

1 AN ACT relating to reimbursement for pharmacist services.

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

3 ➔Section 1. KRS 205.522 (Effective January 1, 2025) is amended to read as
4 follows:

5 (1) With respect to the administration and provision of Medicaid benefits pursuant to
6 this chapter, the Department for Medicaid Services, any managed care organization
7 contracted to provide Medicaid benefits pursuant to this chapter, and the state's
8 medical assistance program shall be subject to, and comply with, the following, as
9 applicable:

10 (a) KRS 304.17A-129;

11 (b) KRS 304.17A-145;

12 (c) KRS 304.17A-163;

13 (d) KRS 304.17A-1631;

14 (e) KRS 304.17A-167;

15 (f) KRS 304.17A-235;

16 (g) KRS 304.17A-257;

17 (h) KRS 304.17A-259;

18 (i) KRS 304.17A-263;

19 (j) KRS 304.17A-264;

20 (k) KRS 304.17A-515;

21 (l) KRS 304.17A-580;

22 (m) KRS 304.17A-600, 304.17A-603, and 304.17A-607;~~and~~

23 (n) KRS 304.17A-740 to 304.17A-743; **and**

24 **(o) KRS 304.12-237.**

25 (2) A managed care organization contracted to provide Medicaid benefits pursuant to
26 this chapter shall comply with the reporting requirements of KRS 304.17A-732.

27 ➔Section 2. KRS 205.6485 (Effective January 1, 2025) is amended to read as

1 follows:

2 (1) As used in this section, "KCHIP" means the Kentucky Children's Health Insurance
3 Program.

4 (2) The Cabinet for Health and Family Services shall:

5 (a) Prepare a state child health plan, known as KCHIP, meeting the requirements
6 of Title XXI of the Federal Social Security Act, for submission to the
7 Secretary of the United States Department of Health and Human Services
8 within such time as will permit the state to receive the maximum amounts of
9 federal matching funds available under Title XXI; and

10 (b) By administrative regulation promulgated in accordance with KRS Chapter
11 13A, establish the following:

12 1. The eligibility criteria for children covered by KCHIP, which shall
13 include a provision that no person eligible for services under Title XIX
14 of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended,
15 shall be eligible for services under KCHIP, except to the extent that
16 Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS
17 304.17A-340;

18 2. The schedule of benefits to be covered by KCHIP, which shall:

19 a. Be at least equivalent to one (1) of the following:

20 i. The standard Blue Cross/Blue Shield preferred provider
21 option under the Federal Employees Health Benefit Plan
22 established by 5 U.S.C. sec. 8903(1);

23 ii. A mid-range health benefit coverage plan that is offered and
24 generally available to state employees; or

25 iii. Health insurance coverage offered by a health maintenance
26 organization that has the largest insured commercial, non-
27 Medicaid enrollment of covered lives in the state; and

- 1 b. Comply with subsection (6) of this section;
- 2 3. The premium contribution per family for health insurance coverage
- 3 available under KCHIP, which shall be based:
- 4 a. On a six (6) month period; and
- 5 b. Upon a sliding scale relating to family income not to exceed:
- 6 i. Ten dollars (\$10), to be paid by a family with income
- 7 between one hundred percent (100%) to one hundred thirty-
- 8 three percent (133%) of the federal poverty level;
- 9 ii. Twenty dollars (\$20), to be paid by a family with income
- 10 between one hundred thirty-four percent (134%) to one
- 11 hundred forty-nine percent (149%) of the federal poverty
- 12 level; and
- 13 iii. One hundred twenty dollars (\$120), to be paid by a family
- 14 with income between one hundred fifty percent (150%) to
- 15 two hundred percent (200%) of the federal poverty level, and
- 16 which may be made on a partial payment plan of twenty
- 17 dollars (\$20) per month or sixty dollars (\$60) per quarter;
- 18 4. There shall be no copayments for services provided under KCHIP; and
- 19 5. a. The criteria for health services providers and insurers wishing to
- 20 contract with the Commonwealth to provide coverage under
- 21 KCHIP.
- 22 b. The cabinet shall provide, in any contracting process for coverage
- 23 of preventive services, the opportunity for a public health
- 24 department to bid on preventive health services to eligible children
- 25 within the public health department's service area. A public health
- 26 department shall not be disqualified from bidding because the
- 27 department does not currently offer all the services required by

1 this section. The criteria shall be set forth in administrative
2 regulations under KRS Chapter 13A and shall maximize
3 competition among the providers and insurers. The Finance and
4 Administration Cabinet shall provide oversight over contracting
5 policies and procedures to assure that the number of applicants for
6 contracts is maximized.

7 (3) Within twelve (12) months of federal approval of the state's Title XXI child health
8 plan, the Cabinet for Health and Family Services shall assure that a KCHIP
9 program is available to all eligible children in all regions of the state. If necessary,
10 in order to meet this assurance, the cabinet shall institute its own program.

11 (4) KCHIP recipients shall have direct access without a referral from any gatekeeper
12 primary care provider to dentists for covered primary dental services and to
13 optometrists and ophthalmologists for covered primary eye and vision services.

14 (5) KCHIP shall comply with:

15 (a) KRS 304.17A-163;~~and~~

16 (b) **KRS** 304.17A-1631; **and**

17 (c) **KRS 304.12-237**.

18 (6) The schedule of benefits required under subsection (2)(b)2. of this section shall
19 include:

20 (a) Preventive services;

21 (b) Vision services, including glasses;

22 (c) Dental services, including sealants, extractions, and fillings; and

23 (d) The coverage required under KRS 304.17A-129 and 304.17A-145.

24 ➔Section 3. If the Department for Medicaid Services or the Cabinet for Health
25 and Family Services determines that a state plan amendment, waiver, or any other form
26 of authorization or approval from any federal agency is necessary prior to implementation
27 of Section 1 or 2 of this Act for any reason, including the loss of federal funds, the

1 department or cabinet shall, within 90 days after the effective date of this Act, request
2 any necessary state plan amendment, waiver, authorization, or approval, and may only
3 delay full implementation of those provisions for which a state plan amendment, waiver,
4 authorization, or approval was deemed necessary until the state plan amendment, waiver,
5 authorization, or approval is granted or approved.

6 ➔Section 4. The Department for Medicaid Services or the Cabinet for Health and
7 Family Services shall, in accordance with KRS 205.525, provide a copy of any state plan
8 amendment, waiver application, or other request for authorization or approval submitted
9 pursuant to Section 3 of this Act to the Legislative Research Commission for referral to
10 the Interim Joint Committee on Health Services and the Interim Joint Committee on
11 Appropriations and Revenue and shall provide an update on the status of any application
12 or request submitted pursuant to Section 3 of this Act at the request of the Legislative
13 Research Commission or any committee thereof.