

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

Minutes of the July Meeting

July 13, 2020

Call to Order and Roll Call

The July meeting of the Administrative Regulation Review Subcommittee was held on Monday, July 13, 2020, at 10:00 AM, in Room 171 of the Capitol Annex. Senator Stephen West, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Stephen West, Co-Chair; Representative David Hale, Co-Chair; Senators Julie Raque Adams, Alice Forgy Kerr, and Reginald Thomas; Representatives Deanna Frazier and Mary Lou Marzian.

Guests: Clint Quarles, Department of Agriculture; Lori Bradbury-Robinson, William Codell, Bill Heffron, Department of Juvenile Justice; Todd Allen, David Horseman, Lauren Moore, Matt Ross, Karla Tipton; Department of Education; Robin Maples, Chuck Stribling, Department of Workplace Standards; Marc Guilfoil, Bruce Howard, Chad Thompson, Jennifer Wolsing; Kentucky Horse Racing Commission; Stuart Brown, Keeneland; Chauncey Morris, Kentucky Thoroughbred Association; Mike Ziegler, Churchill Downs; Peter Ecabert, Rick Hiles, Marty Maline, Kentucky Horsemen's Benevolent and Protective Association; Clara Fenger, North American Association of Racetrack Veterinarians; Laura Begin, Elizabeth Caywood, Wes Duke, Jason Dunn, Eric Friedlander, Donna Little, Adam Mather, Steven Stack, Sarah Vanover; Cabinet for Health and Family Services; Bradley Stevenson, Jennifer Washburn, Child Care Council of Kentucky.

LRC Staff: Sarah Amburgey, Stacy Auterson, Emily Caudill, Ange Darnell, Emily Harkenrider, Karen Howard, Carrie Nichols, and Christy Young.

The Administrative Regulation Review Subcommittee met on Monday, July 13, 2020, and submits this report:

The subcommittee determined that the following administrative regulation was deficient pursuant to KRS 13A.030(2)(a):

CABINET FOR HEALTH AND FAMILY SERVICES: Department for Community Based Services: Division of Child Care

922 KAR 2:400E. Enhanced requirements for certified and licensed child care as a result of a declared state of emergency. Laura Begin, regulation coordinator; Wes Duke, general counsel; Eric Friedlander, secretary; Donna Little, deputy executive director; Dr. Steven Stack, commissioner; and Dr. Sarah Vanover, division director, represented the cabinet. Jennifer Washburn, I Kids, and Brad Stevens, Child Care Council of Kentucky, appeared in opposition to this administrative regulation. Co-Chair West swore in Mr. Duke prior his testimony.

In response to a question by Co-Chair West, Dr. Vanover stated that the cabinet had collected data and met with the Child Care Council of Kentucky and limited-duration child care centers to develop these requirements. The cabinet also considered guidance from medical professionals. These requirements were a starting point and not permanent. These requirements would be changed as needed during the coronavirus (Covid 19) pandemic. Ms. Begin stated that this administrative regulation was filed as an emergency administrative regulation without an accompanying ordinary administrative regulation. The public hearing was scheduled for August 24. An emergency administrative regulation could not be amended, but may be withdrawn and refiled with changes if necessary.

In response to a question by Representative Frazier, Dr. Vanover stated that limited-duration child care centers were necessary for the children of medical staff and first responders. Almost nothing else was open when limited-duration child centers first operated. Many of these facilities enhanced protocols for the protection of the children. The goal of this administrative regulation was to maintain health and safety and limit the spread of coronavirus (Covid 19). The State Fire Marshal had indicated to the cabinet that the risk from coronavirus (Covid 19) was more significant than risks from physical environment changes in child care facilities if stability and other safety requirements were met.

In response to a question by Co-Chair West, Mr. Duke stated that there was currently a Boone County restraining order regarding the enforcement of child care ratio requirements.

