CHAPTER 36

(SB 102)

AN ACT relating to operations of executive branch agencies.

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

➔Section 1. KRS 42.545 is amended to read as follows:

Each agency authorized to issue bonds listed in this section shall make a report according to generally accepted accounting principles of all money received and disbursed during each fiscal year, on or before the fifteenth of July, showing the receipts, expenditures, trustees, depositories, rates of interest paid by depositories, investments, and rates of return on investments by each agency to the Office of the Controller. The agencies required to report under this section are Eastern Kentucky University; Kentucky State University; Morehead State University; Murray State University; Northern Kentucky University; University of Kentucky; University of Louisville; Western Kentucky University; Kentucky Community and Technical College System; Kentucky Housing Corporation; Kentucky Higher Education Student Loan Corporation; Kentucky School Building Authority; the Turnpike Authority of Kentucky; the State Property and Buildings Commission; Churchill Downs Authority; ~~[Kentucky Health and Geriatric Authority;]~~State Fair Board; Department of Fish and Wildlife Resources; Water Resources Authority of Kentucky; and any other agency or instrumentality authorized to issue bonds.

➔Section 2. KRS 42.720 is amended to read as follows:

The General Assembly finds and declares that:

(1) The establishment of the position of the executive director of the Commonwealth Office of Technology, appointed by the secretary of the Finance and Administration Cabinet with the approval of the Governor, as the Commonwealth's single point of contact and spokesperson for all matters related to information technology and resources, including policies, standard setting, deployment, strategic and tactical planning, acquisition, management, and operations is necessary and in keeping with the industry trends of the private and public sectors;

(2) The appropriate use of information technology by the Commonwealth can improve operational productivity, reduce the cost of government, enhance service to customers, and make government more accessible to the public;

(3) Government-wide planning, investment, protection, and direction for information resources must be enacted to:

(a) Ensure the effective application of information technology on state business operations;

(b) Ensure the quality, security, and integrity of state business operations; and

(c) Provide privacy to the citizens of the Commonwealth;

(4) The Commonwealth must provide information technology infrastructure, technical directions, and a proficient organizational management structure to facilitate the productive application of information technology and resources to accomplish programmatic missions and business goals;

(5) Oversight of large scale and government statewide systems or projects is necessary to protect the Commonwealth's investment and to ensure appropriate integration with existing or planned systems;

(6) A career development plan and professional development program for information technology staff of the executive branch is needed to provide key competencies and adequate on-going support for the information resources of the Commonwealth and to ensure that the information technology staff will be managed as a Commonwealth resource;

(7) The Commonwealth is in need of information technology advisory capacities to the Governor and the agencies of the executive cabinet;

(8) Appropriate public-private partnerships to supplement existing resources must be developed as a strategy for the Commonwealth to comprehensively meet its spectrum of information technology and resource needs;

(9) Technological and theoretical advances in information use are recent in origin, immense in scope and complexity, and change at a rapid rate, which presents Kentucky with the opportunity to provide higher

quality, more timely, and more cost-effective government services to ensure standardization, interoperability, and interconnectivity;

(10) The sharing of information resources and technologies among executive branch state agencies is the most cost-effective method of providing the highest quality and most timely government services that would otherwise be cost-prohibitive;

(11) The ability to identify, develop, and implement changes in a rapidly moving field demands the development of mechanisms to provide for the research and development of technologies that address systems, uses, and applications; and

(12) The exercise by the executive director of the Commonwealth Office of Technology of powers and authority conferred by KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~ shall be deemed and held to be the performance of essential governmental functions.

➔Section 3. KRS 42.726 is amended to read as follows:

(1) The Commonwealth Office of Technology shall be the lead organizational entity within the executive branch regarding delivery of information technology services, including application development and delivery, and shall serve as the single information technology authority for the Commonwealth.

(2) The roles and duties of the Commonwealth Office of Technology shall include but not be limited to:

(a) Providing technical support and services to all executive agencies of state government in the application of information technology;

(b) Assuring compatibility and connectivity of Kentucky's information systems;

(c) Developing strategies and policies to support and promote the effective applications of information technology within state government as a means of saving money, increasing employee productivity, and improving state services to the public, including electronic public access to information of the Commonwealth;

(d) Developing, implementing, and managing strategic information technology directions, standards, and enterprise architecture, including implementing necessary management processes to assure full compliance with those directions, standards, and architecture;

(e) Promoting effective and efficient design and operation of all major information resources management processes for executive branch agencies, including improvements to work processes;

(f) Developing, implementing, and maintaining the technology infrastructure of the Commonwealth and all related support staff, planning, administration, asset management, and procurement for all executive branch cabinets and agencies except:

1. Agencies led by a statewide elected official;

2. The nine (9) public institutions of postsecondary education;

3. The Department of Education's services provided to local school districts;

4. The Kentucky Retirement Systems and the Teachers' Retirement System;

5. The Kentucky Housing Corporation;

6. The Kentucky Lottery Corporation;

7. The Kentucky Higher Education Student Loan Corporation; and

8. The Kentucky Higher Education Assistance Authority;

(g) Facilitating and fostering applied research in emerging technologies that offer the Commonwealth innovative business solutions;

(h) Reviewing and overseeing large or complex information technology projects and systems for compliance with statewide strategies, policies, and standards, including alignment with the Commonwealth's business goals, investment, and other risk management policies. The executive director is authorized to grant or withhold approval to initiate these projects;

(i) Integrating information technology resources to provide effective and supportable information technology applications in the Commonwealth;

(j) Establishing a central statewide geographic information clearinghouse to maintain map inventories, information on current and planned geographic information systems applications, information on grants available for the acquisition or enhancement of geographic information resources, and a directory of geographic information resources available within the state or from the federal government;

(k) Coordinating multiagency information technology projects, including overseeing the development and maintenance of statewide base maps and geographic information systems;

(l) Providing access to both consulting and technical assistance, and education and training, on the application and use of information technologies to state and local agencies;

(m) In cooperation with other agencies, evaluating, participating in pilot studies, and making recommendations on information technology hardware and software;

(n) Providing staff support and technical assistance to the Geographic Information Advisory Council and the Kentucky Information Technology Advisory Council;

(o) Overseeing the development of a statewide geographic information plan with input from the Geographic Information Advisory Council;

(p) Developing for state executive branch agencies a coordinated security framework and model governance structure relating to the privacy and confidentiality of personal information collected and stored by state executive branch agencies, including but not limited to:

1. Identification of key infrastructure components and how to secure them;

2. Establishment of a common benchmark that measures the effectiveness of security, including continuous monitoring and automation of defenses;

3. Implementation of vulnerability scanning and other security assessments;

4. Provision of training, orientation programs, and other communications that increase awareness of the importance of security among agency employees responsible for personal information; and

5. Development of and making available a cyber security incident response plan and procedure; and

(q) Preparing proposed legislation and funding proposals for the General Assembly that will further solidify coordination and expedite implementation of information technology systems.

(3) The Commonwealth Office of Technology may:

(a) Provide general consulting services, technical training, and support for generic software applications, upon request from a local government, if the executive director finds that the requested services can be rendered within the established terms of the federally approved cost allocation plan;

(b) Promulgate administrative regulations in accordance with KRS Chapter 13A necessary for the implementation of KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~;

(c) Solicit, receive, and consider proposals from any state agency, federal agency, local government, university, nonprofit organization, private person, or corporation;

(d) Solicit and accept money by grant, gift, donation, bequest, legislative appropriation, or other conveyance to be held, used, and applied in accordance with KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~;

(e) Make and enter into memoranda of agreement and contracts necessary or incidental to the performance of duties and execution of its powers, including, but not limited to, agreements or contracts with the United States, other state agencies, and any governmental subdivision of the Commonwealth;

(f) Accept grants from the United States government and its agencies and instrumentalities, and from any source, other than any person, firm, or corporation, or any director, officer, or agent thereof that manufactures or sells information resources technology equipment, goods, or services. To these ends, the Commonwealth Office of Technology shall have the power to comply with those conditions and execute those agreements that are necessary, convenient, or desirable; and

(g) Purchase interest in contractual services, rentals of all types, supplies, materials, equipment, and other services to be used in the research and development of beneficial applications of information resources technologies. Competitive bids may not be required for:

1. New and emerging technologies as approved by the executive director or her or his designee; or

2. Related professional, technical, or scientific services, but contracts shall be submitted in accordance with KRS 45A.690 to 45A.725.

(4) Nothing in this section shall be construed to alter or diminish the provisions of KRS 171.410 to 171.740 or the authority conveyed by these statutes to the Archives and Records Commission and the Department for Libraries and Archives.

(5) The Commonwealth Office of Technology shall, on or before October 1 of each year, submit to the Legislative Research Commission a report in accordance with KRS 57.390 detailing:

(a) Any security breaches that occurred within organizational units of the executive branch of state government during the prior fiscal year that required notification to the Commonwealth Office of Technology under KRS 61.932;

(b) Actions taken to resolve the security breach, and to prevent additional security breaches in the future;

(c) A general description of what actions are taken as a matter of course to protect personal data from security breaches; and

(d) Any quantifiable financial impact to the agency reporting a security breach.

➔Section 4. KRS 42.728 is amended to read as follows:

(1) To accomplish the work of the Commonwealth Office of Technology, all organizational units and administrative bodies, as defined in KRS 12.010, and all members of the state postsecondary education system, as defined in KRS 164.001, shall furnish the Commonwealth Office of Technology necessary assistance, resources, information, records, and advice as required.

(2) The provisions of KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~ shall not be construed to grant any authority over the judicial or legislative branches of state government, or agencies thereof, to the Commonwealth Office of Technology.

(3) The information, technology, personnel, agency resources, and confidential records of the Kentucky Retirement Systems and the Kentucky Teachers' Retirement System shall be excluded from the provisions of KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~ and shall not be under the authority of the Commonwealth Office of Technology.

➔Section 5. KRS 61.8715 is amended to read as follows:

The General Assembly finds an essential relationship between the intent of this chapter and that of KRS 171.410 to 171.740, dealing with the management of public records, and of KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and*** 186A.285, ~~[and 194A.146,]~~dealing with the coordination of strategic planning for computerized information systems in state government; and that to ensure the efficient administration of government and to provide accountability of government activities, public agencies are required to manage and maintain their records according to the requirements of these statutes. The General Assembly further recognizes that while all government agency records are public records for the purpose of their management, not all these records are required to be open to public access, as defined in this chapter, some being exempt under KRS 61.878.

➔Section 6. KRS 154.20-020 is amended to read as follows:

(1) The secretary shall be authorized to commit the cabinet to any project or proposal, subject to approval of the committee as necessary except that any state incentive agreement requiring the participation of other agencies of state government shall require the concurrence of the board.

(2) No project shall be funded in whole or part by the authority unless first approved by its committee pursuant to administrative regulations promulgated by the board in accordance with KRS Chapter 13A.

(3) Lending decisions made by the authority shall be based, if possible, feasible, and not otherwise precluded by federal or state law, on utilizing state funds to leverage private sector investment.

~~[(4) The authority shall cooperate with the Cabinet for Health and Family Services in facilitation of KRS 194.245(1)(a).]~~

➔Section 7. KRS 194A.050 is amended to read as follows:

(1) The secretary shall formulate, promote, establish, and execute policies, plans, and comprehensive programs and shall adopt, administer, and enforce throughout the Commonwealth all applicable state laws and all

administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth and necessary to operate the programs and fulfill the responsibilities vested in the cabinet. The secretary shall promulgate, administer, and enforce those administrative regulations necessary to implement programs mandated by federal law, or to qualify for the receipt of federal funds and necessary to cooperate with other state and federal agencies for the proper administration of the cabinet and its programs.

(2) ~~[The secretary may utilize the Public Health Services Advisory Council to review and make recommendations on contemplated administrative regulations relating to initiatives of the Department for Public Health. No administrative regulations issued under the authority of the cabinet shall be filed with the Legislative Research Commission unless they are issued under the authority of the secretary, and the secretary shall not delegate that authority.~~

~~(3)]~~Except as otherwise provided by law, the secretary shall have authority to establish by administrative regulation a schedule of reasonable fees, but in no event shall the total fees for permitting and inspection increase more than five percent (5%) per year, to cover the costs of annual inspections of efforts regarding compliance with program standards administered by the cabinet. All fees collected for inspections shall be deposited in the State Treasury and credited to a revolving fund account to be used for administration of those programs of the cabinet. The balance of the account shall lapse to the general fund at the end of each biennium. Fees shall not be charged for investigation of complaints.

➔Section 8. KRS 194A.180 is amended to read as follows:

All administrative regulations, acts, determinations, and decisions of and by the corporate bodies or instrumentalities of the Commonwealth, advisory committees, interstate compacts, or other statutory bodies, transferred in whole or in part to the ~~[Public Health Services Advisory Council and the]~~Advisory Council for Medical Assistance, shall remain in effect as the administrative regulations, acts, determinations, and decisions of the cabinet unless duly modified or repealed by the secretary.

➔Section 9. KRS 194A.190 is amended to read as follows:

The ~~[Public Health Services Advisory Council, the]~~Advisory Council for Medical Assistance~~[, and the Institute for Aging]~~ shall be empowered to accept gifts and grants, but all of these moneys shall be administered by the cabinet, which shall administer these funds through appropriate trust and agency accounts.

