

1 AN ACT relating to reproductive privacy.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
4 READ AS FOLLOWS:

5 *(1) Every individual has a fundamental right to choose or refuse contraception or*  
6 *sterilization.*

7 *(2) Every individual has a fundamental right to choose or refuse to bear a child or*  
8 *obtain an abortion prior to the viability of the fetus, or to protect the life or health*  
9 *of the pregnant person.*

10 *(3) The state shall not, in the regulation or provision of benefits, facilities, services,*  
11 *or information, deny or interfere with an individual's fundamental rights,*  
12 *including individuals under state supervision, custody, or control to:*

13 *(a) Choose or refuse contraception or sterilization; or*

14 *(b) Choose or refuse to bear a child or obtain an abortion.*

15 *(4) The state shall not discriminate in the protection or enforcement of these*  
16 *fundamental rights on the basis of sex, disability, race, ethnicity, gender identity,*  
17 *age, marital status, national origin, immigration status, religion, or sexual*  
18 *orientation.*

19 *(5) Any state or local official who is charged with violating this section shall be*  
20 *subject to an action in federal or state court for injunctive relief and damages,*  
21 *which may be brought by any person or entity that may be aggrieved by the*  
22 *official's actions.*

23 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
24 READ AS FOLLOWS:

25 *As used in Sections 2 to 7 of this Act:*

26 *(1) "Abortion" means the purposeful termination of a pregnancy;*

27 *(2) "Cabinet" means the Cabinet for Health and Family Services of the*

1 Commonwealth of Kentucky;

2 (3) "Medical emergency" means any condition that in the physician's reasonable  
3 medical judgment, based upon facts known to the physician at the time, so  
4 complicates the person's pregnancy as to necessitate the immediate performance  
5 or inducement of an abortion to prevent the death of the pregnant person or to  
6 avoid a serious risk of substantial and irreversible impairment of a major bodily  
7 function of the pregnant person that delay in the performance or inducement of  
8 the abortion would create;

9 (4) "Physician" means any person licensed to practice medicine or osteopathy in the  
10 Commonwealth pursuant to this chapter;

11 (5) "Probable gestational age of the embryo or fetus" means the gestational age that,  
12 in the judgment of a physician, is, within reasonable probability, the gestational  
13 age of the embryo or fetus at the time that the abortion is planned to be  
14 performed;

15 (6) "Reasonable medical judgment" means a medical judgment that would be made  
16 by a reasonably prudent physician, knowledgeable about the case and the  
17 treatment possibilities with respect to the medical conditions involved;

18 (7) "Unborn child" means a member of the species homo sapiens in utero; and

19 (8) "Viability" means that state of human development when the life of the unborn  
20 child may be continued by natural or life-supportive systems outside the womb of  
21 the pregnant person.

22 ➔Section 3. KRS 311.780 is repealed, reenacted as a new section of KRS Chapter  
23 311, and amended to read as follows:

24 No abortion shall be performed or prescribed knowingly after the unborn child may  
25 reasonably be expected to have reached viability, except when necessary to preserve the  
26 life or health of the pregnant person~~[woman]~~. In those instances where an abortion is  
27 performed under this section, the person performing the abortion shall take all reasonable

1 steps in keeping with reasonable medical practices to preserve the life and health of the  
2 child~~[, including but not limited to KRS 311.760(2)].~~

3 ➔Section 4. KRS 311.783 is repealed, reenacted as a new section of KRS Chapter  
4 311, and amended to read as follows:

5 (1) Except in a medical emergency that prevents compliance with this section, no  
6 physician shall intentionally perform or induce or intentionally attempt to perform  
7 or induce an abortion on a pregnant person~~[woman]~~ unless, prior to the  
8 performance or inducement of the abortion or the attempt to perform or induce the  
9 abortion, the physician determines, in the physician's reasonable medical judgment,  
10 the unborn child's probable gestational age. The physician shall make that  
11 determination after making inquiries of the pregnant person~~[woman]~~ and  
12 performing any medical examinations or tests of the pregnant person~~[woman]~~ the  
13 physician considers necessary as a reasonably prudent physician, knowledgeable  
14 about the case and medical conditions involved, would consider necessary to  
15 determine the unborn child's probable gestational age.

16 (2) Except in a medical emergency that prevents compliance with this section, no  
17 physician shall intentionally perform or induce or intentionally attempt to perform  
18 or induce an abortion on a pregnant person~~[woman]~~ after the unborn child reaches  
19 the probable gestational age of fifteen (15) weeks without first entering the  
20 determination made in subsection (1) of this section and the associated findings of  
21 the medical examination and tests in the medical record of the pregnant  
22 person~~[woman]~~.

23 (3) The state Board of Medical Licensure shall suspend a physician's license to practice  
24 medicine in this state for a period of not less than six (6) months if the physician  
25 violates this section.

26 (4) The physician shall submit a report on a form provided by the cabinet that includes  
27 at a minimum the information required by KRS 213.101 and:

- 1 (a) The unborn child's probable gestational age determined by the physician; and
- 2 (b) The results of inquiries of the pregnant person~~[woman]~~ and any medical
- 3 examinations or tests performed.

4 ➔Section 5. KRS 311.7710 is repealed and reenacted as a new section of KRS  
5 Chapter 311 to read as follows:

6 The Cabinet for Health and Family Services shall inspect the medical records from any  
7 facility that performs abortions to ensure that the physicians or other persons who  
8 perform abortions at that facility are in compliance with the reporting requirements under  
9 KRS 213.101. The facility shall make the medical records available for inspection to the  
10 Cabinet for Health and Family Services but shall not release any personal medical  
11 information in the medical records that is prohibited by law.

12 ➔Section 6. KRS 311.810 is repealed, reenacted as a new section of KRS Chapter  
13 311, and amended to read as follows:

14 No person~~[woman]~~ may be denied governmental assistance or be otherwise  
15 discriminated against or otherwise subjected to coercion in any way for accepting or  
16 refusing to accept or submit to an abortion, which she may do or not do for any reason  
17 without explanation.

18 ➔Section 7. KRS 311.820 is repealed and reenacted as a new section of KRS  
19 Chapter 311 to read as follows:

20 (1) As used in this section, an abortion referral or counseling agency is any person,  
21 group, or organization, whether funded publicly or privately, that provides advice or  
22 help to persons in obtaining abortions.

23 (2) No abortion referral or counseling agency shall charge or accept any fee, kickback,  
24 or compensation of any nature from a physician, hospital, clinic or other medical  
25 facility for referring a person thereto for an abortion.

26 ➔Section 8. KRS 311.990 is amended to read as follows:

27 (1) Any person who violates KRS 311.250 shall be guilty of a violation.

- 1 (2) Any college or college professor ~~thereof~~ violating the provisions of KRS 311.300  
2 to 311.350 shall be civilly liable on his or her bond for a sum not less than one  
3 hundred dollars (\$100) nor more than one thousand dollars (\$1,000) for each  
4 violation, which may be recovered by an action in the name of the Commonwealth.
- 5 (3) Any person who presents to the county clerk for the purpose of registration any  
6 license which has been fraudulently obtained, or obtains any license under KRS  
7 311.380 to 311.510 by false or fraudulent statement or representation, or practices  
8 podiatry under a false or assumed name or falsely impersonates another practitioner  
9 or former practitioner of a like or different name, or aids and abets any person in the  
10 practice of podiatry within the state without conforming to the requirements of KRS  
11 311.380 to 311.510, or otherwise violates or neglects to comply with any of the  
12 provisions of KRS 311.380 to 311.510, shall be guilty of a Class A misdemeanor.  
13 Each case of practicing podiatry in violation of the provisions of KRS 311.380 to  
14 311.510 shall be considered a separate offense.
- 15 (4) Each violation of KRS 311.560 shall constitute a Class D felony.
- 16 (5) Each violation of KRS 311.590 shall constitute a Class D felony. Conviction under  
17 this subsection of a holder of a license or permit shall result automatically in  
18 permanent revocation of the~~such~~ license or permit.
- 19 (6) Conviction of willfully resisting, preventing, impeding, obstructing, threatening, or  
20 interfering with the board or any of its members, or of any officer, agent, inspector,  
21 or investigator of the board or the Cabinet for Health and Family Services, in the  
22 administration of any of the provisions of KRS 311.550 to 311.620 shall be a Class  
23 A misdemeanor.
- 24 (7) Each violation of KRS 311.375(1) shall, for the first offense, be a Class B  
25 misdemeanor, and, for each subsequent offense shall be a Class A misdemeanor.
- 26 (8) Each violation of KRS 311.375(2) shall, for the first offense, be a violation, and, for  
27 each subsequent offense shall ~~be~~ be a Class B misdemeanor.

1 (9) Each day of violation of either subsection of KRS 311.375 shall constitute a  
2 separate offense.

3 ~~(10)(a) Any person who intentionally or knowingly performs an abortion contrary to~~  
4 ~~the requirements of KRS 311.723(1) shall be guilty of a Class D felony.~~

5 ~~(b) Any person who intentionally, knowingly, or recklessly violates the~~  
6 ~~requirements of KRS 311.723(2) shall be guilty of a Class A misdemeanor.~~

7 ~~(11) (a) 1. Any physician who performs a partial birth abortion in violation of KRS~~  
8 ~~311.765 shall be guilty of a Class D felony. However, a physician shall~~  
9 ~~not be guilty of the criminal offense if the partial birth abortion was~~  
10 ~~necessary to save the life of the mother whose life was endangered by a~~  
11 ~~physical disorder, illness, or injury.~~

12 ~~2. A physician may seek a hearing before the State Board of Medical~~  
13 ~~Licensure on whether the physician's conduct was necessary to save the~~  
14 ~~life of the mother whose life was endangered by a physical disorder,~~  
15 ~~illness, or injury. The board's findings, decided by majority vote of a~~  
16 ~~quorum, shall be admissible at the trial of the physician. The board shall~~  
17 ~~promulgate administrative regulations to carry out the provisions of this~~  
18 ~~subparagraph.~~

19 ~~3. Upon a motion of the physician, the court shall delay the beginning of~~  
20 ~~the trial for not more than thirty (30) days to permit the hearing, referred~~  
21 ~~to in subparagraph 2. of this paragraph, to occur.~~

22 ~~(b) Any person other than a physician who performs a partial birth abortion shall~~  
23 ~~not be prosecuted under this subsection but shall be prosecuted under~~  
24 ~~provisions of law which prohibit any person other than a physician from~~  
25 ~~performing any abortion.~~

26 ~~(c) No penalty shall be assessed against the woman upon whom the partial birth~~  
27 ~~abortion is performed or attempted to be performed.~~

- 1 ~~(12) (a) Except as provided in KRS 311.732(12), any person who intentionally,~~  
2 ~~knowingly, or recklessly performs an abortion upon a minor without obtaining~~  
3 ~~the required consent pursuant to KRS 311.732 shall be guilty of a Class D~~  
4 ~~felony.~~
- 5 ~~(b) Except as provided in paragraph (a) of this subsection, any person who~~  
6 ~~intentionally or knowingly fails to conform to any requirement of KRS~~  
7 ~~311.732 is guilty of a Class A misdemeanor.~~
- 8 ~~(c) Any person who negligently releases information or documents which are~~  
9 ~~confidential under KRS 311.732 is guilty of a Class B misdemeanor.~~
- 10 ~~(13) Any person who performs an abortion upon a married woman either with~~  
11 ~~knowledge or in reckless disregard of whether KRS 311.735 applies to her and who~~  
12 ~~intentionally, knowingly, or recklessly fails to conform to the requirements of KRS~~  
13 ~~311.735 shall be guilty of a Class D felony.~~
- 14 ~~(14) Any person convicted of violating KRS 311.750 shall be guilty of a Class B felony.~~
- 15 ~~(15) Any person who violates KRS 311.760(2) shall be guilty of a Class D felony.~~
- 16 ~~(16) Any person who violates KRS 311.770 shall be guilty of a Class D felony.~~
- 17 ~~(17) Except as provided in KRS 311.787(3), any person who intentionally violates KRS~~  
18 ~~311.787 shall be guilty of a Class D felony.~~
- 19 ~~(18) A person convicted of violating KRS 311.780 shall be guilty of a Class C felony.~~
- 20 ~~(19) Except as provided in KRS 311.782(6), any person who intentionally violates KRS~~  
21 ~~311.782 shall be guilty of a Class D felony.~~
- 22 ~~(20) Any person who violates KRS 311.783(1) shall be guilty of a Class B~~  
23 ~~misdemeanor.~~
- 24 ~~(21) Any person who violates KRS 311.7705(1) is guilty of a Class D felony.~~
- 25 ~~(22) Any person who violates KRS 311.7706(1) is guilty of a Class D felony.~~
- 26 ~~(23) Except as provided in KRS 311.731(7), any person who violates KRS 311.731(2)~~  
27 ~~shall be guilty of a Class D felony.~~

1 ~~(24) Any physician, physician assistant, advanced practice registered nurse, nurse, or~~  
2 ~~other healthcare provider who intentionally violates KRS 311.823(2) shall be guilty~~  
3 ~~of a Class D felony. As used in this subsection, "healthcare provider" has the same~~  
4 ~~meaning as in KRS 311.821.~~

5 ~~(25)~~ Any person who violates KRS 311.810 shall be guilty of a Class A misdemeanor.

6 ~~(11)~~~~(26)~~ Any professional medical association or society, licensed physician, or  
7 hospital or hospital medical staff who violates~~shall have violated~~ the provisions of  
8 KRS 311.606 shall be guilty of a Class B misdemeanor.

9 ~~(12)~~~~(27)~~ Any administrator, officer, or employee of a publicly owned hospital or  
10 publicly owned health care facility who performs or permits the performance of  
11 abortions in violation of KRS 311.800(1) shall be guilty of a Class A misdemeanor.

12 ~~(28)~~ Any person who violates KRS 311.905(3) shall be guilty of a violation.

13 ~~(13)~~~~(29)~~ Any person who violates the provisions of KRS 311.820 shall be guilty of a  
14 Class A misdemeanor.

15 ~~(14)~~~~(30)~~ Any person who fails to test organs, skin, or other human tissue which is to be  
16 transplanted, or violates the confidentiality provisions required by KRS 311.281,  
17 shall be guilty of a Class A misdemeanor.

18 ~~(15)~~~~(31)~~ Any person who sells or makes a charge for any transplantable organ shall be  
19 guilty of a Class D felony.

20 ~~(16)~~~~(32)~~ Any person who offers remuneration for any transplantable organ for use in  
21 transplantation into himself or herself shall be fined not less than five thousand  
22 dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

23 ~~(17)~~~~(33)~~ Any person brokering the sale or transfer of any transplantable organ shall be  
24 guilty of a Class C felony.

25 ~~(18)~~~~(34)~~ Any person charging a fee associated with the transplantation of a  
26 transplantable organ in excess of the direct and indirect costs of procuring,  
27 distributing, or transplanting the transplantable organ shall be fined not less than



1 fifty thousand dollars (\$50,000) nor more than five hundred thousand dollars  
2 (\$500,000).

3 ~~(19)~~~~(35)~~ Any hospital performing transplantable organ transplants ~~that~~~~[which]~~  
4 knowingly fails to report the possible sale, purchase, or brokering of a  
5 transplantable organ shall be fined not less than ten thousand dollars (\$10,000) or  
6 more than fifty thousand dollars (\$50,000).

7 ~~(20)~~~~(36)~~ ~~(a) Any physician or qualified technician who violates KRS 311.727 shall~~  
8 ~~be fined not more than one hundred thousand dollars (\$100,000) for a first~~  
9 ~~offense and not more than two hundred fifty thousand dollars (\$250,000) for~~  
10 ~~each subsequent offense.~~

11 ~~(b) In addition to the fine, the court shall report the violation of any physician, in~~  
12 ~~writing, to the Kentucky Board of Medical Licensure for such action and~~  
13 ~~discipline as the board deems appropriate.~~

14 ~~(37)~~ Any person who violates KRS 311.691 shall be guilty of a Class B misdemeanor  
15 for the first offense, and a Class A misdemeanor for a second or subsequent offense.  
16 In addition to any other penalty imposed for that violation, the board may, through  
17 the Attorney General, petition a Circuit Court to enjoin the person who is violating  
18 KRS 311.691 from practicing genetic counseling in violation of the requirements of  
19 KRS 311.690 to 311.700.

20 ~~[(38) Any person convicted of violating KRS 311.728 shall be guilty of a Class D felony.~~

21 ~~(39) (a) A person who intentionally, knowingly, or recklessly violates KRS 311.7731~~  
22 ~~to 311.7739 is guilty of a Class D felony.~~

23 ~~(b) No criminal penalty may be assessed against a pregnant patient upon whom a~~  
24 ~~drug induced abortion is attempted, induced, or performed.]~~

25 ➔Section 9. KRS 18A.225 is amended to read as follows:

26 (1) (a) The term "employee" for purposes of this section means:

27 1. Any person, including an elected public official, who is regularly

- 1 employed by any department, office, board, agency, or branch of state  
2 government; or by a public postsecondary educational institution; or by  
3 any city, urban-county, charter county, county, or consolidated local  
4 government, whose legislative body has opted to participate in the state-  
5 sponsored health insurance program pursuant to KRS 79.080; and who  
6 is either a contributing member to any one (1) of the retirement systems  
7 administered by the state, including but not limited to the Kentucky  
8 Retirement Systems, County Employees Retirement System, Kentucky  
9 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
10 Judicial Retirement Plan; or is receiving a contractual contribution from  
11 the state toward a retirement plan; or, in the case of a public  
12 postsecondary education institution, is an individual participating in an  
13 optional retirement plan authorized by KRS 161.567; or is eligible to  
14 participate in a retirement plan established by an employer who ceases  
15 participating in the Kentucky Employees Retirement System pursuant to  
16 KRS 61.522 whose employees participated in the health insurance plans  
17 administered by the Personnel Cabinet prior to the employer's effective  
18 cessation date in the Kentucky Employees Retirement System;
- 19 2. Any certified or classified employee of a local board of education or a  
20 public charter school as defined in KRS 160.1590;
- 21 3. Any elected member of a local board of education;
- 22 4. Any person who is a present or future recipient of a retirement  
23 allowance from the Kentucky Retirement Systems, County Employees  
24 Retirement System, Kentucky Teachers' Retirement System, the  
25 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
26 Kentucky Community and Technical College System's optional  
27 retirement plan authorized by KRS 161.567, except that a person who is

1 receiving a retirement allowance and who is age sixty-five (65) or older  
2 shall not be included, with the exception of persons covered under KRS  
3 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively  
4 employed pursuant to subparagraph 1. of this paragraph; and

5 5. Any eligible dependents and beneficiaries of participating employees  
6 and retirees who are entitled to participate in the state-sponsored health  
7 insurance program;

8 (b) The term "health benefit plan" for the purposes of this section means a health  
9 benefit plan as defined in KRS 304.17A-005;

10 (c) The term "insurer" for the purposes of this section means an insurer as defined  
11 in KRS 304.17A-005; and

12 (d) The term "managed care plan" for the purposes of this section means a  
13 managed care plan as defined in KRS 304.17A-500.

14 (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
15 recommendation of the secretary of the Personnel Cabinet, shall procure, in  
16 compliance with ~~the provisions of~~ KRS 45A.080, 45A.085, and 45A.090,  
17 from one (1) or more insurers authorized to do business in this state, a group  
18 health benefit plan that may include but not be limited to health maintenance  
19 organization (HMO), preferred provider organization (PPO), point of service  
20 (POS), and exclusive provider organization (EPO) benefit plans  
21 encompassing all or any class or classes of employees. With the exception of  
22 employers governed by ~~the provisions of~~ KRS Chapters 16, 18A, and 151B,  
23 all employers of any class of employees or former employees shall enter into  
24 a contract with the Personnel Cabinet prior to including that group in the state  
25 health insurance group. The contracts shall include but not be limited to  
26 designating the entity responsible for filing any federal forms, adoption of  
27 policies required for proper plan administration, acceptance of the contractual

1 provisions with health insurance carriers or third-party administrators, and  
2 adoption of the payment and reimbursement methods necessary for efficient  
3 administration of the health insurance program. Health insurance coverage  
4 provided to state employees under this section shall, at a minimum, contain  
5 the same benefits as provided under Kentucky Kare Standard as of January 1,  
6 1994, and shall include a mail-order drug option as provided in subsection  
7 ~~(12)~~~~(13)~~ of this section. All employees and other persons for whom the  
8 health care coverage is provided or made available shall annually be given an  
9 option to elect health care coverage through a self-funded plan offered by the  
10 Commonwealth or, if a self-funded plan is not available, from a list of  
11 coverage options determined by the competitive bid process under ~~the~~  
12 ~~provisions of~~ KRS 45A.080, 45A.085, and 45A.090 and made available  
13 during annual open enrollment.

14 (b) The policy or policies shall be approved by the commissioner of insurance  
15 and may contain the provisions the commissioner of insurance approves,  
16 whether or not otherwise permitted by the insurance laws.

17 (c) Any carrier bidding to offer health care coverage to employees shall agree to  
18 provide coverage to all members of the state group, including active  
19 employees and retirees and their eligible covered dependents and  
20 beneficiaries, within the county or counties specified in its bid. Except as  
21 provided in subsection ~~(19)~~~~(20)~~ of this section, any carrier bidding to offer  
22 health care coverage to employees shall also agree to rate all employees as a  
23 single entity, except for those retirees whose former employers insure their  
24 active employees outside the state-sponsored health insurance program and as  
25 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

26 (d) Any carrier bidding to offer health care coverage to employees shall agree to  
27 provide enrollment, claims, and utilization data to the Commonwealth in a

1 format specified by the Personnel Cabinet with the understanding that the data  
2 shall be owned by the Commonwealth; to provide data in an electronic form  
3 and within a time frame specified by the Personnel Cabinet; and to be subject  
4 to penalties for noncompliance with data reporting requirements as specified  
5 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
6 to protect the confidentiality of each individual employee; however,  
7 confidentiality assertions shall not relieve a carrier from the requirement of  
8 providing stipulated data to the Commonwealth.

