

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2019 REGULAR SESSION
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Amend printed copy of **SB 84/SCS 1**

On page 1, after the enacting clause, by deleting the remainder of the bill in its entirety and inserting the following in lieu thereof:

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

As used in Sections 1 to 8 of this Act:

(1) "APRN-designated certified nurse-midwife" means an advanced practice registered nurse as defined in KRS 314.011 who is designated by the board as a certified nurse-midwife;

(2) "Certified professional midwifery services":

(a) Means the provision of care to a person during a low-risk pregnancy, childbirth, and the postpartum period, and the care of a normal newborn immediately following birth;

(b) Includes consultation or collaboration with or referral or transfer to medical and other health care providers as specified by the board by administrative regulation or when otherwise indicated; and

(c) Does not have the same meaning as the practice of an APRN-designated certified nurse-midwife, or the practice of medicine or osteopathy as defined in Section 12 of this Act;

Amendment No. SFA 3

Rep. Sen. Ralph Alvarado

Committee Amendment _____

Signed: _____

Floor Amendment _____

LRC Drafter: Wenk, DeeAnn

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXX

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- (3) "Collaboration" means the process by which a midwife and a physician or advanced practice provider affiliated with a physician jointly manage the care of a woman or newborn who needs joint care. The scope of collaboration may encompass the physical care of the client, including delivery, by the midwife, according to a mutually agreed-upon plan of care;
- (4) "Consultation" means the process by which a midwife, who maintains primary management responsibility for a pregnant or postpartum woman or newborn's care, seeks the advice of a physician or advanced practice provider affiliated with a physician;
- (5) "Council" means the Licensed Certified Professional Midwives Advisory Council created in Section 2 of this Act;
- (6) "Licensed certified professional midwife" means a person who is certified by the North American Registry of Midwives and issued a license by the board to provide certified professional midwifery services in the Commonwealth of Kentucky;
- (7) "Referral" means the process by which a midwife directs a patient to a physician or advanced practice provider affiliated with a physician, who is licensed in the United States and possesses medical expertise sufficient to care for abnormal conditions of pregnancy, for the purpose of evaluation and management of any known or suspected abnormal conditions of pregnancy; and
- (8) "Transfer" means the process by which a midwife relinquishes management of a patient for antepartum, labor, delivery, or postpartum care, or management of newborn care, to a physician or advanced practice provider affiliated with a physician, who is licensed in the United States and possesses medical expertise sufficient to care for the medical condition mandating the transfer.

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

- (1) The Licensed Certified Professional Midwives Advisory Council is hereby created, under the Board of Nursing. At the direction of the board, the council shall at regular intervals, and guided by newly available evidence in the peer-reviewed medical literature, advise and recommend any necessary revisions to the board on:
- (a) Promulgating administrative regulations regarding qualifications, standards for training, competency determination of licensed certified professional midwives, professional standards of care, ethics and standards of conduct, and professional investigation and discipline;
- (b) Any necessary statutory changes; and
- (c) All other matters relating to licensed certified professional midwives.
- (2) The council shall be appointed by the board and shall consist of:
- (a) One (1) member of the board, who shall be a nonvoting, ex officio member and serve as the liaison between the chair of the council and the board;
- (b) Three (3) certified professional midwives who shall be licensed certified professional midwives within six (6) months of the license availability;
- (c) Two (2) APRN-designated certified nurse-midwives licensed in Kentucky;
- (d) Two (2) obstetricians licensed in Kentucky;
- (e) One (1) practicing neonatal health care provider licensed in Kentucky; and
- (f) One (1) member of the general public.
- The chair of the council shall be elected annually by members of the council.
- (3) The board may solicit nominations for the council from interested parties or organizations and shall give consideration to nominees who have experience collaborating with providers of, providing, or utilizing out-of-hospital midwifery services.
- (4) The board shall specify the terms for the council members, not to exceed four (4) years. Members shall serve at the discretion of the board, may be reappointed at the end of their

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terms, and shall receive reimbursement for their actual and necessary expenses incurred in the performance of their official duties.

