

CHAPTER 158

(HB 421)

AN ACT relating to colorectal cancer screenings.

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

➔Section 1. KRS 304.17A-257 is amended to read as follows:

- (1) A health benefit plan~~[issued or renewed on or after January 1, 2016,]~~ shall provide coverage for all colorectal cancer examinations and laboratory tests specified in the most recent version of the American Cancer Society guidelines *for individuals referenced in paragraph (b)1. of this subsection and the most recent version of the United States Multi-Society Task Force on Colorectal Cancer guidelines for individuals referenced in paragraph (b)2. of this subsection* for complete colorectal cancer screening of asymptomatic individuals as follows:

(a) Coverage or benefits shall:

1. ***Include coverage for all United States Food and Drug Administration-approved bowel preparation prescribed in connection with a colorectal cancer examination or laboratory test; and***
2. Be provided for all colorectal cancer examinations and laboratory tests~~[that are]~~ administered at a frequency identified in the ***relevant guidelines***~~[most recent version of the American Cancer Society guidelines for complete colorectal cancer screening];~~ and

(b) The covered individual shall be:

1. Forty-five (45) years of age or older; or
2. Less than forty-five (45) years of age and at high risk for colorectal cancer~~[according to the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening].~~

- (2) (a) ***Except as provided in paragraph (b) of this section, the*** coverage required by this section shall not be subject to:

1. ***Prior authorization; or***
2. A deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the health benefit plan.

(b) ***If the application of any requirement of paragraph (a)2. of this subsection would be the sole cause of a health benefit plan's failure to qualify as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the requirement shall not apply to that health benefit plan until the minimum deductible under 26 U.S.C. sec. 223, as amended, is satisfied.***

- (3) This section shall not be construed to limit coverage required by KRS 304.17A-259 or any other law.

➔Section 2. Section 1 of this Act applies to health benefit plans issued or renewed on or after January 1, 2026.

➔Section 3. (1) For purposes of 45 C.F.R. sec. 155.170, the benefits required under KRS 304.17A-257 prior to January 1, 2026, shall be considered by the state as "[a] benefit required by state action taking place on or before December 31, 2011" and thus the state shall not consider or identify the benefits required under KRS 304.17A-257 prior to the effective date of this Act as being in addition to the essential health benefits required under federal law.

(2) The commissioner of insurance and any other state official or state agency shall:

- (a) Comply with the requirements of this section; and
- (b) Not take any action that is in violation of or in conflict with this section.

➔Section 4. If the Cabinet for Health and Family Services determines that a waiver or other authorization from a federal agency is necessary to implement Section 1 of this Act's application to KRS 205.522 for any reason,

including the loss of federal funds, the cabinet shall, within 90 days of the effective date of this section, request the waiver or other authorization, and may only delay implementation of those provisions for which a waiver or authorization was deemed necessary until the waiver or authorization is granted.

➔Section 5. The Department for Medicaid Services or the Cabinet for Health and Family Services shall, in accordance with KRS 205.525, provide a copy of any state plan amendment, waiver application, or other request for authorization or approval submitted pursuant to Section 4 of this Act to the Legislative Research Commission for referral to the Interim Joint Committees on Health Services and Appropriations and Revenue and shall provide an update on the status of any application or request submitted pursuant to Section 4 of this Act at the request of the Legislative Research Commission or any committee thereof.

➔Section 6. Sections 1 and 2 of this Act take effect January 1, 2026.

Signed by Governor April 2, 2025.