

1 AN ACT relating to certificates of death.

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

3 ➔Section 1. KRS 311.601 is amended to read as follows:

4 (1) The board may adopt reasonable rules and regulations to effectuate and implement
5 the provisions of KRS 311.550 to 311.620, including but not limited to regulations
6 designed to ensure the continuing professional competency of present and future
7 licensees. As an adjunct to the power conferred upon the board by this section, the
8 board may require licensees to submit to interrogation as to the nature and extent of
9 their postgraduate medical education and to require licensees found to be deficient
10 in their efforts to keep abreast of new methods and technology~~[,]~~ to obtain
11 additional instruction and training therein.

12 (2) As part of the continuing medical education which the board adopts to ensure
13 continuing professional competency of present and future licensees, the board shall
14 ensure that:

15 (a) Current practicing pediatricians, including those certified in medicine and
16 pediatrics, radiologists, family practitioners, and those physicians practicing
17 in an emergency medicine or urgent care setting, demonstrate completion of a
18 one (1) time course of at least one (1) hour of continuing medical education
19 approved by the board and covering the recognition and prevention of
20 pediatric abusive head trauma, as defined in KRS 620.020, prior to December
21 31, 2017; and

22 (b) Future practicing pediatricians, including those certified in medicine and
23 pediatrics, radiologists, family practitioners, and those physicians who will
24 practice in an emergency medicine or urgent care setting, demonstrate
25 completion of a one (1) time course of at least one (1) hour of continuing
26 medical education, or its equivalent, approved by the board and covering the
27 recognition and prevention of pediatric abusive head trauma, as defined in

1 KRS 620.020, within five (5) years of licensure.

2 **(3) The requirement for a minimum of seven and one-half percent (7.5%) of**
3 **approved continuing education in KRS 218A.205 shall include the option of one-**
4 **half (0.5) hour of education on the completion of a certificate of death.**

5 ➔Section 2. KRS 311.844 is amended to read as follows:

- 6 (1) To be licensed by the board as a physician assistant, an applicant shall:
- 7 (a) Submit a completed application form with the required fee;
- 8 (b) Be of good character and reputation;
- 9 (c) Be a graduate of an approved program; and
- 10 (d) Have passed an examination approved by the board within three (3) attempts.
- 11 (2) A physician assistant who is authorized to practice in another state and who is in
- 12 good standing may apply for licensure by endorsement from the state of his or her
- 13 credentialing if that state has standards substantially equivalent to those of this
- 14 Commonwealth.
- 15 (3) A physician assistant's license shall be valid for two (2) years and shall be renewed
- 16 by the board upon fulfillment of the following requirements:
- 17 (a) The holder shall be of good character and reputation;
- 18 (b) The holder shall provide evidence of completion, during the previous two (2)
- 19 years, of a minimum of one hundred (100) hours of continuing education
- 20 approved by the American Medical Association, the American Osteopathic
- 21 Association, the American Academy of Family Physicians, the American
- 22 Academy of Physician Assistants, or by another entity approved by the board.
- 23 The one hundred (100) hours of continuing education required by this
- 24 paragraph shall include:
- 25 1. During the first two (2) years of licensure or prior to the first licensure
- 26 renewal:
- 27 a. One (1) continuing education course on the human

1 immunodeficiency virus and acquired immunodeficiency
2 syndrome; and

3 b. One and one-half (1.5) hours of continuing education in the
4 prevention and recognition of pediatric abusive head trauma, as
5 defined in KRS 620.020;~~and~~

6 2. If the license holder is authorized, pursuant to KRS 311.858(5), to
7 prescribe and administer Schedule III, IV, or V controlled substances, a
8 minimum of seven and one-half (7.5) hours of approved continuing
9 education relating to controlled substance diversion, pain management,
10 addiction disorders, use of the electronic system for monitoring
11 controlled substances established in KRS 218A.202, or any combination
12 of two (2) or more of these subjects; and

13 **3. The option for one-half (0.5) hour of education on the completion of a**
14 **certificate of death.**

15 (c) The holder shall provide proof of current certification with the National
16 Commission on Certification of Physician Assistants.

17 ➔Section 3. KRS 311A.135 is amended to read as follows:

18 (1) The board shall promulgate administrative regulations relating to paramedics. The
19 administrative regulations may include the classification and licensure of
20 paramedics, instructor-trainers, instructors, and students and trainees; examinations;
21 standards of training and experience; curricula standards; administration of drugs
22 and controlled substances by paramedics under the direction or supervision of
23 licensed physicians; issuance and renewal of licenses; and such other administrative
24 regulations as may be necessary for the protection of public health and safety in the
25 delivery of emergency medical services.

