

1 AN ACT relating to maternal health.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
4 READ AS FOLLOWS:

5 **All health care facilities shall, prior to discharge for maternity services, provide the**
6 **postpartum patient, and if possible, other family members or support persons, with**
7 **complete information about perinatal mood and anxiety disorders, including**
8 **symptoms, methods of treatment, and available resources.**

9 ➔Section 2. KRS 211.684 is amended to read as follows:

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

11 (a) "Child fatality" means the death of a person under the age of eighteen (18)
12 years;

13 (b) "Local child and maternal fatality response team" and "local team" means a
14 community team composed of representatives of agencies, offices, and
15 institutions that investigate child and maternal deaths, including but not
16 limited to, coroners, social service workers, medical professionals, law
17 enforcement officials, and Commonwealth's and county attorneys;~~and~~

18 (c) "Maternal fatality" means the death of a woman within one (1) year of giving
19 birth;**and**

20 **(d) "State child and maternal fatality review team" or "state team" means a**
21 **statewide team composed of representatives of public health, social services,**
22 **law enforcement, prosecution, coroners, health-care providers, and other**
23 **agencies or professions deemed appropriate by the commissioner of the**
24 **Department for Public Health.**

25 (2) The Department for Public Health ~~shall~~**may** establish a state child and maternal
26 fatality review team.~~[The state team may include representatives of public health,~~
27 ~~social services, law enforcement, prosecution, coroners, health-care providers, and~~

1 ~~other agencies or professions deemed appropriate by the commissioner of the~~
2 ~~department.~~]

3 (3) ~~[If a state team is created,]~~The duties of the state team shall~~[may]~~ include **but not**
4 **be limited to** the following:

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

7 (b) Facilitate the development of local child and maternal fatality response teams
8 which may include, but is not limited to, providing joint training opportunities
9 and, upon request, providing technical assistance;

10 (c) Review and approve local protocols prepared and submitted by local teams;

11 (d) Receive data and information on child and maternal fatalities and analyze the
12 information to identify trends, patterns, and risk factors;

13 (e) Evaluate the effectiveness of prevention and intervention strategies adopted;
14 and

15 (f) Recommend changes in state programs, legislation, administrative
16 regulations, policies, budgets, and treatment and service standards which may
17 facilitate strategies for prevention and reduce the number of child and
18 maternal fatalities.

19 (4) The department shall prepare an annual report to be submitted no later than
20 November 1 of each year to the Governor, the Interim Joint Committee on Health,
21 Welfare, and Family Services, the Chief Justice of the Kentucky Supreme Court,
22 and to be made available to the citizens of the Commonwealth. The report shall
23 include a statistical analysis, **including but not limited to Medicaid, Kentucky**
24 **Children's Health Insurance Program, or other health benefit coverage,**~~[that~~
25 ~~include the demographics of]~~ race, ethnicity~~[income]~~, and geography, of the
26 incidence and causes of child and maternal fatalities in the Commonwealth during
27 the past fiscal year and recommendations for action. The report shall not include

1 any information which would identify specific child and maternal fatality cases.

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

- 3 (1) (a) The Cabinet for Health and Family Services shall make available on its
4 website~~[Web-site]~~ information on charges for health-care services at least
5 annually in understandable language with sufficient explanation to allow
6 consumers to draw meaningful comparisons between every hospital and
7 ambulatory facility, differentiated by payor if relevant, and for other provider
8 groups as relevant data becomes available.
- 9 (b) Any charge information compiled and reported by the cabinet shall include
10 the median charge and other percentiles to describe the typical charges for all
11 of the patients treated by a provider and the total number of patients
12 represented by all charges, and shall be risk-adjusted.
- 13 (c) The report shall clearly identify the sources of data used in the report and
14 explain limitations of the data and why differences between provider charges
15 may be misleading. Every provider that is specifically identified in any report
16 shall be given thirty (30) days to verify the accuracy of its data prior to public
17 release and shall be afforded the opportunity to submit comments on its data
18 that shall be included on the website~~[Web-site]~~ and as part of any printed
19 report of the data.
- 20 (d) The cabinet shall only provide linkages to organizations that publicly report
21 comparative-charge data for Kentucky providers using data for all patients
22 treated regardless of payor source, which may be adjusted for outliers, is risk-
23 adjusted, and meets the requirements of paragraph (c) of this subsection.
- 24 (2) (a) The cabinet shall make information available on its website~~[Web-site]~~ at least
25 annually describing quality and outcome measures in understandable language
26 with sufficient explanations to allow consumers to draw meaningful
27 comparisons between every hospital and ambulatory facility in the

