

1 AN ACT relating to perinatal palliative care.

2 WHEREAS, prenatal testing has become increasingly routine, leading more parents
3 to receive devastating news before their babies are born; and

4 WHEREAS, in numerous instances, the abilities of prenatal and perinatal diagnosis
5 have outpaced the capacity to care for pregnant women and birth fathers, babies, and
6 family members facing pregnancy complications and life-limiting conditions; and

7 WHEREAS, perinatal palliative care presents an innovative and compassionate
8 model of support for pregnant women and birth fathers, babies, and family members
9 following a prenatal diagnosis indicating a life-limiting condition; and

10 WHEREAS, perinatal palliative care offers alternatives for pregnant women and
11 birth fathers faced with nonviable pregnancies or infants whose diagnoses suggest a brief
12 life after birth, recognizing the value and dignity of these babies; and

13 WHEREAS, perinatal palliative care accompanies pregnant women, birth fathers,
14 and family members on their journey through pregnancy, birth, and death, honoring both
15 the babies and their family members; and

16 WHEREAS, perinatal palliative care provides essential support for pregnant
17 women, birth fathers, and family members experiencing pregnancies with babies
18 expected to die before or shortly after birth; and

19 WHEREAS, perinatal palliative care is not confined to a specific location but may
20 be offered in many contexts; and

21 WHEREAS, perinatal palliative care offers extraordinary ways of caring for all
22 involved with a pregnancy that are marked by dignity, compassion, and love; and

23 WHEREAS, perinatal palliative care programs integrate multidisciplinary medical,
24 emotional, and spiritual supports as alternatives to pregnancy termination and consider
25 the psychological and faith challenges associated with post-termination; and

26 WHEREAS, engaging in a perinatal palliative care approach often involves a
27 personal and intimate process that may include putting care requests in writing to ensure

1 wishes are clear, which may provide a sense of control in situations where many people
2 may feel heartbroken and out of control; and

3 WHEREAS, although a profoundly sad period, perinatal palliative care can assist
4 pregnant mothers in crafting a birth plan for an expected end-of-life birth that allows
5 them to parent their babies and orchestrate the precious time surrounding their babies'
6 entrance into the world; and

7 WHEREAS, perinatal palliative care can be seamlessly integrated into standard
8 pregnancy and birth care in any setting; and

9 WHEREAS, perinatal palliative care services encompass support throughout
10 pregnancy, delivery, and the postpartum period, and may include guidance on medical
11 decisions; assistance in creating memories, keepsakes, personalized birth plans, initial
12 treatment plans, and pain relief for babies, if necessary; guidance for planning memorial
13 or funeral services; and provision of social and spiritual support for pregnant women,
14 birth fathers, and family members; and

15 WHEREAS, perinatal palliative care represents a beautiful and practical response to
16 support pregnant women, birth fathers, and family members when perinatal testing
17 reveals an expectation of the baby dying before or shortly after birth that allows them to
18 embrace the time they have with their baby with compassion and support; and

19 WHEREAS, it is critical that public and private insurers in the Commonwealth of
20 Kentucky include coverage for perinatal palliative care as part of their package of health
21 benefits; and

22 WHEREAS, the 2024 committee opinion of the American College of Obstetricians
23 and Gynecologists' Committees on Obstetric Practice and Ethics expresses support for
24 perinatal palliative care as a coordinated care strategy that comprises options for obstetric
25 and newborn care that include a focus on maximizing quality of life and comfort for
26 newborns with a variety of conditions considered to be life-limiting in early infancy and a
27 dual focus on ameliorating suffering and honoring patient values, perinatal palliative care

1 provided concurrently with life-prolonging treatment; and

2 WHEREAS, the 2024 committee opinion of the American College of Obstetricians
3 and Gynecologists' Committees on Obstetric Practice and Ethics states that the birth plan
4 is an individualized proposal for delivery and neonatal care and a critical prenatal
5 component of perinatal palliative comfort care; and

6 WHEREAS, the American Academy of Pediatrics and the Society for Maternal-
7 Fetal Medicine endorsed the 2024 committee opinion on perinatal palliative care of the
8 American College of Obstetricians and Gynecologists' committees;

