

1 AN ACT relating to coverage for breast cancer.

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

3 ➔Section 1. KRS 304.17-316 is amended to read as follows:

4 (1) The term "mammogram" shall mean an X-ray examination of the breast using
5 equipment dedicated specifically for mammography, including, but not limited to,
6 the X-ray tube, filter, compression device, screens, film, and cassettes, with two (2)
7 views of each breast and with an average radiation exposure at the current
8 recommended level as set forth in guidelines of the American College of Radiology,
9 and digital mammography including breast tomosynthesis. The term "breast
10 tomosynthesis" means a radiologic procedure that involves the acquisition of
11 projection images over the stationary breast to produce cross-sectional digital three-
12 dimensional images of the breast.

13 (2) ~~[(a)]~~All ~~[insurers issuing individual]~~health insurance policies ***issued*** in this
14 Commonwealth that provide coverage ~~[on an expense incurred basis]~~for ***hospital,***
15 ***medical, or*** surgical services for a mastectomy and that are delivered, issued for
16 delivery, amended, or renewed on or after ***the effective date of this Act***~~[October 15,~~
17 ~~1990]~~, shall~~[also]~~ provide coverage for:

18 **(a) Annual breast cancer screenings, including but not limited to**
19 **mammograms,**~~[low-dose mammography screening]~~ for persons ***thirty-five***
20 ***(35) years of age or older*** who have no sign or symptom of breast cancer ~~[and~~
21 ~~when performed on dedicated equipment which meets the guidelines~~
22 ~~established by the American College of Radiology and]~~upon self-referral or
23 on referral by a health care practitioner acting within the scope of the
24 practitioner's licensure.~~[The coverage shall make available one (1) screening~~
25 ~~mammogram to persons age thirty-five (35) through thirty-nine (39); one (1)~~
26 ~~mammogram every two (2) years for persons ages forty (40) through forty-~~
27 ~~nine (49); and one (1) mammogram per year for a person fifty (50) years of~~

1 ~~age and over and may be limited to a benefit of fifty dollars (\$50) per~~
 2 ~~screening mammogram.~~] Any deductibles and coinsurance factors shall be no
 3 less favorable than for coverage for physical illness generally; and[-]

4 (b) [~~All insurers issuing individual health insurance policies in this~~
 5 ~~Commonwealth that provide coverage on an expense incurred basis for~~
 6 ~~surgical services for a mastectomy and that are delivered, issued for delivery,~~
 7 ~~amended, or renewed on or after July 14, 2000, shall also provide coverage for~~
 8 ~~]Mammograms[, performed on dedicated equipment that meets the guidelines~~
 9 ~~established by the American College of Radiology,]~~ for any covered person,
 10 regardless of age, who has been diagnosed with breast disease upon referral by
 11 a health care practitioner acting within the scope of the practitioner's licensure.
 12 The coverage provided under this paragraph shall be subject to the same
 13 annual deductibles or coinsurance established for other coverages within the
 14 policy.

15 (3) **Mammogram coverage required under this section shall be limited to**
 16 **mammograms performed:**[~~The mammogram shall be performed~~]

17 (a) By a **radiographer licensed under KRS Chapter 311B**[~~Kentucky State~~
 18 ~~Certified General Certificate Radiographer]~~ or **a radiographer certified by**
 19 **the**[~~an~~] American Registry of Radiologic **Technologists**[~~Technology~~
 20 ~~Registered Radiographer], interpreted by a qualified radiologist, and
 21 performed under the direction of a person licensed to practice medicine and
 22 certified by the American Board of Radiology. The facility performing the
 23 examination and the health care practitioner who ordered it shall follow
 24 federal laws relating to the notification of mammography exam results and
 25 maintaining medical records;[-]~~

26 (4) ~~Effective July 15, 1990, any facility in which mammograms are performed for~~
 27 ~~reimbursement under this section, KRS 304.18-098, 304.32-1591, or 304.38-~~

1 ~~1935 shall meet}~~

2 **(b) In a facility that meets** current criteria of the American College of Radiology
3 Mammography Accreditation Program; **and**

4 **(c) On equipment allocated exclusively for the purpose of performing**
5 **mammograms that meets the guidelines established by the American**
6 **College of Radiology.**

