

CHAPTER 69**(SB 60)**

AN ACT relating to public health and declaring an emergency.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. A NEW SECTION OF KRS CHAPTER 213 IS CREATED TO READ AS FOLLOWS:

- (1) *Upon application and payment of a thirty-five dollar (\$35) fee, the state registrar shall issue a commemorative copy of a certificate of birth or a certificate of marriage. Fees collected under this section that exceed the administrative costs of this program shall be deposited in a trust and agency account for the Emergency Medical Services for Children Program as provided under Section 2 of this Act.***
- (2) *To assist with offsetting the cost of the initial design and printing of the commemorative certificates of birth and commemorative certificates of marriage, the state registrar shall not be required to issue commemorative certificates of birth or commemorative certificates of marriage until application and payment have been made for a total of two hundred fifty (250) commemorative certificates under subsection (1) of this section. The cabinet shall place each thirty-five dollar fee (\$35) received for the commemorative certificates into a trust and agency account and dedicate those funds to offset the cabinet's design and administrative costs. After the issuance of the first two hundred fifty (250) commemorative certificates, the state registrar shall issue each subsequent commemorative certificate in a timely manner upon receipt of each application and payment and shall not permit subsequent requests to accumulate. If the cabinet has not received two hundred fifty (250) applications accompanied by the thirty-five dollar (\$35) fee within one (1) year following the effective date of this Act, the cabinet shall refund all fees received for the commemorative certificates to the appropriate applicants.***

Section 2. KRS 311A.045 is amended to read as follows:

- (1) The board may employ or contract with a coordinator and other positions who shall serve at the pleasure of the board for the Emergency Medical Services for Children Program for which funding is provided by the General Assembly or through any other sources, including gifts, grants, or federal funds.**
- (2) The coordinator shall, subject to the direction of the board:**
 - (a) Implement and oversee the Emergency Medical Services for Children Program described in this section; and**
 - (b) Serve as liaison for collaboration and coordination between the Emergency Medical Services for Children Program, the board and other public and private organizations, the state traffic safety office, the maternal and child health program, the Medicaid department, the state and local child fatality review and response teams, state and local professional organizations, private sector voluntary organizations, and consumer and community representatives.**
- (3) The Emergency Medical Services for Children Program may include but not be limited to the establishment of the following:**
 - (a) Guidelines for necessary out-of-hospital medical service equipment;**

- (b) Guidelines and protocols for out-of-hospital pediatric emergency medical services;
- (c) Assistance in the development and provision of professional education programs for emergency medical services personnel for the provision of emergency care of infants and children;
- (d) Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency care for children, including those persons and organizations identified in subsection (2)(b) of this section; and
- (e) *Assistance with the purchase of equipment for the provision of medical services for children only.*

The scope of activities carried out by and the provision of staff for the Emergency Medical Services for Children Program shall be commensurate with the availability of funds.

- (4) *Funds received under this section may be distributed based upon a matching grant system to be developed by the board, and distribution shall be need-based. No single grant shall exceed two thousand dollars (\$2,000) to the same grantee.*
- (5) Funds received by the Emergency Medical Services for Children Program shall be placed in a trust and agency account in the state treasury which shall not lapse unless grant provisions specify otherwise. No funds shall be expended from a grant except by vote of the board.

SECTION 3. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO READ AS FOLLOWS:

As used in Sections 3 and 4 of this Act:

- (1) *"Bioterrorism" means the intentional use, to cause or attempt to cause death, disease, or other biological malfunction in any living organism, of any of the following:*
 - (a) *Microorganism;*
 - (b) *Virus;*
 - (c) *Infectious substance; or*
 - (d) *Biological product that may be engineered as a result of biotechnology or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product;*
- (2) *"Commissioner" means the commissioner of the Department for Public Health within the Cabinet for Health Services;*
- (3) *"Department" means the Department for Public Health within the Cabinet for Health Services;*
- (4) *"Disaster location" means any geographical location where a bioterrorism attack, terrorist attack, catastrophic event, natural disaster, or emergency occurs; and*
- (5) *"Emergency responder" means state or local law enforcement personnel, fire department personnel, corrections officers, and emergency medical personnel who may be deployed to a bioterrorism attack, terrorist attack, catastrophic event, natural disaster, or emergency.*