(5) A licensed certified professional midwife has the same authority and responsibility as licensed health care providers regarding following public health laws, reporting reportable diseases and conditions, controlling and preventing communicable diseases, recording of vital statistics, obtaining health histories, and performing physical examinations, except that this authority is limited to activity consistent with provision of services authorized by Sections 1 to 8 of this Act.

(6) A licensed certified professional midwife shall keep appropriate medical records regarding treatment and outcomes as required by the board by administrative regulation.

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

The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to:

(1) Establish required standards for training programs for licensed certified professional midwives;

(2) Establish licensing requirements for licensed certified professional midwives, including but not limited to:

(a) Educational requirements that are consistent with United States educational accreditation standards and the United States Midwifery Education, Regulation, and Association statement on the licensure of certified professional midwives;

(b) Competency validation certified by a national organization or agency that meets United States accreditation standards and recognized by the board; and

(c) Licensed certified professional midwife preceptor programs;

(3) Establish statewide requirements for licensed certified professional midwives and

- hospitals regarding consultation, collaboration, mandatory referral, and mandatory transfer of care from a licensed certified professional midwife to a hospital physician, advanced practice provider affiliated with a physician, or acute care facility as appropriate, based upon the recommendations of the Collaborative Practice and Transfer Guidelines Work Group established in Section 8 of this Act, and amend the requirements as appropriate based upon medical evidence-based recommendations;
- (4) Establish provisions for disciplinary actions for licensed certified professional midwives;
- (5) Establish fees for the initial license not to exceed one thousand dollars (\$1,000), renewal of a license, reinstatement of a license, and other fees as may be necessary, for licensed certified professional midwives;
- (6) Establish requirements for informed consent to be provided both orally and in writing by individuals receiving services from a licensed certified professional midwife, which shall include:
- (a) A description of the scope of practice of certified professional midwifery permitted under Sections 1 to 8 of this Act, including a summary of the limitations of the skills and practices of a licensed certified professional midwife;
- (b) A summary of the requirements for referral or transfer of care as described in Section 8 of this Act;
- (c) Procedures established by the midwife for consultation or collaboration;
- (d) Procedures established by the midwife for referral or transfer of care;
- (e) A description of plans for emergency transport to a facility with a higher level of care if needed; and
- (f) Other information deemed necessary by the board for the patient to provide informed consent for care by a licensed certified professional midwife;
- (7) Establish a list of medical tests that a licensed certified professional midwife may order

when providing certified professional midwifery services that is limited to only those tests that are indicated and approved for the safe conduct of pregnancy, labor and birth, and care of a client and not intended for the diagnosis or management of any acute condition;

(8) Establish a formulary of medications that a licensed certified professional midwife may obtain, transport, and administer when providing certified professional midwifery services that is limited to only those medications that are indicated and approved by the board for the safe conduct of pregnancy, labor and birth, immediate care of the newborn, immediate management of obstetrical emergencies, or performance of routine prophylactic measures, and that the licensed certified professional midwife is approved to administer and monitor. This subsection shall not be interpreted to bestow prescriptive authority, and the formulary shall not include Schedule II, III, IV, or V drugs as defined in the Controlled Substances Act, 21 U.S.C. secs. 812 et seq.;

(9) Further regulate, as necessary, the provision of certified professional midwifery services; and

(10) Require licensed certified professional midwives to report to the board the following information regarding cases in which the licensed certified professional midwife provided services during the previous calendar year when the intended place of birth at the onset of care was in an out-of-hospital setting:

(a) The total number of clients provided certified professional midwife services at the onset of care;

(b) The number of live births attended as a licensed certified professional midwife;

(c) The number of cases of fetal demise, newborn deaths, and maternal deaths attended as a licensed certified professional midwife at the discovery of the demise or death;

- (d) The number, reason for, and outcome of each transport of a client in the antepartum, intrapartum, or immediate postpartum periods;
- (e) A brief description of any complications resulting in the morbidity or mortality of a mother or a newborn;
- (f) Planned location of delivery and the actual location of delivery; and
- (g) Any other information deemed necessary by the board.

