

1 AN ACT relating to maternal and child health.

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

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

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

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

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

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

17 *(a) An immediate clinical consultation over the telephone;*

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

19 *(c) Care coordination for assistance with referrals to community behavioral*
20 *health services; and*

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

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

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

27 (1) The Cabinet for Health and Family Services shall, in cooperation with maternal and

1 infant health and mental health professional societies:

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

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

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

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

17 (b) Two (2) providers ~~of~~ maternal mental health care;

18 (c) Two (2) ~~providers,~~ representatives of university mental health training
19 programs;

20 (d) Two (2) ~~maternal health~~ advocates;

21 (e) Three (3) ~~women with~~ each woman having experience living with at least
22 one (1) of the following:

23 1. Perinatal mental health disorders;

24 2. Substance use disorder; and

25 3. Intimate partner violence;

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

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

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

- 4 (a) Improving the quality of prevention and treatment of perinatal mental health
 5 disorders;
- 6 (b) Promoting the implementation of evidence-based bundles of care to improve
 7 patient safety;
- 8 (c) Identifying unaddressed gaps in service related to perinatal mental health
 9 disorders that are linked to geographic, racial, and ethnic inequalities; lack of
 10 screenings; and insufficient access to treatments, professionals, or support
 11 groups; and
- 12 (d) Exploring grant and other funding opportunities and making
 13 recommendations for funding allocations to address the need for services and
 14 supports for perinatal mental health disorders.

15 ~~(4)~~(3) The collaborative shall annually review the operations of the Kentucky
 16 maternal psychiatry access program established in Section 1 of this Act.

17 (5) The objectives set forth in subsection ~~(3)~~(2)~~(a) to (d)~~ of this section may be
 18 achieved by incorporating the collaborative's~~[panel's]~~ findings and
 19 recommendations into other programs administered by the Cabinet for Health and
 20 Family Services that are intended to improve maternal health care quality and
 21 safety.

22 ~~(6)~~(4) On or before November 1 of each year, the collaborative~~[panel]~~ shall submit a
 23 report to the Interim Joint Committee on Families and Children, the Interim Joint
 24 Committee on Health Services, and the Advisory Council for Medical Assistance
 25 describing the collaborative's~~[panel's]~~ work and any recommendations to address
 26 identified gaps in services and supports for perinatal mental health disorders.

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

- 1 (1) There is established within the Cabinet for Health and Family Services the Health
2 Access Nurturing Development Services (HANDS) program as a voluntary
3 statewide home visitation program, for the purpose of providing assistance to at-risk
4 parents during the prenatal period and until the child's third birthday. The HANDS
5 program recognizes that parents are the primary decision-makers for their children.
6 The goals of the HANDS program ~~shall be~~^{are} to:
- 7 (a) Facilitate safe and healthy delivery of babies;
 - 8 (b) Provide information about optimal child growth and human development;
 - 9 (c) Facilitate the safety and health of homes; and
 - 10 (d) Encourage greater self-sufficiency of families.
- 11 (2) The cabinet shall administer the HANDS program in cooperation with the Cabinet
12 for Health and Family Services and the local public health departments. The
13 voluntary home visitation program may supplement, but shall not duplicate, any
14 existing program that provides assistance to parents of young children.
- 15 (3) The HANDS program shall include ~~an~~ educational ~~components~~^{component} on:
- 16 (a) The recognition and prevention of pediatric abusive head trauma, as defined
17 in KRS 620.020;
 - 18 (b) Information related to lactation consultation and breastfeeding
19 information; and
 - 20 (c) Information related to the importance of safe sleep for babies as a way to
21 prevent sudden infant death syndrome as defined in KRS 213.011.
- 22 (4) Participants in the HANDS program shall express informed consent to participate
23 by written agreement on a form promulgated by the Cabinet for Health and Family
24 Services.
- 25 (5) Participants in the HANDS program shall participate in the home visitation
26 program through in-person face-to-face methods or through tele-service delivery
27 methods. For the purposes of this subsection, "tele-service" means a home

1 visitation service provided through video communication with the HANDS
2 provider, parent, and child present in real time.

