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1	AN ACT relating to health care to provide for an all-payer claims database and
2	making an appropriation therefor.
3	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
4	→SECTION 1. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
5	READ AS FOLLOWS:
6	(1) A Kentucky all-payer claims database is created and established in Sections 1 to 6
7	of this Act to effect the following purposes:
8	(a) Allow for targeted population health initiatives;
9	(b) Determine state health status needs;
10	(c) Inform state health care planning;
11	(d) Support research in the areas of health care cost, quality, and accessibility;
12	(e) Improve the accessibility, adequacy, and affordability of health care and
13	health care coverage through the review and dissemination of data;
14	(f) Review health care costs among various treatment settings, providers, and
15	<u>modalities;</u>
16	(g) Evaluate the effectiveness of health care programs and services to improve
17	patient outcomes; and
18	(h) Support the development of quality improvement initiatives.
19	(2) Nothing in Sections 1 to 6 of this Act shall be construed to supersede,
20	supplement, or limit the provisions of KRS Chapter 216B relating to certificates
21	<u>of need.</u>
22	→ SECTION 2. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
23	READ AS FOLLOWS:
24	As used in Sections 1 to 6 of this Act:
25	(1) "Executive director" means the executive director of the Office of Data Analytics
26	established under Sections 7, 8, and 9 of this Act;
27	(2) "Health care claims":

1	<u>(a)</u>	Means claims made for the payment or reimbursement of the following
2		types of health care services:
3		<u>1. Medical and hospital, which includes surgical, mental health,</u>
4		substance use disorder, nursing, rehabilitative and habilitative
5		services, and laboratory services;
6		2. Dental;
7		3. Pharmacy; and
8		4. Any other health care service designated by the executive director by
9		administrative regulation; and
10	<u>(b)</u>	Does not include claims made to a primary care provider for the provision
11		of primary care services under a direct primary care membership agreement
12		<u>established under KRS 311.6201, 311.6202, 314.198, or 314.199;</u>
13	<u>(3) (a)</u>	"Health payer" means any person that pays, or administers the payment of,
14		health care claims.
15	<u>(b)</u>	As used in paragraph (a) of this subsection, "person" includes but is not
16		limited to:
17		<u>1. Medicare;</u>
18		<u>2. Medicaid;</u>
19		3. The Kentucky Children's Health Insurance Program;
20		4. Workers' compensation insurers, self-insurers, and self-insured
21		groups;
22		5. Insurers, self-insurers, and self-insured groups, including self-insured
23		health plans and self-insured employer-organized associations, that
24		provide:
25		a. Coverage for health care services;
26		b. Health care benefits; or
27		c. Any kind of insurance regulated under KRS Chapter 304;

1	6. Health maintenance organizations;
2	7. Limited health service organizations;
3	8. Provider-sponsored integrated health delivery networks;
4	9. Nonprofit hospital, medical-surgical, dental, and health service
5	corporations;
6	<u>10. Administrators;</u>
7	11. Pharmacy benefit managers;
8	12. Any third-party payor that is not exempt by federal law from
9	regulation under the insurance laws of this state;
10	13. Any person that contracts with a state or federal agency to provide
11	coverage for health care services; and
12	14. Any vendor or contractor of any person listed in subparagraphs 1. to
13	13. of this paragraph; and
14	(4) ''Kentucky all-payer claims database'' means the all-payer claims database
15	established under Sections 1 to 6 of this Act.
16	→SECTION 3. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
17	READ AS FOLLOWS:
18	(1) The Kentucky all-payer claims database fund is hereby created in the State
19	Treasury.
20	(2) The following shall be deposited into the fund:
21	(a) All grants and funds received or raised under Section 4 of this Act;
22	(b) Any fees collected under Section 6 of this Act;
23	(c) Any penalties collected under Section 11 of this Act; and
24	(d) Any appropriations made to the fund by the General Assembly.
25	(3) Notwithstanding KRS 45.229, moneys in the fund not expended at the close of a
26	fiscal year shall not lapse but shall be carried forward to the next fiscal year. Any
27	interest earnings of the fund shall become part of the fund and shall not lapse.

1	<u>(4)</u>	Mor	neys in the j	fund are hereby appropriated by the General Assembly, and shall
2		be d	available to	the executive director, to develop, implement, operate, and
3		<u>mai</u>	ntain the Ke	entucky all-payer claims database.
4		⇒s	ECTION 4.	A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
5	REA	AD AS	S FOLLOW	S:
6	<u>(1)</u>	The	executive	director shall develop, implement, operate, and maintain the
7		<u>Ken</u>	tucky all-pa	yer claims database in accordance with Sections 1 to 6 of this Act.
8	<u>(2)</u>	In o	carrying ou	t the duties under subsection (1) of this section, the executive
9		<u>dire</u>	<u>ctor:</u>	
10		<u>(a)</u>	Shall mak	e good-faith efforts to:
11			<u>1. Seek</u>	and accept grants, or raise funds, from any available source,
12			<u>publ</u>	ic or private, to support the development, implementation,
13			oper	ation, and maintenance of the database; and
14			<u>2. Esta</u>	blish agreements:
15			<u>a.</u>	For voluntary reporting of health care claims data from health
16				payers that are not subject to mandatory reporting requirements.
17				If feasible, the executive director shall implement the reporting
18				format for self-insured group health plans described in 29 U.S.C.
19				<u>sec. 1191d, as amended;</u>
20			<u>b.</u>	With the federal Centers for Medicare and Medicaid Services to
21				obtain Medicare health care claims data; and
22			С.	With all-payer claims databases in other states to establish a
23				single application for access to data by authorized users across
24				multiple states, if the executive director determines that the
25				agreements are feasible and beneficial for the operation of the
26				<u>Kentucky all-payer claims database;</u>
27		( <b>b</b> )	Shall:	