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

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

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

- (1) It shall be unlawful for any person to provide the patient care services of certified professional midwifery services as defined in Section 1 of this Act unless that person is a licensed certified professional midwife currently issued a license by the board in accordance with Sections 1 to 8 of this Act or is a licensed health care provider providing services that are within his or her scope of practice.
- (2) It shall be unlawful for any person to hold herself or himself out as a midwife or other skilled birth attendant who is permitted to provide prenatal care or manually assist in the delivery of an infant, or to provide services defined under Section 1 of this Act in Kentucky, unless he or she has been issued a license by the board in accordance with Sections 1 to 8 of this Act.
- (3) It shall be unlawful for any person to operate or to offer to operate or to represent or advertise the operation of a school or program of certified professional midwifery unless

the school or program has been approved by the board to do so.

- (4) It shall be unlawful for any licensed certified professional midwife or employer of a licensed certified professional midwife having knowledge of facts to refrain from reporting to the board a licensed certified professional midwife who violates any provision set forth in administrative regulation for licensed certified professional midwives.
- (5) It shall be unlawful for any person to provide certified professional midwifery services who is listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property.
- (6) Nothing in Sections 1 to 8 of this Act shall prohibit a traditional birth attendant from providing midwifery services without a license if the traditional birth attendant has cultural or religious traditions that have historically included the attendance of traditional birth attendants at birth, and the birth attendant serves only women and families in that distinct cultural or religious group.
- (7) Nothing in Sections 1 to 8 of this Act shall prohibit a licensed health care provider or other person from providing emergency delivery services.
- (8) In accordance with KRS 311.723, a licensed certified professional midwife issued a license by the board in accordance with Sections 1 to 8 of this Act shall not perform an abortion.

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

When the Collaborative Practice and Transfer Guidelines Work Group ceases to exist, as specified in Section 8 of this Act, the council shall, at regular intervals and as specified by the board, make recommendations to the board for the addition, deletion, or revision of administrative regulations regarding requirements for consultation, collaboration, mandatory

referral, and mandatory transfer of patient care by licensed certified professional midwives. The recommendations shall be based on evolving medical evidence published in peer-reviewed medical literature. In considering regulations requiring referral or transfer of care, the council and the board shall consider the likelihood of serious harm or death to the mother or neonate if such referral or transfer of care were not undertaken.

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

(1) A licensed physician, advanced practice registered nurse, hospital, emergency room personnel, emergency medical technician ambulance personnel, or other licensed health care provider shall be immune from civil liability for any injuries or death resulting from acts or omissions of a licensed certified professional midwife.

(2) Notwithstanding any state law to the contrary, a licensed physician, advanced practice registered nurse, hospital, emergency room personnel, emergency medical technician ambulance personnel, or other licensed health care provider who consults or collaborates with a licensed certified professional midwife or accepts transfer of care of clients of a licensed certified professional midwife is not liable for damages for injuries or death alleged to have occurred by reason of an act or omission, unless it is established that the injuries or the death were caused willfully, wantonly or recklessly, or by gross negligence on the part of the licensed physician, advanced practice registered nurse, hospital, emergency room personnel, emergency medical technician ambulance personnel, or other licensed health care provider.

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

(1) The Collaborative Practice and Transfer Guidelines Work Group is hereby established as an independent entity to develop recommended administrative regulations to:

- (a) Support consultation and collaboration between licensed certified professional midwives and other licensed health care providers with expertise in obstetrical and neonatal care, in order to optimize obstetrical and neonatal outcomes in whatever setting a patient chooses for birth;
- (b) Define conditions which require referral by a licensed certified professional midwife, as defined in Section 1 of this Act, and to facilitate and ensure such referrals;
- (c) Define conditions which require transfer by a licensed certified professional midwife, as defined in Section 1 of this Act, and to facilitate and ensure such transfers; and
- (d) Establish processes and procedures to promote the safe and timely transfer of mothers or neonates to facilities that can provide a higher level of care when needed, and to ensure the complete and timely transmission of all necessary information required to satisfactorily care for a mother or neonate requiring transfer.
- (2) The work group shall select a chair from among the members. The work group shall meet as necessary and submit the developed administrative regulations agreed to unanimously by the work group to the board within one (1) year of the effective date of this Act.
- (3) The board shall promulgate administrative regulations to implement the recommendations developed by the work group. The work group shall cease to exist after the developed requirements have been submitted to the board unless the board directs its continuance. The members of the work group shall not be paid or reimbursed for travel or other expenses. The work group shall consist of the following members:
- (a) Three (3) individuals to be appointed by the Kentucky Hospital Association;