➔Section 10. KRS 199.894 is amended to read as follows:

As used in KRS 199.892 to 199.896, unless the context otherwise requires:

(1) "Cabinet" means the Cabinet for Health and Family Services;

(2) "Secretary" means secretary for health and family services;

(3) "Child-care center" means any child-care center ***that***~~[which]~~ provides full or part-time care, day or night, to ***four (4) or more***~~[at least seven (7)]~~ children ***in a nonresidential setting*** who are not the children, grandchildren, nieces, nephews, or children in legal custody of the operator. "Child-care center" shall not include any child-care facility operated by a religious organization while religious services are being conducted, or a youth development agency. For the purposes of this section, "youth development agency" means a program with tax-exempt status under 26 U.S.C. sec. 501(c)(3), which operates continuously throughout the year as an outside-school-hours center for youth who are six (6) years of age or older, and for which there are no fee or scheduled-care arrangements with the parent or guardian of the youth served;

(4) "Department" means the Department for Community Based Services; and

(5) "Family child-care home" means a private home that ***is the primary residence of an individual who*** provides full or part-time care day or night for six (6) or fewer children who are not the children, siblings, stepchildren, grandchildren, nieces, nephews, or children in legal custody of the provider.

➔Section 11. KRS 199.896 is amended to read as follows:

(1) No person, association, or organization shall conduct, operate, maintain, or advertise any child-care center without obtaining a license as provided in KRS 199.892 to 199.896.

(2) The cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A relating to license fees and may establish standards of care and service for a child-care center, criteria for the denial of a license if

criminal records indicate convictions that may impact the safety and security of children in care, and procedures for enforcement of penalties.

(3) Each initial application for a license shall be made to the cabinet and shall be accompanied by a fee that shall not exceed administrative costs of the program to the cabinet and shall be renewable annually upon expiration and reapplication when accompanied by a renewal fee that shall not exceed administrative costs of the program to the cabinet. Regular licenses and renewals thereof shall expire one (1) year from their effective date.

(4) No child-care center shall be refused a license or have its license revoked for failure to meet standards set by the secretary until after the expiration of a period not to exceed six (6) months from the date of the first official notice that the standards have not been met. If, however, the cabinet has probable cause to believe that an immediate threat to the public health, safety, or welfare exists, the cabinet may take emergency action pursuant to KRS 13B.125. All administrative hearings conducted under authority of KRS 199.892 to 199.896 shall be conducted in accordance with KRS Chapter 13B.

(5) If, upon inspection or investigation, the inspector general finds that a child-care center licensed under this section has violated the administrative regulations, standards, or requirements of the cabinet, the inspector general shall issue a statement of deficiency to the center containing:

(a) A statement of fact;

(b) A statement of how an administrative regulation, standard, or requirement of the cabinet was violated; and

(c) The timeframe, negotiated with the child-care center, within which a violation is to be corrected, except that a violation that poses an immediate threat to the health, safety, or welfare of children in the center shall be corrected in no event later than five (5) working days from the date of the statement of deficiency.

(6) The Cabinet for Health and Family Services, in consultation with the Office of the Inspector General, shall establish by administrative regulations promulgated in accordance with KRS Chapter 13A an informal dispute resolution process ~~[containing at least two (2) separate levels of review]~~through which a child-care provider may dispute licensure deficiencies that have an adverse effect on the child-care provider's license.

(7) A child-care center shall have the right to appeal to the Cabinet for Health and Family Services under KRS Chapter 13B any action adverse to its license or the assessment of a civil penalty issued by the inspector general as the result of a violation contained in a statement of deficiency within twenty (20) days of the issuance of the action or assessment of the civil penalty. An appeal shall not act to stay the correction of a violation.

(8) In assessing the civil penalty to be levied against a child-care center for a violation contained in a statement of deficiency issued under this section, the inspector general or the inspector general's designee shall take into consideration the following factors:

(a) The gravity of the threat to the health, safety, or welfare of children posed by the violation;

(b) The number and type of previous violations of the child-care center;

(c) The reasonable diligence exercised by the child-care center and efforts to correct the violation; and

(d) The amount of assessment necessary to assure immediate and continued compliance.

(9) Upon a child-care center's failure to take action to correct a violation of the administrative regulations, standards, or requirements of the cabinet contained in a statement of deficiency, or at any time when the operation of a child-care center poses an immediate threat to the health, safety, or welfare of children in the center, and the child-care center continues to operate after the cabinet has taken emergency action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee shall take at least one (1) of the following actions against the center:

(a) Institute proceedings to obtain an order compelling compliance with the administrative regulations, standards, and requirements of the cabinet;

(b) Institute injunctive proceedings in Circuit Court to terminate the operation of the center;

(c) Institute action to discontinue payment of child-care subsidies; or

(d) Suspend or revoke the license or impose other penalties provided by law.

(10) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of child-care center license of the operator. Identifying information regarding children and their families shall remain confidential.

(11) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the child-care center within the past year. All information distributed by the cabinet under this subsection shall include a statement indicating that the reports as provided under this subsection from the past five (5) years are available from the child-care center upon the parent's, custodian's, guardian's, or other interested person's request.

(12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and certification applications shall be paid into the State Treasury and credited to a special fund for the purpose of administering KRS 199.892 to 199.896 including the payment of expenses of and to the participants in child-care workshops. The funds collected are hereby appropriated for the use of the cabinet. The balance of the special fund shall lapse to the general fund at the end of each biennium.

(13) Any advertisement for child-care services shall include the address of where the service is being provided.

(14) All inspections of licensed and unlicensed child-care centers by the Cabinet for Health and Family Services shall be unannounced.

(15) All employees and owners of a child-care center who provide care to children shall demonstrate within the first three (3) months of employment completion of at least a total of six (6) hours of orientation in the following areas:

(a) Basic health, safety, and sanitation;

(b) Recognizing and reporting child abuse; and

(c) Developmentally appropriate child-care practice.

(16) All employees and owners of a child-care center who provide care to children shall annually demonstrate to the department completion of at least six (6) hours of training in child development. These hours shall include but are not limited to one and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric head trauma approved by the secretary of the Cabinet for Health and Family Services The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.

(17) The Cabinet for Health and Family Services shall make available either through the development or approval of a model training curriculum and training materials, including video instructional materials, to cover the areas specified in subsection (15) of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (15) of this section.

(18) Child-care centers licensed pursuant to this section and family child-care homes certified pursuant to KRS 199.8982 shall not use corporal physical discipline, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification, or for any other reason. For the purposes of this section, "corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact ***that*** ~~[which]~~ is intended to protect a child from immediate danger.

(19) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and ***that*** ~~[which]~~ a child attends for no more than fifteen (15) hours per week shall:

(a) Notify the cabinet in writing that the center is operating;

(b) Meet all child-care center licensure requirements and administrative regulations related to employee background checks;

(c) Meet all child-care center licensure requirements and administrative regulations related to tuberculosis screenings; and

(d) Be exempt from all other child-care center licensure requirements and administrative regulations.

(20) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and ***that***~~[which]~~ a child attends for no more than ten (10) hours per week shall be exempt from all child-care licensure requirements and administrative regulations.

(21) ***Instructional programs for school-age children shall be exempt from all child-care licensure administrative regulations if the following criteria are met:***

(a) The program provides direct instruction in a single skill, talent, ability, expertise, or proficiency;

(b) The program does not provide services or offerings that are not directly related to the single talent, ability, expertise, or proficiency;

(c) The program operates outside the time period when school is in session, including before or after school hours, holidays, school breaks, teaching planning days, or summer vacation;

(d) The program does not advertise or otherwise represent that the program is a licensed child-care center or that the program offers child-care services;

(e) The program informs the parent or guardian:

1. That the program is not licensed by the cabinet; and

2. About the physical risks a child may face while participating in the program; and

(f) The program conducts the following background checks for all program employees and volunteers who work with children:

1. Check of the child abuse and neglect records maintained by the cabinet; and

2. In-state criminal background information check from the Justice and Public Safety Cabinet or Administrative Office of the Courts.

(22) Directors and employees of child-care centers in a position that involves supervisory or disciplinary power over a minor, or direct contact with a minor, shall submit to a criminal record check in accordance with KRS 199.8965.

(23)~~[(22)]~~ A director or employee of a child-care center may be employed on a probationary status pending receipt of the criminal background check. Application for the criminal record of a probationary employee shall be made no later than the date probationary employment begins.

➔Section 12. KRS 202A.422 is amended to read as follows:

(1) An adult may execute an advance directive for mental health treatment that includes one (1) or more of the following:

(a) Refusal of specific psychotropic medications, but not an entire class of psychotropic medications. This refusal may be due to factors that include but are not limited to their lack of efficacy, known drug sensitivity, or previous experience of adverse reactions;

(b) Refusal of electric shock therapy (ECT);

(c) Stated preferences for psychotropic medications;

(d) Stated preferences for procedures for emergency interventions; and

(e) Provision of information in any area specified by the grantor.

(2) The execution of an advance directive shall be complete when signed by the grantor and:

(a) Signed by two (2) adult witnesses who attest that the grantor:

1. Is known to them;

2. Signed the advance directive in their presence; and

3. Did not appear to be under duress, fraud, or undue influence; or

(b) Acknowledged before a notary public or other person authorized to administer oaths.

(3) The following persons shall not serve as a witness, a notary public, or other person authorized to administer oaths to the signing of an advance directive:

(a) The grantor's current health care provider or a relative of the current health care provider; and

(b) An owner, operator, employee, or relative of an owner or operator of a health facility in which the grantor is a client or resident***, unless the owner, operator, employee, or relative serves as a notary public***.

(4) An advance directive shall not override the grantor's right under federal and state law to refuse treatment.

(5) The grantor or the surrogate of the grantor shall be responsible for providing a copy of the advance directive to the grantor's health care provider and health care facility where the grantor is a patient.

(6) An advance directive for mental health treatment shall be honored in any setting, except a hospital emergency room or a hospital emergency department, that is required to honor advance directives under Title XVIII or Title XIX of the Federal Social Security Act.

(7) A health care provider, health care facility, surrogate, or other responsible party shall not be subject to criminal prosecution or civil liability if acting in agreement with an advance directive for mental health treatment executed in accordance with KRS 202A.420 to 202A.432 or if acting in good faith without knowledge of the existence or revocation of an advance directive.

➔Section 13. KRS 205.178 is amended to read as follows:

(1) At a regularly scheduled interval, each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall receive and review information from the Kentucky Lottery Corporation concerning individuals enrolled as recipients in the Medicaid program or the food stamps program that indicates a change in circumstances that may affect eligibility, including but not limited to changes in income or resources.

(2) On at least a monthly basis, each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall receive and review information from the Vital Statistics Branch concerning individuals enrolled in the Medicaid program or the food stamps program that indicates a change in circumstances that may affect eligibility.

(3) On at least a quarterly basis, each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall receive and review information from the Kentucky Office of Unemployment Insurance concerning individuals enrolled in the Medicaid program or the food stamps program that indicates a change in circumstances that may affect eligibility, including but not limited to changes in employment or wages.

(4) On at least a quarterly basis, each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall receive and review information concerning individuals enrolled in the Medicaid program or the food stamps program that indicates a change in circumstances that may affect eligibility, including but not limited to potential changes in residency as identified by out-of-state electronic benefit transfer transactions.

(5) (a) Notwithstanding any other provision of law to the contrary, each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall enter into a memorandum of understanding with any department, agency, or division for information detailed in this section.

(b) Notwithstanding any other provision of law to the contrary, any department, agency, or division for information detailed in this section, including but not limited to the Kentucky Lottery Corporation, the Vital Statistics Branch, the Office of Unemployment Insurance, and the Department for Community Based Services, shall enter into any necessary memoranda of understanding with the enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program requesting an agreement pursuant to paragraph (a) of this subsection.

(6) Each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet may contract with one (1) or more independent vendors to provide additional data or information ***that***~~[which]~~ may indicate a change in circumstances that may affect eligibility.

(7) Each enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet shall explore joining any multistate cooperative to identify individuals who are also enrolled in public assistance programs outside of this state.

(8) If an enrollment or benefit tracking agency associated with the Medicaid program or the food stamps program of the cabinet receives information concerning an individual enrolled in the Medicaid program or the food

stamps program that indicates a change in circumstances that may affect eligibility, the enrollment or benefit tracking agency or other appropriate agency shall review the individual's case.

(9) The food stamps program of the cabinet shall not seek, apply for, accept, or renew any waiver of requirements established under 7 U.S.C. sec. 2015(o) unless there is an economic downturn resulting in an unemployment rate of ten percent (10%) or more or the Cabinet for Health and Family Services determines an increase in the unemployment rate in any particular county is severe enough to necessitate a waiver.

(10) The cabinet shall promulgate all rules and regulations necessary for the purposes of carrying out this section.