In response to a question by Co-Chair Hale, Dr. Vanover stated that coronavirus (Covid 19) had a huge impact on child care centers, which served communities. Most centers that had been lost were in-home centers. The federal CARES Act provided some funding, which the cabinet allocated as quickly as possible. There were also some funds for personal protective equipment and cleaning assistance. More funding was needed. The requirements in this administrative regulation could be adjusted as necessary during the coronavirus (Covid 19) pandemic. Younger children within a same cohort might still need separation from older children for safety reasons beyond coronavirus (Covid 19.) Co-Chair Hale stated that funding continued to be insufficient.

In response to a question by Co-Chair West, Mr. Stevens stated that, while facilities were grateful for the federal CARES funding, child care centers were in a financial crisis. The group-size requirements in this administrative regulation were not included in the U.S. Centers for Disease Control recommendations. A recent survey of Kentucky child care centers indicated that enrollment was down significantly, which was leading to financial hardships. Some centers had not reopened and had no reopen date currently scheduled. Forty-three (43) percent of child care centers that responded to the survey indicated they would have to close if group-size requirements, which were impractical, remained in place.

In response to a question by Co-Chair West, Ms. Washburn stated that child care centers had experienced significant losses. I Kids would have to close by October 12 if changes were not made. After-school centers would be forced to reduce groups that had already been together throughout the school day. Other venues, such as amusement parks, did not include group-size requirements.

In response to a question by Senator Thomas, Mr. Stevens stated that limited-duration child care centers without group-size requirements did not have a single case of coronavirus (Covid 19) through May 25. Ms. Washburn stated that children would not be safely cared for if child care centers closed.

In response to a question by Representative Frazier, Mr. Stevens stated that federal CARES funding was provided to centers during times when child care was not being provided, which was very helpful at the time. Representative Frazier stated that limited-duration child care centers seemed able to care for children without these group-size requirements.

In response to a question by Co-Chair Hale, Co-Chair West stated that it was not possible to amend an emergency administrative regulation.

In response to a question by Co-Chair Hale, Dr. Vanover stated that smaller group sizes were to protect the health and safety of very young children and child care employees. While this emergency administrative regulation could not be amended, the cabinet was able to withdraw and refile this administrative regulation with changes if necessary.

In response to a question by Representative Marzian, Ms. Begin stated that the cabinet was prepared to withdraw and refile this administrative regulation with changes once a determination on the matter was made. Mr. Duke stated that the restraining order was also currently in place to prevent enforcement.

Co-Chair Hale made a motion, seconded by Representative Frazier, to find this administrative regulation deficient. A roll call vote was conducted, and with five (5) votes to find the administrative regulation deficient and two (2) votes against deficiency, this administrative regulation was found deficient.

Co-Chair West explained his yes vote. He stated that he agreed with the motion for deficiency, because Kentucky could face economic collapse if child care centers did not reopen. Kentucky had to find the proper balance between safety and getting people back to work. He stated that he trusted child care centers to protect children's health and safety.

Representative Frazier explained her yes vote. She stated that it was important to protect all children's lives. This administrative regulation should be congruent with requirements for limited-duration child care centers.

Senator Thomas explained his no vote. He stated that citizens were dying from coronavirus (Covid 19), especially vulnerable populations. Kentucky should always take measures to protect young people.

Effective Administrative Regulation Reviewed by the Subcommittee Pursuant to KRS 13A.030(3) and 13A.290(1)(b)3.:

CABINET FOR HEALTH AND FAMILY SERVICES: Department for Public Health: Division of Epidemiology

902 KAR 2:190E. Covering the face in response to declared national or state public health emergency. Laura Begin, regulation coordinator; Wes Duke, general counsel; Eric Friedlander, secretary; Dr. Steven Stack, commissioner; and Dr. Sarah Vanover, division director, represented the cabinet.

