1		AN ACT relating to reproductive health care.
2	Be i	t enacted by the General Assembly of the Commonwealth of Kentucky:
3		→ Section 1. KRS 205.592 is amended to read as follows:
4	(1)	Except as provided in subsection (2) of this section, pregnant women [,] and new
5		mothers up to twelve (12) months postpartum, <u>regardless of citizenship or national</u>
6		origin, and children up to age one (1) shall be eligible for participation in the
7		Kentucky Medical Assistance Program if:
8		(a) They have family income up to but not exceeding one hundred [and ]eighty-
9		five percent (185%) of the nonfarm income official poverty guidelines as
10		promulgated by the Department of Health and Human Services of the United
11		States as revised annually; and
12		(b) They are otherwise eligible for the program.
13	(2)	The percentage established in subsection (1)(a) of this section may be increased to
14		the extent:
15		(a) Permitted under federal law; and
16		(b) Funding is available.
17		→SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
18	REA	AD AS FOLLOWS:
19	<u>(1)</u>	As used in this section, unless the context requires otherwise:
20		(a) "Eligible individual" means an individual who:
21		1. Is not pregnant;
22		2. Has a family combined income up to, but not exceeding, two hundred
23		sixty percent (260%) of the nonfarm income official poverty guidelines
24		as promulgated by the United States Department of Health and
25		<u>Human Services; and</u>
26		3. a. Is eligible for the Kentucky Medical Assistance Program; or
27		b. Would otherwise be eligible for the Kentucky Medical Assistance

1	Program, except that the individual is not a citizen of the United
2	States and is not considered an eligible noncitizen pursuant to 8
3	<u>U.S.C. sec. 1611 or 1612;</u>
4	(b) "Family planning services" means all the following services, regardless of
5	an individual's age, sex, or gender identity, or the age, sex, or gender
6	identity of the individual's partner, including but not limited to:
7	1. All contraceptive drugs, devices, and other products approved by the
8	United States Food and Drug Administration, including:
9	a. Over-the-counter contraceptive drugs, devices, and products;
10	<u>and</u>
11	b. A twelve (12) month supply of self-administered contraceptive
12	drugs, devices, and supplies, unless the individual requests a
13	smaller supply or the prescribing provider restricts the enrollee
14	to a smaller supply;
15	2. Voluntary sterilization procedures;
16	3. Activities that enable individuals to determine the number and spacing
17	of their children and to select the means by which this may be
18	achieved;
19	4. The consultations, examinations, and medical services that are
20	necessary to prescribe, dispense, insert, deliver, distribute, administer,
21	or remove contraceptive drugs, devices, and other products; and
22	5. Follow-up visits to evaluate or manage problems associated with
23	contraceptive drugs, devices, or products; and
24	(c) "Family planning-related services" means educational, medical, and social
25	services, including but not limited to:
26	1. Medically necessary evaluations or preventive services such as tobacco
27	utilization screening, counseling, testing, and cessation services;

1		2. Cervical cancer screening and prevention;
2		3. Diagnosis of treatment of a sexually transmitted infection and
3		medication and supplies to prevent a sexually transmitted infection;
4		<u>and</u>
5		4. Any other medical diagnosis, treatment, or preventive service that is
6		routinely provided as part of a family planning visit.
7	<u>(2)</u>	The cabinet shall establish a family planning program within the Department for
8		Medicaid Services to provide family planning services and family planning-
9		related services to eligible individuals.
10	<u>(3)</u>	In administering this program, the cabinet shall not:
11		(a) Infringe upon an eligible individual's choice of contraceptive drug, device,
12		or product by requiring prior authorization, step therapy, or other
13		utilization control techniques for medically appropriate contraceptive drugs,
14		devices, or products approved by the United States Food and Drug
15		Administration;
16		(b) Impose any cost-sharing requirements for enrolled individuals; or
17		(c) Deny coverage based on the sex, sexual orientation, or gender identity of
18		the eligible individual, or the sex, sexual orientation, or gender identity of
19		the eligible individual's partner.
20	<i>(4)</i>	The Department for Medicaid Services shall:
21		(a) Promulgate administrative regulations in accordance with KRS Chapter
22		13A, and amend any contract with a managed care organization as is
23		necessary, to implement this section; and
24		(b) Collaborate with the Division of Health Benefit Exchange within the
25		cabinet, health care consumer advocates, family planning providers, and
26		other interested stakeholders to establish a comprehensive community
27		education and outreach campaign to provide culturally and linguistically

1	accessible information to facilitate participation in the program, including
2	but not limited to enrollment procedures, program services, and benefit
3	utilization.
4	→ Section 3. If the Cabinet for Health and Family Services or the Department for
5	Medicaid Services determines that a waiver or any other authorization from a federal
6	agency is necessary prior to the implementation of any provision of Sections 1 and 2 of
7	this Act, the cabinet or department shall, within 90 days after the effective date of this
8	Act, request the waiver or authorization and shall only delay full implementation of those
9	provisions for which a waiver or authorization was deemed necessary until the waiver or
10	authorization is granted.