1 AN ACT relating to coverage for emergency ground ambulance services.

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) "Adverse determination" has the same meaning as in KRS 304.17A-600,***
7 ***except for purposes of this section the term includes determinations***
8 ***regarding emergency ground ambulance services furnished or proposed to***
9 ***be furnished to a covered person;***

10 ***(b) "Clean claim" has the same meaning as in KRS 304.17A-700;***

11 ***(c) "Cost sharing" means any copayments, coinsurance, deductibles, and other***
12 ***out-of-pocket expense requirements imposed upon a covered person by a***
13 ***health benefit plan;***

14 ***(d) "Emergency ground ambulance services" means emergency ambulance***
15 ***services provided by a ground ambulance provider that are not air***
16 ***ambulance services;***

17 ***(e) "Ground ambulance provider" means a ground ambulance provider***
18 ***licensed in accordance with administrative regulations promulgated by the***
19 ***Kentucky Board of Emergency Medical Services;***

20 ***(f) "Local governing authority" means:***

21 ***1. Any city, county, charter county government, urban-county***
22 ***government, consolidated local government, unified local government,***
23 ***special district, or municipal corporation of this state; and***

24 ***2. Any agency, authority, board, bureau, department, commission,***
25 ***council, committee, instrumentality, joint venture, or other entity of an***
26 ***entity referenced in subparagraph 1. of this paragraph;***

27 ***(g) "Local emergency ground ambulance service rate" means either:***

1 ***1. The rate contracted between an out-of-network ground ambulance***
2 ***provider and a local governing authority for emergency ground***
3 ***ambulance services; or***
4 ***2. The rate for emergency ground ambulance services approved or***
5 ***established by a local governing authority, including by ordinance,***
6 ***regulation, or resolution; and***
7 ***(h) "Out-of-network ground ambulance provider" means a ground ambulance***
8 ***provider that has not entered into a contract to provide emergency ground***
9 ***ambulance services under the health benefit plan.***
10 ***(2) A health benefit plan shall:***
11 ***(a) Provide coverage for emergency ground ambulance services, which shall***
12 ***include coverage for emergency ground ambulance services provided by an***
13 ***out-of-network ground ambulance provider;***
14 ***(b) Consider emergency ground ambulance services requested by a first***
15 ***responder, any other health care practitioner, or through a 911 answering***
16 ***point to be:***
17 ***1. Medically necessary; and***
18 ***2. Not subject to an adverse determination; and***
19 ***(c) Not impose cost sharing for emergency ground ambulance services provided***
20 ***by an out-of-network ground ambulance provider that exceeds the cost***
21 ***sharing imposed by the plan for emergency ground ambulance services that***
22 ***are not provided by an out-of-network ground ambulance provider.***
23 ***(3) The minimum allowable reimbursement under any health benefit plan to an out-***
24 ***of-network ground ambulance provider for emergency ground ambulance***
25 ***services shall be:***
26 ***(a) The local emergency ground ambulance service rate of the local governing***
27 ***authority in whose jurisdiction the emergency ground ambulance services***

1 ***originated; or***
2 ***(b) In the absence of an applicable local emergency ground ambulance service***
3 ***rate under paragraph (a) of this subsection, the lesser of the following:***
4 ***1. Four hundred percent (400%) of the reimbursement allowed to a***
5 ***ground ambulance provider providing the same services to a Medicare***
6 ***beneficiary; or***
7 ***2. The out-of-network ground ambulance provider's billed charges.***
8 ***(4) (a) Except as provided in paragraph (c) of this subsection, an insurer shall***
9 ***make a reimbursement to an out-of-network ground ambulance provider for***
10 ***a claim made for emergency ground ambulance services under a health***
11 ***benefit plan in accordance with subsection (3) of this section, less any cost***
12 ***sharing required to be paid for the services under the health benefit plan,***
13 ***within thirty (30) days of receipt of the claim from the provider.***
14 ***(b) The reimbursement required under this subsection shall:***
15 ***1. Be made directly to the out-of-network ground ambulance provider;***
16 ***and***
17 ***2. Not be made or sent to the covered person.***
18 ***(c) If the insurer determines that a claim made by an out-of-network ground***
19 ***ambulance provider for emergency ground ambulance services is not a***
20 ***clean claim, lacks required substantiating documentation, is not covered***
21 ***under the health benefit plan, or is subject in whole or in part to cost***
22 ***sharing, the insurer shall, within thirty (30) days of receipt of the claim,***
23 ***send a written notification to the out-of-network ground ambulance***
24 ***provider that:***
25 ***1. Acknowledges the date of receipt of the claim; and***
26 ***2. Provides one (1) of the following notifications:***
27 ***a. A notification that states:***