(11) ***Upon request***~~[On or before December 1 of each year]~~, the Cabinet for Health and Family Services shall submit a report relating to the number of individuals discovered utilizing services inappropriately, the number of individuals who were removed from one (1) or more public assistance programs as a result of a review pursuant to this section, and the amount of public funds preserved in total and by public assistance program and aggregated by prior years.~~[This report shall be forwarded to the Interim Joint Committees on Health and Welfare and Family Services and Appropriations and Revenue of the Legislative Research Commission.]~~

➔Section 14. KRS 205.201 is amended to read as follows:

The duties of the Cabinet for Health and Family Services shall be to:

(1) Promote and aid in the establishment of local programs and services for the aging;

(2) Conduct programs to educate the public as to problems of the aging;

(3) Review existing state programs and services for the aging and to make recommendations to the Governor, to the appropriate department and agencies of the state, and to the legislature for improvements in and additions to such programs and services;

(4) Assist and encourage governmental and private agencies to coordinate their efforts on behalf of the aging;

(5) Conduct and encourage other organizations to conduct studies concerning the aging;

(6) Establish, in selected areas and communities of the state, programs of services for the aging to demonstrate the value of such programs, and to encourage local agencies to continue the programs and to create new services where needed. Emphasis shall be given to services designed to foster continued participation of older people in family and community life and to lessen the need for institutional care;

(7) Provide services designed to meet the needs of the minority elderly in programs administered by the cabinet;

(8) The cabinet shall solicit and consider the input of individuals and organizations representing the concerns of the minority elderly population as relates to:

(a) Programs and services needed by the minority elderly;

(b) The extent to which existing programs do not meet the needs of the minority elderly;

(c) The accessibility of existing programs to the minority elderly;

(d) The availability and adequacy of information regarding existing services;

(e) Health problems the minority elderly experience at a higher rate than the nonminority elderly population; and

(f) Financial, social, and other barriers experienced by the minority elderly in obtaining services;

(9) Conduct an outreach program that provides information to minority elderly Kentuckians about health and social problems experienced by minority elderly persons and available programs to address those problems~~[, as identified in the report prepared pursuant to subsection (7) of this section]~~; and

(10) Cooperate with the federal government and with the governments of other states in programs relating to the aging.

➔Section 15. KRS 209.552 is amended to read as follows:

(1) Every long-term care facility shall require residents to be immunized against pneumococcal disease and influenza. Upon admission, the long-term care facility shall:

(a) Notify the resident of the requirements of this section and request that the resident agree to be immunized against pneumococcal disease and influenza virus;

(b) Assess the resident's immunization status for influenza virus and pneumococcal disease;

(c) Counsel each resident on the risks of influenza and pneumococcal disease; the efficacy, side effects, and contraindications of these immunizations; and the recommendations of the Centers for Disease Control prior to administration of the vaccines; and

(d) Provide or arrange for immunizations against pneumococcal and influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, unless medically contraindicated, if the resident or long-term care facility does not have documentation of the immunization.

(2) Every long-term care facility shall document ~~[the annual]~~immunization against influenza virus ***every influenza season, by October 15 or upon admission, whichever comes later,*** and pneumococcal immunization for each resident. Upon finding that a resident lacks either of these immunizations, the facility shall provide or arrange for the immunization in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, unless medically contraindicated.

(3) Every long-term care facility shall require each employee***, regardless of employment status,*** to be immunized against pneumococcal and influenza virus. Upon employment, the long-term care facility shall:

(a) Notify the employee of the requirements of this section and request that the employee agree to be immunized against pneumococcal disease and influenza virus;

(b) Assess the employee's immunization status for influenza virus and pneumococcal disease;

(c) Counsel each employee on the risks of influenza and pneumococcal disease; the efficacy, side effects, and contraindications of these immunizations; and the recommendations of the Centers for Disease Control prior to administration of the vaccines; and

(d) Provide or arrange for immunizations against pneumococcal and influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, unless medically contraindicated, if the employee or the long-term care facility does not have documentation of the appropriate immunizations.

(4) Every long-term care facility shall document ~~[the annual]~~immunization against influenza virus ***every influenza season, by October 15 or upon employment, whichever comes later,*** and pneumococcal immunization for each employee. Upon finding that an employee lacks either of these immunizations, the facility shall provide or arrange for immunization in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, unless medically contraindicated.

(5) The provisions of this section shall not apply if:

(a) The vaccine is medically contraindicated;

(b) The employee, resident, or resident's legal guardian objects to the immunizations due to religious beliefs; or

(c) The employee or resident refuses the vaccine after being fully informed of the health risks.

➔Section 16. KRS 209.554 is amended to read as follows:

(1) The commissioner of the department shall implement the provisions of KRS 209.550 to 209.554 through the promulgation of administrative regulations under KRS Chapter 13A.

(2) The department shall make educational literature that describes the risks of influenza and pneumococcal disease; the efficacy, side effects, and contraindications of these immunizations; and the recommendations from the Centers for Disease Control available to every long-term care facility.

(3) ~~[The department, on behalf of long-term care facilities, shall negotiate with any appropriate manufacturer of the vaccines for adult pneumococcal disease and influenza for a purchase price of the vaccines. Long-term care facilities shall be entitled to purchase the vaccines at the negotiated price for the purposes specified under KRS 209.552.~~

~~(4)]~~The commissioner of the department shall make available upon request the number of outbreaks in long-term care facilities for each year due to influenza virus and pneumococcal disease and the number of hospitalizations of long-term care facility residents due to influenza virus, pneumococcal disease, and associated complications.

➔Section 17. KRS 210.575 is amended to read as follows:

(1) There is created the Kentucky Commission on Services and Supports for Individuals with an Intellectual Disability and Other Developmental Disabilities. The commission shall consist of:

(a) The secretary ***or designee*** of the Cabinet for Health and Family Services;

(b) The commissioner ***or designee*** of the Department for Behavioral Health, Developmental and Intellectual Disabilities;

(c) The commissioner ***or designee*** of the Department for Medicaid Services;

(d) ***The commissioner or designee of the Department of Education;***

(e) The executive director of the Office of Vocational Rehabilitation;

(f) ~~[(e)]~~ The director of the University Affiliated Program at the Interdisciplinary Human Development Institute of the University of Kentucky;

(g) ~~[(f)]~~ The director of the Kentucky Council on Developmental Disabilities;

(h) ~~[(g)]~~ Two (2) members of the House of Representatives, appointed by the Speaker of the House;

(i) ~~[(h)]~~ Two (2) members of the Senate, appointed by the Senate President; and

(j) ~~[(i)]~~ Public members, appointed by the Governor as follows:

1. ***One (1) member representing families of a child with an intellectual or other developmental disability residing in the home of the family member*** ~~[Five (5) family members, at least one (1) of whom shall be a member of a family with a child with an intellectual disability or other developmental disabilities, and one (1) of whom shall be a member of a family with an adult with an intellectual disability or other developmental disabilities. Of these five (5) family members, at least two (2) shall be members of a family with an individual with an intellectual disability or other developmental disabilities residing in the home of the family member or in a community based setting, and at least two (2) shall be members of a family with an individual with an intellectual disability or other mental disabilities residing in an institutional residential facility that provides service to individuals with an intellectual disability or other developmental disabilities]~~;

2. ***One (1) member representing families of an adult with an intellectual or other developmental disability residing in the home of the family member;***

3. One (1) member representing families of an adult with an intellectual or other developmental disability residing in a community-based setting;

4. One (1) member representing families of an individual with an intellectual or other developmental disability residing in an institutional residential facility that provides services to individuals with intellectual disabilities;

5. Three (3) persons with ~~[an]~~intellectual ~~[disability]~~or other developmental disabilities;

6. ~~[3.]~~ Two (2) business leaders;

7. ~~[4.]~~ ***Two (2) providers of intellectual or other developmental disability services*** ~~[Three (3) direct service providers representing the Kentucky Association of Regional Programs and the Kentucky Association of Residential Resources]~~;~~[and]~~

8. ~~[5.]~~ ***One (1) provider of intellectual or other developmental disability services that is a regional community program for mental health or individuals with an intellectual disability established pursuant to KRS 210.370; and***

9. One (1) representative of a statewide advocacy ***organization providing education and outreach on topics associated with intellectual and other developmental disabilities*** ~~[group]~~.

The ***thirteen (13)*** ~~[six (6)]~~ appointments made under ~~[subparagraphs 1. and 2. of]~~this paragraph shall be chosen to reflect representation from each of Kentucky's six (6) congressional districts.

(2) The secretary of the Cabinet for Health and Family Services ***may*** ~~[shall]~~ serve as chair of the commission ***or the secretary may appoint his or her designee, the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities, or the commissioner's designee to serve as chair***.

(3) Members defined in subsection (1)(a) to ***(i)***~~[(h)]~~ of this section shall serve during their terms of office. All public members appointed by the Governor shall serve a four (4) year term and may be reappointed for one (1) additional four (4) year term.

(4) ***The members appointed by the Governor shall serve until their successors are appointed and qualified.***

(5) Members appointed by the Governor to fulfil a vacated position shall serve the remainder of that position's term and may be reappointed for a four (4) year term.

(6) Members described in subsection (1)(h) and (i) of this section who fail to attend fifty percent (50%) of commission meetings in a fiscal year may be recommended to the Speaker of the House or the Senate President for replacement with new members.

(7) Members appointed under subsection (1)(j) of this section shall provide advance notice, on a meeting-by-meeting basis, to the person designated by the commission chair if the member will be sending a representative.

(8) Members appointed under subsection (1)(j) of this section who fail to attend fifty percent (50%) of the commission meetings in a fiscal year may be recommended to the Governor for replacement with a new member.

(9) Members appointed under subsection (1)(j) of this section who send representatives for greater than fifty percent (50%) of the commission meetings in a fiscal year may be recommended to the Governor for replacement with a new member.

(10) All public members of the commission shall receive twenty-five dollars ($25) per day for attending each ***regularly scheduled*** meeting ***or any special meeting called by the chair***. All commission members shall be reimbursed for necessary travel and other expenses actually incurred in the discharge of duties of the commission.

➔Section 18. KRS 210.577 is amended to read as follows:

(1) The commission created in KRS 210.575 shall meet at least quarterly or upon the call of the chair, the request of four (4) or more members, or the request of the Governor.

(2) The commission shall serve in an advisory capacity to accomplish the following:

(a) Advise the Governor and the General Assembly concerning the needs of persons with ~~[an]~~intellectual ***or***~~[disability and]~~other developmental disabilities;

(b) Develop a statewide strategy to increase ***the quality and availability of*** ~~[access to]~~community-based services and supports for persons with ~~[an]~~intellectual ***or***~~[disability and]~~ other developmental disabilities~~[. The strategy shall include:~~

~~1. Identification of funding needs and related fiscal impact]~~; and

~~[2. Criteria that establish priority for services that consider timeliness and service needs;~~

~~(c) Assess the need and potential utilization of specialized outpatient clinics for medical, dental, and special therapeutic services for persons with an intellectual disability and other developmental disabilities;~~

~~(d) Evaluate the effectiveness of state agencies and public and private service providers, including nonprofit and for-profit service providers, in:~~

~~1. dissemination of information and education;~~

~~2. Providing outcome-oriented services; and~~

~~3. Efficiently utilizing available resources, including blended funding streams;~~

~~(e)]~~***(c) Review***~~[Develop a recommended comprehensive ten (10) year plan for placement of qualified persons in the most integrated setting appropriate to their needs;~~

~~(f) Recommend an effective]~~ quality assurance and consumer satisfaction ***data annually and submit recommendations that address areas of need to the Cabinet for Health and Family Services***~~[monitoring program that includes recommendations as to the appropriate role of family members, persons with an intellectual disability and other developmental disabilities, and advocates in quality assurance efforts;~~

~~(g) Develop recommendations for the implementation of a self-determination model of funding services and supports as established under KRS 205.6317(1) for persons who are receiving services or supports under the Supports for Community Living Program as of June 24, 2003. The model shall include, but is not limited to, the following:~~

~~1. The ability to establish an individual rate or budget for each person;~~

~~2. Mechanisms to ensure that each participant has the support and assistance necessary to design and implement a package of services and supports unique to the individual;~~

~~3. The ability to arrange services, supports, and resources unique to each person based upon the preferences of the recipient; and~~

~~4. The design of a system of accountability for the use of public funds.~~

~~The chairperson of the commission shall appoint an ad hoc committee composed of commission members and other interested parties to develop the recommendations required by this paragraph; and~~

~~(h) Advise the Governor and the General Assembly on whether the recommendations should be implemented by administrative regulations or proposed legislation~~].

(3) The commission shall [~~review the plan annually and shall~~] submit ***an*** annual [~~updates~~]***report describing its work over the previous year, including recommendations submitted pursuant to subsection (2)(c) of this section,*** no later than ***December***[~~ October~~] 1 to the Governor and the Legislative Research Commission.

➔Section 19. KRS 211.1752 is amended to read as follows:

(1) The Local Health Department Employment Personnel Council is hereby created. The council shall be composed of five (5) members appointed by the secretary for health and family services.

(2) Members of the council shall serve for a term of three (3) years or until successors are appointed, except that for members of the initially appointed council, two (2) members shall be appointed for one (1) year, two (2) members shall be appointed for two (2) years, and one (1) member shall be appointed for three (3) years. A member appointed to fill a vacancy occurring prior to the expiration of the term shall be appointed for the remainder of the term.

(3) The council shall elect a chairperson from its membership. Regular meetings of the council shall be held at least semiannually. Special meetings of the council may be held upon call of the chairperson or the department.

(4) The council shall be attached to the department for administrative purposes.