7 ➔Section 2. KRS 304.17A-133 is amended to read as follows:

8 **(1) Except as provided in subsection (2) of this section,** all ~~{insurers issuing }~~health
9 benefit plans **issued** in this Commonwealth ~~{that provide coverage for surgical~~
10 ~~services for a mastectomy and }~~that are delivered, issued for delivery, amended, or
11 renewed on or after **the effective date of this Act**~~{July 14, 2000}~~, shall ~~{also~~
12 ~~}~~provide **the** coverage **set forth in**~~{for mammograms under}~~ KRS 304.17-316.~~{The~~
13 ~~coverage shall meet the standards set forth in KRS 304.17-316.}~~

14 **(2) The coverage required under this section:**

15 **(a) Shall not be subject to copayments, coinsurance, deductibles, or any other**
16 **cost-sharing requirements; and**

17 **(b) Shall be provided regardless of whether the health benefit plan provides**
18 **coverage for hospital, medical, or surgical services for a mastectomy.**

19 ➔Section 3. KRS 304.17A-096 is amended to read as follows:

20 (1) An insurer authorized to engage in the business of insurance in the Commonwealth
21 of Kentucky may offer one (1) or more basic health benefit plans in the individual,
22 small group, and employer-organized association markets. A basic health benefit
23 plan shall cover physician, pharmacy, home health, preventive, emergency, and
24 inpatient and outpatient hospital services in accordance with the requirements of
25 this subtitle. If vision or eye services are offered, these services may be provided by
26 an ophthalmologist or optometrist.

27 (2) An insurer that offers a basic health benefit plan shall be required to offer health

1 benefit plans as defined in KRS 304.17A-005~~[(22)]~~.

2 (3) An insurer in the individual, small group, or employer-organized association
3 markets that offers a basic health benefit plan may offer a basic health benefit plan
4 that excludes from coverage any state-mandated health insurance benefit, except
5 that the basic health benefit plan shall include coverage for diabetes as provided in
6 KRS 304.17A-148, hospice as provided in KRS 304.17A-250(6), chiropractic
7 benefits as provided in KRS 304.17A-171, **breast cancer coverage, including but**
8 **not limited to** mammograms, as provided in KRS 304.17A-133, and ~~those~~
9 ~~mandated~~ benefits specified under federal law.

10 (4) Notwithstanding any other provisions of this section, mandated benefits excluded
11 from coverage shall not be deemed to include the payment, indemnity, or
12 reimbursement of specified health care providers for specific health care services.

13 ➔Section 4. KRS 304.18-098 is amended to read as follows:

14 **Except for health benefit plans subject to the requirements of Section 2 of this Act,** all
15 ~~insurers issuing~~ group or blanket health insurance policies and certificates **issued** in this
16 Commonwealth ~~that provide coverage on an expense incurred basis for surgical services~~
17 ~~for a mastectomy and~~ that are delivered, issued for delivery, amended, or renewed on or
18 after **the effective date of this Act**~~[October 15, 1990]~~, shall ~~also~~ provide **the** coverage
19 **set forth in**~~[for mammograms under] KRS 304.17-316.~~ ~~[The coverage shall meet the~~
20 ~~standards set forth in KRS 304.17-316.]~~

21 ➔Section 5. KRS 304.32-1591 is amended to read as follows:

22 All nonprofit hospital, medical-surgical, dental, and health service corporations issuing
23 contracts in this Commonwealth ~~that provide hospital, medical, or surgical expense~~
24 ~~benefits for a mastectomy and~~ that are delivered, issued for delivery, amended, or
25 renewed on or after **the effective date of this Act**~~[October 15, 1990]~~, shall ~~also~~ provide
26 **the** coverage **set forth in Section 2 of this Act**~~[for mammograms under KRS 304.17-~~
27 ~~316].~~ ~~[The coverage shall meet the standards set forth in KRS 304.17-316.]~~

1 ➔Section 6. KRS 304.38-1935 is amended to read as follows:

2 Health maintenance organizations issuing contracts in this Commonwealth ~~{that provide~~
3 ~~hospital, medical, or surgical expense benefits for surgical services for a mastectomy and~~
4 ~~}that are delivered, issued for delivery, amended, or renewed on or after the effective date~~
5 ~~of this Act[October 15, 1990], shall ~~{also }~~provide the coverage set forth in Section 2 of~~
6 ~~this Act[for mammograms under KRS 304.17-316. The coverage shall meet the minimum~~
7 ~~standards set forth in KRS 304.17-316].~~

