

1 AN ACT relating to freestanding birthing centers.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
4 READ AS FOLLOWS:

5 *(1) As used in this section, "freestanding birthing center" means any health facility,*
6 *place, or institution which is not a hospital, is not in a hospital or a private*
7 *residence, and is established to provide care for labor, delivery, the immediate*
8 *postpartum period, and the newborn immediately following delivery.*

9 *(2) The cabinet shall promulgate updated administrative regulations establishing*
10 *licensure standards for freestanding birthing centers by December 1, 2023. The*
11 *administrative regulations shall:*

12 *(a) Require accreditation by the Commission for the Accreditation of Birth*
13 *Centers;*

14 *(b) Be consistent with the American Association of Birth Centers (AABC)*
15 *Standards for Birth Centers;*

16 *(c) Consistent with the requirements of paragraphs (a) and (b) of this*
17 *subsection, require plans for transfer and safe transport to a hospital when*
18 *such transfer and transport are needed, including to facilities providing*
19 *maternal and neonatal intensive care when such care is indicated;*

20 *(d) Delineate requirements for medical malpractice insurance for freestanding*
21 *birthing centers; and*

22 *(e) Not prohibit a hospital from owning or operating a freestanding birthing*
23 *center that complies with the requirements of this section.*

24 *(3) A certificate of need shall not be required to establish and license a freestanding*
25 *birthing center with no more than four (4) beds.*

26 *(4) Nothing in this section is intended to expand or limit liability of a health care*
27 *provider or a freestanding birthing center. In the event of an action for injury or*

1 death due to any act or omission of a health care provider rendering services at a
2 freestanding birthing center where an injured patient is transferred to any other
3 licensed health care provider or licensed health care facility, the liability of the
4 subsequent licensed health care provider or licensed health care facility shall be
5 limited to their own negligent acts and omissions that violate their standards of
6 care according to existing law, unless the subsequent licensed health care
7 provider or licensed health care facility owns, operates, or provides care at the
8 freestanding birthing center, and under those circumstances the licensed health
9 care provider or licensed health care facility shall be liable for acts or omissions
10 that violate their standards of care and that occur at a freestanding birthing
11 center that the licensed health care provider or licensed health care facility owns,
12 operates, or provides care at.

13 ➔Section 2. KRS 216B.020 is amended to read as follows:

14 (1) The provisions of this chapter that relate to the issuance of a certificate of need shall
15 not apply to abortion facilities as defined in KRS 216B.015; any hospital which
16 does not charge its patients for hospital services and does not seek or accept
17 Medicare, Medicaid, or other financial support from the federal government or any
18 state government; assisted living residences; family care homes; state veterans'
19 nursing homes; services provided on a contractual basis in a rural primary-care
20 hospital as provided under KRS 216.380; community mental health centers for
21 services as defined in KRS Chapter 210; primary care centers; rural health clinics;
22 private duty nursing services operating as health care services agencies as defined
23 in KRS 216.718; group homes; licensed residential crisis stabilization units;
24 licensed free-standing residential substance use disorder treatment programs with
25 sixteen (16) or fewer beds, but not including Levels I and II psychiatric residential
26 treatment facilities or licensed psychiatric inpatient beds; outpatient behavioral
27 health treatment, but not including partial hospitalization programs; end stage renal

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

- 1 (2) Nothing in this chapter shall be construed to authorize the licensure, supervision,
2 regulation, or control in any manner of:
- 3 (a) Private offices and clinics of physicians, dentists, and other practitioners of
4 the healing arts, except any physician's office that meets the criteria set forth
5 in KRS 216B.015(5) or that meets the definition of an ambulatory surgical
6 center as set out in KRS 216B.015;
- 7 (b) Office buildings built by or on behalf of a health facility for the exclusive use
8 of physicians, dentists, and other practitioners of the healing arts; unless the
9 physician's office meets the criteria set forth in KRS 216B.015(5), or unless
10 the physician's office is also an abortion facility as defined in KRS 216B.015,
11 except no capital expenditure or expenses relating to any such building shall
12 be chargeable to or reimbursable as a cost for providing inpatient services
13 offered by a health facility;
- 14 (c) Outpatient health facilities or health services that:
- 15 1. Do not provide services or hold patients in the facility after midnight;
16 and
- 17 2. Are exempt from certificate of need and licensure under subsection (3)
18 of this section;
- 19 (d) Dispensaries and first-aid stations located within business or industrial
20 establishments maintained solely for the use of employees, if the facility does
21 not contain inpatient or resident beds for patients or employees who generally
22 remain in the facility for more than twenty-four (24) hours;
- 23 (e) Establishments, such as motels, hotels, and boarding houses, which provide
24 domiciliary and auxiliary commercial services, but do not provide any health
25 related services and boarding houses which are operated by persons
26 contracting with the United States Department of Veterans Affairs for
27 boarding services;

- 1 (f) The remedial care or treatment of residents or patients in any home or
2 institution conducted only for those who rely solely upon treatment by prayer
3 or spiritual means in accordance with the creed or tenets of any recognized
4 church or religious denomination and recognized by that church or
5 denomination; and
- 6 (g) On-duty police and fire department personnel assisting in emergency
7 situations by providing first aid or transportation when regular emergency
8 units licensed to provide first aid or transportation are unable to arrive at the
9 scene of an emergency situation within a reasonable time.
- 10 (3) The following outpatient categories of care shall be exempt from certificate of need
11 and licensure on July 14, 2018:
- 12 (a) Primary care centers;
- 13 (b) Special health clinics, unless the clinic provides pain management services
14 and is located off the campus of the hospital that has majority ownership
15 interest;
- 16 (c) Specialized medical technology services, unless providing a State Health Plan
17 service;
- 18 (d) Retail-based health clinics and ambulatory care clinics that provide
19 nonemergency, noninvasive treatment of patients;
- 20 (e) Ambulatory care clinics treating minor illnesses and injuries;
- 21 (f) Mobile health services, unless providing a service in the State Health Plan;
- 22 (g) Rehabilitation agencies;
- 23 (h) Rural health clinics; and
- 24 (i) Off-campus, hospital-acquired physician practices.
- 25 (4) The exemptions established by subsections (2) and (3) of this section shall not
26 apply to the following categories of care:
- 27 (a) An ambulatory surgical center as defined by KRS 216B.015(4);

