

304.17A-6061 Commissioner to report to the Legislative Research Commission on prior authorization exemption program -- Contents of report. (Effective January 1, 2028)

The commissioner shall:

- (1) (a) Submit a written report not later than September 30 of each year to the Legislative Research Commission for referral to the Interim Joint Committees on Banking and Insurance and Health Services relating to prior authorization in the provision of health care benefits under this chapter.
- (b) The report required under paragraph (a) of this subsection shall include:
 1. Information relating to the implementation and effectuation of KRS 304.17A-606;
 2. The number of insurers and private review agents offering a program required under KRS 304.17A-606;
 3. The number of providers, by provider group, specialty, and county, participating in one (1) or more programs offered under KRS 304.17A-606;
 4. A list of health care services, which shall include a description and Current Procedural Terminology code for each service, for which exemptions have been granted under the programs required under KRS 304.17A-606;
 5. The number of programs offered under KRS 304.17A-606, which shall include:
 - a. The number of programs that grant exemptions for one (1) or more prescription drugs; and
 - b. A list of the drugs for which exemptions are granted under a program reported under subdivision a. of this subparagraph; and
 6. With respect to any health insurance policy, certificate, plan, or contract required to comply with KRS 304.17A-600 to 304.17A-633:
 - a. A list of all services, procedures, and other treatments, including prescription drugs, that require prior authorization;
 - b. The percentage of prior authorization requests for nonurgent health care services in aggregate and by specific service, procedure, prescription drug, and other treatment:
 - i. That were approved without an extension;
 - ii. For which the review was extended and the request approved; and
 - iii. That were denied, which may include the reason or reasons for the denials;
 - c. The percentage of prior authorization requests for urgent health care services that were:
 - i. Approved; and
 - ii. Denied, which may include the reason or reasons for the

denials; and

- d. The average and median time between submission of a prior authorization request and the prior authorization decision for:
 - i. Nonurgent health care services; and
 - ii. Urgent health care services;
- (2) Provide the Interim Joint Committees on Banking and Insurance and Health Services with a detailed briefing, upon request, to discuss and explain any report submitted under subsection (1) of this section; and
- (3) Promulgate any administrative regulation, including an emergency administrative regulation, in accordance with KRS Chapter 13A that the commissioner deems necessary to implement this section.

Effective: January 1, 2028

History: Created 2026 Ky. Acts ch. 102, sec. 2, effective January 1, 2028.

Legislative Research Commission Note (1/1/2028). 2026 Ky. Acts ch. 102, sec. 7, provides that this statute shall apply to contracts delivered, entered, renewed, extended, or amended on or after January 1, 2028.