

**CHAPTER 104****( SB 84 )**

AN ACT relating to licensed certified professional midwives.

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

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*As used in Sections 1 to 8 of this Act:*

- (1) *"APRN-designated certified nurse-midwife" means an advanced practice registered nurse as defined in KRS 314.011 who is designated by the board as a certified nurse-midwife;*
- (2) *"Certified professional midwifery services":*
  - (a) *Means the provision of care to a person during a low-risk pregnancy, childbirth, and the postpartum period, and the care of a normal newborn immediately following birth;*
  - (b) *Includes collaboration with other appropriate licensed health care providers as specified by the board by administrative regulation or when otherwise indicated; and*
  - (c) *Does not have the same meaning as the practice of an APRN-designated certified nurse-midwife, or the practice of medicine or osteopathy as defined in Section 12 of this Act;*
- (3) *"Collaboration" means the process by which a licensed certified professional midwife and a physician or other appropriate healthcare provider jointly manage the care of a client, the requirements for which shall be defined by the board;*
- (4) *"Consultation" means the process by which a licensed certified professional midwife directs the client to a physician or other appropriate licensed healthcare provider to render an opinion regarding the management of a specific problem or condition, the requirements for which shall be defined by the board;*
- (5) *"Council" means the Licensed Certified Professional Midwives Advisory Council created in Section 2 of this Act;*
- (6) *"Licensed certified professional midwife" means a person who is certified by the North American Registry of Midwives and issued a license by the board to provide certified professional midwifery services in the Commonwealth of Kentucky;*
- (7) *"Referral" means the process by which a licensed certified professional midwife arranges for an accepting physician or other appropriate licensed healthcare provider to assume primary management responsibility for the condition requiring referral, which shall not preclude the licensed certified professional midwife from continuing in the provision of care as mutually agreed upon with the accepting provider, as regulated by the board; and*
- (8) *"Transfer" means the act of transporting a client to a licensed healthcare facility providing a higher level of care.*

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

- (1) *The Licensed Certified Professional Midwives Advisory Council is hereby created, under the Board of Nursing. The council shall at regular intervals and guided by newly available evidence in peer-reviewed medical literature, advise the board on promulgating administrative regulations regarding qualifications, standards for training, competency determination of licensed certified professional midwives, any necessary statutory changes, and all other matters relating to licensed certified professional midwives.*
- (2) *The council shall be appointed by the board and shall consist of:*
  - (a) *One (1) member of the board, who shall be a nonvoting, ex officio member and serve as the liaison between the chair of the council and the board;*
  - (b) *Three (3) certified professional midwives who shall be licensed certified professional midwives within six (6) months of the license availability;*
  - (c) *Two (2) APRN-designated certified nurse-midwives licensed in Kentucky;*

- (d) *Two (2) obstetricians licensed in Kentucky;*
- (e) *One (1) practicing neonatal health care provider licensed in Kentucky; and*
- (f) *One (1) member of the general public.*

*The chair of the council shall be elected annually by members of the council.*

- (3) *The board may solicit nominations for the council from interested parties or organizations and shall give consideration to nominees who have experience collaborating with providers of, providing, or utilizing out-of-hospital midwifery services.*
- (4) *The board shall specify the terms for the council members, not to exceed four (4) years. Members shall serve at the discretion of the board, may be reappointed at the end of their terms, and shall receive reimbursement for their actual and necessary expenses incurred in the performance of their official duties.*
- (5) *A licensed certified professional midwife has the same authority and responsibility as appropriate licensed health care providers regarding following public health laws, reporting reportable diseases and conditions, controlling and preventing communicable diseases, recording of vital statistics, obtaining health histories, and performing physical examinations, except that this authority is limited to activity consistent with provision of services authorized by Sections 1 to 8 of this Act.*
- (6) *A licensed certified professional midwife shall keep appropriate medical records regarding treatment and outcomes as required by the board by administrative regulation.*

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*The board shall promulgate administrative regulations, based upon recommendations of the council, in accordance with KRS Chapter 13A to:*

