

1 AN ACT relating to reorganization.

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

3 ➔Section 1. KRS 12.550 is amended to read as follows:

4 (1) The Governor's Council on Wellness and Physical Activity is hereby established
5 and authorized to operate the Governor's Wellness and Physical Activity Program,
6 Inc. for the purpose of establishing and implementing a health, wellness, and fitness
7 program for Kentucky and to promote a healthy lifestyle for all citizens of the
8 Commonwealth. The Governor's Council on Wellness and Physical Activity shall
9 be attached to the Department for Public Health for administrative purposes.

10 (a) The ex officio members of the Governor's Council on Wellness and Physical
11 Activity shall be as follows:

- 12 1. The Governor or the Governor's designee from the executive cabinet;
- 13 2. The secretary of the Cabinet for Health and Family Services or
14 designee;
- 15 3. The secretary of the Personnel Cabinet or designee;
- 16 4. The secretary of the Education and Labor Cabinet;
- 17 5. The Senate co-chair of the Interim Joint Committee on Health
18 Services~~and Welfare~~ of the General Assembly; and
- 19 6. The House co-chair of the Interim Joint Committee on Health
20 Services~~and Welfare~~ of the General Assembly.

21 (b) In addition to the ex officio members, the Governor shall appoint five (5)
22 council members to serve three (3) year terms on the Governor's Council on
23 Wellness and Physical Activity. Members appointed by the Governor may be
24 reappointed by the Governor to serve successive terms. In making
25 appointments, the Governor shall attempt to include individuals from different
26 geographic regions of the Commonwealth of Kentucky. The Governor shall
27 make appointments to fill vacancies as they occur. Each appointment after the

- 1 initial appointment shall be for a three (3) year term unless the appointment is
2 to fill the unexpired portion of a term.
- 3 (c) The Governor or, if so designated by the Governor, the chairman of the
4 council shall have the authority to hire, fire, and manage all personnel of the
5 Governor's Wellness and Physical Activity Program, Inc., including the
6 executive director.
- 7 (d) The council shall administer funds appropriated or gifts, donations, or funds
8 received from any source. The council may expend funds in its discretion to
9 carry out the intent of KRS 12.020, 12.023, and 12.550.
- 10 (e) The council shall closely coordinate with the Department for Public Health to
11 establish policies and procedures.
- 12 (f) The council shall select from its membership a chairman and any other
13 officers it considers essential. The council may have committees and
14 subcommittees as determined by the council.
- 15 (g) The council shall make recommendations to the Governor and secretary of the
16 Cabinet for Health and Family Services.
- 17 (h) The council shall meet quarterly or more often as necessary for the conduct of
18 its business. A majority of the members shall constitute a quorum for the
19 transaction of business. Members' designees shall have voting privileges at
20 committee meetings.
- 21 (i) Members of the council shall serve without compensation but shall be
22 reimbursed for their necessary travel expenses actually incurred in the
23 discharge of their duties on the council, subject to Finance and Administration
24 Cabinet administrative regulations.
- 25 (j) The council may establish working groups as necessary.
- 26 (k) The council shall establish the Governor's Wellness and Physical Activity
27 Program, Inc. pursuant to the requirements in KRS 12.020, 12.023, and

1 12.550.

2 (2) Funds appropriated for purposes of the program shall not lapse at the end of the
3 fiscal year.

4 (3) (a) The Governor's Wellness and Physical Activity Program, Inc. shall follow
5 standard accounting practices and shall submit the following financial reports
6 to the Office of the Governor, the Finance and Administration Cabinet, and
7 the Legislative Research Commission:

8 1. Quarterly reports of expenditures of state funds, submitted on or before
9 the thirtieth day after the end of each quarter in the corporation's fiscal
10 year;

11 2. Annual reports of receipts and expenditures for the Governor's Wellness
12 and Physical Activity Program, Inc., submitted on or before the sixtieth
13 day after the end of the fiscal year of the corporation; and

14 3. The report of an annual financial audit conducted by an independent
15 auditor, submitted on or before September 1 of each year.

16 (b) The Governor's Wellness and Physical Activity Program, Inc. shall file
17 quarterly reports with the Office of the Governor and the Legislative Research
18 Commission. The report shall include a detail of the operations of the program
19 for the preceding year. The report shall include information concerning the
20 participant demographics, number of incentives distributed, and program
21 outcomes according to such measures of success as the board may adopt.

22 ➔Section 2. KRS 21A.190 is amended to read as follows:

23 (1) The General Assembly respectfully requests that the Supreme Court of Kentucky
24 institute a pilot project to study the feasibility and desirability of the opening or
25 limited opening of court proceedings, except for proceedings related to sexual
26 abuse, to the public which are related to:

27 (a) Dependency, neglect, and abuse proceedings under KRS Chapter 620; and

- 1 (b) Termination of parental rights proceedings under KRS Chapter 625.
- 2 (2) (a) The pilot project may be established in a minimum of three (3) diverse
3 judicial districts or judicial circuits or a division or divisions thereof chosen
4 by the Chief Justice.
- 5 (b) A pilot project authorized by this subsection shall not be established in a
6 judicial district or judicial circuit or a division thereof when objected to by the
7 applicable judge or county attorney.
- 8 (3) The pilot project shall:
- 9 (a) Require participating courts to be presumptively open;
- 10 (b) Last for four (4) years, unless extended or limited by the General Assembly;
11 and
- 12 (c) Be monitored and evaluated by the Administrative Office of the Courts to
13 determine:
- 14 1. Whether there are adverse effects resulting from the opening of certain
15 proceedings or release of records;
- 16 2. Whether the pilot project demonstrates a benefit to the litigants;
- 17 3. Whether the pilot project demonstrates a benefit to the public;
- 18 4. Whether the pilot project supports a determination that such proceedings
19 should be presumptively open;
- 20 5. Whether the pilot project supports a determination that such proceedings
21 should be closed;
- 22 6. How open proceedings under the pilot project impact the child;
- 23 7. The parameters and limits of the program;
- 24 8. Suggestions for the operation and improvement of the program;
- 25 9. Rules changes which may be needed if the program is to be made
26 permanent and expanded to all courts; and
- 27 10. Recommendations for statutory changes which may be needed if the

1 program is to be made permanent and expanded to all courts.

2 (4) The Administrative Office of the Courts:

3 (a) Shall provide an annual report to the Legislative Research Commission and
4 the Interim Joint Committee on Judiciary by September 1 of each year the
5 program is in operation with statistics, findings, and recommendations; and

6 (b) May make periodic progress reports and statistical reports and provide
7 suggestions to the Interim Joint Committee on Families and Children~~[Health~~
8 ~~and Welfare]~~ and to the Interim Joint Committee on Judiciary when
9 determined necessary by the Chief Justice.

10 ➔Section 3. KRS 164.020 is amended to read as follows:

11 The Council on Postsecondary Education in Kentucky shall:

12 (1) Develop and implement the strategic agenda with the advice and counsel of the
13 Strategic Committee on Postsecondary Education. The council shall provide for and
14 direct the planning process and subsequent strategic implementation plans based on
15 the strategic agenda as provided in KRS 164.0203;

16 (2) Revise the strategic agenda and strategic implementation plan with the advice and
17 counsel of the committee as set forth in KRS 164.004;

18 (3) Develop a system of public accountability related to the strategic agenda by
19 evaluating the performance and effectiveness of the state's postsecondary system.
20 The council shall prepare a report in conjunction with the accountability reporting
21 described in KRS 164.095, which shall be submitted to the committee, the
22 Governor, and the General Assembly by December 1 annually. This report shall
23 include a description of contributions by postsecondary institutions to the quality of
24 elementary and secondary education in the Commonwealth;

25 (4) Review, revise, and approve the missions of the state's universities and the
26 Kentucky Community and Technical College System. The Council on
27 Postsecondary Education shall have the final authority to determine the compliance

- 1 of postsecondary institutions with their academic, service, and research missions;
- 2 (5) Establish and ensure that all postsecondary institutions in Kentucky cooperatively
3 provide for an integrated system of postsecondary education. The council shall
4 guard against inappropriate and unnecessary conflict and duplication by promoting
5 transferability of credits and easy access of information among institutions;
- 6 (6) Engage in analyses and research to determine the overall needs of postsecondary
7 education and adult education in the Commonwealth;
- 8 (7) Develop plans that may be required by federal legislation. The council shall for all
9 purposes of federal legislation relating to planning be considered the "single state
10 agency" as that term may be used in federal legislation. When federal legislation
11 requires additional representation on any "single state agency," the Council on
12 Postsecondary Education shall establish advisory groups necessary to satisfy federal
13 legislative or regulatory guidelines;
- 14 (8) (a) Determine tuition and approve the minimum qualifications for admission to
15 the state postsecondary educational system. In defining residency, the council
16 shall classify a student as having Kentucky residency if the student met the
17 residency requirements at the beginning of his or her last year in high school
18 and enters a Kentucky postsecondary education institution within two (2)
19 years of high school graduation. In determining the tuition for non-Kentucky
20 residents, the council shall consider the fees required of Kentucky students by
21 institutions in adjoining states, the resident fees charged by other states, the
22 total actual per student cost of training in the institutions for which the fees
23 are being determined, and the ratios of Kentucky students to non-Kentucky
24 students comprising the enrollments of the respective institutions, and other
25 factors the council may in its sole discretion deem pertinent, except that the
26 Kentucky Community and Technical College System may assess a mandatory
27 student fee not to exceed eight dollars (\$8) per credit hour to be used

1 exclusively for debt service on amounts not to exceed seventy-five percent
2 (75%) of the total projects cost of the Kentucky Community and Technical
3 College System agency bond projects included in 2014 Ky. Acts ch. 117, Part
4 II, J., 11.

5 (b) The Kentucky Community and Technical College System mandatory fee
6 established in this subsection shall only be used for debt service on agency
7 bond projects.

8 (c) Any fee established as provided by this subsection shall cease to be assessed
9 upon the retirement of the project bonds for which it services debt.

10 (d) Prior to the issuance of any bonds, the Kentucky Community and Technical
11 College System shall certify in writing to the secretary of the Finance and
12 Administration Cabinet that sufficient funds have been raised to meet the
13 local match equivalent to twenty-five percent (25%) of the total project cost;

14 (9) Devise, establish, and periodically review and revise policies to be used in making
15 recommendations to the Governor for consideration in developing
16 recommendations to the General Assembly for appropriations to the universities,
17 the Kentucky Community and Technical College System, and to support strategies
18 for persons to maintain necessary levels of literacy throughout their lifetimes. The
19 council has sole discretion, with advice of the Strategic Committee on
20 Postsecondary Education and the executive officers of the postsecondary education
21 system, to devise policies that provide for allocation of funds among the
22 universities and the Kentucky Community and Technical College System;

23 (10) Lead and provide staff support for the biennial budget process as provided under
24 KRS Chapter 48, in cooperation with the committee;

25 (11) (a) Except as provided in paragraph (b) of this subsection, review and approve all
26 capital construction projects covered by KRS 45.750(1)(f), including real
27 property acquisitions, and regardless of the source of funding for projects or

1 acquisitions. Approval of capital projects and real property acquisitions shall
2 be on a basis consistent with the strategic agenda and the mission of the
3 respective universities and the Kentucky Community and Technical College
4 System.

5 (b) The organized groups that are establishing community college satellites as
6 branches of existing community colleges in the counties of Laurel, Leslie, and
7 Muhlenberg, and that have substantially obtained cash, pledges, real property,
8 or other commitments to build the satellite at no cost to the Commonwealth,
9 other than operating costs that shall be paid as part of the operating budget of
10 the main community college of which the satellite is a branch, are authorized
11 to begin construction of the satellite on or after January 1, 1998;

12 (12) Require reports from the executive officer of each institution it deems necessary for
13 the effectual performance of its duties;

14 (13) Ensure that the state postsecondary system does not unnecessarily duplicate
15 services and programs provided by private postsecondary institutions and shall
16 promote maximum cooperation between the state postsecondary system and private
17 postsecondary institutions. Receive and consider an annual report prepared by the
18 Association of Independent Kentucky Colleges and Universities stating the
19 condition of independent institutions, listing opportunities for more collaboration
20 between the state and independent institutions and other information as appropriate;

21 (14) Establish course credit, transfer, and degree components as required in KRS
22 164.2951;

23 (15) Define and approve the offering of all postsecondary education technical, associate,
24 baccalaureate, graduate, and professional degree, certificate, or diploma programs
25 in the public postsecondary education institutions. The council shall expedite
26 wherever possible the approval of requests from the Kentucky Community and
27 Technical College System board of regents relating to new certificate, diploma,

1 technical, or associate degree programs of a vocational-technical and occupational
2 nature. Without the consent of the General Assembly, the council shall not abolish
3 or limit the total enrollment of the general program offered at any community
4 college to meet the goal of reasonable access throughout the Commonwealth to a
5 two (2) year course of general studies designed for transfer to a baccalaureate
6 program. This does not restrict or limit the authority of the council, as set forth in
7 this section, to eliminate or make changes in individual programs within that
8 general program;

9 (16) Eliminate, in its discretion, existing programs or make any changes in existing
10 academic programs at the state's postsecondary educational institutions, taking into
11 consideration these criteria:

12 (a) Consistency with the institution's mission and the strategic agenda;

13 (b) Alignment with the priorities in the strategic implementation plan for
14 achieving the strategic agenda;

15 (c) Elimination of unnecessary duplication of programs within and among
16 institutions; and

17 (d) Efforts to create cooperative programs with other institutions through
18 traditional means, or by use of distance learning technology and electronic
19 resources, to achieve effective and efficient program delivery;

20 (17) Ensure the governing board and faculty of all postsecondary education institutions
21 are committed to providing instruction free of discrimination against students who
22 hold political views and opinions contrary to those of the governing board and
23 faculty;

24 (18) Review proposals and make recommendations to the Governor regarding the
25 establishment of new public community colleges, technical institutions, and new
26 four (4) year colleges;

27 (19) Postpone the approval of any new program at a state postsecondary educational

- 1 institution, unless the institution has met its equal educational opportunity goals, as
2 established by the council. In accordance with administrative regulations
3 promulgated by the council, those institutions not meeting the goals shall be able to
4 obtain a temporary waiver, if the institution has made substantial progress toward
5 meeting its equal educational opportunity goals;
- 6 (20) Ensure the coordination, transferability, and connectivity of technology among
7 postsecondary institutions in the Commonwealth including the development and
8 implementation of a technology plan as a component of the strategic agenda;
- 9 (21) Approve the teacher education programs in the public institutions that comply with
10 standards established by the Education Professional Standards Board pursuant to
11 KRS 161.028;
- 12 (22) Constitute the representative agency of the Commonwealth in all matters of
13 postsecondary education of a general and statewide nature which are not otherwise
14 delegated to one (1) or more institutions of postsecondary learning. The
15 responsibility may be exercised through appropriate contractual relationships with
16 individuals or agencies located within or without the Commonwealth. The authority
17 includes but is not limited to contractual arrangements for programs of research,
18 specialized training, and cultural enrichment;
- 19 (23) Maintain procedures for the approval of a designated receiver to provide for the
20 maintenance of student records of the public institutions of higher education and the
21 colleges as defined in KRS 164.945, and institutions operating pursuant to KRS
22 165A.310 which offer collegiate level courses for academic credit, which cease to
23 operate. Procedures shall include assurances that, upon proper request, subject to
24 federal and state laws and regulations, copies of student records shall be made
25 available within a reasonable length of time for a minimum fee;
- 26 (24) Monitor and transmit a report on compliance with KRS 164.351 to the director of
27 the Legislative Research Commission for distribution to the *Interim Joint*

1 *Committee on Families and Children*~~[Health and Welfare Committee]~~;

2 (25) (a) Develop in cooperation with each public university and the Kentucky
3 Community and Technical College System a comprehensive orientation and
4 education program for new members of the council and the governing boards
5 and continuing education opportunities for all council and board members.
6 For new members of the council and institutional governing boards, the
7 council shall:

8 1. Ensure that the orientation and education program comprises six (6)
9 hours of instruction time and includes but is not limited to information
10 concerning the roles of the council and governing board members, the
11 strategic agenda and the strategic implementation plan, and the
12 respective institution's mission, budget and finances, strategic plans and
13 priorities, institutional policies and procedures, board fiduciary
14 responsibilities, legal considerations including open records and open
15 meetings requirements, ethical considerations arising from board
16 membership, and the board member removal and replacement
17 provisions of KRS 63.080;

18 2. Establish delivery methods by which the orientation and education
19 program can be completed in person or electronically by new members
20 within one (1) year of their appointment or election;

21 3. Provide an annual report to the Governor and Legislative Research
22 Commission of those new board members who do not complete the
23 required orientation and education program; and

24 4. Invite governing board members of private colleges and universities
25 licensed by the Council on Postsecondary Education to participate in the
26 orientation and education program described in this subsection;

27 (b) Offer, in cooperation with the public universities and the Kentucky

- 1 Community and Technical College System, continuing education
2 opportunities for all council and governing board members; and
- 3 (c) Review and approve the orientation programs of each public university and
4 the Kentucky Community and Technical College System for their governing
5 board members to ensure that all programs and information adhere to this
6 subsection;
- 7 (26) Develop a financial reporting procedure to be used by all state postsecondary
8 education institutions to ensure uniformity of financial information available to
9 state agencies and the public;
- 10 (27) Select and appoint a president of the council under KRS 164.013;
- 11 (28) Employ consultants and other persons and employees as may be required for the
12 council's operations, functions, and responsibilities;
- 13 (29) Promulgate administrative regulations, in accordance with KRS Chapter 13A,
14 governing its powers, duties, and responsibilities as described in this section;
- 15 (30) Prepare and present by January 31 of each year an annual status report on
16 postsecondary education in the Commonwealth to the Governor, the Strategic
17 Committee on Postsecondary Education, and the Legislative Research Commission;
- 18 (31) Consider the role, function, and capacity of independent institutions of
19 postsecondary education in developing policies to meet the immediate and future
20 needs of the state. When it is found that independent institutions can meet state
21 needs effectively, state resources may be used to contract with or otherwise assist
22 independent institutions in meeting these needs;
- 23 (32) Create advisory groups representing the presidents, faculty, nonteaching staff, and
24 students of the public postsecondary education system and the independent colleges
25 and universities;
- 26 (33) Develop a statewide policy to promote employee and faculty development in state
27 and locally operated secondary area technology centers through the waiver of

1 tuition for college credit coursework in the public postsecondary education system.
2 Any regular full-time employee of a state or locally operated secondary area
3 technology center may, with prior administrative approval of the course offering
4 institution, take a maximum of six (6) credit hours per term at any public
5 postsecondary institution. The institution shall waive the tuition up to a maximum
6 of six (6) credit hours per term. The employee shall complete the Free Application
7 for Federal Student Aid to determine the level of need and eligibility for state and
8 federal financial aid programs. The amount of tuition waived shall not exceed the
9 cost of tuition at the institution less any state or federal grants received, which shall
10 be credited first to the student's tuition;

11 (34) Participate with the Kentucky Department of Education, the Kentucky Board of
12 Education, and postsecondary education institutions to ensure that academic content
13 requirements for successful entry into postsecondary education programs are
14 aligned with high school content standards and that students who master the high
15 school academic content standards shall not need remedial courses. The council
16 shall monitor the results on an ongoing basis;

17 (35) Cooperate with the Kentucky Department of Education and the Education
18 Professional Standards Board in providing information sessions to selected
19 postsecondary education content faculty and teacher educators of the high school
20 academic content standards as required under KRS 158.6453(2)(1);

21 (36) Cooperate with the Office of the Kentucky Center for Statistics and ensure the
22 participation of the public institutions as required in KRS 151B.133;

23 (37) Pursuant to KRS 63.080, review written notices from the Governor or from a board
24 of trustees or board of regents concerning removal of a board member or the entire
25 appointed membership of a board, investigate the member or board and the conduct
26 alleged to support removal, and make written recommendations to the Governor
27 and the Legislative Research Commission as to whether the member or board

1 should be removed; and

2 (38) Exercise any other powers, duties, and responsibilities necessary to carry out the
3 purposes of this chapter. Nothing in this chapter shall be construed to grant the
4 Council on Postsecondary Education authority to disestablish or eliminate any
5 college of law which became a part of the state system of higher education through
6 merger with a state college.

