HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM

2024 REGULAR SESSION

Amend printed copy of **SB 74/HCS 1**

On page 1, between lines 2 and 3, by inserting:

"➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

(1) The Kentucky maternal psychiatry access program, also known as the Kentucky Lifeline for Moms, is hereby established. The purpose of the program shall be to help health care practitioners in the Commonwealth meet the needs of a mother with mental illness or an intellectual disability.

(2) The program shall be operated by the Cabinet for Health and Family Services, Department for Public Health, Division of Maternal and Child Health.

(3) The program shall, at a minimum, employ a psychiatrist licensed pursuant to KRS Chapter 311 and a psychologist licensed pursuant to KRS Chapter 319.

(4) The program shall operate a dedicated hotline phone number Monday through Friday from 8 a.m. to 5 p.m. local time that serves as the entry point to the program for health care practitioners to be able to get services for a mother with mental illness or with an intellectual disability. Services shall include:

(a) An immediate clinical consultation over the telephone;

(b) An expedited face-to-face mental health consultation;

(c) Care coordination for assistance with referrals to community behavioral health

Amendment No. HFA Rep. Rep. Kimberly Poore Moser

Committee Amendment Signed:

Floor Amendment LRC Drafter:

Adopted: Date:

Rejected: Doc. ID: XXXX

services; and

(d) Continuing professional education specifically designed for health care practitioners.

(5) The department shall, within sixty (60) days of the effective date of this Act, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the provisions of this section.

➔Section 2. KRS 211.122 is amended to read as follows:

(1) The Cabinet for Health and Family Services shall, in cooperation with maternal and infant health and mental health professional societies:

(a) Develop written information on perinatal mental health disorders and make it available on its website for access by birthing centers, hospitals that provide labor and delivery services, and the public; and

(b) Provide access on its website to one (1) or more evidence-based clinical assessment tools designed to detect the symptoms of perinatal mental health disorders for use by health care providers providing perinatal care and health care providers providing pediatric infant care.

(2) The Cabinet for Health and Family Services shall establish ***the Kentucky maternal and infant health collaborative. The collaborative shall be composed of the following members appointed by the secretary of the Cabinet for Health and Family Services:*** ~~[a collaborative panel composed of]~~

(a) Four (4) representatives of health care facilities that provide obstetrical***,*** ~~[and]~~newborn~~[care]~~, maternal***,*** and infant health care***, one (1) of whom shall be a member of the Kentucky Chapter of the American College of Obstetricians and Gynecologists;***

(b) Two (2) providers ***of***~~[,]~~ maternal mental health ***care;***

(c) Two (2) ~~[providers,]~~representatives of university mental health training programs***;***

(d) Two (2) ~~[,]~~ maternal health advocates***;***

(e) Three (3) ~~[,]~~ women***, each of whom shall have*** ~~[with]~~ experience living with ***at least one (1) of the following:***

1. Perinatal mental health disorders***;***

2. Substance use disorder; and

3. Intimate partner violence;

(f) One (1) public health director of a local health department in the Commonwealth; and

(g) The commissioner of the Department for Public Health or his or her designee.

(3) The ~~[, and other stakeholders for the]~~ purposes of ***the collaborative shall be***:

(a) Improving the quality of prevention and treatment of perinatal mental health disorders;

(b) Promoting the implementation of evidence-based bundles of care to improve patient safety;

(c) Identifying unaddressed gaps in service related to perinatal mental health disorders that are linked to geographic, racial, and ethnic inequalities; lack of screenings; and insufficient access to treatments, professionals, or support groups; and

(d) Exploring grant and other funding opportunities and making recommendations for funding allocations to address the need for services and supports for perinatal mental health disorders.

(4) ~~[(3)]~~ ***The collaborative shall annually review the operations of the Kentucky maternal psychiatry access program established in Section 1 of this Act.***

(5) The objectives set forth in subsection ***(3)*** ~~[(2)(a) to (d)]~~ of this section may be achieved by incorporating the ***collaborative's*** ~~[panel's]~~ findings and recommendations into other

programs administered by the Cabinet for Health and Family Services that are intended to improve maternal health care quality and safety.

(6) ~~[(4)]~~ On or before November 1 of each year, the ***collaborative*** ~~[panel]~~ shall submit a report to the Interim Joint Committee on Families and Children, the Interim Joint Committee on Health Services, and the Advisory Council for Medical Assistance describing the ***collaborative's*** ~~[panel's]~~ work and any recommendations to address identified gaps in services and supports for perinatal mental health disorders.