9 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
10 for timely analysis of data received from carriers and, to the extent possible,  
11 provide in the request-for-proposal specifics relating to data requirements,  
12 electronic reporting, and penalties for noncompliance. The Commonwealth  
13 shall own the enrollment, claims, and utilization data provided by each carrier  
14 and shall develop methods to protect the confidentiality of the individual. The  
15 Personnel Cabinet shall include in the October annual report submitted  
16 pursuant to ~~the provisions of~~ KRS 18A.226 to the Governor, the General  
17 Assembly, and the Chief Justice of the Supreme Court, an analysis of the  
18 financial stability of the program, which shall include but not be limited to  
19 loss ratios, methods of risk adjustment, measurements of carrier quality of  
20 service, prescription coverage and cost management, and statutorily required  
21 mandates. If state self-insurance was available as a carrier option, the report  
22 also shall provide a detailed financial analysis of the self-insurance fund  
23 including but not limited to loss ratios, reserves, and reinsurance agreements.

24 (f) If any agency participating in the state-sponsored employee health insurance  
25 program for its active employees terminates participation and there is a state  
26 appropriation for the employer's contribution for active employees' health  
27 insurance coverage, then neither the agency nor the employees shall receive

1 the state-funded contribution after termination from the state-sponsored  
2 employee health insurance program.

3 (g) Any funds in flexible spending accounts that remain after all reimbursements  
4 have been processed shall be transferred to the credit of the state-sponsored  
5 health insurance plan's appropriation account.

6 (h) Each entity participating in the state-sponsored health insurance program shall  
7 provide an amount at least equal to the state contribution rate for the employer  
8 portion of the health insurance premium. For any participating entity that used  
9 the state payroll system, the employer contribution amount shall be equal to  
10 but not greater than the state contribution rate.

11 (3) The premiums may be paid by the policyholder:

12 (a) Wholly from funds contributed by the employee, by payroll deduction or  
13 otherwise;

14 (b) Wholly from funds contributed by any department, board, agency, public  
15 postsecondary education institution, or branch of state, city, urban-county,  
16 charter county, county, or consolidated local government; or

17 (c) Partly from each, except that any premium due for health care coverage or  
18 dental coverage, if any, in excess of the premium amount contributed by any  
19 department, board, agency, postsecondary education institution, or branch of  
20 state, city, urban-county, charter county, county, or consolidated local  
21 government for any other health care coverage shall be paid by the employee.

22 (4) If an employee moves his or her place of residence or employment out of the  
23 service area of an insurer offering a managed health care plan, under which he or  
24 she has elected coverage, into either the service area of another managed health care  
25 plan or into an area of the Commonwealth not within a managed health care plan  
26 service area, the employee shall be given an option, at the time of the move or  
27 transfer, to change his or her coverage to another health benefit plan.

- 1 (5) No payment of premium by any department, board, agency, public postsecondary  
2 educational institution, or branch of state, city, urban-county, charter county,  
3 county, or consolidated local government shall constitute compensation to an  
4 insured employee for the purposes of any statute fixing or limiting the  
5 compensation of such an employee. Any premium or other expense incurred by any  
6 department, board, agency, public postsecondary educational institution, or branch  
7 of state, city, urban-county, charter county, county, or consolidated local  
8 government shall be considered a proper cost of administration.
- 9 (6) The policy or policies may contain the provisions with respect to the class or classes  
10 of employees covered, amounts of insurance or coverage for designated classes or  
11 groups of employees, policy options, terms of eligibility, and continuation of  
12 insurance or coverage after retirement.
- 13 (7) Group rates under this section shall be made available to the disabled child of an  
14 employee regardless of the child's age if the entire premium for the disabled child's  
15 coverage is paid by the state employee. A child shall be considered disabled if he or  
16 she has been determined to be eligible for federal Social Security disability benefits.
- 17 (8) The health care contract or contracts for employees shall be entered into for a  
18 period of not less than one (1) year.
- 19 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
20 State Health Insurance Subscribers to advise the secretary or the secretary's  
21 designee regarding the state-sponsored health insurance program for employees.  
22 The secretary shall appoint, from a list of names submitted by appointing  
23 authorities, members representing school districts from each of the seven (7)  
24 Supreme Court districts, members representing state government from each of the  
25 seven (7) Supreme Court districts, two (2) members representing retirees under age  
26 sixty-five (65), one (1) member representing local health departments, two (2)  
27 members representing the Kentucky Teachers' Retirement System, and three (3)

1 members at large. The secretary shall also appoint two (2) members from a list of  
2 five (5) names submitted by the Kentucky Education Association, two (2) members  
3 from a list of five (5) names submitted by the largest state employee organization of  
4 nonschool state employees, two (2) members from a list of five (5) names submitted  
5 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
6 names submitted by the Kentucky League of Cities, and two (2) members from a  
7 list of names consisting of five (5) names submitted by each state employee  
8 organization that has two thousand (2,000) or more members on state payroll  
9 deduction. The advisory committee shall be appointed in January of each year and  
10 shall meet quarterly.

11 ~~(10) [Notwithstanding any other provision of law to the contrary, the policy or policies~~  
12 ~~provided to employees pursuant to this section shall not provide coverage for~~  
13 ~~obtaining or performing an abortion, nor shall any state funds be used for the~~  
14 ~~purpose of obtaining or performing an abortion on behalf of employees or their~~  
15 ~~dependents.~~

16 ~~(11)~~ Interruption of an established treatment regime with maintenance drugs shall be  
17 grounds for an insured to appeal a formulary change through the established appeal  
18 procedures approved by the Department of Insurance, if the physician supervising  
19 the treatment certifies that the change is not in the best interests of the patient.

20 (11)~~(12)~~ Any employee who is eligible for and elects to participate in the state health  
21 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any  
22 one (1) of the state-sponsored retirement systems shall not be eligible to receive the  
23 state health insurance contribution toward health care coverage as a result of any  
24 other employment for which there is a public employer contribution. This does not  
25 preclude a retiree and an active employee spouse from using both contributions to  
26 the extent needed for purchase of one (1) state sponsored health insurance policy  
27 for that plan year.



- 1 ~~(12)~~~~(13)~~ (a) The policies of health insurance coverage procured under subsection (2)  
2 of this section shall include a mail-order drug option for maintenance drugs  
3 for state employees. Maintenance drugs may be dispensed by mail order in  
4 accordance with Kentucky law.
- 5 (b) A health insurer shall not discriminate against any retail pharmacy located  
6 within the geographic coverage area of the health benefit plan and that meets  
7 the terms and conditions for participation established by the insurer, including  
8 price, dispensing fee, and copay requirements of a mail-order option. The  
9 retail pharmacy shall not be required to dispense by mail.
- 10 (c) The mail-order option shall not permit the dispensing of a controlled  
11 substance classified in Schedule II.
- 12 ~~(13)~~~~(14)~~ The policy or policies provided to state employees or their dependents  
13 pursuant to this section shall provide coverage for obtaining a hearing aid and  
14 acquiring hearing aid-related services for insured individuals under eighteen (18)  
15 years of age, subject to a cap of one thousand four hundred dollars (\$1,400) every  
16 thirty-six (36) months pursuant to KRS 304.17A-132.
- 17 ~~(14)~~~~(15)~~ Any policy provided to state employees or their dependents pursuant to this  
18 section shall provide coverage for the diagnosis and treatment of autism spectrum  
19 disorders consistent with KRS 304.17A-142.
- 20 ~~(15)~~~~(16)~~ Any policy provided to state employees or their dependents pursuant to this  
21 section shall provide coverage for obtaining amino acid-based elemental formula  
22 pursuant to KRS 304.17A-258.
- 23 ~~(16)~~~~(17)~~ If a state employee's residence and place of employment are in the same  
24 county, and if the hospital located within that county does not offer surgical  
25 services, intensive care services, obstetrical services, level II neonatal services,  
26 diagnostic cardiac catheterization services, and magnetic resonance imaging  
27 services, the employee may select a plan available in a contiguous county that does

1 provide those services, and the state contribution for the plan shall be the amount  
2 available in the county where the plan selected is located.

3 ~~(17)~~~~(18)~~ If a state employee's residence and place of employment are each located in  
4 counties in which the hospitals do not offer surgical services, intensive care  
5 services, obstetrical services, level II neonatal services, diagnostic cardiac  
6 catheterization services, and magnetic resonance imaging services, the employee  
7 may select a plan available in a county contiguous to the county of residence that  
8 does provide those services, and the state contribution for the plan shall be the  
9 amount available in the county where the plan selected is located.

10 ~~(18)~~~~(19)~~ The Personnel Cabinet is encouraged to study whether it is fair and reasonable  
11 and in the best interests of the state group to allow any carrier bidding to offer  
12 health care coverage under this section to submit bids that may vary county by  
13 county or by larger geographic areas.

14 ~~(19)~~~~(20)~~ Notwithstanding any other provision of this section, the bid for proposals for  
15 health insurance coverage for calendar year 2004 shall include a bid scenario that  
16 reflects the statewide rating structure provided in calendar year 2003 and a bid  
17 scenario that allows for a regional rating structure that allows carriers to submit bids  
18 that may vary by region for a given product offering as described in this subsection:

- 19 (a) The regional rating bid scenario shall not include a request for bid on a  
20 statewide option;
- 21 (b) The Personnel Cabinet shall divide the state into geographical regions which  
22 shall be the same as the partnership regions designated by the Department for  
23 Medicaid Services for purposes of the Kentucky Health Care Partnership  
24 Program established pursuant to 907 KAR 1:705;
- 25 (c) The request for proposal shall require a carrier's bid to include every county  
26 within the region or regions for which the bid is submitted and include but not  
27 be restricted to a preferred provider organization (PPO) option;

1 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
2 carrier all of the counties included in its bid within the region. If the Personnel  
3 Cabinet deems the bids submitted in accordance with this subsection to be in  
4 the best interests of state employees in a region, the cabinet may award the  
5 contract for that region to no more than two (2) carriers; and

6 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
7 other requirements or criteria in the request for proposal.

8 ~~(20)~~~~(21)~~ Any fully insured health benefit plan or self-insured plan issued or renewed  
9 on or after July 12, 2006, to public employees pursuant to this section which  
10 provides coverage for services rendered by a physician or osteopath duly licensed  
11 under KRS Chapter 311 that are within the scope of practice of an optometrist duly  
12 licensed under the provisions of KRS Chapter 320 shall provide the same payment  
13 of coverage to optometrists as allowed for those services rendered by physicians or  
14 osteopaths.

15 ~~(21)~~~~(22)~~ Any fully insured health benefit plan or self-insured plan issued or renewed to  
16 public employees pursuant to this section shall comply with:

- 17 (a) KRS 304.12-237;  
18 (b) KRS 304.17A-270 and 304.17A-525;  
19 (c) KRS 304.17A-600 to 304.17A-633;  
20 (d) KRS 205.593;  
21 (e) KRS 304.17A-700 to 304.17A-730;  
22 (f) KRS 304.14-135;  
23 (g) KRS 304.17A-580 and 304.17A-641;  
24 (h) KRS 304.99-123;  
25 (i) KRS 304.17A-138;  
26 (j) KRS 304.17A-148;  
27 (k) KRS 304.17A-163 and 304.17A-1631;

- 1 (l) KRS 304.17A-265;  
 2 (m) KRS 304.17A-261;  
 3 (n) KRS 304.17A-262;  
 4 (o) KRS 304.17A-145;  
 5 (p) KRS 304.17A-129;  
 6 (q) KRS 304.17A-133;  
 7 (r) KRS 304.17A-264; and  
 8 (s) Administrative regulations promulgated pursuant to statutes listed in this  
 9 subsection.

10 ~~(22)~~~~(23)~~ (a) Any fully insured health benefit plan or self-insured plan issued or  
 11 renewed to public employees pursuant to this section shall provide a special  
 12 enrollment period to pregnant women who are eligible for coverage in  
 13 accordance with the requirements set forth in KRS 304.17-182.

14 (b) The Department of Employee Insurance shall, at or before the time a public  
 15 employee is initially offered the opportunity to enroll in the plan or coverage,  
 16 provide the employee a notice of the special enrollment rights under this  
 17 subsection.

18 ➔Section 10. KRS 39A.180 is amended to read as follows:

19 (1) The political subdivisions of the state and other agencies designated or appointed by  
 20 the Governor may make, amend, and rescind orders and promulgate administrative  
 21 regulations necessary for disaster and emergency response purposes, and to  
 22 supplement the carrying out of the provisions of this chapter, if not inconsistent  
 23 with any orders or administrative regulations promulgated by the Governor or by  
 24 any state agency exercising a power delegated to it by the Governor.

25 (2) (a) All written orders and administrative regulations promulgated by the  
 26 Governor, the director, or by any political subdivision or other agency  
 27 authorized by KRS Chapters 39A to 39F to make orders and promulgate

1 administrative regulations, shall have the full force of law and, if promulgated  
2 as administrative regulations, shall follow the requirements for promulgating  
3 administrative regulations under KRS Chapter 13A. All written orders  
4 authorized by KRS Chapters 39A to 39F shall be filed with the Legislative  
5 Research Commission.

6 (b) The Governor may suspend a statute by executive order when an emergency  
7 is declared under this chapter if:

8 1. The statute is specifically enumerated by the Governor in the executive  
9 order; and

10 2. The executive order specifying the suspension is approved by the  
11 Attorney General in writing.

12 (c) A statute suspension authorized in paragraph (b) of this subsection shall only  
13 be in effect while the emergency executive order is in effect.

14 (d) Any existing administrative regulation that conflicts with a written order  
15 issued under this chapter shall be amended, withdrawn, or repealed in  
16 accordance with KRS Chapter 13A to conform with the written order.

17 (e) When a written order ends, any administrative regulation promulgated under  
18 the authority of this section shall:

19 1. Become void; and

20 2. Be withdrawn, amended, or repealed in accordance with KRS Chapter  
21 13A.

22 (3) Notwithstanding subsection (2) of this section, the Governor shall not suspend any  
23 laws in KRS Chapters 39A to 39F, Chapter 13A, 446.350, or 527.020~~, 311.710 to~~  
24 ~~311.820, or any other statutes related to abortion~~.

25 (4) The law enforcement authorities of the state and of its counties, urban-counties,  
26 charter counties, and cities shall enforce the written orders and administrative  
27 regulations issued pursuant to KRS Chapters 39A to 39F.

1        ➔Section 11. KRS 156.496 is amended to read as follows:

- 2        (1) Family resource and youth services centers shall be designed to meet the needs of  
3        children and their families by providing services to enhance a student's ability to  
4        succeed in school. If resources are limited, students and families who are the most  
5        economically disadvantaged shall receive priority status for receiving services.
- 6        (2) Family resource centers shall be located in or near each elementary school in the  
7        Commonwealth in which twenty percent (20%) or more of the student body are  
8        eligible for free or reduced-price school meals. Family resource centers shall  
9        promote identification and coordination of existing resources and shall include but  
10       not be limited to the following core components for each site:
- 11       (a) Full-time preschool child care for children two (2) and three (3) years of age;  
12       (b) After-school child care for children ages four (4) through twelve (12), with  
13       the child care being full-time during the summer and on other days when  
14       school is not in session;
- 15       (c) Families in training, which shall consist of an integrated approach to home  
16       visits, group meetings, and monitoring child development for new and  
17       expectant parents;
- 18       (d) Family literacy services as described in KRS 158.360 or a similar program  
19       designed to provide opportunities for parents and children to learn together  
20       and promote lifelong learning; and
- 21       (e) Health services or referrals to health services, or both.
- 22       (3) Youth services centers shall be located in or near each school in the  
23       Commonwealth, except elementary schools, in which twenty percent (20%) or more  
24       of the student body are eligible for free or reduced-price school meals. Youth  
25       services centers shall promote identification and coordination of existing resources  
26       and shall include but not be limited to the following core components for each site:
- 27       (a) Referrals to health and social services;

- 1 (b) Career exploration and development;
- 2 (c) Summer and part-time job development for high school students;
- 3 (d) Substance abuse education and counseling; and
- 4 (e) Family crisis and mental health counseling.

5 (4) A grant program is hereby established to provide financial assistance to eligible  
6 school districts to establish or maintain family resource or youth services centers.  
7 The Cabinet for Health and Family Services shall award grants pursuant to KRS  
8 156.4977. Funding provided to the Cabinet for Health and Family Services for the  
9 grant program and agency administrative costs shall include an increase that is  
10 equal to or greater than the general fund growth factor provided in agency budget  
11 instructions.

12 (5) A family resource or youth services center that receives funding for one (1) year or  
13 more shall not be considered ineligible for funding based solely on the percent of  
14 the student body eligible for free or reduced-price school meals unless the percent  
15 of the student body eligible for free or reduced-price school meals is below twenty  
16 percent (20%) for five (5) consecutive years.

17 ~~(6) A school district shall not operate a family resource center or a youth services~~  
18 ~~center that provides abortion counseling or makes referrals to a health care facility~~  
19 ~~for the purpose of seeking an abortion.~~

20 ~~(7)~~ A school district may accept monetary donations for the operation and maintenance  
21 of family resource and youth services centers. Any donations given to the school  
22 district for the operation and maintenance of family resource and youth services  
23 centers shall be used only for the operation and maintenance of family resource and  
24 youth services centers, and for no other purpose.

25 ➔Section 12. KRS 205.010 is amended to read as follows:

26 As used in this chapter, unless the context requires otherwise:

27 (1) "Cabinet" means the Cabinet for Health and Family Services;

- 1 (2) "Secretary" means the secretary for health and family services or his or her  
2 authorized representative;
- 3 (3) "Public assistance" means money grants, assistance in kind, or services to or for the  
4 benefit of needy aged, needy blind, needy permanently and totally disabled persons,  
5 needy children, or persons with whom a needy child lives or a family containing a  
6 combination of these categories~~], except that the term shall not be construed to~~  
7 ~~permit the granting of financial aid where the purpose of such aid is to obtain an~~  
8 ~~abortion. For purposes of this section and KRS 205.560, "abortion" means an act,~~  
9 ~~procedure, device, or prescription administered or prescribed for a pregnant woman~~  
10 ~~by any person, including the pregnant woman herself, producing premature~~  
11 ~~expulsion of the fetus. Abortion does not include an induced premature birth~~  
12 ~~intended to produce a live viable child];~~
- 13 (4) "Needy child" means a child who has been deprived of parental support by reasons  
14 prescribed by regulations within the scope of Title IV of the Social Security Act, its  
15 amendments, and federal regulations and who does not have otherwise provided for  
16 him or her a subsistence compatible with decency and health;
- 17 (5) "Parent," in addition to biological or adoptive parent, shall include stepparent;
- 18 (6) "Needy aged" means a person who has attained the age of sixty-five (65) and who  
19 is unable to provide for himself or herself and who does not have otherwise  
20 provided for him or her a subsistence compatible with decency and health;
- 21 (7) "Needy blind" means a person who has no vision or whose vision is so defective as  
22 to prevent the performance of ordinary activities for which eyesight is essential and  
23 who is unable to provide for himself or herself and who does not have otherwise  
24 provided for him or her a subsistence compatible with decency and health;
- 25 (8) "Person with whom a needy child lives" means the individual prescribed by  
26 regulation, with whom a needy~~[such]~~ child is living in a place of residence  
27 maintained by the~~[such]~~ individual by himself, herself, or together with one (1) or



1 more other persons;

2 (9) "Needy permanently and totally disabled" means a person eighteen (18) years of  
3 age or older and who has a permanent physical or mental impairment, disease, or  
4 loss that substantially precludes the person~~[him]~~ from engaging in useful  
5 occupations within the person's~~[his]~~ competence and who is unable to provide for  
6 himself or herself and who does not have otherwise provided for him or her a  
7 subsistence compatible with decency and health;

8 (10) "Private institution" means any establishment or place other than a public institution  
9 operated or maintained by any individual, association, corporation, or other  
10 organization which provides a group living arrangement for four (4) or more  
11 individuals, who are cared for and maintained in residence for compensation or  
12 otherwise;

13 (11) "Public institution" means any establishment or place which is the responsibility of  
14 and administered by the state or any political subdivision thereof providing a group  
15 living arrangement in which one (1) or more individuals are cared for and  
16 maintained in residence;

17 (12) "Public medical institution" means any public institution the primary purpose of  
18 which is to furnish hospital care and medical treatment;

19 (13) "Person determined to be potentially responsible" means any person who:

20 (a) Is not aged, blind, disabled, incapacitated, or needed in the home:

21 1. Because of the illness or incapacity of a member of the family; or

22 2. Because of children in the home under the age of six (6); or

23 (b) Volunteers for that~~[such]~~ determination;

24 ~~(14) [Nothing in this section shall be deemed to deprive a woman of all appropriate~~  
25 ~~medical care necessary to prevent her physical death;~~

26 ~~(15)~~ "Adult day-care center" means any adult care facility which provides part-time care,  
27 day or night, but less than twenty-four (24) hours, to at least four (4) adults not

1 related to the operator of the adult care facility by blood, marriage, or adoption.

