

CHAPTER 126

(HB 777)

AN ACT relating to emergency medical services.

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

➔Section 1. KRS 311A.015 is amended to read as follows:

- (1) ***There is hereby created an independent agency of the state government to be known as the Kentucky Board of Emergency Medical Services*** ~~is created and shall be attached to the Kentucky Community and Technical College System.~~
- (2) The board shall consist of ~~thirteen (13) members who are residents of Kentucky appointed by the Governor in conjunction with recognized state emergency medical services related organizations. Membership shall be made up of~~ the following ***members, who shall be residents of Kentucky:***
 - (a) ***One (1) physician licensed in Kentucky who serves as the medical director for an ambulance provider and is board-certified in emergency medicine appointed by the Governor from a list of three (3) physicians submitted by the Kentucky Medical Association or the Kentucky Chapter of the American College of Emergency Physicians;***
 - (b) ***One (1) physician licensed in Kentucky who is routinely involved in the emergency care of ill or injured children appointed by the Governor from a list of three (3) physicians submitted by the Kentucky Medical Association or the Kentucky Chapter of the American College of Emergency Physicians;***
 - (c) ***One (1) local government representative appointed by the Governor from a list of three (3) individuals submitted by the Kentucky League of Cities;***
 - (d) ***One (1) local government representative appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Association of Counties;***
 - (e) ***One (1) licensed or certified emergency medical services field provider who is primarily employed by a hospital-based health care facility appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Hospital Association;***
 - (f) ***One (1) licensed or certified emergency medical services field provider appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Ambulance Providers Association;***
 - (g) ***One (1) licensed or certified emergency medical services field provider appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Professional Fire Fighters;***
 - (h) ***One (1) licensed or certified emergency medical services field provider appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Association of Fire Chiefs;***
 - (i) ***One (1) licensed or certified emergency medical services educator appointed by the Governor;***
 - (j) ***One (1) licensed or certified emergency medical services field provider appointed by the Governor from a list of three (3) air medical transportation providers based in Kentucky submitted by the Kentucky Chapter of the Association of Air Medical Services;***
 - (k) ***One (1) hospital administrator appointed by the Governor from a list of three (3) individuals submitted by the Kentucky Hospital Association;***
 - (l) ***One (1) citizen at large appointed by the Governor who is not associated with or financially interested in the delivery of medical or emergency services; and***
 - (m) ***The secretary of the Cabinet for Health and Family Services or his or her designee*** ~~(a) One (1) emergency medical technician who works for a government agency but is not serving in an educational, management, or supervisory capacity;~~
 - ~~(b) One (1) physician licensed in Kentucky serving as medical director of an advanced life support ambulance service selected from a list of three (3) physicians submitted by the Kentucky Medical Association;~~

- ~~(c) — One (1) physician licensed in Kentucky who is routinely involved in the emergency care of ill or injured children selected from a list of three (3) physicians submitted by the Kentucky Medical Association;~~
 - ~~(d) — One (1) citizen having no involvement in the delivery of medical or emergency services;~~
 - ~~(e) — One (1) certified emergency medical services educator;~~
 - ~~(f) — One (1) fire service based, licensed Class I ground ambulance service administrator who is a certified emergency medical technician, an advanced emergency medical technician, or a licensed paramedic;~~
 - ~~(g) — One (1) licensed air ambulance service administrator or paramedic for a licensed air ambulance service headquartered in Kentucky;~~
 - ~~(h) — One (1) privately operated, licensed Class I ground ambulance service administrator who is a certified emergency medical technician, an advanced emergency medical technician, or a licensed paramedic;~~
 - ~~(i) — One (1) hospital administrator selected from a list of three (3) nominees submitted by the Kentucky Hospital Association;~~
 - ~~(j) — One (1) advanced life support ambulance provider who is an advanced emergency medical technician or a licensed paramedic, who works for a government agency but is not serving in an educational, management, or supervisory capacity;~~
 - ~~(k) — One (1) publicly operated Class I ground ambulance service administrator who is a certified emergency medical technician, an advanced emergency medical technician, or a licensed paramedic;~~
 - ~~(l) — One (1) mayor of a city that operates, either directly or through contract services, a licensed Class I ground ambulance service; and~~
 - ~~(m) — One (1) county judge/executive from a county that operates, whether directly or through contract services, a licensed Class I ground ambulance service].~~
- (3) ~~[(a) —]Members shall serve for a term of four (4) years, may be reappointed, and shall serve no more than two (2) consecutive terms. A member appointed to a partial term vacancy exceeding two (2) years shall be deemed to have served a full term. A former member may be reappointed following an absence of at least one (1) term.~~
- ~~[(b) — Any person serving on the board in a position eliminated on June 27, 2019, and whose term has not expired prior to the June 27, 2019, may continue to serve in a voting, ex officio capacity until the expiration of his or her term.]~~
- (4) The board shall:
- (a) Meet at least six (6) times a year; and
 - (b) At the first meeting of the board after September 1 of each year, elect a chair and vice chair by majority vote of the members present and set a schedule of six (6) regular meetings for the next twelve (12) month period.
- (5) The board shall adopt a quorum and rules of procedure by administrative regulation.
- (6) (a) A member of the board who misses three (3) regular meetings in a twelve (12) month period shall be deemed to have resigned from the board and his or her position shall be deemed vacant.
- (b) The failure of a board member to attend a special or emergency meeting shall not result in any penalty.
- (c) The Governor shall appoint a person *with the same professional qualifications*~~[of the same class]~~ to fill the vacancy within ninety (90) days.
- (d) The person removed under this subsection shall not be reappointed to the board for at least ten (10) years.
- (7) Members of the board shall be entitled to reimbursement for actual and necessary expenses when carrying out official duties of the board in accordance with state administrative regulations relating to travel reimbursement.
- (8) ***The board shall submit a report to the General Assembly by September 1 of each year. The report shall include but not be limited to:***
- (a) ***A detailed list of income and expenses of the board;***

- (b) *A detailed summary of data collected on the number of complaints against individuals certified or licensed by the board and emergency medical services training institutions approved by the board, and the disposition of those complaints;*
- (c) *An accounting of all new administrative regulations and amendments to administrative regulations promulgated by the board; and*
- (d) *Recommendations for changes in administrative regulations, board policies, and statutes*~~[Annual reports and recommendations from the board shall be sent by September 1 each year to the Governor, the president of the Kentucky Community and Technical College System, and the General Assembly].~~

➔Section 2. KRS 311A.020 is amended to read as follows:

- (1) The board shall:
 - (a) Exercise all of the administrative functions of the state not regulated by the Board of Medical Licensure or Cabinet for Health and Family Services in the regulation of the emergency medical services system and the practice of emergency medical services, and emergency medical services training institutions, with the exception of employment of personnel as described in subsections (5) and (6) of this section;
 - (b) Issue any licenses or certifications authorized by this chapter;
 - (c) Oversee the operations and establish the organizational structure of the Office of the Kentucky Board of Emergency Medical Services, which is created and shall be attached to the board for administrative purposes. The office shall be headed by the executive director appointed under paragraph (d) of this subsection and shall be responsible for:
 1. Personnel and budget matters affecting the board;
 2. Fiscal activities of the board, including grant writing and disbursement of funds;
 3. Information technology, including the design and maintenance of databases;
 4. Certification and recertification of emergency medical responders;
 5. Certification and recertification of emergency medical technicians and advanced emergency medical technicians;
 6. Licensure and relicensure of ambulances, ambulance services, and mobile integrated healthcare programs;
 7. Licensure and relicensure of paramedics;
 8. Certification and recertification of advanced practice paramedics;
 9. Certification and recertification of EMS educators;
 10. Investigation of and resolution of ~~quality~~ complaints and ethics issues *pertaining to professional certifications and licenses*~~; and~~
 11. *The resolution of complaints and ethics issues pertaining to ambulances, ambulance services, and mobile integrated healthcare programs; and*
 12. Other responsibilities that may be assigned to the executive director by the board;
 - (d) Employ an executive director and deputy executive director and fix the compensation. The executive director and deputy executive director shall serve at the pleasure of the board, administer the day-to-day operations of the Office of the Kentucky Board of Emergency Medical Services, and supervise all directives of the board. The director and deputy executive director shall possess a baccalaureate degree and shall have no less than five (5) years of experience in public administration or in the administration of an emergency medical services program;
 - (e) Employ or contract with a physician licensed in Kentucky who is board certified in emergency medicine and fix the compensation. The physician shall serve at the pleasure of the board and as the medical advisor to the Kentucky Board of Emergency Medical Services and the staff of the board;
 - (f) Employ or contract with an attorney licensed to practice law in Kentucky and fix the compensation. The attorney shall serve at the pleasure of the board and have primary assignment to the board. *The board and the attorney shall implement and oversee the regulatory process;*

