

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

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

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

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

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

20 The General Assembly finds and declares that:

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

- 1 (2) The appropriate use of information technology by the Commonwealth can improve  
2 operational productivity, reduce the cost of government, enhance service to  
3 customers, and make government more accessible to the public;
- 4 (3) Government-wide planning, investment, protection, and direction for information  
5 resources must be enacted to:
- 6 (a) Ensure the effective application of information technology on state business  
7 operations;
- 8 (b) Ensure the quality, security, and integrity of state business operations; and  
9 (c) Provide privacy to the citizens of the Commonwealth;
- 10 (4) The Commonwealth must provide information technology infrastructure, technical  
11 directions, and a proficient organizational management structure to facilitate the  
12 productive application of information technology and resources to accomplish  
13 programmatic missions and business goals;
- 14 (5) Oversight of large scale and government statewide systems or projects is necessary  
15 to protect the Commonwealth's investment and to ensure appropriate integration  
16 with existing or planned systems;
- 17 (6) A career development plan and professional development program for information  
18 technology staff of the executive branch is needed to provide key competencies and  
19 adequate on-going support for the information resources of the Commonwealth and  
20 to ensure that the information technology staff will be managed as a  
21 Commonwealth resource;
- 22 (7) The Commonwealth is in need of information technology advisory capacities to the  
23 Governor and the agencies of the executive cabinet;
- 24 (8) Appropriate public-private partnerships to supplement existing resources must be  
25 developed as a strategy for the Commonwealth to comprehensively meet its  
26 spectrum of information technology and resource needs;
- 27 (9) Technological and theoretical advances in information use are recent in origin,

1       immense in scope and complexity, and change at a rapid rate, which presents  
2       Kentucky with the opportunity to provide higher quality, more timely, and more  
3       cost-effective government services to ensure standardization, interoperability, and  
4       interconnectivity;

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

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

11       (12) The exercise by the executive director of the Commonwealth Office of Technology  
12       of powers and authority conferred by KRS 42.720 to 42.742, 45.253, 171.420,  
13       186A.040, ***and*** 186A.285~~[-, and 194A.146]~~ shall be deemed and held to be the  
14       performance of essential governmental functions.

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

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

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

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

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

25       (c) Developing strategies and policies to support and promote the effective  
26       applications of information technology within state government as a means of  
27       saving money, increasing employee productivity, and improving state services

- 1 to the public, including electronic public access to information of the  
2 Commonwealth;
- 3 (d) Developing, implementing, and managing strategic information technology  
4 directions, standards, and enterprise architecture, including implementing  
5 necessary management processes to assure full compliance with those  
6 directions, standards, and architecture;
- 7 (e) Promoting effective and efficient design and operation of all major  
8 information resources management processes for executive branch agencies,  
9 including improvements to work processes;
- 10 (f) Developing, implementing, and maintaining the technology infrastructure of  
11 the Commonwealth and all related support staff, planning, administration,  
12 asset management, and procurement for all executive branch cabinets and  
13 agencies except:
- 14 1. Agencies led by a statewide elected official;
  - 15 2. The nine (9) public institutions of postsecondary education;
  - 16 3. The Department of Education's services provided to local school  
17 districts;
  - 18 4. The Kentucky Retirement Systems and the Teachers' Retirement  
19 System;
  - 20 5. The Kentucky Housing Corporation;
  - 21 6. The Kentucky Lottery Corporation;
  - 22 7. The Kentucky Higher Education Student Loan Corporation; and
  - 23 8. The Kentucky Higher Education Assistance Authority;
- 24 (g) Facilitating and fostering applied research in emerging technologies that offer  
25 the Commonwealth innovative business solutions;
- 26 (h) Reviewing and overseeing large or complex information technology projects  
27 and systems for compliance with statewide strategies, policies, and standards,

- 1 including alignment with the Commonwealth's business goals, investment,  
2 and other risk management policies. The executive director is authorized to  
3 grant or withhold approval to initiate these projects;
- 4 (i) Integrating information technology resources to provide effective and  
5 supportable information technology applications in the Commonwealth;
- 6 (j) Establishing a central statewide geographic information clearinghouse to  
7 maintain map inventories, information on current and planned geographic  
8 information systems applications, information on grants available for the  
9 acquisition or enhancement of geographic information resources, and a  
10 directory of geographic information resources available within the state or  
11 from the federal government;
- 12 (k) Coordinating multiagency information technology projects, including  
13 overseeing the development and maintenance of statewide base maps and  
14 geographic information systems;
- 15 (l) Providing access to both consulting and technical assistance, and education  
16 and training, on the application and use of information technologies to state  
17 and local agencies;
- 18 (m) In cooperation with other agencies, evaluating, participating in pilot studies,  
19 and making recommendations on information technology hardware and  
20 software;
- 21 (n) Providing staff support and technical assistance to the Geographic Information  
22 Advisory Council and the Kentucky Information Technology Advisory  
23 Council;
- 24 (o) Overseeing the development of a statewide geographic information plan with  
25 input from the Geographic Information Advisory Council;
- 26 (p) Developing for state executive branch agencies a coordinated security  
27 framework and model governance structure relating to the privacy and

- 1 confidentiality of personal information collected and stored by state executive  
2 branch agencies, including but not limited to:
- 3 1. Identification of key infrastructure components and how to secure them;
  - 4 2. Establishment of a common benchmark that measures the effectiveness  
5 of security, including continuous monitoring and automation of  
6 defenses;
  - 7 3. Implementation of vulnerability scanning and other security  
8 assessments;
  - 9 4. Provision of training, orientation programs, and other communications  
10 that increase awareness of the importance of security among agency  
11 employees responsible for personal information; and
  - 12 5. Development of and making available a cyber security incident response  
13 plan and procedure; and
- 14 (q) Preparing proposed legislation and funding proposals for the General  
15 Assembly that will further solidify coordination and expedite implementation  
16 of information technology systems.
- 17 (3) The Commonwealth Office of Technology may:
- 18 (a) Provide general consulting services, technical training, and support for generic  
19 software applications, upon request from a local government, if the executive  
20 director finds that the requested services can be rendered within the  
21 established terms of the federally approved cost allocation plan;
  - 22 (b) Promulgate administrative regulations in accordance with KRS Chapter 13A  
23 necessary for the implementation of KRS 42.720 to 42.742, 45.253, 171.420,  
24 186A.040, and 186A.285~~, and 194A.146~~;
  - 25 (c) Solicit, receive, and consider proposals from any state agency, federal agency,  
26 local government, university, nonprofit organization, private person, or  
27 corporation;

- 1 (d) Solicit and accept money by grant, gift, donation, bequest, legislative  
2 appropriation, or other conveyance to be held, used, and applied in accordance  
3 with KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, and 186A.285~~, and~~  
4 ~~194A.146~~];
- 5 (e) Make and enter into memoranda of agreement and contracts necessary or  
6 incidental to the performance of duties and execution of its powers, including,  
7 but not limited to, agreements or contracts with the United States, other state  
8 agencies, and any governmental subdivision of the Commonwealth;
- 9 (f) Accept grants from the United States government and its agencies and  
10 instrumentalities, and from any source, other than any person, firm, or  
11 corporation, or any director, officer, or agent thereof that manufactures or sells  
12 information resources technology equipment, goods, or services. To these  
13 ends, the Commonwealth Office of Technology shall have the power to  
14 comply with those conditions and execute those agreements that are  
15 necessary, convenient, or desirable; and
- 16 (g) Purchase interest in contractual services, rentals of all types, supplies,  
17 materials, equipment, and other services to be used in the research and  
18 development of beneficial applications of information resources technologies.  
19 Competitive bids may not be required for:
- 20 1. New and emerging technologies as approved by the executive director or  
21 her or his designee; or
- 22 2. Related professional, technical, or scientific services, but contracts shall  
23 be submitted in accordance with KRS 45A.690 to 45A.725.
- 24 (4) Nothing in this section shall be construed to alter or diminish the provisions of KRS  
25 171.410 to 171.740 or the authority conveyed by these statutes to the Archives and  
26 Records Commission and the Department for Libraries and Archives.
- 27 (5) The Commonwealth Office of Technology shall, on or before October 1 of each

1 year, submit to the Legislative Research Commission a report in accordance with  
2 KRS 57.390 detailing:

- 3 (a) Any security breaches that occurred within organizational units of the  
4 executive branch of state government during the prior fiscal year that required  
5 notification to the Commonwealth Office of Technology under KRS 61.932;
- 6 (b) Actions taken to resolve the security breach, and to prevent additional security  
7 breaches in the future;
- 8 (c) A general description of what actions are taken as a matter of course to protect  
9 personal data from security breaches; and
- 10 (d) Any quantifiable financial impact to the agency reporting a security breach.

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

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

17 (2) The provisions of KRS 42.720 to 42.742, 45.253, 171.420, 186A.040, ***and***  
18 186A.285~~[, and 194A.146]~~ shall not be construed to grant any authority over the  
19 judicial or legislative branches of state government, or agencies thereof, to the  
20 Commonwealth Office of Technology.

21 (3) The information, technology, personnel, agency resources, and confidential records  
22 of the Kentucky Retirement Systems and the Kentucky Teachers' Retirement  
23 System shall be excluded from the provisions of KRS 42.720 to 42.742, 45.253,  
24 171.420, 186A.040, ***and*** 186A.285~~[, and 194A.146]~~ and shall not be under the  
25 authority of the Commonwealth Office of Technology.

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

27 The General Assembly finds an essential relationship between the intent of this chapter



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

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

- 11 (1) The secretary shall be authorized to commit the cabinet to any project or proposal,  
12 subject to approval of the committee as necessary except that any state incentive  
13 agreement requiring the participation of other agencies of state government shall  
14 require the concurrence of the board.
- 15 (2) No project shall be funded in whole or part by the authority unless first approved by  
16 its committee pursuant to administrative regulations promulgated by the board in  
17 accordance with KRS Chapter 13A.
- 18 (3) Lending decisions made by the authority shall be based, if possible, feasible, and  
19 not otherwise precluded by federal or state law, on utilizing state funds to leverage  
20 private sector investment.
- 21 ~~[(4) The authority shall cooperate with the Cabinet for Health and Family Services in~~  
22 ~~facilitation of KRS 194.245(1)(a).]~~

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

- 24 (1) The secretary shall formulate, promote, establish, and execute policies, plans, and  
25 comprehensive programs and shall adopt, administer, and enforce throughout the  
26 Commonwealth all applicable state laws and all administrative regulations  
27 necessary under applicable state laws to protect, develop, and maintain the health,

1 personal dignity, integrity, and sufficiency of the individual citizens of the  
2 Commonwealth and necessary to operate the programs and fulfill the  
3 responsibilities vested in the cabinet. The secretary shall promulgate, administer,  
4 and enforce those administrative regulations necessary to implement programs  
5 mandated by federal law, or to qualify for the receipt of federal funds and necessary  
6 to cooperate with other state and federal agencies for the proper administration of  
7 the cabinet and its programs.