- 1 (b) A health facility or health service that provides one (1) of the following types
2 of services:
- 3 1. Cardiac catheterization;
 - 4 2. Megavoltage radiation therapy;
 - 5 3. Adult day health care;
 - 6 4. Behavioral health services;
 - 7 5. Chronic renal dialysis;{
 - 8 ~~6. Birthing services;}~~ or
 - 9 ~~6.7.}~~Emergency services above the level of treatment for minor illnesses or
10 injuries;
- 11 (c) A pain management facility as defined by KRS 218A.175(1);
- 12 (d) An abortion facility that requires licensure pursuant to KRS 216B.0431; or
- 13 (e) A health facility or health service that requests an expenditure that exceeds the
14 major medical expenditure minimum.
- 15 (5) An existing facility licensed as an intermediate care or nursing home shall notify
16 the cabinet of its intent to change to a nursing facility as defined in Public Law 100-
17 203. A certificate of need shall not be required for conversion of an intermediate
18 care or nursing home to the nursing facility licensure category.
- 19 (6) Ambulance services owned and operated by a city government, which propose to
20 provide services in coterminous cities outside of the ambulance service's designated
21 geographic service area, shall not be required to obtain a certificate of need if the
22 governing body of the city in which the ambulance services are to be provided
23 enters into an agreement with the ambulance service to provide services in the city.
- 24 (7) Ambulance services owned by a hospital shall not be required to obtain a certificate
25 of need for the sole purpose of providing non-emergency and emergency transport
26 services originating from its hospital.
- 27 (8) (a) As used in this subsection, "emergency ambulance transport services" means

1 the transportation of an individual that has an emergency medical condition
2 with acute symptoms of sufficient severity that the absence of immediate
3 medical attention could reasonably be expected to place the individual's health
4 in serious jeopardy or result in the serious impairment or dysfunction of the
5 individual's bodily organs.

6 (b) A city or county government that has conducted a public hearing for the
7 purposes of demonstrating that an imperative need exists in the city or county
8 to provide emergency ambulance transport services within its jurisdictional
9 boundaries shall not be required to obtain a certificate of need for the city or
10 county to:

- 11 1. Directly provide emergency ambulance transport services as defined in
12 this subsection within the city's or county's jurisdictional boundaries; or
- 13 2. Enter into a contract with a hospital or hospitals within its jurisdiction,
14 or within an adjoining county if there are no hospitals located within the
15 county, for the provision of emergency ambulance transport services as
16 defined in this subsection within the city's or county's jurisdictional
17 boundaries.

18 (c) Any license obtained under KRS Chapter 311A by a city or county for the
19 provision of ambulance services operating under a certificate of need
20 exclusion pursuant to this subsection shall be held exclusively by the city or
21 county government and shall not be transferrable to any other entity.

22 (d) Prior to obtaining the written agreement of a city, an ambulance service
23 operating under a county government certificate of need exclusion pursuant to
24 this subsection shall not provide emergency ambulance transport services
25 within the boundaries of any city that:

- 26 1. Possesses a certificate of need to provide emergency ambulance
27 services;

- 1 2. Has an agency or department thereof that holds a certificate of need to
2 provide emergency ambulance services; or
- 3 3. Is providing emergency ambulance transport services within its
4 jurisdictional boundaries pursuant to this subsection.
- 5 (9) (a) Except where a certificate of need is not required pursuant to subsection (6),
6 (7), or (8) of this section, the cabinet shall grant nonsubstantive review for a
7 certificate of need proposal to establish an ambulance service that is owned by
8 a:
- 9 1. City government;
- 10 2. County government; or
- 11 3. Hospital, in accordance with paragraph (b) of this subsection.
- 12 (b) A notice shall be sent by the cabinet to all cities and counties that a certificate
13 of need proposal to establish an ambulance service has been submitted by a
14 hospital. The legislative bodies of the cities and counties affected by the
15 hospital's certificate of need proposal shall provide a response to the cabinet
16 within thirty (30) days of receiving the notice. The failure of a city or county
17 legislative body to respond to the notice shall be deemed to be support for the
18 proposal.
- 19 (c) An ambulance service established under this subsection shall not be
20 transferred to another entity that does not meet the requirements of paragraph
21 (a) of this subsection without first obtaining a substantive certificate of need.
- 22 (10) Notwithstanding any other provision of law, a continuing care retirement
23 community's nursing home beds shall not be certified as Medicaid eligible unless a
24 certificate of need has been issued authorizing applications for Medicaid
25 certification. The provisions of subsection (5) of this section notwithstanding, a
26 continuing care retirement community shall not change the level of care licensure
27 status of its beds without first obtaining a certificate of need.

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

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

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

10 ➔Section 3. KRS 196.173 is amended to read as follows:

11 (1) Except as provided in subsection (2) of this section, an inmate housed in a jail,
 12 penitentiary, or local or state correctional or detention facility, residential center, or
 13 reentry center who is known to be pregnant shall be restrained solely with
 14 handcuffs in front of her body unless further restraint is required to protect herself
 15 or others.

16 (2) (a) Except in an extraordinary circumstance, no inmate who is known to be
 17 pregnant shall be restrained during labor, during transport to a medical facility
 18 or freestanding birthing center for delivery, or during postpartum recovery.