(5) The council shall:

(a) Advise the cabinet on administration of the local health department personnel program pursuant to KRS Chapter 212;

(b) ~~[Hear appeals from:~~

~~1. Applicants for positions for which examinations are being or have been conducted;~~

~~2. Eligible applicants on examination registers; and~~

~~3. Classified employees who have been dismissed, demoted, or suspended for cause;~~

~~(c) Hear appeals regarding discrimination in a personnel action involving an agency employee or an applicant for employment;~~

~~(d)]~~Make an annual report to the department and agency; and

(c)[~~(e)~~] Consider and act upon matters that may be referred to the council by the department.

➔Section 20. KRS 211.596 is amended to read as follows:

(1) The Pediatric Cancer Research Trust Fund Board is hereby created for the purpose of administering and distributing funds from the trust created under KRS 211.595. The board shall be composed of ***eighteen (18)***[~~nine (9)~~] members to be appointed as follows:

(a) A specialist in pediatric oncology nominated by Norton Children's Hospital to be appointed by the Governor;

(b) A specialist in pediatric oncology nominated by the University of Kentucky Children's Hospital to be appointed by the Governor;

(c) A representative nominated by Kentucky Chapters of the Leukemia and Lymphoma Society to be appointed by the Governor;

(d) A representative nominated by Kentucky offices of the American Cancer Society to be appointed by the Governor;

(e) Three (3) citizens, one (1) of whom shall be a pediatric cancer survivor, or parent thereof, to be appointed by the Governor~~[from a list of six (6) citizens nominated by Kentucky offices of the American Cancer Society]~~;

(f) The secretary of the Cabinet for Health and Family Services, or the secretary's designee;~~[and]~~

(g) The commissioner of the Department for Public Health, or the commissioner's designee***;***

(h) A pediatric oncology social worker nominated by Norton Children's Hospital to be appointed by the Governor;

(i) A pediatric oncology social worker nominated by the University of Kentucky Children's Hospital to be appointed by the Governor;

(j) Two (2) school interventionists nominated by each pediatric oncology program to be appointed by the Governor;

(k) A regional coordinator nominated by the Kentucky Cancer Registry to be appointed by the Governor;

(l) A member of the University of Kentucky Dance Blue dance team or a successor entity to be appointed by the Governor;

(m) A member of the University of Louisville Raise RED dance team or a successor entity to be appointed by the Governor; and

(n) Two (2) citizens at large to be appointed by the Governor.

(2) The board shall be attached to the Cabinet for Health and Family Services for administrative purposes.

(3) ~~[The secretary of the Cabinet for Health and Family Services shall convene the first meeting of the board within sixty (60) days of June 24, 2015.~~

~~(4)]~~Board members shall serve without compensation, but may receive reimbursement for their actual and necessary expenses incurred in the performance of their duties.

(4)~~[(5)]~~ The term of each appointed member shall be four (4) years ***and until a successor is appointed and qualified, except that initial appointments under subsection (1)(h) to (n) of this section shall be as follows:***

(a) Each dance team member appointed under subsection (1)(l) or (m) of this section shall serve a one (1) year term;

(b) Two (2) of the members appointed under subsection (1)(h), (i), (j), (k), and (n) of this section shall serve two (2) year terms;

(c) Two (2) of the members appointed under subsection (1)(h), (i), (j), (k), and (n) of this section shall serve three (3) year terms; and

(d) Three (3) of the members appointed under subsection (1)(h), (i), (j), (k), and (n) of this section shall serve four (4) year terms.

(5)~~[(6) A member whose term has expired may continue to serve until a successor is appointed and qualifies. A member who is appointed to an unexpired term shall serve the rest of the term and until a successor is appointed and qualifies. A member may serve two (2) consecutive four (4) year terms and shall not be reappointed for four (4) years after the completion of those terms.~~

~~(7)]~~ A majority of the full membership of the board shall constitute a quorum.

(6)~~[(8)]~~ ~~[At the first meeting,]~~The board shall elect, by majority vote, a president who shall preside at all meetings and coordinate the functions and activities of the board. The president shall be elected or reelected each ***biennium***~~[calendar year thereafter]~~.

(7)~~[(9)]~~ The board shall meet at least two (2) times annually, but may meet more frequently, as deemed necessary, subject to call by the president or by request of a majority of the board members.

➔Section 21. KRS 213.011 is amended to read as follows:

As used in this chapter, unless the context requires otherwise:

(1) ***"Abortion" means the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth. "Abortion" excludes management of prolonged retention of product of conception following fetal death;***

(2) "Cabinet" means the Cabinet for Health and Family Services;

(3)~~[(2)]~~ "Dead body" means a human body or parts of the human body from the condition of which it reasonably may be concluded that death recently occurred;

(4)~~[(3)]~~ "Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. This definition shall exclude ***abortion***~~[induced termination of pregnancy]~~;

(5)~~[(4)]~~ "File" means the presentation of a vital record provided for in this chapter for registration by the Vital Statistics Branch;

(6)~~[(5)]~~ "Final disposition" means the burial, interment, cremation, removal from the Commonwealth, or other authorized disposition of a dead body or fetus;

~~[(6) "Induced termination of pregnancy" means the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth. This definition shall exclude management of prolonged retention of product of conception following fetal death;]~~

(7) "Institution" means any establishment, public or private, which provides inpatient medical, surgical, or diagnostic care or treatment or nursing, custodial, or ***domiciliary***~~[domicilary]~~ care, or to which persons are committed by law;

(8) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy which, after the expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;

(9) "Provisional death certificate" means an interim certificate identifying the deceased and authorizing a funeral director, or person acting as such, to take custody of the body and, except for cremation, to make final disposition;

(10) "Registration" means the acceptance by the Vital Statistics Branch and the incorporation of vital records provided for in this chapter into its official records;

(11) "System of vital statistics" means the registration, collection, preservation, amendment, and certification of vital records and the collection of other reports required by this chapter;

(12) "Secretary" means the secretary for health and family services;

(13) "Sudden infant death syndrome" means the death of an ostensibly healthy child who is two (2) weeks of age or older but less than three (3) years of age, which occurs suddenly and unexpectedly, with no known or apparent cause, and which remains unexplained after the performance of an autopsy;

(14) "Vital records" means certificates or reports of birth, death, ***stillbirth***~~[fetal death]~~, marriage, dissolution of marriage, or annulment, and data related thereto;

(15) "Vital statistics" means the data derived from certificates and reports of birth, death, ***stillbirth, abortion***~~[fetal death, induced termination of pregnancy]~~, marriage, dissolution of marriage, and related reports;

(16) "Certificate" means the certificate of birth, death, ***stillbirth***~~[fetal death]~~, marriage, dissolution of marriage, or annulment as required by this chapter;

(17) "Office" means the Office for Children with Special Health Care Needs;

(18) "Hard of hearing infant" means a child at birth with a significant hearing loss which prevents the acquisition of speech and language through normal channels; and

(19) "Hearing risk certificate" means the certificate that includes questions which identify newborn babies with a higher risk than normal for hearing loss.

➔Section 22. KRS 213.031 is amended to read as follows:

The state registrar, under the supervision of the commissioner of health, shall:

(1) Administer and enforce the provisions of this chapter and the administrative regulations issued hereunder; issue instructions for the efficient administration of the system of vital statistics; direct the system and Vital Statistics Branch and be custodian of its records; supervise the activities of all persons when they are engaged in the operation of the system; and conduct training programs to promote uniformity of the system's policy and procedures throughout the Commonwealth;

(2) With the approval of the cabinet, design, furnish, and distribute forms required by this chapter and the administrative regulations issued hereunder, or prescribe other means for transmission of data to accomplish the purpose of complete and accurate reporting and registration;

(3) ~~[Coordinate and maintain in accordance with administrative regulations promulgated pursuant to this subsection, a system by which a child's Social Security number is transferred by the Vital Statistics Branch to the Department of Education after receiving parental permission for the number to be used for planning and tracking purposes by the Department of Education, local school districts, and the office. The regulations, at a minimum, shall establish a process to allow a parent or guardian when completing a certificate of birth to request that a Social Security number be assigned the child and that the number be automatically transmitted to the Department of Education for student identification purposes;~~

~~(4) ~~]Assist in preparing and publishing reports of vital statistics of the Commonwealth and other reports as required;

(4) ~~[(5)]~~ Provide to local health departments copies of or data derived from certificates and reports required under this chapter. The state registrar shall establish a schedule with each local health department for transmittal of the copies or data. The copies shall remain the property of the Vital Statistics Branch, and the uses which may be made of them and the period of their retention in the county shall be governed by the state registrar;

(5) ~~[(6)]~~ Prepare and maintain a complete continuous index of all vital records registered under this chapter and provide, at not more than two (2) year intervals, a copy of the index to each local registrar; and

(6) ~~[(7)]~~ Investigate cases of irregularity or violation of this chapter and when the cabinet deems it necessary, report violations to the Commonwealth's attorney of the proper county for prosecution.

➔Section 23. KRS 213.036 is amended to read as follows:

(1) Each county in the Commonwealth shall ***carry*** ~~[constitute a registration district for the purposes of carrying]~~ out the provisions of this chapter.

(2) The secretary ***may*** ~~[shall]~~, upon the recommendation of the state registrar, designate a local registrar in each ***county*** ~~[registration district]~~ to aid in the efficient administration of the system of vital statistics. The local registrar shall be an employee of the local health department. The designation may be revoked by the secretary.

(3) The local ***health department*** ~~[registrar]~~ may designate one (1) or more employees of the local health department as deputy registrar. The local registrar may also appoint persons as deputy registrars who are not employees of the local health department if, in the opinion of the cabinet, the appointments are necessary. All appointments shall be subject to the approval of the state registrar.

(4) The local registrar shall supply ***the Office of Vital Statistics*** ~~[blank]~~ forms ***and instructions to persons responsible for the completion of the forms*** ~~[of certificates to persons who require them. The local registrar shall carefully examine each certificate of birth or fetal death when presented for filing, to ensure the record has been properly completed. If the certificates are properly completed the local registrar shall sign as local registrar and attest to the date of filing. The local registrar shall also make a complete and accurate copy of each certificate to be filed and permanently preserved in the local registrar's office as the local record, in the manner directed by the Cabinet for Health and Family Services. When a birth or fetal death certificate filed~~

~~with a local registrar indicates the residence of the mother or the deceased to be in another county, the registrar shall mail a copy of the certificate to the local registrar of the county of residence~~].

(5) The local ***health department***[~~registrar~~] shall provide for ***declaration***[~~voluntary acknowledgment~~] of paternity services [~~in accordance with 42 U.S.C. secs. 651 et seq., ~~]and transmit original certificates and affidavits of paternity to the Vital Statistics Branch as directed by the state registrar.

➔Section 24. KRS 213.041 is amended to read as follows:

(1) In order to promote and maintain nationwide uniformity in the system of vital statistics, the forms of certificates and reports required by this chapter, or by administrative regulations adopted hereunder, shall include, as a minimum, the items recommended by the federal agency responsible for national vital statistics.

(2) Each certificate, report, and other documents required by this chapter shall be on a form or in a format prescribed by the cabinet with due consideration for national uniformity.[~~ All certificates shall be typewritten with the exception of required signatures which shall be written legibly in unfading black or blue ink.~~]

(3) No certificate shall be held to be complete and correct that does not supply all items of information called for therein or satisfactorily account for their omission, except as provided in KRS 199.570(3). If a certificate is incomplete, the ***state***[~~local~~] registrar shall immediately notify the responsible person and require that person to supply the missing items, if that information can be obtained.

(4) All vital records shall contain the data required for registration.

(5) No person shall charge or collect from any member of a family in which a birth or death occurs, any fee for completing and filing a report, or any other act or duty imposed upon them by this chapter.

➔Section 25. KRS 213.046 is amended to read as follows:

(1) A certificate of birth for each live birth which occurs in the Commonwealth shall be filed with the ***state***[~~local~~] registrar within ***five (5) working***[~~ten (10)~~] days after such birth and shall be registered if it has been completed and filed in accordance with this section ***and applicable administrative regulations***. [~~All certificates shall be typewritten. ~~]No certificate shall be held to be complete and correct that does not supply all items of information called for in this section and in KRS 213.051, or satisfactorily account for their omission except as provided in KRS 199.570(3). If a certificate of birth is incomplete, the local registrar shall immediately notify the responsible person and require that person to supply the missing items, if that information can be obtained.

(2) When a birth occurs in an institution or en route thereto, the person in charge of the institution or that person's designated representative, shall obtain the personal data, prepare the certificate, secure the signatures required, and file the certificate as directed in subsection (1) of this section or as otherwise directed by the state registrar within the required ***five (5) working***[~~ten (10)~~] days. The physician or other person in attendance shall provide the medical information required for the certificate and certify to the fact of birth within ***five (5) working***[~~ten (10)~~] days after the birth. If the physician or other person in attendance does not certify to the fact of birth within the ***five (5) working***[~~ten (10)~~] day period, the person in charge of the institution shall complete and sign the certificate.

