

1 AN ACT relating to coverage for substance use disorder.

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, "in-home program" means a program offered by a health**  
6 **care facility or health care professional for the treatment of substance use**  
7 **disorder which the insured accesses through telehealth as defined in KRS**  
8 **211.332.**

9 **(2) Any health insurance policy, plan, certificate, or contract that provides coverage**  
10 **for substance use disorder shall provide coverage for the treatment of substance**  
11 **use disorder by:**

12 **(a) An inpatient facility, which shall include, at a minimum, coverage for a stay**  
13 **of up to six (6) months; and**

14 **(b) An in-home program.**

15 **(3) Nothing in this section shall be construed to limit the coverage required by KRS**  
16 **304.17A-138 or any other law.**

17 ➔SECTION 2. A NEW SECTION OF ARTICLE 17C OF KRS CHAPTER 304  
18 IS CREATED TO READ AS FOLLOWS:

19 **Section 1 of this Act shall apply to limited health service benefit plans, including any**  
20 **limited health service contract as defined in KRS 304.38A-010.**

21 ➔SECTION 3. A NEW SECTION OF SUBTITLE 38A OF KRS CHAPTER 304  
22 IS CREATED TO READ AS FOLLOWS:

23 **Limited health service organizations shall comply with Section 1 of this Act.**

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

25 (1) The Department for Medicaid Services and any managed care organization  
26 contracted to provide Medicaid benefits pursuant to this chapter shall comply with  
27 the provisions of **Section 1 of this Act and** KRS 304.17A-163, 304.17A-1631,

1 304.17A-167, 304.17A-235, 304.17A-257, 304.17A-259, 304.17A-515, 304.17A-  
2 580, 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743,  
3 as applicable.

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

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

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

14 (a) The eligibility criteria for children covered by the Kentucky Children's Health  
15 Insurance Program. However, no person eligible for services under Title XIX  
16 of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended, shall  
17 be eligible for services under the Kentucky Children's Health Insurance  
18 Program except to the extent that Title XIX coverage is expanded by KRS  
19 205.6481 to 205.6495 and KRS 304.17A-340;

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

24 1. The standard Blue Cross/Blue Shield preferred provider option under  
25 the Federal Employees Health Benefit Plan established by 5 U.S.C. sec.  
26 8903(1);

27 2. A mid-range health benefit coverage plan that is offered and generally

- 1 available to state employees; or
- 2 3. Health insurance coverage offered by a health maintenance organization
- 3 that has the largest insured commercial, non-Medicaid enrollment of
- 4 covered lives in the state;
- 5 (c) The premium contribution per family of health insurance coverage available
- 6 under the Kentucky Children's Health Insurance Program with provisions for
- 7 the payment of premium contributions by families of children eligible for
- 8 coverage by the program based upon a sliding scale relating to family income.
- 9 Premium contributions shall be based on a six (6) month period not to exceed:
- 10 1. Ten dollars (\$10), to be paid by a family with income between one
- 11 hundred percent (100%) to one hundred thirty-three percent (133%) of
- 12 the federal poverty level;
- 13 2. Twenty dollars (\$20), to be paid by a family with income between one
- 14 hundred thirty-four percent (134%) to one hundred forty-nine percent
- 15 (149%) of the federal poverty level; and
- 16 3. One hundred twenty dollars (\$120), to be paid by a family with income
- 17 between one hundred fifty percent (150%) to two hundred percent
- 18 (200%) of the federal poverty level, and which may be made on a partial
- 19 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)
- 20 per quarter;
- 21 (d) There shall be no copayments for services provided under the Kentucky
- 22 Children's Health Insurance Program; and
- 23 (e) The criteria for health services providers and insurers wishing to contract with
- 24 the Commonwealth to provide the children's health insurance coverage.
- 25 However, the cabinet shall provide, in any contracting process for the
- 26 preventive health insurance program, the opportunity for a public health
- 27 department to bid on preventive health services to eligible children within the

1 public health department's service area. A public health department shall not  
2 be disqualified from bidding because the department does not currently offer  
3 all the services required by paragraph (b) of this subsection. The criteria shall  
4 be set forth in administrative regulations under KRS Chapter 13A and shall  
5 maximize competition among the providers and insurers. The Cabinet for  
6 Finance and Administration shall provide oversight over contracting policies  
7 and procedures to assure that the number of applicants for contracts is  
8 maximized.