- (g) Employ personnel sufficient to carry out the statutory responsibilities of the board *in accordance with the following*:~~{-}~~
1. Personnel assigned to investigate an emergency medical responder program complaint or regulate the emergency medical responder programs shall be certified emergency medical responders, emergency medical technicians, advanced emergency medical technicians, or licensed paramedics;~~{-}~~
 2. Personnel assigned to investigate an emergency medical technician program complaint or regulate the emergency medical technician program shall be certified emergency medical technicians, advanced emergency medical technicians, or paramedics;~~{-}~~
 3. Personnel assigned to investigate an advanced emergency medical technician program complaint or regulate the advanced emergency medical technician program shall be certified advanced emergency medical technicians or paramedics;~~{-}~~
 4. Personnel assigned to investigate a paramedic program complaint or regulate the paramedic program shall be licensed paramedics;~~{-}~~
 5. A person who is employed by the board who is licensed or certified by the board shall retain his or her license or certification if he or she meets the in-service training requirements and pays the fees specified by administrative regulation;~~{-}~~
 6. A person who is employed by the board may instruct in emergency medical subjects in which he or she is qualified, with the permission of the board. All instruction shall be rendered without remuneration other than his or her state salary and the employee shall be considered as on state duty when teaching; *and*~~{-}~~
 7. A person who is employed by the board may render services for which the person is qualified at a declared disaster or emergency or in a situation where trained personnel are not available until those personnel arrive to take over the patient, or where insufficient trained personnel are available to handle a specific emergency medical incident. All aid shall be rendered without remuneration other than the employee's state salary and the employee shall be considered as on state duty when rendering aid. In cases specified in this paragraph, the state medical advisor shall serve as the emergency medical services medical director for the employee;
- (h) Establish committees and subcommittees and the membership thereof. Members of committees and subcommittees do not need to be members of the board *but shall reflect the qualifications of the board members*;
- (i) Enter into contracts, apply for grants and federal funds, and disburse funds to local units of government as approved by the General Assembly. All funds received by the board shall be placed in a trust and agency account in the State Treasury subject to expenditure by the board;
- (j) Administer the Emergency Medical Services for Children Program; and
- (k) Establish minimum curriculum and standards for emergency medical services training.
- (2) The board may utilize materials, services, or facilities as may be made available to it by other state agencies or may contract for materials, services, or facilities.
- (3) The board may delegate to the executive director, by written order, any function *specified in this chapter* other than promulgation of an administrative regulation~~{-specified in this chapter}~~.
- (4) Except for securing funding for trauma centers, the board shall not serve as the lead agency relating to the development or regulation of trauma systems, but shall be a partner with other state agencies in the development, implementation, and oversight of such systems.
- (5) ~~{(a) The Kentucky Community and Technical College System shall employ 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.~~
- ~~(6) The *chair of the* board shall appoint a personnel committee consisting of the chair of the board, one (1) physician member of the board, 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 *state* personnel standards of the Kentucky Community and Technical College System and includes a recommendation for or against continued employment to be presented to the *board* personnel office of the Kentucky Community and Technical College System.~~
- ~~(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.~~
- ~~(8)(6) The board shall develop a proposed biennial budget for all administrative and operational functions and duties in conjunction with the Kentucky Community and Technical College System budget submission process. The Kentucky Community and Technical College System shall not make changes to the budget proposal submitted by the board, but may submit written comments on the board's budget proposal to the board and other agencies in the budget submission process.~~

➔Section 3. KRS 311A.025 is amended to read as follows:

- (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:
- (a) Emergency medical services educator, Level I, II, and III;
 - (b) Emergency medical responder;
 - (c) Emergency medical technician and advanced emergency medical technician;
 - (d) Paramedic, advanced practice paramedic, and paramedic preceptor;
 - (e) Emergency medical services medical director who supervises a person or organization licensed or certified by the board;
 - (f) Mobile integrated healthcare program medical director who supervises an MIH program licensed by the board;
 - (g) Emergency medical *services*~~service~~ training institution;
 - (h) Emergency medical *services*~~service~~ testing agency;
 - (i) Ground ambulance service, including categories thereof;
 - (j) Air ambulance service;
 - (k) Medical first response provider;
 - (l) Emergency medical dispatcher, emergency medical dispatch instructor, and emergency medical dispatch instructor trainer;
 - (m) Emergency medical dispatch center or public safety answering point; and
 - (n) Any other entity authorized by this chapter.
- (2) The board shall promulgate administrative regulations *in accordance with KRS Chapter 13A* for any certification or license the board may create. The administrative regulations shall, at a minimum, address:
- (a) Requirements for students, if appropriate;
 - (b) Requirements for training;
 - (c) Eligibility for certification or licensure; and

- (d) Renewal, recertification, and relicensure requirements.
- (3) The board may authorize a physician licensed to practice in Kentucky to serve as an emergency medical services medical director if that physician meets the requirements specified by the board by administrative regulation.
- (4) *A hospital that owns an ambulance service that is exempt from certificate of need pursuant to subsection (7) of Section 9 of this Act may provide transport services from another health facility to its hospital if authorized by the ambulance service provider with jurisdiction in the territory in which the other health facility is located.*

➔Section 4. KRS 311A.030 is amended to read as follows:

- (1) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to carry out the functions of this chapter, including but not limited to:
 - (a)~~(1)~~ Licensing, inspecting, and regulating of ambulance services, mobile integrated healthcare programs, and medical first ~~[-]~~response providers. The administrative regulations shall address specific requirements for:
 - 1.~~(a)~~ Class I Ground ambulance providers, which provide basic life support or advanced life support services to all patients for emergencies or scheduled ambulance transportation ~~that~~~~which~~ is medically necessary;
 - 2.~~(b)~~ Class II Ground ambulance providers, which provide only basic life support services but do not provide initial response to the general population with medical emergencies and which are limited to providing scheduled ambulance transportation ~~that~~~~which~~ is medically necessary;
 - 3.~~(c)~~ Class III Ground ambulance providers, which provide mobile intensive care services at or above the level of advanced life support to patients with critical illnesses or injuries who must be transported between hospitals in vehicles with specialized equipment as an extension of hospital-level care;
 - 4.~~(d)~~ Class IV Ground ambulance providers, which provide basic life support or advanced life support services and transportation for restricted locations such as industrial sites and other sites that do not provide services outside a designated site;
 - 5.~~(e)~~ Class V Mobile integrated healthcare programs, which do not transport patients as a function of the program and which must be operated by or in affiliation with a Class I ambulance provider that provides emergency medical response in the geographic area;
 - 6.~~(f)~~ Class VI medical first response providers, which provide basic or advanced life support services, but do not transport patients;
 - 7.~~(g)~~ Class VII air ambulance providers, which provide basic or advanced life support services; and
 - 8.~~(h)~~ Class VIII event medicine providers, which provide basic or advanced life support services, but do not transport patients; and
 - (b)~~(2)~~ Licensing, inspecting, and regulating of emergency medical services training institutions.
- (2) *The licensure standards for Class I ground ambulance providers shall distinguish between an ambulance service that provides only emergency transportation, only scheduled ambulance transportation, or both types of transportation*~~[Nothing in this section shall be construed to change or alter the issuance of certificates of need for emergency medical services providers].~~

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

The board ~~shall~~~~may~~ carry out the functions of this chapter, including but not limited to:

- (1) Establishing minimum data reporting requirements, including requirements specifically related to emergency medical services and trauma care of children, for ambulance providers and collection and analysis of data related to the provision of emergency medical services;
- (2) Maintaining the Emergency Medical Services for Children Program with federal funds so designated plus any additional funds that may be appropriated by the General Assembly, or any other funds that may become available to the board, including gifts, grants, or other sources;

- (3) Developing a statewide plan for the implementation of emergency medical services systems ~~and trauma care systems~~ within the Commonwealth of Kentucky that specifically addresses the unique needs of rural areas;
- (4) Applying for, receiving, and disposing of federal, state, or private funds by grant, appropriation, donation, or otherwise for emergency medical services programs, personnel, and equipment; and
- (5) Developing, monitoring, and encouraging other projects and programs that may be of benefit to emergency medical services in the Commonwealth.

