## CHAPTER 53 CHAPTER 53

## (HB 283)

AN ACT relating to medical assistance.

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

Section 1. KRS 205.6312 is amended to read as follows:

- (1) The cabinet shall institute nominal copayments or similar charges to be paid by medical assistance recipients, their spouses, or parents, *under the provisions of Section 1916 of Title XIX of the Federal Social Security Act, 42 U.S.C. sec. 13960*[within the limitations of federal law and regulation].
- (2) Copayments or similar charges shall not be imposed for the following services:
  - (a) All services provided to children under eighteen (18) years of age;
  - (b)[ All optional services provided to children under twenty one (21) years of age;
  - (c)] All services furnished to pregnant women, *if the services relate to the pregnancy or to any other medical condition which may complicate the pregnancy*;
  - (c)[(d)] Emergency services including hospital, clinic, office, or other facility services which are necessary to prevent the death or serious impairment of the individual;
  - (d)[(e)] Services furnished to institutionalized individuals if the individual is required, as a condition of receiving services, to spend all but a minimal amount of income for personal needs;
  - (e) Services furnished for an individual who is receiving hospice care as defined under Section 1905 of Title XIX of the Federal Social Security Act, 42 U.S.C. sec. 1396d(o); and
  - (f)[ Prescriptions for maintenance pharmaceuticals; and
  - (g)] Other services excluded from cost sharing by federal law or regulation.
- (3) Prepaid health plan programs, such as health maintenance organizations and health insuring organizations under contract with the cabinet to provide services to medical assistance recipients, shall not be subject to the requirements of this section.
- (4) Standard nominal copayments per service, not to exceed amounts *allowable*[allowed] under Section 1916 of Title XIX of the Federal Social Security Act, 42 U.S.C. sec. 13960[42 C.F.R. Chapter IV, as amended,] shall be collected by the provider and charged for the following services:
  - (a) Ambulance services which are provided to recipients in need of nonemergency health transportation services; [ and]
  - (b) Nonemergency services delivered in a hospital emergency room; and
  - (c) Prescription and over-the-counter drugs, subject to the limitation under subsection (7) of this section.
- (5) No provider participating in the Medical Assistance Program shall deny services to any eligible recipient due to the inability of a recipient to make the required copayment. This provision shall not excuse the recipient from liability for payment of the charge.

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- (6) The cabinet shall promulgate administrative regulations under KRS Chapter 13A to implement the provisions of this section.
- (7) Any copayment for a prescription or over-the-counter drug shall not exceed one dollar (\$1.00).

Approved March 15, 2002