19 (b) As used in this subsection, "extraordinary circumstance" means that
 20 reasonable grounds exist to believe the inmate presents an immediate and
 21 credible:

- 22 1. Serious threat of hurting herself, staff, or others; or
- 23 2. Risk of escape that cannot be reasonably minimized through any method
 24 other than restraints.

25 ➔Section 4. KRS 211.647 is amended to read as follows:

26 (1) The office, on receipt of an auditory screening report of an infant from a hospital or
 27 freestanding~~[alternative]~~ birthing center in accordance with KRS 216.2970 shall

- 1 review each auditory screening report that indicates a potential hearing loss. The
2 office shall contact the parents to schedule follow-up evaluations or make a referral
3 for evaluations within three (3) business days.
- 4 (2) The office shall secure information missing from birth certificates or hospital
5 referral reports which is relevant to identifying infants with a hearing loss.
- 6 (3) The office shall establish standards for infant audiological assessment and
7 diagnostic centers based on accepted national standards, including but not limited to
8 the "Guidelines for the Audiologic Assessment of Children From Birth to 5 Years
9 of Age" as published by the American Speech-Language-Hearing Association
10 (ASHA) and the "Year 2007 Position Statement: Principles and Guidelines for
11 Early Hearing Detection and Intervention Programs" as published by the Joint
12 Committee on Infant Hearing (JCIH). The office may promulgate administrative
13 regulations in accordance with KRS Chapter 13A to establish the standards for the
14 centers.
- 15 (4) The office shall maintain a list of approved infant audiological assessment and
16 diagnostic centers that meet the standards established by the office. An audiological
17 assessment and diagnostic center included on the list shall meet the standards
18 established by the office. An approved center may voluntarily choose not to be
19 included on the list.
- 20 (5) An approved audiology assessment and diagnostic center shall agree to provide
21 requested data to the office for each infant evaluated and on any newly identified
22 children ages birth to three (3) years with a permanent childhood hearing loss
23 within forty-eight (48) hours and make a referral to the Kentucky Early Intervention
24 System point of entry in the service area of the child's residence for services under
25 KRS 200.664. A center shall submit documentation to the office of a referral made
26 to the Kentucky Early Intervention System. A referral received by the Kentucky
27 Early Intervention System from a center shall be considered a referral from the

1 office.

2 (6) If the audiological evaluation performed by the office contains evidence of a
3 hearing loss, within forty-eight (48) hours the office shall:

4 (a) Contact the attending physician and parents and provide information to the
5 parents in an accessible format as supplied by the Kentucky Commission on
6 the Deaf and Hard of Hearing; and

7 (b) Make a referral to the Kentucky Early Intervention System point of entry in
8 the service area of the child's residence for services under KRS 200.664.

9 (7) The office shall forward a report of an audiological evaluation that indicates a
10 hearing loss, with no information that personally identifies the child, to:

11 (a) The Kentucky Commission on the Deaf and Hard of Hearing for census
12 purposes; and

13 (b) The Kentucky Birth Surveillance Registry for information purposes.

14 (8) Cumulative demographic data of identified infants with a hearing loss shall be made
15 available to agencies and organizations including but not limited to the Cabinet for
16 Health and Family Services and the Early Childhood Advisory Council, requesting
17 the information for planning purposes.

18 ➔Section 5. KRS 211.660 is amended to read as follows:

19 (1) The Department for Public Health shall establish and maintain a Kentucky birth
20 surveillance registry that will provide a system for the collection of information
21 concerning birth defects, stillbirths, and high-risk conditions. The system may cover
22 all or part of the Commonwealth.

23 (2) In establishing the system, the department may review vital statistics records, and
24 shall also consider expanding the current list of congenital anomalies and high-risk
25 conditions as reported on birth certificates.

26 (3) (a) The department may require general acute-care hospitals licensed under KRS
27 Chapter 216B to maintain a list of all inpatients and voluntarily to maintain a

1 list of all outpatients up to the age of five (5) years with a primary diagnosis
2 of a congenital anomaly or high-risk condition as defined by the department
3 upon the recommendation of the appointed advisory committee. Hospital
4 participation regarding its outpatients shall be voluntary and subject to the
5 discretion of each hospital.

6 (b) The department may require medical laboratories licensed under KRS Chapter
7 333 to maintain medical records for all persons up to the age of five (5) years
8 with a primary diagnosis of or a laboratory test result indicating congenital
9 anomaly or high-risk condition as defined by the department upon the
10 recommendation of the appointed advisory committee.

11 (4) Each licensed free-standing birthing center, general acute-care hospital licensed
12 under KRS Chapter 216B, and medical laboratory licensed under KRS Chapter 333
13 shall grant, if required or otherwise participating voluntarily under the provisions of
14 subsection (3) of this section, to any Kentucky Birth Surveillance Registry
15 personnel or his or her designee, upon presentation of proper identification, access
16 to the medical records of any patient meeting the criteria in subsection (3) of this
17 section. If the department's agent determines that copying of the medical records is
18 necessary, associated costs shall be borne by the Department for Public Health at
19 the rate pursuant to KRS 422.317.

20 (5) No liability of any kind, character, damages, or other relief shall arise or be
21 enforced against any licensed free-standing birthing center, general acute-care
22 hospital, or medical laboratory by reason of having provided the information or
23 material to the Kentucky Birth Surveillance Registry.

24 (6) The Department for Public Health may implement the provisions of KRS 211.651
25 to 211.670 through the promulgation of administrative regulations in accordance
26 with the provisions of KRS Chapter 13A.

