shall provide adequate **safeguards[safeguard]** against improper manipulation or alteration of the records; **and**
2. Abide by the standard that a computer malfunction or data processing services' negligence is not a defense against the charges of improper recordkeeping; and
 - (f) Maintain patient records by establishing:
 1. A patient record system to be maintained for patients for whom non-dispensing pharmacy services and functions are being performed;
 2. A procedure for obtaining, recording, and maintaining information required for a patient record by a pharmacist, pharmacist intern, or pharmacy technician; and
 3. A procedure for a patient record to be readily retrievable by manual or electronic means.
- (2) An applicant for a special limited pharmacy permit - clinical practice shall be exempt from the following:
 - (a) Prescription equipment requirements of 201 KAR 2:090, Section 1;
 - (b) Pharmacy sanitation requirements of 201 KAR 2:180; and
 - (c) Security and control of drugs and prescriptions requirements of 201 KAR 2:100, Sections 1, 2, 3, and 4.

Section 3. Pharmacy Closure. The permit holder shall provide notification to the board fifteen (15) days prior to permanent pharmacy closure.

Section 4. License Fees; Renewals. An applicant shall submit:

- (1) An initial or renewal application for a special limited pharmacy permit - clinical practice on either the:
(a)1. Application for Special Limited Pharmacy Permit - Clinical Practice; or

2.[the] Application for Special Limited Pharmacy Permit - Clinical Practice Renewal; or
(b)1. Non-Resident Application for Special Limited Pharmacy Permit – Clinical Practice; or
2. Non-Resident Application for Special Limited Pharmacy Permit – Clinical Practice Renewal;
and

(2) As appropriate, the:

- (a) Initial application fee established by 201 KAR 2:050, Section 1(9); or
- (b) Renewal application fee established by 201 KAR 2:050, Section 1(10).

Section 5. Incorporation by Reference.

(1) The following material is incorporated by reference:

- (a) "Application for Special Limited Pharmacy Permit - Clinical Practice", June 2023~~[May 2019];~~~~[-and]~~
- (b) "Application for Special Limited Pharmacy Permit - Clinical Practice Renewal", June 2023~~;~~~~[May 2019.]~~
- (c) "~~Non-Resident~~~~Nonresident~~ Application for Special Limited Pharmacy Permit – Clinical Practice", ~~September~~~~June~~ 2023; and
- (d) "~~Non-Resident~~~~Nonresident~~ Application for Special Limited Pharmacy Permit – Clinical Practice Renewal", ~~September~~~~June~~ 2023.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also available on the board's Web site at <https://pharmacy.ky.gov/Businesses/Pages/Pharmacy.aspx>.

CONTACT PERSON: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

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

- “Non-Resident Application for Special Limited Pharmacy Permit – Clinical Practice”
- “Non-Resident Application for Special Limited Pharmacy Permit – Clinical Practice Renewal”
 - Each Form includes updated edition date of September 2023
 - Clarifies the Ownership Section Question on Kentucky Secretary of State Registration by adding a not applicable check box for those non-resident pharmacy permit holders not registered with the Kentucky Secretary of State



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

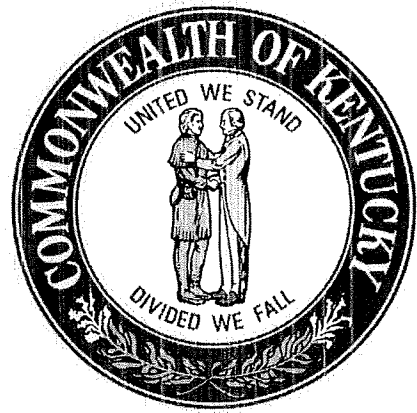
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Jonathan Van Lahr, RPh

Executive Director
Christopher P. Harlow, PharmD

201 KAR 2:340 Forms Incorporated by Reference September 2023 Edition

KENTUCKY BOARD OF PHARMACY
 State Office Building Annex, Suite 300
 125 Holmes Street
 Frankfort KY 40601
 Phone: (502) 564-7910
 Fax: (502) 696-3806
 Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Non-Resident Application for Special Limited Pharmacy Permit ⇨ Clinical Practice

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

I. Facility Information:

Name of Facility:			
Physical Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Mailing Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Email Address:			

Phone Number:

Fax Number:

Website Address:

II. Check and complete one of the following and attach proper fee:

New Facility → \$150.00

Proposed date of Opening:

(Filed with board 30 days in advance of opening)

OR Current Permit No. : Exp. Date:

(In State where presently located)

Change of Ownership → \$150.00

Proposed date of Acquisition:

Name of Previous Owner(s):

Please include detailed explanation of the change, including type of transaction, date of transaction and structure of the transfer

Change of Address/Location → \$150.00

Date of Proposed Relocation:

Previous Address:

Name Change → NO CHARGE

Previous Name:

III. Ownership:

How is the pharmacy registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★ ★ Name and title for each owner/officer/member, including professional designation (e.g. Pres. John Jones, PharmD):

Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____

(Use supplemental information page if necessary)

IV. Has any owner , member or officer been subject to discipline by any other agency related to the ownership or employment in a pharmacy?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please explain below

V. Pharmacist in Charge (P.I.C.), Pharmacist(s), Interns, and Technicians:

Name	KY License No.:
P.I.C. :	

(Use supplemental information page if necessary)

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

VI. Schedule of Hours:

(P.I.C. must notify the Board within fourteen (14) days of any changes in scheduled hours.)

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

★ Please indicate if closed for lunch:

_____ until _____

Supplemental Information Page:

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure.

Signature of Pharmacist-in-Charge: _____

Date: _____

I hereby certify that the above Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Signature of Owner: _____

Date: _____

I hereby certify that the above Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Form 9/2023

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Non-Resident Application for Special Limited Pharmacy Permit ⇨ Clinical Practice Renewal

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Please print legibly and complete this application; including the required original signature and return no later than June 30th. All renewals received after June 30th will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

I. Facility Information:

Name of Facility:			
Kentucky Permit No.:			
Physical Address of Facility:			
CITY:	STATE:	COUNTY:	ZIP:
Email Address:			

Form 9/2023

Phone Number:
Fax Number:
Website Address:

II. Ownership:

How is the pharmacy registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★ ★ Name and title for each owner/officer/member, including professional designation (e.g. Pres. John Jones, PharmD):

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

(Use supplemental information page if necessary)

III. Has any owner , member or officer been subject to discipline by any other agency related to the ownership or employment in a pharmacy?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

**If yes:* Please explain below

:

IV. Pharmacist in Charge (P.I.C.), Pharmacist(s), Interns and Technicians:

Name	KY License No.:
P.I.C. :	

(Use supplemental information page if necessary)

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

V. Schedule of Hours:

(P.I.C. must notify the Board within fourteen (14) days of any changes in scheduled hours.)

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

★Please indicate if closed for lunch:

_____ until _____

Supplemental Information Page:

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure.

Signature of Pharmacist-in-Charge: _____ **Date:** _____

I hereby certify that the above Renewal Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

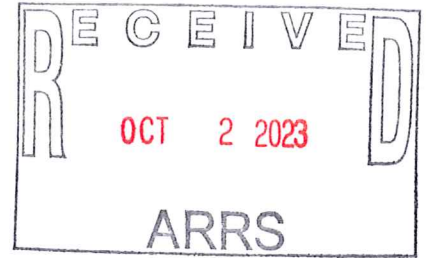
Signature of Owner: _____ **Date:** _____

I hereby certify that the above Renewal Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.



Andy Beshear
Governor

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
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Jonathan Van Lahr, RPh

Executive Director
Christopher P. Harlow, PharmD

October 2, 2023

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

Re: 201 KAR 2:390

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 201 KAR 2:390, the Board of Pharmacy proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Christopher Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Final, 9-27-2023

STAFF-SUGGESTED AMENDMENT

BOARDS AND COMMISSIONS
Board of Pharmacy

201 KAR 2:390. Requirements for third-party logistics providers.

Page 1

RELATES TO

Line 6

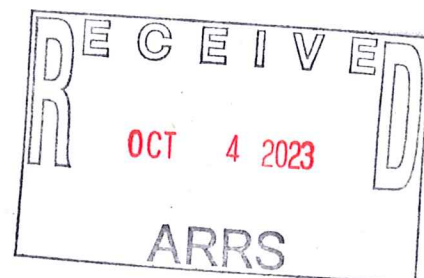
After "315.4110", insert ", 21 U.S.C. 360eee-eee-4".

502-429-3300
800-305-2042
Fax: 502-429-1245

KENTUCKY BOARD OF NURSING

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

Andy Beshear
Governor



October 4, 2023


Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Complier
Adminstrative Regulation Review Subcommittee
Legislative Research Commission
029, Captiol Annex
Frankfort, KY 40601

Re: 201 KAR 20:620. Licensing requirements for licensed certified professional midwives.

Dear Co-Chairs West and Lewis:

After discussions with Adminstrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 20:620, the Kentucky Board of Nursing proposes the attached staff suggested amendment to 201 KAR 20:620.

Sincerely,


Jeffrey R. Prather, General Counsel
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
Phone: (502) 338-2851
Email: Jeffrey.prather@ky.gov

Final, 9-21-2023

STAFF-SUGGESTED AMENDMENT

**GENERAL GOVERNMENT CABINET
Board of Nursing**

201 KAR 20:620. Licensing requirements for licensed certified professional midwives.

Page 1

RELATES TO

Line 5

After "KRS", insert "194A.540".

Delete "194.540".

Page 1

Section 2

Line 19

After "shall complete the", delete "Certified Professional Midwife".

After "Application for Licensure", insert the following:

as a Licensed Professional Midwife

Page 2

Section 3(1)

Line 2

After "from which", insert "the applicant".

Delete "they".

Page 3

Section 8(1)

Lines 14-15

After "by completing the", delete "Certified Professional Midwife Licensure".

After "Renewal Application", insert the following:

for a Licensed Professional Midwife

Page 3

Section 8(4)

Line 21

After "approval of the", delete "Certified Professional Midwife".

After "Renewal Application", insert the following:

for a Licensed Professional Midwife

Page 4

Section 9(1)

Lines 1-2

After "may file the", delete "Certified Professional Midwife".

After "Application for Licensure", insert the following:

as a Licensed Professional Midwife

Page 4

Section 11(1)(a)

Line 14

After "(a)", and the opening quotation marks, delete "Certified Professional Midwife".

After "Application for Licensure", insert the following:

as a Licensed Professional Midwife

After the closing quotation marks and the comma, insert "2/2023".

Delete "7/2023".

Page 4

Section 11(1)(b)

Line 15

After "(b)", and the opening quotation marks, delete "Certified Professional Midwife Licensure".

After "Renewal Application", insert the following:

for a Licensed Professional Midwife

After the closing quotation marks and the comma, insert "2/2023".

Delete "7/2023".

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE PAGE

At the time that the agency files this Staff Suggested Amendment it needs to file one (1) clean copy of a corrected Summary of Material Incorporated by Reference Page that:

- Will be switched out with the page that was initially filed with the Reg on 6/21/2023 to avoid confusion because the correct forms filed on 6/21 include the 2/2023 edition date on each form, but the summary page references an incorrect date of 7/2023
- Change all references on the Summary of MIR page from 7/2023 to 2/2023 to match the forms that were filed with the regulation on 6/21/2023 (*Should be four (4) incorrect date references to change*)

Summary of Material Incorporated by Reference

And

Summary of Changes to Material Incorporated by Reference

201 KAR 20:620. Licensing requirements for licensed certified professional midwives.

Section 11. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Application for Licensure as a Licensed Professional Midwife", 2/2023, Kentucky Board of Nursing. This is a two (2) page application form.

