

1 AN ACT relating to operations within the Cabinet for Health and Family Services.

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

3 ➔Section 1. KRS 79.080 is amended to read as follows:

4 (1) The term "health maintenance organization" for the purposes of this section, means
5 a health maintenance organization as defined in KRS 304.38-030, which has been
6 ~~licensed by the Kentucky Health Facilities and Health Services Certificate of Need~~
7 ~~and Licensure Board and~~ issued a certificate of authority by the Department of
8 Insurance as a health maintenance organization and which is qualified under the
9 requirements of the United States Department of Health, Education and Welfare,
10 except as provided in subsection (4) of this section.

11 (2) Cities of all classes, counties, and urban-county governments and the agencies of
12 cities, counties, charter county, and urban-county governments are authorized to
13 establish and operate plans for the payment of retirement, disability, health
14 maintenance organization coverage, or hospitalization benefits to their employees
15 and elected officers, and health maintenance organization coverage or
16 hospitalization benefits to the immediate families of their employees and elected
17 officers. The plan may require employees to pay a percentage of their salaries into a
18 fund from which coverage or benefits are paid, or the city, county, charter county,
19 urban-county government, or agency may pay out of its own funds the entire cost of
20 the coverage or benefits. A plan may include a combination of contributions by
21 employees and elected officers and by the city, county, charter county, urban-county
22 government, or agency into a fund from which coverage or benefits are paid, or it
23 may take any form desired by the city, county, charter county, urban-county
24 government, or agency. Each city, county, charter county, urban-county
25 government, or agency may make rules and regulations and do all other things
26 necessary in the establishment and operation of the plan.

27 (3) Cities of all classes, counties, charter counties, urban-county governments, the

1 agencies of cities, counties, charter counties, and urban-county governments, and all
2 other political subdivisions of the state may provide disability, hospitalization, or
3 other health or medical care coverage to their officers and employees, including
4 their elected officers, through independent or cooperative self-insurance programs
5 and may cooperatively purchase the coverages.

6 (4) Any city, county, charter county, or urban-county government which is a
7 contributing member to any one (1) of the retirement systems administered by the
8 state may participate in the state health insurance coverage program for state
9 employees as defined in KRS 18A.225 to 18A.229. Should any city, county, charter
10 county, or urban-county government opt at any time to participate in the state health
11 insurance coverage program, it shall do so for a minimum of three (3) consecutive
12 years. If after the three (3) year participation period, the city, county, charter county,
13 or urban-county government chooses to terminate participation in the state health
14 insurance coverage program, it will be excluded from further participation for a
15 period of three (3) consecutive years. If a city, county, charter county, or urban-
16 county government, or one (1) of its agencies, terminates participation of its active
17 employees in the state health insurance coverage program and there is a state
18 appropriation for the employer's contribution for active employees' health insurance
19 coverage, neither the unit of government, or its agency, nor the employees shall
20 receive the state-funded contribution after termination from the state employee
21 health insurance program. The three (3) year participation and exclusion cycles shall
22 take effect each time a city, county, charter county, or urban-county government
23 changes its participation status.

24 (5) Any city, county, charter county, urban-county government, or other political
25 subdivision of the state which employs more than twenty-five (25) persons and
26 which provides hospitalization benefits or health maintenance organization
27 coverage to its employees and elected officers, shall annually give its employees an

1 option to elect either standard hospitalization benefits or membership in a qualified
2 health maintenance organization which is engaged in providing basic health
3 services in a health maintenance service area in which at least twenty-five (25) of
4 the employees reside; except that if any city, county, charter county, urban-county
5 government, or agencies of any city, county, charter county, urban-county
6 government, or any other political subdivision of the state which does not have a
7 qualified health maintenance organization engaged in providing basic health
8 services in a health maintenance service area in which at least twenty-five (25) of
9 the employees reside, the city, county, charter county, urban-county government, or
10 agencies of the city, county, charter county, urban-county government, or any other
11 political subdivision of the state may annually give its employees an option to elect
12 either standard hospitalization benefits or membership in a health maintenance
13 organization which has been ~~licensed by the Kentucky Health Facilities and Health~~
14 ~~Services Certificate of Need and Licensure Board and~~ issued a certificate of
15 authority by the Department of Insurance as a health maintenance organization and
16 which is engaged in providing basic health services in a health maintenance service
17 area in which at least twenty-five (25) of the employees reside. Any premium due
18 for health maintenance organization coverage over the amount contributed by the
19 city, county, charter county, urban-county government, or other political subdivision
20 of the state which employs more than twenty-five (25) persons for any other
21 hospitalization benefit shall be paid by the employee.

22 (6) If an employee moves his place of residence or employment out of the service area
23 of a health maintenance organization, under which he has elected coverage, into
24 either the service area of another health maintenance organization or into an area of
25 the state not within a health maintenance organization service area, the employee
26 shall be given an option, at the time of the move or transfer, to elect coverage either
27 by the health maintenance organization into which service area he moves or is

1 transferred or to elect standard hospitalization coverage offered by the employer.

2 (7) Any plan adopted shall provide that any officer or member of a paid fire or police
3 department who has completed five (5) years or more as a member of the
4 department, but who is unable to perform his duties by reason of heart disease or
5 any disease of the lungs or respiratory tract, is presumed to have contracted his
6 disease while on active duty as a result of strain or the inhalation of noxious fumes,
7 poison or gases, and shall be retired by the pension board under terms of the
8 pension system of which he is a member, if the member passed an entrance physical
9 examination and was found to be in good health as required.

10 (8) The term "agency" as used herein shall include boards appointed to operate
11 waterworks, electric plants, hospitals, airports, housing projects, golf courses, parks,
12 health departments, or any other public project.

13 (9) After August 1, 1988, except as permitted by KRS 65.156, no new retirement plan
14 shall be created pursuant to this section, and cities which were covered by this
15 section on or prior to August 1, 1988, shall participate in the County Employees
16 Retirement System effective August 1, 1988. Any city, county, charter county,
17 urban-county, or agency thereof which provided a retirement plan for its employees,
18 pursuant to this section, on or prior to August 1, 1988, shall place employees hired
19 after August 1, 1988, in the County Employees Retirement System. The city,
20 county, charter county, urban-county, or agency thereof shall offer employees hired
21 on or prior to August 1, 1988, membership in the County Employees Retirement
22 System under the alternate participation plan as described in KRS 78.530(3), but
23 such employees may elect to retain coverage under this section.