In response to questions by Co-Chair West, Mr. Friedlander stated that the cabinet had three (3) goals relative to this administrative regulation: saving lives, opening schools, and opening the economy. A growing body of studies demonstrated that masks had an impact on the spread of coronavirus (Covid 19). Dr. Stack stated that the data was quickly evolving. U.S. Centers for Disease Control and other health professionals had extensive research data to support mask recommendations. Dr. Stack agreed to provide the subcommittee with the referenced studies. Mr. Duke and Dr. Stack stated that the General Assembly was not consulted during the development of this administrative regulation. Mr. Duke stated that the cabinet considered KRS Chapter 39A, which established executive authority, and KRS Chapter 13A, which established the administrative regulation process. Mr. Duke agreed to provide the subcommittee with any written legal analysis that was conducted in the development of this administrative regulation. Co-Chair West stated that rigorous scrutiny was required regarding this administrative regulation, because this administrative regulation did not have direct statutory authority, but relied on an Executive Order, and because a public hearing had not yet been held.

In response to questions by Senator Raque Adams, Mr. Duke stated that the cabinet would clarify exemptions from this administrative regulation with Local Health Departments. A deaf patron was an obvious exemption. A business with an employee who

refused to wear a mask should first educate the employee regarding the reasons for the requirement. The cabinet was working to clarify procedures for enforcement. Mr. Friedlander stated that many businesses viewed this administrative regulation as supporting their policies.

In response to questions by Co-Chair West, Dr. Stack stated that coronavirus (Covid 19) was causing disruption and hardship. The steps established in this administrative regulation and in 922 KAR 2:400E would allow Kentucky to get back to a more normal situation. This administrative regulation was necessary, because some Kentuckians were not wearing masks as recommended and the number of Kentuckians infected was rising. Wearing masks to reduce and control coronavirus (Covid 19) infection was the current, stated recommendation of the World Health Organization and the U.S. Centers for Disease Control. Mr. Duke stated that the cabinet was in ongoing consultation with Local Health Departments and the Labor Cabinet regarding clarifications pertaining to exemptions. Withdrawing and refileing this administrative regulation seemed to be the most efficient way to renew it after the thirty (30) day expiration of requirements. KRS 214.020 authorized a fine for violations of this administrative regulation. Senator West stated that there was a 1978 Attorney General opinion that stated that the Governor could not independently establish a fine.

In response to questions by Senator Thomas, Dr. Stack stated that coronavirus (Covid 19) was spread by respiratory excretions and was highly contagious. One (1) person might infect up to three (3) others. Coronavirus (Covid 19) infection was deadly for some individuals. There was no cure, no vaccination currently available, and no standard treatment, other than hospitalization. Masks were the best way to prevent infection. There was much still unknown about coronavirus (Covid 19), and it was possible that the virus might linger in the air. Masks primarily prevented infecting others; however, there was also the potential for some level of personal protection.

In response to a question by Co-Chair Hale, Mr. Duke stated that primary enforcement would be toward businesses to comply and then toward individuals. A business should first ask an employee or patron to wear a mask. If the person refused, the business could refuse services. The penalty for a first violation was a warning. A business could call the Local Health Department for dealing with noncompliance. It was possible that law enforcement could also become involved. Additionally, Kentucky had a hotline, which was soon to recommence operations. There was specific guidance for religious activities on the Safe at Work Web site. Masks were mandatory, except for the exceptions established in this administrative regulation.

In response to questions by Co-Chair West, Mr. Friedlander stated that the Kentucky Chamber of Commerce supported this administrative regulation. Some areas of the country were experiencing a shortage of medical resources. While Kentucky was not experiencing medical resource shortages yet, this administrative regulation was intended to reduce that

possibility. To determine if renewal of this administrative regulation was necessary after thirty (30) days, the cabinet would consider Kentucky's rate of infection and medical capacity. Mr. Duke and Ms. Little stated that the public hearing was scheduled according to the normal administrative regulation process; however, the cabinet would be able to hold a public hearing sooner if it so chose. Mr. Duke stated that this administrative regulation did not include a due process hearing procedure. Nothing would prevent matters related to this administrative regulation from being considered by a court of law.