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

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

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

24 All administrative regulations, acts, determinations, and decisions of and by the corporate  
25 bodies or instrumentalities of the Commonwealth, advisory committees, interstate  
26 compacts, or other statutory bodies, transferred in whole or in part to the ~~{Public Health~~  
27 ~~Services Advisory Council and the ]~~Advisory Council for Medical Assistance, shall

1 remain in effect as the administrative regulations, acts, determinations, and decisions of  
 2 the cabinet unless duly modified or repealed by the secretary.

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

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

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

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

- 10 (1) "Cabinet" means the Cabinet for Health and Family Services;
- 11 (2) "Secretary" means secretary for health and family services;
- 12 (3) "Child-care center" means any child-care center that~~[which]~~ provides full or part-  
 13 time care, day or night, to four (4) or more~~[at least seven (7)]~~ children in a  
 14 nonresidential setting who are not the children, grandchildren, nieces, nephews, or  
 15 children in legal custody of the operator. "Child-care center" shall not include any  
 16 child-care facility operated by a religious organization while religious services are  
 17 being conducted, or a youth development agency. For the purposes of this section,  
 18 "youth development agency" means a program with tax-exempt status under 26  
 19 U.S.C. sec. 501(c)(3), which operates continuously throughout the year as an  
 20 outside-school-hours center for youth who are six (6) years of age or older, and for  
 21 which there are no fee or scheduled-care arrangements with the parent or guardian  
 22 of the youth served;
- 23 (4) "Department" means the Department for Community Based Services; and
- 24 (5) "Family child-care home" means a private home that is the primary residence of an  
 25 individual who provides full or part-time care day or night for six (6) or fewer  
 26 children who are not the children, siblings, stepchildren, grandchildren, nieces,  
 27 nephews, or children in legal custody of the provider.

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

- 2       (1) No person, association, or organization shall conduct, operate, maintain, or  
3       advertise any child-care center without obtaining a license as provided in KRS  
4       199.892 to 199.896.
- 5       (2) The cabinet may promulgate administrative regulations pursuant to KRS Chapter  
6       13A relating to license fees and may establish standards of care and service for a  
7       child-care center, criteria for the denial of a license if criminal records indicate  
8       convictions that may impact the safety and security of children in care, and  
9       procedures for enforcement of penalties.
- 10      (3) Each initial application for a license shall be made to the cabinet and shall be  
11      accompanied by a fee that shall not exceed administrative costs of the program to  
12      the cabinet and shall be renewable annually upon expiration and reapplication when  
13      accompanied by a renewal fee that shall not exceed administrative costs of the  
14      program to the cabinet. Regular licenses and renewals thereof shall expire one (1)  
15      year from their effective date.
- 16      (4) No child-care center shall be refused a license or have its license revoked for failure  
17      to meet standards set by the secretary until after the expiration of a period not to  
18      exceed six (6) months from the date of the first official notice that the standards  
19      have not been met. If, however, the cabinet has probable cause to believe that an  
20      immediate threat to the public health, safety, or welfare exists, the cabinet may take  
21      emergency action pursuant to KRS 13B.125. All administrative hearings conducted  
22      under authority of KRS 199.892 to 199.896 shall be conducted in accordance with  
23      KRS Chapter 13B.
- 24      (5) If, upon inspection or investigation, the inspector general finds that a child-care  
25      center licensed under this section has violated the administrative regulations,  
26      standards, or requirements of the cabinet, the inspector general shall issue a  
27      statement of deficiency to the center containing:

- 1 (a) A statement of fact;
- 2 (b) A statement of how an administrative regulation, standard, or requirement of  
3 the cabinet was violated; and
- 4 (c) The timeframe, negotiated with the child-care center, within which a violation  
5 is to be corrected, except that a violation that poses an immediate threat to the  
6 health, safety, or welfare of children in the center shall be corrected in no  
7 event later than five (5) working days from the date of the statement of  
8 deficiency.
- 9 (6) The Cabinet for Health and Family Services, in consultation with the Office of the  
10 Inspector General, shall establish by administrative regulations promulgated in  
11 accordance with KRS Chapter 13A an informal dispute resolution process  
12 containing at least two (2) separate levels of review through which a child-care  
13 provider may dispute licensure deficiencies that have an adverse effect on the child-  
14 care provider's license.
- 15 (7) A child-care center shall have the right to appeal to the Cabinet for Health and  
16 Family Services under KRS Chapter 13B any action adverse to its license or the  
17 assessment of a civil penalty issued by the inspector general as the result of a  
18 violation contained in a statement of deficiency within twenty (20) days of the  
19 issuance of the action or assessment of the civil penalty. An appeal shall not act to  
20 stay the correction of a violation.
- 21 (8) In assessing the civil penalty to be levied against a child-care center for a violation  
22 contained in a statement of deficiency issued under this section, the inspector  
23 general or the inspector general's designee shall take into consideration the  
24 following factors:
- 25 (a) The gravity of the threat to the health, safety, or welfare of children posed by  
26 the violation;
- 27 (b) The number and type of previous violations of the child-care center;

- 1 (c) The reasonable diligence exercised by the child-care center and efforts to  
2 correct the violation; and
- 3 (d) The amount of assessment necessary to assure immediate and continued  
4 compliance.
- 5 (9) Upon a child-care center's failure to take action to correct a violation of the  
6 administrative regulations, standards, or requirements of the cabinet contained in a  
7 statement of deficiency, or at any time when the operation of a child-care center  
8 poses an immediate threat to the health, safety, or welfare of children in the center,  
9 and the child-care center continues to operate after the cabinet has taken emergency  
10 action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee  
11 shall take at least one (1) of the following actions against the center:
- 12 (a) Institute proceedings to obtain an order compelling compliance with the  
13 administrative regulations, standards, and requirements of the cabinet;
- 14 (b) Institute injunctive proceedings in Circuit Court to terminate the operation of  
15 the center;
- 16 (c) Institute action to discontinue payment of child-care subsidies; or
- 17 (d) Suspend or revoke the license or impose other penalties provided by law.
- 18 (10) Upon request of any person, the cabinet shall provide information regarding the  
19 denial, revocation, suspension, or violation of any type of child-care center license  
20 of the operator. Identifying information regarding children and their families shall  
21 remain confidential.
- 22 (11) The cabinet shall provide, upon request, public information regarding the  
23 inspections of and the plans of correction for the child-care center within the past  
24 year. All information distributed by the cabinet under this subsection shall include a  
25 statement indicating that the reports as provided under this subsection from the past  
26 five (5) years are available from the child-care center upon the parent's, custodian's,  
27 guardian's, or other interested person's request.

- 1 (12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and  
2 certification applications shall be paid into the State Treasury and credited to a  
3 special fund for the purpose of administering KRS 199.892 to 199.896 including the  
4 payment of expenses of and to the participants in child-care workshops. The funds  
5 collected are hereby appropriated for the use of the cabinet. The balance of the  
6 special fund shall lapse to the general fund at the end of each biennium.
- 7 (13) Any advertisement for child-care services shall include the address of where the  
8 service is being provided.
- 9 (14) All inspections of licensed and unlicensed child-care centers by the Cabinet for  
10 Health and Family Services shall be unannounced.
- 11 (15) All employees and owners of a child-care center who provide care to children shall  
12 demonstrate within the first three (3) months of employment completion of at least  
13 a total of six (6) hours of orientation in the following areas:
- 14 (a) Basic health, safety, and sanitation;
  - 15 (b) Recognizing and reporting child abuse; and
  - 16 (c) Developmentally appropriate child-care practice.
- 17 (16) All employees and owners of a child-care center who provide care to children shall  
18 annually demonstrate to the department completion of at least six (6) hours of  
19 training in child development. These hours shall include but are not limited to one  
20 and one-half (1.5) hours one (1) time every five (5) years of continuing education in  
21 the recognition and prevention of pediatric abusive head trauma, as defined in KRS  
22 620.020. Training in recognizing pediatric abusive head trauma may be designed in  
23 collaboration with organizations and agencies that specialize in the prevention and  
24 recognition of pediatric head trauma approved by the secretary of the Cabinet for  
25 Health and Family Services The one and one-half (1.5) hours required under this  
26 section shall be included in the current number of required continuing education  
27 hours.

- 1 (17) The Cabinet for Health and Family Services shall make available either through the  
2 development or approval of a model training curriculum and training materials,  
3 including video instructional materials, to cover the areas specified in subsection  
4 (15) of this section. The cabinet shall develop or approve the model training  
5 curriculum and training materials to cover the areas specified in subsection (15) of  
6 this section.
- 7 (18) Child-care centers licensed pursuant to this section and family child-care homes  
8 certified pursuant to KRS 199.8982 shall not use corporal physical discipline,  
9 including the use of spanking, shaking, or paddling, as a means of punishment,  
10 discipline, behavior modification, or for any other reason. For the purposes of this  
11 section, "corporal physical discipline" means the deliberate infliction of physical  
12 pain and does not include spontaneous physical contact ~~that~~<sup>which</sup> is intended to  
13 protect a child from immediate danger.
- 14 (19) Child-care centers that provide instructional and educational programs for  
15 preschool-aged children that operate for a maximum of twenty (20) hours per week  
16 and ~~that~~<sup>which</sup> a child attends for no more than fifteen (15) hours per week shall:
- 17 (a) Notify the cabinet in writing that the center is operating;
  - 18 (b) Meet all child-care center licensure requirements and administrative  
19 regulations related to employee background checks;
  - 20 (c) Meet all child-care center licensure requirements and administrative  
21 regulations related to tuberculosis screenings; and
  - 22 (d) Be exempt from all other child-care center licensure requirements and  
23 administrative regulations.
- 24 (20) Child-care centers that provide instructional and educational programs for  
25 preschool-aged children that operate for a maximum of twenty (20) hours per week  
26 and ~~that~~<sup>which</sup> a child attends for no more than ten (10) hours per week shall be  
27 exempt from all child-care licensure requirements and administrative regulations.



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

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

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

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

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

12 (e) The program informs the parent or guardian:

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

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

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

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

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

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

25 (23)~~(22)~~ A director or employee of a child-care center may be employed on a  
 26 probationary status pending receipt of the criminal background check. Application  
 27 for the criminal record of a probationary employee shall be made no later than the

1 date probationary employment begins.

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

- 3 (1) An adult may execute an advance directive for mental health treatment that includes  
4 one (1) or more of the following:
- 5 (a) Refusal of specific psychotropic medications, but not an entire class of  
6 psychotropic medications. This refusal may be due to factors that include but  
7 are not limited to their lack of efficacy, known drug sensitivity, or previous  
8 experience of adverse reactions;
  - 9 (b) Refusal of electric shock therapy (ECT);
  - 10 (c) Stated preferences for psychotropic medications;
  - 11 (d) Stated preferences for procedures for emergency interventions; and
  - 12 (e) Provision of information in any area specified by the grantor.
- 13 (2) The execution of an advance directive shall be complete when signed by the grantor  
14 and:
- 15 (a) Signed by two (2) adult witnesses who attest that the grantor:
    - 16 1. Is known to them;
    - 17 2. Signed the advance directive in their presence; and
    - 18 3. Did not appear to be under duress, fraud, or undue influence; or
  - 19 (b) Acknowledged before a notary public or other person authorized to administer  
20 oaths.
- 21 (3) The following persons shall not serve as a witness, a notary public, or other person  
22 authorized to administer oaths to the signing of an advance directive:
- 23 (a) The grantor's current health care provider or a relative of the current health  
24 care provider; and
  - 25 (b) An owner, operator, employee, or relative of an owner or operator of a health  
26 facility in which the grantor is a client or resident, **unless the owner, operator,**  
27 **employee, or relative serves as a notary public.**

- 1 (4) An advance directive shall not override the grantor's right under federal and state  
2 law to refuse treatment.
- 3 (5) The grantor or the surrogate of the grantor shall be responsible for providing a copy  
4 of the advance directive to the grantor's health care provider and health care facility  
5 where the grantor is a patient.
- 6 (6) An advance directive for mental health treatment shall be honored in any setting,  
7 except a hospital emergency room or a hospital emergency department, that is  
8 required to honor advance directives under Title XVIII or Title XIX of the Federal  
9 Social Security Act.
- 10 (7) A health care provider, health care facility, surrogate, or other responsible party  
11 shall not be subject to criminal prosecution or civil liability if acting in agreement  
12 with an advance directive for mental health treatment executed in accordance with  
13 KRS 202A.420 to 202A.432 or if acting in good faith without knowledge of the  
14 existence or revocation of an advance directive.

