

1 AN ACT relating to freestanding birthing centers.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO  
4 READ AS FOLLOWS:

5 *(1) As used in this section, "freestanding birthing center" means any health facility,*  
6 *place, or institution which is not a hospital, is not in a hospital or a private*  
7 *residence, and is established to provide care for labor, delivery, the immediate*  
8 *postpartum period, and the newborn immediately following delivery.*

9 *(2) The cabinet shall promulgate updated administrative regulations establishing*  
10 *licensure standards for freestanding birthing centers by December 1, 2023. The*  
11 *administrative regulations shall:*

12 *(a) Require accreditation by the Commission for the Accreditation of Birth*  
13 *Centers;*

14 *(b) Be consistent with the American Association of Birth Centers (AABC)*  
15 *Standards for Birth Centers;*

16 *(c) Consistent with the requirements of paragraphs (a) and (b) of this*  
17 *subsection, require plans for transfer and safe transport to a hospital when*  
18 *such transfer and transport are needed, including to facilities providing*  
19 *maternal and neonatal intensive care when such care is indicated; and*

20 *(d) Not prohibit a hospital from owning or operating a freestanding birthing*  
21 *center that complies with the requirements of this section.*

22 *(3) A certificate of need shall not be required to establish and license a freestanding*  
23 *birthing center.*

24 *(4) Nothing in this section is intended to expand or limit liability of a health care*  
25 *provider or a freestanding birthing center. In the event of an action for injury or*  
26 *death due to any act or omission of a health care provider rendering services at a*  
27 *freestanding birthing center where an injured patient is transferred to any other*

1 licensed health care provider or licensed health care facility, the liability of the  
2 subsequent licensed health care provider or licensed health care facility shall be  
3 limited to their own negligent acts and omissions that violate their standards of  
4 care according to existing law, unless the subsequent licensed health care  
5 provider or licensed health care facility owns, operates, or provides care at the  
6 freestanding birthing center, and under those circumstances the licensed health  
7 care provider or licensed health care facility shall be liable for acts or omissions  
8 that violate their standards of care and that occur at a freestanding birthing  
9 center that the licensed health care provider or licensed health care facility owns  
10 or operates.

11 ➔Section 2. KRS 216B.020 is amended to read as follows:

- 12 (1) The provisions of this chapter that relate to the issuance of a certificate of need shall  
13 not apply to abortion facilities as defined in KRS 216B.015; any hospital which  
14 does not charge its patients for hospital services and does not seek or accept  
15 Medicare, Medicaid, or other financial support from the federal government or any  
16 state government; assisted living residences; family care homes; state veterans'  
17 nursing homes; services provided on a contractual basis in a rural primary-care  
18 hospital as provided under KRS 216.380; community mental health centers for  
19 services as defined in KRS Chapter 210; primary care centers; rural health clinics;  
20 private duty nursing services operating as health care services agencies as defined  
21 in KRS 216.718; group homes; licensed residential crisis stabilization units;  
22 licensed free-standing residential substance use disorder treatment programs with  
23 sixteen (16) or fewer beds, but not including Levels I and II psychiatric residential  
24 treatment facilities or licensed psychiatric inpatient beds; outpatient behavioral  
25 health treatment, but not including partial hospitalization programs; end stage renal  
26 disease dialysis facilities, freestanding or hospital based; swing beds; special  
27 clinics, including but not limited to wellness, weight loss, family planning,