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1	<u>1. Determine the measures necessary to implement reporting</u>
2	requirements in a manner that:
3	a. Is cost effective and reasonable for data sources;
4	b. Is timely, relevant, and reliable for data users;
5	c. Eliminates, or reduces to the greatest extent practicable, the
6	submission of duplicate or redundant health care claims data;
7	and
8	d. Does not violate any applicable laws;
9	2. Establish policies and procedures necessary for the administration
10	and oversight of the database, including all necessary communication,
11	coordination, and data sharing with the commissioner of insurance
12	for enforcement under Section 11 of this Act;
13	3. Ensure the integrity, privacy, and security of personal health
14	information and other proprietary information related to the collection
15	and release of data;
16	4. Ensure that the database is operated in compliance with all state and
17	federal law, including but not limited to:
18	a. The Health Insurance Portability and Accountability Act of
19	1996, Pub. L. No. 104-191, as amended, and any related federal
20	regulations, as amended;
21	b. 42 U.S.C. sec. 290dd-2, as amended, and any related federal
22	regulations, as amended, including but not limited to 42 C.F.R.
23	<u>pt. 2; and</u>
24	c. All other applicable state and federal data privacy and security
25	laws relating to the collection, storage, and release of data,
26	except that the provisions of this section and Section 6 of this Act
27	shall control over any conflicting state laws; and

1	5. Promulgate any administrative regulations necessary to carry out
2	Sections 1 to 6 of this Act; and
3	(c) May:
4	1. a. Audit any data required to be submitted under Section 6 of this
5	Act as needed to corroborate the accuracy of submitted data.
6	b. Any audit conducted under this subparagraph shall, to the extent
7	practicable, be coordinated with other audits or examinations
8	performed by state or federal agencies;
9	2. a. Contract with one (1) or more qualified third parties:
10	<i>i.</i> To collect or process health care claims data; or
11	ii. For any other expertise, service, or function necessary to
12	carry out the provisions of Sections 1 to 6 of this Act.
13	b. The authority granted under this subparagraph shall include
14	without limitation designating a qualified third party to
15	implement, operate, and maintain the Kentucky all-payer claims
16	database; and
17	3. Share and receive data or other information, including confidential
18	and proprietary data or information, with and from state agencies,
19	federal agencies, and all-payer claims databases in other states if:
20	a. The recipient agrees in a written or electronic record to maintain
21	any confidential or proprietary status afforded to the data or
22	information; and
23	b. The data or information is shared or received in a manner that
24	does not violate any applicable laws.
25	(3) If the executive director contracts with a third-party under subsection $(2)(c)2$ . of
26	this section, the executive director shall monitor and supervise the third party to
27	ensure that the third party complies with Sections 1 to 6 of this Act.

1	(4) A third party that contracts with the executive director under subsection (2)(c)2.
2	of this section shall not release, publish, or otherwise use any information to
3	which the third party has access under the contract without express permission in
4	a written or electronic record from the executive director.
5	(5) A waiver of any applicable privilege or claim of confidentiality in data or
6	information shall not occur as a result of a disclosure made under this section.
7	(6) (a) With regard to the Kentucky all-payer claims database, the executive
8	director shall file a written report with the Governor and the Legislative
9	Research Commission not later than September 1 of each year that details
10	the following:
11	1. The status of any development efforts, including efforts to obtain
12	funding for the database;
13	2. A detailed summary of database operations for the previous year;
14	3. The financial stability of the database;
15	<u>4. An assessment of:</u>
16	a. The cost, performance, and effectiveness of the database;
17	b. The performance of any third parties designated by the executive
18	director under subsection (2)(c)2. of this section; and
19	c. Whether the database has advanced the purposes set forth in
20	Section 1 of this Act; and
21	5. Any recommendations for database changes or improvements,
22	including statutory changes.
23	(b) In completing the determination required under paragraph (a)4.c. of this
24	subsection, the executive director shall, to the extent it is available, utilize
25	economic expertise.
26	→SECTION 5. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
27	READ AS FOLLOWS:

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1	(1) There is hereby created and established a Kentucky All-payer Claims Database
2	Advisory Council, whose duties shall be to make recommendations to the
3	executive director as to the development, implementation, operation, and
4	maintenance of the database.
5	(2) (a) The council shall consist of the following members:
6	1. A member of academia with experience in health care data research;
7	2. A representative from the Kentucky Hospital Association;
8	3. A representative from the Kentucky Medical Association;
9	4. A representative from the Kentucky Pharmacists Association;
10	5. A representative from the Kentucky Dental Association;
11	6. A representative from the Kentucky Primary Care Association;
12	7. A representative from a Medicaid managed care organization or an
13	organization that represents Medicaid managed care organizations;
14	8. A representative from a health insurer that offers health insurance
15	coverage in the private market or an organization that represents such
16	health insurers;
17	9. A representative from an employer that provides self-insured group
18	health insurance coverage to its employees;
19	<u>10. A representative from a property and casualty insurer or an</u>
20	organization that represents property and casualty insurers;
21	11. A representative from a workers' compensation insurer, self-insurer,
22	or self-insured group;
23	12. A person that advocates on behalf of, or promotes the interests of,
24	health care consumers; and
25	13. A person with expertise or experience in health care data collection or
26	storage.
27	(b) In addition to the members described in paragraph (a) of this subsection,