7 ➔Section 4. KRS 194A.030 is amended to read as follows:

8 The cabinet consists of the following major organizational units, which are hereby
9 created:

10 (1) Office of the Secretary. Within the Office of the Secretary, there shall be an Office
11 of the Ombudsman and Administrative Review, an Office of Legal Services, an
12 Office of Inspector General, an Office of Public Affairs, an Office of Human
13 Resource Management, an Office of Finance and Budget, an Office of Legislative
14 and Regulatory Affairs, an Office of Administrative Services, an Office of
15 Application Technology Services and an Office of Data Analytics, as follows:

16 (a) The Office of the Ombudsman and Administrative Review shall be headed by
17 an executive director who shall be appointed by the secretary with the
18 approval of the Governor under KRS 12.050 and shall:

19 1. Investigate, upon complaint or on its own initiative, any administrative
20 act of an organizational unit, employee, or contractor of the cabinet,
21 without regard to the finality of the administrative act. Organizational
22 units, employees, or contractors of the cabinet shall not willfully
23 obstruct an investigation, restrict access to records or personnel, or
24 retaliate against a complainant or cabinet employee;

25 2. Make recommendations that resolve citizen complaints and improve
26 governmental performance and may require corrective action when
27 policy violations are identified;

- 1 3. Provide evaluation and information analysis of cabinet performance and
- 2 compliance with state and federal law;
- 3 4. Place an emphasis on research and best practices, program
- 4 accountability, quality service delivery, and improved governmental
- 5 performance;
- 6 5. Provide information on how to contact the office for public posting at all
- 7 offices where Department for Community Based Services employees or
- 8 contractors work, at any facility where a child in the custody of the
- 9 cabinet resides, and to all cabinet or contracted foster parents;
- 10 6. Report to the Office of Inspector General for review and investigation
- 11 any charge or case against an employee of the Cabinet for Health and
- 12 Family Services where it has cause to believe the employee has engaged
- 13 in dishonest, unethical, or illegal conduct or practices related to his or
- 14 her job duties; or any violation of state law or administrative regulation
- 15 by any organization or individual regulated by, or contracted with the
- 16 cabinet;
- 17 7. Compile a report of all citizen complaints about programs or services of
- 18 the cabinet and a summary of resolution of the complaints and submit
- 19 the report upon request to the Interim Joint Committee on Health
- 20 *Services and the Interim Joint Committee on Families and*
- 21 *Children*~~[and Welfare and Family Services];~~
- 22 8. Include oversight of administrative hearings; and
- 23 9. Provide information to the Office of the Attorney General, when
- 24 requested, related to substantiated violations of state law against an
- 25 employee, a contractor of the cabinet, or a foster or adoptive parent;
- 26 (b) The Office of Legal Services shall provide legal advice and assistance to all
- 27 units of the cabinet in any legal action in which it may be involved. The

1 Office of Legal Services shall employ all attorneys of the cabinet who serve
2 the cabinet in the capacity of attorney, giving legal advice and opinions
3 concerning the operation of all programs in the cabinet. The Office of Legal
4 Services shall be headed by a general counsel who shall be appointed by the
5 secretary with the approval of the Governor under KRS 12.050 and 12.210.
6 The general counsel shall be the chief legal advisor to the secretary and shall
7 be directly responsible to the secretary. The Attorney General, on the request
8 of the secretary, may designate the general counsel as an assistant attorney
9 general under the provisions of KRS 15.105;

10 (c) The Office of Inspector General shall be headed by an inspector general who
11 shall be appointed by the secretary with the approval of the Governor. The
12 inspector general shall be directly responsible to the secretary. The Office of
13 Inspector General shall be responsible for:

- 14 1. The conduct of audits and investigations for detecting the perpetration of
15 fraud or abuse of any program by any client, or by any vendor of
16 services with whom the cabinet has contracted; and the conduct of
17 special investigations requested by the secretary, commissioners, or
18 office heads of the cabinet into matters related to the cabinet or its
19 programs;
- 20 2. Licensing and regulatory functions as the secretary may delegate;
- 21 3. Review of health facilities participating in transplant programs, as
22 determined by the secretary, for the purpose of determining any
23 violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963;
- 24 4. The duties, responsibilities, and authority pertaining to the certificate of
25 need functions and the licensure appeals functions, pursuant to KRS
26 Chapter 216B;
- 27 5. The notification and forwarding of any information relevant to possible

- 1 criminal violations to the appropriate prosecuting authority;
- 2 6. The oversight of the operations of the Kentucky Health Information
- 3 Exchange; and
- 4 7. The support and guidance to health care providers related to telehealth
- 5 services, including the development of policy, standards, resources, and
- 6 education to expand telehealth services across the Commonwealth;
- 7 (d) The Office of Public Affairs shall be headed by an executive director
- 8 appointed by the secretary with the approval of the Governor in accordance
- 9 with KRS 12.050. The office shall provide information to the public and news
- 10 media about the programs, services, and initiatives of the cabinet;
- 11 (e) The Office of Human Resource Management shall be headed by an executive
- 12 director appointed by the secretary with the approval of the Governor in
- 13 accordance with KRS 12.050. The office shall coordinate, oversee, and
- 14 execute all personnel, training, and management functions of the cabinet. The
- 15 office shall focus on the oversight, development, and implementation of
- 16 quality improvement services; curriculum development and delivery of
- 17 instruction to staff; the administration, management, and oversight of training
- 18 operations; health, safety, and compliance training; and equal employment
- 19 opportunity compliance functions;
- 20 (f) The Office of Finance and Budget shall be headed by an executive director
- 21 appointed by the secretary with the approval of the Governor in accordance
- 22 with KRS 12.050. The office shall provide central review and oversight of
- 23 budget, contract, and cabinet finances. The office shall provide coordination,
- 24 assistance, and support to program departments and independent review and
- 25 analysis on behalf of the secretary;
- 26 (g) The Office of Legislative and Regulatory Affairs shall be headed by an
- 27 executive director appointed by the secretary with the approval of the

- 1 Governor in accordance with KRS 12.050. The office shall provide central
2 review and oversight of legislation, policy, and administrative regulations.
3 The office shall provide coordination, assistance, and support to program
4 departments and independent review and analysis on behalf of the secretary;
- 5 (h) The Office of Administrative Services shall be headed by an executive
6 director appointed by the secretary with the approval of the Governor in
7 accordance with KRS 12.050. The office shall provide central review and
8 oversight of procurement, general accounting including grant monitoring, and
9 facility management. The office shall provide coordination, assistance, and
10 support to program departments and independent review and analysis on
11 behalf of the secretary;
- 12 (i) The Office of Application Technology Services shall be headed by an
13 executive director appointed by the secretary with the approval of the
14 Governor in accordance with KRS 12.050. The office shall provide
15 application technology services including central review and oversight. The
16 office shall provide coordination, assistance, and support to program
17 departments and independent review and analysis on behalf of the secretary;
18 and
- 19 (j) The Office of Data Analytics shall be headed by an executive director who
20 shall be appointed by the secretary with the approval of the Governor under
21 KRS 12.050 and shall identify and innovate strategic initiatives to inform
22 public policy initiatives and provide opportunities for improved health
23 outcomes for all Kentuckians through data analytics. The office shall provide
24 leadership in the redesign of the health care delivery system using electronic
25 information technology to improve patient care and reduce medical errors and
26 duplicative services;
- 27 (2) Department for Medicaid Services. The Department for Medicaid Services shall

1 serve as the single state agency in the Commonwealth to administer Title XIX of
2 the Federal Social Security Act. The Department for Medicaid Services shall be
3 headed by a commissioner for Medicaid services, who shall be appointed by the
4 secretary with the approval of the Governor under KRS 12.050. The commissioner
5 for Medicaid services shall be a person who by experience and training in
6 administration and management is qualified to perform the duties of this office. The
7 commissioner for Medicaid services shall exercise authority over the Department
8 for Medicaid Services under the direction of the secretary and shall only fulfill
9 those responsibilities as delegated by the secretary;

10 (3) Department for Public Health. The Department for Public Health shall develop and
11 operate all programs of the cabinet that provide health services and all programs for
12 assessing the health status of the population for the promotion of health and the
13 prevention of disease, injury, disability, and premature death. This shall include but
14 not be limited to oversight of the Division of Women's Health. The Department for
15 Public Health shall be headed by a commissioner for public health who shall be
16 appointed by the secretary with the approval of the Governor under KRS 12.050.
17 The commissioner for public health shall be a duly licensed physician who by
18 experience and training in administration and management is qualified to perform
19 the duties of this office. The commissioner shall advise the head of each major
20 organizational unit enumerated in this section on policies, plans, and programs
21 relating to all matters of public health, including any actions necessary to safeguard
22 the health of the citizens of the Commonwealth. The commissioner shall serve as
23 chief medical officer of the Commonwealth. The commissioner for public health
24 shall exercise authority over the Department for Public Health under the direction
25 of the secretary and shall only fulfill those responsibilities as delegated by the
26 secretary;

27 (4) Department for Behavioral Health, Developmental and Intellectual Disabilities. The

1 Department for Behavioral Health, Developmental and Intellectual Disabilities shall
2 develop and administer programs for the prevention of mental illness, intellectual
3 disabilities, brain injury, developmental disabilities, and substance use disorders
4 and shall develop and administer an array of services and support for the treatment,
5 habilitation, and rehabilitation of persons who have a mental illness or emotional
6 disability, or who have an intellectual disability, brain injury, developmental
7 disability, or a substance use disorder. The Department for Behavioral Health,
8 Developmental and Intellectual Disabilities shall be headed by a commissioner for
9 behavioral health, developmental and intellectual disabilities who shall be
10 appointed by the secretary with the approval of the Governor under KRS 12.050.
11 The commissioner for behavioral health, developmental and intellectual disabilities
12 shall be by training and experience in administration and management qualified to
13 perform the duties of the office. The commissioner for behavioral health,
14 developmental and intellectual disabilities shall exercise authority over the
15 department under the direction of the secretary, and shall only fulfill those
16 responsibilities as delegated by the secretary;

17 (5) Office for Children with Special Health Care Needs. The duties, responsibilities,
18 and authority set out in KRS 200.460 to 200.490 shall be performed by the office.
19 The office shall advocate the rights of children with disabilities and, to the extent
20 that funds are available, shall ensure the administration of services for children with
21 disabilities as are deemed appropriate by this office pursuant to Title V of the Social
22 Security Act. The office may promulgate administrative regulations under KRS
23 Chapter 13A as may be necessary to implement and administer its responsibilities.
24 The duties, responsibilities, and authority of the Office for Children with Special
25 Health Care Needs shall be performed through the office of the executive director.
26 The executive director shall be appointed by the secretary with the approval of the
27 Governor under KRS 12.050;

- 1 (6) Department for Family Resource Centers and Volunteer Services. The Department
2 for Family Resource Centers and Volunteer Services shall streamline the various
3 responsibilities associated with the human services programs for which the cabinet
4 is responsible. This shall include, but not be limited to, oversight of the Division of
5 Family Resource and Youth Services Centers and Serve Kentucky. The Department
6 for Family Resource Centers and Volunteer Services shall be headed by a
7 commissioner who shall be appointed by the secretary with the approval of the
8 Governor under KRS 12.050. The commissioner for family resource centers and
9 volunteer services shall be by training and experience in administration and
10 management qualified to perform the duties of the office, shall exercise authority
11 over the department under the direction of the secretary, and shall only fulfill those
12 responsibilities as delegated by the secretary;
- 13 (7) Department for Community Based Services. The Department for Community Based
14 Services shall administer and be responsible for child and adult protection, violence
15 prevention resources, foster care and adoption, permanency, and services to
16 enhance family self-sufficiency, including child care, social services, public
17 assistance, and family support. The department shall be headed by a commissioner
18 appointed by the secretary with the approval of the Governor in accordance with
19 KRS 12.050;
- 20 (8) Department for Income Support. The Department for Income Support shall be
21 responsible for child support enforcement and disability determination. The
22 department shall serve as the state unit as required by Title II and Title XVI of the
23 Social Security Act, and shall have responsibility for determining eligibility for
24 disability for those citizens of the Commonwealth who file applications for
25 disability with the Social Security Administration. The department shall be headed
26 by a commissioner appointed by the secretary with the approval of the Governor in
27 accordance with KRS 12.050; and

1 (9) Department for Aging and Independent Living. The Department for Aging and
2 Independent Living shall serve as the state unit as designated by the Administration
3 on Aging Services under the Older Americans Act and shall have responsibility for
4 administration of the federal community support services, in-home services, meals,
5 family and caregiver support services, elder rights and legal assistance, senior
6 community services employment program, the state health insurance assistance
7 program, state home and community based services including home care,
8 Alzheimer's respite services and the personal care attendant program, certifications
9 of assisted living facilities, the state Council on Alzheimer's Disease and other
10 related disorders, and guardianship services. The department shall also administer
11 the Long-Term Care Ombudsman Program and the Medicaid Home and
12 Community Based Waivers Participant Directed Services Option (PDS) Program.
13 The department shall serve as the information and assistance center for aging and
14 disability services and administer multiple federal grants and other state initiatives.
15 The department shall be headed by a commissioner appointed by the secretary with
16 the approval of the Governor in accordance with KRS 12.050.

17 ➔Section 5. KRS 194A.564 is amended to read as follows:

18 The cabinet secretary shall designate a study group composed of personnel within the
19 Department for Community Based Services' field services staff and any other persons
20 deemed necessary to make recommendations regarding personnel classifications for state
21 agency social workers. The study group shall include in its deliberations, but is not
22 limited to, special personnel designations that would permit or require specialized
23 personal safety training and other requirements that reflect the sometimes dangerous
24 nature of official job duties of state agency social workers. The study group shall report
25 its recommendations by November 15, 2007~~], to the Governor and the Interim Joint~~
26 ~~Committees on Appropriations and Revenue and Health and Welfare].~~

27 ➔Section 6. KRS 194A.601 is amended to read as follows:

- 1 (1) The Office of Dementia Services is established within the cabinet. The purpose of
2 the office is to oversee information and resources related to policy and services
3 affecting residents of Kentucky with dementia, and the caregivers and families of
4 the residents.
- 5 (2) The dementia services coordinator shall be a full-time, permanent employee and
6 shall be responsible for the staffing and operational details of the office. A report on
7 the operations of the office shall be made to the secretary within ninety (90) days of
8 June 29, 2021. An annual report on the operation of the office shall be made to the
9 Interim Joint Committee on Health, ~~Welfare, and Family~~ Services by December 1
10 of each year.
- 11 (3) The duties of the office shall include but not be limited to:
- 12 (a) Creating, implementing, and updating the Kentucky Alzheimer's and Related
13 Dementias State Plan;
- 14 (b) Coordinating and managing the Alzheimer's Disease and Related Disorders
15 Advisory Council;
- 16 (c) Assessing and analyzing dementia-specific data collected by the cabinet,
17 including the behavioral risk factor surveillance system, and data from other
18 relevant departments and divisions;
- 19 (d) Evaluating of state-funded dementia services;
- 20 (e) Identifying and supporting the development of dementia-specific trainings;
- 21 (f) Streamlining all applicable state government services to increase efficiency
22 and improve the quality of care in residential and home and community-based
23 settings;
- 24 (g) Identifying any duplicative services to eliminate all unnecessary costs;
- 25 (h) Identifying and applying for grant opportunities to expand the scope of
26 services while reducing state costs; and
- 27 (i) Completing other duties relevant to supporting policy development and

1 implementation to support individuals with dementia and their family
2 caregivers.