- (1) *Establish required standards for training programs for licensed certified professional midwives;*
- (2) *Establish licensing requirements for licensed certified professional midwives, including but not limited to:*
  - (a) *Educational requirements that are consistent with United States educational accreditation standards and the United States Midwifery Education, Regulation, and Association statement on the licensure of certified professional midwives;*
  - (b) *Competency validation certified by a national organization or agency that meets United States accreditation standards and recognized by the board; and*
  - (c) *Licensed certified professional midwife preceptor programs;*
- (3) *Establish statewide requirements for licensed certified professional midwives and hospitals regarding the transfer of care from a licensed certified professional midwife to a hospital as developed by the Transfer Guidelines Work Group established in Section 8 of this Act;*
- (4) *Establish provisions for disciplinary actions for licensed certified professional midwives;*
- (5) *Establish fees for the initial license not to exceed one thousand dollars (\$1,000), renewal of a license, reinstatement of a license, and other fees as may be necessary, for licensed certified professional midwives;*
- (6) *Establish requirements for informed consent by individuals receiving services from a licensed certified professional midwife, which shall include:*
  - (a) *A description of the licensed certified professional midwife's education and credentials;*
  - (b) *A description of the scope of practice of certified professional midwifery permitted under Sections 1 to 8 of this Act, including a summary of the limitations of the skills and practices of a licensed certified professional midwife;*
  - (c) *Instructions for obtaining a copy of the administrative regulations promulgated by the board pursuant to this section;*
  - (d) *Instructions for filing complaints with the board;*
  - (e) *A written protocol for emergencies, including transfer to a higher level of care;*
  - (f) *A description of the procedures, benefits, and risks of birth in the client's chosen environment, primarily those conditions that may arise during delivery;*

- (g) *Disclosure of professional liability insurance held by the licensed certified professional midwife;*
  - (h) *A summary of the requirements for consultation, referral or transfer of care as promulgated by administrative regulation by the board under this section;*
  - (i) *Procedures established by the licensed certified professional midwife for referral or transfer of care of a client to a physician or other appropriate healthcare providers;*
  - (j) *Procedures established by the licensed certified professional midwife for consultation or collaboration; and*
  - (k) *Any other information deemed necessary by the board for the patient to provide informed consent for care by a licensed certified professional midwife;*
- (7) *Establish a list of medical tests that a licensed certified professional midwife may order when providing certified professional midwifery services that is limited to only those tests that are indicated and approved for the safe conduct of pregnancy, labor and birth, and care of a client and not intended for the diagnosis or management of any acute condition unrelated to pregnancy;*
- (8) *Establish a formulary of legend medications that a licensed certified professional midwife may obtain, transport, and administer when providing certified professional midwifery services that is limited to only those medications that are indicated and approved by the board for the safe conduct of pregnancy, labor and birth, and immediate care of the newborn, immediate management of obstetrical emergencies, or performance of routine prophylactic measures, and that the licensed certified professional midwife is approved to administer and monitor. This subsection shall not be interpreted to bestow prescriptive authority, and the formulary shall not include Schedule II, III, IV, or V drugs as defined in the Controlled Substances Act, 21 U.S.C. secs. 812 et seq.;*
- (9) *Further regulate, as necessary, the provision of certified professional midwifery services;*
- (10) *Require licensed certified professional midwives to report to the board annually as specified by the board the following information regarding cases in which the licensed certified professional midwife provided services when the intended place of birth at the onset of care was in an out-of-hospital setting:*
- (a) *The total number of clients provided certified professional midwife services at the onset of care;*
  - (b) *The number of live births attended as a licensed certified professional midwife;*
  - (c) *The number of cases of fetal demise, newborn deaths, and maternal deaths attended as a licensed certified professional midwife at the discovery of the demise or death;*
  - (d) *The number, reason for, and outcome of each transport of a client in the antepartum, intrapartum, or immediate postpartum periods;*
  - (e) *A brief description of any complications resulting in the morbidity or mortality of a mother or a newborn;*
  - (f) *Planned location of delivery and the actual location of delivery; and*
  - (g) *Any other information deemed necessary by the board;*
- (11) *Require licensed certified professional midwives to report to the board, within thirty (30) days of the occurrence, a case of newborn or maternal death attended by a licensed certified professional midwife at the discovery of the death; and*
- (12) *Define a list of conditions requiring collaboration, consultation, or referral of a client to a physician or other appropriate licensed health care provider, and the process for such collaboration, consultation, or referral.*

➔SECTION 4. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*The board may require a criminal background investigation of an applicant for a license as a licensed certified professional midwife by means of a fingerprint check by the Department of Kentucky State Police and the Federal Bureau of Investigation.*