- (b) Three (3) individuals appointed by the Kentucky Chapter of the National Association of Certified Professional Midwives;
- (c) One (1) individual appointed by the Kentucky Home Birth Coalition;
- (d) Three (3) individuals appointed by the Kentucky Medical Association who have expertise in obstetrical or neonatal care; and
- (e) One (1) member of the board who shall be a nonvoting, ex officio member and who shall serve as the liaison between the work group chair and the board.
- (4) Until such time as the Collaborative Practice and Transfer Guidelines Work Group has conveyed superseding recommendations to the board and the board has promulgated superseding administrative regulations, the following shall be enforced by the board:
- (a) If on initial or subsequent assessment, one (1) of the following conditions exists, the midwife shall recommend referral and document that recommendation in the midwifery record:
1. Acute or chronic infection;
 2. Liver or kidney disease;
 3. Endocrinologic abnormalities;
 4. Hematologic abnormalities;
 5. History of impaired glucose tolerance, history of diabetes satisfactorily controlled by diet and lifestyle changes alone, abnormal blood sugar or glucose tolerance test, or history of gestational diabetes;
 6. History of addiction or substance abuse;
 7. Asthma or other significant pulmonary disease;
 8. Abnormality in a screening test indicative of possible genital tract malignancy or pre-malignant condition during the pregnancy;
 9. Seizure disorder or other significant neurologic disease;

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10. Abnormal vaginal bleeding, other than minimal bleeding in the first trimester;
 11. History of invasive malignancy;
 12. History of psychiatric illness;
 13. Gestation greater than forty (40) weeks;
 14. History of prior antepartum or neonatal death; or
 15. Any other condition or symptom which could adversely affect the mother or fetus, as assessed by a licensed certified professional midwife exercising reasonable skill and knowledge.
- (b) The patient and the consulting physician, or advanced practice provider affiliated with a physician, shall determine whether subsequent care shall be provided by the physician or advanced practice provider, the midwife, or through collaboration between the physician or advanced practice provider and midwife. The patient may elect not to accept a referral, or a physician or advance practice provider's advice, and if such refusal is documented in writing by the licensed certified professional midwife, then the licensed certified professional midwife may continue to care for the patient.
- (c) If on initial or subsequent assessment, one (1) of the following conditions exists, the midwife shall recommend transfer in accordance with Sections 1 to 8 of this Act, and document that recommendation in the midwifery record:
1. Placenta Previa in the third trimester;
 2. HIV infection;
 3. Cardiovascular disease, including hypertension;
 4. Severe psychiatric illness that may result in self-harm or harm to others;
 5. History of premature labor, preterm premature rupture of membranes, or

cervical incompetence;

6. Rh or other isoimmunization;
7. Prior cesarean section or other surgery resulting in a uterine scar;
8. Multifetal gestation;
9. Non-cephalic presentation after thirty-six (36) weeks gestation;
10. History of shoulder dystocia;
11. Pre-eclampsia or eclampsia;
12. Intrauterine growth restriction, oligohydramnios or polyhydramnios;
13. Known anatomic fetal abnormalities;
14. Any type of diabetes requiring insulin or other medication for management;
15. Gestational age greater than forty-two (42) weeks; and
16. Any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a licensed certified professional midwife exercising reasonable skill and knowledge.

The midwife may continue to participate in the care of a patient requiring transfer, in a collaborative fashion and as mutually agreed upon with the accepting physician, to the extent permitted by hospital regulations and if it is beneficial to the patient. However, if a patient declines to accept a transfer, the licensed certified professional midwife shall document such refusal in writing and terminate the midwife-patient relationship. If the condition mandating transfer occurs during labor or delivery, or the patient is otherwise acutely in jeopardy but refuses transfer, then the midwife shall call 911 and provide care until relieved by another appropriate licensed health care professional.