2 ➔Section 13. KRS 205.510 is amended to read as follows:

3 As used in this chapter as it pertains to medical assistance unless the context clearly  
4 requires a different meaning:

- 5 (1) "Behavioral health professional" means a person authorized to provide mental  
6 health or substance use disorder services under the laws of the Commonwealth;
- 7 (2) "Chiropractor" means a person authorized to practice chiropractic under the laws of  
8 the Commonwealth;
- 9 (3) "Council" means the Advisory Council for Medical Assistance;
- 10 (4) "Dentist" means a person authorized to practice dentistry under the laws of the  
11 Commonwealth;
- 12 (5) "Health professional" means a physician, physician assistant, nurse, doctor of  
13 chiropractic, behavioral health professional, optometrist, dentist, or allied health  
14 professional who is licensed in Kentucky;
- 15 (6) "Medical care" as used in this chapter means essential medical, surgical,  
16 chiropractic, dental, optometric, podiatric, telehealth, and nursing services, in the  
17 home, office, clinic, or other suitable places, which are provided or prescribed by  
18 physicians, optometrists, podiatrists, or dentists licensed to render those~~[such]~~  
19 services, including drugs and medical supplies, appliances, laboratory, diagnostic  
20 and therapeutic services, nursing-home and convalescent care, hospital care as  
21 defined in KRS 205.560(1)(a), and~~[such]~~ other essential medical services and  
22 supplies as may be prescribed by those~~[such]~~ persons~~[- but not including abortions,~~  
23 ~~or induced miscarriages or premature births, unless in the opinion of a physician~~  
24 ~~such procedures are necessary for the preservation of the life of the woman seeking~~  
25 ~~such treatment or except in induced premature birth intended to produce a live~~  
26 ~~viable child and such procedure is necessary for the health of the mother or her~~  
27 ~~unborn child].~~ However, this section does not authorize optometrists to perform any

- 1 services other than those authorized by KRS Chapter 320;
- 2 (7) "Nurse" means a person authorized to practice professional nursing under the laws  
3 of the Commonwealth;
- 4 (8) "Nursing home" means a facility which provides routine medical care in which  
5 physicians regularly visit patients, which provide nursing services and procedures  
6 employed in caring for the sick which require training, judgment, technical  
7 knowledge, and skills beyond that which the untrained person possesses, and which  
8 maintains complete records on patient care, and which is licensed pursuant to ~~the~~  
9 ~~provisions of~~ KRS 216B.015;
- 10 (9) "Optometrist" means a person authorized to practice optometry under the laws of  
11 the Commonwealth;
- 12 (10) "Other persons eligible for medical assistance" may include the categorically needy  
13 excluded from monetary payment status by state requirements and classifications of  
14 medically needy individuals as permitted by federal laws and regulations and as  
15 prescribed by administrative regulation of the secretary for health and family  
16 services or his ***or her*** designee;
- 17 (11) "Pharmacist" means a person authorized to practice pharmacy under the laws of the  
18 Commonwealth;
- 19 (12) "Physician" means a person authorized to practice medicine or osteopathy under the  
20 laws of the Commonwealth;
- 21 (13) "Podiatrist" means a person authorized to practice podiatry under the laws of the  
22 Commonwealth;
- 23 (14) "Primary-care center" means a facility which provides comprehensive medical care  
24 with emphasis on the prevention of disease and the maintenance of the patients'  
25 health as opposed to the treatment of disease;
- 26 (15) "Public assistance recipient" means a person who has been certified by the  
27 Department for Community Based Services of the Cabinet for Health and Family

1 Services as being eligible for, and a recipient of, public assistance under~~the~~  
2 ~~provisions of~~ this chapter;

3 (16) "Telehealth" means the same as in KRS 211.332;

4 (17) "Telehealth consultation" means a medical or health consultation, for purposes of  
5 patient diagnosis or treatment, that meets the definition of telehealth in this section;

6 (18) "Third party" means an individual, institution, corporation, company, insurance  
7 company, personal representative, administrator, executor, trustee, or public or  
8 private agency, including, but not limited to, a reparation obligor and the assigned  
9 claims bureau under the Motor Vehicle Repairs Act, Subtitle 39 of KRS  
10 Chapter 304, who is or may be liable to pay all or part of the medical cost of injury,  
11 disease, or disability of an applicant or recipient of medical assistance provided  
12 under Title XIX of the Social Security Act, 42 U.S.C. sec. 1396 et seq.; and

13 (19) "Vendor payment" means a payment for medical care which is paid by the Cabinet  
14 for Health and Family Services directly to the authorized person or institution  
15 which rendered medical care to an eligible recipient.

16 ➔Section 14. KRS 205.560 is amended to read as follows:

17 (1) The scope of medical care for which the Cabinet for Health and Family Services  
18 undertakes to pay shall be designated and limited by regulations promulgated by the  
19 cabinet, pursuant to the provisions in this section. Within the limitations of any  
20 appropriation therefor, the provision of complete upper and lower dentures to  
21 recipients of Medical Assistance Program benefits who have their teeth removed by  
22 a dentist resulting in the total absence of teeth shall be a mandatory class in the  
23 scope of medical care. Payment to a dentist of any Medical Assistance Program  
24 benefits for complete upper and lower dentures shall only be provided on the  
25 condition of a preauthorized agreement between an authorized representative of the  
26 Medical Assistance Program and the dentist prior to the removal of the teeth. The  
27 selection of another class or other classes of medical care shall be recommended by

1 the council to the secretary for health and family services after taking into  
2 consideration, among other things, the amount of federal and state funds available,  
3 the most essential needs of recipients, and the meeting of those needs~~[such need]~~ on  
4 a basis insuring the greatest amount of medical care as defined in KRS 205.510  
5 consonant with the funds available, including but not limited to the following  
6 categories~~[-, except where the aid is for the purpose of obtaining an abortion]~~:

- 7 (a) Hospital care, including drugs, and medical supplies and services during any  
8 period of actual hospitalization;
- 9 (b) Nursing-home care, including medical supplies and services, and drugs during  
10 confinement therein on prescription of a physician, dentist, or podiatrist;
- 11 (c) Drugs, nursing care, medical supplies, and services during the time when a  
12 recipient is not in a hospital but is under treatment and on the prescription of a  
13 physician, dentist, or podiatrist. For purposes of this paragraph, drugs shall  
14 include products for the treatment of inborn errors of metabolism or genetic,  
15 gastrointestinal, and food allergic conditions, consisting of therapeutic food,  
16 formulas, supplements, amino acid-based elemental formula, or low-protein  
17 modified food products that are medically indicated for therapeutic treatment  
18 and are administered under the direction of a physician, and include but are  
19 not limited to the following conditions:

- 20 1. Phenylketonuria;
- 21 2. Hyperphenylalaninemia;
- 22 3. Tyrosinemia (types I, II, and III);
- 23 4. Maple syrup urine disease;
- 24 5. A-ketoacid dehydrogenase deficiency;
- 25 6. Isovaleryl-CoA dehydrogenase deficiency;
- 26 7. 3-methylcrotonyl-CoA carboxylase deficiency;
- 27 8. 3-methylglutaconyl-CoA hydratase deficiency;

- 1           9. 3-hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG-CoA lyase
- 2            deficiency);
- 3           10. B-ketothiolase deficiency;
- 4           11. Homocystinuria;
- 5           12. Glutaric aciduria (types I and II);
- 6           13. Lysinuric protein intolerance;
- 7           14. Non-ketotic hyperglycinemia;
- 8           15. Propionic acidemia;
- 9           16. Gyrate atrophy;
- 10          17. Hyperornithinemia/hyperammonemia/homocitrullinuria syndrome;
- 11          18. Carbamoyl phosphate synthetase deficiency;
- 12          19. Ornithine carbamoyl transferase deficiency;
- 13          20. Citrullinemia;
- 14          21. Arginosuccinic aciduria;
- 15          22. Methylmalonic acidemia;
- 16          23. Argininemia;
- 17          24. Food protein allergies;
- 18          25. Food protein-induced enterocolitis syndrome;
- 19          26. Eosinophilic disorders; and
- 20          27. Short bowel syndrome;
- 21          (d) Physician, podiatric, and dental services;
- 22          (e) Optometric services for all age groups shall be limited to prescription
- 23             services, services to frames and lenses, and diagnostic services provided by an
- 24             optometrist, to the extent the optometrist is licensed to perform the services
- 25             and to the extent the services are covered in the ophthalmologist portion of the
- 26             physician's program. Eyeglasses shall be provided only to children under age
- 27             twenty-one (21);

- 1 (f) Drugs on the prescription of a physician used to prevent the rejection of  
2 transplanted organs if the patient is indigent; and
- 3 (g) Nonprofit neighborhood health organizations or clinics where some or all of  
4 the medical services are provided by licensed registered nurses or by  
5 advanced medical students presently enrolled in a medical school accredited  
6 by the Association of American Medical Colleges and where the students or  
7 licensed registered nurses are under the direct supervision of a licensed  
8 physician who rotates his *or her* services in this supervisory capacity between  
9 two (2) or more of the nonprofit neighborhood health organizations or clinics  
10 specified in this paragraph.
- 11 (2) Payments for hospital care, nursing-home care, and drugs or other medical,  
12 ophthalmic, podiatric, and dental supplies shall be on bases which relate the amount  
13 of the payment to the cost of providing the services or supplies. It shall be one (1)  
14 of the functions of the council to make recommendations to the Cabinet for Health  
15 and Family Services with respect to the bases for payment. In determining the rates  
16 of reimbursement for long-term-care facilities participating in the Medical  
17 Assistance Program, the Cabinet for Health and Family Services shall, to the extent  
18 permitted by federal law, not allow the following items to be considered as a cost to  
19 the facility for purposes of reimbursement:
- 20 (a) Motor vehicles that are not owned by the facility, including motor vehicles  
21 that are registered or owned by the facility but used primarily by the owner or  
22 *the owner's* family members~~[thereof]~~;
- 23 (b) The cost of motor vehicles, including vans or trucks, used for facility business  
24 shall be allowed up to fifteen thousand dollars (\$15,000) per facility, adjusted  
25 annually for inflation according to the increase in the consumer price index-u  
26 for the most recent twelve (12) month period, as determined by the United  
27 States Department of Labor. Medically equipped motor vehicles, vans, or

- 1 trucks shall be exempt from the fifteen thousand dollar (\$15,000) limitation.  
2 Costs exceeding this limit shall not be reimbursable and shall be borne by the  
3 facility. Costs for additional motor vehicles, not to exceed a total of three (3)  
4 per facility, may be approved by the Cabinet for Health and Family Services if  
5 the facility demonstrates that each additional vehicle is necessary for the  
6 operation of the facility as required by regulations of the cabinet;
- 7 (c) Salaries paid to immediate family members of the owner or administrator, or  
8 both, of a facility, to the extent that services are not actually performed and  
9 are not a necessary function as required by regulation of the cabinet for the  
10 operation of the facility. The facility shall keep a record of all work actually  
11 performed by family members;
- 12 (d) The cost of contracts, loans, or other payments made by the facility to owners,  
13 administrators, or both, unless the payments are for services which would  
14 otherwise be necessary to the operation of the facility and the services are  
15 required by regulations of the Cabinet for Health and Family Services. Any  
16 other payments shall be deemed part of the owner's compensation in  
17 accordance with maximum limits established by regulations of the Cabinet for  
18 Health and Family Services. Interest paid to the facility for loans made to a  
19 third party may be used to offset allowable interest claimed by the facility;
- 20 (e) Private club memberships for owners or administrators, travel expenses for  
21 trips outside the state for owners or administrators, and other indirect  
22 payments made to the owner, unless the payments are deemed part of the  
23 owner's compensation in accordance with maximum limits established by  
24 regulations of the Cabinet for Health and Family Services; and
- 25 (f) Payments made to related organizations supplying the facility with goods or  
26 services shall be limited to the actual cost of the goods or services to the  
27 related organization, unless it can be demonstrated that no relationship



1 between the facility and the supplier exists. A relationship shall be considered  
2 to exist when an individual, including brothers, sisters, father, mother, aunts,  
3 uncles, and in-laws, possesses a total of five percent (5%) or more of  
4 ownership equity in the facility and the supplying business. An exception to  
5 the relationship shall exist if fifty-one percent (51%) or more of the supplier's  
6 business activity of the type carried on with the facility is transacted with  
7 persons and organizations other than the facility and its related organizations.

8 (3) No vendor payment shall be made unless the class and type of medical care  
9 rendered and the cost basis for the medical care~~[therefor]~~ has first been designated  
10 by regulation.

11 ~~(4) The rules and regulations of the Cabinet for Health and Family Services shall~~  
12 ~~require that a written statement, including the required opinion of a physician, shall~~  
13 ~~accompany any claim for reimbursement for induced premature births. This~~  
14 ~~statement shall indicate the procedures used in providing the medical services.~~

15 ~~(5)~~ The range of medical care benefit standards provided and the quality and quantity  
16 standards and the methods for determining cost formulae for vendor payments  
17 within each category of public assistance and other recipients shall be uniform for  
18 the entire state, and shall be designated by regulation promulgated within the  
19 limitations established by the Social Security Act and federal regulations. It shall  
20 not be necessary that the amount of payments for units of services be uniform for  
21 the entire state but amounts may vary from county to county and from city to city,  
22 as well as among hospitals, based on the prevailing cost of medical care in each  
23 locale and other local economic and geographic conditions, except that insofar as  
24 allowed by applicable federal law and regulation, the maximum amounts  
25 reimbursable for similar services rendered by physicians within the same specialty  
26 of medical practice shall not vary according to the physician's place of residence or  
27 place of practice, as long as the place of practice is within the boundaries of the

1 state.

2 ~~[(6) Nothing in this section shall be deemed to deprive a woman of all appropriate~~  
3 ~~medical care necessary to prevent her physical death.]~~

4 ~~(5)~~~~[(7)]~~ To the extent permitted by federal law, no medical assistance recipient shall  
5 be recertified as qualifying for a level of long-term care below the recipient's  
6 current level, unless the recertification includes a physical examination conducted  
7 by a physician licensed pursuant to KRS Chapter 311 or by an advanced practice  
8 registered nurse licensed pursuant to KRS Chapter 314 and acting under the  
9 physician's supervision.

10 ~~(6)~~~~[(8)]~~ (a) If payments made to community mental health centers, established  
11 pursuant to KRS Chapter 210, for services provided to the intellectually  
12 disabled exceed the actual cost of providing the service, the balance of the  
13 payments shall be used solely for the provision of other services to the  
14 intellectually disabled through community mental health centers.

15 (b) Except as provided in KRS 210.370(4) and (5)(c), if a community mental  
16 health center, established pursuant to KRS Chapter 210, provides services to a  
17 recipient of Medical Assistance Program benefits outside of the community  
18 mental health center's regional service area, as established in KRS 210.370,  
19 the community mental health center shall not be reimbursed for ~~those~~~~[such]~~  
20 services in accordance with the department's fee schedule for community  
21 mental health centers but shall instead be reimbursed in accordance with the  
22 department's fee schedule for behavioral health service organizations.

23 (c) As used in this subsection, "community mental health center" means a  
24 regional community services program as defined in KRS 210.005.

25 ~~(7)~~~~[(9)]~~ No long-term-care facility, as defined in KRS 216.510, providing inpatient  
26 care to recipients of medical assistance under Title XIX of the Social Security Act  
27 on July 15, 1986, shall deny admission of a person to a bed certified for

1 reimbursement under the provisions of the Medical Assistance Program solely on  
2 the basis of the person's paying status as a Medicaid recipient. No person shall be  
3 removed or discharged from any facility solely because they became eligible for  
4 participation in the Medical Assistance Program, unless the facility can demonstrate  
5 the resident or the resident's responsible party was fully notified in writing that the  
6 resident was being admitted to a bed not certified for Medicaid reimbursement. No  
7 facility may decertify a bed occupied by a Medicaid recipient or may decertify a  
8 bed that is occupied by a resident who has made application for medical assistance.

9 ~~(8)~~~~(10)~~ Family-practice physicians practicing in geographic areas with no more than  
10 one (1) primary-care physician per five thousand (5,000) population, as reported by  
11 the United States Department of Health and Human Services, shall be reimbursed  
12 one hundred twenty-five percent (125%) of the standard reimbursement rate for  
13 physician services.

14 ~~(9)~~~~(11)~~ The Cabinet for Health and Family Services shall make payments under the  
15 Medical Assistance Program for services which are within the lawful scope of  
16 practice of a chiropractor licensed pursuant to KRS Chapter 312, to the extent the  
17 Medical Assistance Program pays for the same services provided by a physician.

18 ~~(10)~~~~(12)~~ (a) The Medical Assistance Program shall use the appropriate form and  
19 guidelines for enrolling those providers applying for participation in the  
20 Medical Assistance Program, including those licensed and regulated under  
21 KRS Chapters 311, 312, 314, 315, and 320, any facility required to be  
22 licensed pursuant to KRS Chapter 216B, and any other health care practitioner  
23 or facility as determined by the Department for Medicaid Services through an  
24 administrative regulation promulgated under KRS Chapter 13A. A Medicaid  
25 managed care organization shall use the forms and guidelines established  
26 under KRS 304.17A-545(5) to credential a provider. For any provider who  
27 contracts with and is credentialed by a Medicaid managed care organization

1 prior to enrollment, the cabinet shall complete the enrollment process and  
2 deny, or approve and issue a Provider Identification Number (PID) within  
3 fifteen (15) business days from the time all necessary completed enrollment  
4 forms have been submitted and all outstanding accounts receivable have been  
5 satisfied.

6 (b) Within forty-five (45) days of receiving a correct and complete provider  
7 application, the Department for Medicaid Services shall complete the  
8 enrollment process by either denying or approving and issuing a Provider  
9 Identification Number (PID) for a behavioral health provider who provides  
10 substance use disorder services, unless the department notifies the provider  
11 that additional time is needed to render a decision for resolution of an issue or  
12 dispute.

13 (c) Within forty-five (45) days of receipt of a correct and complete application for  
14 credentialing by a behavioral health provider providing substance use disorder  
15 services, a Medicaid managed care organization shall complete its contracting  
16 and credentialing process, unless the Medicaid managed care organization  
17 notifies the provider that additional time is needed to render a decision. If  
18 additional time is needed, the Medicaid managed care organization shall not  
19 take any longer than ninety (90) days from receipt of the credentialing  
20 application to deny or approve and contract with the provider.

21 (d) A Medicaid managed care organization shall adjudicate any clean claims  
22 submitted for a substance use disorder service from an enrolled and  
23 credentialed behavioral health provider who provides substance use disorder  
24 services in accordance with KRS 304.17A-700 to 304.17A-730.

25 (e) The Department of Insurance may impose a civil penalty of one hundred  
26 dollars (\$100) per violation when a Medicaid managed care organization fails  
27 to comply with this section. Each day that a Medicaid managed care

1 organization fails to pay a claim may count as a separate violation.

2 ~~(11)~~~~(13)~~ Dentists licensed under KRS Chapter 313 shall be excluded from the  
3 requirements of subsection ~~(10)~~~~(12)~~ of this section. The Department for Medicaid  
4 Services shall develop a specific form and establish guidelines for assessing the  
5 credentials of dentists applying for participation in the Medical Assistance Program.

6 ➔Section 15. KRS 211.027 is amended to read as follows:

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

13 ➔Section 16. KRS 211.603 is amended to read as follows:

14 (1) There is created a trust fund to be known as the rape crisis center trust fund. The  
15 fund shall be administered by the Cabinet for Health and Family Services.

16 (2) The trust fund shall be funded with moneys collected through the designation of a  
17 taxpayer's refund as provided by KRS 141.447 and any contributions, gifts,  
18 donations, or appropriations designated for the trust fund. Moneys in the fund shall  
19 be used to support the services listed in KRS 211.600(3).~~No moneys in the fund~~  
20 ~~shall be used to support abortion services or abortion education.~~

21 (3) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of the  
22 fiscal year shall not lapse but shall be carried forward into the succeeding fiscal  
23 year to be used for the purposes set forth in subsection (2) of this section.

24 (4) Any interest earned upon moneys in the rape crisis center trust fund shall become a  
25 part of the fund and shall not lapse.

26 (5) Moneys deposited in the fund are appropriated for the purposes set forth in this  
27 section and shall not be appropriated or transferred by the General Assembly for

1 any other purposes.

2 ➔Section 17. KRS 212.275 is amended to read as follows:

3 (1) The governing board for each local, district, and independent health department  
4 shall have a written policy concerning the distribution of nonscheduled legend  
5 drugs at the health department by an advanced practice registered nurse or a  
6 registered nurse. In a health department, an advanced practice registered nurse or a  
7 registered nurse may distribute nonscheduled legend drugs from a list that has been  
8 prepared by the commissioner of the Department for Public Health. Nothing in this  
9 section shall be construed to limit advanced practice registered nurses from  
10 dispensing nonscheduled drug samples under KRS 314.011. Each prescription drug  
11 distributed or dispensed at the health department shall be recorded in the patient  
12 record. The director of each health department shall be responsible for keeping  
13 track of the inventory of stock medications and accounting for the medications  
14 dispensed or distributed.

15 (2) Only a health department board having within its membership a pharmacist holding  
16 a valid license issued pursuant to KRS 315.030 shall be authorized to permit  
17 advanced practice registered nurses or registered nurses to dispense nonscheduled  
18 legend drugs according to the written policy of the board. If a health department is  
19 unable to recruit a licensed pharmacist to serve on the board, the board shall  
20 document consultation with a pharmacist licensed pursuant to KRS 315.030 in the  
21 public health practice of the health department.

22 ~~[(3) No health department shall dispense any medication or device prescribed for the  
23 purpose of causing an abortion as defined in KRS 311.720(1).]~~

24 ➔Section 18. KRS 213.011 is amended to read as follows:

25 As used in this chapter, unless the context requires otherwise:

26 (1) "Abortion" means the purposeful termination~~[interruption]~~ of a pregnancy~~[with~~  
27 ~~the intention other than to produce a live born infant or to remove a dead fetus and~~

- 1 ~~which does not result in a live birth~~. "Abortion" excludes management of  
2 prolonged retention of product of conception following fetal death;
- 3 (2) "Cabinet" means the Cabinet for Health and Family Services;
- 4 (3) "Dead body" means a human body or parts of the human body from the condition  
5 of which it reasonably may be concluded that death recently occurred;
- 6 (4) "Fetal death" means death prior to the complete expulsion or extraction from its  
7 mother of a product of human conception, irrespective of the duration of pregnancy;  
8 the death is indicated by the fact that after ~~the~~<sup>[such]</sup> expulsion or extraction the  
9 fetus does not breathe or show any other evidence of life such as beating of the  
10 heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.  
11 This definition shall exclude abortion;
- 12 (5) "File" means the presentation of a vital record provided for in this chapter for  
13 registration by the Vital Statistics Branch;
- 14 (6) "Final disposition" means the burial, interment, cremation, removal from the  
15 Commonwealth, or other authorized disposition of a dead body or fetus;
- 16 (7) "Institution" means any establishment, public or private, which provides inpatient  
17 medical, surgical, or diagnostic care or treatment or nursing, custodial, or  
18 domiciliary care, or to which persons are committed by law;
- 19 (8) "Live birth" means the complete expulsion or extraction from its mother of a  
20 product of human conception, irrespective of the duration of pregnancy which, after  
21 the expulsion or extraction, breathes, or shows any other evidence of life such as  
22 beating of the heart, pulsation of the umbilical cord, or definite movement of  
23 voluntary muscles, whether or not the umbilical cord has been cut or the placenta is  
24 attached;
- 25 (9) "Provisional death certificate" means an interim certificate identifying the deceased  
26 and authorizing a funeral director, or person acting ~~in that capacity~~<sup>[as such]</sup>, to take  
27 custody of the body and, except for cremation, to make final disposition;

- 1 (10) "Registration" means the acceptance by the Vital Statistics Branch and the  
2 incorporation of vital records provided for in this chapter into its official records;
- 3 (11) "System of vital statistics" means the registration, collection, preservation,  
4 amendment, and certification of vital records and the collection of other reports  
5 required by this chapter;
- 6 (12) "Secretary" means the secretary for health and family services;
- 7 (13) "Sudden infant death syndrome" means the death of an ostensibly healthy child who  
8 is two (2) weeks of age or older but less than three (3) years of age, which occurs  
9 suddenly and unexpectedly, with no known or apparent cause, and which remains  
10 unexplained after the performance of an autopsy;
- 11 (14) "Vital records" means certificates or reports of birth, death, stillbirth, marriage,  
12 dissolution of marriage, or annulment, and data related thereto;
- 13 (15) "Vital statistics" means the data derived from certificates and reports of birth, death,  
14 stillbirth, abortion, marriage, dissolution of marriage, and related reports;
- 15 (16) "Certificate" means the certificate of birth, death, stillbirth, marriage, dissolution of  
16 marriage, or annulment as required by this chapter;
- 17 (17) "Office" means the Office for Children with Special Health Care Needs;
- 18 (18) "Hard of hearing infant" means a child at birth with a significant hearing loss which  
19 prevents the acquisition of speech and language through normal channels; and
- 20 (19) "Hearing risk certificate" means the certificate that includes questions which  
21 identify newborn babies with a higher risk than normal for hearing loss.