SECTION 4. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO READ AS FOLLOWS:

- (1) *The department shall offer a vaccination program for emergency responders who may be exposed to infectious diseases when deployed to a disaster location. The program shall include, but not be limited to, vaccinations for hepatitis A, hepatitis B, diphtheria-tetanus, influenza, pneumococcal, and any other diseases for which vaccinations are recommended by the United States Public Health Service and in accordance with Federal Emergency Management Directors Policy. Immune globulin shall be made available when necessary.*
- (2) (a) *Participation in the vaccination program shall be voluntary by emergency responders.*
(b) *Participation in the vaccination program shall be mandatory for emergency responders who are:*
 1. *Classified as having "occupational exposure" to bloodborne pathogens as defined by the United States Occupational Safety and Health Administration Standard in 29 C.F.R. sec. 1910.1030, who shall be required to take the designated vaccinations; and*
 2. *Otherwise required by law to take the designated vaccinations.*
- (3) *An emergency responder shall be exempt from receiving a vaccination when a written statement from a licensed physician is presented to the department indicating that a vaccine is medically contraindicated for that person or the emergency responder signs a written statement that the administration of a vaccination conflicts with his or her religious tenets.*
- (4) *In the event of a vaccine shortage, the commissioner, in consultation with the Governor and the United States Centers for Disease Control and Prevention, shall use federal recommendations to determine the priority for emergency responders.*
- (5) *The department shall notify emergency responders of the availability of the vaccination program and shall provide educational materials to emergency responders on ways to prevent exposure to infectious diseases.*
- (6) *The department may contract with county and local health departments, not-for-profit home health care agencies, hospitals, physicians, or other licensed health care organizations to administer the vaccination program for emergency responders.*
- (7) *This program shall be implemented upon receipt of federal funding or grants for administering an emergency responders vaccination program. Upon receipt of funding, the department shall make vaccines available to emergency responders as provided in this section.*

Section 5. KRS 200.658 is amended to read as follows:

- (1) There is hereby created the Kentucky Early Intervention System Interagency Coordinating Council to be comprised of twenty-five (25) members to be appointed by the Governor to serve a term of three (3) years. The members of the council shall be geographically and culturally representative of the population of the Commonwealth and conform to the requirements of federal law and regulations. For administrative purposes, the council shall be attached to the Early Childhood Development Authority. Pursuant to federal law and regulations, the membership shall be as follows:

- (a) At least five (5) members shall be the parents, including minority parents, of a child with a disability who is twelve (12) years of age or less, with at least one (1) being the parent of a child six (6) years of age or less. Each parent shall have knowledge of or experience with programs for infants and toddlers with disabilities;
 - (b) At least five (5) members shall be public or private providers of early intervention services to infants and toddlers with disabilities;
 - (c) At least one (1) member shall be a member of the Kentucky General Assembly;
 - (d) At least one (1) member shall be representative of an entity responsible for personnel preparation and may include personnel from an institution of higher education or preservice training organization;
 - (e) At least one (1) member shall be the commissioner or individual serving in a position of equivalent authority, or the designee, from the Department for Public Health;
 - (f) At least one (1) member shall be the commissioner or individual serving in a position of equivalent authority, or the designee, from the Department for Medicaid Services;
 - (g) At least one (1) member shall be the commissioner or individual serving in a position of equivalent authority, or the designee, from the Department for Mental Health and Mental Retardation Services;
 - (h) At least one (1) member shall be the commissioner or individual serving in a position of equivalent authority, or the designee, from the Department for Community Based Services;
 - (i) At least one (1) member shall be the commissioner or designee of the Department of Education;
 - (j) At least one (1) member shall be the commissioner or designee of the Department of Insurance; and
 - (k) At least one (1) member shall be a representative of the Commission for Children with Special Health Care Needs.
- (2) In matters concerning the Kentucky Early Intervention System, the council shall advise and assist the cabinet in areas including, but not limited to, the following:
- (a) Development and implementation of the statewide system and the administrative regulations promulgated pursuant to KRS 200.650 to 200.676;
 - (b) Achieving the full participation, coordination, and cooperation of all appropriate entities in the state, including, but not limited to, individuals, departments, and agencies, through the promotion of interagency agreements;
 - (c) Establishing a process to seek information from service providers, service coordinators, parents, and others concerning the identification of service delivery problems and the resolution of those problems;
 - (d) Resolution of disputes, to the extent deemed appropriate by the cabinet;
 - (e) Provision of appropriate services for children from birth to three (3) years of age;
 - (f) **Identifying** ~~Identify~~ sources of fiscal and other support services for early intervention programs;