~~[Nothing in this section shall be construed to change or alter the issuance of certificates of need for emergency medical services providers.]~~

➔Section 6. KRS 311A.055 is amended to read as follows:

- (1) In accordance with the provisions of KRS Chapter 13B, all discipline for which the board is authorized to conduct investigations, hold hearings, and impose punishments is delegated to the executive director, state medical advisor, board attorney, and hearing panels as provided herein, ***except that investigations and hearings for ambulance services licensed under Section 4 of this Act shall be conducted by the Cabinet for Health and Family Services in accordance with Section 8 of this Act. The board shall immediately transfer all complaints submitted regarding ambulance services licensed under Section 4 of this Act to the cabinet and the cabinet shall submit findings and recommendations to the board for all complaints submitted by the board.***
- (2) Any person may make a complaint to the executive director that an entity licensed or certified by the board, emergency medical services personnel, or any other person licensed or certified by the board has violated a provision of this chapter, an administrative regulation promulgated pursuant to this chapter, protocol, practice standard, or order of the board.
- (3) Each complaint shall:
 - (a) Be ***made by telephone or*** in writing ***and may be submitted electronically, by facsimile, or by mail;***
 - (b) Identify specifically the person or organization against whom the complaint is made;
 - (c) Set forth the facts relating to the violation alleged and any other supporting information ~~that~~***which*** may have a bearing on the matter; ***and***
 - (d) Contain the name, address ***and zip code, day and work*** telephone ~~numbers~~***number***, facsimile number ***if appropriate,*** ~~and~~ e-mail address, if available, ***and the nature of the complainant's relationship to the licensee***~~complainant;~~
 - ~~(e) Be subscribed and sworn to as to the truth of the statements contained in the complaint by the complainant; and~~
 - ~~(f) Be notarized.~~
- ~~(4) [A complaint which is unsigned shall not be acted upon by the executive director. A complaint which is not subscribed and sworn in the manner specified in subsection (3) of this section shall be returned to the complainant for completion.]~~
- ~~(5)~~ The executive director of the board may, on behalf of the board, based on knowledge available to the office of the board, make a complaint against any person or organization regulated by the board in the same manner as provided in subsection (3) of this section.
- (5) ~~(a)~~***(b)*** ***Except as provided by paragraph (b) of this subsection,*** upon receipt of a ~~properly completed~~ complaint, the executive director shall assign the complaint to a staff investigator who shall investigate the complaint and shall make findings of fact and recommendations to the executive director who shall then convene a preliminary inquiry board.
 - (b) If the complaint is pertaining to ambulance services licensed under Section 4 of this Act, the executive director shall transfer the complaint to the Cabinet for Health and Family Services, in accordance with Section 8 of this Act.***
- ~~(6)~~***(7)*** When the executive director assigns a complaint to a staff investigator, he or she shall notify the person or organization against whom the complaint has been filed, the employer of the emergency services personnel against whom the complaint has been filed, the emergency medical services medical director or mobile integrated healthcare program medical director for the organization against whom the complaint has been filed

or that employs the emergency medical services personnel against whom the complaint has been filed, and any other person or organization specified in this chapter.

- (7)~~(8)~~ The notification shall name the person or organization complained against, ~~the complainant,~~ the violations alleged, and the facts presented in the complaint and shall notify the person or organization complained against, the employer, and the emergency medical services *or the mobile integrated healthcare program* medical director of:
- (a) The fact that the complaint shall be answered, the steps for answering the complaint, and the action to be taken if the complaint is not answered;
 - (b) The time frame and steps in the proceedings of a complaint;
 - (c) The rights of the parties, including the right to counsel; and
 - (d) The right to testify at any hearing.
- (8)~~(9)~~ Upon the failure of a license or certificate holder to respond to a written accusation or to request a hearing within twenty (20) days after the sending of the accusation, the accused shall be considered to have admitted the truth of the facts and the circumstances in the allegation and appropriate discipline may be imposed.
- (9)~~(10)~~ The preliminary inquiry board shall consist of one (1) member of the board selected by the chair, and two (2) persons representing the same category of certification or licensure as the defendant who are not members of the board appointed by the chairman of the board.
- (10)~~(11)~~ After reviewing the complaint and results of any investigation conducted on behalf of the board, the preliminary inquiry board shall consider whether the accusation is sufficient to remand the matter for a hearing as provided in this section and KRS Chapter 13B. A majority vote of the members of the preliminary inquiry board shall be necessary for action to either remand the matter for hearing or dismiss the complaint without hearing.
- (11)~~(12)~~ If the preliminary inquiry board dismisses the complaint, all parties notified previously shall be notified of the action. If the preliminary inquiry board remands the matter for a hearing, all parties notified previously shall be notified of the action.
- (12)~~(13)~~ Each proceeding to consider the imposition of a penalty ~~that which~~ the board is authorized to impose pursuant to this chapter shall be conducted in accordance with KRS Chapter 13B.
- (13)~~(14)~~ A hearing panel for purposes of making a decision in any disciplinary matter shall consist of one (1) physician who may be a member of the board or who meets the qualifications of an emergency medical services medical director; one (1) person from the category of persons or organizations of the same class as the defendant; and the hearing officer, who shall not be involved in emergency medical services.
- (14)~~(15)~~ The hearing officer may issue subpoenas to compel the attendance of witnesses and the production of documents in the conduct of an investigation. The subpoenas may be enforced by any Circuit Court for contempt. Any order or subpoena of the court requiring the attendance and testimony of witnesses and the production of documentary evidence may be enforced and shall be valid anywhere in this state.
- (15)~~(16)~~ At all hearings the board attorney or, on request of the board, the Attorney General of this state or one (1) of the assistant attorneys general designated shall appear and represent the board.
- (16)~~(17)~~ The emergency medical services provider or related employer of a person licensed or certified by the board and the emergency medical services medical director of such a person who is the defendant in a hearing shall be parties to the action and may appear and testify in the matter at any deposition or hearing on the matter and may propose conclusions of law, findings of fact, and penalties to the hearing panel.
- (17)~~(18)~~ To make a finding or recommend discipline, the two (2) members of the hearing panel who are not the hearing officer shall agree on the finding or discipline. In the event of a tie vote, the hearing officer shall cast the deciding vote.
- (18)~~(19)~~ The final order in any disciplinary proceeding shall be prepared by the executive director and sent to all parties in the manner prescribed by law.
- (19)~~(20)~~ Any person or entity aggrieved by a final order of the board may appeal to the Franklin Circuit Court in accordance with the provisions of KRS Chapter 13B.

- (20)~~(21)~~ The only discipline that the board may impose against an emergency medical services medical director is denial, suspension or withdrawal of the board's approval for that person to serve as an emergency medical services medical director.
- (21)~~(22)~~ If the executive director substantiates that sexual contact occurred between a licensee or certificate holder and a patient while the patient was under the care of or in a professional relationship with the licensee or certificate holder, the license or certification may be revoked or suspended with mandatory treatment of the person as prescribed by the executive director. The executive director may require the licensee or certificate holder to pay a specified amount for mental health services for the patient which are needed as a result of the sexual contact.
- (22) *Except as specified in this section, all board proceedings, including the complaint, answer, and other records relating to a disciplinary proceeding, shall be confidential until a final determination is made by the board, except:*
- (a) *The board may turn over to the Attorney General, the United States Attorney, Commonwealth's attorney, or county attorney of the jurisdiction in which the offense allegedly occurred, evidence that may be used in criminal proceedings; and*
- (b) *If the complainant or alleged violator publicly discloses the existence of a preliminary inquiry, the board may publicly confirm the existence of the inquiry and, in its discretion, make public any documents that were issued to either party.*

➔Section 7. KRS 311A.190 is amended to read as follows:

- (1) Each licensed ambulance provider, mobile integrated healthcare program, and medical first response provider as defined in this chapter shall collect and provide to the board patient care record data and information required by the board by this chapter and administrative regulation.
- (2) The board shall develop a patient care record form for the use of each class of ambulance provider, mobile integrated healthcare program, and medical first response provider containing the data required in subsection (1) of this section. An ambulance provider, mobile integrated healthcare program, or medical first response provider may utilize any patient care record form it chooses in lieu of or in addition to the board developed patient care record form. However, the data captured on the patient care record form utilized by the ambulance service ~~provider~~, mobile integrated healthcare program, or medical first response provider shall include at least ~~the~~~~that~~ data ~~that~~~~which~~ is required by the administrative regulations promulgated pursuant to subsection (1) of this section.
- (3) An ambulance provider, mobile integrated healthcare program, or medical first response provider shall report the required patient care record data as prescribed through administrative regulations promulgated by the board by transmitting the required data and information to the board in an electronic format. If the board requires the use of a specific electronic format, it shall provide a copy of the file layout requirements, in either written or electronic format, to the licensed ambulance provider or medical first response provider at no charge.
- (4) The board ~~shall~~~~may~~ publish a comprehensive annual report reflecting the data collected, injury and illness data, treatment utilized, and other information deemed important by the board. The annual report shall not include patient identifying information or any other information identifying a natural person. A copy of the comprehensive annual report, if issued, shall be forwarded to the Governor and the General Assembly.
- (5) Ambulance provider, mobile integrated healthcare program and medical first response provider patient care records and the information transmitted electronically to the board shall be confidential **and in compliance with HIPAA privacy rules referenced in 45 C.F.R. pt. 164**. No person shall make an unauthorized release of information on an ambulance provider, mobile integrated healthcare program, or medical first response provider patient care record. Only the patient or the patient's parent or legal guardian if the patient is a minor, or the patient's legal guardian or person with proper power of attorney if the patient is under legal disability as being incompetent or mentally ill, or a court of competent jurisdiction 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.
- (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 service that

transports the patient. A copy of the ambulance ~~transportation and medical~~ report ~~forms~~ 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 destroyed.

- (7) All ambulance 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 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
 - (b) Health records of all personnel including records of all illnesses or accidents occurring while on duty.
- (8) Data and records generated and kept by the board or its 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.
- (9) *The Cabinet for Health and Family Services shall have complete and immediate access to all data and records maintained by the board or its contractors and may use information contained in the data and records to fulfill its responsibilities and requirements for health facilities and services, including but not limited to those duties assigned to the cabinet by KRS 194A.101, 216.2920 to 216.2929, and 216B.042.*

➔SECTION 8. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

- (1) *The cabinet shall investigate and hold hearings on complaints pertaining to ambulance services licensed under Section 4 of this Act that are transferred to the cabinet by the Kentucky Board of Emergency Medical Services as required by Section 5 of this Act if the cabinet determines a hearing is needed.*
- (2) *The hearing shall be before a person designated to serve as hearing officer by the secretary.*
- (3) *Within thirty (30) days from the conclusion of the hearing, the findings and recommendations of the hearing officer shall be transmitted to the cabinet, with a synopsis of the evidence contained in the record and a statement of the basis of the hearing officer's findings. The applicant or licensee shall be entitled to be represented at the hearing in person or by counsel, or both, and shall be entitled to introduce testimony by witnesses or, if the cabinet so permits, by depositions. A full and complete record shall be kept of all hearings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to this chapter. The cabinet shall immediately submit the hearing officer's findings and recommendations or the prepared written findings of fact and statement of the basis for its decision, which shall become part of the record of the proceedings, to the Kentucky Board of Emergency Medical Services.*
- (4) *The Kentucky Board of Emergency Medical Services may deny, revoke, modify, or suspend a license in any case in which the cabinet finds that there has been a substantial failure to comply with the provisions of Section 4 of this Act or the administrative regulations promulgated hereunder. The denial, revocation, modification, or suspension shall be effected by mailing to the applicant or licensee, by certified mail or other method of delivery which may include electronic service, a notice setting forth the particular reasons for the action. The board shall notify the cabinet within five (5) days of its action in response to the cabinet's findings and recommendations in writing.*
- (5) *The denial, revocation, modification, or suspension shall become final and conclusive thirty (30) days after notice is given, unless the applicant or licensee, within the thirty (30) day period, files a request in writing for a hearing with the cabinet. The cabinet shall notify the board of its actions within five (5) days of receiving a hearing request. All decisions revoking, suspending, modifying, or denying licenses shall be made by the board in writing. The board shall notify the applicant or licensee of the decision.*
- (6) *The decision of the board shall be final for purposes of judicial appeal upon notice of the board's decision.*

➔Section 9. KRS 216B.020 is amended to read as follows:

- (1) The provisions of this chapter that relate to the issuance of a certificate of need shall not apply to 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 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 on-campus 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; ~~for~~ 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; **or ambulance services operating in accordance with subsections (6), (7), or (8) of this section.** ~~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:
- (a) Private offices and clinics of physicians, dentists, and other practitioners of the healing arts, except any physician's office that meets the criteria set forth in KRS 216B.015(5) or that meets the definition of an ambulatory surgical center as set out in KRS 216B.015;
 - (b) Office buildings built by or on behalf of a health facility for the exclusive use 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:
 1. 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 church or religious denomination and recognized by that church or denomination; and
 - (g) On-duty police and fire department personnel assisting in emergency situations by providing first aid or transportation when regular emergency units licensed to provide first aid or transportation are unable to arrive at the scene of an emergency situation within a reasonable time.
- (3) The following outpatient categories of care shall be exempt from certificate of need and licensure on July 14, 2018:
- (a) Primary care centers;
 - (b) Special health clinics, unless the clinic provides pain management services and is located off the campus of the hospital that has majority ownership interest;
 - (c) Specialized medical technology services, unless providing a State Health Plan service;
 - (d) Retail-based health clinics and ambulatory care clinics that provide nonemergency, noninvasive treatment of patients;
 - (e) Ambulatory care clinics treating minor illnesses and injuries;
 - (f) Mobile health services, unless providing a service in the State Health Plan;
 - (g) Rehabilitation agencies;
 - (h) Rural health clinics; and
 - (i) Off-campus, hospital-acquired physician practices.
- (4) The exemptions established by subsections (2) and (3) of this section shall not apply to the following categories of care:
- (a) An ambulatory surgical center as defined by KRS 216B.015(4);
 - (b) A health facility or health service that provides one (1) of the following types of services:
 - 1. Cardiac catheterization;
 - 2. Megavoltage radiation therapy;
 - 3. Adult day health care;
 - 4. Behavioral health services;
 - 5. Chronic renal dialysis;
 - 6. Birthing services; or
 - 7. Emergency services above the level of treatment for minor illnesses or injuries;
 - (c) A pain management facility as defined by KRS 218A.175(1);
 - (d) An abortion facility that requires licensure pursuant to KRS 216B.0431; or
 - (e) A health facility or health service that requests an expenditure that exceeds the major medical expenditure minimum.
- (5) An existing facility licensed as an intermediate care or nursing home shall notify the cabinet of its intent to change to a nursing facility as defined in Public Law 100-203. A certificate of need shall not be required for conversion of an intermediate care or nursing home to the nursing facility licensure category.
- (6) Ambulance services owned and operated by a city government, which propose to provide services in coterminous cities outside of the ambulance service's designated geographic service area, shall not be required to obtain a certificate of need if the governing body of the city in which the ambulance services are to be provided enters into an agreement with the ambulance service to provide services in the city.
- (7) ***Ambulance services owned by a hospital shall not be required to obtain a certificate of need for the sole purpose of providing non-emergency and emergency transport services originating from its hospital.***