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

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

16 (4) The Kentucky Children's Health Insurance ~~Program~~<sup>Plan</sup> shall comply with:

17 (a) KRS 304.17A-163 and 304.17A-1631; and

18 (b) Section 1 of this Act.

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

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

26 (2) All retirement annuity allowances accrued or accruing to any employee of a state  
27 postsecondary educational institution through a retirement program sponsored by

1 the state postsecondary educational institution are hereby exempt from any state,  
2 county, or municipal tax, and shall not be subject to execution, attachment,  
3 garnishment, or any other process whatsoever, nor shall any assignment thereof be  
4 enforceable in any court. Except retirement benefits accrued or accruing to any  
5 employee of a state postsecondary educational institution through a retirement  
6 program sponsored by the state postsecondary educational institution on or after  
7 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
8 provided in KRS 141.010 and 141.0215.

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

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

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

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

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

21 (a) KRS 304.17A-163 and 304.17A-1631; and

22 (b) Section 1 of this Act.

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

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

25 1. Any person, including an elected public official, who is regularly  
26 employed by any department, office, board, agency, or branch of state  
27 government; or by a public postsecondary educational institution; or by

- 1 any city, urban-county, charter county, county, or consolidated local  
2 government, whose legislative body has opted to participate in the state-  
3 sponsored health insurance program pursuant to KRS 79.080; and who  
4 is either a contributing member to any one (1) of the retirement systems  
5 administered by the state, including but not limited to the Kentucky  
6 Retirement Systems, County Employees Retirement System, Kentucky  
7 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
8 Judicial Retirement Plan; or is receiving a contractual contribution from  
9 the state toward a retirement plan; or, in the case of a public  
10 postsecondary education institution, is an individual participating in an  
11 optional retirement plan authorized by KRS 161.567; or is eligible to  
12 participate in a retirement plan established by an employer who ceases  
13 participating in the Kentucky Employees Retirement System pursuant to  
14 KRS 61.522 whose employees participated in the health insurance plans  
15 administered by the Personnel Cabinet prior to the employer's effective  
16 cessation date in the Kentucky Employees Retirement System;
- 17 2. Any certified or classified employee of a local board of education or a  
18 public charter school as defined in KRS 160.1590;
- 19 3. Any elected member of a local board of education;
- 20 4. Any person who is a present or future recipient of a retirement  
21 allowance from the Kentucky Retirement Systems, County Employees  
22 Retirement System, Kentucky Teachers' Retirement System, the  
23 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
24 Kentucky Community and Technical College System's optional  
25 retirement plan authorized by KRS 161.567, except that a person who is  
26 receiving a retirement allowance and who is age sixty-five (65) or older  
27 shall not be included, with the exception of persons covered under KRS

- 1                   61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively  
2                   employed pursuant to subparagraph 1. of this paragraph; and
- 3           5. Any eligible dependents and beneficiaries of participating employees  
4                   and retirees who are entitled to participate in the state-sponsored health  
5                   insurance program;
- 6           (b) The term "health benefit plan" for the purposes of this section means a health  
7                   benefit plan as defined in KRS 304.17A-005;
- 8           (c) The term "insurer" for the purposes of this section means an insurer as defined  
9                   in KRS 304.17A-005; and
- 10          (d) The term "managed care plan" for the purposes of this section means a  
11                   managed care plan as defined in KRS 304.17A-500.
- 12   (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
13                   recommendation of the secretary of the Personnel Cabinet, shall procure, in  
14                   compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,  
15                   from one (1) or more insurers authorized to do business in this state, a group  
16                   health benefit plan that may include but not be limited to health maintenance  
17                   organization (HMO), preferred provider organization (PPO), point of service  
18                   (POS), and exclusive provider organization (EPO) benefit plans  
19                   encompassing all or any class or classes of employees. With the exception of  
20                   employers governed by the provisions of KRS Chapters 16, 18A, and 151B,  
21                   all employers of any class of employees or former employees shall enter into  
22                   a contract with the Personnel Cabinet prior to including that group in the state  
23                   health insurance group. The contracts shall include but not be limited to  
24                   designating the entity responsible for filing any federal forms, adoption of  
25                   policies required for proper plan administration, acceptance of the contractual  
26                   provisions with health insurance carriers or third-party administrators, and  
27                   adoption of the payment and reimbursement methods necessary for efficient