(b) "Renewal Application for a Licensed Professional Midwife", 2/2023, Kentucky Board of Nursing. This is a two (2) page application form.

Summary of Changes to Material Incorporated by Reference

The "Certified Professional Midwife Application for Licensure" is being updated to the two (2) page 02/2023 version and retitled "Application for Licensure as a Licensed Professional Midwife". The application is being updated to conform to online process to streamline the application. The new Application will wholly replace the one (1) page "Certified Professional Midwife Application for Licensure" that was previously material incorporated by reference. This Application is authorized under KRS 314.404 and 201 KAR 20:620.

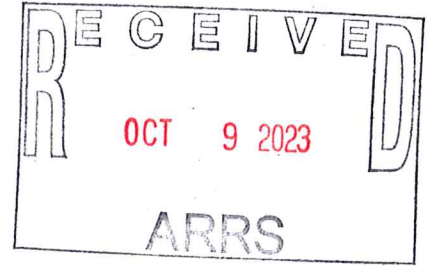
The "Certified Professional Midwife Licensure Renewal Application" is being updated to the two (2) page 02/2023 version and retitled "Renewal Application for a Licensed Professional Midwife". The application is being updated to conform to online process to streamline the application. The new Application will wholly replace the one (1) page "Certified Professional Midwife Licensure Renewal Application" that was previously material incorporated by reference. This Application is authorized under KRS 314.404 and 201 KAR 20:620.

502-429-3300
800-305-2042
Fax: 502-429-1245

KENTUCKY BOARD OF NURSING

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

Andy Beshear
Governor



October 9, 2023

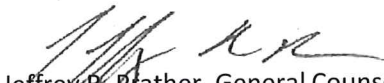
Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Complier
Adminstrative Regulation Review Subcommittee
Legislative Research Commission
029, Captiol Annex
Frankfort, KY 40601

Re: 201 KAR 20:700. Medication aide training programs and credentialing of medication aides.

Dear Co-Chairs West and Lewis:

After discussions with Adminstrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 20:700, the Kentucky Board of Nursing proposes the attached suggested substitute to 201 KAR 20:700.

Sincerely,


Jeffrey R. Prather, General Counsel
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
Phone: (502) 338-2851
Email: Jeffrey.prather@ky.gov

Final, 10-6-2023

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Board of Nursing

201 KAR 20:700. Medication aide training programs and credentialing of medication aides.

RELATES TO: KRS 194A.705(2)(c), 216.510(1), 216.590, 314.011, 314.133

STATUTORY AUTHORITY: KRS 314.131(1), 314.133

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) and 314.133 ~~require~~**requires** the ~~[Kentucky]~~board ~~[of Nursing (KBN)]~~to promulgate administrative regulations to establish requirements for the credentialing of medication aides, including educational requirements, standards for training programs including delegation of the administration of oral or topical medications and preloaded insulin injection, credentialing requirements, and fees for initial, renewal, and reinstatement of credentials, and any other necessary fees. This administrative regulation establishes requirements for ~~board~~**[KBN]** approval of medication aide training programs and requirements for the credentialing of medication aides.

Section 1. Definitions.

(1) "Board" **is defined by KRS 314.011(1)[means the Kentucky Board of Nursing]**.

(2)~~["Certified medication aide I" or "CMA I" means a person who:~~

~~(a) Has received specialized training under the supervision of a nurse; and~~

~~(b) Is permitted to administer oral or topical medications under the delegation of a nurse upon successful completion of a board approved examination.~~

(3)~~["Certified medication aide II" or "CMA II" means a person who:~~

~~(a) Meets the requirements of a CMA I; and~~

~~(b) Receives additional specialized training under the supervision of a nurse to administer only insulin via preloaded insulin pen upon successful completion of a board approved examination.~~

(4)~~]~~"Didactic" means the component of a medication aide training program that includes lecture, verbal instruction, or other means of exchanging theoretical information between the instructor and students, including a classroom setting or distance learning technology.

(3)~~(5)~~ **"Kentucky medication aide" means a state registered nurse aide (SRNA) who:**

~~(a) Has successfully completed the medication aide examination administered by the Kentucky Community and Technical College System (KCTCS);~~

~~(b) Administers oral or topical medications under the delegation of a nurse to a resident of a long-term care facility; and~~

~~(c) Is accepted by the board as having a credential that shall be equivalent to a CMA I.~~

(6)~~]~~"Long-term care facility" is defined by KRS 216.510(1).

(4)~~(7)~~ "Mentor" means a didactic instructor with teaching experience.

(5) **"Nursing facility" means a facility defined by 42 C.F.R. 483.5.**

(6)~~(8)~~ "Training program" means formal specialized medication aide training provided by an individual, facility, third party vendor~~[vender]~~, college, or school.

Section 2. Certified Medication Aide Requirements.

(1) A Certified Medication Aide (CMA) I:

(a) Shall have met the requirements of Section 7(2), (3), (4), and (5) of this administrative regulation; and

(b) May administer oral or topical medications under the delegation of a nurse upon successful completion of a board approved examination that validates the competency of the topics covered by the CMA curriculum under Section 7(5) of this administrative regulation.

(2) A Certified Medication Aide (CMA) II:

(a) Shall have met the requirements of Section 7(6), (7), and (8) of this administrative regulation; and

(b) May administer only insulin via preloaded insulin pen upon successful completion of a board approved examination that validates the competency of administration of insulin via preloaded insulin pen and the topics covered by the CMA II curriculum under Section 7(7) of this administrative regulation.

(3) A Kentucky Medication Aide (KMA) shall:

(a) Be a State Registered Nurse Aide (SRNA);

(b) Successfully complete the medication aide examination administered by the Kentucky Community and Technical College System (KCTCS);

(c) Administer oral or topical medications under the delegation of a nurse to a resident of a long-term care facility; and

(d) Be accepted by the board as having a credential that shall be equivalent to a CMA I.

Section 3. Medication Aide Training Program Approval.

(1) A KMA medication aide training and testing program administered by a college within KCTCS shall:

(a) Be **determined as[deemed]** compliant with the requirements of this administrative regulation; and

(b) Not be required to submit an application to the board unless the KMA program provides training to individuals seeking a CMA II credential.

(2) Unless exempt under subsection (1) of this section, a training program shall not admit an individual until the program has been approved by the board.

(3) **A training program that[The following]** may request approval from the board to provide medication aide training for **an individual[individuals]** seeking a CMA I or CMA II credential **shall be:**

(a) A long-term care facility that has a license in good standing and offers medication aide training to:

1. Its own employees; or
2. Employees of a long-term care facility owned by the same company;

(b) A Kentucky university or college program; or

(c) Other proprietary education program located in Kentucky.

(4) In-state training programs.

(a) An in-state entity seeking board approval of its training program shall:

1. Submit a completed Application for Medication Aide Training Program **(CMA I) or an Application for Medication Aide Training Program (CMA I or CMA II)** via the portal at www.kbn.ky.gov accompanied by a fee of:

- a. \$200 for initial approval of a CMA I training program; or
- b. \$300 for initial approval of a CMA I and CMA II training program;

2. Prepare each candidate seeking a CMA I credential to pass:

- a. The Medication Aide Competency Examination (MACE) administered by National Council of State Boards of Nursing; or
- b. Other competency examination approved by the board; and

3. If the training program prepares a candidate seeking a CMA II credential, it shall prepare the candidate to pass a competency examination approved by the board.

(b) If the training program administers a proprietary competency examination to candidates seeking a CMA I or CMA II credential, the program shall submit a copy of the examination to the board for prior approval.

(5) Out-of-state training.

(a) An individual who completes a medication aide training program provided by an out-of-state training provider shall:

1. As a condition of obtaining the CMA I credential, pass the MACE or other competency examination approved by the board; or

2. As a condition of obtaining the CMA II credential:

- a. Complete an out-of-state training program that meets the requirements of Section **7[6](7)** and (8) of this administrative regulation; and
- b. Pass a competency examination approved by the board.

(b) An out-of-state medication aide training program shall be exempt from the application requirements of subsection (4)1. of this section.

Section ~~4.3.~~ Medication aide training program administration.

(1) The training program shall:

~~(a)~~ Appoint a program administrator who shall be responsible for the administrative oversight of the program; and

~~(b)(2)~~ Submit the following in writing to the board:

~~1.(a)~~ Name of the program administrator;

~~2.(b)~~ Date the program administrator will assume responsibility for administrative oversight of the program; and

~~3.(c)~~ A copy of the program administrator's curriculum vitae.~~;~~

~~(2)(3)(a)~~ The training program shall notify the board in writing of a change of a program administrator~~administrators~~ within thirty (30) days of the personnel change; and

~~(b)(4)~~ Develop and implement a plan of organization and administration that clearly establishes the lines of authority, accountability, and responsibility for each training program location.~~;~~ ~~and~~

~~(3)(5)~~ The program administrator shall maintain a system of official records and reports essential to the operation of the training program according to the program's written policies that ~~shall~~:

(a) ~~Addresses~~Address how the program's records ~~shall~~will be maintained in a secure manner to protect from loss or unauthorized distribution or use;

(b) ~~Ensures~~Ensure that all records shall be retained for at least five (5) years;

(c) ~~Ensures~~Ensure that each trainee roster includes:

1. The nurse instructor's name and licensure information;

2. Each trainee's:

a. Name;

b. Date of birth;

c. Last four (4) digits of the trainee's Social Security number; and

d. Program activity and completion dates;

(d) ~~Documents~~Document how the program will conduct a periodic and systematic plan of evaluation; and

(e) ~~Ensures~~Ensure that a list of successful graduates of the training program is maintained.

Section ~~5.4.~~ Program administrator. The program administrator shall be:

(1) The facility administrator on record for each facility; or

(2) A registered nurse who has the following qualifications:

(a) An unencumbered Kentucky nursing license or multistate privilege to practice; or

(b) A temporary work permit as nurse in Kentucky.

Section ~~6.5.~~ Instructors.

(1) The number of instructors shall be adequate to implement the training program as determined by:

(a) Program outcomes;

(b) Instruction objectives; and

(c) The educational technology utilized.

(2) The program administrator shall be responsible for approving the instructors.

(3) Didactic instructors.

(a) The training program's didactic instructor shall have the following qualifications:

1. An unencumbered Kentucky nursing license or multistate privilege to practice; or

2. A temporary work permit as nurse in Kentucky.

(b) If the didactic instructor does not have prior teaching experience, the program administrator shall assign a mentor to the didactic instructor for the purpose of assisting with implementation of an educational development plan.

(4) Clinical instructors and preceptors.

(a) A clinical instructor shall hold a current:

1. Unencumbered Kentucky nursing license or multistate privilege to practice; or

2. Temporary work permit as nurse in Kentucky.
- (b) A preceptor shall:
 1. Meet the clinical instructor requirements in paragraph (a) of this subsection; ~~;~~ or ~~:~~
 2. **a.** Hold a current medication aide certification; and
 - b.** ~~3.~~ Have a minimum of six (6) months experience **administering**~~passing~~ medications.
- (5) Each training program shall maintain records in accordance with Section **4**~~3~~ of this administrative regulation to document that each clinical instructor has been oriented to the:
 - (a) Course;
 - (b) Program outcomes;
 - (c) Student learning objectives;
 - (d) Evaluation methods used by the instructors; and
 - (e) Role expectations.

Section **7**~~6~~ Standards for Training Programs and Medication Aide Certification.