1 disability determination, speech and hearing, counseling, pulmonary care, and other  
2 clinics which only provide diagnostic services with equipment not exceeding the  
3 major medical equipment cost threshold and for which there are no review criteria  
4 in the state health plan; nonclinically related expenditures; nursing home beds that  
5 shall be exclusively limited to on-campus residents of a certified continuing care  
6 retirement community; home health services provided by a continuing care  
7 retirement community to its on-campus residents; the relocation of hospital  
8 administrative or outpatient services into medical office buildings which are on or  
9 contiguous to the premises of the hospital; the relocation of acute care beds which  
10 occur among acute care hospitals under common ownership and which are located  
11 in the same area development district so long as there is no substantial change in  
12 services and the relocation does not result in the establishment of a new service at  
13 the receiving hospital for which a certificate of need is required; the redistribution  
14 of beds by licensure classification within an acute care hospital so long as the  
15 redistribution does not increase the total licensed bed capacity of the hospital;  
16 residential hospice facilities established by licensed hospice programs; **freestanding**  
17 **birthing centers as defined in Section 1 of this Act;** the following health services  
18 provided on site in an existing health facility when the cost is less than six hundred  
19 thousand dollars (\$600,000) and the services are in place by December 30, 1991:  
20 psychiatric care where chemical dependency services are provided, level one (1)  
21 and level two (2) of neonatal care, cardiac catheterization, and open heart surgery  
22 where cardiac catheterization services are in place as of July 15, 1990; or  
23 ambulance services operating in accordance with subsection (6), (7), or (8) of this  
24 section. These listed facilities or services shall be subject to licensure, when  
25 applicable.

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

- 1 (a) Private offices and clinics of physicians, dentists, and other practitioners of  
2 the healing arts, except any physician's office that meets the criteria set forth  
3 in KRS 216B.015(5) or that meets the definition of an ambulatory surgical  
4 center as set out in KRS 216B.015;
- 5 (b) Office buildings built by or on behalf of a health facility for the exclusive use  
6 of physicians, dentists, and other practitioners of the healing arts; unless the  
7 physician's office meets the criteria set forth in KRS 216B.015(5), or unless  
8 the physician's office is also an abortion facility as defined in KRS 216B.015,  
9 except no capital expenditure or expenses relating to any such building shall  
10 be chargeable to or reimbursable as a cost for providing inpatient services  
11 offered by a health facility;
- 12 (c) Outpatient health facilities or health services that:
- 13 1. Do not provide services or hold patients in the facility after midnight;  
14 and
- 15 2. Are exempt from certificate of need and licensure under subsection (3)  
16 of this section;
- 17 (d) Dispensaries and first-aid stations located within business or industrial  
18 establishments maintained solely for the use of employees, if the facility does  
19 not contain inpatient or resident beds for patients or employees who generally  
20 remain in the facility for more than twenty-four (24) hours;
- 21 (e) Establishments, such as motels, hotels, and boarding houses, which provide  
22 domiciliary and auxiliary commercial services, but do not provide any health  
23 related services and boarding houses which are operated by persons  
24 contracting with the United States Department of Veterans Affairs for  
25 boarding services;
- 26 (f) The remedial care or treatment of residents or patients in any home or  
27 institution conducted only for those who rely solely upon treatment by prayer

1 or spiritual means in accordance with the creed or tenets of any recognized  
2 church or religious denomination and recognized by that church or  
3 denomination; and

4 (g) On-duty police and fire department personnel assisting in emergency  
5 situations by providing first aid or transportation when regular emergency  
6 units licensed to provide first aid or transportation are unable to arrive at the  
7 scene of an emergency situation within a reasonable time.

8 (3) The following outpatient categories of care shall be exempt from certificate of need  
9 and licensure on July 14, 2018:

10 (a) Primary care centers;

11 (b) Special health clinics, unless the clinic provides pain management services  
12 and is located off the campus of the hospital that has majority ownership  
13 interest;

14 (c) Specialized medical technology services, unless providing a State Health Plan  
15 service;

16 (d) Retail-based health clinics and ambulatory care clinics that provide  
17 nonemergency, noninvasive treatment of patients;

18 (e) Ambulatory care clinics treating minor illnesses and injuries;

19 (f) Mobile health services, unless providing a service in the State Health Plan;

20 (g) Rehabilitation agencies;

21 (h) Rural health clinics; and

22 (i) Off-campus, hospital-acquired physician practices.

