

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 shall provide coverage for long-acting reversible**
17 **contraception administered during a postpartum hospital stay.**

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

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

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

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

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

26 **2. Shall include:**

27 **a. Sexual health education and family planning counseling; and**

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

1 **4. Reduction in the number of individuals requiring services from the**
2 **program for women, infants, and children established in 42 U.S.C.**
3 **sec. 1786; and**

4 **5. Other costs and benefits as a result of the program.**

5 ➔Section 3. KRS 205.522 (Effective January 1, 2023) is amended to read as
6 follows:

7 (1) The Department for Medicaid Services and any managed care organization
8 contracted to provide Medicaid benefits pursuant to this chapter shall comply with
9 the provisions of **Section 1 of this Act and** KRS 304.17A-163, 304.17A-1631,
10 304.17A-167, 304.17A-235, 304.17A-257, 304.17A-259, 304.17A-515, 304.17A-
11 580, 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743,
12 as applicable.

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

15 ➔Section 4. KRS 205.6485 (Effective January 1, 2023) is amended to read as
16 follows:

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

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

1 Program except to the extent that Title XIX coverage is expanded by KRS
2 205.6481 to 205.6495 and KRS 304.17A-340;

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

- 7 1. The standard Blue Cross/Blue Shield preferred provider option under
8 the Federal Employees Health Benefit Plan established by 5 U.S.C. sec.
9 8903(1);
- 10 2. A mid-range health benefit coverage plan that is offered and generally
11 available to state employees; or
- 12 3. Health insurance coverage offered by a health maintenance organization
13 that has the largest insured commercial, non-Medicaid enrollment of
14 covered lives in the state;

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

- 20 1. Ten dollars (\$10), to be paid by a family with income between one
21 hundred percent (100%) to one hundred thirty-three percent (133%) of
22 the federal poverty level;
- 23 2. Twenty dollars (\$20), to be paid by a family with income between one
24 hundred thirty-four percent (134%) to one hundred forty-nine percent
25 (149%) of the federal poverty level; and
- 26 3. One hundred twenty dollars (\$120), to be paid by a family with income
27 between one hundred fifty percent (150%) to two hundred percent

- 1 (200%) of the federal poverty level, and which may be made on a partial
2 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)
3 per quarter;
- 4 (d) There shall be no copayments for services provided under the Kentucky
5 Children's Health Insurance Program; and
- 6 (e) The criteria for health services providers and insurers wishing to contract with
7 the Commonwealth to provide the children's health insurance coverage.
8 However, the cabinet shall provide, in any contracting process for the
9 preventive health insurance program, the opportunity for a public health
10 department to bid on preventive health services to eligible children within the
11 public health department's service area. A public health department shall not
12 be disqualified from bidding because the department does not currently offer
13 all the services required by paragraph (b) of this subsection. The criteria shall
14 be set forth in administrative regulations under KRS Chapter 13A and shall
15 maximize competition among the providers and insurers. The Cabinet for
16 Finance and Administration shall provide oversight over contracting policies
17 and procedures to assure that the number of applicants for contracts is
18 maximized.
- 19 (2) Within twelve (12) months of federal approval of the state's Title XXI child health
20 plan, the Cabinet for Health and Family Services shall assure that a KCHIP
21 program is available to all eligible children in all regions of the state. If necessary,
22 in order to meet this assurance, the cabinet shall institute its own program.
- 23 (3) KCHIP recipients shall have direct access without a referral from any gatekeeper
24 primary care provider to dentists for covered primary dental services and to
25 optometrists and ophthalmologists for covered primary eye and vision services.
- 26 (4) The Kentucky Children's Health Insurance ~~Program~~^{Plan} shall comply with:
27 (a) Section 1 of this Act; and

1 **(b)** KRS 304.17A-163 and 304.17A-1631.