Representative Marzian stated that coronavirus (Covid 19) was dangerous. This administrative regulation constituted a simple safety measure. It was extremely selfish to refuse to wear a mask. This administrative regulation did not interfere with personal liberty.

Representative Frazier stated that the subcommittee's role was to determine how this administrative regulation was authorized and if it conformed to the administrative regulation process. In response to a question by Representative Frazier, Mr. Duke stated that a business owner that failed to ensure that employees were conforming to mask requirements might be subject to a charge of negligence. A business owner who required masks and offered a mask to an unmasked patron was doing what was possible to avoid a charge of negligence. Mr. Friedlander stated that masks, along with handwashing and social distancing, were the best way to prevent illness from coronavirus (Covid 19) until a vaccine was available.

In response to questions by Co-Chair West, Mr. Friedlander stated that recommendations regarding the effectiveness of wearing masks had evolved as more information became available. Studies confirmed mask efficacy. Mortality was a lagging factor, which might explain why cases had recently increased, but deaths seemed to have been reduced. Testing had increased, but the rate of positivity outpaced the rise in testing.

In response to a question by Senator Raque Adams, Mr. Friedlander stated that the cabinet agreed that communication was vital.

Senator Thomas stated that the Governor had been very transparent and communicative. Kentucky had been a leader in dealing with coronavirus (Covid 19.) It would be unfortunate if deaths increased because citizens refused to wear masks. Florida had a twenty (20) percent positivity rate. Kentucky's positivity rate had been doubling, which was alarming. In response to a question by Senator Thomas, Mr. Friedlander stated that Kentucky was doing well compared with many other states.

Co-Chair West stated that the primary recommendation was for the cabinet to hold an immediate public hearing, rather than waiting until the current hearing date of September 28. Additionally, due process was important.

Administrative Regulations Reviewed by the Subcommittee:

DEPARTMENT OF AGRICULTURE: Office of the Consumer and Environmental Protection: Industrial Hemp

302 KAR 50:012. Repeal of 302 KAR 050:040 and 302 KAR 050:050. Clint Quarles, attorney, represented the department.

302 KAR 50:020. Policies and procedures for hemp growers.

A motion was made and seconded to approve the following amendments: to amend the RELATES TO paragraph and Sections 1 through 10, 12 through 14, 17 through 19, and 21 through 27 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

302 KAR 50:030. Policies and procedures for hemp processors and handlers.

A motion was made and seconded to approve the following amendments: to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph and Sections 1 through 11 and 13 through 20 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

302 KAR 50:055. Sampling and THC testing, post-testing actions, disposal of noncompliant harvests.

A motion was made and seconded to approve the following amendments: to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph and Sections 1 through 8 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

302 KAR 50:060. Fees for the Hemp Licensing Program and forms.

A motion was made and seconded to approve the following amendments: to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph and Sections 1 and 2 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

JUSTICE AND PUBLIC SAFETY CABINET: Department of Juvenile Justice: Child Welfare

505 KAR 1:120. Department of Juvenile Justice Policies and Procedures Manual: Health and Safety Services. William Codell, assistant general counsel, represented the department.

In response to a question by Representative Marzian, Mr. Codell stated that the primary change to this administrative regulation was to replace the term, “qualified mental health professional,” with the term, “licensed behavioral health professional.”

A motion was made and seconded to approve the following amendments: to amend Section 1 and the material incorporated by reference to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

EDUCATION AND WORKFORCE DEVELOPMENT CABINET: Board of Education: Department of Education: Food Service Programs

702 KAR 6:040. Personnel; policies and procedures. Todd Allen, interim general counsel, represented the department.

A motion was made and seconded to approve the following amendment: to amend the STATUTORY AUTHORITY paragraph to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendment was approved.