8 ➔Section 7. KRS 18A.225 is amended to read as follows:

- 9 (1) (a) The term "employee" for purposes of this section means:
- 10 1. Any person, including an elected public official, who is regularly
11 employed by any department, office, board, agency, or branch of state
12 government; or by a public postsecondary educational institution; or by
13 any city, urban-county, charter county, county, or consolidated local
14 government, whose legislative body has opted to participate in the state-
15 sponsored health insurance program pursuant to KRS 79.080; and who
16 is either a contributing member to any one (1) of the retirement systems
17 administered by the state, including but not limited to the Kentucky
18 Retirement Systems, Kentucky Teachers' Retirement System, the
19 Legislators' Retirement Plan, or the Judicial Retirement Plan; or is
20 receiving a contractual contribution from the state toward a retirement
21 plan; or, in the case of a public postsecondary education institution, is an
22 individual participating in an optional retirement plan authorized by
23 KRS 161.567; or is eligible to participate in a retirement plan
24 established by an employer who ceases participating in the Kentucky
25 Employees Retirement System pursuant to KRS 61.522 whose
26 employees participated in the health insurance plans administered by the
27 Personnel Cabinet prior to the employer's effective cessation date in the

- 1 Kentucky Employees Retirement System;
- 2 2. Any certified or classified employee of a local board of education;
- 3 3. Any elected member of a local board of education;
- 4 4. Any person who is a present or future recipient of a retirement
- 5 allowance from the Kentucky Retirement Systems, Kentucky Teachers'
- 6 Retirement System, the Legislators' Retirement Plan, the Judicial
- 7 Retirement Plan, or the Kentucky Community and Technical College
- 8 System's optional retirement plan authorized by KRS 161.567, except
- 9 that a person who is receiving a retirement allowance and who is age
- 10 sixty-five (65) or older shall not be included, with the exception of
- 11 persons covered under KRS 61.702(4)(c), unless he or she is actively
- 12 employed pursuant to subparagraph 1. of this paragraph; and
- 13 5. Any eligible dependents and beneficiaries of participating employees
- 14 and retirees who are entitled to participate in the state-sponsored health
- 15 insurance program;
- 16 (b) The term "health benefit plan" for the purposes of this section means a health
- 17 benefit plan as defined in KRS 304.17A-005;
- 18 (c) The term "insurer" for the purposes of this section means an insurer as defined
- 19 in KRS 304.17A-005; and
- 20 (d) The term "managed care plan" for the purposes of this section means a
- 21 managed care plan as defined in KRS 304.17A-500.
- 22 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
- 23 recommendation of the secretary of the Personnel Cabinet, shall procure, in
- 24 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
- 25 from one (1) or more insurers authorized to do business in this state, a group
- 26 health benefit plan that may include but not be limited to health maintenance
- 27 organization (HMO), preferred provider organization (PPO), point of service

1 (POS), and exclusive provider organization (EPO) benefit plans encompassing
2 all or any class or classes of employees. With the exception of employers
3 governed by the provisions of KRS Chapters 16, 18A, and 151B, all
4 employers of any class of employees or former employees shall enter into a
5 contract with the Personnel Cabinet prior to including that group in the state
6 health insurance group. The contracts shall include but not be limited to
7 designating the entity responsible for filing any federal forms, adoption of
8 policies required for proper plan administration, acceptance of the contractual
9 provisions with health insurance carriers or third-party administrators, and
10 adoption of the payment and reimbursement methods necessary for efficient
11 administration of the health insurance program. Health insurance coverage
12 provided to state employees under this section shall, at a minimum, contain
13 the same benefits as provided under Kentucky Kare Standard as of January 1,
14 1994, and shall include a mail-order drug option as provided in subsection
15 (13) of this section. All employees and other persons for whom the health care
16 coverage is provided or made available shall annually be given an option to
17 elect health care coverage through a self-funded plan offered by the
18 Commonwealth or, if a self-funded plan is not available, from a list of
19 coverage options determined by the competitive bid process under the
20 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
21 during annual open enrollment.

