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24 RS BR 1155

1	AN ACT relating to the establishment of the Medicaid Oversight and Advisory
2	Board of the Kentucky General Assembly and declaring an emergency.
3	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
4	→ SECTION 1. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
5	READ AS FOLLOWS:
6	As used in Sections 1 to 8 of this Act:
7	(1) ''Board'' means the Medicaid Oversight and Advisory Board;
8	(2) "Cabinet" means the Cabinet for Health and Family Services;
9	(3) "Commission" means the Legislative Research Commission;
10	(4) ''Department'' means the Department for Medicaid Services; and
11	(5) "Medicaid program" means the Kentucky Medical Assistance Program
12	established in KRS 205.510 to 205.630 and the Kentucky Children's Health
13	Insurance Program established in KRS 205.6483.
14	→SECTION 2. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
15	READ AS FOLLOWS:
16	The Medicaid Oversight and Advisory Board of the Kentucky General Assembly is
17	hereby established. The purpose of the board is to review, analyze, study, evaluate,
18	provide legislative oversight, and make recommendations to the General Assembly
19	regarding any aspect of the Kentucky Medicaid program including but not limited to
20	benefits and coverage policies, access to services and network adequacy, health
21	outcomes and equity, reimbursement rates, payment methodologies, delivery system
22	models, funding, and administrative regulations.
23	→SECTION 3. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
24	READ AS FOLLOWS:
25	(1) The board shall be composed of the following members:
26	(a) Twelve (12) legislative members, as follows:
27	1. Five (5) members of the House of Representatives appointed by the

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1	Speaker of the House of	f Representatives, each of whom shall serve
2	while a member of the	House for the term for which he or she has
3	been elected, one (1) of	whom shall be the chair or vice chair of the
4	House Standing Commi	ttee on Health Services, and one (1) of whom
5	shall be the chair or vic	e chair of the House Standing Committee on
6	Families and Children;	
7	2. One (1) member of the	House of Representatives appointed by the
8	<u>Minority</u> Floor Leader	of the House of Representatives, who shall
9	serve while a member o	f the House for the term for which he or she
10	has been elected;	
11	3. Five (5) members of the	e Senate appointed by the President of the
12	<u>Senate, each of whom sh</u>	all serve while a member of the Senate for the
13	<u>term for which he or sh</u>	e has been elected, one (1) of whom shall be
14	the chair or vice chair of	of the Senate Standing Committee on Health
15	Services, and one (1) of	whom shall be the chair or vice chair of the
16	Senate Standing Commi	ttee on Families and Children; and
17	4. One (1) member of the S	enate appointed by the Minority Floor Leader
18	<u>of the Senate, who shal</u>	l serve while a member of the Senate for the
19	<u>term for which he or she</u>	has been elected;
20	(b) Twelve (12) non-legislative me	embers, as follows:
21	1. The commissioner of the	e Department for Medicaid Services or his or
22	<u>her designee;</u>	
23	<u>2. The chief medical off</u>	icer of the Commonwealth or his or her
24	<u>designee;</u>	
25	3. The chair of the Advisor	ry Council for Medical Assistance established
26	in KRS 205.540 or his or	<u>her designee;</u>
27	4. The director of the Cent	er of Excellence in Rural Health, established