23 (4) The exemptions established by subsections (2) and (3) of this section shall not  
24 apply to the following categories of care:

25 (a) An ambulatory surgical center as defined by KRS 216B.015(4);

26 (b) A health facility or health service that provides one (1) of the following types  
27 of services:

- 1           1.    Cardiac catheterization;
- 2           2.    Megavoltage radiation therapy;
- 3           3.    Adult day health care;
- 4           4.    Behavioral health services;
- 5           5.    Chronic renal dialysis;{
- 6           ~~6. — Birthing services;}~~ or
- 7           6.~~[7.]~~ Emergency services above the level of treatment for minor illnesses or
- 8                    injuries;
- 9           (c)   A pain management facility as defined by KRS 218A.175(1);
- 10          (d)   An abortion facility that requires licensure pursuant to KRS 216B.0431; or
- 11          (e)   A health facility or health service that requests an expenditure that exceeds the
- 12                   major medical expenditure minimum.
- 13   (5)   An existing facility licensed as an intermediate care or nursing home shall notify
- 14           the cabinet of its intent to change to a nursing facility as defined in Public Law 100-
- 15           203. A certificate of need shall not be required for conversion of an intermediate
- 16           care or nursing home to the nursing facility licensure category.
- 17   (6)   Ambulance services owned and operated by a city government, which propose to
- 18           provide services in coterminous cities outside of the ambulance service's designated
- 19           geographic service area, shall not be required to obtain a certificate of need if the
- 20           governing body of the city in which the ambulance services are to be provided
- 21           enters into an agreement with the ambulance service to provide services in the city.
- 22   (7)   Ambulance services owned by a hospital shall not be required to obtain a certificate
- 23           of need for the sole purpose of providing non-emergency and emergency transport
- 24           services originating from its hospital.
- 25   (8)   (a)   As used in this subsection, "emergency ambulance transport services" means
- 26           the transportation of an individual that has an emergency medical condition
- 27           with acute symptoms of sufficient severity that the absence of immediate

1 medical attention could reasonably be expected to place the individual's health  
2 in serious jeopardy or result in the serious impairment or dysfunction of the  
3 individual's bodily organs.

4 (b) A city or county government that has conducted a public hearing for the  
5 purposes of demonstrating that an imperative need exists in the city or county  
6 to provide emergency ambulance transport services within its jurisdictional  
7 boundaries shall not be required to obtain a certificate of need for the city or  
8 county to:

- 9 1. Directly provide emergency ambulance transport services as defined in  
10 this subsection within the city's or county's jurisdictional boundaries; or
- 11 2. Enter into a contract with a hospital or hospitals within its jurisdiction,  
12 or within an adjoining county if there are no hospitals located within the  
13 county, for the provision of emergency ambulance transport services as  
14 defined in this subsection within the city's or county's jurisdictional  
15 boundaries.

16 (c) Any license obtained under KRS Chapter 311A by a city or county for the  
17 provision of ambulance services operating under a certificate of need  
18 exclusion pursuant to this subsection shall be held exclusively by the city or  
19 county government and shall not be transferrable to any other entity.

20 (d) Prior to obtaining the written agreement of a city, an ambulance service  
21 operating under a county government certificate of need exclusion pursuant to  
22 this subsection shall not provide emergency ambulance transport services  
23 within the boundaries of any city that:

- 24 1. Possesses a certificate of need to provide emergency ambulance  
25 services;
- 26 2. Has an agency or department thereof that holds a certificate of need to  
27 provide emergency ambulance services; or

- 1           3. Is providing emergency ambulance transport services within its  
2           jurisdictional boundaries pursuant to this subsection.
- 3 (9) (a) Except where a certificate of need is not required pursuant to subsection (6),  
4           (7), or (8) of this section, the cabinet shall grant nonsubstantive review for a  
5           certificate of need proposal to establish an ambulance service that is owned by  
6           a:  
7           1. City government;  
8           2. County government; or  
9           3. Hospital, in accordance with paragraph (b) of this subsection.
- 10          (b) A notice shall be sent by the cabinet to all cities and counties that a certificate  
11          of need proposal to establish an ambulance service has been submitted by a  
12          hospital. The legislative bodies of the cities and counties affected by the  
13          hospital's certificate of need proposal shall provide a response to the cabinet  
14          within thirty (30) days of receiving the notice. The failure of a city or county  
15          legislative body to respond to the notice shall be deemed to be support for the  
16          proposal.
- 17          (c) An ambulance service established under this subsection shall not be  
18          transferred to another entity that does not meet the requirements of paragraph  
19          (a) of this subsection without first obtaining a substantive certificate of need.
- 20 (10) Notwithstanding any other provision of law, a continuing care retirement  
21          community's nursing home beds shall not be certified as Medicaid eligible unless a  
22          certificate of need has been issued authorizing applications for Medicaid  
23          certification. The provisions of subsection (5) of this section notwithstanding, a  
24          continuing care retirement community shall not change the level of care licensure  
25          status of its beds without first obtaining a certificate of need.
- 26 (11) An ambulance service established under subsection (9) of this section shall not be  
27          transferred to an entity that does not qualify under subsection (9) of this section



