1 AN ACT relating to COVID-19 emergency actions and declaring an emergency.

Be it enacted by the	General Assembly	y of the Co	ommonwealth d	of Ker	ıtucky:

- 3 → Section 1. (1) Notwithstanding any state law to the contrary, by October 1,
- 4 2021, and until January 31, 2022, the Cabinet for Health and Family Services shall
- 5 require that visitation in a long-term care facility as defined in KRS 216A.010 or a
- 6 residential long-term care facility as defined in KRS 216.510 be allowed by an essential
- 7 compassionate care visitor, including a family member, legal guardian, outside caregiver,
- 8 friend, or volunteer, who:

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- 9 (a) Provided regular care and support to the resident prior to the COVID-19 pandemic; and
- 11 (b) Is designated an essential compassionate care visitor who is important to the 12 mental, physical, or social well-being of a resident in:
- 1. Critical situations such as end of life;
  - 2. Instances of significant mental or social decline of the resident; or
- 15 3. Exigent circumstances existing regarding a resident in the facility.
- 16 (2) The cabinet shall promulgate administrative regulations in accordance with KRS

  17 Chapter 13A that:
  - (a) Set forth procedures for the designation of a family member, legal guardian, outside caregiver, friend, or volunteer as an essential compassionate care visitor;
  - (b) Require all essential compassionate care visitors to follow safety protocols required for staff, including testing for communicable disease, checking body temperature, health screenings, the use of appropriate personal protective equipment, social distancing, and any other requirement the facility deems appropriate in accordance with guidance from the Centers for Disease Control and Prevention. If testing of communicable disease is not provided by the facility, the essential compassionate care visitor shall be responsible for

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1		obtaining testing per protocol mandated by the facility;
2	(c)	Restrict visitation of essential compassionate care visitors to one room in the
3		facility to provide compassionate care to the resident;
4	(d)	Provide that essential compassionate care visitors shall be exempt from any
5		prohibitions on visitation at a facility subject to the provisions of this
6		subsection;
7	(e)	Provide that the facility may require a written agreement with the essential
8		compassionate care visitor;
9	(f)	Require that essential compassionate care visitors assume the risk for
10		exposure to COVID-19 and other viruses, provided the facility is compliant
11		with the Kentucky Department for Public Health guidelines; and
12	(g)	Provide that facilities are not required to accept visitors, except as required by
13		this section.
14	<b>→</b> S	ection 2. (1) No later than October 1, 2021, the Cabinet for Health and
15	Family S	ervices shall establish COVID-19 antibody administration centers (CAACs)
16	throughou	at the Commonwealth in conjunction with local and regional hospitals and
17	develop p	protocols for appropriate patient eligibility criteria for receiving treatments and
18	proper pro	otocol for the administration of treatments.
19	(2) CAA	ACs shall:
20	(a)	Have at least one location in each of the 15 Area Development Districts;
21	(b)	Be equipped with therapeutic drugs to treat COVID-19 that have full use or
22		emergency use authorization approval from the United States Food and Drug
23		Administration, including but not limited to REGEN-COV (casirivimab and
24		imdevimab, administered together) monoclonal antibodies, in order to treat
25		COVID-19 positive patients 12 years of age and older;
26	(c)	Allow volunteer health practitioners providing health services under KRS

 $39A.350\ to\ 39A.366\ to\ administer$  the therapeutic drugs; and

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1	(d)	Provide all the therapeutic drugs administered to a patient at a CAAC at no
2		cost to the patient and require no prior authorization for its administration.

- 3 (3) CAACs shall operate until January 31, 2022, unless otherwise reauthorized by the General Assembly.
- Section 3. No later than October 1, 2021, the Cabinet for Health and Family
- 7 (1) Acquire sufficient COVID-19 nucleic acid amplification tests and antigen tests;

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Services shall:

- 8 (2) Develop a plan for statewide distribution of the COVID-19 nucleic acid 9 amplification tests and antigen tests; and
- 10 (3) Distribute for use all COVID-19 nucleic acid amplification tests and antigen tests to
  11 all licensed hospitals, local health departments, and licensed health care providers
  12 that want the tests in the Commonwealth.
- Section 4. No later than October 1, 2021, the Cabinet for Health and Family
  Services shall promulgate emergency administrative regulations in accordance with KRS
  Chapter 13A to implement Sections 2 and 3 of this Act.
- Section 5. (1) Notwithstanding KRS 311A.170, until January 31, 2022, a paramedic may be employed by a hospital or nursing facility to work as a licensed paramedic in any department of a hospital or nursing facility subject to the following conditions:
- 20 (a) The hospital or nursing facility in collaboration with the medical staff 21 provides operating procedures and policies under which the paramedic 22 operates that are consistent with the paramedic's scope of practice;
- 23 (b) A paramedic is permitted to render services only under the supervision of a medical director;
- 25 (c) A paramedic provides patient care services under the orders of a physician, 26 physician assistant, or advanced practice registered nurse, or as delegated by a 27 registered nurse; and

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(d) The paramedic does not violate KRS 311A.175 or any other statute or