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

- 16 (1) At a regularly scheduled interval, each enrollment or benefit tracking agency  
17 associated with the Medicaid program or the food stamps program of the cabinet  
18 shall receive and review information from the Kentucky Lottery Corporation  
19 concerning individuals enrolled as recipients in the Medicaid program or the food  
20 stamps program that indicates a change in circumstances that may affect eligibility,  
21 including but not limited to changes in income or resources.
- 22 (2) On at least a monthly basis, each enrollment or benefit tracking agency associated  
23 with the Medicaid program or the food stamps program of the cabinet shall receive  
24 and review information from the Vital Statistics Branch concerning individuals  
25 enrolled in the Medicaid program or the food stamps program that indicates a  
26 change in circumstances that may affect eligibility.
- 27 (3) On at least a quarterly basis, each enrollment or benefit tracking agency associated

1 with the Medicaid program or the food stamps program of the cabinet shall receive  
2 and review information from the Kentucky Office of Unemployment Insurance  
3 concerning individuals enrolled in the Medicaid program or the food stamps  
4 program that indicates a change in circumstances that may affect eligibility,  
5 including but not limited to changes in employment or wages.

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

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

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

25 (6) Each enrollment or benefit tracking agency associated with the Medicaid program  
26 or the food stamps program of the cabinet may contract with one (1) or more  
27 independent vendors to provide additional data or information ~~that~~<sup>which</sup> may

- 1 indicate a change in circumstances that may affect eligibility.
- 2 (7) Each enrollment or benefit tracking agency associated with the Medicaid program  
3 or the food stamps program of the cabinet shall explore joining any multistate  
4 cooperative to identify individuals who are also enrolled in public assistance  
5 programs outside of this state.
- 6 (8) If an enrollment or benefit tracking agency associated with the Medicaid program or  
7 the food stamps program of the cabinet receives information concerning an  
8 individual enrolled in the Medicaid program or the food stamps program that  
9 indicates a change in circumstances that may affect eligibility, the enrollment or  
10 benefit tracking agency or other appropriate agency shall review the individual's  
11 case.
- 12 (9) The food stamps program of the cabinet shall not seek, apply for, accept, or renew  
13 any waiver of requirements established under 7 U.S.C. sec. 2015(o) unless there is  
14 an economic downturn resulting in an unemployment rate of ten percent (10%) or  
15 more or the Cabinet for Health and Family Services determines an increase in the  
16 unemployment rate in any particular county is severe enough to necessitate a  
17 waiver.
- 18 (10) The cabinet shall promulgate all rules and regulations necessary for the purposes of  
19 carrying out this section.
- 20 (11) Upon request~~[On or before December 1 of each year]~~, the Cabinet for Health and  
21 Family Services shall submit a report relating to the number of individuals  
22 discovered utilizing services inappropriately, the number of individuals who were  
23 removed from one (1) or more public assistance programs as a result of a review  
24 pursuant to this section, and the amount of public funds preserved in total and by  
25 public assistance program and aggregated by prior years.~~[This report shall be  
26 forwarded to the Interim Joint Committees on Health and Welfare and Family  
27 Services and Appropriations and Revenue of the Legislative Research~~

1       ~~Commission.]~~

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

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

- 4       (1) Promote and aid in the establishment of local programs and services for the aging;
- 5       (2) Conduct programs to educate the public as to problems of the aging;
- 6       (3) Review existing state programs and services for the aging and to make
- 7       recommendations to the Governor, to the appropriate department and agencies of
- 8       the state, and to the legislature for improvements in and additions to such programs
- 9       and services;
- 10      (4) Assist and encourage governmental and private agencies to coordinate their efforts
- 11      on behalf of the aging;
- 12      (5) Conduct and encourage other organizations to conduct studies concerning the aging;
- 13      (6) Establish, in selected areas and communities of the state, programs of services for
- 14      the aging to demonstrate the value of such programs, and to encourage local
- 15      agencies to continue the programs and to create new services where needed.
- 16      Emphasis shall be given to services designed to foster continued participation of
- 17      older people in family and community life and to lessen the need for institutional
- 18      care;
- 19      (7) Provide services designed to meet the needs of the minority elderly in programs
- 20      administered by the cabinet;
- 21      (8) The cabinet shall solicit and consider the input of individuals and organizations
- 22      representing the concerns of the minority elderly population as relates to:
- 23      (a) Programs and services needed by the minority elderly;
- 24      (b) The extent to which existing programs do not meet the needs of the minority
- 25      elderly;
- 26      (c) The accessibility of existing programs to the minority elderly;
- 27      (d) The availability and adequacy of information regarding existing services;

- 1 (e) Health problems the minority elderly experience at a higher rate than the  
2 nonminority elderly population; and
- 3 (f) Financial, social, and other barriers experienced by the minority elderly in  
4 obtaining services;
- 5 (9) Conduct an outreach program that provides information to minority elderly  
6 Kentuckians about health and social problems experienced by minority elderly  
7 persons and available programs to address those problems~~[- as identified in the  
8 report prepared pursuant to subsection (7) of this section];~~ and
- 9 (10) Cooperate with the federal government and with the governments of other states in  
10 programs relating to the aging.

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

- 12 (1) Every long-term care facility shall require residents to be immunized against  
13 pneumococcal disease and influenza. Upon admission, the long-term care facility  
14 shall:
- 15 (a) Notify the resident of the requirements of this section and request that the  
16 resident agree to be immunized against pneumococcal disease and influenza  
17 virus;
- 18 (b) Assess the resident's immunization status for influenza virus and  
19 pneumococcal disease;
- 20 (c) Counsel each resident on the risks of influenza and pneumococcal disease; the  
21 efficacy, side effects, and contraindications of these immunizations; and the  
22 recommendations of the Centers for Disease Control prior to administration of  
23 the vaccines; and
- 24 (d) Provide or arrange for immunizations against pneumococcal and influenza in  
25 accordance with the recommendations of the Advisory Committee on  
26 Immunization Practices of the Centers for Disease Control, unless medically  
27 contraindicated, if the resident or long-term care facility does not have

1 documentation of the immunization.

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

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

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

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

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

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

26 (4) Every long-term care facility shall document ~~the annual~~ immunization against  
27 influenza virus **every influenza season, by October 15 or upon employment,**



1        whichever comes later, and pneumococcal immunization for each employee. Upon  
2        finding that an employee lacks either of these immunizations, the facility shall  
3        provide or arrange for immunization in accordance with the recommendations of  
4        the Advisory Committee on Immunization Practices of the Centers for Disease  
5        Control, unless medically contraindicated.

- 6        (5) The provisions of this section shall not apply if:
- 7            (a) The vaccine is medically contraindicated;
  - 8            (b) The employee, resident, or resident's legal guardian objects to the  
9            immunizations due to religious beliefs; or
  - 10          (c) The employee or resident refuses the vaccine after being fully informed of the  
11          health risks.

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

13        (1) The commissioner of the department shall implement the provisions of KRS  
14        209.550 to 209.554 through the promulgation of administrative regulations under  
15        KRS Chapter 13A.

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

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

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

1 residents due to influenza virus, pneumococcal disease, and associated  
2 complications.

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

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

- 7 (a) The secretary ***or designee*** of the Cabinet for Health and Family Services;
- 8 (b) The commissioner ***or designee*** of the Department for Behavioral Health,  
9 Developmental and Intellectual Disabilities;
- 10 (c) The commissioner ***or designee*** of the Department for Medicaid Services;
- 11 (d) ***The commissioner or designee of the Department of Education;***
- 12 (e) The executive director of the Office of Vocational Rehabilitation;
- 13 (f)(e) The director of the University Affiliated Program at the Interdisciplinary  
14 Human Development Institute of the University of Kentucky;
- 15 (g)(f) The director of the Kentucky Council on Developmental Disabilities;
- 16 (h)(g) Two (2) members of the House of Representatives, appointed by the  
17 Speaker of the House;
- 18 (i)(h) Two (2) members of the Senate, appointed by the Senate President; and
- 19 (j)(i) Public members, appointed by the Governor as follows:

- 20 1. ***One (1) member representing families of a child with an intellectual***  
21 ***or other developmental disability residing in the home of the family***  
22 ***member***~~[Five (5) family members, at least one (1) of whom shall be a~~  
23 ~~member of a family with a child with an intellectual disability or other~~  
24 ~~developmental disabilities, and one (1) of whom shall be a member of a~~  
25 ~~family with an adult with an intellectual disability or other~~  
26 ~~developmental disabilities. Of these five (5) family members, at least~~  
27 ~~two (2) shall be members of a family with an individual with an~~

1 intellectual disability or other developmental disabilities residing in the  
 2 home of the family member or in a community based setting, and at  
 3 least two (2) shall be members of a family with an individual with an  
 4 intellectual disability or other mental disabilities residing in an  
 5 institutional residential facility that provides service to individuals with  
 6 an intellectual disability or other developmental disabilities];

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

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

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

17 5. **Four (4)**~~Three (3)~~ persons with ~~an~~ intellectual ~~disability~~ or other  
 18 developmental disabilities;

19 ~~6.~~~~3.~~ Two (2) business leaders;

20 ~~7.~~~~4.~~ **Two (2) providers of intellectual or other developmental disability**  
 21 **services**~~Three (3) direct service providers representing the Kentucky~~  
 22 ~~Association of Regional Programs and the Kentucky Association of~~  
 23 ~~Residential Resources]; and~~

24 ~~8.~~~~5.~~ One (1) representative of a statewide **organization providing education**  
 25 **and outreach on topics associated with intellectual and other**  
 26 **developmental disabilities**~~advocacy group].~~

27 The **thirteen (13)**~~six (6)~~ appointments made under ~~subparagraphs 1. and 2.~~

1           ~~of~~ this paragraph shall be chosen to reflect representation from each of  
2           Kentucky's six (6) congressional districts.

3       (2) The secretary of the Cabinet for Health and Family Services or the secretary's  
4       designee shall serve as chair of the commission.

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

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

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

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

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

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

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

27      (10) All public members of the commission shall receive twenty-five dollars (\$25) per

1 day for attending each regularly scheduled meeting or any special meeting called  
 2 by the chair. All commission members shall be reimbursed for necessary travel and  
 3 other expenses actually incurred in the discharge of duties of the commission.