22 ➔Section 19. KRS 213.101 is amended to read as follows:

- 23 (1) Each abortion as defined in KRS 213.011 which occurs in the Commonwealth,  
24 regardless of the length of gestation, shall be reported to the Vital Statistics Branch  
25 by the person in charge of the institution within fifteen (15)~~three (3)~~ days after the  
26 end of the month in which the abortion occurred. If the abortion was performed  
27 outside an institution, the attending physician shall prepare and file the report



1 within fifteen (15)~~three (3)~~ days after the end of the month in which the abortion  
2 occurred.

3 (2) The report shall include the patient's:

4 (a) Age;

5 (b) County of residence;

6 (c) Number of previous pregnancies, if known;

7 (d) Number of living children, if known; and

8 (e) The type of abortion procedure performed~~all the information the physician~~  
9 ~~is required to certify in writing or determine under KRS 311.731, 311.732,~~  
10 ~~311.7704, 311.7705, 311.7706, 311.7707, 311.7735, 311.7736, 311.774,~~  
11 ~~311.782, and 311.783, and at a minimum:~~

12 ~~(a) The full name and address of the physician who performed the abortion or~~  
13 ~~provided the abortion inducing drug as defined in KRS 311.7731;~~

14 ~~(b) The address at which the abortion was performed or the address at which the~~  
15 ~~abortion inducing drug was provided by a qualified physician, or the method~~  
16 ~~of obtaining the abortion inducing drug if not provided by a qualified~~  
17 ~~physician, including mail order, Internet order, or by a telehealth provider in~~  
18 ~~which case identifying information for the pharmacy, Web site address, or the~~  
19 ~~telemedicine provider shall be included;~~

20 ~~(c) The names, serial numbers, National Drug Codes, lot numbers, and expiration~~  
21 ~~dates of the specific abortion inducing drugs that were provided to the~~  
22 ~~pregnant patient and the dates each were provided;~~

23 ~~(d) The full name and address of the referring physician, agency, or service, if~~  
24 ~~any;~~

25 ~~(e) The pregnant patient's city or town, county, state, country of residence, and~~  
26 ~~zip code;~~

27 ~~(f) The pregnant patient's age, race, and ethnicity;~~

- 1       ~~(g) The age or approximate age of the father, if known;~~
- 2       ~~(h) The total number and dates of each previous pregnancy, live birth, and~~  
3             ~~abortion of the pregnant patient;~~
- 4       ~~(i) The probable gestational and post-fertilization ages of the unborn child, the~~  
5             ~~methods used to confirm the gestational and post-fertilization ages, and the~~  
6             ~~date determined;~~
- 7       ~~(j) A list of any pre-existing medical conditions of the pregnant patient that may~~  
8             ~~complicate her pregnancy, if any, including hemorrhage, infection, uterine~~  
9             ~~perforation, cervical laceration, retained products, or any other condition;~~
- 10       ~~(k) Whether the fetus was delivered alive and the length of time the fetus~~  
11            ~~survived;~~
- 12       ~~(l) Whether the fetus was viable and, if viable, the medical reason for~~  
13            ~~termination;~~
- 14       ~~(m) Whether a pathological examination of the fetus was performed;~~
- 15       ~~(n) Whether the pregnant patient returned for a follow-up examination, the date~~  
16            ~~and results of any such follow-up examination, and what reasonable efforts~~  
17            ~~were made by the qualified physician to encourage the patient to reschedule a~~  
18            ~~follow-up examination if the appointment was missed;~~
- 19       ~~(o) Whether the woman suffered any complications or adverse events as defined~~  
20            ~~in KRS 311.7731 and what specific complications or adverse events occurred,~~  
21            ~~and any follow-up treatment provided as required by KRS 311.774;~~
- 22       ~~(p) Whether the pregnant patient was Rh negative and, if so, was provided with~~  
23            ~~an Rh negative information fact sheet and treated with the prevailing medical~~  
24            ~~standard of care to prevent harmful fetal or child outcomes or Rh~~  
25            ~~incompatibility in future pregnancies;~~
- 26       ~~(q) The amount billed to cover the treatment for specific complications or adverse~~  
27            ~~events, including whether the treatment was billed to Medicaid, private~~

1 insurance, private pay, or other method. This should include ICD-10 codes  
2 reported and charges for any physician, hospital, emergency room,  
3 prescription or other drugs, laboratory tests, and any other costs for treatment  
4 rendered;

5 (r) ~~The reason for the abortion, if known, including abuse, coercion, harassment,~~  
6 ~~or trafficking; and~~

7 (s) ~~Whether the pregnant patient was tested for sexually transmitted diseases~~  
8 ~~when providing the informed consent required in KRS 311.725 and 311.7735~~  
9 ~~twenty four (24) hours before the abortion procedure or tested at the time of~~  
10 ~~the abortion procedure, and if the pregnant patient tested positive, was treated~~  
11 ~~or referred for treatment and follow up care].~~

12 (3) The report shall not contain:

13 (a) The name of the pregnant patient;

14 (b) Common identifiers such as a Social Security number and motor vehicle  
15 operator's license number; and

16 (c) Any other information or identifiers that would make it possible to ascertain  
17 the patient's identity.

18 (4) ~~If a person other than the physician described in this subsection makes or~~  
19 ~~maintains a record required by KRS 311.732, 311.7704, 311.7705, 311.7706, or~~  
20 ~~311.7707 on the physician's behalf or at the physician's direction, that person shall~~  
21 ~~comply with the reporting requirement described in this subsection as if the person~~  
22 ~~were the physician.~~

23 (5) ~~Each prescription issued for an abortion inducing drug as defined in KRS 311.7731~~  
24 ~~for which the primary indication is the induction of abortion as defined in KRS~~  
25 ~~213.011 shall be reported to the Vital Statistics Branch within three (3) days after~~  
26 ~~the end of the month in which the prescription was issued as required by KRS~~  
27 ~~311.774, but the report shall not include information which will identify the woman~~

1 ~~involved or anyone who may be picking up the prescription on behalf of the~~  
2 ~~woman.~~

3 ~~(6)~~—]The name of the person completing the report and the reporting institution shall not  
4 be subject to disclosure under KRS 61.870 to 61.884.

5 ~~(5)~~~~(7)~~ By September 30 of each year, the Vital Statistics Branch shall issue a public  
6 report that provides statistics on all data collected, including the type of abortion  
7 procedure used, for the previous calendar year compiled from all of the reports  
8 covering that calendar year submitted to the cabinet in accordance with this section  
9 for each of the items listed in this section.~~[ Each annual report shall also provide~~  
10 ~~statistics for all previous calendar years in which this section was in effect, adjusted~~  
11 ~~to reflect any additional information from late or corrected reports.]~~ The Vital  
12 Statistics Branch shall ensure that none of the information included in the report  
13 could reasonably lead to the identification of any pregnant person~~[woman]~~ upon  
14 whom an abortion was performed or attempted. Each annual report shall be made  
15 available on the cabinet's website~~[Web site].~~

16 ~~[(8) (a) Any person or institution who fails to submit a report by the end of thirty (30)~~  
17 ~~days following the due date set in this section shall be subject to a late fee of~~  
18 ~~five hundred dollars (\$500) for each additional thirty (30) day period or~~  
19 ~~portion of a thirty (30) day period the report is overdue.~~

20 ~~(b) Any person or institution who fails to submit a report, or who has submitted~~  
21 ~~only an incomplete report, more than one (1) year following the due date set~~  
22 ~~in this section, may in a civil action brought by the Vital Statistics Branch be~~  
23 ~~directed by a court of competent jurisdiction to submit a complete report~~  
24 ~~within a time period stated by court order or be subject to contempt of court.~~

25 ~~(c) Failure by any physician to comply with the requirements of this section,~~  
26 ~~other than filing a late report, or to submit a complete report in accordance~~  
27 ~~with a court order shall subject the physician to KRS 311.595.~~

1 ~~(9) Intentional falsification of any report required under this section is a Class A~~  
2 ~~misdemeanor.]~~

3 ~~(6)~~~~[(10)]~~ The Vital Statistics Branch shall promulgate administrative regulations  
4 ~~under~~~~[in accordance with]~~ KRS Chapter 13A to assist in compliance with this  
5 section.

6 ~~[(11) (a) The Office of the Inspector General, Cabinet for Health and Family Services,~~  
7 ~~shall annually audit the required reporting of abortion-related information to~~  
8 ~~the Vital Statistics Branch in this section and KRS 213.172, and in so doing,~~  
9 ~~shall function as a health oversight agency of the Commonwealth for this~~  
10 ~~specific purpose.~~

11 ~~(b) The Office of the Inspector General shall ensure that none of the information~~  
12 ~~included in the audit report could reasonably lead to the identification of any~~  
13 ~~pregnant woman upon whom an abortion was performed or attempted.~~

14 ~~(c) If any personally identifiable information is viewed or recorded by the Office~~  
15 ~~of the Inspector General in conducting an audit authorized by this subsection,~~  
16 ~~the information held by the Inspector General shall not be subject to the~~  
17 ~~Kentucky Open Records Act, shall be confidential, and shall only be released~~  
18 ~~upon court order.~~

19 ~~(d) The Inspector General shall submit a written report to the General Assembly~~  
20 ~~and the Attorney General by October 1 of each year. The reports shall include~~  
21 ~~findings from:~~

- 22 1. ~~The audit required in this subsection, including any identified reporting~~
- 23 ~~deficiencies; and~~
- 24 2. ~~All abortion facility inspections, including any violations of KRS~~
- 25 ~~216B.0431 and 216B.0435.]~~

26 ➔Section 20. KRS 214.185 is amended to read as follows:

27 (1) Any physician, upon consultation by a minor as a patient, with the consent of

1 the[such] minor may make a diagnostic examination for venereal disease,  
2 pregnancy, or substance use disorder and may advise, prescribe for, and treat  
3 the[such] minor regarding venereal disease, substance use disorder, contraception,  
4 pregnancy, or childbirth, all without the consent of or notification to the parent,  
5 parents, or guardian of the[such] minor patient, or to any other person having  
6 custody of the[such] minor patient. Treatment under this section does not include  
7 ~~inducing of an abortion or~~ performance of a sterilization operation. In any such  
8 case, the physician shall incur no civil or criminal liability by reason of having  
9 made a[such] diagnostic examination or rendered~~[such]~~ treatment, but~~[such]~~  
10 immunity shall not apply to any negligent acts or omissions.

11 (2) Any physician may provide outpatient mental health counseling to any child age  
12 sixteen (16) or older upon request of the[such] child without the consent of a  
13 parent, parents, or guardian of the[such] child.

14 (3) Any qualified mental health professional, as defined by KRS 202A.011, may  
15 provide outpatient mental health counseling to any child who is age sixteen (16) or  
16 older and is an unaccompanied youth, as defined by 42 U.S.C. sec. 11434a(6), upon  
17 request of the[such] child without the consent of a parent, parents, or guardian of  
18 the[such] child.

19 (4) Notwithstanding any other provision of the law, and without limiting cases in which  
20 consent may be otherwise obtained or is not required, any emancipated minor or  
21 any minor who has contracted a lawful marriage or borne a child may give consent  
22 to the furnishing of hospital, medical, dental, or surgical care to his or her child or  
23 himself or herself, and~~[such]~~ consent shall not be subject to disaffirmance because  
24 of minority. The consent of the parent or parents of such married or emancipated  
25 minor shall not be necessary in order to authorize that[such] care. For the purpose  
26 of this section only, a subsequent judgment of annulment of marriage or judgment  
27 of divorce shall not deprive the minor of his or her adult status once obtained. The

1 provider of care may look only to the minor or spouse for payment for services  
2 under this section unless other persons specifically agree to assume the cost.

3 (5) Medical, dental, and other health services may be rendered to minors of any age  
4 without the consent of a parent or legal guardian when, in the professional's  
5 judgment, the risk to the minor's life or health is of such a nature that treatment  
6 should be given without delay and the requirement of consent would result in delay  
7 or denial of treatment.

8 (6) The consent of a minor who represents that he or she may give effective consent for  
9 the purpose of receiving medical, dental, or other health services but who may not  
10 in fact do so, shall be deemed effective without the consent of the minor's parent or  
11 legal guardian, if the person rendering the service relied in good faith upon the  
12 representations of the minor.

13 (7) The consent of a minor who represents that he or she may give effective consent for  
14 the purpose of receiving outpatient mental health counseling from a qualified  
15 mental health professional, but who may not in fact do so, shall be deemed effective  
16 without the consent of the minor's parent or legal guardian if the person rendering  
17 the service relied in good faith upon the representations of the minor after a  
18 reasonable attempt to obtain parental consent or to verify the minor's age and status  
19 as an unaccompanied youth.

20 (8) The professional may inform the parent or legal guardian of the minor patient of  
21 any treatment given or needed where, in the judgment of the professional,  
22 informing the parent or guardian would benefit the health of the minor patient.

23 (9) Except as otherwise provided in this section, parents, the Cabinet for Health and  
24 Family Services, or any other custodian or guardian of a minor shall not be  
25 financially responsible for services rendered under this section unless they are  
26 essential for the preservation of the health of the minor.

27 ➔Section 21. KRS 216B.400 is amended to read as follows:

- 1 (1) Where a person has been determined to be in need of emergency care by any person  
2 with admitting authority, the person shall not be denied admission by reason only of  
3 his or her inability to pay for services to be rendered by the hospital.
- 4 (2) Every hospital of this state which offers emergency services shall provide that a  
5 physician, a sexual assault nurse examiner, who shall be a registered nurse licensed  
6 in the Commonwealth and credentialed by the Kentucky Board of Nursing as  
7 provided under KRS 314.142, or another qualified medical professional, as defined  
8 by administrative regulation promulgated by the Justice and Public Safety Cabinet  
9 in consultation with the Sexual Assault Response Team Advisory Committee as  
10 defined in KRS 403.707, is available on call twenty-four (24) hours each day for the  
11 examinations of persons seeking treatment as victims of sexual offenses as defined  
12 by KRS 510.040, 510.050, 510.060, 510.070, 510.080, 510.090, 510.110, 510.120,  
13 510.130, 510.140, 530.020, 530.064(1)(a), and 531.310.
- 14 (3) An examination provided in accordance with this section of a victim of a sexual  
15 offense may be performed in a sexual assault examination facility as defined in  
16 KRS 216B.015. An examination under this section shall apply only to an  
17 examination of a victim.
- 18 (4) The physician, sexual assault nurse examiner, or other qualified medical  
19 professional, acting under a statewide medical forensic protocol which shall be  
20 developed by the Justice and Public Safety Cabinet in consultation with the Sexual  
21 Assault Response Team Advisory Committee as defined in KRS 403.707, and  
22 promulgated by the secretary of justice and public safety pursuant to KRS Chapter  
23 13A shall, upon the request of any peace officer or prosecuting attorney, and with  
24 the consent of the victim, or upon the request of the victim, examine the victim for  
25 the purposes of providing basic medical care relating to the incident and gathering  
26 samples that may be used as physical evidence. This examination shall include but  
27 not be limited to:



- 1 (a) Basic treatment and sample gathering services; and
- 2 (b) Laboratory tests, as appropriate.
- 3 (5) Each victim shall be informed of available services for treatment of sexually  
4 transmitted infections, pregnancy, and other medical and psychiatric problems. ~~5 Pregnancy counseling shall not include abortion counseling or referral information.~~
- 6 (6) Each victim shall be informed of available crisis intervention or other mental health  
7 services provided by regional rape crisis centers providing services to victims of  
8 sexual assault.
- 9 (7) Notwithstanding any other provision of law, a minor may consent to examination  
10 under this section. This consent is not subject to disaffirmance because of minority,  
11 and consent of the parents or guardians of the minor is not required for the  
12 examination.
- 13 (8) (a) The examinations provided in accordance with this section and other services  
14 provided to a victim pursuant to subsection (9) of this section shall be paid for  
15 by the Crime Victims Compensation Board at a rate to be determined by the  
16 administrative regulation promulgated by the board after consultation with the  
17 Sexual Assault Response Team Advisory Committee as defined in KRS  
18 403.707. Payment for services rendered pursuant to subsection (9) of this  
19 section shall be made at a rate not to exceed the Medicaid reimbursement rate  
20 for the same or similar services.
- 21 (b) Upon receipt of a completed claim form supplied by the board and an  
22 itemized billing for a forensic sexual assault examination or related services  
23 that are within the scope of practice of the respective provider and were  
24 performed no more than twelve (12) months prior to submission of the form,  
25 the board shall reimburse the hospital or sexual assault examination facility,  
26 pharmacist, health department, physician, sexual assault nurse examiner, or  
27 other qualified medical professional as provided in administrative regulations

1 promulgated by the board pursuant to KRS Chapter 13A. Reimbursement  
2 shall be made to an out-of-state nurse who is credentialed in the other state to  
3 provide sexual assault examinations, an out-of-state hospital, or an out-of-  
4 state physician if the sexual assault occurred in Kentucky.

5 (c) Independent investigation by the Crime Victims Compensation Board shall  
6 not be required for payment of claims under this section; however, the board  
7 may require additional documentation or proof that the forensic medical  
8 examination was performed.

9 (9) When an examination of a victim of a sexual offense is provided in accordance with  
10 this section, no charge shall be made to the victim by the hospital, the sexual assault  
11 examination facility, the physician, the pharmacist, the health department, the  
12 sexual assault nurse examiner, other qualified medical professional, the victim's  
13 insurance carrier, or the Commonwealth for:

14 (a) Sexual assault examinations, whether or not the exam is completed;

15 (b) Prophylactic medical treatment;

16 (c) Strangulation assessments; or

17 (d) Other medical tests or services, including triage and ambulance expenses,  
18 related to the incident, exam, or treatment which occur on the same date as the  
19 original exam.

20 (10) (a) Each victim shall have the right to determine whether a report or other  
21 notification shall be made to law enforcement, except where reporting of  
22 abuse and neglect of a child or a vulnerable adult is required, as set forth in  
23 KRS 209.030 and 620.030. No victim shall be denied an examination, or  
24 billed in violation of subsection (9) of this section, because the victim chooses  
25 not to file a police report, cooperate with law enforcement, or otherwise  
26 participate in the criminal justice system.

27 (b) If the victim chooses to report to law enforcement, the hospital shall notify

1 law enforcement within twenty-four (24) hours.

- 2 (c) 1. All samples collected during an exam where the victim has chosen not  
3 to immediately report to law enforcement shall be stored, released, and  
4 destroyed, if appropriate, in accordance with an administrative  
5 regulation promulgated by the Justice and Public Safety Cabinet in  
6 consultation with the Sexual Assault Response Team Advisory  
7 Committee as defined in KRS 403.707.
- 8 2. Facilities collecting samples pursuant to this section may provide the  
9 required secure storage, sample destruction, and related activities, or  
10 may enter into agreements with other agencies qualified to do so,  
11 pursuant to administrative regulation.
- 12 3. All samples collected pursuant to this section shall be stored for at least  
13 one (1) year from the date of collection in accordance with the  
14 administrative regulation promulgated pursuant to this subsection.
- 15 4. Notwithstanding KRS 524.140, samples collected during exams where  
16 the victim chose not to report immediately or file a report within one (1)  
17 year after collection may be destroyed as set forth in accordance with  
18 the administrative regulation promulgated pursuant to this subsection.  
19 The victim shall be informed of this process at the time of the  
20 examination. No hospital, sexual assault examination facility, or  
21 designated storage facility shall be liable for destruction of samples after  
22 the required storage period has expired.

23 ➔Section 22. KRS 304.32-310 is amended to read as follows:

- 24 (1) A converted policy issued pursuant to the conversion privilege provided in KRS  
25 304.32-300 providing hospital or surgical expense insurance shall provide on an  
26 expense incurred basis, the following minimum benefits:
- 27 (a) Hospital room and board benefits of twenty-five dollars (\$25) per day, for a

- 1 minimum duration of seventy (70) days for any one (1) period of hospital  
2 confinement as defined in the converted policy.
- 3 (b) Miscellaneous hospital expense benefits for any one (1) period of hospital  
4 confinement in a minimum amount up to twenty (20) times the hospital room  
5 and board daily benefit provided under the converted policy.
- 6 (c) Surgical operation expense benefits according to a relative value schedule, or  
7 a minimum of two hundred fifty dollars (\$250).
- 8 (d) The option to continue any existing benefits on account of pregnancy,  
9 childbirth, or miscarriage.
- 10 (2) The relative values in the surgical schedule shall be consistent with the schedule of  
11 operations generally offered by the insurer under group or individual health  
12 insurance policies. In the event that the insurer and the employer agree upon one  
13 (1) or more additional plans of benefits to be available for converted policies, the  
14 applicant for the converted policy may, at his option, elect such a plan in lieu of a  
15 converted policy providing the benefits of paragraphs (a), (b), and (c) of subsection  
16 (1) of this section. In no event shall the benefits be less than the minimums set forth  
17 in subsection (1) of this section.
- 18 (3) In no event need the insurer provide under the converted policy:  
19 (a) ~~Benefits on account of abortion or complications thereof,~~  
20 ~~(b)~~ The benefits of paragraphs (a) and (b) of subsection (1) of this section, unless  
21 the group policy from which conversion is made provided hospital expense  
22 insurance benefits, or  
23 (b)~~(c)~~ The benefits of paragraph (c) of subsection (1) of this section, unless the  
24 group policy provided surgical expense insurance benefits. Furthermore, the  
25 converted policy may contain any exclusion, reduction, or limitation  
26 contained in the group policy and any exclusion, reduction, or limitation  
27 customarily used in individual policies issued by the insurer. With respect to

1 any person who was covered by the group policy, the period specified in the  
2 time limit on certain defenses of the incontestable provision of the converted  
3 policy shall commence with the date the insurance on such person or member  
4 became effective under the group policy.