➔SECTION 5. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

- (1) *It shall be unlawful for any person to provide certified professional midwifery services as defined in Section 1 of this Act unless that person is a licensed certified professional midwife currently issued a license by the board in accordance with Sections 1 to 8 of this Act or is an appropriate licensed health care provider providing services that are within his or her scope of practice.*
- (2) *It shall be unlawful for any person to hold herself or himself out as a licensed certified professional midwife or other skilled birth attendant authorized to provide prenatal care or manually assist in the delivery of an infant, or to provide the services defined in subsection (2) of Section 1 of this Act in Kentucky unless he or she has been issued a license by the board in accordance with Sections 1 to 8 of this Act.*
- (3) *It shall be unlawful for any person to operate or to offer to operate or to represent or advertise the operation of a school or program of certified professional midwifery unless the school or program has been approved by the board to do so.*
- (4) *It shall be unlawful for any licensed certified professional midwife or employer of a licensed certified professional midwife having knowledge of facts to refrain from reporting to the board a licensed certified professional midwife who violates any provision set forth in administrative regulation for licensed certified professional midwives.*
- (5) *It shall be unlawful for any person to provide certified professional midwifery services who is listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property.*
- (6) *Nothing in Sections 1 to 8 of this Act shall prohibit a traditional birth attendant providing midwifery services without a license if the traditional birth attendant has cultural or religious traditions that have historically included the attendance of traditional birth attendants at birth, and the birth attendant serves only women and families in that distinct cultural or religious group.*
- (7) *Nothing in Sections 1 to 8 of this Act shall prohibit an appropriate licensed health care provider or other person from providing emergency care, including care of a precipitous delivery.*
- (8) *In accordance with KRS 311.723, a licensed certified professional midwife issued a license by the board in accordance with Sections 1 to 8 of this Act shall not perform an abortion.*
- (9) *Nothing in Sections 1 to 8 of this Act shall prohibit a person from providing self-care, or uncompensated care to a friend or family member, as long as the person does not hold himself or herself out to be a midwife or provider of certified professional midwifery services as defined under Section 1 of this Act.*
- (10) *Nothing in Sections 1 to 8 of this Act shall prohibit an employee or other individual who is assisting, and under the direct supervision of, a licensed certified professional midwife from performing activities or functions that are delegated by the licensed certified professional midwife and are within the licensed certified professional midwife's scope of practice as authorized by the board.*
- (11) *Nothing in Sections 1 to 8 of this Act shall prohibit an individual from performing activities or functions that are delegated by the licensed certified professional midwife if that individual is a student of midwifery in a training program operating as authorized by the board, and is under the direct supervision of a qualified preceptor as authorized by the board.*

➔SECTION 6. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

- (1) *Within one (1) year of the effective date of this Act, the council shall make recommendations to the board for the promulgation of administrative regulations by the board regarding requirements for the management of clients who may have a condition that precludes the clients from being considered at low risk of an adverse outcome for the mother, her fetus, or her newborn. These recommendations shall include:*
  - (a) *A regulatory framework to support consultation and collaboration between licensed certified professional midwives and other appropriate licensed health care providers with expertise in obstetrical and neonatal care, in order to optimize obstetrical and neonatal outcomes in whatever setting a client chooses for birth. The regulatory framework shall specify:*
    1. *Processes and infrastructure to facilitate collaboration and consultation with other licensed healthcare providers who possess the appropriate medical expertise;*
    2. *Processes and infrastructure to facilitate co-management with, or transfer of primary management responsibility to, other licensed healthcare providers who possess the appropriate medical expertise;*

