AN ACT relating to maternal health.

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

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

(1) For the purposes of KRS Chapter 211:

(a) "Child fatality" means the death of a person under the age of eighteen (18) years;***, and***

(b) ~~["Local child and maternal fatality response team" and "local team" means a community team composed of representatives of agencies, offices, and institutions that investigate child and maternal deaths, including but not limited to, coroners, social service workers, medical professionals, law enforcement officials, and Commonwealth's and county attorneys; and~~

~~(c)]~~"Maternal fatality" means the death of a woman ***during pregnancy and*** within one (1) year of ***the end of the pregnancy***~~[giving birth]~~.

(2) The Department for Public Health may establish a state child ~~[and maternal]~~fatality review team. The state ***child fatality review*** team may include representatives of public health, social services, law enforcement ***agencies with investigation responsibilities for child fatalities***, ***the offices of Commonwealth's and county attorneys***~~[prosecution]~~, coroners, health-care providers, and other agencies or professions deemed appropriate by the commissioner of the department.

(3) If a state ***child fatality review*** team is created, the duties of the state team may include ***but not be limited to*** the following:

(a) Develop and distribute a model protocol for local child ~~[and maternal]~~fatality response teams for the investigation of child~~[and maternal]~~ fatalities;

(b) Facilitate the development of local child ~~[and maternal]~~fatality response teams***, as permitted under Section 2 of this Act, including but***~~[which may include, but is]~~ not limited to~~[,]~~ providing joint training opportunities and, upon request, providing technical assistance;

1 (c) Review and approve local protocols prepared and submitted by local teams;
2 (d) Receive data and information on child ~~[and maternal]~~fatalities and analyze
3 the information to identify trends, patterns, and risk factors;
4 (e) Evaluate the effectiveness of prevention and intervention strategies adopted;~~[~~
5 ~~and]~~
6 (f) Recommend changes in state programs, legislation, administrative
7 regulations, policies, budgets, and treatment and service standards which may
8 facilitate strategies for prevention and reduce the number of child~~[and~~
9 ~~maternal]~~ fatalities***; and***
10 ***(g) Cooperate, as appropriate, with the external child fatality and near fatality***
11 ***review panel established by KRS 620.055 upon request***.
12 (4) ***The department shall establish a state maternal fatality review team. The state***
13 ***maternal fatality review team may include representatives of public health, social***
14 ***services, law enforcement, coroners, health-care providers, and other agencies or***
15 ***professions deemed appropriate by the commissioner of the department.***
16 ***(5) The duties of the state maternal fatality review team may include but not be***
17 ***limited to the following:***
18 ***(a) Receive data and information on maternal fatalities and analyze the***
19 ***information to identify trends, patterns, and risk factors;***
20 ***(b) Evaluate the effectiveness of prevention and intervention strategies adopted;***
21 ***and***
22 ***(c) Recommend changes in state programs, legislation, administrative***
23 ***regulations, policies, budgets, and treatment and service standards which***
24 ***may facilitate strategies for prevention and reduce the number of maternal***
25 ***fatalities.***
26 ***(6)*** The department shall prepare an annual report to be submitted no later than
27 November 1 of each year to the Governor, the ***Legislative Research Commission***

1 ***for referral to the*** Interim Joint Committee on Families and Children ***and the***
2 ***Interim Joint Committee on Health Services***, the Chief Justice of the Kentucky
3 Supreme Court, and to be made available to the citizens of the Commonwealth. The
4 report shall include a statistical analysis, ***including but not limited to Medicaid,***
5 ***Kentucky Children's Health Insurance Program, or other health benefit***
6 ***coverage,***~~[that includes the demographics of]~~ race, ***ethnicity***~~[income]~~, and
7 geography, of the incidence and causes of child and maternal fatalities in the
8 Commonwealth during the past fiscal year and recommendations for action. The
9 report shall not include any information which would identify specific child and
10 maternal fatality cases. ***Separate reports may be submitted for the state child***
11 ***fatality review team and the state maternal fatality review team.***
12 ***(7) The proceedings, records, opinions, and deliberations of the state child fatality***
13 ***review team and of the state maternal fatality review team shall be privileged and***
14 ***shall not be subject to discovery, subpoena, or introduction into evidence in any***
15 ***civil action in any manner that would directly or indirectly identify specific***
16 ***persons or cases reviewed by the state child fatality review team or the state***
17 ***maternal fatality review team. Nothing in this subsection shall be construed to***
18 ***restrict or limit the right to discover or use in any civil action any evidence that is***
19 ***discoverable independent of the proceedings of the state child fatality review team***
20 ***or the state maternal fatality review team.***
21 ➔Section 2. KRS 211.686 is amended to read as follows:
22 (1) A local child ~~[and maternal]~~fatality response team may be established in every
23 county or group of contiguous counties by the coroner or coroners with jurisdiction
24 in the county or counties. The local coroner may authorize the creation of additional
25 local teams within the coroner's jurisdiction as needed.
26 (2) Membership of ~~[the]~~local ***teams***~~[team]~~ may include representatives of the coroner,
27 the local office of the Department for Community Based Services, law enforcement

