

CHAPTER 25**(HB 387)**

AN ACT relating to reorganization.

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

➔Section 1. KRS 12.550 is amended to read as follows:

- (1) The Governor's Council on Wellness and Physical Activity is hereby established and authorized to operate the Governor's Wellness and Physical Activity Program, Inc. for the purpose of establishing and implementing a health, wellness, and fitness program for Kentucky and to promote a healthy lifestyle for all citizens of the Commonwealth. The Governor's Council on Wellness and Physical Activity shall be attached to the Department for Public Health for administrative purposes.
 - (a) The ex officio members of the Governor's Council on Wellness and Physical Activity shall be as follows:
 1. The Governor or the Governor's designee from the executive cabinet;
 2. The secretary of the Cabinet for Health and Family Services or designee;
 3. The secretary of the Personnel Cabinet or designee;
 4. The secretary of the Education and Labor Cabinet;
 5. The Senate co-chair of the Interim Joint Committee on Health ~~Services~~~~and Welfare~~ of the General Assembly; and
 6. The House co-chair of the Interim Joint Committee on Health ~~Services~~~~and Welfare~~ of the General Assembly.
 - (b) In addition to the ex officio members, the Governor shall appoint five (5) council members to serve three (3) year terms on the Governor's Council on Wellness and Physical Activity. Members appointed by the Governor may be reappointed by the Governor to serve successive terms. In making appointments, the Governor shall attempt to include individuals from different geographic regions of the Commonwealth of Kentucky. The Governor shall make appointments to fill vacancies as they occur. Each appointment after the initial appointment shall be for a three (3) year term unless the appointment is to fill the unexpired portion of a term.
 - (c) The Governor or, if so designated by the Governor, the chairman of the council shall have the authority to hire, fire, and manage all personnel of the Governor's Wellness and Physical Activity Program, Inc., including the executive director.
 - (d) The council shall administer funds appropriated or gifts, donations, or funds received from any source. The council may expend funds in its discretion to carry out the intent of KRS 12.020, 12.023, and 12.550.
 - (e) The council shall closely coordinate with the Department for Public Health to establish policies and procedures.
 - (f) The council shall select from its membership a chairman and any other officers it considers essential. The council may have committees and subcommittees as determined by the council.
 - (g) The council shall make recommendations to the Governor and secretary of the Cabinet for Health and Family Services.
 - (h) The council shall meet quarterly or more often as necessary for the conduct of its business. A majority of the members shall constitute a quorum for the transaction of business. Members' designees shall have voting privileges at committee meetings.
 - (i) Members of the council shall serve without compensation but shall be reimbursed for their necessary travel expenses actually incurred in the discharge of their duties on the council, subject to Finance and Administration Cabinet administrative regulations.
 - (j) The council may establish working groups as necessary.

- (k) The council shall establish the Governor's Wellness and Physical Activity Program, Inc. pursuant to the requirements in KRS 12.020, 12.023, and 12.550.
- (2) Funds appropriated for purposes of the program shall not lapse at the end of the fiscal year.
- (3) (a) The Governor's Wellness and Physical Activity Program, Inc. shall follow standard accounting practices and shall submit the following financial reports to the Office of the Governor, the Finance and Administration Cabinet, and the Legislative Research Commission:
 1. Quarterly reports of expenditures of state funds, submitted on or before the thirtieth day after the end of each quarter in the corporation's fiscal year;
 2. Annual reports of receipts and expenditures for the Governor's Wellness and Physical Activity Program, Inc., submitted on or before the sixtieth day after the end of the fiscal year of the corporation; and
 3. The report of an annual financial audit conducted by an independent auditor, submitted on or before September 1 of each year.
- (b) The Governor's Wellness and Physical Activity Program, Inc. shall file quarterly reports with the Office of the Governor and the Legislative Research Commission. The report shall include a detail of the operations of the program for the preceding year. The report shall include information concerning the participant demographics, number of incentives distributed, and program outcomes according to such measures of success as the board may adopt.

➔Section 2. KRS 21A.190 is amended to read as follows:

- (1) The General Assembly respectfully requests that the Supreme Court of Kentucky institute a pilot project to study the feasibility and desirability of the opening or limited opening of court proceedings, except for proceedings related to sexual abuse, to the public which are related to:
 - (a) Dependency, neglect, and abuse proceedings under KRS Chapter 620; and
 - (b) Termination of parental rights proceedings under KRS Chapter 625.
- (2) (a) The pilot project may be established in a minimum of three (3) diverse judicial districts or judicial circuits or a division or divisions thereof chosen by the Chief Justice.
- (b) A pilot project authorized by this subsection shall not be established in a judicial district or judicial circuit or a division thereof when objected to by the applicable judge or county attorney.
- (3) The pilot project shall:
 - (a) Require participating courts to be presumptively open;
 - (b) Last for four (4) years, unless extended or limited by the General Assembly; and
 - (c) Be monitored and evaluated by the Administrative Office of the Courts to determine:
 1. Whether there are adverse effects resulting from the opening of certain proceedings or release of records;
 2. Whether the pilot project demonstrates a benefit to the litigants;
 3. Whether the pilot project demonstrates a benefit to the public;
 4. Whether the pilot project supports a determination that such proceedings should be presumptively open;
 5. Whether the pilot project supports a determination that such proceedings should be closed;
 6. How open proceedings under the pilot project impact the child;
 7. The parameters and limits of the program;
 8. Suggestions for the operation and improvement of the program;
 9. Rules changes which may be needed if the program is to be made permanent and expanded to all courts; and
 10. Recommendations for statutory changes which may be needed if the program is to be made permanent and expanded to all courts.

- (4) The Administrative Office of the Courts:
- (a) Shall provide an annual report to the Legislative Research Commission and the Interim Joint Committee on Judiciary by September 1 of each year the program is in operation with statistics, findings, and recommendations; and
 - (b) May make periodic progress reports and statistical reports and provide suggestions to the Interim Joint Committee on *Families and Children*~~Health and Welfare~~ and to the Interim Joint Committee on Judiciary when determined necessary by the Chief Justice.

➔Section 3. KRS 164.020 is amended to read as follows:

The Council on Postsecondary Education in Kentucky shall:

- (1) Develop and implement the strategic agenda with the advice and counsel of the Strategic Committee on Postsecondary Education. The council shall provide for and direct the planning process and subsequent strategic implementation plans based on the strategic agenda as provided in KRS 164.0203;
- (2) Revise the strategic agenda and strategic implementation plan with the advice and counsel of the committee as set forth in KRS 164.004;
- (3) Develop a system of public accountability related to the strategic agenda by evaluating the performance and effectiveness of the state's postsecondary system. The council shall prepare a report in conjunction with the accountability reporting described in KRS 164.095, which shall be submitted to the committee, the Governor, and the General Assembly by December 1 annually. This report shall include a description of contributions by postsecondary institutions to the quality of elementary and secondary education in the Commonwealth;
- (4) Review, revise, and approve the missions of the state's universities and the Kentucky Community and Technical College System. The Council on Postsecondary Education shall have the final authority to determine the compliance of postsecondary institutions with their academic, service, and research missions;
- (5) Establish and ensure that all postsecondary institutions in Kentucky cooperatively provide for an integrated system of postsecondary education. The council shall guard against inappropriate and unnecessary conflict and duplication by promoting transferability of credits and easy access of information among institutions;
- (6) Engage in analyses and research to determine the overall needs of postsecondary education and adult education in the Commonwealth;
- (7) Develop plans that may be required by federal legislation. The council shall for all purposes of federal legislation relating to planning be considered the "single state agency" as that term may be used in federal legislation. When federal legislation requires additional representation on any "single state agency," the Council on Postsecondary Education shall establish advisory groups necessary to satisfy federal legislative or regulatory guidelines;
- (8)
 - (a) Determine tuition and approve the minimum qualifications for admission to the state postsecondary educational system. In defining residency, the council shall classify a student as having Kentucky residency if the student met the residency requirements at the beginning of his or her last year in high school and enters a Kentucky postsecondary education institution within two (2) years of high school graduation. In determining the tuition for non-Kentucky residents, the council shall consider the fees required of Kentucky students by institutions in adjoining states, the resident fees charged by other states, the total actual per student cost of training in the institutions for which the fees are being determined, and the ratios of Kentucky students to non-Kentucky students comprising the enrollments of the respective institutions, and other factors the council may in its sole discretion deem pertinent, except that the Kentucky Community and Technical College System may assess a mandatory student fee not to exceed eight dollars (\$8) per credit hour to be used exclusively for debt service on amounts not to exceed seventy-five percent (75%) of the total projects cost of the Kentucky Community and Technical College System agency bond projects included in 2014 Ky. Acts ch. 117, Part II, J., 11.
 - (b) The Kentucky Community and Technical College System mandatory fee established in this subsection shall only be used for debt service on agency bond projects.
 - (c) Any fee established as provided by this subsection shall cease to be assessed upon the retirement of the project bonds for which it services debt.

- (d) Prior to the issuance of any bonds, the Kentucky Community and Technical College System shall certify in writing to the secretary of the Finance and Administration Cabinet that sufficient funds have been raised to meet the local match equivalent to twenty-five percent (25%) of the total project cost;
- (9) Devise, establish, and periodically review and revise policies to be used in making recommendations to the Governor for consideration in developing recommendations to the General Assembly for appropriations to the universities, the Kentucky Community and Technical College System, and to support strategies for persons to maintain necessary levels of literacy throughout their lifetimes. The council has sole discretion, with advice of the Strategic Committee on Postsecondary Education and the executive officers of the postsecondary education system, to devise policies that provide for allocation of funds among the universities and the Kentucky Community and Technical College System;
- (10) Lead and provide staff support for the biennial budget process as provided under KRS Chapter 48, in cooperation with the committee;
- (11)
 - (a) Except as provided in paragraph (b) of this subsection, review and approve all capital construction projects covered by KRS 45.750(1)(f), including real property acquisitions, and regardless of the source of funding for projects or acquisitions. Approval of capital projects and real property acquisitions shall be on a basis consistent with the strategic agenda and the mission of the respective universities and the Kentucky Community and Technical College System.
 - (b) The organized groups that are establishing community college satellites as branches of existing community colleges in the counties of Laurel, Leslie, and Muhlenberg, and that have substantially obtained cash, pledges, real property, or other commitments to build the satellite at no cost to the Commonwealth, other than operating costs that shall be paid as part of the operating budget of the main community college of which the satellite is a branch, are authorized to begin construction of the satellite on or after January 1, 1998;
- (12) Require reports from the executive officer of each institution it deems necessary for the effectual performance of its duties;
- (13) Ensure that the state postsecondary system does not unnecessarily duplicate services and programs provided by private postsecondary institutions and shall promote maximum cooperation between the state postsecondary system and private postsecondary institutions. Receive and consider an annual report prepared by the Association of Independent Kentucky Colleges and Universities stating the condition of independent institutions, listing opportunities for more collaboration between the state and independent institutions and other information as appropriate;
- (14) Establish course credit, transfer, and degree components as required in KRS 164.2951;
- (15) Define and approve the offering of all postsecondary education technical, associate, baccalaureate, graduate, and professional degree, certificate, or diploma programs in the public postsecondary education institutions. The council shall expedite wherever possible the approval of requests from the Kentucky Community and Technical College System board of regents relating to new certificate, diploma, technical, or associate degree programs of a vocational-technical and occupational nature. Without the consent of the General Assembly, the council shall not abolish or limit the total enrollment of the general program offered at any community college to meet the goal of reasonable access throughout the Commonwealth to a two (2) year course of general studies designed for transfer to a baccalaureate program. This does not restrict or limit the authority of the council, as set forth in this section, to eliminate or make changes in individual programs within that general program;
- (16) Eliminate, in its discretion, existing programs or make any changes in existing academic programs at the state's postsecondary educational institutions, taking into consideration these criteria:
 - (a) Consistency with the institution's mission and the strategic agenda;
 - (b) Alignment with the priorities in the strategic implementation plan for achieving the strategic agenda;
 - (c) Elimination of unnecessary duplication of programs within and among institutions; and
 - (d) Efforts to create cooperative programs with other institutions through traditional means, or by use of distance learning technology and electronic resources, to achieve effective and efficient program delivery;

- (17) Ensure the governing board and faculty of all postsecondary education institutions are committed to providing instruction free of discrimination against students who hold political views and opinions contrary to those of the governing board and faculty;
- (18) Review proposals and make recommendations to the Governor regarding the establishment of new public community colleges, technical institutions, and new four (4) year colleges;
- (19) Postpone the approval of any new program at a state postsecondary educational institution, unless the institution has met its equal educational opportunity goals, as established by the council. In accordance with administrative regulations promulgated by the council, those institutions not meeting the goals shall be able to obtain a temporary waiver, if the institution has made substantial progress toward meeting its equal educational opportunity goals;
- (20) Ensure the coordination, transferability, and connectivity of technology among postsecondary institutions in the Commonwealth including the development and implementation of a technology plan as a component of the strategic agenda;
- (21) Approve the teacher education programs in the public institutions that comply with standards established by the Education Professional Standards Board pursuant to KRS 161.028;
- (22) Constitute the representative agency of the Commonwealth in all matters of postsecondary education of a general and statewide nature which are not otherwise delegated to one (1) or more institutions of postsecondary learning. The responsibility may be exercised through appropriate contractual relationships with individuals or agencies located within or without the Commonwealth. The authority includes but is not limited to contractual arrangements for programs of research, specialized training, and cultural enrichment;
- (23) Maintain procedures for the approval of a designated receiver to provide for the maintenance of student records of the public institutions of higher education and the colleges as defined in KRS 164.945, and institutions operating pursuant to KRS 165A.310 which offer collegiate level courses for academic credit, which cease to operate. Procedures shall include assurances that, upon proper request, subject to federal and state laws and regulations, copies of student records shall be made available within a reasonable length of time for a minimum fee;
- (24) Monitor and transmit a report on compliance with KRS 164.351 to the director of the Legislative Research Commission for distribution to the *Interim Joint Committee on Families and Children* ~~Health and Welfare Committee~~;
- (25)
 - (a) Develop in cooperation with each public university and the Kentucky Community and Technical College System a comprehensive orientation and education program for new members of the council and the governing boards and continuing education opportunities for all council and board members. For new members of the council and institutional governing boards, the council shall:
 1. Ensure that the orientation and education program comprises six (6) hours of instruction time and includes but is not limited to information concerning the roles of the council and governing board members, the strategic agenda and the strategic implementation plan, and the respective institution's mission, budget and finances, strategic plans and priorities, institutional policies and procedures, board fiduciary responsibilities, legal considerations including open records and open meetings requirements, ethical considerations arising from board membership, and the board member removal and replacement provisions of KRS 63.080;
 2. Establish delivery methods by which the orientation and education program can be completed in person or electronically by new members within one (1) year of their appointment or election;
 3. Provide an annual report to the Governor and Legislative Research Commission of those new board members who do not complete the required orientation and education program; and
 4. Invite governing board members of private colleges and universities licensed by the Council on Postsecondary Education to participate in the orientation and education program described in this subsection;
 - (b) Offer, in cooperation with the public universities and the Kentucky Community and Technical College System, continuing education opportunities for all council and governing board members; and