1 administration of the health insurance program. Health insurance coverage  
2 provided to state employees under this section shall, at a minimum, contain  
3 the same benefits as provided under Kentucky Kare Standard as of January 1,  
4 1994, and shall include a mail-order drug option as provided in subsection  
5 (13) of this section. All employees and other persons for whom the health care  
6 coverage is provided or made available shall annually be given an option to  
7 elect health care coverage through a self-funded plan offered by the  
8 Commonwealth or, if a self-funded plan is not available, from a list of  
9 coverage options determined by the competitive bid process under the  
10 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available  
11 during annual open enrollment.

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

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

24 (d) Any carrier bidding to offer health care coverage to employees shall agree to  
25 provide enrollment, claims, and utilization data to the Commonwealth in a  
26 format specified by the Personnel Cabinet with the understanding that the data  
27 shall be owned by the Commonwealth; to provide data in an electronic form



1 and within a time frame specified by the Personnel Cabinet; and to be subject  
2 to penalties for noncompliance with data reporting requirements as specified  
3 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
4 to protect the confidentiality of each individual employee; however,  
5 confidentiality assertions shall not relieve a carrier from the requirement of  
6 providing stipulated data to the Commonwealth.

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

22 (f) If any agency participating in the state-sponsored employee health insurance  
23 program for its active employees terminates participation and there is a state  
24 appropriation for the employer's contribution for active employees' health  
25 insurance coverage, then neither the agency nor the employees shall receive  
26 the state-funded contribution after termination from the state-sponsored  
27 employee health insurance program.

- 1 (g) Any funds in flexible spending accounts that remain after all reimbursements  
2 have been processed shall be transferred to the credit of the state-sponsored  
3 health insurance plan's appropriation account.
- 4 (h) Each entity participating in the state-sponsored health insurance program shall  
5 provide an amount at least equal to the state contribution rate for the employer  
6 portion of the health insurance premium. For any participating entity that used  
7 the state payroll system, the employer contribution amount shall be equal to  
8 but not greater than the state contribution rate.
- 9 (3) The premiums may be paid by the policyholder:
- 10 (a) Wholly from funds contributed by the employee, by payroll deduction or  
11 otherwise;
- 12 (b) Wholly from funds contributed by any department, board, agency, public  
13 postsecondary education institution, or branch of state, city, urban-county,  
14 charter county, county, or consolidated local government; or
- 15 (c) Partly from each, except that any premium due for health care coverage or  
16 dental coverage, if any, in excess of the premium amount contributed by any  
17 department, board, agency, postsecondary education institution, or branch of  
18 state, city, urban-county, charter county, county, or consolidated local  
19 government for any other health care coverage shall be paid by the employee.
- 20 (4) If an employee moves his or her place of residence or employment out of the  
21 service area of an insurer offering a managed health care plan, under which he or  
22 she has elected coverage, into either the service area of another managed health care  
23 plan or into an area of the Commonwealth not within a managed health care plan  
24 service area, the employee shall be given an option, at the time of the move or  
25 transfer, to change his or her coverage to another health benefit plan.
- 26 (5) No payment of premium by any department, board, agency, public postsecondary  
27 educational institution, or branch of state, city, urban-county, charter county,

1 county, or consolidated local government shall constitute compensation to an  
2 insured employee for the purposes of any statute fixing or limiting the  
3 compensation of such an employee. Any premium or other expense incurred by any  
4 department, board, agency, public postsecondary educational institution, or branch  
5 of state, city, urban-county, charter county, county, or consolidated local  
6 government shall be considered a proper cost of administration.

