Bill Draft Summary 2026 REGULAR SESSION

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- 1 AN ACT relating to reimbursements for pharmacist services.
- 2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:
- 3 → Section 1. KRS 205.522 is amended to read as follows:
- 4 (1) With respect to the administration and provision of Medicaid benefits pursuant to
- 5 this chapter, the Department for Medicaid Services, any managed care organization
- 6 contracted to provide Medicaid benefits pursuant to this chapter, and the state's
- 7 medical assistance program shall be subject to, and comply with, the following, as
- 8 applicable:
- 9 (a) KRS 304.12-237;
- 10 **(b)** KRS 304.17A-129;
- 11 (c)[(b)] KRS 304.17A-145;
- 12 (d) [(e)] KRS 304.17A-163 <u>and</u>[;
- 13 (d) KRS] 304.17A-1631;
- (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 (1) 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.
- 24 (2) A managed care organization contracted to provide Medicaid benefits pursuant to
- 25 this chapter shall comply with the reporting requirements of KRS 304.17A-732.
- Section 2. KRS 205.6485 is amended to read as follows:
- 27 (1) As used in this section, "KCHIP" means the Kentucky Children's Health Insurance

1		Program.						
2	(2)	The	e Cabinet for Health and Family Services shall:					
3		(a)	Prepare a state child health plan, known as KCHIP, meeting the requirements					
4			of T	itle >	XXI o	of the Federal Social Security Act, for submission to the		
5			Secre	etary	of the	e United States Department of Health and Human Services		
6			with	in suc	h time	e as will permit the state to receive the maximum amounts of		
7			feder	ral ma	tching	g funds available under Title XXI; and		
8		(b)	Вуа	By administrative regulation promulgated in accordance with KRS Chapter				
9			13A,	, estab	lish th	ne following:		
10			1.	The	eligib	vility criteria for children covered by KCHIP, which shall		
11				inclu	de a p	provision that no person eligible for services under Title XIX		
12				of th	e Soc	ial Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended,		
13				shall	be e	ligible for services under KCHIP, except to the extent that		
14				Title	XIX	coverage is expanded by KRS 205.6481 to 205.6495 and KRS		
15				304.	17A-3	40;		
16			2.	The	sched	ule of benefits to be covered by KCHIP, which shall:		
17				a.	Be at	t least equivalent to one (1) of the following:		
18					i.	The standard Blue Cross/Blue Shield preferred provider		
19						option under the Federal Employees Health Benefit Plan		
20						established by 5 U.S.C. sec. 8903(1);		
21					ii.	A mid-range health benefit coverage plan that is offered and		
22						generally available to state employees; or		
23					iii.	Health insurance coverage offered by a health maintenance		
24						organization that has the largest insured commercial, non-		
25						Medicaid enrollment of covered lives in the state; and		
26				b.	Com	ply with subsection (6) of this section;		

27

3.

The premium contribution per family for health insurance coverage

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

1		competition among the providers and insurers. The Finance and				
2		Administration Cabinet shall provide oversight over contracting				
3		policies and procedures to assure that the number of applicants for				
4		contracts is maximized.				
5	(3)	Within twelve (12) months of federal approval of the state's Title XXI child health				
6		plan, the Cabinet for Health and Family Services shall assure that a KCHIP				
7		program is available to all eligible children in all regions of the state. If necessary,				
8		in order to meet this assurance, the cabinet shall institute its own program.				
9	(4)	KCHIP recipients shall have direct access without a referral from any gatekeeper				
10		primary care provider to dentists for covered primary dental services and to				
11		optometrists and ophthalmologists for covered primary eye and vision services.				
12	(5)	KCHIP shall comply with:				
13		(a) KRS 304.12-237; and				
14		(b) KRS 304.17A-163 and 304.17A-1631.				
15	(6)	The schedule of benefits required under subsection (2)(b)2. of this section shall				
16		include:				
17		(a) Preventive services;				
18		(b) Vision services, including glasses;				
19		(c) Dental services, including sealants, extractions, and fillings; and				
20		(d) The coverage required under KRS 304.17A-129 and 304.17A-145.				
21		→ Section 3. If the Cabinet for Health and Family Services or the Department for				
22	Med	licaid Services determines that a state plan amendment, waiver, or any other form of				
23	auth	norization or approval from any federal agency to implement Sections 1 and 2 of this				
24	Act	is necessary to prevent the loss of federal funds or to comply with federal law, the				
25	cabinet or department:					
26		(1) Shall, within 90 days after the effective date of this section, request the				

necessary federal authorization or approval to implement Sections 1 and 2 of this Act;

27

- 1 and
- 2 (2) May only delay implementation of the provisions of Sections 1 and 2 of this
- 3 Act for which federal authorization or approval was deemed necessary until the federal
- 4 authorization or approval is granted.
- 5 → Section 4. Sections 1, 2, and 3 of this Act shall constitute the specific
- 6 authorization required under KRS 205.5372(1).