

1 AN ACT relating to coverage for the treatment of stuttering.

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

3 ➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
4 IS CREATED TO READ AS FOLLOWS:

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

6 (a) *"Habilitative services" means health care services that help a person keep,*  
7 *learn, or improve skills and functioning for daily living;*

8 (b) *"Habilitative speech therapy" means speech therapy that helps a person*  
9 *keep, learn, or improve skills and functioning for daily living;*

10 (c) *"Rehabilitative services" means health care services that help a person*  
11 *restore or improve skills and functioning for daily living that have been lost*  
12 *or impaired; and*

13 (d) *"Rehabilitative speech therapy" means speech therapy that helps a person*  
14 *restore or improve skills and functioning for daily living that have been lost*  
15 *or impaired.*

16 (2) *Any health insurance policy, certificate, plan, or contract, including but not*  
17 *limited to a health benefit plan, that provides coverage for:*

18 (a) *Habilitative services, shall provide coverage for habilitative speech therapy*  
19 *as a treatment for stuttering, regardless of whether the stuttering is*  
20 *classified as developmental;*

21 (b) *Rehabilitative services, shall provide coverage for rehabilitative speech*  
22 *therapy as a treatment for stuttering; or*

23 (c) *Both habilitative services and rehabilitative services, shall provide the*  
24 *coverage required under paragraphs (a) and (b) of this subsection.*

25 (3) *The coverage required under this section shall:*

26 (a) *Not be:*

27 1. *Subject to any maximum annual benefit limit, including any limits on*

- 1           the number of visits an insured may make to a speech-language  
 2           pathologist;  
 3           2. Limited based on the type of disease, injury, disorder, or other medical  
 4           condition that resulted in the stuttering; or  
 5           3. Subject to utilization review or utilization management requirements,  
 6           including prior authorization or a determination that the speech  
 7           therapy services are medically necessary; and  
 8           **(b) 1. Include coverage for speech therapy provided in person and via**  
 9           **telehealth.**  
 10           **2. The telehealth coverage required under this paragraph shall:**  
 11           **a. Be not less than the coverage required for health benefit plans**  
 12           **under KRS 304.17A-138; and**  
 13           **b. Include the use of any communication technology, application,**  
 14           **or platform to deliver telehealth services, except coverage may be**  
 15           **restricted to technology, applications, or platforms that are**  
 16           **compliant with any applicable privacy provisions of the federal**  
 17           **Health Insurance Portability and Accountability Act of 1996, 42**  
 18           **U.S.C. sec. 1320d et seq., as amended.**

19           ➔Section 2. KRS 304.17C-125 (Effective January 1, 2025) is amended to read as  
 20 follows:

21           **The following**~~[KRS 304.17A-262]~~ shall apply to limited health service benefit plans,  
 22 including any limited health service contract, as defined in KRS 304.38A-010:

- 23           **(1) KRS 304.17A-262; and**  
 24           **(2) Section 1 of this Act.**

25           ➔Section 3. KRS 205.522 (Effective January 1, 2024) is amended to read as  
 26 follows:

- 27           **(1) With respect to the administration and provision of Medicaid benefits pursuant to**

1 *this chapter*, the Department for Medicaid Services, ~~and~~ any managed care  
 2 organization contracted to provide Medicaid benefits pursuant to this chapter, and  
 3 *the state's medical assistance program* shall *be subject to, and* comply with, the  
 4 *following, as applicable*: ~~provisions of~~

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

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

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

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

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

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

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

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

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

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

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

16 (l) *Section 1 of this Act*.

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

19 ➔Section 4. KRS 205.6485 is amended to read as follows:

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

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

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

1       **(b)** By administrative regulation promulgated in accordance with KRS Chapter  
2       13A, establish the following:

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

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

- 14       a. Be at least equivalent to one (1) of the following:
  - 15           i.~~[1.]~~ The standard Blue Cross/Blue Shield preferred provider  
16           option under the Federal Employees Health Benefit Plan  
17           established by 5 U.S.C. sec. 8903(1);
  - 18           ii.~~[2.]~~ A mid-range health benefit coverage plan that is offered and  
19           generally available to state employees; or
  - 20           iii.~~[3.]~~ Health insurance coverage offered by a health  
21           maintenance organization that has the largest insured  
22           commercial, non-Medicaid enrollment of covered lives in the  
23           state; **and**