- (c) Review and approve the orientation programs of each public university and the Kentucky Community and Technical College System for their governing board members to ensure that all programs and information adhere to this subsection;
- (26) Develop a financial reporting procedure to be used by all state postsecondary education institutions to ensure uniformity of financial information available to state agencies and the public;
- (27) Select and appoint a president of the council under KRS 164.013;
- (28) Employ consultants and other persons and employees as may be required for the council's operations, functions, and responsibilities;
- (29) Promulgate administrative regulations, in accordance with KRS Chapter 13A, governing its powers, duties, and responsibilities as described in this section;
- (30) Prepare and present by January 31 of each year an annual status report on postsecondary education in the Commonwealth to the Governor, the Strategic Committee on Postsecondary Education, and the Legislative Research Commission;
- (31) Consider the role, function, and capacity of independent institutions of postsecondary education in developing policies to meet the immediate and future needs of the state. When it is found that independent institutions can meet state needs effectively, state resources may be used to contract with or otherwise assist independent institutions in meeting these needs;
- (32) Create advisory groups representing the presidents, faculty, nonteaching staff, and students of the public postsecondary education system and the independent colleges and universities;
- (33) Develop a statewide policy to promote employee and faculty development in state and locally operated secondary area technology centers through the waiver of tuition for college credit coursework in the public postsecondary education system. Any regular full-time employee of a state or locally operated secondary area technology center may, with prior administrative approval of the course offering institution, take a maximum of six (6) credit hours per term at any public postsecondary institution. The institution shall waive the tuition up to a maximum of six (6) credit hours per term. The employee shall complete the Free Application for Federal Student Aid to determine the level of need and eligibility for state and federal financial aid programs. The amount of tuition waived shall not exceed the cost of tuition at the institution less any state or federal grants received, which shall be credited first to the student's tuition;
- (34) Participate with the Kentucky Department of Education, the Kentucky Board of Education, and postsecondary education institutions to ensure that academic content requirements for successful entry into postsecondary education programs are aligned with high school content standards and that students who master the high school academic content standards shall not need remedial courses. The council shall monitor the results on an ongoing basis;
- (35) Cooperate with the Kentucky Department of Education and the Education Professional Standards Board in providing information sessions to selected postsecondary education content faculty and teacher educators of the high school academic content standards as required under KRS 158.6453(2)(1);
- (36) Cooperate with the Office of the Kentucky Center for Statistics and ensure the participation of the public institutions as required in KRS 151B.133;
- (37) Pursuant to KRS 63.080, review written notices from the Governor or from a board of trustees or board of regents concerning removal of a board member or the entire appointed membership of a board, investigate the member or board and the conduct alleged to support removal, and make written recommendations to the Governor and the Legislative Research Commission as to whether the member or board should be removed; and
- (38) Exercise any other powers, duties, and responsibilities necessary to carry out the purposes of this chapter. Nothing in this chapter shall be construed to grant the Council on Postsecondary Education authority to disestablish or eliminate any college of law which became a part of the state system of higher education through merger with a state college.

➔Section 4. KRS 194A.030 is amended to read as follows:

The cabinet consists of the following major organizational units, which are hereby created:

- (1) Office of the Secretary. Within the Office of the Secretary, there shall be an Office of the Ombudsman and Administrative Review, an Office of Legal Services, an Office of Inspector General, an Office of Public

Affairs, an Office of Human Resource Management, an Office of Finance and Budget, an Office of Legislative and Regulatory Affairs, an Office of Administrative Services, an Office of Application Technology Services and an Office of Data Analytics, as follows:

- (a) The Office of the Ombudsman and Administrative Review shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and shall:
1. Investigate, upon complaint or on its own initiative, any administrative act of an organizational unit, employee, or contractor of the cabinet, without regard to the finality of the administrative act. Organizational units, employees, or contractors of the cabinet shall not willfully obstruct an investigation, restrict access to records or personnel, or retaliate against a complainant or cabinet employee;
 2. Make recommendations that resolve citizen complaints and improve governmental performance and may require corrective action when policy violations are identified;
 3. Provide evaluation and information analysis of cabinet performance and compliance with state and federal law;
 4. Place an emphasis on research and best practices, program accountability, quality service delivery, and improved governmental performance;
 5. Provide information on how to contact the office for public posting at all offices where Department for Community Based Services employees or contractors work, at any facility where a child in the custody of the cabinet resides, and to all cabinet or contracted foster parents;
 6. Report to the Office of Inspector General for review and investigation any charge or case against an employee of the Cabinet for Health and Family Services where it has cause to believe the employee has engaged in dishonest, unethical, or illegal conduct or practices related to his or her job duties; or any violation of state law or administrative regulation by any organization or individual regulated by, or contracted with the cabinet;
 7. Compile a report of all citizen complaints about programs or services of the cabinet and a summary of resolution of the complaints and submit the report upon request to the Interim Joint Committee on Health *Services and the Interim Joint Committee on Families and Children* ~~and Welfare and Family Services~~;
 8. Include oversight of administrative hearings; and
 9. Provide information to the Office of the Attorney General, when requested, related to substantiated violations of state law against an employee, a contractor of the cabinet, or a foster or adoptive parent;
- (b) The Office of Legal Services shall provide legal advice and assistance to all units of the cabinet in any legal action in which it may be involved. The Office of Legal Services shall employ all attorneys of the cabinet who serve the cabinet in the capacity of attorney, giving legal advice and opinions concerning the operation of all programs in the cabinet. The Office of Legal Services shall be headed by a general counsel who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and 12.210. The general counsel shall be the chief legal advisor to the secretary and shall be directly responsible to the secretary. The Attorney General, on the request of the secretary, may designate the general counsel as an assistant attorney general under the provisions of KRS 15.105;
- (c) The Office of Inspector General shall be headed by an inspector general who shall be appointed by the secretary with the approval of the Governor. The inspector general shall be directly responsible to the secretary. The Office of Inspector General shall be responsible for:
1. The conduct of audits and investigations for detecting the perpetration of fraud or abuse of any program by any client, or by any vendor of services with whom the cabinet has contracted; and the conduct of special investigations requested by the secretary, commissioners, or office heads of the cabinet into matters related to the cabinet or its programs;
 2. Licensing and regulatory functions as the secretary may delegate;

3. Review of health facilities participating in transplant programs, as determined by the secretary, for the purpose of determining any violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963;
 4. The duties, responsibilities, and authority pertaining to the certificate of need functions and the licensure appeals functions, pursuant to KRS Chapter 216B;
 5. The notification and forwarding of any information relevant to possible criminal violations to the appropriate prosecuting authority;
 6. The oversight of the operations of the Kentucky Health Information Exchange; and
 7. The support and guidance to health care providers related to telehealth services, including the development of policy, standards, resources, and education to expand telehealth services across the Commonwealth;
- (d) The Office of Public Affairs shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide information to the public and news media about the programs, services, and initiatives of the cabinet;
 - (e) The Office of Human Resource Management shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall coordinate, oversee, and execute all personnel, training, and management functions of the cabinet. The office shall focus on the oversight, development, and implementation of quality improvement services; curriculum development and delivery of instruction to staff; the administration, management, and oversight of training operations; health, safety, and compliance training; and equal employment opportunity compliance functions;
 - (f) The Office of Finance and Budget shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central review and oversight of budget, contract, and cabinet finances. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;
 - (g) The Office of Legislative and Regulatory Affairs shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central review and oversight of legislation, policy, and administrative regulations. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;
 - (h) The Office of Administrative Services shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide central review and oversight of procurement, general accounting including grant monitoring, and facility management. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary;
 - (i) The Office of Application Technology Services shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050. The office shall provide application technology services including central review and oversight. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary; and
 - (j) The Office of Data Analytics shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and shall identify and innovate strategic initiatives to inform public policy initiatives and provide opportunities for improved health outcomes for all Kentuckians through data analytics. The office shall provide leadership in the redesign of the health care delivery system using electronic information technology to improve patient care and reduce medical errors and duplicative services;
- (2) Department for Medicaid Services. The Department for Medicaid Services shall serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for Medicaid services shall be a person who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner for Medicaid services shall exercise authority over the Department for

Medicaid Services under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

- (3) Department for Public Health. The Department for Public Health shall develop and operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death. This shall include but not be limited to oversight of the Division of Women's Health. The Department for Public Health shall be headed by a commissioner for public health who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for public health shall be a duly licensed physician who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner shall advise the head of each major organizational unit enumerated in this section on policies, plans, and programs relating to all matters of public health, including any actions necessary to safeguard the health of the citizens of the Commonwealth. The commissioner shall serve as chief medical officer of the Commonwealth. The commissioner for public health shall exercise authority over the Department for Public Health under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;
- (4) Department for Behavioral Health, Developmental and Intellectual Disabilities. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall develop and administer programs for the prevention of mental illness, intellectual disabilities, brain injury, developmental disabilities, and substance use disorders and shall develop and administer an array of services and support for the treatment, habilitation, and rehabilitation of persons who have a mental illness or emotional disability, or who have an intellectual disability, brain injury, developmental disability, or a substance use disorder. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall be headed by a commissioner for behavioral health, developmental and intellectual disabilities who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for behavioral health, developmental and intellectual disabilities shall be by training and experience in administration and management qualified to perform the duties of the office. The commissioner for behavioral health, developmental and intellectual disabilities shall exercise authority over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;
- (5) Office for Children with Special Health Care Needs. The duties, responsibilities, and authority set out in KRS 200.460 to 200.490 shall be performed by the office. The office shall advocate the rights of children with disabilities and, to the extent that funds are available, shall ensure the administration of services for children with disabilities as are deemed appropriate by this office pursuant to Title V of the Social Security Act. The office may promulgate administrative regulations under KRS Chapter 13A as may be necessary to implement and administer its responsibilities. The duties, responsibilities, and authority of the Office for Children with Special Health Care Needs shall be performed through the office of the executive director. The executive director shall be appointed by the secretary with the approval of the Governor under KRS 12.050;
- (6) Department for Family Resource Centers and Volunteer Services. The Department for Family Resource Centers and Volunteer Services shall streamline the various responsibilities associated with the human services programs for which the cabinet is responsible. This shall include, but not be limited to, oversight of the Division of Family Resource and Youth Services Centers and Serve Kentucky. The Department for Family Resource Centers and Volunteer Services shall be headed by a commissioner who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for family resource centers and volunteer services shall be by training and experience in administration and management qualified to perform the duties of the office, shall exercise authority over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;
- (7) Department for Community Based Services. The Department for Community Based Services shall administer and be responsible for child and adult protection, violence prevention resources, foster care and adoption, permanency, and services to enhance family self-sufficiency, including child care, social services, public assistance, and family support. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;
- (8) Department for Income Support. The Department for Income Support shall be responsible for child support enforcement and disability determination. The department shall serve as the state unit as required by Title II and Title XVI of the Social Security Act, and shall have responsibility for determining eligibility for disability for those citizens of the Commonwealth who file applications for disability with the Social Security

Administration. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050; and

- (9) Department for Aging and Independent Living. The Department for Aging and Independent Living shall serve as the state unit as designated by the Administration on Aging Services under the Older Americans Act and shall have responsibility for administration of the federal community support services, in-home services, meals, family and caregiver support services, elder rights and legal assistance, senior community services employment program, the state health insurance assistance program, state home and community based services including home care, Alzheimer's respite services and the personal care attendant program, certifications of assisted living facilities, the state Council on Alzheimer's Disease and other related disorders, and guardianship services. The department shall also administer the Long-Term Care Ombudsman Program and the Medicaid Home and Community Based Waivers Participant Directed Services Option (PDS) Program. The department shall serve as the information and assistance center for aging and disability services and administer multiple federal grants and other state initiatives. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050.

➔Section 5. KRS 194A.564 is amended to read as follows:

The cabinet secretary shall designate a study group composed of personnel within the Department for Community Based Services' field services staff and any other persons deemed necessary to make recommendations regarding personnel classifications for state agency social workers. The study group shall include in its deliberations, but is not limited to, special personnel designations that would permit or require specialized personal safety training and other requirements that reflect the sometimes dangerous nature of official job duties of state agency social workers. The study group shall report its recommendations by November 15, 2007, ~~to the Governor and the Interim Joint Committees on Appropriations and Revenue and Health and Welfare.~~

➔Section 6. KRS 194A.601 is amended to read as follows:

- (1) The Office of Dementia Services is established within the cabinet. The purpose of the office is to oversee information and resources related to policy and services affecting residents of Kentucky with dementia, and the caregivers and families of the residents.
- (2) The dementia services coordinator shall be a full-time, permanent employee and shall be responsible for the staffing and operational details of the office. A report on the operations of the office shall be made to the secretary within ninety (90) days of June 29, 2021. An annual report on the operation of the office shall be made to the Interim Joint Committee on Health, ~~Welfare, and Family~~ Services by December 1 of each year.
- (3) The duties of the office shall include but not be limited to:
- (a) Creating, implementing, and updating the Kentucky Alzheimer's and Related Dementias State Plan;
 - (b) Coordinating and managing the Alzheimer's Disease and Related Disorders Advisory Council;
 - (c) Assessing and analyzing dementia-specific data collected by the cabinet, including the behavioral risk factor surveillance system, and data from other relevant departments and divisions;
 - (d) Evaluating of state-funded dementia services;
 - (e) Identifying and supporting the development of dementia-specific trainings;
 - (f) Streamlining all applicable state government services to increase efficiency and improve the quality of care in residential and home and community-based settings;
 - (g) Identifying any duplicative services to eliminate all unnecessary costs;
 - (h) Identifying and applying for grant opportunities to expand the scope of services while reducing state costs; and
 - (i) Completing other duties relevant to supporting policy development and implementation to support individuals with dementia and their family caregivers.

➔Section 7. KRS 199.665 is amended to read as follows:

- (1) As used in this section, unless the context otherwise requires;
- (a) "Cabinet" means the Cabinet for Health and Family Services;

- (b) "Performance-based contracting" means an approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve the outcomes for children; and
 - (c) "Secretary" means the secretary of the Cabinet for Health and Family Services.
- (2) The secretary shall designate a study group to make recommendations regarding the creation and implementation of performance-based contracting for licensed child-caring facilities and child-placing agencies in the Commonwealth.
 - (3) The study group shall be composed of the following members:
 - (a) The secretary;
 - (b) The commissioner for the Department for Community Based Services;
 - (c) The director of the Administrative Office of the Courts, or designee;
 - (d) The executive director of the Governor's Office of Early Childhood, or designee;
 - (e) One (1) adult who was a former foster child in the Commonwealth;
 - (f) One (1) adult who is a current or former foster parent in the Commonwealth;
 - (g) Two (2) employees of a licensed child-placing agency;
 - (h) Two (2) employees of a licensed child-caring facility; and
 - (i) Any personnel within the Department for Community Based Services that the secretary deems necessary.
 - (4) In its deliberations, the study group shall include but not be limited to analysis of improved timeliness and likelihood of permanency such as reunification, adoption, or guardianship; fewer moves for children in foster care; and reduced instances of reentry into care.
 - (5) The study group shall report its recommendations by December 1, 2018~~], to the Governor and the Interim Joint Committees on Appropriations and Revenue and Health and Welfare and Family Services~~. The study group shall cease to operate after the delivery of the recommendations required by this subsection.
 - (6) By July 1, 2019, the cabinet shall:
 - (a) Establish and implement performance-based contracting for licensed child-caring facilities and child-placing agencies that contract with the department for services; and
 - (b) Apply and implement all standards, processes, and procedures established for performance-based contracting for licensed child-caring facilities and child-placing agencies in accordance with paragraph (a) of this subsection to all other cabinet-operated programs that are like those operated by child-caring facilities and child-placing agencies.
 - (7) The cabinet shall promulgate administrative regulations to implement this section.