24 ➔Section 2. KRS 199.8941 is amended to read as follows:

25 (1) **To the extent that funds are available, the Cabinet for Health and Family**
26 **Services, in consultation with the**~~The~~ Early Childhood Advisory Council, shall,
27 by administrative regulation promulgated in accordance with KRS Chapter 13A,

1 establish a program of monetary incentives including but not limited to an increased
2 child-care subsidy and a one-time merit achievement award for child-care centers
3 and certified family child-care homes that are tied to a quality rating system for
4 child care as established under KRS 199.8943.

5 (2) The monetary incentive program shall be reviewed annually by *the cabinet, in*
6 *consultation with* the council, for the purpose of determining future opportunities to
7 provide incentives.

8 (3) Participation in the program of monetary incentives and in the quality rating system
9 by public-funded child-care centers and certified family child-care homes is
10 mandatory.

11 (4) The Cabinet for Health and Family Services shall encourage the professional
12 development of persons who are employed or provide training in a child-care or
13 early childhood setting by facilitating their participation in the scholarship program
14 for obtaining a child development associate credential, postsecondary certificate,
15 diploma, degree, or specialty credential as established under KRS 164.518.

16 ➔Section 3. KRS 199.8943 is amended to read as follows:

17 (1) As used in this section:

18 (a) "Federally funded time-limited employee" has the same meaning as in KRS
19 18A.005;

20 (b) "Primary school program" has the same meaning as in KRS 158.031(1); and

21 (c) "Public-funded" means a program which receives local, state, or federal
22 funding.

23 (2) The Early Childhood Advisory Council shall, in consultation with early care and
24 education providers, the Cabinet for Health and Family Services, and others,
25 including but not limited to child-care resource and referral agencies and family
26 resource centers, Head Start agencies, and the Kentucky Department of Education,
27 develop a quality-based graduated early care and education program rating system

1 for public-funded licensed child-care and certified family child-care homes, public-
 2 funded preschool, and Head Start, based on but not limited to:

- 3 (a) Classroom and instructional quality;
- 4 (b) Administrative and leadership practices;
- 5 (c) Staff qualifications and professional development; and
- 6 (d) Family and community engagement.

7 (3) (a) The Cabinet for Health and Family Services shall, in consultation with the
 8 Early Childhood Advisory Council, promulgate administrative regulations in
 9 accordance with KRS Chapter 13A to implement the:

10 ~~(a) The~~ quality-based graduated early childhood rating system for public-funded
 11 child-care and certified family child-care homes, ~~public-funded preschool,~~
 12 ~~and Head Start~~ developed under subsection (2) of this section. ~~;~~

13 (b) *The Kentucky Department of Education shall, in consultation with the*
 14 *Early Childhood Advisory Council, promulgate administrative regulations*
 15 *in accordance with KRS Chapter 13A to implement the quality-based*
 16 *graduated early childhood rating system, developed under subsection (2) of*
 17 *this section, for public-funded preschool.*

18 (c) The administrative regulations promulgated in accordance with paragraphs
 19 (a) and (b) of this subsection shall include:

- 20 1. Agency time frames of reviews for rating;
- 21 2. ~~(e)~~ An appellate process under KRS Chapter 13B; and
- 22 3. ~~(d)~~ The ability of providers to request reevaluation for rating.

23 (4) The quality-based early childhood rating system shall not be used for enforcement
 24 of compliance or in any punitive manner.

25 (5) The Early Childhood Advisory Council, in consultation with the Kentucky Center
 26 for Education and Workforce Statistics, the Kentucky Department of Education,
 27 and the Cabinet for Health and Family Services, shall report by October 1 of each

1 year to the Interim Joint Committee on Education and the Interim Joint Committee
 2 on Health and Welfare on the implementation of the quality-based graduated early
 3 childhood rating system. The report shall include the following quantitative
 4 performance measures as data becomes available:

- 5 (a) Program participation in the rating system;
- 6 (b) Ratings of programs by program type;
- 7 (c) Changes in student school-readiness measures;
- 8 (d) Longitudinal student cohort performance data tracked through student
 9 completion of the primary school program; and
- 10 (e) Long-term viability recommendations for sustainability at the end of the Race
 11 to the Top-Early Learning Challenge grant.

12 (6) By November 1, 2017, the Early Childhood Advisory Council and the Cabinet for
 13 Health and Family Services shall report to the Interim Joint Committee on
 14 Education and the Interim Joint Committee on Health and Welfare on
 15 recommendations and plans for sustaining program quality after the depletion of
 16 federal Race to the Top-Early Learning Challenge grant funds.

17 (7) Any federally funded time-limited employee personnel positions created as a result
 18 of the federal Race to the Top-Early Learning Challenge grant shall be eliminated
 19 upon depletion of the grant funds.

20 ➔Section 4. KRS 199.990 is amended to read as follows:

21 (1) ~~{Any person violating any of the provisions of KRS 199.380 to 199.400 shall be~~
 22 ~~guilty of an offense, and upon conviction thereof, shall be fined not more than five~~
 23 ~~hundred dollars (\$500) or imprisoned for not more than twelve (12) months, or be~~
 24 ~~both fined and imprisoned, in the discretion of the court.~~

25 ~~(2)~~ Any person who violates any of the provisions of KRS 199.430, 199.470, 199.473,
 26 199.570, 199.572, and 199.590 except subsection (2), or 199.640 to 199.670, or any
 27 rule or regulation under such sections the violation of which is made unlawful shall

1 be fined not less than five hundred dollars (\$500) nor more than two thousand
2 dollars (\$2,000) or imprisoned for not more than six (6) months, or both. Each day
3 such violation continues shall constitute a separate offense.

4 ~~(2)~~~~(3)~~ Any person who willfully violates any other of the provisions of KRS 199.420
5 to 199.670 or any rule or regulation thereunder, the violation of which is made
6 unlawful under the terms of those sections, and for which no other penalty is
7 prescribed in those sections~~[or in subsection (1) of this section]~~, or in any other
8 applicable statute, shall be fined not less than one hundred dollars (\$100) nor more
9 than two hundred dollars (\$200) or imprisoned for not more than thirty (30) days, or
10 both.

11 ~~(3)~~~~(4)~~ Any violation of the regulations, standards, or requirements of the cabinet
12 under the provisions of KRS 199.896 that poses an immediate threat to the health,
13 safety, or welfare of any child served by the child-care center shall be subject to a
14 civil penalty of no more than one thousand dollars (\$1,000) for each occurrence.
15 Treble penalties shall be assessed for two (2) or more violations within twelve (12)
16 months. All money collected as a result of civil penalties assessed under the
17 provisions of KRS 199.896 shall be paid into the State Treasury and credited to a
18 special fund for the purpose of the Early Childhood Scholarship Program created in
19 accordance with KRS 164.518. The balance of the fund shall not lapse to the
20 general fund at the end of each biennium.

