

## CHAPTER 180

## ( SB 111 )

AN ACT relating to health care.

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

➔Section 1. KRS 212.420 is amended to read as follows:

The director of health ~~may~~**shall** be a physician, qualified as a public health administrator ~~as provided by standards set up by the secretary of the Cabinet for Health and Family Services of Kentucky and duly qualified~~ and licensed or eligible for license as a medical practitioner in the Commonwealth of Kentucky, **or may be a nonphysician with a minimum of a master's degree in public health or a related field and at least five (5) years of experience in a management capacity with a health department. The director of health shall be appointed by the mayor, and**~~He~~ shall receive an annual salary of five thousand dollars (\$5,000), payable as other salaries are paid, and shall serve at the pleasure of the board. If said director of health is removed by the board, he **or she** shall be notified thereof in writing, and before such removal shall become effective said director shall have ten (10) days within which to make a written request for a public hearing in regard thereto. The board shall not be required to hold a hearing unless so requested by said director. If no such request is made said removal shall become effective upon the expiration of said ten (10) day period. If such request is made said public hearing shall be held at the office of the board within ten (10) days after such request is received by the board, and said director shall not be removed until after such hearing has been held, and a decision rendered by the board. The board's decision shall be final.

➔Section 2. KRS 212.635 is amended to read as follows:

- (1) The board shall appoint a commissioner for the department with the qualifications specified and subject to the provisions set forth under subsection (3) of this section.
- (2) The board shall hear and decide appeals from rulings, decisions, and actions of the department or commissioner, where the aggrieved party makes a written request to the board within thirty (30) days after the ruling, decision, or action complained of.
- (3) The commissioner ~~may~~**shall** be a physician, qualified ~~as a~~ **by training in public health, preventive medicine and** public **health administrator**~~administration~~ and ~~duly qualified and~~ licensed or eligible for a license as a medical practitioner in the Commonwealth of Kentucky, **or may be a nonphysician with a minimum of a master's degree in public health or a related field and at least five (5) years of experience in public health or a related field. The commissioner of the health department**~~He~~ shall receive an annual salary as prescribed by the board subject to the provisions of the department's merit system, payable as other salaries are paid, and shall serve at the pleasure of the board. If the commissioner is removed by the board he **or she** shall be notified in writing. Before his **or her** removal shall become effective, the commissioner shall have fourteen (14) calendar days within which to make a written request for a hearing. The board shall not be required to hold a hearing unless so requested by the commissioner. If no such request is made the removal shall become effective upon the expiration of the fourteen (14) day period. If a request for a hearing is made the hearing shall be held at the office of the board within fourteen (14) calendar days after the request is received by the board. The commissioner shall not be removed until after a hearing has been held if requested and a decision rendered by the board. The board's decision shall be final.
- (4) The commissioner shall ~~devote his entire time to the duties of his office, which shall include teaching, research, service and administrative duties, and shall not engage in the private practice of medicine. He shall~~ serve as secretary to the board and keep full minutes of the proceedings of the board. The commissioner shall be the chief administrative officer of the department. The commissioner may employ and fix the compensation of, by contract or otherwise, all medical, technical, clerical, professional, and other employees necessary for the maintenance and operation of the department in accordance with the merit system as established by the board.

➔Section 3. KRS 212.790 is amended to read as follows:

- (1) The board shall appoint a district director of health for the department as set forth in this section.
- (2) The district director of health may be a physician, qualified ~~as a~~ **by training in public health, preventive medicine and** public **health administrator**~~administration~~, and licensed or eligible for practice as a medical practitioner in the Commonwealth of Kentucky, or may be a nonphysician with a **minimum of a** master's

degree in public health or *a* related field and at least five (5) ~~years of years~~ experience in a management capacity with a health department. The district director of health shall receive an annual salary as prescribed by the board, subject to the provisions of the department's merit system, and shall serve at the pleasure of the board. If the district director of health is removed by the board, he *or she* shall be notified in writing, and within fourteen (14) days may make a written request for a hearing. If no request is made, the removal shall become effective upon the expiration of fourteen (14) days. If a request for hearing is made, the hearing shall be held at the office of the department within fourteen (14) calendar days after the request is received by the board. The district director of health shall not be removed until after a hearing has been held, and a decision rendered by the board. The board decision shall be final.

- (3) The district director of health shall serve as secretary to the board of health, the chief administrative officer of the department, and may employ and fix compensation of, by contract or otherwise, all employees necessary for the maintenance and operation of the department in accordance with the merit system as established by the board.

