

Bill Draft Summary
2026 REGULAR SESSION

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Create a new section of Subtitle 17A of KRS Chapter 304 to establish that any health benefit plan that provides coverage for hospital, medical, or surgical expenses shall include coverage for chronic pain treatments provided by a licensed professional; amend KRS 205.522 to require Medicaid and Medicaid managed care organizations to include coverage for chronic pain treatments provided by a licensed professional; amend KRS 218A.172 to require that a health care practitioner discuss and refer or prescribe alternative chronic pain treatments before initially prescribing or dispensing a controlled substance; provide that certain provisions apply to health benefit plans issued or renewed on or after January 1, 2027; require the Cabinet for Health and Family Services or the Department for Medicaid Services to seek federal approval if they determine that such approval is necessary; provide authorization from the General Assembly to make changes to the Medicaid program as required under KRS 205.5372(1); EFFECTIVE January 1, 2027.

1 AN ACT relating to chronic pain treatments.

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

3 ➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304
4 IS CREATED TO READ AS FOLLOWS:

5 (1) Any health benefit plan that provides coverage for hospital, medical, or surgical
6 expenses shall include coverage for twenty (20) visits of chronic pain treatments
7 per event when provided to an insured by a licensed professional specializing in
8 any of the following:

9 (a) Acupuncture;

10 (b) Chiropractic services;

11 (c) Chronic pain management;

12 (d) Hyperbaric oxygen therapy;

13 (e) Massage therapy;

14 (f) Occupational therapy;

15 (g) Osteopathic manipulation;

16 (h) Physical therapy; or

17 (i) Psychotherapy.

18 (2) An insured may seek treatment for chronic pain from a licensed professional
19 described in subsection (1) of this section prior to seeking treatment from a health
20 care provider, and a health care provider referral shall not be required as a
21 condition of the coverage required under this section.

22 (3) Any deductible, coinsurance, or copay required for any chronic pain treatments
23 provided by a licensed professional described in subsection (1) of this section
24 shall not be greater than the deductible, coinsurance, or copay required for a
25 primary care visit.

26 (4) Nothing in this section should be construed to require:

27 (a) That all of the chronic pain treatments provided by a licensed professional

described in subsection (1) of this section be exhausted prior to the insured receiving a prescription for an opioid; or

(b) Coverage under Subtitle 39 of KRS Chapter 304 for chronic pain treatments provided by a licensed professional.

➔ Section 2. KRS 205.522 is amended to read as follows:

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

(a) KRS 304.17A-129;

(b) KRS 304.17A-145;

(c) KRS 304.17A-163 and;

~~(d)~~ KRS 304.17A-1631;

~~(d)~~~~(e)~~ KRS 304.17A-167;

~~(e)~~~~(f)~~ KRS 304.17A-235;

~~(f)~~~~(g)~~ KRS 304.17A-257;

~~(g)~~~~(h)~~ KRS 304.17A-259;

~~(h)~~~~(i)~~ KRS 304.17A-263;

~~(i)~~~~(j)~~ KRS 304.17A-264;

~~(j)~~~~(k)~~ KRS 304.17A-515;

~~(k)~~~~(l)~~ KRS 304.17A-580;

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

~~(m)~~~~(n)~~ KRS 304.17A-740 to 304.17A-743; and

(n) Section 1 of this Act.

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

1 ➔Section 3. KRS 218A.172 is amended to read as follows:

- 2 (1) Administrative regulations promulgated under KRS 218A.205(3) shall require that,
 3 prior to the initial prescribing or dispensing of any Schedule II controlled substance
 4 or a Schedule III controlled substance containing hydrocodone to a human patient, a
 5 practitioner shall:
- 6 (a) Obtain a medical history and conduct a physical or mental health examination
 7 of the patient, as appropriate to the patient's medical complaint, and document
 8 the information in the patient's medical record;
 - 9 (b) Query the electronic monitoring system established in KRS 218A.202 for all
 10 available data on the patient for the twelve (12) month period immediately
 11 preceding the patient encounter and appropriately utilize that data in the
 12 evaluation and treatment of the patient;
 - 13 (c) Make a written plan stating the objectives of the treatment and further
 14 diagnostic examinations required;
 - 15 (d) Discuss the risks and benefits of the use of controlled substances with the
 16 patient, the patient's parent if the patient is an unemancipated minor child, or
 17 the patient's legal guardian or health care surrogate, including the risk of
 18 tolerance and drug dependence;~~and~~
 - 19 (e) Discuss and refer or prescribe, if appropriate based on the practitioner's
 20 clinical judgment and treatment availability, chronic pain treatments
 21 provided by a licensed professional specializing in at least one (1) of the
 22 following:
 - 23 1. Acupuncture;
 - 24 2. Chiropractic services;
 - 25 3. Chronic pain management;
 - 26 4. Hyperbaric oxygen therapy;
 - 27 5. Massage therapy;

