

1 AN ACT relating to emergency medical services.

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

3 ➔Section 1. KRS 311A.015 is amended to read as follows:

- 4 (1) ***There is hereby created an independent agency of the state government to be***
5 ***known as*** the Kentucky Board of Emergency Medical Services~~[is created and shall~~
6 ~~be attached to the Kentucky Community and Technical College System].~~
- 7 (2) The board shall consist of ~~[thirteen (13) members who are residents of Kentucky~~
8 ~~appointed by the Governor in conjunction with recognized state emergency medical~~
9 ~~services related organizations. Membership shall be made up of]~~the following
10 ***members, who shall be residents of Kentucky:***
- 11 ***(a) One (1) physician licensed in Kentucky who serves as the medical director***
12 ***for an ambulance provider and is board-certified in emergency medicine***
13 ***appointed by the Governor from a list of three (3) physicians submitted by***
14 ***the Kentucky Medical Association or the Kentucky Chapter of the American***
15 ***College of Emergency Physicians;***
- 16 ***(b) One (1) physician licensed in Kentucky who is routinely involved in the***
17 ***emergency care of ill or injured children appointed by the Governor from a***
18 ***list of three (3) physicians submitted by the Kentucky Medical Association***
19 ***or the Kentucky Chapter of the American College of Emergency***
20 ***Physicians;***
- 21 ***(c) One (1) local government representative appointed by the Governor from a***
22 ***list of three (3) individuals submitted by the Kentucky League of Cities;***
- 23 ***(d) One (1) local government representative appointed by the Governor from a***
24 ***list of three (3) individuals submitted by the Kentucky Association of***
25 ***Counties;***
- 26 ***(e) One (1) licensed or certified emergency medical services field provider who***
27 ***is primarily employed by a hospital-based health care facility appointed by***

1 the Governor from a list of three (3) individuals submitted by the Kentucky
 2 Hospital Association;

3 (f) One (1) licensed or certified emergency medical services field provider
 4 appointed by the Governor from a list of three (3) individuals submitted by
 5 the Kentucky Ambulance Providers Association;

6 (g) One (1) licensed or certified emergency medical services field provider
 7 appointed by the Governor from a list of three (3) individuals submitted by
 8 the Kentucky Professional Fire Fighters;

9 (h) One (1) licensed or certified emergency medical services field provider
 10 appointed by the Governor from a list of three (3) individuals submitted by
 11 the Kentucky Association of Fire Chiefs;

12 (i) One (1) licensed or certified emergency medical services educator appointed
 13 by the Governor;

14 (j) One (1) licensed or certified emergency medical services field provider
 15 appointed by the Governor from a list of three (3) air medical transportation
 16 providers based in Kentucky submitted by the Kentucky Chapter of the
 17 Association of Air Medical Services;

18 (k) One (1) hospital administrator appointed by the Governor from a list of
 19 three (3) individuals submitted by the Kentucky Hospital Association;

20 (l) One (1) citizen at large appointed by the Governor who is not associated
 21 with or financially interested in the delivery of medical or emergency
 22 services; and

23 (m) The secretary of the Cabinet for Health and Family Services or his or her
 24 designee~~[(a) — One (1) emergency medical technician who works for a~~
 25 ~~government agency but is not serving in an educational, management, or~~
 26 ~~supervisory capacity;~~

27 ~~(b) — One (1) physician licensed in Kentucky serving as medical director of an~~

- 1 ~~advanced life support ambulance service selected from a list of three (3)~~
2 ~~physicians submitted by the Kentucky Medical Association;~~
- 3 ~~(c) One (1) physician licensed in Kentucky who is routinely involved in the~~
4 ~~emergency care of ill or injured children selected from a list of three (3)~~
5 ~~physicians submitted by the Kentucky Medical Association;~~
- 6 ~~(d) One (1) citizen having no involvement in the delivery of medical or~~
7 ~~emergency services;~~
- 8 ~~(e) One (1) certified emergency medical services educator;~~
- 9 ~~(f) One (1) fire service based, licensed Class I ground ambulance service~~
10 ~~administrator who is a certified emergency medical technician, an advanced~~
11 ~~emergency medical technician, or a licensed paramedic;~~
- 12 ~~(g) One (1) licensed air ambulance service administrator or paramedic for a~~
13 ~~licensed air ambulance service headquartered in Kentucky;~~
- 14 ~~(h) One (1) privately operated, licensed Class 1 ground ambulance service~~
15 ~~administrator who is a certified emergency medical technician, an advanced~~
16 ~~emergency medical technician, or a licensed paramedic;~~
- 17 ~~(i) One (1) hospital administrator selected from a list of three (3) nominees~~
18 ~~submitted by the Kentucky Hospital Association;~~
- 19 ~~(j) One (1) advanced life support ambulance provider who is an advanced~~
20 ~~emergency medical technician or a licensed paramedic, who works for a~~
21 ~~government agency but is not serving in an educational, management, or~~
22 ~~supervisory capacity;~~
- 23 ~~(k) One (1) publicly operated Class I ground ambulance service administrator~~
24 ~~who is a certified emergency medical technician, an advanced emergency~~
25 ~~medical technician, or a licensed paramedic;~~
- 26 ~~(l) One (1) mayor of a city that operates, either directly or through contract~~
27 ~~services, a licensed Class I ground ambulance service; and~~

1 ~~(m) One (1) county judge/executive from a county that operates, whether directly~~
2 ~~or through contract services, a licensed Class I ground ambulance service].~~

3 (3) ~~[(a)]~~ Members shall serve for a term of four (4) years, may be reappointed, and
4 shall serve no more than two (2) consecutive terms. A member appointed to a
5 partial term vacancy exceeding two (2) years shall be deemed to have served a full
6 term. A former member may be reappointed following an absence of at least one (1)
7 term.

8 ~~[(b) Any person serving on the board in a position eliminated on June 27, 2019,~~
9 ~~and whose term has not expired prior to the June 27, 2019, may continue to~~
10 ~~serve in a voting, ex officio capacity until the expiration of his or her term.]~~

11 (4) The board shall:

12 (a) Meet at least six (6) times a year; and

13 (b) At the first meeting of the board after September 1 of each year, elect a chair
14 and vice chair by majority vote of the members present and set a schedule of
15 six (6) regular meetings for the next twelve (12) month period.

16 (5) The board shall adopt a quorum and rules of procedure by administrative regulation.

17 (6) (a) A member of the board who misses three (3) regular meetings in a twelve (12)
18 month period shall be deemed to have resigned from the board and his or her
19 position shall be deemed vacant.

20 (b) The failure of a board member to attend a special or emergency meeting shall
21 not result in any penalty.

22 (c) The Governor shall appoint a person with the same professional
23 qualifications~~[of the same class]~~ to fill the vacancy within ninety (90) days.

24 (d) The person removed under this subsection shall not be reappointed to the
25 board for at least ten (10) years.

26 (7) Members of the board shall be entitled to reimbursement for actual and necessary
27 expenses when carrying out official duties of the board in accordance with state

1 administrative regulations relating to travel reimbursement.

2 (8) **The board shall submit a report to the General Assembly by September 1 of each**
 3 **year. The report shall include but not be limited to:**

4 **(a) A detailed list of income and expenses of the board;**

5 **(b) A detailed summary of data collected on the number of complaints against**
 6 **individuals certified or licensed by the board and emergency medical**
 7 **services training institutions approved by the board, and the disposition of**
 8 **those complaints;**

9 **(c) An accounting of all new administrative regulations and amendments to**
 10 **administrative regulations promulgated by the board; and**

11 **(d) Recommendations for changes in administrative regulations, board policies,**
 12 **and statutes**~~[Annual reports and recommendations from the board shall be~~
 13 ~~sent by September 1 each year to the Governor, the president of the Kentucky~~
 14 ~~Community and Technical College System, and the General Assembly].~~

15 ➔Section 2. KRS 311A.020 is amended to read as follows:

16 (1) The board shall:

17 (a) Exercise all of the administrative functions of the state not regulated by the
 18 Board of Medical Licensure or Cabinet for Health and Family Services in the
 19 regulation of the emergency medical services system and the practice of
 20 emergency medical services, and emergency medical services training
 21 institutions, with the exception of employment of personnel as described in
 22 subsections (5) and (6) of this section;

23 (b) Issue any licenses or certifications authorized by this chapter;

24 (c) Oversee the operations and establish the organizational structure of the Office
 25 of the Kentucky Board of Emergency Medical Services, which is created and
 26 shall be attached to the board for administrative purposes. The office shall be
 27 headed by the executive director appointed under paragraph (d) of this

1 subsection and shall be responsible for:

- 2 1. Personnel and budget matters affecting the board;
- 3 2. Fiscal activities of the board, including grant writing and disbursement
- 4 of funds;
- 5 3. Information technology, including the design and maintenance of
- 6 databases;
- 7 4. Certification and recertification of emergency medical responders;
- 8 5. Certification and recertification of emergency medical technicians and
- 9 advanced emergency medical technicians;
- 10 6. Licensure and relicensure of ambulances, ambulance services, and
- 11 mobile integrated healthcare programs;
- 12 7. Licensure and relicensure of paramedics;
- 13 8. Certification and recertification of advanced practice paramedics;
- 14 9. Certification and recertification of EMS educators;
- 15 10. Investigation of and resolution of ~~[quality]~~ complaints and ethics issues
- 16 *pertaining to professional certifications and licenses;*~~[-and]~~
- 17 11. *The resolution of complaints and ethics issues pertaining to*
- 18 *ambulances, ambulance services, and mobile integrated healthcare*
- 19 *programs; and*
- 20 12. Other responsibilities that may be assigned to the executive director by
- 21 the board;

22 (d) Employ an executive director and deputy executive director and fix the
23 compensation. The executive director and deputy executive director shall
24 serve at the pleasure of the board, administer the day-to-day operations of the
25 Office of the Kentucky Board of Emergency Medical Services, and supervise
26 all directives of the board. The director and deputy executive director shall
27 possess a baccalaureate degree and shall have no less than five (5) years of

1 experience in public administration or in the administration of an emergency
2 medical services program;

3 (e) Employ or contract with a physician licensed in Kentucky who is board
4 certified in emergency medicine and fix the compensation. The physician shall
5 serve at the pleasure of the board and as the medical advisor to the Kentucky
6 Board of Emergency Medical Services and the staff of the board;

7 (f) Employ or contract with an attorney licensed to practice law in Kentucky and
8 fix the compensation. The attorney shall serve at the pleasure of the board and
9 have primary assignment to the board. The board and the attorney shall
10 implement and oversee the regulatory process;

11 (g) Employ personnel sufficient to carry out the statutory responsibilities of the
12 board in accordance with the following:

13 1. Personnel assigned to investigate an emergency medical responder
14 program complaint or regulate the emergency medical responder
15 programs shall be certified emergency medical responders, emergency
16 medical technicians, advanced emergency medical technicians, or
17 licensed paramedics;

18 2. Personnel assigned to investigate an emergency medical technician
19 program complaint or regulate the emergency medical technician
20 program shall be certified emergency medical technicians, advanced
21 emergency medical technicians, or paramedics;

22 3. Personnel assigned to investigate an advanced emergency medical
23 technician program complaint or regulate the advanced emergency
24 medical technician program shall be certified advanced emergency
25 medical technicians or paramedics;

26 4. Personnel assigned to investigate a paramedic program complaint or
27 regulate the paramedic program shall be licensed paramedics;

- 1 5. A person who is employed by the board who is licensed or certified by
2 the board shall retain his or her license or certification if he or she meets
3 the in-service training requirements and pays the fees specified by
4 administrative regulation; ~~and~~
- 5 6. A person who is employed by the board may instruct in emergency
6 medical subjects in which he or she is qualified, with the permission of
7 the board. All instruction shall be rendered without remuneration other
8 than his or her state salary and the employee shall be considered as on
9 state duty when teaching; **and** ~~and~~
- 10 7. A person who is employed by the board may render services for which
11 the person is qualified at a declared disaster or emergency or in a
12 situation where trained personnel are not available until those personnel
13 arrive to take over the patient, or where insufficient trained personnel are
14 available to handle a specific emergency medical incident. All aid shall
15 be rendered without remuneration other than the employee's state salary
16 and the employee shall be considered as on state duty when rendering
17 aid. In cases specified in this paragraph, the state medical advisor shall
18 serve as the emergency medical services medical director for the
19 employee;
- 20 (h) Establish committees and subcommittees and the membership thereof.
21 Members of committees and subcommittees do not need to be members of the
22 board **but shall reflect the qualifications of the board members**;
- 23 (i) Enter into contracts, apply for grants and federal funds, and disburse funds to
24 local units of government as approved by the General Assembly. All funds
25 received by the board shall be placed in a trust and agency account in the State
26 Treasury subject to expenditure by the board;
- 27 (j) Administer the Emergency Medical Services for Children Program; and