1		the following persons, or their designees, shall serve as ex officio members
2		of the council:
3		1. The commissioner of the Department of Insurance;
4		2. The executive director of the Commonwealth Office of Technology;
5		3. The commissioner of the Department of Employee Insurance;
6		4. The commissioner of the Department for Medicaid Services;
7		5. The commissioner of the Department for Public Health; and
8		<u>6. The commissioner of the Department for Behavioral Health,</u>
9		Developmental and Intellectual Disabilities.
10		(c) The council shall include the following nonvoting ex officio members:
11		1. The executive director, who shall serve as chair of the council; and
12		2. A representative of the Office of Application Technology Services.
13		(d) The members described in paragraph (a) of this subsection shall:
14		1. Be appointed by the Governor; and
15		2. Serve three (3) year terms.
16		(e) 1. The Governor shall fill all vacancies under paragraph (a) of this
17		subsection within sixty (60) days of the vacancy.
18		2. In the event a representative or person referenced in paragraph (a) of
19		this subsection is not available or willing to serve, the Governor shall
20		appoint a person with expertise or experience in the referenced
21		industry or subject matter.
22	<u>(3)</u>	The council's recommendations shall include but not be limited to
23		recommendations that:
24		(a) Provide specific strategies for measuring and collecting data related to
25		health care safety, quality, utilization, health outcomes, and cost;
26		(b) Focus on data elements that foster quality improvement and peer group
27		<u>comparisons;</u>

1	(c) Facilitate value-based, cost-effective purchasing of health care services by
2	public and private purchasers and consumers;
3	(d) Result in usable and comparable information that allows public and private
4	health care purchasers, consumers, and data analysts to identify and
5	compare health plans, health payers, health care facilities, and health care
6	providers regarding the provision of safe, cost-effective, and high-quality
7	health care services;
8	(e) Use and build upon existing data collection standards and methods that
9	establish and maintain the database in a cost-effective and efficient manner,
10	which includes incorporating and utilizing uniform data collection that
11	aligns, where possible, with national or federal uniform all-payer claims
12	database standards;
13	(f) Incorporate and utilize claims, eligibility, and other publicly available data
14	to the extent it is the most cost-effective method of collecting data to
15	minimize the cost and administrative burden on data sources;
16	(g) Address whether publicly available data, in addition to the data submitted by
17	<u>health payers, should be included to measure or analyze health care quality,</u>
18	safety, or cost issues, including data on the uninsured;
19	(h) Address the use of a master person identification process to enable
20	matching members across health plans;
21	(i) Ensure the integrity, privacy, and security of personal health information
22	and other proprietary information related to the collection and release of
23	data, including compliance with all state and federal laws as required under
24	subsection (2)(b) of Section 4 of this Act;
25	(j) Address ongoing oversight of database operations; and
26	(k) Address the feasibility and advisability of working with all-payer claims
27	databases in other states to establish a single application for access to data

1	by authorized users across multiple states.
2	(4) The first meeting of the council shall take place within thirty (30) days of
3	appointment of all the members described in subsection (2)(a) of this section.
4	(5) (a) The council shall meet upon the call of the executive director, but not less
5	than quarterly for the first two (2) years after the date of the first council
6	meeting. Thereafter, the council shall meet not less than biannually.
7	(b) A majority of the members shall constitute a quorum.
8	(c) Recommendations of the council shall require a majority of the members
9	present and eligible to vote.
10	(d) A member shall be permitted to participate and vote through distance
11	communication technology.
12	(6) The council shall be a budgetary unit of the cabinet, which shall:
13	(a) Pay all of the council's necessary operating expenses; and
14	(b) Furnish all office space, personnel, equipment, supplies, and technical or
15	administrative services required by the council in the performance of the
16	functions established in this section.
17	(7) Members of the council described in subsection (2)(a) of this section shall receive
18	no compensation for services, but shall receive actual and necessary travel
19	expenses associated with attending meetings, which shall be in accordance with
20	state administrative regulations relating to travel reimbursement.
21	→SECTION 6. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
22	READ AS FOLLOWS:
23	(1) To the extent permitted under federal law, health payers shall submit data
24	relating to health care claims to the executive director, or a third party designated
25	by the executive director, beginning not later than three (3) months after the
26	Kentucky all-payer claims database becomes fully operational.
27	(2) (a) The executive director shall establish the following by administrative

1		regulation:
2		1. The data elements to be collected, the reporting format, and the
3		frequency of submissions under subsection (1) of this section;
4		2. The data available to data users under subsection (5) of this section.
5		including:
6		a. The manner in which the data will be made available; and
7		b. The process for accessing, requesting, and making the data
8		available; and
9		3. Data access fees, which shall be deposited into the fund established in
10		Section 3 of this Act.
11		(b) In carrying out the requirements of this subsection, the executive director
12		may require data users to enter into data service agreements or memoranda
13		<u>of understanding.</u>
14	<u>(3)</u>	To the extent permitted under federal law, any health payer not required to
15		comply with this section under state or federal law may opt to submit data under
16		this section.
17	<u>(4)</u>	All state and local government health plans or programs regulated, created, or
18		authorized under Kentucky law, including any insurers or administrators
19		offering or administering those plans or programs, shall comply with the data
20		submission requirements of this section, including:
21		(a) Any plan or program offered or administered in accordance with KRS
22		Chapter 205; and
23		(b) Any governmental plan, as defined in 29 U.S.C. sec. 1002, including any
24		plan offered to the Public Employee Health Insurance Program for public
25		employees under KRS 18A.225 or 18A.2254.
26	<u>(5)</u>	Except as otherwise provided in this section, the Kentucky all-payer claims
27		database shall:

1	(a) Be available to provide data to:
2	1. Health payers, consumers, employers, health care facilities, health
3	care providers, purchasers of health care, and state agencies, in a
4	form and manner that ensures the privacy and security of personal
5	health information as required by state and federal law, for the
6	purpose of allowing continuous review of health care utilization,
7	expenditures, quality, and safety; and
8	2. A state agency or other public or private entity for the purpose of
9	supporting the agency's or entity's demonstrated efforts to improve or
10	benefit the health care system through research and analysis, subject
11	to administrative regulations promulgated by the executive director;
12	and
13	(b) Present data in a manner that:
14	1. Allows for comparisons of:
15	a. Geographic, demographic, and economic factors; and
16	b. Institutional size; and
17	2. Is consumer-friendly.
18	(6) (a) To the extent permitted under federal law, a health payer shall not be
19	required to obtain any individual's consent or permission in order to submit
20	the individual's data in accordance with this section.
21	(b) Compliance with the requirements of this section shall not be deemed a
22	violation of data or consumer privacy laws or any other laws.
23	(7) Except as provided in Section 4 of this Act and subsection (8) of this section, the
24	Kentucky all-payer claims database shall not disclose any data that:
25	(a) Could be used to identify an individual;
26	(b) Is determined by the executive director to be incomplete, preliminary,
27	substantially in error, or not representative; or