26 (2) Relicensure programs shall be organized to include continuing education and in-
27 service training approved by the board.

1 **(3) Continuing education options shall include one-half (0.5) hour on the completion**
2 **of a certificate of death.**

3 ➔Section 4. KRS 312.175 is amended to read as follows:

4 (1) Each person licensed to practice chiropractic in this state shall, on or before the first
5 day of March, annually renew his license and pay a renewal fee of not more than
6 one hundred dollars (\$100) for each inactive licensee and not more than five
7 hundred dollars (\$500) for each active licensee each year to the board. In addition
8 to the payment of the renewal fee, the active licensee applying for a license renewal
9 shall furnish to the board satisfactory evidence that he has attended an educational
10 program in the year preceding each application for renewal. Satisfactory evidence
11 of attendance of postgraduate study at an institution approved by the board shall be
12 considered equivalent. **Continuing chiropractic education course options shall**
13 **include one-half (0.5) hour on the completion of a certificate of death.** Provided,
14 however, that licenses may be renewed by the board, at its discretion, and the
15 applicant may be excused from paying the renewal fee or attending the annual
16 educational program, or both, in instances where the applicant submits an affidavit
17 to the board evidencing that he, for good cause assigned, suffered a hardship which
18 prevented the applicant from renewing the license or attending the educational
19 program at the proper time.

20 (2) The board shall send a written notice to every person holding a valid license to
21 practice chiropractic within this state at least forty-five (45) days prior to the first
22 day of March in each year, directed to the last known address of the licensee, and
23 shall enclose with the notice proper blank forms for application for annual license
24 renewal. The board shall, within forty-five (45) days, notify every person failing to
25 renew his license after it is due that he is delinquent and is subject to a late penalty
26 of three hundred dollars (\$300). If the licensee fails to renew his license within
27 forty-five (45) days after the mailing of the delinquent notice then his license shall

1 be revoked for nonrenewal. Any licensee whose license has been revoked for
2 failure to renew his license may have his license restored upon the payment of a
3 restoration fee not to exceed five hundred dollars (\$500) for each delinquent year or
4 any part thereof in addition to the renewal fee of not more than five hundred dollars
5 (\$500) and upon presentation of satisfactory evidence of postgraduate study of a
6 standard approved by the state board or upon a showing that he is an exception as
7 provided for in subsection (1) of this section.

8 (3) Any licensee whose license has been revoked for less than four (4) years, may not
9 apply for a license pursuant to KRS 312.085. The licensee may only apply for
10 restoration pursuant to subsection (2) of this section.

11 (4) Any licensee whose license has been revoked for more than four (4) years may
12 apply for a license by examination, as long as the licensee pays a restoration fee not
13 to exceed five hundred dollars (\$500) for each delinquent year, or any part thereof,
14 in addition to the renewal fee of not less than five hundred dollars (\$500) and not
15 more than three thousand dollars (\$3,000).

16 ➔Section 5. KRS 313.035 is amended to read as follows:

17 (1) The board shall promulgate administrative regulations in accordance with KRS
18 Chapter 13A relating to dentists. The administrative regulations shall include the
19 classification of and licensure of dentists, by examination or credentials, the
20 licensure of specialists, student limited licenses, faculty limited licenses,
21 reciprocity, retirement of a license, reinstatement of a license, charity licenses, and
22 conscious sedation and anesthesia permits.

23 (2) Renewal programs shall be organized to include continuing education approved by
24 the board. **Continuing education options shall include one-half (0.5) hour on the**
25 **completion of a certificate of death.**

26 (3) For the purposes of licensure of specialists the board shall only recognize fields of
27 specialty duly recognized and approved by the American Dental Association.

1 Individuals licensed as specialists shall not practice outside of that specialty except
2 as provided for in charitable dentistry as defined by administrative regulation,
3 during a declared disaster by order of the Governor, or when the special needs of
4 the patient require they be followed past the age of eighteen (18) by a pediatric
5 dentist.

6 (4) No person licensed under this chapter, who in good faith renders emergency care at
7 the scene of an emergency, shall be liable for any civil damages as a result of any
8 acts or omissions by such person in rendering the emergency care.