1 agencies with investigation responsibilities for child ~~[and maternal]~~fatalities which
2 occur within the jurisdiction of the local team, the Commonwealth's and county
3 attorneys, representatives of the medical profession, and other members whose
4 participation the local team believes is important to carry out its purpose. Each local
5 team member shall be appointed by the agency the member is representing and
6 shall serve at the pleasure of the appointing authority.
7 (3) The purpose of the local child ~~[and maternal]~~fatality response ***teams***~~[team]~~ shall be
8 to:
9 (a) Allow each member to share specific and unique information with the local
10 team;
11 (b) Generate overall investigative direction and emphasis through team
12 coordination and sharing of specialized information;
13 (c) Create a body of information that will assist in the coroner's effort to
14 accurately identify the cause and reasons for death; and
15 (d) Facilitate the appropriate response by each member agency to the fatality,
16 including but not limited to, intervention on behalf of others who may be
17 adversely affected by the situation, implementation of health services
18 necessary for protection of other citizens, further investigation by law
19 enforcement, or legal action by Commonwealth's or county attorneys.
20 (4) ~~[The]~~Local ***teams***~~[team]~~ may:
21 (a) Analyze information regarding local child ~~[and maternal]~~fatalities to identify
22 trends, patterns, and risk factors;
23 (b) Recommend to the state ***teams***~~[team]~~ ***established under Section 1 of this Act***,
24 and any other entities deemed appropriate, changes in state or local programs,
25 legislation, administrative regulations, policies, budgets, and treatment and
26 service standards which may facilitate strategies for prevention and reduce the
27 number of child ~~[and maternal]~~fatalities; and

1 (c) Evaluate the effectiveness of local prevention and intervention strategies.
2 (5) [The]Local ***teams***[team] may establish a protocol for the investigation of child [and
3 maternal]fatalities and may establish operating rules and procedures as ***deemed***[it
4 deems] necessary to carry out the purposes of this section.
5 (6) The review of a child [and maternal]fatality by a local team may include
6 information from reports generated or received by agencies, organizations, or
7 individuals that are responsible for investigation, prosecution, or treatment in the
8 case.
9 (7) The proceedings, records, opinions, and deliberations of [the]local ***teams***[team]
10 shall be privileged and shall not be subject to discovery, subpoena, or introduction
11 into evidence in any civil action in any manner that would directly or indirectly
12 identify specific persons or cases reviewed by [the]local ***teams***[team]. Nothing in
13 this subsection shall be construed to restrict or limit the right to discover or use in
14 any civil action any evidence that is discoverable independent of the proceedings of
15 [the]local ***teams***[team].
16 ➔Section 3. KRS 216.2929 is amended to read as follows:
17 (1) (a) The Cabinet for Health and Family Services shall make available on its
18 website information on charges for health-care services at least annually in
19 understandable language with sufficient explanation to allow consumers to
20 draw meaningful comparisons between every hospital and ambulatory facility,
21 differentiated by payor if relevant, and for other provider groups as relevant
22 data becomes available.
23 (b) Any charge information compiled and reported by the cabinet shall include
24 the median charge and other percentiles to describe the typical charges for all
25 of the patients treated by a provider and the total number of patients
26 represented by all charges, and shall be risk-adjusted.
27 (c) The report shall clearly identify the sources of data used in the report and