2 ➔Section 5. KRS 164.2871 (Effective January 1, 2023) is amended to read as
3 follows:

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

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

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

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

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

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

3 (5) A self-insured employer group health plan provided by the governing board of a
4 state postsecondary education institution to its employees shall comply with:

5 (a) Section 1 of this Act; and

6 (b) KRS 304.17A-163 and 304.17A-1631.

7 ➔Section 6. KRS 18A.225 (Effective January 1, 2023) is amended to read as
8 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, County Employees Retirement System, Kentucky
19 Teachers' Retirement System, the Legislators' Retirement Plan, or the
20 Judicial Retirement Plan; or is receiving a contractual contribution from
21 the state toward a retirement plan; or, in the case of a public
22 postsecondary education institution, is an individual participating in an
23 optional retirement plan authorized by KRS 161.567; or is eligible to
24 participate in a retirement plan established by an employer who ceases
25 participating in the Kentucky Employees Retirement System pursuant to
26 KRS 61.522 whose employees participated in the health insurance plans
27 administered by the Personnel Cabinet prior to the employer's effective

- 1 cessation date in the Kentucky Employees Retirement System;
- 2 2. Any certified or classified employee of a local board of education or a
3 public charter school as defined in KRS 160.1590;
- 4 3. Any elected member of a local board of education;
- 5 4. Any person who is a present or future recipient of a retirement
6 allowance from the Kentucky Retirement Systems, County Employees
7 Retirement System, Kentucky Teachers' Retirement System, the
8 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
9 Kentucky Community and Technical College System's optional
10 retirement plan authorized by KRS 161.567, except that a person who is
11 receiving a retirement allowance and who is age sixty-five (65) or older
12 shall not be included, with the exception of persons covered under KRS
13 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
14 employed pursuant to subparagraph 1. of this paragraph; and
- 15 5. Any eligible dependents and beneficiaries of participating employees
16 and retirees who are entitled to participate in the state-sponsored health
17 insurance program;
- 18 (b) The term "health benefit plan" for the purposes of this section means a health
19 benefit plan as defined in KRS 304.17A-005;
- 20 (c) The term "insurer" for the purposes of this section means an insurer as defined
21 in KRS 304.17A-005; and
- 22 (d) The term "managed care plan" for the purposes of this section means a
23 managed care plan as defined in KRS 304.17A-500.
- 24 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
25 recommendation of the secretary of the Personnel Cabinet, shall procure, in
26 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
27 from one (1) or more insurers authorized to do business in this state, a group

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

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

27 (c) Any carrier bidding to offer health care coverage to employees shall agree to

1 provide coverage to all members of the state group, including active
2 employees and retirees and their eligible covered dependents and
3 beneficiaries, within the county or counties specified in its bid. Except as
4 provided in subsection (20) of this section, any carrier bidding to offer health
5 care coverage to employees shall also agree to rate all employees as a single
6 entity, except for those retirees whose former employers insure their active
7 employees outside the state-sponsored health insurance program and as
8 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

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

19 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
20 for timely analysis of data received from carriers and, to the extent possible,
21 provide in the request-for-proposal specifics relating to data requirements,
22 electronic reporting, and penalties for noncompliance. The Commonwealth
23 shall own the enrollment, claims, and utilization data provided by each carrier
24 and shall develop methods to protect the confidentiality of the individual. The
25 Personnel Cabinet shall include in the October annual report submitted
26 pursuant to the provisions of KRS 18A.226 to the Governor, the General
27 Assembly, and the Chief Justice of the Supreme Court, an analysis of the

1 financial stability of the program, which shall include but not be limited to
2 loss ratios, methods of risk adjustment, measurements of carrier quality of
3 service, prescription coverage and cost management, and statutorily required
4 mandates. If state self-insurance was available as a carrier option, the report
5 also shall provide a detailed financial analysis of the self-insurance fund
6 including but not limited to loss ratios, reserves, and reinsurance agreements.