(3) When a birth occurs in a hospital or en route thereto to a woman who is unmarried, the person in charge of the hospital or that person's designated representative shall immediately before or after the birth of a child, except when the mother or the alleged father is a minor:

(a) Meet with the mother prior to the release from the hospital;

(b) Attempt to ascertain whether the father of the child is available in the hospital, and, if so, to meet with him, if possible;

(c) Provide written materials and oral, audio, or video materials about paternity;

(d) Provide ***the unmarried mother, and, if possible, the father, with the voluntary paternity form***[~~forms~~] necessary to voluntarily establish paternity;

(e) Provide a written and an oral, audio, or video description of the rights and responsibilities, the alternatives to, and the legal consequences of acknowledging paternity;

(f) Provide written materials and information concerning genetic paternity testing;

(g) Provide an opportunity to speak by telephone or in person with staff who are trained to clarify information and answer questions about paternity establishment;

(h) If the parents wish to acknowledge paternity, require the voluntary acknowledgment of paternity obtained through the hospital-based program be signed by both parents and be authenticated by a notary public;

(i) ~~[Provide the unmarried mother, and, if possible, the father, with the affidavit of paternity form;~~

~~(j)]~~Upon both the mother's and father's request, help the mother and father in completing the affidavit of paternity form;

(j) ~~[(k)]~~ Upon both the mother's and father's request, transmit the affidavit of paternity to the ***state*** ~~[local]~~ registrar ~~[in the county in which the birth occurred]~~; and

(k) ~~[(l)]~~ In the event that the mother or the alleged father is a minor, information set forth in this section shall be provided in accordance with Civil Rule 17.03 of the Kentucky Rules of Civil Procedure.

If the mother or the alleged father is a minor, the paternity determination shall be conducted pursuant to KRS Chapter 406.

(4) The voluntary acknowledgment ~~[ ]~~of ~~[ ]~~paternity ***and declaration of paternity*** forms designated by the Vital Statistics Branch shall be the only documents having the same weight and authority as a judgment of paternity.

(5) The Cabinet for Health and Family Services shall:

(a) Provide to all public and private birthing hospitals in the state written materials in accessible formats and audio or video materials concerning paternity establishment forms necessary to voluntarily acknowledge paternity;

(b) Provide copies of a written description in accessible formats and an audio or video description of the rights and responsibilities of acknowledging paternity; and

(c) Provide staff training, guidance, and written instructions regarding voluntary acknowledgment of paternity as necessary to operate the hospital-based program.

(6) When a birth occurs outside an institution, ***verification of the birth shall be in accordance with the requirements of the state registrar and a birth*** ~~[the]~~ certificate shall be prepared and filed by one (1) of the following in the indicated order of priority:

(a) The physician in attendance at or immediately after the birth; or, in the absence of such a person***;*** ~~[,]~~

(b) ***A midwife or*** any other person in attendance at or immediately after the birth; or, in the absence of such a person***; or*** ~~[,]~~

(c) The father, the mother, or in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred or of the institution to which the child was admitted following the birth.

(7) No physician, midwife, or other attendant shall refuse to sign or delay the filing of a birth certificate.

(8) If a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in the Commonwealth, the birth shall be registered in the Commonwealth, and the place where the child is first removed shall be considered the place of birth. If a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in the Commonwealth, the birth shall be registered in the Commonwealth, but the certificate shall show the actual place of birth insofar as can be determined.

(9) The following provisions shall apply if the mother was married at the time of either conception or birth or anytime between conception and birth:

(a) If there is no dispute as to paternity, the name of the husband shall be entered on the certificate as the father of the child. The surname of the child shall be any name chosen by the parents; however, if the parents are separated or divorced at the time of the child's birth, the choice of surname rests with the parent who has legal custody following birth.

(b) If the mother claims that the father of the child is not her husband and the husband agrees to such a claim and the putative father agrees to the statement, a three (3) way affidavit of paternity may be signed by the respective parties and duly notarized. The state registrar of vital statistics shall enter the

name of a nonhusband on the birth certificate as the father and the surname of the child shall be any name chosen by the mother.

(c) If a question of paternity determination arises which is not resolved under paragraph (b) of this subsection, it shall be settled by the District Court.

(10) The following provisions shall apply if the mother was not married at the time of either conception or birth or between conception and birth or the marital relationship between the mother and her husband has been interrupted for more than ten (10) months prior to the birth of the child:

(a) The name of the father shall not be entered on the certificate of birth. The state registrar shall upon acknowledgment of paternity by the father and with consent of the mother pursuant to KRS 213.121, enter the father's name on the certificate. The surname of the child shall be any name chosen by the mother and father. If there is no agreement, the child's surname shall be determined by the parent with legal custody of the child.

(b) If an affidavit of paternity has been properly completed and the certificate of birth has been filed accordingly, any further modification of the birth certificate regarding the paternity of the child shall require an order from the District Court.

(c) In any case in which paternity of a child is determined by a court order, the name of the father and surname of the child shall be entered on the certificate of birth in accordance with the finding and order of the court.

(d) In all other cases, the surname of the child shall be any name chosen by the mother.

(11) If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate. In all cases, the maiden name of the gestational mother shall be entered on the certificate.

(12) Any child whose surname was restricted prior to July 13, 1990, shall be entitled to apply to the state registrar for an amendment of a birth certificate showing as the surname of the child, any surname chosen by the mother or parents as provided under this section.

(13) The birth certificate of a child born as a result of artificial insemination shall be completed in accordance with the provisions of this section.

(14) Each birth certificate filed under this section shall include all Social Security numbers that have been issued to the parents of the child.

(15) Either of the parents of the child, or other informant, shall attest to the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within ten (10) days prescribed in subsection (1) of this section.

(16) When a birth certificate is filed for any birth that occurred outside an institution, the Cabinet for Health and Family Services shall forward information regarding the need for an auditory screening for an infant and a list of options available for obtaining an auditory screening for an infant. The list shall include the Office for Children with Special Health Care Needs, local health departments as established in KRS Chapter 212, hospitals offering obstetric services, alternative birthing centers required to provide an auditory screening under KRS 216.2970, audiological assessment and diagnostic centers approved by the Office for Children with Special Health Care Needs in accordance with KRS 211.647 and licensed audiologists, and shall specify the hearing methods approved by the Office for Children with Special Health Care Needs in accordance with KRS 216.2970.

➔Section 26. KRS 213.047 is amended to read as follows:

The Cabinet for Health and Family Services shall pay the sum of ten dollars ($10) to an institution ***or local health department*** for each completed affidavit-of-paternity form returned to the ***state***~~[local]~~ registrar by the institution ***or local health department***, pursuant to KRS 213.046, limited to the appropriated funds for the purpose of KRS 213.046.

➔Section 27. KRS 213.051 is amended to read as follows:

(1) The person who assumes the custody of a live-born infant of unknown parentage shall report on a form and in a manner prescribed by the state registrar within ***five (5) working***~~[ten (10)]~~ days to the Cabinet for Health and Family Services the following information:

(a) The date and place of finding;

(b) Sex~~[, color or race,]~~ and approximate birth date of child;

(c) Name and address of the person or institution with which the child has been placed for care;

(d) Name given to the child by the custodian of the child; and

(e) Other data as required by the state registrar to complete a birth certificate.

(2) The place where the child was found shall be entered as the place of birth.

(3) A report registered under this section shall constitute the certificate of birth for the child.

(4) If the child is identified and a certificate of birth is found or obtained, the report registered under this section shall be placed in a special file and shall not be subject to inspection except upon order of a Circuit Court.

➔Section 28. KRS 213.071 is amended to read as follows:

(1) The state registrar shall establish a new certificate of birth for a person born in the Commonwealth when the state registrar receives the following:

(a) A report of adoption as provided in KRS 213.066 or a report of adoption prepared and filed in accordance with the laws of another state or foreign country or a certified copy of the decree of adoption, together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth; or

(b) A request that a new certificate be established as prescribed by administrative regulation and the evidence as required by administrative regulation proving that the person has been legitimated, or that a court of competent jurisdiction has determined the paternity of the person, or that both parents have acknowledged the paternity of the person in which case the surname of the child shall be changed in accordance with KRS 213.046.

(2) If paternity is determined in a court action, the clerk shall report the findings of the court to the state registrar on forms prescribed and furnished for that purpose. The reports shall be made no later than the fifteenth of the month following the date of the order.

(3) If a new certificate is established, the actual place and date of birth shall be shown except in the case of adoption. If the adopted child is under eighteen (18) years of age, the birth certificate shall not contain any information revealing the child is adopted and shall show the adoptive parent or parents as the natural parent or parents of the child. The new birth certificate, when issued, shall not contain the place of birth, hospital, or name of the doctor or midwife. This information shall be given only by an order of the court in which the child was adopted. If the child was born in the Commonwealth, the new birth certificate shall show the residence of the adoptive parents as the birthplace of the child, and this shall be deemed for all legal purposes to be the birthplace of the child.

(4) The new certificate shall be substituted for the original certificate of birth in the files, and the original certificate of birth and the evidence of adoption, paternity determination, or paternity acknowledgment shall not be subject to inspection except upon order of a court of competent jurisdiction.

(5) If any judgment under this section is reversed, amended, modified, or vacated in any particular, the clerk of the court shall notify the state registrar of the reversal or modification, and the state registrar shall make the changes, if any, in the records as may be necessary by the reversal or modification, or if the voluntary acknowledgment of paternity pursuant to KRS 213.046(4) is rescinded, the state registrar shall make the changes, if any, in the records as may be necessary by the reversal, modification, or rescission of the voluntary acknowledgment of paternity.

(6) If a new certificate of birth is established by the state registrar, all copies of the original certificate of birth on file ~~[in the local health department]~~shall be sealed~~[and forwarded to the state registrar as the state registrar shall direct]~~.

(7) If no birth certificate is on file for an adopted child born in Kentucky, the state registrar shall prepare a certificate of birth in accordance with information furnished by the clerk of the Circuit Court which issued the adoption order. The state registrar shall furnish the clerks of the Circuit Courts the necessary forms to carry out the provisions of this section.

➔Section 29. KRS 213.076 is amended to read as follows:

(1) (a) A certificate of death or a provisional certificate of death for each death which occurs in the Commonwealth shall be filed with the cabinet or as otherwise directed by the state registrar prior to final disposition, and it shall be registered if it has been completed and filed in accordance with this section. The funeral director, or person acting as such, who first takes custody of a dead body shall be responsible for filing the certificate of death. The funeral director, or person acting as such, shall obtain the required personal and statistical particulars from the person best qualified to supply them over the signature and address of the informant. Effective January 1, 2015, all certificates of death shall be filed with the cabinet using the Kentucky Electronic Death Registration System in a manner directed by the state registrar.

(b) At the time of obtaining the required personal and statistical particulars from the informant referred to in paragraph (a) of this subsection, the funeral director, or person acting as such, shall ask the informant if the deceased ever served in the military. If the informant answers in the affirmative, then the funeral director, or person acting as such, shall provide the informant with a fact sheet stating military burial rights supplied by the Kentucky Department of Veterans' Affairs.

(c) The funeral director, or person acting as such, shall within five (5) days of the death, present the certificate to the attending physician, advanced practice registered nurse, or physician assistant, if any, to the physician pronouncing death, or to the health officer or coroner as directed by the state registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as required by this chapter.

(d) It shall be unlawful for an institution to release a dead human body until the funeral director, or person acting as such, has completed and filed with the local registrar or person in charge of the institution, a provisional certificate of death. If death occurs outside an institution, the provisional certificate shall be filed with the local registrar by the funeral director, or person acting as such, prior to final disposition of the dead body. A copy of the provisional certificate of death signed by the person with whom it was filed, shall constitute authority for the possession, transportation, and, except for cremation, final disposition of the body.

(e) All persons having in their possession a completed provisional certificate of death shall file the certificate at not more than weekly intervals with the local registrar.

(f) If the place of death is unknown but the dead body is found in the Commonwealth, the certificate of death shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation subject to amendment upon completion of any postmortem examination required to be performed.

(g) If death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in Kentucky, and the place where it is first removed shall be considered the place of death. If a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space, and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in Kentucky, but the certificate shall show the actual place of death insofar as can be determined.

(2) If any certificate of death is incomplete or unsatisfactory, the state registrar shall call attention to the defects in the certificate and require the person responsible for the entry to complete or correct. The state registrar may also require additional information about the circumstances and medical conditions surrounding a death in order to properly code and classify the underlying cause. A funeral director shall not be held responsible for the failure of a physician, advanced practice registered nurse, physician assistant, dentist, chiropractor, or coroner to complete or correct the entry for which he or she is responsible.

(3) The medical certification shall be completed, signed, and returned to the funeral director within five (5) working days after presentation to the physician, advanced practice registered nurse, physician assistant, dentist, or chiropractor in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by KRS 72.400 to 72.475. In such cases, or if the cause of death is unknown or under investigation, the cause of death shall be shown as such on the certificate. A supplemental report providing the medical information omitted from the original certificate shall be filed by the certifier with the state registrar within five (5) days after receiving results of the inquiry as required by KRS 72.400 to 72.475. The supplemental report shall be made a part of the existing death certificate. This report shall be considered an amendment, and the death certificate shall be marked "Amended." In the absence of the physician, advanced practice registered nurse, physician assistant, dentist, or chiropractor, or with such person's approval,

the certificate may be completed and signed by his associate physician, advanced practice registered nurse, physician assistant, dentist, or chiropractor, or the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, or a physician, advanced practice registered nurse, or physician assistant employed by the local health department, if the individual has access to the medical history of the case and death is due to natural causes.

(4) If death occurs more than thirty-six (36) hours after the decedent was last treated or attended by a physician, advanced practice registered nurse, physician assistant, dentist, or chiropractor, the case shall be referred to the coroner for investigation to determine and certify the cause of death. In the event that a coroner is not available to sign the certificate and there is no duly appointed deputy, the county judge/executive shall appoint a competent person to investigate the death and certify to its cause.

