

1 AN ACT relating to the Cabinet for Health and Family Services.

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

3 ➔Section 1. KRS 211.575 is amended to read as follows:

4 (1) As used in this section, "department" means the Department for Public Health.

5 (2) The Department for Public Health shall establish and implement a plan for
6 achieving continuous quality improvement in the quality of care provided under a
7 statewide system for stroke response and treatment. In implementing the plan, the
8 department shall:

9 (a) Maintain a statewide stroke database to compile information and statistics on
10 stroke care as follows:

11 1. The database shall align with the stroke consensus metrics developed
12 and approved by the American Heart Association, the American Stroke
13 Association, the Centers for Disease Control and Prevention, and the
14 Joint Commission;

15 2. The department shall utilize the "Get With The Guidelines-Stroke"
16 quality improvement program maintained by the American Heart
17 Association and the American Stroke Association or another nationally
18 recognized program that utilizes a data set platform with patient
19 confidentiality standards no less secure than the statewide stroke
20 database established in this paragraph; and

21 3. Require certified stroke centers as established in KRS 216B.0425 to
22 report to the database each case of stroke seen at the facility. The data
23 shall be reported in a format consistent with nationally recognized
24 guidelines on the treatment of individuals within the state with
25 confirmed cases of stroke;

26 (b) To the extent possible, coordinate with national voluntary health organizations
27 involved in stroke quality improvement to avoid duplication and redundancy;

- 1 (c) Encourage the sharing of information and data among health care providers
2 on methods to improve the quality of care of stroke patients in the state;
- 3 (d) Facilitate communication about data trends and treatment developments
4 among health care professionals involved in the care of individuals with
5 stroke;
- 6 (e) Require the application of evidence-based treatment guidelines for the
7 transition of stroke patients upon discharge from a hospital following acute
8 treatment to community-based care provided in a hospital outpatient,
9 physician office, or ambulatory clinic setting; and
- 10 (f) Establish a data oversight process and a plan for achieving continuous quality
11 improvement in the quality of care provided under the statewide system for
12 stroke response and treatment, which shall include:
- 13 1. Analysis of the data included in the stroke database;
- 14 2. Identification of potential interventions to improve stroke care in
15 specific geographic regions of the state; and
- 16 3. Recommendations to the department and the Kentucky General
17 Assembly for improvement in the delivery of stroke care in the state.
- 18 (3) All data reported under subsection (2)(a) of this section shall be made available to
19 the department and all government agencies or contractors of government agencies
20 which are responsible for the management and administration of emergency
21 medical services throughout the state.
- 22 (4) **By September**~~[On June 1, 2013, and annually on September June]~~ 1 **of each**
23 **year**~~[thereafter]~~, the department shall provide a report of its data and any related
24 findings and recommendations to the Governor and to the Legislative Research
25 Commission **for referral to the Interim Joint Committee on Health Services**. The
26 report also shall be made available on the department's **website**~~[Web site]~~.
- 27 (5) Nothing in this section shall be construed to require the disclosure of confidential

1 information or data in violation of the federal Health Insurance Portability and
2 Accountability Act of 1996.

3 ➔Section 2. KRS 211.689 is amended to read as follows:

4 (1) As used in this section and KRS 211.690:

5 (a) "Home visitation" means a service delivery strategy with voluntary
6 participation ~~[by eligible families that is carried out in the homes]~~ of at-risk
7 parents during the prenatal period and until the child's third birthday that
8 provides ~~[face-to-face]~~ visits by nurses, social workers, and other ~~[early~~
9 ~~childhood]~~ professionals or trained and supervised paraprofessionals to
10 improve maternal, infant, and child health and well-being, including:

- 11 1. Reducing preterm births;
- 12 2. Promoting positive parenting practices;
- 13 3. Improving school readiness;
- 14 4. Enhancing the social, emotional, and cognitive development of children;
- 15 5. Reducing child abuse and neglect;
- 16 6. Improving the health of the family; and
- 17 7. Empowering families to be self-sufficient;