- 1 (k) Establish minimum curriculum and standards for emergency medical services
2 training.
- 3 (2) The board may utilize materials, services, or facilities as may be made available to it
4 by other state agencies or may contract for materials, services, or facilities.
- 5 (3) The board may delegate to the executive director, by written order, any function
6 specified in this chapter other than promulgation of an administrative regulation[
7 ~~specified in this chapter~~].
- 8 (4) Except for securing funding for trauma centers, the board shall not serve as the lead
9 agency relating to the development or regulation of trauma systems, but shall be a
10 partner with other state agencies in the development, implementation, and oversight
11 of such systems.
- 12 (5) ~~{(a) The Kentucky Community and Technical College System shall employ
13 personnel for the work of the board, and the personnel in the positions described in
14 this section and all other persons in administrative and professional positions shall
15 be transferred to the personnel system of the Kentucky Community and Technical
16 College System on July 12, 2006, in the appropriate classification to carry out the
17 mission of the board. All employees transferred under this paragraph shall have all
18 employment records and months of service credit transferred to the Kentucky
19 Community and Technical College System. Employees of the board transferred
20 under this paragraph who subsequently return to state employment under KRS
21 Chapter 18A shall have their employment records and months of service credit
22 under the Kentucky Community and Technical College System transferred back to
23 the KRS Chapter 18A personnel system, and the employment records and months of
24 service credit shall be used in calculations for all benefits under KRS Chapter 18A.~~
- 25 ~~(b) New employees hired or contracted after July 12, 2006, shall be employed or
26 contracted by the Kentucky Community and Technical College System.~~
- 27 ~~(6)]The chair of the board shall appoint a personnel committee[consisting of the chair~~

1 of the board, one (1) physician member of the board, one (1) ambulance service
 2 provider member of the board, one (1) additional member of the board selected by
 3 the chair of the board, and one (1) representative of the Kentucky Community and
 4 Technical College System administration]. The personnel committee shall conduct
 5 an annual job performance review of the executive director, the medical advisor,
 6 and the board attorney that conforms with the state personnel standards [of the
 7 Kentucky Community and Technical College System]and includes a
 8 recommendation for or against continued employment to be presented to the
 9 board[personnel office of the Kentucky Community and Technical College
 10 System].

11 [~~(7)~~ All state general fund moneys appropriated to the board, all federal funds, all
 12 moneys collected by the board, and all equipment owned by the board shall be
 13 transferred to the Kentucky Community and Technical College System on July 1,
 14 2006.

15 ~~(8)~~**(6)** The board shall develop a proposed biennial budget for all administrative and
 16 operational functions and duties [~~in conjunction with the Kentucky Community and
 17 Technical College System budget submission process. The Kentucky Community
 18 and Technical College System shall not make changes to the budget proposal
 19 submitted by the board, but may submit written comments on the board's budget
 20 proposal to the board and other agencies in the budget submission process].~~

21 ➔Section 3. KRS 311A.025 is amended to read as follows:

22 (1) The board shall, subject to the provisions of this chapter, create levels of
 23 certification or licensure, as appropriate for [~~individuals~~]providing services under
 24 this chapter. These may consist of but not be limited to:

- 25 (a) Emergency medical services educator, Level I, II, and III;
- 26 (b) Emergency medical responder;
- 27 (c) Emergency medical technician and advanced emergency medical technician;

- 1 (d) Paramedic, advanced practice paramedic, and paramedic preceptor;
- 2 (e) Emergency medical services medical director who supervises a person or
3 organization licensed or certified by the board;
- 4 (f) Mobile integrated healthcare program medical director who supervises an
5 MIH program licensed by the board;
- 6 (g) Emergency medical services~~[service]~~ training institution;
- 7 (h) Emergency medical services~~[service]~~ testing agency;
- 8 (i) Ground ambulance service, including categories thereof;
- 9 (j) Air ambulance service;
- 10 (k) Medical first response provider;
- 11 (l) Emergency medical dispatcher, emergency medical dispatch instructor, and
12 emergency medical dispatch instructor trainer;
- 13 (m) Emergency medical dispatch center or public safety answering point; and
- 14 (n) Any other entity authorized by this chapter.
- 15 (2) The board shall promulgate administrative regulations in accordance with KRS
16 Chapter 13A for any certification or license the board may create. The
17 administrative regulations shall, at a minimum, address:
- 18 (a) Requirements for students, if appropriate;
- 19 (b) Requirements for training;
- 20 (c) Eligibility for certification or licensure; and
- 21 (d) Renewal, recertification, and relicensure requirements.
- 22 (3) The board may authorize a physician licensed to practice in Kentucky to serve as an
23 emergency medical services medical director if that physician meets the
24 requirements specified by the board by administrative regulation.
- 25 (4) A hospital that owns an ambulance service that is exempt from certificate of need
26 pursuant to subsection (7) of Section 9 of this Act may provide transport services
27 from another health facility to its hospital if authorized by the ambulance service

1 provider with jurisdiction in the territory in which the other health facility is
 2 located.

3 ➔Section 4. KRS 311A.030 is amended to read as follows:

4 (1) The board shall promulgate administrative regulations in accordance with KRS
 5 Chapter 13A to carry out the functions of this chapter, including but not limited to:

6 (a)~~(1)~~ Licensing, inspecting, and regulating of ambulance services, mobile
 7 integrated healthcare programs, and medical first ~~[-]~~response providers. The
 8 administrative regulations shall address specific requirements for:

9 1.~~(a)~~ Class I Ground ambulance providers, which provide basic life
 10 support or advanced life support services to all patients for emergencies
 11 or scheduled ambulance transportation that~~which~~ is medically
 12 necessary;

13 2.~~(b)~~ Class II Ground ambulance providers, which provide only basic
 14 life support services but do not provide initial response to the general
 15 population with medical emergencies and which are limited to providing
 16 scheduled ambulance transportation that~~which~~ is medically necessary;

17 3.~~(c)~~ Class III Ground ambulance providers, which provide mobile
 18 intensive care services at or above the level of advanced life support to
 19 patients with critical illnesses or injuries who must be transported
 20 between hospitals in vehicles with specialized equipment as an
 21 extension of hospital-level care;

22 4.~~(d)~~ Class IV Ground ambulance providers, which provide basic life
 23 support or advanced life support services and transportation for
 24 restricted locations such as industrial sites and other sites that do not
 25 provide services outside a designated site;

26 5.~~(e)~~ Class V Mobile integrated healthcare programs, which do not
 27 transport patients as a function of the program and which must be

1 operated by or in affiliation with a Class I ambulance provider that
2 provides emergency medical response in the geographic area;

3 ~~6.(f)~~ Class VI medical first response providers, which provide basic or
4 advanced life support services, but do not transport patients;

5 ~~7.(g)~~ Class VII air ambulance providers, which provide basic or
6 advanced life support services; and

7 ~~8.(h)~~ Class VIII event medicine providers, which provide basic or
8 advanced life support services, but do not transport patients; and

9 ~~(b)(2)~~ Licensing, inspecting, and regulating of emergency medical services
10 training institutions.

11 **(2) The licensure standards for Class I ground ambulance providers shall**
12 **distinguish between an ambulance service that provides only emergency**
13 **transportation, only scheduled ambulance transportation, or both types of**
14 **transportation** ~~[Nothing in this section shall be construed to change or alter the~~
15 ~~issuance of certificates of need for emergency medical services providers].~~

16 ➔Section 5. KRS 311A.035 is amended to read as follows:

17 The board ~~may~~ **shall** carry out the functions of this chapter, including but not limited to:

18 (1) Establishing minimum data reporting requirements, including requirements
19 specifically related to emergency medical services and trauma care of children, for
20 ambulance providers and collection and analysis of data related to the provision of
21 emergency medical services;

22 (2) Maintaining the Emergency Medical Services for Children Program with federal
23 funds so designated plus any additional funds that may be appropriated by the
24 General Assembly, or any other funds that may become available to the board,
25 including gifts, grants, or other sources;

26 (3) Developing a statewide plan for the implementation of emergency medical services
27 systems ~~[and trauma care systems]~~ within the Commonwealth of Kentucky that

1 specifically addresses the unique needs of rural areas;

2 (4) Applying for, receiving, and disposing of federal, state, or private funds by grant,
3 appropriation, donation, or otherwise for emergency medical services programs,
4 personnel, and equipment; and

5 (5) Developing, monitoring, and encouraging other projects and programs that may be
6 of benefit to emergency medical services in the Commonwealth.

7 ~~[Nothing in this section shall be construed to change or alter the issuance of certificates of~~
8 ~~need for emergency medical services providers.]~~

9 ➔Section 6. KRS 311A.055 is amended to read as follows:

10 (1) In accordance with the provisions of KRS Chapter 13B, all discipline for which the
11 board is authorized to conduct investigations, hold hearings, and impose
12 punishments is delegated to the executive director, state medical advisor, board
13 attorney, and hearing panels as provided herein, **except that investigations and**
14 **hearings for ambulance services licensed under Section 4 of this Act shall be**
15 **conducted by the Cabinet for Health and Family Services in accordance with**
16 **Section 8 of this Act. The board shall immediately transfer all complaints**
17 **submitted regarding ambulance services licensed under Section 4 of this Act to**
18 **the cabinet and the cabinet shall submit findings and recommendations to the**
19 **board for all complaints submitted by the board.**

20 (2) Any person may make a complaint to the executive director that an entity licensed
21 or certified by the board, emergency medical services personnel, or any other person
22 licensed or certified by the board has violated a provision of this chapter, an
23 administrative regulation promulgated pursuant to this chapter, protocol, practice
24 standard, or order of the board.

25 (3) Each complaint shall:

26 (a) Be **made by telephone or** in writing **and may be submitted electronically, by**
27 **facsimile, or by mail;**

- 1 (b) Identify specifically the person or organization against whom the complaint is
2 made;
- 3 (c) Set forth the facts relating to the violation alleged and any other supporting
4 information ~~that~~~~[which]~~ may have a bearing on the matter; **and**
- 5 (d) Contain the name, address **and zip code**, **day and work** telephone
6 **numbers**~~[number]~~, facsimile number **if appropriate**, ~~[and]~~ e-mail address, if
7 available, **and the nature** of the **complainant's relationship to the**
8 **licensee**~~[complainant];~~
- 9 ~~(e) Be subscribed and sworn to as to the truth of the statements contained in the~~
10 ~~complaint by the complainant; and~~
- 11 ~~(f) Be notarized].~~
- 12 ~~(4) [A complaint which is unsigned shall not be acted upon by the executive director. A~~
13 ~~complaint which is not subscribed and sworn in the manner specified in subsection~~
14 ~~(3) of this section shall be returned to the complainant for completion.~~
- 15 ~~(5)]~~ The executive director of the board may, on behalf of the board, based on
16 knowledge available to the office of the board, make a complaint against any person
17 or organization regulated by the board in the same manner as provided in subsection
18 (3) of this section.
- 19 ~~(5) (a)~~~~(6)]~~ **Except as provided by paragraph (b) of this subsection**, upon receipt of
20 a ~~[properly completed]~~ complaint, the executive director shall assign the
21 complaint to a staff investigator who shall investigate the complaint and shall
22 make findings of fact and recommendations to the executive director who
23 shall then convene a preliminary inquiry board.
- 24 **(b) If the complaint is pertaining to ambulance services licensed under Section**
25 **4 of this Act, the executive director shall transfer the complaint to the**
26 **Cabinet for Health and Family Services, in accordance with Section 8 of**
27 **this Act.**

1 ~~(6)~~~~(7)~~ When the executive director assigns a complaint to a staff investigator, he or
2 she shall notify the person or organization against whom the complaint has been
3 filed, the employer of the emergency services personnel against whom the
4 complaint has been filed, the emergency medical services medical director or
5 mobile integrated healthcare program medical director for the organization against
6 whom the complaint has been filed or that employs the emergency medical services
7 personnel against whom the complaint has been filed, and any other person or
8 organization specified in this chapter.