9 NOW, THEREFORE,

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

11 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 216 IS CREATED TO
12 READ AS FOLLOWS:

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

14 *(a) "Pregnant" has the same meaning as in KRS 311.772;*

15 *(b) "Perinatal" means occurring in, concerned with, or being in the period*
16 *around the time of birth; and*

17 *(c) "Baby" includes both an unborn child as defined in KRS 311.781 and an*
18 *infant as defined in KRS 311.821.*

19 *(2) All hospitals and alternative birthing centers offering obstetric services and*
20 *maternal-fetal medicine and all midwives shall provide or make referrals to a*
21 *perinatal palliative care program or perinatal palliative care support services for*
22 *pregnant women, birth fathers, and family members when there is a:*

23 *(a) Prenatal diagnosis indicating that a baby may die before or after birth;*

24 *(b) Diagnosis of fetal anomalies where the likelihood of long-term survival is*
25 *uncertain or minimal; or*

26 *(c) Newborn is diagnosed with a potentially life-limiting illness.*

27 *(3) Perinatal palliative care programs and support services shall include but not be*

1 limited to:

2 (a) Coordination of care between medical, obstetric, neonatal, and perinatal
3 palliative care providers, hospital staff, and the pregnant woman, birth
4 father, and family members;

5 (b) Care and specialized support through the remainder of a pregnancy, the
6 birth, the newborn period, and the death;

7 (c) Providing anticipatory guidance, education, and support for pregnant
8 women, birth fathers, and family members before, during, and after
9 delivery;

10 (d) Providing resources and referrals as needed;

11 (e) Assistance with making medical decisions;

12 (f) Counseling;

13 (g) Education, including specific information about the baby's diagnosis;

14 (h) Emotional support;

15 (i) Guidance on what to expect throughout the grieving process;

16 (j) Assistance with the creation of memories and keepsakes;

17 (k) Preparation for meeting the baby and understanding the limitations that
18 may be present at birth;

19 (l) Pastoral, emotional, and spiritual support for pregnant women, birth
20 fathers, and family members; and

21 (m) Preparing a plan of care for the baby which may include medical
22 interventions as needed in the home, hospital, or neonatal hospice.

23 (4) The Cabinet for Health and Family Services shall create and maintain a list of
24 perinatal palliative care programs and service providers on its website.

25 (5) Nothing in this section shall be interpreted as permitting any violation of KRS
26 311.772.

27 ➔SECTION 2. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304

1 IS CREATED TO READ AS FOLLOWS:

- 2 (1) Except as provided in subsection (2) of this section, a health benefit plan shall
3 provide coverage for perinatal palliative care programs and support services as
4 described in Section 1 of this Act.
- 5 (2) Notwithstanding KRS 304.17A-099 and any other provision of this chapter, if the
6 application of any requirement of this section to a qualified health plan, as
7 defined in 42 U.S.C. sec. 18021(a)(1), as amended, results, or would result, in a
8 determination that the state must make payments to defray the cost of the
9 requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as
10 amended, then the requirement shall not apply to the qualified health plan until
11 the requirement to make cost defrayal payments is no longer applicable.
- 12 (3) If a qualified health plan, as defined in 42 U.S.C. sec. 18021(a)(1), is exempt
13 from any requirement of this section under subsection (1) of this section, the
14 department shall apply for a waiver under 42 U.S.C. sec. 18052, as amended, or
15 any other applicable federal law of the requirement to make cost defrayal
16 payments.

17 ➔Section 3. KRS 164.2871 is amended to read as follows:

- 18 (1) The governing board of each state postsecondary educational institution is
19 authorized to purchase liability insurance for the protection of the individual
20 members of the governing board, faculty, and staff of such institutions from liability
21 for acts and omissions committed in the course and scope of the individual's
22 employment or service. Each institution may purchase the type and amount of
23 liability coverage deemed to best serve the interest of such institution.
- 24 (2) All retirement annuity allowances accrued or accruing to any employee of a state
25 postsecondary educational institution through a retirement program sponsored by
26 the state postsecondary educational institution are hereby exempt from any state,
27 county, or municipal tax, and shall not be subject to execution, attachment,

1 garnishment, or any other process whatsoever, nor shall any assignment thereof be
2 enforceable in any court. Except retirement benefits accrued or accruing to any
3 employee of a state postsecondary educational institution through a retirement
4 program sponsored by the state postsecondary educational institution on or after
5 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent
6 provided in KRS 141.010 and 141.0215.