3. *Processes and infrastructure for transfer of clients to facilities with a higher level of care, as developed by the Transfer Guidelines Work Group established in Section 8 of this Act, and as updated by the council;*
  4. *Processes for the provision of required or routinely recommended screening and disease prevention measures, if not provided directly by the licensed certified professional midwife; and*
  5. *Other collaborative processes deemed necessary by the council or the board to optimize obstetrical and neonatal outcomes;*
- (b) *A list of conditions or symptoms associated with a risk of death or serious permanent harm affecting a mother, fetus, or newborn, as assessed by a licensed certified professional midwife exercising reasonable skill and knowledge, and:*
1. *Requirements for collaborative management with, or referral of primary management responsibility to, a physician or other appropriate licensed healthcare provider, of a client with conditions or symptoms specified under this paragraph, to protect the health and safety of a mother, fetus or newborn. Separate regulatory requirements shall be developed for each or any condition on the list, if clinically appropriate; and*
  2. *Requirements for management of a client with conditions or symptoms specified under this paragraph who refuses to consent to recommendations intended to prevent death or serious permanent harm, including requirements for informed refusal by the client. The requirements for informed refusal shall be tailored to the specific condition or symptom, and shall reflect maximal effort to protect the life and health of the mother, her fetus, and her newborn; and*
- (c) *A list of conditions or symptoms associated with a more than minimal risk of adversely affecting a mother, fetus, or newborn, but not a significant risk of death or serious permanent harm, as assessed by a licensed certified professional midwife exercising reasonable skill and knowledge, and:*
1. *Requirements for consultation, collaborative management, or referral of primary management responsibility of a client with conditions or symptoms specified under this paragraph, for each condition or symptom on the list, to ensure the health and safety of a mother, fetus, or newborn; and*
  2. *Requirements for documentation of an informed refusal by a client with conditions or symptoms specified under this paragraph of recommended consultation, referral of care, or other management, including the information to be provided to a client that is necessary to enable informed refusal of recommended care.*
- (2) *The council's recommendations shall be considered by the board to form the basis for any requirements or restrictions imposed by the board on the provision of certified professional midwifery services to a client whose condition is not classified as low-risk. The recommendations shall be based on evolving medical evidence published in peer-reviewed medical literature and with consideration to the likelihood of serious harm or death to the mother or newborn.*
- (3) *Until such time as the council has conveyed superseding recommendations to the board and the board has promulgated superseding administrative regulations, the following shall be enforced by the board:*
- (a) *If on initial or subsequent assessment, one (1) of the following conditions exists, the licensed certified professional midwife shall arrange for consultation and either collaboration or referral in accordance with Sections 1 to 8 of this Act, and document that recommendation in the licensed certified professional midwife's record:*
1. *Complete placenta previa, or partial placenta previa persisting after twenty eight (28) weeks;*
  2. *HIV infection;*
  3. *Cardiovascular disease, including hypertension;*
  4. *Severe psychiatric illness that may result in self-harm or harm to others;*
  5. *History of cervical incompetence;*
  6. *Pre-eclampsia or eclampsia;*

7. *Intrauterine growth restriction, oligohydramnios or polyhydramnios in the current pregnancy;*
  8. *Known potentially serious anatomic fetal abnormalities;*
  9. *Any type of diabetes requiring insulin or other medication for management;*
  10. *Gestational age greater than forty-three (43) weeks; or*
  11. *Any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a licensed certified professional midwife exercising reasonable skill and knowledge;*
- (b) *The licensed certified professional midwife may continue to participate in the care of a client requiring transfer, in a collaborative fashion and as mutually agreed upon with the accepting physician, to the extent permitted by hospital regulations and if it is beneficial to the client. If a client with a condition listed in paragraph (a) of this subsection declines to accept a medically indicated consultation or referral, the licensed certified professional midwife shall document such refusal in writing and shall endeavor to transition the client to an appropriate higher level of care. If the condition mandating transfer occurs during labor or delivery, or the client is otherwise acutely in jeopardy but refuses transfer, then the midwife shall call 911 and provide care at least until relieved by another appropriate licensed health care provider; and*
- (c) *If on initial or subsequent assessment, one (1) of the following conditions exists, the midwife shall arrange for consultation and either collaboration or referral in accordance with Sections 1 to 8 of this Act, and document that recommendation in the midwifery record:*
1. *Prior cesarean section or other surgery resulting in a uterine scar;*
  2. *Multifetal gestation;*
  3. *Non-cephalic presentation after thirty-six (36) weeks gestation; and*
  4. *History of severe shoulder dystocia as documented by objective findings.*
- (4) *The board shall, at the earliest opportunity, promulgate administrative regulations specific to the conditions listed in paragraph (c) of subsection (3) of this section, including the minimum requirements for informed refusal by the client of otherwise mandatory consultation and either collaboration or referral.*
- (5) *If the client has complied with administrative regulations promulgated by the board for informed refusal, then the licensed certified professional midwife may pursuant to subsection (4) of this section, continue to assume primary management responsibility for the client unless and until the client subsequently consents to collaborative care or referral.*