5 (4) The converted policy may provide that any hospital, surgical, or medical expense  
6 benefits otherwise payable thereunder with respect to any person covered  
7 thereunder may be reduced by the amount of any ~~such~~ benefits payable under the  
8 group policy for the same loss with respect to the~~such~~ person after termination of  
9 such person's coverage thereunder. The insurer shall not be entitled to use  
10 deterioration of health as the basis for refusing to renew a converted policy. The  
11 converted policy may provide for termination of coverage thereunder on any person  
12 when he is or could be covered by Medicare (Title XVIII of the United States  
13 Social Security Act as added by the Social Security Amendments of 1965 or as later  
14 amended or superseded).

15 (5) A converted policy may include a provision whereby the insurer may request  
16 information in advance of any premium due date of the~~such~~ policy of any person  
17 covered thereunder as to whether:

18 (a) He or she is covered for similar benefits by another hospital, surgical, or  
19 medical expense insurance policy or hospital or medical service subscriber  
20 contract or medical practice or other prepayment plan or by any other plan or  
21 program; or

22 (b) Similar benefits are provided for, or available to, the~~such~~ person pursuant to,  
23 or in accordance with the requirements of, any statute.

24 If any ~~such~~ person is so covered or ~~such~~ statutory benefits are provided or  
25 available, and the~~such~~ person fails to furnish the insurer the details of the~~such~~  
26 coverage within thirty-one (31) days after the date of the~~such~~ request, the benefits  
27 payable under the converted policy may be based on the hospital or surgical or

1 medical expenses actually incurred after excluding expenses to the extent of the  
 2 amount of benefits provided or available therefor from any of the sources referred  
 3 to in paragraphs (a) and (b) of this subsection. A converted policy may contain any  
 4 provisions permitted under this section~~herein~~ and may also include any other  
 5 provisions not expressly prohibited by law; and any provision required to be  
 6 permitted under this section~~herein~~ may be made a part of any converted~~such~~  
 7 policy by means of an endorsement or rider.

8 ➔Section 23. KRS 311.1911 is amended to read as follows:

9 As used in KRS 311.1911 to 311.1959:

- 10 (1) "Adult" means an individual who is at least eighteen (18) years of age;
- 11 (2) "Agent" means an individual:
- 12 (a) Authorized to make health care~~health care~~ decisions on the principal's  
 13 behalf by a power of attorney for health care; or
- 14 (b) Expressly authorized to make an anatomical gift on the principal's behalf by  
 15 any other record signed by the principal;
- 16 (3) "Anatomical gift" means a donation of all or part of a human body to take effect  
 17 after the donor's death for the purpose of transplantation, therapy, research, or  
 18 education;
- 19 (4) "Decedent" means a deceased individual whose body or part is or may be the source  
 20 of an anatomical gift. The term includes a stillborn infant and, subject to restrictions  
 21 imposed by law other than KRS 311.1911 to 311.1959, a fetus; however, the term  
 22 "fetus" does not include a blastocyst or~~,~~ embryo~~, or fetus that was the subject of~~  
 23 ~~an induced abortion~~;
- 24 (5) "Disinterested witness" means a witness other than the spouse, child, parent,  
 25 sibling, grandchild, grandparent, or guardian of the individual who makes, amends,  
 26 revokes, or refuses to make an anatomical gift, or another adult who exhibited  
 27 special care and concern for the individual. The term does not include a person to

- 1           which an anatomical gift could pass under KRS 311.1929;
- 2       (6) "Document of gift" means a donor card or other record used to make an anatomical  
3           gift. The term includes a statement or symbol on a driver's license, identification  
4           card, or donor registry;
- 5       (7) "Donor" means an individual whose body or part is the subject of an anatomical  
6           gift;
- 7       (8) "Donor registry" means a database that contains records of anatomical gifts and  
8           amendments to or revocations of anatomical gifts;
- 9       (9) "Driver's license" means a license or permit issued by the Transportation Cabinet to  
10           operate a vehicle, whether or not conditions are attached to the license or permit;
- 11      (10) "Eye bank" means a person that is licensed, accredited, or regulated under federal or  
12           state law to engage in the recovery, screening, testing, processing, storage, or  
13           distribution of human eyes or portions of human eyes;
- 14      (11) "Guardian" means a person appointed by a court to make decisions regarding the  
15           support, care, education, health, or welfare of an individual. The term does not  
16           include a guardian ad litem;
- 17      (12) "Hospital" means a facility licensed as a hospital under the law of any state or a  
18           facility operated as a hospital by the United States, a state, or a subdivision of a  
19           state;
- 20      (13) "Identification card" means an identification card issued by the Transportation  
21           Cabinet;
- 22      (14) "Know" means to have actual knowledge;
- 23      (15) "Minor" means an individual who is under eighteen (18) years of age;
- 24      (16) "Organ procurement organization" means a person designated by the Secretary of  
25           the United States Department of Health and Human Services as an organ  
26           procurement organization;
- 27      (17) "Parent" means a parent whose parental rights have not been terminated;

- 1 (18) "Part" means an organ, an eye, or tissue of a human being. The term does not  
2 include the whole body;
- 3 (19) "Person" means an individual, corporation, business trust, estate, trust, partnership,  
4 limited liability company, association, joint venture, public corporation,  
5 government or governmental subdivision, agency, or instrumentality, or any other  
6 legal or commercial entity;
- 7 (20) "Physician" means an individual authorized to practice medicine or osteopathy  
8 under the law of any state;
- 9 (21) "Procurement organization" means an eye bank, organ procurement organization, or  
10 tissue bank;
- 11 (22) "Prospective donor" means an individual who is dead or near death and has been  
12 determined by a procurement organization to have a part that could be medically  
13 suitable for transplantation, therapy, research, or education. The term does not  
14 include an individual who has made a refusal;
- 15 (23) "Reasonably available" means able to be contacted by a procurement organization  
16 without undue effort and willing and able to act in a timely manner consistent with  
17 existing medical criteria necessary for the making of an anatomical gift;
- 18 (24) "Recipient" means an individual into whose body a decedent's part has been or is  
19 intended to be transplanted;
- 20 (25) "Record" means information that is inscribed on a tangible medium or that is stored  
21 in an electronic or other medium and is retrievable in perceivable form;
- 22 (26) "Refusal" means a record created under KRS 311.1921 that expressly states an  
23 intent to bar other persons from making an anatomical gift of an individual's body  
24 or part;
- 25 (27) "Sign" means, with the present intent to authenticate or adopt a record:  
26 (a) To execute or adopt a tangible symbol; or  
27 (b) To attach to or logically associate with the record an electronic symbol,



1 sound, or process;

2 (28) "State" means a state of the United States, the District of Columbia, Puerto Rico,  
3 the United States Virgin Islands, or any territory or insular possession subject to the  
4 jurisdiction of the United States;

5 (29) "Technician" means an individual determined to be qualified to remove or process  
6 parts by an appropriate organization that is licensed, accredited, or regulated under  
7 federal or state law. The term includes an ocular enucleator;

8 (30) "Tissue" means a portion of the human body other than an organ or an eye. The  
9 term does not include:

- 10 (a) Blood unless the blood is donated for the purpose of research or education; or  
11 (b) An ovum or sperm for the purpose of creating an embryo to be used in  
12 therapy, research, or education;

13 (31) "Tissue bank" means a person that is licensed, accredited, or regulated under federal  
14 or state law to engage in the recovery, screening, testing, processing, storage, or  
15 distribution of tissue; and

16 (32) "Transplant hospital" means a hospital that furnishes organ transplants and other  
17 medical and surgical specialty services required for the care of transplant patients.

18 ➔Section 24. KRS 311.595 is amended to read as follows:

19 If the power has not been transferred by statute to some other board, commission, or  
20 agency of this state, the board may deny an application or reregistration for a license;  
21 place a licensee on probation for a period not to exceed five (5) years; suspend a license  
22 for a period not to exceed five (5) years; limit or restrict a license for an indefinite period;  
23 or revoke any license heretofore or hereafter issued by the board, upon proof that the  
24 licensee has:

- 25 (1) Knowingly made or presented, or caused to be made or presented, any false,  
26 fraudulent, or forged statement, writing, certificate, diploma, or other thing, in  
27 connection with an application for a license or permit;

- 1 (2) Practiced~~[,]~~ or aided or abetted in the practice of fraud, forgery, deception,  
2 collusion, or conspiracy in connection with an examination for a license;
- 3 ~~(3) Committed, procured, or aided in the procurement of an unlawful abortion,~~  
4 ~~including a partial birth abortion or an abortion in violation of KRS 311.731;~~
- 5 ~~(4)~~ Entered a guilty or nolo contendere plea, or been convicted, by any court within or  
6 without the Commonwealth of Kentucky of a crime as defined in KRS 335B.010, if  
7 in accordance with KRS Chapter 335B;
- 8 ~~(4)~~~~(5)~~ Been convicted of a misdemeanor offense under KRS Chapter 510 involving  
9 a patient, or a felony offense under KRS Chapter 510, 530.064(1)(a), or 531.310, or  
10 been found by the board to have had sexual contact as defined in KRS 510.010(7)  
11 with a patient while the patient was under the care of the physician;
- 12 ~~(5)~~~~(6)~~ Become addicted to a controlled substance;
- 13 ~~(6)~~~~(7)~~ Become a chronic or persistent alcoholic;
- 14 ~~(7)~~~~(8)~~ Been unable or is unable to practice medicine according to acceptable and  
15 prevailing standards of care by reason of mental or physical illness or other  
16 condition including but not limited to physical deterioration that adversely affects  
17 cognitive, motor, or perceptive skills, or by reason of an extended absence from the  
18 active practice of medicine;
- 19 ~~(8)~~~~(9)~~ Engaged in dishonorable, unethical, or unprofessional conduct of a character  
20 likely to deceive, defraud, or harm the public or any member thereof;
- 21 ~~(9)~~~~(10)~~ Knowingly made, or caused to be made, or aided or abetted in the making of,  
22 a false statement in any document executed in connection with the practice of his **or**  
23 **her** profession;
- 24 ~~(10)~~~~(11)~~ Employed, as a practitioner of medicine or osteopathy in the practice of his **or**  
25 **her** profession in this state, any person not duly licensed or otherwise aided,  
26 assisted, or abetted the unlawful practice of medicine or osteopathy or any other  
27 healing art;

- 1 ~~(11)~~~~(12)~~ Violated or attempted to violate, directly or indirectly, or assisted in or abetted  
2 the violation of, or conspired to violate any provision or term of any medical  
3 practice act, including but not limited to the code of conduct promulgated by the  
4 board under KRS 311.601 or any other valid regulation of the board;
- 5 ~~(12)~~~~(13)~~ Violated any agreed order, letter of agreement, final order, or emergency  
6 order issued by the board;
- 7 ~~(13)~~~~(14)~~ Engaged in or attempted to engage in the practice of medicine or osteopathy  
8 under a false or assumed name, or impersonated another practitioner of a like,  
9 similar, or different name;
- 10 ~~(14)~~~~(15)~~ Obtained a fee or other thing of value on the fraudulent representation that a  
11 manifestly incurable condition could be cured;
- 12 ~~(15)~~~~(16)~~ Willfully violated a confidential communication;
- 13 ~~(16)~~~~(17)~~ Had his ***or her*** license to practice medicine or osteopathy in any other state,  
14 territory, or foreign nation revoked, suspended, restricted, or limited or has been  
15 subjected to other disciplinary action by the licensing authority ***of that***  
16 ***state***~~thereof~~. This subsection shall not require relitigation of the disciplinary  
17 action;
- 18 ~~(17)~~~~(18)~~ Failed or refused, without legal justification, to practice medicine in a rural  
19 area of this state in violation of a valid medical scholarship loan contract with the  
20 trustees of the rural Kentucky medical scholarship fund;
- 21 ~~(18)~~~~(19)~~ Given or received, directly or indirectly, from any person, firm, or  
22 corporation, any fee, commission, rebate, or other form of compensation for  
23 sending, referring, or otherwise inducing a person to communicate with a person  
24 licensed under KRS 311.530 to 311.620 in his ***or her*** professional capacity or for  
25 any professional services not actually and personally rendered; provided, however,  
26 that nothing contained in this subsection shall prohibit persons holding valid and  
27 current licenses under KRS 311.530 to 311.620 from practicing medicine in

1 partnership or association or in a professional service corporation authorized by  
2 KRS Chapter 274, as now or hereinafter amended, or from pooling, sharing,  
3 dividing, or apportioning the fees and moneys received by them or by the  
4 partnership, corporation, or association in accordance with the partnership  
5 agreement or the policies of the board of directors of the corporation or association.  
6 Nothing contained in this subsection shall abrogate the right of two (2) or more  
7 persons holding valid and current licenses under KRS 311.530 to 311.620 to receive  
8 adequate compensation for concurrently rendering professional care to a single  
9 patient and divide a fee, if the patient has full knowledge of this division and if the  
10 division is made in proportion to the services performed and responsibility assumed  
11 by each;

12 ~~(19)~~~~(20)~~ Been removed, suspended, expelled, or disciplined by any professional  
13 medical association or society when the action was based upon what the association  
14 or society found to be unprofessional conduct, professional incompetence,  
15 malpractice, or a violation of any provision of KRS Chapter 311. This subsection  
16 shall not require relitigation of the disciplinary action;

17 ~~(20)~~~~(21)~~ Been disciplined by a licensed hospital or medical staff of the hospital,  
18 including removal, suspension, limitation of hospital privileges, failing to renew  
19 privileges for cause, resignation of privileges under pressure or investigation, or  
20 other disciplinary action if the action was based upon what the hospital or medical  
21 staff found to be unprofessional conduct, professional incompetence, malpractice,  
22 or a violation of any provisions of KRS Chapter 311. This subsection shall not  
23 require relitigation of the disciplinary action;

24 ~~(21)~~~~(22)~~ Failed to comply with the requirements of KRS 213.101~~, 311.782, or~~  
25 ~~311.783~~ or failed to submit to the Vital Statistics Branch in accordance with a  
26 court order a complete report as described in KRS 213.101; or

27 ~~[(23) Failed to comply with any of the requirements regarding making or maintaining~~

- 1 ~~medical records or documents described in KRS 311.7704 or 311.7707;~~  
 2 ~~(24) Failed to comply with the requirements of KRS 311.7705 or 311.7706;]~~  
 3 ~~(22)~~~~(25)]~~ Been convicted of female genital mutilation under KRS 508.125, which shall  
 4 result in mandatory revocation of a license;]  
 5 ~~(26) As provided in KRS 311.824(2), been convicted of a violation of KRS 311.823(2);~~  
 6 ~~or~~  
 7 ~~(27) Failed to comply with the requirements of KRS 311.732].~~

8 ➔Section 25. KRS 311.850 is amended to read as follows:

- 9 (1) The board may revoke, suspend, deny, decline to renew, limit, or restrict the license  
 10 of a physician assistant, or may fine, reprimand or place a physician assistant on  
 11 probation for no more than five (5) years upon proof that a physician assistant has:
- 12 (a) Knowingly made or presented or caused to be made or presented any false,  
 13 fraudulent, or forged statement, writing, certificate, diploma, or other  
 14 document relating to an application for licensure;
- 15 (b) Practiced, aided, or abetted in the practice of fraud, forgery, deception,  
 16 collusion, or conspiracy relating to an examination for licensure;
- 17 (c) Been convicted of a crime as defined in KRS 335B.010, if in accordance with  
 18 KRS Chapter 335B;
- 19 (d) Been convicted of a misdemeanor offense under KRS Chapter 510 involving  
 20 a patient or a felony offense under KRS Chapter 510, KRS 530.064, or  
 21 531.310, or has been found by the board to have had sexual contact, as  
 22 defined in KRS 510.010, with a patient while the patient was under the care of  
 23 the physician assistant or the physician assistant's supervising physician;
- 24 (e) Become addicted to a controlled substance, as defined in KRS  
 25 311.550~~(25)~~~~(26)~~];
- 26 (f) Become a chronic or persistent alcoholic, as defined in KRS  
 27 311.550~~(24)~~~~(25)~~];

- 1 (g) Been unable or is unable to practice medicine according to acceptable and  
2 prevailing standards of care by reason of mental or physical illness or other  
3 condition including but not limited to physical deterioration that adversely  
4 affects cognitive, motor, or perceptive skills, or by reason of an extended  
5 absence from the active practice of medicine;
- 6 (h) Knowingly made or caused to be made or aided or abetted in the making of a  
7 false statement in any document executed in connection with the practice of  
8 medicine or osteopathy;
- 9 (i) Performed any act or service as a physician assistant without a designated  
10 supervising physician;
- 11 (j) Exceeded the scope of medical services described by the supervising  
12 physician in the applications required under KRS 311.854;
- 13 (k) Exceeded the scope of practice for which the physician assistant was  
14 credentialed by the governing board of a hospital or licensed health care  
15 facility under KRS 311.856 and 311.858;
- 16 (l) Aided, assisted, or abetted the unlawful practice of medicine or osteopathy or  
17 any healing art, including the unlawful practice of physician assistants;
- 18 (m) Willfully violated a confidential communication;
- 19 (n) Performed the services of a physician assistant in an unprofessional,  
20 incompetent, or grossly or chronically negligent manner;
- 21 (o) Been removed, suspended, expelled, or placed on probation by any health care  
22 facility or professional society for unprofessional conduct, incompetence,  
23 negligence, or violation of any provision of this section or KRS 311.858 or  
24 311.862;
- 25 (p) Violated any applicable provision of administrative regulations relating to  
26 physician assistant practice;
- 27 (q) Violated any term of probation or other discipline imposed by the board;

- 1 (r) Failed to complete the required number of hours of approved continuing  
2 education; **or**
- 3 (s) Engaged in dishonorable, unethical, or unprofessional conduct of character  
4 likely to deceive, defraud, or harm the public or any member thereof, as  
5 described in KRS 311.597~~[-or~~
- 6 ~~(t) As provided in KRS 311.824(2), been convicted of a violation of KRS~~  
7 ~~311.823(2)].~~

8 (2) All disciplinary proceedings against a physician assistant shall be conducted in  
9 accordance with~~[-the provisions of]~~ KRS 311.591, 311.592, 311.593, 311.599, and  
10 KRS Chapter 13B and related administrative regulations promulgated under KRS  
11 Chapter 311.

12 ➔Section 26. KRS 314.091 is amended to read as follows:

- 13 (1) The board shall have power to reprimand, deny, limit, revoke, probate, or suspend  
14 any license or credential to practice nursing issued by the board or applied for in  
15 accordance with this chapter or the privilege to practice as a nurse recognized by  
16 the board in accordance with this chapter, or to otherwise discipline a licensee,  
17 credential holder, privilege holder, or applicant, or to deny admission to the  
18 licensure examination, or to require evidence of evaluation and therapy upon proof  
19 that the person:
- 20 (a) Is guilty of fraud or deceit in procuring or attempting to procure a license,  
21 credential, or privilege to practice nursing;
- 22 (b) Has been convicted of any felony, or a misdemeanor involving drugs, alcohol,  
23 fraud, deceit, falsification of records, a breach of trust, physical harm or  
24 endangerment to others, or dishonesty, under the laws of any state or of the  
25 United States, if in accordance with KRS Chapter 335B. The record of  
26 conviction or a copy thereof, certified by the clerk of the court or by the judge  
27 who presided over the conviction, shall be conclusive evidence;

- 1 (c) Has been convicted of a misdemeanor offense under KRS Chapter 510  
2 involving a patient, or a felony offense under KRS Chapter 510,  
3 530.064(1)(a), or 531.310, or has been found by the board to have had sexual  
4 contact as defined in KRS 510.010(7) with a patient while the patient was  
5 under the care of the nurse;
- 6 (d) Has negligently or willfully acted in a manner inconsistent with the practice of  
7 nursing;
- 8 (e) Is unfit or incompetent to practice nursing by reason of negligence or other  
9 causes, including but not limited to, being unable to practice nursing with  
10 reasonable skill or safety;
- 11 (f) Abuses controlled substances, prescription medications, illegal substances, or  
12 alcohol;
- 13 (g) Has misused or misappropriated any drugs placed in the custody of the nurse  
14 for administration, or for use of others;
- 15 (h) Has falsified or in a negligent manner made incorrect entries or failed to make  
16 essential entries on essential records;
- 17 (i) Has a license, privilege, or credential to practice as a nurse denied, limited,  
18 suspended, probated, revoked, or otherwise disciplined in another jurisdiction  
19 on grounds sufficient to cause a license or privilege to be denied, limited,  
20 suspended, probated, revoked, or otherwise disciplined in this  
21 Commonwealth, including action by another jurisdiction for failure to repay a  
22 student loan;
- 23 (j) Has violated any of the provisions of this chapter;
- 24 (k) Has violated any lawful order or directive previously entered by the board;
- 25 (l) Has violated any administrative regulation promulgated by the board;
- 26 (m) Has been listed on either the adult caregiver misconduct registry or the nurse  
27 aide abuse registry with a substantiated finding of abuse, neglect, or



- 1 misappropriation of property, or has a substantiated finding or judicial finding  
 2 of the abuse or neglect of a child;
- 3 (n) Has violated the confidentiality of information or knowledge concerning any  
 4 patient, except as authorized or required by law;
- 5 (o) Used or possessed a Schedule I controlled substance;
- 6 (p) Has used or been impaired as a consequence of the use of alcohol or drugs  
 7 while practicing as a nurse;
- 8 (q) Has violated KRS 304.39-215; **or**
- 9 (r) Has engaged in conduct that is subject to the penalties under KRS 304.99-  
 10 060(4) or (5); ~~or~~
- 11 ~~(s) As provided in KRS 311.824(2), has been convicted of a violation of KRS~~  
 12 ~~311.823(2)].~~
- 13 (2) All hearings shall be conducted in accordance with KRS Chapter 13B. A suspended  
 14 or revoked license, privilege, or credential may be reinstated at the discretion of the  
 15 board, and in accordance with regulations promulgated by the board.
- 16 (3) The executive director may issue subpoenas to compel the attendance of witnesses  
 17 and the production of documents in the conduct of an investigation. The subpoenas  
 18 may be enforced by the Circuit Court as for contempt. Any order or subpoena of the  
 19 court requiring the attendance and testimony of witnesses and the production of  
 20 documentary evidence may be enforced and shall be valid anywhere in this state.
- 21 (4) **Upon** ~~At all hearings on~~ request of the board the Attorney General of this state or  
 22 one (1) of the assistant attorneys general designated by the Attorney General shall  
 23 appear and represent the board **at a hearing held under this section.**
- 24 (5) A final order of the board shall be by majority vote **of the board** ~~thereof~~.
- 25 (6) Any person adversely affected by any final order of the board may obtain a review  
 26 **of the order** ~~thereof~~ by filing a written petition for review with the Circuit Court of  
 27 the county in which the board's offices are located in accordance with KRS Chapter

1 13B.