9 ~~(7)~~~~(8)~~ The notification shall name the person or organization complained against, ~~the~~
10 ~~complainant,~~ the violations alleged, and the facts presented in the complaint
11 and shall notify the person or organization complained against, the employer, and
12 the emergency medical services or the mobile integrated healthcare program
13 medical director of:

- 14 (a) The fact that the complaint shall be answered, the steps for answering the
15 complaint, and the action to be taken if the complaint is not answered;
- 16 (b) The time frame and steps in the proceedings of a complaint;
- 17 (c) The rights of the parties, including the right to counsel; and
- 18 (d) The right to testify at any hearing.

19 ~~(8)~~~~(9)~~ Upon the failure of a license or certificate holder to respond to a written
20 accusation or to request a hearing within twenty (20) days after the sending of the
21 accusation, the accused shall be considered to have admitted the truth of the facts
22 and the circumstances in the allegation and appropriate discipline may be imposed.

23 ~~(9)~~~~(10)~~ The preliminary inquiry board shall consist of one (1) member of the board
24 selected by the chair, and two (2) persons representing the same category of
25 certification or licensure as the defendant who are not members of the board
26 appointed by the chairman of the board.

27 ~~(10)~~~~(11)~~ After reviewing the complaint and results of any investigation conducted on

1 behalf of the board, the preliminary inquiry board shall consider whether the
2 accusation is sufficient to remand the matter for a hearing as provided in this section
3 and KRS Chapter 13B. A majority vote of the members of the preliminary inquiry
4 board shall be necessary for action to either remand the matter for hearing or
5 dismiss the complaint without hearing.

6 ~~(11)~~~~(12)~~ If the preliminary inquiry board dismisses the complaint, all parties notified
7 previously shall be notified of the action. If the preliminary inquiry board remands
8 the matter for a hearing, all parties notified previously shall be notified of the
9 action.

10 ~~(12)~~~~(13)~~ Each proceeding to consider the imposition of a penalty ~~that~~~~which~~ the board
11 is authorized to impose pursuant to this chapter shall be conducted in accordance
12 with KRS Chapter 13B.

13 ~~(13)~~~~(14)~~ A hearing panel for purposes of making a decision in any disciplinary matter
14 shall consist of one (1) physician who may be a member of the board or who meets
15 the qualifications of an emergency medical services medical director; one (1) person
16 from the category of persons or organizations of the same class as the defendant;
17 and the hearing officer, who shall not be involved in emergency medical services.

18 ~~(14)~~~~(15)~~ The hearing officer may issue subpoenas to compel the attendance of
19 witnesses and the production of documents in the conduct of an investigation. The
20 subpoenas may be enforced by any Circuit Court for contempt. Any order or
21 subpoena of the court requiring the attendance and testimony of witnesses and the
22 production of documentary evidence may be enforced and shall be valid anywhere
23 in this state.

24 ~~(15)~~~~(16)~~ At all hearings the board attorney or, on request of the board, the Attorney
25 General of this state or one (1) of the assistant attorneys general designated shall
26 appear and represent the board.

27 ~~(16)~~~~(17)~~ The emergency medical services provider or related employer of a person

1 licensed or certified by the board and the emergency medical services medical
2 director of such a person who is the defendant in a hearing shall be parties to the
3 action and may appear and testify in the matter at any deposition or hearing on the
4 matter and may propose conclusions of law, findings of fact, and penalties to the
5 hearing panel.

6 ~~(17)~~~~(18)~~ To make a finding or recommend discipline, the two (2) members of the
7 hearing panel who are not the hearing officer shall agree on the finding or
8 discipline. In the event of a tie vote, the hearing officer shall cast the deciding vote.

9 ~~(18)~~~~(19)~~ The final order in any disciplinary proceeding shall be prepared by the
10 executive director and sent to all parties in the manner prescribed by law.

11 ~~(19)~~~~(20)~~ Any person or entity aggrieved by a final order of the board may appeal to the
12 Franklin Circuit Court in accordance with the provisions of KRS Chapter 13B.

13 ~~(20)~~~~(21)~~ The only discipline that the board may impose against an emergency medical
14 services medical director is denial, suspension or withdrawal of the board's approval
15 for that person to serve as an emergency medical services medical director.

16 ~~(21)~~~~(22)~~ If the executive director substantiates that sexual contact occurred between a
17 licensee or certificate holder and a patient while the patient was under the care of or
18 in a professional relationship with the licensee or certificate holder, the license or
19 certification may be revoked or suspended with mandatory treatment of the person
20 as prescribed by the executive director. The executive director may require the
21 licensee or certificate holder to pay a specified amount for mental health services
22 for the patient which are needed as a result of the sexual contact.

23 **(22) Except as specified in this section, all board proceedings, including the**
24 **complaint, answer, and other records relating to a disciplinary proceeding, shall**
25 **be confidential until a final determination is made by the board, except:**

26 **(a) The board may turn over to the Attorney General, the United States**
27 **Attorney, Commonwealth's attorney, or county attorney of the jurisdiction**

1 in which the offense allegedly occurred, evidence that may be used in
 2 criminal proceedings; and

3 (b) If the complainant or alleged violator publicly discloses the existence of a
 4 preliminary inquiry, the board may publicly confirm the existence of the
 5 inquiry and, in its discretion, make public any documents that were issued
 6 to either party.

7 ➔Section 7. KRS 311A.190 is amended to read as follows:

- 8 (1) Each licensed ambulance provider, mobile integrated healthcare program, and
 9 medical first response provider as defined in this chapter shall collect and provide to
 10 the board patient care record data and information required by the board by this
 11 chapter and administrative regulation.
- 12 (2) The board shall develop a patient care record form for the use of each class of
 13 ambulance provider, mobile integrated healthcare program, and medical first
 14 response provider containing the data required in subsection (1) of this section. An
 15 ambulance provider, mobile integrated healthcare program, or medical first
 16 response provider may utilize any patient care record form it chooses in lieu of or in
 17 addition to the board developed patient care record form. However, the data
 18 captured on the patient care record form utilized by the ambulance service~~provider~~,
 19 ~~provider~~, mobile integrated healthcare program, or medical first response provider
 20 shall include at least ~~the~~~~that~~ data ~~that~~~~which~~ is required by the administrative
 21 regulations promulgated pursuant to subsection (1) of this section.
- 22 (3) An ambulance provider, mobile integrated healthcare program, or medical first
 23 response provider shall report the required patient care record data as prescribed
 24 through administrative regulations promulgated by the board by transmitting the
 25 required data and information to the board in an electronic format. If the board
 26 requires the use of a specific electronic format, it shall provide a copy of the file
 27 layout requirements, in either written or electronic format, to the licensed

1 ambulance provider or medical first response provider at no charge.

2 (4) The board ~~shall~~~~may~~ publish a comprehensive annual report reflecting the data
3 collected, injury and illness data, treatment utilized, and other information deemed
4 important by the board. The annual report shall not include patient identifying
5 information or any other information identifying a natural person. A copy of the
6 comprehensive annual report, if issued, shall be forwarded to the Governor and the
7 General Assembly.

8 (5) Ambulance provider, mobile integrated healthcare program and medical first
9 response provider patient care records and the information transmitted electronically
10 to the board shall be confidential and in compliance with HIPAA privacy rules
11 referenced in 45 C.F.R. pt. 164. No person shall make an unauthorized release of
12 information on an ambulance provider, mobile integrated healthcare program, or
13 medical first response provider patient care record. Only the patient or the patient's
14 parent or legal guardian if the patient is a minor, or the patient's legal guardian or
15 person with proper power of attorney if the patient is under legal disability as being
16 incompetent or mentally ill, or a court of competent jurisdiction may authorize the
17 release of information on a patient's care record or the inspection or copying of the
18 patient care record. Any authorization for the release of information or for
19 inspection or copying of a patient care record shall be in writing.

20 (6) An ambulance provider or medical first response provider that collects patient data
21 through electronic means shall have the means of providing a patient care record or
22 summary report that includes all required data elements to the medical care facility.
23 A copy of the medical first response patient care record or summary report of the
24 patient care record and patient information shall be made available to the ambulance
25 service that transports the patient. A copy of the ambulance transportation and
26 medical~~run~~ report forms~~form~~ shall be made available to any medical care
27 facility to which a patient is transported and shall be included in the patient's

1 medical record by that facility. If a patient is not transported to a medical facility,
2 the copy of the patient care record that is to be given to the transporting ambulance
3 provider or medical care facility shall be given to the patient or to the patient's
4 parent or legal guardian upon request. If the ambulance provider, medical facility,
5 patient, or patient's legal guardian refuses delivery of their patient care record or is
6 unavailable to receive the form, that copy of the patient care record shall be returned
7 to the medical first response provider or ambulance provider and destroyed.

8 (7) All ambulance services and mobile integrated healthcare programs shall be required
9 to keep adequate reports and records to be maintained at the ambulance base
10 headquarters and to be available for periodic review as deemed necessary by the
11 board. Required records and reports are as follows:

12 (a) Employee records, including a resume of each employee's training and
13 experience and evidence of current certification or licensure; and

14 (b) Health records of all personnel including records of all illnesses or accidents
15 occurring while on duty.

16 (8) Data and records generated and kept by the board or its contractors regarding the
17 evaluation of emergency medical care, mobile integrated healthcare programs, and
18 trauma care in the Commonwealth, including the identities of patients, emergency
19 medical services personnel, ambulance providers, medical first-response providers,
20 and emergency medical facilities, shall be confidential, shall not be subject to
21 disclosure under KRS 61.805 to 61.850 or KRS 61.870 to 61.884, shall not be
22 admissible in court for any purpose, and shall not be subject to discovery. However,
23 nothing in this section shall limit the discoverability or admissibility of patient
24 medical records regularly and ordinarily kept in the course of a patient's treatment
25 that otherwise would be admissible or discoverable.

26 **(9) The Cabinet for Health and Family Services shall have complete and immediate**
27 **access to all data and records maintained by the board or its contractors and may**

1 use information contained in the data and records to fulfill its responsibilities
2 and requirements for health facilities and services, including but not limited to
3 those duties assigned to the cabinet by KRS 194A.101, 216.2920 to 216.2929, and
4 216B.042.

5 ➔SECTION 8. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
6 READ AS FOLLOWS:

7 (1) The cabinet shall investigate and hold hearings on complaints pertaining to
8 ambulance services licensed under Section 4 of this Act that are transferred to the
9 cabinet by the Kentucky Board of Emergency Medical Services as required by
10 Section 5 of this Act if the cabinet determines a hearing is needed.

11 (2) The hearing shall be before a person designated to serve as hearing officer by the
12 secretary.

13 (3) Within thirty (30) days from the conclusion of the hearing, the findings and
14 recommendations of the hearing officer shall be transmitted to the cabinet, with a
15 synopsis of the evidence contained in the record and a statement of the basis of
16 the hearing officer's findings. The applicant or licensee shall be entitled to be
17 represented at the hearing in person or by counsel, or both, and shall be entitled
18 to introduce testimony by witnesses or, if the cabinet so permits, by depositions. A
19 full and complete record shall be kept of all hearings, and all testimony shall be
20 reported but need not be transcribed unless the decision is appealed pursuant to
21 this chapter. The cabinet shall immediately submit the hearing officer's findings
22 and recommendations or the prepared written findings of fact and statement of
23 the basis for its decision, which shall become part of the record of the
24 proceedings, to the Kentucky Board of Emergency Medical Services.

25 (4) The Kentucky Board of Emergency Medical Services may deny, revoke, modify,
26 or suspend a license in any case in which the cabinet finds that there has been a
27 substantial failure to comply with the provisions of Section 4 of this Act or the

1 administrative regulations promulgated hereunder. The denial, revocation,
2 modification, or suspension shall be effected by mailing to the applicant or
3 licensee, by certified mail or other method of delivery which may include
4 electronic service, a notice setting forth the particular reasons for the action. The
5 board shall notify the cabinet within five (5) days of its action in response to the
6 cabinet's findings and recommendations in writing.