21 ~~(4)~~~~(5)~~ A person who commits a violation of the regulations, standards, or
22 requirements of the cabinet under the provisions of KRS 199.896 shall be fined not
23 less than one thousand dollars (\$1,000) or imprisoned for not more than twelve (12)
24 months, or be fined and imprisoned, at the discretion of the court.

25 ~~(5)~~~~(6)~~ Any person who violates any of the provisions of KRS 199.590(2) shall be
26 guilty of a Class D felony.

27 ➔Section 5. KRS 200.480 is amended to read as follows:

1 The Commission for Children with Special Health Care Needs shall ~~make a biennial~~
2 report ~~to the Governor showing~~ the amount of money received and expended and a
3 detailed statement of its activities **to the Governor and General Assembly upon**
4 **request** ~~for such period. A copy of such report shall be furnished each member of the~~
5 General Assembly at its first session following the filing of such report with the
6 Governor}.

7 ➔SECTION 6. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
8 READ AS FOLLOWS:

9 **Notwithstanding the provisions of KRS Chapter 13A, the Cabinet for Health and**
10 **Family Services may amend material that had been previously incorporated by**
11 **reference in an administrative regulation governing the Supplemental Nutrition**
12 **Assistance Program, formerly known as the federal food stamp program, through**
13 **technical amendment if the amendment is prescribed by the United States Department**
14 **of Agriculture.**

15 ➔Section 7. KRS 205.560 is amended to read as follows:

16 (1) The scope of medical care for which the Cabinet for Health and Family Services
17 undertakes to pay shall be designated and limited by regulations promulgated by the
18 cabinet, pursuant to the provisions in this section. Within the limitations of any
19 appropriation therefor, the provision of complete upper and lower dentures to
20 recipients of Medical Assistance Program benefits who have their teeth removed by
21 a dentist resulting in the total absence of teeth shall be a mandatory class in the
22 scope of medical care. Payment to a dentist of any Medical Assistance Program
23 benefits for complete upper and lower dentures shall only be provided on the
24 condition of a preauthorized agreement between an authorized representative of the
25 Medical Assistance Program and the dentist prior to the removal of the teeth. The
26 selection of another class or other classes of medical care shall be recommended by
27 the council to the secretary for health and family services after taking into

1 consideration, among other things, the amount of federal and state funds available,
2 the most essential needs of recipients, and the meeting of such need on a basis
3 insuring the greatest amount of medical care as defined in KRS 205.510 consonant
4 with the funds available, including but not limited to the following categories,
5 except where the aid is for the purpose of obtaining an abortion:

6 (a) Hospital care, including drugs, and medical supplies and services during any
7 period of actual hospitalization;

8 (b) Nursing-home care, including medical supplies and services, and drugs during
9 confinement therein on prescription of a physician, dentist, or podiatrist;

10 (c) Drugs, nursing care, medical supplies, and services during the time when a
11 recipient is not in a hospital but is under treatment and on the prescription of a
12 physician, dentist, or podiatrist. For purposes of this paragraph, drugs shall
13 include products for the treatment of inborn errors of metabolism or genetic,
14 gastrointestinal, and food allergic conditions, consisting of therapeutic food,
15 formulas, supplements, amino acid-based elemental formula, or low-protein
16 modified food products that are medically indicated for therapeutic treatment
17 and are administered under the direction of a physician, and include but are
18 not limited to the following conditions:

19 1. Phenylketonuria;

20 2. Hyperphenylalaninemia;

21 3. Tyrosinemia (types I, II, and III);

22 4. Maple syrup urine disease;

23 5. A-ketoacid dehydrogenase deficiency;

24 6. Isovaleryl-CoA dehydrogenase deficiency;

25 7. 3-methylcrotonyl-CoA carboxylase deficiency;

26 8. 3-methylglutaconyl-CoA hydratase deficiency;

27 9. 3-hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG-CoA lyase

- 1 deficiency);
- 2 10. B-ketothiolase deficiency;
- 3 11. Homocystinuria;
- 4 12. Glutaric aciduria (types I and II);
- 5 13. Lysinuric protein intolerance;
- 6 14. Non-ketotic hyperglycinemia;
- 7 15. Propionic acidemia;
- 8 16. Gyrate atrophy;
- 9 17. Hyperornithinemia/hyperammonemia/homocitrullinuria syndrome;
- 10 18. Carbamoyl phosphate synthetase deficiency;
- 11 19. Ornithine carbamoyl transferase deficiency;
- 12 20. Citrullinemia;
- 13 21. Arginosuccinic aciduria;
- 14 22. Methylmalonic acidemia;
- 15 23. Argininemia;
- 16 24. Food protein allergies;
- 17 25. Food protein-induced enterocolitis syndrome;
- 18 26. Eosinophilic disorders; and
- 19 27. Short bowel syndrome;
- 20 (d) Physician, podiatric, and dental services;
- 21 (e) Optometric services for all age groups shall be limited to prescription services,
- 22 services to frames and lenses, and diagnostic services provided by an
- 23 optometrist, to the extent the optometrist is licensed to perform the services
- 24 and to the extent the services are covered in the ophthalmologist portion of the
- 25 physician's program. Eyeglasses shall be provided only to children under age
- 26 twenty-one (21);
- 27 (f) Drugs on the prescription of a physician used to prevent the rejection of

1 transplanted organs if the patient is indigent;

2 (g) Nonprofit neighborhood health organizations or clinics where some or all of
3 the medical services are provided by licensed registered nurses or by advanced
4 medical students presently enrolled in a medical school accredited by the
5 Association of American Medical Colleges and where the students or licensed
6 registered nurses are under the direct supervision of a licensed physician who
7 rotates his services in this supervisory capacity between two (2) or more of the
8 nonprofit neighborhood health organizations or clinics specified in this
9 paragraph;

10 (h) Services provided by health-care delivery networks as defined in KRS
11 216.900; and

12 (i) Services provided by midlevel health-care practitioners as defined in KRS
13 216.900; ~~and~~

14 ~~(j) Smoking cessation treatment interventions or programs prescribed by a
15 physician, advanced practice registered nurse, physician assistant, or dentist,
16 including but not limited to counseling, telephone counseling through a
17 quitline, recommendations to the recipient that smoking should be
18 discontinued, and prescription and over-the-counter medications and nicotine
19 replacement therapy approved by the United States Food and Drug
20 Administration for smoking cessation].~~