27 ➔Section 6. KRS 213.046 is amended to read as follows:

- 1 (1) A certificate of birth for each live birth which occurs in the Commonwealth shall be
2 filed with the state registrar within five (5) working days after such birth and shall
3 be registered if it has been completed and filed in accordance with this section and
4 applicable administrative regulations. No certificate shall be held to be complete
5 and correct that does not supply all items of information called for in this section
6 and in KRS 213.051, or satisfactorily account for their omission except as provided
7 in KRS 199.570(3). If a certificate of birth is incomplete, the ~~state~~~~health~~ registrar
8 shall immediately notify the responsible person and require that person to supply
9 the missing items, if that information can be obtained.
- 10 (2) When a birth occurs in a health facility~~[an institution]~~ or en route thereto, the
11 person in charge of the health facility~~[institution]~~ or that person's designated
12 representative, shall obtain the personal data, prepare the certificate, secure the
13 signatures required, and file the certificate as directed in subsection (1) of this
14 section or as otherwise directed by the state registrar within the required five (5)
15 working days. The physician, midwife, or other person in attendance shall provide
16 the medical information required for the certificate and certify to the fact of birth
17 within five (5) working days after the birth. If the physician or other person in
18 attendance does not certify to the fact of birth within the five (5) working day
19 period, the person in charge of the health facility~~[institution]~~ shall complete and
20 sign the certificate.
- 21 (3) When a birth occurs in a health facility~~[hospital]~~ or en route thereto to a woman
22 who is unmarried, the person in charge of the health facility~~[hospital]~~ or that
23 person's designated representative shall immediately before or after the birth of a
24 child, except when the mother or the alleged father is a minor:
- 25 (a) Meet with the mother prior to the release from the health facility~~[hospital]~~;
- 26 (b) Attempt to ascertain whether the father of the child is available in the health
27 facility~~[hospital]~~, and, if so, to meet with him, if possible;

- 1 (c) Provide written materials and oral, audio, or video materials about paternity;
- 2 (d) Provide the unmarried mother, and, if possible, the father, with the voluntary
- 3 paternity form necessary to voluntarily establish paternity;
- 4 (e) Provide a written and an oral, audio, or video description of the rights and
- 5 responsibilities, the alternatives to, and the legal consequences of
- 6 acknowledging paternity;
- 7 (f) Provide written materials and information concerning genetic paternity
- 8 testing;
- 9 (g) Provide an opportunity to speak by telephone or in person with staff who are
- 10 trained to clarify information and answer questions about paternity
- 11 establishment;
- 12 (h) If the parents wish to acknowledge paternity, require the voluntary
- 13 acknowledgment of paternity obtained through the health facility-
- 14 based~~hospital-based~~ program be signed by both parents and be authenticated
- 15 by a notary public;
- 16 (i) Upon both the mother's and father's request, help the mother and father in
- 17 completing the affidavit of paternity form;
- 18 (j) Upon both the mother's and father's request, transmit the affidavit of paternity
- 19 to the state registrar; and
- 20 (k) In the event that the mother or the alleged father is a minor, information set
- 21 forth in this section shall be provided in accordance with Civil Rule 17.03 of
- 22 the Kentucky Rules of Civil Procedure.

23 If the mother or the alleged father is a minor, the paternity determination shall be

24 conducted pursuant to KRS Chapter 406.

- 25 (4) The voluntary acknowledgment of paternity and declaration of paternity forms
- 26 designated by the Vital Statistics Branch shall be the only documents having the
- 27 same weight and authority as a judgment of paternity.

- 1 (5) The Cabinet for Health and Family Services shall:
- 2 (a) Provide to all public and private health facilities offering obstetric or
3 midwifery services~~[birthing hospitals]~~ in the state written materials in
4 accessible formats and audio or video materials concerning paternity
5 establishment forms necessary to voluntarily acknowledge paternity;
- 6 (b) Provide copies of a written description in accessible formats and an audio or
7 video description of the rights and responsibilities of acknowledging
8 paternity; and
- 9 (c) Provide staff training, guidance, and written instructions regarding voluntary
10 acknowledgment of paternity as necessary to operate the health facility-
11 based~~[hospital based]~~ program.
- 12 (6) When a birth occurs outside a health facility~~[an institution]~~, verification of the birth
13 shall be in accordance with the requirements of the state registrar and a birth
14 certificate shall be prepared and filed by one (1) of the following in the indicated
15 order of priority:
- 16 (a) The health care provider~~[physician]~~ in attendance at or immediately after the
17 birth; or, in the absence of such a person,
- 18 (b) A midwife or any other person in attendance at or immediately after the birth;
19 or, in the absence of such a person,
- 20 (c) The father, the mother, or in the absence of the father and the inability of the
21 mother, the person in charge of the premises where the birth occurred or of
22 the health facility~~[institution]~~ to which the child was admitted following the
23 birth.
- 24 (7) No health care provider~~[physician, midwife,]~~ or other attendant shall refuse to sign
25 or delay the filing of a birth certificate.
- 26 (8) If a birth occurs on a moving conveyance within the United States and the child is
27 first removed from the conveyance in the Commonwealth, the birth shall be

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

7 (9) The following provisions shall apply if the mother was married at the time of either
8 conception or birth or anytime between conception and birth:

9 (a) If there is no dispute as to paternity, the name of the husband shall be entered
10 on the certificate as the father of the child. The surname of the child shall be
11 any name chosen by the parents; however, if the parents are separated or
12 divorced at the time of the child's birth, the choice of surname rests with the
13 parent who has legal custody following birth.

14 (b) If the mother claims that the father of the child is not her husband and the
15 husband agrees to such a claim and the putative father agrees to the statement,
16 a three (3) way affidavit of paternity may be signed by the respective parties
17 and duly notarized. The state registrar of vital statistics shall enter the name of
18 a nonhusband on the birth certificate as the father and the surname of the child
19 shall be any name chosen by the mother.

20 (c) If a question of paternity determination arises which is not resolved under
21 paragraph (b) of this subsection, it shall be settled by the District Court.

