7A.285 Legislative access to certain cabinet data relating to Medicaid -- Legislative findings -- Memorandum of understanding relating to data-sharing requirements.

(1) The General Assembly finds and declares that:

(a) The ability to conduct thorough and systematic evaluations of state agencies and their various departments, divisions, and programs is necessary to ensure that the General Assembly has access to factual information necessary to discharge its legislative duties;

(b) Chief among the General Assembly's legislative duties is the responsibility to engage in meaningful legislative oversight of state agencies and their various departments, divisions, and programs, including but not limited to the Cabinet for Health and Family Services, the Department for Medicaid Services, and the Medicaid program;

(c) The General Assembly's legislative duties also include the responsibility to engage in effective, data-driven, and evidence-based policy making and the appropriation of funds to provide for the effective and efficient administration of the Medicaid program in a manner that is transparent, responsive to the health care needs of the Commonwealth's most vulnerable citizens, and representative of responsible stewardship of taxpayer dollars;

(d) The duty to engage in effective, data-driven, and evidence-based policy making and the appropriation of funds related to the Medicaid program and meaningful legislative oversight is only possible when the General Assembly has immediate and unobstructed access to current and timely data, evidence, records, and information that may be in the possession of or housed within the cabinet and its various departments and divisions;

(e) Existing policies and procedures for the acquisition of current and timely data, evidence, records, and information by the General Assembly from the cabinet and its various departments and divisions is unnecessarily bureaucratic and burdensome in nature and frequently results in untimely delays that hinder the General Assembly's ability to discharge its legislative duties; and

(f) Providing the General Assembly with continuous and ongoing access to data, evidence, records, and information pertaining to the Medicaid program and the administration thereof is critical to ensuring that the General Assembly is able to conduct the thorough and systematic evaluations that are a necessary precursor to the body's effective and meaningful discharge of its oversight, policy-making, and appropriation duties.

(2) (a) No later than fourteen (14) calendar days after April 14, 2026, the cabinet shall provide the Commission with a comprehensive and exhaustive list of all databases, datasets, electronic records, and files pertaining to the Medicaid program or any aspect thereof that are maintained by or in the possession of the cabinet or any of its various departments and divisions.

(b) No later than thirty (30) calendar days after April 14, 2026, the director of the Commission shall provide the cabinet with a list of databases, datasets, electronic records, and files determined by the director to be necessary for the

meaningful and effective discharge of legislative duties, including oversight, policy making, and the appropriation of funds to provide for the administration of the Medicaid program by the General Assembly.

(c) No later than July 1, 2026, the cabinet shall provide the General Assembly with continuous and ongoing access to all databases, datasets, electronic records, and files determined by the director of the Commission to be necessary for the meaningful and effective discharge of legislative duties, including oversight, policy making, and the appropriation of funds to provide for the administration of the Medicaid program by the General Assembly.

(3) In providing the continuous and ongoing access required under subsection (2) of this section, the cabinet shall:

(a) Ensure that the director of the Commission and any nonpartisan employee thereof designated by the director have electronic, machine-readable, read-only, on-demand access at their regular workstations to all databases, datasets, electronic records, and files determined by the director of the Commission to be necessary for the meaningful and effective discharge of legislative duties by the General Assembly;

(b) Consult with the director of the Commission and the Kentucky Office of Information Technology on the manner and method by which access is provided; and

(c) Provide training on methods to access the databases, datasets, electronic records, and files in a secure manner to the director of the Commission and any nonpartisan employee thereof designated by the director.

(4) The Commission and the cabinet may enter into a memorandum of understanding governing the Commission's access to the shared databases, datasets, electronic records, and files. Any memorandum of understanding that may be entered into under this subsection:

(a) Shall not preclude or prohibit the Commission from providing information shared with the Commission under this section to any vendor or entity with which the Commission may contract for the purpose of analyzing, reviewing, studying, investigating, or evaluating the Medicaid program or any aspect thereof, including but not limited to any vendor with which the Commission may contract pursuant to KRS 7A.286;

(b) May include requirements for otherwise ensuring and maintaining the confidentiality and security of all databases, datasets, electronic records, and files shared with the Commission under this section, including but not limited to requirements that may be necessary to comply with the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191; and

(c) Shall be no more restrictive than any other current memorandum of understanding between the cabinet and any other entity governing access to data shared with the Commission under this section.

(5) The list of databases, datasets, electronic records, and files submitted by the director of the Commission pursuant to subsection (2)(b) of this section may be amended by the director of the Commission as the needs of the General Assembly change. When

the cabinet is notified of such an amendment, the cabinet shall ensure that the Commission is provided with access to any newly requested databases, datasets, electronic records, or files within thirty (30) calendar days.

(6) (a) In addition to the data-sharing requirements established in subsections (2), (3), (4), and (5) of this section, the cabinet shall provide the Commission with a copy of:

1. Any external audit report related to the Medicaid program prepared by any external federal or state entity, including but not limited to the federal Centers for Medicare and Medicaid Services, the United States Department of Health and Human Services Office of the Inspector General, or the Auditor of Public Accounts;
2. Any report required under 42 C.F.R. sec. 433, or 42 C.F.R. sec. 438 subpart B or E;
3. Any report or data that may be submitted to the cabinet by any vendor or entity with which the cabinet has contracted for administration, examination, study, or review of any aspect of the Medicaid program, including but not limited to:
   a. Medicaid managed care capitation rate certifications;
   b. Nonemergency medical transportation rate certifications; and
   c. Any medical loss ratio reports that require approval by the federal Centers for Medicare and Medicaid Services; and
4. Any other report or action that requires approval by the federal Centers for Medicare and Medicaid Services.

(b) All reports required to be provided to the Commission under this subsection shall be provided within thirty (30) calendar days of the date on which the report is completed or delivered to the cabinet.

Effective: April 14, 2026

History: Created 2026 Ky. Acts ch. 179, sec. 16, effective April 14, 2026.

Legislative Research Commission Note (4/14/2026). 2026 Ky. Acts ch. 179, sec. 16, which created this statute, contained a reference to Section 20 of that Act in subsection (4)(a), though it is clear from the text of that Act that the reference was meant to be to Section 19 of that Act [KRS 7A.286], as that statute lists duties of the Medicaid Oversight and Advisory Board of the General Assembly that include contracting with consultants for certain reviews and evaluations. This manifest clerical or typographical error has been corrected in codification under KRS 7.136.