➔Section 4. KRS 212.350 is amended to read as follows:

- (1) In each county of the Commonwealth of Kentucky in which there is located a city of the first class or a consolidated local government, there is hereby created a board of health which board shall be a body politic and corporate, and shall be known as the "... (name of city of the first class) and ... (name of county) or .... (name of the consolidated local government) County Board of Health" hereinafter called the "board," which board shall have jurisdiction throughout such county, including all municipalities in said county with respect to and in accordance with the provisions of KRS 212.350 to 212.620. Wherever the words "city" and "mayor" are used in KRS 212.350 to 212.620 they shall mean such city of the first class or consolidated local government, and the mayor thereof. Said board may, in its corporate name, sue and be sued, contract and be contracted with, and acquire real, personal and mixed property by deed, purchase, gift, devise, lease, condemnation, or otherwise, and dispose of same; and may make appropriate rules and regulations and do all things reasonable or necessary effectively to carry out the work and properly to perform the duties intended or required by KRS 212.350 to 212.620. When and after the board herein created is organized as herein provided, and except as otherwise provided by law, said board shall succeed to and be vested with all of the functions, obligations, powers, and duties now being exercised by the county board of health, any department of public health, and by any board of tuberculosis hospital in such county; and thereupon the board of health and the department of health and the board of tuberculosis hospital shall cease to exist, and all laws and amendments of said laws, relating to and governing the aforesaid county board of health, department of public health, and board of tuberculosis hospital, in conflict with the provisions of KRS 212.350 to 212.620, shall, to the extent of such conflict, stand and be repealed.
- (2) Notwithstanding KRS 212.350 to 212.625, when a city of the first class and a county containing such city have in effect a compact under KRS 79.310 to 79.330, the county and such city of the first class shall agree that the county shall provide all staff support, including a director of health *with the qualifications specified and subject to the provisions set forth in Section 1 of this Act*, to the board of health through county officers, assistants, clerks, deputies, and employees. In such case, all officers, employees, and staff of the board of health and the department of health shall be deemed county employees, and shall be subject to the control of fiscal court. At the time the compact takes effect the officers, employees, and staff of the board of health and the department of health shall be transferred to the service of county government; provided that all such employees who at such time are in the classified service shall be continued in a classified service administered by county government. All functions, obligations, powers, and duties now vested in the board of health shall continue to be vested in the board unless changed by ordinance of the fiscal court of such county. Upon the establishment of a consolidated local government in a county where a city of the first class and a county containing that city have had in effect a cooperative compact pursuant to KRS 79.310 to 79.330, the requirements of this subsection pertaining to county government shall be assumed by the consolidated local government.

➔Section 5. KRS 194A.705 is amended to read as follows:

- (1) The assisted living community shall provide each resident with access to the following services according to the lease agreement:
- (a) Assistance with activities of daily living and instrumental activities of daily living;
  - (b) Three (3) meals and snacks made available each day, with flexibility in a secured dementia care unit to meet the needs of residents with cognitive impairments who may eat outside of scheduled dining hours;

- (c) Scheduled daily social activities that address the general preferences of residents;
  - (d) Assistance with self-administration of medication; and
  - (e) Housing.
- (2) (a) The assisted living community may provide residents with access to basic health and health-related services.
- (b) If an assisted living community chooses to provide basic health and health-related services, the assisted living community shall supervise the residents.
- (c) *Notwithstanding KRS 194A.700(4)(e), in a long-term care facility that provides basic health and health related-services or dementia care services, a certified medication aide or an unlicensed staff person who has successfully completed a medication aide training and skills competency evaluation program approved by the Kentucky Board of Nursing may administer oral or topical medication, or preloaded injectable insulin to a resident under the authority of an available licensed practical nurse, registered nurse, or advanced practice registered nurse.*
- (d) *Unlicensed personnel who administer oral or topical medications to residents of an apartment-style personal care home required by KRS 194A.704 to convert to a licensed assisted living community shall comply with the medication aide requirements of paragraph (c) of this subsection no later than six (6) months from the effective date of this Act.*
- (3) (a) Residents of an assisted living community may arrange for additional services under direct contract or arrangement with an outside agent, professional, provider, or other individual designated by the resident if permitted by the policies of the assisted living community.
- (b) Permitted services for which a resident may arrange or contract include but are not limited to health services, hospice services provided by a hospice program licensed under KRS Chapter 216B, and other end-of-life services.
- (4) Upon entering into a lease agreement, an assisted living community shall inform the resident in writing about policies relating to the provision of services by the assisted living community and the contracting or arranging for additional services.
- (5) A resident issued a move-out notice shall receive the notice in writing and the assisted living community shall assist each resident upon a move-out notice to find appropriate living arrangements. Each assisted living community shall share information provided from the cabinet regarding options for alternative living arrangements at the time a move-out notice is given to the resident.
- (6) An assisted living community shall complete and provide to the resident:
- (a) Upon move-in, a copy of a functional needs assessment pertaining to the resident's ability to perform activities of daily living and instrumental activities of daily living and any other topics the assisted living community determines to be necessary; and
  - (b) After move-in, a copy of an updated functional needs assessment pertaining to the resident's ability to perform activities of daily living and instrumental activities of daily living, the service plan designed to meet identified needs, and any other topics the assisted living community determines to be necessary.

**Signed by Governor April 6, 2023.**