1		AN A	ACT relating to medical transports and admissions.	
2	2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:			
3		⇒Se	ection 1. KRS 202A.011 is amended to read as follows:	
4	As u	ised in	this chapter, unless the context otherwise requires:	
5	(1)	"Aut	horized staff physician" means a physician who is a bona fide member of the	
6		hosp	ital's medical staff;	
7	(2)	"Dan	ger" or "threat of danger to self, family, or others" means substantial physical	
8		harm	or threat of substantial physical harm upon self, family, or others, including	
9		actio	ns which deprive self, family, or others of the basic means of survival	
10		inclu	ding provision for reasonable shelter, food, or clothing;	
11	(3)	"Cab	inet" means the Kentucky Cabinet for Health and Family Services;	
12	(4)	"Psyc	chiatric facility" means a crisis stabilization unit or any facility licensed by the	
13		cabir	net and which provides inpatient, outpatient, psychosocial rehabilitation,	
14		emer	gency, and consultation and education services for the diagnosis and treatment	
15		of pe	ersons who have a mental illness;	
16	(5)	"Fore	ensic psychiatric facility" means a mental institution or facility, or part thereof,	
17		desig	gnated by the secretary for the purpose and function of providing inpatient	
18		evalu	nation, care, and treatment for mentally ill persons or individuals with an	
19		intell	lectual disability, who have been charged with or convicted of a felony;	
20	(6)	"Hos	pital" means:	
21		(a)	A state mental hospital or institution or other licensed public or private	
22			hospital, institution, health-care facility, or part thereof, approved by the	
23			Kentucky Cabinet for Health and Family Services as equipped to provide full-	
24			time residential care and treatment for mentally ill persons or individuals with	
25			an intellectual disability; or	
26		(b)	A hospital, institution, or health-care facility of the government of the United	
27			States equipped to provide residential care and treatment for mentally ill	

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1		persons or individuals with an intellectual disability;
2	(7)	"Judge" means any judge or justice of the Court of Justice or a trial commissioner of
3		the District Court acting under authority of SCR 5.030;
4	(8)	"Least restrictive alternative mode of treatment" means that treatment which will
5		give a mentally ill individual a realistic opportunity to improve the individual's level
6		of functioning, consistent with accepted professional practice in the least confining
7		setting available;
8	(9)	"Mentally ill person" means a person with substantially impaired capacity to use
9		self-control, judgment, or discretion in the conduct of the person's affairs and social
10		relations, associated with maladaptive behavior or recognized emotional symptoms
11		where impaired capacity, maladaptive behavior, or emotional symptoms can be
12		related to physiological, psychological, or social factors;
13	(10)	"Patient" means a person under observation, care, or treatment in a hospital
14		pursuant to the provisions of this chapter;
15	(11)	"Petitioner" means a person who institutes a proceeding under this chapter;
16	(12)	"Qualified mental health professional" means:
17		(a) A physician licensed under the laws of Kentucky to practice medicine or
18		osteopathy, or a medical officer of the government of the United States while
19		engaged in the performance of official duties;
20		(b) A psychiatrist licensed under the laws of Kentucky to practice medicine or
21		osteopathy, or a medical officer of the government of the United States while
22		engaged in the practice of official duties, who is certified or eligible to apply
23		for certification by the American Board of Psychiatry and Neurology, Inc.;
24		(c) A psychologist with the health service provider designation, a psychological
25		practitioner, a certified psychologist, or a psychological associate, licensed
26		under the provisions of KRS Chapter 319;
27		(d) A licensed registered nurse with a master's degree in psychiatric nursing from

1 an accredited institution and two (2) years of clinical experience with mentally 2 ill persons, or a licensed registered nurse, with a bachelor's degree in nursing 3 from an accredited institution, who is certified as a psychiatric and mental 4 health nurse by the American Nurses Association and who has three (3) years 5 of inpatient or outpatient clinical experience in psychiatric nursing and is 6 currently employed by a hospital or forensic psychiatric facility licensed by 7 the Commonwealth or a psychiatric unit of a general hospital or a private 8 agency or company engaged in the provision of mental health services or a 9 regional community program for mental health and individuals with an 10 intellectual disability;