➔SECTION 7. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*Nothing in Sections 1 to 8 of this Act is intended to expand liability. In the event of an action for injury or death due to any act or omission of a licensed certified professional midwife licensed pursuant to Sections 1 to 8 of this Act, the liability of any other licensed healthcare provider shall be limited to their negligent acts and omissions that violate their standards of care according to existing law.*

➔SECTION 8. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*The Transfer Guidelines Work Group is hereby established as an independent entity to develop statewide requirements for licensed certified professional midwives and hospitals which shall be based upon evidence in peer-reviewed medical literature and accepted best practice standards, regarding the process of transfer of care from a licensed certified professional midwife to a hospital. The scope of the Transfer Guidelines Work Group shall include procedures that promote the safe and timely transfer of mothers or newborns to facilities that can provide a higher level of care when needed, and to ensure the complete and timely transmission of all necessary information required to satisfactorily care for a mother or newborn requiring transfer. The work group shall select a chair from among the members. The work group shall meet as necessary and submit the developed statewide requirements agreed to unanimously by the work group to the board within one (1) year of the effective date of this Act. The board shall promulgate administrative regulations to implement the requirements developed by the work group. The work group shall cease to exist after the developed requirements have been submitted to the board unless the board directs its continuance. The members of the work group shall not be paid or reimbursed for travel or other expenses. The work group shall consist of the following members:*

- (1) *Two (2) individuals to be appointed by the Kentucky Hospital Association;*

- (2) *Three (3) individuals appointed by the Kentucky Chapter of the National Association of Certified Professional Midwives;*
- (3) *Two (2) individuals appointed by the Kentucky Medical Association who have expertise in obstetrical or neonatal care;*
- (4) *One (1) individual appointed by the Kentucky Home Birth Coalition; and*
- (5) *One (1) member of the board who shall be a nonvoting, ex officio member and who shall serve as the liaison between the work group chair and the board.*

➔Section 9. KRS 164.298 is amended to read as follows:

- (1) The governing board as defined in KRS 164.001 of each eligible postsecondary education institution and college as defined in KRS 164.945 that offers an advanced practice doctoral degree in nursing shall be accredited by a national nursing accrediting body that includes but is not limited to the Accreditation Commission for Education in Nursing, the National League for Nursing Commission for Nursing Education Accreditation, the Council on Accreditation of Nurse Anesthesia Educational Programs, the Accreditation Commission for Midwifery Education, or the Commission on Collegiate Nursing Education and with minimal education and licensure standards for admission to and graduation from an advanced practice doctoral program in nursing.
- (2) Each university offering an advanced nursing practice doctoral program shall refer to the degree as the "doctor of nursing practice," with the degree being abbreviated as "DNP." Any advertisement about the advanced nursing practice doctoral program shall not refer to graduates using the term "doctor." Graduates of the program shall accurately portray their academic credentials as well as their registered nurse and advanced practice registered nurse credentials, if applicable, subject to sanction under KRS 311.375(4).
- (3) *A licensed certified professional midwife as defined in Section 1 of this Act shall not have the same meaning as an advanced practice registered nurse with a designation by the Board of Nursing as a certified nurse-midwife.*

➔Section 10. KRS 211.180 (Effective July 1, 2019) is amended to read as follows:

- (1) The cabinet shall enforce the administrative regulations promulgated by the secretary of the Cabinet for Health and Family Services for the regulation and control of the matters set out below and shall formulate, promote, establish, and execute policies, plans, and comprehensive programs relating to all matters of public health, including but not limited to the following matters:
  - (a) Detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled;
  - (b) The adoption of regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. In adopting the regulations the cabinet shall consider the need for information, protection for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. The cabinet shall require reporting of physician-diagnosed cases of acquired immunodeficiency syndrome based upon diagnostic criteria from the Centers for Disease Control and Prevention of the United States Public Health Service. No later than October 1, 2004, the cabinet shall require reporting of cases of human immunodeficiency virus infection by reporting of the name and other relevant data as requested by the Centers for Disease Control and Prevention and as further specified in KRS 214.645. Nothing in this section shall be construed to prohibit the cabinet from identifying infected patients when and if an effective cure for human immunodeficiency virus infection or any immunosuppression caused by human immunodeficiency virus is found or a treatment which would render a person noninfectious is found, for the purposes of offering or making the cure or treatment known to the patient;
  - (c) The control of insects, rodents, and other vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of schools, industrial establishments, and other public and semipublic buildings; the sanitation of state and county fairs and other similar public gatherings; the sanitation of public and semipublic recreational areas; the sanitation of public rest rooms, trailer courts, hotels, tourist courts, and other establishments furnishing public sleeping accommodations; the review, approval, or

disapproval of plans for construction, modification, or extension of equipment related to food-handling in food-handling establishments; the licensure of hospitals; and the control of such other factors, not assigned by law to another agency, as may be necessary to insure a safe and sanitary environment;