9 (5) Any dentist who serves on any committee, board, commission, or other entity
10 which is duly constituted by any licensed hospital, dental society or association
11 affiliated with the American Dental Association, dental care foundation affiliated
12 with such dental society or association or governmental or quasi-governmental
13 agency for the purpose of reviewing and evaluating the dental acts of other dentists,
14 or dental auxiliary personnel, shall not be required to respond in damages for any
15 action taken by him or her in good faith as a member of such committee, board,
16 commission, or other entity.

17 (6) Licensed dentists may prescribe any drug necessary within the scope of their
18 practice.

19 (7) Dentists may sign death certificates the same as physicians, when necessary in the
20 line of their profession.

21 (8) Nothing in this chapter shall apply to a legally licensed doctor of medicine unless
22 he or she practices dentistry as a specialty.

23 (9) Nothing in this chapter shall apply to a practitioner of dentistry duly licensed by
24 another state or the District of Columbia while making a clinical demonstration
25 before a dental society, convention, association of dentists, or a dental school.

26 ➔Section 6. KRS 314.073 is amended to read as follows:

27 (1) As a prerequisite for license renewal, all individuals licensed under provisions of

1 this chapter shall be required to document continuing competency during the
2 immediate past licensure period as prescribed in regulations promulgated by the
3 board.

4 (2) The continuing competency requirement shall be documented and reported as set
5 forth by the board in administrative regulations promulgated in accordance with
6 KRS Chapter 13A.

7 (3) The board shall approve providers of continuing education. The approval may
8 include recognition of providers approved by national organizations and state
9 boards of nursing with comparable standards. Standards for these approvals shall be
10 set by the board in administrative regulations promulgated in accordance with the
11 provisions of KRS Chapter 13A.

12 (4) The board shall work cooperatively with professional nursing organizations,
13 approved nursing schools, and other potential sources of continuing education
14 programs to ensure that adequate continuing education offerings are available
15 statewide. The board may enter into contractual agreements to implement the
16 provisions of this section.

17 (5) The board shall be responsible for notifying applicants for licensure and licensees
18 applying for license renewal, of continuing competency requirements.

19 (6) As a part of the continuing education requirements that the board adopts to ensure
20 continuing competency of present and future licensees, the board shall:

21 (a) Ensure practitioners licensed under KRS Chapter 314 complete a one-time
22 training course of at least one and one-half (1.5) hours covering the
23 recognition and prevention of pediatric abusive head trauma, as defined in
24 KRS 620.020. The one and one-half (1.5) hours required under this section
25 shall be included in the current number of required continuing education
26 hours; and

27 (b) Include one-half (0.5) hour of education on the completion of a certificate

1 *of death as an option for required continuing education.*

2 (7) In order to offset administrative costs incurred in the implementation of the
3 mandatory continuing competency requirements, the board may charge reasonable
4 fees as established by regulation in accordance with the provisions of KRS Chapter
5 13A.

6 (8) The continuing competency requirements shall include at least five (5) contact
7 hours in pharmacology continuing education for any person licensed as an
8 advanced practice registered nurse.

9 ➔Section 7. KRS 213.076 is amended to read as follows:

10 (1) (a) A certificate of death or a provisional certificate of death for each death which
11 occurs in the Commonwealth shall be filed with the cabinet or as otherwise
12 directed by the state registrar prior to final disposition, and it shall be
13 registered if it has been completed and filed in accordance with this section.
14 The funeral director, or person acting as such, who first takes custody of a
15 dead body shall be responsible for filing the certificate of death. The funeral
16 director, or person acting as such, shall obtain the required personal and
17 statistical particulars from the person best qualified to supply them over the
18 signature and address of the informant. Effective January 1, 2015, all
19 certificates of death shall be filed with the cabinet using the Kentucky
20 Electronic Death Registration System in a manner directed by the state
21 registrar.

22 (b) At the time of obtaining the required personal and statistical particulars from
23 the informant referred to in paragraph (a) of this subsection, the funeral
24 director, or person acting as such, shall ask the informant if the deceased ever
25 served in the military. If the informant answers in the affirmative, then the
26 funeral director, or person acting as such, shall provide the informant with a
27 fact sheet stating military burial rights supplied by the Kentucky Department

1 of Veterans' Affairs.

