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1	AN ACT relating to Medicaid coverage for at-home anticoagulation management.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	→SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4	READ AS FOLLOWS:
5	(1) The Department for Medicaid Services and any managed care organization with
6	whom the department contracts for the delivery of Medicaid services shall provide
7	coverage and reimbursement for at-home prothrombin time or international
8	normalized ratio (INR) testing for anticoagulation management, including but
9	not limited to education and training for patients and caregivers, INR monitors or
10	testing devices, and all necessary supplies if the beneficiary:
11	(a) Requires chronic oral anticoagulation management for a mechanical heart
12	valve, chronic atrial fibrillation, or venous thromboembolism;
13	(b) Has been anticoagulated for at least three (3) months prior to the use of the
14	at-home testing device; and
15	(c) Has received face-to-face education and training on anticoagulation
16	management and use of the INR testing device prior to its use in the home.
17	(2) The Department for Medicaid Services may promulgate administrative
17 18	(2) The Department for Medicaid Services may promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.
18	regulations in accordance with KRS Chapter 13A to implement this section.
18 19	 → Section 2. If the Department for Medicaid Services or the Cabinet for Health
18 19 20	 regulations in accordance with KRS Chapter 13A to implement this section. → Section 2. If the Department for Medicaid Services or the Cabinet for Health and Family Services determines that a state plan amendment, waiver, or any other form
18 19 20 21	 regulations in accordance with KRS Chapter 13A to implement this section. → Section 2. If the Department for Medicaid Services or the Cabinet for Health and Family Services determines that a state plan amendment, waiver, or any other form of authorization or approval from a federal agency is necessary prior to the
18 19 20 21 22	 regulations in accordance with KRS Chapter 13A to implement this section. → Section 2. If the Department for Medicaid Services or the Cabinet for Health and Family Services determines that a state plan amendment, waiver, or any other form of authorization or approval from a federal agency is necessary prior to the implementation of Section 1 of this Act for any reason, including the loss of federal
 18 19 20 21 22 23 	regulations in accordance with KRS Chapter 13A to implement this section. → Section 2. If the Department for Medicaid Services or the Cabinet for Health and Family Services determines that a state plan amendment, waiver, or any other form of authorization or approval from a federal agency is necessary prior to the implementation of Section 1 of this Act for any reason, including the loss of federal funds, the department shall, within 90 days after the effective date of this Act, request the
 18 19 20 21 22 23 24 	regulations in accordance with KRS Chapter 13A to implement this section. → Section 2. If the Department for Medicaid Services or the Cabinet for Health and Family Services determines that a state plan amendment, waiver, or any other form of authorization or approval from a federal agency is necessary prior to the implementation of Section 1 of this Act for any reason, including the loss of federal funds, the department shall, within 90 days after the effective date of this Act, request the state plan amendment, waiver, authorization, or approval, and may only delay full

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Section 3. The Cabinet for Health and Family Services shall, in accordance with KRS 205.525, provide a copy of any state plan amendment application, waiver application, or other authorization or approval request submitted pursuant to Section 2 of this Act to the Interim Joint Committee on Health Services and the Interim Joint Committee on Appropriations and Revenue and shall provide an update on the status of any application or request submitted pursuant to Section 2 of this Act at the request of the Legislative Research Commission or any committee thereof.