- (1) A training program shall conduct an evaluation as required by Section **4**~~3~~~~5~~(d) of this administrative regulation to:
 - (a) Validate that identified program outcomes have been achieved; and
 - (b) Provide evidence of improvement based on an analysis of the results.
- (2) As a condition of admission to a training program for a CMA I credential, the applicant shall:
 - (a) Be able to read, write, and speak English;
 - (b) Have basic math skills;
 - (c) Have a high school diploma or equivalent; and
 - (d)
 1. Have at least six (6) months of continuous work experience as a State registered nurse aide (SRNA) in a nursing facility ~~that is certified under Title XVIII or XIX of the Social Security Act~~;
 - or
 2. **Be a** direct care staff member of a:
 - a. Long-term care facility that is not certified under **42 C.F.R. Part 483**~~Title XVIII or XIX of the Social Security Act~~;
 - b. Facility operated by the Department of Juvenile Justice; or
 - c. Residential facility licensed by the Cabinet for Health and Family Services if authorized under the facility's scope of licensure.
- (3) A training program that prepares an individual for a CMA I credential shall:
 - (a) Include at least:
 1. Forty (40) clock hours of didactic course work;
 2. Twenty (20) clock hours of skills laboratory; and
 3. Forty (40) clock hours of direct patient contact with a clinical instructor;
 - (b) Ensure that the didactic course work and skills laboratory shall be completed in no shorter than a two (2) week course;
 - (c) Ensure that the candidate is precepted for a minimum of sixty (60) clock hours; and
 - (d) Maintain a log of clinical hours for each trainee in which the instructor and preceptor document completion of the clock hours required by **paragraphs (a) through (c) of this subsection**~~subparagraphs 1. to 3. of this paragraph~~.
- (4)
 - (a) Upon completion of CMA I training, a candidate shall complete the MACE or other board approved examination within sixty (60) days.
 - (b) If the candidate does not pass the examination after two (2) attempts or if more than sixty (60) days have elapsed since completion of the CMA I training, the candidate shall provide documentation of repeating the CMA I training to be eligible to retake the examination.
- (5) The curriculum for a CMA I training program shall include the following topics:
 - (a) Medication orders, documentation, storage, and disposal;
 - (b) Mathematics, weights, and measures;
 - (c) Forms of medications;
 - (d) Medication basics, including terms, abbreviations, dosage, and actions;

- (e) Safety and rights of medication administration;
 - (f) Preparation and actual medication administration;
 - (g) Prevention of medication errors;
 - (h) Causes and reporting of medication errors;
 - (i) Building of relationships;
 - (j) Reporting of symptoms or side effects;
 - (k) Reporting of changes from the resident's normal condition, status, or routine;
 - (l) Documentation of medication administration;
 - (m) Routes of administration;
 - (n) Factors affecting how the body uses medication;
 - (o) Classes of medications related to body systems and common actions;
 - (p) Location of resources and references;
 - (q) Rights of individuals;
 - (r) Specific legal and ethical issues;
 - (s) Knowledge of infection control related to medication administration;
 - (t) Roles of the supervising nurse;
 - (u) Role of the medication aide; and
 - (v) Responsibility of the medication aide when accepting delegated tasks.
- (6) As a condition of admission to a training program for a CMA II credential, the applicant shall have successfully completed the CMA I ~~[specialized]~~ training and passed the board approved CMA I examination.
- (7) A training program that prepares an individual for a CMA II credential shall include:
- (a) A minimum of sixteen (16) clock hours of didactic course work in insulin administration via a prefilled insulin pen;
 - (b) A minimum of eight (8) clock hours of clinical training with continuous, direct, on-site supervision by a nurse to be completed within sixty (60) days of completion of the didactic course work;
 - (c) A minimum of twenty (20) documented insulin injections via prefilled insulin pen that shall be:
 - 1. Directly supervised by a nurse; and
 - 2. Completed within sixty (60) days of completion of the didactic course work; and
 - (d) A board approved competency examination.
 - 1. Upon completion of the CMA II training, a candidate shall complete a board approved examination within sixty (60) days.
 - 2. If the candidate does not pass the examination after two (2) attempts or if more than sixty (60) days have elapsed since completion of the CMA II training, the candidate shall provide documentation of repeating the CMA II training to be eligible to retake the examination.
- (8) The curriculum for a CMA II training program shall include the following topics:
- (a) Pathophysiology of diabetes;
 - (b) Diabetes disease management;
 - (c) Blood glucose testing and use of equipment;
 - (d) Understanding the meaning of glucose levels;
 - (e) Insulin administration procedure;
 - (f) Potential complications and adverse reactions; and
 - (g) Role and responsibility.
- (9) Implementation of the curriculum.
- (a) A training program shall be developed to include outcomes, planned instruction, learning activities, and methods of evaluation.
 - (b) The instruction methods and activities of both instructor and trainee shall be specified. The activities shall be congruent with stated objectives, and content shall reflect adult learning principles.
 - (c) A copy of the training program's curriculum shall be on file and available to the board upon request.
 - (d) Didactic instruction may be offered through distance learning technologies. The instruction offered through the use of distance learning technologies shall be comparable to that offered in an in-person program.
- (10) Substantive changes to the training program's standards for medication training or certification shall be:

- (a) Submitted to the board portal at www.kbn.ky.gov with a completed Application for Medication Aide Training Program **(CMA 1) and Application for Medication Aide Training Program (CMA I and II)** within thirty (30) days of implementation; and
- (b) Subject to a change of status fee of:
 - 1. \$200 for a CMA I training program; or
 - 2. \$300 for a CMA II training program.
- (11) A training program shall respond to a written request from the board for documentation within thirty (30) days of the date of the board's request.
- (12) The board ~~may~~**shall have the authority to** amend a program's standards for medication training or certification if it fails to comply with the requirements of the administrative regulation. Upon written notification, the training provider shall comply with the requirements within thirty (30) days.
- (13) The board may deny, suspend, or revoke approval or the change of status of a medication aide training program, based upon the following:
 - (a) Failure to meet or maintain the requirements set forth in this administrative regulation; or
 - (b) Submitting false, misleading or deceptive statements, information, or documentation to the board or its designees.
- (14) If approval of the training program is denied, suspended, or revoked, the board shall do so in writing stating the reasons for the adverse action.

Section ~~8.7.7~~ Program Completion Requirements and Recertification.

- (1) Each individual who successfully completes a board approved medication aide training program and passes the medication aide training and competency evaluation shall register **for certification** via the board's nursing portal at www.kbn.ky.gov.
- (2) The training program shall submit to the board:
 - (a) The name of the certified individual;
 - (b) Title of training program, date of completion, and location;
 - (c) A program code number issued by the board; and
 - (d) Name and signature of the program administrator;
- (3) A training program shall:
 - (a) Maintain a record of graduates for at least five (5) years; and
 - (b) Provide a copy of the training program's graduate records to the board upon request.
- (4) Recertification.
 - (a) The credential for a CMA I or CMA II shall expire one (1) year from the date of initial certification or recertification.
 - (b) To recertify as a CMA I or CMA II, the medication aide shall provide the board with:
 - 1. Documentation of a yearly evaluation and validation of competency;
 - 2. Proof of at least four (4) clock hours of medication-specific education; **and**
 - 3. A minimum of forty (40) hours worked prior to expiration of certification. ~~;~~**and**
- (5) The ~~[4. A certification]~~ fee for initial certification and recertification shall be ~~of~~ twenty-five (25) dollars.**

Section ~~9.8.1~~ Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Application for Medication Aide Training Program (CMA I)", **09/23[05/23]**; and
 - (b) "Application for Medication Aide Training Program (CMA I and II)", **09/23[05/23]**.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's Web site at: [https://kbn.ky.gov/General/Pages/Document-Library\[Libary\].aspx](https://kbn.ky.gov/General/Pages/Document-Library[Libary].aspx).

CONTACT PERSON: Jeffrey R. Prather, General Counsel, Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, (502) 338-2851, Jeffrey.Prather@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

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

- **“Application for Medication Aide Training Program (CMA I)”**
 - Updates the edition date to 09/23
 - Add reference to initial approval fee of \$200 for CMA I Training program & note identical fee if substantially changes program
 - Adds the federal citations to 42 C.F.R. Part 483
 - Corrects that citation at bottom of last page to 201 KAR 20:700 § 7(3) and (5)

- **“Application for Medication Aide Training Program (CMA I and II)”**
 - Updates the edition date to 09/23
 - Add reference to initial approval fee of \$300 for CMA I and CMA II Training program & note identical fee if substantially changes program
 - Adds the federal citations to 42 C.F.R. Part 483
 - Page 4 – Correct citation to 201 KAR 20:700 to § 3(1) and that reference § 3(1) exemption
 - Correct citation to 201 KAR 20:700 §7(3 and 5)
 - Page 5 – correct citation to 201 KAR 20:700 § 7 (7 and 8)

Application for Medication Aide Training Program (CMA I)

1. Select the appropriate basis for the submission of this application below.*

- Initial application for CMA I training program approval
- Submission of substantive changes to an existing Board-approved CMA I training program

A fee of \$200 for CMA I Training program will be assessed for either the initial application or if there is a substantial change to the program. See 201 KAR 20:700, Section 3(4)(a)1.a. and Section 7(10)(b)1.

2. A training program shall not admit an individual until the program has been approved by the Board. Has the institution announced, advertised, or admitted students to the CMA I training program?*

- Yes
- No

Training Program

1. Program Name*

2. Physical Address*

3. Mailing Address*

4. Website*

5. Institution Type*

- Long-term care facility in Kentucky with a license in good standing that offers medication aide training to employees or employees of a long-term care facility owned by the same company
- Kentucky university or college
- Other proprietary education program located in Kentucky

6. Other proprietary education program type


7. Anticipated opening date*

8. Length of program (weeks)*


9. Name, title, and credentials of individual submitting this application*

Policies

1. The training program shall develop and implement a plan of organization and administration that clearly establishes the lines of authority, accountability, and responsibility for each training program location. Upload a copy of the institution's organizational chart and written plan that describes the organization of the program, its relationship to the institution, and the lines of authority, accountability, and responsibility.*

 To attach a file drag & drop here or click to choose


2. The number of instructors shall be adequate to implement the training program as determined by program outcomes, instruction objectives, and the educational technology utilized. The program administrator shall be responsible for approving program instructors. Upload a copy of the policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose

3. Each training program shall maintain official records that document that each clinical instructor has been oriented to:

- a. The course;
- b. Program outcomes;
- c. Student learning objectives;
- d. Evaluation methods used by the instructors; and
- e. Role expectations.


Upload a copy of the policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose

4. The training program shall maintain a system of official records and reports essential to the operation of the training program according to the program's written policies that shall:

- a. Address how the program's records will be maintained in a secure manner to protect from loss or unauthorized distribution or use;
- b. Ensure that all records shall be retained for at least five years;
- c. Ensure that each trainee roster includes:
 - i. the nurse instructor's name and licensure information
 - ii. the trainee's name,
 - iii. the trainee's date of birth
 - iv. the last four digits of the trainee's social security number; and
 - v. program activity and completion dates.
- d. Document how the program will conduct a periodic and systematic plan of evaluation that validates that the identified program outcomes have been achieved and provides evidence of improvement based on an analysis of the results; and
- e. Ensure that a list of successful graduates of the training program is maintained.