2 (7) If the board substantiates that sexual contact occurred between a nurse and a patient  
3 while the patient was under the care of or in a professional relationship with the  
4 nurse, the nurse's license, privilege, or credential may be revoked or suspended with  
5 mandatory treatment of the nurse as prescribed by the board. The board may require  
6 the nurse to pay a specified amount for mental health services for the patient which  
7 are needed as a result of the sexual contact.

8 (8) The board may, by administrative regulation, provide for the recovery of the costs  
9 of an administrative hearing.

10 ➔Section 27. KRS 314.408 is amended to read as follows:

11 (1) It shall be unlawful for any person to provide certified professional midwifery  
12 services as defined in KRS 314.400 unless that person is a licensed certified  
13 professional midwife currently issued a license by the board in accordance with  
14 KRS 314.400 to 314.414 or is an appropriate licensed health care provider  
15 providing services that are within his or her scope of practice.

16 (2) It shall be unlawful for any person to hold herself or himself out as a licensed  
17 certified professional midwife or other skilled birth attendant authorized to provide  
18 prenatal care or manually assist in the delivery of an infant, or to provide the  
19 services defined in KRS 314.400(2) in Kentucky unless he or she has been issued a  
20 license by the board in accordance with KRS 314.400 to 314.414.

21 (3) It shall be unlawful for any person to operate or to offer to operate or to represent or  
22 advertise the operation of a school or program of certified professional midwifery  
23 unless the school or program has been approved by the board to do so.

24 (4) It shall be unlawful for any licensed certified professional midwife or employer of a  
25 licensed certified professional midwife having knowledge of facts to refrain from  
26 reporting to the board a licensed certified professional midwife who violates any  
27 provision set forth in administrative regulation for licensed certified professional

1 midwives.

2 (5) It shall be unlawful for any person to provide certified professional midwifery  
3 services who is listed on the nurse aide abuse registry with a substantiated finding  
4 of abuse, neglect, or misappropriation of property.

5 (6) Nothing in KRS 314.400 to 314.414 shall prohibit a traditional birth attendant  
6 providing midwifery services without a license if the traditional birth attendant has  
7 cultural or religious traditions that have historically included the attendance of  
8 traditional birth attendants at birth, and the birth attendant serves only women and  
9 families in that distinct cultural or religious group.

10 (7) Nothing in KRS 314.400 to 314.414 shall prohibit an appropriate licensed health  
11 care provider or other person from providing emergency care, including care of a  
12 precipitous delivery.

13 ~~(8) In accordance with KRS 311.723, a licensed certified professional midwife issued a~~  
14 ~~license by the board in accordance with KRS 314.400 to 314.414 shall not perform~~  
15 ~~an abortion.~~

16 ~~(9)~~ Nothing in KRS 314.400 to 314.414 shall prohibit a person from providing self -  
17 care, or uncompensated care to a friend or family member, as long as the person  
18 does not hold himself or herself out to be a midwife or provider of certified  
19 professional midwifery services as defined under KRS 314.400.

20 ~~(10)~~ (9) Nothing in KRS 314.400 to 314.414 shall prohibit an employee or other  
21 individual who is assisting, and under the direct supervision of, a licensed certified  
22 professional midwife from performing activities or functions that are delegated by  
23 the licensed certified professional midwife and are within the licensed certified  
24 professional midwife's scope of practice as authorized by the board.

25 ~~(10)~~ (10) Nothing in KRS 314.400 to 314.414 shall prohibit an individual from  
26 performing activities or functions that are delegated by the licensed certified  
27 professional midwife if that individual is a student of midwifery in a training

1 program operating as authorized by the board, and is under the direct supervision of  
2 a qualified preceptor as authorized by the board.

3 ➔Section 28. KRS 315.121 is amended to read as follows:

4 (1) The board may refuse to issue or renew a license, permit, or certificate to, or may  
5 suspend, temporarily suspend, revoke, fine, place on probation, reprimand,  
6 reasonably restrict, or take any combination of these actions against any licensee,  
7 permit holder, or certificate holder for the following reasons:

8 (a) Unprofessional or unethical conduct;

9 (b) Mental or physical incapacity that prevents the licensee, permit holder, or  
10 certificate holder from engaging or assisting in the practice of pharmacy or the  
11 wholesale distribution or manufacturing of drugs with reasonable skill,  
12 competence, and safety to the public;

13 (c) Being convicted of, or entering an ~~Alford~~ plea or plea of nolo contendere  
14 to, irrespective of an order granting probation or suspending imposition of any  
15 sentence imposed following the conviction or entry of such plea, one (1) or  
16 more or the following, if in accordance with KRS Chapter 335B:

17 1. A crime as defined in KRS 335B.010; or

18 2. A violation of the pharmacy or drug laws, rules, or administrative  
19 regulations of this state, any other state, or the federal government;

20 (d) Knowing or having reason to know that a pharmacist, pharmacist intern, or  
21 pharmacy technician is incapable of engaging or assisting in the practice of  
22 pharmacy with reasonable skill, competence, and safety to the public and  
23 failing to report any relevant information to the board;

24 (e) Knowingly making or causing to be made any false, fraudulent, or forged  
25 statement or misrepresentation of a material fact in securing issuance or  
26 renewal of a license, permit, or certificate;

27 (f) Engaging in fraud in connection with the practice of pharmacy or the

- 1 wholesale distribution or manufacturing of drugs;
- 2 (g) Engaging in or aiding and abetting an individual to engage or assist in the  
3 practice of pharmacy without a license or falsely using the title of  
4 "pharmacist," "pharmacist intern," "pharmacy technician," or other term  
5 which might imply that the individual is a pharmacist, pharmacist intern, or  
6 pharmacy technician;
- 7 (h) Being found by the board to be in violation of any provision of this chapter,  
8 KRS Chapter 217, KRS Chapter 218A, or the administrative regulations  
9 promulgated pursuant to these chapters;
- 10 (i) Violation of any order issued by the board to comply with any applicable law  
11 or administrative regulation;
- 12 (j) Knowing or having reason to know that a pharmacist, pharmacist intern, or  
13 pharmacy technician has engaged in or aided and abetted the unlawful  
14 distribution of legend medications, and failing to report any relevant  
15 information to the board; **or**
- 16 (k) Failure to notify the board within fourteen (14) days of a change in one's  
17 home address; ~~or~~
- 18 ~~(l) As provided in KRS 311.824(2), being convicted of a violation of KRS~~  
19 ~~311.823(2)].~~
- 20 (2) Unprofessional or unethical conduct includes but is not limited to the following acts  
21 of a pharmacist, pharmacist intern, or pharmacy technician:
- 22 (a) Publication or circulation of false, misleading, or deceptive statements  
23 concerning the practice of pharmacy;
- 24 (b) Divulging or revealing to unauthorized persons patient information or the  
25 nature of professional services rendered without the patient's express consent  
26 or without order or direction of a court. In addition to members, inspectors, or  
27 agents of the board, the following are considered authorized persons:

- 1           1.    The patient, patient's agent, or another pharmacist acting on behalf of
- 2                    the patient;
- 3           2.    Certified or licensed health-care personnel who are responsible for care
- 4                    of the patient;
- 5           3.    Designated agents of the Cabinet for Health and Family Services for the
- 6                    purposes of enforcing the provisions of KRS Chapter 218A;
- 7           4.    Any federal, state, or municipal officer whose duty is to enforce the laws
- 8                    of this state or the United States relating to drugs and who is engaged in
- 9                    a specific investigation involving a designated person; or
- 10          5.    An agency of government charged with the responsibility of providing
- 11                    medical care for the patient, upon written request by an authorized
- 12                    representative of the agency requesting such information;
- 13          (c)   Selling, transferring, or otherwise disposing of accessories, chemicals, drugs,
- 14                    or devices found in illegal traffic when the pharmacist, pharmacy intern, or
- 15                    pharmacy technician knows or should have known of their intended use in
- 16                    illegal activities;
- 17          (d)   Engaging in conduct likely to deceive, defraud, or harm the public,
- 18                    demonstrating a willful or careless disregard for the health, welfare, or safety
- 19                    of a patient, or engaging in conduct which substantially departs from accepted
- 20                    standards of pharmacy practice ordinarily exercised by a pharmacist or
- 21                    pharmacy intern, with or without established proof of actual injury;
- 22          (e)   Engaging in grossly negligent professional conduct, with or without
- 23                    established proof of actual injury;
- 24          (f)   Except as provided in KRS 315.500, selling, transferring, dispensing,
- 25                    ingesting, or administering a drug for which a prescription drug order is
- 26                    required, without having first received a prescription drug order for the drug;
- 27          (g)   Willfully or knowingly failing to maintain complete and accurate records of

- 1 all drugs received, dispensed, or disposed of in compliance with federal and  
2 state laws, rules, or administrative regulations;
- 3 (h) Obtaining any remuneration by fraud, misrepresentation, or deception;
- 4 (i) Accessing or attempting to access confidential patient information for persons  
5 other than those with whom a pharmacist has a current pharmacist-patient  
6 relationship and where ~~that~~<sup>such</sup> information is necessary to the pharmacist  
7 to provide pharmacy care;
- 8 (j) Failing to exercise appropriate professional judgment in determining whether  
9 a prescription drug order is lawful;
- 10 (k) Violating KRS 304.39-215; or
- 11 (l) Engaging in conduct that is subject to the penalties under KRS 304.99-060(4)  
12 or (5).
- 13 (3) Any licensee, permit holder, or certificate holder entering an ~~Alford~~ plea,  
14 pleading nolo contendere, or who is found guilty of a violation prescribed in  
15 subsection (1)(c) of this section shall within thirty (30) days notify the board of that  
16 plea or conviction. Failure to do so shall be grounds for suspension or revocation of  
17 the license, certificate, or permit.
- 18 (4) Any person whose license, permit, or certificate has been revoked in accordance  
19 with the provisions of this section, may petition the board for reinstatement. The  
20 petition shall be made in writing and in a form prescribed by the board. The board  
21 shall investigate all reinstatement petitions, and the board may reinstate a license,  
22 permit, or certificate upon showing that the former holder has been rehabilitated  
23 and is again able to engage in the practice of pharmacy with reasonable skill,  
24 competency, and safety to the public. Reinstatement may be on the terms and  
25 conditions that the board, based on competent evidence, reasonably believes  
26 necessary to protect the health and welfare of the citizens of the Commonwealth.
- 27 (5) Upon exercising the power of revocation provided for in subsection (1) of this

1 section, the board may reasonably prohibit any petition for reinstatement for a  
2 period up to and including five (5) years.

3 (6) Any licensee, permit holder, or certificate holder who is disciplined under this  
4 section for a minor violation may request in writing that the board expunge the  
5 minor violation from the licensee's, permit holder's, or certificate holder's  
6 permanent record.

7 (a) The request for expungement may be filed no sooner than three (3) years after  
8 the date on which the licensee, permit holder, or certificate holder has  
9 completed disciplinary sanctions imposed and if the licensee, permit holder,  
10 or certificate holder has not been disciplined for any subsequent violation of  
11 the same nature within this period of time.

12 (b) No person may have his or her record expunged under this section more than  
13 once.

14 The board shall promulgate administrative regulations under KRS Chapter 13A to  
15 establish violations which are minor violations under this subsection. A violation  
16 shall be deemed a minor violation if it does not demonstrate a serious inability to  
17 practice the profession; assist in the practice of pharmacy; provide home medical  
18 equipment and services; adversely affect the public health, safety, or welfare; or  
19 result in economic or physical harm to a person; or create a significant threat of  
20 *economic or physical*~~[such]~~ harm.

21 ➔Section 29. KRS 315.990 is amended to read as follows:

22 (1) Except for the provisions of KRS 315.320, any person violating any provision of  
23 KRS Chapter 315 shall be fined for each offense not less than one hundred dollars  
24 (\$100) nor more than one thousand dollars (\$1,000) or imprisoned in the county jail  
25 for not more than six (6) months, or both. Each week that any provision of KRS  
26 315.020, 315.030, or 315.035 is violated shall also constitute a separate offense.

27 (2) Any person convicted of willfully resisting, preventing, impeding, obstructing,



1 threatening, or interfering with the officers, agents, or inspectors of the board in the  
2 administration of the provisions of this chapter shall be guilty of a Class A  
3 misdemeanor.

4 (3) The board may levy an administrative fine not to exceed five thousand dollars  
5 (\$5,000) for each offense, for any violation of KRS 315.121. All ~~levied~~~~[such]~~ fines  
6 shall be deposited to the credit of the licensing board to be used by the board in  
7 carrying out the provisions of this chapter.

8 (4) The board may refuse to issue or renew a permit, or may suspend, temporarily  
9 suspend, revoke, fine, or reasonably restrict any permit holder for any violation of  
10 KRS 315.0351. Any administrative fine levied by the board shall not exceed five  
11 thousand dollars (\$5,000) for any violation of KRS 315.0351. All ~~levied~~~~[such]~~ fines  
12 shall be deposited to the credit of the licensing board to be used by the Board of  
13 Pharmacy in carrying out the provisions of this chapter.

14 (5) For a violation of KRS 315.320, the Board of Pharmacy may, in addition to any  
15 other civil or criminal penalty, levy an administrative fine not exceeding one  
16 hundred thousand dollars (\$100,000). All such fines shall be deposited to the credit  
17 of the Board of Pharmacy in carrying out the provisions of this chapter.

18 ~~[(6) (a) Any person who intentionally, knowingly, or recklessly violates KRS~~  
19 ~~216B.200 to 216B.210 is guilty of a Class D felony.~~

20 ~~(b) Any person who violates KRS 216B.200 to 216B.210 shall be fined not more~~  
21 ~~than one million dollars (\$1,000,000).~~

22 ~~(c) Notwithstanding KRS 440.200, the Attorney General may demand from the~~  
23 ~~Governor of any other state the surrender of any person found in the other~~  
24 ~~state who is charged in Kentucky with the crime of violating KRS 216B.200~~  
25 ~~to 216B.210. The provisions for extradition under this subsection shall apply~~  
26 ~~to any such demand even if the person whose surrender is demanded was not~~  
27 ~~in Kentucky at the time of the commission of the crime. Neither the demand,~~

1           ~~the oath, nor any proceedings for extradition pursuant to this section need~~  
2           ~~state or show that the person whose surrender is demanded has fled from~~  
3           ~~justice, or at the time of the commission of the crime was in Kentucky or the~~  
4           ~~other state.]~~

5           ➔Section 30. KRS 367.97501 is amended to read as follows:

6           As used in KRS 367.97501 to 367.97537, unless the context requires otherwise:

- 7           (1) "Authorizing agent" means the person legally entitled to order the cremation of the  
8           human remains.
- 9           (2) "Casket" means a rigid container which is designed for the encasement of human  
10           remains constructed of wood, metal, or other material.
- 11           (3) "Closed container" means a sealed container or urn in which cremated remains are  
12           placed and enclosed in a manner that prevents leakage or spillage of cremated  
13           remains or the entrance of foreign material.
- 14           (4) "Cremated remains" means the fragments remaining after the cremation process has  
15           been completed.
- 16           (5) "Cremation" means the heating process that reduces human remains to bone  
17           fragments through combustion and evaporation.
- 18           (6) "Cremation authorization form" means a form promulgated by administrative  
19           regulation of the Attorney General that expresses consent to the decedent's  
20           cremation. The form shall include information concerning the parties' rights and  
21           responsibilities.
- 22           (7) "Cremation chamber" means an enclosed space designed and manufactured for the  
23           purpose of cremating human remains.
- 24           (8) "Cremation container" means a container in which human remains may be  
25           delivered to a crematory for cremation that is:
- 26           (a) Rigid enough to support the weight of the corpse, closed, and leakproof;
- 27           (b) Composed of a combustible material or other material approved by the

- 1 crematory authority; and
- 2 (c) A proper and dignified covering for the human remains.
- 3 (9) "Crematory authority" means the legal entity which is licensed by the Attorney  
4 General to operate a crematory and conduct cremations. Crematory authority does  
5 not include state university health science centers.
- 6 (10) "Crematory" means a fixed building or structure that contains one (1) or more  
7 cremation chambers for the reduction of bodies of deceased persons to cremated  
8 remains. "Crematory" includes crematorium.
- 9 (11) "Crematory operator" means the person in charge of a licensed crematory authority.
- 10 (12) "Declaration" has the same meaning as in KRS 367.93101.
- 11 (13) "Holding facility" means an area designated for the retention of human remains  
12 prior to cremation.
- 13 (14) "Human remains" means the body of a deceased person or part of a body or limb  
14 that has been removed from a living person, in any state of decomposition, prior to  
15 cremation.
- 16 (15) "Pathological waste" means human tissues, organs, and blood or body fluids, in  
17 liquid or semiliquid form that are removed from a person for medical purposes.  
18 "Pathological waste" does not include amputations~~[or fetal remains as defined in~~  
19 ~~KRS 213.098]~~.
- 20 (16) "Processed remains" means the end result of pulverization, by which the residual  
21 from the cremation process is reduced and cleaned leaving only fragments reduced  
22 to unidentified dimensions.
- 23 (17) "Retort operator" means a person operating a cremation chamber.
- 24 (18) "Scattering area or garden" means an area which may be designated by a cemetery  
25 and located on a dedicated cemetery property where cremated remains which have  
26 been removed from their container can be mixed with or placed on top of the soil or  
27 ground cover.

1 (19) "Temporary container" means a receptacle for cremated remains, usually made of  
2 plastic, cardboard, ceramics, plastic film, wood, or metal, designed to prevent the  
3 leakage of processed remains or the entrance of foreign materials which will hold  
4 the cremated remains until an urn or other permanent container is acquired.

5 ➔Section 31. KRS 387.660 is amended to read as follows:

6 A guardian of a disabled person shall have the following powers and duties, except as  
7 modified by order of the court:

8 (1) (a) To establish the ward's place of abode within the state, except that, if at any  
9 time a guardian places a ward in a licensed residential facility for  
10 developmentally disabled persons, the guardian shall, within thirty (30) days  
11 of ~~the~~<sub>[such]</sub> placement, file with the court notice of the placement, stating  
12 with specificity:

13 1. The reasons for ~~the~~<sub>[such]</sub> placement;~~[-, and]~~

14 2. An interdisciplinary evaluation report detailing the social,  
15 psychological, medical or other considerations on which ~~the~~<sub>[such]</sub>  
16 placement is predicated;~~[-]~~

17 3. A description of the treatment or habilitation programs which will  
18 benefit the ward as a result of such placement;~~[-]~~ and

19 4. A determination that such placement will provide appropriate treatment  
20 in the least restrictive available treatment and residential program.

21 (b) For purposes of this subsection, the interdisciplinary evaluation report may be  
22 one performed within two (2) months prior to the placement for purposes of  
23 determining whether such placement is necessary and appropriate, or may be  
24 an evaluation and assessment provided by the residential facility immediately  
25 after placement.

26 (c) Notice to the court shall not be required where the ward is transferred from  
27 one licensed residential facility to another;

- 1 (2) To make provision for the ward's care, comfort, and maintenance and arrange for  
 2 ~~such~~ educational, social, vocational, and rehabilitation services as are appropriate  
 3 and as will assist the ward in the development of maximum self-reliance and  
 4 independence;
- 5 (3) To give any necessary consent or approval to enable the ward to receive medical or  
 6 other professional care, counsel, treatment or service, except that a guardian may  
 7 not consent on behalf of a ward to ~~an abortion,~~ sterilization, psychosurgery,  
 8 removal of a bodily organ, or amputation of a limb unless the procedure is first  
 9 approved by order of the court or is necessary, in an emergency situation, to  
 10 preserve the life or prevent serious impairment of the physical health of the ward;
- 11 (4) To act with respect to the ward in a manner which limits the deprivation of civil  
 12 rights and restricts the ward's ~~his~~ personal freedom only to the extent necessary to  
 13 provide needed care and services to the ward ~~him~~; and
- 14 (5) To expend sums from the financial resources of the ward reasonable and necessary  
 15 to carry out the powers and duties assigned to him by the court.

16 If a separate limited conservator or conservator has been appointed for the ward, the  
 17 expenditure of funds by the limited guardian shall be consistent with the duties assigned  
 18 to and procedures and policies established by the ~~such~~ limited conservator or  
 19 conservator. Conflicts arising between a limited guardian and a limited conservator or  
 20 conservator regarding the expenditure of funds which are unable to be otherwise resolved  
 21 shall be submitted to the court for resolution.

