

# Unofficial Document

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM  
2026 REGULAR SESSION

Amend printed copy of **HB 141/GA**

On page 2, after line 4, by inserting:

"➔SECTION 2. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

By January 1, 2027, each hospital licensed by the Cabinet for Health and Family Services shall:

(1) Establish policies and procedures to improve care for sickle cell disease patients during hospital and emergency room visits, including:

(a) Expedited pain management protocols implementing standardized procedures to prioritize pain relief for sickle cell disease patients within thirty (30) minutes of arrival;

(b) Sickle cell disease medical care teams trained in sickle cell disease crisis management for hospital emergency rooms; and

(c) Required training for all emergency room staff on sickle cell disease that focuses on recognizing pain episodes, addressing care and treatment bias, and providing culturally competent care;

(2) Develop programs to prevent and address addiction risks for sickle cell disease patients, including:

(a) Alternative pain management options including nonopioid pain management

Amendment No. SFA

Rep. Sen. Gerald A. Neal

Committee Amendment \_\_\_\_\_

Signed:  \_\_\_\_\_

Floor Amendment \_\_\_\_\_

LRC Drafter: \_\_\_\_\_

Adopted: \_\_\_\_\_

Date: \_\_\_\_\_

Rejected: \_\_\_\_\_

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- techniques such as cognitive behavioral therapy and integrative medicine; and*
- (b) Accessible addiction treatment specifically designed for sickle cell disease patients who have developed opioid dependence to ensure a holistic and compassionate approach to recovery; and*
- (3) Provide patients with education and resources, including:*
- (a) Self-efficacy education on managing sickle cell disease as a chronic illness and promoting independence rather than dependence on frequent hospital care; and*
- (b) Financial literacy workshops to help patients budget and manage finances during extended hospital stays for sickle cell disease care."*