11 A licensed clinical social worker licensed under the provisions of KRS (e) 12 335.100, or a certified social worker licensed under the provisions of KRS 13 335.080 with three (3) years of inpatient or outpatient clinical experience in 14 psychiatric social work and currently employed by a hospital or forensic 15 psychiatric facility licensed by the Commonwealth or a psychiatric unit of a 16 general hospital or a private agency or company engaged in the provision of 17 mental health services or a regional community program for mental health and 18 individuals with an intellectual disability;

(f) A marriage and family therapist licensed under the provisions of KRS 335.300
to 335.399 with three (3) years of inpatient or outpatient clinical experience in
psychiatric mental health practice and currently employed by a hospital or
forensic facility licensed by the Commonwealth, a psychiatric unit of a general
hospital, a private agency or company engaged in providing mental health
services, or a regional community program for mental health and individuals
with an intellectual disability;

26 (g) A professional counselor credentialed under the provisions of KRS Chapter
27 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical

1		experience in psychiatric mental health practice and currently employed by a
2		hospital or forensic facility licensed by the Commonwealth, a psychiatric unit
3		of a general hospital, a private agency or company engaged in providing
4		mental health services, or a regional community program for mental health
5		and individuals with an intellectual disability; or
6	(h)	A physician assistant licensed under KRS 311.840 to 311.862, who meets one
7		(1) of the following requirements:
8		1. Provides documentation that he or she has completed a psychiatric
9		residency program for physician assistants;
10		2. Has completed at least one thousand (1,000) hours of clinical experience
11		under a supervising physician, as defined by KRS 311.840, who is a
12		psychiatrist and is certified or eligible for certification by the American
13		Board of Psychiatry and Neurology, Inc.;
14		3. Holds a master's degree from a physician assistant program accredited
15		by the Accreditation Review Commission on Education for the
16		Physician Assistant or its predecessor or successor agencies, is
17		practicing under a supervising physician as defined by KRS 311.840,
18		and:
19		a. Has two (2) years of clinical experience in the assessment,
20		evaluation, and treatment of mental disorders; or
21		b. Has been employed by a hospital or forensic psychiatric facility
22		licensed by the Commonwealth or a psychiatric unit of a general
23		hospital or a private agency or company engaged in the provision
24		of mental health services or a regional community program for
25		mental health and individuals with an intellectual disability for at
26		least two (2) years; or
27		4. Holds a bachelor's degree, possesses a current physician assistant

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1		certificate issued by the board prior to July 15, 2002, is practicing under
2		a supervising physician as defined by KRS 311.840, and:
3		a. Has three (3) years of clinical experience in the assessment,
4		evaluation, and treatment of mental disorders; or
5		b. Has been employed by a hospital or forensic psychiatric facility
6		licensed by the Commonwealth or a psychiatric unit of a general
7		hospital or a private agency or company engaged in the provision
8		of mental health services or a regional community program for
9		mental health and individuals with an intellectual disability for at
10		least three (3) years;
11	(13)	"Residence" means legal residence as determined by applicable principles
12		governing conflicts of law;
13	(14)	"Respondent" means a person alleged in a hearing under this chapter to be a
14		mentally ill person or an individual with an intellectual disability;[and]
15	(15)	"Secretary" means the secretary of the Cabinet for Health and Family Services;
16	<u>(16)</u>	"Emergency medical services" or "EMS" has the same meaning as in KRS
17		<u>311A.010; and</u>
18	<u>(17)</u>	"Medical clearance" means that a person is medically stable and appropriate for
19		treatment in a psychiatric setting based upon the person's vital signs, history,
20		physical examination, and assessment of mentation.
21		→Section 2. KRS 202A.028 is amended to read as follows:
22	(1)	Following an examination by a qualified mental health professional and a
23		certification by that professional that the person meets the criteria for involuntary
24		hospitalization, a judge may order the person hospitalized for a period not to exceed
25		seventy-two (72) hours, excluding weekends and holidays. For the purposes of this
26		section, the qualified mental health professional shall be:
27		(a) A staff member of a regional community program for mental health or