22 ➔Section 32. KRS 413.140 is amended to read as follows:

- 23 (1) The following actions shall be commenced within one (1) year after the cause of  
 24 action accrued:
- 25 (a) An action for an injury to the person of the plaintiff, or of her husband, his  
 26 wife, child, ward, apprentice, or servant;
- 27 (b) An action for injuries to persons, cattle, or other livestock by railroads or

- 1 other corporations, with the exception of hospitals licensed pursuant to KRS  
2 Chapter 216;
- 3 (c) An action for malicious prosecution, conspiracy, arrest, seduction, criminal  
4 conversation, or breach of promise of marriage;
- 5 (d) An action for libel or slander;
- 6 (e) An action against a physician, surgeon, dentist, or hospital licensed pursuant  
7 to KRS Chapter 216, for negligence or malpractice;
- 8 (f) A civil action, arising out of any act or omission in rendering, or failing to  
9 render, professional services for others, whether brought in tort or contract,  
10 against a real estate appraiser holding a certificate or license issued under  
11 KRS Chapter 324A or a real estate broker or sales associate holding a license  
12 issued under KRS Chapter 324;
- 13 (g) An action for the escape of a prisoner, arrested or imprisoned on civil process;
- 14 (h) An action for the recovery of usury paid for the loan or forbearance of money  
15 or other thing, against the loaner or forbearer or assignee of either;
- 16 (i) An action for the recovery of stolen property~~[-]~~ by the owner ***of the***  
17 ***property***~~[thereof]~~ against any person having the ***property***~~[same]~~ in his ***or her***  
18 possession;
- 19 (j) An action for the recovery of damages or the value of stolen property, against  
20 the thief or any accessory;
- 21 (k) An action arising out of a detention facility disciplinary proceeding, whether  
22 based upon state or federal law; ***and***
- 23 (l) An action for damages arising out of a deficiency, defect, omission, error, or  
24 miscalculation in any survey or plat, whether brought in tort or contract,  
25 against a licensed professional land surveyor holding a license under KRS  
26 Chapter 322~~[-]~~;
- 27 ~~(m) An action for violating KRS 311.782; and~~

1       ~~(n) An action for violating KRS 311.731].~~

2       (2) In respect to the action referred to in ~~[paragraph (e) of ]~~subsection (1)(e) of this  
3       section, the cause of action shall be deemed to accrue at the time the injury is first  
4       discovered or in the exercise of reasonable care should have been discovered;  
5       provided that such action shall be commenced within five (5) years from the date on  
6       which the alleged negligent act or omission is said to have occurred.

7       (3) In respect to the action referred to in~~[ paragraph (f) or (l) of ]~~ subsection (1)(f) or (l)  
8       of this section, the cause of action shall be deemed to accrue within one (1) year  
9       from the date of the occurrence or from the date when the cause of action was, or  
10      reasonably should have been, discovered by the party injured.

11      (4) In respect to the action referred to in ~~[paragraph (h) of ]~~subsection (1)(h) of this  
12      section, the cause of action shall be deemed to accrue at the time of payment. This  
13      limitation shall apply to all payments made on all demands, whether evidenced by  
14      writing or existing only in parol.

15      (5) In respect to the action referred to in ~~[paragraph (i) of ]~~subsection (1)(i) of this  
16      section, the cause of action shall be deemed to accrue at the time the property is  
17      found by its owner.

18      (6) In respect to the action referred to in ~~[paragraph (j) of ]~~subsection (1)(j) of this  
19      section, the cause of action shall be deemed to accrue at the time of discovery of the  
20      liability.

21      (7) In respect to the action referred to in ~~[paragraph (k) of ]~~subsection (1)(k) of this  
22      section, the cause of action shall be deemed to accrue on the date an appeal of the  
23      disciplinary proceeding is decided by the institutional warden.

24      ~~[(8) In respect to the action referred to in subsection (1)(m) and (n) of this section, the~~  
25      ~~cause of action shall be deemed to accrue after the performance or inducement or~~  
26      ~~attempt to perform or induce the abortion.]~~

27      ➔Section 33. KRS 507A.010 is amended to read as follows:

- 1 (1) As used in this chapter:
- 2 (a) "Abortion" has the same meaning as in Section 2 of this Act~~[KRS 311.720]~~;
- 3 (b) "Health care provider" has the same meaning as in KRS 304.17A-005; and
- 4 (c) "Unborn child" means a member of the species homo sapiens in utero from
- 5 conception onward, without regard to age, health, or condition of dependency.
- 6 (2) In a prosecution for the death of an unborn child, nothing in this chapter shall apply
- 7 to acts performed by or at the direction of a health care provider that cause the death
- 8 of an unborn child if those acts were committed:
- 9 (a) During any abortion for which the consent of the pregnant person~~[woman]~~
- 10 has been obtained or for which the consent is implied by law in a medical
- 11 emergency; or
- 12 (b) As part of or incident to diagnostic testing or therapeutic medical or fertility
- 13 treatment, provided that the acts were performed with that degree of care and
- 14 skill which an ordinarily careful, skilled, and prudent health care provider or a
- 15 person acting under the provider's direction would exercise under the same or
- 16 similar circumstances.
- 17 (3) Nothing in this chapter shall apply to any acts of a pregnant person~~[woman]~~ that
- 18 caused the death of the pregnant person's~~[her]~~ unborn child.
- 19 ➔Section 34. KRS 605.110 is amended to read as follows:
- 20 (1) (a) Any child committed to or in the custody of the cabinet or the Department of
- 21 Juvenile Justice who is not placed in a location where smoking cessation
- 22 services are provided may participate in smoking cessation services offered by
- 23 local health departments or their contracted agents at no cost.
- 24 (b) Unless provided otherwise, when any child committed to or in the custody of
- 25 the Department of Juvenile Justice or the cabinet requires medical or surgical
- 26 care or treatment, the Department of Juvenile Justice or the cabinet may
- 27 provide the same or arrange for the furnishing of the care or



1            treatment~~[thereof]~~ by other public or private agencies, and may give consent  
2            to the medical or surgical treatment. For this purpose, the services and  
3            facilities of local health officers and departments shall be made available, at a  
4            cost not to exceed the Medicaid reimbursement rate, to the Department of  
5            Juvenile Justice or the cabinet, and as far as practicable, any publicly owned  
6            hospital shall provide hospitalization without charge for any~~[such]~~ child  
7            under this subsection who is a resident of the political subdivision by which  
8            the hospital is owned or operated. This section does not authorize nor shall  
9            permission be granted for abortion or sterilization, except as provided in  
10           Section 31 or 35 of this Act.

11        (2) Any child placed in a foster home by an agency duly authorized in KRS Chapter  
12           620 to place a child in a foster home shall receive a complete medical, visual, and  
13           dental examination by a professional authorized by the Kentucky Revised Statutes  
14           to conduct such examinations. Arrangements for a child placed in a foster home to  
15           receive such examinations shall be made within two (2) weeks of the child's~~[his]~~  
16           placement in a foster home and not less than every twelve (12) months thereafter.

17        (3) Children maintained in any of the facilities and programs operated or contracted by  
18           the Department of Juvenile Justice or the cabinet shall, so far as possible, receive a  
19           common school education.

20           (a) The Kentucky Educational Collaborative for State Agency Children shall be  
21           established to serve children in facilities and programs operated or contracted  
22           by the Department of Juvenile Justice or the Cabinet for Health and Family  
23           Services, residential, day treatment, clinical, and group home programs. All  
24           policies and procedures necessary to educate state agency children shall be  
25           approved by the Kentucky Board of Education. All duties, responsibilities,  
26           rights, and privileges specifically imposed on or granted to the local education  
27           administration units shall be imposed on or granted to the Department of

1 Juvenile Justice or the Cabinet for Health and Family Services and contracted  
2 agencies with regard to educating agency children. Classrooms for the  
3 Kentucky Educational Collaborative for State Agency Children shall be  
4 within or near the facilities and programs operated or contracted by the  
5 Department of Juvenile Justice or the cabinet. The Kentucky Department of  
6 Education, the Department of Juvenile Justice, and the Cabinet for Health and  
7 Family Services, Department for Community Based Services, shall develop a  
8 biennial plan regarding the educational needs and provisions of educational  
9 programs, with emphasis on the coordination of all treatment services and  
10 funds available to provide for the education of state agency children. The  
11 biennial plan shall include strategies to assure that teacher preparation  
12 programs include content related to working with state agency children and  
13 that adequate professional development opportunities for better meeting the  
14 needs of these students are available for teachers and schools.

15 (b) Teachers and other staff shall be hired on contract through a local school  
16 district or if a local school district is not willing to participate, teachers may  
17 be hired by the Kentucky Educational Collaborative for State Agency  
18 Children or a contract may be entered into with a private provider of  
19 educational services. All certified educational staff hired by the Kentucky  
20 Educational Collaborative for State Agency Children shall be members of the  
21 Kentucky Teachers' Retirement System.

22 (c) Beginning July 1, 1993, the Kentucky Education Collaborative for State  
23 Agency Children shall be financed through:

24 1. The amount generated by state agency children under the Support  
25 Education Excellence in Kentucky program as provided in KRS 157.360  
26 for the guaranteed base and adjustments for the number of at-risk  
27 students, exceptional students, and transportation costs;

- 1           2. A per-pupil distribution of professional development funds with the  
2           collaborative serving as a consortium for state agency children;
  - 3           3. A per-pupil distribution of technology funds in accordance with the state  
4           education technology plan pursuant to KRS 156.670 and the formula for  
5           the distribution of funds to local school districts;
  - 6           4. A per-pupil distribution of textbook funds pursuant to KRS 157.100 and  
7           157.190;
  - 8           5. The funding for school services for state agency children authorized by  
9           KRS 158.135; and
  - 10          6. Other grants and entitlements, including federal funds, identified in the  
11          implementation plan developed pursuant to paragraph (f) of this  
12          subsection for the education of Kentucky's children.
- 13          (d) The commissioner of Juvenile Justice and the secretary of the Cabinet for  
14          Health and Family Services shall promulgate administrative regulations,  
15          pursuant to KRS Chapter 13A, with the assistance of the Kentucky  
16          Department of Education and upon recommendation of the Kentucky Board  
17          of Education regarding the governance, curriculum, and other topics  
18          necessary to educate state agency children. The regulations shall:
- 19          1. Provide for the development and implementation of interagency  
20          agreements that:
    - 21               a. Define the financial responsibility of each state and local agency  
22               for providing services to state agency children;
    - 23               b. Establish procedures for resolving interagency disputes among  
24               agencies that are parties to the agreements; and
  - 25          2. Provide procedures for the implementation of the Kentucky statutes  
26          regarding school-based decision making, student outcomes,  
27          accountability, assessment, rewards and sanctions, technology, staff

1 development, salaries, and the development of coordinated individual  
2 treatment, education, and transition plans to ensure compliance with  
3 present education and treatment laws and regulations specific to the  
4 needs of children in the programs of the Cabinet for Health and Family  
5 Services.

6 (e) When the placement of a state agency child is changed so that the state agency  
7 child must transfer from one school or educational facility to a different  
8 school or educational facility, the school or educational facility that the state  
9 agency child is leaving shall, within two (2) days of the state agency child  
10 leaving, prepare an educational passport for the child, which shall be  
11 delivered to the cabinet or the Department of Juvenile Justice. The cabinet or  
12 the Department of Juvenile Justice shall, within two (2) days of enrolling a  
13 state agency child in a new school or educational facility, present the  
14 educational passport to the receiving school or educational facility.

15 (f) The commissioner of Juvenile Justice and the secretary of the Cabinet for  
16 Health and Family Services and the commissioner of the state Department of  
17 Education shall initiate development of a plan for implementation of the  
18 Kentucky Educational Collaborative for State Agency Children.

19 ➔Section 35. KRS 610.310 is amended to read as follows:

20 (1) When the mental or physical health of any child before the juvenile court requires  
21 it, the court may order the child to be placed in a public or private hospital or  
22 institution for examination, evaluation, treatment, or care by a health officer,  
23 comprehensive care center, children's clinic, or any reputable physician or  
24 psychologist who will conduct the examination. The cabinet and the Department of  
25 Juvenile Justice may furnish services under agreements with the individual juvenile  
26 courts. For this purpose, any county judge/executive or chief executive officer of an  
27 urban-county government or charter county government may enter into a contract

1 on behalf of his or her county with the cabinet or the Department of Juvenile Justice  
2 for the furnishing~~[furnishings]~~ of these services.

3 (2) The court may order or consent to necessary medical treatment, including surgical  
4 procedures and abortion, except for~~[the purpose of abortion,]~~ electroshock therapy  
5 or psychosurgery as provided in KRS Chapter 645, or sterilization, after a hearing  
6 conducted to determine the necessity of such treatment or procedure and the wishes  
7 of the child. In making the order, the court may take into consideration the religious  
8 beliefs and practices of the child and his or her parents or guardian. Reasonable  
9 notice, taking into account any emergency circumstances, shall be provided to the  
10 parents, guardian or person exercising custodial control or supervision of the child  
11 to enable them to attend the hearing.

12 ➔Section 36. KRS 311.550 is amended to read as follows:

13 As used in KRS 311.530 to 311.620 and 311.990(4) to (6):

- 14 (1) "Board" means the State Board of Medical Licensure;  
15 (2) "President" means the president of the State Board of Medical Licensure;  
16 (3) "Secretary" means the secretary of the State Board of Medical Licensure;  
17 (4) "Executive director" means the executive director of the State Board of Medical  
18 Licensure or any assistant executive directors appointed by the board;  
19 (5) "General counsel" means the general counsel of the State Board of Medical  
20 Licensure or any assistant general counsel appointed by the board;  
21 (6) "Regular license" means a license to practice medicine or osteopathy at any place in  
22 this state;  
23 (7) "Limited license" means a license to practice medicine or osteopathy in a specific  
24 institution or locale to the extent indicated in the license;  
25 (8) "Temporary permit" means a permit issued to a person who has applied for a  
26 regular license, and who appears from verifiable information in the application to  
27 the executive director to be qualified and eligible for the license~~[therefor];~~

- 1 (9) "Emergency permit" means a permit issued to a physician currently licensed in  
2 another state, authorizing the physician to practice in this state for the duration of a  
3 specific medical emergency, not to exceed thirty (30) days;
- 4 (10) Except as provided in subsection (11) of this section, the "practice of medicine or  
5 osteopathy" means the diagnosis, treatment, or correction of any and all human  
6 conditions, ailments, diseases, injuries, or infirmities by any and all means,  
7 methods, devices, or instrumentalities;
- 8 (11) The "practice of medicine or osteopathy" does not include the practice of Christian  
9 Science, the domestic administration of family remedies, the rendering of first aid  
10 or medical assistance in an emergency in the absence of a person licensed to  
11 practice medicine or osteopathy under the provisions of this chapter, the use of  
12 automatic external defibrillators in accordance with the provisions of KRS 311.665  
13 to 311.669, the practice of podiatry as defined in KRS 311.380, the practice of  
14 dentistry as defined in KRS 313.010, the practice of optometry as defined in KRS  
15 320.210, the practice of chiropractic as defined in subsection (2) of KRS 312.015,  
16 the practice as a nurse as defined in KRS 314.011, the practice of physical therapy  
17 as defined in KRS 327.010, the practice of genetic counseling as defined in KRS  
18 311.690, the performance of duties for which they have been trained by paramedics  
19 licensed under KRS Chapter 311A, emergency medical responders, advanced  
20 emergency medical technicians, or emergency medical technicians certified under  
21 Chapter 311A, the practice of pharmacy by persons licensed and registered under  
22 KRS 315.050, the sale of drugs, nostrums, patented or proprietary medicines,  
23 trusses, supports, spectacles, eyeglasses, lenses, instruments, apparatus, or  
24 mechanisms that are intended, advertised, or represented as being for the treatment,  
25 correction, cure, or relief of any human ailment, disease, injury, infirmity, or  
26 condition, in regular mercantile establishments, or the practice of midwifery, or the  
27 provision of certified professional midwifery services by a licensed certified

- 1 professional midwife as defined in KRS 314.400;
- 2 (12) "Physician" means a doctor of medicine or a doctor of osteopathy;
- 3 (13) "Grievance" means any allegation in whatever form alleging misconduct by a  
4 physician;
- 5 (14) "Charge" means a specific allegation alleging a violation of a specified provision of  
6 this chapter;
- 7 (15) "Complaint" means a formal administrative pleading that sets forth charges against  
8 a physician and commences a formal disciplinary proceeding;
- 9 (16) ~~[As used in KRS 311.595(4), "crimes involving moral turpitude" shall mean those  
10 crimes which have dishonesty as a fundamental and necessary element, including  
11 but not limited to crimes involving theft, embezzlement, false swearing, perjury,  
12 fraud, or misrepresentation;~~
- 13 ~~(17)~~ "Telehealth" means the use of interactive audio, video, or other electronic media to  
14 deliver health care. It includes the use of electronic media for diagnosis,  
15 consultation, treatment, transfer of medical data, and medical education;
- 16 ~~(17)~~(17) "Order" means a direction of the board or its panels made or entered in  
17 writing that determines some point or directs some step in the proceeding and is not  
18 included in the final order;
- 19 ~~(18)~~(18) "Agreed order" means a written document that includes but is not limited to  
20 stipulations of fact or stipulated conclusions of law that finally resolves a grievance,  
21 a complaint, or a show cause order issued informally without expectation of further  
22 formal proceedings in accordance with KRS 311.591(6);
- 23 ~~(19)~~(19) "Final order" means an order issued by the hearing panel that imposes one (1)  
24 or more disciplinary sanctions authorized by this chapter;
- 25 ~~(20)~~(20) "Letter of agreement" means a written document that informally resolves a  
26 grievance, a complaint, or a show cause order and is confidential in accordance  
27 with KRS 311.619;

1 ~~(21)~~~~(22)~~ "Letter of concern" means an advisory letter to notify a physician that,  
2 although there is insufficient evidence to support disciplinary action, the board  
3 believes the physician should modify or eliminate certain practices and that the  
4 continuation of those practices may result in action against the physician's license;

5 ~~(22)~~~~(23)~~ "Motion to revoke probation" means a pleading filed by the board alleging  
6 that the licensee has violated a term or condition of probation and that fixes a date  
7 and time for a revocation hearing;

8 ~~(23)~~~~(24)~~ "Revocation hearing" means a hearing conducted in accordance with KRS  
9 Chapter 13B to determine whether the licensee has violated a term or condition of  
10 probation;

11 ~~(24)~~~~(25)~~ "Chronic or persistent alcoholic" means an individual who is suffering from a  
12 medically diagnosable disease characterized by chronic, habitual, or periodic  
13 consumption of alcoholic beverages resulting in the interference with the  
14 individual's social or economic functions in the community or the loss of powers of  
15 self-control regarding the use of alcoholic beverages;

16 ~~(25)~~~~(26)~~ "Addicted to a controlled substance" means an individual who is suffering  
17 from a medically diagnosable disease characterized by chronic, habitual, or periodic  
18 use of any narcotic drug or controlled substance resulting in the interference with  
19 the individual's social or economic functions in the community or the loss of  
20 powers of self-control regarding the use of any narcotic drug or controlled  
21 substance;

22 ~~(26)~~~~(27)~~ "Provisional permit" means a temporary permit issued to a licensee engaged  
23 in the active practice of medicine within this Commonwealth who has admitted to  
24 violating any provision of KRS 311.595 that permits the licensee to continue the  
25 practice of medicine until the board issues a final order on the registration or  
26 reregistration of the licensee;

27 ~~(27)~~~~(28)~~ "Fellowship training license" means a license to practice medicine or



1 osteopathy in a fellowship training program as specified by the license; and  
2 ~~(28)~~~~(29)~~ "Special faculty license" means a license to practice medicine that is limited  
3 to the extent that this practice is incidental to a necessary part of the practitioner's  
4 academic appointment at an accredited medical school program or osteopathic  
5 school program and any affiliated institution for which the medical school or  
6 osteopathic school has assumed direct responsibility.

7 ➔Section 37. KRS 311.597 is amended to read as follows:

8 As used in KRS 311.595~~(8)~~~~(9)~~, "dishonorable, unethical, or unprofessional conduct of a  
9 character likely to deceive, defraud, or harm the public or any member thereof" shall  
10 include but not be limited to the following acts by a licensee:

11 (1) Prescribes or dispenses any medication:

12 (a) With the intent or knowledge that a medication will be used or is likely to be  
13 used other than medicinally or for an accepted therapeutic purpose;

14 (b) With the intent to evade any law with respect to sale, use, or disposition of the  
15 medication;

16 (c) For the licensee's personal use or for the use of the licensee's~~his~~ immediate  
17 family when the licensee knows or has reason to know that an abuse of a  
18 controlled substance is occurring, or may result from such a practice;

19 (d) In such amounts that the licensee knows or has reason to know, under the  
20 attendant circumstances, that said amounts so prescribed or dispensed are  
21 excessive under accepted and prevailing medical practice standards; or

22 (e) In response to any communication transmitted or received by computer or  
23 other electronic means, when the licensee fails to take the following actions to  
24 establish and maintain a proper physician-patient relationship:

25 1. Verification that the person requesting medication is in fact who the  
26 patient claims to be;

27 2. Establishment of a documented diagnosis through the use of accepted

1                   medical practices; and

2                   3. Maintenance of a current medical record.

3                   For the purposes of this paragraph, an electronic, online~~[on-line]~~, or  
4                   telephonic evaluation by questionnaire is inadequate for the initial evaluation  
5                   of the patient or for any follow-up evaluation.

6 (2) Issues, publishes, or makes oral or written representations in which grossly  
7                   improbable or extravagant statements are made which have a tendency to deceive or  
8                   defraud the public, or a member thereof, including but not limited to:

9                   (a) Any representation in which the licensee claims that he or she can cure or  
10                  treat diseases, ailments, or infirmities by any method, procedure, treatment, or  
11                  medicine which the licensee knows or has reason to know has little or no  
12                  therapeutic value;

13                 (b) Represents~~[or]~~ professes, or holds himself or herself out as being able and  
14                 willing to treat diseases, ailments, or infirmities under a system or school of  
15                 practice:

16                 1. Other than that for which the licensee~~[he]~~ holds a certificate or license  
17                 granted by the board;~~[or]~~

18                 2. Other than that for which the licensee~~[he]~~ holds a degree or diploma  
19                 from a school otherwise recognized as accredited by the board;~~[or]~~ or

20                 3. Under a school or system which the licensee~~[he]~~ professes to be self-  
21                 taught.

22                 For purposes of this subsection, actual injury to a patient need not be established.

23 (3) A serious act, or a pattern of acts committed during the course of the licensee's~~[his]~~  
24                 medical practice which, under the attendant circumstances, would be deemed to be  
25                 gross incompetence, gross ignorance, gross negligence, or malpractice.

26 (4) Conduct which is calculated or has the effect of bringing the medical profession  
27                 into disrepute, including but not limited to any departure from, or failure to conform

1 to the standards of acceptable and prevailing medical practice within the  
2 Commonwealth of Kentucky, and any departure from, or failure to conform to the  
3 principles of medical ethics of the American Medical Association or the code of  
4 ethics of the American Osteopathic Association. For the purposes of this  
5 subsection, actual injury to a patient need not be established.