7 (5) The denial, revocation, modification, or suspension shall become final and
8 conclusive thirty (30) days after notice is given, unless the applicant or licensee,
9 within the thirty (30) day period, files a request in writing for a hearing with the
10 cabinet. The cabinet shall notify the board of its actions within five (5) days of
11 receiving a hearing request. All decisions revoking, suspending, modifying, or
12 denying licenses shall be made by the board in writing. The board shall notify the
13 applicant or licensee of the decision.

14 (6) The decision of the board shall be final for purposes of judicial appeal upon
15 notice of the board's decision.

16 ➔Section 9. KRS 216B.020 is amended to read as follows:

17 (1) The provisions of this chapter that relate to the issuance of a certificate of need shall
18 not apply to abortion facilities as defined in KRS 216B.015; any hospital which
19 does not charge its patients for hospital services and does not seek or accept
20 Medicare, Medicaid, or other financial support from the federal government or any
21 state government; assisted living residences; family care homes; state veterans'
22 nursing homes; services provided on a contractual basis in a rural primary-care
23 hospital as provided under KRS 216.380; community mental health centers for
24 services as defined in KRS Chapter 210; primary care centers; rural health clinics;
25 private duty nursing services operating as nursing pools; group homes; licensed
26 residential crisis stabilization units; licensed free-standing residential substance use
27 disorder treatment programs with sixteen (16) or fewer beds, but not including

1 Levels I and II psychiatric residential treatment facilities or licensed psychiatric
2 inpatient beds; outpatient behavioral health treatment, but not including partial
3 hospitalization programs; end stage renal disease dialysis facilities, freestanding or
4 hospital based; swing beds; special clinics, including but not limited to wellness,
5 weight loss, family planning, disability determination, speech and hearing,
6 counseling, pulmonary care, and other clinics which only provide diagnostic
7 services with equipment not exceeding the major medical equipment cost threshold
8 and for which there are no review criteria in the state health plan; nonclinically
9 related expenditures; nursing home beds that shall be exclusively limited to on-
10 campus residents of a certified continuing care retirement community; home health
11 services provided by a continuing care retirement community to its on-campus
12 residents; the relocation of hospital administrative or outpatient services into
13 medical office buildings which are on or contiguous to the premises of the hospital;
14 the relocation of acute care beds which occur among acute care hospitals under
15 common ownership and which are located in the same area development district so
16 long as there is no substantial change in services and the relocation does not result
17 in the establishment of a new service at the receiving hospital for which a certificate
18 of need is required; the redistribution of beds by licensure classification within an
19 acute care hospital so long as the redistribution does not increase the total licensed
20 bed capacity of the hospital; residential hospice facilities established by licensed
21 hospice programs; ~~for~~ the following health services provided on site in an existing
22 health facility when the cost is less than six hundred thousand dollars (\$600,000)
23 and the services are in place by December 30, 1991: psychiatric care where
24 chemical dependency services are provided, level one (1) and level two (2) of
25 neonatal care, cardiac catheterization, and open heart surgery where cardiac
26 catheterization services are in place as of July 15, 1990; or ambulance services
27 operating in accordance with subsections (6), (7), or (8) of this section. [The

1 ~~provisions of this section shall not apply to nursing homes, personal care homes,~~
2 ~~intermediate care facilities, and family care homes; or nonconforming ambulance~~
3 ~~services as defined by administrative regulation.]~~ These listed facilities or services
4 shall be subject to licensure, when applicable.

5 (2) Nothing in this chapter shall be construed to authorize the licensure, supervision,
6 regulation, or control in any manner of:

7 (a) Private offices and clinics of physicians, dentists, and other practitioners of
8 the healing arts, except any physician's office that meets the criteria set forth
9 in KRS 216B.015(5) or that meets the definition of an ambulatory surgical
10 center as set out in KRS 216B.015;

11 (b) Office buildings built by or on behalf of a health facility for the exclusive use
12 of physicians, dentists, and other practitioners of the healing arts; unless the
13 physician's office meets the criteria set forth in KRS 216B.015(5), or unless
14 the physician's office is also an abortion facility as defined in KRS 216B.015,
15 except no capital expenditure or expenses relating to any such building shall
16 be chargeable to or reimbursable as a cost for providing inpatient services
17 offered by a health facility;

18 (c) Outpatient health facilities or health services that:

- 19 1. Do not provide services or hold patients in the facility after midnight;
20 and
21 2. Are exempt from certificate of need and licensure under subsection (3)
22 of this section;

23 (d) Dispensaries and first-aid stations located within business or industrial
24 establishments maintained solely for the use of employees, if the facility does
25 not contain inpatient or resident beds for patients or employees who generally
26 remain in the facility for more than twenty-four (24) hours;

27 (e) Establishments, such as motels, hotels, and boarding houses, which provide

- 1 domiciliary and auxiliary commercial services, but do not provide any health
2 related services and boarding houses which are operated by persons
3 contracting with the United States Department of Veterans Affairs for
4 boarding services;
- 5 (f) The remedial care or treatment of residents or patients in any home or
6 institution conducted only for those who rely solely upon treatment by prayer
7 or spiritual means in accordance with the creed or tenets of any recognized
8 church or religious denomination and recognized by that church or
9 denomination; and
- 10 (g) On-duty police and fire department personnel assisting in emergency
11 situations by providing first aid or transportation when regular emergency
12 units licensed to provide first aid or transportation are unable to arrive at the
13 scene of an emergency situation within a reasonable time.
- 14 (3) The following outpatient categories of care shall be exempt from certificate of need
15 and licensure on July 14, 2018:
- 16 (a) Primary care centers;
- 17 (b) Special health clinics, unless the clinic provides pain management services
18 and is located off the campus of the hospital that has majority ownership
19 interest;
- 20 (c) Specialized medical technology services, unless providing a State Health Plan
21 service;
- 22 (d) Retail-based health clinics and ambulatory care clinics that provide
23 nonemergency, noninvasive treatment of patients;
- 24 (e) Ambulatory care clinics treating minor illnesses and injuries;
- 25 (f) Mobile health services, unless providing a service in the State Health Plan;
- 26 (g) Rehabilitation agencies;
- 27 (h) Rural health clinics; and

- 1 (i) Off-campus, hospital-acquired physician practices.
- 2 (4) The exemptions established by subsections (2) and (3) of this section shall not apply
3 to the following categories of care:
- 4 (a) An ambulatory surgical center as defined by KRS 216B.015(4);
- 5 (b) A health facility or health service that provides one (1) of the following types
6 of services:
- 7 1. Cardiac catheterization;
- 8 2. Megavoltage radiation therapy;
- 9 3. Adult day health care;
- 10 4. Behavioral health services;
- 11 5. Chronic renal dialysis;
- 12 6. Birthing services; or
- 13 7. Emergency services above the level of treatment for minor illnesses or
14 injuries;
- 15 (c) A pain management facility as defined by KRS 218A.175(1);
- 16 (d) An abortion facility that requires licensure pursuant to KRS 216B.0431; or
- 17 (e) A health facility or health service that requests an expenditure that exceeds the
18 major medical expenditure minimum.
- 19 (5) An existing facility licensed as an intermediate care or nursing home shall notify the
20 cabinet of its intent to change to a nursing facility as defined in Public Law 100-
21 203. A certificate of need shall not be required for conversion of an intermediate
22 care or nursing home to the nursing facility licensure category.
- 23 (6) Ambulance services owned and operated by a city government, which propose to
24 provide services in coterminous cities outside of the ambulance service's designated
25 geographic service area, shall not be required to obtain a certificate of need if the
26 governing body of the city in which the ambulance services are to be provided
27 enters into an agreement with the ambulance service to provide services in the city.

- 1 (7) Ambulance services owned by a hospital shall not be required to obtain a
2 certificate of need for the sole purpose of providing non-emergency and
3 emergency transport services originating from its hospital.
- 4 (8) (a) As used in this subsection, "emergency ambulance transport services"
5 means the transportation of an individual that has an emergency medical
6 condition with acute symptoms of sufficient severity that the absence of
7 immediate medical attention could reasonably be expected to place the
8 individual's health in serious jeopardy or result in the serious impairment
9 or dysfunction of the individual's bodily organs.
- 10 (b) A city or county government that has conducted a public hearing for the
11 purposes of demonstrating that an imperative need exists in the city or
12 county to provide emergency ambulance transport services within its
13 jurisdictional boundaries shall not be required to obtain a certificate of
14 need for the city or county to:
- 15 1. Directly provide emergency ambulance transport services as defined in
16 this subsection within the city's or county's jurisdictional boundaries;
17 or
- 18 2. Enter into a contract with a hospital or hospitals within its
19 jurisdiction, or within an adjoining county if there are no hospitals
20 located within the county, for the provision of emergency ambulance
21 transport services as defined in this subsection within the city's or
22 county's jurisdictional boundaries.
- 23 (c) Any license obtained under KRS Chapter 311A by a city or county for the
24 provision of ambulance services operating under a certificate of need
25 exclusion pursuant to this subsection shall be held exclusively by the city or
26 county government and shall not be transferrable to any other entity.
- 27 (d) Prior to obtaining the written agreement of a city, an ambulance service

1 operating under a county government certificate of need exclusion pursuant
2 to this subsection shall not provide emergency ambulance transport services
3 within the boundaries of any city that:

4 1. Possesses a certificate of need to provide emergency ambulance
5 services;

6 2. Has an agency or department thereof that holds a certificate of need to
7 provide emergency ambulance services; or

8 3. Is providing emergency ambulance transport services within its
9 jurisdictional boundaries pursuant to this subsection.

10 (9) (a) Except where a certificate of need is not required pursuant to subsections
11 (6), (7), or (8) of this subsection, the cabinet shall grant nonsubstantive
12 review for a certificate of need proposal to establish an ambulance service
13 that is owned by a:

14 1. City government;

15 2. County government; or

16 3. Hospital, in accordance with paragraph (b) of this subsection.

17 (b) A notice shall be sent by the cabinet to all cities and counties that a
18 certificate of need proposal to establish an ambulance service has been
19 submitted by a hospital. The legislative bodies of the cities and counties
20 affected by the hospital's certificate of need proposal shall provide a
21 response to the cabinet within thirty (30) days of receiving the notice. The
22 failure of a city or county legislative body to respond to the notice shall be
23 deemed to be support for the proposal.

24 (c) An ambulance service established under this subsection shall not be
25 transferred to another entity that does not meet the requirements of
26 paragraph (a) of this subsection without first obtaining a substantive
27 certificate of need.

1 **(10)** Notwithstanding any other provision of law, a continuing care retirement
 2 community's nursing home beds shall not be certified as Medicaid eligible unless a
 3 certificate of need has been issued authorizing applications for Medicaid
 4 certification. The provisions of subsection (5) of this section notwithstanding, a
 5 continuing care retirement community shall not change the level of care licensure
 6 status of its beds without first obtaining a certificate of need.

7 **(11) An ambulance service established under subsection (9) of this section shall not be**
 8 **transferred to an entity that does not qualify under subsection (9) of this section**
 9 **without first obtaining a substantive certificate of need.**

10 **(12) (a) The provisions of subsections (7), (8), and (9) of this section shall expire on**
 11 **July 1, 2026.**

12 **(b) All actions taken by cities, counties, and hospitals, exemptions from**
 13 **obtaining a certificate of need, and any certificate of need granted under**
 14 **subsections (7), (8), and (9) of this section prior to July 1, 2026, shall**
 15 **remain in effect on and after July 1, 2026.**

16 ➔Section 10. KRS 216B.095 is amended to read as follows:

17 (1) An applicant may waive the procedures for formal review of an application for a
 18 certificate of need and request a nonsubstantive review as provided below. The
 19 cabinet may grant or deny nonsubstantive review status within ten (10) days of the
 20 date the application is deemed completed and shall give notice to all affected
 21 persons of the decision to conduct a nonsubstantive review. Any affected person
 22 other than the applicant may request a hearing by filing a request with the cabinet
 23 within ten (10) days of the notice to conduct a nonsubstantive review. As
 24 applicable, hearings shall be conducted as provided in KRS 216B.085. Based solely
 25 upon the record established with regard to the matter, the cabinet shall approve or
 26 deny a certificate of need on all projects assigned nonsubstantive review status
 27 within thirty-five (35) days of the determination of nonsubstantive review status. If

1 the application is denied nonsubstantive review status, it shall automatically be
2 placed in the formal review process.