- (d) The construction, installation, and alteration of any on-site sewage disposal system, except for a system with a surface discharge;
  - (e) Protection and improvement of the health of expectant mothers, infants, preschool, and school-age children; *and*
  - (f) ~~{The practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and~~
  - ~~(g) }Protection and improvement of the health of the people through better nutrition.~~
- (2) The secretary shall have authority to establish by regulation a schedule of reasonable fees, not to exceed costs of the program to the cabinet to cover inspector hours, but in no event shall the total fees for permitting and inspection increase more than five percent (5%) per year, travel pursuant to state regulations for travel reimbursement, to cover the costs of inspections of manufacturers, retailers, and distributors of consumer products as defined in the Federal Consumer Product Safety Act, 15 U.S.C. secs. 2051 et seq.; 86 Stat. 1207 et seq. or amendments thereto, and of youth camps for the purpose of determining compliance with the provisions of this section and the regulations adopted by the secretary pursuant thereto. Fees collected by the secretary shall be deposited in the State Treasury and credited to a revolving fund account for the purpose of carrying out the provisions of this section. The balance of the account shall lapse to the general fund at the end of each biennium.
- (3) Any administrative hearing conducted under authority of this section shall be conducted in accordance with KRS Chapter 13B.

➔Section 11. KRS 311.271 is amended to read as follows:

- (1) No person shall be eligible for licensure to practice any healing art in this state unless and until he furnishes satisfactory evidence to the appropriate licensing agency, that prior to being licensed by the respective state agency that he was credited with not less than sixty (60) transferable units of study by a college or university accredited by the Southern Association of Colleges and Schools or an accrediting agency recognized by the Southern Association of Colleges and Schools or any successor to the powers of either; provided, however, that the transferability of credits from colleges and universities located outside the United States and Canada shall be determined by the appropriate licensing agency.
- (2) (a) The term "healing art," as used herein, includes the practices of medicine, osteopathy, dentistry, chiropody (podiatry), optometry, and chiropractic, but does not include the practices of Christian Science or midwifery *or the provision of certified professional midwifery services by a licensed certified professional midwife as defined in Section 1 of this Act.*
- (b) The term "transferable units of study" means semester hour (or equivalent) credits and may include advance placement credits.
- (3) This section shall not apply to any student who is enrolled in any school of medicine, osteopathy, dentistry, chiropody (podiatry), optometry, or chiropractic on June 13, 1968, nor shall it affect the right of any person who is presently licensed to practice a healing art in this state, to have his license renewed upon compliance with all other requirements of law.

➔Section 12. KRS 311.550 is amended to read as follows:

As used in KRS 311.530 to 311.620 and 311.990(4) to (6):

- (1) "Board" means the State Board of Medical Licensure;
- (2) "President" means the president of the State Board of Medical Licensure;
- (3) "Secretary" means the secretary of the State Board of Medical Licensure;
- (4) "Executive director" means the executive director of the State Board of Medical Licensure or any assistant executive directors appointed by the board;
- (5) "General counsel" means the general counsel of the State Board of Medical Licensure or any assistant general counsel appointed by the board;