1 explain limitations of the data and why differences between provider charges
2 may be misleading. Every provider that is specifically identified in any report
3 shall be given thirty (30) days to verify the accuracy of its data prior to public
4 release and shall be afforded the opportunity to submit comments on its data
5 that shall be included on the website and as part of any printed report of the
6 data.
7 (d) The cabinet shall only provide linkages to organizations that publicly report
8 comparative-charge data for Kentucky providers using data for all patients
9 treated regardless of payor source, which may be adjusted for outliers, is risk-
10 adjusted, and meets the requirements of paragraph (c) of this subsection.
11 (2) (a) The cabinet shall make information available on its website at least annually
12 describing quality and outcome measures in understandable language with
13 sufficient explanations to allow consumers to draw meaningful comparisons
14 between every hospital and ambulatory facility in the Commonwealth and
15 other provider groups as relevant data becomes available.
16 (b) 1. The cabinet shall utilize only national quality indicators that have been
17 endorsed and adopted by the Agency for Healthcare Research and
18 Quality, the National Quality Forum, or the Centers for Medicare and
19 Medicaid Services; or
20 2. The cabinet shall provide linkages only to the following organizations
21 that publicly report quality and outcome measures on Kentucky
22 providers:
23 a. The Centers for Medicare and Medicaid Services;
24 b. The Agency for Healthcare Research and Quality;
25 c. The Joint Commission; and
26 d. Other organizations that publicly report relevant outcome data for
27 Kentucky providers.

1 (c) The cabinet shall utilize or refer the general public to only those nationally
2 endorsed quality indicators that are based upon current scientific evidence or
3 relevant national professional consensus and have definitions and calculation
4 methods openly available to the general public at no charge.
5 (3) Any report the cabinet disseminates or refers the public to shall:
6 (a) Not include data for a provider whose caseload of patients is insufficient to
7 make the data a reliable indicator of the provider's performance;
8 (b) Meet the requirements of subsection (1)(c) of this section;
9 (c) Clearly identify the sources of data used in the report and explain the
10 analytical methods used in preparing the data included in the report; and
11 (d) Explain any limitations of the data and how the data should be used by
12 consumers.
13 (4) The cabinet shall report at least biennially, no later than October 1 of each odd-
14 numbered year, on the special health needs of the minority population in the
15 Commonwealth as compared to the population in the Commonwealth as compared
16 to the population at large. The report shall contain an overview of the health status
17 of minority Kentuckians, shall identify the diseases and conditions experienced at
18 disproportionate mortality and morbidity rates within the minority population, and
19 shall make recommendations to meet the identified health needs of the minority
20 population.
21 (5) ***Beginning December 1, 2024, and at least annually thereafter, the Cabinet for***
22 ***Health and Family Services shall publish a report on its website for the most***
23 ***recent five (5) years of available data on the number and types of delivery***
24 ***procedures for pregnancy by hospital, including but not limited to the following***
25 ***procedures:***
26 ***(a) Augmentation of labor;***
27 ***(b) Cesarean section;***

1 ***(c) Episiotomy;***
2 ***(d) Induction of labor;***
3 ***(e) Primary cesarean section;***
4 ***(f) Nulliparous, term, singleton, vertex (NTSV) cesarean section;***
5 ***(g) Use of forceps;***
6 ***(h) Use of vacuum;***
7 ***(i) Vaginal birth after cesarean (VBAC); and***
8 ***(j) Vaginal delivery.***
9 ***The cabinet shall use health data collected pursuant to KRS 216.2920 to 216.2929***
10 ***to obtain the required information, and may use additional sources including***
11 ***data derived from birth certificates if the required information is not available***
12 ***from data collected pursuant to KRS 216.2920 to 216.2929.***
13 ***(6)*** The ***reports***[~~report~~] required under ***subsections***[~~subsection~~] (4) ***and (5)*** of this
14 section shall be submitted to ***the Legislative Research Commission for referral to***
15 the Interim Joint Committees on Appropriations and Revenue***, Families and***
16 ***Children,*** and Health Services***,*** and to the Governor.
17 ➔Section 4. KRS 211.575 is amended to read as follows:
18 (1) As used in this section, "department" means the Department for Public Health.
19 (2) The Department for Public Health shall establish and implement a plan for
20 achieving continuous quality improvement in the quality of care provided under a
21 statewide system for stroke response and treatment. In implementing the plan, the
22 department shall:
23 (a) Maintain a statewide stroke database to compile information and statistics on
24 stroke care as follows:
25 1. The database shall align with the stroke consensus metrics developed
26 and approved by the American Heart Association, the American Stroke
27 Association, the Centers for Disease Control and Prevention, and the

