

**Local Government Mandate Statement  
Kentucky Legislative Research Commission  
2025 Regular Session**

**Part I: Measure Information**

<b>Bill Request #:</b>	1496	<b>Bill #:</b>	HB 414 HCS
<b>Document ID #:</b>	7060	<b>Sponsor:</b>	Representative Nancy Tate
<b>Bill Title:</b>	AN ACT relating to perinatal palliative care		

Unit of Government:     City                                     County                                     Urban-County  
                                   Charter County                     Consolidated Local                     Unified Local

Office(s) Impacted:    Local jails, local law enforcement

Requirement:             Mandatory             Optional

Effect on Powers & Duties:     Modifies Existing             Adds New             Eliminates Existing

Other Fiscal Statement(s) that may exist:     Actuarial Analysis             Corrections Impact  
     Health Benefit Mandate             State Employee Health Plan

**Part II: Bill Provisions and the Estimated Fiscal Impact Relating to Local Government**

HB 414 HCS Section 1 would create a new section of KRS Chapter 216 to define “perinatal” as occurring in, concerned with, or being in the period around the time of birth. Section 1 would require all hospitals and freestanding birthing centers that offer obstetric services and maternal-fetal medicine, and a pregnant woman’s doctor or midwife, offer to provide or make referrals to a perinatal palliative care program or support services for pregnant women, birth fathers, and family members when there is a:

- a. Prenatal diagnosis indicating that a baby may die before or after birth;
- b. Diagnosis of fetal anomalies where the likelihood of long-term survival is uncertain or minimal; or
- c. Newborn diagnosed with a potentially life-limiting illness.

The care and support services to be included in a perinatal palliative care program include, for example, coordination of care between medical, obstetric, neonatal, and perinatal palliative care providers, hospital staff, and the pregnant woman, birth father, and family members; would provide guidance, education, and support for pregnant women, birth

fathers, and family members before, during, and after delivery, would provide assistance with making medical decisions, counseling, and other services. The Cabinet for Health and Family Services would be required to create a list of perinatal palliative care programs and service providers.

**Section 2** of the bill would amend KRS 311.720 to define “abortion” and would exclude from the definition actions by a licensed doctor separating a pregnant woman from her unborn child in accordance with Section 3 of the bill. **Section 2** would define “perinatal care” as health care provided a mother and child, including prenatal, intrapartum, and postpartum care, that focuses on optimizing outcomes and addressing potential complications.

**Section 3** would amend KRS 311.723 to establish that a pregnant woman may be separated from her unborn child by a doctor, based on his or her reasonable medical judgment, in the following circumstances:

- a. To save the life or preserve the health of an unborn child;
- b. Lifesaving miscarriage management;
- c. Sepsis and hemorrhage emergency medical interventions due to life-threatening infection or excessive bleeding due to miscarriage or impending miscarriage;
- d. Medically necessary intervention to remove a dead child from the uterus when documented by ultrasound;
- e. Removal of an ectopic pregnancy or abnormally implanted embryo;
- f. Use of methotrexate or similar medication to treat an ectopic pregnancy;
- g. Removal of a molar pregnancy or tumor that has developed in the uterus;
- h. Medical procedure necessary to prevent death or substantial risk of death of the pregnant woman due to a physical condition, or to prevent serious, permanent impairment of a life-sustaining organ; and
- i. Medical treatment of the mother by a doctor which results in accidental or unintentional injury or death of the unborn child.

The doctor would be required to describe the basis for his or her reasonable medical judgment that the action is necessary on a form developed by the cabinet. The doctor would be required to document in the pregnant woman’s medical record her informed consent to the treatment. In an emergency situation the doctor must promptly complete the required documentation when the emergency abates.

**Section 4** would amend KRS 311.772 to establish that terminating the life of an unborn child by any medicine, substance, instrument, or procedure provided to a pregnant woman with the intent to terminate life is a Class D felony unless in accordance with Section 3 of the Act.

**Section 6** of the Act declares that the health and well-being of women experiencing a crisis pregnancy constitutes an emergency and the Act would take effect upon its passage and approval by the Governor, or upon its otherwise becoming law.

**HB 414 HCS would have an immaterial fiscal impact on local jails.** The provisions of the bill clarifying those situations when a pregnant woman may be lawfully separated from her unborn child could reduce criminal arrests, prosecutions, and incarceration of doctors for performing an illegal abortion. Based on the fact that there are currently no doctors incarcerated in Kentucky for performing an illegal abortion, this provision would have no or an immaterial fiscal impact on local jails.

**Data Source(s):** Department of Corrections

**Preparer:** MS **Reviewer:** BW (MDA) **Date:** 3/12/25