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

25       3.~~[(c)]~~ The premium contribution per family ~~for~~~~[of]~~ health insurance  
26       coverage available under **KCHIP, which**~~[the Kentucky Children's~~  
27       ~~Health Insurance Program with provisions for the payment of premium~~

1           ~~contributions by families of children eligible for coverage by the~~  
2           ~~program based upon a sliding scale relating to family income. Premium~~  
3           ~~contributions]~~ shall be based:

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

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

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

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

13                   ~~iii.~~<sup>[3.]</sup>    One hundred twenty dollars (\$120), to be paid by a  
14                           family with income between one hundred fifty percent  
15                           (150%) to two hundred percent (200%) of the federal  
16                           poverty level, and which may be made on a partial payment  
17                           plan of twenty dollars (\$20) per month or sixty dollars (\$60)  
18                           per quarter;

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

21           ~~5.~~<sup>[(e)]</sup>    a.    The criteria for health services providers and insurers  
22                           wishing to contract with the Commonwealth to provide~~[the~~  
23                           ~~children's health insurance]~~ coverage under KCHIP.

24                   b.    ~~[However, ]~~The cabinet shall provide, in any contracting process  
25                           for coverage of~~[the]~~ preventive services~~[health insurance~~  
26                           ~~program]~~, the opportunity for a public health department to bid on  
27                           preventive health services to eligible children within the public

1 health department's service area. A public health department shall  
 2 not be disqualified from bidding because the department does not  
 3 currently offer all the services required by ~~paragraph (b) of~~ this  
 4 section ~~subsection~~. The criteria shall be set forth in administrative  
 5 regulations under KRS Chapter 13A and shall maximize  
 6 competition among the providers and insurers. The ~~Cabinet for~~  
 7 Finance and Administration Cabinet shall provide oversight over  
 8 contracting policies and procedures to assure that the number of  
 9 applicants for contracts is maximized.

10 ~~(3)(2)~~ Within twelve (12) months of federal approval of the state's Title XXI child  
 11 health plan, the Cabinet for Health and Family Services shall assure that a KCHIP  
 12 program is available to all eligible children in all regions of the state. If necessary,  
 13 in order to meet this assurance, the cabinet shall institute its own program.

14 ~~(4)(3)~~ KCHIP recipients shall have direct access without a referral from any  
 15 gatekeeper primary care provider to dentists for covered primary dental services  
 16 and to optometrists and ophthalmologists for covered primary eye and vision  
 17 services.

18 ~~(5)(4)~~ KCHIP ~~The Kentucky Children's Health Insurance Plan~~ shall comply with  
 19 KRS 304.17A-163 and 304.17A-1631.

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

22 **(a) Preventive services;**

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

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

25 **(d) The coverage required under Section 1 of this Act.**

26 ➔Section 5. KRS 164.2871 (Effective January 1, 2025) is amended to read as  
 27 follows:

- 1 (1) The governing board of each state postsecondary educational institution is  
2 authorized to purchase liability insurance for the protection of the individual  
3 members of the governing board, faculty, and staff of such institutions from liability  
4 for acts and omissions committed in the course and scope of the individual's  
5 employment or service. Each institution may purchase the type and amount of  
6 liability coverage deemed to best serve the interest of such institution.
- 7 (2) All retirement annuity allowances accrued or accruing to any employee of a state  
8 postsecondary educational institution through a retirement program sponsored by  
9 the state postsecondary educational institution are hereby exempt from any state,  
10 county, or municipal tax, and shall not be subject to execution, attachment,  
11 garnishment, or any other process whatsoever, nor shall any assignment thereof be  
12 enforceable in any court. Except retirement benefits accrued or accruing to any  
13 employee of a state postsecondary educational institution through a retirement  
14 program sponsored by the state postsecondary educational institution on or after  
15 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
16 provided in KRS 141.010 and 141.0215.
- 17 (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
18 members of governing boards, faculty and staff of institutions of higher education  
19 in this state shall not be construed to be a waiver of sovereign immunity or any  
20 other immunity or privilege.
- 21 (4) The governing board of each state postsecondary education institution is authorized  
22 to provide a self-insured employer group health plan to its employees, which plan  
23 shall:
- 24 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and  
25 (b) Except as provided in subsection (5) of this section, be exempt from  
26 conformity with Subtitle 17A of KRS Chapter 304.
- 27 (5) A self-insured employer group health plan provided by the governing board of a