3 ➔Section 7. KRS 199.665 is amended to read as follows:

- 4 (1) As used in this section, unless the context otherwise requires;
- 5 (a) "Cabinet" means the Cabinet for Health and Family Services;
- 6 (b) "Performance-based contracting" means an approach that stresses permanency
7 outcomes for children and utilizes a payment structure that reinforces provider
8 agencies' efforts to offer services that improve the outcomes for children; and
- 9 (c) "Secretary" means the secretary of the Cabinet for Health and Family
10 Services.
- 11 (2) The secretary shall designate a study group to make recommendations regarding the
12 creation and implementation of performance-based contracting for licensed child-
13 caring facilities and child-placing agencies in the Commonwealth.
- 14 (3) The study group shall be composed of the following members:
- 15 (a) The secretary;
- 16 (b) The commissioner for the Department for Community Based Services;
- 17 (c) The director of the Administrative Office of the Courts, or designee;
- 18 (d) The executive director of the Governor's Office of Early Childhood, or
19 designee;
- 20 (e) One (1) adult who was a former foster child in the Commonwealth;
- 21 (f) One (1) adult who is a current or former foster parent in the Commonwealth;
- 22 (g) Two (2) employees of a licensed child-placing agency;
- 23 (h) Two (2) employees of a licensed child-caring facility; and
- 24 (i) Any personnel within the Department for Community Based Services that the
25 secretary deems necessary.
- 26 (4) In its deliberations, the study group shall include but not be limited to analysis of
27 improved timeliness and likelihood of permanency such as reunification, adoption,

1 or guardianship; fewer moves for children in foster care; and reduced instances of
2 reentry into care.

3 (5) The study group shall report its recommendations by December 1, 2018~~[, to the~~
4 ~~Governor and the Interim Joint Committees on Appropriations and Revenue and~~
5 ~~Health and Welfare and Family Services]~~. The study group shall cease to operate
6 after the delivery of the recommendations required by this subsection.

7 (6) By July 1, 2019, the cabinet shall:

8 (a) Establish and implement performance-based contracting for licensed child-
9 caring facilities and child-placing agencies that contract with the department
10 for services; and

11 (b) Apply and implement all standards, processes, and procedures established for
12 performance-based contracting for licensed child-caring facilities and child-
13 placing agencies in accordance with paragraph (a) of this subsection to all
14 other cabinet-operated programs that are like those operated by child-caring
15 facilities and child-placing agencies.

16 (7) The cabinet shall promulgate administrative regulations to implement this section.

17 ➔Section 8. KRS 199.8943 is amended to read as follows:

18 (1) As used in this section:

19 (a) "Federally funded time-limited employee" has the same meaning as in KRS
20 18A.005;

21 (b) "Primary school program" has the same meaning as in KRS 158.031(1); and

22 (c) "Public-funded" means a program which receives local, state, or federal
23 funding.

24 (2) The Early Childhood Advisory Council shall, in consultation with early care and
25 education providers, the Cabinet for Health and Family Services, and others,
26 including but not limited to child-care resource and referral agencies and family
27 resource centers, Head Start agencies, and the Kentucky Department of Education,

1 develop a quality-based graduated early care and education program rating system
2 for public-funded licensed child-care and certified family child-care homes, public-
3 funded preschool, and Head Start, based on but not limited to:

- 4 (a) Classroom and instructional quality;
- 5 (b) Administrative and leadership practices;
- 6 (c) Staff qualifications and professional development; and
- 7 (d) Family and community engagement.

8 (3) (a) The Cabinet for Health and Family Services shall, in consultation with the
9 Early Childhood Advisory Council, promulgate administrative regulations in
10 accordance with KRS Chapter 13A to implement the quality-based graduated
11 early childhood rating system for public-funded child-care and certified
12 family child-care homes developed under subsection (2) of this section.

13 (b) The Kentucky Department of Education shall, in consultation with the Early
14 Childhood Advisory Council, promulgate administrative regulations in
15 accordance with KRS Chapter 13A to implement the quality-based graduated
16 early childhood rating system, developed under subsection (2) of this section,
17 for public-funded preschool.

18 (c) The administrative regulations promulgated in accordance with paragraphs (a)
19 and (b) of this subsection shall include:

- 20 1. Agency time frames of reviews for rating;
- 21 2. An appellate process under KRS Chapter 13B; and
- 22 3. The ability of providers to request reevaluation for rating.

23 (4) The quality-based early childhood rating system shall not be used for enforcement
24 of compliance or in any punitive manner.

25 (5) The Early Childhood Advisory Council, in consultation with the Kentucky Center
26 for Education and Workforce Statistics, the Kentucky Department of Education,
27 and the Cabinet for Health and Family Services, shall report by October 1 of each

1 year to the Interim Joint Committee on Education on the implementation of the
2 quality-based graduated early childhood rating system. The report shall include the
3 following quantitative performance measures as data becomes available:

- 4 (a) Program participation in the rating system;
- 5 (b) Ratings of programs by program type;
- 6 (c) Changes in student school-readiness measures;
- 7 (d) Longitudinal student cohort performance data tracked through student
8 completion of the primary school program; and
- 9 (e) Long-term viability recommendations for sustainability at the end of the Race
10 to the Top-Early Learning Challenge grant.

11 (6) By November 1, 2017, the Early Childhood Advisory Council and the Cabinet for
12 Health and Family Services shall report ~~to the Interim Joint Committee on~~
13 ~~Education and the Interim Joint Committee on Health and Welfare~~ on
14 recommendations and plans for sustaining program quality after the depletion of
15 federal Race to the Top-Early Learning Challenge grant funds.

16 (7) Any federally funded time-limited employee personnel positions created as a result
17 of the federal Race to the Top-Early Learning Challenge grant shall be eliminated
18 upon depletion of the grant funds.

19 ➔Section 9. KRS 199.8996 is amended to read as follows:

20 (1) The Cabinet for Health and Family Services shall prepare the following reports on
21 child-care programs, and shall make them available upon request:

- 22 (a) State and federally mandated reports on the child-care funds administered by
23 the Department for Community Based Services; and
- 24 (b) Reports on the child-care subsidy programs, training, resource and referral,
25 and similar activities upon request by the public, the Early Childhood
26 Advisory Council, or the Child Care Advisory Council, to the extent resources
27 are available within the cabinet and as permitted under the Kentucky Open

1 Records Act, KRS 61.870 to 61.884, and state and federal laws governing the
2 protection of human research subjects.

3 (2) The cabinet shall include the number of dedicated child-care licensing surveyor
4 positions and the ratio of surveyors to child-care facilities within its half-year block
5 grant status reports.

6 (3) By November 1, 2017, the Cabinet for Health and Family Services and the Early
7 Childhood Advisory Council shall report~~[to the Interim Joint Committee on~~
8 ~~Education and the Interim Joint Committee on Health and Welfare]~~ on
9 recommendations and plans for sustaining the quality-based graduated early care
10 and education program after the depletion of federal Race to the Top-Early
11 Learning Challenge grant funds.

12 ➔Section 10. KRS 205.470 is amended to read as follows:

13 (1) As used in this section, "aging caregiver" means an individual age sixty (60) or
14 older who provides care for an individual with an intellectual disability or other
15 developmental disability.

16 (2) If state, federal, or other funds are available, the Kentucky Department for
17 Behavioral Health, Developmental and Intellectual Disabilities shall, in cooperation
18 with the Department for Aging and Independent Living and the Department for
19 Medicaid Services, establish a centralized resource and referral center designed as a
20 one-stop, seamless system to provide aging caregivers with information and
21 assistance with choices and planning for long-term supports for individuals with an
22 intellectual disability or developmental disability.

23 (3) The center created in subsection (2) of this section shall provide but not be limited
24 to the following services:

25 (a) Comprehensive information on available programs and services, including but
26 not limited to:

27 1. Residential services;

- 1 2. Employment training;
- 2 3. Supported employment;
- 3 4. Behavioral support;
- 4 5. Respite services;
- 5 6. Adult day health or adult day social services;
- 6 7. Support coordination;
- 7 8. Home or environmental modifications;
- 8 9. Community living services, including an attendant, and assistance with
- 9 homemaking, shopping, and personal care;
- 10 10. Support groups in the community;
- 11 11. Psychiatric services;
- 12 12. Consumer-directed options;
- 13 13. Attorneys or legal services to assist with will preparation; and
- 14 14. The impact of inheritance on government benefits and options, including
- 15 establishing a special needs trust;
- 16 (b) Printed material and Internet-based information related to:
- 17 1. Options for future planning;
- 18 2. Financial and estate planning;
- 19 3. Wills and trusts; and
- 20 4. Advance directives and funeral and burial arrangements; and
- 21 (c) Referral to community resources.
- 22 (4) The center created in subsection (2) of this section shall operate a toll-free number
- 23 at least during regular business hours and shall publish information required in
- 24 paragraph (a) of subsection (3) of this section and a description of services provided
- 25 by the center on a cabinet ~~website~~ web site.
- 26 (5) The center created in subsection (2) of this section shall make the information listed
- 27 in subsection (3) of this section available to the support broker and any

1 representative of an individual who is participating in a Medicaid consumer-
2 directed option.

3 (6) The center shall use electronic information technology to track services provided
4 and to follow-up with individuals served and provide additional information or
5 referrals as needed.

6 (7) The department may contract with a private entity to provide the services required
7 under subsections (2) and (3) of this section.

8 (8) The cabinet may provide services identified in subsection (3) of this section to
9 individuals of any age who are caregivers of individuals with an intellectual
10 disability or developmental disability.

11 (9) Prior to January 1, 2008, the department shall submit a report ~~to the Interim Joint~~
12 ~~Committee on Health and Welfare~~ that includes but is not limited to the following
13 information:

14 (a) The number of individuals who contacted the center;

15 (b) A description of the categories of questions asked by individuals calling the
16 center; and

17 (c) A summary of the services provided, including the community resources to
18 which individuals were referred.

19 ➔Section 11. KRS 205.525 is amended to read as follows:

20 (1) Concurrent with submitting an application for a waiver or waiver amendment or a
21 request for a plan amendment to any federal agency that approves waivers, waiver
22 amendments, and plan amendments, the cabinet shall provide to the Interim Joint
23 Committee on Health~~, Welfare, and Family~~ Services, and to the Interim Joint
24 Committee on Appropriations and Revenue a copy, summary, and statement of
25 benefits of the application for a waiver or waiver amendment or request for a plan
26 amendment.

27 (2) The cabinet shall provide an update on the status of the application for a waiver or

1 waiver amendment or request for a plan amendment to the Legislative Research
2 Commission upon request.

3 (3) If the cabinet is expressly directed by the General Assembly to submit an
4 application for a waiver or waiver amendment or a request for a plan amendment to
5 any federal agency that approves waivers, waiver amendments, or plan amendments
6 for public assistance programs administered under this chapter and that application
7 or request is denied by the federal agency, the cabinet shall notify the Legislative
8 Research Commission of the reasons for the denial. If instructed by the General
9 Assembly through legislative action during the next legislative session, the cabinet
10 shall resubmit, with or without modifications based on instructions from the
11 General Assembly, the application for a waiver or waiver amendment or request for
12 a plan amendment.

13 ➔Section 12. KRS 205.619 is amended to read as follows:

14 (1) By October 30, 2008, the Cabinet for Health and Family Services shall submit to
15 the Center for Medicare and Medicaid Services an amendment to the State
16 Medicaid Plan to permit the establishment of a Kentucky Long-Term Care
17 Partnership Insurance Program that provides for the disregard of any assets or
18 resources in an amount equal to the insurance benefit payments made to or on
19 behalf of an individual who is a beneficiary of the partnership insurance program
20 that meets the requirements of KRS 304.14-640 and 304.14-642.

21 (2) The secretary of the cabinet shall notify in writing the commissioner of the
22 Department of Insurance~~[and the co chairs of the Interim Joint Committee on~~
23 ~~Health and Welfare]~~ and the Interim Joint Committee on Banking and Insurance
24 within two (2) business days of the submission of the plan amendment and of the
25 receipt of the response by the federal agency.

26 (3) Upon approval by the federal government of the state plan amendment, the
27 Department for Medicaid Services, in conjunction with the Department of

1 Insurance, shall establish the Kentucky Long-Term Care Partnership Insurance
2 Program in accordance with KRS 304.14-640 and 304.14-642.

3 (4) The department shall:

4 (a) Provide consultation, information, and materials to the Department of
5 Insurance to assist in the development and issuance of uniform training
6 materials in accordance with KRS 304.14-642(4); and

7 (b) Collaborate in the preparation of the report required in KRS 304.14-642(6).

8 ➔Section 13. KRS 205.702 is amended to read as follows:

9 (1) The cabinet shall take all necessary actions to ensure that parents receiving public
10 assistance may engage in educational and vocational programs where assessment
11 shows their chances of achieving self-sufficiency will improve.

12 (2) The cabinet shall file quarterly progress reports and an annual report with the
13 Legislative Research Commission for distribution to~~and~~ the Interim Joint
14 Committee on Families and Children~~[Health and Welfare]~~ documenting the results
15 of the cabinet's efforts to enable parents receiving public assistance to participate in
16 activities to achieve self-sufficiency. The annual report shall identify the number
17 and proportion of parents, compared to the previous state fiscal year and the last full
18 year of activity under the Job Opportunities and Basic Skills Program who:

19 (a) Participated in each type of educational, vocational training, or work activity,
20 including post-secondary education;

21 (b) Successfully completed educational or vocational programs;

22 (c) Earned income due to work activity, including work study programs, while
23 receiving public assistance;

24 (d) Became ineligible for public assistance due to increases in earnings; and

25 (e) Became ineligible for public assistance for other reasons, including but not
26 limited to penalties or expiration of time limits.

27 ➔Section 14. KRS 205.704 is amended to read as follows:

1 (1) The cabinet shall undertake a joint planning process with appropriate state, local,
2 and private education institutions, interested agencies, and citizens to ensure that
3 opportunities for low income parents to continue or improve their education shall
4 continue with the implementation of the public assistance program funded by
5 federal block grant dollars under Title IV-A of the Federal Social Security Act, 42
6 U.S.C. secs. 602 et seq. To this end, by July 31, 1998, the cabinet shall convene and
7 provide staff services for an advisory group of interested parties to evaluate
8 opportunities and strategies and make recommendations for continued participation
9 by low income parents in education activities, including, but not limited to,
10 representatives of:

11 (a) The state university system;

12 (b) The state community college system;

13 (c) Private colleges and universities;

14 (d) State vocational and technical schools;

15 (e) The Kentucky Higher Education Assistance Authority;

16 (f) Basic and secondary education programs, including literacy, adult basic
17 education, a High School Equivalency Diploma program, and high school
18 programs;

19 (g) Advocacy and citizens groups representing low income parents, including low
20 income parents in sufficient number to represent at least one quarter (1/4) of
21 the total group;

22 (h) Providers of child care and other supportive services; and

23 (i) Two (2) members each from the Senate, as appointed by the President of the
24 Senate, and the House of Representatives, as appointed by the Speaker of the
25 House.

26 (2) The cabinet shall prepare a strategic plan for continuation of education
27 opportunities for low income parents, based on the recommendations of the

1 advisory group. The cabinet shall submit the plan to the Legislative Research
2 Commission ~~and the Interim Joint Committee on Health and Welfare~~ no later than
3 July 31, 1999. At a minimum, the plan shall set forth strategies, including any
4 funding necessary, to:

- 5 (a) Create work study opportunities; and
- 6 (b) Increase the access to child care funding.

7 ➔Section 15. KRS 209A.122 is amended to read as follows:

8 (1) As used in this section:

- 9 (a) "Center" means the Criminal Justice Statistical Analysis Center created in
10 KRS 15.280;
- 11 (b) "Corollary victim" means an individual other than the victim who is directly
12 impacted by domestic violence and abuse or dating violence and abuse, either
13 through relationship or proximity;
- 14 (c) "Domestic violence fatalities" means deaths that occur as a result of domestic
15 violence and abuse or dating violence and abuse, and includes but is not
16 limited to homicides, related suicides, and corollary victims; and
- 17 (d) "Near fatality" means a crime where serious physical injury as defined in KRS
18 500.080 occurs.

19 (2) The center shall:

- 20 (a) Collect information on domestic violence fatalities, domestic violence and
21 abuse, and dating violence and abuse within the Commonwealth from
22 subsections (3) to (8) of this section; and
- 23 (b) Produce an annual report by July 1 of each year and submit the report to the:
 - 24 1. Kentucky Coalition Against Domestic Violence;
 - 25 2. Governor;
 - 26 3. Cabinet for Health and Family Services;
 - 27 4. Interim Joint Committee on Judiciary;

- 1 5. Interim Joint Committee on *Families and Children*~~[Health, Welfare,~~
2 ~~and Family Services]~~; and
3 6. Legislative Research Commission.

4 The Kentucky Coalition Against Domestic Violence may provide the agencies
5 listed in paragraph (b)1. to 6. of this subsection with best practices and any other
6 recommendations for public policy by November 1 of each year.

- 7 (3) (a) The Department of Kentucky State Police shall provide the center with:
8 1. The number of domestic violence and abuse and dating violence and
9 abuse calls for service to which the Kentucky State Police and
10 associated law enforcement agencies responded;
11 2. The number of arrests by Kentucky State Police and associated agencies
12 in response to calls of domestic violence and abuse or dating violence
13 and abuse; and
14 3. If an arrest was made, the arresting offense charged by Kentucky State
15 Police or associated law enforcement agencies.
- 16 (b) The Department of Kentucky State Police shall separately report:
17 1. The number of domestic violence and abuse and dating violence and
18 abuse calls for service to which all other law enforcement agencies
19 responded, if known;
20 2. The number of arrests by all other local law enforcement agencies in
21 response to calls of domestic violence and abuse and dating violence
22 and abuse; and
23 3. If an arrest was made, the arresting offense listed by all other local law
24 enforcement agencies not reported under paragraph (a) of this
25 subsection.