18 (b) "Home visitation program" means the voluntary statewide home visiting
19 program established by KRS 211.690 or a program implementing a research-
20 based model or a promising model that includes voluntary home visitation as
21 a primary service delivery strategy that may supplement but shall not
22 duplicate any existing program that provides assistance to parents ~~[of young~~
23 ~~children]~~ and that does not include:

- 24 1. Programs with few or infrequent home visits;
- 25 2. Home visits based on professional judgment or medical referrals that are
26 infrequent and supplemental to a treatment plan;
- 27 3. Programs in which home visiting is supplemental to other services, such

1 as child protective services;

2 4. In-home services delivered to at-risk parents through provisions of an
3 individualized family service plan or individualized education program
4 under the federal Individuals with Disabilities Education Act, Part B or
5 C; or

6 5. Programs with goals related to direct intervention of domestic violence
7 or substance abuse;

8 (c) "Research-based model" means a home visitation model based on a clear,
9 consistent program model that:

10 1. Is research-based, grounded in relevant empirically based knowledge,
11 linked to program determined outcomes, has comprehensive home
12 visitation standards that ensure high-quality service delivery and
13 continuous quality improvement, and has demonstrated significant,
14 sustained positive outcomes;

15 2. Employs highly trained and competent professionals or
16 paraprofessionals who are provided close supervision and continual
17 professional development and training relevant to the specific model
18 being delivered;

19 3. Demonstrates strong linkages to other community-based services; and

20 4. Is operated within an organization to ensure program fidelity and meets
21 the outlined objectives and criteria for the model design; and

22 (d) "Promising model" means a home visitation model that has ongoing research,
23 is modeled after programs with proven standards and outcomes, and has
24 demonstrated its effectiveness or is actively incorporating model evaluation
25 protocols designed to measure its efficacy.

26 (2) ~~Beginning fiscal year 2014,~~ An agency receiving state funds for the purpose of the
27 delivery of home visitation services shall:

- 1 (a) Meet the definition of home visitation program in this section;
- 2 (b) Demonstrate to the Department for Public Health that it is part of a
3 coordinated system of care for promoting health and well-being for at-risk
4 parents during the prenatal period and until the child's third birthday; and
- 5 (c) Report data to the statewide home visiting data system managed by the
6 Department for Public Health in a uniform format prescribed by the
7 department ~~ensuring~~^{assuring} common data elements, relevant home visiting
8 data, and information to monitor program effectiveness, including program
9 outcomes, numbers of families served, and other relevant data as determined
10 by the department.

11 ➔Section 3. KRS 211.690 is amended to read as follows:

- 12 (1) There is established within the Cabinet for Health and Family Services the Health
13 Access Nurturing Development Services (HANDS) program as a voluntary
14 statewide home visitation program, for the purpose of providing assistance to at-risk
15 parents during the prenatal period and until the child's third birthday. The HANDS
16 program recognizes that parents are the primary decision-makers for their children.
17 The goals of the HANDS program are to:
- 18 (a) Facilitate safe and healthy delivery of babies;
- 19 (b) Provide information about optimal child growth and human development;
- 20 (c) Facilitate the safety and health of homes; and
- 21 (d) Encourage greater self-sufficiency of families.
- 22 (2) The cabinet shall administer the HANDS program in cooperation with the Cabinet
23 for Health and Family Services and the local public health departments. The
24 voluntary home visitation program may supplement, but shall not duplicate, any
25 existing program that provides assistance to parents of young children.
- 26 (3) The HANDS program shall include an educational component on the recognition
27 and prevention of pediatric abusive head trauma, as defined in KRS 620.020.

1 (4) Participants in the HANDS program shall express informed consent to participate
2 by ~~written~~ agreement on a form promulgated by the Cabinet for Health and
3 Family Services.

