

1 AN ACT relating to coverage for hearing aids and related services.

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

3 ➔Section 1. KRS 304.17A-132 is amended to read as follows:

4 (1) As used in this section:

5 (a) "Hearing aid" means any wearable, nondisposable instrument or device
6 designed to aid or compensate for impaired human hearing and any parts,
7 attachments, or accessories, including earmolds, but excluding batteries and
8 cords; and

9 (b) "Related services" means those services necessary to assess, select, and
10 appropriately adjust or fit the hearing aid to ensure optimal performance.

11 (2) A health benefit plan shall provide coverage ***for hearing aids and related services***
12 ***in accordance with this section and administrative regulations promulgated***
13 ***under this section for hearing loss that is documented by a physician or***
14 ***audiologist***~~[, subject to all applicable copayments, coinsurance, deductibles, and~~
15 ~~out-of-pocket limits, for the full cost of one (1) hearing aid per hearing-impaired ear~~
16 ~~up to one thousand four hundred dollars (\$1,400) every thirty-six (36) months for~~
17 ~~hearing aids for insured individuals under eighteen (18) years of age and all related~~
18 ~~services which shall be prescribed by an audiologist licensed under KRS Chapter~~
19 ~~334A and dispensed by an audiologist or hearing instrument specialist licensed~~
20 ~~under KRS Chapter 334].~~

21 ***(3) The commissioner shall promulgate administrative regulations in accordance***
22 ***with KRS Chapter 13A to:***

23 ***(a) Annually set minimum coverage requirements and limits for hearing aids***
24 ***for each hard-of-hearing or deaf ear, which shall at a minimum cover***
25 ***reasonable and customary hearing aids without cost sharing; and***

26 ***(b) Biennially establish a list of audiologists and specialists in hearing***
27 ***instruments licensed in Kentucky for which health benefit plans shall***

1 provide coverage in accordance with this section.

2 (4) An~~[The]~~ insured may choose a higher priced hearing aid and may pay the difference
3 in cost above the minimum coverage amount established pursuant to subsection
4 (3) of this section~~[one thousand four hundred dollar (\$1,400) limit as provided in~~
5 ~~this section]~~ without any financial or contractual penalty to the insured or to the
6 provider of the hearing aid.

7 (5) If the application of any cost-sharing requirements established pursuant to this
8 section would be the sole cause of a health benefit plan's failure to qualify as a
9 Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C.
10 sec. 223, as amended, then the cost-sharing requirement shall not apply to that
11 health benefit plan until the minimum deductible under 26 U.S.C. sec. 223, as
12 amended, is satisfied.

13 ~~[(3) A health benefit plan shall not be required to pay a claim filed by its insured for~~
14 ~~payment of the cost of a hearing aid under the coverage required by subsection (2)~~
15 ~~of this section if less than three (3) years prior to the date of the claim its insured~~
16 ~~filed a claim for payment of the cost of a hearing aid under the required coverage~~
17 ~~and the claim was paid by any health benefit plan.]~~

18 ➔Section 2. KRS 205.522 is amended to read as follows:

19 (1) The Department for Medicaid Services and any managed care organization
20 contracted to provide Medicaid benefits pursuant to this chapter shall comply with
21 the provisions of Section 1 of this Act and KRS 304.17A-167, 304.17A-235,
22 304.17A-257, 304.17A-259, 304.17A-515, 304.17A-580, 304.17A-600, 304.17A-
23 603, 304.17A-607, and 304.17A-740 to 304.17A-743, as applicable.