1 state postsecondary education institution to its employees shall comply with:

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

3 (b) KRS 304.17A-265;

4 (c) KRS 304.17A-261;~~and~~

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

6 **(e) Section 1 of this Act.**

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

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

10 1. Any person, including an elected public official, who is regularly  
11 employed by any department, office, board, agency, or branch of state  
12 government; or by a public postsecondary educational institution; or by  
13 any city, urban-county, charter county, county, or consolidated local  
14 government, whose legislative body has opted to participate in the state-  
15 sponsored health insurance program pursuant to KRS 79.080; and who  
16 is either a contributing member to any one (1) of the retirement systems  
17 administered by the state, including but not limited to the Kentucky  
18 Retirement Systems, County Employees Retirement System, Kentucky  
19 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
20 Judicial Retirement Plan; or is receiving a contractual contribution from  
21 the state toward a retirement plan; or, in the case of a public  
22 postsecondary education institution, is an individual participating in an  
23 optional retirement plan authorized by KRS 161.567; or is eligible to  
24 participate in a retirement plan established by an employer who ceases  
25 participating in the Kentucky Employees Retirement System pursuant to  
26 KRS 61.522 whose employees participated in the health insurance plans  
27 administered by the Personnel Cabinet prior to the employer's effective



- 1                   cessation date in the Kentucky Employees Retirement System;
- 2           2. Any certified or classified employee of a local board of education or a
- 3           public charter school as defined in KRS 160.1590;
- 4           3. Any elected member of a local board of education;
- 5           4. Any person who is a present or future recipient of a retirement
- 6           allowance from the Kentucky Retirement Systems, County Employees
- 7           Retirement System, Kentucky Teachers' Retirement System, the
- 8           Legislators' Retirement Plan, the Judicial Retirement Plan, or the
- 9           Kentucky Community and Technical College System's optional
- 10          retirement plan authorized by KRS 161.567, except that a person who is
- 11          receiving a retirement allowance and who is age sixty-five (65) or older
- 12          shall not be included, with the exception of persons covered under KRS
- 13          61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
- 14          employed pursuant to subparagraph 1. of this paragraph; and
- 15          5. Any eligible dependents and beneficiaries of participating employees
- 16          and retirees who are entitled to participate in the state-sponsored health
- 17          insurance program;
- 18          (b) The term "health benefit plan" for the purposes of this section means a health
- 19          benefit plan as defined in KRS 304.17A-005;
- 20          (c) The term "insurer" for the purposes of this section means an insurer as defined
- 21          in KRS 304.17A-005; and
- 22          (d) The term "managed care plan" for the purposes of this section means a
- 23          managed care plan as defined in KRS 304.17A-500.
- 24    (2) (a) The secretary of the Finance and Administration Cabinet, upon the
- 25          recommendation of the secretary of the Personnel Cabinet, shall procure, in
- 26          compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
- 27          from one (1) or more insurers authorized to do business in this state, a group

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

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

27 (c) Any carrier bidding to offer health care coverage to employees shall agree to

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

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

19 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
20 for timely analysis of data received from carriers and, to the extent possible,  
21 provide in the request-for-proposal specifics relating to data requirements,  
22 electronic reporting, and penalties for noncompliance. The Commonwealth  
23 shall own the enrollment, claims, and utilization data provided by each carrier  
24 and shall develop methods to protect the confidentiality of the individual. The  
25 Personnel Cabinet shall include in the October annual report submitted  
26 pursuant to the provisions of KRS 18A.226 to the Governor, the General  
27 Assembly, and the Chief Justice of the Supreme Court, an analysis of the

1 financial stability of the program, which shall include but not be limited to  
2 loss ratios, methods of risk adjustment, measurements of carrier quality of  
3 service, prescription coverage and cost management, and statutorily required  
4 mandates. If state self-insurance was available as a carrier option, the report  
5 also shall provide a detailed financial analysis of the self-insurance fund  
6 including but not limited to loss ratios, reserves, and reinsurance agreements.