1 ***i. The insurer is declining to pay all or part of the claim; and***
2 ***ii. The specific reason or reasons for the declination; or***
3 ***b. A notification that states:***
4 ***i. Additional information is necessary to determine if all or***
5 ***part of the claim is payable; and***
6 ***ii. The specific additional information that is required to***
7 ***make the determination.***
8 ***(5) An out-of-network ground ambulance provider shall not seek reimbursement for***
9 ***emergency ground ambulance services from a covered person that is in excess of***
10 ***any cost sharing required to be paid for the services under the health benefit plan***
11 ***if the provider receives any of the following from the insurer:***
12 ***(a) Reimbursement in compliance with subsection (3) of this section;***
13 ***(b) A partial reimbursement and a notification that the remaining***
14 ***reimbursement, which together with the partial reimbursement is in***
15 ***compliance with subsection (3) of this section, is subject to cost sharing; or***
16 ***(c) A notification that reimbursement in compliance with subsection (3) of this***
17 ***section is subject in whole to cost sharing.***
18 ***(6) In the event of a conflict between this section and any other law, this section shall***
19 ***control.***
20 ➔Section 2. KRS 304.17A-099 is amended to read as follows:
21 (1) As used in this section, "qualified health plan" has the same meaning as in 42
22 U.S.C. sec. 18021(a)(1), as amended.
23 (2) Notwithstanding any other provision of this chapter:
24 (a) Except as provided in paragraph (b) of this subsection, if the application of a
25 provision of this chapter results, or would result, in a determination that the
26 state must make payments to defray the cost of the provision under 42 U.S.C.
27 sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the provision

1 shall not apply to a qualified health plan or any other health insurance policy,
2 certificate, plan, or contract until the requirement to make cost defrayal
3 payments is no longer applicable; and
4 (b) This subsection shall not apply to ***any of the following:***
5 ***1.*** A provision of this chapter that became effective on or before January 1,
6 2024***; or***
7 ***2. Section 1 of this Act***.
8 (3) To the extent permitted by federal law, if the state is required under 42 U.S.C. sec.
9 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, to make payments to defray
10 the cost of a provision of this chapter:
11 (a) 1. Each qualified health plan issuer shall determine, and provide to the
12 commissioner, the cost attributable to the provision for the qualified
13 health plan.
14 2. The cost attributable to a provision for a qualified health plan under
15 subparagraph 1. of this paragraph shall be:
16 a. Calculated in accordance with generally accepted actuarial
17 principles and methodologies;
18 b. Conducted by a member of the American Academy of Actuaries;
19 and
20 c. Reported by the qualified health plan issuer to:
21 i. The commissioner; and
22 ii. The Division of Health Benefit Exchange within the Office
23 of Data Analytics;
24 (b) The commissioner shall use the information obtained under paragraph (a) of
25 this subsection to determine the statewide average of the cost attributable to
26 the provision for all qualified health plan issuers to which the provision is
27 applicable; and