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

26 (a) The name of the father shall not be entered on the certificate of birth. The
27 state registrar shall upon acknowledgment of paternity by the father and with

- 1 consent of the mother pursuant to KRS 213.121, enter the father's name on the
2 certificate. The surname of the child shall be any name chosen by the mother
3 and father. If there is no agreement, the child's surname shall be determined
4 by the parent with legal custody of the child.
- 5 (b) If an affidavit of paternity has been properly completed and the certificate of
6 birth has been filed accordingly, any further modification of the birth
7 certificate regarding the paternity of the child shall require an order from the
8 District Court.
- 9 (c) In any case in which paternity of a child is determined by a court order, the
10 name of the father and surname of the child shall be entered on the certificate
11 of birth in accordance with the finding and order of the court.
- 12 (d) In all other cases, the surname of the child shall be any name chosen by the
13 mother.
- 14 (11) If the father is not named on the certificate of birth, no other information about the
15 father shall be entered on the certificate. In all cases, the maiden name of the
16 gestational mother shall be entered on the certificate.
- 17 (12) Any child whose surname was restricted prior to July 13, 1990, shall be entitled to
18 apply to the state registrar for an amendment of a birth certificate showing as the
19 surname of the child, any surname chosen by the mother or parents as provided
20 under this section.
- 21 (13) The birth certificate of a child born as a result of artificial insemination shall be
22 completed in accordance with the provisions of this section.
- 23 (14) Each birth certificate filed under this section shall include all Social Security
24 numbers that have been issued to the parents of the child.
- 25 (15) Either of the parents of the child, or other informant, shall attest to the accuracy of
26 the personal data entered on the certificate in time to permit the filing of the
27 certificate within ten (10) days prescribed in subsection (1) of this section.

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

13 ➔Section 7. KRS 216.2920 is amended to read as follows:

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

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

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

1 ➔Section 8. KRS 216.2970 is amended to read as follows:

- 2 (1) As a condition of licensure or relicensure, all ***health facilities***~~[hospitals]~~ offering
3 obstetric ***or midwifery*** services ~~[and alternative birthing centers with at least forty~~
4 ~~(40) births per year]~~ shall provide an auditory screening for all infants using one (1)
5 of the methods approved by the Office for Children with Special Health Care Needs
6 by administrative regulation promulgated in accordance with KRS Chapter 13A.
- 7 (2) An auditory screening report that indicates a finding of potential hearing loss shall
8 be forwarded by the ***health facility***~~[hospital or alternative birthing center]~~ within
9 twenty-four (24) hours of receipt to the:
- 10 (a) Attending physician or health care provider;
- 11 (b) Parents;
- 12 (c) Office for Children with Special Health Care Needs for evaluation or referral
13 for further evaluation in accordance with KRS 211.647; and
- 14 (d) Audiological assessment and diagnostic center approved by the office if a
15 follow-up assessment has been scheduled prior to the infant's discharge from
16 the hospital.
- 17 (3) An auditory screening report that does not indicate a potential hearing loss shall be
18 forwarded within one (1) week to the Office for Children with Special Health Care
19 Needs with no information that personally identifies the child.

20 ➔Section 9. KRS 214.155 is amended to read as follows:

- 21 (1) The Cabinet for Health and Family Services shall operate a newborn screening
22 program for heritable and congenital disorders that includes but is not limited to
23 procedures for conducting initial newborn screening tests on infants twenty-eight
24 (28) days or less of age and definitive diagnostic evaluations provided by a state
25 university-based specialty clinic for infants whose initial screening tests resulted in
26 a positive test. The secretary of the cabinet shall, by administrative regulation
27 promulgated pursuant to KRS Chapter 13A:

- 1 (a) Prescribe the times and manner of obtaining a specimen and transferring a
2 specimen for testing;
- 3 (b) Prescribe the manner of procedures, testing specimens, and recording and
4 reporting the results of newborn screening tests; and
- 5 (c) Establish and collect fees to support the newborn screening program.
- 6 (2) The administrative officer or other person in charge of each health
7 facility~~[institution]~~ caring for infants twenty-eight (28) days or less of age and the
8 person required in pursuance of the provisions of KRS 213.046 shall register the
9 birth of a child and cause to have administered to every such infant or child in its or
10 his care tests for heritable disorders, including but not limited to phenylketonuria
11 (PKU), sickle cell disease, congenital hypothyroidism, galactosemia, medium-chain
12 acyl-CoA dehydrogenase deficiency (MCAD), very long-chain acyl-CoA
13 deficiency (VLCAD), short-chain acyl-CoA dehydrogenase deficiency (SCAD),
14 maple syrup urine disease (MSUD), congenital adrenal hyperplasia (CAH),
15 biotinidase disorder, cystic fibrosis (CF), 3-methylcrotonyl-CoA carboxylase
16 deficiency (3MCC), 3-OH 3-CH₃ glutaric aciduria (HMG), argininosuccinic
17 acidemia (ASA), beta-ketothiolase deficiency (BKT), carnitine uptake defect
18 (CUD), citrullinemia (CIT), glutaric acidemia type I (GA I), Hb S/beta-thalassemia
19 (Hb S/Th), Hb S/C disease (Hb S/C), homocystinuria (HCY), isovaleric acidemia
20 (IVA), long-chain L-3-OH acyl-CoA dehydrogenase deficiency (LCAD),
21 methylmalonic acidemia (Cbl A,B), methylmalonic acidemia mutase deficiency
22 (MUT), multiple carboxylase deficiency (MCD), propionic acidemia (PA),
23 trifunctional protein deficiency (TFP), tyrosinemia type I (TYR I), spinal muscular
24 atrophy (SMA), and krabbe disease. The listing of tests for heritable disorders to be
25 performed shall include all conditions consistent with the recommendations of the
26 American College of Medical Genetics.
- 27 (3) The administrative officer or other person in charge of each health

1 ~~facility~~~~[institution]~~ caring for infants twenty-eight (28) days or less of age and the
2 person required in pursuance of the provisions of KRS 213.046 shall register the
3 birth of a child and cause to have administered to every such infant or child in its or
4 his care a screening for critical congenital heart disease (CCHD) prior to discharge
5 unless CCHD has been ruled out or diagnosed with prior echocardiogram or
6 prenatal diagnosis of CCHD.