4 ➔Section 4. KRS 213.046 is amended to read as follows:

5 (1) A certificate of birth for each live birth which occurs in the Commonwealth shall be
6 filed with the state registrar within five (5) working days after such birth and shall
7 be registered if it has been completed and filed in accordance with this section and
8 applicable administrative regulations. No certificate shall be held to be complete
9 and correct that does not supply all items of information called for in this section
10 and in KRS 213.051, or satisfactorily account for their omission except as provided
11 in KRS 199.570(3). If a certificate of birth is incomplete, the ~~state~~~~local~~ registrar
12 shall immediately notify the responsible person and require that person to supply
13 the missing items, if that information can be obtained.

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

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

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

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

- 27 (4) The voluntary acknowledgment of paternity and declaration of paternity forms

1 designated by the Vital Statistics Branch shall be the only documents having the
2 same weight and authority as a judgment of paternity.

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

4 (a) Provide to all public and private birthing hospitals in the state written
5 materials in accessible formats and audio or video materials concerning
6 paternity establishment forms necessary to voluntarily acknowledge paternity;

7 (b) Provide copies of a written description in accessible formats and an audio or
8 video description of the rights and responsibilities of acknowledging
9 paternity; and

10 (c) Provide staff training, guidance, and written instructions regarding voluntary
11 acknowledgment of paternity as necessary to operate the hospital-based
12 program.

13 (6) When a birth occurs outside an institution, verification of the birth shall be in
14 accordance with the requirements of the state registrar and a birth certificate shall
15 be prepared and filed by one (1) of the following in the indicated order of priority:

16 (a) The physician in attendance at or immediately after the birth; or, in the
17 absence of such a person,

18 (b) A midwife or any other person in attendance at or immediately after the birth;
19 or, in the absence of such a person,

20 (c) The father, the mother, or in the absence of the father and the inability of the
21 mother, the person in charge of the premises where the birth occurred or of
22 the institution to which the child was admitted following the birth.

23 (7) No physician, midwife, or other attendant shall refuse to sign or delay the filing of a
24 birth certificate.

25 (8) If a birth occurs on a moving conveyance within the United States and the child is
26 first removed from the conveyance in the Commonwealth, the birth shall be
27 registered in the Commonwealth, and the place where the child is first removed

1 shall be considered the place of birth. If a birth occurs on a moving conveyance
2 while in international waters or air space or in a foreign country or its air space and
3 the child is first removed from the conveyance in the Commonwealth, the birth
4 shall be registered in the Commonwealth, but the certificate shall show the actual
5 place of birth insofar as can be determined.

6 (9) The following provisions shall apply if the mother was married at the time of either
7 conception or birth or anytime between conception and birth:

8 (a) If there is no dispute as to paternity, the name of the husband shall be entered
9 on the certificate as the father of the child. The surname of the child shall be
10 any name chosen by the parents; however, if the parents are separated or
11 divorced at the time of the child's birth, the choice of surname rests with the
12 parent who has legal custody following birth; ~~and~~

13 (b) If the mother claims that the father of the child is not her husband and the
14 husband agrees to such a claim and the putative father agrees to the statement,
15 a three (3) way affidavit of paternity may be signed by the respective parties
16 and duly notarized. The state registrar of vital statistics shall enter the name of
17 a nonhusband on the birth certificate as the father and the surname of the child
18 shall be any name chosen by the mother; and ~~and~~

19 (c) If a question of paternity determination arises which is not resolved under
20 paragraph (b) of this subsection, it shall be settled by the District Court.

21 (10) The following provisions shall apply if the mother was not married at the time of
22 either conception or birth or between conception and birth or the marital
23 relationship between the mother and her husband has been interrupted for more than
24 ten (10) months prior to the birth of the child:

25 (a) The name of the father shall not be entered on the certificate of birth. The
26 state registrar shall upon acknowledgment of paternity by the father and with
27 consent of the mother pursuant to KRS 213.121, enter the father's name on the