➔Section 8. KRS 199.8943 is amended to read as follows:

 - (1) As used in this section:
 - (a) "Federally funded time-limited employee" has the same meaning as in KRS 18A.005;
 - (b) "Primary school program" has the same meaning as in KRS 158.031(1); and
 - (c) "Public-funded" means a program which receives local, state, or federal funding.
 - (2) The Early Childhood Advisory Council shall, in consultation with early care and education providers, the Cabinet for Health and Family Services, and others, including but not limited to child-care resource and referral agencies and family resource centers, Head Start agencies, and the Kentucky Department of Education, develop a quality-based graduated early care and education program rating system for public-funded licensed child-care and certified family child-care homes, public-funded preschool, and Head Start, based on but not limited to:
 - (a) Classroom and instructional quality;

- (b) Administrative and leadership practices;
 - (c) Staff qualifications and professional development; and
 - (d) Family and community engagement.
- (3) (a) The Cabinet for Health and Family Services shall, in consultation with the Early Childhood Advisory Council, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the quality-based graduated early childhood rating system for public-funded child-care and certified family child-care homes developed under subsection (2) of this section.
- (b) The Kentucky Department of Education shall, in consultation with the Early Childhood Advisory Council, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the quality-based graduated early childhood rating system, developed under subsection (2) of this section, for public-funded preschool.
- (c) The administrative regulations promulgated in accordance with paragraphs (a) and (b) of this subsection shall include:
- 1. Agency time frames of reviews for rating;
 - 2. An appellate process under KRS Chapter 13B; and
 - 3. The ability of providers to request reevaluation for rating.
- (4) The quality-based early childhood rating system shall not be used for enforcement of compliance or in any punitive manner.
- (5) The Early Childhood Advisory Council, in consultation with the Kentucky Center for Education and Workforce Statistics, the Kentucky Department of Education, and the Cabinet for Health and Family Services, shall report by October 1 of each year to the Interim Joint Committee on Education on the implementation of the quality-based graduated early childhood rating system. The report shall include the following quantitative performance measures as data becomes available:
- (a) Program participation in the rating system;
 - (b) Ratings of programs by program type;
 - (c) Changes in student school-readiness measures;
 - (d) Longitudinal student cohort performance data tracked through student completion of the primary school program; and
 - (e) Long-term viability recommendations for sustainability at the end of the Race to the Top-Early Learning Challenge grant.
- (6) By November 1, 2017, the Early Childhood Advisory Council and the Cabinet for Health and Family Services shall report~~[to the Interim Joint Committee on Education and the Interim Joint Committee on Health and Welfare]~~ on recommendations and plans for sustaining program quality after the depletion of federal Race to the Top-Early Learning Challenge grant funds.
- (7) Any federally funded time-limited employee personnel positions created as a result of the federal Race to the Top-Early Learning Challenge grant shall be eliminated upon depletion of the grant funds.
- ➔Section 9. KRS 199.8996 is amended to read as follows:
- (1) The Cabinet for Health and Family Services shall prepare the following reports on child-care programs, and shall make them available upon request:
- (a) State and federally mandated reports on the child-care funds administered by the Department for Community Based Services; and
 - (b) Reports on the child-care subsidy programs, training, resource and referral, and similar activities upon request by the public, the Early Childhood Advisory Council, or the Child Care Advisory Council, to the extent resources are available within the cabinet and as permitted under the Kentucky Open Records Act, KRS 61.870 to 61.884, and state and federal laws governing the protection of human research subjects.
- (2) The cabinet shall include the number of dedicated child-care licensing surveyor positions and the ratio of surveyors to child-care facilities within its half-year block grant status reports.

- (3) By November 1, 2017, the Cabinet for Health and Family Services and the Early Childhood Advisory Council shall report ~~to the Interim Joint Committee on Education and the Interim Joint Committee on Health and Welfare~~ on recommendations and plans for sustaining the quality-based graduated early care and education program after the depletion of federal Race to the Top-Early Learning Challenge grant funds.

➔Section 10. KRS 205.470 is amended to read as follows:

- (1) As used in this section, "aging caregiver" means an individual age sixty (60) or older who provides care for an individual with an intellectual disability or other developmental disability.
- (2) If state, federal, or other funds are available, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities shall, in cooperation with the Department for Aging and Independent Living and the Department for Medicaid Services, establish a centralized resource and referral center designed as a one-stop, seamless system to provide aging caregivers with information and assistance with choices and planning for long-term supports for individuals with an intellectual disability or developmental disability.
- (3) The center created in subsection (2) of this section shall provide but not be limited to the following services:
 - (a) Comprehensive information on available programs and services, including but not limited to:
 1. Residential services;
 2. Employment training;
 3. Supported employment;
 4. Behavioral support;
 5. Respite services;
 6. Adult day health or adult day social services;
 7. Support coordination;
 8. Home or environmental modifications;
 9. Community living services, including an attendant, and assistance with homemaking, shopping, and personal care;
 10. Support groups in the community;
 11. Psychiatric services;
 12. Consumer-directed options;
 13. Attorneys or legal services to assist with will preparation; and
 14. The impact of inheritance on government benefits and options, including establishing a special needs trust;
 - (b) Printed material and Internet-based information related to:
 1. Options for future planning;
 2. Financial and estate planning;
 3. Wills and trusts; and
 4. Advance directives and funeral and burial arrangements; and
 - (c) Referral to community resources.
- (4) The center created in subsection (2) of this section shall operate a toll-free number at least during regular business hours and shall publish information required in paragraph (a) of subsection (3) of this section and a description of services provided by the center on a cabinet ~~website~~ ~~Web site~~.
- (5) The center created in subsection (2) of this section shall make the information listed in subsection (3) of this section available to the support broker and any representative of an individual who is participating in a Medicaid consumer-directed option.

- (6) The center shall use electronic information technology to track services provided and to follow-up with individuals served and provide additional information or referrals as needed.
- (7) The department may contract with a private entity to provide the services required under subsections (2) and (3) of this section.
- (8) The cabinet may provide services identified in subsection (3) of this section to individuals of any age who are caregivers of individuals with an intellectual disability or developmental disability.
- (9) Prior to January 1, 2008, the department shall submit a report ~~to the Interim Joint Committee on Health and Welfare~~ that includes but is not limited to the following information:
 - (a) The number of individuals who contacted the center;
 - (b) A description of the categories of questions asked by individuals calling the center; and
 - (c) A summary of the services provided, including the community resources to which individuals were referred.

➔Section 11. KRS 205.525 is amended to read as follows:

- (1) Concurrent with submitting an application for a waiver or waiver amendment or a request for a plan amendment to any federal agency that approves waivers, waiver amendments, and plan amendments, the cabinet shall provide to the Interim Joint Committee on Health~~, Welfare, and Family~~ Services, and to the Interim Joint Committee on Appropriations and Revenue a copy, summary, and statement of benefits of the application for a waiver or waiver amendment or request for a plan amendment.
- (2) The cabinet shall provide an update on the status of the application for a waiver or waiver amendment or request for a plan amendment to the Legislative Research Commission upon request.
- (3) If the cabinet is expressly directed by the General Assembly to submit an application for a waiver or waiver amendment or a request for a plan amendment to any federal agency that approves waivers, waiver amendments, or plan amendments for public assistance programs administered under this chapter and that application or request is denied by the federal agency, the cabinet shall notify the Legislative Research Commission of the reasons for the denial. If instructed by the General Assembly through legislative action during the next legislative session, the cabinet shall resubmit, with or without modifications based on instructions from the General Assembly, the application for a waiver or waiver amendment or request for a plan amendment.

➔Section 12. KRS 205.619 is amended to read as follows:

- (1) By October 30, 2008, the Cabinet for Health and Family Services shall submit to the Center for Medicare and Medicaid Services an amendment to the State Medicaid Plan to permit the establishment of a Kentucky Long-Term Care Partnership Insurance Program that provides for the disregard of any assets or resources in an amount equal to the insurance benefit payments made to or on behalf of an individual who is a beneficiary of the partnership insurance program that meets the requirements of KRS 304.14-640 and 304.14-642.
- (2) The secretary of the cabinet shall notify in writing the commissioner of the Department of Insurance ~~and the co-chairs of the Interim Joint Committee on Health and Welfare~~ and the Interim Joint Committee on Banking and Insurance within two (2) business days of the submission of the plan amendment and of the receipt of the response by the federal agency.
- (3) Upon approval by the federal government of the state plan amendment, the Department for Medicaid Services, in conjunction with the Department of Insurance, shall establish the Kentucky Long-Term Care Partnership Insurance Program in accordance with KRS 304.14-640 and 304.14-642.
- (4) The department shall:
 - (a) Provide consultation, information, and materials to the Department of Insurance to assist in the development and issuance of uniform training materials in accordance with KRS 304.14-642(4); and
 - (b) Collaborate in the preparation of the report required in KRS 304.14-642(6).

➔Section 13. KRS 205.702 is amended to read as follows:

- (1) The cabinet shall take all necessary actions to ensure that parents receiving public assistance may engage in educational and vocational programs where assessment shows their chances of achieving self-sufficiency will improve.

- (2) The cabinet shall file quarterly progress reports and an annual report with the Legislative Research Commission *for distribution to*~~and~~ the Interim Joint Committee on *Families and Children*~~Health and Welfare~~ documenting the results of the cabinet's efforts to enable parents receiving public assistance to participate in activities to achieve self-sufficiency. The annual report shall identify the number and proportion of parents, compared to the previous state fiscal year and the last full year of activity under the Job Opportunities and Basic Skills Program who:
- (a) Participated in each type of educational, vocational training, or work activity, including post-secondary education;
 - (b) Successfully completed educational or vocational programs;
 - (c) Earned income due to work activity, including work study programs, while receiving public assistance;
 - (d) Became ineligible for public assistance due to increases in earnings; and
 - (e) Became ineligible for public assistance for other reasons, including but not limited to penalties or expiration of time limits.

➔Section 14. KRS 205.704 is amended to read as follows:

- (1) The cabinet shall undertake a joint planning process with appropriate state, local, and private education institutions, interested agencies, and citizens to ensure that opportunities for low income parents to continue or improve their education shall continue with the implementation of the public assistance program funded by federal block grant dollars under Title IV-A of the Federal Social Security Act, 42 U.S.C. secs. 602 et seq. To this end, by July 31, 1998, the cabinet shall convene and provide staff services for an advisory group of interested parties to evaluate opportunities and strategies and make recommendations for continued participation by low income parents in education activities, including, but not limited to, representatives of:
- (a) The state university system;
 - (b) The state community college system;
 - (c) Private colleges and universities;
 - (d) State vocational and technical schools;
 - (e) The Kentucky Higher Education Assistance Authority;
 - (f) Basic and secondary education programs, including literacy, adult basic education, a High School Equivalency Diploma program, and high school programs;
 - (g) Advocacy and citizens groups representing low income parents, including low income parents in sufficient number to represent at least one quarter (1/4) of the total group;
 - (h) Providers of child care and other supportive services; and
 - (i) Two (2) members each from the Senate, as appointed by the President of the Senate, and the House of Representatives, as appointed by the Speaker of the House.
- (2) The cabinet shall prepare a strategic plan for continuation of education opportunities for low income parents, based on the recommendations of the advisory group. The cabinet shall submit the plan to the Legislative Research Commission~~and the Interim Joint Committee on Health and Welfare~~ no later than July 31, 1999. At a minimum, the plan shall set forth strategies, including any funding necessary, to:
- (a) Create work study opportunities; and
 - (b) Increase the access to child care funding.

➔Section 15. KRS 209A.122 is amended to read as follows:

- (1) As used in this section:
- (a) "Center" means the Criminal Justice Statistical Analysis Center created in KRS 15.280;
 - (b) "Corollary victim" means an individual other than the victim who is directly impacted by domestic violence and abuse or dating violence and abuse, either through relationship or proximity;

- (c) "Domestic violence fatalities" means deaths that occur as a result of domestic violence and abuse or dating violence and abuse, and includes but is not limited to homicides, related suicides, and corollary victims; and
 - (d) "Near fatality" means a crime where serious physical injury as defined in KRS 500.080 occurs.
- (2) The center shall:
- (a) Collect information on domestic violence fatalities, domestic violence and abuse, and dating violence and abuse within the Commonwealth from subsections (3) to (8) of this section; and
 - (b) Produce an annual report by July 1 of each year and submit the report to the:
 1. Kentucky Coalition Against Domestic Violence;
 2. Governor;
 3. Cabinet for Health and Family Services;
 4. Interim Joint Committee on Judiciary;
 5. Interim Joint Committee on *Families and Children* [~~Health, Welfare, and Family Services~~]; and
 6. Legislative Research Commission.

The Kentucky Coalition Against Domestic Violence may provide the agencies listed in paragraph (b)1. to 6. of this subsection with best practices and any other recommendations for public policy by November 1 of each year.

- (3) (a) The Department of Kentucky State Police shall provide the center with:
 1. The number of domestic violence and abuse and dating violence and abuse calls for service to which the Kentucky State Police and associated law enforcement agencies responded;
 2. The number of arrests by Kentucky State Police and associated agencies in response to calls of domestic violence and abuse or dating violence and abuse; and
 3. If an arrest was made, the arresting offense charged by Kentucky State Police or associated law enforcement agencies.