3 (2) If a certificate of need is denied following a nonsubstantive review, the applicant
4 may request that the application be placed in the next cycle of the formal review
5 process. Nothing in this subsection shall require an applicant to pursue a formal
6 review before obtaining judicial review pursuant to KRS 216B.115.

7 (3) The cabinet may grant nonsubstantive review status to an application for a
8 certificate of need which is required:

9 (a) To change the location of a proposed health facility;

10 (b) To replace or relocate a licensed health facility, if there is no substantial
11 change in health services or substantial change in bed capacity;

12 (c) To replace or repair worn equipment if the worn equipment has been used by
13 the applicant in a health facility for five (5) years or more;

14 (d) For cost escalations; or

15 (e) ~~{To establish an industrial ambulance service; or~~

16 ~~{f}—~~In other circumstances the cabinet by administrative regulation may
17 prescribe.

18 (4) Notwithstanding any other provision to the contrary in this chapter, the cabinet may
19 approve a certificate of need for a project required for the purposes set out in
20 paragraphs (a) to (e)~~{(f)}~~ of subsection (3) of this section, unless it finds the facility
21 or service with respect to which the capital expenditure is proposed to be made is
22 not required; or to the extent the facility or services contemplated by the proposed
23 capital expenditure is addressed in the state health plan, the cabinet finds that the
24 capital expenditure is not consistent with the state health plan.

25 (5) The decision of the cabinet approving or denying a certificate of need pursuant to
26 this section shall be final for purposes of judicial appeal, unless the applicant
27 requests the application be placed in the formal review process. An approved

1 certificate shall be issued thirty (30) days after notice of the cabinet's decision,
2 unless a judicial appeal is taken and issuance is enjoined by the court.

3 (6) Notwithstanding any other provision of law, the cabinet shall not grant
4 nonsubstantive review status to a certificate of need application that indicates an
5 intent to apply for Medicaid certification of nursing home beds within a continuing
6 care retirement community established under KRS 216B.015, 216B.020, 216B.330,
7 and 216B.332.

8 (7) Notwithstanding any provision of state law or the state health plan promulgated by
9 administrative regulation in accordance with KRS 216B.040, the cabinet shall grant
10 nonsubstantive review for a certificate of need proposal to establish an ambulatory
11 surgical center if the applicant complies with the following:

12 (a) The applicant is an ambulatory surgical center that was organized and in
13 operation as the private office of a physician or physician group prior to
14 October 1, 2006;

15 (b) 1. The cabinet's general counsel has submitted a letter to the Accreditation
16 Association for Ambulatory Health Care advising that the cabinet does
17 not object to the applicant's parent company applying for and obtaining
18 Medicare certification; or

19 2. The applicant is an ambulatory surgical center that has received from the
20 cabinet a favorable advisory opinion dated June 14, 2005, confirming
21 that the applicant would be exempt from the certificate of need or
22 licensure requirement;

23 (c) The applicant's ambulatory surgical center has been inspected and accredited
24 by the Accreditation Association for Ambulatory Health Care since December
25 31, 2006, and has maintained accreditation with that organization consistently
26 since that time; and

27 (d) The applicant was a party to litigation concerning the ambulatory surgical

1 center and physician office issue and, prior to July 12, 2012, obtained a Court
2 of Appeals ruling in its favor.

3 ➔Section 11. KRS 189.910 is amended to read as follows:

- 4 (1) As used in KRS 189.920 to 189.950, "emergency vehicle" means any vehicle used
5 for emergency purposes by:
- 6 (a) The Department of Kentucky State Police;
 - 7 (b) A public police department;
 - 8 (c) The Department of Corrections;
 - 9 (d) A sheriff's office;
 - 10 (e) A rescue squad;
 - 11 (f) An emergency management agency if it is a publicly owned vehicle;
 - 12 (g) A licensed~~An~~ ambulance service, mobile integrated healthcare program, or
13 medical first response provider licensed by the Kentucky Board of Emergency
14 Medical Services, for any vehicle used to respond to emergencies or to
15 transport a patient with a critical medical condition;
 - 16 (h) Any vehicle commandeered by a police officer;
 - 17 (i) Any vehicle with the emergency lights required under KRS 189.920 used by a
18 paid or volunteer fireman or paid or volunteer ambulance personnel, or a paid
19 or local emergency management director while responding to an emergency or
20 to a location where an emergency vehicle is on emergency call;
 - 21 (j) An elected coroner granted permission to equip a publicly or privately owned
22 motor vehicle with lights and siren pursuant to KRS 189.920;
 - 23 (k) A deputy coroner granted permission to equip a publicly or privately owned
24 motor vehicle with lights and siren pursuant to KRS 189.920;~~or~~
 - 25 (l) Any vehicle used by an organ procurement organization while transporting
26 a human organ or tissue for the purpose of organ recovery or
27 transplantation in an emergency situation involving an imminent health

1 *risk; or*

2 (m) A conservation officer of the Kentucky Department of Fish and Wildlife
3 Resources.

4 (2) As used in KRS 189.920 to 189.950, "public safety vehicle" means public utility
5 repair vehicle; wreckers; state, county, or municipal service vehicles and
6 equipment; highway equipment which performs work that requires stopping and
7 standing or moving at slow speeds within the traveled portions of highways; and
8 vehicles which are escorting wide-load or slow-moving trailers or trucks.

9 ➔Section 12. KRS 189.940 is amended to read as follows:

10 (1) Except as provided in KRS 189.920, the speed limitations set forth in the Kentucky
11 Revised Statutes do not apply to ~~emergency vehicles~~:

12 (a) 1. *Emergency vehicles* when responding to emergency calls;~~or~~

13 2.~~(b)~~ ~~Police~~ vehicles when in pursuit of an actual or suspected
14 violator of the law; ~~or~~

15 3.~~(c)~~ ~~Ambulances~~ when transporting a patient to medical care
16 facilities; or

17 4. *Any vehicle used by an organ procurement organization while*
18 *transporting a human organ or tissue for the purpose of organ*
19 *recovery or transplantation in an emergency situation involving an*
20 *imminent health risk;* and

21 ~~(b)(d)~~ *Emergency vehicles when* the driver thereof is giving the warning
22 required by subsection (5)(a) and (b) of this section.

23 No portion of this subsection shall be construed to relieve the driver of the duty to
24 operate the vehicle with due regard for the safety of all persons using the street or
25 highway.

26 (2) The driver of an emergency vehicle, when responding to an emergency call, or of a
27 police vehicle in pursuit of an actual or suspected violator of the law, or of an

1 ambulance transporting a patient to a medical care facility and giving the warning
2 required by subsection (5) of this section, upon approaching any red light or stop
3 signal or any stop sign shall slow down as necessary for safety to traffic, but may
4 proceed past such red or stop light or stop sign with due regard for the safety of
5 persons using the street or highway.

6 (3) The driver of an emergency vehicle, when responding to an emergency call, or of a
7 police vehicle in pursuit of an actual or suspected violator of the law, or of an
8 ambulance transporting a patient to a medical care facility, or a vehicle used by an
9 organ procurement organization transporting a human organ or tissue, and
10 giving warning required by subsection (5) of this section, may drive on the left side
11 of any highway or in the opposite direction of a one-way street provided the normal
12 lanes of traffic are blocked and he does so with due regard for the safety of all
13 persons using the street or highway.

14 (4) The driver of an emergency or public safety vehicle may stop or park his vehicle
15 upon any street or highway without regard to the provisions of KRS 189.390 and
16 189.450, provided that, during the time the vehicle is parked at the scene of an
17 emergency, at least one (1) warning light is in operation at all times.

18 (5) The driver of an emergency vehicle desiring the use of any option granted by
19 subsections (1) through (3) of this section shall give warning in the following
20 manner:

21 (a) By illuminating the vehicle's warning lights continuously during the period of
22 the emergency; and

23 (b) By continuous sounding of the vehicle's siren, bell, or exhaust whistle; unless

24 (c) The vehicle is an ambulance and the driver is of the opinion that sounding of
25 the siren, bell, or exhaust whistle would be detrimental to the victim's
26 health. In the event the driver of an ambulance elects not to use the siren, bell,
27 or exhaust whistle he shall not proceed past red lights or drive in the opposite

1 direction on a one-way street or in oncoming lanes of traffic unless no other
2 vehicles are within five hundred (500) feet of the front of the ambulance. The
3 driver shall not extinguish the warning lights during the period of the
4 emergency.

5 (6) No driver or operator of any emergency or public safety or other vehicle shall use
6 the warning lights or siren, bell, or exhaust whistle of his vehicle for any purposes
7 or under any circumstances other than those permitted by KRS 189.910 to 189.950.

8 (7) KRS 189.910 to 189.950 does not relieve the driver of any emergency or public
9 safety vehicle from the duty to drive with due regard for the safety of all persons
10 and property upon the highway.

11 ➔Section 13. KRS 324B.030 is amended to read as follows:

12 (1) The Department of Professional Licensing in the Public Protection Cabinet shall
13 provide administrative services, technical assistance, and advice to the following
14 boards and commissions at the request of the individual boards or commissions, all
15 of which maintain their identity and their full authority for making policy decisions
16 in the fields that they regulate: the State Board of Accountancy, the Kentucky Board
17 of Architects, the Kentucky Board of Barbering, the Kentucky Board of
18 Cosmetology, the State Board of Podiatry, the Kentucky State Board of Chiropractic
19 Examiners, the Kentucky Board of Dentistry, the State Board of Embalmers and
20 Funeral Directors, the State Board of Registration for Professional Engineers and
21 Land Surveyors, the Kentucky Board of Nursing, the Kentucky Board of
22 Ophthalmic Dispensers, the Kentucky Board of Optometric Examiners, the
23 Kentucky Board of Pharmacy, the State Board of Physical Therapy, the State Board
24 of Examiners of Psychologists, the Kentucky Real Estate Commission, the
25 Kentucky Board of Veterinary Examiners, the Board of Auctioneers, the Kentucky
26 Board of Landscape Architects, the State Board of Medical Licensure, the Board of
27 Speech-Language Pathology and Audiology, the Kentucky Board of Licensure for

1 Nursing Home Administrators, the Kentucky Licensing Board for Specialists in
2 Hearing Instruments, the Kentucky Board of Social Work, **the Kentucky Board of**
3 **Emergency Medical Services**, and any other boards and commissions that are
4 created to license, certify, register, or otherwise regulate any occupational or
5 professional category.

6 (2) The department may also provide administrative services to a board or commission
7 that is created to license, certify, register, or otherwise regulate any occupational or
8 professional category if these administrative services are deemed to be preferable or
9 required after the review process conducted under KRS 324B.040.

10 (3) To the extent that the department provides administrative services, the respective
11 boards and commissions are relieved of the power and duty to provide the services
12 for themselves. The department shall charge each board or commission a reasonable
13 amount for administrative services provided pursuant to subsection (1) of this
14 section. The department may employ persons previously employed by boards or
15 commissions.

16 (4) The department may receive complaints against the conduct of licensees granted
17 licensure by the boards and commissions assigned to the department for
18 administrative purposes. The department shall cause these complaints to be reduced
19 to writing and forwarded to the appropriate board or commission for investigation
20 and a determination of the validity of the complaint. The department shall keep a
21 record of all complaints received by it and forwarded to a board or commission.

22 (5) Any board or commission listed in subsection (1) of this section, shall accept
23 personal checks in payment of license renewal fees.

24 ➔SECTION 14. A NEW SECTION OF KRS CHAPTER 311A IS CREATED
25 TO READ AS FOLLOWS:

26 **(1) Except for personnel under subsection (2) of this section, personnel employed by**
27 **the Kentucky Board of Emergency Medical Services under the Kentucky**

1 Community and Technical College System shall be transferred to the Kentucky
2 Board of Emergency Medical Services in the KRS Chapter 18A personnel system
3 along with the funding associated with those employees.