1 (c) The required payments shall be:
2 1. Calculated based on the statewide average of the cost attributable to the
3 provision as determined by the commissioner under paragraph (b) of this
4 subsection; and
5 2. Submitted directly to qualified health plan issuers by the department
6 through a process established by the commissioner.
7 (4) A qualified health plan issuer that receives a payment under subsection (3)(c)2. of
8 this section shall:
9 (a) Reduce the premium charged to an individual on whose behalf the issuer
10 received the payment in an amount equal to the amount of the payment; or
11 (b) Notwithstanding KRS 304.12-090, provide a premium rebate to an individual
12 on whose behalf the issuer received the payment in an amount equal to the
13 amount of the payment.
14 (5) Any fines collected for violations of this section shall be:
15 (a) Placed in a trust and agency account within the department, which shall not
16 lapse; and
17 (b) Used solely by the department to make payments in accordance with
18 subsection (3)(c)2. of this section.
19 (6) The commissioner shall promulgate any administrative regulations necessary to
20 enforce and effectuate this section.
21 ➔Section 3. KRS 18A.225 is amended to read as follows:
22 (1) (a) The term "employee" for purposes of this section means:
23 1. Any person, including an elected public official, who is regularly
24 employed by any department, office, board, agency, or branch of state
25 government; or by a public postsecondary educational institution; or by
26 any city, urban-county, charter county, county, or consolidated local
27 government, whose legislative body has opted to participate in the state-

1 sponsored health insurance program pursuant to KRS 79.080; and who
2 is either a contributing member to any one (1) of the retirement systems
3 administered by the state, including but not limited to the Kentucky
4 Retirement Systems, County Employees Retirement System, Kentucky
5 Teachers' Retirement System, the Legislators' Retirement Plan, or the
6 Judicial Retirement Plan; or is receiving a contractual contribution from
7 the state toward a retirement plan; or, in the case of a public
8 postsecondary education institution, is an individual participating in an
9 optional retirement plan authorized by KRS 161.567; or is eligible to
10 participate in a retirement plan established by an employer who ceases
11 participating in the Kentucky Employees Retirement System pursuant to
12 KRS 61.522 whose employees participated in the health insurance plans
13 administered by the Personnel Cabinet prior to the employer's effective
14 cessation date in the Kentucky Employees Retirement System;
15 2. Any certified or classified employee of a local board of education or a
16 public charter school as defined in KRS 160.1590;
17 3. Any elected member of a local board of education;
18 4. Any person who is a present or future recipient of a retirement
19 allowance from the Kentucky Retirement Systems, County Employees
20 Retirement System, Kentucky Teachers' Retirement System, the
21 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
22 Kentucky Community and Technical College System's optional
23 retirement plan authorized by KRS 161.567, except that a person who is
24 receiving a retirement allowance and who is age sixty-five (65) or older
25 shall not be included, with the exception of persons covered under KRS
26 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
27 employed pursuant to subparagraph 1. of this paragraph; and

1 5. Any eligible dependents and beneficiaries of participating employees
2 and retirees who are entitled to participate in the state-sponsored health
3 insurance program;
4 (b) The term "health benefit plan" for the purposes of this section means a health
5 benefit plan as defined in KRS 304.17A-005;
6 (c) The term "insurer" for the purposes of this section means an insurer as defined
7 in KRS 304.17A-005; and
8 (d) The term "managed care plan" for the purposes of this section means a
9 managed care plan as defined in KRS 304.17A-500.
10 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
11 recommendation of the secretary of the Personnel Cabinet, shall procure, in
12 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
13 from one (1) or more insurers authorized to do business in this state, a group
14 health benefit plan that may include but not be limited to health maintenance
15 organization (HMO), preferred provider organization (PPO), point of service
16 (POS), and exclusive provider organization (EPO) benefit plans
17 encompassing all or any class or classes of employees. With the exception of
18 employers governed by the provisions of KRS Chapters 16, 18A, and 151B,
19 all employers of any class of employees or former employees shall enter into
20 a contract with the Personnel Cabinet prior to including that group in the state
21 health insurance group. The contracts shall include but not be limited to
22 designating the entity responsible for filing any federal forms, adoption of
23 policies required for proper plan administration, acceptance of the contractual
24 provisions with health insurance carriers or third-party administrators, and
25 adoption of the payment and reimbursement methods necessary for efficient
26 administration of the health insurance program. Health insurance coverage
27 provided to state employees under this section shall, at a minimum, contain

