1 AN ACT relating to emergency medical services.

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

- 3 → Section 1. KRS 311A.010 is amended to read as follows:
- 4 As used in this chapter, unless the context otherwise requires:
- 5 (1) "Advanced emergency medical technician" or "AEMT" means a person certified by
- 6 the board under this chapter as an advanced emergency medical technician;
- 7 (2) "Advanced practice paramedic" or "APP" means a paramedic licensed by the board
- 8 under this chapter as a paramedic and certified by the board under this chapter in at
- 9 least one (1) emergency medical services subspecialty, including community
- paramedic, critical care paramedic, wilderness paramedic, tactical paramedic, or
- 11 flight paramedic;
- 12 (3) "Ambulance" means a vehicle *that*[which] has been inspected and approved by the
- 13 <u>cabinet</u>[board], including a helicopter or fixed-wing aircraft, except vehicles or
- aircraft operated by the United States government, that are specially designed,
- 15 constructed, or have been modified or equipped with the intent of using the same,
- for the purpose of transporting any individual who is sick, injured, or otherwise
- incapacitated who may require immediate stabilization or continued medical
- response and intervention during transit or upon arrival at the patient's destination to
- safeguard the patient's life or physical well-being;
- 20 (4) "Ambulance provider" means any individual or private or public organization,
- 21 except the United States government, who is licensed by the *cabinet*[board] to
- 22 provide medical services that may include transport at either basic life support level
- or advanced life support level and who may have a vehicle or vehicles, including
- 24 ground vehicles, helicopters, or fixed-wing aircraft to provide such transportation.
- 25 An ambulance provider shall be licensed in accordance with the classification
- 26 system established pursuant to Section 16 of this Act may be licensed as a Class I,
- 27 II, III, or IV ground ambulance provider, a Class VI medical first response provider,

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a Class VII air ambulance provider, or a Class VIII event medicine provider];

2	(5)	"Board" means the Kentucky Board of Emergency Medical Services;
3	(6)	"Cabinet" means the Cabinet for Health and Family Services;
4	<u>(7)</u>	"Community paramedic" or "CP" means an advanced practice paramedic certified
5		under this chapter as a CP;
6	<del>[(7)</del>	"Emergency medical facility" means a hospital or any other institution licensed by
7		the Cabinet for Health and Family Services that furnishes emergency medical
8		services;]
9	(8)	"Emergency medical responder" or "EMR" means a person certified under this
10		chapter as an EMR or EMR instructor;
11	(9)	"Emergency medical services" or "EMS" means the services utilized in providing
12		care for the perceived individual need for immediate medical care to protect against
13		loss of life, or aggravation of physiological or psychological illness or injury;
14	(10)	"Emergency medical services educator" or "EMS educator" means a person who is
15		certified and licensed by the board under this chapter as a Level I, II, or III EMS
16		educator to provide emergency medical services education and training with the
17		scope of practice established by the board through administrative regulations;
18	(11)	"Emergency medical services field provider" or "EMS field provider" means an
19		individual who, under this chapter, is certified as an emergency medical
20		responder, emergency medical technician, or advanced emergency medical
21		technician, or is licensed as a paramedic;
22	<u>(12)</u>	"Emergency Medical Services for Children Program" or "EMSC Program" means
23		the program established under this chapter;
24	<u>(13)</u>	(12)] "Emergency medical services medical director" means a physician licensed in
25		Kentucky [and certified by the board under this chapter ] who is employed by, under
26		contract to, or has volunteered to provide supervision for a paramedic or an
27		ambulance <u>provider[service]</u> , or both;

(14)[(13)] "Emergency medical services personnel" means:

2		(a)	Persons trained to provide emergency medical services and certified or
3			licensed by the board under this chapter as an AEMT, APP, EMR, EMR
4			instructor, EMT, EMT instructor, paramedic, or paramedic instructor; and
5		(b)	Authorized emergency medical services medical directors and mobile
6			integrated healthcare program medical directors, whether on a paid or
7			volunteer basis;
8	<u>(15)</u> [	(14)]	"Emergency medical services system" means a coordinated system of health-
9		care	delivery that responds to the needs of acutely sick and injured adults and
10		child	ren, and includes community education and prevention programs, mobile
11		integ	rated healthcare programs, centralized access and emergency medical dispatch,
12		comr	nunications networks, trained emergency medical services personnel, medical
13		first	response, ground and air ambulance <u>providers</u> [services], trauma care systems,
14		mass	casualty management, medical direction, and quality control and system
15		evalu	nation procedures;
16	<del>[(15)</del>	"Eme	ergency medical services training or educational institution" means any
17		orgai	nization licensed by the board under this chapter to provide emergency medical
18		servi	ces training or education or in-service training, other than a licensed ambulance
19		servi	ce which provides training, or in-service training in-house for its own
20		empl	oyees or volunteers;]
21	(16)	"Eme	ergency medical technician" or "EMT" means a person certified under this
22		chap	ter as an EMT or EMT instructor;
23	(17)	"Exe	cutive director" means the executive director of the Kentucky Board of
24		Eme	rgency Medical Services;
25	(18)	<u>''Me</u>	dical care facility" means a hospital or any other facility that is licensed by
26		the (	Cabinet for Health and Family Services and that furnishes emergency
27		<u>medi</u>	cal services;

1	(19) "Mobile integrated healthcare" or "MIH" means a program licensed by the <u>cabinet</u>
2	under Section 16 of this Act[board under this chapter] to provide services including
3	evaluation, advice, and medical care for the purpose of preventing or improving a
4	particular medical condition outside of a hospital setting to eligible patients who do
5	not require or request emergency medical transportation;
6	(20)[(19)] "Mobile integrated healthcare program medical director" or "MIH program
7	medical director" means a physician licensed in Kentucky and certified by the board
8	under this chapter who is employed by, under contract to, or has volunteered to
9	provide supervision for a licensed MIH program;
10	(21)[(20)] "Paramedic" means a person who is involved in the delivery of medical
11	services and is licensed under this chapter;
12	(22)[(21)] "Paramedic preceptor" means a licensed paramedic who supervises a
13	paramedic student during the field portion of the student's training;
14	(23)[(22)] "Pre-hospital [Prehospital] care" means the provision of emergency medical
15	services, mobile integrated healthcare, or transportation by trained and certified or
16	licensed emergency medical services personnel at the scene or while transporting
17	sick or injured persons to a hospital or other [emergency ]medical care facility;[
18	and]
19	(24)[(23)] "Training institution" or "emergency medical services training institution"
20	means any organization licensed by the board under this chapter to provide
21	emergency medical services training or education or in-service training, other
22	than a licensed ambulance provider that provides training, or in-service training
23	in-house for its own employees or volunteers; and
24	(25) "Trauma" means a single or multisystem life-threatening or limb-threatening injury
25	requiring immediate medical or surgical intervention or treatment to prevent death
26	or permanent disability.
27	→ Section 2. KRS 311A.015 is amended to read as follows:

1	(1)	There is hereby created an independent agency of the state government to be
2		known as the Kentucky Board of Emergency Medical Services is created and shall
3		be attached to the Kentucky Community and Technical College System].
4	(2)	The board shall consist of [thirteen (13) members who are residents of Kentucky
5		appointed by the Governor in conjunction with recognized state emergency medical
6		services related organizations. Membership shall be made up of ]the following
7		members, who shall be residents of Kentucky:
8		(a) One (1) physician licensed in Kentucky who serves as the medical director
9		for an ambulance provider and is board-certified in emergency medicine,
10		appointed by the Governor from a list of three (3) physicians submitted by
11		the Kentucky Medical Association;
12		(b) One (1) physician licensed in Kentucky who is routinely involved in the
13		emergency care of ill or injured children appointed by the Governor from a
14		list of three (3) physicians submitted by the Kentucky Medical Association;
15		(c) One (1) local government representative appointed by the Governor from a
16		list of three (3) individuals submitted by the Kentucky League of Cities;
17		(d) One (1) local government representative appointed by the Governor from a
18		list of three (3) individuals submitted by the Kentucky Association of
19		Counties;
20		(e) One (1) licensed or certified emergency medical services field provider who
21		is primarily employed by a hospital-based health care facility appointed by
22		the Governor from a list of three (3) individuals submitted by the Kentucky
23		Hospital Association;
24		(f) One (1) licensed or certified emergency medical services representative
25		appointed by the Governor from a list of three (3) individuals submitted by
26		the Kentucky Ambulance Providers Association;
27		(g) One (1) licensed or certified emergency medical services representative

1		appointed by the Governor from a list of three (3) individuals submitted by
2		the Kentucky Firefighters Association;
3	<u>(h)</u>	One (1) hospital administrator appointed by the Governor from a list of
4		three (3) individuals submitted by the Kentucky Hospital Association;
5	<u>(i)</u>	One (1) long-term care facility administrator appointed by the Governor
6		from a list of six (6) individuals that includes three (3) individuals submitted
7		by the Kentucky Association of Health Care Facilities/Kentucky Center for
8		Assisted Living and three (3) individuals submitted by LeadingAge
9		Kentucky;
10	<u>(j)</u>	One (1) licensed emergency medical services educator appointed by the
11		Governor from a list of three (3) individuals submitted by Emergency
12		Medical Service Educators of Kentucky;
13	<u>(k)</u>	One (1) licensed or certified behavioral health provider appointed by the
14		Governor from a list of three (3) nominees submitted by the Kentucky
15		Mental Health Coalition;
16	<u>(l)</u>	One (1) licensed administrator of an air medical transportation provider
17		that is based in Kentucky appointed by the Governor; and
18	<u>(m)</u>	The commissioner of the Department for Public Health in the Cabinet for
19		Health and Family Services or his or her designee [(a) One (1) emergency
20		medical technician who works for a government agency but is not serving in
21		an educational, management, or supervisory capacity;
22	<del>(b)</del>	One (1) physician licensed in Kentucky serving as medical director of an
23		advanced life support ambulance service selected from a list of three (3)
24		physicians submitted by the Kentucky Medical Association;
25	<del>(c)</del>	One (1) physician licensed in Kentucky who is routinely involved in the
26		emergency care of ill or injured children selected from a list of three (3)
27		physicians submitted by the Kentucky Medical Association;

1		(d) One (1) citizen having no involvement in the delivery of medical or
2		emergency services;
3		(e) One (1) certified emergency medical services educator;
4		(f) One (1) fire service based, licensed Class I ground ambulance service
5		administrator who is a certified emergency medical technician, an advanced
6		emergency medical technician, or a licensed paramedic;
7		(g) One (1) licensed air ambulance service administrator or paramedic for a
8		licensed air ambulance service headquartered in Kentucky;
9		(h) One (1) privately operated, licensed Class 1 ground ambulance service
10		administrator who is a certified emergency medical technician, an advanced
11		emergency medical technician, or a licensed paramedic;
12		(i) One (1) hospital administrator selected from a list of three (3) nominees
13		submitted by the Kentucky Hospital Association;
14		(j) One (1) advanced life support ambulance provider who is an advanced
15		emergency medical technician or a licensed paramedic, who works for a
16		government agency but is not serving in an educational, management, or
17		supervisory capacity;
18		(k) One (1) publicly operated Class I ground ambulance service administrator
19		who is a certified emergency medical technician, an advanced emergency
20		medical technician, or a licensed paramedic;
21		(1) One (1) mayor of a city that operates, either directly or through contract
22		services, a licensed Class I ground ambulance service; and
23		(m) One (1) county judge/executive from a county that operates, whether directly
24		or through contract services, a licensed Class I ground ambulance service].
25	(3)	[(a) ]Members shall serve for a term of four (4) years, may be reappointed, and
26		shall serve no more than two (2) consecutive terms. A member appointed to a
27		partial term vacancy exceeding two (2) years shall be deemed to have served a full

1		term. A former member may be reappointed following an absence of at least one (1)
2		term.
3		[(b) Any person serving on the board in a position eliminated on June 27, 2019,
4		and whose term has not expired prior to the June 27, 2019, may continue to
5		serve in a voting, ex officio capacity until the expiration of his or her term.]
6	(4)	The board shall:
7		(a) Meet at least six (6) times a year; and
8		(b) At the first meeting of the board after September 1 of each year, elect a chair
9		and vice chair by majority vote of the members present and set a schedule of
10		six (6) regular meetings for the next twelve (12) month period.
11	(5)	The board shall adopt a quorum and rules of procedure by administrative regulation.
12	(6)	(a) A member of the board who misses three (3) regular meetings in a twelve (12)
13		month period shall be deemed to have resigned from the board and his or her
14		position shall be deemed vacant.
15		(b) The failure of a board member to attend a special or emergency meeting shall
16		not result in any penalty.
17		(c) The Governor shall appoint a person with the same professional
18		qualifications [of the same class] to fill the vacancy within ninety (90) days.
19		(d) The person removed under this subsection shall not be reappointed to the
20		board for at least ten (10) years.
21	(7)	Members of the board shall be entitled to reimbursement for actual and necessary
22		expenses when carrying out official duties of the board in accordance with state
23		administrative regulations relating to travel reimbursement.
24	(8)	The board shall submit a report to the cabinet and the Legislative Research
25		Commission by September 1 of each year. The report shall include but not be
26		limited to:
27		(a) A detailed list of income and expenses of the board;

1		<u>(b)</u>	A detailed summary of data collected on the number of complaints against
2			individuals certified or licensed by the board and emergency medical
3			services training institutions approved by the board, and the disposition of
4			those complaints;
5		<u>(c)</u>	An accounting of all new administrative regulations and amendments to
6			administrative regulations promulgated by the board; and
7		<u>(d)</u>	Recommendations for changes in administrative regulations, board policies,
8			and statutes[Annual reports and recommendations from the board shall be
9			sent by September 1 each year to the Governor, the president of the Kentucky
10			Community and Technical College System, and the General Assembly].
11		<b>→</b> S	ection 3. KRS 311A.020 is amended to read as follows:
12	(1)	The	board shall:
13		(a)	Exercise all of the administrative functions of the state not regulated by the
14			Board of Medical Licensure or Cabinet for Health and Family Services in the
15			regulation of the emergency medical services system and the practice of
16			emergency medical services, and emergency medical services training
17			institutions, with the exception of employment of personnel as described in
18			subsections (5) and (6) of this section;
19		(b)	Issue any licenses or certifications authorized by this chapter;
20		(c)	Oversee the operations and establish the organizational structure of the Office
21			of the Kentucky Board of Emergency Medical Services, which is created and
22			shall be attached to the board for administrative purposes. The office shall be
23			headed by the executive director appointed under paragraph (d) of this
24			subsection and shall be responsible for:
25			1. Personnel and budget matters affecting the board;
26			2. Fiscal activities of the board, including grant writing and disbursement
27			of funds;

1		3. Information technology, including the design and maintenance of
2		databases;
3		4. Certification and recertification of emergency medical responders;
4		5. Certification and recertification of emergency medical technicians and
5		advanced emergency medical technicians;
6		6. [Licensure and relicensure of ambulances, ambulance services, and
7		mobile integrated healthcare programs;
8		7
9		<u>7.[8.]</u> Certification and recertification of advanced practice paramedics;
10		<u>8.[9.]</u> Certification and recertification of EMS educators;
11		<u>9.[10.]</u> Investigation of and resolution of [quality ] complaints and ethics
12		issues pertaining to professional certifications and licenses; and
13		<u>10.[11.]</u> Other responsibilities that may be assigned to the executive
14		director by the board;
15	(d)	Employ an executive director and deputy executive director and fix the
16		compensation. The executive director and deputy executive director shall
17		serve at the pleasure of the board, administer the day-to-day operations of the
18		Office of the Kentucky Board of Emergency Medical Services, and supervise
19		all directives of the board. The director and deputy executive director shall
20		possess a baccalaureate degree and shall have no less than five (5) years of
21		experience in public administration or in the administration of an emergency
22		medical services program;
23	(e)	[Employ or contract with a physician licensed in Kentucky who is board
24		certified in emergency medicine and fix the compensation. The physician shall
25		serve at the pleasure of the board and as the medical advisor to the Kentucky
26		Board of Emergency Medical Services and the staff of the board;
27	<del>(f)</del>	

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1	fix t	he compensation. The attorney shall serve at the pleasure of the board and
2	have	e primary assignment to the board. The board and the attorney shall
3	impl	ement and oversee regulatory processes and may consult with the
4	<u>cabi</u>	net on ways to improve emergency medical services;
5	<u>(f)</u> [(g)]	Employ personnel sufficient to carry out the statutory responsibilities of
6	the b	ooard in accordance with the following:[]
7	1.	Personnel assigned to investigate an emergency medical responder
8		program complaint or regulate the emergency medical responder
9		programs shall be certified emergency medical responders, emergency
10		medical technicians, advanced emergency medical technicians, or
11		licensed paramedics;[.]
12	2.	Personnel assigned to investigate an emergency medical technician
13		program complaint or regulate the emergency medical technician
14		program shall be certified emergency medical technicians, advanced
15		emergency medical technicians, or paramedics;[.]
16	3.	Personnel assigned to investigate an advanced emergency medical
17		technician program complaint or regulate the advanced emergency
18		medical technician program shall be certified advanced emergency
19		medical technicians or paramedics:[.]
20	4.	Personnel assigned to investigate a paramedic program complaint or
21		regulate the paramedic program shall be licensed paramedics:[.]
22	5.	A person who is employed by the board who is licensed or certified by
23		the board shall retain his or her license or certification if he or she meets
24		the in-service training requirements and pays the fees specified by
25		administrative regulation:[.]
26	6.	A person who is employed by the board may instruct in emergency
27		medical subjects in which he or she is qualified, with the permission of

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1	the board. All instruction shall be rendered without remuneration other
2	than his or her state salary and the employee shall be considered as on
3	state duty when teaching: and[.]
4	7. A person who is employed by the board may render services for which
5	the person is qualified at a declared disaster or emergency or in a
6	situation where trained personnel are not available until those personnel
7	arrive to take over the patient, or where insufficient trained personnel are
8	available to handle a specific emergency medical incident. All aid shall
9	be rendered without remuneration other than the employee's state salary
10	and the employee shall be considered as on state duty when rendering
11	aid. In cases specified in this paragraph, the state medical advisor shall
12	serve as the emergency medical services medical director for the
13	employee;
14	(g)[(h)] Establish committees and subcommittees and the membership thereof.
15	Except for the executive committee members, who shall be members of the
16	board, members of committees and subcommittees do not need to be
17	members of the board but shall reflect the qualifications of the board
18	members. Members of any committee or subcommittee established by the
19	executive director shall be approved by the board;
20	(h) [(i)] In collaboration with the cabinet, enter into contracts, apply for grants
21	and federal funds, and disburse funds to local units of government as
22	approved by the General Assembly. All funds received by the board shall be
23	placed in a trust and agency account in the State Treasury subject to
24	expenditure by the board;
25	(i)[(j)] Administer the Emergency Medical Services for Children Program; and
26	(i)[(k)] Establish minimum curriculum and standards for emergency medical
27	services training.

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1	(2)	The board may utilize materials, services, or facilities as may be made available to it
2		by other state agencies or may contract for materials, services, or facilities.
3	(3)	The board may delegate to the executive director, by written order, any function
4		<u>specified in this chapter</u> other than promulgation of an administrative regulation <u>or</u>
5		the establishment of a committee or subcommittee with members who are not
6		members of the board[specified in this chapter].
7	(4)	Except for securing funding for trauma centers, the board shall not serve as the lead
8		agency relating to the development or regulation of trauma systems, but shall be a
9		partner with other state agencies in the development, implementation, and oversight
10		of such systems.
11	(5)	[(a) The Kentucky Community and Technical College System shall employ
12		personnel for the work of the board, and the personnel in the positions described in

personnel for the work of the board, and the personnel in the positions described in this section and all other persons in administrative and professional positions shall be transferred to the personnel system of the Kentucky Community and Technical College System on July 12, 2006, in the appropriate classification to carry out the mission of the board. All employees transferred under this paragraph shall have all employment records and months of service credit transferred to the Kentucky Community and Technical College System. Employees of the board transferred under this paragraph who subsequently return to state employment under KRS Chapter 18A shall have their employment records and months of service credit under the Kentucky Community and Technical College System transferred back to the KRS Chapter 18A personnel system, and the employment records and months of service credit shall be used in calculations for all benefits under KRS Chapter 18A.

(b) New employees hired or contracted after July 12, 2006, shall be employed or contracted by the Kentucky Community and Technical College System.