4 (2) (a) Personnel employed by the Kentucky Board of Emergency Medical Services
5 under the Kentucky Community and Technical College System who
6 participate in a defined contribution plan that meets the requirements of 26
7 U.S.C. sec. 403(b) for employees of the Kentucky Community and Technical
8 College System may choose to remain in their present employment and be
9 assigned to the board to continue providing these services or become an
10 employee of the board under the KRS Chapter 18A personnel system.

11 (b) An employee shall make his or her choice under paragraph (a) of this
12 subsection within thirty (30) days following the effective date of this Act and
13 shall have access to counseling by representatives of the KRS Chapter 18A
14 personnel system, the Kentucky Community and Technical College System,
15 and applicable retirement systems concerning the effect the choice of
16 employment would have on the employee. If an employee does not make a
17 choice within thirty (30) days following the effective date of this Act, that
18 employee shall be deemed to have chosen to exercise the option to become
19 an employee of the board under the KRS Chapter 18A personnel system.

20 (3) Employees transferred pursuant to subsections (1) and (2) of this section shall
21 retain:

22 (a) Their salaries and leave time balances accumulated as of the transfer date;

23 (b) For purposes of determining leave time accumulation, the date of initial
24 employment with a state agency or a postsecondary educational institution,
25 whichever is earlier; and

26 (c) For purposes of calculating retirement and retiree health benefits and
27 contributions, the earlier of the date of initial participation or membership

1 date, in:

2 1. A state-administered retirement system if the employee has
 3 participated or is participating in the Kentucky Employees Retirement
 4 System; or

5 2. A defined contribution plan that meets requirements of 26 U.S.C. sec.
 6 403(b) for employees of the Kentucky Community and Technical
 7 College System.

8 Nothing in this paragraph shall be construed to provide additional service
 9 credit for the employee prior to the transfer date other than what has been
 10 credited to the appropriate retirement system.

11 (4) All existing state general fund moneys appropriated to the board, all federal
 12 funds, all moneys collected by the board, all equipment owned by the board, and
 13 instructional supplies, equipment, funds, and records of the Kentucky
 14 Community and Technical College System associated with the Kentucky Board of
 15 Emergency Medical Services shall be transferred to the Kentucky Board of
 16 Emergency Medical Services in the KRS Chapter 18A personnel system along
 17 with all financial and management oversight responsibility and liability.

18 ➔Section 15. KRS 61.510 is amended to read as follows:

19 As used in KRS 61.510 to 61.705, unless the context otherwise requires:

20 (1) "System" means the Kentucky Employees Retirement System created by KRS
 21 61.510 to 61.705;

22 (2) "Board" means the board of trustees of the system as provided in KRS 61.645;

23 (3) "Department" means any state department or board or agency participating in the
 24 system in accordance with appropriate executive order, as provided in KRS 61.520.

25 For purposes of KRS 61.510 to 61.705, the members, officers, and employees of the
 26 General Assembly and any other body, entity, or instrumentality designated by
 27 executive order by the Governor, shall be deemed to be a department,

1 notwithstanding whether said body, entity, or instrumentality is an integral part of
2 state government;

3 (4) "Examiner" means the medical examiners as provided in KRS 61.665;

4 (5) "Employee" means the members, officers, and employees of the General Assembly
5 and every regular full-time, appointed or elective officer or employee of a
6 participating department, including the Department of Military Affairs. The term
7 does not include persons engaged as independent contractors, seasonal, emergency,
8 temporary, interim, and part-time workers. In case of any doubt, the board shall
9 determine if a person is an employee within the meaning of KRS 61.510 to 61.705;

10 (6) "Employer" means a department or any authority of a department having the power
11 to appoint or select an employee in the department, including the Senate and the
12 House of Representatives, or any other entity, the employees of which are eligible
13 for membership in the system pursuant to KRS 61.525;

14 (7) "State" means the Commonwealth of Kentucky;

15 (8) "Member" means any employee who is included in the membership of the system or
16 any former employee whose membership has not been terminated under KRS
17 61.535;

18 (9) "Service" means the total of current service and prior service as defined in this
19 section;

20 (10) "Current service" means the number of years and months of employment as an
21 employee, on and after July 1, 1956, except that for members, officers, and
22 employees of the General Assembly this date shall be January 1, 1960, for which
23 creditable compensation is paid and employee contributions deducted, except as
24 otherwise provided, and each member, officer, and employee of the General
25 Assembly shall be credited with a month of current service for each month he
26 serves in the position;

27 (11) "Prior service" means the number of years and completed months, expressed as a

1 fraction of a year, of employment as an employee, prior to July 1, 1956, for which
2 creditable compensation was paid; except that for members, officers, and employees
3 of the General Assembly, this date shall be January 1, 1960. An employee shall be
4 credited with one (1) month of prior service only in those months he received
5 compensation for at least one hundred (100) hours of work; provided, however, that
6 each member, officer, and employee of the General Assembly shall be credited with
7 a month of prior service for each month he served in the position prior to January 1,
8 1960. Twelve (12) months of current service in the system are required to validate
9 prior service;

10 (12) "Accumulated contributions" at any time means the sum of all amounts deducted
11 from the compensation of a member and credited to his individual account in the
12 members' account, including employee contributions picked up after August 1,
13 1982, pursuant to KRS 61.560(4), together with interest credited, on such amounts
14 and any other amounts the member shall have contributed thereto, including interest
15 credited thereon. For members who begin participating on or after September 1,
16 2008, "accumulated contributions" shall not include employee contributions that are
17 deposited into accounts established pursuant to 26 U.S.C. sec. 401(h) within the
18 funds established in KRS 16.510 and 61.515, as prescribed by KRS 61.702(3)(b);

19 (13) "Creditable compensation":

20 (a) Means all salary, wages, tips to the extent the tips are reported for income tax
21 purposes, and fees, including payments for compensatory time, paid to the
22 employee as a result of services performed for the employer or for time during
23 which the member is on paid leave, which are includable on the member's
24 federal form W-2 wage and tax statement under the heading "wages, tips,
25 other compensation," including employee contributions picked up after
26 August 1, 1982, pursuant to KRS 61.560(4). For members of the General
27 Assembly, it shall mean all amounts which are includable on the member's

1 federal form W-2 wage and tax statement under the heading "wages, tips,
2 other compensation," including employee contributions picked up after
3 August 1, 1982, pursuant to KRS 6.505(4) or 61.560(4);

4 (b) Includes:

- 5 1. Lump-sum bonuses, severance pay, or employer-provided payments for
6 purchase of service credit, which shall be averaged over the employee's
7 total service with the system in which it is recorded if it is equal to or
8 greater than one thousand dollars (\$1,000);
- 9 2. Cases where compensation includes maintenance and other perquisites,
10 but the board shall fix the value of that part of the compensation not paid
11 in money;
- 12 3. Lump-sum payments for creditable compensation paid as a result of an
13 order of a court of competent jurisdiction, the Personnel Board, or the
14 Commission on Human Rights, or for any creditable compensation paid
15 in anticipation of settlement of an action before a court of competent
16 jurisdiction, the Personnel Board, or the Commission on Human Rights,
17 including notices of violations of state or federal wage and hour statutes
18 or violations of state or federal discrimination statutes, which shall be
19 credited to the fiscal year during which the wages were earned or should
20 have been paid by the employer. This subparagraph shall also include
21 lump-sum payments for reinstated wages pursuant to KRS 61.569,
22 which shall be credited to the period during which the wages were
23 earned or should have been paid by the employer;
- 24 4. Amounts which are not includable in the member's gross income by
25 virtue of the member having taken a voluntary salary reduction provided
26 for under applicable provisions of the Internal Revenue Code; and
- 27 5. Elective amounts for qualified transportation fringes paid or made

1 available on or after January 1, 2001, for calendar years on or after
2 January 1, 2001, that are not includable in the gross income of the
3 employee by reason of 26 U.S.C. sec. 132(f)(4); and

4 (c) Excludes:

- 5 1. Living allowances, expense reimbursements, lump-sum payments for
6 accrued vacation leave, and other items determined by the board;
- 7 2. For employees who begin participating on or after September 1, 2008,
8 lump-sum payments for compensatory time;
- 9 3. For employees who begin participating on or after August 1, 2016,
10 nominal fees paid for services as a volunteer; and
- 11 4. Any salary or wages paid to an employee for services as a Kentucky
12 State Police school resource officer as defined by KRS 158.441;

13 (14) "Final compensation" of a member means:

14 (a) For a member who begins participating before September 1, 2008, who is
15 employed in a nonhazardous position, the creditable compensation of the
16 member during the five (5) fiscal years he or she was paid at the highest
17 average monthly rate divided by the number of months of service credit during
18 that five (5) year period multiplied by twelve (12). The five (5) years may be
19 fractional and need not be consecutive. If the number of months of service
20 credit during the five (5) year period is less than forty-eight (48), one (1) or
21 more additional fiscal years shall be used;

22 (b) For a member who is employed in a nonhazardous position, whose effective
23 retirement date is between August 1, 2001, and January 1, 2009, and whose
24 total service credit is at least twenty-seven (27) years and whose age and years
25 of service total at least seventy-five (75), final compensation means the
26 creditable compensation of the member during the three (3) fiscal years the
27 member was paid at the highest average monthly rate divided by the number

1 of months of service credit during that three (3) years period multiplied by
2 twelve (12). The three (3) years may be fractional and need not be
3 consecutive. If the number of months of service credit during the three (3)
4 year period is less than twenty-four (24), one (1) or more additional fiscal
5 years shall be used. Notwithstanding the provision of KRS 61.565, the
6 funding for this paragraph shall be provided from existing funds of the
7 retirement allowance;

8 (c) For a member who begins participating before September 1, 2008, who is
9 employed in a hazardous position, as provided in KRS 61.592, the creditable
10 compensation of the member during the three (3) fiscal years he or she was
11 paid at the highest average monthly rate divided by the number of months of
12 service credit during that three (3) year period multiplied by twelve (12). The
13 three (3) years may be fractional and need not be consecutive. If the number of
14 months of service credit during the three (3) year period is less than twenty-
15 four (24), one (1) or more additional fiscal years shall be used;

16 (d) For a member who begins participating on or after September 1, 2008, but
17 prior to January 1, 2014, who is employed in a nonhazardous position, the
18 creditable compensation of the member during the five (5) complete fiscal
19 years immediately preceding retirement divided by five (5). Each fiscal year
20 used to determine final compensation must contain twelve (12) months of
21 service credit. If the member does not have five (5) complete fiscal years that
22 each contain twelve (12) months of service credit, then one (1) or more
23 additional fiscal years, which may contain less than twelve (12) months of
24 service credit, shall be added until the number of months in the final
25 compensation calculation is at least sixty (60) months; or

26 (e) For a member who begins participating on or after September 1, 2008, but
27 prior to January 1, 2014, who is employed in a hazardous position as provided

1 in KRS 61.592, the creditable compensation of the member during the three
2 (3) complete fiscal years he or she was paid at the highest average monthly
3 rate divided by three (3). Each fiscal year used to determine final
4 compensation must contain twelve (12) months of service credit. If the
5 member does not have three (3) complete fiscal years that each contain twelve
6 (12) months of service credit, then one (1) or more additional fiscal years,
7 which may contain less than twelve (12) months of service credit, shall be
8 added until the number of months in the final compensation calculation is at
9 least thirty-six (36) months;

10 (15) "Final rate of pay" means the actual rate upon which earnings of an employee were
11 calculated during the twelve (12) month period immediately preceding the
12 member's effective retirement date, including employee contributions picked up
13 after August 1, 1982, pursuant to KRS 61.560(4). The rate shall be certified to the
14 system by the employer and the following equivalents shall be used to convert the
15 rate to an annual rate: two thousand eighty (2,080) hours for eight (8) hour
16 workdays, nineteen hundred fifty (1,950) hours for seven and one-half (7-1/2) hour
17 workdays, two hundred sixty (260) days, fifty-two (52) weeks, twelve (12) months,
18 one (1) year;

19 (16) "Retirement allowance" means the retirement payments to which a member is
20 entitled;