Upload a copy of the record retention policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose

5. As a condition of admission to the training program, the applicant shall:

- a. Be able to read, write, and speak English;
- b. Have basic math skills;
- c. Have a high school diploma or equivalent; and
- d. Have at least six months of continuous work experience as:
 - i. An SRNA in a nursing facility that is certified under 42 C.F.R. 483; or
 - ii. A direct care staff member of a long-term care facility that is not certified under 42 C.F.R. 483, a facility operated by the Department of Juvenile Justice, or a residential facility licensed by CHFS if authorized under the facility's scope of licensure.

Upload a copy of the admission policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose


Program Administrator

The training program shall appoint a program administrator who shall be responsible for the administrative oversight of the program. The program administrator shall be the facility administrator on record for the institution or a registered nurse (RN) with a current, unencumbered Kentucky nursing license, multistate privilege to practice, or a temporary work permit as a nurse in Kentucky.

1. Program Administrator Name*

2. Date that Program Administrator will assume responsibility for administrative oversight of the program*

3. Upload a copy of the Program Administrator's current curriculum vitae (CV).*

 To attach a file drag & drop here or click to choose

4. Select all applicable qualifications*

Facility Administrator Registered Nurse

5. RN License Number

Faculty

1. The training program's didactic and clinical instructors shall have a current, unencumbered Kentucky nursing license, multistate privilege to practice, or temporary work permit as a nurse in Kentucky. If a didactic instructor does not have prior teaching experience, the program administrator shall assign a mentor to the didactic instructor for the purpose of assisting

with implementation of an educational development plan. Provide the following information for all didactic and clinical instructors:

Name*	License Number*	State of Licensure*	Mentor Name, if Applicable
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+ Add line

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2. Upload a CV for each person listed in the table, above.*

To attach a file drag & drop here or click to choose

3. Upload an educational development plan for each didactic instructor with no prior teaching experience.*

To attach a file drag & drop here or click to choose

CMA I Training Program

1. A CMA I Training Program shall prepare each candidate seeking a CMA I credential to pass the Medication Aide Competency Examination (MACE) administered by the National Council of State Boards of Nursing (NCSBN) or other proprietary competency examination approved by the Board. Select which examination type the training program will utilize.*

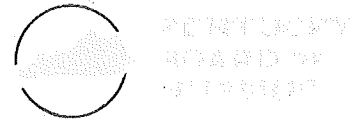
MACE Other Proprietary Competency Examination

2. Upload a copy of the other proprietary competency examination that will be utilized.

To attach a file drag & drop here or click to choose

3. Upload a copy of the program curriculum (including didactic coursework and clinical, skills laboratory, and precepting hours) that meets the requirements of 201 KAR 20:700 § 7(3) and (5).*

To attach a file drag & drop here or click to choose



Application for Medication Aide Training Program (CMA I and II)

1. Select the appropriate basis for the submission of this application below:*

- Initial application for CMA I & II training program approval
- Submission of substantive changes to an existing Board-approved CMA I & II training program

A fee of \$300 for CMA I and CMA II Training program will be assessed for either the initial application or if there is a substantial change to the program. See 201 KAR 20:700, Section 3(4)(a)1.b. and Section 7(10)(b)2.

2. A training program shall not admit an individual until the program has been approved by the Board. Has the institution announced, advertised, or admitted students to the CMA I and II training program?*

- Yes
- No

Training Program

1. Program Name*

2. Physical Address*

3. Mailing Address*

4. Website*

5. Institution Type*

- Long-term care facility in Kentucky with a license in good standing that offers medication aide training to employees or employees of a long-term care facility owned by the same company
- Kentucky university or college
- Other proprietary education program located in Kentucky

6. Other proprietary education program type*


7. Anticipated opening date*

8. Length of program (weeks)*


9. Name, title, and credentials of individual submitting this application*

Policies

1. Each training program shall develop and implement a plan of organization and administration that clearly establishes the lines of authority, accountability, and responsibility for each training program location. Upload a copy of the institution's organizational chart and written plan that describes the organization of the program, its relationship to the institution, and the lines of authority, accountability, and responsibility.*

 To attach a file drag & drop here or click to choose


2. The number of instructors shall be adequate to implement the training program as determined by program outcomes, instruction objectives, and the educational technology utilized. The program administrator shall be responsible for approving program instructors. Upload a copy of the policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose

3. Each training program shall maintain official records that document that each clinical instructor has been oriented to:

- a. The course;
- b. Program outcomes;
- c. Student learning objectives;
- d. Evaluation methods used by the instructors; and
- e. Role expectations.

Upload a copy of the policy that complies with these requirements.*

 To attach a file drag & drop here or click to choose

4. Each training program shall maintain a system of official records and reports essential to the operation of the training program according to the program's written policies that shall:

- a. Address how the program's records will be maintained in a secure manner to protect from loss or unauthorized distribution or use;
- b. Ensure that all records shall be retained for at least five years;
- c. Ensure that each trainee roster includes:
 - i. the nurse instructor's name and licensure information
 - ii. the trainee's name,
 - iii. the trainee's date of birth
 - iv. the last four digits of the trainee's social security number; and
 - v. program activity and completion dates.
- d. Document how the program will conduct a periodic and systematic plan of evaluation that validates that the identified program outcomes have been achieved and provides evidence of improvement based on an analysis of the results; and
- e. Ensure that a list of successful graduates of the training program is maintained.

Upload a copy of the record retention policy that complies with these requirements.*

09/2023

To attach a file drag & drop here or click to choose

5. As a condition of admission to each training program, the applicant shall:
- a. Be able to read, write, and speak English;
 - b. Have basic math skills;
 - c. Have a high school diploma or equivalent; and
 - d. Have at least six months of continuous work experience as:
 - i. An SRNA in a nursing facility that is certified under 42 C.F.R. 483; or
 - ii. A direct care staff member of a long-term care facility that is not certified under 42 C.F.R. 483, a facility operated by the Department of Juvenile Justice, or a residential facility licensed by CHFS if authorized under the facility's scope of licensure.

Upload a copy of the admission policy that complies with these requirements*

To attach a file drag & drop here or click to choose

Program Administrator

The training program shall appoint a program administrator who shall be responsible for the administrative oversight of the program. The program administrator shall be the facility administrator on record for the institution or a registered nurse (RN) with a current, unencumbered Kentucky nursing license, multistate privilege to practice, or a temporary work permit as a nurse in Kentucky.

1. Program Administrator Name*

2. Date that Program Administrator will assume responsibility for administrative oversight of the program*

3. Upload a copy of the Program Administrator's current curriculum vitae (CV).*

To attach a file drag & drop here or click to choose

4. Select all applicable qualifications*

Facility Administrator Registered Nurse

5. RN License Number

Faculty

1. The training program's didactic and clinical instructors shall have a current, unencumbered Kentucky nursing license, multistate privilege to practice, or temporary work permit as a nurse in Kentucky. If a didactic instructor does not have prior teaching experience, the program administrator shall assign a mentor to the didactic instructor for the purpose of assisting

with implementation of an educational development plan. Provide the following information for all didactic and clinical instructors:

Name*	License Number*	State of Licensure*	Mentor Name, if Applicable
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2. Upload a CV for each person listed in the table, above.*

To attach a file drag & drop here or click to choose

4. Upload an educational development plan for each didactic instructor with no prior experience.*

To attach a file drag & drop here or click to choose

CMA I Training Program

1. Kentucky Community Technical College Schools (KCTCS) are exempt from CMA I training requirements under 201 KAR 20:700 § 3(1). KCTCS Applicant Instructions: a) Select "Other Proprietary Competency Examination; b) for the required uploads in (3) and (4) of this section, please upload a signed document on letterhead citing your schools 201 KAR 20:700, § 3(1) exemption; and c) skip to the next section to enter the CMA II Training Program Information.

2. A CMA I Training Program shall prepare each candidate seeking a CMA I credential to pass the Medication Aide Competency Examination (MACE) administered by the National Council of State Boards of Nursing (NCSBN) or other proprietary competency examination approved by the Board. Select which examination type the training program will utilize.*

MACE Other Proprietary Competency Examination

3. Upload a copy of the other proprietary competency examination that will be utilized.

To attach a file drag & drop here or click to choose

4. Upload a copy of the program curriculum (including didactic coursework and clinical, skills laboratory, and precepting hours) that meets the requirements of 201 KAR 20:700 § 7(3 and 5).*


To attach a file drag & drop here or click to choose

CMA II Training Program


1. As a condition of admission to a training program for a CMA II credential, the applicant shall have successfully completed the CMA I specialized training and passed the MACE or other Board-approved CMA I competency examination. Upload a copy of the policy that complies with this requirement.*

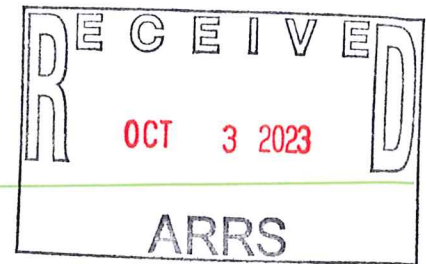
To attach a file drag & drop here or click to choose

2. A training program that prepares a candidate seeking CMA II credential shall prepare the candidate to pass a competency examination approved by the Board. Upload a copy of the CMA II competency examination that will be utilized.*

 To attach a file drag & drop here or click to choose

3. Upload a copy of the program curriculum (including didactic coursework and clinical, skills laboratory, and precepting hours) that meets the requirements of 201 KAR 20:700 § 7(7 and 8).*

 To attach a file drag & drop here or click to choose



October 2, 2023

Senator Stephen West
Representative Derek Lewis
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by **202 KAR 002:020**, Kentucky Housing Corporation proposes the attached suggested amendment to this ordinary regulation.

Sincerely,

Samuel Thorner
General Counsel
Kentucky Housing Corporation
1231 Louisville Road
Frankfort, KY 40601

Staff-suggested Amendment

**Final Version 9/19/2023
KENTUCKY HOUSING CORPORATION**

202 KAR 002:020. Rural Housing Trust Fund.

Page 1

STATUTORY AUTHORITY paragraph

Line 5

After "KRS", insert "198A.744".

Page 1

NECESSITY, FUNCTION, AND CONFORMITY paragraph

Lines 8, 13, and 14

After "KRS 198A.746,", delete "in order".

After "administrative regulation", insert "establishes".

Delete "is necessary to establish".

After "loans and grants and", "establishes".

Delete "to establish".

Page 2

Section 1(3)(e)

Line 17

After "the terms of", insert "the".

Delete "such".

Page 2

Section 2

Line 21

After "individuals or families", insert "shall".

Delete "is".

After "not", insert "be".

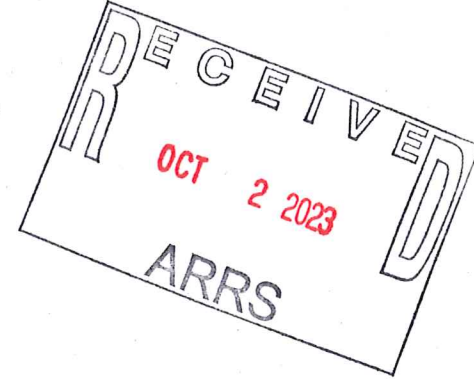
Andy Beshear
Governor



Jamie Link
Secretary, Education and
Labor Cabinet

Jason E. Glass, Ed.D.
Commissioner of Education and Chief Learner

KENTUCKY DEPARTMENT OF EDUCATION
300 Sower Boulevard • Frankfort, Kentucky 40601
Phone: (502) 564-3141 • www.education.ky.gov



September 14, 2023

Emily Caudill, Regulations Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort, KY 40601

Re: 702 KAR 7:065. Designation of Agent to Manage Middle and High School Interscholastic Athletics

Dear Regulations Compiler:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 702 KAR 7:065, the Kentucky Board of Education proposes the attached agency amendment to 702 KAR 7:065.

