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1		AN A	CT relating to network participation by medical laboratories.
2	Be it	enacte	ed by the General Assembly of the Commonwealth of Kentucky:
3		→Sec	ction 1. KRS 304.17A-270 is amended to read as follows:
4	<u>(1)</u>	As us	ed in this section, "provider" has the same meaning as in KRS 304.17A-
5		<u>005, e</u> .	xcept for purposes of this section, "provider" includes a medical laboratory
6		<u>that is</u>	
7		<u>(a)</u>	Licensed under KRS Chapter 333; or
8		<u>(b)</u>	Exempt from licensure under KRS Chapter 333 in accordance with KRS
9			<u>333.040.</u>
10	<u>(2)</u>	A heal	Ith insurer shall not discriminate against any provider who is:
11		<u>(a)</u> I	Located within the geographic coverage area of the health benefit plan: and
12		f	[who is]
13		<u>(b)</u>	Willing to meet the terms and conditions for participation established by the
14		ł	health insurer[, including the Kentucky state Medicaid program and Medicaid
15		ŧ	partnerships].
16		→Sec	ction 2. KRS 205.522 is amended to read as follows:
17	(1)	<u>With r</u>	respect to the administration and provision of Medicaid benefits pursuant to
18		<u>this</u> c	hapter, the Department for Medicaid Services, [and] any managed care
19		organi	ization contracted to provide Medicaid benefits pursuant to this chapter, and
20		<u>the sta</u>	ate's medical assistance program shall be subject to, and comply with, the
21		<u>follow</u>	ving, as applicable: [provisions of]
22		<u>(a)</u> 1	KRS 304.17A-163 <u>; [,]</u>
23		<u>(b)</u>	<u>KRS</u> 304.17A-1631 <u>;[,]</u>
24		<u>(c)</u>	<u>KRS</u> 304.17A-167 <u>;[,]</u>
25		<u>(d)</u>	<u>KRS</u> 304.17A-235 <u>;</u> [,]
26		<u>(e)</u>	<u>KRS</u> 304.17A-257 <u>;</u> [,]
27		<u>(f)</u>	<u>KRS</u> 304.17A-259 <u>;[,]</u>

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 2 (h) KRS 304.17A-515; [,] 3 (i) KRS 304.17A-580; [,] 4 (j) KRS 304.17A-600, 304.17A-603, and 304.17A-607; [, and] 			
A (i) KPS 304 17A 600 304 17A 603 and 304 17A 607. [and]			
$+ \underbrace{() \mathbf{MS}}_{0} 504.17A-000, 504.17A-003, \underbrace{\mathbf{ana}}_{0} 504.17A-007, \underbrace{1}_{1} \underbrace{\mathbf{ana}}_{1} 1$			
5 (<i>k</i>) <i>KRS</i> 304.17A-740 to 304.17A-743; <i>and</i> [, as applicable]			
6 <u>(l) Section 1 of this Act</u> .			
7 (2) A managed care organization contracted to provide Medicaid benefits pursuant	to		
8 this chapter shall comply with the reporting requirements of KRS 304.17A-732.			
9 → Section 3. If the Cabinet for Health and Family Services determines that	a		
10 waiver or other authorization from a federal agency is necessary to implement Section	12		
11 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			
14 deemed necessary until the waiver or authorization is granted.			

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