21 (2) Payments for hospital care, nursing-home care, and drugs or other medical,
22 ophthalmic, podiatric, and dental supplies shall be on bases which relate the amount
23 of the payment to the cost of providing the services or supplies. It shall be one (1) of
24 the functions of the council to make recommendations to the Cabinet for Health and
25 Family Services with respect to the bases for payment. In determining the rates of
26 reimbursement for long-term-care facilities participating in the Medical Assistance
27 Program, the Cabinet for Health and Family Services shall, to the extent permitted

1 by federal law, not allow the following items to be considered as a cost to the
2 facility for purposes of reimbursement:

- 3 (a) Motor vehicles that are not owned by the facility, including motor vehicles
4 that are registered or owned by the facility but used primarily by the owner or
5 family members thereof;
- 6 (b) The cost of motor vehicles, including vans or trucks, used for facility business
7 shall be allowed up to fifteen thousand dollars (\$15,000) per facility, adjusted
8 annually for inflation according to the increase in the consumer price index-u
9 for the most recent twelve (12) month period, as determined by the United
10 States Department of Labor. Medically equipped motor vehicles, vans, or
11 trucks shall be exempt from the fifteen thousand dollar (\$15,000) limitation.
12 Costs exceeding this limit shall not be reimbursable and shall be borne by the
13 facility. Costs for additional motor vehicles, not to exceed a total of three (3)
14 per facility, may be approved by the Cabinet for Health and Family Services if
15 the facility demonstrates that each additional vehicle is necessary for the
16 operation of the facility as required by regulations of the cabinet;
- 17 (c) Salaries paid to immediate family members of the owner or administrator, or
18 both, of a facility, to the extent that services are not actually performed and are
19 not a necessary function as required by regulation of the cabinet for the
20 operation of the facility. The facility shall keep a record of all work actually
21 performed by family members;
- 22 (d) The cost of contracts, loans, or other payments made by the facility to owners,
23 administrators, or both, unless the payments are for services which would
24 otherwise be necessary to the operation of the facility and the services are
25 required by regulations of the Cabinet for Health and Family Services. Any
26 other payments shall be deemed part of the owner's compensation in
27 accordance with maximum limits established by regulations of the Cabinet for

- 1 Health and Family Services. Interest paid to the facility for loans made to a
2 third party may be used to offset allowable interest claimed by the facility;
- 3 (e) Private club memberships for owners or administrators, travel expenses for
4 trips outside the state for owners or administrators, and other indirect
5 payments made to the owner, unless the payments are deemed part of the
6 owner's compensation in accordance with maximum limits established by
7 regulations of the Cabinet for Health and Family Services; and
- 8 (f) Payments made to related organizations supplying the facility with goods or
9 services shall be limited to the actual cost of the goods or services to the
10 related organization, unless it can be demonstrated that no relationship
11 between the facility and the supplier exists. A relationship shall be considered
12 to exist when an individual, including brothers, sisters, father, mother, aunts,
13 uncles, and in-laws, possesses a total of five percent (5%) or more of
14 ownership equity in the facility and the supplying business. An exception to
15 the relationship shall exist if fifty-one percent (51%) or more of the supplier's
16 business activity of the type carried on with the facility is transacted with
17 persons and organizations other than the facility and its related organizations.
- 18 (3) No vendor payment shall be made unless the class and type of medical care
19 rendered and the cost basis therefor has first been designated by regulation.
- 20 (4) The rules and regulations of the Cabinet for Health and Family Services shall
21 require that a written statement, including the required opinion of a physician, shall
22 accompany any claim for reimbursement for induced premature births. This
23 statement shall indicate the procedures used in providing the medical services.
- 24 (5) The range of medical care benefit standards provided and the quality and quantity
25 standards and the methods for determining cost formulae for vendor payments
26 within each category of public assistance and other recipients shall be uniform for
27 the entire state, and shall be designated by regulation promulgated within the

1 limitations established by the Social Security Act and federal regulations. It shall
2 not be necessary that the amount of payments for units of services be uniform for
3 the entire state but amounts may vary from county to county and from city to city, as
4 well as among hospitals, based on the prevailing cost of medical care in each locale
5 and other local economic and geographic conditions, except that insofar as allowed
6 by applicable federal law and regulation, the maximum amounts reimbursable for
7 similar services rendered by physicians within the same specialty of medical
8 practice shall not vary according to the physician's place of residence or place of
9 practice, as long as the place of practice is within the boundaries of the state.

10 (6) Nothing in this section shall be deemed to deprive a woman of all appropriate
11 medical care necessary to prevent her physical death.

12 (7) To the extent permitted by federal law, no medical assistance recipient shall be
13 recertified as qualifying for a level of long-term care below the recipient's current
14 level, unless the recertification includes a physical examination conducted by a
15 physician licensed pursuant to KRS Chapter 311 or by an advanced practice
16 registered nurse licensed pursuant to KRS Chapter 314 and acting under the
17 physician's supervision.

18 (8) If payments made to community mental health centers, established pursuant to KRS
19 Chapter 210, for services provided to the intellectually disabled exceed the actual
20 cost of providing the service, the balance of the payments shall be used solely for
21 the provision of other services to the intellectually disabled through community
22 mental health centers.

23 (9) No long-term-care facility, as defined in KRS 216.510, providing inpatient care to
24 recipients of medical assistance under Title XIX of the Social Security Act on July
25 15, 1986, shall deny admission of a person to a bed certified for reimbursement
26 under the provisions of the Medical Assistance Program solely on the basis of the
27 person's paying status as a Medicaid recipient. No person shall be removed or

1 discharged from any facility solely because they became eligible for participation in
2 the Medical Assistance Program, unless the facility can demonstrate the resident or
3 the resident's responsible party was fully notified in writing that the resident was
4 being admitted to a bed not certified for Medicaid reimbursement. No facility may
5 decertify a bed occupied by a Medicaid recipient or may decertify a bed that is
6 occupied by a resident who has made application for medical assistance.

7 (10) Family-practice physicians practicing in geographic areas with no more than one (1)
8 primary-care physician per five thousand (5,000) population, as reported by the
9 United States Department of Health and Human Services, shall be reimbursed one
10 hundred twenty-five percent (125%) of the standard reimbursement rate for
11 physician services.