1	in KRS 164.937, or his or her designee;
2	5. The state budget director or his or her designee;
3	6. The Auditor of Public Accounts or his or her designee;
4	7. Two (2) members appointed by the Governor, of which:
5	a. One (1) shall have significant Medicaid-specific experience in
6	healthcare administration, financing, policy, or research; and
7	b. One (1) shall be a licensed healthcare provider who is a
8	participating Medicaid provider and who serves on one (1) of the
9	technical advisory committees to the Advisory Council for
10	Medical Assistance established in KRS 205.590;
11	8. Two (2) members appointed by the Speaker of the House of
12	<u>Representatives, of which:</u>
13	a. One (1) shall have significant Medicaid-specific experience in
14	healthcare administration, financing, policy, or research; and
15	b. One (1) shall be a licensed healthcare provider who is a
16	participating Medicaid provider and who serves on one (1) of the
17	technical advisory committees to the Advisory Council for
18	Medical Assistance established in KRS 205.590; and
19	9. Two (2) members appointed by the President of the Senate, of which:
20	a. One (1) shall have significant Medicaid-specific experience in
21	healthcare administration, financing, policy, or research; and
22	b. One (1) shall be a licensed healthcare provider who is a
23	participating Medicaid provider and who serves on one (1) of the
24	technical advisory committees to the Advisory Council for
25	Medical Assistance established in KRS 205.590; and
26	(c) Two (2) nonvoting ex officio members, as follows:
27	1. The chair of the House Standing Committee on Appropriations and

1		<u>Revenue; and</u>
2		2. The chair of the Senate Standing Committee on Appropriations and
3		<u>Revenue.</u>
4	<u>(2) (a)</u>	Of the members appointed pursuant to subsection (1)(a)1. of this section,
5		the Speaker of the House of Representatives shall designate one (1) as co-
6		<u>chair of the board.</u>
7	<u>(b)</u>	Of the members appointed pursuant to subsection(1)(a)3. of this section, the
8		President of the Senate shall designate one (1) as co-chair of the board.
9	<u>(3) For</u>	the purposes of this section, "significant Medicaid-specific experience in
10	<u>hea</u>	lthcare administration, financing, policy, or research'' means:
11	<u>(a)</u>	Experience in administering the Kentucky Medical Assistance Program;
12	<u>(b)</u>	A hospital administrator with relevant experience in Medicaid billing or
13		regulatory compliance;
14	<u>(c)</u>	An attorney licensed to practice law in the Commonwealth of Kentucky with
15		<u>relevant experience in healthcare law;</u>
16	<u>(d)</u>	A consumer or patient advocate with relevant experience in the area of
17		<u>Medicaid policy; or</u>
18	<u>(e)</u>	A current or former university professor whose primary area of emphasis is
19		healthcare economics or financing, health equity, healthcare disparities, or
20		<u>Medicaid policy.</u>
21	<u>(4) (a)</u>	Individuals appointed to the board pursuant to subsection (1)(b)7., 8., and
22		<u>9., of this section shall not:</u>
23		1. Be a member of the General Assembly; or
24		2. Be employed by a state agency of the Commonwealth of Kentucky or
25		receiving contractual compensation for services rendered to a state
26		agency of the Commonwealth of Kentucky that would conflict with his
27		or her service on the board.

1	(b) Individuals appointed to the board pursuant to subsection (1)(b)7.a., 9.a.,
2	and 9.a., of this section shall:
3	1. Serve a term of four (4) years; and
4	2. Not serve more than one (1) consecutive term, after which time he or
5	she may not be reappointed to the board for a period of at least four
6	<u>(4) years.</u>
7	(c) Individuals appointed to the board pursuant to subsection (1)(b)7.b., 8.b.,
8	and 9.b., of this section shall:
9	1. Serve a term of two (2) years; and
10	2. Not serve more than one (1) consecutive term, after which time he or
11	she may not be reappointed to the board for a period of at least two (2)
12	<u>years.</u>
13	(5) (a) Any vacancy which may occur in the membership of the board shall be
14	filled in the same manner as the original appointment.
15	(b) A member of the board whose term has expired may continue to serve until
16	such time as his or her replacement has been appointed.
17	(6) Members of the board are entitled to reimbursement for expenses incurred in the
18	performance of their duties on the board.
19	→SECTION 4. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
20	READ AS FOLLOWS:
21	(1) The board shall meet at least four (4) times during each calendar year.
22	(2) The co-chairs of the board shall have joint responsibilities for board meeting
23	agendas and presiding at board meetings.
24	(3) (a) On an alternating basis, each co-chair shall have the first option to set the
25	monthly meeting date.
26	(b) A monthly meeting may be canceled by agreement of both co-chairs.
27	(4) A majority of the entire voting membership of the board shall constitute a