(b) The Department of Kentucky State Police shall separately report:

 1. The number of domestic violence and abuse and dating violence and abuse calls for service to which all other law enforcement agencies responded, if known;
 2. The number of arrests by all other local law enforcement agencies in response to calls of domestic violence and abuse and dating violence and abuse; and
 3. If an arrest was made, the arresting offense listed by all other local law enforcement agencies not reported under paragraph (a) of this subsection.
- (4) The Administrative Office of the Courts shall provide the center with:
 - (a) The number and type of petitions for orders of protection filed and denied under KRS 403.725;
 - (b) The number and type of petitions for interpersonal violence orders filed and denied under KRS 456.030;
 - (c) The number of emergency protective orders granted under KRS 403.730 and temporary interpersonal protective orders granted under KRS 456.040;
 - (d) The number of domestic violence orders granted under KRS 403.740 and interpersonal protective orders granted under 456.060, excluding amended or corrected orders;
 - (e) The relationship between the petitioner and the respondent, if known;
 - (f) Demographics of the parties, including age, race, and gender;
 - (g) Information on whether the victim was or is pregnant, if indicated on the petition; and
 - (h) The number of criminal charges for a violation of an order of protection.
- (5) The Law Information Network of Kentucky (LINK) shall provide the center with the:

- (a) Number of orders of protection received to be served by law enforcement agencies;
 - (b) Number of orders of protection served by law enforcement agencies;
 - (c) Number of orders of protection in LINK; and
 - (d) Average time for actual service to be returned.
- (6) The Cabinet for Health and Family Services shall provide the center with:
- (a) The number of reports of alleged child abuse made to the cabinet through an adult or child abuse hotline in which there were also allegations of domestic violence; and
 - (b) Domestic violence and abuse and dating violence and abuse shelter statistics reported to the cabinet, including but not limited to the:
 - 1. Number of beds;
 - 2. Number of minors served in shelter;
 - 3. Number of minors served in non-shelter services;
 - 4. Number of adults served in shelter;
 - 5. Number of adults served in non-shelter services;
 - 6. Demographics, including age and race;
 - 7. Number of crisis or hotline calls;
 - 8. Number of minors receiving:
 - a. Crisis intervention;
 - b. Victim advocacy services; and
 - c. Individual or group counseling or support group;
 - 9. Number of adult victims receiving:
 - a. Crisis intervention;
 - b. Victim advocacy services;
 - c. Individual or group counseling or support group;
 - d. Criminal or civil legal advocacy;
 - e. Medical accompaniment; and
 - f. Transportation services; and
 - 10. Type of services provided.
- (7) The Division of Kentucky State Medical Examiner's Office shall provide the center with the number of deaths in which domestic violence and abuse or dating violence and abuse was a contributing factor.
- (8) Coroners shall provide the center with the number of deaths as a result of, or suspected to be a result of, domestic violence and abuse or dating violence and abuse.

➔Section 16. KRS 210.031 is amended to read as follows:

- (1) The cabinet shall establish an advisory committee of sixteen (16) members to advise the Department for Behavioral Health, Developmental and Intellectual Disabilities of the need for particular services for persons who are deaf or hard-of-hearing.
 - (a) At least eight (8) members shall be deaf or hard-of-hearing and shall be appointed by the secretary. Four (4) deaf or hard-of-hearing members, representing one (1) of each of the following organizations, shall be appointed from a list of at least two (2) nominees submitted from each of the following organizations:
 - 1. The Kentucky Association of the Deaf;

2. The A.G. Bell Association;
3. The Kentucky School for the Deaf Alumni Association; and
4. Self Help for the Hard of Hearing.

The remaining four (4) deaf or hard-of-hearing members shall be appointed by the secretary from a list of at least eight (8) nominees submitted by the Kentucky Commission on the Deaf and Hard of Hearing.

- (b) One (1) member shall be a family member of a deaf or hard-of-hearing consumer of mental health services and shall be appointed by the secretary from a list of nominees accepted from any source.
 - (c) The head of each of the following entities shall appoint one (1) member to the advisory committee:
 1. The Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities;
 2. The Education and Labor Cabinet, Office of Vocational Rehabilitation;
 3. The Cabinet for Health and Family Services, Department for Aging and Independent Living;
 4. The Education and Labor Cabinet, Commission on the Deaf and Hard of Hearing;
 5. The Kentucky Registry of Interpreters for the Deaf; and
 6. A Kentucky School for the Deaf staff person involved in education.
 - (d) The remaining member shall be a representative of a regional board for mental health or individuals with an intellectual disability, appointed by the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities from a list composed of two (2) names submitted by each regional board for mental health or individuals with an intellectual disability.
- (2) Of the members defined in subsection (1)(a) and (b) of this section, three (3) shall be appointed for a one (1) year term, three (3) shall be appointed for a two (2) year term, and three (3) shall be appointed for a three (3) year term; thereafter, they shall be appointed for three (3) year terms. The members defined under subsection (1)(c) and (d) of this section shall serve with no fixed term of office.
 - (3) The members defined under subsection (1)(a) and (b) of this section shall serve without compensation but shall be reimbursed for actual and necessary expenses; the members defined under subsection (1)(c) and (d) of this section shall serve without compensation or reimbursement of any kind.
 - (4) The Department for Behavioral Health, Developmental and Intellectual Disabilities shall make available personnel to serve as staff to the advisory committee.
 - (5) The advisory committee shall meet quarterly at a location determined by the committee chair.
 - (6) (a) The advisory committee shall prepare a biennial report which:
 1. Describes the accommodations and the mental health, intellectual disability, development disability, and substance abuse services made accessible to deaf and hard-of-hearing persons;
 2. Reports the number of deaf or hard-of-hearing persons served;
 3. Identifies additional service needs for the deaf and hard-of-hearing; and
 4. Identifies a plan to address unmet service needs.
 - (b) The report shall be submitted to the secretary, the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities, and the Interim Joint Committee on Health ~~Services and Welfare~~ by July 1 of every odd-numbered year.

➔Section 17. KRS 210.300 is amended to read as follows:

- (1) The secretary of the Cabinet for Health and Family Services shall promulgate administrative regulations no later than October 1, 2022, in accordance with KRS Chapter 13A establishing hospital districts, for the purpose of determining to which of the state institutions or contracted hospitals for the mentally ill the persons admitted from each county shall initially be sent.
- (2) In establishing the hospital districts under subsection (1) of this section, the secretary shall consider the:
 - (a) Distance and travel time from each county to a state institution or contracted hospital for the mentally ill;

- (b) Need to transport the individual to a hospital or psychiatric facility to secure an evaluation or for admission without unnecessary delay as required under KRS Chapters 202A, 202B, and 202C; and
 - (c) Population of the hospital districts based upon the most recent federal decennial census.
- (3) The secretary shall also establish and maintain a list of local hospitals containing a psychiatric unit or crisis stabilization unit approved by the cabinet to which individuals may be transported and admitted as an alternative to a state institution or contracted hospital for the mentally ill when clinically appropriate due to circumstances that include but are not limited to:
- (a) The ability or inability of the designated state institution or contracted hospital to accept the individual to be transported or evaluated without delay due to capacity limitations, lack of staffing, or other impediment; or
 - (b) The need for immediate and emergent treatment or evaluation arising from but not limited to the threat or reasonable fear of physical harm to the individual or any employee or agent of the transporting agency or service.

Only those hospitals that have filed a written notice with the cabinet of the hospital's willingness to accept patients under this subsection may accept admissions.

- (4) The secretary shall review the hospital districts on an annual basis to ensure transports and evaluations occur without unnecessary delay as required under this section and KRS Chapters 202A, 202B, and 202C, and shall provide a report to the Interim Joint Committee on Health, ~~Welfare, and Family~~ Services and the Interim Joint Committee on Judiciary on or before October 1, 2022, and on or before October 1 of each year thereafter. The report shall, at a minimum, include:
- (a) Any changes made to any hospital district and the reason for the change;
 - (b) The name and location of state institutions accepting patients for admission under KRS Chapters 202A, 202B, and 202C, including the counties the state institution serves; and
 - (c) The name and locations of any contracted hospital accepting patients for admission under KRS Chapters 202A, 202B, and 202C, including the counties the contracted hospital serves.

➔Section 18. KRS 210.365 is amended to read as follows:

- (1) As used in this section:
- (a) "Commission" means the Kentucky Fire Commission;
 - (b) "Crisis intervention team (CIT) training" means a forty (40) hour training curriculum based on the Memphis Police Department Crisis Intervention Team model of best practices for law enforcement intervention with persons who may have a mental illness, substance use disorder, an intellectual disability, developmental disability, or dual diagnosis that meets the requirements of subsections (2) to (5) of this section and is approved by the commission and the Kentucky Law Enforcement Council;
 - (c) "Department" means the Department for Behavioral Health, Developmental and Intellectual Disabilities;
 - (d) "Prisoner" has the same meaning as set out in KRS 441.005; and
 - (e) "Qualified mental health professional" has the same meaning as set out in KRS 202A.011.
- (2) The department shall, in collaboration with the commission, Justice and Public Safety Cabinet, the regional community boards for mental health or individuals with an intellectual disability, and representatives of the Kentucky statewide affiliate of the National Alliance on Mental Illness, coordinate the development of CIT training designed to train firefighters and law enforcement officers to:
- (a) Effectively respond to persons who may have a mental illness, substance use disorder, intellectual disability, developmental disability, or dual diagnosis;
 - (b) Reduce injuries to firefighters, officers, and citizens;
 - (c) Reduce inappropriate incarceration;
 - (d) Reduce liability; and
 - (e) Improve risk management practices for firefighter and law enforcement agencies.

- (3) The CIT training shall include but not be limited to:
 - (a) An introduction to crisis intervention teams;
 - (b) Identification and recognition of the different types of mental illnesses, substance use disorders, intellectual disabilities, developmental disabilities, and dual diagnoses;
 - (c) Interviewing and assessing a person who may have a mental illness, substance use disorder, intellectual disability, developmental disability, or dual diagnosis;
 - (d) Identification and common effects of psychotropic medications;
 - (e) Suicide prevention techniques;
 - (f) Community resources and options for treatment;
 - (g) Voluntary and involuntary processes for hospitalization of a person with a mental illness, substance use disorder, intellectual disability, developmental disability, or dual diagnosis; and
 - (h) Hostage or other negotiations with a person with a mental illness, intellectual disability, substance use disorder, developmental disability, or dual diagnosis.
- (4) The curriculum shall be presented by a team composed of, at a minimum:
 - (a) A firefighter, firefighter personnel training instructor, or a law enforcement training instructor who has completed a forty (40) hour CIT training course and a CIT training instructor's course which has been approved by the commission or the Kentucky Law Enforcement Council, and at least forty (40) hours of direct experience working with a CIT;
 - (b) A representative from the local community board for mental health or individuals with an intellectual disability serving the region where CIT training is conducted;
 - (c) A consumer of mental health services; and
 - (d) A representative of the Kentucky statewide affiliate of the National Alliance on Mental Illness.
- (5)
 - (a) The department shall submit the CIT training curriculum and the names of available instructors approved by the department to conduct or assist in the delivery of CIT training to the commission or Kentucky Law Enforcement Council no later than July 1, 2021.
 - (b) The commission or Kentucky Law Enforcement Council shall notify the department of approval or disapproval of the CIT training curriculum and trainers within thirty (30) days of submission of the curriculum and the names of instructors.
 - (c) The commission or Kentucky Law Enforcement Council may waive instructor requirements for non-firefighter trainers or non-law enforcement trainers whose names are submitted by the department.
 - (d) If the curriculum or trainers are not approved, the department shall have an opportunity to revise and resubmit the curriculum and to submit additional names of instructors if necessary.
- (6) If the curriculum is approved, the commission or Kentucky Law Enforcement Council shall:
 - (a) Notify all agencies employing firefighters, as defined in KRS 61.315(1)(b), of the availability of the CIT training;
 - (b) Notify the Department of Kentucky State Police and all law enforcement agencies employing peace officers certified under KRS 15.380 to 15.404 of the availability of the CIT training; and
 - (c) Notify all instructors and entities approved for firefighter or law enforcement training under KRS 15.330 and 95A.040 of the availability of the CIT training.
- (7) Any firefighter training entity or law enforcement training entity approved by the commission or Kentucky Law Enforcement Council may use the CIT training model and curriculum in firefighter or law enforcement in-service training as specified by subsection (1) of this section that is consistent with the Memphis CIT national model for best practices.
- (8) No later than one (1) year after June 26, 2021, the department shall submit to the commission and Kentucky Law Enforcement Council a CIT training instructors' curriculum and the names of available instructors approved by the department to conduct or assist in the delivery of CIT training instructors' training. Additional

instructors may be submitted on a schedule determined by the commission or Kentucky Law Enforcement Council.

- (9) All CIT-trained firefighters and law enforcement officers shall report to his or her agency on forms provided with the CIT curriculum on encounters with persons with mental illness, substance use disorders, intellectual disabilities, developmental disabilities, and dual diagnoses. The firefighter and law enforcement agencies shall aggregate reports received and submit nonidentifying information to the department on a monthly basis. Except for information pertaining to the number of firefighter or law enforcement agencies participating in CIT training, the reports to the department shall include the information specified in subsection (10) of this section.
- (10) The department shall aggregate all reports from firefighter or law enforcement agencies under subsection (9) of this section and submit nonidentifying statewide information to the Justice and Public Safety Cabinet, the Criminal Justice Council, the Cabinet for Health and Family Services, and the Interim Joint Committee on Health ~~Services and Welfare~~ by December 1, 2008, and annually thereafter. The report shall include but not be limited to:
 - (a) The number of firefighters or law enforcement officers trained per agency;
 - (b) Firefighter or law enforcement responses to persons with mental illness, substance use disorders, intellectual disabilities, developmental disabilities, and dual diagnoses;
 - (c) Incidents of harm to the firefighter or law enforcement officer or to the citizen;
 - (d) The number of times physical force was required and the type of physical force used; and
 - (e) The outcome of the encounters that may include but not be limited to incarceration or hospitalization.
- (11) To implement the requirements of subsections (2) to (5) and (8) to (10) of this section, the department may use public or private funds as available and may develop a contract with a nonprofit entity that is a Kentucky statewide mental health advocacy organization that has a minimum of five (5) years of experience in implementation of the CIT training program in Kentucky.
- (12) The Cabinet for Health and Family Services shall create a telephonic behavioral health jail triage system to screen prisoners for mental health risk issues, including suicide risk. The triage system shall be designed to give the facility receiving and housing the prisoner an assessment of his or her mental health risk, with the assessment corresponding to recommended protocols for housing, supervision, and care which are designed to mitigate the mental health risks identified by the system. The triage system shall consist of:
 - (a) A screening instrument which the personnel of a facility receiving a prisoner shall utilize to assess inmates for mental health, suicide, intellectual disabilities, and acquired brain injury risk factors; and
 - (b) A continuously available toll-free telephonic triage hotline staffed by a qualified mental health professional which the screening personnel may utilize if the screening instrument indicates an increased mental health risk for the assessed prisoner.
- (13) In creating and maintaining the telephonic behavioral health jail triage system, the cabinet shall consult with:
 - (a) The Department of Corrections;
 - (b) The Kentucky Jailers Association; and
 - (c) The regional community services programs for mental health or individuals with an intellectual disability created under KRS 210.370 to 210.460.
- (14) The cabinet may delegate all or a portion of the operational responsibility for the triage system to the regional community services programs for mental health or individuals with an intellectual disability created under KRS 210.370 to 210.460 if the regional program agrees and the cabinet remains responsible for the costs of delegated functions.
- (15) The cabinet shall design into the implemented triage system the ability to screen and assess prisoners who communicate other than in English or who communicate other than through voice.
- (16) The cost of operating the telephonic behavioral health jail triage system shall be borne by the cabinet.
- (17) Records generated under this section shall be treated in the same manner and with the same degree of confidentiality as other medical records of the prisoner.

- (18) Unless the prisoner is provided with an attorney during the screening and assessment, any statement made by the prisoner in the course of the screening or assessment shall not be admissible in a criminal trial of the prisoner, unless the trial is for a crime committed during the screening and assessment.
- (19) The cabinet may, after consultation with those entities set out in subsection (13) of this section, promulgate administrative regulations for the operation of the telephonic behavioral health jail triage system and the establishment of its recommended protocols for prisoner housing, supervision, and care.