12 (11) The Cabinet for Health and Family Services shall make payments under the Medical
13 Assistance program for services which are within the lawful scope of practice of a
14 chiropractor licensed pursuant to KRS Chapter 312, to the extent the Medical
15 Assistance Program pays for the same services provided by a physician.

16 (12) (a) The Medical Assistance Program shall use the appropriate form and
17 guidelines for enrolling those providers applying for participation in the
18 Medical Assistance Program, including those licensed and regulated under
19 KRS Chapters 311, 312, 314, 315, and 320, any facility required to be
20 licensed pursuant to KRS Chapter 216B, and any other health care practitioner
21 or facility as determined by the Department for Medicaid Services through an
22 administrative regulation promulgated under KRS Chapter 13A. A Medicaid
23 managed care organization shall use the forms and guidelines established
24 under KRS 304.17A-545(5) to credential a provider. For any provider who
25 contracts with and is credentialed by a Medicaid managed care organization
26 prior to enrollment, the cabinet shall complete the enrollment process and
27 deny, or approve and issue a Provider Identification Number (PID) within

1 fifteen (15) business days from the time all necessary completed enrollment
2 forms have been submitted and all outstanding accounts receivable have been
3 satisfied.

4 (b) Within forty-five (45) days of receiving a correct and complete provider
5 application, the Department for Medicaid Services shall complete the
6 enrollment process by either denying or approving and issuing a Provider
7 Identification Number (PID) for a behavioral health provider who provides
8 substance use disorder services, unless the department notifies the provider
9 that additional time is needed to render a decision for resolution of an issue or
10 dispute.

11 (c) Within forty-five (45) days of receipt of a correct and complete application for
12 credentialing by a behavioral health provider providing substance use disorder
13 services, a Medicaid managed care organization shall complete its contracting
14 and credentialing process, unless the Medicaid managed care organization
15 notifies the provider that additional time is needed to render a decision. If
16 additional time is needed, the Medicaid managed care organization shall not
17 take any longer than ninety (90) days from receipt of the credentialing
18 application to deny or approve and contract with the provider.

19 (d) A Medicaid managed care organization shall adjudicate any clean claims
20 submitted for a substance use disorder service from an enrolled and
21 credentialed behavioral health provider who provides substance use disorder
22 services in accordance with KRS 304.17A-700 to 304.17A-730.

23 (e) The Department of Insurance may impose a civil penalty of one hundred
24 dollars (\$100) per violation when a Medicaid managed care organization fails
25 to comply with this section. Each day that a Medicaid managed care
26 organization fails to pay a claim may count as a separate violation.

27 (13) Dentists licensed under KRS Chapter 313 shall be excluded from the requirements

1 of subsection (12) of this section. The Department for Medicaid Services shall
 2 develop a specific form and establish guidelines for assessing the credentials of
 3 dentists applying for participation in the Medical Assistance Program.

4 ➔Section 8. KRS 205.561 is amended to read as follows:

5 (1) The cabinet shall submit a report to the Governor and the Legislative Research
 6 Commission on the dispensing of prescription medications to persons eligible under
 7 KRS 205.560 upon request ~~[, on or before October 31, 2003, and every third year~~
 8 ~~thereafter]~~. The report shall also include current data on the most utilized and
 9 abused drugs in the Kentucky Medicaid program, a determination of factors causing
 10 high drug costs and drug usage rates of Medicaid recipients, and the effectiveness of
 11 the drug formulary and prior authorization process in managing drug costs. The
 12 report shall be reviewed by the Drug Management Review Advisory Board created
 13 under KRS 205.5636.

14 (2) A reasonable fee for dispensing prescription medications shall be determined by the
 15 Department for Medicaid Services.

16 ➔Section 9. KRS 205.690 is amended to read as follows:

17 The secretary shall submit a written report to the General Assembly ~~[during each regular~~
 18 ~~session thereof and shall]~~upon written request ~~[, submit a written report to]~~ or appear in
 19 person before any joint interim committee of the General Assembly within thirty (30)
 20 days of a ~~[such]~~ request. ~~[,]~~The following information related to the implementation of
 21 KRS 205.2003 shall be provided:

- 22 (1) The number of recipients placed in public and private work experience programs;
- 23 (2) The number of recipients placed in regular full-time employment; and
- 24 (3) The costs to the Commonwealth and participating local agencies or organizations of
 25 the implementation of the work program required under KRS 205.2003.

26 ➔Section 10. KRS 205.712 is amended to read as follows:

27 (1) The Department for Income Support, Child Support Enforcement, is established in

1 the Cabinet for Health and Family Services.

- 2 (2) The duties of the Department for Income Support, Child Support Enforcement, or
3 its designee, shall include:
- 4 (a) Serve as state agency authorized to administer Part D of Title IV of the Social
5 Security Act, 42 U.S.C. secs. 651 to 669;
 - 6 (b) Serve as the information agency as provided in the Uniform Interstate Family
7 Support Act, KRS Chapter 407;
 - 8 (c) Serve as collector of all court-ordered or administratively ordered child
9 support payments pursuant to Part D of Title IV of the Social Security Act;
 - 10 (d) Serve as the agent for enforcement of international child support obligations,
11 and respond to requests from foreign reciprocating countries;
 - 12 (e) Establish and enforce an obligation upon receipt of a completed, notarized
13 voluntary acknowledgment-of-paternity form;
 - 14 (f) Enforce Kentucky child support laws, including collection of court-ordered or
15 administratively ordered child support arrearages and prosecution of persons
16 who fail to pay child support;
 - 17 (g) Publicize the availability of services and encourage the use of these services
18 for establishing paternity and child support;
 - 19 (h) Pay the cost of genetic testing to establish paternity, subject to recoupment
20 from the alleged father, when paternity is administratively or judicially
21 determined; and obtain additional testing when an original test is contested,
22 upon request and advance payment by the contestant;
 - 23 (i) Establish child support obligations and seek modification of judicially or
24 administratively established child support obligations in accordance with the
25 child support guidelines of the Commonwealth of Kentucky as provided under
26 KRS 403.212;
 - 27 (j) Administratively establish child support orders which shall have the same

1 force and effect of law;

2 (k) Issue an administrative subpoena to secure public and private records of utility
3 and cable companies and asset and liability information from financial
4 institutions for the establishment, modification, or enforcement of a child
5 support obligation;

6 (l) Impose a penalty for failure to comply with an administrative subpoena;

7 (m) Provide notices, copies of proceedings, and determinations of support
8 amounts to any parties or individuals who are applying for or receiving Title
9 IV-D services, or who are parties to cases in which Title IV-D services are
10 being provided; **and**