22 (b) The policy or policies shall be approved by the commissioner of insurance and
23 may contain the provisions the commissioner of insurance approves, whether
24 or not otherwise permitted by the insurance laws.

25 (c) Any carrier bidding to offer health care coverage to employees shall agree to
26 provide coverage to all members of the state group, including active
27 employees and retirees and their eligible covered dependents and

1 beneficiaries, within the county or counties specified in its bid. Except as
2 provided in subsection (20) of this section, any carrier bidding to offer health
3 care coverage to employees shall also agree to rate all employees as a single
4 entity, except for those retirees whose former employers insure their active
5 employees outside the state-sponsored health insurance program.

6 (d) Any carrier bidding to offer health care coverage to employees shall agree to
7 provide enrollment, claims, and utilization data to the Commonwealth in a
8 format specified by the Personnel Cabinet with the understanding that the data
9 shall be owned by the Commonwealth; to provide data in an electronic form
10 and within a time frame specified by the Personnel Cabinet; and to be subject
11 to penalties for noncompliance with data reporting requirements as specified
12 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions
13 to protect the confidentiality of each individual employee; however,
14 confidentiality assertions shall not relieve a carrier from the requirement of
15 providing stipulated data to the Commonwealth.

16 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
17 for timely analysis of data received from carriers and, to the extent possible,
18 provide in the request-for-proposal specifics relating to data requirements,
19 electronic reporting, and penalties for noncompliance. The Commonwealth
20 shall own the enrollment, claims, and utilization data provided by each carrier
21 and shall develop methods to protect the confidentiality of the individual. The
22 Personnel Cabinet shall include in the October annual report submitted
23 pursuant to the provisions of KRS 18A.226 to the Governor, the General
24 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
25 financial stability of the program, which shall include but not be limited to
26 loss ratios, methods of risk adjustment, measurements of carrier quality of
27 service, prescription coverage and cost management, and statutorily required

1 mandates. If state self-insurance was available as a carrier option, the report
2 also shall provide a detailed financial analysis of the self-insurance fund
3 including but not limited to loss ratios, reserves, and reinsurance agreements.

4 (f) If any agency participating in the state-sponsored employee health insurance
5 program for its active employees terminates participation and there is a state
6 appropriation for the employer's contribution for active employees' health
7 insurance coverage, then neither the agency nor the employees shall receive
8 the state-funded contribution after termination from the state-sponsored
9 employee health insurance program.

10 (g) Any funds in flexible spending accounts that remain after all reimbursements
11 have been processed shall be transferred to the credit of the state-sponsored
12 health insurance plan's appropriation account.

13 (h) Each entity participating in the state-sponsored health insurance program shall
14 provide an amount at least equal to the state contribution rate for the employer
15 portion of the health insurance premium. For any participating entity that used
16 the state payroll system, the employer contribution amount shall be equal to
17 but not greater than the state contribution rate.

18 (3) The premiums may be paid by the policyholder:

19 (a) Wholly from funds contributed by the employee, by payroll deduction or
20 otherwise;

21 (b) Wholly from funds contributed by any department, board, agency, public
22 postsecondary education institution, or branch of state, city, urban-county,
23 charter county, county, or consolidated local government; or

24 (c) Partly from each, except that any premium due for health care coverage or
25 dental coverage, if any, in excess of the premium amount contributed by any
26 department, board, agency, postsecondary education institution, or branch of
27 state, city, urban-county, charter county, county, or consolidated local

1 government for any other health care coverage shall be paid by the employee.

2 (4) If an employee moves his place of residence or employment out of the service area
3 of an insurer offering a managed health care plan, under which he has elected
4 coverage, into either the service area of another managed health care plan or into an
5 area of the Commonwealth not within a managed health care plan service area, the
6 employee shall be given an option, at the time of the move or transfer, to change his
7 or her coverage to another health benefit plan.

8 (5) No payment of premium by any department, board, agency, public postsecondary
9 educational institution, or branch of state, city, urban-county, charter county,
10 county, or consolidated local government shall constitute compensation to an
11 insured employee for the purposes of any statute fixing or limiting the
12 compensation of such an employee. Any premium or other expense incurred by any
13 department, board, agency, public postsecondary educational institution, or branch
14 of state, city, urban-county, charter county, county, or consolidated local
15 government shall be considered a proper cost of administration.