702 KAR 6:046. Repeal of 702 KAR 006:045.

Department of Technical Education: General Administration

780 KAR 1:011. Repeal of 780 KAR 001:010.

LABOR CABINET: Department of Workplace Standards: Division of Occupational Safety and Health Compliance: Division of Occupational Safety and Health Education and Training

803 KAR 2:301. Adoption and extension of established federal standards. Robin Maples, occupational safety and health standards specialist, and Chuck Stribling, occupational safety and health standards federal – state coordinator, represented the division.

A motion was made and seconded to approve the following amendments: to amend the TITLE and Section 1 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:304. Exit routes and emergency planning.

A motion was made and seconded to approve the following amendments: to amend Sections 1 and 2 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:311. Fire protection.

A motion was made and seconded to approve the following amendments: to amend Section 1 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:312. Compressed gas and compressed air equipment.

A motion was made and seconded to approve the following amendments: (1) to amend Section 1 to comply with the drafting requirements of KRS Chapter 13A; and (2) to delete Section 3. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:315. Hand and portable powered tools and other hand-held equipment.

A motion was made and seconded to approve the following amendments: to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph and Section 1 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:316. Welding, cutting, and brazing.

A motion was made and seconded to approve the following amendments: to amend Sections 1 and 2 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

803 KAR 2:319. Commercial diving operations.

A motion was made and seconded to approve the following amendments: (1) to amend Sections 1 and 2 to comply with the drafting requirements of KRS Chapter 13A; and (2) to delete Section 3. Without objection, and with agreement of the agency, the amendments were approved.

PUBLIC PROTECTION CABINET: Kentucky Horse Racing Commission:
General

810 KAR 2:090 & E. Temporary unsuitability of licensed premises. Marc Guilfoil, executive director; Dr. Bruce Howard, equine medical director; Chad Thompson, deputy general counsel; and Jennifer Wolsing, general counsel, represented the Kentucky Horse Racing Commission. Dr. Stuart Brown, equine safety director, Keeneland; Chauncey Morris, executive director, Kentucky Thoroughbred Association; and Mike Ziegler, executive director, Churchill Downs, appeared in support of these administrative regulations. Rick Hiles, president, Kentucky Horsemen's Benevolent and Protective Association; Peter Ecabert, general counsel, Kentucky Horsemen's Benevolent and Protective Association; and Dr. Clara Fenger, secretary, North American Association of Racetrack Veterinarians, appeared in opposition to these administrative regulations.

In response to a question by Co-Chair West, Dr. Howard stated that these administrative regulations represented a phase-down approach regarding furosemide to improve safety and for alignment among Kentucky requirements and other horse racing districts worldwide. The U.S. and Canada were out-of-step with the rest of the world regarding race day administration of furosemide. Studies demonstrated possible safety improvements by prohibiting race day administration of furosemide. The commission would continue to monitor, study, and report regarding this issue so that changes could be made as the data indicate. Many stakeholders advocated for these changes, which were necessary for veterinarians to fully assess a horse's soundness for racing.

In response to a question by Senator Raque Adams, Dr. Howard stated that the Equine Drug Research Council voted in support of these changes. Mr. Morris stated that Kentucky Thoroughbred Association supported these changes, which were a step toward modernizing horse racing. Dr. Brown stated that Keeneland supported these administrative regulations, which ensured the highest standards for safety in a phase-down approach. These administrative regulations represented a compromise related to a highly contentious issue.

In response to a question by Co-Chair West, Mr. Hiles stated that he had been a race horse owner and trainer for forty-eight (48) years. Without furosemide, race horses would bleed. After a race, the only horses tested for external bleeding were the winner and one (1) other horse. Approximately eighty (80) percent of race horses bled during a race, but most bleeding was internal. Furosemide was not performance enhancing and did not mask other drugs. A race day prohibition on furosemide would end horse racing in Kentucky. Scientific data showed that furosemide was beneficial. Furosemide administration on race day should not be prohibited. Mr. Hiles submitted two (2) letters from prominent horse owners who were opposed to these administrative regulations.