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

26 ➔Section 3. KRS 205.6485 is amended to read as follows:

27 (1) The Cabinet for Health and Family Services shall prepare a state child health plan

1 meeting the requirements of Title XXI of the Federal Social Security Act, for
2 submission to the Secretary of the United States Department of Health and Human
3 Services within such time as will permit the state to receive the maximum amounts
4 of federal matching funds available under Title XXI. The cabinet shall, by
5 administrative regulation promulgated in accordance with KRS Chapter 13A,
6 establish the following:

7 (a) The eligibility criteria for children covered by the Kentucky Children's Health
8 Insurance Program. However, no person eligible for services under Title XIX
9 of the Social Security Act 42 U.S.C. 1396 to 1396v, as amended, shall be
10 eligible for services under the Kentucky Children's Health Insurance Program
11 except to the extent that Title XIX coverage is expanded by KRS 205.6481 to
12 205.6495 and KRS 304.17A-340;

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

- 17 1. The standard Blue Cross/Blue Shield preferred provider option under the
18 Federal Employees Health Benefit Plan established by U.S.C. sec.
19 8903(1);
- 20 2. A mid-range health benefit coverage plan that is offered and generally
21 available to state employees; or
- 22 3. Health insurance coverage offered by a health maintenance organization
23 that has the largest insured commercial, non-Medicaid enrollment of
24 covered lives in the state;

25 (c) The premium contribution per family of health insurance coverage available
26 under the Kentucky Children's Health Insurance Program with provisions for
27 the payment of premium contributions by families of children eligible for

- 1 coverage by the program based upon a sliding scale relating to family income.
2 Premium contributions shall be based on a six (6) month period not to exceed:
- 3 1. Ten dollars (\$10), to be paid by a family with income between one
4 hundred percent (100%) to one hundred thirty-three percent (133%) of
5 the federal poverty level;
 - 6 2. Twenty dollars (\$20), to be paid by a family with income between one
7 hundred thirty-four percent (134%) to one hundred forty-nine percent
8 (149%) of the federal poverty level; and
 - 9 3. One hundred twenty dollars (\$120), to be paid by a family with income
10 between one hundred fifty percent (150%) to two hundred percent
11 (200%) of the federal poverty level, and which may be made on a partial
12 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)
13 per quarter;
- 14 (d) There shall be no copayments for services provided under the Kentucky
15 Children's Health Insurance Program; and
- 16 (e) The criteria for health services providers and insurers wishing to contract with
17 the Commonwealth to provide the children's health insurance coverage.
18 However, the cabinet shall provide, in any contracting process for the
19 preventive health insurance program, the opportunity for a public health
20 department to bid on preventive health services to eligible children within the
21 public health department's service area. A public health department shall not
22 be disqualified from bidding because the department does not currently offer
23 all the services required by paragraph (b) of this subsection. The criteria shall
24 be set forth in administrative regulations under KRS Chapter 13A and shall
25 maximize competition among the providers and insurers. The Cabinet for
26 Finance and Administration shall provide oversight over contracting policies
27 and procedures to assure that the number of applicants for contracts is

1 maximized.

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

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

9 **(4) The Kentucky Children's Health Insurance Program shall comply with Section 1**
10 **of this Act.**

11 ➔Section 4. KRS 164.2871 is amended to read as follows:

12 (1) The governing board of each state postsecondary educational institution is
13 authorized to purchase liability insurance for the protection of the individual
14 members of the governing board, faculty, and staff of such institutions from liability
15 for acts and omissions committed in the course and scope of the individual's
16 employment or service. Each institution may purchase the type and amount of
17 liability coverage deemed to best serve the interest of such institution.

18 (2) All retirement annuity allowances accrued or accruing to any employee of a state
19 postsecondary educational institution through a retirement program sponsored by
20 the state postsecondary educational institution are hereby exempt from any state,
21 county, or municipal tax, and shall not be subject to execution, attachment,
22 garnishment, or any other process whatsoever, nor shall any assignment thereof be
23 enforceable in any court. Except retirement benefits accrued or accruing to any
24 employee of a state postsecondary educational institution through a retirement
25 program sponsored by the state postsecondary educational institution on or after
26 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent
27 provided in KRS 141.010 and 141.0215.

1 (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for
2 members of governing boards, faculty and staff of institutions of higher education in
3 this state shall not be construed to be a waiver of sovereign immunity or any other
4 immunity or privilege.

