

Changes to SB67 - Committee Substitute

An act relating to freestanding birthing centers

The primary two changes are below:

Section 1(2)(d) specifies that the regulations will delineate requirements for medical malpractice insurance for freestanding birthing centers (incorporates SFA 5 in a way that is appropriate for statute)

Section 1(3) puts a limit on the birth center CON exemption of 4 beds. A facility with 5 or more beds would still be subject to CON requirements. (Incorporates SFA 1)

Other changes:

Sections 3 and beyond continue to primarily achieve the goal of having uniform language used throughout KRS to refer to freestanding birthing centers. Various phrases such as “alternative birthing centers” were previously used. As such, several of these sections were already in the original bill draft.

Additional changes have been made to make it clear the responsibilities of birthing centers, although these responsibilities were already evident in most of these places in statute. In some cases listed below, this resulted in a change to a KRS that was not in the original bill, causing additional pages to be added to the bill draft.

In Section 6, additional changes have been made to KRS 213.046 to make it even more clear that freestanding birth center staff are required to complete vital statistics documentation for birth certificates and paternity establishment. The existing statute references birthing centers, but the language has been updated to make it even more clear. APRN Nurse Midwives and Licensed Certified Professional Midwives already complete this documentation for out-of-hospital births and are registered users of the KY-CHILD vital statistics computer system. (SFA 7)

In Section 7, KRS 216.2920, freestanding birthing center is moved from being included in the definition of ambulatory facility and moved to the definition of “facility” (recommended by bill drafter)

In Section 8, KRS 216.2970 which relates to the newborn hearing screening is updated to remove the limitation that the screening is to be performed by birth centers that have more than 40 births per year. This language has been a part of this statute since it was first created in the year 2000. (SFA 6)

Section 9 amends KRS 214.155 which deals with the newborn screening for heritable and congenital disorders. The language is changed slightly to make it clearer that these requirements apply to all facilities caring for newborns. This section was not previously in the bill, and thus adds additional pages to the bill. APRN Nurse Midwives and Licensed Certified Professional Midwives already complete this testing for out-of-hospital births and work cooperatively with the state lab. (SFA 7)

Section 10 amends KRS 214.565 relating to testing and information on cytomegalovirus (CMV) which was passed into law in 2022. This is a new addition to the bill with SCS1 and thus adds additional pages. While not specific to a facility type, we have amended the language to make it clear that any provider who is caring for a pregnant woman has these responsibilities. (SFA 7)

Section 11 amends KRS 216B.015, which was not previously in the bill, and thus adds additional pages. This adds “freestanding birthing centers” to the definition of “health facility.” (SFA 8)