- (6) "Regular license" means a license to practice medicine or osteopathy at any place in this state;
- (7) "Limited license" means a license to practice medicine or osteopathy in a specific institution or locale to the extent indicated in the license;
- (8) "Temporary permit" means a permit issued to a person who has applied for a regular license, and who appears from verifiable information in the application to the executive director to be qualified and eligible therefor;
- (9) "Emergency permit" means a permit issued to a physician currently licensed in another state, authorizing the physician to practice in this state for the duration of a specific medical emergency, not to exceed thirty (30) days;
- (10) Except as provided in subsection (11) of this section, the "practice of medicine or osteopathy" means the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities;
- (11) The "practice of medicine or osteopathy" does not include the practice of Christian Science, the domestic administration of family remedies, the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter, the use of automatic external defibrillators in accordance with the provisions of KRS 311.665 to 311.669, the practice of podiatry as defined in KRS 311.380, the practice of dentistry as defined in KRS 313.010, the practice of optometry as defined in KRS 320.210, the practice of chiropractic as defined in subsection (2) of KRS 312.015, the practice as a nurse as defined in KRS 314.011, the practice of physical therapy as defined in KRS 327.010, the practice of genetic counseling as defined in KRS 311.690, the performance of duties for which they have been trained by paramedics licensed under KRS Chapter 311A, first responders, or emergency medical technicians certified under Chapter 311A, the practice of pharmacy by persons licensed and registered under KRS 315.050, the sale of drugs, nostrums, patented or proprietary medicines, trusses, supports, spectacles, eyeglasses, lenses, instruments, apparatus, or mechanisms that are intended, advertised, or represented as being for the treatment, correction, cure, or relief of any human ailment, disease, injury, infirmity, or condition, in regular mercantile establishments, or the practice of midwifery, **or the provision of certified professional midwifery services by a licensed certified professional midwife as defined in Section 1 of this Act** ~~by women. KRS 311.530 to 311.620 shall not be construed as repealing the authority conferred on the Cabinet for Health and Family Services by KRS Chapter 211 to provide for the instruction, examination, licensing, and registration of all midwives through county health officers~~;
- (12) "Physician" means a doctor of medicine or a doctor of osteopathy;
- (13) "Grievance" means any allegation in whatever form alleging misconduct by a physician;
- (14) "Charge" means a specific allegation alleging a violation of a specified provision of this chapter;
- (15) "Complaint" means a formal administrative pleading that sets forth charges against a physician and commences a formal disciplinary proceeding;
- (16) As used in KRS 311.595(4), "crimes involving moral turpitude" shall mean those crimes which have dishonesty as a fundamental and necessary element, including but not limited to crimes involving theft, embezzlement, false swearing, perjury, fraud, or misrepresentation;
- (17) "Telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education;
- (18) "Order" means a direction of the board or its panels made or entered in writing that determines some point or directs some step in the proceeding and is not included in the final order;
- (19) "Agreed order" means a written document that includes but is not limited to stipulations of fact or stipulated conclusions of law that finally resolves a grievance, a complaint, or a show cause order issued informally without expectation of further formal proceedings in accordance with KRS 311.591(6);
- (20) "Final order" means an order issued by the hearing panel that imposes one (1) or more disciplinary sanctions authorized by this chapter;
- (21) "Letter of agreement" means a written document that informally resolves a grievance, a complaint, or a show cause order and is confidential in accordance with KRS 311.619;

- (22) "Letter of concern" means an advisory letter to notify a physician that, although there is insufficient evidence to support disciplinary action, the board believes the physician should modify or eliminate certain practices and that the continuation of those practices may result in action against the physician's license;
- (23) "Motion to revoke probation" means a pleading filed by the board alleging that the licensee has violated a term or condition of probation and that fixes a date and time for a revocation hearing;
- (24) "Revocation hearing" means a hearing conducted in accordance with KRS Chapter 13B to determine whether the licensee has violated a term or condition of probation;
- (25) "Chronic or persistent alcoholic" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic consumption of alcoholic beverages resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of alcoholic beverages;
- (26) "Addicted to a controlled substance" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic use of any narcotic drug or controlled substance resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of any narcotic drug or controlled substance;
- (27) "Provisional permit" means a temporary permit issued to a licensee engaged in the active practice of medicine within this Commonwealth who has admitted to violating any provision of KRS 311.595 that permits the licensee to continue the practice of medicine until the board issues a final order on the registration or reregistration of the licensee;
- (28) "Fellowship training license" means a license to practice medicine or osteopathy in a fellowship training program as specified by the license; and
- (29) "Special faculty license" means a license to practice medicine that is limited to the extent that this practice is incidental to a necessary part of the practitioner's academic appointment at an accredited medical school program or osteopathic school program and any affiliated institution for which the medical school or osteopathic school has assumed direct responsibility.

➔SECTION 13. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO READ AS FOLLOWS:

*If any provision of Sections 1 to 8 of this Act or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of Sections 1 to 8 of this Act that can be given effect without the invalid provision or application, and to this end the provisions of Sections 1 to 8 of this Act are severable.*

**Signed by Governor March 26, 2019.**