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

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

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

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

12 (b) Develop a statewide strategy to increase access to community-based services  
 13 and supports for persons with ~~[an]~~ intellectual or~~[disability and]~~ other  
 14 developmental disabilities with complex needs. The strategy shall include:

- 15 1. Identification of funding needs and related fiscal impact; and
- 16 2. Criteria that establish priority for services that consider timeliness and  
 17 service needs;

18 (c) Assess ~~[the need and potential]~~ utilization and expansion of specialized  
 19 outpatient clinics for medical, dental, and special therapeutic services for  
 20 persons with ~~[an]~~ intellectual or~~[disability and]~~ other developmental  
 21 disabilities;

22 (d) Evaluate the quality and effectiveness of state agencies and public and private  
 23 service providers, including nonprofit and for-profit service providers and  
 24 organizations receiving state funds affiliated with intellectual and other  
 25 developmental disabilities, in:

- 26 1. Development and dissemination of information and education;
- 27 2. Providing cost-effective, person-centered, outcome-oriented services

1                    *and training*; and

2                    3. Efficiently utilizing available resources, including blended funding  
3                    streams; *and*

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

7                    (f) [~~Recommend an effective~~] quality assurance and consumer satisfaction *data*  
8                    *annually and submit recommendations to the Cabinet for Health and*  
9                    *Family Services, the Governor, and the General Assembly that address*  
10                    *identified deficiencies and areas of need. The chairperson of the*  
11                    *commission shall appoint one (1) or more ad hoc committees composed of*  
12                    *commission members and other interested parties to develop the*  
13                    *recommendations required by this paragraph* [~~monitoring program that~~  
14                    includes recommendations as to the appropriate role of family members,  
15                    persons with an intellectual disability and other developmental disabilities,  
16                    and advocates in quality assurance efforts;

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

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

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

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

1           4. ~~The design of a system of accountability for the use of public funds.~~  
2           ~~The chairperson of the commission shall appoint an ad hoc committee~~  
3           ~~composed of commission members and other interested parties to develop the~~  
4           ~~recommendations required by this paragraph; and~~  
5           (h) ~~Advise the Governor and the General Assembly on whether the~~  
6           ~~recommendations should be implemented by administrative regulations or~~  
7           ~~proposed legislation].~~

8           (3) The commission shall review the plan annually and shall submit annual updates no  
9           later than December~~[October]~~ 1 to the Governor and the Legislative Research  
10          Commission.

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

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

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

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

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

25          (5) The council shall:

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

- 1 (b) ~~[Hear appeals from:~~
- 2 1. ~~Applicants for positions for which examinations are being or have been~~
- 3 ~~conducted;~~
- 4 2. ~~Eligible applicants on examination registers; and~~
- 5 3. ~~Classified employees who have been dismissed, demoted, or suspended~~
- 6 ~~for cause;~~
- 7 (c) ~~Hear appeals regarding discrimination in a personnel action involving an~~
- 8 ~~agency employee or an applicant for employment;~~
- 9 (d) ~~]Make an annual report to the department and agency; and~~
- 10 (c)~~(e)] Consider and act upon matters that may be referred to the council by the~~
- 11 ~~department.~~

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

- 13 (1) The Pediatric Cancer Research Trust Fund Board is hereby created for the purpose
- 14 of administering and distributing funds from the trust created under KRS 211.595.
- 15 The board shall be composed of ***eighteen (18)***~~[nine (9)]~~ members to be appointed as
- 16 follows:
- 17 (a) A specialist in pediatric oncology nominated by Norton Children's Hospital to
- 18 be appointed by the Governor;
- 19 (b) A specialist in pediatric oncology nominated by the University of Kentucky
- 20 Children's Hospital to be appointed by the Governor;
- 21 (c) A representative nominated by Kentucky Chapters of the Leukemia and
- 22 Lymphoma Society to be appointed by the Governor;
- 23 (d) A representative nominated by Kentucky offices of the American Cancer
- 24 Society to be appointed by the Governor;
- 25 (e) Three (3) citizens, one (1) of whom shall be a pediatric cancer survivor, or
- 26 parent thereof, to be appointed by the Governor~~[from a list of six (6) citizens~~
- 27 ~~nominated by Kentucky offices of the American Cancer Society];~~



- 1 (f) The secretary of the Cabinet for Health and Family Services, or the secretary's  
2 designee;~~and~~
- 3 (g) The commissioner of the Department for Public Health, or the commissioner's  
4 designee;
- 5 **(h) A pediatric oncology social worker nominated by Norton Children's**  
6 **Hospital to be appointed by the Governor;**
- 7 **(i) A pediatric oncology social worker nominated by the University of Kentucky**  
8 **Children's Hospital to be appointed by the Governor;**
- 9 **(j) Two (2) school interventionists nominated by each pediatric oncology**  
10 **program to be appointed by the Governor;**
- 11 **(k) A regional coordinator nominated by the Kentucky Cancer Registry to be**  
12 **appointed by the Governor;**
- 13 **(l) A member of the University of Kentucky Dance Blue dance team or a**  
14 **successor entity to be appointed by the Governor;**
- 15 **(m) A member of the University of Louisville Raise RED dance team or a**  
16 **successor entity to be appointed by the Governor; and**
- 17 **(n) Two (2) citizens at large to be appointed by the Governor.**
- 18 (2) The board shall be attached to the Cabinet for Health and Family Services for  
19 administrative purposes.
- 20 (3) ~~The secretary of the Cabinet for Health and Family Services shall convene the first~~  
21 ~~meeting of the board within sixty (60) days of June 24, 2015.~~
- 22 ~~(4)~~ Board members shall serve without compensation, but may receive reimbursement  
23 for their actual and necessary expenses incurred in the performance of their duties.
- 24 ~~(4)~~~~(5)~~ The term of each appointed member shall be four (4) years **and until a**  
25 **successor is appointed and qualified, except that initial appointments under**  
26 **subsection (1)(h) to (n) of this section shall be as follows:**
- 27 **(a) Each dance team member appointed under subsection (1)(l) or (m) of this**

- 1 section shall serve a one (1) year term;
- 2 (b) Two (2) of the members appointed under subsection (1)(h), (i), (j), (k), and
- 3 (n) of this section shall serve two (2) year terms;
- 4 (c) Two (2) of the members appointed under subsection (1)(h), (i), (j), (k), and
- 5 (n) of this section shall serve three (3) year terms; and
- 6 (d) Three (3) of the members appointed under subsection (1)(h), (i), (j), (k), and
- 7 (n) of this section shall serve four (4) year terms.

8 ~~(5)[(6)]~~—A member whose term has expired may continue to serve until a successor is  
 9 appointed and qualifies. A member who is appointed to an unexpired term shall  
 10 serve the rest of the term and until a successor is appointed and qualifies. A member  
 11 may serve two (2) consecutive four (4) year terms and shall not be reappointed for  
 12 four (4) years after the completion of those terms.

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

14 ~~(6)[(8)]~~ ~~[At the first meeting,]~~ The board shall elect, by majority vote, a president who  
 15 shall preside at all meetings and coordinate the functions and activities of the board.  
 16 The president shall be elected or reelected each **biennium**~~[calendar year thereafter]~~.

17 ~~(7)[(9)]~~ The board shall meet at least two (2) times annually, but may meet more  
 18 frequently, as deemed necessary, subject to call by the president or by request of a  
 19 majority of the board members.

20 ➔Section 21. KRS 211.990 is amended to read as follows:

- 21 (1) Any owner or occupant who fails to comply with an order made under the
- 22 provisions of KRS 211.210 shall be guilty of a violation, and each day's continuance
- 23 of the nuisance, source of filth, or cause of sickness, after the owner or occupant has
- 24 been notified to remove it, shall be a separate offense.
- 25 (2) Except as otherwise provided by law, anyone who fails to comply with the
- 26 provisions of the rules and regulations adopted pursuant to this chapter or who fails
- 27 to comply with an order of the cabinet issued pursuant thereto shall be guilty of a

1 violation. Each day of such violation or noncompliance shall constitute a separate  
2 offense.

3 (3) Any person who violates any provision of KRS 211.182 shall, upon first offense, be  
4 guilty of a Class A misdemeanor. Each subsequent violation of any provision of  
5 KRS 211.182 shall constitute a Class D felony.

6 (4) Any person who violates any provision of KRS 211.842 to 211.852 or any  
7 **administrative** regulation adopted hereunder or any order issued by the Cabinet for  
8 Health and Family Services, **or any term, condition, or limitation of any license or**  
9 **certification issued** ~~[to comply with any provision of KRS 211.842 to 211.852 or~~  
10 ~~the regulations adopted ]~~thereunder shall be **assessed a civil penalty of not more**  
11 **than one hundred thousand dollars (\$100,000) or be found guilty of a Class D**  
12 **felony or both** ~~[guilty of a Class A misdemeanor]~~. Each day of violation or  
13 noncompliance shall constitute a separate offense. **The Cabinet for Health and**  
14 **Family Services may compromise, mitigate, or remit penalties in this subsection.**

15 (5) A person who performs or offers to perform lead-hazard detection or lead-hazard  
16 abatement services in target housing or child-occupied facilities who is not certified  
17 as required by KRS 211.9063 or 211.9069 shall be guilty of a Class A  
18 misdemeanor.

19 (6) Any person who performs lead-hazard detection or lead-hazard abatement services  
20 in target housing or child-occupied facilities, who willfully violates the standards  
21 for performing lead-hazard detection or lead-hazard abatement procedures included  
22 in the administrative regulations promulgated pursuant to KRS 211.9075 shall be  
23 guilty of a Class D felony.

24 (7) The penalties provided in subsections (5) and (6) of this section are cumulative and  
25 are in addition to any other penalties, claims, damages, or remedies available at law  
26 or in equity.

27 (8) Any person who violates any provisions of KRS 211.760 shall be fined not less than

1 ten dollars (\$10) nor more than one hundred dollars (\$100). Each day of violation or  
 2 noncompliance shall constitute a separate offense.

