

1 AN ACT relating to reproductive health services.

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

3 ➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
4 IS CREATED TO READ AS FOLLOWS:

5 *(1) As used in this section:*

6 *(a) "Health benefit plan" has the same meaning as in KRS 304.17A-005,*  
7 *except for purposes of this section, the term shall include student health*  
8 *insurance offered by a Kentucky-licensed insurer under written contract*  
9 *with a university or college whose students it proposes to insure; and*

10 *(b) "Long-acting reversible contraception":*

11 *1. Means a contraception method that requires administration less than*  
12 *once per month; and*

13 *2. Shall include:*

14 *a. An intrauterine device; and*

15 *b. A contraceptive implant.*

16 *(2) A health benefit plan issued or renewed on or after the effective date of this*  
17 *section shall provide coverage for long-acting reversible contraception*  
18 *administered during a postpartum hospital stay.*

19 *(3) The coverage required under this section shall not be subject to any cost-sharing*  
20 *requirement, including a copayment, coinsurance, or deductible.*

21 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO  
22 READ AS FOLLOWS:

23 *(1) As used in this section:*

24 *(a) "Family planning services":*

25 *1. Means family planning services that are provided under the Medicaid*  
26 *program;*

27 *2. Shall include:*

- 1                    a. Sexual health education and family planning counseling; and
- 2                    b. Other medical diagnosis, treatment, or preventive care routinely
- 3    provided as part of a family planning service visit; and
- 4                    3. Shall not include an elective abortion, as defined in KRS 304.5-160;
- 5    and
- 6                    (b) "Low-income individual" means an individual who:
- 7    1. Has an income level that is equal to or below ninety-five percent (95%)
- 8    of the federal poverty level; and
- 9    2. Does not qualify for full coverage under the Medicaid program.
- 10                    (2) Within ninety (90) days of the effective date of this Act, the Cabinet for Health
- 11    and Family Services shall apply for a waiver or a state plan amendment with the
- 12    Centers for Medicare and Medicaid Services within the United States Department
- 13    of Health and Human Services to:
- 14    (a) Offer a program that provides family planning services to low-income
- 15    individuals; and
- 16    (b) Receive a federal match rate of ninety percent (90%) of state expenditures
- 17    for family planning services provided under the waiver or state plan
- 18    amendment.
- 19                    (3) If the waiver or state plan amendment described in subsection (2) of this section
- 20    is approved, the Cabinet for Health and Family Services shall report to the
- 21    Legislative Research Commission, while the waiver or state plan amendment is in
- 22    effect, annually before November 30, the following:
- 23    (a) The number of qualified individuals served under the program;
- 24    (b) The cost of the program; and
- 25    (c) The effectiveness of the program, including:
- 26    1. Any savings to the Medicaid program from reduction in enrollment;
- 27    2. Any reduction in the number of abortions;

- 1           **3. Any reduction in the number of unintended pregnancies;**  
2           **4. Any reduction in the number of individuals requiring services from**  
3           **the program for women, infants, and children established in 42 U.S.C.**  
4           **sec. 1786; and**  
5           **5. Any other costs and benefits as a result of the program.**

6           ➔Section 3. KRS 164.2871 is amended to read as follows:

- 7           (1) The governing board of each state postsecondary educational institution is  
8           authorized to purchase liability insurance for the protection of the individual  
9           members of the governing board, faculty, and staff of such institutions from liability  
10          for acts and omissions committed in the course and scope of the individual's  
11          employment or service. Each institution may purchase the type and amount of  
12          liability coverage deemed to best serve the interest of such institution.
- 13          (2) All retirement annuity allowances accrued or accruing to any employee of a state  
14          postsecondary educational institution through a retirement program sponsored by  
15          the state postsecondary educational institution are hereby exempt from any state,  
16          county, or municipal tax, and shall not be subject to execution, attachment,  
17          garnishment, or any other process whatsoever, nor shall any assignment thereof be  
18          enforceable in any court. Except retirement benefits accrued or accruing to any  
19          employee of a state postsecondary educational institution through a retirement  
20          program sponsored by the state postsecondary educational institution on or after  
21          January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
22          provided in KRS 141.010 and 141.0215.
- 23          (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
24          members of governing boards, faculty and staff of institutions of higher education in  
25          this state shall not be construed to be a waiver of sovereign immunity or any other  
26          immunity or privilege.
- 27          (4) The governing board of each state postsecondary education institution is authorized

1 to provide a self-insured employer group health plan to its employees, which plan  
2 shall:

3 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and ~~shall~~

4 (b) Except as provided in subsection (5) of this section, be exempt from  
5 conformity with Subtitle 17A of KRS Chapter 304.

6 (5) A self-insured employer group health plan provided by the governing board of a  
7 state postsecondary education institution to its employees shall comply with  
8 Section 1 of this Act.