26 (6) The board shall appoint a personnel committee consisting of the chair of the board, one (1) physician member of the board, *and two (2) additional board members* [one

(1) ambulance service provider member of the board, one (1) additional member of
the board selected by the chair of the board, and one (1) representative of the
Kentucky Community and Technical College System administration. The personnel
committee shall conduct an annual job performance review of the executive
director, the medical advisor, and the board attorney that conforms with the
personnel standards of the Kentucky Community and Technical College System and
includes a recommendation for or against continued employment to be presented to
the personnel office of the Kentucky Community and Technical College System.
All state general fund moneys appropriated to the board, all federal funds, all

- (7) All state general fund moneys appropriated to the board, all federal funds, all moneys collected by the board, and all equipment owned by the board shall be transferred to the Kentucky Community and Technical College System on July 1, 2006.
- 13 (8) The board shall develop a proposed biennial budget for all administrative and
  14 operational functions and duties in conjunction with the Kentucky Community and
  15 Technical College System budget submission process. The Kentucky Community
  16 and Technical College System shall not make changes to the budget proposal
  17 submitted by the board, but may submit written comments on the board's budget
  18 proposal to the board and other agencies in the budget submission process].
- → Section 4. KRS 311A.025 is amended to read as follows:
- 20 (1) The board shall, subject to the provisions of this chapter, create levels of certification or licensure, as appropriate for [individuals ] providing services under this chapter. These may consist of but not be limited to:
- 23 (a) Emergency medical services educator, Level I, II, and III;
- 24 (b) Emergency medical responder;

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- 25 (c) Emergency medical technician and advanced emergency medical technician;
- 26 (d) Paramedic, advanced practice paramedic, and paramedic preceptor;
- 27 (e) Emergency medical services medical director<del>[ who supervises a person or</del>

1		organization licensed or certified by the board];
2		(f) Mobile integrated healthcare program medical director who supervises an
3		MIH program licensed by the <u>cabinet</u> [board];
4		(g) Emergency medical <u>services</u> [service] training institution;
5		(h) Emergency medical <u>services</u> [service] testing agency;
6		(i) [Ground ambulance service, including categories thereof;
7		(j) Air ambulance service;
8		(k)] Medical first response provider;
9		(i) [(1)] Emergency medical dispatcher, emergency medical dispatch instructor,
10		and emergency medical dispatch instructor trainer;
11		(k)[(m)] Emergency medical dispatch center or public safety answering point;
12		and
13		$(\underline{l})$ Any other entity authorized by this chapter.
14	(2)	The board shall promulgate administrative regulations in accordance with KRS
15		Chapter 13A for any certification or license the board may create. The
16		administrative regulations shall, at a minimum, address:
17		(a) Requirements for students, if appropriate;
18		(b) Requirements for training;
19		(c) Eligibility for certification or licensure; and
20		(d) Renewal, recertification, and relicensure requirements.
21	(3)	The board may authorize a physician licensed to practice in Kentucky to serve as an
22		emergency medical services medical director if that physician meets the
23		requirements specified by the board by administrative regulation.

26 limited to]:
 27 (1) <u>Maintain</u>[Establishing minimum data reporting requirements, including

→ Section 5. KRS 311A.035 is amended to read as follows:

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The board shall[may] carry out the functions of this chapter and[, including but not

1		requirements specifically related to emergency medical services and trauma care of
2		children, for ambulance providers and collection and analysis of data related to the
3		provision of emergency medical services;
4	(2)	
	(2)	Maintaining] the Emergency Medical Services for Children Program with federal
5		funds so designated plus any additional funds that may be appropriated by the
6		General Assembly, or any other funds that may become available to the board,
7		including gifts, grants, or other sources; <u>and</u>
8	<u>(2)</u>	Apply for, receive, and dispose [(3) Developing a statewide plan for the
9		implementation of emergency medical services systems and trauma care systems
10		within the Commonwealth of Kentucky that specifically addresses the unique needs
11		of rural areas;
12	(4)	Applying for, receiving, and disposing] of federal, state, or private funds by grant,
13		appropriation, donation, or otherwise for emergency medical services programs,
14		personnel, and equipment[; and
15	(5)	Developing, monitoring, and encouraging other projects and programs that may be
16		of benefit to emergency medical services in the Commonwealth.
17	Noth	ing in this section shall be construed to change or alter the issuance of certificates of
18	need	for emergency medical services providers].
19		→ Section 6. KRS 311A.055 is amended to read as follows:
20	(1)	In accordance with the provisions of KRS Chapter 13B, all discipline for which the
21		board is authorized to conduct investigations, hold hearings, and impose
22		punishments is delegated to the executive director, [state medical advisor, ]board
23		attorney, and hearing panels as provided herein.
24	(2)	Any person may make a complaint to the executive director that <u>a training</u>
25		<u>institution</u> [an entity] licensed or certified by the board, emergency medical services
26		personnel, or any other person licensed or certified by the board has violated a
27		provision of this chapter, an administrative regulation promulgated pursuant to this

1	cha	pter, protocol, practice standard, or order of the board.
2	(3) Eac	ch complaint shall:
3	(a)	Be in writing and may be submitted electronically, by fax, or by mail;
4	(b)	Identify specifically the person or <u>training institution</u> [organization] against
5		whom the complaint is made;
6	(c)	Set forth the facts relating to the violation alleged and any other supporting
7		information <u>that</u> [which] may have a bearing on the matter; <u>and</u>
8	(d)	Contain the name, address, telephone number, facsimile number, and e-mail
9		address, if available, of the complainant[;
10	<del>(e)</del>	Be subscribed and sworn to as to the truth of the statements contained in the
11		complaint by the complainant; and
12	<del>(f)</del>	Be notarized.
13	<del>(4) A c</del>	complaint which is unsigned shall not be acted upon by the executive director. A
14	con	nplaint which is not subscribed and sworn in the manner specified in subsection
15	(3)	of this section shall be returned to the complainant for completion].
16	<u>(4)</u> [(5)]	The executive director of the board may, on behalf of the board, based on
17	kno	owledge available to the office of the board, make a complaint against any person
18	or <u>i</u>	training institution[organization] regulated by the board in the same manner as
19	pro	vided in subsection (3) of this section.
20	<u>(5)[(6)]</u>	Upon receipt of a [properly completed ]complaint, the executive director shall
21	assi	ign the complaint to a staff investigator who shall investigate the complaint and
22	sha	ll make findings of fact and recommendations to the executive director who shall
23	the	n convene a preliminary inquiry board.
24	<u>(6)</u> [(7)]	When the executive director assigns a complaint to a staff investigator, he or
25	she	shall notify the person or training institution[organization] against whom the
26	con	applaint has been filed, the employer of the emergency services personnel against
27	who	om the complaint has been filed, the emergency medical services medical

director or mobile integrated healthcare program medical director for the

2	<u>amb</u>	ulance provider[organization against whom the complaint has been filed or]
3	that	employs the emergency medical services personnel against whom the complaint
4	has	been filed, and any other person or organization specified in this chapter.
5	<u>(7)</u> [(8)]	The notification shall name the person or <u>training institution</u> [organization]
6	com	plained against, [the complainant, ]the violations alleged, and the facts
7	pres	ented in the complaint and shall notify the person or <u>training</u>
8	<u>insti</u>	tution[organization] complained against, the employer, and the emergency
9	med	ical services or the mobile integrated healthcare program medical director of:
10	(a)	The fact that the complaint shall be answered, the steps for answering the
11		complaint, and the action to be taken if the complaint is not answered;
12	(b)	The time frame and steps in the proceedings of a complaint;
13	(c)	The rights of the parties, including the right to counsel; and
14	(d)	The right to testify at any hearing.
15	<u>(8)</u> [(9)]	Upon the failure of a license or certificate holder to respond to a written
16	accu	sation or to request a hearing within twenty (20) days after the sending of the
17	accu	sation, the accused shall be considered to have admitted the truth of the facts
18	and	the circumstances in the allegation and appropriate discipline may be imposed.
19	<u>(9)</u> [(10)]	The preliminary inquiry board shall consist of one (1) member of the board
20	selec	cted by the chair, and two (2) persons representing the same category of
21	certi	fication or licensure as the defendant who are not members of the board
22	appo	pinted by the chairman of the board.
23	<u>(10)</u> [(11)]	After reviewing the complaint and results of any investigation conducted on
24	beha	alf of the board, the preliminary inquiry board shall consider whether the
25	accu	sation is sufficient to remand the matter for a hearing as provided in this section
26	and	KRS Chapter 13B. A majority vote of the members of the preliminary inquiry
27	boar	rd shall be necessary for action to either remand the matter for hearing or

1	dismiss the complaint without hearing.
2	(11)[(12)] If the preliminary inquiry board dismisses the complaint, all parties notified
3	previously shall be notified of the action. If the preliminary inquiry board remands
4	the matter for a hearing, all parties notified previously shall be notified of the
5	action.
6	(12)[(13)] Each proceeding to consider the imposition of a penalty that the board
7	is authorized to impose pursuant to this chapter shall be conducted in accordance
8	with KRS Chapter 13B.
9	(13)[(14)] A hearing panel for purposes of making a decision in any disciplinary matter
10	shall consist of one (1) physician who may be a member of the board or who meets
11	the qualifications of an emergency medical services medical director; one (1) person
12	from the category of persons or training institutions [organizations] of the same
13	class as the defendant; and the hearing officer, who shall not be involved in
14	emergency medical services.
15	(14)[(15)] The hearing officer may issue subpoenas to compel the attendance of
16	witnesses and the production of documents in the conduct of an investigation. The
17	subpoenas may be enforced by any Circuit Court for contempt. Any order or
18	subpoena of the court requiring the attendance and testimony of witnesses and the
19	production of documentary evidence may be enforced and shall be valid anywhere
20	in this state.
21	(15)[(16)] At all hearings the board attorney or, on request of the board, the Attorney
22	General of this state or one (1) of the assistant attorneys general designated shall
23	appear and represent the board.
24	(16)[(17)] The emergency medical services provider or related employer of a person
25	licensed or certified by the board and the emergency medical services medical
26	director of such a person who is the defendant in a hearing shall be parties to the
27	action and may appear and testify in the matter at any deposition or hearing on the

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1	matter and may propose conclusions of law, findings of fact, and penalties to the
2	hearing panel.
3	(17)[(18)] To make a finding or recommend discipline, the two (2) members of the
4	hearing panel who are not the hearing officer shall agree on the finding or
5	discipline. In the event of a tie vote, the hearing officer shall cast the deciding vote.
6	(18)[(19)] The final order in any disciplinary proceeding shall be prepared by the
7	executive director and sent to all parties and to the cabinet in the manner prescribed
8	by law.
9	(19)[(20)] Any person or training institution[entity] aggrieved by a final order of the
10	board may appeal to the Franklin Circuit Court in accordance with the provisions of
11	KRS Chapter 13B.
12	(20)[(21)] The only discipline that the board may impose against an emergency medical
13	services medical director is denial, suspension or withdrawal of the board's approval
14	for that person to serve as an emergency medical services medical director.
15	(21)[(22)] If the executive director substantiates that sexual contact occurred between a
16	licensee or certificate holder and a patient while the patient was under the care of or
17	in a professional relationship with the licensee or certificate holder, the license or
18	certification may be revoked or suspended with mandatory treatment of the person
19	as prescribed by the executive director. The executive director may require the
20	licensee or certificate holder to pay a specified amount for mental health services
21	for the patient which are needed as a result of the sexual contact.
22	(22) Except as specified in this section, all board proceedings, including the complaint
23	and answer and other records relating to a disciplinary proceeding, shall be
24	confidential until a final determination is made by the board, except:
25	(a) The board may turn over to the Attorney General, the United States
26	Attorney, Commonwealth's attorney, or county attorney of the jurisdiction
27	in which the offense allegedly occurred, evidence that may be used in

1			criminal proceedings; and
2		<u>(b)</u>	If the complainant or alleged violator publicly discloses the existence of a
3			preliminary inquiry, the board may publicly confirm the existence of the
4			inquiry and, in its discretion, make public any documents that were issued
5			to either party.
6		<b>→</b> S	ection 7. KRS 311A.060 is amended to read as follows:
7	(1)	(a)	If it is determined that <u>a training institution</u> [an entity] or a member of
8			emergency medical services personnel regulated, licensed, or certified by the
9			board has violated a statute, administrative regulation, protocol, or practice
10			standard relating to serving as <u>a training institution</u> [an entity] or a member of
11			emergency medical services personnel regulated by the board, the office of the
12			board may impose any of the sanctions provided in subsection (2) of this
13			section. Any party to the complaint shall have the right to propose findings of
14			fact and conclusions of law, and to recommend sanctions.
15		(b)	For the purposes of this subsection, violation of ["]a statute, administrative
16			regulation, protocol, or practice standard relating to serving as training
17			institution [an entity] regulated by the board, a paramedic, first responder, or
18			emergency medical technician["] shall include violation of KRS 304.39-215
19			and conduct that is subject to the penalties under KRS 304.99-060(4) or (5).
20	(2)	The	office of the board shall require an acceptable plan of correction and may use
21		any	one (1) or more of the following sanctions when disciplining emergency
22		med	ical services personnel or any training institution [entity] regulated by the
23		boar	rd:
24		(a)	Private reprimand that shall be shared with each of the paramedic's,
25			emergency medical responder's, advanced emergency medical technician's, or
26			emergency medical technician's emergency medical services or related

employer and medical director;

1 (	b)	<b>Public</b>	reprimand;

- 2 (c) Fines of fifty dollars (\$50) to five hundred dollars (\$500) for a natural person or fifty dollars (\$50) to five thousand dollars (\$5,000) for a *training*4 *institution*[public agency or business entity];
- 5 (d) Revocation of certification or licensure;
- 6 (e) Suspension of certification or licensure until a time certain;
- 7 (f) Suspension until a certain act or acts are performed;
- 8 (g) Limitation of practice permanently;
- 9 (h) Limitation of practice until a time certain;
- 10 (i) Limitation of practice until a certain act or acts are performed;
- 11 (j) Repassing a portion of the paramedic, emergency medical responder,
- advanced emergency medical technician, or emergency medical technician
- examination;
- 14 (k) Probation for a specified time; or
- 15 (l) If it is found that the person who is licensed or certified by the board has been
- 16 convicted of, pled guilty to, or entered an Alford plea to a felony offense, the
- license or certification shall be revoked.
- 18 (3) The filing of criminal charges or a criminal conviction for violation of the
- provisions of this chapter or the administrative regulations promulgated thereunder
- shall not preclude the office of the board from instituting or imposing board
- 21 disciplinary action authorized by this chapter against any person or *training*
- 22 <u>institution</u>[organization] violating this chapter or the administrative regulations
- promulgated thereunder.
- 24 (4) The institution or imposition of disciplinary action by the office of the board against
- any person or *training institution* [organization] violating the provisions of this
- 26 chapter or the administrative regulations promulgated thereunder shall not preclude
- 27 the filing of criminal charges against or a criminal conviction of any person or

1		<u>trair</u>	<u>ning institution</u> [organization] for violation of the provisions of this chapter or
2		the a	administrative regulations promulgated thereunder.
3		<b>→</b> S	ection 8. KRS 311A.070 is amended to read as follows:
4	(1)	Whe	en a complaint is filed against an [ambulance service, ]emergency medical
5		serv	ices <u>field</u> provider, or <u>a training</u> [an emergency medical services educational]
6		insti	tution or an employee or volunteer thereof, or when the office of the board is
7		cont	emplating action against an [ambulance service, ]emergency medical services
8		<u>field</u>	provider, or <u>a training</u> [emergency medical services educational] institution or
9		an e	mployee or volunteer thereof, written notice of the complaint or proposed action
10		shall	I be sent to:
11		(a)	The county judge/executive, in the event of an emergency medical services
12			field provider employed by the county or a training institution operated by
13			the county operated ambulance service, emergency medical services
14			provider, or educational institution];
15		(b)	The mayor, in the event of an emergency medical services field provider
16			employed by the city or a training institution operated by the city[a city-
17			operated ambulance service, emergency medical services provider, or
18			educational institution];
19		(c)	The mayor, in the event of an emergency medical services field provider
20			employed by the urban-county government or a training institution operated
21			by the urban-county government[government-operated ambulance service,
22			emergency medical services provider, or educational institution];
23		(d)	The chairman of the fire protection district, in the event of <u>an emergency</u>
24			medical services field provider employed by the fire protection district or a
25			training institution operated by the fire protection district[a fire district
26			operated ambulance service, emergency medical services provider, or

educational institution];

(e)	The head of the public agency, in the event of an <u>emergency medical services</u>
	field provider employed by the public agency or a training institution
	operated by the public agency [ambulance service, emergency medical
	services provider, or educational institution operated by a public agency] other
	than specified in paragraphs (a) to (d) of this subsection;

- (f) The president, chancellor, or other officer in charge of <u>a training institution</u> in the event of an emergency medical services field provider employed by the institution or a training institution operated by the president, chancellor, or <u>other officer</u>[an educational institution operated, in the event of an ambulance service or educational institution];
- (g) The chief operating officer or president of a nonprofit corporation, corporation for profit, limited liability company, or other business entity, in the event of an <a href="mailto:emergency medical services field provider employed by the business entity or a training">emergency medical services field provider employed by the business entity or educational</a>] institution operated by the business entity; and
- (h) Both the [ambulance service, ]emergency medical services <u>field</u> provider <u>and</u> <u>training</u>[, or educational] institution officials specified in this subsection and the officials of any public agency contracting for services.
- 19 (2) The notice specified in this section shall be in addition to any notice provided to any other person or organization.
- → Section 9. KRS 311A.075 is amended to read as follows:
  - (1) The chair of the board, or his or her designee, in writing, may determine that immediate temporary suspension of a license or certification of a [natural] person against whom disciplinary action or an investigation is pending is necessary in order to protect the public. If the defendant is employed by an emergency medical services provider, the input of the employer's emergency medical services medical director or mobile integrated healthcare program medical director may be sought

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with regard to the matter. <del>[In the event of an action against an organization, the</del>
determination that an immediate temporary suspension is necessary in order to
protect the public shall be made by the chair of the board, or his or her designee, in
writing. ]When [this action may be ]necessary to protect the public, the executive
director, in writing, shall issue an emergency order suspending the licensee or
certificate holder. Upon appeal of an emergency order, an emergency hearing shall
be conducted in accordance with KRS 13B.125.

- 8 (2) No board member shall be disqualified from serving on a disciplinary action 9 hearing panel for the reason that he or she has previously sat on a preliminary 10 inquiry panel hearing of the same licensee or certification holder.
- 11 (3) Disciplinary actions in which a license or certification has been temporarily suspended and a hearing shall be held in accordance with KRS 13B.125 within ninety (90) days unless the defendant requests an extension of time.
- 14 (4) The order of immediate temporary suspension shall remain in effect until either 15 retracted or superseded by final disciplinary action by the office of the board. In 16 cases where disciplinary action is imposed, the office of the board may additionally 17 order that the temporary suspension continue in effect until the later expiration of 18 time permitted for appeal or termination of the appellate process.
  - → Section 10. KRS 311A.130 is amended to read as follows:
- 20 (1) The conduct of proper in-service training, including but not limited to in-house in-21 service training, in accordance with the standards specified by this chapter, 22 administrative regulations, and the standards of relevant United States Department 23 of Transportation curricula shall be that of the provider of the in-service training.
- 24 (2) If in-service training is conducted by an ambulance *provider*[service], emergency
  25 medical services provider, or *training*[educational] institution, the organization, the
  26 instructor, and its medical director share responsibility for the provision of training
  27 *that*[which] meets or exceeds the requirements of subsection (1) of this section.

1	(3)	Persons and organizations providing in-service training for any emergency medical
2		services personnel shall keep the records required by the board or cabinet by
3		administrative regulation and shall make them available to a representative of the
4		board <i>or cabinet</i> upon request.

- Failure to keep a record required by the board <u>or cabinet</u> by administrative regulation or required to be kept by statute, falsifying a record, or grossly negligently maintaining a record required to be kept by administrative regulation or statute shall be subject to action by the office of the board *or cabinet*.
- 9 (5) Providing in-service training not meeting or exceeding the requirements specified in subsections (1) and (2) of this section shall be subject to action of the office of the board *or cabinet*.
- 12 (6) Penalties specified in this section shall be in addition to any action <u>that</u>[which] the
  13 board <u>or cabinet</u> may be permitted to take against the license or certification of any
  14 person or organization.
- 15 (7) The board may refuse to recognize any in-service training not conducted in 16 accordance with the provisions of this chapter, United States Department of 17 Transportation curricula, or administrative regulations promulgated pursuant to this 18 chapter. If the board determines that in-service training will not be accepted, the 19 denial of credit shall be extended to all persons who completed that specific in-20 service training.
- → Section 11. KRS 311A.170 is amended to read as follows:
- 22 (1) Subject to the provisions of this section, a paramedic may perform any procedure:
- 23 (a) Specified in the most recent curriculum of the United States Department of
  24 Transportation training course for paramedics; and
- 25 (b) Any additional procedure specified by the board by administrative regulation.
- 26 (2) When there is a change in the United States Department of Transportation 27 curriculum for paramedics, or the board approves an additional skill or procedure by

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administrative regulation, or *the cabinet* approves a protocol differing from the curriculum or administrative regulations, no person who was not trained under that curriculum, *[or ]*administrative regulation, *or protocol* shall perform any activity or procedure in the new curriculum, administrative regulation, or protocol unless the person has been trained according to the new curriculum, administrative regulation, or protocol and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the board adopts the new procedure or skill, the board shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the paramedic shall successfully complete the material or lose his or her license as a paramedic.