- (g) Preparing applications to Part C of the Federal Individuals with Disabilities Education Act (IDEA) and any amendments to the applications;~~[-and]~~
 - (h) Transitioning of infants and toddlers with disabilities and their families from the early intervention system to appropriate services provided under Part B of the Federal Individuals with Disabilities Education Act (IDEA) operated by the state Department of Education; *and*
 - (i) *Developing performance measures to assess the outcomes for children receiving services.*
- (3) The council shall prepare no later than December 30 of each year an annual report on the progress toward and any barriers to full implementation of the Kentucky Early Intervention System for infants and toddlers with disabilities and their families. The report shall include recommendations concerning the Kentucky Early Intervention System, *including recommendations of ways to improve quality and cost effectiveness*, and shall be submitted to the Governor, Legislative Research Commission, and the Secretary of the United States Department of Education.
- (4) No member of the council shall cast a vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of the existence of a conflict of interest.

Section 6. KRS 200.664 is amended to read as follows:

- (1) Upon identification of an eligible infant or toddler with disabilities, representatives of the entity serving as point of entry shall cause a multidisciplinary team, as defined in KRS 200.654, to be created for the child and family.
- (2) The multidisciplinary team shall develop an individualized family service plan, as defined in KRS 200.654, for the child and family.
- (3) The individualized family services plan shall include:
 - (a) A comprehensive multidisciplinary evaluation of the present level of development of and services needed by the child and an assessment of and plan to address the resources, priorities, and concerns of the family;
 - (b) An explanation of the multidisciplinary evaluation and all service options to be made available in the family's cultural language, in their primary mode of communication, or through a speech or language interpreter, whichever is necessary to facilitate comprehension.
- (4) The plan shall be developed within forty-five (45) days of the referral date of the child and family to the point of entry. If the completion of the initial evaluation and assessment is delayed and will not be completed within the forty-five (45) day time period due to the request of the child's parent, illness of the child, or other reasonable circumstances beyond the control of the multidisciplinary team, the point of entry shall document the reason for the delay and shall develop and implement an interim individualized family service plan.
- (5) The informed written consent of the parent or guardian is required prior to the implementation of the plan. The parent may reject some services contained in the plan, however, no services to which the parent consents shall be withheld if the parent does not consent to all services in the plan.

- (6) *The parent or guardian shall sign an agreement to accept responsibility for being an active participant in the child's plan and for learning skills from providers so that the intensity and frequency of services may decline as the child reaches appropriate developmental levels and the family is able to do more for the child.*
- (7) The plan shall be reviewed by members of the child's current multidisciplinary team or other appropriate entities at no more than six (6) month intervals or more frequently if deemed appropriate based on the needs of the infant or toddler and the family. *The child shall be evaluated at least annually to determine continuing program eligibility and the effectiveness of services provided to the child.*

Section 7. KRS 311A.195 is amended to read as follows:

- (1) Any emergency medical technician *and any*~~or~~ paramedic *shall be authorized to*~~may~~ administer epinephrine to any person whom the EMT or paramedic has been called to attend if the EMT or paramedic makes an assessment that the person is exhibiting symptoms consistent with an anaphylactic reaction. The EMT or paramedic shall follow the medical protocol established by the medical director of the employing licensed ambulance service in determining the appropriate dose or doses of epinephrine and the routes for administration.
- (2) Every ambulance provider in the Commonwealth shall:
 - (a) Maintain an adequate supply of epinephrine and disposable sterile needles and syringes on every ambulance that it operates; and
 - (b) Establish medical protocols to be used by EMT providers and paramedics in determining symptoms of an anaphylactic reaction, the appropriate dose or doses of epinephrine, and the routes for administration.

Section 8. Whereas the vaccination of emergency responders is necessary for the preservation of the public peace, health, and safety, an emergency is declared to exist, and Sections 3 and 4 of this Act take effect upon their passage and approval by the Governor or upon their otherwise becoming law.

Approved March 18, 2003