1 6. Occupational therapy;

2 7. Osteopathic manipulation;

3 8. Physical therapy; or

4 9. Psychotherapy; and

5 (f) Obtain written consent for the treatment.

6 (2) (a) Administrative regulations promulgated under KRS 218A.205(3) shall require
7 that a practitioner prescribing or dispensing additional amounts of Schedule II
8 controlled substances or Schedule III controlled substances containing
9 hydrocodone for the same medical complaint and related symptoms shall:

- 10 1. Review, at reasonable intervals based on the patient's individual
11 circumstances and course of treatment, the plan of care;
- 12 2. Provide to the patient any new information about the treatment; and
- 13 3. Modify or terminate the treatment as appropriate.

14 (b) If the course of treatment extends beyond three (3) months, the administrative
15 regulations shall also require that the practitioner:

- 16 1. Query the electronic monitoring system established in KRS 218A.202
17 no less than once every three (3) months for all available data on the
18 patient for the twelve (12) month period immediately preceding the
19 query; and
- 20 2. Review that data before issuing any new prescription or refills for the
21 patient for any Schedule II controlled substance or a Schedule III
22 controlled substance containing hydrocodone.

23 (3) Administrative regulations promulgated under KRS 218A.205(3) shall require that,
24 for each patient for whom a practitioner prescribes any Schedule II controlled
25 substance or a Schedule III controlled substance containing hydrocodone, the
26 practitioner shall keep accurate, readily accessible, and complete medical records
27 which include, as appropriate:

- 1 (a) Medical history and physical or mental health examination;
- 2 (b) Diagnostic, therapeutic, and laboratory results;
- 3 (c) Evaluations and consultations;
- 4 (d) Treatment objectives;
- 5 (e) Discussion of risk, benefits, and limitations of treatments;
- 6 (f) Treatments;
- 7 (g) Medications, including date, type, dosage, and quantity prescribed or
- 8 dispensed;
- 9 (h) Instructions and agreements; and
- 10 (i) Periodic reviews of the patient's file.
- 11 (4) Administrative regulations promulgated under KRS 218A.205(3) may exempt, in
- 12 whole or in part, compliance with the mandatory diagnostic, treatment, review, and
- 13 other protocols and standards established in this section for:
 - 14 (a) A licensee prescribing or administering a controlled substance immediately
 - 15 prior to, during, or within the fourteen (14) days following an operative or
 - 16 invasive procedure or a delivery if the prescribing or administering is
 - 17 medically related to the operative or invasive procedure or the delivery and
 - 18 the medication usage does not extend beyond the fourteen (14) days;
 - 19 (b) A licensee prescribing or administering a controlled substance necessary to
 - 20 treat a patient in an emergency situation;
 - 21 (c) A licensed pharmacist or other person licensed by the Kentucky Board of
 - 22 Pharmacy to dispense drugs or a licensed pharmacy;
 - 23 (d) A licensee prescribing or dispensing a controlled substance:
 - 24 1. For administration in a hospital or long-term-care facility if the hospital
 - 25 or long-term-care facility with an institutional account, or a practitioner
 - 26 in those hospitals or facilities where no institutional account exists,
 - 27 queries the electronic monitoring system established in KRS 218A.202

1 for all available data on the patient or resident for the twelve (12) month
2 period immediately preceding the query within twelve (12) hours of the
3 patient's or resident's admission and places a copy of the query in the
4 patient's or resident's medical records during the duration of the patient's
5 stay at the facility;