- (3) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A establishing the educational requirements, testing requirements, credentialing, and licensure requirements of advanced practice paramedics. Advanced practice paramedics shall validate competency as prescribed in administrative regulations and be identified as one (1) or more of the following certification levels of advanced practice paramedic:
- 19 (a) Certified community paramedic;
- 20 (b) Certified critical care paramedic;
- 21 (c) Certified flight paramedic;

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- 22 (d) Certified tactical paramedic; or
- 23 (e) Certified wilderness paramedic.
- 24 (4) A paramedic may draw blood samples from a criminal defendant upon the request 25 of a peace officer and the consent of the defendant, or without the consent of the 26 defendant upon receipt of a court order requiring the procedure, if the paramedic is 27 authorized to do so by his or her employer. The authorization shall be in writing and

1	may be by general written policy of the employer and the [service's ]medical
2	director. The paramedic who drew the blood sample shall deliver the sample to the
3	peace officer or other person specified by the court in a court order and shall testify
4	in court with regard thereto upon service of a proper subpoena.

- A paramedic shall be permitted to render services only under the supervision of a certified emergency medical services medical director, certified mobile integrated healthcare program medical director, or under the direct supervision of an emergency department medical director.
- 9 (6) A paramedic holding board certification as a community paramedic may provide 10 mobile integrated healthcare services only as an employee of a mobile integrated 11 healthcare program holding a Class V mobile integrated healthcare license in 12 affiliation with a Class I ground ambulance provider.

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- (7) Any provision of this chapter other than this section relating to the requirement for additional training, requirement for skill examination, or approval of standing orders, protocols, or medical procedures to the contrary notwithstanding, a paramedic may be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to the following conditions:
  - (a) The hospital in collaboration with the medical staff shall provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice;
  - (b) A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced practice registered nurse, or as delegated by a registered nurse;
  - (c) Subject to the provisions relating to the scope of practice of a paramedic, a hospital may require a paramedic to take additional training on any subject or skill *that*[which] the paramedic may be required to perform in *that*[a] hospital and demonstrate competency in the skill or subject to a competent evaluator;

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2 (d) The paramedic does not violate the provisions of KRS 311A.175 or any other statute or administrative regulation relating to a paramedic.

No provision of this section shall prevent a paramedic from being employed in any other section of the hospital where the paramedic's job duties do not require certification or licensure by the board and do not otherwise constitute the unlawful practice of medicine.

- (8) Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of providing medical services to its citizens nor prevent the employer from exercising any reasonable control over paramedics providing care on behalf of the licensed entity.
- → Section 12. KRS 311A.175 is amended to read as follows:
- 14 (1) No certified emergency medical responder shall perform any act or procedure
  15 <u>that</u>[which] exceeds the scope of practice of an emergency medical responder as
  16 specified in this chapter and in administrative regulations promulgated by the board.
- 17 (2) No emergency medical technician shall perform any act or procedure <u>that</u>[which]
  18 exceeds the scope of practice of an emergency medical technician as specified in
  19 this chapter and in administrative regulations promulgated by the board.
- 20 (3) No advanced emergency medical technician shall perform any act or procedure
  21 that[which] exceeds the scope of practice of an advanced emergency medical
  22 technician as specified in this chapter and in administrative regulations promulgated
  23 by the board.
- 24 (4) No paramedic shall perform any act or procedure <u>that</u>[which] exceeds the scope of practice of a paramedic as specified in this chapter, administrative regulations promulgated by the board, <u>or</u> protocol, standing order, or other document approved by the <u>cabinet[board]</u>.

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1 (5) A certified emergency responder, emergency medical technician, advanced 2 emergency medical technician, or licensed paramedic is presumed to know the 3 standards of practice for his or her level of certification or licensure.

4 (6) It is the legal duty of an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic to refuse to perform any act or procedure *that*[which] is beyond the scope of practice for his or her level of certification or licensure regardless of whether that act or procedure is ordered by a physician, physician assistant, medical director, advanced practice registered nurse, registered nurse, or supervisor.

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- (7) No employer or organization for which an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic has volunteered shall reprimand, discipline, or dismiss an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic who has refused to perform an act or procedure <a href="mailto:that[which]">that[which]</a> the emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic knows is in violation of the provisions of this section. Violation of this section by an employer or by an organization for which an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic has volunteered shall be grounds for a legal action for wrongful discipline or wrongful discharge, as appropriate.
- 22 (8) The provisions of this section shall not apply to an order to perform an act or procedure:
- 24 (a) For which a license or certification by the board is not required and which 25 otherwise do not constitute the unlawful practice of medicine; or
- 26 (b) For which no license or certification is required and does not involve medical 27 care or treatment; or

1	(c) For which a license or certification issued by an agency other than the board is
2	required and the emergency medical responder, emergency medical
3	technician, advanced emergency medical technician, or paramedic holds such
4	a license or certification.
5	→SECTION 13. A NEW SECTION OF KRS CHAPTER 216B IS CREATED
6	TO READ AS FOLLOWS:
7	As used in Sections 13 to 20 of this Act:
8	(1) "Ambulance" has the same meaning as in Section 1 of this Act;
9	(2) "Ambulance provider" has the same meaning as in Section 1 of this Act; and
10	(3) "Emergency medical services field provider" or "EMS field provider" means an
11	individual who, under KRS Chapter 311A, is certified as an emergency medical
12	responder, emergency medical technician, or advanced emergency medical
13	technician, or is licensed as a paramedic.
14	→SECTION 14. A NEW SECTION OF KRS CHAPTER 216B IS CREATED
15	TO READ AS FOLLOWS:
16	(1) The cabinet shall carry out the functions of this chapter and shall:
17	(a) License and regulate ambulance providers;
18	(b) Inspect ambulance providers;
19	(c) Conduct investigations on complaints and handle disciplinary action
20	relating to ambulance providers;
21	(d) Prescribe, collect, and enforce emergency medical services data reporting
22	requirements, including as required by subsection (3) of this section, and
23	participate in the National Emergency Medical Services Information
24	System;
25	(e) Review medical protocols as required by subsection (2) of this section and
26	Section 19 of this Act; and
27	(f) Promulgate administrative regulations necessary to implement Sections 13

1		to 20 of this Act.
2	<u>(2)</u>	The cabinet shall employ or contract with a licensed physician residing in
3		Kentucky who is board-certified in emergency medicine and fix the
4		compensation. The physician shall serve as the medical advisor to the cabinet and
5		review and approve or deny medical protocols submitted by ambulance providers
6		as provided by Section 19 of this Act.
7	<u>(3)</u>	The cabinet shall:
8		(a) Establish minimum data reporting requirements, including but not limited
9		to requirements specifically related to emergency medical services, trauma
10		care for children, ambulance providers, and medical first responders;
11		(b) Establish a central repository in the cabinet for all data required to be
12		reported under paragraph (a) of this subsection;
13		(c) Analyze the data required to be reported under paragraph (a) of this
14		subsection to make recommendations for improving emergency services or
15		to take advantage of grant opportunities as required by paragraph (e) of this
16		subsection or by Section 5 of this Act;
17		(d) Apply for, receive, and dispose of federal, state, or private funds by grant,
18		appropriation, donation, or otherwise for emergency medical services
19		programs, personnel, and equipment; and
20		(e) Develop, monitor, and encourage other projects and programs that may be
21		of benefit to emergency medical services in the Commonwealth.
22	<u>(4)</u>	The cabinet may consult with the Kentucky Board of Emergency Medical
23		Services as necessary to implement subsection (3) of this section.
24	<u>(5)</u>	The cabinet may establish an advisory committee to make recommendations
25		regarding the implementation of Sections 13 to 20 of this Act and to improve
26		emergency medical services.
27		→SECTION 15. A NEW SECTION OF KRS CHAPTER 216B IS CREATED

1	TO READ AS FOLLOWS:
2	(1) No person who is not a licensed ambulance provider, or whose license to do so
3	has been suspended, revoked, or denied, shall operate an ambulance service.
4	(2) Notwithstanding any other statute to the contrary, nothing in Sections 13 to 20 o
5	this Act shall change or alter the way in which 911 service or response areas are
6	defined or operated. An ambulance provider that holds a license to operate a 91.
7	ambulance service shall comply with the current process established at the local
8	level for 911 dispatch calls and service areas.
9	(3) (a) Except as provided by paragraph (b) of this subsection, an ambulance
10	provider shall be licensed by the cabinet as required by Sections 13 to 20 o
11	this Act.
12	(b) A license to operate an ambulance agency issued by the Kentucky Board of
13	Emergency Medical Services that was in effect on the day prior to the
14	effective date of this Act shall expire on December 31, 2022, unless the
15	ambulance provider renews that license in accordance with the
16	requirements established by the cabinet.
17	(4) The cabinet may promulgate administrative regulations to enforce the provision.
18	of this section.
19	→Section 16. KRS 311A.030 is repealed, reenacted as a new section of KRS
20	Chapter 216B, and amended to read as follows:
21	(1) The <u>cabinet[board]</u> shall promulgate administrative regulations in accordance with
22	KRS Chapter 13A to carry out the functions of <u>Sections 13 to 20 of this Act</u> [thi
23	<del>chapter]</del> , including but not limited to <del>[:</del>
24	(1) ]licensing, inspecting, and regulating of ambulance <u>providers</u> [ services], mobile
25	integrated healthcare programs, and medical first [-]response providers. The
26	administrative regulations shall address specific requirements for:

Class I Ground ambulance providers, which provide basic life support or

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(a)

1			advanced life support services to all patients for emergencies or scheduled
2			ambulance transportation <u>that</u> [which] is medically necessary;
3		(b)	Class II Ground ambulance providers, which provide only basic life support
4			services but do not provide initial response to the general population with
5			medical emergencies and which are limited to providing scheduled ambulance
6			transportation that which is medically necessary;
7		(c)	Class III Ground ambulance providers, which provide mobile intensive care
8			services at or above the level of advanced life support to patients with critical
9			illnesses or injuries who must be transported between hospitals in vehicles
10			with specialized equipment as an extension of hospital-level care;
11		(d)	Class IV Ground ambulance providers, which provide basic life support or
12			advanced life support services and transportation for restricted locations such
13			as industrial sites and other sites that do not provide services outside a
14			designated site;
15		(e)	Class V Mobile integrated healthcare programs, which do not transport
16			patients as a function of the program and which must be operated by or in
17			affiliation with a Class I ambulance provider that provides emergency medical
18			response in the geographic area;
19		(f)	Class VI medical first response providers, which provide basic or advanced
20			life support services, but do not transport patients;
21		(g)	Class VII air ambulance providers, which provide basic or advanced life
22			support services; and
23		(h)	Class VIII event medicine providers, which provide basic or advanced life
24			support services, but do not transport patients.[; and]
25	(2)	<u>The</u>	cabinet may promulgate administrative regulations in accordance with KRS
26		<u>Cha</u>	pter 13A, to amend, add to, or eliminate the categories of ambulance
27		prov	viders listed under subsection (1) of this section.

1	<u>(3)</u>	The cabinet shall promulgate administrative regulations in accordance with KRS
2		Chapter 13A to:
3		(a) Define and apply levels of emergent care response for all ambulance
4		providers regulated under Sections 13 to 20 of this Act;
5		(b) Establish a procedure for receiving, investigating, and resolving complaints
6		about ambulance providers and employees thereof;
7		(c) Develop a process to review and either approve or disapprove protocols for
8		ambulance providers;
9		(d) Establish a process for licensed ambulance providers to amend their
10		designated service areas, including the service areas for which a certificate
11		of need was issued prior to the effective date of this Act;
12		(e) Require applicants for ambulance provider licensure to specify the
13		geographic service area to be served by the applicant; and
14		(f) Establish the following minimum requirements:
15		1. Unless required by the United States Centers for Medicare and
16		Medicaid Services, an ambulance shall not be needed to transport a
17		patient to a hospital's own helipad or to a necessary service, including
18		but not limited to mobile imaging, located on or adjacent to the
19		hospital campus; and
20		2. Ambulance providers shall not discriminate in the transport of
21		patients, regardless of whether the patient is seeking physical health
22		treatment or behavioral health treatment[Licensing, inspecting, and
23		regulating of emergency medical services training institutions.
24	-Not	hing in this section shall be construed to change or alter the issuance of certificates of
25	need	l for emergency medical services providers].
26		→Section 17. KRS 311A.032 is repealed, reenacted as a new section of KRS
27	Cha	pter 216B, and amended to read as follows:

1	(1)	Eacl	n licensed ambulance provider[, as defined in KRS 311A.010,] shall:
2		(a)	Post in a conspicuous area of the main office, any satellite location, and on the
3			company Web site, if the company hosts or otherwise maintains a Web site
4			itself or through contract with another party, a comprehensive fee schedule of
5			all services provided that is consistent with the Healthcare Common
6			Procedure Coding System (HCPCS). The fee schedule shall:
7			1. Clearly identify fees for services including base rates, mileage,
8			disposable supply fees, and any other potential fees for services
9			provided; and
10			2. Be documented in understandable language with sufficient explanation
11			to allow consumers to draw meaningful comparisons of fees among
12			licensed ambulance providers;
13		(b)	Provide a copy of this fee schedule to a beneficiary at the time of service upon
14			request;
15		(c)	Update fee schedules within fifteen (15) calendar days of any modification;
16			and
17		(d)	Submit a report of an initial ambulance provider fee schedule and any
18			subsequent modifications to the <u>cabinet</u> [Kentucky Board of Emergency
19			Medical Services]. The report shall be subject to open records requests under
20			KRS 61.870 to 61.884.
21	(2)	The	<u>cabinet may</u> [Kentucky Board of Emergency Medical Services shall]:
22		(a)	Assess a licensed ambulance provider a monetary penalty of one hundred fifty
23			dollars (\$150) per occurrence for failure to post or update a modified fee
24			schedule as required under subsection (1) of this section; and

26 promulgated by the Kentucky Board of Emergency Medical Services].

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27 (3) The <u>cabinet</u>[Kentucky Board of Emergency Medical Services] shall promulgate

Issue a statement of violation consistent with administrative regulations

1	administrative regulations in accordance with KRS Chapter 13A to implement [the
2	provisions of ]this section.

- 3 → Section 18. KRS 311A.155 is repealed, reenacted as a new section of KRS 4 Chapter 216B, and amended to read as follows:
- There shall be an emergency medical services grant program to provide funding to
  each county for the direct operation of emergency medical services, including but
  not limited to purchase or lease of ambulances or equipment. Funds available shall
  not be used to fund personnel or consultant salaries.
- 9 (2) Funds appropriated to or received by the emergency medical services grant program shall be placed in a trust and agency account in the State Treasury and shall not lapse.
- 12 (3) The <u>cabinet[board]</u> shall administer the emergency medical services grant program
  13 and may promulgate administrative regulations <u>in accordance with KRS Chapter</u>
  14 <u>13A</u>, which shall include but not be limited to funding criteria necessary for its
  15 implementation and operation.
- 16 (4) Twenty percent (20%) of the funds received each fiscal year for the grant program
  17 may be withheld from general distribution and shall be distributed for emergency
  18 purposes only.
- 19 (5) Grants may be made each fiscal year to each county fiscal court determined to be 20 eligible the cabinet[board] for distribution to public by ambulance 21 providers[services] operated by or for the county. A county may keep funds 22 appropriated to them for a period of two (2) years, if desired, for expenditure for 23 authorized purposes. At the end of two (2) years from the date of the receipt of the 24 grant, the county shall return any funds remaining unexpended to the emergency 25 medical services grant fund. Each expenditure made by the fiscal court from grant 26 funds provided to the county shall be documented, with appropriate receipts or other 27 documents, and a copy of each receipt or other document shall be provided to the

<u>cabinet</u> [board] to verify that the expenditure was proper. The <u>cabinet</u> [board] shall
require reimbursement to the emergency medical services fund by the county, with
interest at a rate of twenty percent (20%) annually, for any funds expended for ar
unauthorized purpose. If the county fails or refuses to reimburse the fund, the
<u>cabinet</u> [board] shall notify the Attorney General, who shall seek appropriate civil
and criminal remedies.

- 7 (6) The <u>cabinet</u>[board] shall, annually, by January 1, promulgate administrative regulations <u>in accordance with KRS Chapter 13A</u> specifying items of equipment and other authorized expenditures for the upcoming fiscal year. No funds shall be provided to the county until after the start of the fiscal year.
  - (7) The <u>cabinet</u>[board] may, in the event of a documented situation <u>that</u>[which] the <u>cabinet</u>[board] considers to be an emergency and beyond the ability of the county to pay, provide emergency funding to the fiscal court for an ambulance or authorized equipment <u>that</u>[which] has been damaged or destroyed. Normal replacement of an ambulance or equipment shall not be considered an emergency. The amount of funding that may be provided by the <u>cabinet</u>[board] shall not exceed ten thousand dollars (\$10,000). Only one (1) emergency funding request shall be granted for any county in each fiscal year. The amount of the emergency grant to the county shall be deducted from the county's grant for the next fiscal year.
- 20 → Section 19. KRS 311A.180 is repealed, reenacted as a new section of KRS 21 Chapter 216B, and amended to read as follows:
- 22 (1) Each emergency medical services medical director for an ambulance
  23 <u>provider[service]</u>, or other emergency medical services provider, shall submit:
- 24 (a) His or her protocols, including the pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients;
- 26 (b) His or her standing orders; and

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27 (c) Similar medical control documents to the <u>cabinet</u>[board] for approval prior to

1 placing the document in use.

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(2) The medical advisor for the *cabinet*[board] shall review each document submitted to ascertain if it is in accordance with accepted standards of medical care and in accordance with the provisions of this chapter and administrative regulations promulgated thereunder. If the protocol, standing order, or other medical control document clearly violates the accepted standards of medical care, this chapter, or an administrative regulation, the medical advisor shall notify the emergency medical services medical director of the exact violation and recommend a correction thereof. (3) Following review of protocol, standing order, and medical control documents and giving the emergency medical services medical director who submitted the documents an opportunity to review the medical advisor's comments, the medical advisor shall submit the documents together with his or her comments to the *cabinet*[board] for approval or disapproval. (4) The *cabinet*[board] shall approve, disapprove, or approve with modifications protocol, standing order, and medical control documents submitted by the emergency medical services medical director at its next regular or special meeting following the submission of the documents. (5) If a protocol, standing order, or other medical control document is disapproved by the board, the emergency medical services medical director who submitted it may appeal the decision to the Franklin Circuit Court. If the decision of the board is appealed to the Franklin Circuit Court, the board shall bear the burden of proving that the protocol, standing order, or other medical control document violates the accepted standards of medical care, or an administrative regulation]. The *cabinet*[board] shall, by administrative regulation, specify a schedule for  $(5)^{(6)}$ submission and prompt review and decision making with regard to protocols,

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standing orders, and medical control documents submitted to the *cabinet*[board]. A

medical protocol, standing order, or medical control document submitted to the

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1		cabinet by a medical director who is board-certified in emergency medical					
2		services shall be deemed approved forty-five (45) days following the date of					
3	submission unless the cabinet provides written notice prior to that date that the						
4		protocol, standing order, or other document is disapproved or requires					
5		modification.					
6		→ Section 20. KRS 311A.190 is repealed, reenacted as a new section of KRS					
7	Chaj	oter 216B, and amended to read as follows:					
8	(1)	Each licensed ambulance provider, mobile integrated healthcare program, and					
9		medical first response provider as defined in this chapter shall collect and provide to					
10		the <u>cabinet</u> [board] patient care record data and information required by the					
11		<u>cabinet</u> [board by this chapter and administrative regulation].					
12	(2)	The cabinet shall promulgate administrative regulations in accordance with KRS					
13		Chapter 13A to establish requirements governing:					
14		(a) Patient records and run reports to be collected and maintained by each					
15		licensed ambulance provider, mobile integrated healthcare program, or					
16		medical first response provider;					
17		(b) Submission of the information from those records and run reports to the					
18		cabinet; and					
19		(c) Personnel recordkeeping requirements.					
20	<u>(3)</u>	The <u>cabinet</u> [board] shall develop a patient care record form for the use of each class					
21		of ambulance provider, mobile integrated healthcare program, and medical first					
22		response provider containing the data required in subsections (1) and					
23		(2)[subsection (1)] of this section. An ambulance provider, mobile integrated					
24		healthcare program, or medical first response provider may utilize any patient care					
25		record form it chooses in lieu of or in addition to the <u>cabinet[board]</u> developed					
26		patient care record form. However, the data captured on the patient care record form					
27		utilized by the ambulance [service] provider, mobile integrated healthcare program,					

1	or medical first response provider shall include at least the [that] data that [which] is
2	required by the administrative regulations promulgated pursuant to <u>subsections (1)</u>
3	and (2)[subsection (1)] of this section.
4	(4)[(3)] An ambulance provider, mobile integrated healthcare program, or medical
5	first response provider shall report the required patient care record data [as
6	prescribed through administrative regulations promulgated by the board ]by
7	transmitting the required data and information to the <i>cabinet</i> [board] in an electronic
8	format. If the $\underline{\textit{cabinet}}[\text{board}]$ requires the use of a specific electronic format, $\underline{\textit{the}}$
9	<u>cabinet</u> [it] shall provide a copy of the file layout requirements, in either written or
10	electronic format, to the licensed ambulance provider or medical first response
11	provider at no charge.
12	(5)[(4)] In collaboration with the board, the cabinet shall[The board may] publish a
13	comprehensive annual report reflecting the data collected, injury and illness data,
14	treatment utilized, and other information deemed important by the <u>cabinet</u> [board].
15	The annual report shall not include patient identifying information or any other
16	information identifying a natural person. A copy of the comprehensive annual
17	report, if issued, shall be forwarded to the Governor and the General Assembly.
18	(6)[(5)] Ambulance provider, mobile integrated healthcare program and medical first
19	response provider patient care records and the information transmitted electronically
20	to the <u>cabinet[board]</u> shall be confidential <u>and in compliance with HIPAA privacy</u>
21	rules referenced in 45 C.F.R. pt. 164. No person shall make an unauthorized
22	release of information on an ambulance provider, mobile integrated healthcare
23	program, or medical first response provider patient care record. Only the patient or
24	the patient's parent or legal guardian if the patient is a minor, or the patient's legal
25	guardian or person with proper power of attorney if the patient is under legal
26	disability as being incompetent or mentally ill, or a court of competent jurisdiction
27	may authorize the release of information on a patient's care record or the inspection

or copying of the patient care record. Any authorization for the release of information or for inspection or copying of a patient care record shall be in writing.