11 (n) Issue interstate administrative subpoenas to any individual or entity for
12 financial or other information or documents which are needed to establish,
13 modify, or enforce a child support obligation pursuant to Part D of Title IV of
14 the Social Security Act, 42 U.S.C. secs. 651 et seq. An administrative
15 subpoena lawfully issued in another state to an individual or entity residing in
16 this state shall be honored and enforced in the Circuit Court where the
17 individual or entity resides. ~~[-and]~~

18 ~~(3)~~ ~~(e)~~ **The Department for Income Support, Child Support Enforcement, or its**
19 **designee** may promulgate administrative regulations to implement this section and
20 adopt forms or implement other requirements of federal law relating to interstate
21 administrative subpoenas, **and may amend forms by technical amendment that are**
22 **mandated by the federal Office of Child Support Enforcement and incorporated**
23 **by reference in administrative regulation.**

24 ~~(4)~~ ~~(3)~~ Effective September 30, 1999, the cabinet shall establish a system to receive
25 and process all child support payments. The system shall include existing computer
26 systems to record the payments. The automated system shall include a state case
27 registry that contains records with respect to each case in which services are being

1 provided by the cabinet and each child support order established or modified in the
2 state on or after October 1, 1998.

3 ~~(5)~~~~(4)~~ The cabinet shall establish and operate a state disbursement unit for the
4 collection, disbursement, and recording of payments under support orders for all
5 Title IV-D cases and for all cases initially issued in the state on or after January 1,
6 1994, in which a wage withholding has been court-ordered or administratively
7 ordered, pursuant to Part D of Title IV of the Social Security Act. Establishment of
8 the state unit may include the designation and continuation of existing local
9 collection units to aid efficient and effective collection, disbursement, and recording
10 of child support payments.

11 ~~(6)~~~~(5)~~ After the establishment of the disbursement unit child support collection
12 system, the cabinet or its designee shall serve as collector of all court-ordered or
13 administratively ordered child support payments pursuant to Part D of Title IV of
14 the Social Security Act.

15 ~~(7)~~~~(6)~~ Where establishment of paternity and enforcement and collection of child
16 support is by law the responsibility of local officials, the cabinet shall refer cases to
17 the appropriate official for such action. The cabinet may enter into cooperative
18 arrangements with appropriate courts and law enforcement officials to assist the
19 cabinet in administering the program of child support recovery, including the
20 entering into of financial arrangements with such courts and officials as provided
21 for under the provisions of federal law and regulations. The local county attorney
22 shall be considered the designee of the cabinet for purposes of administering the
23 program of child support recovery within a county, subject to the option of the
24 county attorney to decline such designation. Nothing in this section shall prevent the
25 secretary from taking such action, with prior written notice, as appropriate if the
26 terms and conditions of the cooperative agreement are not met. When a cooperative
27 agreement with a contracting official is canceled for good cause, the cabinet may

1 not offer that cooperative agreement to that official during the official's tenure.

2 ~~(8)~~~~(7)~~ Where the local county attorney, friend of the court, domestic relations agent,
3 or other designee of the cabinet has been contracted for the purpose of
4 administering child support enforcement pursuant to Title IV-D of the Social
5 Security Act, the contracting official shall be deemed to be representing the cabinet
6 and as such does not have an attorney-client relationship with the applicant who has
7 requested services pursuant to Title IV-D of the Social Security Act nor with any
8 dependent on behalf of the individuals for whom services are sought.

9 ~~(9)~~~~(8)~~ The cabinet shall determine the name of each obligor who owes an arrearage
10 of at least two thousand five hundred dollars (\$2,500). After notification to the
11 obligor owing an arrearage amount of two thousand five hundred dollars (\$2,500),
12 the cabinet shall transmit to the United States secretary of health and human
13 services the certified names of the individuals and supporting documentation for the
14 denial, revocation, or limitation of the obligor's passport. The cabinet shall notify
15 the identified obligor of the determination and the consequences and provide an
16 opportunity to contest the determination.

17 ~~(10)~~~~(9)~~ The cabinet shall determine the name of an obligor owing an arrearage and
18 shall indefinitely deny, suspend, or revoke a license or certification that has been
19 issued if the person has a child support arrearage that equals or exceeds the amount
20 that would be owed after six (6) months of nonpayment or fails, after receiving
21 appropriate notice, to comply with subpoenas or warrants relating to paternity or
22 child support proceedings as provided by 42 U.S.C. sec. 666(a)(16).

23 ~~(11)~~~~(10)~~ The cabinet shall forward the name of the individual to a board of licensure or
24 board of certification for the notification of the denial, revocation, or suspension of
25 a driver's license, professional license or certification, occupational license or
26 certification, recreational license, or sporting license.

27 ~~(12)~~~~(11)~~ The denial or suspension shall remain in effect until the child support

1 arrearage has been eliminated or payments on the child support arrearage are being
2 made in accordance with a court or administrative order, the person complies with
3 the subpoena or warrant relating to paternity or child support proceedings, or the
4 appeal of the denial or suspension is upheld and the license is reinstated.

5 ~~(13)~~ Except for cases administered by the cabinet under 42 U.S.C. secs. 651 et seq.
6 which shall be afforded the appeal process set forth by KRS 405.450(3), an
7 individual who has a license or certification denied, revoked, or suspended shall
8 have the right to appeal to the licensing or certifying board.

9 ~~(14)~~ A dispute hearing shall be conducted by the cabinet in accordance with KRS
10 405.450. The only basis for a dispute hearing shall be a mistake in fact.

11 ~~(15)~~ The cabinet shall in its discretion enter into agreements with financial
12 institutions doing business in the Commonwealth to develop and operate, in
13 coordination with the financial institutions, a data match system as required by KRS
14 205.772 to 205.778.

15 ~~(16)~~ The cabinet may issue both intrastate and interstate administrative subpoenas
16 to any individual or entity for financial or other information or documents that are
17 needed to establish, modify, or enforce a child support obligation pursuant to Title
18 IV-D of the Social Security Act, 42 U.S.C. secs. 651 et seq. An administrative
19 subpoena lawfully issued in another state to an individual or entity in this state shall
20 be honored and enforced in the Circuit Court of the county in which the individual
21 or entity resides.

22 ~~(17)~~ The Cabinet for Health and Family Services shall forward to the Office of the
23 Attorney General a list of names of delinquent obligors and, in cooperation with the
24 Office of the Attorney General, shall promulgate administrative regulations in
25 accordance with KRS Chapter 13A to implement KRS 15.055.