- (5) Each licensed certified professional midwife providing deliveries outside of an acute care hospital shall develop a written plan for emergency transportation to a facility providing

a higher level of care, which shall be available for inspection by the board and by any patient, and which shall include at minimum the following information:

(a) The location of geographically adjacent facilities providing obstetrical or newborn care, the level of obstetrical care or newborn care available, the approximate travel time to each facility from the geographic area or areas in which the licensed certified professional midwife performs deliveries, and available modes of emergency transportation to each facility;

(b) A list of emergency transport services available, including public emergency medical services available through 911, private ambulance services, hospital-based emergency transport services, or other emergency transport resources, the requirements for activating each resource, the financial responsibility of the patient, and other details required for prompt activation in an emergency;

(c) The mechanisms by which medical records and other information necessary to provide continuing care of a patient requiring emergency transport may be rapidly transmitted to each receiving facility, including fax numbers, electronic health record portals, or other means;

(d) Each facility's preferences regarding patient preregistration, transmission of prenatal records, or other actions desired by the facility to optimize care for a patient requiring emergency transfer; and

(e) Any other information required to facilitate emergency transportation that may be unique to the licensed certified professional midwife's practice or geographic location.

(6) Each licensed certified professional midwife shall identify at least one (1) physician or advanced practice provider affiliated with a physician who is licensed in the United States, agrees to provide consultation, collaboration and referral as defined in Section 1

of this Act, and possesses the medical expertise required to provide such consultation, collaboration and referral. The physician, or advanced practice provider affiliated with a physician, agreeing to provide consultation, collaboration and referral may also serve as a receiving clinician for transfer as defined in Section 1 of this Act, provided the physician, or advance practice provider affiliated with a physician, has the necessary medical expertise and access to facilities providing a higher level of care; otherwise, each licensed certified professional midwife shall identify at least one (1) additional physician who is licensed in the United States, possesses the requisite medical expertise, and who will accept transfer of a mother or newborn as defined in Section 1 of this Act. An agreement by a group practice's duly authorized representative, an academic department at an educational hospital facility, a health system that provides both physician services and acute care services, or similar entity shall be deemed equivalent to an agreement by an individual physician. Each licensed certified professional midwife shall make a good faith effort to identify at least one (1) physician or deemed equivalent entity who agrees to accept transfers at each facility that the licensed certified professional midwife anticipates, or would be reasonably expected to anticipate, may be used for transfer of patients requiring emergency care. If no physician or deemed equivalent entity at a facility where emergency transfer was reasonably anticipated agrees to accept patients in transfer, and the facility medical staff and administrative leadership are unable to identify a physician or deemed equivalent entity who agrees to accept patients in transfer, then the licensed certified professional midwife shall document all such good faith efforts and report the failure to secure such agreement to the board. All agreements to provide consultation, collaboration, referral, or transfer services shall be documented in writing or via electronic communication, and shall be kept by the licensed certified professional midwife and made available for inspection by the board or any patient.

(7) Each licensed certified professional midwife shall possess a written plan for ensuring compliance with all required or routinely recommended screening and disease prevention measures, including but not limited to:

(a) Newborn screening for errors of metabolism and other conditions;

(b) Newborn screening for hearing loss;

(c) Newborn screening for critical congenital heart disease;

(d) Hepatitis B vaccination;

(e) Vitamin K administration;

(f) Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum; and

(g) Hepatitis C screening in pregnancy.

The written plan shall include a complete list of all required or recommended testing or prophylactic measures, and for each test or prophylactic measure, a description of how the test will be obtained or prophylactic measure will be performed by the licensed certified professional midwife, or in the alternative, the manner in which the licensed certified professional midwife will ensure that responsibility for performing a test or prophylactic measure is assumed by another licensed independent provider or appropriate health care entity. The written plan shall be kept current, accounting for new administrative regulations or medical evidence in the peer-reviewed medical literature, and shall be available for inspection by the board. The licensed certified professional midwife shall provide a copy of the plan to each patient, but may substitute a summary of the plan if written in a manner reasonably held to improve patient understanding and compliance while still including all essential information. The board may provide a model written plan for ensuring compliance with all required or routinely recommended screening and disease prevention measures, and if the licensed certified professional midwife exclusively uses the written plan most recently promulgated by the

board, it shall constitute deemed compliance with this requirement.