2	administrative regulation relating to paramedics.
3	(2) Subject to the provisions relating to the scope of practice of a paramedic, a hospital
4	or nursing facility may require a paramedic to take additional training on any
5	subject or skill which the paramedic may be required to perform in a hospital or
6	nursing facility and demonstrate competency in the skill or subject to a competent
7	evaluator.
8	→ Section 6. (1) The Cabinet for Health and Family Services shall by October
9	1, 2021, and until January 31, 2022, in partnership with any universities, colleges, and
10	health care organizations in Kentucky:
11	(a) Produce public service announcements providing information about the severe
12	symptoms and effects of contracting COVID-19; and
13	(b) Develop strategies to urge the public to get vaccinated for COVID-19.
14	(2) Partnerships may include individual athletes, coaches, physicians, and nurses
15	affiliated with or employed by universities, colleges, and health care organizations
16	in Kentucky.
17	→ Section 7. (1) In order to improve access to the COVID-19 vaccination and
18	address disparities in immunization by expanding distribution of the vaccine to primary
19	care providers, as recommended by the Centers for Disease Control and Prevention, the
20	Cabinet for Health and Family Services, by October 1, 2021, shall:
21	(a) Develop and implement a plan to significantly increase the distribution of
22	COVID-19 vaccines to providers of primary care as defined in KRS 164.925
23	and to provide technical assistance and support to primary care providers
24	regarding vaccine administration, confidence, and access;
25	(b) Create a singular form to be used by providers of primary care who wish to be
26	authorized, approved, or otherwise permitted to offer and administer COVID-
27	19 vaccines to patients;

1		(c)	Make the form created pursuant to paragraph (b) of this subsection available
2			on its Web site;
3		(d)	Promulgate administrative regulations for the storage of vaccines; and
4		(e)	Develop and initiate a public awareness campaign encouraging Kentuckians to
5			talk with their doctor about the benefits of receiving a COVID-19 vaccination.
6	(2)	In d	eveloping and implanting a plan to significantly increase the distribution of
7		COV	VID-19 vaccines to providers of primary care, the Cabinet for Health and Family
8		Serv	rices may incorporate the federal Centers for Disease Control and Prevention's
9		guid	ance on expanding COVID-19 vaccine distribution to primary care providers to
10		addr	ess disparities in immunization published on April 14, 2021, and may seek
11		tech	nical assistance from the federal Centers for Disease Control and Prevention.
12		<b>→</b> S	ection 8. KRS 205.636 is amended to read as follows:
13	(1)	As u	sed in this section:
14		(a)	"COVID-19 pandemic" means the <u>national emergency declaration</u>
15			concerning COVID-19[state of emergency declared by the Governor in
16			response to COVID-19 on March 6, 2020, by Executive Order 2020-215]; and
17		(b)	"Temporary COVID-19 personal care attendant" or "PCA" means a person
18			who is employed and received training in a skilled nursing facility under a
19			temporary accommodation made to address work load increases and staffing
20			shortages caused by the COVID-19 pandemic by the [Cabinet for Health and
21			Family Services as authorized by KRS 214.020, Executive Order 2020-215,
22			and the ]suspension of federal regulatory and statutory provisions by the
23			Centers for Medicare and Medicaid Services.

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The Department for Medicaid Services shall accept the training requirements as

included in the "Temporary COVID-19 Personal Care Attendant memorandum"

issued April 14, 2020, by the Cabinet for Health and Family Services that are

completed by a PCA who is in good standing with his or her employer[ after the

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(2)

1	CO	VID 19 state of emergency is rescinded by the Governor]. The PCA shall be		
2	deer	deemed a state registered nurse aide and shall be placed on the Kentucky Nurse		
3	Aide	Aide Registry if:		
4	(a)	A minimum of eighty (80) hours of PCA duties have been completed within a		
5		skilled nursing facility under the supervision of a licensed or registered nurse;		
6		and		
7	(b)	Competency has been established by the following:		
8		1. Through an assessment in all areas of required nurse aide training as		
9		provided for in 42 C.F.R. sec. 483.152(b) by an instructor who is a		
10		licensed nurse confirmed by the facility to have completed instructor		
11		training required by the Department for Medicaid Services; and		
12		2. Successful completion of the nurse aide examination.		
13	(3) The	Department for Medicaid Services shall:		
14	(a)	Apply for any Medicaid waivers or state plan amendments necessary to		
15		implement subsection (2) of this section;		
16	(b)	Incorporate the provisions under subsection (2) of this section into the nurse		
17		aide training and competency evaluation program requirements; and		
18	(c)	Promulgate any administration regulation necessary to implement this		
19		subsection and subsection (2) of this section.		
20	→S	ection 9. Whereas, the General Assembly desires to ensure that the citizens of		
21	the Com	monwealth are protected for a specific period of time and that all possible		
22	prevention	n, treatment, and health care provider options are available, an emergency is		
23	declared t	o exist, and this Act takes effect upon its passage and approval by the Governor		
24	or upon it	s otherwise becoming law.		