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1		individuals with an intellectual disability;
2		(b) An individual qualified and licensed to perform the examination through the
3		use of telehealth services; or
4		(c) The psychiatrist ordered, subject to the court's discretion, to perform the
5		required examination.
6	(2)	Any person who has been admitted to a hospital under subsection (1) of this section
7		shall be released from the hospital within seventy-two (72) hours, excluding
8		weekends and holidays, unless further held under the applicable provisions of this
9		chapter.
10	(3)	Except as provided in subsection (6) of Section 7 of this Act, any person admitted
11		to a hospital under subsection (1) of this section or transferred to a hospital while
12		ordered hospitalized under subsection (1) of this section shall be transported from
13		the person's home county by:
14		(<i>a</i>) The sheriff of that county or other peace officer; [as ordered by the court.]
15		(b) [The sheriff or other peace officer may, upon agreement of a person
16		authorized by the peace officer, authorize the cabinet,]A private agency on
17		contract with the cabinet;[,] or
18		(c) An ambulance service or emergency medical service designated by the
19		cabinet to transport the person to the hospital; and [.]
20		the transportation costs of the sheriff, other peace officer, ambulance service,
21		emergency medical service, or other private agency on contract with the cabinet
22		shall be paid by the cabinet in accordance with an administrative regulation
23		promulgated by the cabinet, pursuant to KRS Chapter 13A.
24	(4)	Any person released from the hospital under subsection (2) of this section shall be
25		transported to the person's county of discharge by:
26		(a) A sheriff or other peace officer: [, by]
27		(b) An ambulance service or emergency medical service designated by the

1		cabinet <u>;</u> [,] or [by]
2		(c) Any other appropriate means of transportation which is consistent with the
3		treatment plan of that person <u>; and[.]</u>
4		the transportation cost of transporting the patient to the patient's county of discharge
5		when performed by a peace officer, ambulance service, <i>emergency medical service</i> ,
6		or other private agency on contract with the cabinet shall be paid by the cabinet in
7		accordance with an administrative regulation issued by the cabinet pursuant to KRS
8		Chapter 13A.
9	(5)	No person who has been held under subsection (1) of this section shall be held in
10		jail pending evaluation and transportation to the hospital.
11		→ Section 3. KRS 202A.041 is amended to read as follows:
12	(1)	Any peace officer who has reasonable grounds to believe that an individual is
13		mentally ill and presents a danger or threat of danger to self, family, or others if not
14		restrained shall:
15		(\underline{a}) [take the individual into custody and]Transport the individual without
16		unnecessary delay to a hospital or psychiatric facility designated by the cabinet
17		for the purpose of an evaluation to be conducted by a qualified mental health
18		professional <u>: or</u>
19		(b) Contact emergency medical services or a private agency on contract with
20		the cabinet to transport the individual without unnecessary delay to a
21		hospital or psychiatric facility designated by the cabinet for the purpose of
22		an evaluation conducted by a qualified mental health professional.
23	<u>(2)</u>	Upon transport of the person to the hospital or psychiatric facility, or upon transfer
24		by any entity authorized to transport the person under subsection (1)(b) of this
25		section, the peace officer shall provide written documentation which describes the
26		behavior of the person <u>that</u> [which] caused the peace officer to <u>transport, or secure</u>
27		transport of, [take] the person to the hospital or psychiatric facility [into custody].

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(3) If, after evaluation, the qualified mental health professional finds that the person
 does not meet the criteria for involuntary hospitalization, the person shall be
 released immediately and transported back to the person's home county by an
 appropriate means of transportation as provided in KRS 202A.101.

5 (4) If, after evaluation, the qualified mental health professional finds that the person
 6 meets the criteria for involuntary hospitalization, appropriate proceedings under this
 7 chapter shall be initiated.

8 (5) The person may be held pending certification by a qualified mental health
9 professional and implementation of procedures as provided in KRS 202A.028,
10 202A.031, or 202A.051 for a period not to exceed *twelve (12)*[eighteen (18)] hours.

11 (<u>6)</u>[(2)] If, after the evaluation, the qualified mental health professional finds that the 12 person does not meet the criteria for involuntary hospitalization and the peace 13 officer has probable cause to believe that the person has committed a criminal 14 offense, the peace officer may swear out a warrant and take the arrested person 15 without unnecessary delay before a judge.

16 → Section 4. KRS 202A.051 is amended to read as follows:

17 (1) Proceedings for sixty (60) days or three hundred sixty (360) days of involuntary
18 hospitalization of an individual shall be initiated by the filing of a verified petition
19 in District Court.

20 (2) The petition and all subsequent court documents shall be entitled: "In the interest of
21 (name of respondent)."

(3) The petition shall be filed by a qualified mental health professional, peace officer,
 county attorney, Commonwealth's attorney, spouse, relative, friend, or guardian of
 the individual concerning whom the petition is filed, or any other interested person.