7 (4) Each health care provider of newborn care shall provide an infant's parent or
8 guardian with information about the newborn screening tests required under
9 subsections (2) and (3) of this section. The ~~health facility~~~~[institution]~~ or health care
10 provider shall arrange for appropriate and timely follow-ups to the newborn
11 screening tests, including but not limited to additional diagnoses, evaluation, and
12 treatment when indicated.

13 (5) Nothing in this section shall be construed to require the testing of any child whose
14 parents are members of a nationally recognized and established church or religious
15 denomination, the teachings of which are opposed to medical tests, and who object
16 in writing to the testing of his or her child on that ground.

17 (6) The cabinet shall make available the names and addresses of health care providers,
18 including but not limited to physicians, nurses, and nutritionists, who may provide
19 postpartum home visits to any family whose infant or child has tested positive for a
20 newborn screening test.

21 (7) A parent or guardian shall be provided information by the ~~health~~
22 ~~facility~~~~[institution]~~ or health care provider of newborn care about the availability
23 and costs of screening tests not specified in subsections (2) and (3) of this section.
24 The parent or guardian shall be responsible for costs relating to additional screening
25 tests performed under this subsection, and these costs shall not be included in the
26 fees established for the cabinet's newborn screening program under subsection (1)
27 of this section. All positive results of additional screening of these tests shall be

1 reported to the cabinet by the health facility~~[institution]~~ or health care provider.

2 (8) (a) For the purposes of this subsection, a qualified laboratory means a clinical
3 laboratory not operated by the cabinet that is accredited pursuant to 42 U.S.C.
4 sec. 263a, licensed to perform newborn screening testing in any state, and
5 reports its screening results using normal pediatric reference ranges.

6 (b) The cabinet shall enter into agreements with public or private qualified
7 laboratories to perform newborn screening tests if the laboratory operated by
8 the cabinet is unable to screen for a condition specified in subsection (2) of
9 this section.

10 (c) The cabinet may enter into agreements with public or private qualified
11 laboratories to perform testing for conditions not specified in subsection (2) of
12 this section. Any agreement entered into under this paragraph shall not
13 preclude a health facility~~[an institution]~~ or health care provider from
14 conducting newborn screening tests for conditions not specified in subsections
15 (2) and (3) of this section by utilizing other public or private qualified
16 laboratories.

17 (9) The secretary for health and family services or his or her designee shall apply for
18 any federal funds or grants available through the Public Health Service Act and
19 may solicit and accept private funds to expand, improve, or evaluate programs to
20 provide screening, counseling, testing, or specialty services for newborns or
21 children at risk for heritable disorders.

22 (10) This section shall be cited as the James William Lazzaro and Madison Leigh Heflin
23 Newborn Screening Act.

24 ➔Section 10. KRS 214.565 is amended to read as follows:

25 As used in KRS 214.565 to 214.571:

26 (1) "Department" means the Department for Public Health in the Cabinet for Health
27 and Family Services;

- 1 (2) "Health facility" has the same meaning as in KRS 216B.015; and
- 2 (3) **"Health care provider" means a licensed provider who has the care of pregnant**
 3 **women within his or her professional scope of practice**~~["Physician" means any~~
 4 ~~person licensed to practice medicine under KRS Chapter 311].~~

5 ➔Section 11. KRS 214.567 is amended to read as follows:

- 6 (1) The department shall make available to the public on its **website**~~[Web site]~~
 7 educational resources regarding the incidence of congenital cytomegalovirus,
 8 including information about:
- 9 (a) The transmission of congenital cytomegalovirus before and during pregnancy;
- 10 (b) Birth defects caused by congenital cytomegalovirus;
- 11 (c) Methods of diagnosing congenital cytomegalovirus;
- 12 (d) Available preventive measures; and
- 13 (e) Resources available to the family of an infant born with congenital
 14 cytomegalovirus.
- 15 (2) The department may solicit and accept the assistance of relevant medical
 16 associations or community resources to develop, promote, and distribute the public
 17 educational resources.
- 18 (3) A health facility or **health care provider**~~[physician]~~ providing obstetric or prenatal
 19 services shall provide pregnant women or women who may become pregnant with
 20 the information listed in subsection (1) of this section or provide the patients with a
 21 link to the **website**~~[Web site]~~ described in subsection (1) of this section.

22 ➔Section 12. KRS 214.569 is amended to read as follows:

23 Every infant in this state who is given an auditory screening test described in KRS
 24 216.2970, and fails the initial two (2) screenings or has other risk factors associated with
 25 congenital cytomegalovirus, shall be tested for congenital cytomegalovirus not later than
 26 twenty-one (21) days after the date of birth by the health facility or **health care**
 27 **provider**~~[physician]~~ providing services to the infant, unless the parents or guardians of

1 the infant opt out of testing.