1 Joint Commission;
2 2. The department shall utilize the "Get With The Guidelines-Stroke"
3 quality improvement program maintained by the American Heart
4 Association and the American Stroke Association or another nationally
5 recognized program that utilizes a data set platform with patient
6 confidentiality standards no less secure than the statewide stroke
7 database established in this paragraph; and
8 3. Require certified stroke centers as established in KRS 216B.0425 to
9 report to the database each case of stroke seen at the facility. The data
10 shall be reported in a format consistent with nationally recognized
11 guidelines on the treatment of individuals within the state with
12 confirmed cases of stroke;
13 (b) To the extent possible, coordinate with national voluntary health organizations
14 involved in stroke quality improvement to avoid duplication and redundancy;
15 (c) Encourage the sharing of information and data among health care providers
16 on methods to improve the quality of care of stroke patients in the state;
17 (d) Facilitate communication about data trends and treatment developments
18 among health care professionals involved in the care of individuals with
19 stroke;
20 (e) Require the application of evidence-based treatment guidelines for the
21 transition of stroke patients upon discharge from a hospital following acute
22 treatment to community-based care provided in a hospital outpatient,
23 physician office, or ambulatory clinic setting; and
24 (f) Establish a data oversight process and a plan for achieving continuous quality
25 improvement in the quality of care provided under the statewide system for
26 stroke response and treatment, which shall include:
27 1. Analysis of the data included in the stroke database;

2. Identification of potential interventions to improve stroke care in specific geographic regions of the state; and

3. Recommendations to the department and the Kentucky General Assembly for improvement in the delivery of stroke care in the state.

(3) All data reported under subsection (2)(a) of this section shall be made available to the department and all government agencies or contractors of government agencies which are responsible for the management and administration of emergency medical services throughout the state.

(4) ***By September***[~~On June 1, 2013, and annually on~~ ***September*** ~~June~~] 1 ***of each year***[~~thereafter~~], the department shall provide a report of its data and any related findings and recommendations to the Governor and to the Legislative Research Commission ***for referral to the Interim Joint Committee on Health Services***. The report also shall be made available on the department's ***website***[~~ Web site~~].

(5) Nothing in this section shall be construed to require the disclosure of confidential information or data in violation of the federal Health Insurance Portability and Accountability Act of 1996.

➔Section 5. KRS 211.689 is amended to read as follows:

(1) As used in this section and KRS 211.690:

(a) "Home visitation" means a service delivery strategy with voluntary participation [~~by eligible families that is carried out in the homes~~]of at-risk parents during the prenatal period and until the child's third birthday that provides [~~face-to-face~~]visits by nurses, social workers, and other [~~early childhood~~]professionals or trained and supervised paraprofessionals to improve maternal, infant, and child health and well-being, including:

1. Reducing preterm births;

2. Promoting positive parenting practices;

3. Improving school readiness;

1 4. Enhancing the social, emotional, and cognitive development of children;
2 5. Reducing child abuse and neglect;
3 6. Improving the health of the family; and
4 7. Empowering families to be self-sufficient;
5 (b) "Home visitation program" means the voluntary statewide home visiting
6 program established by KRS 211.690 or a program implementing a research-
7 based model or a promising model that includes voluntary home visitation as
8 a primary service delivery strategy that may supplement but shall not
9 duplicate any existing program that provides assistance to parents ~~[of young~~
10 ~~children]~~and that does not include:
11 1. Programs with few or infrequent home visits;
12 2. Home visits based on professional judgment or medical referrals that are
13 infrequent and supplemental to a treatment plan;
14 3. Programs in which home visiting is supplemental to other services, such
15 as child protective services;
16 4. In-home services delivered ***to at-risk parents*** through provisions of an
17 individualized family service plan or individualized education program
18 under the federal Individuals with Disabilities Education Act, Part B or
19 C; or
20 5. Programs with goals related to direct intervention of domestic violence
21 or substance abuse;
22 (c) "Research-based model" means a home visitation model based on a clear,
23 consistent program model that:
24 1. Is research-based, grounded in relevant empirically based knowledge,
25 linked to program determined outcomes, has comprehensive home
26 visitation standards that ensure high-quality service delivery and
27 continuous quality improvement, and has demonstrated significant,