3 ➔Section 22. KRS 213.011 is amended to read as follows:

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

- 5 (1) **"Abortion" means the purposeful interruption of pregnancy with the intention**  
 6 **other than to produce a live-born infant or to remove a dead fetus and which does**  
 7 **not result in a live birth. "Abortion" excludes management of prolonged**  
 8 **retention of product of conception following fetal death;**
- 9 (2) "Cabinet" means the Cabinet for Health and Family Services;
- 10 (3)~~(2)~~ "Dead body" means a human body or parts of the human body from the  
 11 condition of which it reasonably may be concluded that death recently occurred;
- 12 (4)~~(3)~~ "Fetal death" means death prior to the complete expulsion or extraction from  
 13 its mother of a product of human conception, irrespective of the duration of  
 14 pregnancy; the death is indicated by the fact that after such expulsion or extraction  
 15 the fetus does not breathe or show any other evidence of life such as beating of the  
 16 heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.  
 17 This definition shall exclude **abortion**~~[induced termination of pregnancy];~~
- 18 (5)~~(4)~~ "File" means the presentation of a vital record provided for in this chapter for  
 19 registration by the Vital Statistics Branch;
- 20 (6)~~(5)~~ "Final disposition" means the burial, interment, cremation, removal from the  
 21 Commonwealth, or other authorized disposition of a dead body or fetus;
- 22 ~~[(6) "Induced termination of pregnancy" means the purposeful interruption of pregnancy~~  
 23 ~~with the intention other than to produce a live-born infant or to remove a dead fetus~~  
 24 ~~and which does not result in a live birth. This definition shall exclude management~~  
 25 ~~of prolonged retention of product of conception following fetal death;]~~
- 26 (7) "Institution" means any establishment, public or private, which provides inpatient  
 27 medical, surgical, or diagnostic care or treatment or nursing, custodial, or

- 1        *domiciliary*~~[domiciliary]~~ care, or to which persons are committed by law;
- 2        (8) "Live birth" means the complete expulsion or extraction from its mother of a  
3        product of human conception, irrespective of the duration of pregnancy which, after  
4        the expulsion or extraction, breathes, or shows any other evidence of life such as  
5        beating of the heart, pulsation of the umbilical cord, or definite movement of  
6        voluntary muscles, whether or not the umbilical cord has been cut or the placenta is  
7        attached;
- 8        (9) "Provisional death certificate" means an interim certificate identifying the deceased  
9        and authorizing a funeral director, or person acting as such, to take custody of the  
10       body and, except for cremation, to make final disposition;
- 11       (10) "Registration" means the acceptance by the Vital Statistics Branch and the  
12       incorporation of vital records provided for in this chapter into its official records;
- 13       (11) "System of vital statistics" means the registration, collection, preservation,  
14       amendment, and certification of vital records and the collection of other reports  
15       required by this chapter;
- 16       (12) "Secretary" means the secretary for health and family services;
- 17       (13) "Sudden infant death syndrome" means the death of an ostensibly healthy child who  
18       is two (2) weeks of age or older but less than three (3) years of age, which occurs  
19       suddenly and unexpectedly, with no known or apparent cause, and which remains  
20       unexplained after the performance of an autopsy;
- 21       (14) "Vital records" means certificates or reports of birth, death, *stillbirth*~~[fetal death]~~,  
22       marriage, dissolution of marriage, or annulment, and data related thereto;
- 23       (15) "Vital statistics" means the data derived from certificates and reports of birth, death,  
24       *stillbirth, abortion*~~[fetal death, induced termination of pregnancy]~~, marriage,  
25       dissolution of marriage, and related reports;
- 26       (16) "Certificate" means the certificate of birth, death, *stillbirth*~~[fetal death]~~, marriage,  
27       dissolution of marriage, or annulment as required by this chapter;

- 1 (17) "Office" means the Office for Children with Special Health Care Needs;
- 2 (18) "Hard of hearing infant" means a child at birth with a significant hearing loss which
- 3 prevents the acquisition of speech and language through normal channels; and
- 4 (19) "Hearing risk certificate" means the certificate that includes questions which
- 5 identify newborn babies with a higher risk than normal for hearing loss.

6 ➔Section 23. KRS 213.031 is amended to read as follows:

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

- 8 (1) Administer and enforce the provisions of this chapter and the administrative
- 9 regulations issued hereunder; issue instructions for the efficient administration of
- 10 the system of vital statistics; direct the system and Vital Statistics Branch and be
- 11 custodian of its records; supervise the activities of all persons when they are
- 12 engaged in the operation of the system; and conduct training programs to promote
- 13 uniformity of the system's policy and procedures throughout the Commonwealth;
- 14 (2) With the approval of the cabinet, design, furnish, and distribute forms required by
- 15 this chapter and the administrative regulations issued hereunder, or prescribe other
- 16 means for transmission of data to accomplish the purpose of complete and accurate
- 17 reporting and registration;
- 18 (3) ~~{Coordinate and maintain in accordance with administrative regulations~~
- 19 ~~promulgated pursuant to this subsection, a system by which a child's Social Security~~
- 20 ~~number is transferred by the Vital Statistics Branch to the Department of Education~~
- 21 ~~after receiving parental permission for the number to be used for planning and~~
- 22 ~~tracking purposes by the Department of Education, local school districts, and the~~
- 23 ~~office. The regulations, at a minimum, shall establish a process to allow a parent or~~
- 24 ~~guardian when completing a certificate of birth to request that a Social Security~~
- 25 ~~number be assigned the child and that the number be automatically transmitted to~~
- 26 ~~the Department of Education for student identification purposes;~~
- 27 (4) ~~Assist in preparing and publishing reports of vital statistics of the Commonwealth~~

1 and other reports as required;

2 ~~(4)~~~~(5)~~ Provide to local health departments copies of or data derived from certificates  
 3 and reports required under this chapter. The state registrar shall establish a schedule  
 4 with each local health department for transmittal of the copies or data. The copies  
 5 shall remain the property of the Vital Statistics Branch, and the uses which may be  
 6 made of them and the period of their retention in the county shall be governed by  
 7 the state registrar;

8 ~~(5)~~~~(6)~~ Prepare and maintain a complete continuous index of all vital records  
 9 registered under this chapter and provide, at not more than two (2) year intervals, a  
 10 copy of the index to each local registrar; and

11 ~~(6)~~~~(7)~~ Investigate cases of irregularity or violation of this chapter and when the  
 12 cabinet deems it necessary, report violations to the Commonwealth's attorney of the  
 13 proper county for prosecution.

14 ➔Section 24. KRS 213.036 is amended to read as follows:

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

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

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

27 (4) The local registrar shall supply the Office of Vital Statistics~~blank~~ forms and

1        *instructions to persons responsible for the completion of the forms* ~~[of certificates~~  
 2        ~~to persons who require them. The local registrar shall carefully examine each~~  
 3        ~~certificate of birth or fetal death when presented for filing, to ensure the record has~~  
 4        ~~been properly completed. If the certificates are properly completed the local~~  
 5        ~~registrar shall sign as local registrar and attest to the date of filing. The local~~  
 6        ~~registrar shall also make a complete and accurate copy of each certificate to be filed~~  
 7        ~~and permanently preserved in the local registrar's office as the local record, in the~~  
 8        ~~manner directed by the Cabinet for Health and Family Services. When a birth or~~  
 9        ~~fetal death certificate filed with a local registrar indicates the residence of the~~  
 10       ~~mother or the deceased to be in another county, the registrar shall mail a copy of the~~  
 11       ~~certificate to the local registrar of the county of residence].~~

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

16       ➔ Section 25. KRS 213.041 is amended to read as follows:

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

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

25       (3) No certificate shall be held to be complete and correct that does not supply all items  
 26       of information called for therein or satisfactorily account for their omission, except  
 27       as provided in KRS 199.570(3). If a certificate is incomplete, the *state* ~~[local]~~



1 registrar shall immediately notify the responsible person and require that person to  
2 supply the missing items, if that information can be obtained.

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

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

7 ➔Section 26. KRS 213.046 is amended to read as follows:

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

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

- 1 (3) When a birth occurs in a hospital or en route thereto to a woman who is unmarried,  
2 the person in charge of the hospital or that person's designated representative shall  
3 immediately before or after the birth of a child, except when the mother or the  
4 alleged father is a minor:
- 5 (a) Meet with the mother prior to the release from the hospital;
  - 6 (b) Attempt to ascertain whether the father of the child is available in the hospital,  
7 and, if so, to meet with him, if possible;
  - 8 (c) Provide written materials and oral, audio, or video materials about paternity;
  - 9 (d) Provide the unmarried mother, and, if possible, the father, with the  
10 voluntary paternity form~~forms~~ necessary to voluntarily establish paternity;
  - 11 (e) Provide a written and an oral, audio, or video description of the rights and  
12 responsibilities, the alternatives to, and the legal consequences of  
13 acknowledging paternity;
  - 14 (f) Provide written materials and information concerning genetic paternity  
15 testing;
  - 16 (g) Provide an opportunity to speak by telephone or in person with staff who are  
17 trained to clarify information and answer questions about paternity  
18 establishment;
  - 19 (h) If the parents wish to acknowledge paternity, require the voluntary  
20 acknowledgment of paternity obtained through the hospital-based program be  
21 signed by both parents and be authenticated by a notary public;
  - 22 (i) ~~Provide the unmarried mother, and, if possible, the father, with the affidavit~~  
23 ~~of paternity form;~~
  - 24 ~~(j)~~ Upon both the mother's and father's request, help the mother and father in  
25 completing the affidavit of paternity form;
  - 26 ~~(j)~~ Upon both the mother's and father's request, transmit the affidavit of  
27 paternity to the state~~local~~ registrar ~~in the county in which the birth~~

1           ~~occurred~~; and

2           ~~(k)(4)~~     In the event that the mother or the alleged father is a minor, information  
3           set forth in this section shall be provided in accordance with Civil Rule 17.03  
4           of the Kentucky Rules of Civil Procedure.

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

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

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

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

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

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

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

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

26           (b) Any other person in attendance at or immediately after the birth; or, in the  
27           absence of such a person; **or**~~;~~

- 1 (c) The father, the mother, or in the absence of the father and the inability of the  
2 mother, the person in charge of the premises where the birth occurred or of the  
3 institution to which the child was admitted following the birth.
- 4 (7) No physician, midwife, or other attendant shall refuse to sign or delay the filing of a  
5 birth certificate.
- 6 (8) If a birth occurs on a moving conveyance within the United States and the child is  
7 first removed from the conveyance in the Commonwealth, the birth shall be  
8 registered in the Commonwealth, and the place where the child is first removed  
9 shall be considered the place of birth. If a birth occurs on a moving conveyance  
10 while in international waters or air space or in a foreign country or its air space and  
11 the child is first removed from the conveyance in the Commonwealth, the birth shall  
12 be registered in the Commonwealth, but the certificate shall show the actual place  
13 of birth insofar as can be determined.
- 14 (9) The following provisions shall apply if the mother was married at the time of either  
15 conception or birth or anytime between conception and birth:
- 16 (a) If there is no dispute as to paternity, the name of the husband shall be entered  
17 on the certificate as the father of the child. The surname of the child shall be  
18 any name chosen by the parents; however, if the parents are separated or  
19 divorced at the time of the child's birth, the choice of surname rests with the  
20 parent who has legal custody following birth.
- 21 (b) If the mother claims that the father of the child is not her husband and the  
22 husband agrees to such a claim and the putative father agrees to the statement,  
23 a three (3) way affidavit of paternity may be signed by the respective parties  
24 and duly notarized. The state registrar of vital statistics shall enter the name of  
25 a nonhusband on the birth certificate as the father and the surname of the child  
26 shall be any name chosen by the mother.
- 27 (c) If a question of paternity determination arises which is not resolved under

1 paragraph (b) of this subsection, it shall be settled by the District Court.

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

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

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

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

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

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

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

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

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

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

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

19 ➔Section 27. KRS 213.047 is amended to read as follows:

20 The Cabinet for Health and Family Services shall pay the sum of ten dollars (\$10) to an  
21 institution or local health department for each completed affidavit-of-paternity form  
22 returned to the ~~state~~<sup>local</sup> registrar by the institution or local health department,  
23 pursuant to KRS 213.046, limited to the appropriated funds for the purpose of KRS  
24 213.046.