21 (17) "Actuarial equivalent" means a benefit of equal value when computed upon the
22 basis of the actuarial tables that are adopted by the board. In cases of disability
23 retirement, the options authorized by KRS 61.635 shall be computed by adding ten
24 (10) years to the age of the member, unless the member has chosen the Social
25 Security adjustment option as provided for in KRS 61.635(8), in which case the
26 member's actual age shall be used. For members who began participating in the
27 system prior to January 1, 2014, no disability retirement option shall be less than the

1 same option computed under early retirement;

2 (18) "Normal retirement date" means the sixty-fifth birthday of a member, unless
3 otherwise provided in KRS 61.510 to 61.705;

4 (19) "Fiscal year" of the system means the twelve (12) months from July 1 through the
5 following June 30, which shall also be the plan year. The "fiscal year" shall be the
6 limitation year used to determine contribution and benefit limits as established by
7 26 U.S.C. sec. 415;

8 (20) "Officers and employees of the General Assembly" means the occupants of those
9 positions enumerated in KRS 6.150. The term shall also apply to assistants who
10 were employed by the General Assembly for at least one (1) regular legislative
11 session prior to July 13, 2004, who elect to participate in the retirement system, and
12 who serve for at least six (6) regular legislative sessions. Assistants hired after July
13 13, 2004, shall be designated as interim employees;

14 (21) "Regular full-time positions," as used in subsection (5) of this section, shall mean
15 all positions that average one hundred (100) or more hours per month determined by
16 using the number of months actually worked within a calendar or fiscal year,
17 including all positions except:

18 (a) Seasonal positions, which although temporary in duration, are positions which
19 coincide in duration with a particular season or seasons of the year and which
20 may recur regularly from year to year, the period of time shall not exceed nine
21 (9) months;

22 (b) Emergency positions which are positions which do not exceed thirty (30)
23 working days and are nonrenewable;

24 (c) Temporary positions which are positions of employment with a participating
25 department for a period of time not to exceed nine (9) months and are
26 nonrenewable;

27 (d) Part-time positions which are positions which may be permanent in duration,

1 but which require less than a calendar or fiscal year average of one hundred
2 (100) hours of work per month, determined by using the number of months
3 actually worked within a calendar or fiscal year, in the performance of duty;
4 and

5 (e) Interim positions which are positions established for a one-time or recurring
6 need not to exceed nine (9) months;

7 (22) "Vested" for purposes of determining eligibility for purchasing service credit under
8 KRS 61.552 means the employee has at least forty-eight (48) months of service if
9 age sixty-five (65) or older or at least sixty (60) months of service if under the age
10 of sixty-five (65). For purposes of this subsection, "service" means service in the
11 systems administered by the Kentucky Retirement Systems and County Employees
12 Retirement System;

13 (23) "Parted employer" means a department, portion of a department, board, or agency,
14 such as Outwood Hospital and School, which previously participated in the system,
15 but due to lease or other contractual arrangement is now operated by a publicly held
16 corporation or other similar organization, and therefore is no longer participating in
17 the system. The term "parted employer" shall not include a department, board, or
18 agency that ceased participation in the system pursuant to KRS 61.522;

19 (24) "Retired member" means any former member receiving a retirement allowance or
20 any former member who has filed the necessary documents for retirement benefits
21 and is no longer contributing to the retirement system;

22 (25) "Current rate of pay" means the member's actual hourly, daily, weekly, biweekly,
23 monthly, or yearly rate of pay converted to an annual rate as defined in final rate of
24 pay. The rate shall be certified by the employer;

25 (26) "Beneficiary" means the person or persons or estate or trust or trustee designated by
26 the member in accordance with KRS 61.542 or 61.705 to receive any available
27 benefits in the event of the member's death. As used in KRS 61.702, "beneficiary"

- 1 does not mean an estate, trust, or trustee;
- 2 (27) "Recipient" means the retired member or the person or persons designated as
3 beneficiary by the member and drawing a retirement allowance as a result of the
4 member's death or a dependent child drawing a retirement allowance. An alternate
5 payee of a qualified domestic relations order shall not be considered a recipient,
6 except for purposes of KRS 61.623;
- 7 (28) "Level percentage of payroll amortization method" means a method of determining
8 the annual amortization payment on the unfunded actuarial accrued liability as
9 expressed as a percentage of payroll over a set period of years but that may be
10 converted to a dollar value for purposes of KRS 61.565(1)(d). Under this method,
11 the percentage of payroll shall be projected to remain constant for all years
12 remaining in the set period of time and the unfunded actuarially accrued liability
13 shall be projected to be fully amortized at the conclusion of the set period of years;
- 14 (29) "Increment" means twelve (12) months of service credit which are purchased. The
15 twelve (12) months need not be consecutive. The final increment may be less than
16 twelve (12) months;
- 17 (30) "Person" means a natural person;
- 18 (31) "Retirement office" means the Kentucky Public Pensions Authority's office building
19 in Frankfort, unless otherwise designated by the Kentucky Public Pensions
20 Authority;
- 21 (32) "Last day of paid employment" means the last date employer and employee
22 contributions are required to be reported in accordance with KRS 16.543, 61.543, or
23 78.615 to the retirement office in order for the employee to receive current service
24 credit for the month. Last day of paid employment does not mean a date the
25 employee receives payment for accrued leave, whether by lump sum or otherwise, if
26 that date occurs twenty-four (24) or more months after previous contributions;
- 27 (33) "Objective medical evidence" means reports of examinations or treatments; medical

- 1 signs which are anatomical, physiological, or psychological abnormalities that can
2 be observed; psychiatric signs which are medically demonstrable phenomena
3 indicating specific abnormalities of behavior, affect, thought, memory, orientation,
4 or contact with reality; or laboratory findings which are anatomical, physiological,
5 or psychological phenomena that can be shown by medically acceptable laboratory
6 diagnostic techniques, including but not limited to chemical tests,
7 electrocardiograms, electroencephalograms, X-rays, and psychological tests;
- 8 (34) "Participating" means an employee is currently earning service credit in the system
9 as provided in KRS 61.543;
- 10 (35) "Month" means a calendar month;
- 11 (36) "Membership date" means:
- 12 (a) The date upon which the member began participating in the system as
13 provided in KRS 61.543; or
- 14 (b) For a member electing to participate in the system pursuant to KRS
15 196.167(4) or subsection (2) of Section 14 of this Act who has not previously
16 participated in the system or the Kentucky Teachers' Retirement System, the
17 date the member began participating in a defined contribution plan that meets
18 the requirements of 26 U.S.C. sec. 403(b);
- 19 (37) "Participant" means a member, as defined by subsection (8) of this section, or a
20 retired member, as defined by subsection (24) of this section;
- 21 (38) "Qualified domestic relations order" means any judgment, decree, or order,
22 including approval of a property settlement agreement, that:
- 23 (a) Is issued by a court or administrative agency; and
- 24 (b) Relates to the provision of child support, alimony payments, or marital
25 property rights to an alternate payee;
- 26 (39) "Alternate payee" means a spouse, former spouse, child, or other dependent of a
27 participant, who is designated to be paid retirement benefits in a qualified domestic

1 relations order;

2 (40) "Accumulated employer credit" mean the employer pay credit deposited to the
3 member's account and interest credited on such amounts as provided by KRS
4 16.583 and 61.597;

5 (41) "Accumulated account balance" means:

6 (a) For members who began participating in the system prior to January 1, 2014,
7 the member's accumulated contributions; or

8 (b) For members who began participating in the system on or after January 1,
9 2014, in the hybrid cash balance plan as provided by KRS 16.583 and 61.597,
10 the combined sum of the member's accumulated contributions and the
11 member's accumulated employer credit;

12 (42) "Volunteer" means an individual who:

13 (a) Freely and without pressure or coercion performs hours of service for an
14 employer participating in one (1) of the systems administered by Kentucky
15 Retirement Systems without receipt of compensation for services rendered,
16 except for reimbursement of actual expenses, payment of a nominal fee to
17 offset the costs of performing the voluntary services, or both; and

18 (b) If a retired member, does not become an employee, leased employee, or
19 independent contractor of the employer for which he or she is performing
20 volunteer services for a period of at least twelve (12) months following the
21 retired member's most recent retirement date;

22 (43) "Nominal fee" means compensation earned for services as a volunteer that does not
23 exceed five hundred dollars (\$500) per month. Compensation earned for services as
24 a volunteer from more than one (1) participating employer during a month shall be
25 aggregated to determine whether the compensation exceeds the five hundred dollars
26 (\$500) per month maximum provided by this subsection;

27 (44) "Nonhazardous position" means a position that does not meet the requirements of

1 KRS 61.592 or has not been approved by the board as a hazardous position;

2 (45) "Monthly average pay" means:

3 (a) In the case of a member who dies as a direct result of an act in line of duty as
4 defined in KRS 16.505 or who dies as a result of a duty-related injury as
5 defined in KRS 61.621, the higher of the member's monthly final rate of pay
6 or the average monthly creditable compensation earned by the deceased
7 member during his or her last twelve (12) months of employment; or

8 (b) In the case where a member becomes totally and permanently disabled as a
9 direct result of an act in line of duty as defined in KRS 16.505 or becomes
10 disabled as a result of a duty-related injury as defined in KRS 61.621 and is
11 eligible for the benefits provided by KRS 61.621(5)(a), the higher of the
12 member's monthly final rate of pay or the average monthly creditable
13 compensation earned by the disabled member during his or her last twelve
14 (12) months of employment prior to the date the act in line of duty or duty-
15 related injury occurred;

16 (46) "Authority" means the Kentucky Public Pensions Authority as provided by KRS
17 61.505; and

18 (47) "Executive director" means the executive director of the Kentucky Public Pensions
19 Authority.

20 ➔Section 16. KRS 205.590 is amended to read as follows:

21 (1) The following technical advisory committees shall be established for the purpose of
22 acting in an advisory capacity to the Advisory Council for Medical Assistance with
23 respect to the administration of the medical assistance program and in performing
24 the function of peer review:

25 (a) A Technical Advisory Committee on Physician Services consisting of five (5)
26 physicians appointed by the council of the Kentucky State Medical
27 Association;

- 1 (b) A Technical Advisory Committee on Hospital Care consisting of five (5)
2 hospital administrators appointed by the board of trustees of the Kentucky
3 Hospital Association;
- 4 (c) A Technical Advisory Committee on Dental Care consisting of five (5)
5 dentists appointed by the Kentucky Dental Association;
- 6 (d) A Technical Advisory Committee on Nursing Service consisting of five (5)
7 nurses appointed by the board of directors of the Kentucky State Association
8 of Registered Nurses;
- 9 (e) A Technical Advisory Committee on Nursing Home Care consisting of six (6)
10 members of which five (5) members shall be appointed by the Kentucky
11 Association of Health Care Facilities, and one (1) member shall be appointed
12 by the Kentucky Association of Nonprofit Homes and Services for the Aging,
13 Inc.;
- 14 (f) A Technical Advisory Committee on Optometric Care consisting of five (5)
15 members appointed by the Kentucky Optometric Association;
- 16 (g) A Technical Advisory Committee on Podiatric Care consisting of five (5)
17 podiatrists appointed by the Kentucky Podiatry Association;
- 18 (h) A Technical Advisory Committee on Primary Care consisting of five (5)
19 primary care providers, two (2) of whom shall represent licensed health
20 maintenance organizations, appointed by the Governor, until such time as an
21 association of primary care providers is established, whereafter the association
22 shall appoint the members;
- 23 (i) A Technical Advisory Committee on Home Health Care consisting of five (5)
24 members appointed by the board of directors of the Kentucky Home Health
25 Association;
- 26 (j) A Technical Advisory Committee on Consumer Rights and Client Needs
27 consisting of seven (7) members, with one (1) member to be appointed by

1 each of the following organizations: the American Association of Retired
2 Persons Kentucky, the Family Resource Youth Services Coalition of
3 Kentucky, the Kentucky Association of Community Health Workers, the
4 Kentucky Legal Services Corporation, the Arc of Kentucky, the Department
5 of Public Advocacy, and the National Association of Social Workers-
6 Kentucky Chapter;