2 (c) The funeral director, or person acting as such, shall within five (5) days of the
3 death, present the certificate to the attending physician, advanced practice
4 registered nurse, or physician assistant, if any, to the physician pronouncing
5 death, or to the health officer or coroner as directed by the state registrar, for
6 the medical certificate of the cause of death and other particulars necessary to
7 complete the record as required by this chapter.

8 (d) It shall be unlawful for an institution to release a dead human body until the
9 funeral director, or person acting as such, has completed and filed with the
10 local registrar or person in charge of the institution, a provisional certificate of
11 death. If death occurs outside an institution, the provisional certificate shall be
12 filed with the local registrar by the funeral director, or person acting as such,
13 prior to final disposition of the dead body. A copy of the provisional
14 certificate of death signed by the person with whom it was filed, shall
15 constitute authority for the possession, transportation, and, except for
16 cremation, final disposition of the body.

17 (e) All persons having in their possession a completed provisional certificate of
18 death shall file the certificate at not more than weekly intervals with the local
19 registrar.

20 (f) If the place of death is unknown but the dead body is found in the
21 Commonwealth, the certificate of death shall be completed and filed in
22 accordance with this section. The place where the body is found shall be
23 shown as the place of death. If the date of death is unknown, it shall be
24 determined by approximation subject to amendment upon completion of any
25 postmortem examination required to be performed.

26 (g) If death occurs in a moving conveyance in the United States and the body is
27 first removed from the conveyance in the Commonwealth, the death shall be

1 registered in Kentucky, and the place where it is first removed shall be
2 considered the place of death. If a death occurs on a moving conveyance
3 while in international waters or air space or in a foreign country or its air
4 space, and the body is first removed from the conveyance in the
5 Commonwealth, the death shall be registered in Kentucky, but the certificate
6 shall show the actual place of death insofar as can be determined.

7 (2) If any certificate of death is incomplete or unsatisfactory, the state registrar shall
8 call attention to the defects in the certificate and require the person responsible for
9 the entry to complete or correct. The state registrar may also require additional
10 information about the circumstances and medical conditions surrounding a death in
11 order to properly code and classify the underlying cause. A funeral director shall
12 not be held responsible for the failure of a physician, advanced practice registered
13 nurse, physician assistant, dentist, chiropractor, or coroner to complete or correct
14 the entry for which he or she is responsible.

15 (3) The medical certification shall be completed, signed, and returned to the funeral
16 director within five (5) working days after presentation to the physician, advanced
17 practice registered nurse, physician assistant, dentist, or chiropractor in charge of
18 the patient's care for the illness or condition which resulted in death, except when
19 inquiry is required by KRS 72.400 to 72.475. In such cases, or if the cause of death
20 is unknown or under investigation, the cause of death shall be shown as such on the
21 certificate. A supplemental report providing the medical information omitted from
22 the original certificate shall be filed by the certifier with the state registrar within
23 five (5) days after receiving results of the inquiry as required by KRS 72.400 to
24 72.475. The supplemental report shall be made a part of the existing death
25 certificate. This report shall be considered an amendment, and the death certificate
26 shall be marked "Amended." In the absence of the physician, advanced practice
27 registered nurse, physician assistant, dentist, or chiropractor, or with such person's

1 approval, the certificate may be completed and signed by his associate physician,
2 advanced practice registered nurse, physician assistant, dentist, or chiropractor, or
3 the chief medical officer of the institution in which death occurred, or the physician
4 who performed an autopsy upon the decedent, or a physician, advanced practice
5 registered nurse, or physician assistant employed by the local health department, if
6 the individual has access to the medical history of the case and death is due to
7 natural causes.

8 (4) If death occurs more than thirty-six (36) hours after the decedent was last treated or
9 attended by a physician, advanced practice registered nurse, physician assistant,
10 dentist, or chiropractor, the case shall be referred to the coroner for investigation to
11 determine and certify the cause of death. In the event that a coroner is not available
12 to sign the certificate and there is no duly appointed deputy, the county
13 judge/executive shall appoint a competent person to investigate the death and
14 certify to its cause.

15 (5) (a) The physician, advanced practice registered nurse, physician assistant, dentist,
16 chiropractor, or coroner who certifies to the cause of death shall return the
17 certificate to the funeral director, or person acting as such, who, in turn, shall
18 file the certificate directly with the Vital Statistics Branch. Any certified
19 copies of the record requested at the time of filing shall be issued in not more
20 than two (2) working days.