1 without first obtaining a substantive certificate of need.

2 (12) (a) The provisions of subsections (7), (8), and (9) of this section shall expire on  
3 July 1, 2026.

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

8 ➔Section 3. KRS 196.173 is amended to read as follows:

9 (1) Except as provided in subsection (2) of this section, an inmate housed in a jail,  
10 penitentiary, or local or state correctional or detention facility, residential center, or  
11 reentry center who is known to be pregnant shall be restrained solely with  
12 handcuffs in front of her body unless further restraint is required to protect herself  
13 or others.

14 (2) (a) Except in an extraordinary circumstance, no inmate who is known to be  
15 pregnant shall be restrained during labor, during transport to a medical facility  
16 or freestanding birthing center for delivery, or during postpartum recovery.

17 (b) As used in this subsection, "extraordinary circumstance" means that  
18 reasonable grounds exist to believe the inmate presents an immediate and  
19 credible:

20 1. Serious threat of hurting herself, staff, or others; or

21 2. Risk of escape that cannot be reasonably minimized through any method  
22 other than restraints.

23 ➔Section 4. KRS 211.647 is amended to read as follows:

24 (1) The office, on receipt of an auditory screening report of an infant from a hospital or  
25 freestanding~~[alternative]~~ birthing center in accordance with KRS 216.2970 shall  
26 review each auditory screening report that indicates a potential hearing loss. The  
27 office shall contact the parents to schedule follow-up evaluations or make a referral

- 1 for evaluations within three (3) business days.
- 2 (2) The office shall secure information missing from birth certificates or hospital  
3 referral reports which is relevant to identifying infants with a hearing loss.
- 4 (3) The office shall establish standards for infant audiological assessment and  
5 diagnostic centers based on accepted national standards, including but not limited to  
6 the "Guidelines for the Audiologic Assessment of Children From Birth to 5 Years  
7 of Age" as published by the American Speech-Language-Hearing Association  
8 (ASHA) and the "Year 2007 Position Statement: Principles and Guidelines for  
9 Early Hearing Detection and Intervention Programs" as published by the Joint  
10 Committee on Infant Hearing (JCIH). The office may promulgate administrative  
11 regulations in accordance with KRS Chapter 13A to establish the standards for the  
12 centers.
- 13 (4) The office shall maintain a list of approved infant audiological assessment and  
14 diagnostic centers that meet the standards established by the office. An audiological  
15 assessment and diagnostic center included on the list shall meet the standards  
16 established by the office. An approved center may voluntarily choose not to be  
17 included on the list.
- 18 (5) An approved audiology assessment and diagnostic center shall agree to provide  
19 requested data to the office for each infant evaluated and on any newly identified  
20 children ages birth to three (3) years with a permanent childhood hearing loss  
21 within forty-eight (48) hours and make a referral to the Kentucky Early Intervention  
22 System point of entry in the service area of the child's residence for services under  
23 KRS 200.664. A center shall submit documentation to the office of a referral made  
24 to the Kentucky Early Intervention System. A referral received by the Kentucky  
25 Early Intervention System from a center shall be considered a referral from the  
26 office.
- 27 (6) If the audiological evaluation performed by the office contains evidence of a

1 hearing loss, within forty-eight (48) hours the office shall:

2 (a) Contact the attending physician and parents and provide information to the  
3 parents in an accessible format as supplied by the Kentucky Commission on  
4 the Deaf and Hard of Hearing; and

5 (b) Make a referral to the Kentucky Early Intervention System point of entry in  
6 the service area of the child's residence for services under KRS 200.664.