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1		quorum, and all actions of the board shall be by vote of a majority of its entire
2		voting membership.
3		→SECTION 5. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
4	REA	AD AS FOLLOWS:
5	<u>The</u>	board shall have the authority to:
6	<u>(1)</u>	Require any of the following entities to provide any and all information necessary
7		to carry out the board's duties, including any contracts entered into by the
8		department, the cabinet, or any other state agency related to the administration of
9		any aspect of the Medicaid program or the delivery of Medicaid benefits or
10		services:
11		(a) The Cabinet for Health and Family Services;
12		(b) The Department for Medicaid Services;
13		(c) Any other state agency;
14		(d) Any Medicaid managed care organization with whom the department has
15		contracted for the delivery of Medicaid services;
16		(e) The state pharmacy benefit manager contracted by the department pursuant
17		to KRS 205.5512; and
18		(f) Any other entity contracted by a state agency to administer or assist in
19		administering any aspect of the Medicaid program or the delivery of
20		Medicaid benefits or services;
21	<u>(2)</u>	Establish a uniform format for reports and data submitted to the board and the
22		frequency, which may be monthly, quarterly, semiannually, annually, or
23		biannually, and the due date for the reports and data;
24	<u>(3)</u>	Conduct public hearings in furtherance of its general duties, at which it may
25		request the appearance of officials of any state agency and solicit the testimony of
26		interested groups and the general public;
27	(4)	Establish any advisory committees or subcommittees of the board that the board

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1		deems necessary to carry out the board's duties;
2	<u>(5)</u>	Request the Auditor of Public Accounts to perform a financial or special audit of
3		the Medicaid program or any aspect thereof; and
4	<u>(6)</u>	Subject to selection and approval by the Legislative Research Commission, utilize
5		the services of consultants, analysts, actuaries, legal counsel, and auditors to
6		render professional, managerial, and technical assistance, as needed.
7		→SECTION 6. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
8	REA	AD AS FOLLOWS:
9	<u>(1)</u>	The board shall:
10		(a) On an ongoing basis, conduct an impartial review of all state laws and
11		regulations governing the Medicaid program and recommend to the
12		General Assembly any changes it finds desirable with respect to program
13		administration including delivery system models, program financing,
14		benefits and coverage policies, reimbursement rates, payment
15		methodologies, provider participation, or any other aspect of the program;
16		(b) On an ongoing basis, review of any change or proposed change in federal
17		laws and regulations governing the Medicaid program and report to the
18		Legislative Research Commission on the probable costs, possible budgetary
19		implications, potential effect on healthcare outcomes, and the overall
20		desirability of any change or proposed change in federal laws or regulations
21		governing the Medicaid program;
22		(c) At the request of the Speaker of the House of Representatives or the
23		President of the Senate, evaluate proposed changes to state laws affecting
24		the Medicaid program and report to the Speaker or the President on the
25		probable costs, possible budgetary implications, potential effect on
26		healthcare outcomes, and overall desirability as a matter of public policy;
27		(d) At the request of the Legislative Research Commission, research issues

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1	related the Medicaid program;
2	(e) Beginning in 2025 and at least once every five (5) years thereafter, cause a
3	program evaluation to be conducted of the Medicaid program. In any
4	instance in which a program evaluation indicates inadequate operating or
5	administrative system controls or procedures, inaccuracies, inefficiencies,
6	waste, extravagance, unauthorized or unintended activities, or other
7	deficiencies, the board shall report its findings to the Legislative Research
8	Commission. The program evaluation shall be performed by a consultant
9	retained by the board;
10	(f) Beginning in 2026 and at least once every five (5) years thereafter, cause an
11	actuarial analysis to be performed of the Medicaid program, to evaluate the
12	<u>sufficiency and appropriateness of Medicaid reimbursement rates</u>
13	established by the department and those paid by any managed care
14	organization contracted by the department for the delivery of Medicaid
15	services. The actuarial analysis shall be performed by an actuary retained
16	by the board;
17	(g) Beginning in 2027 and at least once every five (5) years thereafter, cause
18	the overall health of the Medicaid population to be assessed. The
19	assessment shall include but not be limited to a review of health outcomes,
20	healthcare disparities among program beneficiaries and as compared to the
21	general population, and the effect of the overall health of the Medicaid
22	population on program expenses. The assessment shall be performed by a
23	consultant retained by the board;
24	(h) Beginning in 2028 and at least once every five (5) years thereafter, cause a
25	review to be made of the administrative expenses and operational cost of the
26	Medicaid program. The review shall include but not be limited to evaluating
27	the level and growth of administrative costs, the potential for legislative

