

1 AN ACT relating to coverage for perinatal mood and anxiety disorders screenings.

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 ***The Department for Medicaid Services and any managed care organization with which***  
6 ***the department contracts for the delivery of Medicaid services shall allow perinatal***  
7 ***mood and anxiety disorders screenings for any accompanying parent or legal guardian***  
8 ***of a covered child that is less than two (2) years of age to be claimed as a service for the***  
9 ***child as part of the early and periodic screening, diagnostic, and treatment benefit***  
10 ***required under 42 U.S.C. sec. 1396a(a)(10), as amended, and described in 42 U.S.C.***  
11 ***sec. 1396d(a)(4)(B), as amended.***

12 ➔Section 2. KRS 205.6497 is amended to read as follows:

13 (1) As permitted by federal law, in any plan submitted for federal Title XXI approval  
14 of a children's health insurance program for Kentucky, the cabinet shall include  
15 provisions for a preventive health insurance program for children with no  
16 copayment, deductible, coinsurance, or premium.

17 (2) The plan referred to in subsection (1) of this section shall include:

18 (a) Preventive dental services, tooth extraction, and emergency dental services;†  
19 ~~and~~

20 (b) Coverage for certain services rendered by certified community health  
21 workers, as defined in KRS 309.460, equivalent to the coverage requirements  
22 established in KRS 205.648; **and**

23 ***(c) Coverage for perinatal mood and anxiety disorders screenings for any***  
24 ***accompanying parent or legal guardian of a beneficiary that is less than two***  
25 ***(2) years of age provided in conjunction with preventive services rendered to***  
26 ***the beneficiary.***

27 ➔SECTION 3. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304

1 IS CREATED TO READ AS FOLLOWS:

2 (1) As used in this section, "health plan":

3 (a) Means any health insurance policy, certificate, contract, or plan that offers  
4 or provides coverage in this state for a well-child visit, including well-baby  
5 visits, whether such coverage is:

6 1. By direct payment, reimbursement, or otherwise; and

7 2. On a fully insured or self-insured basis or any combination thereof;  
8 and

9 (b) Includes but is not limited to a health benefit plan.

10 (2) Except as provided in subsection (5) of this section, coverage under a health plan  
11 for a well-child visit, including a well-baby visit, shall include coverage for  
12 perinatal mood and anxiety disorders screenings for any accompanying parent or  
13 legal guardian of a covered child that is less than two (2) years of age.

14 (3) Except as provided in subsection (4) of this section, the coverage required by this  
15 section shall not be subject to cost sharing.

16 (4) If the application of any requirement of this section would be the sole cause of a  
17 health plan's failure to qualify as a Health Savings Account-qualified High  
18 Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the  
19 requirement shall not apply to that health plan until the minimum deductible  
20 under 26 U.S.C. sec. 223, as amended, is satisfied.

21 (5) Notwithstanding KRS 304.17A-099 and any other provision of this chapter, if the  
22 application of any requirement of this section to a qualified health plan, as  
23 defined in 42 U.S.C. sec. 18021(a)(1), as amended, results, or would result, in a  
24 determination that the state must make payments to defray the cost of the  
25 requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as  
26 amended, then the requirement shall not apply to the qualified health plan until  
27 the requirement to make cost defrayal payments is no longer applicable.

1       ➔Section 4. KRS 164.2871 is amended to read as follows:

- 2       (1) The governing board of each state postsecondary educational institution is  
3       authorized to purchase liability insurance for the protection of the individual  
4       members of the governing board, faculty, and staff of such institutions from liability  
5       for acts and omissions committed in the course and scope of the individual's  
6       employment or service. Each institution may purchase the type and amount of  
7       liability coverage deemed to best serve the interest of such institution.
- 8       (2) All retirement annuity allowances accrued or accruing to any employee of a state  
9       postsecondary educational institution through a retirement program sponsored by  
10      the state postsecondary educational institution are hereby exempt from any state,  
11      county, or municipal tax, and shall not be subject to execution, attachment,  
12      garnishment, or any other process whatsoever, nor shall any assignment thereof be  
13      enforceable in any court. Except retirement benefits accrued or accruing to any  
14      employee of a state postsecondary educational institution through a retirement  
15      program sponsored by the state postsecondary educational institution on or after  
16      January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
17      provided in KRS 141.010 and 141.0215.
- 18      (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
19      members of governing boards, faculty and staff of institutions of higher education  
20      in this state shall not be construed to be a waiver of sovereign immunity or any  
21      other immunity or privilege.
- 22      (4) The governing board of each state postsecondary education institution is authorized  
23      to provide a self-insured employer group health plan to its employees, which plan  
24      shall:
- 25          (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and  
26          (b) Except as provided in subsection (5) of this section, be exempt from  
27          conformity with Subtitle 17A of KRS Chapter 304.