26 ~~(18)~~ The cabinet shall compare a quarterly report provided by the Finance and
27 Administration Cabinet of all tort claims made against the state by individuals with

1 the child support database to match individuals who have a child support arrearage
2 and may receive a settlement from the state.

3 ~~(19)~~~~(18)~~ The cabinet shall prepare and distribute to the cabinet's designee for the
4 administration of the child support program information on child support
5 collections and enforcement. The information shall include a description of how
6 child support obligations are:

- 7 (a) Established;
- 8 (b) Modified;
- 9 (c) Enforced;
- 10 (d) Collected; and
- 11 (e) Distributed.

12 ~~(20)~~~~(19)~~ The cabinet's designee for the administration of the child support program
13 shall distribute, when appropriate, the following:

- 14 (a) Information on child support collections and enforcement; and
- 15 (b) Job listings posted by employment services.

16 ➔Section 11. KRS 216.577 is amended to read as follows:

17 Upon a finding that conditions in a long-term care facility constitute a Type A violation,
18 and the licensee fails to correct the violation within the time specified for correction by
19 the cabinet, the secretary shall take at least one (1) of the following actions with respect to
20 the facility in addition to the issuance of a citation, or the assessment of a civil penalty
21 therefor:

- 22 (1) Institute proceedings to obtain an order compelling compliance with the regulations,
23 standards, or requirements as set forth by the *Cabinet for Health and Family*
24 *Services*~~[Kentucky Health Facilities and Health Services Certificate of Need and~~
25 ~~License Board]~~, the provisions of KRS 216.510 to 216.525, or applicable federal
26 laws and regulations governing the certification of a long-term care facility under
27 Title 18 or 19 of the Social Security Act;

- 1 (2) Institute injunctive proceedings in Circuit Court to terminate the operation of the
2 facility; or
- 3 (3) Selectively transfer residents whose care needs are not being adequately met by the
4 long-term care facility.

5 ➔Section 12. KRS 216.935 is amended to read as follows:

6 As used in KRS 216.935 to 216.939, unless the context requires otherwise:

- 7 (1) "Home health aide" means an individual who is hired to perform home health aide
8 services.
- 9 (2) "Home health agency" means a public agency or private organization, or a
10 subdivision of such an agency or organization which is licensed as a home health
11 agency by the Cabinet for Health and Family Services~~[Kentucky Health Facilities~~
12 ~~and Health Services Certificate of Need and Licensure Board]~~ and is certified to
13 participate as a home health agency under Title XVIII of the Social Security Act.
- 14 (3) "Home health aide services" means those services provided by a home health aide
15 and supervised by a registered nurse which are directed towards the personal care of
16 the patient. Such services shall include, but not be limited to, the following:
- 17 (a) Helping the patient with bath and care of mouth, skin, and hair;
- 18 (b) Helping the patient to the bathroom or in using a bedpan;
- 19 (c) Helping the patient in and out of bed and assisting with ambulation;
- 20 (d) Helping the patient with prescribed exercises which the patient and home
21 health aide have been taught by appropriate professional personnel;
- 22 (e) Assisting with medication ordinarily self-administered that has been
23 specifically ordered by a physician or advanced practice registered nurse;
- 24 (f) Performing incidental household services as are essential to the patient's
25 health care at home, if these services would have been performed if the patient
26 was in a hospital or skilled nursing facility; and
- 27 (g) Reporting changes in the patient's condition or family situation to the

1 professional nurse supervisor.

2 (4) "Nurse aide" means an individual, including a nursing student, medication aide, and
3 a person employed through a nursing pool, who provides nursing or nursing related
4 services to a resident in a nursing facility or home health agency, excluding:

5 (a) An individual who is a licensed health professional;

6 (b) A volunteer who provides the nursing or nursing-related services without
7 monetary compensation; and

8 (c) A person who is hired by the resident or family to sit with the resident and
9 who does not perform nursing or nursing-related services.

10 ➔Section 13. KRS 205.713 is amended to read as follows:

11 All forms, child support orders, wage withholding orders, or orders amending an existing
12 child support order, entered in any case in Circuit Court, District Court, or family court
13 that require entry into the state case registry under KRS 205.712 ~~(4)(3)~~ shall be entered
14 on forms adopted by the Administrative Office of the Courts after consultation with the
15 Cabinet for Health and Family Services. If the provisions of a child support order are
16 contained in an order that is narrative in nature, the adopted forms shall be used in
17 addition to the narrative order.

18 ➔Section 14. KRS 205.802 is amended to read as follows:

19 All forms, child support orders, wage withholding orders, or orders amending an existing
20 child support order, entered in any case in Circuit, District, or Family Court that require
21 entry into the state case registry pursuant to KRS 205.712 ~~(4)(3)~~ shall be entered on
22 forms adopted by the Administrative Office of the Courts in coordination with the
23 Cabinet for Health and Family Services. If the provisions of a child support order are
24 contained in an order that is narrative in nature, the adopted forms shall be used in
25 addition to the narrative order.

26 ➔Section 15. KRS 211.670 is amended to read as follows:

27 (1) All lists and medical records maintained by hospitals and medical laboratories

1 pursuant to KRS 211.660 shall be confidential. All information collected and
2 analyzed pursuant to KRS 211.660 ~~and 211.665~~ shall be held confidential as to the
3 identity of the individual patient. Staff of the cabinet, the department, or its designee
4 may use the information to notify parents of available medical care and other
5 services available for the child and family. Further disclosure shall be made only
6 pursuant to the written consent of the child's parent or legal guardian.

7 (2) Access to information assembled by the Kentucky birth surveillance registry shall
8 be limited to the cabinet, the department, or its designee and to qualified persons or
9 organizations engaged in demographic, epidemiological or other similar studies
10 related to health and health care provision. A written agreement to maintain
11 confidentiality shall be required if access is approved for persons other than
12 representatives of the cabinet.

13 (3) The department shall maintain a record of all persons given access to the
14 information in the Kentucky birth surveillance registry. The record shall include: the
15 name of the person authorizing access; name, title, and organizational affiliation of
16 person given access; dates of access; and the specific purpose for which information
17 is to be used. This record of access shall be open to public inspection during normal
18 operating hours of the department.

19 (4) Information assembled by the Kentucky birth surveillance registry may be disclosed
20 in summary, statistical, or other form which does not identify particular individuals
21 or individual sources of information.