9 ➔Section 4. KRS 205.522 is amended to read as follows:

10 (1) The Department for Medicaid Services and any managed care organization  
11 contracted to provide Medicaid benefits pursuant to this chapter shall comply with  
12 the provisions of Section 1 of this Act and KRS 304.17A-167, 304.17A-235,  
13 304.17A-257, 304.17A-259, 304.17A-515, 304.17A-580, 304.17A-600, 304.17A-  
14 603, 304.17A-607, and 304.17A-740 to 304.17A-743, as applicable.

15 (2) A managed care organization contracted to provide Medicaid benefits pursuant to  
16 this chapter shall comply with the reporting requirements of KRS 304.17A-732.

17 ➔Section 5. KRS 205.6485 is amended to read as follows:

18 (1) The Cabinet for Health and Family Services shall prepare a state child health plan  
19 meeting the requirements of Title XXI of the Federal Social Security Act, for  
20 submission to the Secretary of the United States Department of Health and Human  
21 Services within such time as will permit the state to receive the maximum amounts  
22 of federal matching funds available under Title XXI. The cabinet shall, by  
23 administrative regulation promulgated in accordance with KRS Chapter 13A,  
24 establish the following:

25 (a) The eligibility criteria for children covered by the Kentucky Children's Health  
26 Insurance Program. However, no person eligible for services under Title XIX  
27 of the Social Security Act 42 U.S.C. 1396 to 1396v, as amended, shall be

1 eligible for services under the Kentucky Children's Health Insurance Program  
2 except to the extent that Title XIX coverage is expanded by KRS 205.6481 to  
3 205.6495 and KRS 304.17A-340;

4 (b) The schedule of benefits to be covered by the Kentucky Children's Health  
5 Insurance Program, which shall include preventive services, vision services  
6 including glasses, and dental services including at least sealants, extractions,  
7 and fillings, and which shall be at least equivalent to one (1) of the following:

- 8 1. The standard Blue Cross/Blue Shield preferred provider option under the  
9 Federal Employees Health Benefit Plan established by U.S.C. sec.  
10 8903(1);
- 11 2. A mid-range health benefit coverage plan that is offered and generally  
12 available to state employees; or
- 13 3. Health insurance coverage offered by a health maintenance organization  
14 that has the largest insured commercial, non-Medicaid enrollment of  
15 covered lives in the state;

16 (c) The premium contribution per family of health insurance coverage available  
17 under the Kentucky Children's Health Insurance Program with provisions for  
18 the payment of premium contributions by families of children eligible for  
19 coverage by the program based upon a sliding scale relating to family income.  
20 Premium contributions shall be based on a six (6) month period not to exceed:

- 21 1. Ten dollars (\$10), to be paid by a family with income between one  
22 hundred percent (100%) to one hundred thirty-three percent (133%) of  
23 the federal poverty level;
- 24 2. Twenty dollars (\$20), to be paid by a family with income between one  
25 hundred thirty-four percent (134%) to one hundred forty-nine percent  
26 (149%) of the federal poverty level; and
- 27 3. One hundred twenty dollars (\$120), to be paid by a family with income

1                   between one hundred fifty percent (150%) to two hundred percent  
2                   (200%) of the federal poverty level, and which may be made on a partial  
3                   payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)  
4                   per quarter;

5           (d) There shall be no copayments for services provided under the Kentucky  
6           Children's Health Insurance Program; and

7           (e) The criteria for health services providers and insurers wishing to contract with  
8           the Commonwealth to provide the children's health insurance coverage.  
9           However, the cabinet shall provide, in any contracting process for the  
10           preventive health insurance program, the opportunity for a public health  
11           department to bid on preventive health services to eligible children within the  
12           public health department's service area. A public health department shall not  
13           be disqualified from bidding because the department does not currently offer  
14           all the services required by paragraph (b) of this subsection. The criteria shall  
15           be set forth in administrative regulations under KRS Chapter 13A and shall  
16           maximize competition among the providers and insurers. The Cabinet for  
17           Finance and Administration shall provide oversight over contracting policies  
18           and procedures to assure that the number of applicants for contracts is  
19           maximized.

20       (2) Within twelve (12) months of federal approval of the state's Title XXI child health  
21       plan, the Cabinet for Health and Family Services shall assure that a KCHIP program  
22       is available to all eligible children in all regions of the state. If necessary, in order to  
23       meet this assurance, the cabinet shall institute its own program.

24       (3) KCHIP recipients shall have direct access without a referral from any gatekeeper  
25       primary care provider to dentists for covered primary dental services and to  
26       optometrists and ophthalmologists for covered primary eye and vision services.