Sincerely,

Todd G. Allen

Todd G. Allen
General Counsel

attachment

AGENCY AMENDMENT
Kentucky Board of Education
Department of Education

702 KAR 7:065. Designation of Agent to Manage Middle and High School Interscholastic Athletics

Page 1
RELATES TO
Line 6

After "156.070(2)", insert ".158.162".

Page 4
Section 3(20)
Line 13

After "Produce a public", insert "report or reports".
Delete "report(s)".

Page 12
Section 7(1)(d)
Line 9

After "Board of Control", insert "Adopted".
Delete "and Officials Division".
After "Policies", insert "9/2023".
Delete "7/2023".



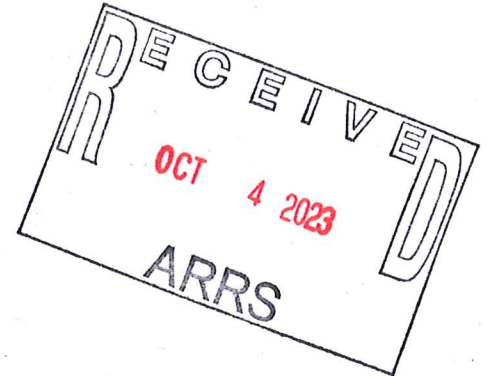
PUBLIC PROTECTION CABINET

Kentucky Department of Insurance

500 Mero Street, 2SE11
Frankfort, KY 40601
Phone: (502) 564-3630
Toll Free: (800) 595-6053

Andy Beshear
GOVERNOR
Jacqueline Coleman
LIEUTENANT GOVERNOR

Ray A. Perry
SECRETARY
Sharon P. Clark
COMMISSIONER



October 4, 2023

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

Re: 806 KAR 9:400. Public Adjuster Filings.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 806 KAR 9:400, the Public Adjuster Filings proposes the attached amendment to 806 KAR 9:400.

Sincerely,

Abigail Gall
Executive Advisor
Department of Insurance

Subcommittee Substitute

**PUBLIC PROTECTION CABINET
Department of Insurance
Licensing Division
(As Amended at ARRS)**

806 KAR 9:400. Public adjuster filings.

RELATES TO: KRS 304.9-020, 304.9-430, 304.9-433, 304.9-435, 304.9-440

STATUTORY AUTHORITY: KRS 304.9, 304.2-110

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110 authorizes the Commissioner of Insurance to promulgate administrative regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code as defined in KRS 304.1-010. KRS 304.9-433 requires public adjusters to file a form to be approved by the commissioner prior to executing a contract with an insured. This administrative regulation sets forth the prefiling requirements for public adjusters prior to executing a contract with an insured.

Section 1. Definitions.

- (1) "Commissioner" is defined by KRS 304.1-050(1).
- (2) "Catastrophe" is defined by KRS 304.9-020(6).
- (3) "Department" is defined by KRS 304.1-050(2).
- (4) **[The term]** "Emergency circumstance" **means [shall mean]:**
 - (a) A catastrophe **[as defined by KRS 304.9-020(6)];** or
 - (b) **An event that results in a declaration of emergency by the Governor pursuant to [A catastrophe as defined by] KRS 39A.100.**
- (5) "Public adjuster" is defined by KRS 304.9-020(20).

Section 2. Contract Filings.

(1) Before a public adjuster may execute a contract or provide services to an insured, the public adjuster shall:

(a) File a form with the commissioner for approval that meets the contract standards prescribed by KRS 304.9-433 and included in the Contracting Checklist Form; and

(b) Provide the insured with a written disclosure as prescribed by KRS 304.9-433 and the contact information for the Department's Consumer Protection Division provided on the Contracting Checklist Form.

(2) The public adjuster shall file **the [this]** form:

(a) On the Department's secure Web site, <https://insurance.ky.gov/doiservices/userrole.aspx>;
or

(b) By electronic mail to doi.licensingmail@ky.gov.

(3)(a) The commissioner shall have thirty (30) business days to approve or disapprove a contract form filing. The public adjuster shall **not use [be prohibited from using]** a contract form prior to receiving the approval for the contract form filing.

(b) If the commissioner disapproves a contract form filing, the public adjuster shall have fifteen

(15) business days to amend the original filing for the commissioner's approval.

Section 3. Emergency Circumstance, ~~[-]~~ Intent to Contract.

(1) If an emergency circumstance occurs and a public adjuster is unable to reasonably execute a contract before providing services to an insured, **the [a]** public adjuster shall file an Intent to Contract Form with the insured's insurer.

(2) The public adjuster **shall [must]** file this form with the insurer within three (3) business days of providing any services to the insured.

(3) If a contract has not been executed within seven (7) business days following the filing of an Intent to Contract Form, the Intent to Contract Form shall be **[deemed null and]** void.

(4) The public adjuster shall not receive any compensation unless he or she executes a contract with the insured on a general contract form previously approved by the commissioner.

Section 4. Amending Filings.

(1) A public adjuster may amend a previously approved form with the commissioner only if the public adjuster files the amended form and receives prior approval before utilizing the new contract form ~~[- use]~~.

(2) The approval process for any amended contract form filings shall be governed by Section 2 of this administrative regulation.

Section 5. Materials Incorporated by Reference. (1) The following material is incorporated by reference:

(a) "Contracting Checklist Form", 7/23; and

(b) "Intent to Contract Letter", 7/23.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department of Insurance, The Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the department's Web site at <https://insurance.ky.gov/ppc/CHAPTER.aspx>.

CONTACT PERSON: Abigail Gall, Executive Advisor, 500 Mero Street, Frankfort, Kentucky 40601, phone +1 (502) 564-6026, fax +1 (502) 564-1453, email abigail.gall@ky.gov.



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
FRANKFORT, KENTUCKY**

PUBLIC ADJUSTER CONTRACT CHECKLIST

Statute/Contract Requirement	Description	Y/N	Reviewer Comments
KRS 304.9-433(2)(a)	Contract includes legible full name of the adjuster signing the contract, as specified in the department's licensing records		
KRS 304.9-433(2)(b)	Contract includes adjuster's permanent home state business address and phone number		
KRS 304.9-433(2)(c)	Contract includes license number issued to the adjuster by the department		
KRS 304.9-433(2)(d)	Contract includes title of "Public Adjuster Contract"		
KRS 304.9-433(2)(e)	Contract includes space for insured's full name, street address, insurer name, and policy number		
KRS 304.9-433(2)(f)	Contract includes space for a description of the loss or damage and its location		
KRS 304.9-433(2)(g)	Contract includes a description of services to be provided to the insured		
KRS 304.9-433(2)(h)-(i)	Contract includes spaces for public adjuster and insured signatures with dates		
KRS 304.9-433(2)(j)	Contract includes attestation language stating that the adjuster has a letter of credit or a surety bond		
KRS 304.9-433(2)(k)	Contract includes the full salary, fee, commission, compensation, or other consideration the adjuster is to receive for services, including but not limited to: 1. If the compensation is based on a percentage of the insurance settlement, the exact percentage;		

	<p>2. The initial expenses to be reimbursed to the adjuster from the proceeds of the claim payment, specified by type, with dollar estimates; and</p> <p>3. Any additional expenses, if first approved by the insured</p>		
KRS 304.9-4333(1)(b)	Contract details whether compensation is hourly fee, flat rate, percentage of total amount paid, or other method of compensation		
KRS 304.9-4333(1)(c)	Compensation section is not unreasonable		
KRS 304.9-4333(1)(c)2.	Compensation if based on percentage does not exceed 15% for noncatastrophic claims or 10% for catastrophic claims		
KRS 304.9-4333(2)(a)	Compensation contingency if policy limits offered within 72 hours after claim filed		
KRS 304.9-433(2)(l)	Contract includes statement that the adjuster shall not give legal advice or act on behalf of or aid any person in negotiating or settling a claim relating to bodily injury, death, or noneconomic damages		
KRS 304.9-433(2)(m)	Contract includes process for rescinding the contract, and space for the date by which rescission of the contract by the adjuster or the insured may occur		
KRS 304.9-433(2)(n)	Contract includes statement that clearly states <i>in substance</i> ¹ the following: “Complaints regarding this contract or regarding the public adjuster may be filed with the consumer protection division of the Kentucky Department of Insurance.”		
KRS 304.9-433(4)(a)	Contract DOES NOT include terms allowing percentage fee to be collected when money is due from an insurer, but not paid		
KRS 304.9-433(4)(b)	Contract DOES NOT include terms allowing the public adjuster to collect the entire fee from the first check issued by the insurer instead of as a percentage of each check issued by an insurer		
KRS 304.9-433(4)(c)	Contract DOES NOT include terms requiring an insured to authorize an insurer to issue a check only in the name of the adjuster		
KRS 304.9-433(4)(d)	Contract DOES NOT include terms imposing collection costs or late fees		

¹ In substance means the exact statement is not required, but must convey the substance of the sentence.

KRS 304.9-433(4)(e)	Contract DOES NOT include terms allowing the adjuster's rate of compensation to be increased based on the fact that a claim is litigated		
KRS 304.9-433(4)(f)	Contract DOES NOT include terms precluding the adjuster from pursuing civil remedies		
KRS 304.9-4331(1)	Are the written disclosures ² of the insured's rights included as part of the contract?		

² Written Disclosures are not required as part of the contract, but shall be reviewed for compliance if included.

Effective: **7/2023**

Intent to Contract

DATE:

TO WHOM IT MAY CONCERN:

This Letter of Intent sets forth the mutual interest of:

Public Adjuster: _____ License No.: _____, and

Insured: _____

Insured Contact Information: _____

Address of damaged property: _____

Regarding the possible acquisition of public adjuster services for claims handling for an emergency circumstance, this letter sets forth certain agreed upon terms and conditions until a contractual agreement can be made between _____ and _____. The Parties agree that their goal and interest herein is to bring about the Contract for services within seven (7) business days, and thus, promise to negotiate and cooperate in good faith for the period set forth below.

1. Services & Terms. The parties have agreed upon the following terms with regards to the intent for service _____

_____.
2. Conditions. This letter of intent shall be deemed null and void should a written contract fail to be executed within seven (7) business days from today's date, _____20____. A public adjuster shall not receive compensation from a claim until a written contract is executed by both parties and filed with the insured's insurer.
3. This document is not a binding contract. Once a contract between the public adjuster and insured is executed, the terms of the executed contract will be controlling.
4. Governing Law. This letter and all matters thereto shall be governed by and construed in accordance with laws of the Commonwealth of Kentucky, without giving effect to the conflict of laws principles.
5. The executed version of this form shall be filed with the insurer within three (3) business days of completion.

Public Adjuster Signature: _____ Date: _____

Effective: 7/2023



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
FRANKFORT, KENTUCKY**

PUBLIC ADJUSTER CONTRACT CHECKLIST

Statute/Contract Requirement	Description	Y/N	Reviewer Comments
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KRS 304.9-433(2)(k)	Contract includes the full salary, fee, commission, compensation, or other consideration the adjuster is to receive for services, including but not limited to: 1. If the compensation is based on a percentage of the insurance settlement, the exact percentage;		

	<p>2. The initial expenses to be reimbursed to the adjuster from the proceeds of the claim payment, specified by type, with dollar estimates; and</p> <p>3. Any additional expenses, if first approved by the insured</p>		
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KRS 304.9-433(4)(a)	Contract DOES NOT include terms allowing percentage fee to be collected when money is due from an insurer, but not paid		
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KRS 304.9-4331(1)	Are the written disclosures ² of the insured's rights included as part of the contract?		