3 ➔SECTION 4. A NEW SECTION OF SUBTITLE 17 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 includes 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) "Individual Exchange":

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

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

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

18 (2) To the extent permitted by federal law:

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

21 1. Any insurer offering a health benefit plan in the individual market,
22 which shall include student health insurance coverage as defined in
23 45 C.F.R. sec. 147.145, as amended; and

24 2. Any individual exchange operating in this state;

25 (b) Except as provided in paragraph (c) of this subsection, the insurer or
26 exchange shall allow a pregnant woman, and any individual who is eligible
27 for coverage because of a relationship to a pregnant woman, to enroll for

1 coverage under the plan or on the exchange at any time during the
2 pregnancy;

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

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

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

11 (d) The coverage required under this subsection shall begin not later than the
12 first day of the first calendar month in which a medical professional
13 determines that the pregnancy began, except that a pregnant woman may
14 direct coverage to begin on the first day of any month occurring after that
15 date but during the pregnancy; and

16 (e) If a directive under paragraph (d) of this subsection falls outside of the
17 pregnancy period, the coverage required under this subsection shall begin
18 not later than the first day of the last month that occurred during the
19 pregnancy.

20 (3) (a) Nothing in this section shall be construed to imply that the insured is not
21 responsible for the payment of premiums for each month during which
22 coverage is provided.

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

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

27 (1) As used in this section:

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

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

6 2. Does not include a group health benefit plan that provides
7 grandfathered health plan coverage as defined in 45 C.F.R. sec.
8 147.140(a), as amended;

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

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

13 (2) (a) A health benefit plan shall provide~~issued or renewed on or after July 15,~~
14 ~~1996, that provides~~ maternity coverage.

15 (b) The coverage required by this subsection includes coverage for:~~shall~~
16 ~~provide~~

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

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

21 3. Labor and delivery;

22 4. All breastfeeding services and supplies required under 42 U.S.C. sec.
23 300gg-13(a) and any related federal regulations, as amended; and

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

26 a. Forty-eight (48) hours after vaginal delivery; ~~or~~ and a minimum
27 of

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

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

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

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

14 (4) A health benefit plan shall provide coverage:

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

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

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

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

21 1. Any person, including an elected public official, who is regularly
22 employed by any department, office, board, agency, or branch of state
23 government; or by a public postsecondary educational institution; or by
24 any city, urban-county, charter county, county, or consolidated local
25 government, whose legislative body has opted to participate in the state-
26 sponsored health insurance program pursuant to KRS 79.080; and who
27 is either a contributing member to any one (1) of the retirement systems

- 1 administered by the state, including but not limited to the Kentucky
2 Retirement Systems, County Employees Retirement System, Kentucky
3 Teachers' Retirement System, the Legislators' Retirement Plan, or the
4 Judicial Retirement Plan; or is receiving a contractual contribution from
5 the state toward a retirement plan; or, in the case of a public
6 postsecondary education institution, is an individual participating in an
7 optional retirement plan authorized by KRS 161.567; or is eligible to
8 participate in a retirement plan established by an employer who ceases
9 participating in the Kentucky Employees Retirement System pursuant to
10 KRS 61.522 whose employees participated in the health insurance plans
11 administered by the Personnel Cabinet prior to the employer's effective
12 cessation date in the Kentucky Employees Retirement System;
- 13 2. Any certified or classified employee of a local board of education or a
14 public charter school as defined in KRS 160.1590;
- 15 3. Any elected member of a local board of education;
- 16 4. Any person who is a present or future recipient of a retirement
17 allowance from the Kentucky Retirement Systems, County Employees
18 Retirement System, Kentucky Teachers' Retirement System, the
19 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
20 Kentucky Community and Technical College System's optional
21 retirement plan authorized by KRS 161.567, except that a person who is
22 receiving a retirement allowance and who is age sixty-five (65) or older
23 shall not be included, with the exception of persons covered under KRS
24 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
25 employed pursuant to subparagraph 1. of this paragraph; and
- 26 5. Any eligible dependents and beneficiaries of participating employees
27 and retirees who are entitled to participate in the state-sponsored health

1 insurance program;

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

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

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

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

1 (13) of this section. All employees and other persons for whom the health care
2 coverage is provided or made available shall annually be given an option to
3 elect health care coverage through a self-funded plan offered by the
4 Commonwealth or, if a self-funded plan is not available, from a list of
5 coverage options determined by the competitive bid process under the
6 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
7 during annual open enrollment.

