

1 AN ACT relating to maternal health.

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

3 ➔Section 1. KRS 211.684 is amended to read as follows:

4 (1) For the purposes of KRS Chapter 211:

5 (a) "Child fatality" means the death of a person under the age of eighteen (18)
6 years; **and**

7 ~~["Local child and maternal fatality response team" and "local team" means a~~
8 ~~community team composed of representatives of agencies, offices, and~~
9 ~~institutions that investigate child and maternal deaths, including but not~~
10 ~~limited to, coroners, social service workers, medical professionals, law~~
11 ~~enforcement officials, and Commonwealth's and county attorneys; and~~

12 ~~(c) —~~"Maternal fatality" means the death of a woman **during pregnancy and**
13 **within one (1) year of the end of the pregnancy**~~[giving birth].~~

14 (2) The Department for Public Health may establish a state child ~~and maternal~~ fatality
15 review team. The state **child fatality review** team may include representatives of
16 public health, social services, law enforcement **agencies with investigation**
17 **responsibilities for child fatalities, the offices of Commonwealth's and county**
18 **attorneys**~~[prosecution], coroners, health-care providers, and other agencies or~~
19 professions deemed appropriate by the commissioner of the department.

20 (3) If a state **child fatality review** team is created, the duties of the state team may
21 include **but not be limited to** the following:

22 (a) Develop and distribute a model protocol for local child ~~and maternal~~ fatality
23 response teams for the investigation of child~~and maternal~~ fatalities;

24 (b) Facilitate the development of local child ~~and maternal~~ fatality response
25 teams, **as permitted under Section 2 of this Act, including but**~~which may~~
26 ~~include, but is~~ not limited to~~—~~ providing joint training opportunities and,
27 upon request, providing technical assistance;

- 1 (c) Review and approve local protocols prepared and submitted by local teams;
- 2 (d) Receive data and information on child ~~and maternal~~ fatalities and analyze
- 3 the information to identify trends, patterns, and risk factors;
- 4 (e) Evaluate the effectiveness of prevention and intervention strategies adopted;~~;~~
- 5 ~~and~~
- 6 (f) Recommend changes in state programs, legislation, administrative
- 7 regulations, policies, budgets, and treatment and service standards which may
- 8 facilitate strategies for prevention and reduce the number of child ~~and~~
- 9 ~~maternal~~ fatalities; and
- 10 (g) Cooperate, as appropriate, with the external child fatality and near fatality
- 11 review panel established by KRS 620.055 upon request.
- 12 (4) The department shall establish a state maternal fatality review team. The state
- 13 maternal fatality review team may include representatives of public health, social
- 14 services, law enforcement, coroners, health-care providers, and other agencies or
- 15 professions deemed appropriate by the commissioner of the department.
- 16 (5) The duties of the state maternal fatality review team may include but not be
- 17 limited to the following:
- 18 (a) Receive data and information on maternal fatalities and analyze the
- 19 information to identify trends, patterns, and risk factors;
- 20 (b) Evaluate the effectiveness of prevention and intervention strategies adopted;
- 21 and
- 22 (c) Recommend changes in state programs, legislation, administrative
- 23 regulations, policies, budgets, and treatment and service standards which
- 24 may facilitate strategies for prevention and reduce the number of maternal
- 25 fatalities.
- 26 (6) The department shall prepare an annual report to be submitted no later than
- 27 November 1 of each year to the Governor, the Legislative Research Commission

1 for referral to the Interim Joint Committee on Families and Children and the
2 Interim Joint Committee on Health Services, the Chief Justice of the Kentucky
3 Supreme Court, and to be made available to the citizens of the Commonwealth. The
4 report shall include a statistical analysis, including but not limited to Medicaid,
5 Kentucky Children's Health Insurance Program, or other health benefit
6 coverage,~~[that includes the demographics of]~~ race, ethnicity~~[income]~~, and
7 geography, of the incidence and causes of child and maternal fatalities in the
8 Commonwealth during the past fiscal year and recommendations for action. The
9 report shall not include any information which would identify specific child and
10 maternal fatality cases. Separate reports may be submitted for the state child
11 fatality review team and the state maternal fatality review team.

