

304.17A-168 Coverage for tobacco cessation medications and services.

- (1) Notwithstanding any provision of law to the contrary, a health benefit plan shall, at a minimum, provide coverage for all United States Food and Drug Administration-approved tobacco cessation medications, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including but not limited to individual, group, and telephone counseling, and any combination thereof.
- (2) The following conditions shall not be imposed on any tobacco cessation services provided pursuant to this section:
 - (a) Counseling requirements for medication;
 - (b) Limits on the duration of services, including but not limited to annual or lifetime limits on the number of covered attempts to quit; or
 - (c) Copayments or other out-of-pocket cost sharing, including deductibles.
- (3) Utilization management requirements, including prior authorization and step therapy protocol, shall not be imposed on any tobacco cessation services provided pursuant to this section, except in the following circumstances where prior authorization may be required:
 - (a) For a treatment that exceeds the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use and dependence; or
 - (b) For services associated with more than two (2) attempts to quit within a twelve (12) month period.
- (4) Nothing in this section shall be construed to prohibit a plan or issuer from providing coverage for tobacco cessation services in addition to those recommended or to deny coverage for services that are not recommended by the United States Preventive Services Task Force.

Effective: January 1, 2023

History: Amended 2022 Ky. Acts ch. 19, sec. 3, effective January 1, 2023. -- Created 2017 Ky. Acts ch. 49, sec. 1, effective June 29, 2017.

Legislative Research Commission Note (1/1/2023). 2022 Ky. Acts ch. 19, sec. 13, provides that the amendments made to this statute shall apply to health plans delivered, issued for delivery, or renewed on or after January 1, 2023.