7 (7) The office shall forward a report of an audiological evaluation that indicates a  
8 hearing loss, with no information that personally identifies the child, to:

9 (a) The Kentucky Commission on the Deaf and Hard of Hearing for census  
10 purposes; and

11 (b) The Kentucky Birth Surveillance Registry for information purposes.

12 (8) Cumulative demographic data of identified infants with a hearing loss shall be made  
13 available to agencies and organizations including but not limited to the Cabinet for  
14 Health and Family Services and the Early Childhood Advisory Council, requesting  
15 the information for planning purposes.

16 ➔Section 5. KRS 211.660 is amended to read as follows:

17 (1) The Department for Public Health shall establish and maintain a Kentucky birth  
18 surveillance registry that will provide a system for the collection of information  
19 concerning birth defects, stillbirths, and high-risk conditions. The system may cover  
20 all or part of the Commonwealth.

21 (2) In establishing the system, the department may review vital statistics records, and  
22 shall also consider expanding the current list of congenital anomalies and high-risk  
23 conditions as reported on birth certificates.

24 (3) (a) The department may require general acute-care hospitals licensed under KRS  
25 Chapter 216B to maintain a list of all inpatients and voluntarily to maintain a  
26 list of all outpatients up to the age of five (5) years with a primary diagnosis  
27 of a congenital anomaly or high-risk condition as defined by the department

1 upon the recommendation of the appointed advisory committee. Hospital  
2 participation regarding its outpatients shall be voluntary and subject to the  
3 discretion of each hospital.

4 (b) The department may require medical laboratories licensed under KRS Chapter  
5 333 to maintain medical records for all persons up to the age of five (5) years  
6 with a primary diagnosis of or a laboratory test result indicating congenital  
7 anomaly or high-risk condition as defined by the department upon the  
8 recommendation of the appointed advisory committee.

9 (4) Each licensed freestanding~~[free-standing]~~ birthing center, general acute-care  
10 hospital licensed under KRS Chapter 216B, and medical laboratory licensed under  
11 KRS Chapter 333 shall grant, if required or otherwise participating voluntarily  
12 under the provisions of subsection (3) of this section, to any Kentucky Birth  
13 Surveillance Registry personnel or his or her designee, upon presentation of proper  
14 identification, access to the medical records of any patient meeting the criteria in  
15 subsection (3) of this section. If the department's agent determines that copying of  
16 the medical records is necessary, associated costs shall be borne by the Department  
17 for Public Health at the rate pursuant to KRS 422.317.

18 (5) No liability of any kind, character, damages, or other relief shall arise or be  
19 enforced against any licensed freestanding~~[free-standing]~~ birthing center, general  
20 acute-care hospital, or medical laboratory by reason of having provided the  
21 information or material to the Kentucky Birth Surveillance Registry.

22 (6) The Department for Public Health may implement the provisions of KRS 211.651  
23 to 211.670 through the promulgation of administrative regulations in accordance  
24 with the provisions of KRS Chapter 13A.

25 ➔Section 6. KRS 213.046 is amended to read as follows:

26 (1) A certificate of birth for each live birth which occurs in the Commonwealth shall be  
27 filed with the state registrar within five (5) working days after such birth and shall

1 be registered if it has been completed and filed in accordance with this section and  
2 applicable administrative regulations. No certificate shall be held to be complete  
3 and correct that does not supply all items of information called for in this section  
4 and in KRS 213.051, or satisfactorily account for their omission except as provided  
5 in KRS 199.570(3). If a certificate of birth is incomplete, the local registrar shall  
6 immediately notify the responsible person and require that person to supply the  
7 missing items, if that information can be obtained.

8 (2) When a birth occurs in an institution or en route thereto, the person in charge of the  
9 institution or that person's designated representative, shall obtain the personal data,  
10 prepare the certificate, secure the signatures required, and file the certificate as  
11 directed in subsection (1) of this section or as otherwise directed by the state  
12 registrar within the required five (5) working days. The physician or other person in  
13 attendance shall provide the medical information required for the certificate and  
14 certify to the fact of birth within five (5) working days after the birth. If the  
15 physician or other person in attendance does not certify to the fact of birth within  
16 the five (5) working day period, the person in charge of the institution shall  
17 complete and sign the certificate.