1	<u>(c)</u>	Could, due to small sample size or other factors, reveal the identity of an
2		individual or produce misleading information.
3	<u>(8) (a)</u>	The executive director may require health payers to submit or use direct
4		identifying information about individuals for the purpose of assigning a
5		unique patient identifier.
6	<u>(b)</u>	Upon the assignment of a unique patient identifier, all direct identifying
7		information about the individual shall be stripped from any data collected,
8		and not be retained, by the executive director or any third party designated
9		by the executive director.
10	<u>(9) (a)</u>	A person shall not access, request, receive, or use any data or information
11		disclosed under subsection (5) of this section:
12		1. To obtain or disclose trade secrets;
13		2. To reidentify or attempt to reidentify an individual's data or
14		<u>information;</u>
15		3. To sell the data or information;
16		4. To distribute the data or information for commercial purposes;
17		5. To take any action in violation of any applicable data privacy or
18		security laws; or
19		6. For any purpose not identified in subsection (5) of this section.
20	<u>(b)</u>	A person shall not access or receive data from the Kentucky all-payer
21		claims database unless the person agrees in a written or electronic record to
22		comply with this subsection.
23	(10) All	information and data acquired by the executive director or a third party
24	<u>desi</u>	gnated by the executive director under this section shall:
25	<u>(a)</u>	Be disclosed only to the extent provided in Section 4 of this Act and this
26		section; and
27	<u>(b)</u>	Not be subject to disclosure under KRS 61.870 to 61.884.

1 Section 7. KRS 194A.030 (Effective between July 1, 2024, and July 1, 2025) is 2 amended to read as follows: 3 The cabinet consists of the following major organizational units, which are hereby 4 created: 5 Office of the Secretary. Within the Office of the Secretary, there shall be an Office (1)6 of Legal Services, an Office of Inspector General, an Office of Public Affairs, an 7 Office of Human Resource Management, an Office of Finance and Budget, an 8 Office of Legislative and Regulatory Affairs, an Office of Administrative Services, 9 an Office of Application Technology Services, and an Office of Data Analytics, as follows: 10 11 (a) The Office of Legal Services shall provide legal advice and assistance to all 12 units of the cabinet in any legal action in which it may be involved. The 13 Office of Legal Services shall employ all attorneys of the cabinet who serve

- 14 the cabinet in the capacity of attorney, giving legal advice and opinions 15 concerning the operation of all programs in the cabinet. The Office of Legal 16 Services shall be headed by a general counsel who shall be appointed by the 17 secretary with the approval of the Governor under KRS 12.050 and 12.210. 18 The general counsel shall be the chief legal advisor to the secretary and shall 19 be directly responsible to the secretary. The Attorney General, on the request 20 of the secretary, may designate the general counsel as an assistant attorney 21 general under the provisions of KRS 15.105;
- (b) The Office of Inspector General shall be headed by an inspector general who
  shall be appointed by the secretary with the approval of the Governor. The
  inspector general shall be directly responsible to the secretary. The Office of
  Inspector General shall be responsible for:
- 261.The conduct of audits and investigations for detecting the perpetration of27fraud or abuse of any program by any client, or by any vendor of

1			services with whom the cabinet has contracted; and the conduct of
2			special investigations requested by the secretary, commissioners, or
3			office heads of the cabinet into matters related to the cabinet or its
4			programs;
5		2.	Licensing and regulatory functions as the secretary may delegate;
б		3.	Review of health facilities participating in transplant programs, as
7			determined by the secretary, for the purpose of determining any
8			violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963;
9		4.	The duties, responsibilities, and authority pertaining to the certificate of
10			need functions and the licensure appeals functions, pursuant to KRS
11			Chapter 216B;
12		5.	The notification and forwarding of any information relevant to possible
13			criminal violations to the appropriate prosecuting authority;
14		6.	The oversight of the operations of the Kentucky Health Information
15			Exchange; and
16		7.	The support and guidance to health care providers related to telehealth
17			services, including the development of policy, standards, resources, and
18			education to expand telehealth services across the Commonwealth;
19	(c)	The	Office of Public Affairs shall be headed by an executive director
20		appo	inted by the secretary with the approval of the Governor in accordance
21		with	KRS 12.050. The office shall provide information to the public and news
22		medi	a about the programs, services, and initiatives of the cabinet;
23	(d)	The	Office of Human Resource Management shall be headed by an executive
24		direc	tor appointed by the secretary with the approval of the Governor in
25		acco	rdance with KRS 12.050. The office shall coordinate, oversee, and
26		exec	ute all personnel, training, and management functions of the cabinet. The
27		offic	e shall focus on the oversight, development, and implementation of

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quality improvement services; curriculum development and delivery of
 instruction to staff; the administration, management, and oversight of training
 operations; health, safety, and compliance training; and equal employment
 opportunity compliance functions;

- 5 (e) The Office of Finance and Budget shall be headed by an executive director 6 appointed by the secretary with the approval of the Governor in accordance 7 with KRS 12.050. The office shall provide central review and oversight of 8 budget, contract, and cabinet finances. The office shall provide coordination, 9 assistance, and support to program departments and independent review and 10 analysis on behalf of the secretary;
- (f) The Office of Legislative and Regulatory Affairs shall be headed by an
  executive director appointed by the secretary with the approval of the
  Governor in accordance with KRS 12.050. The office shall provide central
  review and oversight of legislation, policy, and administrative regulations.
  The office shall provide coordination, assistance, and support to program
  departments and independent review and analysis on behalf of the secretary;
- 17 (g) The Office of Administrative Services shall be headed by an executive 18 director appointed by the secretary with the approval of the Governor in 19 accordance with KRS 12.050. The office shall provide central review and 20 oversight of procurement, general accounting including grant monitoring, and 21 facility management. The office shall provide coordination, assistance, and 22 support to program departments and independent review and analysis on 23 behalf of the secretary;
- (h) The Office of Application Technology Services shall be headed by an
  executive director appointed by the secretary with the approval of the
  Governor in accordance with KRS 12.050. The office shall provide
  application technology services including central review and oversight. The