- 1 certificate. The surname of the child shall be any name chosen by the mother
2 and father. If there is no agreement, the child's surname shall be determined
3 by the parent with legal custody of the child;[~~]~~
- 4 (b) If an affidavit of paternity has been properly completed and the certificate of
5 birth has been filed accordingly, any further modification of the birth
6 certificate regarding the paternity of the child shall require an order from the
7 District Court;[~~]~~
- 8 (c) In any case in which paternity of a child is determined by a court order, the
9 name of the father and surname of the child shall be entered on the certificate
10 of birth in accordance with the finding and order of the court; and[~~]~~
- 11 (d) In all other cases, the surname of the child shall be any name chosen by the
12 mother.
- 13 (11) If the father is not named on the certificate of birth, no other information about the
14 father shall be entered on the certificate. In all cases, the maiden name of the
15 gestational mother shall be entered on the certificate.
- 16 (12) Any child whose surname was restricted prior to July 13, 1990, shall be entitled to
17 apply to the state registrar for an amendment of a birth certificate showing as the
18 surname of the child, any surname chosen by the mother or parents as provided
19 under this section.
- 20 (13) The birth certificate of a child born as a result of artificial insemination shall be
21 completed in accordance with the provisions of this section.
- 22 (14) Each birth certificate filed under this section shall include all Social Security
23 numbers that have been issued to the parents of the child.
- 24 (15) Either of the parents of the child, or other informant, shall attest to the accuracy of
25 the personal data entered on the certificate in time to permit the filing of the
26 certificate within five (5)[~~ten (10)~~] days prescribed in subsection (1) of this section.
- 27 (16) When a birth certificate is filed for any birth that occurred outside an institution, the

1 Cabinet for Health and Family Services shall forward information regarding the
2 need for an auditory screening for an infant and a list of options available for
3 obtaining an auditory screening for an infant. The list shall include the Office for
4 Children with Special Health Care Needs, local health departments as established in
5 KRS Chapter 212, hospitals offering obstetric services, alternative birthing centers
6 required to provide an auditory screening under KRS 216.2970, audiological
7 assessment and diagnostic centers approved by the Office for Children with Special
8 Health Care Needs in accordance with KRS 211.647 and licensed audiologists, and
9 shall specify the hearing methods approved by the Office for Children with Special
10 Health Care Needs in accordance with KRS 216.2970.

11 ➔Section 5. KRS 387.540 is amended to read as follows:

12 (1) (a) Prior to a hearing on a petition for a determination of partial disability or
13 disability and the appointment of a limited guardian, guardian, limited
14 conservator, or conservator, an interdisciplinary evaluation report shall be
15 filed with the court. The report may be filed as a single and joint report of the
16 interdisciplinary evaluation team, or it may otherwise be constituted by the
17 separate reports filed by each individual of the team.

18 (b) If the court and all parties to the proceeding and their attorneys agree to the
19 admissibility of the report or reports, the report or reports shall be admitted
20 into evidence and shall be considered by the court or the jury if one is
21 impaneled.

22 (c) The report shall be compiled by at least three (3) individuals, including:

23 1. A physician, an advanced practice registered nurse, or a physician
24 assistant;[,]

25 2. A psychologist licensed or certified under the provisions of KRS
26 Chapter 319;[,]

27 3. A person licensed or certified as a social worker or an employee of the

1 Cabinet for Health and Family Services who has at least one (1) year of
2 investigative experience and has completed training in conducting
3 decisional capacity assessments~~[meets the qualifications of KRS~~
4 ~~335.080(1)(a), (b), and (c) or 335.090(1)(a), (b), and (c)]~~. The social
5 worker shall, when possible, be chosen from among employees of the
6 Cabinet for Health and Family Services residing or working in the area,
7 and there shall be no additional compensation for their service on the
8 interdisciplinary evaluation team.

9 (2) At least one (1) person participating in the compilation of the report shall have
10 knowledge of the particular disability which the respondent is alleged to have or
11 knowledge of the skills required of the respondent to care for himself and his estate.