7 (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for
8 members of governing boards, faculty and staff of institutions of higher education
9 in this state shall not be construed to be a waiver of sovereign immunity or any
10 other immunity or privilege.

11 (4) The governing board of each state postsecondary education institution is authorized
12 to provide a self-insured employer group health plan to its employees, which plan
13 shall:

14 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and

15 (b) Except as provided in subsection (5) of this section, be exempt from
16 conformity with Subtitle 17A of KRS Chapter 304.

17 (5) A self-insured employer group health plan provided by the governing board of a
18 state postsecondary education institution to its employees shall comply with:

19 (a) KRS 304.17A-129;

20 (b) KRS 304.17A-133;

21 (c) KRS 304.17A-145;

22 (d) KRS 304.17A-163 and 304.17A-1631;

23 (e) KRS 304.17A-261;

24 (f) KRS 304.17A-262;

25 (g) KRS 304.17A-264; ~~and~~

26 (h) KRS 304.17A-265; and

27 (i) Section 2 of this Act.

1 (6) (a) A self-insured employer group health plan provided by the governing board of
2 a state postsecondary education institution to its employees shall provide a
3 special enrollment period to pregnant women who are eligible for coverage in
4 accordance with the requirements set forth in KRS 304.17-182.

5 (b) The governing board of a state postsecondary education institution shall, at or
6 before the time an employee is initially offered the opportunity to enroll in the
7 plan or coverage, provide the employee a notice of the special enrollment
8 rights under this subsection.

9 ➔Section 4. KRS 205.522 is amended to read as follows:

10 (1) With respect to the administration and provision of Medicaid benefits pursuant to
11 this chapter, the Department for Medicaid Services, any managed care organization
12 contracted to provide Medicaid benefits pursuant to this chapter, and the state's
13 medical assistance program shall be subject to, and comply with, the following, as
14 applicable:

15 (a) KRS 304.17A-129;

16 (b) KRS 304.17A-145;

17 (c) KRS 304.17A-163;

18 (d) KRS 304.17A-1631;

19 (e) KRS 304.17A-167;

20 (f) KRS 304.17A-235;

21 (g) KRS 304.17A-257;

22 (h) KRS 304.17A-259;

23 (i) KRS 304.17A-263;

24 (j) KRS 304.17A-264;

25 (k) KRS 304.17A-515;

26 (l) KRS 304.17A-580;

27 (m) KRS 304.17A-600, 304.17A-603, and 304.17A-607;~~and~~

1 (n) KRS 304.17A-740 to 304.17A-743; and

2 (o) Section 2 of this Act.

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

5 ➔Section 5. KRS 205.6485 is amended to read as follows:

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

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

9 (a) Prepare a state child health plan, known as KCHIP, meeting the requirements
10 of Title XXI of the Federal Social Security Act, for submission to the
11 Secretary of the United States Department of Health and Human Services
12 within such time as will permit the state to receive the maximum amounts of
13 federal matching funds available under Title XXI; and

14 (b) By administrative regulation promulgated in accordance with KRS Chapter
15 13A, establish the following:

16 1. The eligibility criteria for children covered by KCHIP, which shall
17 include a provision that no person eligible for services under Title XIX
18 of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended,
19 shall be eligible for services under KCHIP, except to the extent that
20 Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS
21 304.17A-340;

22 2. The schedule of benefits to be covered by KCHIP, which shall:

23 a. Be at least equivalent to one (1) of the following:

24 i. The standard Blue Cross/Blue Shield preferred provider
25 option under the Federal Employees Health Benefit Plan
26 established by 5 U.S.C. sec. 8903(1);