(5) (a) The physician, advanced practice registered nurse, physician assistant, dentist, chiropractor, or coroner who certifies to the cause of death shall return the certificate to the funeral director, or person acting as such, who, in turn, shall file the certificate directly with the Vital Statistics Branch. Any certified copies of the record requested at the time of filing shall be issued in not more than two (2) working days.

(b) In the case of a death in which diabetes was known to be an underlying cause or contributing condition, diabetes shall be listed in the appropriate location on the death certificate by the physician, advanced practice registered nurse, physician assistant, dentist, chiropractor, or coroner who certifies to the cause of death.

(6) ~~[The Vital Statistics Branch shall provide self-addressed, color-coded envelopes for the funeral homes in the Commonwealth of Kentucky.~~

~~(7)]~~Three (3) free verification-of-death statements shall be provided to the funeral director by the Vital Statistics Branch for every death in the Commonwealth of Kentucky.

(7) ~~[(8)]~~ The body of any person whose death occurs in Kentucky shall not be interred, deposited in a vault or tomb, cremated, or otherwise disposed of, or removed from or into any registration district, until a provisional certificate of death has been filed with the local registrar of the registration district in which the death occurs. If the death occurred from a disease declared by the Cabinet for Health and Family Services to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be granted by the registrar except under conditions prescribed by the Cabinet for Health and Family Services and the local health department. The Cabinet for Health and Family Services shall identify by regulation those communicable diseases which require blood and body fluid precautions. If a person who has been diagnosed as being infected with a communicable disease for which blood and body fluid precautions are required, dies within a health facility as defined in KRS 216B.015, the facility shall notify any embalmer or funeral director to whom the body will be transported of the need for such precautions. The notice shall be provided by including the statement "Blood and Body Fluid Precautions" on the provisional report-of-death form as prescribed by the Cabinet for Health and Family Services. Lack of this notice shall not relieve any embalmer or funeral director from taking universal blood and body fluid precautions as are recommended by the United States Department of Health and Human Services, Centers for Disease Control for Morticians' Services. No embalmer or funeral director shall charge more for embalming the remains of a person with a communicable disease which requires blood and body fluid precautions than the price for embalming services listed on the price list funeral providers are required to maintain and provide to consumers pursuant to 16 C.F.R. Sec. 453.2 (1988).

(8) ~~[(9)]~~ A burial-transit permit for the final disposition issued under the law of another state which accompanies a dead body or fetus brought into the Commonwealth shall be the authority for final disposition of the body or fetus in the Commonwealth and may be accepted in lieu of a certificate of death. There shall be noted on the face of the record made for return to the local registrar that the body was shipped to Kentucky for interment and the actual place of death.

(9) ~~[(10)]~~ Nothing in this section shall be construed to delay, beyond a reasonable time, the interment or other disposition of a body unless the services of the coroner or the health officer are required or the Department for Public Health deems it necessary for the protection of the public health. If compliance with this section would result in unreasonable delay in the disposition of the body the funeral director, or person acting as such, shall file with the local registrar or deputy registrar prior to interment a provisional certificate of death which shall contain the name, date, and place of death of the deceased, the name of the medical certifier, and an agreement to furnish within ten (10) days a complete and satisfactory certificate of death.

(10) ~~[(11)]~~ No sexton or other person in charge of any place in which interment or other disposition of dead bodies is made shall inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by a copy of the provisional certificate of death. The sexton, or if there is no sexton, the funeral director, or person acting as such, shall enter on the provisional certificate over his signature, the date, place, and manner of final disposition and file the certificate within five (5) days with the local registrar.

(11) ~~[(12)]~~ Authorization for disinterment, transportation, and reinterment or other disposition shall be required prior to disinterment of any human remains. The authorization shall be issued by the state registrar upon proper application. The provisions of this subsection shall apply to all manners of disposition except cremation and without regard for the time and place of death. The provisions of KRS 381.765 shall not apply to remains removed for scientific study and the advancement of knowledge.

(12) ~~[(13)]~~ After a death certificate has been on file for five (5) years, it may not be changed in any manner except upon order of a court. Prior to that time, requests for corrections, amendments, or additions shall be accompanied by prima facie evidence which supports the requested change.

➔Section 30. KRS 213.096 is amended to read as follows:

(1) Each fetal death of twenty (20) completed weeks' gestation or more, calculated from the date last normal menstrual period began to the date of delivery or in which the fetus weighs three hundred fifty (350) grams or more, which occurs in the Commonwealth, shall be reported on a combination birth-death ***or stillbirth*** certificate in accordance with applicable provisions of KRS 213.046 and KRS 213.076. If the fetal death occurs in a hospital, the person in charge of the institution or the person's designated representative shall complete the ***stillbirth*** certificate, obtain the medical certification, and file the certificate with the ***state*** ~~[local]~~ registrar.

(2) The name of the father shall be entered on the ***stillbirth certificate*** ~~[fetal death report]~~ in accordance with the provisions of KRS 213.046.

(3) All ***abortions*** ~~[induced terminations of pregnancy]~~ shall be reported in the manner prescribed in KRS 213.101 and shall not be reported as ***stillbirths*** ~~[fetal deaths]~~.

➔Section 31. KRS 213.101 is amended to read as follows:

(1) (a) Each abortion as defined in ***Section 21 of this Act*** ~~[KRS 311.720]~~ which occurs in the Commonwealth, regardless of the length of gestation, shall be reported to the Vital Statistics Branch by the person in charge of the institution within fifteen (15) days after the end of the month in which the abortion occurred. If the abortion was performed outside an institution, the attending physician shall prepare and file the report within fifteen (15) days after the end of the month in which the abortion occurred.

(b) The report shall include all the information the physician is required to certify in writing or determine under KRS 311.731, 311.7704, 311.7705, 311.7706, 311.7707, 311.774, 311.782, and 311.783, but shall not include information which will identify the physician, woman, or man involved.

(c) If a person other than the physician described in this subsection makes or maintains a record required by KRS 311.7704, 311.7705, 311.7706, or 311.7707 on the physician's behalf of at the physician's direction, that person shall comply with the reporting requirement described in this subsection as if the person were the physician.

(2) Each prescription issued for RU-486, cytotec, pitocin, mifeprex, misoprostol, or any other drug or combination of drugs for which the primary indication is the induction of abortion as defined in ***Section 21 of this Act*** ~~[KRS 311.720]~~ shall be reported to the Vital Statistics Branch within fifteen (15) days after the end of the month in which the prescription was issued as required by KRS 311.774, but the report shall not include information which will identify the woman involved or anyone who may be picking up the prescription on behalf of the woman.

(3) The name of the person completing the report and the reporting institution shall not be subject to disclosure under KRS 61.870 to 61.884.

(4) By September 30 of each year, the Vital Statistics Branch shall issue a public report that provides statistics on all data collected, including the type of abortion procedure used, for the previous calendar year compiled from all of the reports covering that calendar year submitted to the cabinet in accordance with this section for each of the items listed in subsections (1) and (2) of this section. Each annual report shall also provide statistics for all previous calendar years in which this section was in effect, adjusted to reflect any additional information from late or corrected reports. The Vital Statistics Branch shall ensure that none of the information included in

the report could reasonably lead to the identification of any pregnant woman upon whom an abortion was performed or attempted. Each annual report shall be made available on the cabinet's Web site.

(5) (a) Any person or institution who fails to submit a report by the end of thirty (30) days following the due date set in subsections (1) and (2) of this section shall be subject to a late fee of five hundred dollars ($500) for each additional thirty (30) day period or portion of a thirty (30) day period the report is overdue.

(b) Any person or institution who fails to submit a report, or who has submitted only an incomplete report, more than one (1) year following the due date set in subsections (1) and (2) of this section, may in a civil action brought by the Vital Statistics Branch be directed by a court of competent jurisdiction to submit a complete report within a time period stated by court order or be subject to contempt of court.

(c) Failure by any physician to comply with the requirements of this section, other than filing a late report, or to submit a complete report in accordance with a court order shall subject the physician to KRS 311.595.

(6) Intentional falsification of any report required under this section is a Class A misdemeanor.

(7) The Vital Statistics Branch shall promulgate administrative regulations in accordance with KRS Chapter 13A to assist in compliance with this section.

➔Section 32. KRS 213.156 is amended to read as follows:

The provisions of this chapter shall apply to all certificates of birth, death, marriage, divorce, ***stillbirth, and abortion***~~[fetal death and induced termination of pregnancy]~~ previously received by the Vital Statistics Branch and in the custody of the state registrar or any ***health department***~~[local registrar]~~.

➔Section 33. KRS 214.160 is amended to read as follows:

(1) Every physician and every other person legally permitted to engage in attendance upon a pregnant woman in this state shall take or cause to be taken from the woman a specimen of blood for serological test for syphilis as soon as he is engaged to attend the woman and has reasonable grounds for suspecting that pregnancy exists. If the woman is in labor at the time the diagnosis of pregnancy is made, which may make it inadvisable to obtain a blood specimen at that time, the specimen shall be obtained within ten (10) days after delivery. The specimen of blood shall be submitted to the laboratory of the Cabinet for Health and Family Services or a laboratory approved by the cabinet for the purpose of having made a serological test for syphilis. The test shall be of a type approved by the Cabinet for Health and Family Services.

(2) The Cabinet for Health and Family Services shall, as often as necessary, publish a list of the five (5) most frequently abused substances, including alcohol, by pregnant women in the Commonwealth. Any physician and any other person legally permitted to engage in attendance upon a pregnant woman in this state may perform a screening for alcohol or substance dependency or abuse, including a comprehensive history of such behavior. Any physician may administer a toxicology test to a pregnant woman under the physician's care within eight (8) hours after delivery to determine whether there is evidence that she has ingested alcohol, a controlled substance, or a substance identified on the list provided by the cabinet, or if the woman has obstetrical complications that are a medical indication of possible use of any such substance for a nonmedical purpose.

(3) Any physician or person legally permitted to engage in attendance upon a pregnant woman may administer to each newborn infant born under that person's care a toxicology test to determine whether there is evidence of prenatal exposure to alcohol, a controlled substance, or a substance identified on the list provided by the Cabinet for Health and Family Services, if the attending person has reason to believe, based on a medical assessment of the mother or the infant, that the mother used any such substance for a nonmedical purpose during the pregnancy.

(4) The circumstances surrounding any positive toxicology finding shall be evaluated by the attending person to determine if abuse or neglect of the infant, as defined under KRS 600.020(1), ***shall be reported to the state's child protective services agency***~~[has occurred and whether investigation by the Cabinet for Health and Family Services is necessary]~~.

(5) ***An infant affected by substance abuse withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder shall be reported to the state's child protective services agency in accordance with 42 U.S.C. sec. 5106a.***

(6) No prenatal screening for alcohol or other substance abuse or positive toxicology finding shall be used as prosecutorial evidence.

(7)~~[(6)]~~ No person shall conduct or cause to be conducted any toxicological test pursuant to this section on any pregnant woman without first informing the pregnant woman of the purpose of the test.

(8)~~[(7)]~~ Every physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall take or cause to be taken from the woman a specimen of blood which shall be submitted for the purpose of serologic testing for the presence of hepatitis B surface antigen to a laboratory certified by the United States Department for Health and Human Services pursuant to Section 333 of the Public Health Service Act (42 U.S.C. sec. 263a), as revised by the Clinical Laboratory Improvement Amendments (CLIA), Pub.L. 100-578.

(9)~~[(8)]~~ (a) Every physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall take or cause to be taken from the woman a specimen of blood which shall be submitted for the purpose of serologic testing for the presence of hepatitis C virus antibodies and RNA in the blood.

(b) The results of this testing shall be recorded by the physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth, in:

1. The permanent medical record of the woman; and

2. The permanent medical record of the child or children she was pregnant with at the time of the testing after the child or children are born.

(c) If the woman receives a test result that shows she is positive for hepatitis C virus antibodies or RNA, the physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall orally inform and clearly document the woman or the legal guardian of the child or children she was pregnant with at the time of the testing, that it is recommended that serologic testing for the presence of hepatitis C virus antibodies and confirmation RNA in the blood be conducted on the child or children she was pregnant with at the time of the testing at the twenty-four (24) month recommended well baby pediatric check-up.

➔Section 34. KRS 214.554 is amended to read as follows:

(1) There is established within the department a Breast Cancer Screening Program for the purposes of:

(a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and

(b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities.

(2) Services provided under the Breast Cancer Screening Program may be undertaken by private contract for services or operated by the department and may include the purchase, maintenance, and staffing of a truck, a van, or any other vehicle suitably equipped to perform breast cancer screening. The program may also provide referral services for the benefit of women for whom further examination or treatment is indicated by the breast cancer screening.

(3) The department may adopt a schedule of income-based fees to be charged for the breast cancer screening. The schedule shall be determined to make screening available to the largest possible number of women throughout the Commonwealth. The department shall, where practical, collect any available insurance proceeds or other reimbursement payable on behalf of any recipient of a breast cancer screening under KRS 214.552 to 214.556 and may adjust the schedule of fees to reflect insurance contributions. All fees collected shall be credited to the fund.