5 (4) The governing board of each state postsecondary education institution is authorized
6 to provide a self-insured employer group health plan to its employees, which plan
7 shall:

8 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and

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

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

14 ➔Section 5. KRS 18A.225 (Effective January 1, 2022) is amended to read as
15 follows:

16 (1) (a) The term "employee" for purposes of this section means:

17 1. Any person, including an elected public official, who is regularly
18 employed by any department, office, board, agency, or branch of state
19 government; or by a public postsecondary educational institution; or by
20 any city, urban-county, charter county, county, or consolidated local
21 government, whose legislative body has opted to participate in the state-
22 sponsored health insurance program pursuant to KRS 79.080; and who
23 is either a contributing member to any one (1) of the retirement systems
24 administered by the state, including but not limited to the Kentucky
25 Retirement Systems, County Employees Retirement System, Kentucky
26 Teachers' Retirement System, the Legislators' Retirement Plan, or the
27 Judicial Retirement Plan; or is receiving a contractual contribution from

- 1 the state toward a retirement plan; or, in the case of a public
2 postsecondary education institution, is an individual participating in an
3 optional retirement plan authorized by KRS 161.567; or is eligible to
4 participate in a retirement plan established by an employer who ceases
5 participating in the Kentucky Employees Retirement System pursuant to
6 KRS 61.522 whose employees participated in the health insurance plans
7 administered by the Personnel Cabinet prior to the employer's effective
8 cessation date in the Kentucky Employees Retirement System;
- 9 2. Any certified or classified employee of a local board of education;
- 10 3. Any elected member of a local board of education;
- 11 4. Any person who is a present or future recipient of a retirement
12 allowance from the Kentucky Retirement Systems, County Employees
13 Retirement System, Kentucky Teachers' Retirement System, the
14 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
15 Kentucky Community and Technical College System's optional
16 retirement plan authorized by KRS 161.567, except that a person who is
17 receiving a retirement allowance and who is age sixty-five (65) or older
18 shall not be included, with the exception of persons covered under KRS
19 61.702(4)(c), unless he or she is actively employed pursuant to
20 subparagraph 1. of this paragraph; and
- 21 5. Any eligible dependents and beneficiaries of participating employees
22 and retirees who are entitled to participate in the state-sponsored health
23 insurance program;
- 24 (b) The term "health benefit plan" for the purposes of this section means a health
25 benefit plan as defined in KRS 304.17A-005;
- 26 (c) The term "insurer" for the purposes of this section means an insurer as defined
27 in KRS 304.17A-005; and

- 1 (d) The term "managed care plan" for the purposes of this section means a
2 managed care plan as defined in KRS 304.17A-500.
- 3 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
4 recommendation of the secretary of the Personnel Cabinet, shall procure, in
5 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
6 from one (1) or more insurers authorized to do business in this state, a group
7 health benefit plan that may include but not be limited to health maintenance
8 organization (HMO), preferred provider organization (PPO), point of service
9 (POS), and exclusive provider organization (EPO) benefit plans encompassing
10 all or any class or classes of employees. With the exception of employers
11 governed by the provisions of KRS Chapters 16, 18A, and 151B, all
12 employers of any class of employees or former employees shall enter into a
13 contract with the Personnel Cabinet prior to including that group in the state
14 health insurance group. The contracts shall include but not be limited to
15 designating the entity responsible for filing any federal forms, adoption of
16 policies required for proper plan administration, acceptance of the contractual
17 provisions with health insurance carriers or third-party administrators, and
18 adoption of the payment and reimbursement methods necessary for efficient
19 administration of the health insurance program. Health insurance coverage
20 provided to state employees under this section shall, at a minimum, contain
21 the same benefits as provided under Kentucky Kare Standard as of January 1,
22 1994, and shall include a mail-order drug option as provided in subsection
23 (13) of this section. All employees and other persons for whom the health care
24 coverage is provided or made available shall annually be given an option to
25 elect health care coverage through a self-funded plan offered by the
26 Commonwealth or, if a self-funded plan is not available, from a list of
27 coverage options determined by the competitive bid process under the

1 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
2 during annual open enrollment.