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

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

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

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

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

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

27 (c) Partly from each, except that any premium due for health care coverage or

1 dental coverage, if any, in excess of the premium amount contributed by any
2 department, board, agency, postsecondary education institution, or branch of
3 state, city, urban-county, charter county, county, or consolidated local
4 government for any other health care coverage shall be paid by the employee.

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

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

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

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

27 (8) The health care contract or contracts for employees shall be entered into for a

- 1 period of not less than one (1) year.
- 2 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
3 State Health Insurance Subscribers to advise the secretary or the secretary's
4 designee regarding the state-sponsored health insurance program for employees.
5 The secretary shall appoint, from a list of names submitted by appointing
6 authorities, members representing school districts from each of the seven (7)
7 Supreme Court districts, members representing state government from each of the
8 seven (7) Supreme Court districts, two (2) members representing retirees under age
9 sixty-five (65), one (1) member representing local health departments, two (2)
10 members representing the Kentucky Teachers' Retirement System, and three (3)
11 members at large. The secretary shall also appoint two (2) members from a list of
12 five (5) names submitted by the Kentucky Education Association, two (2) members
13 from a list of five (5) names submitted by the largest state employee organization of
14 nonschool state employees, two (2) members from a list of five (5) names submitted
15 by the Kentucky Association of Counties, two (2) members from a list of five (5)
16 names submitted by the Kentucky League of Cities, and two (2) members from a
17 list of names consisting of five (5) names submitted by each state employee
18 organization that has two thousand (2,000) or more members on state payroll
19 deduction. The advisory committee shall be appointed in January of each year and
20 shall meet quarterly.
- 21 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
22 provided to employees pursuant to this section shall not provide coverage for
23 obtaining or performing an abortion, nor shall any state funds be used for the
24 purpose of obtaining or performing an abortion on behalf of employees or their
25 dependents.
- 26 (11) Interruption of an established treatment regime with maintenance drugs shall be
27 grounds for an insured to appeal a formulary change through the established appeal

1 procedures approved by the Department of Insurance, if the physician supervising
2 the treatment certifies that the change is not in the best interests of the patient.

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

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

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

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

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

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

- 1 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
2 consistent with KRS 304.17A-142.
- 3 (16) Any policy provided to state employees or their dependents pursuant to this section
4 shall provide coverage for obtaining amino acid-based elemental formula pursuant
5 to KRS 304.17A-258.
- 6 (17) If a state employee's residence and place of employment are in the same county,
7 and if the hospital located within that county does not offer surgical services,
8 intensive care services, obstetrical services, level II neonatal services, diagnostic
9 cardiac catheterization services, and magnetic resonance imaging services, the
10 employee may select a plan available in a contiguous county that does provide
11 those services, and the state contribution for the plan shall be the amount available
12 in the county where the plan selected is located.
- 13 (18) If a state employee's residence and place of employment are each located in
14 counties in which the hospitals do not offer surgical services, intensive care
15 services, obstetrical services, level II neonatal services, diagnostic cardiac
16 catheterization services, and magnetic resonance imaging services, the employee
17 may select a plan available in a county contiguous to the county of residence that
18 does provide those services, and the state contribution for the plan shall be the
19 amount available in the county where the plan selected is located.
- 20 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
21 in the best interests of the state group to allow any carrier bidding to offer health
22 care coverage under this section to submit bids that may vary county by county or
23 by larger geographic areas.
- 24 (20) Notwithstanding any other provision of this section, the bid for proposals for health
25 insurance coverage for calendar year 2004 shall include a bid scenario that reflects
26 the statewide rating structure provided in calendar year 2003 and a bid scenario that
27 allows for a regional rating structure that allows carriers to submit bids that may