² Written Disclosures are not required as part of the contract, but shall be reviewed for compliance if included.

Effective: **7/2023**

Intent to Contract

DATE:

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Insured: _____

Insured Contact Information: _____

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2. Conditions. This letter of intent shall be deemed null and void should a written contract fail to be executed within seven (7) business days from today's date, _____20____. A public adjuster shall not receive compensation from a claim until a written contract is executed by both parties and filed with the insured's insurer.
3. This document is not a binding contract. Once a contract between the public adjuster and insured is executed, the terms of the executed contract will be controlling.
4. Governing Law. This letter and all matters thereto shall be governed by and construed in accordance with laws of the Commonwealth of Kentucky, without giving effect to the conflict of laws principles.
5. The executed version of this form shall be filed with the insurer within three (3) business days of completion.

Public Adjuster Signature: _____ Date: _____

Effective: 6/23-7/2023

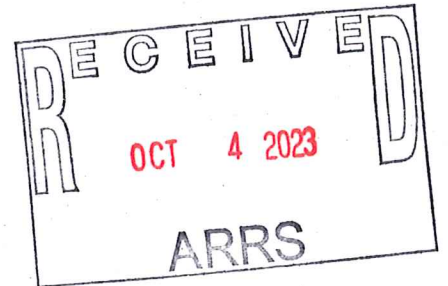


PUBLIC PROTECTION CABINET

Andy Beshear
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Jacqueline Coleman
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Kentucky Department of Insurance
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Ray A. Perry
SECRETARY
Sharon P. Clark
COMMISSIONER



October 4, 2023

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

Re: **806 KAR 17:290**. Independent External Review Program.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 806 KAR 17:290, the Independent External Review Program proposes the attached amendment to 806 KAR 17:290.

Sincerely,

Abigail Gall
Executive Advisor
Department of Insurance

SUGGESTED SUBSTITUTE

**PUBLIC PROTECTION CABINET
Department of Insurance
Health Life and Managed Care**

806 KAR 17:290. Independent External Review Program.

RELATES TO: KRS 304.1-050, 304.2-100, 304.2-230, 304.2-310, 304.17A-005, 304.17A-163, 304.17A-1631, 304.17A-168, 304.17A-505, 304.17A-535, 304.17A-600, 304.17A-607, 304.17A-617, 304.17A-621-304.17A-631, ~~304.17A-1631, 304.17A-168, 304.17A-535, 304.17A-607~~

STATUTORY AUTHORITY: KRS 304.2-110(1), ~~304.17A-629,~~ 304.17A-163, 304.17A-1631, 304.17A-629

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110(1) authorizes the commissioner to promulgate administrative regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code as defined in KRS 304.1-010. KRS 304.17A-629 requires the department to promulgate administrative regulations regarding the Independent External Review Program, and KRS 304.17A-1631 requires the commissioner to promulgate administrative regulations regarding step therapy protocols and exceptions. This administrative regulation establishes the insurer requirements, procedures for the certification of independent review entities, and the process for initiating and conducting external review of utilization review decisions and ~~step therapy exception request or~~ step therapy exception internal appeal denials. This administrative regulation also establishes the disclosure requirements of the external review process to be included in the health benefit plan issued at enrollment of a covered person.

Section 1. Definitions.

- (1) "Adverse determination" is defined by KRS 304.17A-600(1).
- (2) "Assign" or "assignment" means selection of an independent review entity by an insurer, and acceptance of a request to conduct an external review by an independent review entity.
- (3) "Authorized person" is defined by KRS 304.17A-600(2).
- (4) "Commissioner" is defined by KRS 304.1-050(1).
- (5) "Coverage denial" is defined by KRS 304.17A-617(1)(c).
- (6) "Covered person" ~~is defined by~~ means:
 - (a) A covered person as defined by KRS 304.17A-600(4); and
 - (b) As used in:
 1. Sections 2 and 3 of this administrative regulation, insureds subject to a step therapy protocol established by an insurer, health plan, pharmacy benefit manager, or private review agent subject to KRS 304.17A-163; and
 2. Section 5(2)(b) of this administrative regulation, insureds seeking an external review under KRS 304.17A-163;
- (7) "Department" is defined by KRS 304.1-050(2).
- (8) "External review" is defined by KRS 304.17A-600(5).
- (9) "Financial hardship" means the:
 - (a) Gross income of the covered person is below 200 percent of the federal poverty level based upon family size as shown by a federal income tax return for the previous year; or
 - (b) Covered person's participation in one (1) of the following programs:
 1. National Prescription Drug Patient Assistance;
 2. Kentucky Transitional Assistance Program (K-TAP);
 3. Kentucky Medical Assistance Program; or
 4. Unemployment Insurance.

(10) "Health care provider" or "provider" is defined by KRS 304.17A-005(23) **and includes pharmacy as required by 806 KAR 17:580.**

(11) "Independent review entity" is defined by KRS 304.17A-600(7).

(12) "Insurer" means:

(a) An insurer as[is] defined by KRS 304.17A-600(8); and

(b) Insurers, health plans, pharmacy benefit managers, and private review agents subject to KRS 304.17A-163.

(13) "Reviewer" means an individual selected by the independent review entity to conduct an external review and make a recommended decision to the independent review entity.

(14) "Step therapy exception" is defined by KRS 304.17A-163(1)(f).

(15) "Step therapy protocol" is defined by KRS 304.17A-163(1)(g).

Section 2. Requirements of an Insurer.

(1) An insurer shall:

(a) Disclose to a covered person in a clear, concise, written format the following information concerning an external review, as applicable:

1. At enrollment, the right to an external review in accordance with KRS 304.17A-505(1)(g) or 304.17A-163;

2. The availability of an external review, including expedited external review, in the insurer's notice of an adverse determination in accordance with KRS 304.17A-623(1) or step therapy exception denial in accordance with KRS 304.17A-163;

3. Instructions for initiating an external review in the internal appeal decision letter upholding an adverse determination or denial of a step therapy exception request, including:

a. Whether the appeal shall be in writing;

b. How to request and complete any necessary forms, including a medical records release form or written authorization of representation;

c. Applicable time frames;

d. The position and telephone number of a contact person who can provide additional information about an external review; and

e. Additional documentation that may be necessary to initiate the external review; and

4. The right of a covered person to request an external review within sixty (60) days of receiving notice that, pursuant to KRS 304.17A-617(3)(d), the insurer has elected to afford an opportunity for external review;

(b) Allow a covered person, authorized person, or provider acting on behalf of and with the consent of a covered person, to submit an oral request, followed by a brief written request, for an expedited external review;

(c) Provide the following information relating to an external review in the policy or certificate of coverage issued to a covered person and upon request:

1. The circumstances under which the following types of external review shall be provided:

a. Nonexpedited external review in accordance with KRS 304.17A-623(3), (4) and (6), and (13); and

b. Expedited external review in accordance with KRS 304.17A-623(10), (11), and (12);

2. The filing fee for requesting an external review in accordance with KRS 304.17A-623(5);

3. Notice that the cost of an external review by an independent review entity shall be paid by the insurer in accordance with KRS 304.17A-625(5);

4. The procedure for submitting:

a. An oral request followed up by a brief written request, or a written request for an expedited external review;

b. A written request for a nonexpedited external review; and

c. Any specific forms required by the insurer to initiate an external review, including a written authorization of personal representation or a consent to release medical records form;

5. The time frame for:

a. Submitting a request for external review in accordance with KRS 304.17A-623(4);

- b. Rendering a decision by an independent review entity in accordance with KRS 304.17A-623(12) and (13); and
 - c. Implementation of a decision of the independent review entity in accordance with KRS 304.17A-625(11) through (13);
 - 6. A statement relating to the confidential treatment of medical records and information relating to the external review; and
 - 7. A statement of the availability of a complaint process through the department relating to:
 - a. A covered person's right to an external review in accordance with KRS 304.17A-623(8); and
 - b. The action of an independent review entity in accordance with KRS 304.17A-625(16);
 - (d) If an external review is requested by an authorized person or provider acting on behalf of a covered person, obtain the:
 - 1. Written authorization of representation; and
 - 2. Consent to release medical records to the independent review entity;
 - (e) Determine if an external review is warranted in accordance with KRS 304.17A-623(3) and (10), and notify the person who requested the external review of its determination within the following time periods:
 - 1. For expedited reviews, within twenty-four (24) hours of receipt of the request, pursuant to KRS 304.17A-623(11); or
 - 2. For nonexpedited reviews, within five (5) business days of receipt of the request;
 - (f) Upon a determination that an expedited external review is warranted:
 - 1. By telephone, request acceptance of assignment of the external review by an independent review entity, which was selected pursuant to KRS 304.17A-623(7) from a list of certified independent review entities maintained by the department at <http://insurance.ky.gov>; and
 - 2. Notify the independent review entity by telephone that the following documents shall be forwarded to the independent review entity in accordance with KRS 304.17A-623(11):
 - a. The written consent of the covered person authorizing release of medical records as required by KRS 304.17A-623(4);
 - b. Information to be considered as required by KRS 304.17A-625(1)(a); and
 - c. A completed External Review Information Face Sheet, HIPMC-IRE-6;
 - (g) Upon a determination that a nonexpedited external review is warranted:
 - 1. By telephone, request acceptance of assignment of the external review by an independent review entity, which was selected pursuant to KRS 304.17A-623(7) from the list of certified independent review entities as identified in paragraph (f)1 of this subsection; and
 - 2. Within three (3) business days of assignment, deliver to the independent review entity the documentation as identified in paragraph (f)2 of this subsection;
 - (h) Upon assignment of an external review, complete and send to the department an Assignment of Independent Review Entity Form, HIPMC-IRE-2, within one (1) business day via email to DOI.UtilizationReview@ky.gov;
 - (i) Upon receipt of a decision relating to external review from an independent review entity, implement the decision in accordance with KRS 304.17A-625(11) through (13) and provide the department with a reprocessed explanation of benefits or other payment documentation showing the implementation of the overturned decision;
 - (j) Upon receipt of an invoice relating to an external review, pay the independent review entity within thirty (30) days;
 - (k) Maintain a written record of each external review for a period of not less than five (5) years pursuant to 806 KAR 2:070, Section 1; and
 - (l) Upon written notice of termination of an independent review entity pursuant to Section 3(21)(a) or (c) of this administrative regulation, reassign an external review in accordance with paragraphs (f) and (g) of this subsection.
- (2)
- (a) If a request for external review is denied by an insurer, written notification shall be provided by the insurer to the person requesting the external review, which shall include:
 - 1. The date the request for external review was received by the insurer;

2. A statement relating to the nature of the request;
 3. The rationale of the insurer for denying the request;
 4. A statement relating to the availability of review by the department if a dispute arises regarding the right to external review;
 5. The toll-free telephone number of the department; and
 6. The name and telephone number of a contact person who shall provide information relating to the denial of the request.
- (b) If requested by the department, the insurer shall provide:
1. A copy of the written notification described in paragraph (a) of this subsection; and
 2. Information or documentation that the insurer relied upon to deny the request for external review.