18 (3) When a birth occurs in a hospital or en route thereto to a woman who is unmarried,  
19 the person in charge of the hospital or that person's designated representative shall  
20 immediately before or after the birth of a child, except when the mother or the  
21 alleged father is a minor:

- 22 (a) Meet with the mother prior to the release from the hospital;
- 23 (b) Attempt to ascertain whether the father of the child is available in the hospital,  
24 and, if so, to meet with him, if possible;
- 25 (c) Provide written materials and oral, audio, or video materials about paternity;
- 26 (d) Provide the unmarried mother, and, if possible, the father, with the voluntary  
27 paternity form necessary to voluntarily establish paternity;

- 1 (e) Provide a written and an oral, audio, or video description of the rights and  
2 responsibilities, the alternatives to, and the legal consequences of  
3 acknowledging paternity;
- 4 (f) Provide written materials and information concerning genetic paternity  
5 testing;
- 6 (g) Provide an opportunity to speak by telephone or in person with staff who are  
7 trained to clarify information and answer questions about paternity  
8 establishment;
- 9 (h) If the parents wish to acknowledge paternity, require the voluntary  
10 acknowledgment of paternity obtained through the hospital-based program be  
11 signed by both parents and be authenticated by a notary public;
- 12 (i) Upon both the mother's and father's request, help the mother and father in  
13 completing the affidavit of paternity form;
- 14 (j) Upon both the mother's and father's request, transmit the affidavit of paternity  
15 to the state registrar; and
- 16 (k) In the event that the mother or the alleged father is a minor, information set  
17 forth in this section shall be provided in accordance with Civil Rule 17.03 of  
18 the Kentucky Rules of Civil Procedure.

19 If the mother or the alleged father is a minor, the paternity determination shall be  
20 conducted pursuant to KRS Chapter 406.

21 (4) The voluntary acknowledgment of paternity and declaration of paternity forms  
22 designated by the Vital Statistics Branch shall be the only documents having the  
23 same weight and authority as a judgment of paternity.

24 (5) The Cabinet for Health and Family Services shall:

- 25 (a) Provide to all freestanding birthing centers and public and private birthing  
26 hospitals in the state written materials in accessible formats and audio or  
27 video materials concerning paternity establishment forms necessary to

- 1 voluntarily acknowledge paternity;
- 2 (b) Provide copies of a written description in accessible formats and an audio or  
3 video description of the rights and responsibilities of acknowledging  
4 paternity; and
- 5 (c) Provide staff training, guidance, and written instructions regarding voluntary  
6 acknowledgment of paternity as necessary to operate the hospital-based  
7 program.
- 8 (6) When a birth occurs outside an institution, verification of the birth shall be in  
9 accordance with the requirements of the state registrar and a birth certificate shall  
10 be prepared and filed by one (1) of the following in the indicated order of priority:
- 11 (a) The physician in attendance at or immediately after the birth; or, in the  
12 absence of such a person,
- 13 (b) A midwife or any other person in attendance at or immediately after the birth;  
14 or, in the absence of such a person,
- 15 (c) The father, the mother, or in the absence of the father and the inability of the  
16 mother, the person in charge of the premises where the birth occurred or of  
17 the institution to which the child was admitted following the birth.
- 18 (7) No physician, midwife, or other attendant shall refuse to sign or delay the filing of a  
19 birth certificate.
- 20 (8) If a birth occurs on a moving conveyance within the United States and the child is  
21 first removed from the conveyance in the Commonwealth, the birth shall be  
22 registered in the Commonwealth, and the place where the child is first removed  
23 shall be considered the place of birth. If a birth occurs on a moving conveyance  
24 while in international waters or air space or in a foreign country or its air space and  
25 the child is first removed from the conveyance in the Commonwealth, the birth  
26 shall be registered in the Commonwealth, but the certificate shall show the actual  
27 place of birth insofar as can be determined.