1 the same benefits as provided under Kentucky Kare Standard as of January 1,
2 1994, and shall include a mail-order drug option as provided in subsection
3 (13) of this section. All employees and other persons for whom the health care
4 coverage is provided or made available shall annually be given an option to
5 elect health care coverage through a self-funded plan offered by the
6 Commonwealth or, if a self-funded plan is not available, from a list of
7 coverage options determined by the competitive bid process under the
8 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
9 during annual open enrollment.
10 (b) The policy or policies shall be approved by the commissioner of insurance
11 and may contain the provisions the commissioner of insurance approves,
12 whether or not otherwise permitted by the insurance laws.
13 (c) Any carrier bidding to offer health care coverage to employees shall agree to
14 provide coverage to all members of the state group, including active
15 employees and retirees and their eligible covered dependents and
16 beneficiaries, within the county or counties specified in its bid. Except as
17 provided in subsection (20) of this section, any carrier bidding to offer health
18 care coverage to employees shall also agree to rate all employees as a single
19 entity, except for those retirees whose former employers insure their active
20 employees outside the state-sponsored health insurance program and as
21 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.
22 (d) Any carrier bidding to offer health care coverage to employees shall agree to
23 provide enrollment, claims, and utilization data to the Commonwealth in a
24 format specified by the Personnel Cabinet with the understanding that the data
25 shall be owned by the Commonwealth; to provide data in an electronic form
26 and within a time frame specified by the Personnel Cabinet; and to be subject
27 to penalties for noncompliance with data reporting requirements as specified

1 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions
2 to protect the confidentiality of each individual employee; however,
3 confidentiality assertions shall not relieve a carrier from the requirement of
4 providing stipulated data to the Commonwealth.
5 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
6 for timely analysis of data received from carriers and, to the extent possible,
7 provide in the request-for-proposal specifics relating to data requirements,
8 electronic reporting, and penalties for noncompliance. The Commonwealth
9 shall own the enrollment, claims, and utilization data provided by each carrier
10 and shall develop methods to protect the confidentiality of the individual. The
11 Personnel Cabinet shall include in the October annual report submitted
12 pursuant to the provisions of KRS 18A.226 to the Governor, the General
13 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
14 financial stability of the program, which shall include but not be limited to
15 loss ratios, methods of risk adjustment, measurements of carrier quality of
16 service, prescription coverage and cost management, and statutorily required
17 mandates. If state self-insurance was available as a carrier option, the report
18 also shall provide a detailed financial analysis of the self-insurance fund
19 including but not limited to loss ratios, reserves, and reinsurance agreements.
20 (f) If any agency participating in the state-sponsored employee health insurance
21 program for its active employees terminates participation and there is a state
22 appropriation for the employer's contribution for active employees' health
23 insurance coverage, then neither the agency nor the employees shall receive
24 the state-funded contribution after termination from the state-sponsored
25 employee health insurance program.
26 (g) Any funds in flexible spending accounts that remain after all reimbursements
27 have been processed shall be transferred to the credit of the state-sponsored

1 health insurance plan's appropriation account.
2 (h) Each entity participating in the state-sponsored health insurance program shall
3 provide an amount at least equal to the state contribution rate for the employer
4 portion of the health insurance premium. For any participating entity that used
5 the state payroll system, the employer contribution amount shall be equal to
6 but not greater than the state contribution rate.
7 (3) The premiums may be paid by the policyholder:
8 (a) Wholly from funds contributed by the employee, by payroll deduction or
9 otherwise;
10 (b) Wholly from funds contributed by any department, board, agency, public
11 postsecondary education institution, or branch of state, city, urban-county,
12 charter county, county, or consolidated local government; or
13 (c) Partly from each, except that any premium due for health care coverage or
14 dental coverage, if any, in excess of the premium amount contributed by any
15 department, board, agency, postsecondary education institution, or branch of
16 state, city, urban-county, charter county, county, or consolidated local
17 government for any other health care coverage shall be paid by the employee.
18 (4) If an employee moves his or her place of residence or employment out of the
19 service area of an insurer offering a managed health care plan, under which he or
20 she has elected coverage, into either the service area of another managed health care
21 plan or into an area of the Commonwealth not within a managed health care plan
22 service area, the employee shall be given an option, at the time of the move or
23 transfer, to change his or her coverage to another health benefit plan.
24 (5) No payment of premium by any department, board, agency, public postsecondary
25 educational institution, or branch of state, city, urban-county, charter county,
26 county, or consolidated local government shall constitute compensation to an
27 insured employee for the purposes of any statute fixing or limiting the