(4) The department may accept any grant or award of funds from the federal government or private sources for carrying out the provisions of KRS 214.552 to 214.556.

(5) ~~[For the purpose of developing and monitoring the implementation of guidelines for access to and the quality of the services of the Breast Cancer Screening Program, there is hereby created a Breast Cancer Advisory Committee to the commissioner of the Department for Public Health which shall include the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Health, one (1) radiologist with preference~~

~~given to one who has been fellowship trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor.~~

~~(6) [~~The commissioner of the Department for Public Health~~[, in consultation with the Breast Cancer Advisory Committee,]~~ shall provide data and analysis upon request on the:

(a) Implementation and outcome from the Breast Cancer Screening Program including, by geographic region, numbers of persons screened, numbers of cancers detected, referrals for treatment, and reductions in breast cancer morbidity and mortality;

(b) Development of quality assurance guidelines, including timetables, for breast cancer screening under this section, and monitoring of the manner and effect of implementation of those guidelines; and

(c) Funds appropriated, received, and spent for breast cancer control by fiscal year.

➔Section 35. KRS 216.2920 is amended to read as follows:

As used in KRS 216.2920 to 216.2929, unless the context requires otherwise:

(1) "Ambulatory facility" means ***an outpatient facility, including an ambulatory surgical facility, freestanding birth center, freestanding or mobile technology unit, or an urgent treatment center, that is not part of a hospital and that provides one (1) or more***~~[a facility, including an ambulatory surgical facility, ambulatory care clinic, alternative birth center, mobile health service, or a specialized medical technology service, which is not part of a hospital, and which is licensed pursuant to KRS Chapter 216B, and which provides one (1) or more major]~~ ambulatory procedures to patients not requiring hospitalization;

(2) "Cabinet" means the Cabinet for Health and Family Services;

(3) "Charge" means all amounts billed by a hospital or ambulatory facility, including charges for all ancillary and support services or procedures, prior to any adjustment for bad debts, charity contractual allowances, administrative or courtesy discounts, or similar deductions from revenue. However, if necessary to achieve comparability of information between providers, charges for the professional services of hospital-based or ambulatory-facility-based physicians shall be excluded from the calculation of charge;

(4) "Facility" means any hospital***, health care service,*** or other health care facility, whether operated for profit or not~~[, required to be licensed pursuant to KRS Chapter 216B]~~;

(5) "Health-care provider" or "provider" means any ~~[facility and service required to be licensed pursuant to KRS Chapter 216B,]~~pharmacist as defined pursuant to KRS Chapter 315, and any of the following independent practicing practitioners:

(a) Physicians, osteopaths, and podiatrists licensed pursuant to KRS Chapter 311;

(b) Chiropractors licensed pursuant to KRS Chapter 312;

(c) Dentists licensed pursuant to KRS Chapter 313;

(d) Optometrists licensed pursuant to KRS Chapter 320;

(e) Physician assistants regulated pursuant to KRS Chapter 311;

(f) Nurse practitioners licensed pursuant to KRS Chapter 314; and

(g) Other health-care practitioners as determined by the Cabinet for Health and Family Services by administrative regulation promulgated pursuant to KRS Chapter 13A;

(6) "Hospital" means a facility licensed pursuant to KRS Chapter 216B as either an acute-care hospital, psychiatric hospital, rehabilitation hospital, or chemical dependency treatment facility;

(7) "Procedures" means those surgical, medical, radiological, diagnostic, or therapeutic procedures performed by a provider, as periodically determined by the cabinet in administrative regulations promulgated pursuant to KRS Chapter 13A as those for which reports to the cabinet shall be required. "Procedures" also includes procedures that are provided in hospitals or other ~~[licensed]~~ambulatory facilities, or those ***that***~~[which]~~ require the use of special equipment, including fluoroscopic equipment, computer tomographic scanners, magnetic resonance imagers, mammography, ultrasound equipment, or any other new technology as periodically determined by the cabinet;

(8) "Quality" means the extent to which a provider renders care ***that***~~[which]~~ obtains for patients optimal health outcomes; and

(9) "Secretary" means the secretary of the Cabinet for Health and Family Services.

➔Section 36. KRS 216.2925 is amended to read as follows:

(1) The Cabinet for Health and Family Services shall establish by promulgation of administrative regulations pursuant to KRS Chapter 13A~~[, no later than January 1, 1995,]~~ those data elements required to be submitted to the cabinet by all ~~[licensed]~~hospitals and ambulatory facilities, including a timetable for submission and acceptable data forms. ***Each***~~[Thereafter, every]~~ hospital and ambulatory facility shall be required to report on a quarterly basis information regarding the charge for and quality of the procedures and health-care services performed therein, and as stipulated by administrative regulations promulgated pursuant to KRS Chapter 13A. The cabinet shall accept data ***that***~~[which]~~, at the option of the provider**,** is submitted through a third party, including but not limited to organizations involved in the processing of claims for payment, so long as the data elements conform to the requirements established by the cabinet. The cabinet may conduct statistical surveys of a sample of hospitals, ambulatory facilities, or other providers in lieu of requiring the submission of information by all hospitals, ambulatory facilities, or providers. On at least a biennial basis, the cabinet shall conduct a statistical survey that addresses the status of women's health, specifically including data on patient age, ethnicity, geographic region, and payor sources. The cabinet shall rely on data from readily available reports and statistics whenever possible.

(2) The cabinet shall require for submission to the cabinet by any group of providers, except for physicians providing services or dispensaries, first aid stations, or clinics located within business or industrial establishments maintained solely for the use of their employees, including those categories within the definition of provider contained in KRS 216.2920 and any further categories determined by the cabinet, at the beginning of each fiscal year after January 1, 1995, and within the limits of the state, federal, and other funds made available to the cabinet for that year, and as provided by cabinet promulgation of administrative regulations pursuant to KRS Chapter 13A, the following:

(a) A list of medical conditions, health services, and procedures for which data on charge, quality, and outcome shall be collected and published;

(b) A timetable for filing information provided for under paragraph (a) of this subsection on a quarterly basis;

(c) A list of data elements that are necessary to enable the cabinet to analyze and disseminate risk-adjusted charge, quality, and outcome information, including mortality and morbidity data;

(d) An acceptable format for data submission ***that***~~[which]~~ shall include use of the uniform:

1. Health claim form pursuant to KRS 304.14-135 or any other universal health claim form to be determined by the cabinet if in the form of hard copy; or

2. Electronic submission formats as required under the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. sec. 300gg et seq., in the form of magnetic computer tape, computer diskettes, or other electronic media through an electronic network;

(e) Procedures to allow health-care providers at least thirty (30) days to review information generated from any data required to be submitted by them, with any reports generated by the cabinet to reflect valid corrections by the provider before the information is released to the public; and

(f) Procedures pertaining to the confidentiality of data collected.

(3) The cabinet shall coordinate but not duplicate its data-gathering activities with other data-collection activities conducted by the Department of Insurance, as well as other state and national agencies ***that***~~[which]~~ collect health-related service, utilization, quality, outcome, financial, and health-care personnel data, and shall review all administrative regulations promulgated pursuant to KRS 216.2920 to 216.2929 to prevent duplicate filing requirements. The cabinet shall periodically review the use of all data collected under KRS 216.2920 to 216.2929 to assure its use is consistent with legislative intent.

(4) The cabinet shall conduct outcome analyses and effectiveness studies and prepare other reports pertaining to issues involving health-care charges and quality.

(5) The cabinet may independently audit any data required to be submitted by providers as needed to corroborate the accuracy of the submitted data. Any audit may be at the expense of the cabinet and shall, to the extent practicable, be coordinated with other audits performed by state agencies.

(6) The cabinet may initiate activities set forth in subsection (1) or (2) of this section at any time after July 15, 1996.

(7) The Cabinet for Health and Family Services shall collect all data elements under this section using only the uniform health insurance claim form pursuant to KRS 304.14-135, the Professional 837 (ASC X12N 837) format, the Institutional 837 (ASC X12N 837) format, or its successor as adopted by the Centers for Medicare and Medicaid Services.

➔Section 37. KRS 216.2980 is amended to read as follows:

(1) Any provider of hospice, palliative care, or end-of-life services shall have written policies and procedures for the deactivation or sequestration and disposal of Schedule II, III, IV, or V controlled substances prescribed to a patient when a prescription is discontinued or upon the patient's death by the entity or person pronouncing the death.

(2) Any provider of hospice, palliative care, or end-of-life services shall provide a copy of the written policy and procedures for the management and the deactivation or sequestration and disposal of Schedule II, III, IV, or V controlled substances prescribed to a patient when a prescription is discontinued or upon the patient's death, to the patient or the patient's legal representative, and the provider shall discuss the policy and procedures with the patient or the patient's legal representative. The patient or the patient's legal representative shall be requested to sign an agreement to this policy.

(3) In an effort to reduce illegal diversion of Schedule II, III, IV, or V controlled substances, the agreement to the written policy and procedures required under subsection (2) of this section shall inform the patient or the patient's legal representative that if the patient or the patient's legal representative refuses to agree to the deactivation or sequestration and disposal when a prescription is discontinued or upon the death of the patient, local law enforcement ~~[or the Department for Public Health]~~shall be notified of the refusal by the hospice, palliative care, or end-of-life services provider or the entity or person pronouncing death.

(4) The deactivation or sequestration and disposal of Schedule II, III, IV, or V controlled substances prescribed to a patient when a prescription is discontinued or upon the patient's death shall be completed by the entity or person pronouncing death and witnessed by an adult. The witness shall sign a statement that he or she witnessed the deactivation or sequestration and disposal.

(5) The deactivation or sequestration and disposal methods of Schedule II, III, IV, or V controlled substances used by the entity or person pronouncing death shall comply with the United States Food and Drug Administration's recommendations for the safe disposal of unused medicines or shall be another safe deactivation or sequestration and disposal method.

➔Section 38. KRS 222.231 is amended to read as follows:

(1) The cabinet shall issue for a term of one (1) year, and may renew for like terms, a license, subject to revocation by it for cause, to any persons, other than a substance use disorder program that has been issued a license by the cabinet entitled "Chemical Dependency Treatment Services" pursuant to KRS 216B.042 or a department, agency, or institution of the federal government, deemed by it to be responsible and suitable to establish and maintain a program and to meet applicable licensure standards and requirements.

(2) The cabinet shall promulgate administrative regulations pursuant to KRS Chapter 13A establishing requirements and standards for licensing agencies and approving programs. The requirements and standards shall include:

(a) The health and safety standards to be met by a facility housing a program;

(b) Patient care standards and minimum operating, training, and maintenance of patient records standards;

(c) Licensing fees, application, renewal and revocation procedures, and the procedures for evaluation of the substance use disorder programs; and

(d) Classification of substance use disorder programs according to type, range of services, and level of care provided.

(3) The cabinet may establish different requirements and standards for different kinds of programs, and may impose stricter requirements and standards in contracts with agencies made pursuant to KRS 222.221.

(4) Each agency shall be individually licensed or approved.

(5) Each agency shall file with the cabinet from time to time, the data, statistics, schedules, or information the cabinet may reasonably require for the purposes of this section.

(6) (a) The cabinet shall have authority to deny, revoke, or modify a license in any case in which it finds that there has been a substantial failure to comply with the provisions of this chapter or the administrative regulations promulgated thereunder. The denial, revocation, or modification shall be effected by providing to the applicant or licensee, by certified mail or other method of delivery, which may include electronic service, a notice setting forth the particular reasons for the action. The denial, revocation, or modification shall become final and conclusive thirty (30) days after notice is given, unless the applicant or licensee, within this thirty (30) day period, files a request in writing for a hearing before the cabinet.

(b) If the cabinet has probable cause to believe that there is an immediate threat to public health, safety, or welfare, the cabinet may issue an emergency order to suspend the license. The emergency order to suspend the license shall be provided to the licensee, by certified mail or other method delivery, which may include electronic service, a notice setting forth the particular reasons for the action.

(7) Any person required to comply with an emergency order issued under subsection (6) of this section may request an emergency hearing within five (5) calendar days of receipt of the notice to determine the propriety of the order. The cabinet shall conduct an emergency hearing within ten (10) working days of the request for a hearing. Within five (5) working days of completion of the hearing, the cabinet's hearing officer shall render a written decision affirming, modifying, or revoking the emergency order. The emergency order shall be affirmed if there is substantial evidence of a violation of law that constitutes an immediate danger to public health, safety, or welfare. The decision rendered by the hearing officer shall be a final order of the cabinet on the matter, and any party aggrieved by the decision may appeal to the Franklin Circuit Court.

(8) If the cabinet issues an emergency order, the cabinet shall take action to revoke the facility's license if:

(a) The facility fails to submit a written request for an emergency hearing within five (5) calendar days of receipt of the notice; or

(b) The decision rendered under subsection (7) of this section affirms that there is substantial evidence of an immediate danger to public health, safety, or welfare.

(9) (a) The cabinet, after holding a hearing conducted by a hearing officer appointed by the secretary and conducted in accordance with KRS Chapter 13B, may refuse to grant, suspend, revoke, limit, or restrict the applicability of or refuse to renew any agency license or approval of programs for any failure to meet the requirements of its administrative regulations or standards concerning a licensed agency and its program.