25 ➔Section 28. KRS 213.051 is amended to read as follows:

26 (1) The person who assumes the custody of a live-born infant of unknown parentage  
27 shall report on a form and in a manner prescribed by the state registrar within five

1        (5) working~~[ten (10)]~~ days to the Cabinet for Health and Family Services the  
2 following information:

- 3        (a) The date and place of finding;
- 4        (b) Sex~~[, color or race,]~~ and approximate birth date of child;
- 5        (c) Name and address of the person or institution with which the child has been  
6 placed for care;
- 7        (d) Name given to the child by the custodian of the child; and
- 8        (e) Other data as required by the state registrar to complete a birth certificate.

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

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

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

15       ➔Section 29. KRS 213.071 is amended to read as follows:

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

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

23       (b) A request that a new certificate be established as prescribed by administrative  
24 regulation and the evidence as required by administrative regulation proving  
25 that the person has been legitimated, or that a court of competent jurisdiction  
26 has determined the paternity of the person, or that both parents have  
27 acknowledged the paternity of the person in which case the surname of the

1 child shall be changed in accordance with KRS 213.046.

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

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

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

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

27 (6) If a new certificate of birth is established by the state registrar, all copies of the



1 original certificate of birth on file ~~[in the local health department]~~ shall be sealed~~]~~  
2 ~~and forwarded to the state registrar as the state registrar shall direct].~~

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

8 ➔Section 30. KRS 213.076 is amended to read as follows:

9 (1) (a) A certificate of death or a provisional certificate of death for each death which  
10 occurs in the Commonwealth shall be filed with the cabinet or as otherwise  
11 directed by the state registrar prior to final disposition, and it shall be  
12 registered if it has been completed and filed in accordance with this section.

13 The funeral director, or person acting as such, who first takes custody of a  
14 dead body shall be responsible for filing the certificate of death. The funeral  
15 director, or person acting as such, shall obtain the required personal and  
16 statistical particulars from the person best qualified to supply them over the  
17 signature and address of the informant. Effective January 1, 2015, all  
18 certificates of death shall be filed with the cabinet using the Kentucky  
19 Electronic Death Registration System in a manner directed by the state  
20 registrar.

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

- 1 (c) The funeral director, or person acting as such, shall within five (5) days of the  
2 death, present the certificate to the attending physician, advanced practice  
3 registered nurse, or physician assistant, if any, to the physician pronouncing  
4 death, or to the health officer or coroner as directed by the state registrar, for  
5 the medical certificate of the cause of death and other particulars necessary to  
6 complete the record as required by this chapter.
- 7 (d) It shall be unlawful for an institution to release a dead human body until the  
8 funeral director, or person acting as such, has completed and filed with the  
9 local registrar or person in charge of the institution, a provisional certificate of  
10 death. If death occurs outside an institution, the provisional certificate shall be  
11 filed with the local registrar by the funeral director, or person acting as such,  
12 prior to final disposition of the dead body. A copy of the provisional  
13 certificate of death signed by the person with whom it was filed, shall  
14 constitute authority for the possession, transportation, and, except for  
15 cremation, final disposition of the body.
- 16 (e) All persons having in their possession a completed provisional certificate of  
17 death shall file the certificate at not more than weekly intervals with the local  
18 registrar.
- 19 (f) If the place of death is unknown but the dead body is found in the  
20 Commonwealth, the certificate of death shall be completed and filed in  
21 accordance with this section. The place where the body is found shall be  
22 shown as the place of death. If the date of death is unknown, it shall be  
23 determined by approximation subject to amendment upon completion of any  
24 postmortem examination required to be performed.
- 25 (g) If death occurs in a moving conveyance in the United States and the body is  
26 first removed from the conveyance in the Commonwealth, the death shall be  
27 registered in Kentucky, and the place where it is first removed shall be

1           considered the place of death. If a death occurs on a moving conveyance while  
2           in international waters or air space or in a foreign country or its air space, and  
3           the body is first removed from the conveyance in the Commonwealth, the  
4           death shall be registered in Kentucky, but the certificate shall show the actual  
5           place of death insofar as can be determined.

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

14     (3) The medical certification shall be completed, signed, and returned to the funeral  
15     director within five (5) working days after presentation to the physician, advanced  
16     practice registered nurse, physician assistant, dentist, or chiropractor in charge of  
17     the patient's care for the illness or condition which resulted in death, except when  
18     inquiry is required by KRS 72.400 to 72.475. In such cases, or if the cause of death  
19     is unknown or under investigation, the cause of death shall be shown as such on the  
20     certificate. A supplemental report providing the medical information omitted from  
21     the original certificate shall be filed by the certifier with the state registrar within  
22     five (5) days after receiving results of the inquiry as required by KRS 72.400 to  
23     72.475. The supplemental report shall be made a part of the existing death  
24     certificate. This report shall be considered an amendment, and the death certificate  
25     shall be marked "Amended." In the absence of the physician, advanced practice  
26     registered nurse, physician assistant, dentist, or chiropractor, or with such person's  
27     approval, the certificate may be completed and signed by his associate physician,

1 advanced practice registered nurse, physician assistant, dentist, or chiropractor, or  
2 the chief medical officer of the institution in which death occurred, or the physician  
3 who performed an autopsy upon the decedent, or a physician, advanced practice  
4 registered nurse, or physician assistant employed by the local health department, if  
5 the individual has access to the medical history of the case and death is due to  
6 natural causes.

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

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

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

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

27 ~~(7) [Three (3) free verification-of-death statements shall be provided to the funeral~~

1 director by the Vital Statistics Branch for every death in the Commonwealth of  
2 Kentucky.

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

1 ~~(8)~~~~(9)~~ A burial-transit permit for the final disposition issued under the law of another  
2 state which accompanies a dead body or fetus brought into the Commonwealth shall  
3 be the authority for final disposition of the body or fetus in the Commonwealth and  
4 may be accepted in lieu of a certificate of death. There shall be noted on the face of  
5 the record made for return to the local registrar that the body was shipped to  
6 Kentucky for interment and the actual place of death.

7 ~~(9)~~~~(10)~~ Nothing in this section shall be construed to delay, beyond a reasonable time,  
8 the interment or other disposition of a body unless the services of the coroner or the  
9 health officer are required or the Department for Public Health deems it necessary  
10 for the protection of the public health. If compliance with this section would result  
11 in unreasonable delay in the disposition of the body the funeral director, or person  
12 acting as such, shall file with the local registrar or deputy registrar prior to interment  
13 a provisional certificate of death which shall contain the name, date, and place of  
14 death of the deceased, the name of the medical certifier, and an agreement to furnish  
15 within ten (10) days a complete and satisfactory certificate of death.

16 ~~(10)~~~~(11)~~ No sexton or other person in charge of any place in which interment or other  
17 disposition of dead bodies is made shall inter or allow interment or other disposition  
18 of a dead body or fetus unless it is accompanied by a copy of the provisional  
19 certificate of death. The sexton, or if there is no sexton, the funeral director, or  
20 person acting as such, shall enter on the provisional certificate over his signature,  
21 the date, place, and manner of final disposition and file the certificate within five (5)  
22 days with the local registrar.

23 ~~(11)~~~~(12)~~ Authorization for disinterment, transportation, and ~~reinternment~~~~reinterment~~  
24 or other disposition shall be required prior to disinterment of any human remains.  
25 The authorization shall be issued by the state registrar upon proper application. The  
26 provisions of this subsection shall apply to all manners of disposition except  
27 cremation and without regard for the time and place of death. The provisions of

1 KRS 381.765 shall not apply to remains removed for scientific study and the  
2 advancement of knowledge.

3 ~~(12)~~~~(13)~~ After a death certificate has been on file for five (5) years, it may not be  
4 changed in any manner except upon order of a court. Prior to that time, requests for  
5 corrections, amendments, or additions shall be accompanied by prima facie  
6 evidence which supports the requested change.

7 ➔Section 31. KRS 213.096 is amended to read as follows:

8 (1) Each fetal death of twenty (20) completed weeks' gestation or more, calculated from  
9 the date last normal menstrual period began to the date of delivery or in which the  
10 fetus weighs three hundred fifty (350) grams or more, which occurs in the  
11 Commonwealth, shall be reported on a combination birth-death or stillbirth  
12 certificate in accordance with applicable provisions of KRS 213.046 and KRS  
13 213.076. If the fetal death occurs in a hospital, the person in charge of the institution  
14 or the person's designated representative shall complete the stillbirth certificate,  
15 obtain the medical certification, and file the certificate with the state~~local~~  
16 registrar.

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

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

21 ➔Section 32. KRS 213.101 is amended to read as follows:

22 (1) (a) Each abortion as defined in Section 22 of this Act~~KRS 311.720~~ which  
23 occurs in the Commonwealth, regardless of the length of gestation, shall be  
24 reported to the Vital Statistics Branch by the person in charge of the  
25 institution within fifteen (15) days after the end of the month in which the  
26 abortion occurred. If the abortion was performed outside an institution, the  
27 attending physician shall prepare and file the report within fifteen (15) days

- 1 after the end of the month in which the abortion occurred.
- 2 (b) The report shall include all the information the physician is required to certify  
3 in writing or determine under KRS 311.731, 311.7704, 311.7705, 311.7706,  
4 311.7707, 311.774, 311.782, and 311.783, but shall not include information  
5 which will identify the physician, woman, or man involved.
- 6 (c) If a person other than the physician described in this subsection makes or  
7 maintains a record required by KRS 311.7704, 311.7705, 311.7706, or  
8 311.7707 on the physician's behalf of at the physician's direction, that person  
9 shall comply with the reporting requirement described in this subsection as if  
10 the person were the physician.
- 11 (2) Each prescription issued for RU-486, cytotec, pitocin, mifeprex, misoprostol, or any  
12 other drug or combination of drugs for which the primary indication is the induction  
13 of abortion as defined in Section 22 of this Act~~[KRS 311.720]~~ shall be reported to  
14 the Vital Statistics Branch within fifteen (15) days after the end of the month in  
15 which the prescription was issued as required by KRS 311.774, but the report shall  
16 not include information which will identify the woman involved or anyone who  
17 may be picking up the prescription on behalf of the woman.
- 18 (3) The name of the person completing the report and the reporting institution shall not  
19 be subject to disclosure under KRS 61.870 to 61.884.
- 20 (4) By September 30 of each year, the Vital Statistics Branch shall issue a public report  
21 that provides statistics on all data collected, including the type of abortion procedure  
22 used, for the previous calendar year compiled from all of the reports covering that  
23 calendar year submitted to the cabinet in accordance with this section for each of the  
24 items listed in subsections (1) and (2) of this section. Each annual report shall also  
25 provide statistics for all previous calendar years in which this section was in effect,  
26 adjusted to reflect any additional information from late or corrected reports. The  
27 Vital Statistics Branch shall ensure that none of the information included in the



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

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

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

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

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

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

21 ➔Section 33. KRS 213.156 is amended to read as follows:

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

26 ➔Section 34. KRS 214.160 is amended to read as follows:

27 (1) Every physician and every other person legally permitted to engage in attendance

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

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

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

1 used any such substance for a nonmedical purpose during the pregnancy.