- 1 (5) A self-insured employer group health plan provided by the governing board of a  
 2 state postsecondary education institution to its employees shall comply with:
- 3 (a) KRS 304.17A-129;  
 4 (b) KRS 304.17A-133;  
 5 (c) KRS 304.17A-145;  
 6 (d) KRS 304.17A-163 and 304.17A-1631;  
 7 (e) KRS 304.17A-261;  
 8 (f) KRS 304.17A-262;  
 9 (g) KRS 304.17A-264;~~[and]~~  
 10 (h) KRS 304.17A-265; **and**  
 11 **(i) Section 3 of this Act.**
- 12 (6) (a) A self-insured employer group health plan provided by the governing board of  
 13 a state postsecondary education institution to its employees shall provide a  
 14 special enrollment period to pregnant women who are eligible for coverage in  
 15 accordance with the requirements set forth in KRS 304.17-182.
- 16 (b) The governing board of a state postsecondary education institution shall, at or  
 17 before the time an employee is initially offered the opportunity to enroll in the  
 18 plan or coverage, provide the employee a notice of the special enrollment  
 19 rights under this subsection.
- 20 ➔Section 5. KRS 18A.225 is amended to read as follows:
- 21 (1) (a) The term "employee" for purposes of this section means:
- 22 1. Any person, including an elected public official, who is regularly  
 23 employed by any department, office, board, agency, or branch of state  
 24 government; or by a public postsecondary educational institution; or by  
 25 any city, urban-county, charter county, county, or consolidated local  
 26 government, whose legislative body has opted to participate in the state-  
 27 sponsored health insurance program pursuant to KRS 79.080; and who

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

1                   and retirees who are entitled to participate in the state-sponsored health  
2                   insurance program;

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

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

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

9   (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
10           recommendation of the secretary of the Personnel Cabinet, shall procure, in  
11           compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,  
12           from one (1) or more insurers authorized to do business in this state, a group  
13           health benefit plan that may include but not be limited to health maintenance  
14           organization (HMO), preferred provider organization (PPO), point of service  
15           (POS), and exclusive provider organization (EPO) benefit plans  
16           encompassing all or any class or classes of employees. With the exception of  
17           employers governed by the provisions of KRS Chapters 16, 18A, and 151B,  
18           all employers of any class of employees or former employees shall enter into  
19           a contract with the Personnel Cabinet prior to including that group in the state  
20           health insurance group. The contracts shall include but not be limited to  
21           designating the entity responsible for filing any federal forms, adoption of  
22           policies required for proper plan administration, acceptance of the contractual  
23           provisions with health insurance carriers or third-party administrators, and  
24           adoption of the payment and reimbursement methods necessary for efficient  
25           administration of the health insurance program. Health insurance coverage  
26           provided to state employees under this section shall, at a minimum, contain  
27           the same benefits as provided under Kentucky Kare Standard as of January 1,

1 1994, and shall include a mail-order drug option as provided in subsection  
2 (13) of this section. All employees and other persons for whom the health care  
3 coverage is provided or made available shall annually be given an option to  
4 elect health care coverage through a self-funded plan offered by the  
5 Commonwealth or, if a self-funded plan is not available, from a list of  
6 coverage options determined by the competitive bid process under the  
7 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available  
8 during annual open enrollment.