(7)[(6)] An ambulance provider or medical first response provider that collects patient

data through electronic means shall have the means of providing a patient care record or summary report that includes all required data elements to the medical care facility. A copy of the medical first response patient care record or summary report of the patient care record and patient information shall be made available to the ambulance *provider*[service] that transports the patient. A copy of the ambulance *transportation and medical*[run] report *forms*[form] shall be made available to any medical care facility to which a patient is transported and shall be included in the patient's medical record by that facility. If a patient is not transported to a medical facility, the copy of the patient care record that is to be given to the transporting ambulance provider or medical care facility shall be given to the patient or to the patient's parent or legal guardian upon request. If the ambulance provider, medical facility, patient, or patient's legal guardian refuses delivery of their patient care record or is unavailable to receive the form, that copy of the patient care record shall be returned to the medical first response provider or ambulance provider and destroved.

(8)[(7)] All ambulance <u>providers</u>[services] and mobile integrated healthcare programs shall be required to keep adequate reports and records to be maintained at the ambulance base headquarters and to be available for periodic review as deemed necessary by the *cabinet*[board]. Required records and reports are as follows:

- (a) Employee records, including a resume of each employee's training and experience and evidence of current certification or licensure; and
- 25 (b) Health records of all personnel including records of all illnesses or accidents occurring while on duty.
- 27 (9)[(8)] Data and records generated and kept by the board, the cabinet, or their[its]

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contractors regarding the evaluation of emergency medical care, mobile integrated healthcare programs, and trauma care in the Commonwealth, including the identities of patients, emergency medical services personnel, ambulance providers, medical first-response providers, and emergency medical facilities, shall be confidential, shall not be subject to disclosure under KRS 61.805 to 61.850 or KRS 61.870 to 61.884, shall not be admissible in court for any purpose, and shall not be subject to discovery. However, nothing in this section shall limit the discoverability or admissibility of patient medical records regularly and ordinarily kept in the course of a patient's treatment that otherwise would be admissible or discoverable.

→ Section 21. KRS 216B.020 is amended to read as follows:

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(1)

The provisions of this chapter that relate to the issuance of a certificate of need shall not apply to ambulance services, abortion facilities as defined in KRS 216B.015; any hospital which does not charge its patients for hospital services and does not seek or accept Medicare, Medicaid, or other financial support from the federal government or any state government; assisted living residences; family care homes; state veterans' nursing homes; services provided on a contractual basis in a rural primary-care hospital as provided under KRS 216.380; community mental health centers for services as defined in KRS Chapter 210; primary care centers; rural health clinics; private duty nursing services operating as nursing pools; group homes; licensed residential crisis stabilization units; licensed free-standing residential substance use disorder treatment programs with sixteen (16) or fewer beds, but not including Levels I and II psychiatric residential treatment facilities or licensed psychiatric inpatient beds; outpatient behavioral health treatment, but not including partial hospitalization programs; end stage renal disease dialysis facilities, freestanding or hospital based; swing beds; special clinics, including but not limited to wellness, weight loss, family planning, disability determination, speech and hearing, counseling, pulmonary care, and other clinics which only provide

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diagnostic services with equipment not exceeding the major medical equipment cost threshold and for which there are no review criteria in the state health plan; nonclinically related expenditures; nursing home beds that shall be exclusively limited to on-campus residents of a certified continuing care retirement community; home health services provided by a continuing care retirement community to its oncampus residents; the relocation of hospital administrative or outpatient services into medical office buildings which are on or contiguous to the premises of the hospital; the relocation of acute care beds which occur among acute care hospitals under common ownership and which are located in the same area development district so long as there is no substantial change in services and the relocation does not result in the establishment of a new service at the receiving hospital for which a certificate of need is required; the redistribution of beds by licensure classification within an acute care hospital so long as the redistribution does not increase the total licensed bed capacity of the hospital; residential hospice facilities established by licensed hospice programs; or the following health services provided on site in an existing health facility when the cost is less than six hundred thousand dollars (\$600,000) and the services are in place by December 30, 1991: psychiatric care where chemical dependency services are provided, level one (1) and level two (2) of neonatal care, cardiac catheterization, and open heart surgery where cardiac catheterization services are in place as of July 15, 1990. [The provisions of this section shall not apply to nursing homes, personal care homes, intermediate care facilities, and family care homes; or nonconforming ambulance services as defined by administrative regulation. These listed facilities or services shall be subject to licensure, when applicable.

(2) Nothing in this chapter shall be construed to authorize the licensure, supervision, regulation, or control in any manner of:

27 (a) Private offices and clinics of physicians, dentists, and other practitioners of

1		the healing arts, except any physician's office that meets the criteria set forth
2		in KRS 216B.015(5) or that meets the definition of an ambulatory surgical
3		center as set out in KRS 216B.015;
4	(b)	Office buildings built by or on behalf of a health facility for the exclusive use
5		of physicians, dentists, and other practitioners of the healing arts; unless the

- of physicians, dentists, and other practitioners of the healing arts; unless the physician's office meets the criteria set forth in KRS 216B.015(5), or unless the physician's office is also an abortion facility as defined in KRS 216B.015, except no capital expenditure or expenses relating to any such building shall be chargeable to or reimbursable as a cost for providing inpatient services offered by a health facility;
- (c) Outpatient health facilities or health services that:

- Do not provide services or hold patients in the facility after midnight;
   and
- 2. Are exempt from certificate of need and licensure under subsection (3) of this section:
- (d) Dispensaries and first-aid stations located within business or industrial establishments maintained solely for the use of employees, if the facility does not contain inpatient or resident beds for patients or employees who generally remain in the facility for more than twenty-four (24) hours;
- (e) Establishments, such as motels, hotels, and boarding houses, which provide domiciliary and auxiliary commercial services, but do not provide any health related services and boarding houses which are operated by persons contracting with the United States Department of Veterans Affairs for boarding services;
- (f) The remedial care or treatment of residents or patients in any home or institution conducted only for those who rely solely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any recognized

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1			church or religious denomination and recognized by that church or
2			denomination; and
3		(g)	On-duty police and fire department personnel assisting in emergency
4			situations by providing first aid or transportation when regular emergency
5			units licensed to provide first aid or transportation are unable to arrive at the
6			scene of an emergency situation within a reasonable time.
7	(3)	The	following outpatient categories of care shall be exempt from certificate of need
8		and	licensure on July 14, 2018:
9		(a)	Primary care centers;
10		(b)	Special health clinics, unless the clinic provides pain management services
11			and is located off the campus of the hospital that has majority ownership
12			interest;
13		(c)	Specialized medical technology services, unless providing a State Health Plan
14			service;
15		(d)	Retail-based health clinics and ambulatory care clinics that provide
16			nonemergency, noninvasive treatment of patients;
17		(e)	Ambulatory care clinics treating minor illnesses and injuries;
18		(f)	Mobile health services, unless providing a service in the State Health Plan;
19		(g)	Rehabilitation agencies;
20		(h)	Rural health clinics; and
21		(i)	Off-campus, hospital-acquired physician practices.
22	(4)	The	exemptions established by subsections (2) and (3) of this section shall not apply
23		to th	e following categories of care:
24		(a)	An ambulatory surgical center as defined by KRS 216B.015(4);
25		(b)	A health facility or health service that provides one (1) of the following types
26			of services:
27			1. Cardiac catheterization;

1		2. Megavoltage radiation therapy;
2		3. Adult day health care;
3		4. Behavioral health services;
4		5. Chronic renal dialysis;
5		6. Birthing services; or
6		7. Emergency services above the level of treatment for minor illnesses or
7		injuries;
8		(c) A pain management facility as defined by KRS 218A.175(1);
9		(d) An abortion facility that requires licensure pursuant to KRS 216B.0431; or
10		(e) A health facility or health service that requests an expenditure that exceeds the
11		major medical expenditure minimum.
12	(5)	An existing facility licensed as an intermediate care or nursing home shall notify the
13		cabinet of its intent to change to a nursing facility as defined in Public Law 100-
14		203. A certificate of need shall not be required for conversion of an intermediate
15		care or nursing home to the nursing facility licensure category.
16	(6)	[Ambulance services owned and operated by a city government, which propose to
17		provide services in coterminous cities outside of the ambulance service's designated
18		geographic service area, shall not be required to obtain a certificate of need if the
19		governing body of the city in which the ambulance services are to be provided
20		enters into an agreement with the ambulance service to provide services in the city.
21	<del>(7)</del>	
22		community's nursing home beds shall not be certified as Medicaid eligible unless a
23		certificate of need has been issued authorizing applications for Medicaid
24		certification. The provisions of subsection (5) of this section notwithstanding, a
25		continuing care retirement community shall not change the level of care licensure
26		status of its beds without first obtaining a certificate of need.
27		→ Section 22. KRS 216B.095 is amended to read as follows:

(1)	An applicant may waive the procedures for formal review of an application for a
	certificate of need and request a nonsubstantive review as provided below. The
	cabinet may grant or deny nonsubstantive review status within ten (10) days of the
	date the application is deemed completed and shall give notice to all affected
	persons of the decision to conduct a nonsubstantive review. Any affected person
	other than the applicant may request a hearing by filing a request with the cabinet
	within ten (10) days of the notice to conduct a nonsubstantive review. As
	applicable, hearings shall be conducted as provided in KRS 216B.085. Based solely
	upon the record established with regard to the matter, the cabinet shall approve or
	deny a certificate of need on all projects assigned nonsubstantive review status
	within thirty-five (35) days of the determination of nonsubstantive review status. If
	the application is denied nonsubstantive review status, it shall automatically be
	placed in the formal review process.

- 14 If a certificate of need is denied following a nonsubstantive review, the applicant 15 may request that the application be placed in the next cycle of the formal review 16 process. Nothing in this subsection shall require an applicant to pursue a formal review before obtaining judicial review pursuant to KRS 216B.115.
- 18 (3) The cabinet may grant nonsubstantive review status to an application for a 19 certificate of need which is required:
- 20 To change the location of a proposed health facility; (a)
- 21 (b) To replace or relocate a licensed health facility, if there is no substantial 22 change in health services or substantial change in bed capacity;
- 23 (c) To replace or repair worn equipment if the worn equipment has been used by 24 the applicant in a health facility for five (5) years or more;
- 25 (d) For cost escalations; or

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- 26 [To establish an industrial ambulance service; or
- 27 -In other circumstances the cabinet by administrative regulation may

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(4) Notwithstanding any other provision to the contrary in this chapter, the cabinet may approve a certificate of need for a project required for the purposes set out in paragraphs (a) to (e)[(f)] of subsection (3) of this section, unless it finds the facility or service with respect to which the capital expenditure is proposed to be made is not required; or to the extent the facility or services contemplated by the proposed capital expenditure is addressed in the state health plan, the cabinet finds that the capital expenditure is not consistent with the state health plan.

- (5) The decision of the cabinet approving or denying a certificate of need pursuant to this section shall be final for purposes of judicial appeal, unless the applicant requests the application be placed in the formal review process. An approved certificate shall be issued thirty (30) days after notice of the cabinet's decision, unless a judicial appeal is taken and issuance is enjoined by the court.
- Notwithstanding any other provision of law, the cabinet shall not grant nonsubstantive review status to a certificate of need application that indicates an intent to apply for Medicaid certification of nursing home beds within a continuing care retirement community established under KRS 216B.015, 216B.020, 216B.330, and 216B.332.
- 19 (7) Notwithstanding any provision of state law or the state health plan promulgated by
  20 administrative regulation in accordance with KRS 216B.040, the cabinet shall grant
  21 nonsubstantive review for a certificate of need proposal to establish an ambulatory
  22 surgical center if the applicant complies with the following:
  - (a) The applicant is an ambulatory surgical center that was organized and in operation as the private office of a physician or physician group prior to October 1, 2006;
- 26 (b) 1. The cabinet's general counsel has submitted a letter to the Accreditation
  27 Association for Ambulatory Health Care advising that the cabinet does

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not object to the applicant's parent company applying for and obtaining

Medicare certification; or

(1)

- The applicant is an ambulatory surgical center that has received from the cabinet a favorable advisory opinion dated June 14, 2005, confirming that the applicant would be exempt from the certificate of need or licensure requirement;
- (c) The applicant's ambulatory surgical center has been inspected and accredited by the Accreditation Association for Ambulatory Health Care since December 31, 2006, and has maintained accreditation with that organization consistently since that time; and
  - (d) The applicant was a party to litigation concerning the ambulatory surgical center and physician office issue and, prior to July 12, 2012, obtained a Court of Appeals ruling in its favor.
  - → Section 23. KRS 42.738 is amended to read as follows:
- The executive director shall establish and implement a statewide public safety interoperability plan. This plan shall include the development of required architecture and standards that will insure that new or upgraded Commonwealth public safety communications systems will interoperate. The Kentucky Wireless Interoperability Executive Committee shall be responsible for the evaluation and recommendation of all wireless communications architecture, standards, and strategies. The executive director shall provide direction, stewardship, leadership, and general oversight of information technology and information resources. The executive director shall report by September 15 annually to the Interim Joint Committee on Seniors, Veterans, Military Affairs, and Public Protection and the Interim Joint Committee on State Government on progress and activity by agencies of the Commonwealth to comply with standards to achieve public safety communications interoperability.

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(2)	The Kentucky Wireless Interoperability Executive Committee shall serve as the
	advisory body for all wireless communications strategies presented by agencies of
	the Commonwealth and local governments. All state agencies in the
	Commonwealth shall present all project plans for primary wireless public safety
	voice or data communications systems for review and recommendation by the
	committee, and the committee shall forward the plans to the executive director for
	final approval. Local government entities shall present project plans for primary
	wireless public safety voice or data communications systems for review and
	recommendation by the Kentucky Wireless Interoperability Executive Committee.

- 10 (3) The committee shall develop funding and support plans that provide for the
  11 maintenance of and technological upgrades to the public safety shared
  12 infrastructure, and shall make recommendations to the executive director, the
  13 Governor's Office for Policy and Management, and the General Assembly.
- 14 (4) The executive director shall examine the project plans for primary wireless public
  15 safety voice or data communications systems of state agencies as required by
  16 subsection (2) of this section, and shall determine whether they meet the required
  17 architecture and standards for primary wireless public safety voice or data
  18 communications systems.
- 19 (5) The Kentucky Wireless Interoperability Executive Committee shall consist of <u>the</u>
  20 <u>following members</u>[twenty (20) members as follows]:
- 21 (a) A person knowledgeable in the field of wireless communications appointed by 22 the executive director who shall serve as chair;
- (b) The executive director of the Office of Infrastructure Services,
   Commonwealth Office of Technology;
- 25 (c) The executive director of Kentucky Educational Television, or the executive director's designee;
- 27 (d) The information technology lead of the Transportation Cabinet;

1	(e)	The information technology lead of the Justice and Public Safety Cabinet;
2	(f)	The information technology lead of the Department of Kentucky State Police;
3	(g)	The commissioner of the Department of Fish and Wildlife Resources, or the
4		commissioner's designee;
5	(h)	The information technology lead of the Energy and Environment Cabinet;
6	(i)	The director of the Division of Emergency Management, Department of
7		Military Affairs;
8	(j)	The executive director of the Kentucky Office of Homeland Security;
9	(k)	The information technology lead of the Department for Public Health, Cabinet
10		for Health and Family Services;
11	(1)	A representative from an institution of postsecondary education appointed by
12		the Governor from a list of three (3) names submitted by the president of the
13		Council on Postsecondary Education;
14	(m)	The executive director of the Center for Rural Development, or the executive
15		director's designee;
16	(n)	A representative from a municipal government to be appointed by the
17		Governor from a list of three (3) names submitted by the Kentucky League of
18		Cities;
19	(o)	A representative from a county government to be appointed by the Governor
20		from a list of three (3) names submitted by the Kentucky Association of
21		Counties;
22	(p)	A representative from a municipal police department to be appointed by the
23		Governor from a list of three (3) names submitted by the Kentucky
24		Association of Chiefs of Police;
25	(q)	A representative from a local fire department to be appointed by the Governor
26		from a list of three (3) names submitted by the Kentucky Association of Fire
27		Chiefs;

1		(r)	A representative from a county sheriff's department to be appointed by the
2			Governor from a list of three (3) names submitted by the Kentucky Sheriffs'
3			Association;
4		(s)	A representative from a local Emergency Medical Services agency to be
5			appointed by the Governor from a list of three (3) names submitted by the
6			Kentucky Board of Emergency Medical Services;[ and]
7		(t)	A representative from a local ambulance provider to be appointed by the
8			Governor from a list of three (3) names submitted by the Cabinet for Health
9			and Family Services; and
10		<u>(u)</u>	A representative from a local 911 dispatch center to be appointed by the
11			Governor from a list of three (3) names submitted by the Kentucky Chapter of
12			the National Emergency Number Association/Association of Public Safety
13			Communications Officials.
14	(6)	App	ointed members of the committee shall serve for a two (2) year term. Members
15		who	serve by virtue of an office shall serve on the committee while they hold that
16		offic	ee.
17	(7)	The	committee shall meet quarterly, or as often as necessary for the conduct of its
18		busi	ness. A majority of the members shall constitute a quorum for the transaction of
19		busi	ness. Members' designees shall have voting privileges at committee meetings.
20	(8)	The	committee shall be attached to the Commonwealth Office of Technology for
21		adm	inistrative purposes only. Members shall not be paid and shall not be
22		reim	abursed for travel expenses.
23	(9)	The	Public Safety Working Group is hereby created for the primary purpose of
24		foste	ering cooperation, planning, and development of the public safety frequency
25		spec	trum as regulated by the Federal Communications Commission, including the
26		700	MHz public safety band. The group shall endeavor to bring about a seamless,
27		coor	dinated, and integrated public safety communications network for the safe,

1		effec	ctive, and efficient protection of life and property. The Public Safety Working
2		Grou	up membership and other working group memberships deemed necessary shall
3		be a	appointed by the chair of the Kentucky Wireless Interoperability Executive
4		Com	nmittee.
5	(10)	The	committee may establish additional working groups as determined by the
6		com	mittee.
7		<b>→</b> S	ection 24. KRS 65.7623 is amended to read as follows:
8	(1)	The	re is hereby created the Kentucky 911 Services Board, the "board," consisting of
9		seve	n (7) members as follows:
10		(a)	The executive director of the Office of Homeland Security;
11		(b)	The secretary of the Public Protection Cabinet;
12		(c)	One (1) elected city official of a city government appointed by the Kentucky
13			League of Cities;
14		(d)	One (1) elected county official of a county government appointed by the
15			Kentucky Association of Counties;
16		(e)	One (1) director of a certified PSAP operated by a local government entity or
17			a consolidated group of local government entities who previously served on
18			the 911 Services Advisory Council and is not an elected official, to be
19			appointed jointly by the Kentucky Association of Public-Safety
20			Communications Officials and the Kentucky Emergency Number Association;
21		(f)	One (1) member representative of a county or city government appointed by
22			the Governor from a list of three (3) names submitted by the Kentucky League
23			of Cities or Kentucky Association of Counties. The Kentucky League of Cities
24			and the Kentucky Association of Counties shall alternate in providing a list of
25			names to the Governor every two (2) years, and the selected member
26			representative shall serve for a two (2) year term and may be an elected city or
27			county official; and

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(g) One (1) member appointed by the Governor who shall be employed by or representative of the interest of CMRS providers. The member representing the interests of CMRS providers shall serve for a two (2) year term, and shall alternate between representing a Tier I provider and a Tier III provider.