26 (4) The Administrative Office of the Courts shall provide the center with:

- 27 (a) The number and type of petitions for orders of protection filed and denied

- 1 under KRS 403.725;
- 2 (b) The number and type of petitions for interpersonal violence orders filed and
3 denied under KRS 456.030;
- 4 (c) The number of emergency protective orders granted under KRS 403.730 and
5 temporary interpersonal protective orders granted under KRS 456.040;
- 6 (d) The number of domestic violence orders granted under KRS 403.740 and
7 interpersonal protective orders granted under 456.060, excluding amended or
8 corrected orders;
- 9 (e) The relationship between the petitioner and the respondent, if known;
- 10 (f) Demographics of the parties, including age, race, and gender;
- 11 (g) Information on whether the victim was or is pregnant, if indicated on the
12 petition; and
- 13 (h) The number of criminal charges for a violation of an order of protection.
- 14 (5) The Law Information Network of Kentucky (LINK) shall provide the center with
15 the:
- 16 (a) Number of orders of protection received to be served by law enforcement
17 agencies;
- 18 (b) Number of orders of protection served by law enforcement agencies;
- 19 (c) Number of orders of protection in LINK; and
- 20 (d) Average time for actual service to be returned.
- 21 (6) The Cabinet for Health and Family Services shall provide the center with:
- 22 (a) The number of reports of alleged child abuse made to the cabinet through an
23 adult or child abuse hotline in which there were also allegations of domestic
24 violence; and
- 25 (b) Domestic violence and abuse and dating violence and abuse shelter statistics
26 reported to the cabinet, including but not limited to the:
- 27 1. Number of beds;

- 1 2. Number of minors served in shelter;
 - 2 3. Number of minors served in non-shelter services;
 - 3 4. Number of adults served in shelter;
 - 4 5. Number of adults served in non-shelter services;
 - 5 6. Demographics, including age and race;
 - 6 7. Number of crisis or hotline calls;
 - 7 8. Number of minors receiving:
 - 8 a. Crisis intervention;
 - 9 b. Victim advocacy services; and
 - 10 c. Individual or group counseling or support group;
 - 11 9. Number of adult victims receiving:
 - 12 a. Crisis intervention;
 - 13 b. Victim advocacy services;
 - 14 c. Individual or group counseling or support group;
 - 15 d. Criminal or civil legal advocacy;
 - 16 e. Medical accompaniment; and
 - 17 f. Transportation services; and
 - 18 10. Type of services provided.
- 19 (7) The Division of Kentucky State Medical Examiner's Office shall provide the center
20 with the number of deaths in which domestic violence and abuse or dating violence
21 and abuse was a contributing factor.
- 22 (8) Coroners shall provide the center with the number of deaths as a result of, or
23 suspected to be a result of, domestic violence and abuse or dating violence and
24 abuse.
- 25 ➔Section 16. KRS 210.031 is amended to read as follows:
- 26 (1) The cabinet shall establish an advisory committee of sixteen (16) members to
27 advise the Department for Behavioral Health, Developmental and Intellectual

1 Disabilities of the need for particular services for persons who are deaf or hard-of-
2 hearing.

3 (a) At least eight (8) members shall be deaf or hard-of-hearing and shall be
4 appointed by the secretary. Four (4) deaf or hard-of-hearing members,
5 representing one (1) of each of the following organizations, shall be appointed
6 from a list of at least two (2) nominees submitted from each of the following
7 organizations:

- 8 1. The Kentucky Association of the Deaf;
- 9 2. The A.G. Bell Association;
- 10 3. The Kentucky School for the Deaf Alumni Association; and
- 11 4. Self Help for the Hard of Hearing.

12 The remaining four (4) deaf or hard-of-hearing members shall be appointed
13 by the secretary from a list of at least eight (8) nominees submitted by the
14 Kentucky Commission on the Deaf and Hard of Hearing.

15 (b) One (1) member shall be a family member of a deaf or hard-of-hearing
16 consumer of mental health services and shall be appointed by the secretary
17 from a list of nominees accepted from any source.

18 (c) The head of each of the following entities shall appoint one (1) member to the
19 advisory committee:

- 20 1. The Cabinet for Health and Family Services, Department for Behavioral
21 Health, Developmental and Intellectual Disabilities;
- 22 2. The Education and Labor Cabinet, Office of Vocational Rehabilitation;
- 23 3. The Cabinet for Health and Family Services, Department for Aging and
24 Independent Living;
- 25 4. The Education and Labor Cabinet, Commission on the Deaf and Hard of
26 Hearing;
- 27 5. The Kentucky Registry of Interpreters for the Deaf; and

- 1 6. A Kentucky School for the Deaf staff person involved in education.
- 2 (d) The remaining member shall be a representative of a regional board for
3 mental health or individuals with an intellectual disability, appointed by the
4 commissioner of the Department for Behavioral Health, Developmental and
5 Intellectual Disabilities from a list composed of two (2) names submitted by
6 each regional board for mental health or individuals with an intellectual
7 disability.
- 8 (2) Of the members defined in subsection (1)(a) and (b) of this section, three (3) shall
9 be appointed for a one (1) year term, three (3) shall be appointed for a two (2) year
10 term, and three (3) shall be appointed for a three (3) year term; thereafter, they shall
11 be appointed for three (3) year terms. The members defined under subsection (1)(c)
12 and (d) of this section shall serve with no fixed term of office.
- 13 (3) The members defined under subsection (1)(a) and (b) of this section shall serve
14 without compensation but shall be reimbursed for actual and necessary expenses;
15 the members defined under subsection (1)(c) and (d) of this section shall serve
16 without compensation or reimbursement of any kind.
- 17 (4) The Department for Behavioral Health, Developmental and Intellectual Disabilities
18 shall make available personnel to serve as staff to the advisory committee.
- 19 (5) The advisory committee shall meet quarterly at a location determined by the
20 committee chair.
- 21 (6) (a) The advisory committee shall prepare a biennial report which:
- 22 1. Describes the accommodations and the mental health, intellectual
23 disability, development disability, and substance abuse services made
24 accessible to deaf and hard-of-hearing persons;
- 25 2. Reports the number of deaf or hard-of-hearing persons served;
- 26 3. Identifies additional service needs for the deaf and hard-of-hearing; and
- 27 4. Identifies a plan to address unmet service needs.

1 (b) The report shall be submitted to the secretary, the commissioner of the
2 Department for Behavioral Health, Developmental and Intellectual
3 Disabilities, and the Interim Joint Committee on Health Services~~[and Welfare]~~
4 by July 1 of every odd-numbered year.

5 ➔Section 17. KRS 210.300 is amended to read as follows:

6 (1) The secretary of the Cabinet for Health and Family Services shall promulgate
7 administrative regulations no later than October 1, 2022, in accordance with KRS
8 Chapter 13A establishing hospital districts, for the purpose of determining to which
9 of the state institutions or contracted hospitals for the mentally ill the persons
10 admitted from each county shall initially be sent.

11 (2) In establishing the hospital districts under subsection (1) of this section, the
12 secretary shall consider the:

13 (a) Distance and travel time from each county to a state institution or contracted
14 hospital for the mentally ill;

15 (b) Need to transport the individual to a hospital or psychiatric facility to secure
16 an evaluation or for admission without unnecessary delay as required under
17 KRS Chapters 202A, 202B, and 202C; and

18 (c) Population of the hospital districts based upon the most recent federal
19 decennial census.

20 (3) The secretary shall also establish and maintain a list of local hospitals containing a
21 psychiatric unit or crisis stabilization unit approved by the cabinet to which
22 individuals may be transported and admitted as an alternative to a state institution
23 or contracted hospital for the mentally ill when clinically appropriate due to
24 circumstances that include but are not limited to:

25 (a) The ability or inability of the designated state institution or contracted hospital
26 to accept the individual to be transported or evaluated without delay due to
27 capacity limitations, lack of staffing, or other impediment; or

1 (b) The need for immediate and emergent treatment or evaluation arising from
2 but not limited to the threat or reasonable fear of physical harm to the
3 individual or any employee or agent of the transporting agency or service.

4 Only those hospitals that have filed a written notice with the cabinet of the
5 hospital's willingness to accept patients under this subsection may accept
6 admissions.

7 (4) The secretary shall review the hospital districts on an annual basis to ensure
8 transports and evaluations occur without unnecessary delay as required under this
9 section and KRS Chapters 202A, 202B, and 202C, and shall provide a report to the
10 Interim Joint Committee on Health, ~~Welfare, and Family~~ Services and the Interim
11 Joint Committee on Judiciary on or before October 1, 2022, and on or before
12 October 1 of each year thereafter. The report shall, at a minimum, include:

13 (a) Any changes made to any hospital district and the reason for the change;

14 (b) The name and location of state institutions accepting patients for admission
15 under KRS Chapters 202A, 202B, and 202C, including the counties the state
16 institution serves; and

17 (c) The name and locations of any contracted hospital accepting patients for
18 admission under KRS Chapters 202A, 202B, and 202C, including the counties
19 the contracted hospital serves.

20 ➔Section 18. KRS 210.365 is amended to read as follows:

21 (1) As used in this section:

22 (a) "Commission" means the Kentucky Fire Commission;

23 (b) "Crisis intervention team (CIT) training" means a forty (40) hour training
24 curriculum based on the Memphis Police Department Crisis Intervention
25 Team model of best practices for law enforcement intervention with persons
26 who may have a mental illness, substance use disorder, an intellectual
27 disability, developmental disability, or dual diagnosis that meets the

1 requirements of subsections (2) to (5) of this section and is approved by the
2 commission and the Kentucky Law Enforcement Council;

3 (c) "Department" means the Department for Behavioral Health, Developmental
4 and Intellectual Disabilities;

5 (d) "Prisoner" has the same meaning as set out in KRS 441.005; and

6 (e) "Qualified mental health professional" has the same meaning as set out in
7 KRS 202A.011.

8 (2) The department shall, in collaboration with the commission, Justice and Public
9 Safety Cabinet, the regional community boards for mental health or individuals
10 with an intellectual disability, and representatives of the Kentucky statewide
11 affiliate of the National Alliance on Mental Illness, coordinate the development of
12 CIT training designed to train firefighters and law enforcement officers to:

13 (a) Effectively respond to persons who may have a mental illness, substance use
14 disorder, intellectual disability, developmental disability, or dual diagnosis;

15 (b) Reduce injuries to firefighters, officers, and citizens;

16 (c) Reduce inappropriate incarceration;

17 (d) Reduce liability; and

18 (e) Improve risk management practices for firefighter and law enforcement
19 agencies.

20 (3) The CIT training shall include but not be limited to:

21 (a) An introduction to crisis intervention teams;

22 (b) Identification and recognition of the different types of mental illnesses,
23 substance use disorders, intellectual disabilities, developmental disabilities,
24 and dual diagnoses;

25 (c) Interviewing and assessing a person who may have a mental illness, substance
26 use disorder, intellectual disability, developmental disability, or dual
27 diagnosis;

- 1 (d) Identification and common effects of psychotropic medications;
- 2 (e) Suicide prevention techniques;
- 3 (f) Community resources and options for treatment;
- 4 (g) Voluntary and involuntary processes for hospitalization of a person with a
- 5 mental illness, substance use disorder, intellectual disability, developmental
- 6 disability, or dual diagnosis; and
- 7 (h) Hostage or other negotiations with a person with a mental illness, intellectual
- 8 disability, substance use disorder, developmental disability, or dual diagnosis.
- 9 (4) The curriculum shall be presented by a team composed of, at a minimum:
- 10 (a) A firefighter, firefighter personnel training instructor, or a law enforcement
- 11 training instructor who has completed a forty (40) hour CIT training course
- 12 and a CIT training instructor's course which has been approved by the
- 13 commission or the Kentucky Law Enforcement Council, and at least forty
- 14 (40) hours of direct experience working with a CIT;
- 15 (b) A representative from the local community board for mental health or
- 16 individuals with an intellectual disability serving the region where CIT
- 17 training is conducted;
- 18 (c) A consumer of mental health services; and
- 19 (d) A representative of the Kentucky statewide affiliate of the National Alliance
- 20 on Mental Illness.
- 21 (5) (a) The department shall submit the CIT training curriculum and the names of
- 22 available instructors approved by the department to conduct or assist in the
- 23 delivery of CIT training to the commission or Kentucky Law Enforcement
- 24 Council no later than July 1, 2021.
- 25 (b) The commission or Kentucky Law Enforcement Council shall notify the
- 26 department of approval or disapproval of the CIT training curriculum and
- 27 trainers within thirty (30) days of submission of the curriculum and the names

- 1 of instructors.
- 2 (c) The commission or Kentucky Law Enforcement Council may waive instructor
3 requirements for non-firefighter trainers or non-law enforcement trainers
4 whose names are submitted by the department.
- 5 (d) If the curriculum or trainers are not approved, the department shall have an
6 opportunity to revise and resubmit the curriculum and to submit additional
7 names of instructors if necessary.
- 8 (6) If the curriculum is approved, the commission or Kentucky Law Enforcement
9 Council shall:
- 10 (a) Notify all agencies employing firefighters, as defined in KRS 61.315(1)(b), of
11 the availability of the CIT training;
- 12 (b) Notify the Department of Kentucky State Police and all law enforcement
13 agencies employing peace officers certified under KRS 15.380 to 15.404 of
14 the availability of the CIT training; and
- 15 (c) Notify all instructors and entities approved for firefighter or law enforcement
16 training under KRS 15.330 and 95A.040 of the availability of the CIT
17 training.
- 18 (7) Any firefighter training entity or law enforcement training entity approved by the
19 commission or Kentucky Law Enforcement Council may use the CIT training
20 model and curriculum in firefighter or law enforcement in-service training as
21 specified by subsection (1) of this section that is consistent with the Memphis CIT
22 national model for best practices.
- 23 (8) No later than one (1) year after June 26, 2021, the department shall submit to the
24 commission and Kentucky Law Enforcement Council a CIT training instructors'
25 curriculum and the names of available instructors approved by the department to
26 conduct or assist in the delivery of CIT training instructors' training. Additional
27 instructors may be submitted on a schedule determined by the commission or

- 1 Kentucky Law Enforcement Council.
- 2 (9) All CIT-trained firefighters and law enforcement officers shall report to his or her
3 agency on forms provided with the CIT curriculum on encounters with persons with
4 mental illness, substance use disorders, intellectual disabilities, developmental
5 disabilities, and dual diagnoses. The firefighter and law enforcement agencies shall
6 aggregate reports received and submit nonidentifying information to the department
7 on a monthly basis. Except for information pertaining to the number of firefighter
8 or law enforcement agencies participating in CIT training, the reports to the
9 department shall include the information specified in subsection (10) of this section.
- 10 (10) The department shall aggregate all reports from firefighter or law enforcement
11 agencies under subsection (9) of this section and submit nonidentifying statewide
12 information to the Justice and Public Safety Cabinet, the Criminal Justice Council,
13 the Cabinet for Health and Family Services, and the Interim Joint Committee on
14 Health Services~~and Welfare~~ by December 1, 2008, and annually thereafter. The
15 report shall include but not be limited to:
- 16 (a) The number of firefighters or law enforcement officers trained per agency;
- 17 (b) Firefighter or law enforcement responses to persons with mental illness,
18 substance use disorders, intellectual disabilities, developmental disabilities,
19 and dual diagnoses;
- 20 (c) Incidents of harm to the firefighter or law enforcement officer or to the
21 citizen;
- 22 (d) The number of times physical force was required and the type of physical
23 force used; and
- 24 (e) The outcome of the encounters that may include but not be limited to
25 incarceration or hospitalization.
- 26 (11) To implement the requirements of subsections (2) to (5) and (8) to (10) of this
27 section, the department may use public or private funds as available and may

1 develop a contract with a nonprofit entity that is a Kentucky statewide mental
2 health advocacy organization that has a minimum of five (5) years of experience in
3 implementation of the CIT training program in Kentucky.

4 (12) The Cabinet for Health and Family Services shall create a telephonic behavioral
5 health jail triage system to screen prisoners for mental health risk issues, including
6 suicide risk. The triage system shall be designed to give the facility receiving and
7 housing the prisoner an assessment of his or her mental health risk, with the
8 assessment corresponding to recommended protocols for housing, supervision, and
9 care which are designed to mitigate the mental health risks identified by the system.

10 The triage system shall consist of:

11 (a) A screening instrument which the personnel of a facility receiving a prisoner
12 shall utilize to assess inmates for mental health, suicide, intellectual
13 disabilities, and acquired brain injury risk factors; and

14 (b) A continuously available toll-free telephonic triage hotline staffed by a
15 qualified mental health professional which the screening personnel may
16 utilize if the screening instrument indicates an increased mental health risk for
17 the assessed prisoner.

18 (13) In creating and maintaining the telephonic behavioral health jail triage system, the
19 cabinet shall consult with:

20 (a) The Department of Corrections;

21 (b) The Kentucky Jailers Association; and

22 (c) The regional community services programs for mental health or individuals
23 with an intellectual disability created under KRS 210.370 to 210.460.

24 (14) The cabinet may delegate all or a portion of the operational responsibility for the
25 triage system to the regional community services programs for mental health or
26 individuals with an intellectual disability created under KRS 210.370 to 210.460 if
27 the regional program agrees and the cabinet remains responsible for the costs of

1 delegated functions.

2 (15) The cabinet shall design into the implemented triage system the ability to screen
3 and assess prisoners who communicate other than in English or who communicate
4 other than through voice.

5 (16) The cost of operating the telephonic behavioral health jail triage system shall be
6 borne by the cabinet.

7 (17) Records generated under this section shall be treated in the same manner and with
8 the same degree of confidentiality as other medical records of the prisoner.

9 (18) Unless the prisoner is provided with an attorney during the screening and
10 assessment, any statement made by the prisoner in the course of the screening or
11 assessment shall not be admissible in a criminal trial of the prisoner, unless the trial
12 is for a crime committed during the screening and assessment.