27 ii. A mid-range health benefit coverage plan that is offered and

- 1 generally available to state employees; or
- 2 iii. Health insurance coverage offered by a health maintenance
- 3 organization that has the largest insured commercial, non-
- 4 Medicaid enrollment of covered lives in the state; and
- 5 b. Comply with subsection (6) of this section;
- 6 3. The premium contribution per family for health insurance coverage
- 7 available under KCHIP, which shall be based:
- 8 a. On a six (6) month period; and
- 9 b. Upon a sliding scale relating to family income not to exceed:
- 10 i. Ten dollars (\$10), to be paid by a family with income
- 11 between one hundred percent (100%) to one hundred thirty-
- 12 three percent (133%) of the federal poverty level;
- 13 ii. Twenty dollars (\$20), to be paid by a family with income
- 14 between one hundred thirty-four percent (134%) to one
- 15 hundred forty-nine percent (149%) of the federal poverty
- 16 level; and
- 17 iii. One hundred twenty dollars (\$120), to be paid by a family
- 18 with income between one hundred fifty percent (150%) to
- 19 two hundred percent (200%) of the federal poverty level, and
- 20 which may be made on a partial payment plan of twenty
- 21 dollars (\$20) per month or sixty dollars (\$60) per quarter;
- 22 4. There shall be no copayments for services provided under KCHIP; and
- 23 5. a. The criteria for health services providers and insurers wishing to
- 24 contract with the Commonwealth to provide coverage under
- 25 KCHIP.
- 26 b. The cabinet shall provide, in any contracting process for coverage
- 27 of preventive services, the opportunity for a public health

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

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

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

18 (5) KCHIP shall comply with KRS 304.17A-163 and 304.17A-1631.

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

21 (a) Preventive services;

22 (b) Vision services, including glasses;

23 (c) Dental services, including sealants, extractions, and fillings;~~and~~

24 (d) The coverage required under:

25 1. KRS 304.17A-129;~~and~~

26 2. ***KRS*** 304.17A-145; ***and***

27 3. ***Section 2 of this Act.***

1 ➔Section 6. KRS 18A.225 is amended to read as follows:

- 2 (1) (a) The term "employee" for purposes of this section means:
- 3 1. Any person, including an elected public official, who is regularly
4 employed by any department, office, board, agency, or branch of state
5 government; or by a public postsecondary educational institution; or by
6 any city, urban-county, charter county, county, or consolidated local
7 government, whose legislative body has opted to participate in the state-
8 sponsored health insurance program pursuant to KRS 79.080; and who
9 is either a contributing member to any one (1) of the retirement systems
10 administered by the state, including but not limited to the Kentucky
11 Retirement Systems, County Employees Retirement System, Kentucky
12 Teachers' Retirement System, the Legislators' Retirement Plan, or the
13 Judicial Retirement Plan; or is receiving a contractual contribution from
14 the state toward a retirement plan; or, in the case of a public
15 postsecondary education institution, is an individual participating in an
16 optional retirement plan authorized by KRS 161.567; or is eligible to
17 participate in a retirement plan established by an employer who ceases
18 participating in the Kentucky Employees Retirement System pursuant to
19 KRS 61.522 whose employees participated in the health insurance plans
20 administered by the Personnel Cabinet prior to the employer's effective
21 cessation date in the Kentucky Employees Retirement System;
- 22 2. Any certified or classified employee of a local board of education or a
23 public charter school as defined in KRS 160.1590;
- 24 3. Any elected member of a local board of education;
- 25 4. Any person who is a present or future recipient of a retirement
26 allowance from the Kentucky Retirement Systems, County Employees
27 Retirement System, Kentucky Teachers' Retirement System, the

1 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
2 Kentucky Community and Technical College System's optional
3 retirement plan authorized by KRS 161.567, except that a person who is
4 receiving a retirement allowance and who is age sixty-five (65) or older
5 shall not be included, with the exception of persons covered under KRS
6 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
7 employed pursuant to subparagraph 1. of this paragraph; and

8 5. Any eligible dependents and beneficiaries of participating employees
9 and retirees who are entitled to participate in the state-sponsored health
10 insurance program;

11 (b) The term "health benefit plan" for the purposes of this section means a health
12 benefit plan as defined in KRS 304.17A-005;

13 (c) The term "insurer" for the purposes of this section means an insurer as defined
14 in KRS 304.17A-005; and

15 (d) The term "managed care plan" for the purposes of this section means a
16 managed care plan as defined in KRS 304.17A-500.