12 (3) If the respondent is alleged to be partially disabled or disabled due to mental illness,
13 at least one (1) person participating in the compilation of the interdisciplinary
14 evaluation report shall be a qualified mental health professional as defined in KRS
15 202A.011(12). If the respondent is alleged to be partially disabled or disabled due
16 to an intellectual disability, at least one (1) person participating in the compilation
17 of the evaluation report shall be a qualified professional in the area of intellectual
18 disabilities as defined in KRS 202B.010(12).

19 (4) The interdisciplinary evaluation report shall contain:

- 20 (a) A description of the nature and extent of the respondent's disabilities, if any;
- 21 (b) Current evaluations of the respondent's social, intellectual, physical, and
22 educational condition, adaptive behavior, and social skills. Such evaluations
23 may be based on prior evaluations not more than three (3) months old, except
24 that evaluations of the respondent's intellectual condition may be based on
25 individual intelligence test scores not more than one (1) year old;
- 26 (c) An opinion as to whether guardianship or conservatorship is needed, the type
27 of guardianship or conservatorship needed, if any, and the reasons therefor;

- 1 (d) An opinion as to the length of time guardianship or conservatorship will be
2 needed by the respondent, if at all, and the reasons therefor;
- 3 (e) If limited guardianship or conservatorship is recommended, a further
4 recommendation as to the scope of the guardianship or conservatorship,
5 specifying particularly the rights to be limited and the corresponding powers
6 and duties of the limited guardian or limited conservator;
- 7 (f) A description of the social, educational, medical, and rehabilitative services
8 currently being utilized by the respondent, if any;
- 9 (g) A determination whether alternatives to guardianship or conservatorship are
10 available;
- 11 (h) A recommendation as to the most appropriate treatment or rehabilitation plan
12 and living arrangement for the respondent and the reasons therefor;
- 13 (i) A listing of all medications the respondent is receiving, the dosage, and a
14 description of the impact of the medication upon the respondent's mental and
15 physical condition and behavior;
- 16 (j) An opinion whether attending a hearing on a petition filed under KRS
17 387.530 would subject the respondent to serious risk of harm;
- 18 (k) The names and addresses of all individuals who examined or interviewed the
19 respondent or otherwise participated in the evaluation; and
- 20 (l) Any dissenting opinions or other comments by the evaluators.
- 21 (5) The evaluation report may be compiled by a community center for mental health or
22 individuals with an intellectual disability, a licensed facility for mentally ill or
23 developmentally disabled persons, if the respondent is a resident of such facility, or
24 a similar agency.
- 25 (6) In all cases where the respondent is a resident of a licensed facility for mentally ill
26 or developmentally disabled persons and the petition is filed by an employee of that
27 facility, the petition shall be accompanied by an interdisciplinary evaluation report

1 prepared by the facility.

2 (7) Except as provided in subsection (6) of this section, the court shall order
3 appropriate evaluations to be performed by qualified persons or a qualified agency.

4 The report shall be prepared and filed with the court and copies mailed to the
5 attorneys for both parties at least ten (10) days prior to the hearing. All items
6 specified in subsection (4) of this section shall be included in the report.

7 (8) If the person evaluated is a poor person as defined in KRS 453.190, the examiners
8 shall be paid by the county in which the petition is filed upon an order of allowance
9 entered by the court. Payment shall be in an amount which is reasonable as
10 determined by the court, except no payment shall be required of the county for an
11 evaluation performed by a salaried employee of a state agency for an evaluation
12 performed within the course of his employment. Additionally, no payment shall be
13 required of the county for an evaluation performed by a salaried employee of a
14 community center for mental health or individuals with an intellectual disability or
15 private facility or agency where the costs incurred by the center, facility, or agency
16 are reimbursable through third-party payors. Affidavits or other competent evidence
17 shall be admissible to prove the services rendered but not to prove their value.

18 (9) The respondent may file a response to the evaluation report no later than five (5)
19 days prior to the hearing.

20 (10) The respondent may secure an independent evaluation. If the respondent is unable
21 to pay for the evaluation, compensation for the independent evaluation may be paid
22 by the county in an amount which is reasonable as determined by the court.