27       **(4) The Kentucky Children's Health Insurance Program shall comply with Section 1**

1        *of this Act.*

2        ➔Section 6.    KRS 18A.225 (Effective January 1, 2022) is amended to read as  
3 follows:

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

1 Retirement System, Kentucky Teachers' Retirement System, the  
2 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
3 Kentucky Community and Technical College System's optional  
4 retirement plan authorized by KRS 161.567, except that a person who is  
5 receiving a retirement allowance and who is age sixty-five (65) or older  
6 shall not be included, with the exception of persons covered under KRS  
7 61.702(4)(c), unless he or she is actively employed pursuant to  
8 subparagraph 1. of this paragraph; and

9 5. Any eligible dependents and beneficiaries of participating employees  
10 and retirees who are entitled to participate in the state-sponsored health  
11 insurance program;

12 (b) The term "health benefit plan" for the purposes of this section means a health  
13 benefit plan as defined in KRS 304.17A-005;

14 (c) The term "insurer" for the purposes of this section means an insurer as defined  
15 in KRS 304.17A-005; and

16 (d) The term "managed care plan" for the purposes of this section means a  
17 managed care plan as defined in KRS 304.17A-500.

18 (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
19 recommendation of the secretary of the Personnel Cabinet, shall procure, in  
20 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,  
21 from one (1) or more insurers authorized to do business in this state, a group  
22 health benefit plan that may include but not be limited to health maintenance  
23 organization (HMO), preferred provider organization (PPO), point of service  
24 (POS), and exclusive provider organization (EPO) benefit plans encompassing  
25 all or any class or classes of employees. With the exception of employers  
26 governed by the provisions of KRS Chapters 16, 18A, and 151B, all  
27 employers of any class of employees or former employees shall enter into a



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

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

21 (c) Any carrier bidding to offer health care coverage to employees shall agree to  
22 provide coverage to all members of the state group, including active  
23 employees and retirees and their eligible covered dependents and  
24 beneficiaries, within the county or counties specified in its bid. Except as  
25 provided in subsection (20) of this section, any carrier bidding to offer health  
26 care coverage to employees shall also agree to rate all employees as a single  
27 entity, except for those retirees whose former employers insure their active

1 employees outside the state-sponsored health insurance program.

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

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

27 (f) If any agency participating in the state-sponsored employee health insurance

1 program for its active employees terminates participation and there is a state  
2 appropriation for the employer's contribution for active employees' health  
3 insurance coverage, then neither the agency nor the employees shall receive  
4 the state-funded contribution after termination from the state-sponsored  
5 employee health insurance program.

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

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

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

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

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

20 (c) Partly from each, except that any premium due for health care coverage or  
21 dental coverage, if any, in excess of the premium amount contributed by any  
22 department, board, agency, postsecondary education institution, or branch of  
23 state, city, urban-county, charter county, county, or consolidated local  
24 government for any other health care coverage shall be paid by the employee.

25 (4) If an employee moves his or her place of residence or employment out of the service  
26 area of an insurer offering a managed health care plan, under which he or she has  
27 elected coverage, into either the service area of another managed health care plan or

1 into an area of the Commonwealth not within a managed health care plan service  
2 area, the employee shall be given an option, at the time of the move or transfer, to  
3 change his or her coverage to another health benefit plan.

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

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

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

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

22 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
23 State Health Insurance Subscribers to advise the secretary or the secretary's designee  
24 regarding the state-sponsored health insurance program for employees. The  
25 secretary shall appoint, from a list of names submitted by appointing authorities,  
26 members representing school districts from each of the seven (7) Supreme Court  
27 districts, members representing state government from each of the seven (7)

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

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

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

23 (12) Any employee who is eligible for and elects to participate in the state health  
24 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any  
25 one (1) of the state-sponsored retirement systems shall not be eligible to receive the  
26 state health insurance contribution toward health care coverage as a result of any  
27 other employment for which there is a public employer contribution. This does not

1 preclude a retiree and an active employee spouse from using both contributions to  
2 the extent needed for purchase of one (1) state sponsored health insurance policy for  
3 that plan year.

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

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

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

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

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

23 (16) Any policy provided to state employees or their dependents pursuant to this section  
24 shall provide coverage for obtaining amino acid-based elemental formula pursuant  
25 to KRS 304.17A-258.

26 (17) If a state employee's residence and place of employment are in the same county, and  
27 if the hospital located within that county does not offer surgical services, intensive

1 care services, obstetrical services, level II neonatal services, diagnostic cardiac  
2 catheterization services, and magnetic resonance imaging services, the employee  
3 may select a plan available in a contiguous county that does provide those services,  
4 and the state contribution for the plan shall be the amount available in the county  
5 where the plan selected is located.