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

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

20 (d) Any carrier bidding to offer health care coverage to employees shall agree to
21 provide enrollment, claims, and utilization data to the Commonwealth in a
22 format specified by the Personnel Cabinet with the understanding that the data
23 shall be owned by the Commonwealth; to provide data in an electronic form
24 and within a time frame specified by the Personnel Cabinet; and to be subject
25 to penalties for noncompliance with data reporting requirements as specified
26 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions
27 to protect the confidentiality of each individual employee; however,

1 confidentiality assertions shall not relieve a carrier from the requirement of
2 providing stipulated data to the Commonwealth.

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

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

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

27 (h) Each entity participating in the state-sponsored health insurance program shall

1 provide an amount at least equal to the state contribution rate for the employer
2 portion of the health insurance premium. For any participating entity that used
3 the state payroll system, the employer contribution amount shall be equal to
4 but not greater than the state contribution rate.

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

1 of state, city, urban-county, charter county, county, or consolidated local
2 government shall be considered a proper cost of administration.

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

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

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

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

1 list of names consisting of five (5) names submitted by each state employee
2 organization that has two thousand (2,000) or more members on state payroll
3 deduction. The advisory committee shall be appointed in January of each year and
4 shall meet quarterly.

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

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

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

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

26 (b) A health insurer shall not discriminate against any retail pharmacy located
27 within the geographic coverage area of the health benefit plan and that meets

1 the terms and conditions for participation established by the insurer, including
2 price, dispensing fee, and copay requirements of a mail-order option. The
3 retail pharmacy shall not be required to dispense by mail.

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

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

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

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

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

24 (18) If a state employee's residence and place of employment are each located in
25 counties in which the hospitals do not offer surgical services, intensive care
26 services, obstetrical services, level II neonatal services, diagnostic cardiac
27 catheterization services, and magnetic resonance imaging services, the employee

1 may select a plan available in a county contiguous to the county of residence that
2 does provide those services, and the state contribution for the plan shall be the
3 amount available in the county where the plan selected is located.

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

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

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

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

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

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

27 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including

1 other requirements or criteria in the request for proposal.

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

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

11 (a) KRS 304.12-237;

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

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

14 (d) KRS 205.593;

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

16 (f) KRS 304.14-135;

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

18 (h) KRS 304.99-123;

19 (i) KRS 304.17A-138;

20 (j) KRS 304.17A-148;

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

22 (l) KRS 304.17A-265;

23 (m) KRS 304.17A-261;

24 (n) KRS 304.17A-262; ~~and~~

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

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

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

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

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

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

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

27 (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for

1 members of governing boards, faculty and staff of institutions of higher education
 2 in this state shall not be construed to be a waiver of sovereign immunity or any
 3 other immunity or privilege.

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

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

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

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

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

13 (b) KRS 304.17A-265;

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

15 (d) KRS 304.17A-262; and

16 (e) Section 5 of this Act.

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

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

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

27 (1) The Division of Health Benefit Exchange within the Office of Data Analytics shall

1 administer the provisions of the Patient Protection and Affordable Care Act of
2 2010, Pub. L. No. 111-148.

3 (2) The Division of Health Benefit Exchange shall:

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

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

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

12 (d) At a minimum, carry out the functions and responsibilities required pursuant
13 to 42 U.S.C. sec. 18031 to implement and comply with federal regulations in
14 accordance with 42 U.S.C. sec. 18041; ~~and~~

15 (e) Regularly consult with stakeholders in accordance with 45 C.F.R. sec.
16 155.130; and

17 (f) Comply with Section 4 of this Act.