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

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

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

17 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
18 State Health Insurance Subscribers to advise the secretary or the secretary's  
19 designee regarding the state-sponsored health insurance program for employees.  
20 The secretary shall appoint, from a list of names submitted by appointing  
21 authorities, members representing school districts from each of the seven (7)  
22 Supreme Court districts, members representing state government from each of the  
23 seven (7) Supreme Court districts, two (2) members representing retirees under age  
24 sixty-five (65), one (1) member representing local health departments, two (2)  
25 members representing the Kentucky Teachers' Retirement System, and three (3)  
26 members at large. The secretary shall also appoint two (2) members from a list of  
27 five (5) names submitted by the Kentucky Education Association, two (2) members

1 from a list of five (5) names submitted by the largest state employee organization of  
2 nonschool state employees, two (2) members from a list of five (5) names submitted  
3 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
4 names submitted by the Kentucky League of Cities, and two (2) members from a  
5 list of names consisting of five (5) names submitted by each state employee  
6 organization that has two thousand (2,000) or more members on state payroll  
7 deduction. The advisory committee shall be appointed in January of each year and  
8 shall meet quarterly.

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

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

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

26 (13) (a) The policies of health insurance coverage procured under subsection (2) of  
27 this section shall include a mail-order drug option for maintenance drugs for

1 state employees. Maintenance drugs may be dispensed by mail order in  
2 accordance with Kentucky law.

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

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

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

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

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

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

- 1 (18) If a state employee's residence and place of employment are each located in  
2 counties in which the hospitals do not offer surgical services, intensive care  
3 services, obstetrical services, level II neonatal services, diagnostic cardiac  
4 catheterization services, and magnetic resonance imaging services, the employee  
5 may select a plan available in a county contiguous to the county of residence that  
6 does provide those services, and the state contribution for the plan shall be the  
7 amount available in the county where the plan selected is located.
- 8 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and  
9 in the best interests of the state group to allow any carrier bidding to offer health  
10 care coverage under this section to submit bids that may vary county by county or  
11 by larger geographic areas.
- 12 (20) Notwithstanding any other provision of this section, the bid for proposals for health  
13 insurance coverage for calendar year 2004 shall include a bid scenario that reflects  
14 the statewide rating structure provided in calendar year 2003 and a bid scenario that  
15 allows for a regional rating structure that allows carriers to submit bids that may  
16 vary by region for a given product offering as described in this subsection:
- 17 (a) The regional rating bid scenario shall not include a request for bid on a  
18 statewide option;
- 19 (b) The Personnel Cabinet shall divide the state into geographical regions which  
20 shall be the same as the partnership regions designated by the Department for  
21 Medicaid Services for purposes of the Kentucky Health Care Partnership  
22 Program established pursuant to 907 KAR 1:705;
- 23 (c) The request for proposal shall require a carrier's bid to include every county  
24 within the region or regions for which the bid is submitted and include but not  
25 be restricted to a preferred provider organization (PPO) option;
- 26 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
27 carrier all of the counties included in its bid within the region. If the Personnel

1 Cabinet deems the bids submitted in accordance with this subsection to be in  
2 the best interests of state employees in a region, the cabinet may award the  
3 contract for that region to no more than two (2) carriers; and

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

6 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
7 after July 12, 2006, to public employees pursuant to this section which provides  
8 coverage for services rendered by a physician or osteopath duly licensed under KRS  
9 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
10 under the provisions of KRS Chapter 320 shall provide the same payment of  
11 coverage to optometrists as allowed for those services rendered by physicians or  
12 osteopaths.

13 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
14 public employees pursuant to this section shall comply with:

- 15 (a) KRS 304.12-237;
- 16 (b) KRS 304.17A-270 and 304.17A-525;
- 17 (c) KRS 304.17A-600 to 304.17A-633;
- 18 (d) KRS 205.593;
- 19 (e) KRS 304.17A-700 to 304.17A-730;
- 20 (f) KRS 304.14-135;
- 21 (g) KRS 304.17A-580 and 304.17A-641;
- 22 (h) KRS 304.99-123;
- 23 (i) KRS 304.17A-138;
- 24 (j) KRS 304.17A-148;
- 25 (k) KRS 304.17A-163 and 304.17A-1631;~~and~~

26 (l) **Section 1 of this Act; and**

27 **(m)** Administrative regulations promulgated pursuant to statutes listed in this

1 subsection.

2 ➔Section 8. Sections 1, 2, 3, 6, and 7 of this Act apply to policies, plans,  
3 certificates, and contracts issued or renewed on or after the effective date of this section.

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

10 ➔Section 10. Sections 1 to 8 of this Act take effect January 1, 2024.