➔Section 19. KRS 210.366 is amended to read as follows:

- (1) As used in this section:
- (a) "Board" means the Kentucky Board of Social Work, Kentucky Board of Licensure of Marriage and Family Therapists, Kentucky Board of Licensed Professional Counselors, Kentucky Board of Licensure for Pastoral Counselors, Kentucky Board of Alcohol and Drug Counselors, Kentucky Board of Examiners of Psychology, and Kentucky Board of Licensure for Occupational Therapy; and
 - (b) "Training program in suicide assessment, treatment, and management" means an empirically supported training program approved by the boards that contains suicide assessment including screening and referral, suicide treatment, and suicide management. A board may approve a training program that excludes one (1) of the elements if the element is inappropriate for the profession in question or inappropriate for the level of licensure or credentialing of that profession based on the profession's scope of practice. A training program that includes only screening and referral elements shall be at least three (3) hours in length. All other training programs approved under this section shall be at least six (6) hours in length.
- (2) Beginning January 1, 2015, each of the following professionals certified or licensed under KRS Title XXVI shall, at least once every six (6) years, complete a training program in suicide assessment, treatment, and management that is approved, in administrative regulations, by the respective boards:
- (a) A social worker, marriage and family therapist, professional counselor, or pastoral counselor certified or licensed under KRS Chapter 335;
 - (b) An alcohol and drug counselor licensed or certified under KRS Chapter 309, and an alcohol and drug peer support specialist registered under KRS Chapter 309;
 - (c) A psychologist licensed or certified under KRS Chapter 319; and
 - (d) An occupational therapist licensed under KRS Chapter 319A.
- (3) (a) Except as provided in paragraph (b) of this subsection, a professional listed in subsection (2) of this section must complete the first training required by this section by July 2016.
- (b) A professional listed in subsection (2) of this section applying for initial licensure, registration, or certification on or after June 25, 2013, may delay completion of the first training required by this section for six (6) years after initial licensure, registration, or certification if he or she can demonstrate successful completion of a six (6) hour academic training program in suicide assessment, treatment, and management that:
1. Was completed no more than six (6) years prior to the application for initial licensure, registration, or certification; and
 2. Is listed on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.
- (4) The hours spent completing a training program in suicide assessment, treatment, and management under this section count toward meeting any applicable continuing education requirements for each profession.
- (5) A board may, by administrative regulation, specify minimum training and experience that is sufficient to exempt a professional from the training requirements in subsection (2) of this section.
- (6) (a) The cabinet shall develop a model list of training programs in suicide assessment, treatment, and management.
- (b) When developing the model list, the cabinet shall:

1. Consider suicide assessment, treatment, and management training programs of at least six (6) hours in length listed on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center; and
2. Consult with the boards, public and private institutions of higher education, experts in suicide assessment, treatment, and management, and affected professional associations.

~~[(c) The cabinet shall report the model list of training programs to the Interim Joint Committee on Health and Welfare no later than December 15, 2014.]~~

- (7) Nothing in this section may be interpreted to expand or limit the scope of practice of any profession regulated under KRS Title XXVI.
- (8) The cabinet and the boards affected by this section shall adopt any administrative regulations necessary to implement this section.

➔Section 20. KRS 210.368 is amended to read as follows:

- (1) As used in this section:
 - (a) "Cabinet" means the Cabinet for Health and Family Services;
 - (b) "CMHC" means a community mental health center;
 - (c) "Fund" means the mobile crisis services fund; and
 - (d) "Mobile unit" means any vehicle which a CMHC uses to travel within its region to provide community services for Kentuckians who experience issues with mental health, developmental and intellectual disabilities, and substance use disorder.
- (2) (a) The mobile crisis services fund is hereby established within the cabinet to provide loans to CMHCs for:
 1. Increasing access to mental health services; and
 2. Providing services to individuals who lack sufficient access to transportation and who are:
 - a. Residing in rural areas;
 - b. Residing in homeless shelters; or
 - c. Disadvantaged mentally, physically, or economically.

(b) Any loan issued by the cabinet shall not exceed a five (5) year term and the interest rate shall not exceed one percent (1%).
- (3) The cabinet shall:
 - (a) Determine the terms and conditions of each loan, including the repayment to be deposited back in the fund for issuance of future loans to other CMHCs;
 - (b) Review and adjudicate applications submitted by CMHCs that apply for a loan;
 - (c) Monitor the performance of each CMHC in the program; and
 - (d) By December 1, 2022, and by each December 1 thereafter, report to the Interim Joint Committee on Health, ~~Welfare, and Family~~ Services information about each CMHC in the program, including:
 1. The name and location of each CMHC that received a loan;
 2. The amount of principal originally loaned; and
 3. How each CMHC used the funds.
- (4) In order to apply for loan, a CMHC shall:
 - (a) Submit an application to the cabinet;
 - (b) Agree to use the funds for the purchase, operation, or establishment of mobile units; and
 - (c) Agree to provide services to individuals who lack sufficient access to transportation and who are:
 1. Residing in rural areas;

2. Residing in homeless shelters; or
 3. Disadvantaged mentally, physically, or economically.
- (5) (a) The fund created in subsection (2) of this section shall be a trust and agency account.
 - (b) The fund shall be administered by the cabinet.
 - (c) The fund shall include moneys appropriated by the General Assembly, contributions, donations, gifts, or federal funds.
 - (d) Moneys in the fund shall be used by the cabinet to administer this section.
 - (e) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of the fiscal year shall not lapse but shall be carried forward into the succeeding fiscal year.
 - (f) Interest earned on any moneys in the fund shall accrue to the fund.
 - (g) Moneys deposited in the fund are hereby appropriated for the sole purpose of providing loans to CMHCs.
- (6) The appropriation provided by the General Assembly for fiscal years 2022-2023 and 2023-2024 for mobile crisis services shall be considered startup funds to support the establishment of additional mobile crisis units and shall only be appropriated once.
 - (7) The Cabinet for Health and Family Services may promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.

➔Section 21. KRS 211.027 is amended to read as follows:

The Cabinet for Health and Family Services shall promulgate reasonable rules and regulations to effectuate the purposes of KRS 213.101 and 213.106 and KRS 311.710 to 311.810, which shall be submitted to the Legislative Research Commission in a manner prescribed in KRS Chapter 13A; the Legislative Research Commission shall refer said rules and regulations to the Interim Committee on Health ~~Services and Welfare~~ for the purpose of approval or disapproval.

➔Section 22. KRS 211.297 is amended to read as follows:

- (1) The statewide Palliative Care Consumer and Professional Information and Education Program is hereby established within the cabinet.
- (2) The goals of the Palliative Care Consumer and Professional Information and Education Program shall be to maximize the effectiveness of palliative care initiatives throughout the Commonwealth by ensuring that comprehensive and accurate information and education about palliative care are available to the public, health care providers, and health facilities.
- (3) The cabinet shall publish on its ~~website~~~~Web site~~ information and resources, including links to external resources, about palliative care for the public, health care providers, and health facilities. This shall include but not be limited to:
 - (a) Continuing education opportunities for health care providers;
 - (b) Information about palliative care delivery in the home, primary, secondary, and tertiary environments;
 - (c) Best practices for palliative care delivery; and
 - (d) Consumer educational materials and referral information for palliative care, including hospice.
- (4) (a) The council shall have the authority to review, evaluate, and make recommendations regarding all elements of the Palliative Care Consumer and Professional Information and Education Program, the content of the ~~website~~~~Web site~~ information and resources described in subsection (3) of this section, and best practices for palliative care delivery and any grants to develop or implement them.
- (b) Any evaluations or recommendations shall require the affirmative vote in person, by electronic means, or by proxy of three-fourths (3/4) of the voting members of the council.
- (c) Not later than July 1, 2020, and annually thereafter, the council shall submit a report on its findings and recommendations to the commissioner of the Department for Public Health and to the Interim Joint Committee on Health ~~and Welfare and Family~~ Services.

➔Section 23. KRS 211.577 is amended to read as follows:

- (1) The Kentucky Rare Disease Advisory Council shall:
 - (a) Act as the advisory body on rare diseases to the General Assembly, the Governor, and to all relevant state and private agencies that provide services to, or are charged with the care of, individuals with rare diseases;
 - (b) Coordinate its duties with those community-based organizations and private-sector institutions within the state for the purpose of ensuring greater cooperation regarding the research, diagnosis, and treatment of rare diseases. The coordination shall require, when appropriate:
 1. Disseminating the outcomes of the advisory council's research, identified best practices, and policy recommendations; and
 2. Utilizing common research collection and dissemination procedures;
 - (c) Research and determine the most appropriate methods to collect thorough and complete information on rare diseases in Kentucky and other information as the council deems necessary and appropriate to collect;
 - (d) Research and identify priorities relating to the quality, cost-effectiveness, and access to treatment and services provided to persons with rare diseases, and develop related policy recommendations;
 - (e) Identify best practices for rare disease care from other states and at the national level that may improve rare disease care in Kentucky;
 - (f) Develop effective strategies to raise public awareness of rare diseases in Kentucky;
 - (g) Ensure that the duties of the council are carried out in a manner that is coordinated and compatible with similar research being conducted at the state and federal levels;
 - (h) In conjunction with the state's medical schools, the state's schools of public health, and hospitals in the state that provide care to persons diagnosed with a rare disease, develop a list of existing, publicly accessible resources on research, diagnosis, treatment, and education relating to rare diseases; and
 - (i) Report biennially on its activities, findings, and recommendations relating to the quality, cost-effectiveness, and access to treatment and services for persons with rare diseases in Kentucky to the Governor, the Cabinet for Health and Family Services, and the General Assembly.
- (2) Upon receipt of the council's biennial report, the Governor and Cabinet for Health and Family Services shall within ninety (90) days issue a written response to the council detailing its efforts to improve state policies pertaining to the identification, treatment, and care of rare diseases.
- (3) Upon receipt of the council's biennial report, the Interim Joint Committee on Health ~~and Welfare and Family~~ Services shall within one hundred twenty (120) days convene a hearing on issues pertaining to the identification, treatment, and care of rare diseases identified by the council in its report.

➔Section 24. KRS 211.684 is amended to read as follows:

- (1) For the purposes of KRS Chapter 211:
 - (a) "Child fatality" means the death of a person under the age of eighteen (18) years;
 - (b) "Local child and maternal fatality response team" and "local team" means a community team composed of representatives of agencies, offices, and institutions that investigate child and maternal deaths, including but not limited to, coroners, social service workers, medical professionals, law enforcement officials, and Commonwealth's and county attorneys; and
 - (c) "Maternal fatality" means the death of a woman within one (1) year of giving birth.
- (2) The Department for Public Health may establish a state child and maternal fatality review team. The state team may include representatives of public health, social services, law enforcement, prosecution, coroners, health-care providers, and other agencies or professions deemed appropriate by the commissioner of the department.
- (3) If a state team is created, the duties of the state team may include the following:
 - (a) Develop and distribute a model protocol for local child and maternal fatality response teams for the investigation of child and maternal fatalities;

- (b) Facilitate the development of local child and maternal fatality response teams which may include, but is not limited to, providing joint training opportunities and, upon request, providing technical assistance;
 - (c) Review and approve local protocols prepared and submitted by local teams;
 - (d) Receive data and information on child and maternal fatalities and analyze the information to identify trends, patterns, and risk factors;
 - (e) Evaluate the effectiveness of prevention and intervention strategies adopted; and
 - (f) Recommend changes in state programs, legislation, administrative regulations, policies, budgets, and treatment and service standards which may facilitate strategies for prevention and reduce the number of child and maternal fatalities.
- (4) The department shall prepare an annual report to be submitted no later than November 1 of each year to the Governor, the Interim Joint Committee on *Families and Children* [~~Health, Welfare, and Family Services~~], the Chief Justice of the Kentucky Supreme Court, and to be made available to the citizens of the Commonwealth. The report shall include a statistical analysis, that include the demographics of race, income, and geography, of the incidence and causes of child and maternal fatalities in the Commonwealth during the past fiscal year and recommendations for action. The report shall not include any information which would identify specific child and maternal fatality cases.

➔Section 25. KRS 214.544 is amended to read as follows:

- (1) A Colon Cancer Screening and Prevention Advisory Committee shall be established. The advisory committee shall include:
- (a) One (1) member of the House of Representatives who shall be appointed by the Speaker of the House;
 - (b) One (1) member of the Senate who shall be appointed by the President of the Senate;
 - (c) The deputy commissioner of the Department for Public Health;
 - (d) The commissioner of the Department of Insurance, or his or her designee;
 - (e) The commissioner of the Department for Medicaid Services, or his or her designee;
 - (f) Two (2) at-large members who shall be appointed by the Governor;
 - (g) One (1) member who shall be appointed by the Governor from a list of three (3) names provided by the American Cancer Society;
 - (h) The director of the Kentucky Cancer Program at the University of Kentucky;
 - (i) The director of the Kentucky Cancer Program at the University of Louisville;
 - (j) The director of the Kentucky Cancer Registry;
 - (k) The director of the Colon Cancer Prevention Project;
 - (l) The chair of Kentucky African Americans Against Cancer; and
 - (m) The director of the Kentucky Cancer Consortium.

Members of the advisory committee shall be appointed for a term of four (4) years.

- (2) (a) Members appointed under subsection (1)(a) to (g) of this section shall be appointed as follows:
- 1. Members shall be appointed for a term of four (4) years, except as provided in subparagraph 2. of this paragraph;
 - 2. The initial appointments shall be for a period of two (2) years; thereafter, the appointments shall be for a term of four (4) years; and
 - 3. Members shall not serve more than two (2) terms of four (4) years.
- (b) Members serving under subsection (1)(h) to (m) of this section shall serve by virtue of their positions and shall not be subject to term limits.
- (3) The chair of the advisory committee shall be elected from the membership of the advisory committee to serve for a two (2) year term. A member of the advisory committee may designate an alternate to attend meetings in his or her place.

- (4) The advisory committee may add members from other organizations as deemed appropriate.
- (5) The advisory committee shall provide recommendations for the overall implementation and conduct of the Colon Cancer Screening and Prevention Program.
- (6) The advisory committee shall establish and provide oversight for a colon cancer screening public awareness campaign. The Cabinet for Health and Family Services shall contract with the Kentucky Cancer Consortium at the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budget of the university as used by the Council on Postsecondary Education in determining the funding formula for the university.
- (7) The Colon Cancer Screening and Prevention Advisory Committee shall provide an annual report on implementation and outcomes from the Colon Cancer Screening and Prevention Program and recommendations to the Legislative Research Commission, the Interim Joint Committee on Health, ~~Welfare, and Family~~ Services, the Interim Joint Committee on Appropriations and Revenue, the Governor, the secretary of the Cabinet for Health and Family Services, and the commissioner of the Department for Public Health.
- (8) The Kentucky Cancer Program, jointly administered by the University of Kentucky and the University of Louisville, shall establish a colon cancer screening, education, and outreach program in each of the state area development districts. The colon cancer screening, education, and outreach program shall focus on individuals who lack access to colon cancer screening. The Cabinet for Health and Family Services shall contract with the University of Louisville and the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budgets of the universities as used by the Council on Postsecondary Education in determining the funding formula for the universities.