- The executive director of the Office of Homeland Security and secretary of the Public Protection Cabinet shall serve by virtue of their offices. The members appointed under subsection (1)(c) to (e) of this section shall be appointed for a term of four (4) years and until their successors are appointed and qualified. Members appointed under subsection (1)(f) and (g) of this section shall serve for a term of two (2) years. Members appointed under subsection (1)(c) to (g) of this section may only serve as long as the appointee holds the office or position he or she held at the time of his or her appointment. Any vacancy on the board shall be filled in the same manner as the original appointment and shall be for the remainder of the unexpired term.
- (3) No member of the board shall be held to be a public officer by reason of membership on the board. The elected city and county officials appointed under subsection (1) of this section shall each serve on the board in an ex officio voting capacity by virtue of their respective elected offices as long as they continue to occupy their local elected positions during their term as a board member. Their duties as members of the board shall be an extension of their duties as local elected officials and their service on the board shall not constitute the holding of a separate and distinct public office apart from their respective local elected positions.
- (4) The executive director of the Office of Homeland Security shall serve as chair and preside over meetings of the board, which shall be conducted at least four (4) times each year. In the absence of the executive director of the Office of Homeland Security, the board may be chaired by any other member of the board selected by the remaining members. The board shall be subject to the provisions of the

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Kentucky Open Meetings Act, KRS 61.805 to 61.850. The board shall establish a regular meeting schedule for each calendar year. The board shall hold at least two (2) meetings per calendar year in congressional districts other than the one in which Frankfort is located, and shall rotate its traveling meeting locations among the congressional districts before holding another traveling meeting in the same congressional district. A majority of the members appointed to the board shall constitute a quorum.

- (5) In addition to the administrator appointed by the executive director of the Office of Homeland Security under KRS 65.7625, the Office of Homeland Security shall provide staff services, office space, and other resources necessary to conduct its affairs. The board shall be attached to the Office of Homeland Security for administrative purposes but shall operate as an independent entity within state government.
- 14 (6) The board members shall serve without compensation but shall be reimbursed in accordance with KRS 45.101 for expenses incurred in connection with their official duties as members of the board.
  - All administrative costs and expenses incurred in the operation of the board, including payments under subsections (5) and (6) of this section and KRS 65.7625, shall be paid as reimbursement to the Office of Homeland Security from that portion of the CMRS fund that is authorized under KRS 65.7631(2) to be used by the board for administrative purposes. Expenses for personnel, equipment, or facilities that serve multiple functions or purposes shall be prorated. Only those costs for services directly involved in the coordination and administration of duties related to the CMRS emergency telecommunications function shall be eligible for payment using the funds provided in KRS 65.7631(2).
- 26 (8) Prior to June 1 of each year, the Office of Homeland Security shall submit a budget 27 detailing all projected administrative and operational expenses for the subsequent

1		fisca	l yea	r to be used by the board in establishing the board's budget for the
2		upco	ming	fiscal year.
3	(9)	The	board	d shall be advised by a permanent advisory council with members
4		appo	inted	by the executive director of the Office of Homeland Security. The
5		mem	bers	of the advisory council shall represent the interests of the 911 community
6		and	shall,	at a minimum, include a representative from each of the following
7		orga	nizati	ons:
8		(a)	1.	The Department of Kentucky State Police;
9			2.	The Kentucky Sheriffs' Association;
10			3.	The Kentucky Association of Chiefs of Police;
11			4.	The Kentucky Fire Chiefs Association;
12			5.	The Kentucky Ambulance Providers Association;
13			6.	The Kentucky League of Cities;
14			7.	The Kentucky Association of Counties;
15			8.	The Department of Criminal Justice Training;[ and]
16			9.	The Kentucky Board of Emergency Medical Services; and
17			<u>10.</u>	The Cabinet for Health and Family Services;
18		(b)	The	Kentucky Association of Public-Safety Communications Officials and the
19			Kent	tucky Emergency Number Association, each appointed by the executive
20			direc	ctor of the Office of Homeland Security from a list of three (3) names
21			subn	nitted by both organizations; and
22		(c)	Any	other members selected by the executive director who are familiar with
23			PSA	Ps, public finances, shared governmental services, emergency
24			man	agement, community crisis response preparation, or the interests of 911
25			servi	ice stakeholders.
26		<b>→</b> Se	ection	25. KRS 75A.020 is amended to read as follows:

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(1) A new consolidated emergency services district may be formed by one (1) of the

following processes:

(a)	The	board	of
(4	, 1110	Coura	01

- 1. Any two (2) or more fire protection districts established under KRS Chapter 75 or 273, any special district whose services are subject to the licensure provisions of KRS Chapter <u>216B[311A]</u>, or any rescue squads established under KRS Chapter 39F; or
- 2. Any fire protection districts established under KRS Chapter 75 or 273, any special district whose services are subject to the licensure provisions of KRS Chapter <u>216B[311A]</u>, or any rescue squads established under KRS Chapter 39F that have merged within the five (5) years prior to the adoption of this section that would have been eligible to consolidate under the provisions of this section;
- 3. May adopt resolutions agreeing to the formation of a consolidated emergency services district and requesting the creation of a consolidated emergency services district. The governing bodies shall notify the county fiscal court, consolidated local government, charter county government, or unified local government with jurisdiction over the proposed district and request the formation of a consolidated emergency services district; or
- (b) The board of any two (2) or more consolidated emergency service districts established under this chapter may adopt resolutions agreeing to the merger of consolidated emergency services districts and requesting the creation of a new consolidated emergency services district. The governing bodies shall notify the county fiscal court, consolidated local government, charter county government, or unified local government with jurisdiction over the proposed district and request the formation of a new consolidated emergency services district.

1	(2)	(a)	Any county fiscal court, consolidated local government, charter county
2			government, or unified local government, upon receipt of a request from two
3			(2) or more fire protection districts, special districts whose services are subject
4			to the licensure provisions of KRS Chapter 216B[311A], or rescue squads
5			established under KRS Chapter 39F, may create a consolidated emergency
6			services district in their jurisdiction by adoption of an ordinance approving the
7			establishment of a consolidated emergency services district and authorizing
8			any relevant fire protection district to join if its governing authority has
9			approved it to join the consolidated district.

- (b) The ordinance shall describe the boundaries by metes and bounds and name for the consolidated district. No consolidated emergency services district shall take effect less than sixty (60) days from completing the required elements outlined in this section.
- (c) The county fiscal court, consolidated local government, charter county government, or unified local government clerk shall notify all planning commissions, cities, and area development districts within whose jurisdiction the approved service area is located and any state agencies required by law to be notified of the proposal for the creation of the taxing district within thirty (30) days from adoption of the ordinance authorizing creation of the district.
- (d) The creation of a consolidated emergency services taxing district shall be of legal effect only after adoption of an ordinance creating the taxing district and after a certified copy of the ordinance creating the taxing district is filed with the county clerk.
- (e) Any aggrieved person may bring an action in the Circuit Court having jurisdiction of that county to contest the decision of the county fiscal court or legislative body of the county to establish a consolidated emergency services district or to protest the inclusion of any county, consolidated local

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government, charter county government, unified local government, fire protection district or volunteer fire department district established pursuant to KRS Chapter 75 or 273, any special district whose services are subject to the licensure provisions of KRS Chapter <u>216B[311A]</u>, or any rescue squad established pursuant to KRS Chapter 39F within a consolidated emergency services district.

If the governing body of any fire protection district established under KRS Chapter 75 or 273, any special district whose services are subject to the licensure provisions of KRS Chapter 216B[311A], or any rescue squad established under KRS Chapter 39F desires to have its district become part of an established consolidated emergency services district after the creation of the district, it shall by motion so record its desire in the minutes of the board, in the case of any fire protection district, any emergency medical services special district, or any rescue squad. The board shall convey this request to the consolidated emergency service district's board. Within sixty (60) days of receiving the request the consolidated emergency service district's board shall vote upon this request. The approval shall be certified to the clerk of the county, consolidated local government, charter county government, or unified local government in the jurisdiction in which the consolidated district is located.

(b) The approval of the addition of a district to the consolidated emergency services district shall become effective upon the adoption of an ordinance amending the ordinance creating the consolidated emergency services district by the county fiscal court, consolidated local government, charter county government, or unified local government and authorizing the inclusion of the petitioning fire protection district. The amended ordinance shall identify the boundaries by metes and bounds of the amended consolidated emergency

1 services district.

2 → Section 26. KRS 75A.050 is amended to read as follows:

Upon the creation of a district, the trustees of a district are authorized to provide fire services, emergency medical services subject to KRS Chapter 216B or 311A, or rescue services pursuant to KRS Chapter 39F, as provided in paragraph (c) of this subsection, and to levy a tax upon the property in the district.

- (b) The property taxed shall be subject to county tax, and the tax levied by the board upon creation of the district shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district at the time of passage of the ordinance creating the district. The tax shall not exceed ten cents (\$0.10) per one hundred dollars (\$100) of valuation as assessed for county taxes, for the purpose of defraying the expenses for the provision of fire services or rescue services. The rate set in this subsection shall apply, notwithstanding the provisions of KRS 132.023.
- (c) The district that establishes and operates an emergency ambulance service and is the primary service provider in the district may levy a tax upon the property in the district. The tax to be levied shall be proposed by the board, shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district and the tax shall not exceed twenty cents (\$0.20) per one hundred dollars (\$100) of valuation as assessed for county taxes, for the purpose of defraying the expenses of the provision of fire services, emergency medical services, or rescue service, or to make contracts for fire protection for the districts as provided in KRS 75.050. The rate set in this subsection shall apply, notwithstanding KRS 132.023.

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(d) 1. Any increase of the total tax levy beyond the rate initially approved by the board and authorized by the county fiscal court, consolidated local government, charter county government, or unified local government shall be subject to KRS 132.023. Any increase in excess of the annual compensating rate for the consolidated emergency services district shall require the approval of the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district. If at any time an election resulting from a recall petition pursuant to KRS 132.017 is required, the question shall be presented to all voters in every precinct for which any part of the precinct is served by the district subject to the recall petition.

If two (2) or more established consolidated emergency services merge to create a new consolidated emergency services district, as authorized in this chapter, the initial tax to be levied, as proposed by the board, shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district, and the initial tax levied shall not exceed the highest tax rate currently levied by one (1) of the merging districts. Any increase to the initial tax rate shall be subject to KRS 132.023. Any increase in excess of the annual compensating rate for the consolidated emergency services district shall require the approval of the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district. If at any time an election resulting from a recall petition pursuant to KRS 132.017 is required, the question shall be presented to all voters in every precinct for which any part of the district serves.

(2) The property valuation administrator of the county in which the district is created,

with the cooperation of the board, shall note on the tax rolls the taxpayers and valuation of the property subject to such assessment. The county clerk shall compute the tax on the regular state and county tax bills in such manner as may be directed by regulation of the Department of Revenue.

- These taxes shall be subject to the same delinquency date, discounts, penalties, and interest as are applied to the collection of ad valorem taxes and shall be collected by the sheriff of the county involved and accounted for to the treasurer of the district. The sheriff shall be entitled to a fee of the amount collected by him. The fiscal court shall, in the ordinance set forth in subsection (2) of this section and in consultation with the sheriff and the consolidated emergency services district, set a collection fee for the sheriff in an amount not to exceed four and one-fourth percent (4.25%).
- → Section 27. KRS 75A.090 is amended to read as follows:

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- (1) The district may, through the board, make and enter into contracts with any other fire protection district, fire prevention district, municipal corporation, volunteer fire department, volunteer fire prevention unit, volunteer fire protection unit, any special district whose services are subject to the licensure provisions of KRS Chapter 216B[311A], or any rescue squads established under KRS Chapter 39F, either within the same county or within an adjoining county in an area adjacent to the boundary line between the counties, for the furnishing or receiving of emergency services for all property within the confines of the area included in and covered by the contract or contracts, where these emergency services are not otherwise provided by some division of government or governmental agency.
  - (2) The personnel acting in their official capacities and equipment of a contracting party, in going to and returning from an emergency, or in answering and responding to a false alarm or call, and while endeavoring to provide emergency services within the area covered by the contract, shall be deemed and is declared to be engaged in the exercise of a governmental function.

1		→ Section 28. KRS 75A.120 is amended to read as follows:
2	(1)	As used in this section, unless the context requires otherwise:
3		(a) "Board" means the board of trustees a consolidated

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- (a) "Board" means the board of trustees a consolidated emergency services district organized under this chapter;
- 5 (b) "Chairman" means the chairman of the board of a consolidated emergency services district organized under this chapter;
- 7 (c) "Chief" means the chief of the consolidated emergency services district 8 organized under this chapter;
- 9 (d) "Consolidated emergency services district" means districts organized under 10 this chapter;
  - (e) "Dismissal" means the discharge of an employee by lawful authority;
    - (f) "Employees" means all persons employed, and paid wages, salary, or other compensation for emergency services performed, by the board of trustees of a consolidated emergency services district organized under this chapter. The term "employees" does not include any individual who is a volunteer as defined in paragraph (n) of this subsection.
      - (g) "Member" shall include the chief and all officers; all providers of emergency services, including volunteer, paid, regular, and all employees, or special firefighters; of a consolidated emergency services district organized under this chapter;
      - (h) "Paid emergency service worker" means all personnel who are employees of the consolidated emergency services district organized under this chapter involved in the provision of emergency medical services subject to the licensure provisions of KRS Chapter <u>216B[311A]</u> or the provision of rescue services pursuant to KRS Chapter 39F;
- 26 (i) "Paid firefighters" means all firefighters who are employees of the 27 consolidated emergency services district organized under this chapter;

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(j)	"Regular	firefighters"	means	all	firefighters	who	are	members	of	a
	consolida	ted emergency	service	s dis	trict organize	ed und	er thi	s chapter,	exce	pt
	for specia	al firefighters	appoint	ed b	y the chairm	an of	the 1	board of tr	uste	es
	pursuant t	to KRS 75.110	);							

- (k) "Salary" and "wages" mean any compensation received by an employee by reason of his employment for services performed for a consolidated emergency services district organized under this chapter;
- "Suspension" means the separation of an employee from the service for a temporary or fixed period of time, by his appointing authority, as a disciplinary measure;
- (m) "Trustees" means the board of trustees of a consolidated emergency services district organized under this chapter; and
- (n) "Volunteer" means any person who is a member of a consolidated emergency services district organized under this chapter who volunteers to provide services for the district, if the individual receives no salary, wages, or other compensation for services performed, or if the individual is paid expenses, reasonable benefits, or a nominal fee to perform the services for which the individual volunteered, and the services are not the same type of services which the individual is employed to perform for the consolidated emergency services district organized under this chapter.
- (2) (a) The chairman may, if in his or her discretion there is a case of need, appoint special firefighters to do special duties at any place within the limits of the consolidated emergency services district, on terms he or she deems proper.
  - (b) These special firefighters shall be governed by rules as the board may provide, and be given the powers the board may provide, including the powers enumerated in KRS 75.160 in the discretion of the board; if rules are not provided they shall be deemed to have the powers and duties of regular

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firefighters
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- 2 (3) (a) Except as provided in subsection (4) of this section no member or employee of a consolidated emergency services district shall be reprimanded, dismissed, suspended, or reduced in grade or pay for any reason except inefficiency, misconduct, insubordination, or violation of law or of the rules adopted by the board the district, and only after charges are preferred and a hearing conducted as provided in this section.
  - (b) Any person may file charges against a member or employee of the district by filing them with the secretary of the board and by delivering or mailing the charges to the principal offices of the district. The secretary shall immediately communicate the charges to the board by mailing or delivering a copy of the charges to each member of the board within seven (7) days of receipt of the charges at the principal fire house. The chairman shall, after conducting or having conducted any inquiry or investigation which may be necessary, determine if probable cause appears. The chairman shall prefer charges to the board against any member or employee, against whom probable cause exists, of conduct justifying the dismissal or punishment of the member or employee. If probable cause does not exist, the chairman shall dismiss the charges. All charges shall be written and shall set out clearly the charges made. The person filing the charges may withdraw them at any time before the conclusion of the hearing. The charges may then be dismissed.
  - (c) Charges preferred by the chairman shall be heard by either the full board or a committee consisting of at least three (3) members of the board appointed by the chairman. At the hearing all charges shall be considered, and the trial shall be confined to matters related to the issues presented. Within forty-five (45) days after the charges have been preferred by the chairman to the board, that body, or a committee consisting of at least three (3) members of the board

appointed by the chairman, shall proceed to hear the charges. At least ten (10) days before the hearing the member or employee accused shall be served personally or by registered mail with a copy of the charges and a statement of the day, place, and hour at which the hearing of the charges will begin. The person accused may, in writing, waive the service of charges and demand trial within thirty (30) days after the charges are preferred to the board.

- (d) The board of the district may summon and compel attendance of witnesses at hearings by subpoena issued by the secretary of that body and served upon the witnesses by any officer authorized to serve court subpoenas. If any witness fails to appear in response to a summons, or refuses to testify concerning any matter on which he may lawfully be interrogated, any District Judge, on application of the board, may compel obedience by proceedings for contempt, as in the case of disobedience of a subpoena issued from the District Court. The member or employee accused may have subpoenaed any witnesses he or she may desire, upon furnishing their names to the secretary of the board. The written records of the charges, the hearing, if held, and any other actions or decisions of the board on the charges shall be kept as an open public record and maintained as required by KRS Chapter 61.
- (e) When the board or the chief of the district has probable cause to believe a member or employee of a district has been guilty of conduct justifying dismissal or punishment, the board or the chief may suspend the member or employee from duty or from both pay and duty, pending trial, and the member or employee shall not be placed on duty, or allowed pay, until the charges are heard. If the member is suspended, there shall be no continuances granted without the consent of the member or employee accused. If the member suspended is a paid firefighter or an employee, the hearing on the charges shall be conducted within fourteen (14) days after the charges have been

1 preferred by the chairman of the board.

(4)

(f) The board of the district shall fix the punishment of a member or employee of the district found guilty, by a reprimand, suspension for any length of time not to exceed six (6) months, by reducing the grade if the accused is an officer, or by combining any two (2) or more of those punishments, or by dismissal as a member or employee of the district.

- (a) Any member or employee of the district found guilty by the board of the district of any charge, as provided by KRS 75.130, may appeal to the Circuit Court of the county in which the district is located, but the enforcement of the judgment of the district shall not be suspended pending appeal. The notice of the appeal shall be filed not later than thirty (30) days after the date the board of the district makes its determination on the charge.
- (b) Upon request of the accused, the secretary of the board shall file a certified copy of the charges and the judgment of the board in the Circuit Court. Upon the transcript being filed, the case shall be docketed in the Circuit Court and tried as an original action.
- (c) If the secretary of the board fails to certify the transcript to the Circuit Court within thirty (30) days after the request is made, the party aggrieved may file an affidavit in the Circuit Court setting out as fully as possible the charges made, the time of the hearing, and the judgment of the board, together with a statement that demand for transcript was made upon the secretary of the board more than thirty (30) days before the filing of the affidavit. Upon the filing of the affidavit in the Circuit Court, the case shall be docketed and the Circuit Court may compel the filing of the transcript by the secretary of the board by entering the proper mandatory order, and by fine and imprisonment for contempt. The appeal shall have precedence over other business, and be determined speedily.

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1		(d)	An appeal will lie from the judgment of the Circuit Court to the Court of
2			Appeals as in other cases.
3	(5)	(a)	No person shall be appointed a member of the district on account of any
4			political service, contribution, sentiment, or affiliation. No member shall be
5			dismissed, suspended, or reduced in grade or pay for any political opinion.
6		(b)	Members and employees of the district, while off duty and out of uniform,
7			shall be entitled to:
8			1. Place political bumper stickers on their privately owned vehicles;
9			2. Wear political buttons;
10			3. Contribute money to political parties, political candidates, and political
11			groups of their choice;
12			4. Work at the polls on election days;
13			5. Aid in the registration or purgation of voters;
14			6. Become members of political groups; and
15			7. Hold office in political groups and carry out the mandates of that group.
16	(6)	(a)	The chief in the district shall attend all sessions of the board, except executive
17			sessions, and shall execute all the orders of the board. Whenever "chief" is
18			used in this chapter, it shall include the assistant chief when the chief is not on
19			duty.
20		(b)	The regular members of the district, except volunteer members, shall have the
21			same powers of arrest as now given by law to sheriffs of this Commonwealth
22			and they are hereby expressly declared conservators of the public peace whose
23			duties, in addition to their other prescribed duties, are to conserve the peace,
24			enforce all laws and preserve order, and they shall have and are hereby
25			expressly given the same right and the same power to arrest, search, and seize
26			as is now given by law to sheriffs of this Commonwealth, and they shall be at
27			all times subject to the orders of the county judge/executive in which the

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district lies while enforcing this section. Provided, however, that members of
these fire departments shall not have the power to serve subpoenas,
summonses, and notices in civil cases and they shall receive no fees for
performing any of the duties prescribed in this section as pertains to powers of
law enforcement. The members shall constitute a law enforcement agency in
addition to the patrol and investigation functions of the sheriff and his
deputies under KRS 75.150 to 75.170.