13 (19) The cabinet may, after consultation with those entities set out in subsection (13) of
14 this section, promulgate administrative regulations for the operation of the
15 telephonic behavioral health jail triage system and the establishment of its
16 recommended protocols for prisoner housing, supervision, and care.

17 ➔Section 19. KRS 210.366 is amended to read as follows:

18 (1) As used in this section:

19 (a) "Board" means the Kentucky Board of Social Work, Kentucky Board of
20 Licensure of Marriage and Family Therapists, Kentucky Board of Licensed
21 Professional Counselors, Kentucky Board of Licensure for Pastoral
22 Counselors, Kentucky Board of Alcohol and Drug Counselors, Kentucky
23 Board of Examiners of Psychology, and Kentucky Board of Licensure for
24 Occupational Therapy; and

25 (b) "Training program in suicide assessment, treatment, and management" means
26 an empirically supported training program approved by the boards that
27 contains suicide assessment including screening and referral, suicide

1 treatment, and suicide management. A board may approve a training program
2 that excludes one (1) of the elements if the element is inappropriate for the
3 profession in question or inappropriate for the level of licensure or
4 credentialing of that profession based on the profession's scope of practice. A
5 training program that includes only screening and referral elements shall be at
6 least three (3) hours in length. All other training programs approved under this
7 section shall be at least six (6) hours in length.

8 (2) Beginning January 1, 2015, each of the following professionals certified or licensed
9 under KRS Title XXVI shall, at least once every six (6) years, complete a training
10 program in suicide assessment, treatment, and management that is approved, in
11 administrative regulations, by the respective boards:

12 (a) A social worker, marriage and family therapist, professional counselor, or
13 pastoral counselor certified or licensed under KRS Chapter 335;

14 (b) An alcohol and drug counselor licensed or certified under KRS Chapter 309,
15 and an alcohol and drug peer support specialist registered under KRS Chapter
16 309;

17 (c) A psychologist licensed or certified under KRS Chapter 319; and

18 (d) An occupational therapist licensed under KRS Chapter 319A.

19 (3) (a) Except as provided in paragraph (b) of this subsection, a professional listed in
20 subsection (2) of this section must complete the first training required by this
21 section by July 2016.

22 (b) A professional listed in subsection (2) of this section applying for initial
23 licensure, registration, or certification on or after June 25, 2013, may delay
24 completion of the first training required by this section for six (6) years after
25 initial licensure, registration, or certification if he or she can demonstrate
26 successful completion of a six (6) hour academic training program in suicide
27 assessment, treatment, and management that:

- 1 1. Was completed no more than six (6) years prior to the application for
2 initial licensure, registration, or certification; and
- 3 2. Is listed on the best practices registry of the American Foundation for
4 Suicide Prevention and the Suicide Prevention Resource Center.
- 5 (4) The hours spent completing a training program in suicide assessment, treatment,
6 and management under this section count toward meeting any applicable continuing
7 education requirements for each profession.
- 8 (5) A board may, by administrative regulation, specify minimum training and
9 experience that is sufficient to exempt a professional from the training requirements
10 in subsection (2) of this section.
- 11 (6) (a) The cabinet shall develop a model list of training programs in suicide
12 assessment, treatment, and management.
- 13 (b) When developing the model list, the cabinet shall:
- 14 1. Consider suicide assessment, treatment, and management training
15 programs of at least six (6) hours in length listed on the best practices
16 registry of the American Foundation for Suicide Prevention and the
17 Suicide Prevention Resource Center; and
- 18 2. Consult with the boards, public and private institutions of higher
19 education, experts in suicide assessment, treatment, and management,
20 and affected professional associations.
- 21 ~~[(c) The cabinet shall report the model list of training programs to the Interim
22 Joint Committee on Health and Welfare no later than December 15, 2014.]~~
- 23 (7) Nothing in this section may be interpreted to expand or limit the scope of practice
24 of any profession regulated under KRS Title XXVI.
- 25 (8) The cabinet and the boards affected by this section shall adopt any administrative
26 regulations necessary to implement this section.
- 27 ➔Section 20. KRS 210.368 is amended to read as follows:

1 (1) As used in this section:

2 (a) "Cabinet" means the Cabinet for Health and Family Services;

3 (b) "CMHC" means a community mental health center;

4 (c) "Fund" means the mobile crisis services fund; and

5 (d) "Mobile unit" means any vehicle which a CMHC uses to travel within its
6 region to provide community services for Kentuckians who experience issues
7 with mental health, developmental and intellectual disabilities, and substance
8 use disorder.

9 (2) (a) The mobile crisis services fund is hereby established within the cabinet to
10 provide loans to CMHCs for:

11 1. Increasing access to mental health services; and

12 2. Providing services to individuals who lack sufficient access to
13 transportation and who are:

14 a. Residing in rural areas;

15 b. Residing in homeless shelters; or

16 c. Disadvantaged mentally, physically, or economically.

17 (b) Any loan issued by the cabinet shall not exceed a five (5) year term and the
18 interest rate shall not exceed one percent (1%).

19 (3) The cabinet shall:

20 (a) Determine the terms and conditions of each loan, including the repayment to
21 be deposited back in the fund for issuance of future loans to other CMHCs;

22 (b) Review and adjudicate applications submitted by CMHCs that apply for a
23 loan;

24 (c) Monitor the performance of each CMHC in the program; and

25 (d) By December 1, 2022, and by each December 1 thereafter, report to the
26 Interim Joint Committee on Health~~[-, Welfare, and Family]~~ Services
27 information about each CMHC in the program, including:

- 1 1. The name and location of each CMHC that received a loan;
- 2 2. The amount of principal originally loaned; and
- 3 3. How each CMHC used the funds.
- 4 (4) In order to apply for loan, a CMHC shall:
 - 5 (a) Submit an application to the cabinet;
 - 6 (b) Agree to use the funds for the purchase, operation, or establishment of mobile
7 units; and
 - 8 (c) Agree to provide services to individuals who lack sufficient access to
9 transportation and who are:
 - 10 1. Residing in rural areas;
 - 11 2. Residing in homeless shelters; or
 - 12 3. Disadvantaged mentally, physically, or economically.
- 13 (5) (a) The fund created in subsection (2) of this section shall be a trust and agency
14 account.
 - 15 (b) The fund shall be administered by the cabinet.
 - 16 (c) The fund shall include moneys appropriated by the General Assembly,
17 contributions, donations, gifts, or federal funds.
 - 18 (d) Moneys in the fund shall be used by the cabinet to administer this section.
 - 19 (e) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close
20 of the fiscal year shall not lapse but shall be carried forward into the
21 succeeding fiscal year.
 - 22 (f) Interest earned on any moneys in the fund shall accrue to the fund.
 - 23 (g) Moneys deposited in the fund are hereby appropriated for the sole purpose of
24 providing loans to CMHCs.
- 25 (6) The appropriation provided by the General Assembly for fiscal years 2022-2023
26 and 2023-2024 for mobile crisis services shall be considered startup funds to
27 support the establishment of additional mobile crisis units and shall only be

1 appropriated once.

2 (7) The Cabinet for Health and Family Services may promulgate administrative
3 regulations in accordance with KRS Chapter 13A to implement this section.

4 ➔Section 21. KRS 211.027 is amended to read as follows:

5 The Cabinet for Health and Family Services shall promulgate reasonable rules and
6 regulations to effectuate the purposes of KRS 213.101 and 213.106 and KRS 311.710 to
7 311.810, which shall be submitted to the Legislative Research Commission in a manner
8 prescribed in KRS Chapter 13A; the Legislative Research Commission shall refer said
9 rules and regulations to the Interim Committee on Health Services~~[and Welfare]~~ for the
10 purpose of approval or disapproval.

11 ➔Section 22. KRS 211.297 is amended to read as follows:

12 (1) The statewide Palliative Care Consumer and Professional Information and
13 Education Program is hereby established within the cabinet.

14 (2) The goals of the Palliative Care Consumer and Professional Information and
15 Education Program shall be to maximize the effectiveness of palliative care
16 initiatives throughout the Commonwealth by ensuring that comprehensive and
17 accurate information and education about palliative care are available to the public,
18 health care providers, and health facilities.

19 (3) The cabinet shall publish on its website~~[Web site]~~ information and resources,
20 including links to external resources, about palliative care for the public, health care
21 providers, and health facilities. This shall include but not be limited to:

22 (a) Continuing education opportunities for health care providers;

23 (b) Information about palliative care delivery in the home, primary, secondary,
24 and tertiary environments;

25 (c) Best practices for palliative care delivery; and

26 (d) Consumer educational materials and referral information for palliative care,
27 including hospice.

- 1 (4) (a) The council shall have the authority to review, evaluate, and make
2 recommendations regarding all elements of the Palliative Care Consumer and
3 Professional Information and Education Program, the content of the
4 website~~[Web site]~~ information and resources described in subsection (3) of
5 this section, and best practices for palliative care delivery and any grants to
6 develop or implement them.
- 7 (b) Any evaluations or recommendations shall require the affirmative vote in
8 person, by electronic means, or by proxy of three-fourths (3/4) of the voting
9 members of the council.
- 10 (c) Not later than July 1, 2020, and annually thereafter, the council shall submit a
11 report on its findings and recommendations to the commissioner of the
12 Department for Public Health and to the Interim Joint Committee on Health~~f~~
13 ~~and Welfare and Family~~ Services.

14 ➔Section 23. KRS 211.577 is amended to read as follows:

- 15 (1) The Kentucky Rare Disease Advisory Council shall:
- 16 (a) Act as the advisory body on rare diseases to the General Assembly, the
17 Governor, and to all relevant state and private agencies that provide services
18 to, or are charged with the care of, individuals with rare diseases;
- 19 (b) Coordinate its duties with those community-based organizations and private-
20 sector institutions within the state for the purpose of ensuring greater
21 cooperation regarding the research, diagnosis, and treatment of rare diseases.
22 The coordination shall require, when appropriate:
- 23 1. Disseminating the outcomes of the advisory council's research,
24 identified best practices, and policy recommendations; and
- 25 2. Utilizing common research collection and dissemination procedures;
- 26 (c) Research and determine the most appropriate methods to collect thorough and
27 complete information on rare diseases in Kentucky and other information as

- 1 the council deems necessary and appropriate to collect;
- 2 (d) Research and identify priorities relating to the quality, cost-effectiveness, and
3 access to treatment and services provided to persons with rare diseases, and
4 develop related policy recommendations;
- 5 (e) Identify best practices for rare disease care from other states and at the
6 national level that may improve rare disease care in Kentucky;
- 7 (f) Develop effective strategies to raise public awareness of rare diseases in
8 Kentucky;
- 9 (g) Ensure that the duties of the council are carried out in a manner that is
10 coordinated and compatible with similar research being conducted at the state
11 and federal levels;
- 12 (h) In conjunction with the state's medical schools, the state's schools of public
13 health, and hospitals in the state that provide care to persons diagnosed with a
14 rare disease, develop a list of existing, publicly accessible resources on
15 research, diagnosis, treatment, and education relating to rare diseases; and
- 16 (i) Report biennially on its activities, findings, and recommendations relating to
17 the quality, cost-effectiveness, and access to treatment and services for
18 persons with rare diseases in Kentucky to the Governor, the Cabinet for
19 Health and Family Services, and the General Assembly.
- 20 (2) Upon receipt of the council's biennial report, the Governor and Cabinet for Health
21 and Family Services shall within ninety (90) days issue a written response to the
22 council detailing its efforts to improve state policies pertaining to the identification,
23 treatment, and care of rare diseases.
- 24 (3) Upon receipt of the council's biennial report, the Interim Joint Committee on
25 Health ~~and Welfare and Family~~ Services shall within one hundred twenty (120)
26 days convene a hearing on issues pertaining to the identification, treatment, and
27 care of rare diseases identified by the council in its report.

1 ➔Section 24. KRS 211.684 is amended to read as follows:

- 2 (1) For the purposes of KRS Chapter 211:
- 3 (a) "Child fatality" means the death of a person under the age of eighteen (18)
- 4 years;
- 5 (b) "Local child and maternal fatality response team" and "local team" means a
- 6 community team composed of representatives of agencies, offices, and
- 7 institutions that investigate child and maternal deaths, including but not
- 8 limited to, coroners, social service workers, medical professionals, law
- 9 enforcement officials, and Commonwealth's and county attorneys; and
- 10 (c) "Maternal fatality" means the death of a woman within one (1) year of giving
- 11 birth.
- 12 (2) The Department for Public Health may establish a state child and maternal fatality
- 13 review team. The state team may include representatives of public health, social
- 14 services, law enforcement, prosecution, coroners, health-care providers, and other
- 15 agencies or professions deemed appropriate by the commissioner of the department.
- 16 (3) If a state team is created, the duties of the state team may include the following:
- 17 (a) Develop and distribute a model protocol for local child and maternal fatality
- 18 response teams for the investigation of child and maternal fatalities;
- 19 (b) Facilitate the development of local child and maternal fatality response teams
- 20 which may include, but is not limited to, providing joint training opportunities
- 21 and, upon request, providing technical assistance;
- 22 (c) Review and approve local protocols prepared and submitted by local teams;
- 23 (d) Receive data and information on child and maternal fatalities and analyze the
- 24 information to identify trends, patterns, and risk factors;
- 25 (e) Evaluate the effectiveness of prevention and intervention strategies adopted;
- 26 and
- 27 (f) Recommend changes in state programs, legislation, administrative

1 regulations, policies, budgets, and treatment and service standards which may
2 facilitate strategies for prevention and reduce the number of child and
3 maternal fatalities.

4 (4) The department shall prepare an annual report to be submitted no later than
5 November 1 of each year to the Governor, the Interim Joint Committee on *Families*
6 *and Children*~~[Health, Welfare, and Family Services]~~, the Chief Justice of the
7 Kentucky Supreme Court, and to be made available to the citizens of the
8 Commonwealth. The report shall include a statistical analysis, that include the
9 demographics of race, income, and geography, of the incidence and causes of child
10 and maternal fatalities in the Commonwealth during the past fiscal year and
11 recommendations for action. The report shall not include any information which
12 would identify specific child and maternal fatality cases.

13 ➔Section 25. KRS 214.544 is amended to read as follows:

14 (1) A Colon Cancer Screening and Prevention Advisory Committee shall be
15 established. The advisory committee shall include:

- 16 (a) One (1) member of the House of Representatives who shall be appointed by
17 the Speaker of the House;
- 18 (b) One (1) member of the Senate who shall be appointed by the President of the
19 Senate;
- 20 (c) The deputy commissioner of the Department for Public Health;
- 21 (d) The commissioner of the Department of Insurance, or his or her designee;
- 22 (e) The commissioner of the Department for Medicaid Services, or his or her
23 designee;
- 24 (f) Two (2) at-large members who shall be appointed by the Governor;
- 25 (g) One (1) member who shall be appointed by the Governor from a list of three
26 (3) names provided by the American Cancer Society;
- 27 (h) The director of the Kentucky Cancer Program at the University of Kentucky;

- 1 (i) The director of the Kentucky Cancer Program at the University of Louisville;
- 2 (j) The director of the Kentucky Cancer Registry;
- 3 (k) The director of the Colon Cancer Prevention Project;
- 4 (l) The chair of Kentucky African Americans Against Cancer; and
- 5 (m) The director of the Kentucky Cancer Consortium.

6 Members of the advisory committee shall be appointed for a term of four (4) years.

- 7 (2) (a) Members appointed under subsection (1)(a) to (g) of this section shall be
8 appointed as follows:
 - 9 1. Members shall be appointed for a term of four (4) years, except as
10 provided in subparagraph 2. of this paragraph;
 - 11 2. The initial appointments shall be for a period of two (2) years;
12 thereafter, the appointments shall be for a term of four (4) years; and
 - 13 3. Members shall not serve more than two (2) terms of four (4) years.
- 14 (b) Members serving under subsection (1)(h) to (m) of this section shall serve by
15 virtue of their positions and shall not be subject to term limits.
- 16 (3) The chair of the advisory committee shall be elected from the membership of the
17 advisory committee to serve for a two (2) year term. A member of the advisory
18 committee may designate an alternate to attend meetings in his or her place.
- 19 (4) The advisory committee may add members from other organizations as deemed
20 appropriate.
- 21 (5) The advisory committee shall provide recommendations for the overall
22 implementation and conduct of the Colon Cancer Screening and Prevention
23 Program.
- 24 (6) The advisory committee shall establish and provide oversight for a colon cancer
25 screening public awareness campaign. The Cabinet for Health and Family Services
26 shall contract with the Kentucky Cancer Consortium at the University of Kentucky
27 to provide the required support. The amount of the contract shall not be included in

1 the base budget of the university as used by the Council on Postsecondary
2 Education in determining the funding formula for the university.

3 (7) The Colon Cancer Screening and Prevention Advisory Committee shall provide an
4 annual report on implementation and outcomes from the Colon Cancer Screening
5 and Prevention Program and recommendations to the Legislative Research
6 Commission, the Interim Joint Committee on Health~~[, Welfare, and Family]~~
7 Services, the Interim Joint Committee on Appropriations and Revenue, the
8 Governor, the secretary of the Cabinet for Health and Family Services, and the
9 commissioner of the Department for Public Health.

10 (8) The Kentucky Cancer Program, jointly administered by the University of Kentucky
11 and the University of Louisville, shall establish a colon cancer screening, education,
12 and outreach program in each of the state area development districts. The colon
13 cancer screening, education, and outreach program shall focus on individuals who
14 lack access to colon cancer screening. The Cabinet for Health and Family Services
15 shall contract with the University of Louisville and the University of Kentucky to
16 provide the required support. The amount of the contract shall not be included in
17 the base budgets of the universities as used by the Council on Postsecondary
18 Education in determining the funding formula for the universities.