- 1 (9) The following provisions shall apply if the mother was married at the time of either  
2 conception or birth or anytime between conception and birth:
- 3 (a) If there is no dispute as to paternity, the name of the husband shall be entered  
4 on the certificate as the father of the child. The surname of the child shall be  
5 any name chosen by the parents; however, if the parents are separated or  
6 divorced at the time of the child's birth, the choice of surname rests with the  
7 parent who has legal custody following birth.
- 8 (b) If the mother claims that the father of the child is not her husband and the  
9 husband agrees to such a claim and the putative father agrees to the statement,  
10 a three (3) way affidavit of paternity may be signed by the respective parties  
11 and duly notarized. The state registrar of vital statistics shall enter the name of  
12 a nonhusband on the birth certificate as the father and the surname of the child  
13 shall be any name chosen by the mother.
- 14 (c) If a question of paternity determination arises which is not resolved under  
15 paragraph (b) of this subsection, it shall be settled by the District Court.
- 16 (10) The following provisions shall apply if the mother was not married at the time of  
17 either conception or birth or between conception and birth or the marital  
18 relationship between the mother and her husband has been interrupted for more than  
19 ten (10) months prior to the birth of the child:
- 20 (a) The name of the father shall not be entered on the certificate of birth. The  
21 state registrar shall upon acknowledgment of paternity by the father and with  
22 consent of the mother pursuant to KRS 213.121, enter the father's name on the  
23 certificate. The surname of the child shall be any name chosen by the mother  
24 and father. If there is no agreement, the child's surname shall be determined  
25 by the parent with legal custody of the child.
- 26 (b) If an affidavit of paternity has been properly completed and the certificate of  
27 birth has been filed accordingly, any further modification of the birth



1 certificate regarding the paternity of the child shall require an order from the  
2 District Court.

3 (c) In any case in which paternity of a child is determined by a court order, the  
4 name of the father and surname of the child shall be entered on the certificate  
5 of birth in accordance with the finding and order of the court.

6 (d) In all other cases, the surname of the child shall be any name chosen by the  
7 mother.

8 (11) If the father is not named on the certificate of birth, no other information about the  
9 father shall be entered on the certificate. In all cases, the maiden name of the  
10 gestational mother shall be entered on the certificate.

11 (12) Any child whose surname was restricted prior to July 13, 1990, shall be entitled to  
12 apply to the state registrar for an amendment of a birth certificate showing as the  
13 surname of the child, any surname chosen by the mother or parents as provided  
14 under this section.

15 (13) The birth certificate of a child born as a result of artificial insemination shall be  
16 completed in accordance with the provisions of this section.

17 (14) Each birth certificate filed under this section shall include all Social Security  
18 numbers that have been issued to the parents of the child.

19 (15) Either of the parents of the child, or other informant, shall attest to the accuracy of  
20 the personal data entered on the certificate in time to permit the filing of the  
21 certificate within ten (10) days prescribed in subsection (1) of this section.

22 (16) When a birth certificate is filed for any birth that occurred outside an institution, the  
23 Cabinet for Health and Family Services shall forward information regarding the  
24 need for an auditory screening for an infant and a list of options available for  
25 obtaining an auditory screening for an infant. The list shall include the Office for  
26 Children with Special Health Care Needs, local health departments as established in  
27 KRS Chapter 212, hospitals offering obstetric services, freestanding[alternative]

1 birthing centers required to provide an auditory screening under KRS 216.2970,  
2 audiological assessment and diagnostic centers approved by the Office for Children  
3 with Special Health Care Needs in accordance with KRS 211.647 and licensed  
4 audiologists, and shall specify the hearing methods approved by the Office for  
5 Children with Special Health Care Needs in accordance with KRS 216.2970.