- (7) (a) Each member of the district shall, before entering upon the discharge of his or her various duties, take an oath before the county judge/executive of the county or a notary public, to faithfully discharge his duties, and the oath shall be subscribed by the person taking it and filed in the minute book kept by the secretary of the board.
  - (b) Each member of the district shall give such bond as the board may designate and with a surety as required by the board conditioned upon faithful performance of the member's duties.
- (8) (a) The chief, assistant chief, or highest officer present at the fires answered by his or department shall investigate their causes. He or she may examine witnesses, compel the testimony of witnesses, administer oaths, compel production of evidence, and make arrests as provided in KRS 75.160. He or she may enter any building at all reasonable times for the purpose of examining the building if, in his or her opinion the building is in danger of fire. He shall report his or her findings, when requested, to the board, Kentucky Inspection Bureau, and state fire marshal.
  - (b) The chief of the district shall direct and control the operation of the district and the control of the members in the discharge of their duties. He or she, and members of the district, shall have access to and the use of all cisterns, fireplugs, the waters of the waterworks of private persons and cisterns of

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private persons for the purpose of extinguishing fires and shall have the power to examine these water supplies at all reasonable times to see that they are in condition for use in case of fire. The chief shall have control of all hoses, buildings, engines, and other emergency equipment provided for the district under direction of the board, or those authorized by the board to exercise this direction, and shall perform such other duties prescribed by the board not inconsistent with law. Upon application within ten (10) days to the board, any owner of property where water is used for firefighting or the provision of other emergency services shall be reimbursed in a reasonable amount by the board for water used.

- (9) The secretary of the board shall keep a minute book, appropriately bound and marked, in which the minutes of each meeting of the board shall be kept, together with all resolutions, tax levies, and other important material the board may designate. A copy of all material required to be kept by the secretary shall be kept on file in the office of the clerk of the county containing the district. The public shall have the right to inspect the book and its contents at all times.
- (10) (a) The board may, in its discretion, employ or retain a regularly licensed attorney to advise them on all matters pertaining to their duties and shall have the discretion to delegate this authority to the attorney. This attorney shall attend all meetings of the board, except executive sessions when the board does not desire his or her presence, whenever the board shall request him or her to attend and shall advise the board on all legal matters on which he or she is requested to give advice.
  - (b) In addition to the attorney provided for in this subsection, the county attorney in the county in which the district lies shall advise and represent the board in all matters and on the occasions chosen by the board whenever the board so requests.

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1		(c) The board may fix the salary or compensation of the attorney provided for in
2		subsection (1) of this section, in their discretion.
3	(11)	With respect to audits and financial reports, the board of the district shall follow the
4		procedures of KRS 65.065.
5		→ Section 29. KRS 95A.020 is amended to read as follows:
6	(1)	As used in this section, "chief fire officer" means an individual who plays an
7		essential role in the administrative structure of his or her fire department.
8	(2)	There is hereby created the Kentucky Fire Commission, hereinafter called
9		"commission," which shall be attached to the Kentucky Community and Technical
10		College System for administrative purposes only.
11	(3)	(a) The commission shall include male, female, and racial minority
12		representation.
13		(b) No more than three (3) appointed members shall reside in the same
14		congressional district.
15	(4)	The commission shall be composed of fourteen (14) members, residents of the State
16		of Kentucky, and appointed by the Governor. These members should be persons
17		well qualified by experience or education in the field of fire protection or related
18		fields.
19	(5)	The membership of the commission shall include:
20		(a) One (1) member of a fire department formed under KRS Chapter 75 or 273
21		who is:
22		1. Not a chief fire officer;
23		2. Not a career employee of any department other than the one from which
24		he or she is nominated; and
25		3. Selected from a list of at least three (3) names submitted by the

27 (b) One (1) member of a volunteer fire department who is:

Kentucky Firefighters Association;

Not a chief fire officer;

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2		2. Not a career employee of any fire department other than the one from
3		which he or she is nominated; and
4		3. Selected from a list of at least three (3) names submitted by the
5		Kentucky Firefighters Association;
6	(c)	One (1) member of a fire department formed under KRS Chapter 95 selected
7		from a list of at list three (3) names submitted by the Kentucky Professional
8		Firefighters;
9	(d)	One (1) chief fire officer of a paid fire department selected from a list of at
10		least three (3) names submitted by the Kentucky Association of Fire Chiefs;
11	(e)	One (1) licensed physician with experience in emergency medicine;
12	(f)	A chief fire officer of a volunteer fire department who is not a career member
13		of any other department, selected from a list of at least three (3) names
14		submitted by the Kentucky Association of Fire Chiefs;
15	(g)	One (1) member of a fire department formed under KRS Chapter 67 or 75, or
16		a fire department in a county containing an urban county government created
17		pursuant to KRS Chapter 67A, who is selected from a list of at least three (3)
18		names submitted by the Kentucky Professional Firefighters;
19	(h)	The director of Homeland Security or his or her designee;
20	(i)	One (1) mayor or other officer of a Kentucky city providing fire services
21		under KRS Chapter 95 selected from a list of at least three (3) names
22		submitted by the Kentucky League of Cities;
23	(j)	One (1) county judge/executive or other officer of a Kentucky county selected
24		from a list of at least three (3) names submitted by the Kentucky Association
25		of Counties;
26	(k)	One (1) representative of a Kentucky building, industry, or safety association;
27	(1)	One (1) representative of the general public who is not an employee of any

1		government of governmental agency,
2		(m) The state fire marshal or his or her designee; and
3		(n) One (1) officer of a fire-based <u>ambulance provider</u> [emergency medical
4		service] selected from a list of at least three (3) names submitted by the
5		Cabinet for Health and Family [executive director of the Kentucky Board of
6		Emergency Medical] Services.
7	(6)	The vice president of administrative services of the Kentucky Community and
8		Technical College System, president of the Kentucky Firefighters Association,
9		president of the Kentucky Professional Firefighters, and president of the Kentucky
10		Association of Fire Chiefs, or their designees, shall serve as nonvoting ex officio
11		members of the commission.
12	(7)	The members of the commission who are firefighters shall possess a minimum of
13		five (5) years of fire service experience and shall be certified with the following:
14		(a) One hundred fifty (150) hours of training for volunteer firefighters; or
15		(b) Four hundred (400) hours of training for professional firefighters.
16	(8)	The Kentucky Firefighters Association, Kentucky Professional Firefighters,
17		Kentucky Association of Fire Chiefs, Cabinet for Health and Family
18		<u>Services</u> [Kentucky Board of Emergency Medical Services Association], Kentucky
19		League of Cities, and Kentucky Association of Counties shall submit their lists of
20		nominees by November 15 of each year as vacancies occur.
21	(9)	The Governor shall appoint members of the commission to staggered terms not to
22		exceed four (4) years. However, initial appointments shall be appointed as follows:
23		(a) Four (4) members shall serve for two (2) year terms ending November 30,
24		2021;
25		(b) Five (5) members shall serve three (3) year terms ending November 30, 2022;
26		and
27		(c) Five (5) members shall serve four (4) year terms ending November 30, 2023.

1	(10) After the expiration of the initial appointments, appointive members shall be
2	appointed for a term of four (4) years. Any member chosen by the Governor to fill a
3	vacancy created otherwise than by expiration of term shall be appointed for the
1	unexpired term of the member he or she is chosen to succeed.

- 5 (11) When vacancies occur other than by expiration of term and nominations are
  6 required, the Governor may request a new list or select an appointee from a
  7 previously submitted list. Appointive members shall not serve more than two (2)
  8 consecutive four (4) year terms.
- 9 (12) A majority of the voting members appointed to the commission shall constitute a quorum. The commission shall:
- 11 (a) Meet at least four (4) times per year upon call of the chair, or upon the written 12 request of any five (5) members; and

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- (b) Annually elect a chair, vice chair, and secretary in accordance with KRS 95A.030.
  - (13) A member of the commission who misses three (3) regular meetings, without the approval of the chairman, in one (1) year shall be deemed to have resigned from the commission and his or her position shall be deemed to be vacant. As used in this subsection, a "year" begins when the first meeting is missed and ends three hundred sixty-five (365) days later or when the third meeting is missed, whichever occurs first. The Governor shall appoint a similarly qualified person to fill the vacancy within ninety (90) days of the vacancy occurring. The failure of a commission member to attend a special or emergency meeting shall not result in any penalty. A person removed under this subsection shall not be reappointed to the commission for at least ten (10) years after removal.
- 25 (14) Members of the commission shall receive no compensation for their services but 26 shall be allowed their actual and necessary expenses incurred in the performance of 27 their functions.

	1	→ Section 30.	KRS 142.301 i	is amended to read	l as follows:
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- 2 As used in KRS 142.301 to 142.363:
- 3 (1) "Ground ambulance provider" means a Class I, II, or III ground ambulance provider
- 4 described in *Section 16 of this Act*[KRS 311A.030];
- 5 (2) "Assessment" means the Medicaid ambulance service provider assessment
- 6 established in KRS 142.318;
- 7 (3) "Department" means the Department of Revenue;
- 8 (4) "Charitable provider" means any provider which does not charge its patients for
- 9 health-care items or services, and which does not seek or accept Medicare,
- Medicaid, or other financial support from the federal government or any state
- government. The collaboration with public hospitals, agencies, or other providers in
- the delivery of patient care; affiliation with public institutions to provide health-care
- education; or the pursuit of research in cooperation with public institutions or
- agencies shall not be considered as the receipt of government support by a
- 15 charitable provider;
- 16 (5) "Dispensing" means to deliver one (1) or more doses of a prescription drug in a
- suitable container, appropriately labeled for subsequent administration or use by a
- patient or other individual entitled to receive the prescription drug;
- 19 (6) "Entity" means any firm, partnership, joint venture, association, corporation,
- 20 company, joint stock association, trust, business trust, syndicate, cooperative, or
- 21 other group or combination acting as a unit;
- 22 (7) "Gross revenues" means the total amount received in money or otherwise by a
- provider for the provision of health-care items or services in Kentucky, less the
- 24 following:
- 25 (a) Amounts received by any provider as an employee or independent contractor
- from another provider for the provision of health-care items or services if:
- 27 1. The employing or contracting provider receives revenue attributable to

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1			health-care items or services provided by the employee or independent
2			contractor receiving payment; and
3			2. The employing or contracting provider is subject to the tax imposed by
4			KRS 142.303, 142.307, 142.309, 142.311, 142.314, 142.315, 142.316,
5			142.361, or 142.363 on the receipt of that revenue;
6		(b)	Amounts received as a grant or donation by any provider from federal, state,
7			or local government or from an organization recognized as exempt from
8			federal income taxation under Section 501(c)(3) of the Internal Revenue Code
9			for:
10			1. Research; or
11			2. Administrative or operating costs associated with the implementation
12			and operation of an experimental program;
13		(c)	Salaries or wages received by an individual provider as an employee of a
14			charitable provider, the federal government, or any state or local governmental
15			entity;
16		(d)	Salaries or wages received by an individual provider as an employee of a
17			public university for the provision of services at a student health facility; and
18		(e)	Amounts received by an HMO on a fixed, prepayment basis as premium
19			payments;
20	(8)	"He	alth-care items or services" means:
21		(a)	Inpatient hospital services;
22		(b)	Outpatient hospital services;
23		(c)	Nursing-facility services;
24		(d)	Services of intermediate-care facilities for individuals with intellectual
25			disabilities;
26		(e)	Physicians' services provided prior to July 1, 1999;
27		(f)	Licensed home-health-care-agency services;

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- 2 (h) HMO services;
- 3 (i) Regional community services for mental health and individuals with 4 intellectual disabilities:
- 5 (j) Psychiatric residential treatment facility services;
- 6 (k) Medicaid managed care organization services; and
- 7 (l) Supports for community living waiver program services;
- 8 (9) "Health-maintenance organization" or "HMO" means an organization established
- and operated pursuant to the provisions of Subtitle 38 of KRS Chapter 304;
- 10 (10) "Hospital" means an acute-care, rehabilitation, or psychiatric hospital licensed
- under KRS Chapter 216B;
- 12 (11) "Hospital services" means all inpatient and outpatient services provided by a
- hospital. "Hospital services" does not include services provided by a noncontracted,
- university-operated hospital, or any freestanding psychiatric hospital, if necessary
- waivers are obtained by the Cabinet for Human Resources, Cabinet for Health
- Services, or Cabinet for Health and Family Services from the Health Care Financing
- Administration or Centers for Medicare and Medicaid Services, or hospitals
- operated by the federal government;
- 19 (12) "Health and family services secretary" means the secretary of the Cabinet for Health
- and Family Services or that person's authorized representative;
- 21 (13) "Inpatient hospital services," "outpatient hospital services," "intermediate-care-
- facility services for individuals with intellectual disabilities," "physician services,"
- 23 "licensed home-health-care-agency services," and "outpatient prescription drugs"
- have the same meaning as set forth in regulations promulgated by the Secretary of
- 25 the Department of Health and Human Services and codified at 42 C.F.R. pt. 440, as
- in effect on December 31, 1993;
- 27 (14) "Medicaid" means the state program of medical assistance as administered by the

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- 1 Cabinet for Health and Family Services in compliance with 42 U.S.C. sec. 1396;
- 2 (15) "Nursing-facility services" means services provided by a licensed skilled-care
- facility, nursing facility, nursing home, or intermediate-care facility, excluding
- 4 services provided by intermediate-care facilities for individuals with intellectual
- 5 disabilities and services provided through licensed personal care beds;
- 6 (16) "Person" means any individual, firm, partnership, joint venture, association,
- 7 corporation, company, joint stock association, estate, trust, business trust, receiver,
- 8 trustee, syndicate, cooperative, assignee, governmental unit or agency, or any other
- 9 group or combination acting as a unit and the legal successor thereof;
- 10 (17) "Provider" means any person receiving gross revenues for the provision of health-
- care items or services in Kentucky, excluding any facility operated by the federal
- 12 government;
- 13 (18) "Commissioner" means the commissioner of the Department of Revenue or that
- person's authorized representative;
- 15 (19) "Total bed capacity" means the combination of licensed nursing home beds,
- licensed nursing facility beds, and licensed intermediate-care facility beds;
- 17 (20) "Regional community services programs for mental health and individuals with an
- intellectual disability" means programs created under the provisions of KRS
- 19 210.370 to 210.480;
- 20 (21) "Psychiatric residential treatment facility" has the same meaning as provided in
- 21 KRS 216B.450; and
- 22 (22) "Supports for Community Living Waiver Program" has the same meaning as
- 23 provided in KRS 205.6317.
- → Section 31. KRS 189.910 is amended to read as follows:
- 25 (1) As used in KRS 189.920 to 189.950, "emergency vehicle" means any vehicle used
- 26 for emergency purposes by:
- 27 (a) The Department of Kentucky State Police;

1		(b)	A public police department;
2		(c)	The Department of Corrections;
3		(d)	A sheriff's office;
4		(e)	A rescue squad;
5		(f)	An emergency management agency if it is a publicly owned vehicle;
6		(g)	<u>A licensed[An]</u> ambulance <u>provider[service]</u> , mobile integrated healthcare
7			program, or medical first response provider[ licensed by the Kentucky Board
8			of Emergency Medical Services], for any vehicle used to respond to
9			emergencies or to transport a patient with a critical medical condition;
10		(h)	Any vehicle commandeered by a police officer;
11		(i)	Any vehicle with the emergency lights required under KRS 189.920 used by a
12			paid or volunteer fireman or paid or volunteer ambulance personnel, or a paid
13			or local emergency management director while responding to an emergency or
14			to a location where an emergency vehicle is on emergency call;
15		(j)	An elected coroner granted permission to equip a publicly or privately owned
16			motor vehicle with lights and siren pursuant to KRS 189.920;
17		(k)	A deputy coroner granted permission to equip a publicly or privately owned
18			motor vehicle with lights and siren pursuant to KRS 189.920; or
19		(1)	A conservation officer of the Kentucky Department of Fish and Wildlife
20			Resources.
21	(2)	As ı	used in KRS 189.920 to 189.950, "public safety vehicle" means public utility
22		repa	ir vehicle; wreckers; state, county, or municipal service vehicles and
23		equi	pment; highway equipment which performs work that requires stopping and
24		stan	ding or moving at slow speeds within the traveled portions of highways; and
25		vehi	cles which are escorting wide-load or slow-moving trailers or trucks.

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→ Section 32. KRS 205.5602 is amended to read as follows:

For purposes of this section and KRS 205.5601 and 205.5603:

1		(a)	"Ground ambulance provider" means a Class I, II, or III ground ambulance
2			provider described in <u>Section 16 of this Act</u> [KRS 311A.030];
3		(b)	"Assessment" means the Medicaid ambulance service provider assessment
4			imposed in KRS 142.318;
5		(c)	"Cabinet" means the Cabinet for Health and Family ["Board" means the
6			Kentucky Board of Emergency Medical] Services;
7		(d)	"Commissioner" means the commissioner of the Department for Medicaid
8			Services; and
9		(e)	"Department" means the Department for Medicaid Services.
10	(2)	The	department shall:
11		(a)	Promulgate administrative regulations to establish the standards and
12			procedures necessary to implement the provisions of this section and KRS
13			205.5601 and 205.5603;
14		(b)	Calculate an assessment on emergency ground transport collections pursuant
15			to subsection (3) of this section;
16		(c)	Administer assessment proceeds according to subsection (6) of this section;
17		(d)	Apply uniformly to all assessed ground ambulance providers any annual
18			changes to the assessment rate according to the process described in
19			subsection (3) of this section; and
20		(e)	Evaluate current ground ambulance provider reimbursement rates paid by
21			managed care organizations and require increases consistent with:
22			1. KRS 205.5601 and this section;
23			2. Current fee-for-service reimbursement rates; and
24			3. An adequate network of ambulance service providers.
25	(3)	(a)	The assessment due from a ground ambulance provider on emergency ground
26			transport collections shall be not less than one-half of one percent (0.5%)
27			lower than the maximum limit for a provider assessment as approved by the

1	Centers	for	Medicare	and	Medicaid	l Services.

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- (b) For illustrative purposes only, if the maximum limit for a provider assessment as approved by the Centers for Medicare and Medicaid Services is six percent (6%) of the emergency revenues collected by the ground ambulance provider, the minimum taxable limit under this section would be five and one-half percent (5.5%) of the emergency revenues collected.
- 7 (4) The assessment shall not generate more than the maximum amount as approved by the Centers for Medicare and Medicaid Services.
- 9 (5) (a) 1. Within ninety (90) days after July 15, 2020, the commissioner shall determine whether a state plan amendment or an amendment to any Kentucky federal Medicaid waiver is required to implement this section.
  - 2. If the commissioner determines that a state plan amendment or an amendment to a Kentucky federal waiver is necessary, the commissioner is authorized to seek any necessary state plan or waiver amendment, and the assessment shall not take effect until the state plan or waiver amendment is approved.
  - (b) The assessment shall not be implemented until the first day of the calendar quarter after the Department for Medicaid Services receives notice of federal matching funds approval from the Centers for Medicare and Medicaid Services and has notified the Department of Revenue of that approval.
  - (c) The commissioner shall implement this section to the extent that it is not inconsistent with the state Medicaid plan or any Kentucky federal Medicaid waivers.
  - (d) Payments to ground ambulance providers shall begin within ninety (90) days of the later of the approval of federal matching funds, the state plan, or waiver amendment. The first monthly assessment payment shall be due sixty (60) days after the implementation of the enhanced fee schedule.