➔Section 3. KRS 211.690 is amended to read as follows:

(1) There is established within the Cabinet for Health and Family Services the Health Access Nurturing Development Services (HANDS) program as a voluntary statewide home visitation program, for the purpose of providing assistance to at-risk parents during the prenatal period and until the child's third birthday. The HANDS program recognizes that parents are the primary decision-makers for their children. The goals of the HANDS program ***shall be*** ~~[are]~~ to:

(a) Facilitate safe and healthy delivery of babies;

(b) Provide information about optimal child growth and human development;

(c) Facilitate the safety and health of homes; and

(d) Encourage greater self-sufficiency of families.

(2) The cabinet shall administer the HANDS program in cooperation with the Cabinet for Health and Family Services and the local public health departments. The voluntary home visitation program may supplement, but shall not duplicate, any existing program that provides assistance to parents of young children.

(3) The HANDS program shall include ~~[an]~~educational ***components*** ~~[component]~~ on***:***

(a) ~~[ ]~~The recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020***;***

(b) Information related to lactation consultation and breastfeeding information; and

(c) Information related to the importance of safe sleep for babies as a way to prevent sudden infant death syndrome as defined in KRS 213.011.

(4) Participants in the HANDS program shall express informed consent to participate by~~[written]~~ agreement on a form promulgated by the Cabinet for Health and Family Services.

(5) Participants in the HANDS program shall participate in the home visitation program through in-person face-to-face methods or through tele-service delivery methods. For the purposes of this subsection, "tele-service" means a home visitation service provided through video communication with the HANDS provider, parent, and child present in real time.

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

(1) As used in this section:

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

(b) "Individual Exchange":

1. Means a governmental agency or nonprofit entity that makes qualified health plans, as defined in 42 U.S.C. sec. 18021, as amended, available to qualified individuals;

2. Includes an exchange serving the individual market for qualified individuals; and

3. Does not include a Small Business Health Options Program serving the small group market for qualified employers.

(2) To the extent permitted by federal law:

(a) The following shall provide a special enrollment period to pregnant women who are eligible for coverage:

1. Any insurer offering a health benefit plan in the individual market, which shall include student health insurance coverage as defined in 45 C.F.R. sec. 147.145, as amended; and

2. Any individual exchange operating in this state;

(b) Except as provided in paragraph (c) of this subsection, the insurer or exchange shall allow a pregnant woman, and any individual who is eligible for coverage because of a relationship to a pregnant woman, to enroll for coverage under the plan or on the exchange at any time during the pregnancy;

(c) If the insurer or exchange is required by federal law to limit the enrollment period to a period that is less than the period provided in paragraph (b) of this subsection:

1. The enrollment period shall not be less than the maximum period of time permitted by federal law; and

2. The enrollment period shall begin not earlier than the date that the pregnant woman receives confirmation of the pregnancy from a medical professional;

(d) The coverage required under this subsection shall begin no later than the first day of the first calendar month in which a medical professional determines that the pregnancy began, except that a pregnant woman may direct coverage to begin on the first day of any month occurring after that date but during the pregnancy; and

(e) If a directive under paragraph (d) of this subsection falls outside of the pregnancy period, the coverage required under this subsection shall begin no later than the first day of the last month that occurred during the pregnancy.

(3) (a) Nothing in this section shall be construed to imply that the insured is not

responsible for the payment of premiums for each month during which coverage is provided.

(b) For any coverage provided under this section, the original or first premium shall become due and owing not earlier than thirty (30) days after the date of enrollment.

➔Section 5. KRS 304.17A-145 is amended to read as follows:

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

(a) "Health benefit plan" has the same meaning as in KRS 304.17A-005, except for purposes of this section, the term:

1. Includes student health insurance offered by a Kentucky-licensed insurer under written contract with a university or college whose students it proposes to insure; and

2. Does not include a group health benefit plan that provides grandfathered health plan coverage as defined in 45 C.F.R. sec. 147.140(a), as amended;

(b) "In-home program" means a program offered by a health care facility or health care professional for the treatment of substance use disorder which the insured accesses through telehealth or digital health services; and

(c) "Telehealth" or "digital health" has the same meaning as in KRS 211.332.