2 →Section 13. KRS 216B.015 is amended to read as follows:

3 Except as otherwise provided, for purposes of this chapter, the following definitions shall
4 apply:

5 (1) "Abortion facility" means any place in which an abortion is performed;

6 (2) "Administrative regulation" means a regulation adopted and promulgated pursuant
7 to the procedures in KRS Chapter 13A;

8 (3) "Affected persons" means the applicant; any person residing within the geographic
9 area served or to be served by the applicant; any person who regularly uses health
10 facilities within that geographic area; health facilities located in the health service
11 area in which the project is proposed to be located which provide services similar to
12 the services of the facility under review; health facilities which, prior to receipt by
13 the agency of the proposal being reviewed, have formally indicated an intention to
14 provide similar services in the future; and the cabinet and third-party payors who
15 reimburse health facilities for services in the health service area in which the project
16 is proposed to be located;

17 (4) (a) "Ambulatory surgical center" means a health facility:

18 1. Licensed pursuant to administrative regulations promulgated by the
19 cabinet;

20 2. That provides outpatient surgical services, excluding oral or dental
21 procedures; and

22 3. Seeking recognition and reimbursement as an ambulatory surgical center
23 from any federal, state, or third-party insurer from which payment is
24 sought.

25 (b) An ambulatory surgical center does not include the private offices of
26 physicians where in-office outpatient surgical procedures are performed as
27 long as the physician office does not seek licensure, certification,

1 reimbursement, or recognition as an ambulatory surgical center from a
2 federal, state, or third-party insurer.

3 (c) Nothing in this subsection shall preclude a physician from negotiating
4 enhanced payment for outpatient surgical procedures performed in the
5 physician's private office so long as the physician does not seek recognition or
6 reimbursement of his or her office as an ambulatory surgical center without
7 first obtaining a certificate of need or license required under KRS 216B.020
8 and 216B.061;

9 (5) "Applicant" means any physician's office requesting a major medical equipment
10 expenditure exceeding the capital expenditure minimum, or any person, health
11 facility, or health service requesting a certificate of need or license;

12 (6) "Cabinet" means the Cabinet for Health and Family Services;

13 (7) "Capital expenditure" means an expenditure made by or on behalf of a health
14 facility which:

15 (a) Under generally accepted accounting principles is not properly chargeable as
16 an expense of operation and maintenance or is not for investment purposes
17 only; or

18 (b) Is made to obtain by lease or comparable arrangement any facility or part
19 thereof or any equipment for a facility or part thereof;

20 (8) "Capital expenditure minimum" means the annually adjusted amount set by the
21 cabinet. In determining whether an expenditure exceeds the expenditure minimum,
22 the cost of any studies, surveys, designs, plans, working drawings, specifications,
23 and other activities essential to the improvement, expansion, or replacement of any
24 plant or any equipment with respect to which the expenditure is made shall be
25 included. Donations of equipment or facilities to a health facility which if acquired
26 directly by the facility would be subject to review under this chapter shall be
27 considered a capital expenditure, and a transfer of the equipment or facilities for

- 1 less than fair market value shall be considered a capital expenditure if a transfer of
2 the equipment or facilities at fair market value would be subject to review;
- 3 (9) "Certificate of need" means an authorization by the cabinet to acquire, to establish,
4 to offer, to substantially change the bed capacity, or to substantially change a health
5 service as covered by this chapter;
- 6 (10) "Certified surgical assistant" means a certified surgical assistant or certified first
7 assistant who is certified by the National Surgical Assistant Association on the
8 Certification of Surgical Assistants, the Liaison Council on Certification of Surgical
9 Technologists, or the American Board of Surgical Assistants. The certified surgical
10 assistant is an unlicensed health-care provider who is directly accountable to a
11 physician licensed under KRS Chapter 311 or, in the absence of a physician, to a
12 registered nurse licensed under KRS Chapter 314;
- 13 (11) "Continuing care retirement community" means a community that provides, on the
14 same campus, a continuum of residential living options and support services to
15 persons sixty (60) years of age or older under a written agreement. The residential
16 living options shall include independent living units, nursing home beds, and either
17 assisted living units or personal care beds;
- 18 (12) "Formal review process" means the ninety (90) day certificate-of-need review
19 conducted by the cabinet;
- 20 (13) "Health facility" means any institution, place, building, agency, or portion thereof,
21 public or private, whether organized for profit or not, used, operated, or designed to
22 provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care and
23 includes alcohol abuse, drug abuse, and mental health services. This shall include
24 but shall not be limited to health facilities and health services commonly referred to
25 as hospitals, psychiatric hospitals, physical rehabilitation hospitals, chemical
26 dependency programs, nursing facilities, nursing homes, personal care homes,
27 intermediate care facilities, assisted living communities, family care homes,

1 outpatient clinics, ambulatory care facilities, ambulatory surgical centers,
2 emergency care centers and services, ambulance providers, hospices, community
3 mental health centers, home health agencies, kidney disease treatment centers and
4 freestanding hemodialysis units, freestanding birthing centers as defined in
5 Section 1 of this Act, and others providing similarly organized services regardless
6 of nomenclature;

7 (14) "Health services" means clinically related services provided within the
8 Commonwealth to two (2) or more persons, including but not limited to diagnostic,
9 treatment, or rehabilitative services, and includes alcohol, drug abuse, and mental
10 health services;

11 (15) "Independent living" means the provision of living units and supportive services,
12 including but not limited to laundry, housekeeping, maintenance, activity direction,
13 security, dining options, and transportation;

14 (16) "Intraoperative surgical care" includes the practice of surgical assisting in which the
15 certified surgical assistant or physician assistant is working under the direction of
16 the operating physician as a first or second assist, and which may include the
17 following procedures:

18 (a) Positioning the patient;

19 (b) Preparing and draping the patient for the operative procedure;

20 (c) Observing the operative site during the operative procedure;

21 (d) Providing the best possible exposure of the anatomy incident to the operative
22 procedure;

23 (e) Assisting in closure of incisions and wound dressings; and

24 (f) Performing any task, within the role of an unlicensed assistive person, or if
25 the assistant is a physician assistant, performing any task within the role of a
26 physician assistant, as required by the operating physician incident to the
27 particular procedure being performed;