- office shall provide coordination, assistance, and support to program
   departments and independent review and analysis on behalf of the secretary;
   and
- 4 (i) The Office of Data Analytics shall be headed by an executive director who
  5 shall be appointed by the secretary with the approval of the Governor under
  6 KRS 12.050 and shall:
- 7 <u>1.</u> Identify and innovate strategic initiatives to inform public policy
  8 initiatives and provide opportunities for improved health outcomes for
  9 all Kentuckians though data analytics<u>;[. The office shall ]</u>
- 102.Provide leadership in the redesign of the health care delivery system11using electronic information technology to improve patient care and12reduce medical errors and duplicative services; and
- 133. Implement and administer the Kentucky all-payer claims database in14accordance with Sections 1 to 6 of this Act;

15 Department for Medicaid Services. The Department for Medicaid Services shall (2)16 serve as the single state agency in the Commonwealth to administer Title XIX of 17 the Federal Social Security Act. The Department for Medicaid Services shall be 18 headed by a commissioner for Medicaid services, who shall be appointed by the 19 secretary with the approval of the Governor under KRS 12.050. The commissioner 20 for Medicaid services shall be a person who by experience and training in 21 administration and management is qualified to perform the duties of this office. The 22 commissioner for Medicaid services shall exercise authority over the Department 23 for Medicaid Services under the direction of the secretary and shall only fulfill 24 those responsibilities as delegated by the secretary;

(3) Department for Public Health. The Department for Public Health shall develop and
 operate all programs of the cabinet that provide health services and all programs for
 assessing the health status of the population for the promotion of health and the

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1 prevention of disease, injury, disability, and premature death. This shall include but 2 not be limited to oversight of the Division of Women's Health and the Office for 3 Children with Special Health Care Needs. The duties, responsibilities, and authority set out in KRS 200.460 to 200.490 shall be performed by the Department for Public 4 5 Health. The Department for Public Health shall advocate for the rights of children 6 with disabilities and, to the extent that funds are available, shall ensure the 7 administration of services for children with disabilities as are deemed appropriate 8 by this office pursuant to Title V of the Social Security Act. The Department for 9 Public Health may promulgate administrative regulations under KRS Chapter 13A 10 as may be necessary to implement and administer its responsibilities. The Office for 11 Children with Special Health Care Needs may be headed by an executive director 12 appointed by the secretary with the approval of the Governor in accordance with 13 KRS 12.050. The Department for Public Health shall be headed by a commissioner 14 for public health who shall be appointed by the secretary with the approval of the 15 Governor under KRS 12.050. The commissioner for public health shall be a duly 16 licensed physician who by experience and training in administration and 17 management is qualified to perform the duties of this office. The commissioner 18 shall advise the head of each major organizational unit enumerated in this section 19 on policies, plans, and programs relating to all matters of public health, including 20 any actions necessary to safeguard the health of the citizens of the Commonwealth. 21 The commissioner shall serve as chief medical officer of the Commonwealth. The 22 commissioner for public health shall exercise authority over the Department for 23 Public Health under the direction of the secretary and shall only fulfill those 24 responsibilities as delegated by the secretary;

(4) Department for Behavioral Health, Developmental and Intellectual Disabilities. The
 Department for Behavioral Health, Developmental and Intellectual Disabilities shall
 develop and administer programs for the prevention of mental illness, intellectual

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1 disabilities, brain injury, developmental disabilities, and substance use disorders 2 and shall develop and administer an array of services and support for the treatment, 3 habilitation, and rehabilitation of persons who have a mental illness or emotional disability, or who have an intellectual disability, brain injury, developmental 4 disability, or a substance use disorder. The Department for Behavioral Health, 5 6 Developmental and Intellectual Disabilities shall be headed by a commissioner for 7 behavioral health, developmental and intellectual disabilities who shall be 8 appointed by the secretary with the approval of the Governor under KRS 12.050. 9 The commissioner for behavioral health, developmental and intellectual disabilities 10 shall be by training and experience in administration and management qualified to 11 perform the duties of the office. The commissioner for behavioral health, 12 developmental and intellectual disabilities shall exercise authority over the department under the direction of the secretary, and shall only fulfill those 13 14 responsibilities as delegated by the secretary;

15 Department for Family Resource Centers and Volunteer Services. The Department (5)16 for Family Resource Centers and Volunteer Services shall streamline the various 17 responsibilities associated with the human services programs for which the cabinet 18 is responsible. This shall include, but not be limited to, oversight of the Division of 19 Family Resource and Youth Services Centers and Serve Kentucky. The Department 20 for Family Resource Centers and Volunteer Services shall be headed by a 21 commissioner who shall be appointed by the secretary with the approval of the 22 Governor under KRS 12.050. The commissioner for family resource centers and 23 volunteer services shall be by training and experience in administration and 24 management qualified to perform the duties of the office, shall exercise authority 25 over the department under the direction of the secretary, and shall only fulfill those 26 responsibilities as delegated by the secretary;

27 (6) Department for Community Based Services. The Department for Community Based

1 Services shall administer and be responsible for child and adult protection, 2 guardianship services, violence prevention resources, foster care and adoption, 3 permanency, and services to enhance family self-sufficiency, including child care, 4 social services, public assistance, and family support. The department shall be 5 headed by a commissioner appointed by the secretary with the approval of the 6 Governor in accordance with KRS 12.050;