In response to a question by Co-Chair West, Mr. Ecabert stated that furosemide prevented and mitigated pulmonary bleeding and was not performance enhancing. Furosemide was safe and had been in use for forty (40) years. The public was notified which horses were racing with furosemide administration. The Kentucky Horsemen's

Benevolent and Protective Association supported the continued use of furosemide on race day. All horses bled to some extent during a race, and bleeding was primarily internal. Bleeding was progressive, meaning that once a horse bled during a race, future bleeding was more likely. Race day use of furosemide was the most efficient. Prohibiting race day administration of furosemide would adversely impact the racing industry. Data did not indicate that furosemide was the cause of horse deaths at Santa Anita.

In response to a question by Co-Chair West, Dr. Fenger stated that Kentucky, not Europe or the Far East, set the standard for horse racing. Science should drive the policy, and that was not happening with these administrative regulations. The incidents at Santa Anita have caused a knee-jerk reaction to prohibit furosemide. Medication rules had not improved the situation and might have resulted in more horse breakdowns. Bleeding during a horse race caused fatigue in the animal. Injury was most likely when a horse was fatigued. While the purpose of these administrative regulations was to increase safety, the result might actually be an increase in injuries. These administrative regulations did not provide guidance on the stacking of corticosteroids. There was not enough data available to establish thresholds. Horses could be tested with a result at or above the threshold even if the indicated drug was never administered. Maryland was not having races for two (2) year old horses because of the furosemide ban in that state.

In response to questions by Senator Thomas, Mr. Ecabert stated that the difference between “performance enhancing” and “performance enabling” was not a matter of semantics, because furosemide merely allowed a horse to reach its potential by preventing bleeding problems. Furosemide did not increase a horse’s abilities. Mr. Hiles stated that furosemide was a diuretic, without which other actions, such as withholding water might occur. Dr. Fenger stated that data demonstrated that horse performance was not affected by furosemide, other than that bleeding and related problems were avoided. European racing was almost exclusively dominated by royalty. Horse racing in the U.S. was the sport of common people. It was important not to make horse racing accessible only to the elite. Horse racing would disappear without furosemide because too many horses would have to be purchased. Mr. Hiles stated that European drug testing was different than in the U.S. There were medications administered to horses in Europe for which testing was not performed.

In response to questions by Representative Marzian, Dr. Fenger stated that Santa Anita had made many changes in response to incidents at that track, including changes to the racing surface. Furosemide was a legal therapeutic. These requirements would create interference between veterinarians and their clients because owners would be incentivized to hide conditions from veterinarians. Stress fractures, not normal wear and tear on joints, were usually the cause of horse breakdowns. Trainers would not want to train horses at more than approximately eighty (80) percent of maximum performance; therefore, furosemide was more efficiently administered on race day.

In response to a question by Co-Chair West, Mr. Hiles stated that more horses bled without furosemide. The development of these administrative regulations was not based on data. Dr. Fenger stated that the only committee votes against these administrative regulations were from medical professionals.

Co-Chair Hale stated that America should set the standard for horse racing. There had been a black eye on racing in the past few years, and horse racing was important as one of Kentucky's signature industries. Kentucky should do anything that would protect the safety of the horses and should not take a step backward in standards. Dr. Fenger stated that changes to these administrative regulations had not been demonstrated to fix problems in the racing industry. These administrative regulations would not make racing safer and might make it more dangerous. There was insufficient data to establish thresholds.

In response to a question by Co-Chair West, Mr. Guilfoil stated that the commission was not enforcing requirements that were not yet in effect. The commission was enforcing the International Racing Protocol, included in the 2015 version of these administrative regulations. Dr. Howard stated that published studies had questioned the efficacy of furosemide. The commission was not asking that furosemide be prohibited for training, but for administration within twenty-four (24) hours of racing. There was established science to justify the thresholds. Ms. Wolsing stated that these administrative regulations were approved unanimously by the commission in 2019. The commission received public comments during the public comment period and responded to those comments in the Statement of Consideration.