12 (7) The proceedings, records, opinions, and deliberations of the state child fatality
13 review team and of the state maternal fatality review team shall be privileged and
14 shall not be subject to discovery, subpoena, or introduction into evidence in any
15 civil action in any manner that would directly or indirectly identify specific
16 persons or cases reviewed by the state child fatality review team or the state
17 maternal fatality review team. Nothing in this subsection shall be construed to
18 restrict or limit the right to discover or use in any civil action any evidence that is
19 discoverable independent of the proceedings of the state child fatality review team
20 or the state maternal fatality review team.

21 ➔ Section 2. KRS 211.686 is amended to read as follows:

- 22 (1) A local child ~~[and maternal]~~ fatality response team may be established in every
23 county or group of contiguous counties by the coroner or coroners with jurisdiction
24 in the county or counties. The local coroner may authorize the creation of additional
25 local teams within the coroner's jurisdiction as needed.
- 26 (2) Membership of ~~[the]~~ local teams~~[team]~~ may include representatives of the coroner,
27 the local office of the Department for Community Based Services, law enforcement

1 agencies with investigation responsibilities for child ~~and maternal~~ fatalities which
2 occur within the jurisdiction of the local team, the Commonwealth's and county
3 attorneys, representatives of the medical profession, and other members whose
4 participation the local team believes is important to carry out its purpose. Each local
5 team member shall be appointed by the agency the member is representing and
6 shall serve at the pleasure of the appointing authority.

7 (3) The purpose of the local child ~~and maternal~~ fatality response teams~~team~~ shall be
8 to:

- 9 (a) Allow each member to share specific and unique information with the local
10 team;
- 11 (b) Generate overall investigative direction and emphasis through team
12 coordination and sharing of specialized information;
- 13 (c) Create a body of information that will assist in the coroner's effort to
14 accurately identify the cause and reasons for death; and
- 15 (d) Facilitate the appropriate response by each member agency to the fatality,
16 including but not limited to, intervention on behalf of others who may be
17 adversely affected by the situation, implementation of health services
18 necessary for protection of other citizens, further investigation by law
19 enforcement, or legal action by Commonwealth's or county attorneys.

20 (4) ~~The~~ Local teams~~team~~ may:

- 21 (a) Analyze information regarding local child ~~and maternal~~ fatalities to identify
22 trends, patterns, and risk factors;
- 23 (b) Recommend to the state teams~~team~~ **established under Section 1 of this Act**,
24 and any other entities deemed appropriate, changes in state or local programs,
25 legislation, administrative regulations, policies, budgets, and treatment and
26 service standards which may facilitate strategies for prevention and reduce the
27 number of child ~~and maternal~~ fatalities; and

1 (c) Evaluate the effectiveness of local prevention and intervention strategies.

2 (5) ~~{The }Local~~ teams~~{team}~~ may establish a protocol for the investigation of child ~~{and~~
3 ~~maternal }~~fatalities and may establish operating rules and procedures as deemed~~{it~~
4 ~~deems }~~ necessary to carry out the purposes of this section.

5 (6) The review of a child ~~{and maternal }~~fatality by a local team may include
6 information from reports generated or received by agencies, organizations, or
7 individuals that are responsible for investigation, prosecution, or treatment in the
8 case.

9 (7) The proceedings, records, opinions, and deliberations of ~~{the }local~~ teams~~{team}~~
10 shall be privileged and shall not be subject to discovery, subpoena, or introduction
11 into evidence in any civil action in any manner that would directly or indirectly
12 identify specific persons or cases reviewed by ~~{the }local~~ teams~~{team}~~. Nothing in
13 this subsection shall be construed to restrict or limit the right to discover or use in
14 any civil action any evidence that is discoverable independent of the proceedings of
15 ~~{the }local~~ teams~~{team}~~.

16 ➔Section 3. KRS 216.2929 is amended to read as follows:

17 (1) (a) The Cabinet for Health and Family Services shall make available on its
18 website information on charges for health-care services at least annually in
19 understandable language with sufficient explanation to allow consumers to
20 draw meaningful comparisons between every hospital and ambulatory facility,
21 differentiated by payor if relevant, and for other provider groups as relevant
22 data becomes available.