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1 (6) The assessment shall be administered as follows:	ows:
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2 (a) An annual amount of two hundred thousand dollars (\$200,000) shall be 3 returned to the department to offset the Medicaid administration expenses;

- (b) The remaining portion of the assessment shall:
  - 1. Be utilized to increase the rates paid by a managed care organization for emergency ambulance services up to the amount paid by the fee-forservice Medicaid program for emergency ambulance services; or
    - 2. Be paid as supplemental payments to ground ambulance providers in a proportional amount according to the total Medicaid ambulance transports; and
- If any funds are remaining after the department's duties have been completed under paragraph (b) of this subsection, the remaining funds shall be utilized by the department to increase non-emergency medical transport rates.
- 14 Each ground ambulance provider shall report to the *cabinet*[board], at the time and in the manner required by the *cabinet*[board], ground emergency revenue collected 15 16 to accomplish the purposes of this section and KRS 205.5603.
  - No more than one hundred eighty (180) days after the end of each calendar (8) (a) year, the *cabinet*[board] shall *compile*[submit to the cabinet transport] data for all ground ambulance providers licensed in Kentucky.
- 20 (b) The data required by paragraph (a) of this subsection shall, at a minimum, include the number of emergency ground transports completed during the 22 previous calendar year and the emergency revenue collected.
- → Section 33. KRS 211.494 is amended to read as follows: 23
- 24 A comprehensive statewide trauma care program shall be established within the (1) 25 Department for Public Health. The statewide trauma care program shall consist of, 26 at a minimum, a statewide trauma care director and a state trauma registrar funded 27 through available federal funds or, to the extent that funds are available, by the

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1		trau	ma care system fund established in KRS 211.496. The department may contract
2		with	outside entities to perform these functions.
3	(2)	The	statewide trauma care system shall address, at a minimum, the following goals:
4		(a)	To reduce or prevent death and disability from trauma without regard to the
5			patient's insurance coverage or ability to pay for services;
6		(b)	To provide optimal care for trauma victims by utilization of best practices
7			protocols and guidelines;
8		(c)	To minimize the economic impact of lost wages and productivity for trauma
9			patients; and
10		(d)	To contain costs of trauma care.
11	(3)	(a)	The Department for Public Health shall establish an advisory committee to
12			assist in the development, implementation, and continuation of its duties.
13		(b)	The advisory committee shall consist of eighteen (18) members to be
14			appointed by the secretary of the Cabinet for Health and Family Services and
15			shall be composed of representatives from the following agencies and
16			organizations:
17			1. The Department for Public Health;
18			2. The Kentucky Board of Medical Licensure;
19			3. The Kentucky Board of Nursing;
20			4. The Kentucky Board of Emergency Medical Services;
21			5. The Kentucky Medical Association;
22			6. The Kentucky Hospital Association;
23			7. The Kentucky Committee on Trauma of the American College of
24			Surgeons;
25			8. One (1) representative from each verified Level I trauma center;
26			9. One (1) hospital representative from a Level II verified trauma center,
27			one (1) hospital representative from a Level III verified trauma center,

1		and one (1) hospital representative from a Level IV verified trauma
2		center. The Kentucky Hospital Association shall submit
3		recommendations to the secretary for each of the three (3) members
4		appointed under this subdivision;
5		10. The Kentucky Chapter of the American College of Emergency
6		Physicians;
7		11. The Kentucky Chapter of the Emergency Nurses Association;
8		12. The Kentucky Transportation Cabinet;
9		13. Two (2) members at large, one (1) of whom shall be a health care
10		consumer;
11		14. One (1) representative with extensive experience in injury prevention
12		programs; and
13		15. One (1) representative with pediatric trauma experience.
14	(c)	Members of the advisory committee shall serve for a period of four (4) years
15		and shall serve until a successor is appointed, except that initial terms shall be
16		staggered and one-third (1/3) of the members shall be appointed to four (4)
17		year terms, one-third (1/3) of the members shall be appointed to three (3) year
18		terms, and one-third (1/3) of the members shall be appointed for two (2) year
19		terms.
20	(d)	The advisory committee shall meet at least on a quarterly basis. The
21		committee shall elect a chair, a vice chair, and a secretary from among its
22		members and adopt rules of governance at the first meeting in each fiscal year.
23		The first meeting of the advisory committee shall occur before September 30,
24		2008.
25	(e)	Appointed members shall serve without compensation but may receive
26		reimbursement for actual and necessary expenses relating to the duties of the

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advisory committee in accordance with state regulations relating to travel

1			reimbursement.
2		(f)	Expenses associated with the advisory committee shall be paid by the trauma
3			care system fund established in KRS 211.496, to the extent funds are
4			available.
5	(4)	The	statewide trauma care director and the advisory committee shall develop and
6		imp	lement a statewide trauma care system, integrated with the public health system
7		for i	injury prevention, that recognizes levels of care for the appropriate delivery of a
8		full	range of medical services to all trauma patients in the Commonwealth. The
9		state	ewide trauma care system shall include but is not limited to:
10		(a)	Development and implementation of trauma prevention and education
11			initiatives;
12		(b)	Facilitation of appropriate education and continuing education about trauma
13			care and procedures for physicians, nurses, and emergency medical services
14			personnel;
15		(c)	Development and statewide distribution of guidelines and protocols for the
16			care and treatment of trauma victims that include the needs of special
17			populations and are fully integrated with all available resources, including but
18			not limited to emergency medical services, physicians, nurses, and hospitals;
19		(d)	Voluntary hospital trauma center verification through the American College of
20			Surgeons or the Department for Public Health;
21		(e)	Local and regional triage and transport protocols for use by [the Kentucky
22			Board of Emergency Medical Services, Jemergency medical services
23			providers[,] and emergency rooms; and
24		(f)	Continuing quality assurance and peer review programs.
25	(5)	The	Department for Public Health or the statewide trauma care director and the
26		advi	sory committee established in this section shall coordinate activities related to

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the care of trauma patients with other state agencies and boards that are directly or

1	indirectly involved with care of injured persons. Upon request of the Department for
2	Public Health or the statewide trauma care director, other state agencies and boards
3	shall assist and facilitate the development and implementation of a statewide trauma
4	care system.

- (6) Data obtained through a trauma registry or other data collected pursuant to KRS 211.490 to 211.496 shall be confidential and for use solely by the Department for Public Health, the statewide trauma care director, the advisory committee, and persons or public or private entities that participate in data collection for the trauma registry. Personal identifying information that is collected for use in the trauma 10 registry shall not be subject to discovery or introduction into evidence in any civil action.
- 12 (7)The statewide trauma care director shall report information on the status of the 13 development and implementation of the statewide trauma system upon request.
- 14 (8) The Department for Public Health may promulgate administrative regulations in 15 accordance with KRS Chapter 13A to implement this section.
- 16 → Section 34. KRS 316.165 is amended to read as follows:

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- 17 (1) Any person employed by a full-service funeral establishment or an embalming 18 service establishment, except a common carrier engaged in interstate commerce, the 19 Commonwealth and its agencies, or an ambulance [emergency medical services] 20 provider duly certified or licensed pursuant to KRS Chapter 216B[311A], who 21 wants to engage in the business of surface transportation or removal of dead human 22 bodies in the Commonwealth, shall apply for and may be granted a permit from the 23 board.
- 24 Surface transportation and removal services shall not include: (2)
- 25 (a) The arrangement or conduction of funerals;
- 26 (b) The provision for the care or preparation, including embalming, of dead 27 human bodies; or

1		(c)	The	sale o	or provision of funeral-related goods and services;
2		with	out al	so the	e issuance of a funeral service establishment license or an embalming
3		serv	ice es	tablis	hment license.
4	(3)	The	board	l shal	l promulgate administrative regulations related to the processes and
5		proc	edure	s for	the permitting of persons to provide surface transportation and
6		remo	oval s	ervice	es of dead human bodies.
7		<b>→</b> S	ection	35.	KRS 405.075 is amended to read as follows:
8	(1)	As u	ısed iı	n this	section:
9		(a)	"Ne	wbori	n infant" means an infant who is medically determined to be less than
10			thirt	y (30)	) days old;
11		(b)	"Ne	wbori	n safety device" means a device:
12			1.	Des	igned to permit a parent to anonymously place a newborn infant in
13				the	device with the intent to leave the newborn and for an emergency
14				med	lical services provider to remove the newborn from the device and
15				take	e custody of the newborn infant;
16			2.	Inst	alled with an adequate dual alarm system connected to the physical
17				loca	ation where the device is physically installed. The dual alarm system
18				shal	l be:
19				a.	Tested at least one (1) time per month to ensure the alarm system
20					is in working order; and
21				b.	Visually checked at least two (2) times per day to ensure the alarm
22					system is in working order;
23			3.	App	proved by and physically located inside a participating staffed police
24				stati	ion, staffed fire station, or staffed hospital that:
25				a.	Is licensed or otherwise legally operating in this state; and
26				b.	Is staffed continuously on a twenty-four (24) hour basis every day
27					by a licensed emergency medical services provider; and

1			4. Located in an area that is conspicuous and visible to police station, fire
2			station, or hospital staff; and
3		(c)	"Participating place of worship" means a recognized place of religious
4			worship that has voluntarily agreed to perform the duty granted in this section
5			and display signage prominently on its premises regarding its participation in
6			this section and its operating hours during which staff will be present.
7	(2)	A pa	arent shall have the right to remain anonymous, shall not be pursued, and shall
8		not	be considered to have abandoned or endangered a newborn infant under KRS
9		Cha	pters 508 and 530 if the parent:
10		(a)	Places a newborn infant:
11			1. With an emergency medical services provider;
12			2. At a staffed police station, fire station, or hospital;
13			3. At a participating place of worship; or
14			4. Inside a newborn safety device that meets the requirements of subsection
15			(1) of this section; and
16		(b)	Expresses no intent to return for the newborn infant.
17	(3)	(a)	Any emergency medical services provider, police officer, or firefighter who
18			accepts physical custody of a newborn infant, or who physically retrieves a
19			newborn infant from a newborn safety device that meets the requirements of
20			subsection (1) of this section, in accordance with this section shall
21			immediately arrange for the infant to be taken to the nearest hospital
22			emergency room and shall have implied consent to any and all appropriate
23			medical treatment.
24		(b)	Any staff member at a participating place of worship who accepts physical
25			custody of a newborn infant in accordance with this section shall immediately
26			contact the 911 emergency telephone service as set forth in KRS 65.750 to

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65.760, wireless enhanced 911 system as set forth in KRS 65.7621 to 65.7643,

1		or <u>ambulance provider</u> [emergency medical services] as set forth in KRS
2		Chapter 216B[311A] for transportation to the nearest hospital emergency
3		room.
4	(4)	By placing a newborn infant in the manner described in this section, the parent:
5		(a) Waives the right to notification required by subsequent court proceedings
6		conducted under KRS Chapter 620 until such time as a claim of parental
7		rights is made; and
8		(b) Waives legal standing to make a claim of action against any person who
9		accepts physical custody of the newborn infant.
10	(5)	A staffed police station, fire station, hospital, emergency medical facility, or
11		participating place of worship may post a sign easily seen by the public stating that:
12		"This facility is a safe and legal place to surrender a newborn infant who is less than
13		30 days old. A parent who places a newborn infant at this facility and expresses no
14		intent to return for the infant shall have the right to remain anonymous and not be
15		pursued and shall not be considered to have abandoned or endangered their
16		newborn infant under KRS Chapters 508 and 530."
17	(6)	Actions taken by an emergency medical services provider, police officer, firefighter,
18		or staff member at a participating place of worship in conformity with the duty
19		granted in this section shall be immune from criminal or civil liability. Nothing in
20		this subsection shall limit liability for negligence.
21	(7)	The provisions of subsection (2) of this section shall not apply when indicators of
22		child physical abuse or child neglect are present.
23	(8)	KRS 211.951, 216B.190, 405.075, 620.350, and 620.355 shall be known as "The
24		Representative Thomas J. Burch Safe Infants Act."
25		→ SECTION 36. A NEW SECTION OF KRS CHAPTER 311A IS CREATED
26	TO	READ AS FOLLOWS:
27	<i>(1)</i>	Except for personnel under subsection (2) of this section, personnel employed by

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1		<u>tne</u>	Kentucky Boara of Emergency Medical Services under the Kentucky
2		<u>Con</u>	nmunity and Technical College System shall be transferred to the Kentucky
3		<u>Boa</u>	rd of Emergency Medical Services in the KRS Chapter 18A personnel system
4		alon	g with the funding associated with those employees.
5	<u>(2)</u>	(a)	Personnel employed by the Kentucky Board of Emergency Medical Services
6			under the Kentucky Community and Technical College System who
7			participate in a defined contribution plan that meets requirements of 26
8			U.S.C. sec. 403(b), for employees of the Kentucky Community and
9			Technical College System, may choose to remain in their present
10			employment and be assigned to the board to continue providing these
11			services or become an employee of the board under the KRS Chapter 18A
12			personnel system.
13		<u>(b)</u>	Employees shall make their choice within thirty (30) days following the
14			effective date of this Act and shall have access to counseling by
15			representatives of the KRS Chapter 18A personnel system, the Kentucky
16			Community and Technical College System, and applicable retirement
17			systems concerning the effect the choice of employment would have on the
18			employee. If an employee does not make a choice within thirty (30) days
19			following the effective date of this Act, that employee shall be deemed to
20			have chosen to exercise the option to become an employee of the board
21			under the KRS Chapter 18A personnel system.
22	<u>(3)</u>	Emp	ployees transferred pursuant to subsections (1) and (2) of this section shall
23		<u>reta</u>	<u>in:</u>
24		<u>(a)</u>	Their salaries and leave time balances accumulated as of the transfer date;
25		<u>(b)</u>	For purposes of determining leave time accumulation, the date of initial
26			employment with a state agency or a postsecondary educational institution,
27			whichever is earlier; and

1	<u>(c)</u>	For purposes of calculating retirement and retiree health benefits and
2		contributions, the earlier of the date of initial participation or membership
3		date, in:
4		1. A state-administered retirement system if the employee has
5		participated or is participating in the Kentucky Employees Retirement
6		System; or
7		2. A defined contribution plan that meets requirements of 26 U.S.C. sec.
8		403(b), for employees of the Kentucky Community and Technical
9		College System.
10		Nothing in this paragraph shall be construed to provide additional service
11		credit for the employee prior to the transfer date other than what has been
12		credited to the appropriate retirement system.
13	(4) (a)	All existing state general fund moneys appropriated to the board, all federal
14		funds, all moneys collected by the board, all equipment owned by the board,
15		instructional supplies, equipment, funds, and records of the Kentucky
16		Community and Technical College System associated with the Kentucky
17		Board of Emergency Medical Services that are not related to the collection
18		of emergency medical services data and the licensure and inspection of
19		ambulance providers, shall be transferred to the Kentucky Board of
20		Emergency Medical Services in the KRS Chapter 18A personnel system
21		along with all financial and management oversight responsibility and
22		<u>liability.</u>
23	<u>(b)</u>	All instructional supplies, equipment, funds, and records of the Kentucky
24		Community and Technical College System associated with the Kentucky
25		Board of Emergency Medical Services related to the collection of emergency
26		medical services data and the licensure and inspection of ambulance
27		providers shall be transferred to the Cabinet for Health and Family

Services.

- 2 → Section 37. KRS 61.510 is amended to read as follows:
- 3 As used in KRS 61.510 to 61.705, unless the context otherwise requires:
- 4 (1) "System" means the Kentucky Employees Retirement System created by KRS
- 5 61.510 to 61.705;
- 6 (2) "Board" means the board of trustees of the system as provided in KRS 61.645;
- 7 (3) "Department" means any state department or board or agency participating in the
- 8 system in accordance with appropriate executive order, as provided in KRS 61.520.
- 9 For purposes of KRS 61.510 to 61.705, the members, officers, and employees of the
- General Assembly and any other body, entity, or instrumentality designated by
- 11 executive order by the Governor, shall be deemed to be a department,
- 12 notwithstanding whether said body, entity, or instrumentality is an integral part of
- state government;
- 14 (4) "Examiner" means the medical examiners as provided in KRS 61.665;
- 15 (5) "Employee" means the members, officers, and employees of the General Assembly
- and every regular full-time, appointed or elective officer or employee of a
- participating department, including the Department of Military Affairs. The term
- does not include persons engaged as independent contractors, seasonal, emergency,
- temporary, interim, and part-time workers. In case of any doubt, the board shall
- determine if a person is an employee within the meaning of KRS 61.510 to 61.705;
- 21 (6) "Employer" means a department or any authority of a department having the power
- 22 to appoint or select an employee in the department, including the Senate and the
- House of Representatives, or any other entity, the employees of which are eligible
- for membership in the system pursuant to KRS 61.525;
- 25 (7) "State" means the Commonwealth of Kentucky;
- 26 (8) "Member" means any employee who is included in the membership of the system or
- any former employee whose membership has not been terminated under KRS

1 61.535;

2 (9) "Service" means the total of current service and prior service as defined in this section;

- 4 (10) "Current service" means the number of years and months of employment as an employee, on and after July 1, 1956, except that for members, officers, and employees of the General Assembly this date shall be January 1, 1960, for which creditable compensation is paid and employee contributions deducted, except as otherwise provided, and each member, officer, and employee of the General Assembly shall be credited with a month of current service for each month he serves in the position;
- 11 (11) "Prior service" means the number of years and completed months, expressed as a 12 fraction of a year, of employment as an employee, prior to July 1, 1956, for which 13 creditable compensation was paid; except that for members, officers, and employees 14 of the General Assembly, this date shall be January 1, 1960. An employee shall be 15 credited with one (1) month of prior service only in those months he received 16 compensation for at least one hundred (100) hours of work; provided, however, that 17 each member, officer, and employee of the General Assembly shall be credited with 18 a month of prior service for each month he served in the position prior to January 1, 19 1960. Twelve (12) months of current service in the system are required to validate 20 prior service;
- 21 (12) "Accumulated contributions" at any time means the sum of all amounts deducted 22 from the compensation of a member and credited to his individual account in the 23 members' account, including employee contributions picked up after August 1, 24 1982, pursuant to KRS 61.560(4), together with interest credited, on such amounts 25 and any other amounts the member shall have contributed thereto, including interest 26 credited thereon. For members who begin participating on or after September 1, 27 2008, "accumulated contributions" shall not include employee contributions that are

deposited into accounts established pursuant to 26 U.S.C. sec. 401(h) within the funds established in KRS 16.510 and 61.515, as prescribed by KRS 61.702(3)(b);

(13) "Creditable compensation":

(a) Means all salary, wages, tips to the extent the tips are reported for income tax purposes, and fees, including payments for compensatory time, paid to the employee as a result of services performed for the employer or for time during which the member is on paid leave, which are includable on the member's federal form W-2 wage and tax statement under the heading "wages, tips, other compensation," including employee contributions picked up after August 1, 1982, pursuant to KRS 61.560(4). For members of the General Assembly, it shall mean all amounts which are includable on the member's federal form W-2 wage and tax statement under the heading "wages, tips, other compensation," including employee contributions picked up after August 1, 1982, pursuant to KRS 6.505(4) or 61.560(4);

## (b) Includes:

- Lump-sum bonuses, severance pay, or employer-provided payments for purchase of service credit, which shall be averaged over the employee's total service with the system in which it is recorded if it is equal to or greater than one thousand dollars (\$1,000);
- Cases where compensation includes maintenance and other perquisites, but the board shall fix the value of that part of the compensation not paid in money;
- 3. Lump-sum payments for creditable compensation paid as a result of an order of a court of competent jurisdiction, the Personnel Board, or the Commission on Human Rights, or for any creditable compensation paid in anticipation of settlement of an action before a court of competent jurisdiction, the Personnel Board, or the Commission on Human Rights,

1		including notices of violations of state or federal wage and hour statutes
2		or violations of state or federal discrimination statutes, which shall be
3		credited to the fiscal year during which the wages were earned or should
4		have been paid by the employer. This subparagraph shall also include
5		lump-sum payments for reinstated wages pursuant to KRS 61.569,
6		which shall be credited to the period during which the wages were
7		earned or should have been paid by the employer;
8		4. Amounts which are not includable in the member's gross income by
9		virtue of the member having taken a voluntary salary reduction provided
10		for under applicable provisions of the Internal Revenue Code; and
11		5. Elective amounts for qualified transportation fringes paid or made
12		available on or after January 1, 2001, for calendar years on or after
13		January 1, 2001, that are not includable in the gross income of the
14		employee by reason of 26 U.S.C. sec. 132(f)(4); and
15	(c)	Excludes:
16		1. Living allowances, expense reimbursements, lump-sum payments for
17		accrued vacation leave, and other items determined by the board;
18		2. For employees who begin participating on or after September 1, 2008,
19		lump-sum payments for compensatory time;
20		3. For employees who begin participating on or after August 1, 2016,
21		nominal fees paid for services as a volunteer; and
22		4. Any salary or wages paid to an employee for services as a Kentucky
23		State Police school resource officer as defined by KRS 158.441;
24	(14) "Fin	al compensation" of a member means:
25	(a)	For a member who begins participating before September 1, 2008, who is
26		employed in a nonhazardous position, the creditable compensation of the

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member during the five (5) fiscal years he or she was paid at the highest

average monthly rate divided by the number of months of service credit during that five (5) year period multiplied by twelve (12). The five (5) years may be fractional and need not be consecutive. If the number of months of service credit during the five (5) year period is less than forty-eight (48), one (1) or more additional fiscal years shall be used;

- (b) For a member who is employed in a nonhazardous position, whose effective retirement date is between August 1, 2001, and January 1, 2009, and whose total service credit is at least twenty-seven (27) years and whose age and years of service total at least seventy-five (75), final compensation means the creditable compensation of the member during the three (3) fiscal years the member was paid at the highest average monthly rate divided by the number of months of service credit during that three (3) years period multiplied by twelve (12). The three (3) years may be fractional and need not be consecutive. If the number of months of service credit during the three (3) year period is less than twenty-four (24), one (1) or more additional fiscal years shall be used. Notwithstanding the provision of KRS 61.565, the funding for this paragraph shall be provided from existing funds of the retirement allowance:
- (c) For a member who begins participating before September 1, 2008, who is employed in a hazardous position, as provided in KRS 61.592, the creditable compensation of the member during the three (3) fiscal years he or she was paid at the highest average monthly rate divided by the number of months of service credit during that three (3) year period multiplied by twelve (12). The three (3) years may be fractional and need not be consecutive. If the number of months of service credit during the three (3) year period is less than twenty-four (24), one (1) or more additional fiscal years shall be used;
- (d) For a member who begins participating on or after September 1, 2008, but