19 ➔Section 26. KRS 214.556 is amended to read as follows:

20 (1) There is hereby established within the Kentucky cancer program the Kentucky
21 Cancer Registry and the cancer patient data management system for the purpose of
22 providing accurate and up-to-date information about cancer in Kentucky and
23 facilitating the evaluation and improvement of cancer prevention, screening,
24 diagnosis, therapy, rehabilitation, and community care activities for citizens of the
25 Commonwealth. The cancer patient data management system shall be administered
26 by the Lucille Parker Markey Cancer Center.

27 (2) Each licensed health facility which provides diagnostic services, or diagnostic

1 services and treatment, or treatment to cancer patients shall report to the Kentucky
2 Cancer Registry, through the cancer patient data management system and in a
3 format prescribed by the Kentucky Cancer Registry, each case of cancer seen at that
4 health facility. Failure to comply may be cause for assessment of an administrative
5 fine for the health facility, the same as for violation of KRS 216B.250.

6 (3) Each health facility shall grant to the cancer registry access to all records which
7 would identify cases of cancer or would establish characteristics of the cancer,
8 treatment of the cancer, or status of any identified cancer patient. Hospitals actively
9 participating and enrolled in the cancer patient data management system of the
10 Kentucky Cancer Program as of July 13, 1990, shall be considered to be in
11 compliance with this section. The Lucille Parker Markey Cancer Center shall
12 provide staff assistance in compiling and reporting required information to hospitals
13 which treat a low volume of patients.

14 (4) No liability of any kind or character for damages or other relief shall arise or be
15 enforced against any licensed health facility by reason of having provided the
16 information or material to the Kentucky Cancer Registry pursuant to the
17 requirements of this section.

18 (5) The identity of any person whose condition or treatment has been reported to the
19 Kentucky Cancer Registry shall be confidential, except that:

20 (a) The Kentucky Cancer Registry may exchange patient-specific data with any
21 other cancer control agency or clinical facility for the purpose of obtaining
22 information necessary to complete a case record, but the agency or clinical
23 facility shall not further disclose such personal data; and

24 (b) The Kentucky Cancer Registry may contact individual patients if necessary to
25 obtain follow-up information which is not available from the health facility.

26 (6) All information, interviews, reports, statements, memoranda, or other data furnished
27 by reason of this section, expressly including all portions, subsets, extracts, or

1 compilations of the data as well as any findings or conclusions resulting from those
2 studies, shall be privileged and shall not be considered public records under KRS
3 61.870 to 61.884. The Kentucky Cancer Registry may determine that certain
4 extracts, subsets, or compilations of data do not reveal privileged information and
5 may be published or otherwise shared to further the public health goals set forth
6 herein.

7 (7) The Kentucky Cancer Registry shall make periodic reports of its data and any
8 related findings and recommendations to the Legislative Research Commission, the
9 Interim Joint Committees on Appropriations and Revenue and ~~on~~ Health
10 Services~~and Welfare~~, the Governor, the Cabinet for Health and Family Services,
11 the reporting health facility, and other appropriate governmental and
12 nongovernmental cancer control agencies whose intent it is to reduce the incidence,
13 morbidity, and mortality of cancer. The Kentucky Cancer Registry may conduct
14 analyses and studies as are indicated to advance cancer control in the
15 Commonwealth, either directly or by confidentially sharing data with third parties.

16 ➔Section 27. KRS 214.564 is amended to read as follows:

17 (1) A Lung Cancer Screening Advisory Committee is hereby established. The advisory
18 committee shall include:

- 19 (a) One (1) member of the House of Representatives who shall be appointed by
20 and serve at the pleasure of the Speaker of the House;
- 21 (b) One (1) member of the Senate who shall be appointed by and serve at the
22 pleasure of the President of the Senate;
- 23 (c) The deputy commissioner of the Department for Public Health;
- 24 (d) The commissioner of the Department of Insurance, or his or her designee;
- 25 (e) The commissioner of the Department for Medicaid Services, or his or her
26 designee;
- 27 (f) Two (2) at-large members who shall be appointed by the Governor;

- 1 (g) One (1) member who shall be appointed by the Governor from a list of three
2 (3) names provided by the American Cancer Society;
- 3 (h) The director of the Kentucky Cancer Program at the University of Kentucky;
- 4 (i) The director of the Kentucky Cancer Program at the University of Louisville;
- 5 (j) The director of the Kentucky Cancer Registry;
- 6 (k) The director of the American Lung Association of Kentucky;
- 7 (l) The chair of Kentucky African Americans Against Cancer; and
- 8 (m) The director of the Kentucky Cancer Consortium.
- 9 (2) The chair of the advisory committee shall be elected from the membership of the
10 advisory committee to serve for a two (2) year term. A member of the advisory
11 committee may designate an alternate to attend meetings in his or her place.
- 12 (3) The advisory committee may add members of subject matter expertise from other
13 organizations as deemed appropriate.
- 14 (4) The advisory committee shall:
- 15 (a) Review relevant data, clinical guidelines, and best practices for lung cancer
16 screening;
- 17 (b) Provide recommendations for the overall implementation and conduct of the
18 program with the goal of improving access to high-quality lung cancer
19 screening;
- 20 (c) Establish and provide oversight for a lung cancer screening, public awareness,
21 education, and outreach program to focus on individuals who are eligible for
22 lung cancer screening; and
- 23 (d) Provide an annual report on implementation and outcomes from the program
24 and recommendations to the Legislative Research Commission, the Interim
25 Joint Committee on Health, ~~Welfare, and Family~~ Services, the Interim Joint
26 Committee on Appropriations and Revenue, the Governor, the secretary of the
27 Cabinet for Health and Family Services, and the commissioner of the

1 Department for Public Health.

2 ➔Section 28. KRS 214.640 is amended to read as follows:

- 3 (1) The Cabinet for Health and Family Services may create, to the extent permitted by
4 available staffing and funding, an HIV and AIDS Planning and Advisory Council to
5 consist of no more than thirty (30) members, for the purpose of advising the cabinet
6 on the formulation of HIV and AIDS policy. Membership on the committee shall be
7 drawn from the following:
- 8 (a) The commissioner of the Department for Public Health;
 - 9 (b) The commissioner of the Department for Medicaid Services;
 - 10 (c) Representatives of other state agencies or boards that provide services to
11 clients of HIV or AIDS services or that provide education to professionals
12 who come into contact with HIV or AIDS clients, as designated by the
13 Governor;
 - 14 (d) Physicians representing different geographic regions of the state;
 - 15 (e) HIV or AIDS clients; and
 - 16 (f) Representatives of community-based organizations from different geographic
17 regions of the state.

18 To the extent possible, membership of the council shall reflect the epidemiology of
19 the HIV/AIDS epidemic.

20 (2) The members designated under paragraphs (a) to (c) of subsection (1) of this
21 section shall serve for the duration of service in their offices, subject to removal for
22 cause by the Governor. These members shall not be paid for attending council
23 meetings but may receive reimbursement of expenses.

24 (3) The members serving under paragraphs (d) to (f) of subsection (1) of this section
25 shall be appointed by the cabinet from lists submitted by the appropriate licensing
26 entities of the profession involved, by the cabinet, and by community-based
27 organizations. These members shall serve for a term of four (4) years and may be

1 reappointed, but the members shall not serve for more than two (2) consecutive
2 terms.

3 (4) The chair of the council shall be elected from the membership serving under
4 paragraphs (d) to (f) of subsection (1) of this section.

5 (5) The functions of the council shall include but shall not be limited to:

6 (a) Reporting its findings to the cabinet and monitoring the responsiveness of the
7 cabinet to insure that the council's recommendations are being followed;

8 (b) Exploring the feasibility, design, cost, and necessary funding for centers of
9 excellence to deliver comprehensive, coordinated medical and related care to
10 all people with HIV or AIDS in the Commonwealth based on national clinical
11 guidelines and practice standards. Coordinated medical care shall include but
12 not be limited to access to:

13 1. AIDS primary care;

14 2. Drug therapy;

15 3. Specialists' care, including psychiatric and other mental health
16 providers;

17 4. Case management services;

18 5. Dental care;

19 6. Chemical dependency treatment; and

20 7. Basic needs, including but not limited to housing and food;

21 (c) Assessing resources and gaps in services provided for persons with HIV or
22 AIDS;

23 (d) Subdividing into necessary subcommittees. One (1) subcommittee may be
24 formed that will consist solely of persons living with HIV or AIDS. This
25 subcommittee shall make those recommendations as it deems necessary to the
26 council, including recommendations on effective peer-based prevention
27 programs; and

1 (e) Reporting its findings and recommendations to the General Assembly and the
2 Interim Joint Committee on Health Services~~[and Welfare]~~ by September 1,
3 2001, and by September 1 of each year thereafter.

4 ➔Section 29. KRS 214.645 is amended to read as follows:

5 (1) The Cabinet for Health and Family Services shall establish a system for reporting,
6 by the use of the person's name, of all persons who test positive for the human
7 immunodeficiency virus (HIV) infection. The reporting shall include the data
8 including, but not limited to, CD4 count and viral load, and other information that
9 are necessary to comply with the confidentiality and reporting requirements of the
10 most recent edition of the Centers for Disease Control and Prevention's (CDC)
11 Guidelines for National Human Immunodeficiency Virus Case Surveillance.
12 Anonymous testing shall remain as an alternative. If less restrictive data identifying
13 requirements are identified by the CDC, the cabinet shall evaluate the new
14 requirements for implementation.

15 (2) The reporting system established under subsection (1) of this section shall:

16 (a) Use the same confidential name-based approach for HIV surveillance that is
17 used for AIDS surveillance by the cabinet;

18 (b) Attempt to identify all modes of HIV transmission, unusual clinical or
19 virologic manifestations, and other cases of public health importance;

20 (c) Require collection of the names and data from all private and public sources
21 of HIV-related testing and care services; and

22 (d) Use reporting methods that match the CDC's standards for completeness,
23 timeliness, and accuracy, and follow up, as necessary, with the health care
24 provider or the provider's designee making the report to verify completeness,
25 timeliness, and accuracy.

26 (3) Authorized surveillance staff designated by the cabinet shall:

27 (a) Match the information from the reporting system to other public health

- 1 databases, wherever possible, to limit duplication and to better quantify the
2 extent of HIV infection in the Commonwealth;
- 3 (b) Conduct a biennial assessment of the HIV and AIDS reporting systems, insure
4 that the assessment is available for review by the public and any state or
5 federal agency, and forward a copy of the assessment to the Legislative
6 Research Commission and the Interim Joint Committee on Health
7 Services~~and Welfare~~;
- 8 (c) Document the security policies and procedures and insure their availability for
9 review by the public or any state or federal agency;
- 10 (d) Minimize storage and retention of unnecessary paper or electronic reports and
11 insure that related policies are consistent with CDC technical guidelines;
- 12 (e) Assure that electronic transfer of data is protected by encryption during
13 transfer;
- 14 (f) Provide that records be stored in a physically secluded area and protected by
15 coded passwords and computer encryption;
- 16 (g) Restrict access to data a minimum number of authorized surveillance staff
17 who are designated by a responsible authorizing official, who have been
18 trained in confidentiality procedures, and who are aware of penalties for
19 unauthorized disclosure of surveillance information;
- 20 (h) Require that any other public health program that receives data has
21 appropriate security and confidentiality protections and penalties;
- 22 (i) Restrict use of data, from which identifying information has been removed, to
23 cabinet-approved research, and require all persons with this use to sign
24 confidentiality statements;
- 25 (j) Prohibit release of any names or any other identifying information that may
26 have been received in a report to any person or organization, whether public
27 or private, except in compliance with federal law or consultations with other

1 state surveillance programs and reporting sources. Under no circumstances
2 shall a name or any identifying information be reported to the CDC; and

3 (k) Immediately investigate any report of breach of reporting, surveillance, or
4 confidentiality policy, report the breach to the CDC, develop
5 recommendations for improvements in security measure, and take appropriate
6 disciplinary action for any documented breach.

7 (4) The cabinet shall require any physician, advanced practice registered nurse,
8 designee, or medical laboratory that receives a report of a positive test for the
9 human immunodeficiency virus to report that information by reference to the name
10 in accordance with the procedure for establishing name reporting required by the
11 cabinet in an administrative regulation.

12 ➔Section 30. KRS 216.2929 is amended to read as follows:

13 (1) (a) The Cabinet for Health and Family Services shall make available on its
14 website~~[Web site]~~ information on charges for health-care services at least
15 annually in understandable language with sufficient explanation to allow
16 consumers to draw meaningful comparisons between every hospital and
17 ambulatory facility, differentiated by payor if relevant, and for other provider
18 groups as relevant data becomes available.

19 (b) Any charge information compiled and reported by the cabinet shall include
20 the median charge and other percentiles to describe the typical charges for all
21 of the patients treated by a provider and the total number of patients
22 represented by all charges, and shall be risk-adjusted.

23 (c) The report shall clearly identify the sources of data used in the report and
24 explain limitations of the data and why differences between provider charges
25 may be misleading. Every provider that is specifically identified in any report
26 shall be given thirty (30) days to verify the accuracy of its data prior to public
27 release and shall be afforded the opportunity to submit comments on its data

1 that shall be included on the website~~[Web-site]~~ and as part of any printed
2 report of the data.

3 (d) The cabinet shall only provide linkages to organizations that publicly report
4 comparative-charge data for Kentucky providers using data for all patients
5 treated regardless of payor source, which may be adjusted for outliers, is risk-
6 adjusted, and meets the requirements of paragraph (c) of this subsection.

7 (2) (a) The cabinet shall make information available on its website~~[Web-site]~~ at least
8 annually describing quality and outcome measures in understandable language
9 with sufficient explanations to allow consumers to draw meaningful
10 comparisons between every hospital and ambulatory facility in the
11 Commonwealth and other provider groups as relevant data becomes available.

12 (b) 1. The cabinet shall utilize only national quality indicators that have been
13 endorsed and adopted by the Agency for Healthcare Research and
14 Quality, the National Quality Forum, or the Centers for Medicare and
15 Medicaid Services; or

16 2. The cabinet shall provide linkages only to the following organizations
17 that publicly report quality and outcome measures on Kentucky
18 providers:

19 a. The Centers for Medicare and Medicaid Services;

20 b. The Agency for Healthcare Research and Quality;

21 c. The Joint Commission; and

22 d. Other organizations that publicly report relevant outcome data for
23 Kentucky providers.

24 (c) The cabinet shall utilize or refer the general public to only those nationally
25 endorsed quality indicators that are based upon current scientific evidence or
26 relevant national professional consensus and have definitions and calculation
27 methods openly available to the general public at no charge.

- 1 (3) Any report the cabinet disseminates or refers the public to shall:
- 2 (a) Not include data for a provider whose caseload of patients is insufficient to
- 3 make the data a reliable indicator of the provider's performance;
- 4 (b) Meet the requirements of subsection (1)(c) of this section;
- 5 (c) Clearly identify the sources of data used in the report and explain the
- 6 analytical methods used in preparing the data included in the report; and
- 7 (d) Explain any limitations of the data and how the data should be used by
- 8 consumers.
- 9 (4) The cabinet shall report at least biennially, no later than October 1 of each odd-
- 10 numbered year, on the special health needs of the minority population in the
- 11 Commonwealth as compared to the population in the Commonwealth as compared
- 12 to the population at large. The report shall contain an overview of the health status
- 13 of minority Kentuckians, shall identify the diseases and conditions experienced at
- 14 disproportionate mortality and morbidity rates within the minority population, and
- 15 shall make recommendations to meet the identified health needs of the minority
- 16 population.
- 17 (5) The report required under subsection (4) of this section shall be submitted to the
- 18 Interim Joint Committees on Appropriations and Revenue and Health Services ~~and~~
- 19 ~~Welfare~~ and to the Governor.
- 20 ➔Section 31. KRS 216B.457 is amended to read as follows:
- 21 (1) A certificate of need shall be required for all Level II psychiatric residential
- 22 treatment facilities. The need criteria for the establishment of Level II psychiatric
- 23 residential treatment facilities shall be in the state health plan.
- 24 (2) An application for a certificate of need for Level II psychiatric residential treatment
- 25 facilities shall not exceed fifty (50) beds. Level II facility beds may be located in a
- 26 separate part of a psychiatric hospital, a separate part of an acute care hospital, or a
- 27 Level I psychiatric residential treatment facility if the Level II beds are located on a

1 separate floor, in a separate wing, or in a separate building. A Level II facility shall
2 not refuse to admit a patient who meets the medical necessity criteria and facility
3 criteria for Level II facility services. Nothing in this section and KRS 216B.450 and
4 216B.455 shall be interpreted to prevent a psychiatric residential treatment facility
5 from operating both a Level I psychiatric residential treatment facility and a Level
6 II psychiatric residential treatment facility.

7 (3) The application for a Level II psychiatric residential treatment facility certificate of
8 need shall include formal written agreements of cooperation that identify the nature
9 and extent of the proposed working relationship between the proposed Level II
10 psychiatric residential treatment facility and each of the following agencies,
11 organizations, or entities located in the service area of the proposed facility:

- 12 (a) Regional interagency council for children with emotional disability or severe
13 emotional disability created under KRS 200.509;
- 14 (b) Community board for mental health or individuals with an intellectual
15 disability established under KRS 210.380;
- 16 (c) Department for Community Based Services;
- 17 (d) Local school districts;
- 18 (e) At least one (1) psychiatric hospital; and
- 19 (f) Any other agency, organization, or entity deemed appropriate by the cabinet.

20 (4) The application for a certificate of need shall include:

- 21 (a) The specific number of beds proposed for each age group and the specific,
22 specialized program to be offered;
- 23 (b) An inventory of current services in the proposed service area; and
- 24 (c) Clear admission and discharge criteria, including age, sex, and other
25 limitations.

26 (5) All Level II psychiatric residential treatment facilities shall comply with the
27 licensure requirements as set forth in KRS 216B.105.