1	changes to reduce administrative costs, and administrative changes the
2	department may make to reduce administrative costs or staffing needs. At
3	the discretion of the Legislative Research Commission, the review may be
4	conducted by a consultant retained by the board; and
5	(i) Beginning in 2025 and annually thereafter, publish a report covering the
6	board's evaluations and recommendations with respect to the Medicaid
7	program. The report shall be submitted to the Legislative Research
8	Commission no later than December 1 of each year, and shall include at a
9	minimum a summary of the board's current evaluation of the program and
10	any legislative recommendations made by the board.
11	(2) The board may:
12	(a) Review all new or amended administrative regulations related to the
13	Medicaid program and provide comments to the Administrative Regulation
14	<u>Review Subcommittee established in KRS 13A.020;</u>
15	(b) Make recommendations to the General Assembly, the Governor, the
16	secretary of the Cabinet for Health and Family Services, and the
17	commissioner of the Department for Medicaid Services regarding program
18	administration including benefits and coverage policies, access to services
19	and provider network adequacy, healthcare outcomes and disparities,
20	reimbursement rates, payment methodologies, delivery system models,
21	funding, and administrative regulations. Recommendations made pursuant
22	to this section shall be nonbinding and shall not have the force of law; and
23	(c) On or before December 1 of each calendar year, adopt an annual research
24	agenda. The annual research agenda may include studies, research, and
25	investigations considered by the board to be significant. Board staff shall
26	prepare a list of study and research topics related to the Medicaid program
27	for consideration by the board in the adoption of the annual research

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1	agenda. An annual research agenda adopted by the board may be amended
2	by the Legislative Research Commission to include any studies or reports
3	mandated by the General Assembly during the next succeeding regular
4	session.
5	(3) At the discretion of the Legislative Research Commission, studies and research
6	projects included in an annual research agenda adopted by the board pursuant to
7	subsection (2)(c) of this section may be conducted by outside consultants,
8	analysts, or researchers to ensure the timely completion of the research agenda.
9	→SECTION 7. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
10	READ AS FOLLOWS:
11	The Legislative Research Commission shall have exclusive jurisdiction over the
12	employment of personnel necessary to carry out the provisions of Sections 1 to 8 of this
13	Act. Staff and operating costs of the board shall be provided from the budget of the
14	Legislative Research Commission.
15	→SECTION 8. A NEW SECTION OF KRS CHAPTER 7A IS CREATED TO
16	READ AS FOLLOWS:
17	The officers and personnel of any state agency and any other person may serve at the
18	request of the board upon any advisory committees that the board may create. State
19	officers and personnel may serve upon these advisory committees without forfeiture of
20	office or employment and with no loss or diminution in the compensation statute,
21	rights, and privileges which they otherwise enjoy.
22	→Section 9. KRS 7A.010 is amended to read as follows:
23	As used in KRS 7A.010 to 7A.170 [this chapter, unless the context otherwise requires]:
24	(1) "Capital project" means:
25	(a) Any undertaking which is to be financed or funded through an appropriation
26	by the General Assembly of general fund, road fund, bond fund, trust and
27	agency fund, or federal fund moneys, where the expenditure is a capital