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

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

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

- (1) The cabinet shall enforce the administrative regulations promulgated by the secretary of the Cabinet for Health and Family Services for the regulation and control of the matters set out below and shall formulate, promote, establish, and execute policies, plans, and comprehensive programs relating to all matters of public health, including but not limited

to the following matters:

- (a) Detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled;
- (b) The adoption of regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. In adopting the regulations the cabinet shall consider the need for information, protection for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. The cabinet shall require reporting of physician-diagnosed cases of acquired immunodeficiency syndrome based upon diagnostic criteria from the Centers for Disease Control and Prevention of the United States Public Health Service. No later than October 1, 2004, the cabinet shall require reporting of cases of human immunodeficiency virus infection by reporting of the name and other relevant data as requested by the Centers for Disease Control and Prevention and as further specified in KRS 214.645. Nothing in this section shall be construed to prohibit the cabinet from identifying infected patients when and if an effective cure for human immunodeficiency virus infection or any immunosuppression caused by human immunodeficiency virus is found or a treatment which would render a person noninfectious is found, for the purposes of offering or making the cure or treatment known to the patient;
- (c) The control of insects, rodents, and other vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of schools, industrial establishments,

and other public and semipublic buildings; the sanitation of state and county fairs and other similar public gatherings; the sanitation of public and semipublic recreational areas; the sanitation of public rest rooms, trailer courts, hotels, tourist courts, and other establishments furnishing public sleeping accommodations; the review, approval, or disapproval of plans for construction, modification, or extension of equipment related to food-handling in food-handling establishments; the licensure of hospitals; and the control of such other factors, not assigned by law to another agency, as may be necessary to insure a safe and sanitary environment;

- (d) The construction, installation, and alteration of any on-site sewage disposal system, except for a system with a surface discharge;
- (e) Protection and improvement of the health of expectant mothers, infants, preschool, and school-age children; ***and***
- (f) ~~{The practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and~~

~~(g) —}Protection and improvement of the health of the people through better nutrition.~~

- (2) The secretary shall have authority to establish by regulation a schedule of reasonable fees, not to exceed costs of the program to the cabinet to cover inspector hours, but in no event shall the total fees for permitting and inspection increase more than five percent (5%) per year, travel pursuant to state regulations for travel reimbursement, to cover the costs of inspections of manufacturers, retailers, and distributors of consumer products as defined in the Federal Consumer Product Safety Act, 15 U.S.C. secs. 2051 et seq.; 86 Stat. 1207 et seq. or amendments thereto, and of youth camps for the purpose of determining compliance with the provisions of this section and the regulations adopted by the secretary pursuant thereto. Fees collected by the secretary shall be deposited in the State Treasury and credited to a revolving fund account for the purpose of carrying out the provisions of this section.

The balance of the account shall lapse to the general fund at the end of each biennium.

- (3) Any administrative hearing conducted under authority of this section shall be conducted in accordance with KRS Chapter 13B.

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

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

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

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

- (1) "Board" means the State Board of Medical Licensure;
- (2) "President" means the president of the State Board of Medical Licensure;
- (3) "Secretary" means the secretary of the State Board of Medical Licensure;
- (4) "Executive director" means the executive director of the State Board of Medical Licensure or any assistant executive directors appointed by the board;
- (5) "General counsel" means the general counsel of the State Board of Medical Licensure or any assistant general counsel appointed by the board;
- (6) "Regular license" means a license to practice medicine or osteopathy at any place in this state;
- (7) "Limited license" means a license to practice medicine or osteopathy in a specific institution or locale to the extent indicated in the license;
- (8) "Temporary permit" means a permit issued to a person who has applied for a regular license, and who appears from verifiable information in the application to the executive director to be qualified and eligible therefor;
- (9) "Emergency permit" means a permit issued to a physician currently licensed in another state, authorizing the physician to practice in this state for the duration of a specific medical emergency, not to exceed thirty (30) days;
- (10) Except as provided in subsection (11) of this section, the "practice of medicine or osteopathy" means the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities;
- (11) The "practice of medicine or osteopathy" does not include the practice of Christian Science, the domestic administration of family remedies, the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or