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

6 (c) Any carrier bidding to offer health care coverage to employees shall agree to
7 provide coverage to all members of the state group, including active
8 employees and retirees and their eligible covered dependents and
9 beneficiaries, within the county or counties specified in its bid. Except as
10 provided in subsection (20) of this section, any carrier bidding to offer health
11 care coverage to employees shall also agree to rate all employees as a single
12 entity, except for those retirees whose former employers insure their active
13 employees outside the state-sponsored health insurance program.

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

24 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
25 for timely analysis of data received from carriers and, to the extent possible,
26 provide in the request-for-proposal specifics relating to data requirements,
27 electronic reporting, and penalties for noncompliance. The Commonwealth

1 shall own the enrollment, claims, and utilization data provided by each carrier
2 and shall develop methods to protect the confidentiality of the individual. The
3 Personnel Cabinet shall include in the October annual report submitted
4 pursuant to the provisions of KRS 18A.226 to the Governor, the General
5 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
6 financial stability of the program, which shall include but not be limited to
7 loss ratios, methods of risk adjustment, measurements of carrier quality of
8 service, prescription coverage and cost management, and statutorily required
9 mandates. If state self-insurance was available as a carrier option, the report
10 also shall provide a detailed financial analysis of the self-insurance fund
11 including but not limited to loss ratios, reserves, and reinsurance agreements.

12 (f) If any agency participating in the state-sponsored employee health insurance
13 program for its active employees terminates participation and there is a state
14 appropriation for the employer's contribution for active employees' health
15 insurance coverage, then neither the agency nor the employees shall receive
16 the state-funded contribution after termination from the state-sponsored
17 employee health insurance program.

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

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

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

27 (a) Wholly from funds contributed by the employee, by payroll deduction or

- 1 otherwise;
- 2 (b) Wholly from funds contributed by any department, board, agency, public
3 postsecondary education institution, or branch of state, city, urban-county,
4 charter county, county, or consolidated local government; or
- 5 (c) Partly from each, except that any premium due for health care coverage or
6 dental coverage, if any, in excess of the premium amount contributed by any
7 department, board, agency, postsecondary education institution, or branch of
8 state, city, urban-county, charter county, county, or consolidated local
9 government for any other health care coverage shall be paid by the employee.
- 10 (4) If an employee moves his or her place of residence or employment out of the service
11 area of an insurer offering a managed health care plan, under which he or she has
12 elected coverage, into either the service area of another managed health care plan or
13 into an area of the Commonwealth not within a managed health care plan service
14 area, the employee shall be given an option, at the time of the move or transfer, to
15 change his or her coverage to another health benefit plan.
- 16 (5) No payment of premium by any department, board, agency, public postsecondary
17 educational institution, or branch of state, city, urban-county, charter county,
18 county, or consolidated local government shall constitute compensation to an
19 insured employee for the purposes of any statute fixing or limiting the
20 compensation of such an employee. Any premium or other expense incurred by any
21 department, board, agency, public postsecondary educational institution, or branch
22 of state, city, urban-county, charter county, county, or consolidated local
23 government shall be considered a proper cost of administration.
- 24 (6) The policy or policies may contain the provisions with respect to the class or classes
25 of employees covered, amounts of insurance or coverage for designated classes or
26 groups of employees, policy options, terms of eligibility, and continuation of
27 insurance or coverage after retirement.

- 1 (7) Group rates under this section shall be made available to the disabled child of an
2 employee regardless of the child's age if the entire premium for the disabled child's
3 coverage is paid by the state employee. A child shall be considered disabled if he or
4 she has been determined to be eligible for federal Social Security disability benefits.
- 5 (8) The health care contract or contracts for employees shall be entered into for a period
6 of not less than one (1) year.
- 7 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
8 State Health Insurance Subscribers to advise the secretary or the secretary's designee
9 regarding the state-sponsored health insurance program for employees. The
10 secretary shall appoint, from a list of names submitted by appointing authorities,
11 members representing school districts from each of the seven (7) Supreme Court
12 districts, members representing state government from each of the seven (7)
13 Supreme Court districts, two (2) members representing retirees under age sixty-five
14 (65), one (1) member representing local health departments, two (2) members
15 representing the Kentucky Teachers' Retirement System, and three (3) members at
16 large. The secretary shall also appoint two (2) members from a list of five (5) names
17 submitted by the Kentucky Education Association, two (2) members from a list of
18 five (5) names submitted by the largest state employee organization of nonschool
19 state employees, two (2) members from a list of five (5) names submitted by the
20 Kentucky Association of Counties, two (2) members from a list of five (5) names
21 submitted by the Kentucky League of Cities, and two (2) members from a list of
22 names consisting of five (5) names submitted by each state employee organization
23 that has two thousand (2,000) or more members on state payroll deduction. The
24 advisory committee shall be appointed in January of each year and shall meet
25 quarterly.
- 26 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
27 provided to employees pursuant to this section shall not provide coverage for

