

1 AN ACT relating to reproductive health care.

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

3 ➔Section 1. KRS 205.592 is amended to read as follows:

4 Pregnant women~~[,]~~ ***and*** new mothers up to twelve (12) months postpartum, ***regardless of***
5 ***citizenship or national origin,*** and children up to age one (1) shall be eligible for
6 participation in the Kentucky Medical Assistance Program if:

- 7 (1) They have family income up to but not exceeding one hundred and eighty-five
8 percent (185%) of the nonfarm income official poverty guidelines as promulgated
9 by the Department of Health and Human Services of the United States as revised
10 annually; and
11 (2) They are otherwise eligible for the program.

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

14 ***(1) As used in this section, unless the context requires otherwise:***

15 ***(a) "Eligible individual" means an individual who:***

16 ***1. Is not pregnant;***

17 ***2. Has a family combined income up to, but not exceeding, two hundred***
18 ***sixty percent (260%) of the nonfarm income official poverty guidelines***
19 ***as promulgated by the United States Department of Health and***
20 ***Human Services; and***

21 ***3. a. Is eligible for the Kentucky Medical Assistance Program; or***

22 ***b. Would otherwise be eligible for the Kentucky Medical Assistance***
23 ***Program, except that the individual is not a citizen of the United***
24 ***States and is not considered an eligible noncitizen pursuant to 8***
25 ***U.S.C. sec. 1611 or 1612;***

26 ***(b) "Family planning services" means all the following services, regardless of***
27 ***an individual's age, sex, or gender identity, or the age, sex, or gender***

1 identity of the individual's partner, including but not limited to:

2 1. All contraceptive drugs, devices, and other products approved by the

3 United States Food and Drug Administration, including:

4 a. Over-the-counter contraceptive drugs, devices, and products;

5 and

6 b. A twelve (12) month supply of self-administered contraceptive

7 drugs, devices, and supplies, unless the individual requests a

8 smaller supply or the prescribing provider restricts the enrollee

9 to a smaller supply;

10 2. Voluntary sterilization procedures;

11 3. Activities that enable individuals to determine the number and spacing

12 of their children and to select the means by which this may be

13 achieved;

14 4. The consultations, examinations, and medical services that are

15 necessary to prescribe, dispense, insert, deliver, distribute, administer,

16 or remove contraceptive drugs, devices, and other products; and

17 5. Follow-up visits to evaluate or manage problems associated with

18 contraceptive drugs, devices, or products; and

19 (c) "Family planning-related services" means educational, medical, and social

20 services, including but not limited to:

21 1. Medically necessary evaluations or preventive services such as tobacco

22 utilization screening, counseling, testing, and cessation services;

23 2. Cervical cancer screening and prevention;

24 3. Diagnosis of treatment of a sexually transmitted infection and

25 medication and supplies to prevent a sexually transmitted infection;

26 and

27 4. Any other medical diagnosis, treatment, or preventive service that is

1 routinely provided as part of a family planning visit.

2 (2) The Cabinet for Health and Family Services shall establish a family planning
3 program within the Department for Medicaid Services to provide family planning
4 services and family planning-related services to eligible individuals.

5 (3) In administering this program, the cabinet shall not:

6 (a) Infringe upon an eligible individual's choice of contraceptive drug, device,
7 or product by requiring prior authorization, step therapy, or other
8 utilization control techniques for medically appropriate contraceptive drugs,
9 devices, or products approved by the United States Food and Drug
10 Administration;

11 (b) Impose any cost-sharing requirements for enrolled individuals; or

12 (c) Deny coverage based on the sex, sexual orientation, or gender identity of
13 the eligible individual, or the sex, sexual orientation, or gender identity of
14 the eligible individual's partner.

15 (4) The Department for Medicaid Services shall:

16 (a) Promulgate administrative regulations in accordance with KRS Chapter
17 13A, and amend any contract with a managed care organization as is
18 necessary, to implement this section; and

19 (b) Collaborate with the Division of Health Benefit Exchange within the
20 cabinet, health care consumer advocates, family planning providers, and
21 other interested stakeholders to establish a comprehensive community
22 education and outreach campaign to provide culturally and linguistically
23 accessible information to facilitate participation in the program, including
24 but not limited to enrollment procedures, program services, and benefit
25 utilization.

26 ➔Section 3. If the Cabinet for Health and Family Services or the Department for
27 Medicaid Services determines that a waiver or any other authorization from a federal

1 agency is necessary prior to the implementation of any provision of Sections 1 and 2 of
2 this Act, the cabinet or department shall, within 90 days after the effective date of this
3 Act, request the waiver or authorization and shall only delay full implementation of those
4 provisions for which a waiver or authorization was deemed necessary until the waiver or
5 authorization is granted.