18 (3) The Office of Data Analytics:

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

25 ~~(b)(4)~~ ~~The office~~ shall pursue all available federal funding for the further
26 development and operation of the Division of Health Benefit Exchange; ~~;~~

27 ~~(c)(5)~~ ~~The Office of Health Data and Analytics~~ shall promulgate

1 administrative regulations in accordance with KRS Chapter 13A to implement
2 this section; ~~and~~

3 ~~(d)(6)~~ ~~The office~~ Shall not establish procedures and rules that conflict with or
4 prevent the application of the Patient Protection and Affordable Care Act of
5 2010, Pub. L. No. 111-148.

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

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

12 (a) KRS 304.17A-163; ~~and~~

13 (b) ~~KRS~~ 304.17A-1631; ~~and~~

14 (c) ~~KRS~~ 304.17A-167; ~~and~~

15 (d) ~~KRS~~ 304.17A-235; ~~and~~

16 (e) ~~KRS~~ 304.17A-257; ~~and~~

17 (f) ~~KRS~~ 304.17A-259; ~~and~~

18 (g) ~~KRS~~ 304.17A-263; ~~and~~

19 (h) ~~KRS~~ 304.17A-515; ~~and~~

20 (i) ~~KRS~~ 304.17A-580; ~~and~~

21 (j) ~~KRS~~ 304.17A-600, 304.17A-603, and 304.17A-607; ~~and~~

22 (k) ~~KRS~~ 304.17A-740 to 304.17A-743; and ~~as applicable~~

23 (l) Section 5 of this Act.

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

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

27 (1) Except as provided in subsection (2) of this section, pregnant women, new mothers

1 up to twelve (12) months postpartum, and children up to age one (1) shall be
2 eligible for participation in the Kentucky Medical Assistance Program if:

3 ~~(a)(1)~~ They have family income up to but not exceeding one hundred and
4 eighty-five percent (85%) of the nonfarm income official poverty guidelines
5 as promulgated by the Department of Health and Human Services of the
6 United States as revised annually; and

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

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

10 **(a) Permitted under federal law; and**

11 **(b) Funding is available.**

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

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

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

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

21 **(b)** By administrative regulation promulgated in accordance with KRS Chapter
22 13A, establish the following:

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

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

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

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

8 ~~i. [1.]~~ The standard Blue Cross/Blue Shield preferred provider
 9 option under the Federal Employees Health Benefit Plan
 10 established by 5 U.S.C. sec. 8903(1);

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

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

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

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

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

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

26 ~~i. [1.]~~ Ten dollars (\$10), to be paid by a family with income
 27 between one hundred percent (100%) to one hundred thirty-

1 three percent (133%) of the federal poverty level;
 2 ~~ii.~~^{2.} Twenty dollars (\$20), to be paid by a family with income
 3 between one hundred thirty-four percent (134%) to one
 4 hundred forty-nine percent (149%) of the federal poverty
 5 level; and

6 ~~iii.~~^{3.} One hundred twenty dollars (\$120), to be paid by a
 7 family with income between one hundred fifty percent
 8 (150%) to two hundred percent (200%) of the federal
 9 poverty level, and which may be made on a partial payment
 10 plan of twenty dollars (\$20) per month or sixty dollars (\$60)
 11 per quarter;

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

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

17 b. ~~[However,]~~ The cabinet shall provide, in any contracting process
 18 for coverage of~~[the]~~ preventive services~~[health insurance~~
 19 ~~program]~~, the opportunity for a public health department to bid on
 20 preventive health services to eligible children within the public
 21 health department's service area. A public health department shall
 22 not be disqualified from bidding because the department does not
 23 currently offer all the services required by~~[paragraph (b) of]~~ this
 24 section~~[subsection]~~. The criteria shall be set forth in administrative
 25 regulations under KRS Chapter 13A and shall maximize
 26 competition among the providers and insurers. The~~[Cabinet for]~~
 27 Finance and Administration Cabinet shall provide oversight over

1 contracting policies and procedures to assure that the number of
2 applicants for contracts is maximized.