Co-Chair West stated that these administrative regulations would still be considered by the Interim Joint Committee on Licensing and Occupations and Administrative Regulations.

In response to a question by Representative Marzian, Mr. Morris stated that furosemide was not prohibited from use in training. Dr. Howard stated that furosemide was not for use on two (2) year old horses because there was a low incidence of bleeding. These changes were not anticipated to harm the horse racing industry.

A motion was made and seconded to approve the following amendments: to amend the STATUTORY AUTHORITY and NECESSITY, FUNCTION, AND CONFORMITY paragraphs and Section 1 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

Medication Guidelines

810 KAR 8:010. Medication; testing procedures; prohibited practices.

A motion was made and seconded to approve the following amendments: (1) to amend Sections 1 through 3, 6, 7, 14, and 20 to comply with the drafting and formatting requirements of KRS Chapter 13A; and (2) to establish a threshold for free prednisolone of ten (10) nanograms per milliliter in urine. Without objection, and with agreement of the agency, the amendments were approved.

810 KAR 8:020. Drug, medication, and substance classification schedule and withdrawal guidelines.

810 KAR 8:030. Disciplinary measures and penalties.

A motion was made and seconded to approve the following amendments: to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph and Sections 1, 4, and 7 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

810 KAR 8:070. Bisphosphonates.

CABINET FOR HEALTH AND FAMILY SERVICES: Department for Community Based Services: Division of Family Support: Supplemental Nutrition Assistance Program

921 KAR 3:025 & E. Technical requirements. Laura Begin, regulation coordinator, and Elizabeth Caywood, deputy commissioner, represented the division.

In response to questions by Co-Chair West, Ms. Begin stated that this administrative regulation was to address food insecurity related to coronavirus (Covid 19.) Ms. Caywood stated that this administrative regulation was under consideration even prior to the coronavirus (Covid 19) pandemic because noncustodial parents might have been adversely affected. Ms. Begin stated that this administrative regulation removed the disincentive pertaining to the payment of child support. The division did not envision removing these changes after the coronavirus (Covid 19) pandemic ended.

A motion was made and seconded to approve the following amendments: to amend the RELATES TO; STATUTORY AUTHORITY; and NECESSITY, FUNCTION, AND CONFORMITY paragraphs and Sections 1 through 3 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

The following administrative regulations were deferred or removed from the July 13, 2020, subcommittee agenda:

BOARDS AND COMMISSIONS: Board of Pharmacy

201 KAR 2:050. Licenses and permits; fees.

Board of Nursing

201 KAR 20:225E. Reinstatement of license.

201 KAR 20:470E. Dialysis technician credentialing requirements and training program standards.

Board of Real Estate Appraisers

201 KAR 30:130. Education provider, instructor, and course.

Board of Licensure of Marriage and Family Therapists

201 KAR 32:110 & E. Telehealth.

DEPARTMENT FOR LIBRARIES AND ARCHIVES: Division of Library Services: Libraries

725 KAR 2:060. Certification of public librarians.

725 KAR 2:070. Certification renewal of public librarians.

LABOR CABINET: Department of Workers' Claims

803 KAR 25:010. Procedure for adjustments of claims.

CABINET FOR HEALTH AND FAMILY SERVICES: Office of Inspector General: Division of Certificate of Need: State Health Plan

900 KAR 5:020. State Health Plan for facilities and services.

Department for Public Health: Division of Maternal and Child Health: Kentucky Early Intervention System

902 KAR 30:010E. Enhanced early intervention services in response to declared national or state public health emergency.

Department for Medicaid Services: Division of Policy and Operations: Medicaid Services

907 KAR 1:604 & E. Recipient cost-sharing.

Payment and Services

907 KAR 3:300 & E. Enhanced and suspended Medicaid services and requirements if there is a declared national or state emergency.

The subcommittee adjourned at 1:35 p.m. The next meeting of the subcommittee is tentatively scheduled for August 11, 2020, at 1 p.m.