

1 AN ACT relating to maternal health.

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

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

4 (1) For the purposes of KRS Chapter 211:

5 (a) "Child fatality" means the death of a person under the age of eighteen (18)
6 years;

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

12 (c) "Maternal fatality" means the death of a woman within one (1) year of giving
13 birth; and

14 ***(d) "State child and maternal fatality review team" or "state team" means a***
15 ***statewide team composed of representatives of public health, social services,***
16 ***law enforcement, prosecution, coroners, health-care providers, and other***
17 ***agencies or professions deemed appropriate by the commissioner of the***
18 ***Department for Public Health.***

19 (2) The Department for Public Health ~~shall~~^{may} establish a state child and maternal
20 fatality review team.~~[The state team may include representatives of public health,~~
21 ~~social services, law enforcement, prosecution, coroners, health care providers, and~~
22 ~~other agencies or professions deemed appropriate by the commissioner of the~~
23 ~~department].~~

24 (3) ~~[If a state team is created,]~~The duties of the state team ~~shall~~^{may} include ***but not***
25 ***be limited to*** the following:

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

- 1 (b) Facilitate the development of local child and maternal fatality response teams
2 which may include, but is not limited to, providing joint training opportunities
3 and, upon request, providing technical assistance;
- 4 (c) Review and approve local protocols prepared and submitted by local teams;
- 5 (d) Receive data and information on child and maternal fatalities and analyze the
6 information to identify trends, patterns, and risk factors;
- 7 (e) Evaluate the effectiveness of prevention and intervention strategies adopted;
8 and
- 9 (f) Recommend changes in state programs, legislation, administrative
10 regulations, policies, budgets, and treatment and service standards which may
11 facilitate strategies for prevention and reduce the number of child and
12 maternal fatalities.
- 13 (4) The department shall prepare an annual report to be submitted no later than
14 November 1 of each year to the Governor, the Interim Joint Committee on Families
15 and Children, **the Interim Joint Committee on Health Services**, the Chief Justice of
16 the Kentucky Supreme Court, and to be made available to the citizens of the
17 Commonwealth. The report shall include a statistical analysis, **including but not**
18 **limited to Medicaid, Kentucky Children's Health Insurance Program, or other**
19 **health benefit coverage**,~~[that includes the demographics of]~~ race,
20 **ethnicity**~~[income]~~, and geography, of the incidence and causes of child and
21 maternal fatalities in the Commonwealth during the past fiscal year and
22 recommendations for action. The report shall not include any information which
23 would identify specific child and maternal fatality cases.
- 24 ➔Section 2. KRS 216.2929 is amended to read as follows:
- 25 (1) (a) The Cabinet for Health and Family Services shall make available on its
26 website information on charges for health-care services at least annually in
27 understandable language with sufficient explanation to allow consumers to

1 draw meaningful comparisons between every hospital and ambulatory facility,
2 differentiated by payor if relevant, and for other provider groups as relevant
3 data becomes available.

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

8 (c) The report shall clearly identify the sources of data used in the report and
9 explain limitations of the data and why differences between provider charges
10 may be misleading. Every provider that is specifically identified in any report
11 shall be given thirty (30) days to verify the accuracy of its data prior to public
12 release and shall be afforded the opportunity to submit comments on its data
13 that shall be included on the website and as part of any printed report of the
14 data.

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

19 (2) (a) The cabinet shall make information available on its website at least annually
20 describing quality and outcome measures in understandable language with
21 sufficient explanations to allow consumers to draw meaningful comparisons
22 between every hospital and ambulatory facility in the Commonwealth and
23 other provider groups as relevant data becomes available.

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

- 1 2. The cabinet shall provide linkages only to the following organizations
2 that publicly report quality and outcome measures on Kentucky
3 providers:
- 4 a. The Centers for Medicare and Medicaid Services;
 - 5 b. The Agency for Healthcare Research and Quality;
 - 6 c. The Joint Commission; and
 - 7 d. Other organizations that publicly report relevant outcome data for
8 Kentucky providers.
- 9 (c) The cabinet shall utilize or refer the general public to only those nationally
10 endorsed quality indicators that are based upon current scientific evidence or
11 relevant national professional consensus and have definitions and calculation
12 methods openly available to the general public at no charge.
- 13 (3) Any report the cabinet disseminates or refers the public to shall:
- 14 (a) Not include data for a provider whose caseload of patients is insufficient to
15 make the data a reliable indicator of the provider's performance;
 - 16 (b) Meet the requirements of subsection (1)(c) of this section;
 - 17 (c) Clearly identify the sources of data used in the report and explain the
18 analytical methods used in preparing the data included in the report; and
 - 19 (d) Explain any limitations of the data and how the data should be used by
20 consumers.
- 21 (4) The cabinet shall report at least biennially, no later than October 1 of each odd-
22 numbered year, on the special health needs of the minority population in the
23 Commonwealth as compared to the population in the Commonwealth as compared
24 to the population at large. The report shall contain an overview of the health status
25 of minority Kentuckians, shall identify the diseases and conditions experienced at
26 disproportionate mortality and morbidity rates within the minority population, and
27 shall make recommendations to meet the identified health needs of the minority

1 population.

2 (5) Beginning December 1, 2024, and at least annually thereafter, the Cabinet for
3 Health and Family Services shall publish a report on its website for the most
4 recent five (5) years of available data on the number and types of delivery
5 procedures for pregnancy by hospital, including but not limited to the following
6 procedures:

7 (a) Augmentation of labor;

8 (b) Cesarean section;

9 (c) Episiotomy;

10 (d) Induction of labor;

11 (e) Primary cesarean section;

12 (f) Nulliparous, term, singleton, vertex (NTSV) cesarean section;

13 (g) Use of forceps;

14 (h) Use of vacuum;

15 (i) Vaginal birth after cesarean (VBAC); and

16 (j) Vaginal delivery.

17 The cabinet may use multiple sources to obtain this data including data derived
18 from birth certificates.

19 (6) The ~~reports~~^{report} required under ~~subsections~~^{subsection} (4) and (5) of this
20 section shall be submitted to the Interim Joint Committees on Appropriations and
21 Revenue, Families and Children, and Health Services and to the Governor.