- 1 (17) "Major medical equipment" means equipment which is used for the provision of
2 medical and other health services and which costs in excess of the medical
3 equipment expenditure minimum. In determining whether medical equipment has a
4 value in excess of the medical equipment expenditure minimum, the value of
5 studies, surveys, designs, plans, working drawings, specifications, and other
6 activities essential to the acquisition of the equipment shall be included;
- 7 (18) "Nonsubstantive review" means an expedited review conducted by the cabinet of an
8 application for a certificate of need as authorized under KRS 216B.095;
- 9 (19) "Nonclinically related expenditures" means expenditures for:
- 10 (a) Repairs, renovations, alterations, and improvements to the physical plant of a
11 health facility which do not result in a substantial change in beds, a substantial
12 change in a health service, or the addition of major medical equipment, and do
13 not constitute the replacement or relocation of a health facility; or
- 14 (b) Projects which do not involve the provision of direct clinical patient care,
15 including but not limited to the following:
- 16 1. Parking facilities;
- 17 2. Telecommunications or telephone systems;
- 18 3. Management information systems;
- 19 4. Ventilation systems;
- 20 5. Heating or air conditioning, or both;
- 21 6. Energy conservation; or
- 22 7. Administrative offices;
- 23 (20) "Party to the proceedings" means the applicant for a certificate of need and any
24 affected person who appears at a hearing on the matter under consideration and
25 enters an appearance of record;
- 26 (21) "Perioperative nursing" means a practice of nursing in which the nurse provides
27 preoperative, intraoperative, and postoperative nursing care to surgical patients;

- 1 (22) "Person" means an individual, a trust or estate, a partnership, a corporation, an
2 association, a group, state, or political subdivision or instrumentality including a
3 municipal corporation of a state;
- 4 (23) "Physician assistant" means the same as the definition provided in KRS 311.550;
- 5 (24) "Record" means, as applicable in a particular proceeding:
- 6 (a) The application and any information provided by the applicant at the request
7 of the cabinet;
- 8 (b) Any information provided by a holder of a certificate of need or license in
9 response to a notice of revocation of a certificate of need or license;
- 10 (c) Any memoranda or documents prepared by or for the cabinet regarding the
11 matter under review which were introduced at any hearing;
- 12 (d) Any staff reports or recommendations prepared by or for the cabinet;
- 13 (e) Any recommendation or decision of the cabinet;
- 14 (f) Any testimony or documentary evidence adduced at a hearing;
- 15 (g) The findings of fact and opinions of the cabinet or the findings of fact and
16 recommendation of the hearing officer; and
- 17 (h) Any other items required by administrative regulations promulgated by the
18 cabinet;
- 19 (25) "Registered nurse first assistant" means one who:
- 20 (a) Holds a current active registered nurse licensure;
- 21 (b) Is certified in perioperative nursing; and
- 22 (c) Has successfully completed and holds a degree or certificate from a
23 recognized program, which shall consist of:
- 24 1. The Association of Operating Room Nurses, Inc., Core Curriculum for
25 the registered nurse first assistant; and
- 26 2. One (1) year of postbasic nursing study, which shall include at least
27 forty-five (45) hours of didactic instruction and one hundred twenty

1 (120) hours of clinical internship or its equivalent of two (2) college
2 semesters.

3 A registered nurse who was certified prior to 1995 by the Certification Board of
4 Perioperative Nursing shall not be required to fulfill the requirements of paragraph
5 (c) of this subsection;

6 (26) "Secretary" means the secretary of the Cabinet for Health and Family Services;

7 (27) "Sexual assault examination facility" means a licensed health facility, emergency
8 medical facility, primary care center, or a children's advocacy center or rape crisis
9 center that is regulated by the Cabinet for Health and Family Services, and that
10 provides sexual assault examinations under KRS 216B.400;

11 (28) "State health plan" means the document prepared triennially, updated annually, and
12 approved by the Governor;

13 (29) "Substantial change in a health service" means:

14 (a) The addition of a health service for which there are review criteria and
15 standards in the state health plan; or

16 (b) The addition of a health service subject to licensure under this chapter;

17 (30) "Substantial change in bed capacity" means the addition or reduction of beds by
18 licensure classification within a health facility;

19 (31) "Substantial change in a project" means a change made to a pending or approved
20 project which results in:

21 (a) A substantial change in a health service, except a reduction or termination of a
22 health service;

23 (b) A substantial change in bed capacity, except for reductions;

24 (c) A change of location; or

25 (d) An increase in costs greater than the allowable amount as prescribed by
26 regulation;

27 (32) "To acquire" means to obtain from another by purchase, transfer, lease, or other

1 comparable arrangement of the controlling interest of a capital asset or capital
2 stock, or voting rights of a corporation. An acquisition shall be deemed to occur
3 when more than fifty percent (50%) of an existing capital asset or capital stock or
4 voting rights of a corporation is purchased, transferred, leased, or acquired by
5 comparable arrangement by one (1) person from another person;

6 (33) "To batch" means to review in the same review cycle and, if applicable, give
7 comparative consideration to all filed applications pertaining to similar types of
8 services, facilities, or equipment affecting the same health service area;

9 (34) "To establish" means to construct, develop, or initiate a health facility;

10 (35) "To obligate" means to enter any enforceable contract for the construction,
11 acquisition, lease, or financing of a capital asset. A contract shall be considered
12 enforceable when all contingencies and conditions in the contract have been met.
13 An option to purchase or lease which is not binding shall not be considered an
14 enforceable contract; and

15 (36) "To offer" means, when used in connection with health services, to hold a health
16 facility out as capable of providing, or as having the means of providing, specified
17 health services.

18 ➔Section 14. This Act shall be known as the Mary Carol Akers Birth Centers
19 Act.