Section 3. Requirements of an Independent Review Entity. An independent review entity shall:

- (1) Accept a request for assignment unless:
 - (a) A conflict of interest exists;
 - (b) Confidentiality issues exist; or
 - (c) Due to circumstances beyond the control of the independent review entity, an appropriate reviewer becomes unavailable;
- (2) Upon receipt of a request for assignment from an insurer determine if a condition of subsection (1)(a) through (c) of this section exists;
- (3) Within twenty-four (24) hours of receipt of a request for assignment:
 - (a) Immediately provide verbal notification, followed by written notification to the insurer and department of the rejection of an assignment if a condition of subsection (1)(a) through (c) of this section exists; or
 - (b) Provide written notification to an insurer and the department via DOI.UtilizationReview@ky.gov of the acceptance of an assignment; and
- (4) Maintain a written record of:
 - (a) Whether the external review relates to an adverse determination or coverage denial, which requires resolution of a medical issue, [~~a step therapy exception denial,~~] or a step therapy exception internal appeal denial [~~which requires resolution of a medical issue~~];
 - (b) The specific question or issue, as identified by the independent review entity, to be resolved by the external review; and
 - (c) Whether the external review is expedited or nonexpedited;
- (5) For each external review, obtain and maintain a signed statement of a reviewer that the reviewer has no conflict of interest;
- (6) Not limit the basis of an external review decision to the standards, criteria, and clinical rationale used by the insurer to make its decision pursuant to KRS 304.17A-625(1), (2), and (7);
- (7) Have a reviewer with expertise in:
 - (a) Health insurance benefits and contracts, who shall serve as a reviewer with a healthcare professional reviewer, in an external review of a coverage denial, which requires the resolution of a medical issue, [~~step therapy exception request denial,~~] or step therapy exception internal appeal denial, [~~which requires the resolution of a medical issue~~] in accordance with KRS 304.17A-617(3)(d); and
 - (b) Health care, who shall:
 1. Conduct an external review of a [~~step therapy exception request denial,~~] step therapy exception internal appeal denial, or an adverse determination or a coverage denial, which requires resolution of a medical issue, in accordance with the requirements of KRS 304.17A-623; and
 2. Meet the following requirements:
 - a. Hold active licensure in a state of the United States;
 - b. Have recent experience or familiarity with current body of knowledge and applicable specialty or subspecialty practice;
 - c. Have at least five (5) years of experience in the specialty or subspecialty of the external review; and
 - d. Hold current board certification by:

- (i) The American Board of Medical Specialties if the reviewer is a medical doctor;
 - (ii) The American Osteopathic Association if the reviewer is a doctor of osteopathic medicine;
 - (iii) The American Board of Podiatric Surgery if the reviewer is a doctor of podiatric medicine; or
 - (iv) Other recognized health professional board pursuant to KRS 304.17A-627;
- (8) Establish criteria in accordance with KRS 304.17A-627 for:
- (a) Selection of a qualified reviewer, including the initial verification and reverification every three (3) years of credentials of the reviewer;
 - (b) Ensuring that an appropriate:
 - 1. Reviewer performs the external review; and
 - 2. Number of reviewers are used for the external review; and
 - (c) Ensuring that at least one (1) reviewer qualified in each medical specialty and subspecialty is available for external review;
 - (d) Provide a listing of the reviewers to the department including each reviewer's name, date of licensure, license number and specialty, including any subspecialty in accordance with KRS 304.17A-627(5) and (6);
- (9) Have a medical director or clinical director with professional postresidency experience in direct patient care who shall:
- (a) Hold a current license to practice medicine in a state of the United States;
 - (b) Provide guidance for the medical aspects of the external review process; and
 - (c) Oversee the medical aspects of the:
 - 1. Quality management program; and
 - 2. Reviewer credentialing program;
- (10) Establish and implement criteria for determination of the need for a time extension pursuant to KRS 304.17A-623(12) and (13);
- (11) Provide written notification of a decision as required by KRS 304.17A-625(6), which shall include the:
- (a) Title, professional license number, state of licensure and specialty or subspecialty certifications, if any, of the reviewer;
 - (b) Date the decision was rendered; and
 - (c) A statement that:
 - 1. The decision shall be final and binding on the insurer; and
 - 2. If dissatisfied with the decision, a comment, question, or complaint may be submitted in writing to the department;
- (12) Within two (2) business days of rendering a decision, provide written notification of the decision to the:
- (a) Covered person or authorized person, treating provider, and insurer; and
 - (b) Department via email at DOI.UtilizationReview@ky.gov by:
 - 1. Copying the department on the written notification to the covered person; and
 - 2. Completing an External Review Decision Notification Form, HIPMC-IRE-3;
- (13) Establish written policies and procedures for maintenance and the confidential treatment of external review records in accordance with KRS 304.17A-623(9), 806 KAR 3:210, and 806 KAR 3:230;
- (14) Maintain a written record of an external review for a minimum of five (5) years in accordance with 806 KAR 2:070, which shall include, as applicable:
- (a) All documentation relating to the external review pursuant to KRS 304.17A-625(1)(a);
 - (b) The independent review entity's decision regarding each issue identified in the external review request;
 - (c) The name, credentials, and specialty or subspecialty of the reviewer;
 - (d) Medical records and information considered during the review;
 - (e) References to any medical literature, research data, or national clinical criteria upon which the independent review entity's decision was based;
 - (f) A copy of the covered person's health benefit plan;

- (g) A copy of the adverse determination or coverage denial, which requires resolution of a medical issue, [~~the step therapy exception request denial,~~] or the step therapy exception internal appeal denial [~~which requires resolution of a medical issue~~], and the internal appeal decision; and
- (h) A copy of all correspondence and communication between the independent review entity, reviewer, and any other person regarding the external review, including a copy of the final external review decision letter;
- (15) Provide toll-free telephone access that:
- (a) Operates at a minimum from 9 a.m. until 5 p.m. of each business day in each time zone if the services under review are in dispute; and
 - (b) Allows for:
 1. Receiving after-hours requests for external review; and
 2. Acting upon expedited external review requests in accordance with KRS 304.17A-623(12);
- (16) If an external review function, or any portion of this function, is delegated or subcontracted to another person or organization, submit to the department:
- (a) Policies and procedures relating to oversight activities to ensure compliance with requirements of an independent review entity as established in KRS 304.17A-623 and 304.17A-625, and this section; and
 - (b) A copy of the delegation or subcontract agreement;
- (17) Establish and maintain a written quality assurance program in accordance with KRS 304.17A-627(7), which shall be made available to the public upon request and shall include a written plan, which addresses:
- (a) Scope and objectives;
 - (b) Program organization;
 - (c) Monitoring and oversight mechanisms; and
 - (d) Evaluation and organizational improvement of external review activities, including:
 1. Objectives and approaches used in the monitoring and evaluation of external review activities, including the systematic evaluation of complaints for patterns and trends;
 2. The implementation of an action plan to improve or correct an identified problem; and
 3. The procedures to communicate the results of an action plan to its employees and reviewers, as applicable;
- (18) Submit a copy of any change to information provided on the Application for Certification of an Independent Review Entity, HIPMC-IRE-1, in writing to the department for approval. A change shall not become effective until approved by the commissioner;
- (19) Submit a new application for certification if requested by the department following notification of a material change in the application information as required by KRS 304.17A-627(2);
- (20) Establish a fee structure, to be available upon request, for each type or level of external review, including at a minimum, a fee for:
- (a) A completed external review of:
 1. A coverage denial, which requires resolution of a medical issue, [~~step therapy exception request denial,~~] or step therapy exception internal appeal denial [~~which requires resolution of a medical issue~~]; and
 2. An adverse determination; and
 - (b) An incomplete external review;
- (21) Immediately terminate an external review and provide notice by telephone, followed by a written notification to the department and, if appropriate, the insurer requesting the external review if:
- (a) A conflict of interest or confidentiality issue is discovered at any time during the external review process;
 - (b) A reversal of a coverage denial, [~~step therapy exception request denial,~~] step therapy exception internal appeal denial, or adverse determination is received in writing from the insurer; or
 - (c) The independent review entity or a reviewer becomes unavailable for reasons beyond the control of the independent review entity, including acts of God, natural disasters, epidemics, strikes or other labor disruptions, war, civil disturbances, riots, or complete or partial disruptions of facilities;
- (22) If more than one (1) reviewer is utilized in making a decision:

- (a) Render an overall decision based upon the majority decision of the reviewers; or
 - (b) If the reviewers are evenly split as to whether the recommended or requested health care service or treatment shall be covered, request an additional reviewer to make a binding majority decision;
- (23) Implement a written policy and procedure for each aspect of an external review process, including:
- (a) Processing of the request for assignment of an external review from an insurer;
 - (b) Receipt and maintenance of medical records and information from insurer;
 - (c) Ensuring access to appropriate qualified reviewers pursuant to subsection (8) of this section;
 - (d) Ensuring the credentialing, selection, and notification of a reviewer who performs an external review;
 - (e) Rendering a timely decision and issuing notification of the decision;
 - (f) Ongoing monitoring and evaluation of the performance of a reviewer;
 - (g) Monitoring and oversight of a delegated external review function, if any;
 - (h) Billing and collection of fees for external review, including:
 - 1. Filing fee of the covered person; and
 - 2. Cost of external review for the insurer;
 - (i) Collecting and reporting data;
 - (j) Termination of external review; and
 - (k) Response to a request for information relating to a complaint filed with the department; and
- (24)
- (a) Conduct annually, a program for training reviewers, which:
 - 1. Provides information relating to the requirements of the Kentucky Independent External Review Program; and
 - 2. Describes the policies and procedures of the independent review entity, as applicable; and
 - (b) Provide a written record of the training to the department, upon request.

Section 4. Application Process for Certification to Perform External Reviews.

- (1) To perform an external review, an independent review entity shall be certified in accordance with requirements established in KRS 304.17A-627, and this administrative regulation.
- (2) To be certified to perform an external review, an independent review entity shall:
 - (a) Complete and submit to the department, an Application for Certification of an Independent Review Entity, HIPMC-IRE-1;
 - (b) Submit a fee with the application for certification as required by Section 5 of this administrative regulation; and
 - (c) Enclose with the application for certification, written documentation which supports compliance with the requirements of an independent review entity established in KRS 304.17A-627 and Section 3 of this administrative regulation.
- (3) In renewing a certification, an independent review entity shall submit an application for certification to the department at least ninety (90) days prior to expiration of the current certification.

Section 5. Fees.

- (1) Department fees.
 - (a) An application for certification as an independent review entity shall be submitted with \$500.
 - (b) Pursuant to KRS 304.17A-627(2), a change in application information after certification shall be submitted with fifty (50) dollars.
 - (c) Fees submitted to the department shall be made payable to the Kentucky State Treasurer.
- (2) Independent review entity fees.
 - (a)
 - 1. Except for a fee which meets the criteria established in HIPMC-IRE-5, Approval of an External Review Fee in Excess of \$800, the total fee charged for an external review shall not exceed \$800; and
 - 2. The fee proposed by the independent review entity in excess of \$800 shall be submitted to the department for approval prior to billing the insurer with the justification defined in HIPMC-IRE-5, Approval of an External Review Fee in Excess of \$800.

- (b) The twenty-five (25) dollar filing fee to be paid by the covered person shall:
1. Be billed by the independent review entity upon assignment; or
 2. Be waived if it creates a financial hardship pursuant to KRS 304.17A-623(5).

Section 6. Department Review of Application for Certification or Change in Information Provided on the Application.