➔Section 26. KRS 214.556 is amended to read as follows:

- (1) There is hereby established within the Kentucky cancer program the Kentucky Cancer Registry and the cancer patient data management system for the purpose of providing accurate and up-to-date information about cancer in Kentucky and facilitating the evaluation and improvement of cancer prevention, screening, diagnosis, therapy, rehabilitation, and community care activities for citizens of the Commonwealth. The cancer patient data management system shall be administered by the Lucille Parker Markey Cancer Center.
- (2) Each licensed health facility which provides diagnostic services, or diagnostic services and treatment, or treatment to cancer patients shall report to the Kentucky Cancer Registry, through the cancer patient data management system and in a format prescribed by the Kentucky Cancer Registry, each case of cancer seen at that health facility. Failure to comply may be cause for assessment of an administrative fine for the health facility, the same as for violation of KRS 216B.250.
- (3) Each health facility shall grant to the cancer registry access to all records which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or status of any identified cancer patient. Hospitals actively participating and enrolled in the cancer patient data management system of the Kentucky Cancer Program as of July 13, 1990, shall be considered to be in compliance with this section. The Lucille Parker Markey Cancer Center shall provide staff assistance in compiling and reporting required information to hospitals which treat a low volume of patients.
- (4) No liability of any kind or character for damages or other relief shall arise or be enforced against any licensed health facility by reason of having provided the information or material to the Kentucky Cancer Registry pursuant to the requirements of this section.
- (5) The identity of any person whose condition or treatment has been reported to the Kentucky Cancer Registry shall be confidential, except that:
 - (a) The Kentucky Cancer Registry may exchange patient-specific data with any other cancer control agency or clinical facility for the purpose of obtaining information necessary to complete a case record, but the agency or clinical facility shall not further disclose such personal data; and
 - (b) The Kentucky Cancer Registry may contact individual patients if necessary to obtain follow-up information which is not available from the health facility.
- (6) All information, interviews, reports, statements, memoranda, or other data furnished by reason of this section, expressly including all portions, subsets, extracts, or compilations of the data as well as any findings or conclusions resulting from those studies, shall be privileged and shall not be considered public records under

KRS 61.870 to 61.884. The Kentucky Cancer Registry may determine that certain extracts, subsets, or compilations of data do not reveal privileged information and may be published or otherwise shared to further the public health goals set forth herein.

- (7) The Kentucky Cancer Registry shall make periodic reports of its data and any related findings and recommendations to the Legislative Research Commission, the Interim Joint Committees on Appropriations and Revenue and ~~on Health Services and Welfare~~, the Governor, the Cabinet for Health and Family Services, the reporting health facility, and other appropriate governmental and nongovernmental cancer control agencies whose intent it is to reduce the incidence, morbidity, and mortality of cancer. The Kentucky Cancer Registry may conduct analyses and studies as are indicated to advance cancer control in the Commonwealth, either directly or by confidentially sharing data with third parties.

➔Section 27. KRS 214.564 is amended to read as follows:

- (1) A Lung Cancer Screening Advisory Committee is hereby established. The advisory committee shall include:
- (a) One (1) member of the House of Representatives who shall be appointed by and serve at the pleasure of the Speaker of the House;
 - (b) One (1) member of the Senate who shall be appointed by and serve at the pleasure of the President of the Senate;
 - (c) The deputy commissioner of the Department for Public Health;
 - (d) The commissioner of the Department of Insurance, or his or her designee;
 - (e) The commissioner of the Department for Medicaid Services, or his or her designee;
 - (f) Two (2) at-large members who shall be appointed by the Governor;
 - (g) One (1) member who shall be appointed by the Governor from a list of three (3) names provided by the American Cancer Society;
 - (h) The director of the Kentucky Cancer Program at the University of Kentucky;
 - (i) The director of the Kentucky Cancer Program at the University of Louisville;
 - (j) The director of the Kentucky Cancer Registry;
 - (k) The director of the American Lung Association of Kentucky;
 - (l) The chair of Kentucky African Americans Against Cancer; and
 - (m) The director of the Kentucky Cancer Consortium.
- (2) The chair of the advisory committee shall be elected from the membership of the advisory committee to serve for a two (2) year term. A member of the advisory committee may designate an alternate to attend meetings in his or her place.
- (3) The advisory committee may add members of subject matter expertise from other organizations as deemed appropriate.
- (4) The advisory committee shall:
- (a) Review relevant data, clinical guidelines, and best practices for lung cancer screening;
 - (b) Provide recommendations for the overall implementation and conduct of the program with the goal of improving access to high-quality lung cancer screening;
 - (c) Establish and provide oversight for a lung cancer screening, public awareness, education, and outreach program to focus on individuals who are eligible for lung cancer screening; and
 - (d) Provide an annual report on implementation and outcomes from the program and recommendations to the Legislative Research Commission, the Interim Joint Committee on Health~~, Welfare, and Family~~ Services, the Interim Joint Committee on Appropriations and Revenue, the Governor, the secretary of the Cabinet for Health and Family Services, and the commissioner of the Department for Public Health.

➔Section 28. KRS 214.640 is amended to read as follows:

- (1) The Cabinet for Health and Family Services may create, to the extent permitted by available staffing and funding, an HIV and AIDS Planning and Advisory Council to consist of no more than thirty (30) members, for

the purpose of advising the cabinet on the formulation of HIV and AIDS policy. Membership on the committee shall be drawn from the following:

- (a) The commissioner of the Department for Public Health;
- (b) The commissioner of the Department for Medicaid Services;
- (c) Representatives of other state agencies or boards that provide services to clients of HIV or AIDS services or that provide education to professionals who come into contact with HIV or AIDS clients, as designated by the Governor;
- (d) Physicians representing different geographic regions of the state;
- (e) HIV or AIDS clients; and
- (f) Representatives of community-based organizations from different geographic regions of the state.

To the extent possible, membership of the council shall reflect the epidemiology of the HIV/AIDS epidemic.

- (2) The members designated under paragraphs (a) to (c) of subsection (1) of this section shall serve for the duration of service in their offices, subject to removal for cause by the Governor. These members shall not be paid for attending council meetings but may receive reimbursement of expenses.
- (3) The members serving under paragraphs (d) to (f) of subsection (1) of this section shall be appointed by the cabinet from lists submitted by the appropriate licensing entities of the profession involved, by the cabinet, and by community-based organizations. These members shall serve for a term of four (4) years and may be reappointed, but the members shall not serve for more than two (2) consecutive terms.
- (4) The chair of the council shall be elected from the membership serving under paragraphs (d) to (f) of subsection (1) of this section.
- (5) The functions of the council shall include but shall not be limited to:
 - (a) Reporting its findings to the cabinet and monitoring the responsiveness of the cabinet to insure that the council's recommendations are being followed;
 - (b) Exploring the feasibility, design, cost, and necessary funding for centers of excellence to deliver comprehensive, coordinated medical and related care to all people with HIV or AIDS in the Commonwealth based on national clinical guidelines and practice standards. Coordinated medical care shall include but not be limited to access to:
 - 1. AIDS primary care;
 - 2. Drug therapy;
 - 3. Specialists' care, including psychiatric and other mental health providers;
 - 4. Case management services;
 - 5. Dental care;
 - 6. Chemical dependency treatment; and
 - 7. Basic needs, including but not limited to housing and food;
 - (c) Assessing resources and gaps in services provided for persons with HIV or AIDS;
 - (d) Subdividing into necessary subcommittees. One (1) subcommittee may be formed that will consist solely of persons living with HIV or AIDS. This subcommittee shall make those recommendations as it deems necessary to the council, including recommendations on effective peer-based prevention programs; and
 - (e) Reporting its findings and recommendations to the General Assembly and the Interim Joint Committee on Health ~~Services and Welfare~~ by September 1, 2001, and by September 1 of each year thereafter.

➔Section 29. KRS 214.645 is amended to read as follows:

- (1) The Cabinet for Health and Family Services shall establish a system for reporting, by the use of the person's name, of all persons who test positive for the human immunodeficiency virus (HIV) infection. The reporting shall include the data including, but not limited to, CD4 count and viral load, and other information that are

necessary to comply with the confidentiality and reporting requirements of the most recent edition of the Centers for Disease Control and Prevention's (CDC) Guidelines for National Human Immunodeficiency Virus Case Surveillance. Anonymous testing shall remain as an alternative. If less restrictive data identifying requirements are identified by the CDC, the cabinet shall evaluate the new requirements for implementation.

- (2) The reporting system established under subsection (1) of this section shall:
 - (a) Use the same confidential name-based approach for HIV surveillance that is used for AIDS surveillance by the cabinet;
 - (b) Attempt to identify all modes of HIV transmission, unusual clinical or virologic manifestations, and other cases of public health importance;
 - (c) Require collection of the names and data from all private and public sources of HIV-related testing and care services; and
 - (d) Use reporting methods that match the CDC's standards for completeness, timeliness, and accuracy, and follow up, as necessary, with the health care provider or the provider's designee making the report to verify completeness, timeliness, and accuracy.
- (3) Authorized surveillance staff designated by the cabinet shall:
 - (a) Match the information from the reporting system to other public health databases, wherever possible, to limit duplication and to better quantify the extent of HIV infection in the Commonwealth;
 - (b) Conduct a biennial assessment of the HIV and AIDS reporting systems, insure that the assessment is available for review by the public and any state or federal agency, and forward a copy of the assessment to the Legislative Research Commission and the Interim Joint Committee on Health ~~Services and Welfare~~;
 - (c) Document the security policies and procedures and insure their availability for review by the public or any state or federal agency;
 - (d) Minimize storage and retention of unnecessary paper or electronic reports and insure that related policies are consistent with CDC technical guidelines;
 - (e) Assure that electronic transfer of data is protected by encryption during transfer;
 - (f) Provide that records be stored in a physically secluded area and protected by coded passwords and computer encryption;
 - (g) Restrict access to data a minimum number of authorized surveillance staff who are designated by a responsible authorizing official, who have been trained in confidentiality procedures, and who are aware of penalties for unauthorized disclosure of surveillance information;
 - (h) Require that any other public health program that receives data has appropriate security and confidentiality protections and penalties;
 - (i) Restrict use of data, from which identifying information has been removed, to cabinet-approved research, and require all persons with this use to sign confidentiality statements;
 - (j) Prohibit release of any names or any other identifying information that may have been received in a report to any person or organization, whether public or private, except in compliance with federal law or consultations with other state surveillance programs and reporting sources. Under no circumstances shall a name or any identifying information be reported to the CDC; and
 - (k) Immediately investigate any report of breach of reporting, surveillance, or confidentiality policy, report the breach to the CDC, develop recommendations for improvements in security measure, and take appropriate disciplinary action for any documented breach.
- (4) The cabinet shall require any physician, advanced practice registered nurse, designee, or medical laboratory that receives a report of a positive test for the human immunodeficiency virus to report that information by reference to the name in accordance with the procedure for establishing name reporting required by the cabinet in an administrative regulation.

➔Section 30. KRS 216.2929 is amended to read as follows:

- (1) (a) The Cabinet for Health and Family Services shall make available on its ~~website~~ ~~[Web site]~~ information on charges for health-care services at least annually in understandable language with sufficient

explanation to allow consumers to draw meaningful comparisons between every hospital and ambulatory facility, differentiated by payor if relevant, and for other provider groups as relevant data becomes available.

- (b) Any charge information compiled and reported by the cabinet shall include the median charge and other percentiles to describe the typical charges for all of the patients treated by a provider and the total number of patients represented by all charges, and shall be risk-adjusted.
 - (c) The report shall clearly identify the sources of data used in the report and explain limitations of the data and why differences between provider charges may be misleading. Every provider that is specifically identified in any report shall be given thirty (30) days to verify the accuracy of its data prior to public release and shall be afforded the opportunity to submit comments on its data that shall be included on the ~~website~~~~[Web site]~~ and as part of any printed report of the data.
 - (d) The cabinet shall only provide linkages to organizations that publicly report comparative-charge data for Kentucky providers using data for all patients treated regardless of payor source, which may be adjusted for outliers, is risk-adjusted, and meets the requirements of paragraph (c) of this subsection.
- (2) (a) The cabinet shall make information available on its ~~website~~~~[Web site]~~ at least annually describing quality and outcome measures in understandable language with sufficient explanations to allow consumers to draw meaningful comparisons between every hospital and ambulatory facility in the Commonwealth and other provider groups as relevant data becomes available.
- (b) 1. The cabinet shall utilize only national quality indicators that have been endorsed and adopted by the Agency for Healthcare Research and Quality, the National Quality Forum, or the Centers for Medicare and Medicaid Services; or
 - 2. The cabinet shall provide linkages only to the following organizations that publicly report quality and outcome measures on Kentucky providers:
 - a. The Centers for Medicare and Medicaid Services;
 - b. The Agency for Healthcare Research and Quality;
 - c. The Joint Commission; and
 - d. Other organizations that publicly report relevant outcome data for Kentucky providers.
 - (c) The cabinet shall utilize or refer the general public to only those nationally endorsed quality indicators that are based upon current scientific evidence or relevant national professional consensus and have definitions and calculation methods openly available to the general public at no charge.
- (3) Any report the cabinet disseminates or refers the public to shall:
- (a) Not include data for a provider whose caseload of patients is insufficient to make the data a reliable indicator of the provider's performance;
 - (b) Meet the requirements of subsection (1)(c) of this section;
 - (c) Clearly identify the sources of data used in the report and explain the analytical methods used in preparing the data included in the report; and
 - (d) Explain any limitations of the data and how the data should be used by consumers.
- (4) The cabinet shall report at least biennially, no later than October 1 of each odd-numbered year, on the special health needs of the minority population in the Commonwealth as compared to the population in the Commonwealth as compared to the population at large. The report shall contain an overview of the health status of minority Kentuckians, shall identify the diseases and conditions experienced at disproportionate mortality and morbidity rates within the minority population, and shall make recommendations to meet the identified health needs of the minority population.
- (5) The report required under subsection (4) of this section shall be submitted to the Interim Joint Committees on Appropriations and Revenue and Health ~~Services~~~~[and Welfare]~~ and to the Governor.