1		expenditure pursuant to statute or under standards prescribed by the
2		Legislative Research Commission under the authority of KRS Chapter 48;
3		(b) Any undertaking which is to be financed by a capital expenditure for use by
4		the state government or one of its departments or agencies, as defined in KRS
5		12.010 or enumerated in KRS 12.020, including projects related to the
6		construction or maintenance of roads, and including projects of institutions of
7		higher education as defined in KRS 164A.550(2);
8		(c) Any capital construction item, or any combination of capital construction
9		items necessary to make a building or utility installation complete, estimated
10		to cost:
11		1. Except for items of movable equipment, one million dollars
12		(\$1,000,000) or more, regardless of the source of funds; or
13		2. Any item of movable equipment, estimated to cost two hundred
14		thousand dollars (\$200,000) or more, regardless of the source of funds;
15		(d) Any lease of real property whose value is two hundred thousand dollars
16		(\$200,000) or more;
17		(e) Any lease of an item of movable equipment if the total cost of the lease, lease-
18		purchase, or lease with an option to purchase is two hundred thousand dollars
19		(\$200,000) or more; or
20		(f) Any new acquisition, upgrade, or replacement of an information technology
21		system estimated to cost one million dollars (\$1,000,000) or more;
22	(2)	"Board" means the Capital Planning Advisory Board of the Kentucky General
23		Assembly created by KRS 7A.110;
24	(3)	"Plan" means the state capital improvement plan provided for by KRS 7A.120;
25	(4)	"State agency" means any department, commission, council, board, bureau,
26		committee, institution, legislative body, agency, government corporation, or other
27		entity of the executive, judicial, or legislative branch of the state government; and

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1	(5)	"Information technology system" means any related computer or
2		telecommunications components that provide a functional system for a specific
3		business purpose and contain one (1) or more of the following:
4		(a) Hardware;
5		(b) Software, including application software, systems management software,
6		utility software, or communications software;
7		(c) Professional services for requirements analysis, system integration,
8		installation, implementation, or data conversion services; or
9		(d) Digital data products, including acquisition and quality control.
10		→Section 10. KRS 7A.140 is amended to read as follows:
11	The	board may adopt any administrative regulations, in accordance with KRS Chapter
12	<u>13A,</u>	necessary to carry out its planning and advisory functions as provided by KRS
13	<u>7A.0</u>	<u>10 to 7A.170[this chapter]</u> .
14		→Section 11. KRS 7A.150 is amended to read as follows:
15	The	Legislative Research Commission shall have exclusive jurisdiction over the
16	empl	oyment of personnel necessary to carry out the provisions of KRS 7A.010 to
17	<u>7A.1</u>	<u>70</u> [Chapter 7A]. Staff and operating costs of the Capital Planning Advisory Board
18	shall	be provided from the budget of the Legislative Research Commission.
19		→ Section 12. KRS 7A.180 is amended to read as follows:
20	As u	sed in KRS 7A.180 to 7A.190[this section]:
21	(1)	"Board" means the Investments in Information Technology Improvement and
22		Modernization Projects Oversight Board;
23	(2)	"Information technology system" means any related computer or
24		telecommunication components that provide a functional system for a specific
25		business purpose and contain one (1) or more of the following:
26		1. Hardware;
27		2. Software, including application software, systems management software,
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utility software, or communications software;

- Professional services for requirements analysis, system integration,
 installation, implementation, or data conversion services; or
- 4 4. Digital data products, including acquisition and quality control; and
- 5 (3) "State agency" means any department, commission, council, board, bureau,
 6 committee, institution, legislative body, agency, government corporation, or other
 7 entity of the executive, judicial, or legislative branch of state government.
- Section 13. Whereas there is urgent need to establish legislative oversight of the Kentucky Medical Assistance Program in order to ensure efficient program administration and timely access to benefits and to provide members of the General Assembly with the information and data necessary to make informed decisions about the Kentucky Medical Assistance program, an emergency is declared to exist, and this Act takes effect upon its passage and approval by the Governor or upon its otherwise becoming a law.