21 (b) In the case of a death in which diabetes was known to be an underlying cause
22 or contributing condition, diabetes shall be listed in the appropriate location
23 on the death certificate by the physician, advanced practice registered nurse,
24 physician assistant, dentist, chiropractor, or coroner who certifies to the cause
25 of death.

26 (6) Three (3) free verification-of-death statements shall be provided to the funeral
27 director by the Vital Statistics Branch for every death in the Commonwealth of

1 Kentucky.

2 (7) The body of any person whose death occurs in Kentucky shall not be interred,
3 deposited in a vault or tomb, cremated, or otherwise disposed of, or removed from
4 or into any registration district, until a provisional certificate of death has been filed
5 with the local registrar of the registration district in which the death occurs. If the
6 death occurred from a disease declared by the Cabinet for Health and Family
7 Services to be infectious, contagious, or communicable and dangerous to the public
8 health, no permit for the removal or other disposition of the body shall be granted
9 by the registrar except under conditions prescribed by the Cabinet for Health and
10 Family Services and the local health department. The Cabinet for Health and
11 Family Services shall identify by regulation those communicable diseases which
12 require blood and body fluid precautions. If a person who has been diagnosed as
13 being infected with a communicable disease for which blood and body fluid
14 precautions are required, dies within a health facility as defined in KRS 216B.015,
15 the facility shall notify any embalmer or funeral director to whom the body will be
16 transported of the need for such precautions. The notice shall be provided by
17 including the statement "Blood and Body Fluid Precautions" on the provisional
18 report-of-death form as prescribed by the Cabinet for Health and Family Services.
19 Lack of this notice shall not relieve any embalmer or funeral director from taking
20 universal blood and body fluid precautions as are recommended by the United
21 States Department of Health and Human Services, Centers for Disease Control for
22 Morticians' Services. No embalmer or funeral director shall charge more for
23 embalming the remains of a person with a communicable disease which requires
24 blood and body fluid precautions than the price for embalming services listed on the
25 price list funeral providers are required to maintain and provide to consumers
26 pursuant to 16 C.F.R. Sec. 453.2 (1988).

27 (8) A burial-transit permit for the final disposition issued under the law of another state

1 which accompanies a dead body or fetus brought into the Commonwealth shall be
2 the authority for final disposition of the body or fetus in the Commonwealth and
3 may be accepted in lieu of a certificate of death. There shall be noted on the face of
4 the record made for return to the local registrar that the body was shipped to
5 Kentucky for interment and the actual place of death.

6 (9) Nothing in this section shall be construed to delay, beyond a reasonable time, the
7 interment or other disposition of a body unless the services of the coroner or the
8 health officer are required or the Department for Public Health deems it necessary
9 for the protection of the public health. If compliance with this section would result
10 in unreasonable delay in the disposition of the body the funeral director, or person
11 acting as such, shall file with the local registrar or deputy registrar prior to
12 interment a provisional certificate of death which shall contain the name, date, and
13 place of death of the deceased, the name of the medical certifier, and an agreement
14 to furnish within ten (10) days a complete and satisfactory certificate of death.

15 (10) No sexton or other person in charge of any place in which interment or other
16 disposition of dead bodies is made shall inter or allow interment or other disposition
17 of a dead body or fetus unless it is accompanied by a copy of the provisional
18 certificate of death. The sexton, or if there is no sexton, the funeral director, or
19 person acting as such, shall enter on the provisional certificate over his signature,
20 the date, place, and manner of final disposition and file the certificate within five
21 (5) days with the local registrar.

22 (11) Authorization for disinterment, transportation, and reinterment or other disposition
23 shall be required prior to disinterment of any human remains. The authorization
24 shall be issued by the state registrar upon proper application. The provisions of this
25 subsection shall apply to all manners of disposition except cremation and without
26 regard for the time and place of death. The provisions of KRS 381.765 shall not
27 apply to remains removed for scientific study and the advancement of knowledge.

1 (12) After a death certificate has been on file for five (5) years, it may not be changed in
2 any manner except upon order of a court. Prior to that time, requests for corrections,
3 amendments, or additions shall be accompanied by prima facie evidence which
4 supports the requested change.

5 *(13) The Cabinet for Health and Family Services shall make a one-half (0.5) hour*
6 *continuing education course on the completion of a certificate of death available*
7 *to individuals who may complete a certificate of death or prepare a provisional*
8 *certificate of death.*