- 1 Commonwealth and other provider groups as relevant data becomes available.
- 2 (b) 1. The cabinet shall utilize only national quality indicators that have been
- 3 endorsed and adopted by the Agency for Healthcare Research and
- 4 Quality, the National Quality Forum, or the Centers for Medicare and
- 5 Medicaid Services; or
- 6 2. The cabinet shall provide linkages only to the following organizations
- 7 that publicly report quality and outcome measures on Kentucky
- 8 providers:
- 9 a. The Centers for Medicare and Medicaid Services;
- 10 b. The Agency for Healthcare Research and Quality;
- 11 c. The Joint Commission; and
- 12 d. Other organizations that publicly report relevant outcome data for
- 13 Kentucky providers.
- 14 (c) The cabinet shall utilize or refer the general public to only those nationally
- 15 endorsed quality indicators that are based upon current scientific evidence or
- 16 relevant national professional consensus and have definitions and calculation
- 17 methods openly available to the general public at no charge.
- 18 (3) Any report the cabinet disseminates or refers the public to shall:
- 19 (a) Not include data for a provider whose caseload of patients is insufficient to
- 20 make the data a reliable indicator of the provider's performance;
- 21 (b) Meet the requirements of subsection (1)(c) of this section;
- 22 (c) Clearly identify the sources of data used in the report and explain the
- 23 analytical methods used in preparing the data included in the report; and
- 24 (d) Explain any limitations of the data and how the data should be used by
- 25 consumers.
- 26 (4) The cabinet shall report at least biennially, no later than October 1 of each odd-
- 27 numbered year, on the special health needs of the minority population in the

1 Commonwealth as compared to the population in the Commonwealth as compared
2 to the population at large. The report shall contain an overview of the health status
3 of minority Kentuckians, shall identify the diseases and conditions experienced at
4 disproportionate mortality and morbidity rates within the minority population, and
5 shall make recommendations to meet the identified health needs of the minority
6 population.

7 (5) Beginning December 1, 2023, and at least annually thereafter, the Cabinet for
8 Health and Family Services shall publish a report on its website for the most
9 recent five (5) years of available data on the number and types of delivery
10 procedures for pregnancy by hospital, including but not limited to the following
11 procedures:

12 (a) Augmentation of labor;

13 (b) Cesarean section;

14 (c) Episiotomy;

15 (d) Induction of labor;

16 (e) Primary cesarean section;

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

18 (g) Use of forceps;

19 (h) Use of vacuum;

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

21 (j) Vaginal delivery.

22 The cabinet may use multiple sources to obtain this data including data derived
23 from birth certificates.

24 (6) The ~~reports~~^{report} required under ~~subsections~~^{subsection} (4) and (5) of this
25 section shall be submitted to the Interim Joint Committees on Appropriations and
26 Revenue and Health, Welfare, and Family Services ~~[and Welfare]~~ and to the
27 Governor.

1 ➡Section 4. In the event the Legislative Research Commission dissolves the
2 Interim Joint Committee on Health, Welfare, and Family Services and establishes other
3 interim joint committee with jurisdiction over health services and families and children,
4 the reviser of statutes shall change the name of the interim joint committee in Sections 2
5 and 3 of this Act to those interim joint committees.