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

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

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

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

24 (b) The Personnel Cabinet shall divide the state into geographical regions which  
25 shall be the same as the partnership regions designated by the Department for  
26 Medicaid Services for purposes of the Kentucky Health Care Partnership  
27 Program established pursuant to 907 KAR 1:705;

- 1 (c) The request for proposal shall require a carrier's bid to include every county  
2 within the region or regions for which the bid is submitted and include but not  
3 be restricted to a preferred provider organization (PPO) option;
- 4 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
5 carrier all of the counties included in its bid within the region. If the Personnel  
6 Cabinet deems the bids submitted in accordance with this subsection to be in  
7 the best interests of state employees in a region, the cabinet may award the  
8 contract for that region to no more than two (2) carriers; and
- 9 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
10 other requirements or criteria in the request for proposal.
- 11 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
12 after July 12, 2006, to public employees pursuant to this section which provides  
13 coverage for services rendered by a physician or osteopath duly licensed under KRS  
14 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
15 under the provisions of KRS Chapter 320 shall provide the same payment of  
16 coverage to optometrists as allowed for those services rendered by physicians or  
17 osteopaths.
- 18 (22) Any fully insured health benefit plan or self-insured plan ~~issued or renewed on or~~  
19 ~~after June 29, 2021,~~ to public employees pursuant to this section shall comply with:
- 20 (a) KRS 304.12-237;
- 21 (b) KRS 304.17A-270 and 304.17A-525;
- 22 (c) KRS 304.17A-600 to 304.17A-633;
- 23 (d) KRS 205.593;
- 24 (e) KRS 304.17A-700 to 304.17A-730;
- 25 (f) KRS 304.14-135;
- 26 (g) KRS 304.17A-580 and 304.17A-641;
- 27 (h) KRS 304.99-123;



1 (i) KRS 304.17A-138;~~and~~

2 (j) **KRS 304.17A-148;**

3 **(k) Section 1 of this Act; and**

4 **(l)** Administrative regulations promulgated pursuant to statutes listed in this  
5 subsection.

6 ~~[(23) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
7 after January 1, 2022, to public employees pursuant to this section shall comply  
8 with KRS 304.17A-148.]~~

9 ➔Section 7. KRS 446.350 is amended to read as follows:

10 **(1)** Government shall not substantially burden a person's freedom of religion. The right  
11 to act or refuse to act in a manner motivated by a sincerely held religious belief may  
12 not be substantially burdened unless the government proves by clear and convincing  
13 evidence that it has a compelling governmental interest in infringing the specific act  
14 or refusal to act and has used the least restrictive means to further that interest. A  
15 "burden" shall include indirect burdens such as withholding benefits, assessing  
16 penalties, or an exclusion from programs or access to facilities.

17 **(2) Nothing in Section 1 of this Act shall be construed to be in violation of this**  
18 **section.**

19 ➔Section 8. (1) Each insurer of a health benefit plan, as defined in Section 1  
20 of this Act, shall, in consultation with its pharmacy benefit manager, if any, submit to the  
21 commissioner of the Department of Insurance, at a time and in a manner prescribed by the  
22 commissioner, a report that:

23 (a) Explains how the insurer may provide coverage for over-the-counter oral  
24 contraceptives and over-the-counter emergency contraceptives in its health benefit plans  
25 without requiring a prescription and without imposing cost-sharing; and

26 (b) Indicates whether the insurer provides the coverage referenced in paragraph  
27 (a) of this subsection, and if the insurer does not provide the coverage, whether they

1 would, or are likely to, add the coverage to one (1) or more of the insurer's health benefit  
2 plans.

3 (2) The commissioner of the Department of Insurance shall utilize the information  
4 received under subsection (1) of this section, in addition to any other information  
5 available to the commissioner, to submit a written report to the Legislative Research  
6 Commission, on or before July 1, 2024, that shall include:

7 (a) Recommendations on how insurers of health benefit plans could provide  
8 coverage for over-the-counter oral contraceptives and over-the-counter emergency  
9 contraceptives in health benefit plans without a prescription or cost sharing;

10 (b) The estimated impact of the coverage referred to in paragraph (a) of this  
11 subsection on health insurance premiums, and

12 (c) Statistics on how many insurers intend to add the benefit to any or all of its  
13 health insurance plans.

14 ➔Section 9. If the Cabinet for Health and Family Services determines that a  
15 waiver or any other authorization from a federal agency is necessary to implement  
16 Section 4 or 5 of this Act for any reason, including the loss of federal funds, the Cabinet  
17 shall, within 90 days after the effective date of this section, request the waiver or  
18 authorization, and may only delay implementation of those provisions for which a waiver  
19 or authorization was deemed necessary until the waiver or authorization is granted.

20 ➔Section 10. Sections 1 and Sections 3 to 8 of this Act take effect January 1,  
21 2023.