

**Local Government Mandate Statement  
Kentucky Legislative Research Commission  
2026 Regular Session**

**Part I: Measure Information**

|                        |                                   |                 |                               |
|------------------------|-----------------------------------|-----------------|-------------------------------|
| <b>Bill Request #:</b> | 1754                              | <b>Bill #:</b>  | HB 778 GA                     |
| <b>Document ID #:</b>  | 8813                              | <b>Sponsor:</b> | Representative Samara Heavrin |
| <b>Bill Title:</b>     | AN ACT relating to child welfare. |                 |                               |

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

Office(s) Impacted:    Law enforcement, jails, health departments, hospitals

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 778 GA **Sections 1 through 4 and 7** would address the welfare of children in state custody whether due to abuse, neglect, or other court order.

**Section 6** of the Act would amend KRS 620.050 to authorize the Cabinet for Families and Children (“the Cabinet”), in investigating a report of child abuse or neglect, to conduct a comprehensive urine drug screen to include screening for buprenorphine, fentanyl, methadone, and xylazine. Results of the screening may be used as evidence in an adjudication of claims of child abuse or neglect.

**Section 8** would authorize the external child fatality and near fatality review panel established at KRS 620.055 to develop a procedure for discussion of cases under its review with the agency that investigated the case, and to request the investigating agency to attend such discussion once final judgment has been entered in the court case.

**Sections 9 and 11** would address identification and care of substance-exposed infants, defined at Section 9 (1)(d) as those identified at birth as having been exposed to alcohol,

illegal substances, or misused prescription medications before birth. Identification as a substance-exposed infant would not by itself constitute abuse or neglect. Section 9 would require health care providers and facilities involved in delivery or care of an infant to notify the Cabinet when an infant is suspected of being substance-exposed. **Section 11** would amend KRS 508.090 to add “neglect” to criminal statutes that currently criminalize “abuse”, and to specifically include “ingestion or inhalation of a controlled substance” as the criminal infliction of physical pain or injury.

**Sections 12, 13 and 14** would amend various sections of KRS Chapter 508 to include “neglect” in the description of prohibited actions in those sections and to change the age of victims subjecting a convicted offender to enhanced penalty from under 12 years to under 13 years. Section 14 would increase the classification of criminal abuse or neglect in the third degree from a Class A misdemeanor to a Class D felony if the victim is under 13 years and has suffered serious physical injury from ingestion or inhalation of a controlled substance.

**Section 15** of the Act would require, in order for a unit of government including local governments to continue receiving funds from the Kentucky Law Enforcement Foundation Program (KLEFP) the unit must by December 1, 2026 have a written policy and procedures manual that addresses pediatric ingestion or inhalation of controlled substances. Where such ingestion or inhalation is suspected and the child requires medical attention, the police officer would be required to get a search warrant for urine, blood or other appropriate test of the person supervising the child when the controlled substance was ingested or inhaled. The Act identifies 9 substances law enforcement would be required to test for, including cocaine, fentanyl and marijuana.

**Section 16** would require the KLEFP to design training regarding identification and investigations of pediatric ingestion or inhalation of controlled substances. The Justice and Public Safety Cabinet would provide training on pediatric ingestion or inhalation of controlled substances, and all certified peace officers would be required to complete the training once every 3 years.

**Sections 20, 21, 22, 23, 24, 25** would require urgent treatment/care facilities, doctors treating pediatric patients, including in emergency medicine or urgent care; physician’s assistants, emergency medical technicians, first responders and nurses have at least 1 hour of continuing education every 3 years on recognition and prevention of pediatric ingestion or inhalation of controlled substances. The continuing education may be included in their current number of required continuing education hours.

**Section 27** would amend KRS 439.3401 to include as a “violent offender” one convicted of criminal abuse or neglect.

**Section 28** would establish that the terms abuse or neglect in KRS 507.010 have the same meaning as in KRS 508.090

**Section 29** would include intentional abuse or neglect leading to death of one 12 years or younger as manslaughter, a Class B felony.

**HB 778 GA 1** would have a minimal to moderate negative fiscal impact on local governments and governmental organizations, the magnitude of which would vary depending on the size of the local government or governmental organizations. The GA version makes no change to the fiscal impact of the Act as introduced. The new reporting requirement imposed by the Act on hospitals, including locally-owned hospitals, to report the birth of a substance-exposed infant may require additional resources. The new training requirements imposed on local health departments and locally-owned hospitals may require those entities to use staff time/resources to design and implement a training module, or hire an outside entity to provide the training.

If local law enforcement agencies fail to have a policy and procedures manual addressing recognition and investigation of crimes arising due to substance-exposed children by the December 2026 deadline they would lose the \$4,562 salary supplement per/officer paid by the Kentucky Law Enforcement Program Fund. This would be a significant loss for local law enforcement. Developing such a manual or paying to have such a manual developed would be a moderate fiscal impact on local law enforcement, depending on size. A small local law enforcement agency may have to pay overtime to officers to cover shifts for other officers attending the new training.

It is unknown what entity would perform the additional drug screening for substance - exposed babies required by the Act. If a local or regional health department, or locally-owned hospital, it would be an additional burden on resources.

Amending criminal statutes to add “criminal neglect” to provisions that criminalize inflicting physical pain or injury and broadening the enhancement age to under 13 could result in more people convicted of felonies or Class A misdemeanors, and so result in additional people incarcerated in local jails. According to the Administrative Office of the Courts, in Calendar Years 2024 and 2025 there were 152 cases in which a person was convicted of criminal abuse in the second degree of a person under 12, a Class D felony, and 11 cases in which persons were convicted of criminal abuse in the third degree of a person under 12 years, which is a Class A misdemeanor (all include convictions for attempt and facilitation).

A person convicted of a Class A misdemeanor may be incarcerated for up to twelve months. Misdemeanants are housed in one of Kentucky’s 74 full-service jails or three life safety jails. While the majority of misdemeanor defendants are granted bail, those who do not will also cost local jails an average cost to incarcerate of \$44.97 per day. When a court denies bail to a Class D felony defendant, the local government is responsible for incarcerating the defendant until disposition of the case in one of Kentucky’s 74 full service jails or three life safety jails. While the expense of housing inmates varies by jail, each additional inmate increases facility costs by an average cost to incarcerate of \$44.97, which includes the \$35.34 per diem and medical expenses that the Department of Corrections pays jails to house felony offenders. Upon sentencing, a Class D felon is housed in one of

Kentucky's full service jails for the duration of his or her sentence. The Department of Corrections pays a jail \$44.97 per day to house a Class D felon. The per diem may be less than, equal to, or greater than the actual housing cost.

**Data Source(s):** Kentucky Department of Criminal Justice Training; Administrative Office of the Courts; LRC staff

**Preparer:** MS **Reviewer:** HT (MDA) **Date:** 3/19/26