(2) Except as provided for in subsection (5) of this section:

(a) A health benefit plan ***shall provide***~~[issued or renewed on or after July 15, 1996, that provides]~~ maternity coverage***; and***

(b) The coverage required by this subsection includes coverage for:~~[shall provide]~~

1. All individuals covered under the plan, including dependents, regardless of age;

2. Maternity care associated with pregnancy, childbirth, and postpartum care;

3. Labor and delivery;

4. All breastfeeding services and supplies required under 42 U.S.C. sec. 300gg-13(a) and any related federal regulations, as amended; and

5. [Coverage for]***Except as provided in subsection (3) of this section,*** inpatient care for a mother and her newly-born child for a minimum of***:***

a. Forty-eight (48) hours after vaginal delivery***; or***[and a minimum of]

b. Ninety-six (96) hours after delivery by Cesarean section.

(3)[(2)] The provisions of subsection ***(2)(b)5.***[(1)] of this section shall not apply to a health benefit plan if***:***

(a) The[health benefit] plan authorizes an initial postpartum home visit which would include the collection of an adequate sample for the hereditary and metabolic newborn screening***;*** and[if]

(b) The attending physician, with the consent of the mother of the ***newly born***[newly-born] child, authorizes a shorter length of stay[than that required of health benefit plans in subsection (1) of this section] upon the physician's determination that the mother and newborn meet the criteria for medical stability in the most current version of "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists***.***

(4) Except as provided for in subsection (5) of this section, a health benefit plan shall provide coverage:

(a) To pregnant and postpartum women for an in-home program; and

(b) For telehealth or digital health services that are related to maternity care associated with pregnancy, childbirth, and postpartum care.

(5) If the application of any requirement of this section to a qualified health plan as defined in 42 U.S.C. sec. 18021(a)(1), as amended, would result in a determination that the state must make payments to defray the cost of the requirement under 42 U.S.C. sec.

18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the requirement shall not apply to the qualified health plan until the cost defrayal requirement is no longer applicable.

➔Section 6. KRS 18A.225 (Effective January 1, 2025) is amended to read as follows:

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

1. Any person, including an elected public official, who is regularly employed by any department, office, board, agency, or branch of state government; or by a public postsecondary educational institution; or by any city, urban-county, charter county, county, or consolidated local government, whose legislative body has opted to participate in the state-sponsored health insurance program pursuant to KRS 79.080; and who is either a contributing member to any one (1) of the retirement systems administered by the state, including but not limited to the Kentucky Retirement Systems, County Employees Retirement System, Kentucky Teachers' Retirement System, the Legislators' Retirement Plan, or the Judicial Retirement Plan; or is receiving a contractual contribution from the state toward a retirement plan; or, in the case of a public postsecondary education institution, is an individual participating in an optional retirement plan authorized by KRS 161.567; or is eligible to participate in a retirement plan established by an employer who ceases participating in the Kentucky Employees Retirement System pursuant to KRS 61.522 whose employees participated in the health insurance plans administered by the Personnel Cabinet prior to the employer's effective cessation date in the Kentucky Employees Retirement System;
2. Any certified or classified employee of a local board of education or a public charter school as defined in KRS 160.1590;

3. Any elected member of a local board of education;

4. Any person who is a present or future recipient of a retirement allowance from the Kentucky Retirement Systems, County Employees Retirement System, Kentucky Teachers' Retirement System, the Legislators' Retirement Plan, the Judicial Retirement Plan, or the Kentucky Community and Technical College System's optional retirement plan authorized by KRS 161.567, except that a person who is receiving a retirement allowance and who is age sixty-five (65) or older shall not be included, with the exception of persons covered under KRS 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively employed pursuant to subparagraph 1. of this paragraph; and

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

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

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

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

(2) (a) The secretary of the Finance and Administration Cabinet, upon the recommendation of the secretary of the Personnel Cabinet, shall procure, in compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090, from one (1) or more insurers authorized to do business in this state, a group health benefit plan that may include but not be limited to health maintenance organization (HMO), preferred provider organization (PPO), point of service (POS), and exclusive provider organization

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

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

(c) Any carrier bidding to offer health care coverage to employees shall agree to provide coverage to all members of the state group, including active employees and retirees and their eligible covered dependents and beneficiaries, within the county or counties specified in its bid. Except as provided in subsection (20) of this section, any carrier

bidding to offer health care coverage to employees shall also agree to rate all employees as a single entity, except for those retirees whose former employers insure their active employees outside the state-sponsored health insurance program and as otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

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

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

provide a detailed financial analysis of the self-insurance fund including but not limited to loss ratios, reserves, and reinsurance agreements.