- 25 (4) The petition shall set forth:
- 26 (a) Petitioner's relationship to the respondent;
- 27 (b) Respondent's name, residence, and current location, if known;

(c)

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2 respondent's legal guardian, if any and if known; 3 The name and residence of respondent's husband or wife, if any and if known; (d) 4 (e) The name and residence of the person having custody of the respondent, if any, or if no such person is known, the name and residence of a near relative 5 6 or that the person is unknown; 7 Petitioner's belief, including the factual basis *for the belief*[therefor], that the (f) 8 respondent is mentally ill and presents a danger or threat of danger to self, 9 family or others if not restrained; and 10 If the petition seeks a three hundred sixty (360) day involuntary (g) 11 hospitalization of the respondent, the petition shall further set forth that the 12 respondent has been hospitalized in a hospital or a forensic psychiatric facility 13 for a period of thirty (30) days under the provisions of this chapter or KRS 14 Chapter 504 within the preceding six (6) months. 15 (5)Upon receipt of the petition, the court shall examine the petitioner under oath as to 16 the contents of the petition. If the petitioner is a qualified mental health 17 professional, the court may dispense with the examination. 18 If after reviewing the allegations contained in the petition and examining the (6) (a)19 petitioner under oath, it appears to the court that there is probable cause to 20 believe the respondent should be involuntarily hospitalized, the court shall, 21 unless either the court or one (1) of the parties objects, implement the 22 procedures provided in KRS 202A.028 and order the individual to be 23 examined without unnecessary delay by a qualified mental health 24 professional; [.] 25 If the person is not being held under the provisions of this chapter, the court **(b)** 26 may order that the sheriff of the county or other peace officer transport of the

The name and residence of respondent's parents, if living and if known, or

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person to a hospital or psychiatric facility designated by the cabinet for the

1		purpose of the evaluation: [.]
2	<u>(c)</u>	The <i>respondent may be transported as provided under this subsection by:</i>
3		<u>1. The</u> sheriff or other peace officer <u>; may, upon agreement of a person</u>
4		authorized by the peace officer, authorize the cabinet,]
5		<u>2.</u> A private agency on contract with the cabinet: $\frac{1}{2}$ or
6		<u>3.</u> An ambulance service <u>or emergency medical service</u> designated by the
7		cabinet to transport the person to a hospital or psychiatric facility.
8	<u>(d)</u>	[Following that,]The procedures as set forth in KRS 202A.028 shall then be
9		carried out. Otherwise, the court shall:
10		<u>1.[(a)]</u> Set a date for a preliminary hearing within six (6) days from the
11		date of holding the person under the provisions of this section,
12		$\left[\left(\frac{1}{2}\right)\right]$ to determine if there is probable
13		cause to believe the person should be involuntarily hospitalized;
14		2.[(b)] Notify the respondent, the legal guardian, if any, and if known, and
15		the spouse, parents, or nearest relative or friend of the respondent
16		concerning the allegations and contents of the petition and the date and
17		purpose of the preliminary hearing; and the name, address, and
18		telephone number of the attorney appointed to represent the respondent;
19		and
20		$\underline{3.[(c)]}$ Cause the respondent to be examined without unnecessary delay
21		by two (2) qualified mental health professionals, at least one (1) of
22		whom is a physician. The qualified mental health professionals shall
23		certify within twenty-four (24) hours, [(]excluding weekends and
24		holidays, [)] their findings.
25	<u>The</u>	transportation costs of the sheriff, other peace officer, ambulance service,
26	eme	rgency medical service, or other private agency on contract with the cabinet
27	<u>shal</u>	I be paid by the cabinet in accordance with administrative regulations