- (1) Upon review of an application for certification or a change in information provided on the application, the department shall:
- (a) Notify the applicant of any missing or necessary information;
 - (b) Identify and request submission of the information identified in paragraph (a) of this subsection within thirty (30) days;
 - (c) If requested information is not provided to the department within the time frame established in paragraph (b) of this subsection:
 1. Disapprove the application for certification or the change of information provided on the application; and
 2. Not refund the applicable fee submitted in accordance with Section 5(1) of this administrative regulation; and
 - (d) Approve or deny certification or a change to information provided on the application of an independent review entity within ninety (90) days of submission.
- (2) An independent review entity certification shall expire on the second anniversary of the certification date unless the certification is renewed by the independent review entity, which submits a new application for certification in accordance with Section 4(2) of this administrative regulation.

Section 7. Denial, Decertification, or Suspension Hearing Procedure. Upon the denial of certification, decertification, or suspension of a certification, the department shall:

- (1) Give written notice of its action; and
- (2) Advise the applicant or certificate holder that a request for a hearing may be filed in accordance with KRS 304.2-310.

Section 8. Independent Review Entity Complaint Process.

- (1) A copy of the complaint filed pursuant to KRS 304.17A-625(16) and a letter from the department requesting a written response to the complaint shall be sent to the independent review entity.
- (2) Within ten (10) business days of receipt of the letter from the department, the independent review entity shall submit a written response to the department, including the following:
 - (a) Information relating to the complaint;
 - (b) If applicable, corrective actions to address the complaint, including time frames for actions; and
 - (c) A mechanism to evaluate the corrective action, if applicable.
- (3) Upon receipt of the written response of the independent review entity, the department shall:
 - (a) If applicable, take action pursuant to KRS 304.17A-625(16); and
 - (b) Notify the complainant of the department's findings and action taken, if any.

Section 9. Department Investigations. The commissioner may conduct an investigation of an independent review entity pursuant to KRS 304.2-100 and 304.2-230.

Section 10. Reporting Requirements. An independent review entity shall complete and submit to the department by March 31 of each year for the previous calendar year, the Annual Independent Review Entity Report Form, HIPMC-IRE-4.

Section 11. Cessation of Participation. Upon a decision to terminate participation in the independent external review program as established in KRS 304.17A-621, an independent review entity shall:

- (1) Immediately notify the department in writing of its decision to cease accepting new assignments; and

(2) Except for reasons beyond its control, submit the following to the department for approval at least thirty (30) days prior to termination:

(a) Written notification of the termination, including:

1. Date of termination; and

2. Number of pending external reviews with corresponding assignment dates; and

(b) A written action plan for terminating participation.

Section 12. Incorporated by Reference.

(1) The following material is incorporated by reference:

(a) Form HIPMC-IRE-1, "Application for Certification of an Independent Review Entity", 01/2023 edition;

(b) Form HIPMC-IRE-2, "Assignment of Independent Review Entity Form", 10/2022 edition;

(c) Form HIPMC-IRE-3, "External Review Decision Notification Form", 09/2020 edition;

(d) Form HIPMC-IRE-4, "Annual Independent Review Entity Report Form", 10/2022 edition;

(e) Form HIPMC-IRE-5, "Approval of an External Review Fee in Excess of \$800", 09/2020 edition; and

(f) Form HIPMC-IRE-6, "External Review Information Face Sheet", 10/2022 edition.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department of Insurance, The Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the department's Web site at <https://insurance.ky.gov/ppc/CHAPTER.aspx>.

CONTACT PERSON: Abigail Gall, Executive Advisor, 500 Mero Street, Frankfort, Kentucky 40601, phone +1 (502) 564-6026, fax +1 (502) 564-1453, email abigail.gall@ky.gov.



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander
SECRETARY

275 East Main Street, 5W-A
Frankfort, Kentucky 40621
Phone: (502) 564-7042
Fax: (502) 564-7091

Oct. 3, 2023



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

Re: 922 KAR 1:580 agency amendment

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of issues raised by 922 KAR 1:580, the Department for Community Based Services proposes the attached agency amendment. If you have any questions, please feel free to contact Laura Begin at Laura.Begin@ky.gov.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Carey".

Stacy Carey
Executive Staff Advisor
Office of Legislative and Regulatory Affairs

Agency Amendment

Cabinet for Health and Family Services Department for Community Based Services Division of Protection and Permanency

922 KAR 1:580. Standards for children's advocacy centers.

Page 3

Section 2(2)(a)

Line 21

After "Centers"" , insert the following:
, beginning July 1, 2024

Page 4

Section 3(3)

Line 18

After "(3)", insert the following:
Beginning July 1, 2024, written
Delete "Written".

Page 5

Section 3(4)

Line 8

After "shall have", insert ":(a) A".
Delete "a".
After "minimum of a", insert "master's".
Delete "bachelor's".
After "university", insert the following:
; and (b) Three (3) years of post-bachelor's degree experience in
administration

Page 7

Section 3(6)

Line 11

After "(6)", insert the following:
A forensic interviewer, if employed by the center, shall have:

(a) A minimum of a master's degree from an accredited college or university in a mental health, education, human services, or criminal justice field; and

(b) Two (2) years of post-bachelor's degree direct service experience with children.

(7)

Please renumber the subsequent subsections.

Page 8

Section 4

Line 12

After "Standards.", insert the following:

Beginning July 1, 2024, a

Delete "A".



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander
SECRETARY

275 East Main Street, 5W-A
Frankfort, Kentucky 40621
Phone: (502) 564-7042
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Sept. 29, 2023



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

Re: **922 KAR 2:245** agency amendment

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of issues raised by 922 KAR 2:245 and incorporated material, the Department for Community Based Services proposes the attached agency amendment. If you have any questions, please feel free to contact Laura Begin at Laura.Begin@ky.gov.

Sincerely,

Stacy Carey
Executive Staff Advisor
Office of Legislative and Regulatory Affairs

Agency Amendment

Cabinet for Health and Family Services Department for Community Based Services Division of Child Care

922 KAR 2:245. Kentucky Infant and Toddler Credential.

Page 2

Section 2(1)(b)1.

Line 11

After "cabinet", delete "-approved".

Page 2

Section 2(1)(b)2.

Line 13

After "cabinet", delete "-approved".

Page 6

Section 9 (1)(a)

Line 18

After "Credential Application", insert "October".

Incorporated material

DCC-245

Reference to the Director's Credential is being deleted, clarification is being made that work or volunteer experience must be with this specific age group, and a minor technical correction is being made all for consistency with amendments made to the DCC-255. The revision date has also been updated.

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF CHILD CARE

KENTUCKY INFANT AND TODDLER CREDENTIAL APPLICATION

Please type or print clearly

PERSONAL INFORMATION – SECTION I

Name: Mr. /Mrs. /Ms. /Dr. _____

Home Phone: (____) _____

Birth Date: ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Occupation: _____ Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: (____) _____ Work Fax: (____) _____

E-mail Address: _____

LEVEL INFORMATION – SECTION II

Please Indicate Type of Application

- Initial
- Change

Current Credential Level _____ Credential Number _____

Issue Date _____ Expiration Date _____

Requested Credential Level:

- Level 1: Associate**
60 hours of targeted instruction within 2 years in Cabinet-approved Infant/Toddler (IT) topics.
- Level 2: Professional**
120 hours of targeted instruction within 2 years in Cabinet-approved IT topics AND required work or volunteer experience with infants and toddlers totaling 480 hours within the past 3 years
- Level 3: Leader**
An associate or bachelor's degree or higher in early care and education with a minimum of 9 credit hours in Cabinet-approved IT topics OR Unrelated Bachelor's degrees considered with 60 hours of Cabinet-approved instruction in the past 2 years; AND required work or volunteer experience with infants and toddlers totaling 480 hours within the past 3 years

RENEWAL INFORMATION – SECTION III

Current Credential Level _____ Credential Number _____

Issue Date _____ Expiration Date _____

All renewals are required to submit:

- Documentation of 45 hours of Cabinet-approved training or college coursework within the past 3 years
- A detailed resume with 480 hours of work or volunteer experience with the age group of this application within the past 3 years
- Current Pediatric First Aid and CPR Certification
- Current Pediatric Abusive Head Trauma Certification (valid for 5 years)
- Completed DCC 245-A, Self-Assessment
- Letter of recommendation from a current supervisor or parent (if no supervisor)

EDUCATION and REQUIRED PROFESSIONAL DEVELOPMENT – SECTION IV

Please check all attached verification information. Applicant need only submit verification of work and experience required for selected credential level. Applicant must include copy of diploma(s) and transcript(s), resume, certifications, credentials, etc. with this application.

CDA[

~~Director's Credential]~~

Associate Degree, indicate field of study: _____

Bachelor's Degree, indicate field of study: _____

Master's Degree, indicate field of study: _____

Doctorate, indicate field of study: _____

Transcript(s), indicating courses and degree awarded

Training certificates / C.E.U. documentation

Certifications, licenses, equivalent

Have you attached a completed self-assessment? (DCC-245A) Yes or No

Have you attached a letter of recommendation? Yes or No

Completion date for Pediatric Abusive Head Trauma Certification

Completion date for "Introduction to Kentucky Credentials"

Completion date for required training on trauma informed care

Completion date for Pediatric First Aid and CPR Certification requirements

Have you attached a current resume to support required experience? Yes or No

- Must reflect 480 hours of work or volunteer experience with the age group of this application within the past 3 years. Include dates, job title, major job responsibilities, and hours worked per week for each work or volunteer experience listed.

CERTIFICATION BOX – SECTION V [VI]

I certify that all information provided and attached to my application is true and correct. I also agree to adhere to the requirements of 922 KAR 2:245, Kentucky Infant and Toddler Credential.

Signature of Applicant _____

RENEWAL INFORMATION – SECTION III

Current Credential Level _____ Credential Number _____

Issue Date _____ Expiration Date _____

All renewals are required to submit:

- o Documentation of 45 hours of Cabinet-approved training or college coursework within the past 3 years
- o A detailed resume with 480 hours of work or volunteer experience with the age group of this application within the past 3 years
- o Current Pediatric First Aid and CPR Certification
- o Current Pediatric Abusive Head Trauma Certification (valid for 5 years)
- o Completed DCC 245-A, Self-Assessment
- o Letter of recommendation from a current supervisor or parent (if no supervisor)

EDUCATION and REQUIRED PROFESSIONAL DEVELOPMENT – SECTION IV

Please check all attached verification information. Applicant need only submit verification of work and experience required for selected credential level. Applicant must include copy of diploma(s) and transcript(s), resume, certifications, credentials, etc. with this application.

- CDA
- Associate Degree, indicate field of study: _____
- Bachelor's Degree, indicate field of study: _____
- Master's Degree, indicate field of study: _____
- Doctorate, indicate field of study: _____
- Transcript(s), indicating courses and degree awarded
- Training certificates / C.E.U. documentation
- Certifications, licenses, equivalent
- Have you attached a completed self-assessment? (DCC-245A) Yes or No**
- Have you attached a letter of recommendation? Yes or No**
- Completion date for Pediatric Abusive Head Trauma Certification
- Completion date for "Introduction to Kentucky Credentials"
- Completion date for required training on trauma informed care
- Completion date for Pediatric First Aid and CPR Certification requirements
- Have you attached a current resume to support required experience? Yes or No**
 - Must reflect 480 hours of work or volunteer experience with the age group of this application within the past 3 years. Include dates, job title, major job responsibilities, and hours worked per week for each work or volunteer experience listed.

CERTIFICATION BOX – SECTION V

I certify that all information provided and attached to my application is true and correct. I also agree to adhere to the requirements of 922 KAR 2:245, Kentucky Infant and Toddler Credential.

Signature of Applicant _____