- (8) (a) *As used in this subsection, "emergency ambulance transport services" means the transportation of an individual that has an emergency medical condition with acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to place the individual's health in serious jeopardy or result in the serious impairment or dysfunction of the individual's bodily organs.*
- (b) *A city or county government that has conducted a public hearing for the purposes of demonstrating that an imperative need exists in the city or county to provide emergency ambulance transport services within its jurisdictional boundaries shall not be required to obtain a certificate of need for the city or county to:*
1. *Directly provide emergency ambulance transport services as defined in this subsection within the city's or county's jurisdictional boundaries; or*
 2. *Enter into a contract with a hospital or hospitals within its jurisdiction, or within an adjoining county if there are no hospitals located within the county, for the provision of emergency ambulance transport services as defined in this subsection within the city's or county's jurisdictional boundaries.*
- (c) *Any license obtained under KRS Chapter 311A by a city or county for the provision of ambulance services operating under a certificate of need exclusion pursuant to this subsection shall be held exclusively by the city or county government and shall not be transferrable to any other entity.*
- (d) *Prior to obtaining the written agreement of a city, an ambulance service operating under a county government certificate of need exclusion pursuant to this subsection shall not provide emergency ambulance transport services within the boundaries of any city that:*
1. *Possesses a certificate of need to provide emergency ambulance services;*
 2. *Has an agency or department thereof that holds a certificate of need to provide emergency ambulance services; or*
 3. *Is providing emergency ambulance transport services within its jurisdictional boundaries pursuant to this subsection.*
- (9) (a) *Except where a certificate of need is not required pursuant to subsections (6), (7), or (8) of this subsection, the cabinet shall grant nonsubstantive review for a certificate of need proposal to establish an ambulance service that is owned by a:*
1. *City government;*
 2. *County government; or*
 3. *Hospital, in accordance with paragraph (b) of this subsection.*
- (b) *A notice shall be sent by the cabinet to all cities and counties that a certificate of need proposal to establish an ambulance service has been submitted by a hospital. The legislative bodies of the cities and counties affected by the hospital's certificate of need proposal shall provide a response to the cabinet within thirty (30) days of receiving the notice. The failure of a city or county legislative body to respond to the notice shall be deemed to be support for the proposal.*
- (c) *An ambulance service established under this subsection shall not be transferred to another entity that does not meet the requirements of paragraph (a) of this subsection without first obtaining a substantive certificate of need.*
- (10) *Notwithstanding any other provision of law, a continuing care retirement community's nursing home beds shall not be certified as Medicaid eligible unless a certificate of need has been issued authorizing applications for Medicaid certification. The provisions of subsection (5) of this section notwithstanding, a continuing care retirement community shall not change the level of care licensure status of its beds without first obtaining a certificate of need.*
- (11) *An ambulance service established under subsection (9) of this section shall not be transferred to an entity that does not qualify under subsection (9) of this section without first obtaining a substantive certificate of need.*
- (12) (a) *The provisions of subsections (7), (8), and (9) of this section shall expire on July 1, 2026.*

(b) All actions taken by cities, counties, and hospitals, exemptions from obtaining a certificate of need, and any certificate of need granted under subsections (7), (8), and (9) of this section prior to July 1, 2026, shall remain in effect on and after July 1, 2026.

➔Section 10. 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.
- (2) If a certificate of need is denied following a nonsubstantive review, the applicant may request that the application be placed in the next cycle of the formal review process. Nothing in this subsection shall require an applicant to pursue a formal review before obtaining judicial review pursuant to KRS 216B.115.
- (3) The cabinet may grant nonsubstantive review status to an application for a certificate of need which is required:
 - (a) To change the location of a proposed health facility;
 - (b) To replace or relocate a licensed health facility, if there is no substantial change in health services or substantial change in bed capacity;
 - (c) To replace or repair worn equipment if the worn equipment has been used by the applicant in a health facility for five (5) years or more;
 - (d) For cost escalations; *or*
 - (e) ~~To establish an industrial ambulance service; or~~
 - ~~(f) In other circumstances the cabinet by administrative regulation may prescribe.~~
- (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.
- (6) 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.
- (7) Notwithstanding any provision of state law or the state health plan promulgated by administrative regulation in accordance with KRS 216B.040, the cabinet shall grant nonsubstantive review for a certificate of need proposal to establish an ambulatory 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;
 - (b) 1. The cabinet's general counsel has submitted a letter to the Accreditation Association for Ambulatory Health Care advising that the cabinet does not object to the applicant's parent company applying for and obtaining Medicare certification; or

2. 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 11. KRS 189.910 is amended to read as follows:

- (1) As used in KRS 189.920 to 189.950, "emergency vehicle" means any vehicle used for emergency purposes by:
 - (a) The Department of Kentucky State Police;
 - (b) A public police department;
 - (c) The Department of Corrections;
 - (d) A sheriff's office;
 - (e) A rescue squad;
 - (f) An emergency management agency if it is a publicly owned vehicle;
 - (g) ***A licensed***~~an~~ ambulance service, mobile integrated healthcare program, or medical first response provider licensed by the Kentucky Board of Emergency Medical Services, for any vehicle used to respond to emergencies or to transport a patient with a critical medical condition;
 - (h) Any vehicle commandeered by a police officer;
 - (i) Any vehicle with the emergency lights required under KRS 189.920 used by a paid or volunteer fireman or paid or volunteer ambulance personnel, or a paid or local emergency management director while responding to an emergency or to a location where an emergency vehicle is on emergency call;
 - (j) An elected coroner granted permission to equip a publicly or privately owned motor vehicle with lights and siren pursuant to KRS 189.920;
 - (k) A deputy coroner granted permission to equip a publicly or privately owned motor vehicle with lights and siren pursuant to KRS 189.920;~~or~~
 - (l) ***Any vehicle used by an organ procurement organization while transporting a human organ or tissue for the purpose of organ recovery or transplantation in an emergency situation involving an imminent health risk; or***
 - (m) A conservation officer of the Kentucky Department of Fish and Wildlife Resources.
- (2) As used in KRS 189.920 to 189.950, "public safety vehicle" means public utility repair vehicle; wreckers; state, county, or municipal service vehicles and equipment; highway equipment which performs work that requires stopping and standing or moving at slow speeds within the traveled portions of highways; and vehicles which are escorting wide-load or slow-moving trailers or trucks.

➔Section 12. KRS 189.940 is amended to read as follows:

- (1) Except as provided in KRS 189.920, the speed limitations set forth in the Kentucky Revised Statutes do not apply to~~emergency vehicles~~:
 - (a) ***1. Emergency vehicles*** when responding to emergency calls;~~or~~
 - 2.***~~(b) To~~ Police vehicles when in pursuit of an actual or suspected violator of the law; ~~or~~
 - 3.***~~(c) To~~ Ambulances when transporting a patient to medical care facilities; ***or***
 - 4. Any vehicle used by an organ procurement organization while transporting a human organ or tissue for the purpose of organ recovery or transplantation in an emergency situation involving an imminent health risk; and***

~~(b)(4)~~ **Emergency vehicles** when the driver thereof is giving the warning required by subsection (5)(a) and (b) of this section.

No portion of this subsection shall be construed to relieve the driver of the duty to operate the vehicle with due regard for the safety of all persons using the street or highway.

- (2) The driver of an emergency vehicle, when responding to an emergency call, or of a police vehicle in pursuit of an actual or suspected violator of the law, or of an ambulance transporting a patient to a medical care facility and giving the warning required by subsection (5) of this section, upon approaching any red light or stop signal or any stop sign shall slow down as necessary for safety to traffic, but may proceed past such red or stop light or stop sign with due regard for the safety of persons using the street or highway.
- (3) The driver of an emergency vehicle, when responding to an emergency call, or of a police vehicle in pursuit of an actual or suspected violator of the law, or of an ambulance transporting a patient to a medical care facility, **or a vehicle used by an organ procurement organization transporting a human organ or tissue**, and giving warning required by subsection (5) of this section, may drive on the left side of any highway or in the opposite direction of a one-way street provided the normal lanes of traffic are blocked and he does so with due regard for the safety of all persons using the street or highway.
- (4) The driver of an emergency or public safety vehicle may stop or park his vehicle upon any street or highway without regard to the provisions of KRS 189.390 and 189.450, provided that, during the time the vehicle is parked at the scene of an emergency, at least one (1) warning light is in operation at all times.
- (5) The driver of an emergency vehicle desiring the use of any option granted by subsections (1) through (3) of this section shall give warning in the following manner:
 - (a) By illuminating the vehicle's warning lights continuously during the period of the emergency; and
 - (b) By continuous sounding of the vehicle's siren, bell, or exhaust whistle; unless
 - (c) The vehicle is an ambulance and the driver is of the opinion that sounding of the siren, bell, or exhaust whistle would be detrimental to the victim's health. In the event the driver of an ambulance elects not to use the siren, bell, or exhaust whistle he shall not proceed past red lights or drive in the opposite direction on a one-way street or in oncoming lanes of traffic unless no other vehicles are within five hundred (500) feet of the front of the ambulance. The driver shall not extinguish the warning lights during the period of the emergency.
- (6) No driver or operator of any emergency or public safety or other vehicle shall use the warning lights or siren, bell, or exhaust whistle of his vehicle for any purposes or under any circumstances other than those permitted by KRS 189.910 to 189.950.
- (7) KRS 189.910 to 189.950 does not relieve the driver of any emergency or public safety vehicle from the duty to drive with due regard for the safety of all persons and property upon the highway.

