

1 AN ACT relating to Medicaid-covered nonemergency medical transportation.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4 READ AS FOLLOWS:

5 *(1) (a) As used in this section, "resident" includes newly admitted residents who*
6 *require transportation from a hospital to a skilled nursing facility for which*
7 *reimbursement may not be available.*

8 *(b) A skilled nursing facility or hospital that operates a nonemergency medical*
9 *transportation service shall be permitted to transport residents of a skilled*
10 *nursing facility who qualify for nonemergency medical transportation,*
11 *including transportation via stretcher.*

12 *(2) Notwithstanding subsection (1) of this section, prior to a skilled nursing facility*
13 *or hospital being permitted to provide nonemergency medical transportation*
14 *services to a resident, the contracted transportation broker responsible for*
15 *providing nonemergency medical transportation services shall be given the*
16 *opportunity to schedule transportation services for the resident.*

17 ➔Section 2. Notwithstanding any provision of law to the contrary, a contract
18 between the Department for Medicaid Services and any other subdivision of state
19 government for delivery or administration of nonemergency medical transportation
20 service benefits for Medicaid beneficiaries and a contract between any entity of state
21 government and a transportation broker shall not be renewed or extended beyond July 1,
22 2027.

23 ➔Section 3. The Department for Medicaid Services is hereby directed to submit a
24 report on Medicaid-covered nonemergency medical transport services to the Legislative
25 Research Commission for referral to the Interim Joint Committee on Health Services no
26 later than December 1, 2025. The report shall contain a comparative analysis of the
27 strengths, weaknesses, and costs of various delivery and payment models for

1 nonemergency medical transport services in the Medicaid program and shall consider the
2 following when comparing various delivery and payment models:

3 (1) Various payment methods, including fee-for-service, cost-based, and risk-
4 based models, into which incentives to improve health outcome can be incorporated;

5 (2) The ability of each delivery model to provide appropriate accommodations for
6 dependents and caregivers who may need or wish to accompany Medicaid beneficiaries
7 who utilize nonemergency medical transportation services;

8 (3) Accessibility by Medicaid beneficiaries with disabilities, limited mobility, or
9 other conditions that may require specialized drive training or specific types of vehicles
10 or equipment;

11 (4) The need for transportation brokers and the ability of Medicaid beneficiaries
12 to utilize centralized scheduling by a regulatory agency or third-party that is not
13 associated with any transportation broker or subcontractor;

14 (5) The need for more responsive scheduling for same-day or next-day services
15 and the ability to include multiple stops for various Medicaid-covered services, including
16 pharmacy services, laboratory services, or other services that may be ordered by a
17 Medicaid-enrolled provider, in a single trip;

18 (6) The ability leverage or incorporate technology, including mobile phone-based
19 application or online scheduling and customer service;

20 (7) The possible inclusion of transportation network companies, as defined in
21 KRS 281.010, as subcontractors or brokers;

22 (8) The need to prioritize customer service including the use of customer surveys,
23 patient safety including the ability to readily identify drivers through the use of
24 appropriate signage on vehicles, and patient choice; and

25 (9) The sufficiency of current reimbursement rates for nonemergency medical
26 transportation services.