- 1 (6) All Level II psychiatric residential treatment facilities shall be certified by the Joint
2 Commission, the Council on Accreditation of Services for Families and Children,
3 or any other accrediting body with comparable standards that are recognized by the
4 Centers for Medicare and Medicaid Services.
- 5 (7) A Level II psychiatric residential treatment facility shall be under the clinical
6 supervision of a qualified mental health professional with training or experience in
7 mental health treatment of children and youth.
- 8 (8) Treatment services shall be provided by qualified mental health professionals or
9 qualified mental health personnel. Individual staff who will provide educational
10 programs shall meet the employment standards outlined by the Kentucky Board of
11 Education and the Education Professional Standards Board.
- 12 (9) A Level II psychiatric residential treatment facility shall meet the following
13 requirements with regard to professional staff:
- 14 (a) A licensed psychiatrist, who is board-eligible or board-certified as a child or
15 adult psychiatrist, shall be employed or contracted to meet the treatment needs
16 of the residents and the functions that shall be performed by a psychiatrist;
- 17 (b) If a Level II psychiatric residential treatment facility has residents ages twelve
18 (12) and under, the licensed psychiatrist shall be a board-eligible or board-
19 certified child psychiatrist; and
- 20 (c) The licensed psychiatrist shall be present in the facility to provide
21 professional services to the facility's residents at least weekly.
- 22 (10) A Level II psychiatric residential treatment facility shall:
- 23 (a) Prepare a written staffing plan that is tailored to meet the needs of the specific
24 population of children and youth that will be admitted to the facility based on
25 the facility's admission criteria. The written staffing plan shall include but not
26 be limited to the following:
- 27 1. Specification of the direct care per-patient staffing ratio that the facility

- 1 shall adhere to during waking hours and during sleeping hours;
- 2 2. Delineation of the number of direct care staff per patient, including the
- 3 types of staff and the mix and qualifications of qualified mental health
- 4 professionals and qualified mental health personnel, that shall provide
- 5 direct care and will comprise the facility's per-patient staffing ratio;
- 6 3. Specification of appropriate qualifications for individuals included in the
- 7 per-patient staffing ratio by job description, education, training, and
- 8 experience;
- 9 4. Provision for ensuring compliance with its written staffing plan, and
- 10 specification of the circumstances under which the facility may deviate
- 11 from the per-patient staffing ratio due to patient emergencies, changes in
- 12 patient acuity, or changes in patient census; and
- 13 5. Provision for submission of the written staffing plan to the cabinet for
- 14 approval as part of the facility's application for initial licensure.

15 No initial license to operate as a Level II psychiatric residential treatment

16 facility shall be granted until the cabinet has approved the facility's written

17 staffing plan. Once a facility is licensed, it shall comply with its approved

18 written staffing plan and, if the facility desires to change its approved per-

19 patient staffing ratio, it shall submit a revised plan and have the plan approved

20 by the cabinet prior to implementation of the change;

21 (b) Require full-time professional and direct care staff to meet the continuing

22 education requirements of their profession or be provided with forty (40)

23 hours per year of in-service training; and

24 (c) Develop and implement a training plan for all staff that includes but is not

25 limited to the following:

- 26 1. Behavior-management procedures and techniques;
- 27 2. Physical-management procedures and techniques;

- 1 3. First aid;
- 2 4. Cardiopulmonary resuscitation;
- 3 5. Infection-control procedures;
- 4 6. Child and adolescent growth and development;
- 5 7. Training specific to the specialized nature of the facility;
- 6 8. Emergency and safety procedures; and
- 7 9. Detection and reporting of child abuse and neglect.

8 (11) A Level II psychiatric residential treatment facility shall require a criminal records
9 check to be completed on all employees and volunteers. The employment or
10 volunteer services of an individual shall be governed by KRS 17.165, with regard to
11 a criminal records check. A new criminal records check shall be completed at least
12 every two (2) years on each employee or volunteer.

13 (12) (a) Any employee or volunteer who has committed or is charged with the
14 commission of a violent offense as specified in KRS 439.3401, a sex crime
15 specified in KRS 17.500, or a criminal offense against a victim who is a minor
16 as specified in KRS 17.500 shall be immediately removed from contact with a
17 child within the residential treatment center until the employee or volunteer is
18 cleared of the charge.

19 (b) An employee or volunteer under indictment, legally charged with felonious
20 conduct, or subject to a cabinet investigation shall be immediately removed
21 from contact with a child.

22 (c) The employee or volunteer shall not be allowed to work with the child until a
23 prevention plan has been written and approved by the cabinet, the person is
24 cleared of the charge, or a cabinet investigation reveals an unsubstantiated
25 finding, if the charge resulted from an allegation of child abuse, neglect, or
26 exploitation.

27 (d) Each employee or volunteer shall submit to a check of the central registry. An

1 individual listed on the central registry shall not be a volunteer at or be
2 employed by a Level II psychiatric residential treatment facility.

3 (e) Any employee or volunteer removed from contact with a child pursuant to this
4 subsection may, at the discretion of the employer, be terminated, reassigned to
5 a position involving no contact with a child, or placed on administrative leave
6 with pay during the pendency of the investigation or proceeding.

7 (13) An initial treatment plan of care shall be developed and implemented for each
8 resident, and the plan of care shall be based on initial history and ongoing
9 assessment of the resident's needs and strengths, with an emphasis on active
10 treatment, transition planning, and after-care services, and shall be completed
11 within seventy-two (72) hours of admission.

12 (14) A comprehensive treatment plan of care shall be developed and implemented for
13 each resident, and the plan of care shall be based on initial history and ongoing
14 assessment of the resident's needs and strengths, with an emphasis on active
15 treatment, transition planning, and after-care services, and shall be completed
16 within ten (10) calendar days of admission.

17 (15) A review of the treatment plan of care shall occur at least every thirty (30) days
18 following the first ten (10) days of treatment and shall include the following
19 documentation:

20 (a) Dated signatures of appropriate staff, parent, guardian, legal custodian, or
21 conservator;

22 (b) An assessment of progress toward each treatment goal and objective with
23 revisions as indicated; and

24 (c) A statement of justification for the level of services needed, including
25 suitability for treatment in a less-restrictive environment and continued
26 services.

27 (16) A Level II psychiatric residential treatment facility shall provide or arrange for the

1 provision of qualified dental, medical, nursing, and pharmaceutical care for
2 residents. The resident's parent, guardian, legal custodian, or conservator may
3 choose a professional for nonemergency services.

4 (17) A Level II psychiatric residential treatment facility shall ensure that opportunities
5 are provided for recreational activities that are appropriate and adapted to the needs,
6 interests, and ages of the residents.

7 (18) A Level II psychiatric residential treatment facility shall assist residents in the
8 independent exercise of health, hygiene, and grooming practices.

9 (19) A Level II psychiatric residential treatment facility shall assist each resident in
10 securing an adequate allowance of personally owned, individualized, clean, and
11 seasonal clothes that are the correct size.

12 (20) A Level II psychiatric residential treatment facility shall assist, educate, and
13 encourage each resident in the use of dental, physical, or prosthetic appliances or
14 devices and visual or hearing aids.

15 (21) The cabinet shall promulgate administrative regulations that include but are not
16 limited to the following:

17 (a) Establishing requirements for tuberculosis skin testing for staff of a Level II
18 psychiatric residential treatment facility;

19 (b) Ensuring that accurate, timely, and complete resident assessments are
20 conducted for each resident of a Level II psychiatric residential treatment
21 facility;

22 (c) Ensuring that accurate, timely, and complete documentation of the
23 implementation of a resident's treatment plan of care occurs for each resident
24 of a Level II psychiatric residential treatment facility;

25 (d) Ensuring that an accurate, timely, and complete individual record is
26 maintained for each resident of a Level II psychiatric residential treatment
27 facility;

- 1 (e) Ensuring that an accurate, timely, and complete physical examination is
2 conducted for each resident of a Level II psychiatric residential treatment
3 facility;
- 4 (f) Ensuring accurate, timely, and complete access to emergency services is
5 available for each resident of a Level II psychiatric residential treatment
6 facility; and
- 7 (g) Ensuring that there is accurate, timely, and complete administration of
8 medications for each resident of a Level II psychiatric residential treatment
9 facility.

10 (22) The cabinet shall, within ninety (90) days of July 15, 2010, promulgate
11 administrative regulations in accordance with KRS Chapter 13A to implement this
12 section and KRS 216B.450 and 216B.455. When promulgating the administrative
13 regulations, the cabinet shall not consider only staffing ratios when evaluating the
14 written staffing plan of an applicant, but shall consider the applicant's overall ability
15 to provide for the needs of patients.

16 (23) The cabinet shall report, no later than August 1 of each year, to the Interim Joint
17 Committee on Health Services~~[and Welfare]~~ regarding the implementation of this
18 section and KRS 216B.450 and 216B.455. The report shall include but not be
19 limited to information relating to resident outcomes, such as lengths of stay in the
20 facility, locations residents were discharged to, and whether residents were
21 readmitted to a Level II psychiatric residential treatment facility within a twelve
22 (12) month period.

23 ➔Section 32. KRS 260.032 is amended to read as follows:

24 The Commissioner of the Kentucky Department of Agriculture shall submit an annual
25 report to the Interim Joint Committee on Health Services~~[and Welfare]~~ and the Interim
26 Joint Committee on Agriculture, which includes but is not limited to:

27 (1) The amount of funding received for the Kentucky Farmers Market Nutrition

1 Program;

2 (2) The economic impact of the program;

3 (3) Strategies implemented to market the program and improve nutrition; and

4 (4) Statistics related to the number of individuals served and farmers' markets
5 participating in the program.

6 ➔Section 33. KRS 304.14-642 is amended to read as follows:

7 (1) The Kentucky Long-Term Care Partnership Insurance Program is established as a
8 partnership between the Department for Medicaid Services and the Department of
9 Insurance to:

10 (a) Provide incentives for an individual to insure against the cost of providing for
11 his or her long-term care needs;

12 (b) Increase utilization of long-term care insurance policies;

13 (c) Assist in alleviating the financial burden of Kentucky's Medicaid program by
14 encouraging the use of private insurance; and

15 (d) Provide a mechanism for individuals to qualify for Medicaid services for costs
16 of long-term care without exhausting all of their assets and resources.

17 (2) A long-term care partnership insurance policy shall:

18 (a) Provide coverage for expenses for at least twelve (12) months for each
19 covered person on an expense-incurred, indemnity, or prepaid basis for one
20 (1) or more long-term care services provided in a setting other than an acute
21 care unit of a hospital;

22 (b) Be qualified under Section 7702B(b) of the Internal Revenue Code of 1986;

23 (c) Provide coverage for long-term care services for a policyholder who is a
24 resident of a state with a qualified long-term care partnership program when
25 coverage first became effective; and

26 (d) Not be issued prior to the effective date of an approved amendment to the
27 State Medicaid Plan.

- 1 (3) The Department of Insurance shall have responsibility to approve, pursuant to KRS
2 304.14-120, any long-term care partnership insurance policy available in Kentucky
3 that meets and continues to meet all applicable federal and state laws and
4 regulations. The state shall not impose any requirement affecting the terms or
5 benefits of such a policy unless the state imposes such requirement on long-term
6 care insurance policies without regard to whether the policy is covered under the
7 partnership or is offered in connection with the partnership.
- 8 (4) The Department of Insurance shall ensure that any agent who sells a long-term care
9 partnership insurance policy can demonstrate an understanding of long-term care
10 partnership insurance and how it relates to other public and private coverage of
11 long-term care expenses. The Department for Medicaid Services shall provide
12 consultation, materials, and other information to the Department of Insurance to
13 enable the Department of Insurance to facilitate the development and issuance of
14 uniform training materials for agents who sell long-term care insurance policies.
15 The Department of Insurance may contract with another entity to conduct agent
16 training and testing. Training and certification may be conducted at the expense of
17 the insurance agent.
- 18 (5) Within sixty (60) days of notice of approval of the amendment to the State
19 Medicaid Plan required under KRS 205.619, the Department of Insurance shall
20 promulgate an administrative regulation pursuant to KRS Chapter 13A to
21 implement the Kentucky Long-Term Care Partnership Insurance Program.
- 22 (6) The Department of Insurance and the Department for Medicaid Services shall
23 report no later than September 30 each year to the Interim Joint Committee on
24 Banking and Insurance and the Interim Joint Committee on Health Services~~and~~
25 ~~Welfare~~ on the number of partnership insurance policies sold in Kentucky,
26 utilization of the partnership insurance policies, and expenditures and cost savings
27 associated with implementation, utilization, and maintenance of the partnership

1 program. If national data reporting standards become available, the report submitted
2 to the federal agency shall meet the requirements of this subsection.

3 ➔Section 34. KRS 315.0351 is amended to read as follows:

4 (1) Except as provided in subsection (2) of this section:

5 (a) Every person or pharmacy located outside this Commonwealth which does
6 business, physically or by means of the Internet, facsimile, phone, mail, or
7 any other means, inside this Commonwealth within the meaning of KRS
8 Chapter 315, shall hold a current pharmacy permit as provided in KRS
9 315.035(1) and (4) issued by the Kentucky Board of Pharmacy. The pharmacy
10 shall be designated an "out-of-state pharmacy" and the permit shall be
11 designated an "out-of-state pharmacy permit." The fee for the permit shall not
12 exceed the current in-state pharmacy permit fee as provided under KRS
13 315.035;

14 (b) Every out-of-state pharmacy granted an out-of-state pharmacy permit by the
15 board shall disclose to the board the location, names, and titles of all principal
16 corporate officers and all pharmacists who are dispensing prescription drugs
17 to residents of the Commonwealth. A report containing this information shall
18 be made to the board on an annual basis and within thirty (30) days after any
19 change of office, corporate officer, or pharmacist;

20 (c) Every out-of-state pharmacy granted an out-of-state pharmacy permit shall
21 comply with all statutorily-authorized directions and requests for information
22 from any regulatory agency of the Commonwealth and from the board in
23 accordance with the provisions of this section. The out-of-state pharmacy
24 shall maintain at all times a valid unexpired permit, license, or registration to
25 conduct the pharmacy in compliance with the laws of the jurisdiction in which
26 it is a resident. As a prerequisite to seeking a permit from the Kentucky Board
27 of Pharmacy, the out-of-state pharmacy shall submit a copy of the most recent

- 1 inspection report resulting from an inspection conducted by the regulatory or
2 licensing agency of the jurisdiction in which it is located. Thereafter, the out-
3 of-state pharmacy granted a permit shall submit to the Kentucky Board of
4 Pharmacy a copy of any subsequent inspection report on the pharmacy
5 conducted by the regulatory or licensing body of the jurisdiction in which it is
6 located;
- 7 (d) Every out-of-state pharmacy granted an out-of-state pharmacy permit by the
8 board shall maintain records of any controlled substances or dangerous drugs
9 or devices dispensed to patients in the Commonwealth so that the records are
10 readily retrievable from the records of other drugs dispensed;
- 11 (e) Records for all prescriptions delivered into Kentucky shall be readily
12 retrievable from the other prescription records of the out-of-state pharmacy;
- 13 (f) Each out-of-state pharmacy shall, during its regular hours of operation, but
14 not less than six (6) days per week and for a minimum of forty (40) hours per
15 week, provide a toll-free telephone service directly to the pharmacist in charge
16 of the out-of-state pharmacy and available to both the patient and each
17 licensed and practicing in-state pharmacist for the purpose of facilitating
18 communication between the patient and the Kentucky pharmacist with access
19 to the patient's prescription records. A toll-free number shall be placed on a
20 label affixed to each container of drugs dispensed to patients within the
21 Commonwealth;
- 22 (g) Each out-of-state pharmacy shall have a pharmacist in charge who is licensed
23 to engage in the practice of pharmacy by the Commonwealth that shall be
24 responsible for compliance by the pharmacy with the provisions of this
25 section and for the distribution and sale of dialysate solutions and devices
26 pursuant to subsection (2) of this section;
- 27 (h) Each out-of-state pharmacy shall comply with KRS 218A.202;

- 1 (i) Any out-of-state pharmacy that dispenses more than twenty-five percent
2 (25%) of its total prescription volume as a result of an original prescription
3 order received or solicited by use of the Internet, including but not limited to
4 electronic mail, shall receive and display in every medium in which it
5 advertises itself a seal of approval for the National Association of Boards of
6 Pharmacy certifying that it is a Verified Internet Pharmacy Practice Site
7 (VIPPS) or a seal certifying approval of a substantially similar program
8 approved by the Kentucky Board of Pharmacy. VIPPS, or any other
9 substantially similar accreditation, shall be maintained and remain current;
- 10 (j) Any out-of-state pharmacy doing business in the Commonwealth of Kentucky
11 shall certify the percentage of its annual business conducted via the Internet
12 and electronic mail and submit such supporting documentation as requested
13 by the board, and in a form or application required by the board, when it
14 applies for permit or renewal;
- 15 (k) Any pharmacy doing business within the Commonwealth of Kentucky shall
16 use the address on file with the Kentucky Board of Pharmacy as the return
17 address on the labels of any package shipped into or within the
18 Commonwealth. The return address shall be placed on the package in a clear
19 and prominent manner; and
- 20 (l) The Kentucky Board of Pharmacy may waive the permit requirements of this
21 chapter for an out-of-state pharmacy that only does business within the
22 Commonwealth of Kentucky in limited transactions.
- 23 (2) (a) Only subsection (1)(g) of this section shall apply to the sale or distribution of
24 dialysate solutions or devices necessary to perform home peritoneal kidney
25 dialysis to patients with end-stage renal disease, if:
- 26 1. The dialysate solutions or devices are approved or cleared by the federal
27 Food and Drug Administration, as required by federal law;

- 1 2. The dialysate solutions or devices are lawfully held by a manufacturer
2 or manufacturer's agent that is properly registered with or licensed by
3 the board as a manufacturer, wholesale distributor, or third-party
4 logistics provider under this chapter;
- 5 3. The dialysate solutions or devices are held and delivered in their
6 original, sealed packaging from a Food and Drug Administration-
7 approved manufacturing facility;
- 8 4. The dialysate solutions or devices are only delivered upon receipt of a
9 physician's prescription by a Kentucky licensed pharmacy and the
10 transmittal of an order from the Kentucky licensed pharmacy to the
11 manufacturer or manufacturer's agent; and
- 12 5. The manufacturer or manufacturer's agent delivers the dialysate
13 solutions or devices directly to:
 - 14 a. A patient with end-stage renal disease or the patient's designee for
15 the patient's self-administration of dialysis therapy; or
 - 16 b. A health-care provider or institution for administration or delivery
17 of dialysis therapy to a patient with end-stage renal disease.
- 18 (b) 1. A manufacturer or manufacturer's agent who sells or distributes
19 dialysate solutions or devices under this subsection shall employ or
20 contract with a pharmacist who is licensed to engage in the practice of
21 pharmacy by the Commonwealth to conduct a retrospective audit on ten
22 percent (10%) of the orders processed by that manufacturer or
23 manufacturer's agent each month.
- 24 2. On or before February 1 of each year, an annual summary of the
25 monthly audits shall be prepared and submitted to the board, in the form
26 prescribed by the board.
- 27 3. On or before June 1 of each year, the board shall compile the summaries

1 of monthly audits into a single report and submit that report to the
2 Interim Joint Committee on Health ~~and Welfare and Family~~ Services.