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

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

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

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

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

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

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

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

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

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

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

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

(9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of State

Health Insurance Subscribers to advise the secretary or the secretary's designee regarding the state-sponsored health insurance program for employees. The secretary shall appoint, from a list of names submitted by appointing authorities, members representing school districts from each of the seven (7) Supreme Court districts, members representing state government from each of the seven (7) Supreme Court districts, two (2) members representing retirees under age sixty-five (65), one (1) member representing local health departments, two (2) members representing the Kentucky Teachers' Retirement System, and three (3) members at large. The secretary shall also appoint two (2) members from a list of five (5) names submitted by the Kentucky Education Association, two (2) members from a list of five (5) names submitted by the largest state employee organization of nonschool state employees, two (2) members from a list of five (5) names submitted by the Kentucky Association of Counties, two (2) members from a list of five (5) names submitted by the Kentucky League of Cities, and two (2) members from a list of names consisting of five (5) names submitted by each state employee organization that has two thousand (2,000) or more members on state payroll deduction. The advisory committee shall be appointed in January of each year and shall meet quarterly.

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

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

(12) Any employee who is eligible for and elects to participate in the state health insurance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) KRS 304.12-237;

(b) KRS 304.17A-270 and 304.17A-525;

(c) KRS 304.17A-600 to 304.17A-633;

(d) KRS 205.593;

(e) KRS 304.17A-700 to 304.17A-730;

(f) KRS 304.14-135;

(g) KRS 304.17A-580 and 304.17A-641;

(h) KRS 304.99-123;

(i) KRS 304.17A-138;

(j) KRS 304.17A-148;

(k) KRS 304.17A-163 and 304.17A-1631;

(l) KRS 304.17A-265;

(m) KRS 304.17A-261;

(n) KRS 304.17A-262;~~[and]~~

(o) ***Section 5 of this Act; and***

(p) Administrative regulations promulgated pursuant to statutes listed in this subsection.

(23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to public employees pursuant to this section shall provide a special enrollment period to pregnant women who are eligible for coverage in accordance with the requirements set forth in Section 4 of this Act.

(b) The Department of Employee Insurance shall, at or before the time a public employee is initially offered the opportunity to enroll in the plan or coverage, provide the employee a notice of the special enrollment rights under this subsection.

➔Section 7. KRS 164.2871 (Effective January 1, 2025) is amended to read as follows:

(1) The governing board of each state postsecondary educational institution is authorized to

purchase liability insurance for the protection of the individual members of the governing board, faculty, and staff of such institutions from liability for acts and omissions committed in the course and scope of the individual's employment or service. Each institution may purchase the type and amount of liability coverage deemed to best serve the interest of such institution.

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

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

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

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

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

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

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

(b) KRS 304.17A-265;

(c) KRS 304.17A-261;~~[and]~~

(d) KRS 304.17A-262***; and***

(e) Section 5 of this Act.

(6) (a) A self-insured employer group health plan provided by the governing board of a state postsecondary education institution to its employees shall provide a special enrollment period to pregnant women who are eligible for coverage in accordance with the requirements set forth in Section 4 of this Act.

(b) The governing board of a state postsecondary education institution shall, at or before the time an employee is initially offered the opportunity to enroll in the plan or coverage, provide the employee a notice of the special enrollment rights under this subsection.

➔Section 8. KRS 194A.099 is amended to read as follows:

(1) The Division of Health Benefit Exchange ***within the Office of Data Analytics*** shall administer the provisions of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148.

(2) The Division of Health Benefit Exchange shall:

(a) Facilitate enrollment in health coverage and the purchase and sale of qualified health plans in the individual market;

(b) Facilitate the ability of eligible individuals to receive premium tax credits and cost-sharing reductions and enable eligible small businesses to receive tax credits, in compliance with all applicable federal and state laws and regulations;

(c) Oversee the consumer assistance programs of navigators, in-person assisters, certified application counselors, and insurance agents as appropriate;

(d) At a minimum, carry out the functions and responsibilities required pursuant to 42

U.S.C. sec. 18031 to implement and comply with federal regulations in accordance with 42 U.S.C. sec. 18041;~~[and]~~

(e) Regularly consult with stakeholders in accordance with 45 C.F.R. sec. 155.130***; and***

(f) Comply with Section 4 of this Act.