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osteopathy under the provisions of this chapter, the use of automatic external defibrillators in accordance with the provisions of KRS 311.665 to 311.669, the practice of podiatry as defined in KRS 311.380, the practice of dentistry as defined in KRS 313.010, the practice of optometry as defined in KRS 320.210, the practice of chiropractic as defined in subsection (2) of KRS 312.015, the practice as a nurse as defined in KRS 314.011, the practice of physical therapy as defined in KRS 327.010, the practice of genetic counseling as defined in KRS 311.690, the performance of duties for which they have been trained by paramedics licensed under KRS Chapter 311A, first responders, or emergency medical technicians certified under Chapter 311A, the practice of pharmacy by persons licensed and registered under KRS 315.050, the sale of drugs, nostrums, patented or proprietary medicines, trusses, supports, spectacles, eyeglasses, lenses, instruments, apparatus, or mechanisms that are intended, advertised, or represented as being for the treatment, correction, cure, or relief of any human ailment, disease, injury, infirmity, or condition, in regular mercantile establishments, or the practice of midwifery, *or the provision of certified professional midwifery services by a licensed certified professional midwife as defined in Section 1 of this Act*~~[by women. KRS 311.530 to 311.620 shall not be construed as repealing the authority conferred on the Cabinet for Health and Family Services by KRS Chapter 211 to provide for the instruction, examination, licensing, and registration of all midwives through county health officers];~~

- (12) "Physician" means a doctor of medicine or a doctor of osteopathy;
- (13) "Grievance" means any allegation in whatever form alleging misconduct by a physician;
- (14) "Charge" means a specific allegation alleging a violation of a specified provision of this chapter;
- (15) "Complaint" means a formal administrative pleading that sets forth charges against a physician and commences a formal disciplinary proceeding;

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- (16) As used in KRS 311.595(4), "crimes involving moral turpitude" shall mean those crimes which have dishonesty as a fundamental and necessary element, including but not limited to crimes involving theft, embezzlement, false swearing, perjury, fraud, or misrepresentation;
- (17) "Telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education;
- (18) "Order" means a direction of the board or its panels made or entered in writing that determines some point or directs some step in the proceeding and is not included in the final order;
- (19) "Agreed order" means a written document that includes but is not limited to stipulations of fact or stipulated conclusions of law that finally resolves a grievance, a complaint, or a show cause order issued informally without expectation of further formal proceedings in accordance with KRS 311.591(6);
- (20) "Final order" means an order issued by the hearing panel that imposes one (1) or more disciplinary sanctions authorized by this chapter;
- (21) "Letter of agreement" means a written document that informally resolves a grievance, a complaint, or a show cause order and is confidential in accordance with KRS 311.619;
- (22) "Letter of concern" means an advisory letter to notify a physician that, although there is insufficient evidence to support disciplinary action, the board believes the physician should modify or eliminate certain practices and that the continuation of those practices may result in action against the physician's license;
- (23) "Motion to revoke probation" means a pleading filed by the board alleging that the licensee has violated a term or condition of probation and that fixes a date and time for a revocation hearing;
- (24) "Revocation hearing" means a hearing conducted in accordance with KRS Chapter 13B to

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determine whether the licensee has violated a term or condition of probation;

- (25) "Chronic or persistent alcoholic" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic consumption of alcoholic beverages resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of alcoholic beverages;
- (26) "Addicted to a controlled substance" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic use of any narcotic drug or controlled substance resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of any narcotic drug or controlled substance;
- (27) "Provisional permit" means a temporary permit issued to a licensee engaged in the active practice of medicine within this Commonwealth who has admitted to violating any provision of KRS 311.595 that permits the licensee to continue the practice of medicine until the board issues a final order on the registration or reregistration of the licensee;
- (28) "Fellowship training license" means a license to practice medicine or osteopathy in a fellowship training program as specified by the license; and
- (29) "Special faculty license" means a license to practice medicine that is limited to the extent that this practice is incidental to a necessary part of the practitioner's academic appointment at an accredited medical school program or osteopathic school program and any affiliated institution for which the medical school or osteopathic school has assumed direct responsibility.

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

If any provision of Sections 1 to 8 of this Act or the application thereof to any person or

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