16 (6) The policy or policies may contain the provisions with respect to the class or classes
17 of employees covered, amounts of insurance or coverage for designated classes or
18 groups of employees, policy options, terms of eligibility, and continuation of
19 insurance or coverage after retirement.

20 (7) Group rates under this section shall be made available to the disabled child of an
21 employee regardless of the child's age if the entire premium for the disabled child's
22 coverage is paid by the state employee. A child shall be considered disabled if he
23 has been determined to be eligible for federal Social Security disability benefits.

24 (8) The health care contract or contracts for employees shall be entered into for a period
25 of not less than one (1) year.

26 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
27 State Health Insurance Subscribers to advise the secretary or his designee regarding

1 the state-sponsored health insurance program for employees. The secretary shall
2 appoint, from a list of names submitted by appointing authorities, members
3 representing school districts from each of the seven (7) Supreme Court districts,
4 members representing state government from each of the seven (7) Supreme Court
5 districts, two (2) members representing retirees under age sixty-five (65), one (1)
6 member representing local health departments, two (2) members representing the
7 Kentucky Teachers' Retirement System, and three (3) members at large. The
8 secretary shall also appoint two (2) members from a list of five (5) names submitted
9 by the Kentucky Education Association, two (2) members from a list of five (5)
10 names submitted by the largest state employee organization of nonschool state
11 employees, two (2) members from a list of five (5) names submitted by the
12 Kentucky Association of Counties, two (2) members from a list of five (5) names
13 submitted by the Kentucky League of Cities, and two (2) members from a list of
14 names consisting of five (5) names submitted by each state employee organization
15 that has two thousand (2,000) or more members on state payroll deduction. The
16 advisory committee shall be appointed in January of each year and shall meet
17 quarterly.

18 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
19 provided to employees pursuant to this section shall not provide coverage for
20 obtaining or performing an abortion, nor shall any state funds be used for the
21 purpose of obtaining or performing an abortion on behalf of employees or their
22 dependents.

23 (11) Interruption of an established treatment regime with maintenance drugs shall be
24 grounds for an insured to appeal a formulary change through the established appeal
25 procedures approved by the Department of Insurance, if the physician supervising
26 the treatment certifies that the change is not in the best interests of the patient.

27 (12) Any employee who is eligible for and elects to participate in the state health

1 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
2 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
3 state health insurance contribution toward health care coverage as a result of any
4 other employment for which there is a public employer contribution. This does not
5 preclude a retiree and an active employee spouse from using both contributions to
6 the extent needed for purchase of one (1) state sponsored health insurance policy for
7 that plan year.

8 (13) (a) The policies of health insurance coverage procured under subsection (2) of
9 this section shall include a mail-order drug option for maintenance drugs for
10 state employees. Maintenance drugs may be dispensed by mail order in
11 accordance with Kentucky law.

12 (b) A health insurer shall not discriminate against any retail pharmacy located
13 within the geographic coverage area of the health benefit plan and that meets
14 the terms and conditions for participation established by the insurer, including
15 price, dispensing fee, and copay requirements of a mail-order option. The
16 retail pharmacy shall not be required to dispense by mail.

17 (c) The mail-order option shall not permit the dispensing of a controlled
18 substance classified in Schedule II.

19 (14) The policy or policies provided to state employees or their dependents pursuant to
20 this section shall provide coverage for obtaining a hearing aid and acquiring hearing
21 aid-related services for insured individuals under eighteen (18) years of age, subject
22 to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months
23 pursuant to KRS 304.17A-132.

24 (15) Any policy provided to state employees or their dependents pursuant to this section
25 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
26 consistent with KRS 304.17A-142.

27 (16) Any policy provided to state employees or their dependents pursuant to this section

1 shall provide coverage for obtaining amino acid-based elemental formula pursuant
2 to KRS 304.17A-258.

3 (17) If a state employee's residence and place of employment are in the same county, and
4 if the hospital located within that county does not offer surgical services, intensive
5 care services, obstetrical services, level II neonatal services, diagnostic cardiac
6 catheterization services, and magnetic resonance imaging services, the employee
7 may select a plan available in a contiguous county that does provide those services,
8 and the state contribution for the plan shall be the amount available in the county
9 where the plan selected is located.