1 sustained positive outcomes;
2 2. Employs highly trained and competent professionals or
3 paraprofessionals who are provided close supervision and continual
4 professional development and training relevant to the specific model
5 being delivered;
6 3. Demonstrates strong linkages to other community-based services; and
7 4. Is operated within an organization to ensure program fidelity and meets
8 the outlined objectives and criteria for the model design; and
9 (d) "Promising model" means a home visitation model that has ongoing research,
10 is modeled after programs with proven standards and outcomes, and has
11 demonstrated its effectiveness or is actively incorporating model evaluation
12 protocols designed to measure its efficacy.
13 (2) ~~[Beginning fiscal year 2014,]~~An agency receiving state funds for the purpose of the
14 delivery of home visitation services shall:
15 (a) Meet the definition of home visitation program in this section;
16 (b) Demonstrate to the Department for Public Health that it is part of a
17 coordinated system of care for promoting health and well-being for at-risk
18 parents during the prenatal period and until the child's third birthday; and
19 (c) Report data to the statewide home visiting data system managed by the
20 Department for Public Health in a uniform format prescribed by the
21 department ***ensuring***~~[assuring]~~common data elements, relevant home visiting
22 data, and information to monitor program effectiveness, including program
23 outcomes, numbers of families served, and other relevant data as determined
24 by the department.
25 ➔Section 6. KRS 211.690 is amended to read as follows:
26 (1) There is established within the Cabinet for Health and Family Services the Health
27 Access Nurturing Development Services (HANDS) program as a voluntary

1 statewide home visitation program, for the purpose of providing assistance to at-risk
2 parents during the prenatal period and until the child's third birthday. The HANDS
3 program recognizes that parents are the primary decision-makers for their children.
4 The goals of the HANDS program are to:
5 (a) Facilitate safe and healthy delivery of babies;
6 (b) Provide information about optimal child growth and human development;
7 (c) Facilitate the safety and health of homes; and
8 (d) Encourage greater self-sufficiency of families.
9 (2) The cabinet shall administer the HANDS program in cooperation with the Cabinet
10 for Health and Family Services and the local public health departments. The
11 voluntary home visitation program may supplement, but shall not duplicate, any
12 existing program that provides assistance to parents of young children.
13 (3) The HANDS program shall include an educational component on the recognition
14 and prevention of pediatric abusive head trauma, as defined in KRS 620.020.
15 (4) Participants in the HANDS program shall express informed consent to participate
16 by ~~[written]~~agreement on a form promulgated by the Cabinet for Health and
17 Family Services.
18 ➔Section 7. KRS 213.046 is amended to read as follows:
19 (1) A certificate of birth for each live birth which occurs in the Commonwealth shall be
20 filed with the state registrar within five (5) working days after such birth and shall
21 be registered if it has been completed and filed in accordance with this section and
22 applicable administrative regulations. No certificate shall be held to be complete
23 and correct that does not supply all items of information called for in this section
24 and in KRS 213.051, or satisfactorily account for their omission except as provided
25 in KRS 199.570(3). If a certificate of birth is incomplete, the ***state***~~[local]~~ registrar
26 shall immediately notify the responsible person and require that person to supply
27 the missing items, if that information can be obtained.