(3) The Office ***of Data Analytics:***

(a) May enter into contracts and other agreements with appropriate entities, including but not limited to federal, state, and local agencies, as permitted under 45 C.F.R. sec. 155.110, to the extent necessary to carry out the duties and responsibilities of the office ***if***~~[, provided that]~~ the agreements incorporate adequate protections with respect to the confidentiality of any information to be shared***;***~~[.]~~

(b)~~[(4)]~~ ~~[The office]~~Shall pursue all available federal funding for the further development and operation of the Division of Health Benefit Exchange***;***~~[.]~~

(c)~~[(5)]~~ ~~[The Office of Health Data and Analytics]~~Shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section***; and***~~[.]~~

(d)~~[(6)]~~ ~~[The office]~~Shall not establish procedures and rules that conflict with or prevent the application of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148.

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

(1) ***With respect to the administration and provision of Medicaid benefits pursuant to this chapter,*** the Department for Medicaid Services***,***~~[and]~~ any managed care organization contracted to provide Medicaid benefits pursuant to this chapter***, and the state's medical assistance program*** shall ***be subject to, and*** comply with***,*** the ***following, as applicable:***~~[provisions of]~~

(a) KRS 304.17A-163***;***~~[,]~~

(b) KRS 304.17A-1631***;***~~[,]~~

(c) KRS 304.17A-167***;*** ~~[,]~~

(d) KRS 304.17A-235***;*** ~~[,]~~

(e) KRS 304.17A-257***;*** ~~[,]~~

(f) KRS 304.17A-259***;*** ~~[,]~~

(g) KRS 304.17A-263***;*** ~~[,]~~

(h) KRS 304.17A-515***;*** ~~[,]~~

(i) KRS 304.17A-580***;*** ~~[,]~~

(j) KRS 304.17A-600, 304.17A-603, ***and*** 304.17A-607***;*** ~~[, and]~~

(k) KRS 304.17A-740 to 304.17A-743***; and*** ~~[, as applicable]~~

(l) Section 5 of this Act.

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

➔Section 10. KRS 205.592 is amended to read as follows:

(1) Except as provided in subsection (2) of this section, pregnant women, new mothers up to twelve (12) months postpartum, and children up to age one (1) shall be eligible for participation in the Kentucky Medical Assistance Program if:

(a) ~~[(1)]~~ They have family income up to but not exceeding one hundred and eighty-five percent (185%) of the nonfarm income official poverty guidelines as promulgated by the Department of Health and Human Services of the United States as revised annually; and

(b) ~~[(2)]~~ They are otherwise eligible for the program.

(2) The percentage established in subsection (1)(a) of this section may be increased to the extent:

(a) Permitted under federal law; and

(b) Funding is available.

➔Section 11. KRS 205.6485 is amended to read as follows:

(1) ***As used in this section, "KCHIP" means the Kentucky Children's Health Insurance Program.***

(2) The Cabinet for Health and Family Services shall***:***

(a) Prepare a state child health plan***, known as KCHIP,*** meeting the requirements of Title XXI of the Federal Social Security Act, for submission to the Secretary of the United States Department of Health and Human Services within such time as will permit the state to receive the maximum amounts of federal matching funds available under Title XXI***; and***~~[. The cabinet shall,]~~

(b) By administrative regulation promulgated in accordance with KRS Chapter 13A, establish the following:

1.~~[(a)]~~ The eligibility criteria for children covered by ***KCHIP, which shall include a provision that***~~[the Kentucky Children's Health Insurance Program. However,]~~ no person eligible for services under Title XIX of the Social Security Act***,*** 42 U.S.C. ***secs.*** 1396 to 1396v, as amended, shall be eligible for services under ***KCHIP,***~~[the Kentucky Children's Health Insurance Program]~~ except to the extent that Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS 304.17A-340;