6 (5) Failure by a licensee to report a known or observed violation of KRS Chapter 311  
7 by another licensee as described in KRS 311.606.

8 (6) Violation by a licensee of KRS 304.39-215 or 311.373.

9 (7) Conduct by a licensee that is subject to the penalties under KRS 304.99-060(4) or  
10 (5).

11 ➔Section 38. KRS 311.599 is amended to read as follows:

12 (1) When a hearing or inquiry panel has probable cause to believe a physician is  
13 suffering from a physical or mental condition that might impede the  
14 physician's~~his~~ ability to practice competently, the panel may order the physician  
15 to undergo a physical or mental examination by persons designated by the panel.

16 (2) Failure of a physician to submit to such an examination when directed, unless the  
17 failure was due to circumstances beyond his or her control, shall constitute an  
18 admission that the concerned physician has developed such a physical or mental  
19 disability, or other conditions, that continued practice is dangerous to patients or to  
20 the public; said failure shall constitute a default and a final order may be entered  
21 without the taking of testimony or presentation of evidence.

22 (3) A physician whose license has been suspended, limited, restricted or revoked under  
23 this section and KRS 311.595~~(7)~~~~(8)~~, shall at reasonable intervals be afforded an  
24 opportunity to demonstrate that he or she can resume the competent practice of  
25 medicine with reasonable skill and safety to patients.

26 ➔Section 39. KRS 311.604 is amended to read as follows:

27 (1) When a hearing or inquiry panel receives information that a physician has not been

1 engaged in the active practice of medicine for at least two (2) years, the panel may  
 2 order the physician to successfully complete a board-approved clinical competency  
 3 examination or a board-approved clinical skills assessment program at the expense  
 4 of the physician. The panel shall review the results of the examination or  
 5 assessment and determine whether the physician may resume the practice of  
 6 medicine without undue risk or danger to patients or the public.

7 (2) Failure of a physician to successfully complete the clinical competency examination  
 8 or the clinical skills assessment when directed shall constitute an admission that the  
 9 physician is unable to practice medicine according to accepted and prevailing  
 10 standards, unless the failure was due to circumstances beyond the control of the  
 11 physician. The failure shall constitute a default and a final order may be entered  
 12 without additional testimony or without presentation of additional evidence.

13 (3) A physician whose license has been suspended, limited, restricted, or revoked under  
 14 this section or KRS 311.595~~(7)~~~~(8)~~ shall be afforded an opportunity at reasonable  
 15 intervals to demonstrate that he or she has the competency and skill to resume the  
 16 practice of medicine.

17 ➔Section 40. KRS 311.606 is amended to read as follows:

18 (1) In order to assist the board in the enforcement of KRS 311.595~~(19)~~~~(20)~~ and  
 19 ~~(20)~~~~(21)~~, any professional medical association or society operating in the  
 20 Commonwealth of Kentucky, or any hospital or medical staff of ~~a~~~~said~~ hospital  
 21 located in the Commonwealth of Kentucky, shall report all actions taken against a  
 22 licensed physician as described in KRS 311.595~~(19)~~~~(20)~~ and ~~(20)~~~~(21)~~ to the  
 23 board within thirty (30) days of the final adjudication of ~~the~~~~said~~ action together  
 24 with all pertinent documents to include but not limited to transcripts, pleadings and  
 25 certified copy of the final order.

26 (2) In order to assist the board in the enforcement~~of the provisions~~ of KRS Chapter  
 27 311, any licensed physician who observes another licensed physician violating~~a~~

1 ~~provision of~~ KRS Chapter 311 shall submit a written report to the board, or to the  
2 board and the concerned medical association or society, or to the board and the  
3 concerned hospital or medical staff of the hospital within ten (10) days of  
4 observing ~~such~~ a violation or obtaining other direct knowledge of ~~such~~ a  
5 violation.~~;~~ The report shall contain the name of the licensed physician believed to  
6 be in violation ~~of a provision~~ of KRS Chapter 311, a detailed account of the  
7 concerned actions, a list of all other witnesses to said actions, and the name of the  
8 physician submitting the report.

9 (3) All clerks of the Circuit and District Courts in the Commonwealth of Kentucky  
10 shall report to the secretary of the board all criminal convictions of licensees that  
11 may occur in their respective courts. The report shall contain the name of the  
12 licensee, the sentence imposed against the licensee, and whether the sentence  
13 imposed upon the licensee has been appealed.

14 ➔Section 41. KRS 311.607 is amended to read as follows:

15 (1) Except for disciplinary actions taken pursuant to KRS 311.595~~(7)(8)~~ and KRS  
16 311.599, a licensee who has had his *or her* license revoked may, after two (2) years  
17 from the effective date of the revocation order, petition the board for a license to  
18 again practice in the Commonwealth of Kentucky.

19 (2) The board shall not be required to issue a new license as described in subsection  
20 (1). No new license shall be issued to ~~a~~~~such~~ former licensee unless the applicant  
21 satisfies the board that he *or she* is presently of good moral character and qualified  
22 both physically and mentally to resume the practice of medicine without undue risk  
23 or danger to his *or her* patients or the public.

24 (3) In the event that the board should issue a new license under the circumstances as  
25 described in this section, the new license shall be under probation for a period of  
26 not less than two (2) years nor more than five (5) years, and any subsequent  
27 violation during the probation period shall result in automatic revocation of license.

1       ➔Section 42. KRS 311.572 is amended to read as follows:

- 2       (1) The board may issue an order directing an applicant for a license or the holder of a  
3       license to show cause why the applicant should be granted a license or the licensee  
4       should not be disciplined, respectively, when:
- 5       (a) An applicant admits or is otherwise found to have committed an act which  
6       constitutes a violation~~[of the provisions]~~ of this chapter; or
- 7       (b) A licensee admits or is otherwise found to have committed an act in violation~~[~~  
8       ~~of the provisions]~~ of this chapter in any document relating to the registration  
9       or reregistration of a license.
- 10      (2) The order shall be signed by an officer of the board and shall state those violations  
11      which the board believes to have been committed. The matter shall be assigned to a  
12      hearing panel and shall proceed in accordance with KRS 311.591. The burden of  
13      proof shall lie with the charged physician.
- 14      (3) The board may issue a provisional permit to practice medicine as provided in KRS  
15      311.550~~(26)~~~~(27)~~ and the board shall not approve any application for licensure or  
16      application for reregistration of an inactive license or provisional permit until a final  
17      order on the matter has been issued.

18      ➔Section 43. KRS 311.591 is amended to read as follows:

- 19      (1) The president of the board shall divide the membership of the board, excluding  
20      himself or herself, into two (2) panels of seven (7) members, each panel to include  
21      at least one (1) consumer member. Each panel shall have the power to act as an  
22      inquiry or a hearing panel. The president shall not be a permanent member of either  
23      panel, but shall have the power to render the deciding vote whenever a tie vote is  
24      rendered by either panel and shall have the power to serve as a member of either  
25      panel when necessary to achieve a quorum by majority.
- 26      (2) Grievances may be submitted by an individual (including board members),  
27      organization, or entity. Each grievance shall be investigated as necessary and the

1 executive director shall assign each grievance to an inquiry panel. All inquiry  
2 panels and the executive director shall have the power to issue investigatory  
3 subpoenas for the appearance of any person or production of any record, document,  
4 or other item within the jurisdiction of the Commonwealth. The panel or executive  
5 director may seek enforcement of investigatory subpoenas and search warrants in  
6 the courts of the Commonwealth as may be necessary.

7 (3) Upon completion of its inquiry, the inquiry panel shall make a finding that:

8 (a) There is no evidence of a violation of any medical practice act and no further  
9 action is necessary;

10 (b) There is insufficient evidence of a violation to warrant the issuance of a  
11 complaint, but that there is evidence of a practice or activity that requires  
12 modification and the panel may issue a letter of concern under KRS  
13 311.550~~(22)~~<sup>(21)</sup>. The letter of concern shall be a public document and may  
14 be used in future disciplinary actions against the physician;

15 (c) The grievance discloses an instance of misconduct which does not warrant the  
16 issuance of a complaint; in these instances, the panel may admonish the  
17 physician for his or her misconduct; or

18 (d) The grievance discloses one (1) or more violations of the provisions of this  
19 chapter which warrant the issuance of a complaint; in these instances, the  
20 panel shall cause a complaint to be prepared, signed by the presiding officer,  
21 which shall contain sufficient information to apprise the named physician of  
22 the general nature of the charges.

23 (4) The inquiry panel shall cause a complaint to be served on the charged physician by  
24 personal delivery or by certified mail to the physician's last address of which the  
25 board has record. The physician shall submit a response within thirty (30) days after  
26 service. Failure to submit a timely response or willful avoidance of service may be  
27 taken by the board as an admission of the charges.

- 1 (5) Upon the issuance of the complaint, the executive director shall assign the matter  
2 for an administrative hearing by a hearing panel. No member who served on the  
3 inquiry panel may also serve as a member of the hearing panel. The hearing panel  
4 or the hearing officer on behalf of the panel shall preside over all proceedings  
5 pursuant to the issuance of a complaint.
- 6 (6) The board may promulgate administrative regulations regarding the informal  
7 disposition of any complaint, and an informal disposition may be made at any stage  
8 of the proceeding.
- 9 (7) Upon completion of an administrative hearing, the hearing panel shall issue a final  
10 order that:
- 11 (a) Dismisses the complaint upon a conclusion that~~the provisions of~~ this  
12 chapter has~~have~~ not been violated;
- 13 (b) Finds a violation~~of the provisions~~ of this chapter, but does not impose  
14 discipline because the panel does not believe discipline to be necessary under  
15 the circumstances; or
- 16 (c) Imposes discipline upon the licensee; in these instances, the panel may  
17 revoke, suspend, restrict, deny, or limit a license, or may reprimand a licensee  
18 or place a licensee on probation under terms the panel may establish to protect  
19 the licensee, his or her patients, or the general public. The hearing panel may  
20 impose a fine whenever it finds that a violation of this chapter has occurred. If  
21 the board substantiates that sexual contact occurred between the physician and  
22 the patient while the patient was under the care of or in a professional  
23 relationship with the physician, the physician's license may be revoked or  
24 suspended with mandatory treatment of the physician as prescribed by the  
25 board. The board may require the physician to pay a specified amount for  
26 mental health services for the patient which are needed as a result of the  
27 sexual contact. The hearing panel's order shall be considered the final order of



1 the board regarding the matter.

2 (8) Regardless of the restrictions on public disclosure of information established in  
3 subsection (9) of this section, the board may order information derived from any  
4 investigation or inquiry be released to the physician licensure authority of another  
5 state or to any health care or mental health care facility licensed and regulated by  
6 the Commonwealth of Kentucky upon a showing that the information is necessary  
7 to determine the propriety of a physician practicing in a particular state or facility.

8 (9) The presiding officer at any proceeding held pursuant to a complaint or show cause  
9 order shall take whatever measures are necessary to protect the privacy interests of  
10 individuals other than the charged physician upon a showing that evidence is to be  
11 introduced, the public disclosure of which would constitute a clear invasion of  
12 personal privacy. It is the general policy of the Commonwealth that administrative  
13 proceedings should be open to the public. Therefore, in applying this subsection,  
14 the presiding officer shall balance the competing interests and employ the least  
15 restrictive measures available to protect the privacy interests involved.

16 ➔Section 44. KRS 311.686 is amended to read as follows:

17 (1) At any time when an inquiry panel established under KRS 311.591 has probable  
18 cause to believe that an acupuncturist has violated the terms of an agreed order as  
19 defined in KRS 311.550(18)(19), or violated the terms of a disciplinary order, or  
20 that an acupuncturist's practice constitutes a danger to the health, welfare, or safety  
21 of patients or the general public, the inquiry panel may issue an emergency order in  
22 accordance with KRS 13B.125 suspending, limiting, or restricting the  
23 acupuncturist's license.

24 (2) For the purposes of a hearing conducted under KRS 311.592 on an emergency order  
25 issued under this section, the findings of fact in the emergency order shall constitute  
26 a rebuttable presumption of substantial evidence of a violation of law that  
27 constitutes immediate danger to the health, welfare, or safety of patients or the

1 general public. For the purposes of this hearing only, hearsay shall be admissible  
2 and may serve as a basis of the board's findings.

3 (3) An emergency order as described in subsection (1) of this section shall not be  
4 issued unless grounds exist for the issuance of a complaint. The inquiry panel shall  
5 issue a complaint prior to the date of the emergency hearing or the emergency order  
6 shall become void.

7 (4) An emergency order suspending, limiting, or restricting a license shall not be  
8 maintained after a final order as defined in KRS 311.550~~(19)~~~~(20)~~ is served on the  
9 charged acupuncturist pursuant to the proceeding on the complaint. An appeal of an  
10 emergency order shall not prejudice the board from proceeding with the complaint.

11 ➔Section 45. KRS 311.852 is amended to read as follows:

12 (1) At any time when an inquiry panel established under KRS 311.591 has probable  
13 cause to believe that a physician assistant has violated the terms of an agreed order  
14 as defined in KRS 311.550~~(18)~~~~(19)~~, or violated the terms of a disciplinary order,  
15 or that a physician assistant's practice constitutes a danger to the health, welfare, or  
16 safety of his or her patients or the general public, the inquiry panel may issue an  
17 emergency order in accordance with KRS 13B.125 suspending, limiting, or  
18 restricting the physician assistant's license.

19 (2) For the purposes of a hearing conducted under KRS 13B.125 on an emergency  
20 order issued under this section, the findings of fact in the emergency order shall  
21 constitute a rebuttable presumption of substantial evidence of a violation of law that  
22 constitutes immediate danger to the health, welfare, or safety of patients or the  
23 general public. For the purposes of this hearing only, hearsay shall be admissible  
24 and may serve as a basis of the board's findings.

25 (3) An emergency order as described in subsection (1) of this section shall not be  
26 issued unless grounds exist for the issuance of a complaint. The inquiry panel shall  
27 issue a complaint prior to the date of the emergency hearing or the emergency order

1 shall become void.

2 (4) An order of temporary suspension, restriction, or limitation shall not be maintained  
3 after a final order as defined in KRS 311.550(19)(~~20~~) is served on the charged  
4 physician assistant pursuant to the proceeding on the complaint. An appeal of an  
5 emergency order shall not prejudice the board from proceeding with the complaint.

6 ➔Section 46. The following KRS sections are repealed:

7 15.241 Attorney General's powers to prevent, penalize, and remedy violations of laws  
8 relating to elective medical procedures, including abortions.

9 213.098 Disclosure regarding fetal remains -- Forms -- Prohibited activities.

10 213.172 Report on prescriptions for abortion-inducing drugs -- Failure to comply --  
11 Administrative regulations.

12 213.174 Report forms -- Annual statistical report -- Public records -- Confidentiality of  
13 identity -- Communication of reporting requirements.

14 213.176 Information and statement.

15 216B.0435 Requirement of written agreements between abortion facility and acute-care  
16 hospital and ambulance service.

17 216B.200 Definitions for KRS 216B.200 to 216B.210.

18 216B.202 Kentucky Abortion-Inducing Drug Certification Program -- Administrative  
19 regulations.

20 216B.204 Duties of cabinet -- Eligibility for certification.

21 216B.206 Eligibility to register as nonsurgical abortion provider -- Requirements for  
22 registered physicians.

23 216B.208 Plan to enforce program -- Private right of action.

24 216B.210 Complaint portal.

25 304.5-160 Health insurance and health care contracts not to cover elective abortions  
26 except by optional rider.

27 311.710 Legislative findings.

- 1 311.715 Use of public agency funds for abortion prohibited -- Use of public medical  
2 facilities for in-vitro fertilization permitted -- Distribution of public agency funds to  
3 entity that performs or counsels for abortion or family planning prohibited -- Order  
4 of priority for awarding federal family planning funds upon repeal of federal  
5 regulations that bar prioritizing recipients.
- 6 311.720 Definitions for KRS 311.710 to 311.820 and other laws.
- 7 311.723 When physician may perform abortion -- Guidelines.
- 8 311.724 Informed consent given in "individual, private setting."
- 9 311.725 Requirement of voluntary and informed written consent for abortion --  
10 Cabinet's duty to produce and make available informational materials -- Abortions  
11 in medical emergencies.
- 12 311.727 Requirement for performance and explanation of obstetric ultrasound and  
13 auscultation of fetal heartbeat prior to abortion -- Exception for medical emergency  
14 or necessity.
- 15 311.728 Physician must be physically present with patient to perform or induce abortion  
16 -- Use of telehealth prohibited.
- 17 311.731 Prohibition against sex-, race-, color-, national origin-, or disability-based  
18 abortion -- Certification to Vital Statistics Branch -- Revocation of license -- Action  
19 for damages -- Severability.
- 20 311.732 Performance of abortion upon a minor -- Definitions -- Notice -- Consent  
21 requirement -- Petition in District or Circuit Court -- Hearing -- Report -- Medical  
22 emergencies.
- 23 311.733 Severability.
- 24 311.735 Notice to spouse -- Exceptions -- Civil remedies.
- 25 311.750 Performance by other than licensed physician prohibited.
- 26 311.760 Minimum standards for performance of abortion.
- 27 311.765 Prohibition against partial-birth abortion.

- 1 311.770 Restriction on use of saline method.
- 2 311.7701 Definitions for KRS 311.7701 to 311.7711.
- 3 311.7702 Findings and declarations.
- 4 311.7703 Application of KRS 311.7704, 311.7705, and 311.7706.
- 5 311.7704 Determination of fetal heartbeat -- Medical records -- Option to view or hear  
6 heartbeat -- Administrative regulations -- Persons not in violation.
- 7 311.7705 Prohibition against performing or inducing abortion before determining  
8 whether fetal heartbeat exists -- Exceptions -- Written notation -- Persons not in  
9 violation.
- 10 311.7706 Prohibition against performing or inducing abortion if fetal heartbeat detected  
11 -- Exceptions -- Written declaration -- Persons not in violation.
- 12 311.7707 Written document regarding purpose of abortion -- Retention of records.
- 13 311.7708 Drugs, devices, and chemicals designed for contraceptive purposes.
- 14 311.7709 Civil action for wrongful death of unborn child -- Damages, costs, fees --  
15 Defense.
- 16 311.7711 Effect of court order suspending enforcement -- Application to court  
17 concerning constitutionality or injunction -- Severability.
- 18 311.772 Prohibition against intentional termination of life of an unborn human being --  
19 Definitions -- When section takes effect -- Penalties not to apply to pregnant  
20 woman -- Contraception -- Appropriation of Medicaid funds.
- 21 311.7731 Definitions for KRS 311.7731 to 311.7739.
- 22 311.7733 Abortion-inducing drugs to be provided only by qualified physician --  
23 Distribution prohibited.
- 24 311.7734 Requirements for physician providing abortion-inducing drug -- Examination  
25 and follow-up visit.
- 26 311.7735 Informed consent of patient receiving abortion-inducing drug -- Form.
- 27 311.7736 Reports to cabinet -- Complication or adverse event.

- 1 311.7737 Construction of KRS 311.7731 to 311.7739 -- Drugs not to be provided in  
2 school facility or on state grounds.
- 3 311.7739 Legal actions upon failure to comply with KRS 311.7731 to 311.7739.
- 4 311.774 Report on prescriptions for abortion-inducing drugs -- Information on potential  
5 reversal of effect of drugs to be included with prescription -- Complications and  
6 adverse events to be reported to Vital Statistics Branch.
- 7 311.7741 Report of complication, adverse event, medical treatment, or death following  
8 abortion.
- 9 311.7743 Action and intervention by Attorney General -- Penalties -- Extradition.
- 10 311.781 Definitions for KRS 311.781 to 311.786.
- 11 311.7811 Legislative findings and declarations.
- 12 311.782 Prohibition against performing or inducing abortion when probable gestational  
13 age of unborn child is 15 weeks or more -- Affirmative defenses -- Penalties for  
14 violation.
- 15 311.784 Authorized civil action for violation of KRS 311.782.
- 16 311.7841 Actions to enforce KRS 311.781 to 311.786.
- 17 311.785 Kentucky pain-capable unborn child protection litigation fund.
- 18 311.786 Construction of KRS 213.101, 311.595, 311.781 to 311.786, 311.990, and  
19 413.140.
- 20 311.787 Prohibition of certain abortion procedures when the probable gestational age of  
21 the unborn child is 11 weeks or greater, except in the case of a medical emergency -  
22 - Penalty not to apply to pregnant woman.
- 23 311.790 Issuance of birth and death certificates for live-born child after attempted  
24 abortion.
- 25 311.800 Abortions in publicly owned hospital or health care facility prohibited --  
26 Exception -- Injunction to enforce compliance -- Abortions in private hospital or  
27 health care facility -- Unlawful discriminatory practices.

- 1 311.821 Definitions for KRS 311.821 to 311.827.
- 2 311.822 Legislative findings -- Purposes of KRS 311.821 to 311.827.
- 3 311.823 Denying or depriving a born-alive infant of care or treatment -- Duty of  
4 physician performing abortion -- Born-alive infant to be treated as legal person --  
5 Born-alive infant to become ward of the state if parent seeks to terminate parental  
6 rights -- Construction of section's requirements -- Limitation of parent's criminal  
7 and civil liability.
- 8 311.824 Additional remedies for failure to comply with KRS 311.823.
- 9 311.825 Construction of KRS 311.821 to 311.827.
- 10 311.826 Provision of KRS 311.821 to 311.827 held to be invalid or unenforceable to be  
11 given maximum effect permitted by law -- Severability.
- 12 311.827 Appointment of legislative sponsors to intervene in constitutional challenge --  
13 No waiver or diminishment of rights of legislative branch personnel.
- 14 311.830 Severability.
- 15 311.992 Penalty for violation of KRS 311.715.
- 16 315.315 Presumption regarding prescription or medical order.
- 17 ➔Section 47. If any provision of this Act or the application of any provision to  
18 any person or circumstance is held invalid or unconstitutional, the declaration of such  
19 invalidity shall not affect other provisions or applications of this Act that can be given  
20 effect without the invalid provision or application, and to this end the provisions of this  
21 Act are severable.
- 22 ➔Section 48. Section 10 of this Act shall take effect January 1, 2026.