17 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
18 recommendation of the secretary of the Personnel Cabinet, shall procure, in
19 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
20 from one (1) or more insurers authorized to do business in this state, a group
21 health benefit plan that may include but not be limited to health maintenance
22 organization (HMO), preferred provider organization (PPO), point of service
23 (POS), and exclusive provider organization (EPO) benefit plans
24 encompassing all or any class or classes of employees. With the exception of
25 employers governed by the provisions of KRS Chapters 16, 18A, and 151B,
26 all employers of any class of employees or former employees shall enter into
27 a contract with the Personnel Cabinet prior to including that group in the state

1 health insurance group. The contracts shall include but not be limited to
2 designating the entity responsible for filing any federal forms, adoption of
3 policies required for proper plan administration, acceptance of the contractual
4 provisions with health insurance carriers or third-party administrators, and
5 adoption of the payment and reimbursement methods necessary for efficient
6 administration of the health insurance program. Health insurance coverage
7 provided to state employees under this section shall, at a minimum, contain
8 the same benefits as provided under Kentucky Kare Standard as of January 1,
9 1994, and shall include a mail-order drug option as provided in subsection
10 (13) of this section. All employees and other persons for whom the health care
11 coverage is provided or made available shall annually be given an option to
12 elect health care coverage through a self-funded plan offered by the
13 Commonwealth or, if a self-funded plan is not available, from a list of
14 coverage options determined by the competitive bid process under the
15 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
16 during annual open enrollment.

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

20 (c) Any carrier bidding to offer health care coverage to employees shall agree to
21 provide coverage to all members of the state group, including active
22 employees and retirees and their eligible covered dependents and
23 beneficiaries, within the county or counties specified in its bid. Except as
24 provided in subsection (20) of this section, any carrier bidding to offer health
25 care coverage to employees shall also agree to rate all employees as a single
26 entity, except for those retirees whose former employers insure their active
27 employees outside the state-sponsored health insurance program and as

1 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

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

12 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
13 for timely analysis of data received from carriers and, to the extent possible,
14 provide in the request-for-proposal specifics relating to data requirements,
15 electronic reporting, and penalties for noncompliance. The Commonwealth
16 shall own the enrollment, claims, and utilization data provided by each carrier
17 and shall develop methods to protect the confidentiality of the individual. The
18 Personnel Cabinet shall include in the October annual report submitted
19 pursuant to the provisions of KRS 18A.226 to the Governor, the General
20 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
21 financial stability of the program, which shall include but not be limited to
22 loss ratios, methods of risk adjustment, measurements of carrier quality of
23 service, prescription coverage and cost management, and statutorily required
24 mandates. If state self-insurance was available as a carrier option, the report
25 also shall provide a detailed financial analysis of the self-insurance fund
26 including but not limited to loss ratios, reserves, and reinsurance agreements.

27 (f) If any agency participating in the state-sponsored employee health insurance

1 program for its active employees terminates participation and there is a state
2 appropriation for the employer's contribution for active employees' health
3 insurance coverage, then neither the agency nor the employees shall receive
4 the state-funded contribution after termination from the state-sponsored
5 employee health insurance program.

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

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

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

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

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

20 (c) Partly from each, except that any premium due for health care coverage or
21 dental coverage, if any, in excess of the premium amount contributed by any
22 department, board, agency, postsecondary education institution, or branch of
23 state, city, urban-county, charter county, county, or consolidated local
24 government for any other health care coverage shall be paid by the employee.

25 (4) If an employee moves his or her place of residence or employment out of the
26 service area of an insurer offering a managed health care plan, under which he or
27 she has elected coverage, into either the service area of another managed health care

1 plan or into an area of the Commonwealth not within a managed health care plan
2 service area, the employee shall be given an option, at the time of the move or
3 transfer, to change his or her coverage to another health benefit plan.

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

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

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

20 (8) The health care contract or contracts for employees shall be entered into for a
21 period of not less than one (1) year.