22 (5) Any person who, in violation of a written agreement to maintain confidentiality,
23 discloses any information provided under KRS 211.660 ~~and 211.665~~ may be
24 denied further access to confidential information maintained by the department.

25 ➔Section 16. KRS 405.411 is amended to read as follows:

26 (1) The Cabinet for Health and Family Services' designee under KRS 205.712 ~~(Z)~~(Z)~~(6)~~
27 for the administration of child support may compile a list of the names of persons

1 under its jurisdiction who have a child support arrearage that equals or exceeds six
2 (6) months without payment, or fail, after receiving appropriate notice, to comply
3 with subpoenas or warrants relating to paternity or child support proceedings as
4 provided by 42 U.S.C. sec. 666(a)(16). The cabinet may furnish this list to the
5 newspaper of general circulation in that county for publication.

6 (2) The Department for Income Support, Child Support Enforcement, in the Cabinet for
7 Health and Family Services shall determine uniform standards for publication. The
8 cabinet is authorized to promulgate the necessary administrative regulations under
9 KRS Chapter 13A to implement the provisions of this section.

10 (3) For purposes of this section, "newspaper of general circulation" means a publication
11 bearing a title or name, regularly issued at least as frequently as once a week for a
12 definite price, having a second-class mailing privilege, being not less than four (4)
13 pages, published continuously during the immediately preceding one (1) year
14 period, which is published for the dissemination of news of general interest, and is
15 circulated generally in the political subdivision in which it is published and in
16 which notice is to be given. In any county where a publication fully complying with
17 this definition does not exist, the Cabinet for Health and Family Services may
18 publish this list in the publication utilized by the Circuit Court Clerk of the county
19 for publication of other legal notices in the county. A newspaper that is not engaged
20 in the distribution of news of general interest to the public, but that is primarily
21 engaged in the distribution of news of interest to a particular group of citizens, is
22 not a newspaper of general circulation.

23 ➔Section 17. KRS 199.430 is amended to read as follows:

24 (1) In the discharge of the duties imposed by KRS 199.420~~[199.410]~~ to 199.670 the
25 secretary or his duly authorized representative may administer oaths and
26 affirmations, take depositions, certify official acts, and issue subpoenas to compel
27 the attendance of witnesses and production of books, papers, correspondence,

1 memoranda and other records considered necessary and relevant as evidence in
2 connection with the administration of the cabinet. Such subpoena shall be served in
3 the same manner as a subpoena issued out of a circuit court. Witnesses subpoenaed
4 shall be allowed mileage allowance according to KRS 421.015 for each day their
5 attendance is actually required at a hearing.

6 (2) No person shall be excused from attending and testifying or from producing books,
7 papers, correspondence, memoranda or other records in response to such subpoena
8 on the grounds that the evidence required of him may tend to incriminate him or
9 subject him to a penalty for forfeiture. No person shall be prosecuted or subjected to
10 any suit, penalty, or forfeiture on account of any transaction, matter, or thing
11 concerning which he or his agent or worker is compelled, after having claimed
12 privilege against self-incrimination, to give evidence, except that such witness so
13 testifying shall not be exempt from punishment for perjury.

14 (3) All letters, reports, communications, and other matters, written or oral, to the
15 cabinet or any of its agents, representatives, or employees, or to any board or
16 official functioning under KRS 199.420~~[199.410]~~ to 199.670, which have been
17 written, sent, or made in connection with the requirements and administration of the
18 cabinet shall be absolutely privileged and shall not be the subject matter or basis for
19 any suit for slander or libel in any court, but no person testifying before the
20 secretary or his duly authorized representative shall be exempt from punishment for
21 perjury. Information obtained shall not be published or be open for public
22 inspection, except to public employees in the performance of their duties, but any
23 interested party at a hearing before the secretary or his duly authorized
24 representative shall be supplied with information from such records to the extent
25 necessary for the proper presentation of his case.

26 ➔Section 18. KRS 211.670 is amended to read as follows:

27 (1) All lists and medical records maintained by hospitals and medical laboratories

1 pursuant to KRS 211.660 shall be confidential. All information collected and
2 analyzed pursuant to KRS 211.660 ~~and 211.665~~ shall be held confidential as to the
3 identity of the individual patient. Staff of the cabinet, the department, or its designee
4 may use the information to notify parents of available medical care and other
5 services available for the child and family. Further disclosure shall be made only
6 pursuant to the written consent of the child's parent or legal guardian.

7 (2) Access to information assembled by the Kentucky birth surveillance registry shall
8 be limited to the cabinet, the department, or its designee and to qualified persons or
9 organizations engaged in demographic, epidemiological or other similar studies
10 related to health and health care provision. A written agreement to maintain
11 confidentiality shall be required if access is approved for persons other than
12 representatives of the cabinet.

13 (3) The department shall maintain a record of all persons given access to the
14 information in the Kentucky birth surveillance registry. The record shall include: the
15 name of the person authorizing access; name, title, and organizational affiliation of
16 person given access; dates of access; and the specific purpose for which information
17 is to be used. This record of access shall be open to public inspection during normal
18 operating hours of the department.

19 (4) Information assembled by the Kentucky birth surveillance registry may be disclosed
20 in summary, statistical, or other form which does not identify particular individuals
21 or individual sources of information.

22 (5) Any person who, in violation of a written agreement to maintain confidentiality,
23 discloses any information provided under KRS 211.660 ~~and 211.665~~ may be
24 denied further access to confidential information maintained by the department.

25 ➔Section 19. The following KRS sections are repealed:

26 194A.090 Citizen advisory bodies -- Public Health Services Advisory Council --
27 Institute for Aging.

- 1 199.380 Boarding and lodging homes for children under age sixteen -- Authority to
2 operate -- Investigation -- Revocation of authority.
- 3 199.390 Record book of boarding or lodging home.
- 4 199.400 Security for care and custody of nonresident child accepted for boarding or
5 lodging in this state.
- 6 199.410 Exceptions from KRS 199.380 to 199.400 -- Application only to counties
7 containing city with population of 20,000 or more.
- 8 209.400 Legislative intent.
- 9 209.410 Definitions.
- 10 209.420 Senior and Physically Disabled Adult Discount Program for retail goods and
11 services.
- 12 211.665 Advisory committee -- Duties.
- 13 211.674 Perinatal Advisory Committee -- Membership -- Meetings -- Report.
- 14 213.143 Commemorative copy of birth or marriage certificate -- Fee.
- 15 218A.150 License required to manufacture controlled substances.
- 16 218A.160 Criteria for issuance of license -- Appeal.