7 Department for Income Support. The Department for Income Support shall be (7)8 responsible for child support enforcement and disability determination. The 9 department shall serve as the state unit as required by Title II and Title XVI of the 10 Social Security Act, and shall have responsibility for determining eligibility for 11 disability for those citizens of the Commonwealth who file applications for 12 disability with the Social Security Administration. The department shall be headed 13 by a commissioner appointed by the secretary with the approval of the Governor in 14 accordance with KRS 12.050; and

15 Department for Aging and Independent Living. The Department for Aging and (8) 16 Independent Living shall serve as the state unit as designated by the Administration 17 on Aging Services under the Older Americans Act and shall have responsibility for 18 administration of the federal community support services, in-home services, meals, 19 family and caregiver support services, elder rights and legal assistance, senior 20 community services employment program, the state health insurance assistance 21 program, state home and community based services including home care, 22 Alzheimer's respite services and the personal care attendant program, certifications 23 of assisted living facilities, and the state Council on Alzheimer's Disease and other 24 related disorders. The department shall also administer the Long-Term Care 25 Ombudsman Program and the Medicaid Home and Community Based Waivers 26 Participant Directed Services Option (PDS) Program. The department shall serve as 27 the information and assistance center for aging and disability services and

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1	administer multiple federal grants and other state initiatives. The department sh
2	be headed by a commissioner appointed by the secretary with the approval of t
3	Governor in accordance with KRS 12.050.
4	→Section 8. KRS 194A.030 (Effective July 1, 2025) is amended to read
5	follows:
6	The cabinet consists of the following major organizational units, which are here
7	created:
8	(1) Office of the Secretary. Within the Office of the Secretary, there shall be an Office
9	of Legal Services, an Office of Inspector General, an Office of Public Affairs,
10	Office of Human Resource Management, an Office of Finance and Budget,
11	Office of Legislative and Regulatory Affairs, an Office of Administrative Service
12	an Office of Application Technology Services and an Office of Data Analytics,
13	follows:
14	(a) The Office of Legal Services shall provide legal advice and assistance to
15	units of the cabinet in any legal action in which it may be involved. T
16	Office of Legal Services shall employ all attorneys of the cabinet who ser
17	the cabinet in the capacity of attorney, giving legal advice and opinio
18	concerning the operation of all programs in the cabinet. The Office of Leg
19	Services shall be headed by a general counsel who shall be appointed by t
20	secretary with the approval of the Governor under KRS 12.050 and 12.21
21	The general counsel shall be the chief legal advisor to the secretary and sh
22	be directly responsible to the secretary. The Attorney General, on the reque
23	of the secretary, may designate the general counsel as an assistant attorn
24	general under the provisions of KRS 15.105;

(b) The Office of Inspector General shall be headed by an inspector general who
shall be appointed by the secretary with the approval of the Governor. The
inspector general shall be directly responsible to the secretary. The Office of

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1		Inspector General shall be responsible for:
2		1. The conduct of audits and investigations for detecting the perpetration of
3		fraud or abuse of any program by any client, or by any vendor of
4		services with whom the cabinet has contracted; and the conduct of
5		special investigations requested by the secretary, commissioners, or
6		office heads of the cabinet into matters related to the cabinet or its
7		programs;
8		2. Licensing and regulatory functions as the secretary may delegate;
9		3. Review of health facilities participating in transplant programs, as
10		determined by the secretary, for the purpose of determining any
11		violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963;
12		4. The duties, responsibilities, and authority pertaining to the certificate of
13		need functions and the licensure appeals functions, pursuant to KRS
14		Chapter 216B;
15		5. The notification and forwarding of any information relevant to possible
16		criminal violations to the appropriate prosecuting authority;
17		6. The oversight of the operations of the Kentucky Health Information
18		Exchange; and
19		7. The support and guidance to health care providers related to telehealth
20		services, including the development of policy, standards, resources, and
21		education to expand telehealth services across the Commonwealth;
22	(c)	The Office of Public Affairs shall be headed by an executive director
23		appointed by the secretary with the approval of the Governor in accordance
24		with KRS 12.050. The office shall provide information to the public and news
25		media about the programs, services, and initiatives of the cabinet;
26	(d)	The Office of Human Resource Management shall be headed by an executive
27		director appointed by the secretary with the approval of the Governor in

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1accordance with KRS 12.050. The office shall coordinate, oversee, and2execute all personnel, training, and management functions of the cabinet. The3office shall focus on the oversight, development, and implementation of4quality improvement services; curriculum development and delivery of5instruction to staff; the administration, management, and oversight of training6operations; health, safety, and compliance training; and equal employment7opportunity compliance functions;

8 (e) The Office of Finance and Budget shall be headed by an executive director 9 appointed by the secretary with the approval of the Governor in accordance 10 with KRS 12.050. The office shall provide central review and oversight of 11 budget, contract, and cabinet finances. The office shall provide coordination, 12 assistance, and support to program departments and independent review and 13 analysis on behalf of the secretary;

- (f) The Office of Legislative and Regulatory Affairs shall be headed by an
  executive director appointed by the secretary with the approval of the
  Governor in accordance with KRS 12.050. The office shall provide central
  review and oversight of legislation, policy, and administrative regulations.
  The office shall provide coordination, assistance, and support to program
  departments and independent review and analysis on behalf of the secretary;
- (g) The Office of Administrative Services shall be headed by an executive
  director appointed by the secretary with the approval of the Governor in
  accordance with KRS 12.050. The office shall provide central review and
  oversight of procurement, general accounting including grant monitoring, and
  facility management. The office shall provide coordination, assistance, and
  support to program departments and independent review and analysis on
  behalf of the secretary;
- 27