22 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
23 State Health Insurance Subscribers to advise the secretary or the secretary's
24 designee regarding the state-sponsored health insurance program for employees.
25 The secretary shall appoint, from a list of names submitted by appointing
26 authorities, members representing school districts from each of the seven (7)
27 Supreme Court districts, members representing state government from each of the

1 seven (7) Supreme Court districts, two (2) members representing retirees under age
2 sixty-five (65), one (1) member representing local health departments, two (2)
3 members representing the Kentucky Teachers' Retirement System, and three (3)
4 members at large. The secretary shall also appoint two (2) members from a list of
5 five (5) names submitted by the Kentucky Education Association, two (2) members
6 from a list of five (5) names submitted by the largest state employee organization of
7 nonschool state employees, two (2) members from a list of five (5) names submitted
8 by the Kentucky Association of Counties, two (2) members from a list of five (5)
9 names submitted by the Kentucky League of Cities, and two (2) members from a
10 list of names consisting of five (5) names submitted by each state employee
11 organization that has two thousand (2,000) or more members on state payroll
12 deduction. The advisory committee shall be appointed in January of each year and
13 shall meet quarterly.

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

19 (11) Interruption of an established treatment regime with maintenance drugs shall be
20 grounds for an insured to appeal a formulary change through the established appeal
21 procedures approved by the Department of Insurance, if the physician supervising
22 the treatment certifies that the change is not in the best interests of the patient.

23 (12) Any employee who is eligible for and elects to participate in the state health
24 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
25 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
26 state health insurance contribution toward health care coverage as a result of any
27 other employment for which there is a public employer contribution. This does not

1 preclude a retiree and an active employee spouse from using both contributions to
2 the extent needed for purchase of one (1) state sponsored health insurance policy
3 for that plan year.

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

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

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

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

20 (15) Any policy provided to state employees or their dependents pursuant to this section
21 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
22 consistent with KRS 304.17A-142.

23 (16) Any policy provided to state employees or their dependents pursuant to this section
24 shall provide coverage for obtaining amino acid-based elemental formula pursuant
25 to KRS 304.17A-258.

26 (17) If a state employee's residence and place of employment are in the same county,
27 and if the hospital located within that county does not offer surgical services,

1 intensive care services, obstetrical services, level II neonatal services, diagnostic
2 cardiac catheterization services, and magnetic resonance imaging services, the
3 employee may select a plan available in a contiguous county that does provide
4 those services, and the state contribution for the plan shall be the amount available
5 in the county where the plan selected is located.

6 (18) If a state employee's residence and place of employment are each located in
7 counties in which the hospitals do not offer surgical services, intensive care
8 services, obstetrical services, level II neonatal services, diagnostic cardiac
9 catheterization services, and magnetic resonance imaging services, the employee
10 may select a plan available in a county contiguous to the county of residence that
11 does provide those services, and the state contribution for the plan shall be the
12 amount available in the county where the plan selected is located.

13 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
14 in the best interests of the state group to allow any carrier bidding to offer health
15 care coverage under this section to submit bids that may vary county by county or
16 by larger geographic areas.

17 (20) Notwithstanding any other provision of this section, the bid for proposals for health
18 insurance coverage for calendar year 2004 shall include a bid scenario that reflects
19 the statewide rating structure provided in calendar year 2003 and a bid scenario that
20 allows for a regional rating structure that allows carriers to submit bids that may
21 vary by region for a given product offering as described in this subsection:

22 (a) The regional rating bid scenario shall not include a request for bid on a
23 statewide option;

24 (b) The Personnel Cabinet shall divide the state into geographical regions which
25 shall be the same as the partnership regions designated by the Department for
26 Medicaid Services for purposes of the Kentucky Health Care Partnership
27 Program established pursuant to 907 KAR 1:705;

- 1 (c) The request for proposal shall require a carrier's bid to include every county
2 within the region or regions for which the bid is submitted and include but not
3 be restricted to a preferred provider organization (PPO) option;
- 4 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
5 carrier all of the counties included in its bid within the region. If the Personnel
6 Cabinet deems the bids submitted in accordance with this subsection to be in
7 the best interests of state employees in a region, the cabinet may award the
8 contract for that region to no more than two (2) carriers; and
- 9 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
10 other requirements or criteria in the request for proposal.
- 11 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
12 after July 12, 2006, to public employees pursuant to this section which provides
13 coverage for services rendered by a physician or osteopath duly licensed under KRS
14 Chapter 311 that are within the scope of practice of an optometrist duly licensed
15 under the provisions of KRS Chapter 320 shall provide the same payment of
16 coverage to optometrists as allowed for those services rendered by physicians or
17 osteopaths.
- 18 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to
19 public employees pursuant to this section shall comply with:
- 20 (a) KRS 304.12-237;
- 21 (b) KRS 304.17A-270 and 304.17A-525;
- 22 (c) KRS 304.17A-600 to 304.17A-633;
- 23 (d) KRS 205.593;
- 24 (e) KRS 304.17A-700 to 304.17A-730;
- 25 (f) KRS 304.14-135;
- 26 (g) KRS 304.17A-580 and 304.17A-641;
- 27 (h) KRS 304.99-123;