➔Section 13. KRS 324B.030 is amended to read as follows:

- (1) The Department of Professional Licensing in the Public Protection Cabinet shall provide administrative services, technical assistance, and advice to the following boards and commissions at the request of the individual boards or commissions, all of which maintain their identity and their full authority for making policy decisions in the fields that they regulate: the State Board of Accountancy, the Kentucky Board of Architects, the Kentucky Board of Barbering, the Kentucky Board of Cosmetology, the State Board of Podiatry, the Kentucky State Board of Chiropractic Examiners, the Kentucky Board of Dentistry, the State Board of Embalmers and Funeral Directors, the State Board of Registration for Professional Engineers and Land Surveyors, the Kentucky Board of Nursing, the Kentucky Board of Ophthalmic Dispensers, the Kentucky Board of Optometric Examiners, the Kentucky Board of Pharmacy, the State Board of Physical Therapy, the State Board of Examiners of Psychologists, the Kentucky Real Estate Commission, the Kentucky Board of Veterinary Examiners, the Board of Auctioneers, the Kentucky Board of Landscape Architects, the State Board of Medical Licensure, the Board of Speech-Language Pathology and Audiology, the Kentucky Board of Licensure for Nursing Home Administrators, the Kentucky Licensing Board for Specialists in Hearing Instruments, the Kentucky Board of Social Work, **the Kentucky Board of Emergency Medical Services**, and any other boards and commissions that are created to license, certify, register, or otherwise regulate any occupational or professional category.

- (2) The department may also provide administrative services to a board or commission that is created to license, certify, register, or otherwise regulate any occupational or professional category if these administrative services are deemed to be preferable or required after the review process conducted under KRS 324B.040.
- (3) To the extent that the department provides administrative services, the respective boards and commissions are relieved of the power and duty to provide the services for themselves. The department shall charge each board or commission a reasonable amount for administrative services provided pursuant to subsection (1) of this section. The department may employ persons previously employed by boards or commissions.
- (4) The department may receive complaints against the conduct of licensees granted licensure by the boards and commissions assigned to the department for administrative purposes. The department shall cause these complaints to be reduced to writing and forwarded to the appropriate board or commission for investigation and a determination of the validity of the complaint. The department shall keep a record of all complaints received by it and forwarded to a board or commission.
- (5) Any board or commission listed in subsection (1) of this section, shall accept personal checks in payment of license renewal fees.

➔SECTION 14. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *Except for personnel under subsection (2) of this section, personnel employed by the Kentucky Board of Emergency Medical Services under the Kentucky Community and Technical College System shall be transferred to the Kentucky Board of Emergency Medical Services in the KRS Chapter 18A personnel system along with the funding associated with those employees.*
- (2)
 - (a) *Personnel employed by the Kentucky Board of Emergency Medical Services under the Kentucky Community and Technical College System who participate in a defined contribution plan that meets the requirements of 26 U.S.C. sec. 403(b) for employees of the Kentucky Community and Technical College System may choose to remain in their present employment and be assigned to the board to continue providing these services or become an employee of the board under the KRS Chapter 18A personnel system.*
 - (b) *An employee shall make his or her choice under paragraph (a) of this subsection within thirty (30) days following the effective date of this Act and shall have access to counseling by representatives of the KRS Chapter 18A personnel system, the Kentucky Community and Technical College System, and applicable retirement systems concerning the effect the choice of employment would have on the employee. If an employee does not make a choice within thirty (30) days following the effective date of this Act, that employee shall be deemed to have chosen to exercise the option to become an employee of the board under the KRS Chapter 18A personnel system.*
- (3) *Employees transferred pursuant to subsections (1) and (2) of this section shall retain:*
 - (a) *Their salaries and leave time balances accumulated as of the transfer date;*
 - (b) *For purposes of determining leave time accumulation, the date of initial employment with a state agency or a postsecondary educational institution, whichever is earlier; and*
 - (c) *For purposes of calculating retirement and retiree health benefits and contributions, the earlier of the date of initial participation or membership date, in:*
 1. *A state-administered retirement system if the employee has participated or is participating in the Kentucky Employees Retirement System; or*
 2. *A defined contribution plan that meets requirements of 26 U.S.C. sec. 403(b) for employees of the Kentucky Community and Technical College System.*

Nothing in this paragraph shall be construed to provide additional service credit for the employee prior to the transfer date other than what has been credited to the appropriate retirement system.
- (4) *All existing state general fund moneys appropriated to the board, all federal funds, all moneys collected by the board, all equipment owned by the board, and instructional supplies, equipment, funds, and records of the Kentucky Community and Technical College System associated with the Kentucky Board of Emergency Medical Services shall be transferred to the Kentucky Board of Emergency Medical Services in the KRS Chapter 18A personnel system along with all financial and management oversight responsibility and liability.*

➔Section 15. KRS 61.510 is amended to read as follows:

As used in KRS 61.510 to 61.705, unless the context otherwise requires:

- (1) "System" means the Kentucky Employees Retirement System created by KRS 61.510 to 61.705;
- (2) "Board" means the board of trustees of the system as provided in KRS 61.645;
- (3) "Department" means any state department or board or agency participating in the system in accordance with appropriate executive order, as provided in KRS 61.520. 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 executive order by the Governor, shall be deemed to be a department, notwithstanding whether said body, entity, or instrumentality is an integral part of state government;
- (4) "Examiner" means the medical examiners as provided in KRS 61.665;
- (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;
- (6) "Employer" means a department or any authority of a department having the power 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;
- (7) "State" means the Commonwealth of Kentucky;
- (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 61.535;
- (9) "Service" means the total of current service and prior service as defined in this section;
- (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) "Prior service" means the number of years and completed months, expressed as a fraction of a year, of employment as an employee, prior to July 1, 1956, for which creditable compensation was paid; except that for members, officers, and employees of the General Assembly, this date shall be January 1, 1960. An employee shall be credited with one (1) month of prior service only in those months he received compensation for at least one hundred (100) hours of work; provided, however, that each member, officer, and employee of the General Assembly shall be credited with a month of prior service for each month he served in the position prior to January 1, 1960. Twelve (12) months of current service in the system are required to validate prior service;
- (12) "Accumulated contributions" at any time means the sum of all amounts deducted from the compensation of a member and credited to his individual account in the members' account, including employee contributions picked up after August 1, 1982, pursuant to KRS 61.560(4), together with interest credited, on such amounts and any other amounts the member shall have contributed thereto, including interest credited thereon. For members who begin participating on or after September 1, 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 61.510 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:

1. 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);
2. 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, including notices of violations of state or federal wage and hour statutes or violations of state or federal discrimination statutes, which shall be credited to the fiscal year during which the wages were earned or should have been paid by the employer. This subparagraph shall also include lump-sum payments for reinstated wages pursuant to KRS 61.569, which shall be credited to the period during which the wages were earned or should have been paid by the employer;
4. Amounts which are not includable in the member's gross income by virtue of the member having taken a voluntary salary reduction provided for under applicable provisions of the Internal Revenue Code; and
5. Elective amounts for qualified transportation fringes paid or made available on or after January 1, 2001, for calendar years on or after January 1, 2001, that are not includable in the gross income of the employee by reason of 26 U.S.C. sec. 132(f)(4); and

(c) Excludes:

1. Living allowances, expense reimbursements, lump-sum payments for accrued vacation leave, and other items determined by the board;
2. For employees who begin participating on or after September 1, 2008, lump-sum payments for compensatory time;
3. For employees who begin participating on or after August 1, 2016, nominal fees paid for services as a volunteer; and
4. Any salary or wages paid to an employee for services as a Kentucky State Police school resource officer as defined by KRS 158.441;

(14) "Final compensation" of a member means:

- (a) For a member who begins participating before September 1, 2008, who is employed in a nonhazardous position, the creditable compensation of the 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 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 workdays, two hundred sixty (260) days, fifty-two (52) weeks, twelve (12) months, one (1) year;
- (16) "Retirement allowance" means the retirement payments to which a member is entitled;
- (17) "Actuarial equivalent" means a benefit of equal value when computed upon the basis of the actuarial tables that are adopted by the board. In cases of disability retirement, the options authorized by KRS 61.635 shall be computed by adding ten (10) years to the age of the member, unless the member has chosen the Social Security adjustment option as provided for in KRS 61.635(8), in which case the member's actual age shall be used. For members who began participating in the system prior to January 1, 2014, no disability retirement option shall be less than the same option computed under early retirement;
- (18) "Normal retirement date" means the sixty-fifth birthday of a member, unless otherwise provided in KRS 61.510 to 61.705;
- (19) "Fiscal year" of the system means the twelve (12) months from July 1 through the following June 30, which shall also be the plan year. The "fiscal year" shall be the limitation year used to determine contribution and benefit limits as established by 26 U.S.C. sec. 415;
- (20) "Officers and employees of the General Assembly" means the occupants of those positions enumerated in KRS 6.150. The term shall also apply to assistants who were employed by the General Assembly for at least one (1) regular legislative session prior to July 13, 2004, who elect to participate in the retirement system, and who serve for at least six (6) regular legislative sessions. Assistants hired after July 13, 2004, shall be designated as interim employees;
- (21) "Regular full-time positions," as used in subsection (5) of this section, shall mean all positions that average one hundred (100) or more hours per month determined by using the number of months actually worked within a calendar or fiscal year, including all positions except:
- (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;

- (b) Emergency positions which are positions which do not exceed thirty (30) 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;
- (22) "Vested" for purposes of determining eligibility for purchasing service credit under KRS 61.552 means the employee has at least forty-eight (48) months of service if 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 systems administered by the Kentucky Retirement Systems and County Employees 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 the system. The term "parted employer" shall not include a department, board, or agency that ceased participation in the system pursuant to KRS 61.522;
- (24) "Retired member" means any former member receiving a retirement allowance or any former member who has filed the necessary documents for retirement benefits and is no longer contributing to the retirement system;
- (25) "Current rate of pay" means the member's actual hourly, daily, weekly, biweekly, monthly, or yearly rate of pay converted to an annual rate as defined in final rate of pay. The rate shall be certified by the employer;
- (26) "Beneficiary" means the person or persons or estate or trust or trustee designated by the member in accordance with KRS 61.542 or 61.705 to receive any available benefits in the event of the member's death. As used in KRS 61.702, "beneficiary" does not mean an estate, trust, or trustee;
- (27) "Recipient" means the retired member or the person or persons designated as beneficiary by the member and drawing a retirement allowance as a result of the member's death or a dependent child drawing a retirement allowance. An alternate payee of a qualified domestic relations order shall not be considered a recipient, except for purposes of KRS 61.623;
- (28) "Level percentage of payroll amortization method" means a method of determining the annual amortization payment on the unfunded actuarial accrued liability as expressed as a percentage of payroll over a set period of years but that may be converted to a dollar value for purposes of KRS 61.565(1)(d). Under this method, the percentage of payroll shall be projected to remain constant for all years remaining in the set period of time and the unfunded actuarially accrued liability shall be projected to be fully amortized at the conclusion of the set period of years;
- (29) "Increment" means twelve (12) months of service credit which are purchased. The twelve (12) months need not be consecutive. The final increment may be less than twelve (12) months;
- (30) "Person" means a natural person;
- (31) "Retirement office" means the Kentucky Public Pensions Authority's office building in Frankfort, unless otherwise designated by the Kentucky Public Pensions Authority;
- (32) "Last day of paid employment" means the last date employer and employee contributions are required to be reported in accordance with KRS 16.543, 61.543, or 78.615 to the retirement office in order for the employee to receive current service credit for the month. Last day of paid employment does not mean a date the 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;
- (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, electrocardiograms, electroencephalograms, X-rays, and psychological tests;

- (34) "Participating" means an employee is currently earning service credit in the system as provided in KRS 61.543;
- (35) "Month" means a calendar month;
- (36) "Membership date" means:
- (a) The date upon which the member began participating in the system as provided in KRS 61.543; or
 - (b) For a member electing to participate in the system pursuant to KRS 196.167(4) *or subsection (2) of Section 14 of this Act* who has not previously participated in the system or the Kentucky Teachers' Retirement System, the date the member began participating in a defined contribution plan that meets the requirements of 26 U.S.C. sec. 403(b);
- (37) "Participant" means a member, as defined by subsection (8) of this section, or a retired member, as defined by subsection (24) of this section;
- (38) "Qualified domestic relations order" means any judgment, decree, or order, including approval of a property settlement agreement, that:
- (a) Is issued by a court or administrative agency; and
 - (b) Relates to the provision of child support, alimony payments, or marital property rights to an alternate payee;
- (39) "Alternate payee" means a spouse, former spouse, child, or other dependent of a participant, who is designated to be paid retirement benefits in a qualified domestic relations order;
- (40) "Accumulated employer credit" mean the employer pay credit deposited to the member's account and interest credited on such amounts as provided by KRS 16.583 and 61.597;
- (41) "Accumulated account balance" means:
- (a) For members who began participating in the system prior to January 1, 2014, the member's accumulated contributions; or
 - (b) For members who began participating in the system on or after January 1, 2014, in the hybrid cash balance plan as provided by KRS 16.583 and 61.597, the combined sum of the member's accumulated contributions and the member's accumulated employer credit;
- (42) "Volunteer" means an individual who:
- (a) Freely and without pressure or coercion performs hours of service for an employer participating in one (1) of the systems administered by Kentucky Retirement Systems without receipt of compensation for services rendered, except for reimbursement of actual expenses, payment of a nominal fee to offset the costs of performing the voluntary services, or both; and
 - (b) If a retired member, does not become an employee, leased employee, or independent contractor of the employer for which he or she is performing volunteer services for a period of at least twelve (12) months following the retired member's most recent retirement date;
- (43) "Nominal fee" means compensation earned for services as a volunteer that does not exceed five hundred dollars (\$500) per month. Compensation earned for services as a volunteer from more than one (1) participating employer during a month shall be aggregated to determine whether the compensation exceeds the five hundred dollars (\$500) per month maximum provided by this subsection;
- (44) "Nonhazardous position" means a position that does not meet the requirements of KRS 61.592 or has not been approved by the board as a hazardous position;
- (45) "Monthly average pay" means:
- (a) In the case of a member who dies as a direct result of an act in line of duty as defined in KRS 16.505 or who dies as a result of a duty-related injury as defined in KRS 61.621, the higher of the member's monthly final rate of pay or the average monthly creditable compensation earned by the deceased member during his or her last twelve (12) months of employment; or

- (b) In the case where a member becomes totally and permanently disabled as a direct result of an act in line of duty as defined in KRS 16.505 or becomes disabled as a result of a duty-related injury as defined in KRS 61.621 and is eligible for the benefits provided by KRS 61.621(5)(a), the higher of the member's monthly final rate of pay or the average monthly creditable compensation earned by the disabled member during his or her last twelve (12) months of employment prior to the date the act in line of duty or duty-related injury occurred;
- (46) "Authority" means the Kentucky Public Pensions Authority as provided by KRS 61.505; and
- (47) "Executive director" means the executive director of the Kentucky Public Pensions Authority.