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

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

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

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

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

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

27 (c) Partly from each, except that any premium due for health care coverage or

1 dental coverage, if any, in excess of the premium amount contributed by any  
2 department, board, agency, postsecondary education institution, or branch of  
3 state, city, urban-county, charter county, county, or consolidated local  
4 government for any other health care coverage shall be paid by the employee.

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

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

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

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

27 (8) The health care contract or contracts for employees shall be entered into for a

1 period of not less than one (1) year.

2 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
3 State Health Insurance Subscribers to advise the secretary or the secretary's  
4 designee regarding the state-sponsored health insurance program for employees.  
5 The secretary shall appoint, from a list of names submitted by appointing  
6 authorities, members representing school districts from each of the seven (7)  
7 Supreme Court districts, members representing state government from each of the  
8 seven (7) Supreme Court districts, two (2) members representing retirees under age  
9 sixty-five (65), one (1) member representing local health departments, two (2)  
10 members representing the Kentucky Teachers' Retirement System, and three (3)  
11 members at large. The secretary shall also appoint two (2) members from a list of  
12 five (5) names submitted by the Kentucky Education Association, two (2) members  
13 from a list of five (5) names submitted by the largest state employee organization of  
14 nonschool state employees, two (2) members from a list of five (5) names submitted  
15 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
16 names submitted by the Kentucky League of Cities, and two (2) members from a  
17 list of names consisting of five (5) names submitted by each state employee  
18 organization that has two thousand (2,000) or more members on state payroll  
19 deduction. The advisory committee shall be appointed in January of each year and  
20 shall meet quarterly.

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

26 (11) Interruption of an established treatment regime with maintenance drugs shall be  
27 grounds for an insured to appeal a formulary change through the established appeal

1 procedures approved by the Department of Insurance, if the physician supervising  
2 the treatment certifies that the change is not in the best interests of the patient.

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

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

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

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

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

27 (15) Any policy provided to state employees or their dependents pursuant to this section

- 1 shall provide coverage for the diagnosis and treatment of autism spectrum disorders  
2 consistent with KRS 304.17A-142.
- 3 (16) Any policy provided to state employees or their dependents pursuant to this section  
4 shall provide coverage for obtaining amino acid-based elemental formula pursuant  
5 to KRS 304.17A-258.
- 6 (17) If a state employee's residence and place of employment are in the same county,  
7 and if the hospital located within that county does not offer surgical services,  
8 intensive care services, obstetrical services, level II neonatal services, diagnostic  
9 cardiac catheterization services, and magnetic resonance imaging services, the  
10 employee may select a plan available in a contiguous county that does provide  
11 those services, and the state contribution for the plan shall be the amount available  
12 in the county where the plan selected is located.
- 13 (18) If a state employee's residence and place of employment are each located in  
14 counties in which the hospitals do not offer surgical services, intensive care  
15 services, obstetrical services, level II neonatal services, diagnostic cardiac  
16 catheterization services, and magnetic resonance imaging services, the employee  
17 may select a plan available in a county contiguous to the county of residence that  
18 does provide those services, and the state contribution for the plan shall be the  
19 amount available in the county where the plan selected is located.
- 20 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and  
21 in the best interests of the state group to allow any carrier bidding to offer health  
22 care coverage under this section to submit bids that may vary county by county or  
23 by larger geographic areas.
- 24 (20) Notwithstanding any other provision of this section, the bid for proposals for health  
25 insurance coverage for calendar year 2004 shall include a bid scenario that reflects  
26 the statewide rating structure provided in calendar year 2003 and a bid scenario that  
27 allows for a regional rating structure that allows carriers to submit bids that may