3 (c) Prescriptions and records of delivery for dialysate solutions or devices sold or
4 distributed under this subsection shall be maintained by the manufacturer or
5 manufacturer's agent for a minimum of two (2) years and shall be made
6 available to the board upon request.

7 (d) As used in this subsection, "dialysate solutions" means dextrose or icodextrin
8 when used to perform home peritoneal kidney dialysis.

9 (e) The Kentucky Board of Pharmacy will retain oversight of the distribution of
10 dialysate solutions and devices under this section.

11 ➔Section 35. KRS 605.120 is amended to read as follows:

12 (1) The cabinet is authorized to expend available funds to provide for the board,
13 lodging, and care of children who would otherwise be placed in foster care or who
14 are placed by the cabinet in a foster home or boarding home, or may arrange for
15 payments or contributions by any local governmental unit, or public or private
16 agency or organization, willing to make payments or contributions for such
17 purpose. The cabinet may accept any gift, devise, or bequest made to it for its
18 purposes.

19 (2) The cabinet shall establish a reimbursement system, within existing appropriation
20 amounts, for foster parents that comes as close as possible to meeting the actual
21 cost of caring for foster children. The cabinet shall consider providing additional
22 reimbursement for foster parents who obtain additional training, and foster parents
23 who have served for an extended period of time. In establishing a reimbursement
24 system, the cabinet shall, to the extent possible within existing appropriation
25 amounts, address the additional cost associated with providing care to children with
26 exceptional needs.

27 (3) The cabinet shall review reimbursement rates paid to foster parents and shall issue a

1 report upon request comparing the rates paid by Kentucky to the figures presented
2 in the Expenditures on Children by Families Annual Report prepared by the United
3 States Department of Agriculture and the rates paid to foster parents by other states.
4 To the extent that funding is available, reimbursement rates paid to foster parents
5 shall be increased on an annual basis to reflect cost of living increases.

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

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

- 11 1. Demographic data on relative and fictive kin caregivers and children in
12 their care;
- 13 2. Custodial options selected by the relative and fictive kin caregivers;
- 14 3. Services provisioned to relative and fictive kin caregivers and children
15 in their care; and
- 16 4. Permanency benchmarks and outcomes for relative and fictive kin
17 caregiver placements.

18 (b) By September 30, 2020, and upon request thereafter, the cabinet shall submit
19 a report to the Governor, the Chief Justice of the Supreme Court, and the
20 director of the Legislative Research Commission for distribution to the
21 Interim Joint Committee on *Families and Children*~~[Health and Welfare and~~
22 ~~Family Services]~~ relating to the data tracking and analysis established in this
23 subsection.

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

1 ➔Section 36. KRS 620.055 is amended to read as follows:

- 2 (1) An external child fatality and near fatality review panel is hereby created and
3 established for the purpose of conducting comprehensive reviews of child fatalities
4 and near fatalities, reported to the Cabinet for Health and Family Services,
5 suspected to be a result of abuse or neglect. The panel shall be attached to the
6 Justice and Public Safety Cabinet for staff and administrative purposes.
- 7 (2) The external child fatality and near fatality review panel shall be composed of the
8 following five (5) ex officio nonvoting members and seventeen (17) voting
9 members:
- 10 (a) Two (2) members of the Kentucky General Assembly, one (1) appointed by
11 the President of the Senate and one (1) appointed by the Speaker of the House
12 of Representatives, who shall be ex officio nonvoting members;
- 13 (b) The commissioner of the Department for Community Based Services, who
14 shall be an ex officio nonvoting member;
- 15 (c) The commissioner of the Department for Public Health, who shall be an ex
16 officio nonvoting member;
- 17 (d) A family court judge selected by the Chief Justice of the Kentucky Supreme
18 Court, who shall be an ex officio nonvoting members;
- 19 (e) A pediatrician from the University of Kentucky's Department of Pediatrics
20 who is licensed and experienced in forensic medicine relating to child abuse
21 and neglect to be selected by the Attorney General from a list of three (3)
22 names provided by the dean of the University of Kentucky School of
23 Medicine;
- 24 (f) A pediatrician from the University of Louisville's Department of Pediatrics
25 who is licensed and experienced in forensic medicine relating to child abuse
26 and neglect to be selected by the Attorney General from a list of three (3)
27 names provided by the dean of the University of Louisville School of

- 1 Medicine;
- 2 (g) The state medical examiner or designee;
- 3 (h) A court-appointed special advocate (CASA) program director to be selected
4 by the Attorney General from a list of three (3) names provided by the
5 Kentucky CASA Association;
- 6 (i) A peace officer with experience investigating child abuse and neglect
7 fatalities and near fatalities to be selected by the Attorney General from a list
8 of three (3) names provided by the commissioner of the Kentucky State
9 Police;
- 10 (j) A representative from Prevent Child Abuse Kentucky, Inc. to be selected by
11 the Attorney General from a list of three (3) names provided by the president
12 of the Prevent Child Abuse Kentucky, Inc. board of directors;
- 13 (k) A practicing local prosecutor to be selected by the Attorney General;
- 14 (l) The executive director of the Kentucky Domestic Violence Association or the
15 executive director's designee;
- 16 (m) The chairperson of the State Child Fatality Review Team established in
17 accordance with KRS 211.684 or the chairperson's designee;
- 18 (n) A practicing social work clinician to be selected by the Attorney General from
19 a list of three (3) names provided by the Board of Social Work;
- 20 (o) A practicing addiction counselor to be selected by the Attorney General from
21 a list of three (3) names provided by the Kentucky Association of Addiction
22 Professionals;
- 23 (p) A representative from the family resource and youth service centers to be
24 selected by the Attorney General from a list of three (3) names submitted by
25 the Cabinet for Health and Family Services;
- 26 (q) A representative of a community mental health center to be selected by the
27 Attorney General from a list of three (3) names provided by the Kentucky

- 1 Association of Regional Mental Health and Mental Retardation Programs,
2 Inc.;
- 3 (r) A member of a citizen foster care review board selected by the Chief Justice
4 of the Kentucky Supreme Court;
- 5 (s) An at-large representative who shall serve as chairperson to be selected by the
6 Secretary of State;
- 7 (t) The president of the Kentucky Coroners Association; and
- 8 (u) A practicing medication-assisted treatment provider to be selected by the
9 Attorney General from a list of three (3) names provided by the Kentucky
10 Board of Medical Licensure.
- 11 (3) (a) By August 1, 2013, the appointing authority or the appointing authorities, as
12 the case may be, shall have appointed panel members. Initial terms of
13 members, other than those serving ex officio, shall be staggered to provide
14 continuity. Initial appointments shall be: five (5) members for terms of one (1)
15 year, five (5) members for terms of two (2) years, and five (5) members for
16 terms of three (3) years, these terms to expire, in each instance, on June 30
17 and thereafter until a successor is appointed and accepts appointment.
- 18 (b) Upon the expiration of these initial staggered terms, successors shall be
19 appointed by the respective appointing authorities, for terms of two (2) years,
20 and until successors are appointed and accept their appointments. Members
21 shall be eligible for reappointment. Vacancies in the membership of the panel
22 shall be filled in the same manner as the original appointments.
- 23 (c) At any time, a panel member shall recuse himself or herself from the review
24 of a case if the panel member believes he or she has a personal or private
25 conflict of interest.
- 26 (d) If a voting panel member is absent from two (2) or more consecutive,
27 regularly scheduled meetings, the member shall be considered to have

1 resigned and shall be replaced with a new member in the same manner as the
2 original appointment.

3 (e) If a voting panel member is proven to have violated subsection (13) of this
4 section, the member shall be removed from the panel, and the member shall
5 be replaced with a new member in the same manner as the original
6 appointment.

7 (4) The panel shall meet at least quarterly and may meet upon the call of the
8 chairperson of the panel.

9 (5) Members of the panel shall receive no compensation for their duties related to the
10 panel, but may be reimbursed for expenses incurred in accordance with state
11 guidelines and administrative regulations.

12 (6) Each panel member shall be provided copies of all information set out in this
13 subsection, including but not limited to records and information, upon request, to be
14 gathered, unredacted, and submitted to the panel within thirty (30) days by the
15 Cabinet for Health and Family Services from the Department for Community Based
16 Services or any agency, organization, or entity involved with a child subject to a
17 fatality or near fatality:

18 (a) Cabinet for Health and Family Services records and documentation regarding
19 the deceased or injured child and his or her caregivers, residents of the home,
20 and persons supervising the child at the time of the incident that include all
21 records and documentation set out in this paragraph:

- 22 1. All prior and ongoing investigations, services, or contacts;
- 23 2. Any and all records of services to the family provided by agencies or
24 individuals contracted by the Cabinet for Health and Family Services;
25 and
- 26 3. All documentation of actions taken as a result of child fatality internal
27 reviews conducted pursuant to KRS 620.050(12)(b);

- 1 (b) Licensing reports from the Cabinet for Health and Family Services, Office of
2 Inspector General, if an incident occurred in a licensed facility;
- 3 (c) All available records regarding protective services provided out of state;
- 4 (d) All records of services provided by the Department for Juvenile Justice
5 regarding the deceased or injured child and his or her caregivers, residents of
6 the home, and persons involved with the child at the time of the incident;
- 7 (e) Autopsy reports;
- 8 (f) Emergency medical service, fire department, law enforcement, coroner, and
9 other first responder reports, including but not limited to photos and
10 interviews with family members and witnesses;
- 11 (g) Medical records regarding the deceased or injured child, including but not
12 limited to all records and documentation set out in this paragraph:
- 13 1. Primary care records, including progress notes; developmental
14 milestones; growth charts that include head circumference; all
15 laboratory and X-ray requests and results; and birth record that includes
16 record of delivery type, complications, and initial physical exam of
17 baby;
- 18 2. In-home provider care notes about observations of the family, bonding,
19 others in home, and concerns;
- 20 3. Hospitalization and emergency department records;
- 21 4. Dental records;
- 22 5. Specialist records; and
- 23 6. All photographs of injuries of the child that are available;
- 24 (h) Educational records of the deceased or injured child, or other children residing
25 in the home where the incident occurred, including but not limited to the
26 records and documents set out in this paragraph:
- 27 1. Attendance records;

- 1 2. Special education services;
- 2 3. School-based health records; and
- 3 4. Documentation of any interaction and services provided to the children
- 4 and family.

5 The release of educational records shall be in compliance with the Family
6 Educational Rights and Privacy Act, 20 U.S.C. sec. 1232g and its
7 implementing regulations;

- 8 (i) Head Start records or records from any other child care or early child care
- 9 provider;
- 10 (j) Records of any Family, Circuit, or District Court involvement with the
- 11 deceased or injured child and his or her caregivers, residents of the home and
- 12 persons involved with the child at the time of the incident that include but are
- 13 not limited to the juvenile and family court records and orders set out in this
- 14 paragraph, pursuant to KRS Chapters 199, 403, 405, 406, and 600 to 645:
 - 15 1. Petitions;
 - 16 2. Court reports by the Department for Community Based Services,
 - 17 guardian ad litem, court-appointed special advocate, and the Citizen
 - 18 Foster Care Review Board;
 - 19 3. All orders of the court, including temporary, dispositional, or
 - 20 adjudicatory; and
 - 21 4. Documentation of annual or any other review by the court;
- 22 (k) Home visit records from the Department for Public Health or other services;
- 23 (l) All information on prior allegations of abuse or neglect and deaths of children
- 24 of adults residing in the household;
- 25 (m) All law enforcement records and documentation regarding the deceased or
- 26 injured child and his or her caregivers, residents of the home, and persons
- 27 involved with the child at the time of the incident; and

- 1 (n) Mental health records regarding the deceased or injured child and his or her
2 caregivers, residents of the home, and persons involved with the child at the
3 time of the incident.
- 4 (7) The panel may seek the advice of experts, such as persons specializing in the fields
5 of psychiatric and forensic medicine, nursing, psychology, social work, education,
6 law enforcement, family law, or other related fields, if the facts of a case warrant
7 additional expertise.
- 8 (8) The panel shall post updates after each meeting to the website~~[Web site]~~ of the
9 Justice and Public Safety Cabinet regarding case reviews, findings, and
10 recommendations.
- 11 (9) The panel chairperson, or other requested persons, shall report a summary of the
12 panel's discussions and proposed or actual recommendations to the Interim Joint
13 Committee on Families and Children~~[Health and Welfare]~~ of the Kentucky
14 General Assembly monthly or at the request of a committee co-chair. The goal of
15 the committee shall be to ensure impartiality regarding the operations of the panel
16 during its review process.
- 17 (10) (a) The panel shall publish an annual report by February 1 of each year consisting
18 of case reviews, findings, and recommendations for system and process
19 improvements to help prevent child fatalities and near fatalities that are due to
20 abuse and neglect. The report shall be submitted to the Governor, the
21 secretary of the Cabinet for Health and Family Services, the Chief Justice of
22 the Supreme Court, the Attorney General, the State Child Abuse and Neglect
23 Prevention Board established pursuant to KRS 15.905, and the director of the
24 Legislative Research Commission for distribution to the Interim Joint
25 Committee on Families and Children~~[Health, Welfare, and Family Services]~~,
26 and the Interim Joint Committee on Judiciary.
- 27 (b) The panel shall determine which agency is responsible for implementing each

1 recommendation, and shall forward each recommendation in writing to the
2 appropriate agency.

3 (c) Any agency that receives a recommendation from the panel shall, within
4 ninety (90) days of receipt:

5 1. Respond to the panel with a written notice of intent to implement the
6 recommendation, an explanation of how the recommendation will be
7 implemented, and an approximate time frame of implementation; or

8 2. Respond to the panel with a written notice that the agency does not
9 intend to implement the recommendation, and a detailed explanation of
10 why the recommendation cannot be implemented.

11 (11) Information and record copies that are confidential under state or federal law and
12 are provided to the external child fatality and near fatality review panel by the
13 Cabinet for Health and Family Services, the Department for Community Based
14 Services, or any agency, organization, or entity for review shall not become the
15 information and records of the panel and shall not lose their confidentiality by
16 virtue of the panel's access to the information and records. The original information
17 and records used to generate information and record copies provided to the panel in
18 accordance with subsection (6) of this section shall be maintained by the
19 appropriate agency in accordance with state and federal law and shall be subject to
20 the Kentucky Open Records Act, KRS 61.870 to 61.884. All open records requests
21 shall be made to the appropriate agency, not to the external child fatality and near
22 fatality review panel or any of the panel members. Information and record copies
23 provided to the panel for review shall be exempt from the Kentucky Open Records
24 Act, KRS 61.870 to 61.884. At the conclusion of the panel's examination, all copies
25 of information and records provided to the panel involving an individual case shall
26 be destroyed by the Justice and Public Safety Cabinet.

27 (12) Notwithstanding any provision of law to the contrary, the portions of the external

1 child fatality and near fatality review panel meetings during which an individual
2 child fatality or near fatality case is reviewed or discussed by panel members may
3 be a closed session and subject to the provisions of KRS 61.815(1) and shall only
4 occur following the conclusion of an open session. At the conclusion of the closed
5 session, the panel shall immediately convene an open session and give a summary
6 of what occurred during the closed session.

7 (13) Each member of the external child fatality and near fatality review panel, any
8 person attending a closed panel session, and any person presenting information or
9 records on an individual child fatality or near fatality shall not release information
10 or records not available under the Kentucky Open Records Act, KRS 61.870 to
11 61.884 to the public.

12 (14) A member of the external child fatality and near fatality review panel shall not be
13 prohibited from making a good faith report to any state or federal agency of any
14 information or issue that the panel member believes should be reported or disclosed
15 in an effort to facilitate effectiveness and transparency in Kentucky's child
16 protective services.

17 (15) A member of the external child fatality and near fatality review panel shall not be
18 held liable for any civil damages or criminal penalties pursuant to KRS 620.990 as
19 a result of any action taken or omitted in the performance of the member's duties
20 pursuant to this section and KRS 620.050, except for violations of subsection (11),
21 (12), or (13) of this section.

22 (16) The proceedings, records, opinions, and deliberations of the external child fatality
23 and near fatality review panel shall be privileged and shall not be subject to
24 discovery, subpoena, or introduction into evidence in any civil or criminal actions
25 in any manner that would directly or indirectly identify specific persons or cases
26 reviewed by the panel. Nothing in this subsection shall be construed to restrict or
27 limit the right to discover or use in any civil action any evidence that is

1 discoverable independent of the proceedings of the panel.
2 (17) The Legislative Oversight and Investigations Committee of the Kentucky General
3 Assembly shall conduct an annual evaluation of the external child fatality and near
4 fatality review panel established pursuant to this section to monitor the operations,
5 procedures, and recommendations of the panel and shall report its findings to the
6 General Assembly.