1 (2) When a birth occurs in an institution or en route thereto, the person in charge of the
2 institution or that person's designated representative, shall obtain the personal data,
3 prepare the certificate, secure the signatures required, and file the certificate as
4 directed in subsection (1) of this section or as otherwise directed by the state
5 registrar within the required five (5) working days. The physician or other person in
6 attendance shall provide the medical information required for the certificate and
7 certify to the fact of birth within five (5) working days after the birth. If the
8 physician or other person in attendance does not certify to the fact of birth within
9 the five (5) working day period, the person in charge of the institution shall
10 complete and sign the certificate.
11 (3) When a birth occurs in a hospital or en route thereto to a woman who is unmarried,
12 the person in charge of the hospital or that person's designated representative shall
13 immediately before or after the birth of a child, except when the mother or the
14 alleged father is a minor:
15 (a) Meet with the mother prior to the release from the hospital;
16 (b) Attempt to ascertain whether the father of the child is available in the hospital,
17 and, if so, to meet with him, if possible;
18 (c) Provide written materials and oral, audio, or video materials about paternity;
19 (d) Provide the unmarried mother, and, if possible, the father, with the voluntary
20 paternity form necessary to voluntarily establish paternity;
21 (e) Provide a written and an oral, audio, or video description of the rights and
22 responsibilities, the alternatives to, and the legal consequences of
23 acknowledging paternity;
24 (f) Provide written materials and information concerning genetic paternity
25 testing;
26 (g) Provide an opportunity to speak by telephone or in person with staff who are
27 trained to clarify information and answer questions about paternity

1 establishment;
2 (h) If the parents wish to acknowledge paternity, require the voluntary
3 acknowledgment of paternity obtained through the hospital-based program be
4 signed by both parents and be authenticated by a notary public;
5 (i) Upon both the mother's and father's request, help the mother and father in
6 completing the affidavit of paternity form;
7 (j) Upon both the mother's and father's request, transmit the affidavit of paternity
8 to the state registrar; and
9 (k) In the event that the mother or the alleged father is a minor, information set
10 forth in this section shall be provided in accordance with Civil Rule 17.03 of
11 the Kentucky Rules of Civil Procedure.
12 If the mother or the alleged father is a minor, the paternity determination shall be
13 conducted pursuant to KRS Chapter 406.
14 (4) The voluntary acknowledgment of paternity and declaration of paternity forms
15 designated by the Vital Statistics Branch shall be the only documents having the
16 same weight and authority as a judgment of paternity.
17 (5) The Cabinet for Health and Family Services shall:
18 (a) Provide to all public and private birthing hospitals in the state written
19 materials in accessible formats and audio or video materials concerning
20 paternity establishment forms necessary to voluntarily acknowledge paternity;
21 (b) Provide copies of a written description in accessible formats and an audio or
22 video description of the rights and responsibilities of acknowledging
23 paternity; and
24 (c) Provide staff training, guidance, and written instructions regarding voluntary
25 acknowledgment of paternity as necessary to operate the hospital-based
26 program.
27 (6) When a birth occurs outside an institution, verification of the birth shall be in

1 accordance with the requirements of the state registrar and a birth certificate shall
2 be prepared and filed by one (1) of the following in the indicated order of priority:
3 (a) The physician in attendance at or immediately after the birth; or, in the
4 absence of such a person,
5 (b) A midwife or any other person in attendance at or immediately after the birth;
6 or, in the absence of such a person,
7 (c) The father, the mother, or in the absence of the father and the inability of the
8 mother, the person in charge of the premises where the birth occurred or of
9 the institution to which the child was admitted following the birth.
10 (7) No physician, midwife, or other attendant shall refuse to sign or delay the filing of a
11 birth certificate.
12 (8) If a birth occurs on a moving conveyance within the United States and the child is
13 first removed from the conveyance in the Commonwealth, the birth shall be
14 registered in the Commonwealth, and the place where the child is first removed
15 shall be considered the place of birth. If a birth occurs on a moving conveyance
16 while in international waters or air space or in a foreign country or its air space and
17 the child is first removed from the conveyance in the Commonwealth, the birth
18 shall be registered in the Commonwealth, but the certificate shall show the actual
19 place of birth insofar as can be determined.
20 (9) The following provisions shall apply if the mother was married at the time of either
21 conception or birth or anytime between conception and birth:
22 (a) If there is no dispute as to paternity, the name of the husband shall be entered
23 on the certificate as the father of the child. The surname of the child shall be
24 any name chosen by the parents; however, if the parents are separated or
25 divorced at the time of the child's birth, the choice of surname rests with the
26 parent who has legal custody following birth**;**[.]
27 (b) If the mother claims that the father of the child is not her husband and the

1 husband agrees to such a claim and the putative father agrees to the statement,
2 a three (3) way affidavit of paternity may be signed by the respective parties
3 and duly notarized. The state registrar of vital statistics shall enter the name of
4 a nonhusband on the birth certificate as the father and the surname of the child
5 shall be any name chosen by the mother***; and***[.]