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

7 (5) The birth mother of an infant affected by substance abuse withdrawal symptoms  
8 resulting from prenatal drug exposure or fetal alcohol spectrum disorder shall be  
9 reported to the state's child protective services agency.

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

12 ~~(7)~~[(6)] No person shall conduct or cause to be conducted any toxicological test  
13 pursuant to this section on any pregnant woman without first informing the pregnant  
14 woman of the purpose of the test.

15 ~~(8)~~[(7)] Every physician or other person legally permitted to engage in attendance  
16 upon a pregnant woman in the Commonwealth shall take or cause to be taken from  
17 the woman a specimen of blood which shall be submitted for the purpose of  
18 serologic testing for the presence of hepatitis B surface antigen to a laboratory  
19 certified by the United States Department for Health and Human Services pursuant  
20 to Section 333 of the Public Health Service Act (42 U.S.C. sec. 263a), as revised by  
21 the Clinical Laboratory Improvement Amendments (CLIA), Pub.L. 100-578.

22 ~~(9)~~[(8)] (a) Every physician or other person legally permitted to engage in  
23 attendance upon a pregnant woman in the Commonwealth shall take or cause  
24 to be taken from the woman a specimen of blood which shall be submitted for  
25 the purpose of serologic testing for the presence of hepatitis C virus antibodies  
26 and RNA in the blood.

27 (b) The results of this testing shall be recorded by the physician or other person

1           legally permitted to engage in attendance upon a pregnant woman in the  
2           Commonwealth, in:

- 3           1.    The permanent medical record of the woman; and
- 4           2.    The permanent medical record of the child or children she was pregnant  
5           with at the time of the testing after the child or children are born.

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

15          ➔Section 35. KRS 214.554 is amended to read as follows:

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

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

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

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

1 services for the benefit of women for whom further examination or treatment is  
2 indicated by the breast cancer screening.

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

10 (4) The department may accept any grant or award of funds from the federal  
11 government or private sources for carrying out the provisions of KRS 214.552 to  
12 214.556.

13 (5) ~~For the purpose of developing and monitoring the implementation of guidelines for~~  
14 ~~access to and the quality of the services of the Breast Cancer Screening Program,~~  
15 ~~there is hereby created a Breast Cancer Advisory Committee to the commissioner of~~  
16 ~~the Department for Public Health which shall include the directors of the James~~  
17 ~~Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the~~  
18 ~~director of the Kentucky Cancer Registry, the director of the Division of Women's~~  
19 ~~Health, one (1) radiologist with preference given to one who has been fellowship-~~  
20 ~~trained in breast diagnostics and who shall be appointed by the Governor, one (1)~~  
21 ~~representative of the Kentucky Office of Rural Health appointed by the Governor,~~  
22 ~~one (1) representative of the Kentucky Commission on Women appointed by the~~  
23 ~~Governor, and at least three (3) women who have had breast cancer and who shall~~  
24 ~~be appointed by the Governor.~~

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

- 1 (a) Implementation and outcome from the Breast Cancer Screening Program  
2 including, by geographic region, numbers of persons screened, numbers of  
3 cancers detected, referrals for treatment, and reductions in breast cancer  
4 morbidity and mortality;
- 5 (b) Development of quality assurance guidelines, including timetables, for breast  
6 cancer screening under this section, and monitoring of the manner and effect  
7 of implementation of those guidelines; and
- 8 (c) Funds appropriated, received, and spent for breast cancer control by fiscal  
9 year.

10 ➔Section 36. KRS 216.2920 is amended to read as follows:

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

- 12 (1) "Ambulatory facility" means *an outpatient facility, including an ambulatory*  
13 *surgical facility, freestanding birth center, freestanding or mobile technology*  
14 *unit, or an urgent treatment center, that is not part of a hospital and that provides*  
15 *one (1) or more* ~~[a facility, including an ambulatory surgical facility, ambulatory~~  
16 ~~care clinic, alternative birth center, mobile health service, or a specialized medical~~  
17 ~~technology service, which is not part of a hospital, and which is licensed pursuant to~~  
18 ~~KRS Chapter 216B, and which provides one (1) or more major]~~ ambulatory  
19 procedures to patients not requiring hospitalization;
- 20 (2) "Cabinet" means the Cabinet for Health and Family Services;
- 21 (3) "Charge" means all amounts billed by a hospital or ambulatory facility, including  
22 charges for all ancillary and support services or procedures, prior to any adjustment  
23 for bad debts, charity contractual allowances, administrative or courtesy discounts,  
24 or similar deductions from revenue. However, if necessary to achieve comparability  
25 of information between providers, charges for the professional services of hospital-  
26 based or ambulatory-facility-based physicians shall be excluded from the  
27 calculation of charge;

- 1 (4) "Facility" means any hospital, health care service, or other health care facility,  
2 whether operated for profit or not, ~~required to be licensed pursuant to KRS Chapter~~  
3 ~~216B~~;
- 4 (5) "Health-care provider" or "provider" means any ~~facility and service required to be~~  
5 ~~licensed pursuant to KRS Chapter 216B,~~ pharmacist as defined pursuant to KRS  
6 Chapter 315, and any of the following independent practicing practitioners:
- 7 (a) Physicians, osteopaths, and podiatrists licensed pursuant to KRS Chapter 311;
  - 8 (b) Chiropractors licensed pursuant to KRS Chapter 312;
  - 9 (c) Dentists licensed pursuant to KRS Chapter 313;
  - 10 (d) Optometrists licensed pursuant to KRS Chapter 320;
  - 11 (e) Physician assistants regulated pursuant to KRS Chapter 311;
  - 12 (f) Nurse practitioners licensed pursuant to KRS Chapter 314; and
  - 13 (g) Other health-care practitioners as determined by the Cabinet for Health and  
14 Family Services by administrative regulation promulgated pursuant to KRS  
15 Chapter 13A;
- 16 (6) "Hospital" means a facility licensed pursuant to KRS Chapter 216B as either an  
17 acute-care hospital, psychiatric hospital, rehabilitation hospital, or chemical  
18 dependency treatment facility;
- 19 (7) "Procedures" means those surgical, medical, radiological, diagnostic, or therapeutic  
20 procedures performed by a provider, as periodically determined by the cabinet in  
21 administrative regulations promulgated pursuant to KRS Chapter 13A as those for  
22 which reports to the cabinet shall be required. "Procedures" also includes  
23 procedures that are provided in hospitals or other ~~licensed~~ ambulatory facilities, or  
24 those that~~which~~ require the use of special equipment, including fluoroscopic  
25 equipment, computer tomographic scanners, magnetic resonance imagers,  
26 mammography, ultrasound equipment, or any other new technology as periodically  
27 determined by the cabinet;

1 (8) "Quality" means the extent to which a provider renders care ~~that~~<sup>which</sup> obtains for  
2 patients optimal health outcomes; and

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

4 ➔Section 37. KRS 216.2925 is amended to read as follows:

5 (1) The Cabinet for Health and Family Services shall establish by promulgation of  
6 administrative regulations pursuant to KRS Chapter 13A~~[-no later than January 1,~~  
7 ~~1995,]~~ those data elements required to be submitted to the cabinet by all ~~licensed~~  
8 ~~hospitals and ambulatory facilities,~~ including a timetable for submission and  
9 acceptable data forms. ~~Each~~<sup>Thereafter, every</sup> hospital and ambulatory facility  
10 shall be required to report on a quarterly basis information regarding the charge for  
11 and quality of the procedures and health-care services performed therein, and as  
12 stipulated by administrative regulations promulgated pursuant to KRS Chapter 13A.  
13 The cabinet shall accept data ~~that~~<sup>which</sup>, at the option of the provider, is submitted  
14 through a third party, including but not limited to organizations involved in the  
15 processing of claims for payment, so long as the data elements conform to the  
16 requirements established by the cabinet. The cabinet may conduct statistical surveys  
17 of a sample of hospitals, ambulatory facilities, or other providers in lieu of requiring  
18 the submission of information by all hospitals, ambulatory facilities, or providers.  
19 On at least a biennial basis, the cabinet shall conduct a statistical survey that  
20 addresses the status of women's health, specifically including data on patient age,  
21 ethnicity, geographic region, and payor sources. The cabinet shall rely on data from  
22 readily available reports and statistics whenever possible.

23 (2) The cabinet shall require for submission to the cabinet by any group of providers,  
24 except for physicians providing services or dispensaries, first aid stations, or clinics  
25 located within business or industrial establishments maintained solely for the use of  
26 their employees, including those categories within the definition of provider  
27 contained in KRS 216.2920 and any further categories determined by the cabinet, at



1 the beginning of each fiscal year after January 1, 1995, and within the limits of the  
2 state, federal, and other funds made available to the cabinet for that year, and as  
3 provided by cabinet promulgation of administrative regulations pursuant to KRS  
4 Chapter 13A, the following:

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

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

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

12 (d) An acceptable format for data submission ~~that~~<sup>which</sup> shall include use of the  
13 uniform:

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

17 2. Electronic submission formats as required under the federal Health  
18 Insurance Portability and Accountability Act of 1996, 42 U.S.C. sec.  
19 300gg et seq., in the form of magnetic computer tape, computer  
20 diskettes, or other electronic media through an electronic network;

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

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

26 (3) The cabinet shall coordinate but not duplicate its data-gathering activities with other  
27 data-collection activities conducted by the Department of Insurance, as well as other

1 state and national agencies ~~that~~<sup>which</sup> collect health-related service, utilization,  
2 quality, outcome, financial, and health-care personnel data, and shall review all  
3 administrative regulations promulgated pursuant to KRS 216.2920 to 216.2929 to  
4 prevent duplicate filing requirements. The cabinet shall periodically review the use  
5 of all data collected under KRS 216.2920 to 216.2929 to assure its use is consistent  
6 with legislative intent.

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

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

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

15 (7) The Cabinet for Health and Family Services shall collect all data elements under  
16 this section using only the uniform health insurance claim form pursuant to KRS  
17 304.14-135, the Professional 837 (ASC X12N 837) format, the Institutional 837  
18 (ASC X12N 837) format, or its successor as adopted by the Centers for Medicare  
19 and Medicaid Services.

20 ➔Section 38. KRS 216.2980 is amended to read as follows:

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

26 (2) Any provider of hospice, palliative care, or end-of-life services shall provide a copy  
27 of the written policy and procedures for the management and the deactivation or

1       sequestration and disposal of Schedule II, III, IV, or V controlled substances  
2       prescribed to a patient when a prescription is discontinued or upon the patient's  
3       death, to the patient or the patient's legal representative, and the provider shall  
4       discuss the policy and procedures with the patient or the patient's legal  
5       representative. The patient or the patient's legal representative shall be requested to  
6       sign an agreement to this policy.

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

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

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

25      ➔Section 39. KRS 222.231 is amended to read as follows:

26      (1) The cabinet shall issue for a term of one (1) year, and may renew for like terms, a  
27      license, subject to revocation by it for cause, to any persons, other than a substance

1 use disorder program that has been issued a license by the cabinet entitled  
2 "Chemical Dependency Treatment Services" pursuant to KRS 216B.042 or a  
3 department, agency, or institution of the federal government, deemed by it to be  
4 responsible and suitable to establish and maintain a program and to meet applicable  
5 licensure standards and requirements.