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

7 ~~(4)~~~~(3)~~ KCHIP recipients shall have direct access without a referral from any
8 gatekeeper primary care provider to dentists for covered primary dental services
9 and to optometrists and ophthalmologists for covered primary eye and vision
10 services.

11 ~~(5)~~~~(4)~~ KCHIP~~[The Kentucky Children's Health Insurance Plan]~~ shall comply with
12 KRS 304.17A-163 and 304.17A-1631.

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

15 **(a) Preventive services;**

16 **(b) Vision services, including glasses;**

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

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

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

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

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

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

27 **(c) "Lactation consultation" means the clinical application of scientific**

- 1 principles and a multidisciplinary body of evidence for evaluation, problem
2 identification, treatment, education, and consultation to families regarding
3 the course of lactation and feeding by a qualified clinical lactation care
4 practitioner, including but not be limited to:
- 5 1. Clinical maternal, child, and feeding history and assessment related to
6 breastfeeding and human lactation through the systematic collection
7 of subjective and objective information;
 - 8 2. Analysis of data;
 - 9 3. Development of a lactation management and child feeding plan with
10 demonstration and instruction to parents;
 - 11 4. Provision of lactation and feeding education;
 - 12 5. The recommendation and use of assistive devices;
 - 13 6. Communication to the primary health care practitioner or
14 practitioners and referral to other health care practitioners, as needed;
 - 15 7. Appropriate follow-up with evaluation of outcomes; and
 - 16 8. Documentation of the encounter in a patient record;
- 17 (d) "Qualified clinical lactation care practitioner" means a licensed health care
18 practitioner wherein lactation consultation is within their legal scope of
19 practice; and
- 20 (e) "Telehealth" or "digital health" has the same meaning as in KRS 211.332.
- 21 (2) The Department for Medicaid Services and any managed care organization with
22 which the department contracts for the delivery of Medicaid services shall provide
23 coverage:
- 24 (a) For lactation consultation;
 - 25 (b) For breastfeeding equipment;
 - 26 (c) To pregnant and postpartum women for an in-home program; and
 - 27 (d) For telehealth or digital health services that are related to maternity care

1 associated with pregnancy, childbirth, and postpartum care.

2 (3) The coverage required by this section shall:

3 (a) Not be subject to:

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

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

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

11 (c) For lactation consultation, include:

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

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

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

19 (d) For breastfeeding equipment, include:

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

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

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

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

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

12 ➔Section 13. If the state would, or would likely, be required to make payments to
13 defray the cost of any requirement under Section 4 or 5 of this Act, as provided under 42
14 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the Department of
15 Insurance shall, within 90 days of the effective date of this section, apply for a waiver
16 under 42 U.S.C. sec. 18052, as amended, or any other applicable federal law of all or any
17 of the cost defrayal requirements.

18 ➔Section 14. If the Cabinet for Health and Family Services determines that a
19 waiver or other authorization from a federal agency is necessary to implement Section 8,
20 9, 10, 11, or 12 of this Act for any reason, including the loss of federal funds, the cabinet
21 shall, within 90 days of the effective date of this section, request the waiver or
22 authorization, and may only delay implementation of those provisions for which a waiver
23 or authorization was deemed necessary until the waiver or authorization is granted.

24 ➔Section 15. The Cabinet for Health and Family Services shall study existing
25 doula certification programs in the United States and currently operating doula services in
26 the Commonwealth of Kentucky. The study shall review the training and quality
27 requirements of doula certifications and consider potential recommendations regarding

1 doula services for populations most at risk for poor perinatal outcomes. The Cabinet for
2 Heath and Family Services may receive input from parties concerned with this study. The
3 Cabinet for Heath and Family Services shall provide a report on the study to the Interim
4 Joint Committee on Health Services by December 1, 2024. As used in this section, "doula
5 services" means services provided by a trained nonmedical professional to support
6 women and families throughout labor and birth, and intermittently during the prenatal
7 and postpartum periods.

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

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