1 compensation of such an employee. Any premium or other expense incurred by any
2 department, board, agency, public postsecondary educational institution, or branch
3 of state, city, urban-county, charter county, county, or consolidated local
4 government shall be considered a proper cost of administration.
5 (6) The policy or policies may contain the provisions with respect to the class or classes
6 of employees covered, amounts of insurance or coverage for designated classes or
7 groups of employees, policy options, terms of eligibility, and continuation of
8 insurance or coverage after retirement.
9 (7) Group rates under this section shall be made available to the disabled child of an
10 employee regardless of the child's age if the entire premium for the disabled child's
11 coverage is paid by the state employee. A child shall be considered disabled if he or
12 she has been determined to be eligible for federal Social Security disability benefits.
13 (8) The health care contract or contracts for employees shall be entered into for a
14 period of not less than one (1) year.
15 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
16 State Health Insurance Subscribers to advise the secretary or the secretary's
17 designee regarding the state-sponsored health insurance program for employees.
18 The secretary shall appoint, from a list of names submitted by appointing
19 authorities, members representing school districts from each of the seven (7)
20 Supreme Court districts, members representing state government from each of the
21 seven (7) Supreme Court districts, two (2) members representing retirees under age
22 sixty-five (65), one (1) member representing local health departments, two (2)
23 members representing the Kentucky Teachers' Retirement System, and three (3)
24 members at large. The secretary shall also appoint two (2) members from a list of
25 five (5) names submitted by the Kentucky Education Association, two (2) members
26 from a list of five (5) names submitted by the largest state employee organization of
27 nonschool state employees, two (2) members from a list of five (5) names submitted

1 by the Kentucky Association of Counties, two (2) members from a list of five (5)
2 names submitted by the Kentucky League of Cities, and two (2) members from a
3 list of names consisting of five (5) names submitted by each state employee
4 organization that has two thousand (2,000) or more members on state payroll
5 deduction. The advisory committee shall be appointed in January of each year and
6 shall meet quarterly.
7 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
8 provided to employees pursuant to this section shall not provide coverage for
9 obtaining or performing an abortion, nor shall any state funds be used for the
10 purpose of obtaining or performing an abortion on behalf of employees or their
11 dependents.
12 (11) Interruption of an established treatment regime with maintenance drugs shall be
13 grounds for an insured to appeal a formulary change through the established appeal
14 procedures approved by the Department of Insurance, if the physician supervising
15 the treatment certifies that the change is not in the best interests of the patient.
16 (12) Any employee who is eligible for and elects to participate in the state health
17 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
18 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
19 state health insurance contribution toward health care coverage as a result of any
20 other employment for which there is a public employer contribution. This does not
21 preclude a retiree and an active employee spouse from using both contributions to
22 the extent needed for purchase of one (1) state sponsored health insurance policy
23 for that plan year.
24 (13) (a) The policies of health insurance coverage procured under subsection (2) of
25 this section shall include a mail-order drug option for maintenance drugs for
26 state employees. Maintenance drugs may be dispensed by mail order in
27 accordance with Kentucky law.

1 (b) A health insurer shall not discriminate against any retail pharmacy located
2 within the geographic coverage area of the health benefit plan and that meets
3 the terms and conditions for participation established by the insurer, including
4 price, dispensing fee, and copay requirements of a mail-order option. The
5 retail pharmacy shall not be required to dispense by mail.
6 (c) The mail-order option shall not permit the dispensing of a controlled
7 substance classified in Schedule II.
8 (14) The policy or policies provided to state employees or their dependents pursuant to
9 this section shall provide coverage for obtaining a hearing aid and acquiring hearing
10 aid-related services for insured individuals under eighteen (18) years of age, subject
11 to a cap of one thousand four hundred dollars ($1,400) every thirty-six (36) months
12 pursuant to KRS 304.17A-132.
13 (15) Any policy provided to state employees or their dependents pursuant to this section
14 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
15 consistent with KRS 304.17A-142.
16 (16) Any policy provided to state employees or their dependents pursuant to this section
17 shall provide coverage for obtaining amino acid-based elemental formula pursuant
18 to KRS 304.17A-258.
19 (17) If a state employee's residence and place of employment are in the same county,
20 and if the hospital located within that county does not offer surgical services,
21 intensive care services, obstetrical services, level II neonatal services, diagnostic
22 cardiac catheterization services, and magnetic resonance imaging services, the
23 employee may select a plan available in a contiguous county that does provide
24 those services, and the state contribution for the plan shall be the amount available
25 in the county where the plan selected is located.
26 (18) If a state employee's residence and place of employment are each located in
27 counties in which the hospitals do not offer surgical services, intensive care