6 ➔Section 7. KRS 216.2920 is amended to read as follows:

7 As used in KRS 216.2920 to 216.2929, unless the context requires otherwise:

- 8 (1) "Ambulatory facility" means an outpatient facility, including an ambulatory  
9 surgical facility, freestanding birthing~~[birth]~~ center, freestanding or mobile  
10 technology unit, or an urgent treatment center, that is not part of a hospital and that  
11 provides one (1) or more ambulatory procedures to patients not requiring  
12 hospitalization;
- 13 (2) "Cabinet" means the Cabinet for Health and Family Services;
- 14 (3) "Charge" means all amounts billed by a hospital or ambulatory facility, including  
15 charges for all ancillary and support services or procedures, prior to any adjustment  
16 for bad debts, charity contractual allowances, administrative or courtesy discounts,  
17 or similar deductions from revenue. However, if necessary to achieve comparability  
18 of information between providers, charges for the professional services of hospital-  
19 based or ambulatory-facility-based physicians shall be excluded from the  
20 calculation of charge;
- 21 (4) "Facility" means any hospital, health care service, or other health care facility,  
22 whether operated for profit or not;
- 23 (5) "Health-care provider" or "provider" means any pharmacist as defined pursuant to  
24 KRS Chapter 315, and any of the following independent practicing practitioners:
- 25 (a) Physicians, osteopaths, and podiatrists licensed pursuant to KRS Chapter 311;  
26 (b) Chiropractors licensed pursuant to KRS Chapter 312;  
27 (c) Dentists licensed pursuant to KRS Chapter 313;

- 1 (d) Optometrists licensed pursuant to KRS Chapter 320;
- 2 (e) Physician assistants regulated pursuant to KRS Chapter 311;
- 3 (f) Nurse practitioners licensed pursuant to KRS Chapter 314; and
- 4 (g) Other health-care practitioners as determined by the Cabinet for Health and
- 5 Family Services by administrative regulation promulgated pursuant to KRS
- 6 Chapter 13A;
- 7 (6) "Hospital" means a facility licensed pursuant to KRS Chapter 216B as either an
- 8 acute-care hospital, psychiatric hospital, rehabilitation hospital, or chemical
- 9 dependency treatment facility;
- 10 (7) "Procedures" means those surgical, medical, radiological, diagnostic, or therapeutic
- 11 procedures performed by a provider, as periodically determined by the cabinet in
- 12 administrative regulations promulgated pursuant to KRS Chapter 13A as those for
- 13 which reports to the cabinet shall be required. "Procedures" also includes
- 14 procedures that are provided in hospitals or other ambulatory facilities, or those that
- 15 require the use of special equipment, including fluoroscopic equipment, computer
- 16 tomographic scanners, magnetic resonance imagers, mammography, ultrasound
- 17 equipment, or any other new technology as periodically determined by the cabinet;
- 18 (8) "Quality" means the extent to which a provider renders care that obtains for patients
- 19 optimal health outcomes; and
- 20 (9) "Secretary" means the secretary of the Cabinet for Health and Family Services.
- 21 ➔Section 8. KRS 216.2970 is amended to read as follows:
- 22 (1) As a condition of licensure or relicensure, all hospitals offering obstetric services
- 23 and freestanding~~[alternative]~~ birthing centers with at least forty (40) births per year
- 24 shall provide an auditory screening for all infants using one (1) of the methods
- 25 approved by the Office for Children with Special Health Care Needs by
- 26 administrative regulation promulgated in accordance with KRS Chapter 13A.
- 27 (2) An auditory screening report that indicates a finding of potential hearing loss shall

1 be forwarded by the hospital or freestanding~~[alternative]~~ birthing center within  
2 twenty-four (24) hours of receipt to the:

- 3 (a) Attending physician or health care provider;  
4 (b) Parents;  
5 (c) Office for Children with Special Health Care Needs for evaluation or referral  
6 for further evaluation in accordance with KRS 211.647; and  
7 (d) Audiological assessment and diagnostic center approved by the office if a  
8 follow-up assessment has been scheduled prior to the infant's discharge from  
9 the hospital.

10 (3) An auditory screening report that does not indicate a potential hearing loss shall be  
11 forwarded within one (1) week to the Office for Children with Special Health Care  
12 Needs with no information that personally identifies the child.

13 ➔Section 9. This Act shall be known as the Mary Carol Akers Birth Centers Act.