(h) The Office of Application Technology Services shall be headed by an

1		executive director appointed by the secretary with the approval of the
2		Governor in accordance with KRS 12.050. The office shall provide
3		application technology services including central review and oversight. The
4		office shall provide coordination, assistance, and support to program
5		departments and independent review and analysis on behalf of the secretary;
6		and
7		(i) The Office of Data Analytics shall be headed by an executive director who
8		shall be appointed by the secretary with the approval of the Governor under
9		KRS 12.050 and shall <u>:</u>
10		<u>1.</u> Identify and innovate strategic initiatives to inform public policy
11		initiatives and provide opportunities for improved health outcomes for
12		all Kentuckians though data analytics: [. The office shall ]
13		<u>2.</u> Provide leadership in the redesign of the health care delivery system
14		using electronic information technology to improve patient care and
15		reduce medical errors and duplicative services; and
16		3. Implement and administer the Kentucky all-payer claims database in
17		accordance with Sections 1 to 6 of this Act;
18	(2)	Department for Medicaid Services. The Department for Medicaid Services shall
		Department for Medicard Services. The Department for Medicard Services shar
19		serve as the single state agency in the Commonwealth to administer Title XIX of
19 20		
		serve as the single state agency in the Commonwealth to administer Title XIX of
20		serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be
20 21		serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the
20 21 22		serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner
20 21 22 23		serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for Medicaid services shall be a person who by experience and training in
20 21 22 23 24		serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act. The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for Medicaid services shall be a person who by experience and training in administration and management is qualified to perform the duties of this office. The

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1 (3)Department for Public Health. The Department for Public Health shall develop and 2 operate all programs of the cabinet that provide health services and all programs for 3 assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death. This shall include but 4 not be limited to oversight of the Division of Women's Health and the Office for 5 6 Children with Special Health Care Needs. The duties, responsibilities, and authority 7 set out in KRS 200.460 to 200.490 shall be performed by the Department for Public 8 Health. The Department for Public Health shall advocate for the rights of children 9 with disabilities and, to the extent that funds are available, shall ensure the 10 administration of services for children with disabilities as are deemed appropriate 11 by this office pursuant to Title V of the Social Security Act. The Department for 12 Public Health may promulgate administrative regulations under KRS Chapter 13A 13 as may be necessary to implement and administer its responsibilities. The Office for 14 Children with Special Health Care Needs may be headed by an executive director 15 appointed by the secretary with the approval of the Governor in accordance with 16 KRS 12.050. The Department for Public Health shall be headed by a commissioner 17 for public health who shall be appointed by the secretary with the approval of the 18 Governor under KRS 12.050. The commissioner for public health shall be a duly 19 licensed physician who by experience and training in administration and 20 management is qualified to perform the duties of this office. The commissioner 21 shall advise the head of each major organizational unit enumerated in this section 22 on policies, plans, and programs relating to all matters of public health, including 23 any actions necessary to safeguard the health of the citizens of the Commonwealth. 24 The commissioner shall serve as chief medical officer of the Commonwealth. The 25 commissioner for public health shall exercise authority over the Department for 26 Public Health under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary; 27

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1 (4)Department for Behavioral Health, Developmental and Intellectual Disabilities. The 2 Department for Behavioral Health, Developmental and Intellectual Disabilities shall 3 develop and administer programs for the prevention of mental illness, intellectual disabilities, brain injury, developmental disabilities, and substance use disorders 4 and shall develop and administer an array of services and support for the treatment, 5 6 habilitation, and rehabilitation of persons who have a mental illness or emotional 7 disability, or who have an intellectual disability, brain injury, developmental disability, or a substance use disorder. The Department for Behavioral Health, 8 9 Developmental and Intellectual Disabilities shall be headed by a commissioner for 10 behavioral health, developmental and intellectual disabilities who shall be 11 appointed by the secretary with the approval of the Governor under KRS 12.050. 12 The commissioner for behavioral health, developmental and intellectual disabilities 13 shall be by training and experience in administration and management qualified to 14 perform the duties of the office. The commissioner for behavioral health, 15 developmental and intellectual disabilities shall exercise authority over the 16 department under the direction of the secretary, and shall only fulfill those 17 responsibilities as delegated by the secretary;

18 Department for Family Resource Centers and Volunteer Services. The Department (5)19 for Family Resource Centers and Volunteer Services shall streamline the various 20 responsibilities associated with the human services programs for which the cabinet 21 is responsible. This shall include, but not be limited to, oversight of the Division of 22 Family Resource and Youth Services Centers and Serve Kentucky. The Department 23 for Family Resource Centers and Volunteer Services shall be headed by a 24 commissioner who shall be appointed by the secretary with the approval of the 25 Governor under KRS 12.050. The commissioner for family resource centers and 26 volunteer services shall be by training and experience in administration and 27 management qualified to perform the duties of the office, shall exercise authority

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over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;

3 (6) Department for Community Based Services. The Department for Community Based
4 Services shall administer and be responsible for child and adult protection,
5 guardianship services, violence prevention resources, foster care and adoption,
6 permanency, and services to enhance family self-sufficiency, including child care,
7 social services, public assistance, and family support. The department shall be
8 headed by a commissioner appointed by the secretary with the approval of the
9 Governor in accordance with KRS 12.050; and

10 Department for Aging and Independent Living. The Department for Aging and (7)11 Independent Living shall serve as the state unit as designated by the Administration 12 on Aging Services under the Older Americans Act and shall have responsibility for administration of the federal community support services, in-home services, meals, 13 14 family and caregiver support services, elder rights and legal assistance, senior 15 community services employment program, the state health insurance assistance 16 program, state home and community based services including home care, 17 Alzheimer's respite services and the personal care attendant program, certifications 18 of assisted living facilities, and the state Council on Alzheimer's Disease and other 19 related disorders. The department shall also administer the Long-Term Care 20 Ombudsman Program and the Medicaid Home and Community Based Waivers 21 Participant Directed Services Option (PDS) Program. The department shall serve as 22 the information and assistance center for aging and disability services and 23 administer multiple federal grants and other state initiatives. The department shall 24 be headed by a commissioner appointed by the secretary with the approval of the 25 Governor in accordance with KRS 12.050.