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

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

12 (a) The name of the father shall not be entered on the certificate of birth. The
13 state registrar shall upon acknowledgment of paternity by the father and with
14 consent of the mother pursuant to KRS 213.121, enter the father's name on the
15 certificate. The surname of the child shall be any name chosen by the mother
16 and father. If there is no agreement, the child's surname shall be determined
17 by the parent with legal custody of the child***;***[.]

18 (b) If an affidavit of paternity has been properly completed and the certificate of
19 birth has been filed accordingly, any further modification of the birth
20 certificate regarding the paternity of the child shall require an order from the
21 District Court***;***[.]

22 (c) In any case in which paternity of a child is determined by a court order, the
23 name of the father and surname of the child shall be entered on the certificate
24 of birth in accordance with the finding and order of the court***; and***[.]

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

27 (11) If the father is not named on the certificate of birth, no other information about the

1 father shall be entered on the certificate. In all cases, the maiden name of the
2 gestational mother shall be entered on the certificate.
3 (12) Any child whose surname was restricted prior to July 13, 1990, shall be entitled to
4 apply to the state registrar for an amendment of a birth certificate showing as the
5 surname of the child, any surname chosen by the mother or parents as provided
6 under this section.
7 (13) The birth certificate of a child born as a result of artificial insemination shall be
8 completed in accordance with the provisions of this section.
9 (14) Each birth certificate filed under this section shall include all Social Security
10 numbers that have been issued to the parents of the child.
11 (15) Either of the parents of the child, or other informant, shall attest to the accuracy of
12 the personal data entered on the certificate in time to permit the filing of the
13 certificate within ***five (5)***~~[ten (10)]~~ days prescribed in subsection (1) of this section.
14 (16) When a birth certificate is filed for any birth that occurred outside an institution, the
15 Cabinet for Health and Family Services shall forward information regarding the
16 need for an auditory screening for an infant and a list of options available for
17 obtaining an auditory screening for an infant. The list shall include the Office for
18 Children with Special Health Care Needs, local health departments as established in
19 KRS Chapter 212, hospitals offering obstetric services, alternative birthing centers
20 required to provide an auditory screening under KRS 216.2970, audiological
21 assessment and diagnostic centers approved by the Office for Children with Special
22 Health Care Needs in accordance with KRS 211.647 and licensed audiologists, and
23 shall specify the hearing methods approved by the Office for Children with Special
24 Health Care Needs in accordance with KRS 216.2970.
25 ➔Section 8. KRS 387.540 is amended to read as follows:
26 (1) ***(a)*** Prior to a hearing on a petition for a determination of partial disability or
27 disability and the appointment of a limited guardian, guardian, limited

1 conservator, or conservator, an interdisciplinary evaluation report shall be
2 filed with the court. The report may be filed as a single and joint report of the
3 interdisciplinary evaluation team, or it may otherwise be constituted by the
4 separate reports filed by each individual of the team.
5 ***(b)*** If the court and all parties to the proceeding and their attorneys agree to the
6 admissibility of the report or reports, the report or reports shall be admitted
7 into evidence and shall be considered by the court or the jury if one is
8 impaneled.
9 ***(c)*** The report shall be compiled by at least three (3) individuals, including***:***
10 ***1.*** A physician, an advanced practice registered nurse, or a physician
11 assistant***;***[,]
12 ***2.*** A psychologist licensed or certified under the provisions of KRS
13 Chapter 319***;***[,] and
14 ***3.*** A person licensed or certified as a social worker or an employee of the
15 Cabinet for Health and Family Services who ***has at least one (1) year of***
16 ***investigative experience and has completed training in conducting***
17 ***decisional capacity assessments***[meets the qualifications of KRS
18 335.080(1)(a), (b), and (c) or 335.090(1)(a), (b), and (c)]. The social
19 worker shall, when possible, be chosen from among employees of the
20 Cabinet for Health and Family Services residing or working in the area,
21 and there shall be no additional compensation for their service on the
22 interdisciplinary evaluation team.
23 (2) At least one (1) person participating in the compilation of the report shall have
24 knowledge of the particular disability which the respondent is alleged to have or
25 knowledge of the skills required of the respondent to care for himself and his estate.
26 (3) If the respondent is alleged to be partially disabled or disabled due to mental illness,
27 at least one (1) person participating in the compilation of the interdisciplinary