- 1 (i) KRS 304.17A-138;
- 2 (j) KRS 304.17A-148;
- 3 (k) KRS 304.17A-163 and 304.17A-1631;
- 4 (l) KRS 304.17A-265;
- 5 (m) KRS 304.17A-261;
- 6 (n) KRS 304.17A-262;
- 7 (o) KRS 304.17A-145;
- 8 (p) KRS 304.17A-129;
- 9 (q) KRS 304.17A-133;
- 10 (r) KRS 304.17A-264;~~[and]~~
- 11 (s) **Section 2 of this Act; and**
- 12 **(t)** Administrative regulations promulgated pursuant to statutes listed in this
- 13 subsection.
- 14 (23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to
- 15 public employees pursuant to this section shall provide a special enrollment
- 16 period to pregnant women who are eligible for coverage in accordance with
- 17 the requirements set forth in KRS 304.17-182.
- 18 (b) The Department of Employee Insurance shall, at or before the time a public
- 19 employee is initially offered the opportunity to enroll in the plan or coverage,
- 20 provide the employee a notice of the special enrollment rights under this
- 21 subsection.
- 22 ➔Section 7. Section 1 of this Act may be cited as the Love Them Both Act of
- 23 2025.
- 24 ➔Section 8. Sections 2, 3, and 6 of this Act apply to health benefit plans issued,
- 25 renewed, amended, effective, or delivered on or after January 1, 2026.
- 26 ➔Section 9. Notwithstanding KRS 194A.099:
- 27 (1) Within 30 days of the effective date of this section, the Department of

1 Insurance shall identify, in accordance with 45 C.F.R. sec. 155.170(a)(3), whether the
2 application of any requirement of Section 2 of this Act to a qualified health plan (QHP) is
3 in addition to the essential health benefits required under federal law; and

4 (2) If it is determined that the application of any requirement of Section 2 of this
5 Act to a QHP is in addition to the essential health benefit required under federal law, then
6 the department shall, within 90 days of the effective date of this section, apply for a
7 waiver under 42 U.S.C. sec. 18052, as amended, or any other applicable federal law of all
8 or any of the cost defrayal requirements under 42 U.S.C. sec, 18031(d)(3) and 45 C.F.R.
9 sec. 155.170, as amended.

10 ➔Section 10. If the Department for Medicaid Services or the Cabinet for Health
11 and Family Services determines that a state plan amendment, waiver, or any other form
12 of authorization or approval from any federal agency is necessary prior to implementation
13 of Section 4 or 5 of this Act for any reason, including the loss of federal funds, the
14 department or cabinet shall, within 90 days after the effective date of this section, request
15 any necessary state plan amendment, waiver, authorization, or approval, and may only
16 delay full implementation of those provisions for which a state plan amendment, waiver,
17 authorization, or approval was deemed necessary until the state plan amendment, waiver,
18 authorization, or approval is granted or approved.

19 ➔Section 11. The Department for Medicaid Services or the Cabinet for Health
20 and Family Services shall, in accordance with KRS 205.525, provide a copy of any state
21 plan amendment, waiver application, or other request for authorization or approval
22 submitted pursuant to Section 9 of this Act to the Legislative Research Commission for
23 referral to the Interim Joint Committees on Health Services and Appropriations and
24 Revenue and shall provide an update on the status of any application or request submitted
25 pursuant to Section 10 of this Act at the request of the Legislative Research Commission
26 or any committee thereof.

27 ➔Section 12. Sections 2, 3, 4, 5, 6, and 8 of this Act take effect January 1, 2026.