6 (2) The cabinet shall promulgate administrative regulations pursuant to KRS Chapter  
7 13A establishing requirements and standards for licensing agencies and approving  
8 programs. The requirements and standards shall include:

- 9 (a) The health and safety standards to be met by a facility housing a program;
- 10 (b) Patient care standards and minimum operating, training, and maintenance of  
11 patient records standards;
- 12 (c) Licensing fees, application, renewal and revocation procedures, and the  
13 procedures for evaluation of the substance use disorder programs; and
- 14 (d) Classification of substance use disorder programs according to type, range of  
15 services, and level of care provided.

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

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

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

23 (6) (a) The cabinet shall have authority to deny, revoke, or modify a license in any  
24 case in which it finds that there has been a substantial failure to comply with  
25 the provisions of this chapter or the administrative regulations promulgated  
26 thereunder. The denial, revocation, or modification shall be effected by  
27 providing to the applicant or licensee, by certified mail or other method of

1 delivery, which may include electronic service, a notice setting forth the  
2 particular reasons for the action. The denial, revocation, or modification shall  
3 become final and conclusive thirty (30) days after notice is given, unless the  
4 applicant or licensee, within this thirty (30) day period, files a request in  
5 writing for a hearing before the cabinet.

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

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

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

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

27 (b) The decision rendered under subsection (7) of this section affirms that there is

1 substantial evidence of an immediate danger to public health, safety, or  
2 welfare.

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

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

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

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

21 (11) Each program operated by a licensed agency shall be subject to visitation and  
22 inspection by the cabinet and the cabinet shall inspect each agency prior to granting~~f~~  
23 ~~or renewing~~ a license. **The cabinet shall inspect each nonaccredited agency at**  
24 **least annually thereafter. If an agency is fully accredited by the Joint**  
25 **Commission, Commission on Accreditation of Rehabilitation Facilities, Council**  
26 **on Accreditation, or other nationally recognized accrediting organization with**  
27 **comparable standards, the cabinet shall inspect the agency at least every two (2)**

1       years. The cabinet may examine the books and accounts of any program if it deems  
2       the examination necessary for the purposes of this section.

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

7       (13) The cabinet shall promulgate administrative regulations pursuant to KRS Chapter  
8       13A governing the extent to which programs may be required to treat any person on  
9       an inpatient or outpatient basis pursuant to this chapter, except that no licensed  
10      hospital with an emergency service shall refuse any person suffering from acute  
11      alcohol or other drug intoxication or severe withdrawal syndrome from emergency  
12      medical care.

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

- 18      (a) Compliance with relevant local ordinances and zoning requirements;
- 19      (b) Submission of a plan of operation;
- 20      (c) Criminal records checks for employees of the narcotic treatment program;
- 21      (d) Conditions under which clients are permitted to take home doses of  
22      medications;
- 23      (e) Drug screening requirements;
- 24      (f) Quality assurance procedures;
- 25      (g) Program director requirements;
- 26      (h) Qualifications for the medical director for a narcotic treatment program, who  
27      at a minimum shall:

- 1           1.    Be a board-eligible psychiatrist licensed to practice in Kentucky and
- 2                    have three (3) years' documented experience in the provision of services
- 3                    to individuals with a substance use disorder; or
- 4           2.    Be a physician licensed to practice in Kentucky and be board certified as
- 5                    an addiction medicine specialist;
- 6           (i)    Security and control of narcotics and medications;
- 7           (j)    Program admissions standards;
- 8           (k)    Treatment protocols;
- 9           (l)    Treatment compliance requirements for program clients;
- 10          (m)   Rights of clients; and
- 11          (n)    Monitoring of narcotic treatment programs by the cabinet.

12          ➔Section 40. KRS 205.6317 is amended to read as follows:

13       (1)    As used in this section:

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

25       (2)    The Department for Medicaid Services shall develop and implement flexible

26                    reimbursement and payment strategies that reflect the individually determined needs

27                    for services and supports by persons with an intellectual disability and other



1 developmental disabilities participating in the Supports for Community Living  
2 Waiver Program.

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

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

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

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

14 ➔Section 41. KRS 304.14-617 is amended to read as follows:

15 (1) Any long-term care policy, issued on or after June 21, 2001, which provides  
16 coverage for assisted living benefits shall cover services received in any assisted  
17 living community ~~that~~<sup>which</sup>:

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

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

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

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

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

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

6 **(a) Meets the requirements of KRS 216B.0441 and 216B.0443 and any**  
7 **administrative regulations promulgated under KRS 216B.0441 and**  
8 **216B.0443; and**

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

11 ➔Section 42. KRS 304.14-675 is amended to read as follows:

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

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

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

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

22 (a) Meets the requirements of KRS ~~{205.950 or }~~216B.0443 and any  
23 administrative regulations promulgated under KRS ~~{205.950 or }~~216B.0443;  
24 and

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

27 **(3) Any short-term nursing home insurance policy issued on or after the effective**

1 date of this Act, that provides coverage for adult day health care services, shall  
 2 cover services received in any adult day health care facility that:

3 (a) Meets the requirements of KRS 216B.0441 and 216B.0443 and any  
 4 administrative regulations promulgated under KRS 216B.0441 and  
 5 216B.0443; and

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

9 ➔Section 43. KRS 342.375 is amended to read as follows:

10 Every policy or contract of workers' compensation insurance under this chapter, issued or  
 11 delivered in this state, shall cover the entire liability of the employer for compensation to  
 12 each employee subject to this chapter, except as otherwise provided in KRS ~~216.2960,~~  
 13 ~~342.020,~~ 342.345, or 342.352. However, if specifically authorized by the commissioner,  
 14 a separate insurance policy may be issued for a specified plant or work location if the  
 15 liability of the employer under this chapter to each employee subject to this chapter is  
 16 otherwise secured and provided that no employee transferred from one plant or work  
 17 location to another within the employment of the same employer shall thereby lose any  
 18 benefit rights accumulated under the average weekly wage concept.

19 ➔Section 44. KRS 605.120 is amended to read as follows:

20 (1) The cabinet is authorized to expend available funds to provide for the board,  
 21 lodging, and care of children who would otherwise be placed in foster care or who  
 22 are placed by the cabinet in a foster home or boarding home, or may arrange for  
 23 payments or contributions by any local governmental unit, or public or private  
 24 agency or organization, willing to make payments or contributions for such purpose.

25 The cabinet may accept any gift, devise, or bequest made to it for its purposes.

26 (2) The cabinet shall establish a reimbursement system, within existing appropriation  
 27 amounts, for foster parents that comes as close as possible to meeting the actual cost

1 of caring for foster children. The cabinet shall consider providing additional  
2 reimbursement for foster parents who obtain additional training, and foster parents  
3 who have served for an extended period of time. In establishing a reimbursement  
4 system, the cabinet shall, to the extent possible within existing appropriation  
5 amounts, address the additional cost associated with providing care to children with  
6 exceptional needs.

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

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

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

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

27 (b) By September 30, 2020, and upon request thereafter, the cabinet shall submit a

1 report to the Governor, the Chief Justice of the Supreme Court, and the  
2 director of the Legislative Research Commission for distribution to the Child  
3 Welfare Oversight and Advisory Committee and the Interim Joint Committee  
4 on Health and Welfare and Family Services relating to the data tracking and  
5 analysis established in this subsection.

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

10 ➔Section 45. The following KRS sections are repealed:

11 194.245 Construction and operation of new facilities, beginning August 1, 1990 --  
12 Transfer of ownership and administration.

13 194A.140 Special subcommittees of the Public Health Services Advisory Council or of  
14 the Institute for Aging.

15 194A.145 Legislative findings and declarations.

16 194A.146 Statewide Strategic Planning Committee for Children in Placement --  
17 Membership -- Plans -- Review -- Information Systems -- Study of changes in child  
18 welfare delivery -- Annual report.

19 194A.200 Compensation and expenses of members of the Public Health Services  
20 Advisory Council and the Institute for Aging -- Members of citizens' councils not  
21 public officers.

22 199.8992 Development of statewide network of community-based child-care resource  
23 and referral services -- Awarding of contracts.

24 200.662 District early intervention committee -- Membership -- Duties.

25 205.217 Long-term care case management demonstration.

26 205.950 Certification of adult day care centers.

27 205.955 Unannounced inspection of adult day care centers.

- 1 211.215 Program for decontamination of bird roosts.
- 2 211.400 Kentucky Physicians Care Program -- Provision of primary health care services  
3 to eligible individuals -- Volunteer networks -- Advisory committees.
- 4 211.402 Application for services from Kentucky Physicians Care Program -- Referral by  
5 Department for Community Based Services -- Fee for services prohibited.
- 6 216.2960 Pilot projects for twenty-four hour health coverage -- Authority for  
7 administrative regulations.
- 8 216.370 Definition of "physician extender."
- 9 216.375 Long-range strategic plan requirement -- Technical assistance -- Office of Rural  
10 Health.
- 11 216.750 Definitions for KRS 216.750 to 216.780.
- 12 216.760 Functions of cabinet.
- 13 216.770 Nursing home and personal care home loan fund.
- 14 216.780 Regulations.
- 15 216.800 Definitions for KRS 216.800 to 216.853.
- 16 216.803 Kentucky Health and Geriatric Authority.
- 17 216.805 Powers of authority.
- 18 216.807 Agreements by authority for financing of projects.
- 19 216.810 Leases by authority, contents.
- 20 216.813 Revenue bonds -- Issuance by authority -- Sale -- Use of proceeds -- Temporary  
21 bonds.
- 22 216.815 Bonds not debt of Commonwealth.
- 23 216.817 Bonds may be secured by trust indenture.
- 24 216.820 Enforcement of rights under bonds.
- 25 216.823 Bonds as legal investments.
- 26 216.825 Revenue refunding bonds, issuance.
- 27 216.827 Proceeds of bonds are trust funds.

- 1 216.830 Property, income and bonds exempt from taxation.
- 2 216.833 Acquisition of property by purchase or eminent domain -- Title -- Possession,  
3 how obtained.
- 4 216.835 Lessee to maintain project.
- 5 216.837 Political subdivisions may lease or convey to authority without formality.
- 6 216.840 Conveyance of project to lessee, when authorized.
- 7 216.843 Compensation for damage to private property.
- 8 216.845 Kentucky Health and Geriatric Authority revenue bond guarantee fund -- How  
9 made up -- Use of -- Payments on default.
- 10 216.847 Annual report of authority.
- 11 216.850 Officers or agents of authority not to have conflicting interest -- Penalty.
- 12 216.853 Applicability of other laws.
- 13 216B.021 Authorization for two 120-bed nursing homes in western and eastern  
14 Kentucky.
- 15 216B.022 Establishment of nursing facility beds under pilot program for post-acute  
16 transitional care dependent upon long-term care bed need calculations for county in  
17 state health plan -- Sunset.
- 18 216B.182 Conversion of licensed nursing home beds to licensed intermediate care  
19 facility beds between July 1, 2004, and September 1, 2005.
- 20 216B.459 Medicaid reimbursement.
- 21 219.390 State Advisory Committee on Manufactured Home, Mobile Home, and  
22 Recreational Vehicle Communities -- Membership -- Terms -- Compensation.
- 23 620.157 Appeal of cabinet's determination that child should not be returned home.