26

Section 9. KRS 194A.101 is amended to read as follows:

27

(1) The Office of Data Analytics is hereby created in the Office of the Secretary. The

- 1 office shall:
- 2 (a) Provide oversight and strategic direction <u>for</u>, and be responsible for <u>the</u>
  3 coordinating <u>of</u>, the data analysis initiatives <u>of[for]</u> the various departments
  4 that regulate health care and social services to ensure that policy is consistent
  5 with the long-term goals across the Commonwealth; <u>and</u>
- 6
- 7

# (b) Implement and administer the Kentucky all-payer claims database in accordance with Sections 1 to 6 of this Act.

8 (2)The office shall have the authority to review all data requests received by the 9 cabinet from the public, review the requests for content to determine the cabinet's 10 response, and approve the release of the requested information. The office shall 11 review data analyses conducted by the departments within the cabinet to ensure the 12 consistency, quality, and validity of the analysis prior to its use in operational and 13 policy decisions. The office shall facilitate the process of data integration by 14 initiating and maintaining data-sharing agreements in order to improve inter-agency 15 and cross-cabinet collaboration.

# 16 (3) The Office of Data Analytics shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.

18 → Section 10. KRS 304.2-100 is amended to read as follows:

19 (1) The commissioner shall personally supervise the operations of the department.

- (2) The commissioner shall examine and inquire into violations of this code, shall
   enforce the provisions of this code with impartiality and shall execute the duties
   imposed upon him or her by this code.
- 23 (3) The commissioner shall have the powers and authority expressly conferred upon
  24 him or her by or reasonably implied from the provisions of this code.
- (4) The commissioner may conduct such examinations and investigations of insurance
   matters, in addition to examinations and investigations expressly authorized, as the
   commissioner may deem proper upon reasonable and probable cause to determine

1	whether any person has violated any provisions of this code or to secure
2	information useful in the lawful administration of any such provision. The cost of
3	such additional examinations and investigations shall be borne by the state.
4	(5) The commissioner may establish and maintain such branch offices in this state as
5	may be reasonably required for the efficient administration of this code.
6	(6) The commissioner shall have such additional powers and duties as may be provided
7	by other laws of this state.
8	(7) The commissioner shall assist the Office of [-Health] Data[-and] Analytics in
9	carrying out Subtitle 17B of this chapter, [ and] KRS 194A.099, and Sections 1 to 6
10	<u>of this Act</u> .
11	→SECTION 11. A NEW SECTION OF SUBTITLE 99 OF KRS CHAPTER 304
12	IS CREATED TO READ AS FOLLOWS:
13	(1) (a) The commissioner shall enforce the reporting requirements for health
14	payers under Section 6 of this Act.
15	(b) In carrying out the duties under paragraph (a) of this subsection, the
16	commissioner:
17	1. May assess a civil penalty in accordance with this section; and
18	2. Shall have the authority, powers, and duties set forth in Subtitle 2 of
19	this chapter for violations of this code, including the requirements for
20	orders, notices, and hearings.
21	(2) (a) Subject to paragraphs (b), (c), (d), and (e) of this subsection, the
22	commissioner shall promulgate an administrative regulation designating a
23	schedule of penalties, not to exceed one thousand dollars (\$1,000) per day,
24	for any health payer that fails to comply with the reporting requirements for
25	that person under Section 6 of this Act.
26	(b) State and federal agencies shall not be assessed or subject to a penalty
27	under this subsection.

1	(c) The commissioner may, by administrative regulation, adjust the maximum
2	penalty established under paragraph (a) of this subsection every two (2)
3	years based on the percent change in the nonseasonally adjusted annual
4	average Consumer Price Index for All Urban Consumers (CPI-U), U.S. City
5	Average, Medical Care, as published by the United States Bureau of Labor
6	<u>Statistics.</u>
7	(d) The commissioner shall promulgate an administrative regulation
8	designating the process for notice, hearing, and collection of any penalty
9	assessed under paragraph (a) of this subsection.
10	(e) The commissioner may, upon such terms and conditions that are
11	determined by the commissioner to be in the public interest, remit or
12	mitigate any penalty assessed under paragraph (a) of this subsection.
13	(3) Any penalties collected by the department under this section shall be deposited
14	into the fund established in Section 3 of this Act.
15	(4) The commissioner may promulgate any additional administrative regulations
16	necessary to implement or aid in the effectuation of this section.
17	Section 12. (1) The Governor shall make all initial appointments under
18	subsection (2)(a) of Section 5 of this Act within 90 days of the effective date of this Act.
19	(2) Notwithstanding subsection (2)(d)2. of Section 5 of this Act, initial
19 20	(2) Notwithstanding subsection (2)(d)2. of Section 5 of this Act, initial appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that,
20	appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that,
20 21	appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that, of the initial 13 appointments:
20 21 22	<ul><li>appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that,</li><li>of the initial 13 appointments:</li><li>(a) Five of the appointments expire at four years after the initial appointment;</li></ul>
20 21 22 23	<ul> <li>appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that,</li> <li>of the initial 13 appointments:</li> <li>(a) Five of the appointments expire at four years after the initial appointment;</li> <li>(b) Four of the appointments expire at three years after the initial appointment;</li> </ul>
20 21 22 23 24	<ul> <li>appointments under subsection (2)(a) of Section 5 of this Act shall be staggered so that,</li> <li>of the initial 13 appointments: <ul> <li>(a) Five of the appointments expire at four years after the initial appointment;</li> <li>(b) Four of the appointments expire at three years after the initial appointment;</li> </ul> </li> </ul>

Section 6 of this Act for any reason, including the loss of federal funds, the cabinet shall,
 within 90 days after the effective date of this Act, request the waiver or authorization, and
 may only delay implementation of those provisions for which a waiver or authorization
 was deemed necessary until the waiver or authorization is granted.