10 (18) If a state employee's residence and place of employment are each located in counties
11 in which the hospitals do not offer surgical services, intensive care services,
12 obstetrical services, level II neonatal services, diagnostic cardiac catheterization
13 services, and magnetic resonance imaging services, the employee may select a plan
14 available in a county contiguous to the county of residence that does provide those
15 services, and the state contribution for the plan shall be the amount available in the
16 county where the plan selected is located.

17 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
18 in the best interests of the state group to allow any carrier bidding to offer health
19 care coverage under this section to submit bids that may vary county by county or
20 by larger geographic areas.

21 (20) Notwithstanding any other provision of this section, the bid for proposals for health
22 insurance coverage for calendar year 2004 shall include a bid scenario that reflects
23 the statewide rating structure provided in calendar year 2003 and a bid scenario that
24 allows for a regional rating structure that allows carriers to submit bids that may
25 vary by region for a given product offering as described in this subsection:

26 (a) The regional rating bid scenario shall not include a request for bid on a
27 statewide option;

- 1 (b) The Personnel Cabinet shall divide the state into geographical regions which
2 shall be the same as the partnership regions designated by the Department for
3 Medicaid Services for purposes of the Kentucky Health Care Partnership
4 Program established pursuant to 907 KAR 1:705;
- 5 (c) The request for proposal shall require a carrier's bid to include every county
6 within the region or regions for which the bid is submitted and include but not
7 be restricted to a preferred provider organization (PPO) option;
- 8 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
9 carrier all of the counties included in its bid within the region. If the Personnel
10 Cabinet deems the bids submitted in accordance with this subsection to be in
11 the best interests of state employees in a region, the cabinet may award the
12 contract for that region to no more than two (2) carriers; and
- 13 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
14 other requirements or criteria in the request for proposal.
- 15 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
16 after July 12, 2006, to public employees pursuant to this section which provides
17 coverage for services rendered by a physician or osteopath duly licensed under KRS
18 Chapter 311 that are within the scope of practice of an optometrist duly licensed
19 under the provisions of KRS Chapter 320 shall provide the same payment of
20 coverage to optometrists as allowed for those services rendered by physicians or
21 osteopaths.
- 22 (22) Any fully insured health benefit plan or self-insured plan issued or renewed on or
23 after ***the effective date of this Act***~~[July 12, 2006]~~, to public employees pursuant to
24 this section shall comply with:~~[the provisions of KRS 304.17A-270 and 304.17A-~~
25 ~~525.]~~
- 26 ***(a) Section 2 of this Act;***
- 27 ***(b) KRS 304.17A-270 and 304.17A-525;***

- 1 (c) KRS 304.17A-600 to 304.17A-633;
- 2 (d) KRS 205.593;
- 3 (e) KRS 304.17A-700 to 304.17A-730;
- 4 (f) KRS 304.14-135;
- 5 (g) KRS 304.17A-580 and 304.17A-641;
- 6 (h) KRS 304.99-123;
- 7 (i) KRS 304.17A-138; and
- 8 (j) Administrative regulations promulgated pursuant to statutes listed in this
- 9 subsection.

10 ~~[(23) Any fully insured health benefit plan or self-insured plan issued or renewed on or~~
 11 ~~after July 12, 2006, to public employees shall comply with KRS 304.17A-600 to~~
 12 ~~304.17A-633 pertaining to utilization review, KRS 205.593 and 304.17A-700 to~~
 13 ~~304.17A-730 pertaining to payment of claims, KRS 304.14-135 pertaining to~~
 14 ~~uniform health insurance claim forms, KRS 304.17A-580 and 304.17A-641~~
 15 ~~pertaining to emergency medical care, KRS 304.99-123, and any administrative~~
 16 ~~regulations promulgated thereunder.~~

17 ~~(24) Any fully insured health benefit plan or self-insured plan issued or renewed on or~~
 18 ~~after July 1, 2019, to public employees pursuant to this section shall comply with~~
 19 ~~KRS 304.17A-138.]~~

20 ➔Section 8. This Act takes effect on January 1, 2021.