7 (k) A Technical Advisory Committee on Behavioral Health consisting of seven
8 (7) members, with one (1) member to be appointed by each of the following
9 organizations: the Kentucky Mental Health Coalition, the Kentucky
10 Association of Regional Programs, the National Alliance on Mental Illness
11 (NAMI) Kentucky, a statewide mental health consumer organization, the
12 People Advocating Recovery (PAR), the Brain Injury Association of America-
13 Kentucky Chapter, and the Kentucky Brain Injury Alliance;

14 (l) A Technical Advisory Committee on Children's Health consisting of ten (10)
15 members, with one (1) member to be appointed by each of the following
16 organizations: the Kentucky Chapter of the American Academy of Pediatrics,
17 the Kentucky PTA, the Kentucky Psychological Association, the Kentucky
18 School Nurses Association, the Kentucky Association for Early Childhood
19 Education, the Family Resource and Youth Services Coalition of Kentucky,
20 the Kentucky Youth Advocates, the Kentucky Association of Hospice and
21 Palliative Care, a parent of a child enrolled in Medicaid or the Kentucky
22 Children's Health Insurance Program appointed by the Kentucky Head Start
23 Association, and a pediatric dentist appointed by the Kentucky Dental
24 Association;

25 (m) A Technical Advisory Committee on Intellectual and Developmental
26 Disabilities consisting of nine (9) members, one (1) of whom shall be a
27 consumer who participates in a nonresidential community Medicaid waiver

1 program, one (1) of whom shall be a consumer who participates in a
2 residential community Medicaid waiver program, one (1) of whom shall be a
3 consumer representative of a family member who participates in a community
4 Medicaid waiver program, and one (1) of whom shall be a consumer
5 representative of a family member who resides in an ICF/ID facility that
6 accepts Medicaid payments, all of whom shall be appointed by the Governor;
7 one (1) member shall be appointed by the Arc of Kentucky; one (1) member
8 shall be appointed by the Commonwealth Council on Developmental
9 Disabilities; one (1) member shall be appointed by the Kentucky Association
10 of Homes and Services for the Aging; and two (2) members shall be appointed
11 by the Kentucky Association of Private Providers, one (1) of whom shall be a
12 nonprofit provider and one (1) of whom shall be a for-profit provider;

13 (n) A Technical Advisory Committee on Therapy Services consisting of six (6)
14 members, two (2) of whom shall be occupational therapists and shall be
15 appointed by the Kentucky Occupational Therapists Association, two (2) of
16 whom shall be physical therapists and shall be appointed by the Kentucky
17 Physical Therapy Association, and two (2) of whom shall be speech therapists
18 and shall be appointed by the Kentucky Speech-Language-Hearing
19 Association;

20 (o) A Technical Advisory Committee on Pharmacy consisting of seven (7)
21 members, two (2) of whom shall be Kentucky licensed pharmacists who own
22 fewer than ten (10) pharmacies in the Commonwealth and shall be appointed
23 by the Kentucky Independent Pharmacy Alliance, two (2) of whom shall be
24 Kentucky licensed pharmacists and shall be appointed by the Kentucky
25 Pharmacy Association, and one (1) member to be appointed by each of the
26 following organizations: the Kentucky Hospital Association, the Kentucky
27 Primary Care Association, and the National Association of Chain Drug Stores;

1 ~~and~~

2 (p) A Technical Advisory Committee on Persons Returning to Society from
3 Incarceration consisting of twelve (12) members of whom:

4 1. One (1) shall be appointed by each of the following organizations: the
5 Kentucky Jailers Association, the Kentucky Medical Association, the
6 Kentucky Association of Nurse Practitioners and Nurse-Midwives,
7 Community Action of Kentucky, the Homeless and Housing Coalition
8 of Kentucky, the Kentucky Office of Drug Control Policy, a Kentucky
9 civil legal aid program, the Kentucky Department of Corrections, the
10 Kentucky Department of Public Advocacy, the Kentucky Association of
11 Regional Programs, and the Kentucky Administrative Office of the
12 Courts; and

13 2. One (1) formerly incarcerated individual who is a current or former
14 Medicaid recipient shall be appointed by Mental Health America of
15 Kentucky; and

16 (q) A Technical Advisory Committee on Emergency Medical Services
17 consisting of seven (7) members, one (1) of whom shall represent the air
18 medical industry and shall be appointed by the Kentucky Chapter of the
19 Association of Air Medical Services; one (1) of whom shall be appointed by
20 the Kentucky Board of Emergency Medical Services; two (2) of whom shall
21 represent the emergency medical services billing industry and shall be
22 members of and appointed by the Kentucky Ambulance Providers
23 Association; two (2) of whom shall represent ground ambulance providers
24 and shall be appointed by the Kentucky Ambulance Providers Association;
25 and one (1) of whom shall represent a fire-based emergency medical service
26 and shall be appointed by the Kentucky Association of Fire Chiefs. All
27 members appointed to this committee shall represent emergency medical

1 services providers that operate in Kentucky and shall have experience in
2 interpreting, implementing, or ensuring compliance with Medicaid
3 regulations.

4 (2) The members of the technical advisory committees shall serve until their successors
5 are appointed and qualified.

6 (3) Each appointive member of a committee shall serve without compensation but shall
7 be entitled to reimbursement for actual and necessary expenses in carrying out their
8 duties with reimbursement for expenses being made in accordance with state
9 regulations relating to travel reimbursement.

10 ➔Section 17. Each appointed member of the Kentucky Board of Emergency
11 Medical Services established in Section 1 of this Act shall hold office for a term of four
12 years and until their successors are appointed, except that the members appointed to fill
13 the first vacancy occurring for a term beginning on the effective date of this Act shall be
14 as follows: Two members shall be appointed for one year, two for two years, four for
15 three years, and four for four years, and the respective terms of the first members shall be
16 designated by the Governor at the time of their appointments. Upon the expiration of the
17 respective terms of the members first appointed, the term of each successor shall be for
18 four years and until his or her successor is appointed.

19 ➔Section 18. The transfer of the Kentucky Board of Emergency Medical Services
20 under the Kentucky Community and Technical College System to the Kentucky Board of
21 Emergency Medical Services in the KRS Chapter 18A system as required in Section 14 of
22 this Act shall begin on the effective date of this Act and be completed by September 1,
23 2022.

24 ➔Section 19. Any person serving on the Kentucky Board of Emergency Medical
25 Services in a position eliminated on the effective date of this Act whose term has not
26 expired prior to the effective date of this Act may continue to serve in a nonvoting ex
27 officio capacity until the expiration of his or her term.

1 ➔Section 20. The Kentucky Board of Emergency Medical Services shall
2 establish a special committee to:

- 3 (1) Identify core problems affecting emergency medical services and medical
4 transportation;
- 5 (2) Review the response times of ambulances and other medical transportation
6 providers;
- 7 (3) Identify specific recommendations to improve services to patients in need of
8 physical or behavioral health services;
- 9 (4) Review and recommend changes to current licensing processes to improve existing
10 operating systems;
- 11 (5) Identify core problems affecting the education and training programs for emergency
12 medical services providers including but not limited to emergency medical
13 technicians and paramedics;
- 14 (6) Review the existing administrative regulations related to the licensing of
15 ambulances and ambulance providers and data collection;
- 16 (7) Make recommendations to the board for amending, promulgating, or repealing
17 administrative regulations; and
- 18 (8) Submit findings and recommendations for action by the General Assembly by
19 December 1, 2022, to the General Assembly and the Interim Joint Committee on
20 Health, Welfare, and Family Services.

21 ➔Section 21. The Kentucky Board of Emergency Medical Services is authorized
22 to promulgate any administrative regulations needed to implement this Act as emergency
23 administrative regulations, accompanied by ordinary administrative regulations.

24 ➔Section 22. The Cabinet for Health and Family Services is authorized to
25 promulgate any administrative regulations needed to implement this Act as emergency
26 administrative regulations, accompanied by ordinary administrative regulations.

27 ➔Section 23. The Legislative Research Commission shall establish the

1 Emergency Medical Services Task Force to study the provision of emergency medical
2 services in Kentucky.

3 (1) The duties of the task force shall include but are not limited to a thorough review of:

4 (a) The need, or lack thereof, for the certificate of need process for ambulance
5 services;

6 (b) All statutes and administrative regulations governing emergency medical
7 services, including ambulance providers and emergency medical services
8 personnel, to ensure there is quality service delivery;

9 (c) Emergency medical services vehicle specifications for adequacy and safety to
10 facilitate good patient care;

11 (d) Guidelines and standards to assist emergency medical services personnel,
12 ambulance providers, and physicians with medical oversight;

13 (e) Administrative regulations affecting the training of pre-hospital care providers
14 including guidelines for each level of certification and licensure, standardized
15 education and testing curricula, continuing education requirements, and
16 monitoring of emergency medical services training programs for quality
17 assurance;

18 (f) Strategies for recruitment and retention of the emergency medical services
19 workforce;

20 (g) Improvements for the delivery of services to patients in need of physical or
21 behavioral health services; and

22 (h) Other issues relating to emergency medical services and medical
23 transportation as deemed necessary by the task force.

24 (2) The Emergency Medical Services Task Force shall be composed of the following
25 members with final membership of the task force being subject to the consideration
26 and approval of the Legislative Research Commission:

27 (a) Two members of the House of Representatives appointed by the Speaker of

- 1 the House of Representatives, one of whom shall be designated by the Speaker
2 of the House of Representatives as a co-chair of the task force;
- 3 (b) One member of the House of Representatives appointed by the Minority Floor
4 Leader of the House of Representatives;
- 5 (c) Two members of the Senate appointed by the President of the Senate, one of
6 whom shall be designated by the President of the Senate as a co-chair of the
7 task force;
- 8 (d) One member of the Senate appointed by the Minority Floor Leader of the
9 Senate;
- 10 (e) The secretary of the Cabinet for Health and Family Services, or his or her
11 designee;
- 12 (f) The inspector general of the Cabinet for Health and Family Services, or his or
13 her designee;
- 14 (g) The chair of the Kentucky Board of Emergency Medical Services or his or her
15 designee;
- 16 (h) The medical advisor for the Kentucky Board of Emergency Medical Services
17 or his or her designee;
- 18 (i) One representative recommended by the Kentucky Ambulance Providers
19 Association and approved by the Legislative Research Commission;
- 20 (j) One mayor of a city that operates, either directly or through contract services,
21 a licensed Class I ground ambulance provider, recommended by the Kentucky
22 League of Cities and approved by the Legislative Research Commission;
- 23 (k) One county judge/executive from a county that operates, whether directly or
24 through contract services, a licensed Class I ground ambulance provider,
25 recommended by the Kentucky Association of Counties and approved by the
26 Legislative Research Commission;
- 27 (l) One representative recommended by the Kentucky Association of Fire Chiefs

- 1 and approved by the Legislative Research Commission;
- 2 (m) Two representatives recommended by the Kentucky Hospital Association,
3 with one representing an urban hospital and one representing a rural hospital
4 and approved by the Legislative Research Commission;
- 5 (n) One licensed long-term care facility administrator recommended by the
6 Kentucky Association of Health Care Facilities/Kentucky Center for Assisted
7 Living or LeadingAge Kentucky and approved by the Legislative Research
8 Commission;~~and~~
- 9 (o) One licensed or certified behavioral health provider recommended by the
10 Kentucky Mental Health Coalition and approved by the Legislative Research
11 Commission;
- 12 (p) One representative recommended by the Kentucky Professional Fire Fighters
13 and approved by the Legislative Research Commission; and
- 14 (q) One representative recommended by the Kentucky Emergency Medical
15 Services Association and approved by the Legislative Research Commission.
- 16 (3) Final membership of the task force is subject to the consideration and approval of
17 the Legislative Research Commission. The co-chairs of the task force may, by
18 mutual agreement and the approval of the Legislative Research Commission, add
19 members to the task force as they deem necessary.
- 20 (4) The task force shall meet monthly during the 2022 Interim of the General
21 Assembly. The task force shall submit findings and recommendations to the
22 Legislative Research Commission for referral to the appropriate committee or
23 committees by December 1, 2022.
- 24 (5) Provisions of this Act to the contrary notwithstanding, the Legislative Research
25 Commission shall have the authority to alternatively assign the issues identified
26 herein to an interim joint committee or subcommittee thereof, and to designate a
27 study completion date.