2.~~[(b)]~~ The schedule of benefits to be covered by ***KCHIP***~~[the Kentucky Children's Health Insurance Program]~~, which shall***:***~~[include preventive services, vision services including glasses, and dental services including at least sealants, extractions, and fillings, and which shall]~~

a. Be at least equivalent to one (1) of the following:

i.~~[1.]~~ The standard Blue Cross/Blue Shield preferred provider option under the Federal Employees Health Benefit Plan established by ***5***

U.S.C. sec. 8903(1);

ii. ~~[2.]~~ A mid-range health benefit coverage plan that is offered and generally available to state employees; or

iii. ~~[3.]~~ Health insurance coverage offered by a health maintenance organization that has the largest insured commercial, non-Medicaid enrollment of covered lives in the state; ***and***

b. Comply with subsection (6) of this section;

3. ~~[(c)]~~ The premium contribution per family ***for*** ~~[of]~~ health insurance coverage available under the ***KCHIP, which*** ~~[Kentucky Children's Health Insurance Program with provisions for the payment of premium contributions by families of children eligible for coverage by the program based upon a sliding scale relating to family income. Premium contributions]~~ shall be based***:***

a. On a six (6) month period***; and***

b. Upon a sliding scale relating to family income not to exceed:

i. ~~[1.]~~ Ten dollars ($10), to be paid by a family with income between one hundred percent (100%) to one hundred thirty-three percent (133%) of the federal poverty level;

ii. ~~[2.]~~ Twenty dollars ($20), to be paid by a family with income between one hundred thirty-four percent (134%) to one hundred forty-nine percent (149%) of the federal poverty level; and

iii. ~~[3.]~~ One hundred twenty dollars ($120), to be paid by a family with income between one hundred fifty percent (150%) to two hundred percent (200%) of the federal poverty level, and which may be made on a partial payment plan of twenty dollars ($20) per month or sixty dollars ($60) per quarter;

4.~~[(d)]~~ There shall be no copayments for services provided under ***KCHIP***~~[the Kentucky Children's Health Insurance Program]~~; and

5.~~[(e)]~~ ***a.*** The criteria for health services providers and insurers wishing to contract with the Commonwealth to provide~~[the children's health insurance]~~ coverage ***under KCHIP***.

b. ~~[However,]~~The cabinet shall provide, in any contracting process for ***coverage of***~~[the]~~ preventive ***services***~~[health insurance program]~~, the opportunity for a public health department to bid on preventive health services to eligible children within the public health department's service area. A public health department shall not be disqualified from bidding because the department does not currently offer all the services required by~~[paragraph (b) of]~~ this ***section***~~[subsection]~~. The criteria shall be set forth in administrative regulations under KRS Chapter 13A and shall maximize competition among the providers and insurers. The~~[Cabinet for]~~ Finance and Administration ***Cabinet*** shall provide oversight over contracting policies and procedures to assure that the number of applicants for contracts is maximized.

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

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

(5)~~[(4)]~~ ***KCHIP***~~[The Kentucky Children's Health Insurance Plan]~~ shall comply with KRS

304.17A-163 and 304.17A-1631.

(6) The schedule of benefits required under subsection (2)(b)2. of this section shall include:

(a) Preventive services;

(b) Vision services, including glasses;

(c) Dental services, including sealants, extractions, and fillings; and

(d) The coverage required under Section 5 of this Act.

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

(1) As used in this section:

(a) "Breast pump kit" means a collection of tubing, valves, flanges, bottles, and other parts required to extract human milk using a breast pump;

(b) "In-home program" means a program offered by a health care facility or health care professional for the treatment of substance use disorder which the insured accesses through telehealth or digital health service;

(c) "Lactation consultation" means the clinical application of scientific principles and a multidisciplinary body of evidence for evaluation, problem identification, treatment, education, and consultation to families regarding the course of lactation and feeding by a qualified clinical lactation care practitioner, including but not be limited to:

1. Clinical maternal, child, and feeding history and assessment related to breastfeeding and human lactation through the systematic collection of subjective and objective information;

2. Analysis of data;

3. Development of a lactation management and child feeding plan with demonstration and instruction to parents;

4. Provision of lactation and feeding education;

5. The recommendation and use of assistive devices;

6. Communication to the primary health care practitioner or practitioners and referral to other health care practitioners, as needed;

7. Appropriate follow-up with evaluation of outcomes; and

8. Documentation of the encounter in a patient record;

(d) "Qualified clinical lactation care practitioner" means a licensed health care practitioner wherein lactation consultation is within their legal scope of practice; and

(e) "Telehealth" or "digital health" has the same meaning as in KRS 211.332.