- 1 vary by region for a given product offering as described in this subsection:
- 2 (a) The regional rating bid scenario shall not include a request for bid on a  
3 statewide option;
- 4 (b) The Personnel Cabinet shall divide the state into geographical regions which  
5 shall be the same as the partnership regions designated by the Department for  
6 Medicaid Services for purposes of the Kentucky Health Care Partnership  
7 Program established pursuant to 907 KAR 1:705;
- 8 (c) The request for proposal shall require a carrier's bid to include every county  
9 within the region or regions for which the bid is submitted and include but not  
10 be restricted to a preferred provider organization (PPO) option;
- 11 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
12 carrier all of the counties included in its bid within the region. If the Personnel  
13 Cabinet deems the bids submitted in accordance with this subsection to be in  
14 the best interests of state employees in a region, the cabinet may award the  
15 contract for that region to no more than two (2) carriers; and
- 16 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
17 other requirements or criteria in the request for proposal.
- 18 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
19 after July 12, 2006, to public employees pursuant to this section which provides  
20 coverage for services rendered by a physician or osteopath duly licensed under KRS  
21 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
22 under the provisions of KRS Chapter 320 shall provide the same payment of  
23 coverage to optometrists as allowed for those services rendered by physicians or  
24 osteopaths.
- 25 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
26 public employees pursuant to this section shall comply with:
- 27 (a) KRS 304.12-237;

- 1 (b) KRS 304.17A-270 and 304.17A-525;
- 2 (c) KRS 304.17A-600 to 304.17A-633;
- 3 (d) KRS 205.593;
- 4 (e) KRS 304.17A-700 to 304.17A-730;
- 5 (f) KRS 304.14-135;
- 6 (g) KRS 304.17A-580 and 304.17A-641;
- 7 (h) KRS 304.99-123;
- 8 (i) KRS 304.17A-138;
- 9 (j) KRS 304.17A-148;
- 10 (k) KRS 304.17A-163 and 304.17A-1631;
- 11 (l) KRS 304.17A-265;
- 12 (m) KRS 304.17A-261;
- 13 (n) KRS 304.17A-262;~~[and]~~
- 14 (o) **Section 1 of this Act; and**
- 15 **(p)** Administrative regulations promulgated pursuant to statutes listed in this
- 16 subsection.
- 17 ➔Section 7. Sections 1, 2, 5, and 6 of this Act apply to policies, certificates,
- 18 plans, and contracts issued or renewed on or after January 1, 2025.
- 19 ➔Section 8. (1) For purposes of 45 C.F.R. sec. 156.115, the benefits required
- 20 under Section 1 of this Act are intended to be, and shall be considered, substantially equal
- 21 to the benefits required under the state's EHB-benchmark plan.
- 22 (2) For purposes of 45 C.F.R. sec. 155.170, the benefits required under Section 1
- 23 of this Act are intended to be, and shall be considered by the state as, "a benefit required
- 24 by State action . . . for purposes of compliance with Federal requirements," and thus, the
- 25 state shall not consider or identify the benefits required under Section 1 of this Act as
- 26 being in addition to the essential health benefits required under federal law.
- 27 (3) The "Federal requirements" referred to in subsection (2) of this section

1 include:

2 (a) The requirement to provide coverage for essential health benefits, which shall  
3 include items and services covered within the category of rehabilitative and habilitative  
4 services and devices, as required under 42 U.S.C. sec. 18022(b)(1)(G), as amended; and

5 (b) The requirement to not discriminate in the provision of health benefits, as  
6 required under 45 C.F.R. sec. 156.125, 45 C.F.R. sec. 92.2, and 45 C.F.R. sec. 147.104.

7 (4) If the state would, or would likely, be required to make payments to defray the  
8 cost of any requirement under Section 1 of this Act, as provided under 42 U.S.C. sec.  
9 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the Department of Insurance  
10 shall, within 90 days of the effective date of this section, apply for a waiver under 42  
11 U.S.C. sec. 18052, as amended, or any other applicable federal law of all or any of the  
12 cost defrayal requirements.

13 (5) The commissioner of insurance and any other state official or state agency  
14 shall:

15 (a) Comply with the requirements of this section; and

16 (b) Not take any action that is in violation of or in conflict with this section.

17 ➔Section 9. If the Cabinet for Health and Family Services determines that a  
18 waiver or other authorization from a federal agency is necessary to implement Section 3  
19 or 4 of this Act for any reason, including the loss of federal funds, the cabinet shall,  
20 within 90 days of the effective date of this section, request the waiver or authorization,  
21 and may only delay implementation of those provisions for which a waiver or  
22 authorization was deemed necessary until the waiver or authorization is granted.

23 ➔Section 10. Sections 1 to 7 of this Act take effect January 1, 2025.