

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

**Part I: Measure Information**

<b>Bill Request #:</b>	30	<b>Bill #:</b>	HB 90/ SCS 1
<b>Document ID #:</b>	7198	<b>Sponsor:</b>	Representative Jason Nemes
<b>Bill Title:</b>	An Act relating to freestanding birthing centers		

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

Office(s) Impacted:    Health care facilities

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 90/SCS 1 **Section 1** would establish a new section of KRS Chapter 216B to define “freestanding birthing center” as any health facility, place or institution which is not a hospital, not in a hospital or private residence, and is established to provide care for labor, delivery, the immediate postpartum period, and newborns immediately following delivery. The Cabinet for Health and Family Services would be required to establish licensure standards for freestanding birth centers. An abortion would not be permitted in a freestanding birthing center. HB 90 PSS would amend various sections of KRS Chapter 216 and Chapter 211, and would amend KRS 196.173 to incorporate “freestanding birthing centers” in those statutes.

Section 19 of the bill would create a new section of KRS Chapter 216 to require hospitals and freestanding birthing centers offering obstetric services and maternal-fetal medicine, and a pregnant woman’s attending doctor or midwife to offer 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 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.

Section 19 (3)(a) – (m) identifies the care and support services to be included in a perinatal palliative care program. For example, a program would include coordination of care between medical, obstetric, neonatal, and perinatal palliative care providers, hospital staff, 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, and would assist with the creation of memories and keepsakes, counseling, and other services.

HB 90/ SCS 1 **Section 20** would amend KRS 311.720 to define “abortion” and exclude from the definition actions separating the pregnant woman from her unborn child when performed by a licensed physician in accordance with **Section 21** of the Act. **Section 20** 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 21** would amend KRS 311.723 to establish that a pregnant woman may be separated from her unborn child by a physician, 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.

**Section 21** would require a doctor to document in the pregnant woman’s medical record her informed consent to the treatment. The bill would require the doctor promptly complete the required documentation in emergency circumstances when the emergency abates.

**HB 90/ SCS 1 would have an immaterial fiscal impact on local governments.**

The fiscal impact of HB 90/ SCS 1 Sections 1-18 are unchanged from the fiscal impact of the bill as introduced. The Fiscal Impact Report for a similar bill, HB 414, dated February 24, 2025, estimates the requirements of HB 414 would have an immaterial fiscal impact on premiums for commercial health benefit plans and on the total cost of health care. Among the bases for their conclusion, their research indicates that most health plans already cover perinatal palliative care within hospice and/or other benefits and care settings. So long as the health benefit plans purchased by those local governments on the commercial market, including from the Kentucky Association of Counties and Kentucky League of Cities, do cover those services, the local governments can expect a minimum, if any, increase in premiums. Those local governments that self-insure for health care should also expect only a minimal, if any, increase in premium costs so long as the benefits they provide compare favorably with those offered in the commercial health insurance sphere. Based on these conclusions the fiscal impact of HB 90/ SCS 1 should be immaterial or minimal.

**Data Source(s):** Fiscal Impact Report-BR 1496/HB14, February 24, 2025; Kentucky League of Cities; Kentucky Association of Counties

**Preparer:** MS **Reviewer:** BW (MDA) **Date:** 3/11/25