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prior to January 1, 2014, who is employed in a nonhazardous position, the creditable compensation of the member during the five (5) complete fiscal years immediately preceding retirement divided by five (5). Each fiscal year used to determine final compensation must contain twelve (12) months of service credit. If the member does not have five (5) complete fiscal years that each contain twelve (12) months of service credit, then one (1) or more additional fiscal years, which may contain less than twelve (12) months of service credit, shall be added until the number of months in the final compensation calculation is at least sixty (60) months; or

- (e) For a member who begins participating on or after September 1, 2008, but prior to January 1, 2014, who is employed in a hazardous position as provided in KRS 61.592, the creditable compensation of the member during the three (3) complete fiscal years he or she was paid at the highest average monthly rate divided by three (3). Each fiscal year used to determine final compensation must contain twelve (12) months of service credit. If the member does not have three (3) complete fiscal years that each contain twelve (12) months of service credit, then one (1) or more additional fiscal years, which may contain less than twelve (12) months of service credit, shall be added until the number of months in the final compensation calculation is at least thirty-six (36) months;
- (15) "Final rate of pay" means the actual rate upon which earnings of an employee were calculated during the twelve (12) month period immediately preceding the member's effective retirement date, including employee contributions picked up after August 1, 1982, pursuant to KRS 61.560(4). The rate shall be certified to the system by the employer and the following equivalents shall be used to convert the rate to an annual rate: two thousand eighty (2,080) hours for eight (8) hour workdays, nineteen hundred fifty (1,950) hours for seven and one-half (7-1/2) hour

1		workdays, two hundred sixty (260) days, fifty-two (52) weeks, twelve (12) months,
2		one (1) year;
3	(16)	"Retirement allowance" means the retirement payments to which a member is
4		entitled;
5	(17)	"Actuarial equivalent" means a benefit of equal value when computed upon the
6		basis of the actuarial tables that are adopted by the board. In cases of disability
7		retirement, the options authorized by KRS 61.635 shall be computed by adding ten
8		(10) years to the age of the member, unless the member has chosen the Social
9		Security adjustment option as provided for in KRS 61.635(8), in which case the
10		member's actual age shall be used. For members who began participating in the
11		system prior to January 1, 2014, no disability retirement option shall be less than the
12		same option computed under early retirement;
13	(18)	"Normal retirement date" means the sixty-fifth birthday of a member, unless
14		otherwise provided in KRS 61.510 to 61.705;
15	(19)	"Fiscal year" of the system means the twelve (12) months from July 1 through the
16		following June 30, which shall also be the plan year. The "fiscal year" shall be the
17		limitation year used to determine contribution and benefit limits as established by
18		26 U.S.C. sec. 415;
19	(20)	"Officers and employees of the General Assembly" means the occupants of those
20		positions enumerated in KRS 6.150. The term shall also apply to assistants who
21		were employed by the General Assembly for at least one (1) regular legislative
22		session prior to July 13, 2004, who elect to participate in the retirement system, and
23		who serve for at least six (6) regular legislative sessions. Assistants hired after July
24		13, 2004, shall be designated as interim employees;
25	(21)	"Regular full-time positions," as used in subsection (5) of this section, shall mean
26		all positions that average one hundred (100) or more hours per month determined by
27		using the number of months actually worked within a calendar or fiscal year,

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- (a) Seasonal positions, which although temporary in duration, are positions which coincide in duration with a particular season or seasons of the year and which may recur regularly from year to year, the period of time shall not exceed nine (9) months;
- Emergency positions which are positions which do not exceed thirty (30) (b) working days and are nonrenewable;
  - (c) Temporary positions which are positions of employment with a participating department for a period of time not to exceed nine (9) months and are nonrenewable;
  - (d) Part-time positions which are positions which may be permanent in duration, but which require less than a calendar or fiscal year average of one hundred (100) hours of work per month, determined by using the number of months actually worked within a calendar or fiscal year, in the performance of duty; and
  - (e) Interim positions which are positions established for a one-time or recurring need not to exceed nine (9) months;
- 18 (22) "Vested" for purposes of determining eligibility for purchasing service credit under 19 KRS 61.552 means the employee has at least forty-eight (48) months of service if 20 age sixty-five (65) or older or at least sixty (60) months of service if under the age of sixty-five (65). For purposes of this subsection, "service" means service in the 22 systems administered by the Kentucky Retirement Systems and County Employees 23 Retirement System;
  - (23) "Parted employer" means a department, portion of a department, board, or agency, such as Outwood Hospital and School, which previously participated in the system, but due to lease or other contractual arrangement is now operated by a publicly held corporation or other similar organization, and therefore is no longer participating in

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1		the system. The term "parted employer" shall not include a department, board, or
2		agency that ceased participation in the system pursuant to KRS 61.522;
3	(24)	"Retired member" means any former member receiving a retirement allowance or
4		any former member who has filed the necessary documents for retirement benefits
5		and is no longer contributing to the retirement system;
6	(25)	"Current rate of pay" means the member's actual hourly, daily, weekly, biweekly,
7		monthly, or yearly rate of pay converted to an annual rate as defined in final rate of
8		pay. The rate shall be certified by the employer;
9	(26)	"Beneficiary" means the person or persons or estate or trust or trustee designated by
10		the member in accordance with KRS 61.542 or 61.705 to receive any available
11		benefits in the event of the member's death. As used in KRS 61.702, "beneficiary"
12		does not mean an estate, trust, or trustee;
13	(27)	"Recipient" means the retired member or the person or persons designated as
14		beneficiary by the member and drawing a retirement allowance as a result of the
15		member's death or a dependent child drawing a retirement allowance. An alternate
16		payee of a qualified domestic relations order shall not be considered a recipient,
17		except for purposes of KRS 61.623;
18	(28)	"Level percentage of payroll amortization method" means a method of determining
19		the annual amortization payment on the unfunded actuarial accrued liability as
20		expressed as a percentage of payroll over a set period of years but that may be
21		converted to a dollar value for purposes of KRS 61.565(1)(d). Under this method,
22		the percentage of payroll shall be projected to remain constant for all years
23		remaining in the set period of time and the unfunded actuarially accrued liability
24		shall be projected to be fully amortized at the conclusion of the set period of years;
25	(29)	"Increment" means twelve (12) months of service credit which are purchased. The
26		twelve (12) months need not be consecutive. The final increment may be less than
27		twelve (12) months;

(30)	) "Person"	' means a	natural	person
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- 2 (31) "Retirement office" means the Kentucky Public Pensions Authority's office building
- in Frankfort, unless otherwise designated by the Kentucky Public Pensions
- 4 Authority;

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- 5 (32) "Last day of paid employment" means the last date employer and employee
- 6 contributions are required to be reported in accordance with KRS 16.543, 61.543, or
- 7 78.615 to the retirement office in order for the employee to receive current service
- 8 credit for the month. Last day of paid employment does not mean a date the
- 9 employee receives payment for accrued leave, whether by lump sum or otherwise, if
- that date occurs twenty-four (24) or more months after previous contributions;
- 11 (33) "Objective medical evidence" means reports of examinations or treatments; medical
- signs which are anatomical, physiological, or psychological abnormalities that can
- be observed; psychiatric signs which are medically demonstrable phenomena
- indicating specific abnormalities of behavior, affect, thought, memory, orientation,
- or contact with reality; or laboratory findings which are anatomical, physiological,
- or psychological phenomena that can be shown by medically acceptable laboratory
- diagnostic techniques, including but not limited to chemical tests,
- 18 electrocardiograms, electroencephalograms, X-rays, and psychological tests;
- 19 (34) "Participating" means an employee is currently earning service credit in the system
- as provided in KRS 61.543;
- 21 (35) "Month" means a calendar month;
- 22 (36) "Membership date" means:
- 23 (a) The date upon which the member began participating in the system as
- provided in KRS 61.543; or
- 25 (b) For a member electing to participate in the system pursuant to KRS
- 26 196.167(4) or subsection (2) of Section 36 of this Act who has not previously
- participated in the system or the Kentucky Teachers' Retirement System, the

1		date the member began participating in a defined contribution plan that meets
2		the requirements of 26 U.S.C. sec. 403(b);
3	(37)	"Participant" means a member, as defined by subsection (8) of this section, or a
4		retired member, as defined by subsection (24) of this section;
5	(38)	"Qualified domestic relations order" means any judgment, decree, or order,
6		including approval of a property settlement agreement, that:
7		(a) Is issued by a court or administrative agency; and
8		(b) Relates to the provision of child support, alimony payments, or marital
9		property rights to an alternate payee;
10	(39)	"Alternate payee" means a spouse, former spouse, child, or other dependent of a
11		participant, who is designated to be paid retirement benefits in a qualified domestic
12		relations order;
13	(40)	"Accumulated employer credit" mean the employer pay credit deposited to the
14		member's account and interest credited on such amounts as provided by KRS
15		16.583 and 61.597;
16	(41)	"Accumulated account balance" means:
17		(a) For members who began participating in the system prior to January 1, 2014,
18		the member's accumulated contributions; or
19		(b) For members who began participating in the system on or after January 1,
20		2014, in the hybrid cash balance plan as provided by KRS 16.583 and 61.597,
21		the combined sum of the member's accumulated contributions and the
22		member's accumulated employer credit;
23	(42)	"Volunteer" means an individual who:
24		(a) Freely and without pressure or coercion performs hours of service for an
25		employer participating in one (1) of the systems administered by Kentucky
26		Retirement Systems without receipt of compensation for services rendered,
27		except for reimbursement of actual expenses, payment of a nominal fee to

1			offset the costs of performing the voluntary services, or both; and
2		(b)	If a retired member, does not become an employee, leased employee, or
3			independent contractor of the employer for which he or she is performing
4			volunteer services for a period of at least twelve (12) months following the
5			retired member's most recent retirement date;
6	(43)	"No	minal fee" means compensation earned for services as a volunteer that does not
7		exce	ed five hundred dollars (\$500) per month. Compensation earned for services as
8		a vo	lunteer from more than one (1) participating employer during a month shall be
9		aggr	egated to determine whether the compensation exceeds the five hundred dollars
10		(\$50	0) per month maximum provided by this subsection;
11	(44)	"No	nhazardous position" means a position that does not meet the requirements of
12		KRS	6 61.592 or has not been approved by the board as a hazardous position;
13	(45)	"Mo	nthly average pay" means:
14		(a)	In the case of a member who dies as a direct result of an act in line of duty as
15			defined in KRS 16.505 or who dies as a result of a duty-related injury as
16			defined in KRS 61.621, the higher of the member's monthly final rate of pay
17			or the average monthly creditable compensation earned by the deceased
18			member during his or her last twelve (12) months of employment; or
19		(b)	In the case where a member becomes totally and permanently disabled as a
20			direct result of an act in line of duty as defined in KRS 16.505 or becomes
21			disabled as a result of a duty-related injury as defined in KRS 61.621 and is
22			eligible for the benefits provided by KRS 61.621(5)(a), the higher of the
23			member's monthly final rate of pay or the average monthly creditable
24			compensation earned by the disabled member during his or her last twelve
25			(12) months of employment prior to the date the act in line of duty or duty-
26			related injury occurred;

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(46) "Authority" means the Kentucky Public Pensions Authority as provided by KRS

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1		61.5	05; and	
2	(47)	"Exe	ecutive director" means the executive director of the Kentucky Public Pensions	
3		Auth	nority.	
4		<b>→</b> Se	ection 38. KRS 205.590 is amended to read as follows:	
5	(1)	The	following technical advisory committees shall be established for the purpose of	
6		actin	ng in an advisory capacity to the Advisory Council for Medical Assistance with	
7		respect to the administration of the medical assistance program and in performing		
8		the f	function of peer review:	
9		(a)	A Technical Advisory Committee on Physician Services consisting of five (5)	
10			physicians appointed by the council of the Kentucky State Medical	
11			Association;	
12		(b)	A Technical Advisory Committee on Hospital Care consisting of five (5)	
13			hospital administrators appointed by the board of trustees of the Kentucky	
14			Hospital Association;	
15		(c)	A Technical Advisory Committee on Dental Care consisting of five (5)	
16			dentists appointed by the Kentucky Dental Association;	
17		(d)	A Technical Advisory Committee on Nursing Service consisting of five (5)	
18			nurses appointed by the board of directors of the Kentucky State Association	
19			of Registered Nurses;	
20		(e)	A Technical Advisory Committee on Nursing Home Care consisting of six (6)	
21			members of which five (5) members shall be appointed by the Kentucky	
22			Association of Health Care Facilities, and one (1) member shall be appointed	
23			by the Kentucky Association of Nonprofit Homes and Services for the Aging,	
24			Inc.;	
25		(f)	A Technical Advisory Committee on Optometric Care consisting of five (5)	
26			members appointed by the Kentucky Optometric Association;	
27		(g)	A Technical Advisory Committee on Podiatric Care consisting of five (5)	

1	podiatrists	appointed by	v the K $\epsilon$	entucky P	Podiatry	Association;
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A Technical Advisory Committee on Primary Care consisting of five (5) primary care providers, two (2) of whom shall represent licensed health maintenance organizations, appointed by the Governor, until such time as an association of primary care providers is established, whereafter the association shall appoint the members;

- A Technical Advisory Committee on Home Health Care consisting of five (5) (i) members appointed by the board of directors of the Kentucky Home Health Association;
- A Technical Advisory Committee on Consumer Rights and Client Needs (i) consisting of seven (7) members, with one (1) member to be appointed by each of the following organizations: the American Association of Retired Persons Kentucky, the Family Resource Youth Services Coalition of Kentucky, the Kentucky Association of Community Health Workers, the Kentucky Legal Services Corporation, the Arc of Kentucky, the Department of Public Advocacy, and the National Association of Social Workers-Kentucky Chapter;
- (k) A Technical Advisory Committee on Behavioral Health consisting of seven (7) members, with one (1) member to be appointed by each of the following organizations: the Kentucky Mental Health Coalition, the Kentucky Association of Regional Programs, the National Alliance on Mental Illness (NAMI) Kentucky, a statewide mental health consumer organization, the People Advocating Recovery (PAR), the Brain Injury Association of America-Kentucky Chapter, and the Kentucky Brain Injury Alliance;
- A Technical Advisory Committee on Children's Health consisting of ten (10) (1) members, with one (1) member to be appointed by each of the following organizations: the Kentucky Chapter of the American Academy of Pediatrics,

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the Kentucky PTA, the Kentucky Psychological Association, the Kentucky School Nurses Association, the Kentucky Association for Early Childhood Education, the Family Resource and Youth Services Coalition of Kentucky, the Kentucky Youth Advocates, the Kentucky Association of Hospice and Palliative Care, a parent of a child enrolled in Medicaid or the Kentucky Children's Health Insurance Program appointed by the Kentucky Head Start Association, and a pediatric dentist appointed by the Kentucky Dental Association;

- (m) A Technical Advisory Committee on Intellectual and Developmental Disabilities consisting of nine (9) members, one (1) of whom shall be a consumer who participates in a nonresidential community Medicaid waiver program, one (1) of whom shall be a consumer who participates in a residential community Medicaid waiver program, one (1) of whom shall be a consumer representative of a family member who participates in a community Medicaid waiver program, and one (1) of whom shall be a consumer representative of a family member who resides in an ICF/ID facility that accepts Medicaid payments, all of whom shall be appointed by the Governor; one (1) member shall be appointed by the Arc of Kentucky; one (1) member shall be appointed by the Commonwealth Council on Developmental Disabilities; one (1) member shall be appointed by the Kentucky Association of Homes and Services for the Aging; and two (2) members shall be appointed by the Kentucky Association of Private Providers, one (1) of whom shall be a nonprofit provider and one (1) of whom shall be a for-profit provider;
- (n) A Technical Advisory Committee on Therapy Services consisting of six (6) members, two (2) of whom shall be occupational therapists and shall be appointed by the Kentucky Occupational Therapists Association, two (2) of whom shall be physical therapists and shall be appointed by the Kentucky

1		Physical Therapy Association, and two (2) of whom shall be speech therapists
2		and shall be appointed by the Kentucky Speech-Language-Hearing
3		Association;
4	(o)	A Technical Advisory Committee on Pharmacy consisting of seven (7)
5		members, two (2) of whom shall be Kentucky licensed pharmacists who own
6		fewer than ten (10) pharmacies in the Commonwealth and shall be appointed
7		by the Kentucky Independent Pharmacy Alliance, two (2) of whom shall be
8		Kentucky licensed pharmacists and shall be appointed by the Kentucky
9		Pharmacy Association, and one (1) member to be appointed by each of the
10		following organizations: the Kentucky Hospital Association, the Kentucky
11		Primary Care Association, and the National Association of Chain Drug Stores;
12		<del>[and]</del>
13	(p)	A Technical Advisory Committee on Persons Returning to Society from
14		Incarceration consisting of twelve (12) members of whom:
15		1. One (1) shall be appointed by each of the following organizations: the
16		Kentucky Jailers Association, the Kentucky Medical Association, the
17		Kentucky Association of Nurse Practitioners and Nurse-Midwives,
18		Community Action of Kentucky, the Homeless and Housing Coalition
19		of Kentucky, the Kentucky Office of Drug Control Policy, a Kentucky
20		civil legal aid program, the Kentucky Department of Corrections, the
21		Kentucky Department of Public Advocacy, the Kentucky Association of
22		Regional Programs, and the Kentucky Administrative Office of the
23		Courts; and
24		2. One (1) formerly incarcerated individual who is a current or former
25		Medicaid recipient shall be appointed by Mental Health America of
26		Kentucky: and

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(q) A Technical Advisory Committee on Emergency Medical Services

1	consisting of seven (7) members of whom one (1) shall represent the air
2	medical industry and shall be appointed by the Kentucky Chapter of the
3	Association of Air Medical Services; one (1) shall be appointed by the
4	Kentucky Board of Emergency Medical Services; two (2) shall represent the
5	emergency medical services billing industry and shall be members of and
6	appointed by the Kentucky Ambulance Providers Association; and three (3)
7	shall represent ground ambulance providers and shall be appointed by the
8	Kentucky Ambulance Providers Association. All members appointed to this
9	committee shall represent emergency medical services providers that
10	operate in Kentucky and shall have experience in interpreting,
11	implementing, or ensuring compliance with Medicaid regulations.

- 12 (2) The members of the technical advisory committees shall serve until their successors are appointed and qualified.
- Each appointive member of a committee shall serve without compensation but shall be entitled to reimbursement for actual and necessary expenses in carrying out their duties with reimbursement for expenses being made in accordance with state regulations relating to travel reimbursement.
- **→** Section 39. The following KRS sections are repealed:

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- 20 Conversion to disabled persons carrier or Class II ground ambulance provider.
- 21 311A.080 Persons prohibited from operating ambulance service or first response 22 program -- Penalties.
  - Section 40. Each member of the Kentucky Board of Emergency Medical Services established in Section 2 of this Act shall hold office for a term of four years and until their successors are appointed, except that the members appointed to fill the first vacancy occurring for a term beginning on the effective date of this Act, shall be as follows: Two members shall be appointed for one year, two for two years, four for three

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years, and four for four years, and the respective terms of the first members shall be designated by the Governor at the time of their appointments. Upon the expiration of the respective terms of the members first appointed, the term of each successor shall be for four years and until his or her successor is appointed.

→ Section 41. Any person serving on the Kentucky Board of Emergency Medical Services in a position eliminated on the effective date of this Act whose term has not expired prior to the effective date of this Act may continue to serve in a nonvoting ex officio capacity until the expiration of his or her term.

→ Section 42. The affairs of the Kentucky Board of Emergency Medical Services relating to the licensure of ambulance providers and the collection of data and run reports for those ambulance providers shall be concluded, and any records, files, and documents associated with those activities of the Kentucky Board of Emergency Medical Services shall be transferred to the Cabinet for Health and Family Services. Any records, files, documents, equipment, supporting budgets, and any and all unexpended funds associated with those activities of the Kentucky Board of Emergency Medical Services shall be transferred to the Cabinet for Health and Family Services. All advisory opinions, decisions, and actions promulgated, made, or taken by the Kentucky Board of Emergency Medical Services relating to those activities that have not been repealed or rescinded shall continue in effect after the effective date of this Act unless the Cabinet for Health and Family Services issues an advisory opinion, decision, or action to repeal, rescind, or amend the prior action.

→ Section 43. (1) In accordance with KRS 13A.312, each administrative regulation related to the licensing of ambulances and ambulance providers and to data collection promulgated by the Kentucky Board of Emergency Medical Services prior to the effective date of this Act shall remain in effect as it exists until the Cabinet for Health and Family Services amends or repeals the administrative regulation pursuant to KRS Chapter 13A.

(2) The Cabinet for Health and Family Services shall review the existing administrative regulations related to the licensing of ambulances and ambulance providers and data promulgated by the Kentucky Board of Emergency Medical Services and shall promulgate emergency and ordinary administrative regulations needed to effectuate any amendments or repeals based on that review.

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(3) The Cabinet for Health and Family Services and the Kentucky Board of Emergency Medical Services are authorized to promulgate any administrative regulations needed to implement this Act as emergency administrative regulations, accompanied by ordinary administrative regulations.