(b) Within five (5) working days of completion of a hearing on an emergency suspension or within thirty (30) calendar days from the conclusion of a hearing on the denial, revocation or modification of a license, the findings and recommendations of the hearing officer shall be transmitted to the cabinet, with a synopsis of the evidence contained in the record and a statement of the basis of the hearing officer's findings.

(c) A petition for judicial review shall be made to the Franklin Circuit Court in accordance with KRS Chapter 13B.

(10) No person, excepting a substance use disorder program that has been issued a license by the cabinet entitled "Chemical Dependency Treatment Services" pursuant to KRS 216B.042 or a department, agency, or institution of the federal government, shall operate a program without a license pursuant to this section.

(11) Each program operated by a licensed agency shall be subject to visitation and inspection by the cabinet and the cabinet shall inspect each agency prior to granting~~[or renewing]~~ a license. ***The cabinet shall inspect each nonaccredited agency at least annually thereafter. If an agency is fully accredited by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, or other nationally recognized accrediting organization with comparable standards, the cabinet shall inspect the agency at least every two (2) years.*** The cabinet may examine the books and accounts of any program if it deems the examination necessary for the purposes of this section.

(12) The director may require agencies that contract with the Commonwealth pursuant to KRS 222.221 to admit as an inpatient or outpatient any person to be afforded treatment pursuant to this chapter, subject to service and bed availability and medical necessity.

(13) The cabinet shall promulgate administrative regulations pursuant to KRS Chapter 13A governing the extent to which programs may be required to treat any person on an inpatient or outpatient basis pursuant to this chapter, except that no licensed hospital with an emergency service shall refuse any person suffering from acute alcohol or other drug intoxication or severe withdrawal syndrome from emergency medical care.

(14) All narcotic treatment programs shall be licensed under this section prior to operation. The cabinet shall promulgate administrative regulations pursuant to KRS Chapter 13A to establish additional standards of operation for narcotic treatment programs. The administrative regulations shall include minimum requirements in the following areas:

(a) Compliance with relevant local ordinances and zoning requirements;

(b) Submission of a plan of operation;

(c) Criminal records checks for employees of the narcotic treatment program;

(d) Conditions under which clients are permitted to take home doses of medications;

(e) Drug screening requirements;

(f) Quality assurance procedures;

(g) Program director requirements;

(h) Qualifications for the medical director for a narcotic treatment program, who at a minimum shall:

1. Be a board-eligible psychiatrist licensed to practice in Kentucky and have three (3) years' documented experience in the provision of services to individuals with a substance use disorder; or

2. Be a physician licensed to practice in Kentucky and be board certified as an addiction medicine specialist;

(i) Security and control of narcotics and medications;

(j) Program admissions standards;

(k) Treatment protocols;

(l) Treatment compliance requirements for program clients;

(m) Rights of clients; and

(n) Monitoring of narcotic treatment programs by the cabinet.

➔Section 39. KRS 205.6317 is amended to read as follows:

(1) As used in this section:

(a) "Supports for Community Living Waiver Program" means funding from the Department for Medicaid Services to serve individuals with an intellectual disability or other developmental disabilities who qualify for intermediate care and choose to live in a community-based setting and includes funding for a self-determination model~~[, as recommended by the Commission on Services and Supports for Individuals with an Intellectual Disability and Other Developmental Disabilities under KRS 210.577(2),]~~ that provides the ability for the individual receiving services and supports to personally control, with appropriate assistance, a targeted amount of dollars; and

(b) "Slots" means the dedication of provider or financial resources for services to persons with an intellectual disability or other developmental disabilities.

(2) The Department for Medicaid Services shall develop and implement flexible reimbursement and payment strategies that reflect the individually determined needs for services and supports by persons with an intellectual disability and other developmental disabilities participating in the Supports for Community Living Waiver Program.

(3) The Department for Medicaid Services shall allocate slots to the fourteen (14) community mental health regions based on percentage of total population.

(4) The Department for Medicaid Services shall reallocate underutilized slots to address statewide needs and shall reallocate slots in emergency situations to address unmet needs for services and supports.

(5) The Department for Medicaid Services shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement the requirements of this section.

(6) Funds for the Supports for Community Living Waiver Program shall be appropriated only for direct services to qualified individuals and any unexpended funds shall not lapse but shall be carried forward to the next fiscal year and shall be used for the same purpose.

➔Section 40. KRS 304.14-617 is amended to read as follows:

(1) Any long-term care policy, issued on or after June 21, 2001, which provides coverage for assisted living benefits shall cover services received in any assisted living community ***that***~~[which]~~:

(a) Meets the requirements of KRS 194A.700 to 194A.729 and any administrative regulations promulgated under KRS 194A.700 to 194A.729; and

(b) Meets any additional requirements of an assisted living community set forth in the long-term care policy approved by the commissioner.

(2) Any long-term care policy, issued on or after June 21, 2001 ***but before the effective date of this Act***, which provides coverage for adult day care services shall cover services received in any adult day care facility ***that***~~[which]~~:

(a) Meets the requirements of KRS ~~[205.950 or]~~216B.0443 and any administrative regulations promulgated under KRS ~~[205.950 or]~~216B.0443; and

(b) Meets any additional requirements of an adult day care center set forth in the long-term care policy approved by the commissioner.

(3) Any long-term care policy, issued on or after the effective date of this Act, that provides coverage for adult day health care services, shall cover services received in any adult day health care facility that:

(a) Meets the requirements of KRS 216B.0441 and 216B.0443 and any administrative regulations promulgated under KRS 216B.0441 and 216B.0443; and

(b) Meets any additional requirements of an adult day health care center set forth in the long-term care policy approved by the commissioner.

➔Section 41. KRS 304.14-675 is amended to read as follows:

(1) Any short-term nursing home insurance policy issued on or after July 15, 2002, which provides coverage for assisted living benefits shall cover services received in any assisted living community which:

(a) Meets the requirements of KRS 194A.700 to 194A.729 and any administrative regulations promulgated under KRS 194A.700 to 194A.729; and

(b) Meets any additional requirements of an assisted living community set forth in the short-term nursing home insurance policy approved by the commissioner.

(2) Any short-term nursing home insurance policy issued on or after July 15, 2002***, but before the effective date of this Act***, which provides coverage for adult day care services shall cover services received in any adult day care facility ***that***~~[which]~~:

(a) Meets the requirements of KRS ~~[205.950 or]~~216B.0443 and any administrative regulations promulgated under KRS ~~[205.950 or]~~216B.0443; and

(b) Meets any additional requirements of an adult day care center set forth in the short-term nursing home insurance policy approved by the commissioner.

(3) Any short-term nursing home insurance policy issued on or after the effective date of this Act, that provides coverage for adult day health care services, shall cover services received in any adult day health care facility that:

(a) Meets the requirements of KRS 216B.0441 and 216B.0443 and any administrative regulations promulgated under KRS 216B.0441 and 216B.0443; and

(b) Meets any additional requirements of an adult day health care center set forth in the short-term nursing home insurance policy approved by the commissioner.

➔Section 42. KRS 342.375 is amended to read as follows:

Every policy or contract of workers' compensation insurance under this chapter, issued or delivered in this state, shall cover the entire liability of the employer for compensation to each employee subject to this chapter, except as otherwise provided in KRS ~~[216.2960,]~~342.020, 342.345, or 342.352. However, if specifically authorized by the commissioner, a separate insurance policy may be issued for a specified plant or work location if the liability of the employer under this chapter to each employee subject to this chapter is otherwise secured and provided that no employee transferred from one plant or work location to another within the employment of the same employer shall thereby lose any benefit rights accumulated under the average weekly wage concept.

➔Section 43. KRS 605.120 is amended to read as follows:

(1) The cabinet is authorized to expend available funds to provide for the board, lodging, and care of children who would otherwise be placed in foster care or who are placed by the cabinet in a foster home or boarding home, or may arrange for payments or contributions by any local governmental unit, or public or private agency or organization, willing to make payments or contributions for such purpose. The cabinet may accept any gift, devise, or bequest made to it for its purposes.

(2) The cabinet shall establish a reimbursement system, within existing appropriation amounts, for foster parents that comes as close as possible to meeting the actual cost of caring for foster children. The cabinet shall consider providing additional reimbursement for foster parents who obtain additional training, and foster parents who have served for an extended period of time. In establishing a reimbursement system, the cabinet shall, to the extent possible within existing appropriation amounts, address the additional cost associated with providing care to children with exceptional needs.

(3) The cabinet shall review reimbursement rates paid to foster parents ~~[on a biennial basis]~~and shall issue a report ***upon request***~~[in October of each odd-numbered year to the Child Welfare Oversight and Advisory Committee established in KRS 6.943]~~ comparing the rates paid by Kentucky to the figures presented in the Expenditures on Children by Families Annual Report prepared by the United States Department of Agriculture and the rates paid to foster parents by other states. To the extent that funding is available, reimbursement rates paid to foster parents shall be increased on an annual basis to reflect cost of living increases.

(4) The cabinet is encouraged to develop pilot projects both within the state system and in collaboration with private child caring agencies to test alternative delivery systems and nontraditional funding mechanisms.

(5) (a) The cabinet shall track and analyze data on relative and fictive kin caregiver placements. The data shall include but not be limited to:

1. Demographic data on relative and fictive kin caregivers and children in their care;
2. Custodial options selected by the relative and fictive kin caregivers;
3. Services provisioned to relative and fictive kin caregivers and children in their care; and
4. Permanency benchmarks and outcomes for relative and fictive kin caregiver placements.

(b) By September 30, 2020, and upon request thereafter, the cabinet shall submit a report to the Governor, the Chief Justice of the Supreme Court, and the director of the Legislative Research Commission for distribution to the Child Welfare Oversight and Advisory Committee and the Interim Joint Committee on Health and Welfare and Family Services relating to the data tracking and analysis established in this subsection.

(6) Foster parents shall have the authority, unless the cabinet determines that the child's religion, race, ethnicity, or national origin prevents it, to make decisions regarding haircuts and hairstyles for foster children who are in their care for thirty (30) days or more.

➔Section 44. The following KRS sections are repealed:

194.245 Construction and operation of new facilities, beginning August 1, 1990 -- Transfer of ownership and administration.

194A.140 Special subcommittees of the Public Health Services Advisory Council or of the Institute for Aging.

194A.145 Legislative findings and declarations.

194A.146 Statewide Strategic Planning Committee for Children in Placement -- Membership -- Plans -- Review -- Information Systems -- Study of changes in child welfare delivery -- Annual report.

194A.200 Compensation and expenses of members of the Public Health Services Advisory Council and the Institute for Aging -- Members of citizens' councils not public officers.

199.8992 Development of statewide network of community-based child-care resource and referral services -- Awarding of contracts.

200.662 District early intervention committee -- Membership -- Duties.

205.217 Long-term care case management demonstration.

205.950 Certification of adult day care centers.

205.955 Unannounced inspection of adult day care centers.

211.215 Program for decontamination of bird roosts.

211.400 Kentucky Physicians Care Program -- Provision of primary health care services to eligible individuals -- Volunteer networks -- Advisory committees.

211.402 Application for services from Kentucky Physicians Care Program -- Referral by Department for Community Based Services -- Fee for services prohibited.

216.2960 Pilot projects for twenty-four hour health coverage -- Authority for administrative regulations.

216.370 Definition of "physician extender."

216.375 Long-range strategic plan requirement -- Technical assistance -- Office of Rural Health.

216.750 Definitions for KRS 216.750 to 216.780.

216.760 Functions of cabinet.

216.770 Nursing home and personal care home loan fund.

216.780 Regulations.

216.800 Definitions for KRS 216.800 to 216.853.

216.803 Kentucky Health and Geriatric Authority.

216.805 Powers of authority.

216.807 Agreements by authority for financing of projects.

216.810 Leases by authority, contents.

216.813 Revenue bonds -- Issuance by authority -- Sale -- Use of proceeds -- Temporary bonds.

216.815 Bonds not debt of Commonwealth.

216.817 Bonds may be secured by trust indenture.

216.820 Enforcement of rights under bonds.

216.823 Bonds as legal investments.

216.825 Revenue refunding bonds, issuance.

216.827 Proceeds of bonds are trust funds.

216.830 Property, income and bonds exempt from taxation.

216.833 Acquisition of property by purchase or eminent domain -- Title -- Possession, how obtained.

216.835 Lessee to maintain project.

216.837 Political subdivisions may lease or convey to authority without formality.

216.840 Conveyance of project to lessee, when authorized.

216.843 Compensation for damage to private property.

216.845 Kentucky Health and Geriatric Authority revenue bond guarantee fund -- How made up -- Use of -- Payments on default.

216.847 Annual report of authority.

216.850 Officers or agents of authority not to have conflicting interest -- Penalty.

216.853 Applicability of other laws.

216B.021 Authorization for two 120-bed nursing homes in western and eastern Kentucky.

216B.022 Establishment of nursing facility beds under pilot program for post-acute transitional care dependent upon long-term care bed need calculations for county in state health plan -- Sunset.

216B.182 Conversion of licensed nursing home beds to licensed intermediate care facility beds between July 1, 2004, and September 1, 2005.

216B.459 Medicaid reimbursement.

219.390 State Advisory Committee on Manufactured Home, Mobile Home, and Recreational Vehicle Communities -- Membership -- Terms -- Compensation.

620.157 Appeal of cabinet's determination that child should not be returned home.

Signed by Governor March 27, 2020.