

304.17A-611 Prohibition against retrospective denial of coverage for health care services under certain circumstances -- Prohibition against prospective or concurrent review of prescription drug for alcohol or opioid use disorder -- Prohibition against retrospective review based solely on participation in prior authorization exemption program. (Effective January 1, 2028)

- (1) A utilization review decision shall not retrospectively deny coverage for health care services provided to a covered person when prior approval has been obtained from the insurer or its designee for those services, unless the approval was based upon fraudulent, materially inaccurate, or misrepresented information submitted by the covered person, authorized person, or the provider.
- (2) An insurer of a health benefit plan shall not require or conduct a prospective or concurrent review for a prescription drug:
 - (a) That:
 1. Is used in the treatment of alcohol or opioid use disorder; and
 2. Contains Methadone, Buprenorphine, an opioid antagonist, or Naltrexone; or
 - (b) That was approved before January 1, 2022, by the United States Food and Drug Administration for the mitigation of opioid withdrawal symptoms.
- (3) Notwithstanding any other law to the contrary:
 - (a) An insurer or its private review agent shall not conduct a retrospective review that is based solely on a participating provider having a prior authorization exemption under a program offered under KRS 304.17A-606(3) except to determine if the provider continues to qualify for the exemption; and
 - (b) The timeframes for rendering a utilization review decision under KRS 304.17A-607 shall not apply to a retrospective review conducted for the purpose of determining if a participating provider qualifies for an initial or continuing prior authorization exemption under a program offered under KRS 304.17A-606(3).

Effective: January 1, 2028

History: Amended 2026 Ky. Acts ch. 102, sec. 4, effective January 1, 2028. -- Amended 2024 Ky. Acts ch. 155, sec. 2, effective January 1, 2025. -- Amended 2021 Ky. Acts ch. 201, sec. 1, effective January 1, 2022. -- Created 2000 Ky. Acts ch. 262, sec. 6, effective July 14, 2000.

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

Legislative Research Commission Note (1/1/2025). 2024 Ky. Acts ch. 155, sec. 3, provides that the amendments to this statute in that Act shall apply to health benefit plans issued or renewed on or after January 1, 2025.