(2) The Department for Medicaid Services and any managed care organization with which the department contracts for the delivery of Medicaid services shall provide coverage:

(a) For lactation consultation;

(b) For breastfeeding equipment;

(c) To pregnant and postpartum women for an in-home program; and

(d) For telehealth or digital health services that are related to maternity care associated with pregnancy, childbirth, and postpartum care.

(3) The coverage required by this section shall:

(a) Not be subject to:

1. Any cost-sharing requirements, including but not limited to copayments; or

2. Utilization management requirements, including but not limited to prior authorization, prescription, or referral, except as permitted in paragraph (d) of this subsection;

(b) Be provided in conjunction with each birth for the duration of breastfeeding, as defined by the beneficiary;

(c) For lactation consultation, include:

1. In-person, one-on-one consultation, including home visits, regardless of location of service provision;

2. The delivery of consultation via telehealth, as defined in KRS 205.510, if the beneficiary requests telehealth consultation in lieu of in-person, one-on-one consultation; or

3. Group consultation, if the beneficiary requests group consultation in lieu of in-person, one-on-one consultation; and

(d) For breastfeeding equipment, include:

1. Purchase of a single-user, double electric breast pump, or a manual pump in lieu of a double electric breast pump, if requested by the beneficiary;

2. Rental of a multi-user breast pump on the recommendation of a licensed health care provider; and

3. Two (2) breast pump kits as well as appropriately sized breast pump flanges and other lactation accessories recommended by a health care provider.

(4) (a) The breastfeeding equipment described in subsection (3)(d) of this section shall be furnished within forty-eight (48) hours of notification of need, if requested after the birth of the child, or by the later of two (2) weeks before the beneficiary's expected due date or seventy-two (72) hours after notification of need, if requested prior to the birth of the child.

(b) If the department cannot ensure delivery of breastfeeding equipment in accordance with paragraph (a) of this subsection, an individual may purchase equipment and the department or a managed care organization with whom the department contracts for the delivery of Medicaid services shall reimburse the individual for all out-of-pocket expenses incurred by the individual, including any balance billing

amounts.

➔Section 13. If the application of a provision of Section 4 or 5 of this Act results, or would result, in a determination that the state must make payments to defray the cost of the provision under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, or would be required to make payments to defray the cost of the provision under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, if the provision were not suspended or otherwise inapplicable under state law, then the Department of Insurance shall, within 180 days of the effective date of this section, apply for a waiver under 42 U.S.C. sec. 18052, as amended, or any other applicable federal law of all or any of the cost defrayal requirements.

➔Section 14. If the Cabinet for Health and Family Services determines that a waiver or other authorization from a federal agency is necessary to implement Section 8, 9, 10, 11, or 12 of this Act for any reason, including the loss of federal funds, the cabinet shall, within 90 days of the effective date of this section, request the waiver or authorization, and may only delay implementation of those provisions for which a waiver or authorization was deemed necessary until the waiver or authorization is granted.

➔Section 15. The Cabinet for Health and Family Services shall study existing doula certification programs in the United States and currently operating doula services in the Commonwealth of Kentucky. The study shall review the training and quality requirements of doula certifications and consider potential recommendations regarding doula services for populations most at risk for poor perinatal outcomes. The Cabinet for Health and Family Services may receive input from parties concerned with this study. By December 1, 2024, the Cabinet for Health and Family Services shall provide a report on the study to the Legislative Research Commission for referral to the Interim Joint Committee on Health Services. As used in this section, "doula services" means services provided by a trained nonmedical professional to support women and families throughout labor and birth, and intermittently during the prenatal

and postpartum periods.

➔Section 16. Sections 4 to 8 of this Act apply to plans issued or renewed on or after January 1, 2025.

➔Section 17. Sections 4, 5, 6, 7, 8, and 16 of this Act take effect January 1, 2025."; and

By renumbering subsequent sections accordingly; and

On page 1, line 25, by deleting "***2***" and inserting in lieu thereof "***19***"; and

On page 4, line 23, by deleting "***1***" and inserting in lieu thereof "***18***"; and

Beginning on page 12, line 25, and continuing through page 13, line 17, by deleting those lines in their entirety; and

By renumbering subsequent sections accordingly.