➔Section 31. KRS 216B.457 is amended to read as follows:

- (1) A certificate of need shall be required for all Level II psychiatric residential treatment facilities. The need criteria for the establishment of Level II psychiatric residential treatment facilities shall be in the state health plan.
- (2) An application for a certificate of need for Level II psychiatric residential treatment facilities shall not exceed fifty (50) beds. Level II facility beds may be located in a separate part of a psychiatric hospital, a separate part of an acute care hospital, or a Level I psychiatric residential treatment facility if the Level II beds are located on a separate floor, in a separate wing, or in a separate building. A Level II facility shall not refuse to admit a patient who meets the medical necessity criteria and facility criteria for Level II facility services. Nothing in this section and KRS 216B.450 and 216B.455 shall be interpreted to prevent a psychiatric residential treatment facility from operating both a Level I psychiatric residential treatment facility and a Level II psychiatric residential treatment facility.
- (3) The application for a Level II psychiatric residential treatment facility certificate of need shall include formal written agreements of cooperation that identify the nature and extent of the proposed working relationship between the proposed Level II psychiatric residential treatment facility and each of the following agencies, organizations, or entities located in the service area of the proposed facility:
 - (a) Regional interagency council for children with emotional disability or severe emotional disability created under KRS 200.509;
 - (b) Community board for mental health or individuals with an intellectual disability established under KRS 210.380;
 - (c) Department for Community Based Services;
 - (d) Local school districts;
 - (e) At least one (1) psychiatric hospital; and
 - (f) Any other agency, organization, or entity deemed appropriate by the cabinet.
- (4) The application for a certificate of need shall include:
 - (a) The specific number of beds proposed for each age group and the specific, specialized program to be offered;
 - (b) An inventory of current services in the proposed service area; and
 - (c) Clear admission and discharge criteria, including age, sex, and other limitations.
- (5) All Level II psychiatric residential treatment facilities shall comply with the licensure requirements as set forth in KRS 216B.105.
- (6) All Level II psychiatric residential treatment facilities shall be certified by the Joint Commission, the Council on Accreditation of Services for Families and Children, or any other accrediting body with comparable standards that are recognized by the Centers for Medicare and Medicaid Services.
- (7) A Level II psychiatric residential treatment facility shall be under the clinical supervision of a qualified mental health professional with training or experience in mental health treatment of children and youth.
- (8) Treatment services shall be provided by qualified mental health professionals or qualified mental health personnel. Individual staff who will provide educational programs shall meet the employment standards outlined by the Kentucky Board of Education and the Education Professional Standards Board.
- (9) A Level II psychiatric residential treatment facility shall meet the following requirements with regard to professional staff:
 - (a) A licensed psychiatrist, who is board-eligible or board-certified as a child or adult psychiatrist, shall be employed or contracted to meet the treatment needs of the residents and the functions that shall be performed by a psychiatrist;
 - (b) If a Level II psychiatric residential treatment facility has residents ages twelve (12) and under, the licensed psychiatrist shall be a board-eligible or board-certified child psychiatrist; and
 - (c) The licensed psychiatrist shall be present in the facility to provide professional services to the facility's residents at least weekly.
- (10) A Level II psychiatric residential treatment facility shall:

- (a) Prepare a written staffing plan that is tailored to meet the needs of the specific population of children and youth that will be admitted to the facility based on the facility's admission criteria. The written staffing plan shall include but not be limited to the following:
1. Specification of the direct care per-patient staffing ratio that the facility shall adhere to during waking hours and during sleeping hours;
 2. Delineation of the number of direct care staff per patient, including the types of staff and the mix and qualifications of qualified mental health professionals and qualified mental health personnel, that shall provide direct care and will comprise the facility's per-patient staffing ratio;
 3. Specification of appropriate qualifications for individuals included in the per-patient staffing ratio by job description, education, training, and experience;
 4. Provision for ensuring compliance with its written staffing plan, and specification of the circumstances under which the facility may deviate from the per-patient staffing ratio due to patient emergencies, changes in patient acuity, or changes in patient census; and
 5. Provision for submission of the written staffing plan to the cabinet for approval as part of the facility's application for initial licensure.

No initial license to operate as a Level II psychiatric residential treatment facility shall be granted until the cabinet has approved the facility's written staffing plan. Once a facility is licensed, it shall comply with its approved written staffing plan and, if the facility desires to change its approved per-patient staffing ratio, it shall submit a revised plan and have the plan approved by the cabinet prior to implementation of the change;

- (b) Require full-time professional and direct care staff to meet the continuing education requirements of their profession or be provided with forty (40) hours per year of in-service training; and
- (c) Develop and implement a training plan for all staff that includes but is not limited to the following:
1. Behavior-management procedures and techniques;
 2. Physical-management procedures and techniques;
 3. First aid;
 4. Cardiopulmonary resuscitation;
 5. Infection-control procedures;
 6. Child and adolescent growth and development;
 7. Training specific to the specialized nature of the facility;
 8. Emergency and safety procedures; and
 9. Detection and reporting of child abuse and neglect.

(11) A Level II psychiatric residential treatment facility shall require a criminal records check to be completed on all employees and volunteers. The employment or volunteer services of an individual shall be governed by KRS 17.165, with regard to a criminal records check. A new criminal records check shall be completed at least every two (2) years on each employee or volunteer.

- (12) (a) Any employee or volunteer who has committed or is charged with the commission of a violent offense as specified in KRS 439.3401, a sex crime specified in KRS 17.500, or a criminal offense against a victim who is a minor as specified in KRS 17.500 shall be immediately removed from contact with a child within the residential treatment center until the employee or volunteer is cleared of the charge.
- (b) An employee or volunteer under indictment, legally charged with felonious conduct, or subject to a cabinet investigation shall be immediately removed from contact with a child.
- (c) The employee or volunteer shall not be allowed to work with the child until a prevention plan has been written and approved by the cabinet, the person is cleared of the charge, or a cabinet investigation reveals an unsubstantiated finding, if the charge resulted from an allegation of child abuse, neglect, or exploitation.

- (d) Each employee or volunteer shall submit to a check of the central registry. An individual listed on the central registry shall not be a volunteer at or be employed by a Level II psychiatric residential treatment facility.
 - (e) Any employee or volunteer removed from contact with a child pursuant to this subsection may, at the discretion of the employer, be terminated, reassigned to a position involving no contact with a child, or placed on administrative leave with pay during the pendency of the investigation or proceeding.
- (13) An initial treatment plan of care shall be developed and implemented for each resident, and the plan of care shall be based on initial history and ongoing assessment of the resident's needs and strengths, with an emphasis on active treatment, transition planning, and after-care services, and shall be completed within seventy-two (72) hours of admission.
- (14) A comprehensive treatment plan of care shall be developed and implemented for each resident, and the plan of care shall be based on initial history and ongoing assessment of the resident's needs and strengths, with an emphasis on active treatment, transition planning, and after-care services, and shall be completed within ten (10) calendar days of admission.
- (15) A review of the treatment plan of care shall occur at least every thirty (30) days following the first ten (10) days of treatment and shall include the following documentation:
- (a) Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 - (b) An assessment of progress toward each treatment goal and objective with revisions as indicated; and
 - (c) A statement of justification for the level of services needed, including suitability for treatment in a less-restrictive environment and continued services.
- (16) A Level II psychiatric residential treatment facility shall provide or arrange for the provision of qualified dental, medical, nursing, and pharmaceutical care for residents. The resident's parent, guardian, legal custodian, or conservator may choose a professional for nonemergency services.
- (17) A Level II psychiatric residential treatment facility shall ensure that opportunities are provided for recreational activities that are appropriate and adapted to the needs, interests, and ages of the residents.
- (18) A Level II psychiatric residential treatment facility shall assist residents in the independent exercise of health, hygiene, and grooming practices.
- (19) A Level II psychiatric residential treatment facility shall assist each resident in securing an adequate allowance of personally owned, individualized, clean, and seasonal clothes that are the correct size.
- (20) A Level II psychiatric residential treatment facility shall assist, educate, and encourage each resident in the use of dental, physical, or prosthetic appliances or devices and visual or hearing aids.
- (21) The cabinet shall promulgate administrative regulations that include but are not limited to the following:
- (a) Establishing requirements for tuberculosis skin testing for staff of a Level II psychiatric residential treatment facility;
 - (b) Ensuring that accurate, timely, and complete resident assessments are conducted for each resident of a Level II psychiatric residential treatment facility;
 - (c) Ensuring that accurate, timely, and complete documentation of the implementation of a resident's treatment plan of care occurs for each resident of a Level II psychiatric residential treatment facility;
 - (d) Ensuring that an accurate, timely, and complete individual record is maintained for each resident of a Level II psychiatric residential treatment facility;
 - (e) Ensuring that an accurate, timely, and complete physical examination is conducted for each resident of a Level II psychiatric residential treatment facility;
 - (f) Ensuring accurate, timely, and complete access to emergency services is available for each resident of a Level II psychiatric residential treatment facility; and
 - (g) Ensuring that there is accurate, timely, and complete administration of medications for each resident of a Level II psychiatric residential treatment facility.
- (22) The cabinet shall, within ninety (90) days of July 15, 2010, promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and KRS 216B.450 and 216B.455. When

promulgating the administrative regulations, the cabinet shall not consider only staffing ratios when evaluating the written staffing plan of an applicant, but shall consider the applicant's overall ability to provide for the needs of patients.

- (23) The cabinet shall report, no later than August 1 of each year, to the Interim Joint Committee on Health ~~Services and Welfare~~ regarding the implementation of this section and KRS 216B.450 and 216B.455. The report shall include but not be limited to information relating to resident outcomes, such as lengths of stay in the facility, locations residents were discharged to, and whether residents were readmitted to a Level II psychiatric residential treatment facility within a twelve (12) month period.

→Section 32. KRS 260.032 is amended to read as follows:

The Commissioner of the Kentucky Department of Agriculture shall submit an annual report to the Interim Joint Committee on Health ~~Services and Welfare~~ and the Interim Joint Committee on Agriculture, which includes but is not limited to:

- (1) The amount of funding received for the Kentucky Farmers Market Nutrition Program;
- (2) The economic impact of the program;
- (3) Strategies implemented to market the program and improve nutrition; and
- (4) Statistics related to the number of individuals served and farmers' markets participating in the program.

→Section 33. KRS 304.14-642 is amended to read as follows:

- (1) The Kentucky Long-Term Care Partnership Insurance Program is established as a partnership between the Department for Medicaid Services and the Department of Insurance to:
 - (a) Provide incentives for an individual to insure against the cost of providing for his or her long-term care needs;
 - (b) Increase utilization of long-term care insurance policies;
 - (c) Assist in alleviating the financial burden of Kentucky's Medicaid program by encouraging the use of private insurance; and
 - (d) Provide a mechanism for individuals to qualify for Medicaid services for costs of long-term care without exhausting all of their assets and resources.
- (2) A long-term care partnership insurance policy shall:
 - (a) Provide coverage for expenses for at least twelve (12) months for each covered person on an expense-incurred, indemnity, or prepaid basis for one (1) or more long-term care services provided in a setting other than an acute care unit of a hospital;
 - (b) Be qualified under Section 7702B(b) of the Internal Revenue Code of 1986;
 - (c) Provide coverage for long-term care services for a policyholder who is a resident of a state with a qualified long-term care partnership program when coverage first became effective; and
 - (d) Not be issued prior to the effective date of an approved amendment to the State Medicaid Plan.
- (3) The Department of Insurance shall have responsibility to approve, pursuant to KRS 304.14-120, any long-term care partnership insurance policy available in Kentucky that meets and continues to meet all applicable federal and state laws and regulations. The state shall not impose any requirement affecting the terms or benefits of such a policy unless the state imposes such requirement on long-term care insurance policies without regard to whether the policy is covered under the partnership or is offered in connection with the partnership.
- (4) The Department of Insurance shall ensure that any agent who sells a long-term care partnership insurance policy can demonstrate an understanding of long-term care partnership insurance and how it relates to other public and private coverage of long-term care expenses. The Department for Medicaid Services shall provide consultation, materials, and other information to the Department of Insurance to enable the Department of Insurance to facilitate the development and issuance of uniform training materials for agents who sell long-term care insurance policies. The Department of Insurance may contract with another entity to conduct agent training and testing. Training and certification may be conducted at the expense of the insurance agent.

- (5) Within sixty (60) days of notice of approval of the amendment to the State Medicaid Plan required under KRS 205.619, the Department of Insurance shall promulgate an administrative regulation pursuant to KRS Chapter 13A to implement the Kentucky Long-Term Care Partnership Insurance Program.
- (6) The Department of Insurance and the Department for Medicaid Services shall report no later than September 30 each year to the Interim Joint Committee on Banking and Insurance and the Interim Joint Committee on Health ~~Services and Welfare~~ on the number of partnership insurance policies sold in Kentucky, utilization of the partnership insurance policies, and expenditures and cost savings associated with implementation, utilization, and maintenance of the partnership program. If national data reporting standards become available, the report submitted to the federal agency shall meet the requirements of this subsection.

➔Section 34. KRS 315.0351 is amended to read as follows:

- (1) Except as provided in subsection (2) of this section:
 - (a) Every person or pharmacy located outside this Commonwealth which does business, physically or by means of the Internet, facsimile, phone, mail, or any other means, inside this Commonwealth within the meaning of KRS Chapter 315, shall hold a current pharmacy permit as provided in KRS 315.035(1) and (4) issued by the Kentucky Board of Pharmacy. The pharmacy shall be designated an "out-of-state pharmacy" and the permit shall be designated an "out-of-state pharmacy permit." The fee for the permit shall not exceed the current in-state pharmacy permit fee as provided under KRS 315.035;
 - (b) Every out-of-state pharmacy granted an out-of-state pharmacy permit by the board shall disclose to the board the location, names, and titles of all principal corporate officers and all pharmacists who are dispensing prescription drugs to residents of the Commonwealth. A report containing this information shall be made to the board on an annual basis and within thirty (30) days after any change of office, corporate officer, or pharmacist;
 - (c) Every out-of-state pharmacy granted an out-of-state pharmacy permit shall comply with all statutorily-authorized directions and requests for information from any regulatory agency of the Commonwealth and from the board in accordance with the provisions of this section. The out-of-state pharmacy shall maintain at all times a valid unexpired permit, license, or registration to conduct the pharmacy in compliance with the laws of the jurisdiction in which it is a resident. As a prerequisite to seeking a permit from the Kentucky Board of Pharmacy, the out-of-state pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the jurisdiction in which it is located. Thereafter, the out-of-state pharmacy granted a permit shall submit to the Kentucky Board of Pharmacy a copy of any subsequent inspection report on the pharmacy conducted by the regulatory or licensing body of the jurisdiction in which it is located;
 - (d) Every out-of-state pharmacy granted an out-of-state pharmacy permit by the board shall maintain records of any controlled substances or dangerous drugs or devices dispensed to patients in the Commonwealth so that the records are readily retrievable from the records of other drugs dispensed;
 - (e) Records for all prescriptions delivered into Kentucky shall be readily retrievable from the other prescription records of the out-of-state pharmacy;
 - (f) Each out-of-state pharmacy shall, during its regular hours of operation, but not less than six (6) days per week and for a minimum of forty (40) hours per week, provide a toll-free telephone service directly to the pharmacist in charge of the out-of-state pharmacy and available to both the patient and each licensed and practicing in-state pharmacist for the purpose of facilitating communication between the patient and the Kentucky pharmacist with access to the patient's prescription records. A toll-free number shall be placed on a label affixed to each container of drugs dispensed to patients within the Commonwealth;
 - (g) Each out-of-state pharmacy shall have a pharmacist in charge who is licensed to engage in the practice of pharmacy by the Commonwealth that shall be responsible for compliance by the pharmacy with the provisions of this section and for the distribution and sale of dialysate solutions and devices pursuant to subsection (2) of this section;
 - (h) Each out-of-state pharmacy shall comply with KRS 218A.202;
 - (i) Any out-of-state pharmacy that dispenses more than twenty-five percent (25%) of its total prescription volume as a result of an original prescription order received or solicited by use of the Internet, including but not limited to electronic mail, shall receive and display in every medium in which it advertises itself a seal of approval for the National Association of Boards of Pharmacy certifying that it is a Verified