1 evaluation report shall be a qualified mental health professional as defined in KRS
2 202A.011(12). If the respondent is alleged to be partially disabled or disabled due
3 to an intellectual disability, at least one (1) person participating in the compilation
4 of the evaluation report shall be a qualified professional in the area of intellectual
5 disabilities as defined in KRS 202B.010(12).
6 (4) The interdisciplinary evaluation report shall contain:
7 (a) A description of the nature and extent of the respondent's disabilities, if any;
8 (b) Current evaluations of the respondent's social, intellectual, physical, and
9 educational condition, adaptive behavior, and social skills. Such evaluations
10 may be based on prior evaluations not more than three (3) months old, except
11 that evaluations of the respondent's intellectual condition may be based on
12 individual intelligence test scores not more than one (1) year old;
13 (c) An opinion as to whether guardianship or conservatorship is needed, the type
14 of guardianship or conservatorship needed, if any, and the reasons therefor;
15 (d) An opinion as to the length of time guardianship or conservatorship will be
16 needed by the respondent, if at all, and the reasons therefor;
17 (e) If limited guardianship or conservatorship is recommended, a further
18 recommendation as to the scope of the guardianship or conservatorship,
19 specifying particularly the rights to be limited and the corresponding powers
20 and duties of the limited guardian or limited conservator;
21 (f) A description of the social, educational, medical, and rehabilitative services
22 currently being utilized by the respondent, if any;
23 (g) A determination whether alternatives to guardianship or conservatorship are
24 available;
25 (h) A recommendation as to the most appropriate treatment or rehabilitation plan
26 and living arrangement for the respondent and the reasons therefor;
27 (i) A listing of all medications the respondent is receiving, the dosage, and a

1 description of the impact of the medication upon the respondent's mental and
2 physical condition and behavior;
3 (j) An opinion whether attending a hearing on a petition filed under KRS
4 387.530 would subject the respondent to serious risk of harm;
5 (k) The names and addresses of all individuals who examined or interviewed the
6 respondent or otherwise participated in the evaluation; and
7 (l) Any dissenting opinions or other comments by the evaluators.
8 (5) The evaluation report may be compiled by a community center for mental health or
9 individuals with an intellectual disability, a licensed facility for mentally ill or
10 developmentally disabled persons, if the respondent is a resident of such facility, or
11 a similar agency.
12 (6) In all cases where the respondent is a resident of a licensed facility for mentally ill
13 or developmentally disabled persons and the petition is filed by an employee of that
14 facility, the petition shall be accompanied by an interdisciplinary evaluation report
15 prepared by the facility.
16 (7) Except as provided in subsection (6) of this section, the court shall order
17 appropriate evaluations to be performed by qualified persons or a qualified agency.
18 The report shall be prepared and filed with the court and copies mailed to the
19 attorneys for both parties at least ten (10) days prior to the hearing. All items
20 specified in subsection (4) of this section shall be included in the report.
21 (8) If the person evaluated is a poor person as defined in KRS 453.190, the examiners
22 shall be paid by the county in which the petition is filed upon an order of allowance
23 entered by the court. Payment shall be in an amount which is reasonable as
24 determined by the court, except no payment shall be required of the county for an
25 evaluation performed by a salaried employee of a state agency for an evaluation
26 performed within the course of his employment. Additionally, no payment shall be
27 required of the county for an evaluation performed by a salaried employee of a

1 community center for mental health or individuals with an intellectual disability or
2 private facility or agency where the costs incurred by the center, facility, or agency
3 are reimbursable through third-party payors. Affidavits or other competent evidence
4 shall be admissible to prove the services rendered but not to prove their value.
5 (9) The respondent may file a response to the evaluation report no later than five (5)
6 days prior to the hearing.
7 (10) The respondent may secure an independent evaluation. If the respondent is unable
8 to pay for the evaluation, compensation for the independent evaluation may be paid
9 by the county in an amount which is reasonable as determined by the court.