23 (b) Any charge information compiled and reported by the cabinet shall include
24 the median charge and other percentiles to describe the typical charges for all
25 of the patients treated by a provider and the total number of patients
26 represented by all charges, and shall be risk-adjusted.

27 (c) The report shall clearly identify the sources of data used in the report and

1 explain limitations of the data and why differences between provider charges
2 may be misleading. Every provider that is specifically identified in any report
3 shall be given thirty (30) days to verify the accuracy of its data prior to public
4 release and shall be afforded the opportunity to submit comments on its data
5 that shall be included on the website and as part of any printed report of the
6 data.

7 (d) The cabinet shall only provide linkages to organizations that publicly report
8 comparative-charge data for Kentucky providers using data for all patients
9 treated regardless of payor source, which may be adjusted for outliers, is risk-
10 adjusted, and meets the requirements of paragraph (c) of this subsection.

11 (2) (a) The cabinet shall make information available on its website at least annually
12 describing quality and outcome measures in understandable language with
13 sufficient explanations to allow consumers to draw meaningful comparisons
14 between every hospital and ambulatory facility in the Commonwealth and
15 other provider groups as relevant data becomes available.

16 (b) 1. The cabinet shall utilize only national quality indicators that have been
17 endorsed and adopted by the Agency for Healthcare Research and
18 Quality, the National Quality Forum, or the Centers for Medicare and
19 Medicaid Services; or

20 2. The cabinet shall provide linkages only to the following organizations
21 that publicly report quality and outcome measures on Kentucky
22 providers:

23 a. The Centers for Medicare and Medicaid Services;

24 b. The Agency for Healthcare Research and Quality;

25 c. The Joint Commission; and

26 d. Other organizations that publicly report relevant outcome data for
27 Kentucky providers.

- 1 (c) The cabinet shall utilize or refer the general public to only those nationally
2 endorsed quality indicators that are based upon current scientific evidence or
3 relevant national professional consensus and have definitions and calculation
4 methods openly available to the general public at no charge.
- 5 (3) Any report the cabinet disseminates or refers the public to shall:
- 6 (a) Not include data for a provider whose caseload of patients is insufficient to
7 make the data a reliable indicator of the provider's performance;
- 8 (b) Meet the requirements of subsection (1)(c) of this section;
- 9 (c) Clearly identify the sources of data used in the report and explain the
10 analytical methods used in preparing the data included in the report; and
- 11 (d) Explain any limitations of the data and how the data should be used by
12 consumers.
- 13 (4) The cabinet shall report at least biennially, no later than October 1 of each odd-
14 numbered year, on the special health needs of the minority population in the
15 Commonwealth as compared to the population in the Commonwealth as compared
16 to the population at large. The report shall contain an overview of the health status
17 of minority Kentuckians, shall identify the diseases and conditions experienced at
18 disproportionate mortality and morbidity rates within the minority population, and
19 shall make recommendations to meet the identified health needs of the minority
20 population.
- 21 (5) **Beginning December 1, 2024, and at least annually thereafter, the Cabinet for**
22 **Health and Family Services shall publish a report on its website for the most**
23 **recent five (5) years of available data on the number and types of delivery**
24 **procedures for pregnancy by hospital, including but not limited to the following**
25 **procedures:**
- 26 **(a) Augmentation of labor;**
- 27 **(b) Cesarean section;**

1 (c) Episiotomy;

2 (d) Induction of labor;

3 (e) Primary cesarean section;

4 (f) Nulliparous, term, singleton, vertex (NTSV) cesarean section;

5 (g) Use of forceps;

6 (h) Use of vacuum;

7 (i) Vaginal birth after cesarean (VBAC); and

8 (j) Vaginal delivery.

9 The cabinet shall use health data collected pursuant to KRS 216.2920 to 216.2929
10 to obtain the required information, and may use additional sources including
11 data derived from birth certificates if the required information is not available
12 from data collected pursuant to KRS 216.2920 to 216.2929.

13 (6) The ~~reports~~^{report} required under ~~subsections~~^{subsection} (4) and (5) of this
14 section shall be submitted to the Legislative Research Commission for referral to
15 the Interim Joint Committees on Appropriations and Revenue, Families and
16 Children, and Health Services, and to the Governor.