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1		<u>pron</u>	nulgated by the cabinet under KRS Chapter 13A;
2	(7)	(a)	If the respondent is being presently held under the provisions of this chapter,
3			the court may order further holding of the respondent to accomplish the
4			examination ordered by the court.
5		(b)	If the respondent is not being presently held under the provisions of this
6			chapter, the court may order[that the sheriff of the county or a peace officer]
7			transport \underline{of} the respondent to a hospital or a psychiatric facility designated by
8			the cabinet <u>where[so that]</u> the respondent shall be examined without
9			unnecessary delay by two (2) qualified mental health professionals, at least
10			one (1) of whom is a physician.
11		<u>(c)</u>	The <i>respondent may be transported as provided under this subsection by:</i>
12			<u>1. The</u> sheriff <u>of the county</u> or other peace officer <u>;[may authorize, upon</u>
13			agreement of a person authorized by the peace officer, the cabinet,]
14			<u>2.</u> A private agency on contract with the cabinet: $\underline{:}$ or
15			<u>3.</u> An ambulance service <u>or emergency medical service</u> designated by the
16			cabinet to transport the person to a hospital or psychiatric facility.
17		<u>(d)</u>	The transportation costs of the sheriff, other peace officer, ambulance
18			service, emergency medical service, or other private agency on contract with
19			the cabinet shall be paid by the cabinet in accordance with administrative
20			regulations promulgated by the cabinet under KRS Chapter 13A.
21	(8)	<u>(a)</u>	When the court is authorized to issue an order that the respondent be
22			transported to a hospital or psychiatric facility, the court may, in its discretion,
23			issue a summons <u>;[.]</u>
24		<u>(b)</u>	A summons [so] issued under this section shall:
25			<u>1.</u> Be directed to the respondent, <u>and</u> shall command the respondent to
26			appear at a time and place [therein] specified in the summons where the
27			respondent shall be[there] examined by two (2) qualified mental health

1		professionals, at least one (1) of whom is a physician; [,] and [shall]
2		<u>2.</u> Command the respondent's appearance at the preliminary hearing:
3		<u>and</u> [.]
4	<u>(c)</u>	If a respondent who has been summoned fails to appear for <u>the[such]</u>
5		examination or at the preliminary hearing, the court may order that the sheriff
6		of the county or a peace officer transport the respondent to a hospital or
7		psychiatric facility designated by the cabinet for the purpose of an evaluation.
8	(9) <u>No</u>	sheriff or other certified peace officer as defined in KRS 15.310 shall be
9	<u>req</u> ı	uired to stay at a hospital or site designated by the cabinet for any
10	<u>exa</u>	mination under this chapter unless the respondent has been charged with a
11	<u>crin</u>	ninal offense. Nothing in this subsection shall be interpreted to prohibit
12	hos	pital or psychiatric facility security personnel from performing duties required
13	<u>by ti</u>	he hospital or facility.
14	<u>(10)</u> If u	pon completion of the preliminary hearing, the court finds there is probable
15	caus	se to believe the respondent should be involuntarily hospitalized, the court shall
16	orde	er a final hearing within twenty-one (21) days from the date of holding the
17	resp	ondent under the provisions of this section to determine if the respondent
18	shou	ald be involuntarily hospitalized.
19	<u>(11)</u> [(10)]	If the court finds there is no probable cause, the proceedings against the
20	resp	ondent shall be dismissed, and the respondent shall be released from any
21	hold	ling.
22	<u>(12)</u> [(11)]	If upon completion of the final hearing, the court finds the respondent should
23	be i	nvoluntarily hospitalized, the court shall order the respondent hospitalized in a
24	hosp	pital for a period not to exceed sixty (60) consecutive days from the date of the
25	cour	rt order or a period not to exceed three hundred sixty (360) consecutive days
26	fron	n the date of the court order, <u>as determined by</u> [whatever was] the period of time
27	that	was requested in the petition.

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1	<u>(13)</u>	(<i>a</i>)	The Court of Justice shall provide a protocol in each county for twenty-four
2			(24) hour access to orders for involuntary hospitalization requested under
3			this section or Section 2 of this Act;
4		<u>(b)</u>	All protocols and any subsequent amendments shall be subject to Supreme
5			<u>Court review and approval.</u>
6		→S	ection 5. KRS 202A.0813 is amended to read as follows:
7	(1)	<u>(a)</u>	The court may order[that the sheriff of the county or a peace officer] transport
8			<u>of</u> the respondent to a hospital or site designated by the cabinet <u>where</u> [so that]
9			the respondent shall be examined without unnecessary delay by a qualified
10			mental health professional.
11		<u>(b)</u>	The <i>respondent may be transported as provided under this section by:</i>
12			<u>1. The</u> sheriff <u>of the county</u> or <u>other</u> peace officer: [may authorize, upon
13			agreement of a person authorized by the peace officer, the cabinet,]
14			<u>2.</u> A private agency on contract with the cabinet: $(;;;)$ or
15			<u>3.</u> An ambulance service <u>or emergency medical service</u> designated by the
16			cabinet to transport the person to a hospital or site designated by the
17			cabinet.
18		<u>(c)</u>	The transportation costs of the sheriff, other peace officer, ambulance
19			service, emergency medical service, or other private agency on contract with
20			the cabinet shall be paid by the cabinet in accordance with administrative
21			regulations promulgated by the cabinet under KRS Chapter 13A.
22	(2)	(a)	When the court is authorized to issue an order that the respondent be
23			transported to a hospital or site designated by the cabinet for examination, the
24			court may issue a summons.
25		(b)	A summons [so] issued <u>under this section</u> shall be directed to the respondent
26			and shall command the respondent to appear at a time and place specified in
27			the summons, where the respondent shall be examined by a qualified mental