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

12 (c) Any carrier bidding to offer health care coverage to employees shall agree to  
13 provide coverage to all members of the state group, including active  
14 employees and retirees and their eligible covered dependents and  
15 beneficiaries, within the county or counties specified in its bid. Except as  
16 provided in subsection (20) of this section, any carrier bidding to offer health  
17 care coverage to employees shall also agree to rate all employees as a single  
18 entity, except for those retirees whose former employers insure their active  
19 employees outside the state-sponsored health insurance program and as  
20 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

21 (d) Any carrier bidding to offer health care coverage to employees shall agree to  
22 provide enrollment, claims, and utilization data to the Commonwealth in a  
23 format specified by the Personnel Cabinet with the understanding that the data  
24 shall be owned by the Commonwealth; to provide data in an electronic form  
25 and within a time frame specified by the Personnel Cabinet; and to be subject  
26 to penalties for noncompliance with data reporting requirements as specified  
27 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions

1 to protect the confidentiality of each individual employee; however,  
2 confidentiality assertions shall not relieve a carrier from the requirement of  
3 providing stipulated data to the Commonwealth.

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

19 (f) If any agency participating in the state-sponsored employee health insurance  
20 program for its active employees terminates participation and there is a state  
21 appropriation for the employer's contribution for active employees' health  
22 insurance coverage, then neither the agency nor the employees shall receive  
23 the state-funded contribution after termination from the state-sponsored  
24 employee health insurance program.

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

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

1 department, board, agency, public postsecondary educational institution, or branch  
2 of state, city, urban-county, charter county, county, or consolidated local  
3 government shall be considered a proper cost of administration.

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

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

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

14 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
15 State Health Insurance Subscribers to advise the secretary or the secretary's  
16 designee regarding the state-sponsored health insurance program for employees.  
17 The secretary shall appoint, from a list of names submitted by appointing  
18 authorities, members representing school districts from each of the seven (7)  
19 Supreme Court districts, members representing state government from each of the  
20 seven (7) Supreme Court districts, two (2) members representing retirees under age  
21 sixty-five (65), one (1) member representing local health departments, two (2)  
22 members representing the Kentucky Teachers' Retirement System, and three (3)  
23 members at large. The secretary shall also appoint two (2) members from a list of  
24 five (5) names submitted by the Kentucky Education Association, two (2) members  
25 from a list of five (5) names submitted by the largest state employee organization of  
26 nonschool state employees, two (2) members from a list of five (5) names submitted  
27 by the Kentucky Association of Counties, two (2) members from a list of five (5)

1 names submitted by the Kentucky League of Cities, and two (2) members from a  
2 list of names consisting of five (5) names submitted by each state employee  
3 organization that has two thousand (2,000) or more members on state payroll  
4 deduction. The advisory committee shall be appointed in January of each year and  
5 shall meet quarterly.

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

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

15 (12) Any employee who is eligible for and elects to participate in the state health  
16 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any  
17 one (1) of the state-sponsored retirement systems shall not be eligible to receive the  
18 state health insurance contribution toward health care coverage as a result of any  
19 other employment for which there is a public employer contribution. This does not  
20 preclude a retiree and an active employee spouse from using both contributions to  
21 the extent needed for purchase of one (1) state sponsored health insurance policy  
22 for that plan year.

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

27 (b) A health insurer shall not discriminate against any retail pharmacy located

1           within the geographic coverage area of the health benefit plan and that meets  
2           the terms and conditions for participation established by the insurer, including  
3           price, dispensing fee, and copay requirements of a mail-order option. The  
4           retail pharmacy shall not be required to dispense by mail.

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

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

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

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

18   (17) If a state employee's residence and place of employment are in the same county,  
19          and if the hospital located within that county does not offer surgical services,  
20          intensive care services, obstetrical services, level II neonatal services, diagnostic  
21          cardiac catheterization services, and magnetic resonance imaging services, the  
22          employee may select a plan available in a contiguous county that does provide  
23          those services, and the state contribution for the plan shall be the amount available  
24          in the county where the plan selected is located.

25   (18) If a state employee's residence and place of employment are each located in  
26          counties in which the hospitals do not offer surgical services, intensive care  
27          services, obstetrical services, level II neonatal services, diagnostic cardiac

1 catheterization services, and magnetic resonance imaging services, the employee  
2 may select a plan available in a county contiguous to the county of residence that  
3 does provide those services, and the state contribution for the plan shall be the  
4 amount available in the county where the plan selected is located.