- 1 vary by region for a given product offering as described in this subsection:
- 2 (a) The regional rating bid scenario shall not include a request for bid on a
3 statewide option;
- 4 (b) The Personnel Cabinet shall divide the state into geographical regions which
5 shall be the same as the partnership regions designated by the Department for
6 Medicaid Services for purposes of the Kentucky Health Care Partnership
7 Program established pursuant to 907 KAR 1:705;
- 8 (c) The request for proposal shall require a carrier's bid to include every county
9 within the region or regions for which the bid is submitted and include but not
10 be restricted to a preferred provider organization (PPO) option;
- 11 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
12 carrier all of the counties included in its bid within the region. If the Personnel
13 Cabinet deems the bids submitted in accordance with this subsection to be in
14 the best interests of state employees in a region, the cabinet may award the
15 contract for that region to no more than two (2) carriers; and
- 16 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
17 other requirements or criteria in the request for proposal.
- 18 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
19 after July 12, 2006, to public employees pursuant to this section which provides
20 coverage for services rendered by a physician or osteopath duly licensed under KRS
21 Chapter 311 that are within the scope of practice of an optometrist duly licensed
22 under the provisions of KRS Chapter 320 shall provide the same payment of
23 coverage to optometrists as allowed for those services rendered by physicians or
24 osteopaths.
- 25 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to
26 public employees pursuant to this section shall comply with:
- 27 (a) KRS 304.12-237;

- 1 (b) KRS 304.17A-270 and 304.17A-525;
- 2 (c) KRS 304.17A-600 to 304.17A-633;
- 3 (d) KRS 205.593;
- 4 (e) KRS 304.17A-700 to 304.17A-730;
- 5 (f) KRS 304.14-135;
- 6 (g) KRS 304.17A-580 and 304.17A-641;
- 7 (h) KRS 304.99-123;
- 8 (i) KRS 304.17A-138;
- 9 (j) KRS 304.17A-148;
- 10 (k) KRS 304.17A-163 and 304.17A-1631;~~and~~
- 11 (l) **Section 1 of this Act; and**
- 12 **(m)** Administrative regulations promulgated pursuant to statutes listed in this
- 13 subsection.

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

15 **(1)** Government shall not substantially burden a person's freedom of religion. The right

16 to act or refuse to act in a manner motivated by a sincerely held religious belief may

17 not be substantially burdened unless the government proves by clear and

18 convincing evidence that it has a compelling governmental interest in infringing the

19 specific act or refusal to act and has used the least restrictive means to further that

20 interest. A "burden" shall include indirect burdens such as withholding benefits,

21 assessing penalties, or an exclusion from programs or access to facilities.

22 **(2) Nothing in Section 1 of this Act shall be construed to be in violation of this**

23 **section.**

24 ➔Section 8. (1) Each insurer of a health benefit plan, as defined in Section 1

25 of this Act, shall, in consultation with its pharmacy benefit manager, if any, submit to the

26 commissioner of the Department of Insurance, at a time and in a manner prescribed by

27 the commissioner, a report that:

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

4 (b) Indicates whether the insurer provides the coverage referenced in paragraph
5 (a) of this subsection, and if the insurer does not provide the coverage, whether they
6 would, or are likely to, add the coverage to one or more of the insurer's health benefit
7 plans.

8 (2) The commissioner of the Department of Insurance shall utilize the
9 information received under subsection (1) of this section, in addition to any other
10 information available to the commissioner, to submit a written report to the Legislative
11 Research Commission, on or before July 1, 2025, that shall include:

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

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

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

19 ➔Section 9. Sections 1, 5, and 6 of this Act apply to health benefit plans issued or
20 renewed on or after January 1, 2024.

21 ➔Section 10. If the Cabinet for Health and Family Services determines that a
22 waiver or any other authorization from a federal agency is necessary to implement
23 Section 3 or 4 of this Act for any reason, including the loss of federal funds, the Cabinet
24 shall, within 90 days after the effective date of this section, request the waiver or
25 authorization, and may only delay implementation of those provisions for which a waiver
26 or authorization was deemed necessary until the waiver or authorization is granted.

27 ➔Section 11. Sections 1 and Sections 3 to 9 of this Act take effect January 1,

1 2024.