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health professional. 2 (c) If a respondent who has been summoned fails to appear for the examination, 3 the court may order that the sheriff of the county or a peace officer transport 4 the respondent to a hospital or site designated by the cabinet for the purpose of 5 an examination. 6 No sheriff or other certified peace officer as defined in KRS 15.310 shall be (3) 7 required to stay at a hospital or site designated by the cabinet for any examination under this chapter unless the respondent has been charged with a 8 9 criminal offense. Nothing in this subsection shall be interpreted to prohibit 10 hospital or psychiatric facility security personnel from performing duties required 11 by the hospital or facility. 12 Section 6. KRS 202A.101 is amended to read as follows: 13 (1)The court which orders any person to the receiving hospital or psychiatric facility, 14 under the provisions of this chapter, shall at once notify the receiving hospital or 15 psychiatric facility that *an*[such] order has been made, advising of the sex and 16 condition of the person. 17 After the facility has been [so] notified, the court shall order [the sheriff of the (2)*(a)* 18 county or other peace officer to] transport of the patient within forty-eight (48) 19 hours, [()excluding weekends and holidays,[)] from the county in which the 20 person is located to the hospital or psychiatric facility designated by the 21 cabinet; [.] 22 The *patient shall be transported by:* <u>(b)</u> 23 The sheriff of the county in which the patient resides, or any other *1*. 24 peace officer; 25 2. [may, upon agreement of a person authorized by the peace officer, 26 authorize the cabinet, A private agency on contract with the cabinet; 27 or

1 An ambulance service or emergency medical service approved <u>3.</u> 2 [designated] by the cabinet to transport the person to the hospital. 3 (3) The transportation costs of transporting a person to a hospital or psychiatric facility, 4 when performed by a *sheriff or other* peace officer, an ambulance service, or other 5 private agency on contract with the cabinet shall be paid by the cabinet in 6 accordance with administrative regulation promulgated by the cabinet under the 7 provisions of]KRS Chapter 13A. 8 In returning any patient to the county from which the patient is sent, the (4) 9 transportation cost of the sheriff or other peace officer, the ambulance service, or 10 the other agency on contract with the cabinet transporting the patient shall be paid 11 as provided in KRS 202A.028(4), when necessary. 12 (5) Whenever an individual is involuntarily hospitalized by a court order the patient 13 shall be transported to the hospital designated by the cabinet and accompanied by 14 the following documents: 15 A copy of the petition for involuntary hospitalization, unless hospitalization (a) 16 takes place pursuant to KRS 202A.041; 17 The certificate of qualified mental health professionals; and (b) 18 The order of involuntary hospitalization. (c) 19 (6) The hospital shall accept and provide care for the person ordered into 20 involuntary hospitalization by the court without delay The hospital may refuse to 21 receive any person who has been ordered to be involuntarily hospitalized by a court 22 order if the papers presented with such person at the hospital do not comply with 23 the provisions of this chapter or if it does not receive notification of the order of 24 involuntary hospitalization as required by this chapter]. 25 → Section 7. KRS 202A.202 is amended to read as follows: 26 (1)The cabinet may transfer mentally ill patients or patients with an intellectual 27 disability between hospitals, between hospitals and forensic psychiatric facilities,