- 6 2. As part of the patient's hospice or end-of-life treatment;
- 7 3. For the treatment of pain associated with cancer or with the treatment of
8 cancer;
- 9 4. In a single dose to relieve the anxiety, pain, or discomfort experienced
10 by a patient submitting to a diagnostic test or procedure;
- 11 5. Within seven (7) days of an initial prescribing or dispensing under
12 subsection (1) of this section if the prescribing or dispensing:
 - 13 a. Is done as a substitute for the initial prescribing or dispensing;
 - 14 b. Cancels any refills for the initial prescription; and
 - 15 c. Requires the patient to dispose of any remaining unconsumed
16 medication;
- 17 6. Within ninety (90) days of an initial prescribing or dispensing under
18 subsection (1) of this section if the prescribing or dispensing is done by
19 another practitioner in the same practice or in an existing coverage
20 arrangement, if done for the same patient for the same medical
21 condition; or
- 22 7. To a research subject enrolled in a research protocol approved by an
23 institutional review board that has an active federalwide assurance
24 number from the United States Department of Health and Human
25 Services, Office for Human Research Protections, where the research
26 involves single, double, or triple blind drug administration or is
27 additionally covered by a certificate of confidentiality from the National

1 Institutes of Health;

2 (e) The prescribing of a Schedule III, IV, or V controlled substance by a licensed
3 optometrist to a patient in accordance with the provisions of KRS 320.240; or

4 (f) The prescribing of a three (3) day supply of a Schedule III controlled
5 substance following the performance of oral surgery by a dentist licensed
6 pursuant to KRS Chapter 313.

7 (5) (a) A state licensing board promulgating administrative regulations under KRS
8 218A.205(3) may promulgate an administrative regulation authorizing
9 exemptions supplemental or in addition to those specified in subsection (4) of
10 this section. Prior to exercising this authority, the board shall:

11 1. Notify the Kentucky Office of Drug Control Policy that it is considering
12 a proposal to promulgate an administrative regulation authorizing
13 exemptions supplemental or in addition to those specified in subsection
14 (4) of this section and invite the office to participate in the board
15 meeting at which the proposal will be considered;

16 2. Make a factual finding based on expert testimony as well as evidence or
17 research submitted to the board that the exemption demonstrates a low
18 risk of diversion or abuse and is supported by the dictates of good
19 medical practice; and

20 3. Submit a report to the Governor and the Legislative Research
21 Commission of its actions, including a detailed explanation of the
22 factual and policy basis underlying the board's action. A copy of this
23 report shall be provided to the regulations compiler.

24 (b) Within one (1) working day of promulgating an administrative regulation
25 authorizing an exemption under this section, the promulgating board shall
26 email~~[e-mail]~~ to the Kentucky Office of Drug Control Policy:

27 1. A copy of the administrative regulation as filed, and all attachments

1 required by KRS 13A.230(1); and

2 2. A request from the board that the office review the administrative
3 regulation in the same manner as would the Commission on Small
4 Business Innovation and Advocacy under KRS 11.202(1)(e), and submit
5 its report or comments in accordance with the deadline established in
6 KRS 13A.270(1)(c). A copy of the report or comments shall be filed
7 with the regulations compiler.

8 ➔Section 4. Section 1 of this Act applies to health benefit plans issued or
9 renewed on or after January 1, 2027.

10 ➔Section 5. If the Cabinet for Health and Family Services or the Department for
11 Medicaid Services determines that a state plan amendment, waiver, or any other form of
12 authorization or approval from any federal agency to implement Section 2 of this Act is
13 necessary to prevent the loss of federal funds or to comply with federal law, the cabinet
14 or department:

15 (1) Shall, within 90 days after the effective date of this section, request the
16 necessary federal authorization or approval to implement Section 2 of this Act; and

17 (2) May only delay implementation of the provisions of Section 2 of this Act for
18 which federal authorization or approval was deemed necessary until the federal
19 authorization or approval is granted.

20 ➔Section 6. Sections 2 and 5 of this Act shall constitute the specific authorization
21 required under KRS 205.5372(1).

22 ➔Section 7. This Act takes effect January 1, 2027.