➔Section 16. KRS 205.590 is amended to read as follows:

- (1) The following technical advisory committees shall be established for the purpose of acting in an advisory capacity to the Advisory Council for Medical Assistance with respect to the administration of the medical assistance program and in performing the function of peer review:
 - (a) A Technical Advisory Committee on Physician Services consisting of five (5) physicians appointed by the council of the Kentucky State Medical Association;
 - (b) A Technical Advisory Committee on Hospital Care consisting of five (5) hospital administrators appointed by the board of trustees of the Kentucky Hospital Association;
 - (c) A Technical Advisory Committee on Dental Care consisting of five (5) dentists appointed by the Kentucky Dental Association;
 - (d) A Technical Advisory Committee on Nursing Service consisting of five (5) nurses appointed by the board of directors of the Kentucky State Association of Registered Nurses;
 - (e) A Technical Advisory Committee on Nursing Home Care consisting of six (6) members of which five (5) members shall be appointed by the Kentucky Association of Health Care Facilities, and one (1) member shall be appointed by the Kentucky Association of Nonprofit Homes and Services for the Aging, Inc.;
 - (f) A Technical Advisory Committee on Optometric Care consisting of five (5) members appointed by the Kentucky Optometric Association;
 - (g) A Technical Advisory Committee on Podiatric Care consisting of five (5) podiatrists appointed by the Kentucky Podiatry Association;
 - (h) 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;
 - (i) A Technical Advisory Committee on Home Health Care consisting of five (5) members appointed by the board of directors of the Kentucky Home Health Association;
 - (j) A Technical Advisory Committee on Consumer Rights and Client Needs 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;
 - (l) A Technical Advisory Committee on Children's Health consisting of ten (10) members, with one (1) member to be appointed by each of the following organizations: the Kentucky Chapter of the American Academy of Pediatrics, 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 Physical Therapy Association, and two (2) of whom shall be speech therapists and shall be appointed by the Kentucky Speech-Language-Hearing Association;
 - (o) A Technical Advisory Committee on Pharmacy consisting of seven (7) members, two (2) of whom shall be Kentucky licensed pharmacists who own fewer than ten (10) pharmacies in the Commonwealth and shall be appointed by the Kentucky Independent Pharmacy Alliance, two (2) of whom shall be Kentucky licensed pharmacists and shall be appointed by the Kentucky Pharmacy Association, and one (1) member to be appointed by each of the following organizations: the Kentucky Hospital Association, the Kentucky Primary Care Association, and the National Association of Chain Drug Stores; ~~and~~
 - (p) A Technical Advisory Committee on Persons Returning to Society from Incarceration consisting of twelve (12) members of whom:
 1. One (1) shall be appointed by each of the following organizations: the Kentucky Jailers Association, the Kentucky Medical Association, the Kentucky Association of Nurse Practitioners and Nurse-Midwives, Community Action of Kentucky, the Homeless and Housing Coalition of Kentucky, the Kentucky Office of Drug Control Policy, a Kentucky civil legal aid program, the Kentucky Department of Corrections, the Kentucky Department of Public Advocacy, the Kentucky Association of Regional Programs, and the Kentucky Administrative Office of the Courts; and
 2. One (1) formerly incarcerated individual who is a current or former Medicaid recipient shall be appointed by Mental Health America of Kentucky; *and*
 - (q) *A Technical Advisory Committee on Emergency Medical Services consisting of seven (7) members, one (1) of whom shall represent the air medical industry and shall be appointed by the Kentucky Chapter of the Association of Air Medical Services; one (1) of whom shall be appointed by the Kentucky Board of Emergency Medical Services; two (2) of whom shall represent the emergency medical services billing industry and shall be members of and appointed by the Kentucky Ambulance Providers Association; two (2) of whom shall represent ground ambulance providers and shall be appointed by the Kentucky Ambulance Providers Association; and one (1) of whom shall represent a fire-based emergency medical service and shall be appointed by the Kentucky Association of Fire Chiefs. All members appointed to this committee shall represent emergency medical services providers that operate in Kentucky and shall have experience in interpreting, implementing, or ensuring compliance with Medicaid regulations.*
- (2) The members of the technical advisory committees shall serve until their successors are appointed and qualified.
 - (3) 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 17. Each appointed member of the Kentucky Board of Emergency Medical Services established in Section 1 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 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 18. The transfer of the Kentucky Board of Emergency Medical Services under the Kentucky Community and Technical College System to the Kentucky Board of Emergency Medical Services in the KRS Chapter 18A system as required in Section 14 of this Act shall begin on the effective date of this Act and be completed by September 1, 2022.

➔Section 19. 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 20. The Kentucky Board of Emergency Medical Services shall establish a special committee to:

- (1) Identify core problems affecting emergency medical services and medical transportation;
- (2) Review the response times of ambulances and other medical transportation providers;
- (3) Identify specific recommendations to improve services to patients in need of physical or behavioral health services;
- (4) Review and recommend changes to current licensing processes to improve existing operating systems;
- (5) Identify core problems affecting the education and training programs for emergency medical services providers including but not limited to emergency medical technicians and paramedics;
- (6) Review the existing administrative regulations related to the licensing of ambulances and ambulance providers and data collection;
- (7) Make recommendations to the board for amending, promulgating, or repealing administrative regulations; and
- (8) Submit findings and recommendations for action by the General Assembly by December 1, 2022, to the General Assembly and the Interim Joint Committee on Health, Welfare, and Family Services.

➔Section 21. The Kentucky Board of Emergency Medical Services is authorized to promulgate any administrative regulations needed to implement this Act as emergency administrative regulations, accompanied by ordinary administrative regulations.

➔Section 22. The Cabinet for Health and Family Services is authorized to promulgate any administrative regulations needed to implement this Act as emergency administrative regulations, accompanied by ordinary administrative regulations.

➔Section 23. The Legislative Research Commission shall establish the Emergency Medical Services Task Force to study the provision of emergency medical services in Kentucky.

- (1) The duties of the task force shall include but are not limited to a thorough review of:
 - (a) The need, or lack thereof, for the certificate of need process for ambulance services;
 - (b) All statutes and administrative regulations governing emergency medical services, including ambulance providers and emergency medical services personnel, to ensure there is quality service delivery;
 - (c) Emergency medical services vehicle specifications for adequacy and safety to facilitate good patient care;
 - (d) Guidelines and standards to assist emergency medical services personnel, ambulance providers, and physicians with medical oversight;
 - (e) Administrative regulations affecting the training of pre-hospital care providers including guidelines for each level of certification and licensure, standardized education and testing curricula, continuing education requirements, and monitoring of emergency medical services training programs for quality assurance;
 - (f) Strategies for recruitment and retention of the emergency medical services workforce;

(g) Improvements for the delivery of services to patients in need of physical or behavioral health services; and

(h) Other issues relating to emergency medical services and medical transportation as deemed necessary by the task force.

(2) The Emergency Medical Services Task Force shall be composed of the following members with final membership of the task force being subject to the consideration and approval of the Legislative Research Commission:

(a) Two members of the House of Representatives appointed by the Speaker of the House of Representatives, one of whom shall be designated by the Speaker of the House of Representatives as a co-chair of the task force;

(b) One member of the House of Representatives appointed by the Minority Floor Leader of the House of Representatives;

(c) Two members of the Senate appointed by the President of the Senate, one of whom shall be designated by the President of the Senate as a co-chair of the task force;

(d) One member of the Senate appointed by the Minority Floor Leader of the Senate;

(e) The secretary of the Cabinet for Health and Family Services, or his or her designee;

(f) The inspector general of the Cabinet for Health and Family Services, or his or her designee;

(g) The chair of the Kentucky Board of Emergency Medical Services or his or her designee;

(h) The medical advisor for the Kentucky Board of Emergency Medical Services or his or her designee;

(i) One representative recommended by the Kentucky Ambulance Providers Association and approved by the Legislative Research Commission;

(j) One mayor of a city that operates, either directly or through contract services, a licensed Class I ground ambulance provider, recommended by the Kentucky League of Cities and approved by the Legislative Research Commission;

(k) One county judge/executive from a county that operates, whether directly or through contract services, a licensed Class I ground ambulance provider, recommended by the Kentucky Association of Counties and approved by the Legislative Research Commission;

(l) One representative recommended by the Kentucky Association of Fire Chiefs and approved by the Legislative Research Commission;

(m) Two representatives recommended by the Kentucky Hospital Association, with one representing an urban hospital and one representing a rural hospital and approved by the Legislative Research Commission;

(n) One licensed long-term care facility administrator recommended by the Kentucky Association of Health Care Facilities/Kentucky Center for Assisted Living or LeadingAge Kentucky and approved by the Legislative Research Commission;

(o) One licensed or certified behavioral health provider recommended by the Kentucky Mental Health Coalition and approved by the Legislative Research Commission;

(p) One representative recommended by the Kentucky Professional Fire Fighters and approved by the Legislative Research Commission; and

(q) One representative recommended by the Kentucky Emergency Medical Services Association and approved by the Legislative Research Commission.

(3) Final membership of the task force is subject to the consideration and approval of the Legislative Research Commission. The co-chairs of the task force may, by mutual agreement and the approval of the Legislative Research Commission, add members to the task force as they deem necessary.

(4) The task force shall meet monthly during the 2022 Interim of the General Assembly. The task force shall submit findings and recommendations to the Legislative Research Commission for referral to the appropriate committee or committees by December 1, 2022.

(5) Provisions of this Act to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or subcommittee thereof, and to designate a study completion date.

Signed by Governor April 8, 2022.