1 obtaining or performing an abortion, nor shall any state funds be used for the
2 purpose of obtaining or performing an abortion on behalf of employees or their
3 dependents.

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

8 (12) Any employee who is eligible for and elects to participate in the state health
9 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
10 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
11 state health insurance contribution toward health care coverage as a result of any
12 other employment for which there is a public employer contribution. This does not
13 preclude a retiree and an active employee spouse from using both contributions to
14 the extent needed for purchase of one (1) state sponsored health insurance policy for
15 that plan year.

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

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

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

27 (14) **Any fully insured health benefit plan or self-insured plan issued or renewed to**

1 public employees ~~[The policy or policies provided to state employees or their~~
2 ~~dependents]~~ pursuant to this section shall provide coverage for ~~[obtaining a]~~ hearing
3 aids ~~[aid]~~ and ~~[acquiring hearing aid]~~ related services ~~[for insured individuals under~~
4 ~~eighteen (18) years of age, subject to a cap of one thousand four hundred dollars~~
5 ~~(\$1,400) every thirty six (36) months]~~ pursuant to KRS 304.17A-132.

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

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

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

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

26 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
27 in the best interests of the state group to allow any carrier bidding to offer health

1 care coverage under this section to submit bids that may vary county by county or
2 by larger geographic areas.

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

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

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

14 (c) The request for proposal shall require a carrier's bid to include every county
15 within the region or regions for which the bid is submitted and include but not
16 be restricted to a preferred provider organization (PPO) option;

17 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
18 carrier all of the counties included in its bid within the region. If the Personnel
19 Cabinet deems the bids submitted in accordance with this subsection to be in
20 the best interests of state employees in a region, the cabinet may award the
21 contract for that region to no more than two (2) carriers; and

22 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
23 other requirements or criteria in the request for proposal.

24 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
25 after July 12, 2006, to public employees pursuant to this section which provides
26 coverage for services rendered by a physician or osteopath duly licensed under KRS
27 Chapter 311 that are within the scope of practice of an optometrist duly licensed

1 under the provisions of KRS Chapter 320 shall provide the same payment of
 2 coverage to optometrists as allowed for those services rendered by physicians or
 3 osteopaths.

4 (22) Any fully insured health benefit plan or self-insured plan issued or renewed ~~on or~~
 5 ~~after June 29, 2021,~~ to public employees pursuant to this section shall comply with:

- 6 (a) KRS 304.12-237;
- 7 (b) KRS 304.17A-270 and 304.17A-525;
- 8 (c) KRS 304.17A-600 to 304.17A-633;
- 9 (d) KRS 205.593;
- 10 (e) KRS 304.17A-700 to 304.17A-730;
- 11 (f) KRS 304.14-135;
- 12 (g) KRS 304.17A-580 and 304.17A-641;
- 13 (h) KRS 304.99-123;
- 14 (i) KRS 304.17A-138; ~~and~~
- 15 (j) **KRS 304.17A-148; and**
- 16 **(k)** Administrative regulations promulgated pursuant to statutes listed in this
 17 subsection.

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

21 ➔Section 6. (1) Sections 1, 4, and 5 of this Act shall apply to health benefit
 22 plans issued or renewed on or after the effective date of this Act.

23 (2) For purposes of this section, a health benefit plan shall be deemed to be
 24 renewed no later than the next yearly anniversary of the contract date.

25 ➔Section 7. This Act takes effect January 1, 2023.