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

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

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

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

20 (c) The request for proposal shall require a carrier's bid to include every county  
21 within the region or regions for which the bid is submitted and include but not  
22 be restricted to a preferred provider organization (PPO) option;

23 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
24 carrier all of the counties included in its bid within the region. If the Personnel  
25 Cabinet deems the bids submitted in accordance with this subsection to be in  
26 the best interests of state employees in a region, the cabinet may award the  
27 contract for that region to no more than two (2) carriers; and

- 1 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
2 other requirements or criteria in the request for proposal.
- 3 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
4 after July 12, 2006, to public employees pursuant to this section which provides  
5 coverage for services rendered by a physician or osteopath duly licensed under KRS  
6 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
7 under the provisions of KRS Chapter 320 shall provide the same payment of  
8 coverage to optometrists as allowed for those services rendered by physicians or  
9 osteopaths.
- 10 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
11 public employees pursuant to this section shall comply with:
- 12 (a) KRS 304.12-237;
- 13 (b) KRS 304.17A-270 and 304.17A-525;
- 14 (c) KRS 304.17A-600 to 304.17A-633;
- 15 (d) KRS 205.593;
- 16 (e) KRS 304.17A-700 to 304.17A-730;
- 17 (f) KRS 304.14-135;
- 18 (g) KRS 304.17A-580 and 304.17A-641;
- 19 (h) KRS 304.99-123;
- 20 (i) KRS 304.17A-138;
- 21 (j) KRS 304.17A-148;
- 22 (k) KRS 304.17A-163 and 304.17A-1631;
- 23 (l) KRS 304.17A-265;
- 24 (m) KRS 304.17A-261;
- 25 (n) KRS 304.17A-262;
- 26 (o) KRS 304.17A-145;
- 27 (p) KRS 304.17A-129;

1 (q) KRS 304.17A-133;

2 (r) KRS 304.17A-264;~~and~~

3 †

4 (s) Section 3 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 6. Sections 3 to 5 of this Act apply to health plans issued or renewed on  
16 or after January 1, 2026.

17 ➔Section 7. If the Department for Medicaid Services or the Cabinet for Health  
18 and Family Services determines that a state plan amendment, waiver, or any other form  
19 of approval or authorization from a federal agency is necessary to implement Section 1 or  
20 2 of this Act for any reason, including loss of federal funds, the department or cabinet  
21 shall, within 90 days after the effective date of this section, request any necessary state  
22 plan amendment, waiver, authorization, or approval, and may only delay implementation  
23 of those provisions for which a state plan amendment, waiver, authorization, or approval  
24 was deemed necessary until the state plan amendment, waiver, authorization, or approval  
25 is granted or approved.

26 ➔Section 8. The Department for Medicaid Services or the Cabinet for Health and  
27 Family Services shall, in accordance with KRS 205.525, provide a copy of any state plan

1 amendment, waiver application, or other request for authorization or approval submitted  
2 pursuant to Section 7 of this Act to the Legislative Research Commission for referral to  
3 the Interim Joint Committees on Health Services and Appropriations and Revenue and  
4 shall provide an update on the status or any application or request submitted pursuant to  
5 Section 7 of this Act at the request of to the Legislative Research Commission or any  
6 committee thereof.

7       ➔Section 9. Notwithstanding KRS 194A.099, if it is determined that the  
8 application of any requirement of Section 3 of this Act to a qualified health plan is in  
9 addition to the essential health benefits required under federal law, then the department  
10 shall, within 90 days of the effective date of this section, apply for a waiver under 42  
11 U.S.C. sec. 18052, as amended, or any other applicable federal law of all or any of the  
12 cost defrayal requirements under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170,  
13 as amended, that would apply but for the application of subsection (5) of Section 3 of this  
14 Act.

15       ➔Section 10. If any provision of this Act, or this Act's application to any person  
16 or circumstance, is held invalid, the invalidity shall not affect other provisions or  
17 applications of the Act, which shall be given effect without the invalid provision or  
18 application, and to this end the provisions and applications of this Act are severable.

19       ➔Section 11. Sections 3 to 6 of this Act take effect January 1, 2026.