1 between hospitals and residential treatment centers for individuals with an 2 intellectual disability, between residential treatment centers for individuals with an 3 intellectual disability, and between residential treatment centers for individuals with 4 an intellectual disability and forensic psychiatric facilities. 5 (2)A transfer *under this section* shall be made upon the mutual agreement of the 6 administrative officer, the officer's designated representative, or an authorized staff 7 physician of each facility, if the agreement is based upon one (1) of the following 8 findings by the officers, representatives, or physicians: 9 (a) That the transfer will improve the opportunities of the patient to receive care 10 and treatment most likely to be of benefit to the patient; 11 (b) That the transfer will permit the patient to receive care and treatment in the 12 least restrictive alternative mode of treatment, considering the degree of 13 danger or threat of danger to self or others which the patient presents; or 14 (c) That the transfer is part of an individual treatment plan which has been 15 reviewed and approved by a court. 16 <u>(3)</u>[(2)] The patient or <u>the patient's [his]</u> guardian, or <u>a</u> designated family member[17 prior to transfer], shall receive notice prior to the transfer of the[said] proposed 18 transfer and shall be allowed to challenge the transfer as part of *the patient's* [his] 19 individual treatment plan under the provisions of KRS 202A.191, 202A.196, and 20 KRS 210.270. 21 <u>(4)</u>[(3)] In an emergency situation where the patient presents a danger of serious injury 22 or death to self or others within the institution, and the so as to require immediate 23 transfer to a more secure facility and which] condition cannot be treated or resolved 24 within a reasonable period of time in the present facility *requiring transfer to a* 25 *more secure facility*, the secretary may immediately transfer the patient to a more 26 secure facility while the appeal provisions described in subsection (3) (2) of this 27 section *is proceeding*.

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1	<u>(5)</u>	If a transfer occurs under subsection (4) of this section, [are being carried out. In
2		this event] counsel shall be provided to the patient within three (3) days.
3	<u>(6)</u>	(a) Any state-operated or contracted hospital or psychiatric facility designated
4		by the cabinet to provide care for a person ordered into involuntary
5		hospitalization may transfer mentally ill patients or patients with an
6		intellectual disability who meet the criteria established in subsection (2)(a)
7		to (c) of this section between facilities approved by the cabinet within the
8		hospital's internal network;
9		(b) The cabinet shall be immediately notified of any proposed transfer under
10		this subsection;
11		(c) Any transfer under this subsection shall comply with the notice
12		requirements and the challenge rights under subsection (3) of this section;
13		(d) Neither the sheriff of the county nor any other certified peace officer as
14		defined in KRS 15.310 shall be required to transport the patient between
15		facilities unless the patient has been charged with a criminal offense.
16		Nothing in this paragraph shall be interpreted to prohibit hospital or
17		psychiatric facility security personnel from performing duties required by
18		the hospital or facility; and
19		(e) The payment or reimbursement of costs associated with any transfer under
20		this subsection shall be as provided in an agreement between the state-
21		operated or contracted hospital or psychiatric facility and the cabinet.
22		→Section 8. KRS 210.300 is amended to read as follows:
23	<u>(1)</u>	The secretary of the Cabinet for Health and Family Services shall promulgate
24		administrative[prescribe from time to time, by] regulations no later than October
25		1, 2022 in accordance with KRS Chapter 13A establishing[, for the designation of]
26		hospital districts, for the purpose of determining to which of the state institutions <u>or</u>
27		contracted hospitals for the mentally ill the persons admitted from each county

1		shall initially be sent.
2	<u>(2)</u>	In establishing the hospital districts under subsection (1) of this section, the
3		secretary shall consider:
4		(a) The distance and travel time from each county to a state institution or
5		contracted hospital for the mentally ill; and
6		(b) The need to transport the individual to a hospital or psychiatric facility and
7		secure an evaluation without unnecessary delay as required under KRS
8		<u>Chapters 202A, 202B, and 202C.</u>
9	<u>(3)</u>	The secretary shall also establish and maintain a list of local hospitals containing
10		a psychiatric unit or crisis stabilization unit approved by the cabinet to which
11		individuals may be transported and admitted as an alternative to a state
12		institution or contracted hospital for the mentally ill when clinically appropriate
13		under circumstances including but not limited to the:
14		(a) Ability or inability of the designated state institution or contracted hospital
15		to accept the individual to be transported or evaluated without delay due to
16		capacity, lack of staffing, or other impediment; or
17		(b) Need for immediate and emergent treatment or evaluation arising from but
18		not limited to the threat of, or reasonable fear of, physical harm to the
19		individual or any employee or agent of the transporting agency or service;.
20	<u>(4)</u>	The secretary shall review the hospital districts on an annual basis to ensure
21		transports and evaluations occur without unnecessary delay as required under
22		KRS Chapters 202A, 202B, and 202C.