Internet Pharmacy Practice Site (VIPPS) or a seal certifying approval of a substantially similar program approved by the Kentucky Board of Pharmacy. VIPPS, or any other substantially similar accreditation, shall be maintained and remain current;

- (j) Any out-of-state pharmacy doing business in the Commonwealth of Kentucky shall certify the percentage of its annual business conducted via the Internet and electronic mail and submit such supporting documentation as requested by the board, and in a form or application required by the board, when it applies for permit or renewal;
 - (k) Any pharmacy doing business within the Commonwealth of Kentucky shall use the address on file with the Kentucky Board of Pharmacy as the return address on the labels of any package shipped into or within the Commonwealth. The return address shall be placed on the package in a clear and prominent manner; and
 - (l) The Kentucky Board of Pharmacy may waive the permit requirements of this chapter for an out-of-state pharmacy that only does business within the Commonwealth of Kentucky in limited transactions.
- (2) (a) Only subsection (1)(g) of this section shall apply to the sale or distribution of dialysate solutions or devices necessary to perform home peritoneal kidney dialysis to patients with end-stage renal disease, if:
- 1. The dialysate solutions or devices are approved or cleared by the federal Food and Drug Administration, as required by federal law;
 - 2. The dialysate solutions or devices are lawfully held by a manufacturer or manufacturer's agent that is properly registered with or licensed by the board as a manufacturer, wholesale distributor, or third-party logistics provider under this chapter;
 - 3. The dialysate solutions or devices are held and delivered in their original, sealed packaging from a Food and Drug Administration-approved manufacturing facility;
 - 4. The dialysate solutions or devices are only delivered upon receipt of a physician's prescription by a Kentucky licensed pharmacy and the transmittal of an order from the Kentucky licensed pharmacy to the manufacturer or manufacturer's agent; and
 - 5. The manufacturer or manufacturer's agent delivers the dialysate solutions or devices directly to:
 - a. A patient with end-stage renal disease or the patient's designee for the patient's self-administration of dialysis therapy; or
 - b. A health-care provider or institution for administration or delivery of dialysis therapy to a patient with end-stage renal disease.
- (b) 1. A manufacturer or manufacturer's agent who sells or distributes dialysate solutions or devices under this subsection shall employ or contract with a pharmacist who is licensed to engage in the practice of pharmacy by the Commonwealth to conduct a retrospective audit on ten percent (10%) of the orders processed by that manufacturer or manufacturer's agent each month.
- 2. On or before February 1 of each year, an annual summary of the monthly audits shall be prepared and submitted to the board, in the form prescribed by the board.
 - 3. On or before June 1 of each year, the board shall compile the summaries of monthly audits into a single report and submit that report to the Interim Joint Committee on Health ~~and Welfare and Family~~ Services.
- (c) Prescriptions and records of delivery for dialysate solutions or devices sold or distributed under this subsection shall be maintained by the manufacturer or manufacturer's agent for a minimum of two (2) years and shall be made available to the board upon request.
- (d) As used in this subsection, "dialysate solutions" means dextrose or icodextrin when used to perform home peritoneal kidney dialysis.
- (e) The Kentucky Board of Pharmacy will retain oversight of the distribution of dialysate solutions and devices under this section.

➔Section 35. 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 and shall issue a report upon request 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 Interim Joint Committee on *Families and Children* [~~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 36. KRS 620.055 is amended to read as follows:

- (1) An external child fatality and near fatality review panel is hereby created and established for the purpose of conducting comprehensive reviews of child fatalities and near fatalities, reported to the Cabinet for Health and Family Services, suspected to be a result of abuse or neglect. The panel shall be attached to the Justice and Public Safety Cabinet for staff and administrative purposes.
- (2) The external child fatality and near fatality review panel shall be composed of the following five (5) ex officio nonvoting members and seventeen (17) voting members:
 - (a) Two (2) members of the Kentucky General Assembly, one (1) appointed by the President of the Senate and one (1) appointed by the Speaker of the House of Representatives, who shall be ex officio nonvoting members;
 - (b) The commissioner of the Department for Community Based Services, who shall be an ex officio nonvoting member;
 - (c) The commissioner of the Department for Public Health, who shall be an ex officio nonvoting member;
 - (d) A family court judge selected by the Chief Justice of the Kentucky Supreme Court, who shall be an ex officio nonvoting members;
 - (e) A pediatrician from the University of Kentucky's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Kentucky School of Medicine;

- (f) A pediatrician from the University of Louisville's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Louisville School of Medicine;
 - (g) The state medical examiner or designee;
 - (h) A court-appointed special advocate (CASA) program director to be selected by the Attorney General from a list of three (3) names provided by the Kentucky CASA Association;
 - (i) A peace officer with experience investigating child abuse and neglect fatalities and near fatalities to be selected by the Attorney General from a list of three (3) names provided by the commissioner of the Kentucky State Police;
 - (j) A representative from Prevent Child Abuse Kentucky, Inc. to be selected by the Attorney General from a list of three (3) names provided by the president of the Prevent Child Abuse Kentucky, Inc. board of directors;
 - (k) A practicing local prosecutor to be selected by the Attorney General;
 - (l) The executive director of the Kentucky Domestic Violence Association or the executive director's designee;
 - (m) The chairperson of the State Child Fatality Review Team established in accordance with KRS 211.684 or the chairperson's designee;
 - (n) A practicing social work clinician to be selected by the Attorney General from a list of three (3) names provided by the Board of Social Work;
 - (o) A practicing addiction counselor to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Addiction Professionals;
 - (p) A representative from the family resource and youth service centers to be selected by the Attorney General from a list of three (3) names submitted by the Cabinet for Health and Family Services;
 - (q) A representative of a community mental health center to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Regional Mental Health and Mental Retardation Programs, Inc.;
 - (r) A member of a citizen foster care review board selected by the Chief Justice of the Kentucky Supreme Court;
 - (s) An at-large representative who shall serve as chairperson to be selected by the Secretary of State;
 - (t) The president of the Kentucky Coroners Association; and
 - (u) A practicing medication-assisted treatment provider to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Board of Medical Licensure.
- (3) (a) By August 1, 2013, the appointing authority or the appointing authorities, as the case may be, shall have appointed panel members. Initial terms of members, other than those serving ex officio, shall be staggered to provide continuity. Initial appointments shall be: five (5) members for terms of one (1) year, five (5) members for terms of two (2) years, and five (5) members for terms of three (3) years, these terms to expire, in each instance, on June 30 and thereafter until a successor is appointed and accepts appointment.
- (b) Upon the expiration of these initial staggered terms, successors shall be appointed by the respective appointing authorities, for terms of two (2) years, and until successors are appointed and accept their appointments. Members shall be eligible for reappointment. Vacancies in the membership of the panel shall be filled in the same manner as the original appointments.
- (c) At any time, a panel member shall recuse himself or herself from the review of a case if the panel member believes he or she has a personal or private conflict of interest.
- (d) If a voting panel member is absent from two (2) or more consecutive, regularly scheduled meetings, the member shall be considered to have resigned and shall be replaced with a new member in the same manner as the original appointment.

- (e) If a voting panel member is proven to have violated subsection (13) of this section, the member shall be removed from the panel, and the member shall be replaced with a new member in the same manner as the original appointment.
- (4) The panel shall meet at least quarterly and may meet upon the call of the chairperson of the panel.
- (5) Members of the panel shall receive no compensation for their duties related to the panel, but may be reimbursed for expenses incurred in accordance with state guidelines and administrative regulations.
- (6) Each panel member shall be provided copies of all information set out in this subsection, including but not limited to records and information, upon request, to be gathered, unredacted, and submitted to the panel within thirty (30) days by the Cabinet for Health and Family Services from the Department for Community Based Services or any agency, organization, or entity involved with a child subject to a fatality or near fatality:
 - (a) Cabinet for Health and Family Services records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons supervising the child at the time of the incident that include all records and documentation set out in this paragraph:
 - 1. All prior and ongoing investigations, services, or contacts;
 - 2. Any and all records of services to the family provided by agencies or individuals contracted by the Cabinet for Health and Family Services; and
 - 3. All documentation of actions taken as a result of child fatality internal reviews conducted pursuant to KRS 620.050(12)(b);
 - (b) Licensing reports from the Cabinet for Health and Family Services, Office of Inspector General, if an incident occurred in a licensed facility;
 - (c) All available records regarding protective services provided out of state;
 - (d) All records of services provided by the Department for Juvenile Justice regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident;
 - (e) Autopsy reports;
 - (f) Emergency medical service, fire department, law enforcement, coroner, and other first responder reports, including but not limited to photos and interviews with family members and witnesses;
 - (g) Medical records regarding the deceased or injured child, including but not limited to all records and documentation set out in this paragraph:
 - 1. Primary care records, including progress notes; developmental milestones; growth charts that include head circumference; all laboratory and X-ray requests and results; and birth record that includes record of delivery type, complications, and initial physical exam of baby;
 - 2. In-home provider care notes about observations of the family, bonding, others in home, and concerns;
 - 3. Hospitalization and emergency department records;
 - 4. Dental records;
 - 5. Specialist records; and
 - 6. All photographs of injuries of the child that are available;
 - (h) Educational records of the deceased or injured child, or other children residing in the home where the incident occurred, including but not limited to the records and documents set out in this paragraph:
 - 1. Attendance records;
 - 2. Special education services;
 - 3. School-based health records; and
 - 4. Documentation of any interaction and services provided to the children and family.

The release of educational records shall be in compliance with the Family Educational Rights and Privacy Act, 20 U.S.C. sec. 1232g and its implementing regulations;

- (i) Head Start records or records from any other child care or early child care provider;
 - (j) Records of any Family, Circuit, or District Court involvement with the deceased or injured child and his or her caregivers, residents of the home and persons involved with the child at the time of the incident that include but are not limited to the juvenile and family court records and orders set out in this paragraph, pursuant to KRS Chapters 199, 403, 405, 406, and 600 to 645:
 - 1. Petitions;
 - 2. Court reports by the Department for Community Based Services, guardian ad litem, court-appointed special advocate, and the Citizen Foster Care Review Board;
 - 3. All orders of the court, including temporary, dispositional, or adjudicatory; and
 - 4. Documentation of annual or any other review by the court;
 - (k) Home visit records from the Department for Public Health or other services;
 - (l) All information on prior allegations of abuse or neglect and deaths of children of adults residing in the household;
 - (m) All law enforcement records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident; and
 - (n) Mental health records regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident.
- (7) The panel may seek the advice of experts, such as persons specializing in the fields of psychiatric and forensic medicine, nursing, psychology, social work, education, law enforcement, family law, or other related fields, if the facts of a case warrant additional expertise.
- (8) The panel shall post updates after each meeting to the ~~website~~~~[Web site]~~ of the Justice and Public Safety Cabinet regarding case reviews, findings, and recommendations.
- (9) The panel chairperson, or other requested persons, shall report a summary of the panel's discussions and proposed or actual recommendations to the Interim Joint Committee on ***Families and Children***~~[Health and Welfare]~~ of the Kentucky General Assembly monthly or at the request of a committee co-chair. The goal of the committee shall be to ensure impartiality regarding the operations of the panel during its review process.
- (10) (a) The panel shall publish an annual report by February 1 of each year consisting of case reviews, findings, and recommendations for system and process improvements to help prevent child fatalities and near fatalities that are due to abuse and neglect. The report shall be submitted to the Governor, the secretary of the Cabinet for Health and Family Services, the Chief Justice of the Supreme Court, the Attorney General, the State Child Abuse and Neglect Prevention Board established pursuant to KRS 15.905, and the director of the Legislative Research Commission for distribution to the Interim Joint Committee on ***Families and Children***~~[Health, Welfare, and Family Services]~~, and the Interim Joint Committee on Judiciary.
- (b) The panel shall determine which agency is responsible for implementing each recommendation, and shall forward each recommendation in writing to the appropriate agency.
- (c) Any agency that receives a recommendation from the panel shall, within ninety (90) days of receipt:
- 1. Respond to the panel with a written notice of intent to implement the recommendation, an explanation of how the recommendation will be implemented, and an approximate time frame of implementation; or
 - 2. Respond to the panel with a written notice that the agency does not intend to implement the recommendation, and a detailed explanation of why the recommendation cannot be implemented.
- (11) Information and record copies that are confidential under state or federal law and are provided to the external child fatality and near fatality review panel by the Cabinet for Health and Family Services, the Department for Community Based Services, or any agency, organization, or entity for review shall not become the information and records of the panel and shall not lose their confidentiality by virtue of the panel's access to the information and records. The original information and records used to generate information and record copies provided to the panel in accordance with subsection (6) of this section shall be maintained by the appropriate agency in accordance with state and federal law and shall be subject to the Kentucky Open Records Act, KRS

61.870 to 61.884. All open records requests shall be made to the appropriate agency, not to the external child fatality and near fatality review panel or any of the panel members. Information and record copies provided to the panel for review shall be exempt from the Kentucky Open Records Act, KRS 61.870 to 61.884. At the conclusion of the panel's examination, all copies of information and records provided to the panel involving an individual case shall be destroyed by the Justice and Public Safety Cabinet.

- (12) Notwithstanding any provision of law to the contrary, the portions of the external child fatality and near fatality review panel meetings during which an individual child fatality or near fatality case is reviewed or discussed by panel members may be a closed session and subject to the provisions of KRS 61.815(1) and shall only occur following the conclusion of an open session. At the conclusion of the closed session, the panel shall immediately convene an open session and give a summary of what occurred during the closed session.
- (13) Each member of the external child fatality and near fatality review panel, any person attending a closed panel session, and any person presenting information or records on an individual child fatality or near fatality shall not release information or records not available under the Kentucky Open Records Act, KRS 61.870 to 61.884 to the public.
- (14) A member of the external child fatality and near fatality review panel shall not be prohibited from making a good faith report to any state or federal agency of any information or issue that the panel member believes should be reported or disclosed in an effort to facilitate effectiveness and transparency in Kentucky's child protective services.
- (15) A member of the external child fatality and near fatality review panel shall not be held liable for any civil damages or criminal penalties pursuant to KRS 620.990 as a result of any action taken or omitted in the performance of the member's duties pursuant to this section and KRS 620.050, except for violations of subsection (11), (12), or (13) of this section.
- (16) The proceedings, records, opinions, and deliberations of the external child fatality and near fatality review panel shall be privileged and shall not be subject to discovery, subpoena, or introduction into evidence in any civil or criminal actions in any manner that would directly or indirectly identify specific persons or cases reviewed by the panel. Nothing in this subsection shall be construed to restrict or limit the right to discover or use in any civil action any evidence that is discoverable independent of the proceedings of the panel.
- (17) The Legislative Oversight and Investigations Committee of the Kentucky General Assembly shall conduct an annual evaluation of the external child fatality and near fatality review panel established pursuant to this section to monitor the operations, procedures, and recommendations of the panel and shall report its findings to the General Assembly.

Signed by Governor March 20, 2023.