1 services, obstetrical services, level II neonatal services, diagnostic cardiac
2 catheterization services, and magnetic resonance imaging services, the employee
3 may select a plan available in a county contiguous to the county of residence that
4 does provide those services, and the state contribution for the plan shall be the
5 amount available in the county where the plan selected is located.
6 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
7 in the best interests of the state group to allow any carrier bidding to offer health
8 care coverage under this section to submit bids that may vary county by county or
9 by larger geographic areas.
10 (20) Notwithstanding any other provision of this section, the bid for proposals for health
11 insurance coverage for calendar year 2004 shall include a bid scenario that reflects
12 the statewide rating structure provided in calendar year 2003 and a bid scenario that
13 allows for a regional rating structure that allows carriers to submit bids that may
14 vary by region for a given product offering as described in this subsection:
15 (a) The regional rating bid scenario shall not include a request for bid on a
16 statewide option;
17 (b) The Personnel Cabinet shall divide the state into geographical regions which
18 shall be the same as the partnership regions designated by the Department for
19 Medicaid Services for purposes of the Kentucky Health Care Partnership
20 Program established pursuant to 907 KAR 1:705;
21 (c) The request for proposal shall require a carrier's bid to include every county
22 within the region or regions for which the bid is submitted and include but not
23 be restricted to a preferred provider organization (PPO) option;
24 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
25 carrier all of the counties included in its bid within the region. If the Personnel
26 Cabinet deems the bids submitted in accordance with this subsection to be in
27 the best interests of state employees in a region, the cabinet may award the

1 contract for that region to no more than two (2) carriers; and
2 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
3 other requirements or criteria in the request for proposal.
4 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
5 after July 12, 2006, to public employees pursuant to this section which provides
6 coverage for services rendered by a physician or osteopath duly licensed under KRS
7 Chapter 311 that are within the scope of practice of an optometrist duly licensed
8 under the provisions of KRS Chapter 320 shall provide the same payment of
9 coverage to optometrists as allowed for those services rendered by physicians or
10 osteopaths.
11 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to
12 public employees pursuant to this section shall comply with:
13 (a) KRS 304.12-237;
14 (b) KRS 304.17A-270 and 304.17A-525;
15 (c) KRS 304.17A-600 to 304.17A-633;
16 (d) KRS 205.593;
17 (e) KRS 304.17A-700 to 304.17A-730;
18 (f) KRS 304.14-135;
19 (g) KRS 304.17A-580 and 304.17A-641;
20 (h) KRS 304.99-123;
21 (i) KRS 304.17A-138;
22 (j) KRS 304.17A-148;
23 (k) KRS 304.17A-163 and 304.17A-1631;
24 (l) KRS 304.17A-265;
25 (m) KRS 304.17A-261;
26 (n) KRS 304.17A-262;
27 (o) KRS 304.17A-145;

1 (p) KRS 304.17A-129;

2 (q) KRS 304.17A-133;

3 (r) KRS 304.17A-264;~~[and]~~

4 (s) ***Section 1 of this Act; and***

5 ***(t)*** Administrative regulations promulgated pursuant to statutes listed in this

6 subsection.

7 (23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to

8 public employees pursuant to this section shall provide a special enrollment

9 period to pregnant women who are eligible for coverage in accordance with

10 the requirements set forth in KRS 304.17-182.

11 (b) The Department of Employee Insurance shall, at or before the time a public

12 employee is initially offered the opportunity to enroll in the plan or coverage,

13 provide the employee a notice of the special enrollment rights under this

14 subsection.

15 ➔Section 4. This Act applies to health benefit plans issued or renewed on or after

16 January 1, 2026.

17 ➔Section 5. This Act takes effect on January 1, 2026.