

1       AN ACT relating to coverage for feeding or eating disorders.

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       *As used in Sections 1 to 3 of this Act:*

6       *(1) "Feeding or eating disorder":*

7           *(a) Has the same meaning as in the most recent version of the Diagnostic and*  
8           *Statistical Manual of Mental Disorders; and*

9           *(b) Includes:*

10           *1. Anorexia nervosa;*

11           *2. Bulimia nervosa;*

12           *3. Atypical anorexia nervosa;*

13           *4. Binge-eating disorder; and*

14           *5. Any other feeding or eating disorder specified in the most recent*  
15           *version of the Diagnostic and Statistical Manual of Mental Disorders;*

16           *and*

17       *(2) "Health plan":*

18           *(a) Means any health insurance policy, certificate, contract, or plan that offers*  
19           *or provides behavioral or mental health coverage:*

20           *1. By direct payment, reimbursement, or otherwise; and*

21           *2. On a fully insured or self-insured basis or any combination thereof;*  
22           *and*

23           *(b) Includes:*

24           *1. A health benefit plan; and*

25           *2. Student health insurance offered by a Kentucky-licensed insurer*  
26           *under written contract with a university or college whose students it*  
27           *proposes to insure.*

1           ➔ SECTION 2. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
2 IS CREATED TO READ AS FOLLOWS:

3    *A health plan shall provide coverage for the diagnosis and treatment of feeding or*  
4    *eating disorders.*

5           ➔ SECTION 3. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
6 IS CREATED TO READ AS FOLLOWS:

7    *An insurer that offers or provides coverage for the treatment of a diagnosed feeding or*  
8    *eating disorder under a health plan:*

9    *(1) Shall not utilize any of the following standards as the sole reason for denying,*  
10      *limiting, or restricting the coverage:*

11      *(a) Body mass index;*

12      *(b) Ideal body weight; or*

13      *(c) Any other standard requiring an achieved weight; and*

14    *(2) May consider the following factors when determining the medical necessity of a*  
15      *treatment, or the appropriate level of care, for an individual with a diagnosed*  
16      *feeding or eating disorder:*

17      *(a) Eating behaviors;*

18      *(b) The need for supervised meals and support interventions;*

19      *(c) Laboratory results of heart rate, renal or cardiovascular activity, and blood*  
20      *pressure;*

21      *(d) Recovery environment; and*

22      *(e) Co-occurring disorders.*

23           ➔ Section 4. KRS 304.17C-125 is amended to read as follows:

24    The following shall apply to limited health service benefit plans, including any limited  
25    health service contract[~~, as~~] defined in KRS 304.38A-010:

26    (1) KRS 304.17A-129;

27    (2) KRS 304.17A-262;[ ~~and~~]

1 (3) KRS 304.17A-591 to 304.17A-599; **and**

2 **(4) Sections 1 to 3 of this Act.**

3 ➔Section 5. KRS 304.38A-115 is amended to read as follows:

4 Limited health service organizations shall comply with:

5 (1) KRS 304.17A-262;

6 (2) KRS 304.17A-265; **and**

7 (3) KRS 304.17A-591 to 304.17A-599; **and**

8 **(4) Sections 1 to 3 of this Act.**

9 ➔Section 6. 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) **Sections 1 to 3 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 7. 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 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,

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:

19 (a) KRS 304.17A-163 and 304.17A-1631; and

**20 (b) Sections 1 to 3 of this Act.**

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

23 (a) Preventive services;

24 (b) Vision services, including glasses;

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

26 (d) The coverage required under:

27 1. KRS 304.17A-129;[and]

1                   2. KRS 304.17A-145; and

2                   3. Sections 1 to 3 of this Act.

3                   ➔Section 8. KRS 164.2871 is amended to read as follows:

4                   (1) The governing board of each state postsecondary educational institution is  
5                   authorized to purchase liability insurance for the protection of the individual  
6                   members of the governing board, faculty, and staff of such institutions from liability  
7                   for acts and omissions committed in the course and scope of the individual's  
8                   employment or service. Each institution may purchase the type and amount of  
9                   liability coverage deemed to best serve the interest of such institution.

10                   (2) All retirement annuity allowances accrued or accruing to any employee of a state  
11                   postsecondary educational institution through a retirement program sponsored by  
12                   the state postsecondary educational institution are hereby exempt from any state,  
13                   county, or municipal tax, and shall not be subject to execution, attachment,  
14                   garnishment, or any other process whatsoever, nor shall any assignment thereof be  
15                   enforceable in any court. Except retirement benefits accrued or accruing to any  
16                   employee of a state postsecondary educational institution through a retirement  
17                   program sponsored by the state postsecondary educational institution on or after  
18                   January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
19                   provided in KRS 141.010 and 141.0215.

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

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

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



1 government, whose legislative body has opted to participate in the state-  
2 sponsored health insurance program pursuant to KRS 79.080; and who  
3 is either a contributing member to any one (1) of the retirement systems  
4 administered by the state, including but not limited to the Kentucky  
5 Retirement Systems, County Employees Retirement System, Kentucky  
6 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
7 Judicial Retirement Plan; or is receiving a contractual contribution from  
8 the state toward a retirement plan; or, in the case of a public  
9 postsecondary education institution, is an individual participating in an  
10 optional retirement plan authorized by KRS 161.567; or is eligible to  
11 participate in a retirement plan established by an employer who ceases  
12 participating in the Kentucky Employees Retirement System pursuant to  
13 KRS 61.522 whose employees participated in the health insurance plans  
14 administered by the Personnel Cabinet prior to the employer's effective  
15 cessation date in the Kentucky Employees Retirement System;

16 2. Any certified or classified employee of a local board of education or a  
17 public charter school as defined in KRS 160.1590;

18 3. Any elected member of a local board of education;

19 4. Any person who is a present or future recipient of a retirement  
20 allowance from the Kentucky Retirement Systems, County Employees  
21 Retirement System, Kentucky Teachers' Retirement System, the  
22 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
23 Kentucky Community and Technical College System's optional  
24 retirement plan authorized by KRS 161.567, except that a person who is  
25 receiving a retirement allowance and who is age sixty-five (65) or older  
26 shall not be included, with the exception of persons covered under KRS  
27 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively



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

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

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

23                  (d) Any carrier bidding to offer health care coverage to employees shall agree to  
24                  provide enrollment, claims, and utilization data to the Commonwealth in a  
25                  format specified by the Personnel Cabinet with the understanding that the data  
26                  shall be owned by the Commonwealth; to provide data in an electronic form  
27                  and within a time frame specified by the Personnel Cabinet; and to be subject

1 to penalties for noncompliance with data reporting requirements as specified  
2 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
3 to protect the confidentiality of each individual employee; however,  
4 confidentiality assertions shall not relieve a carrier from the requirement of  
5 providing stipulated data to the Commonwealth.

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

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

27 (g) Any funds in flexible spending accounts that remain after all reimbursements

1                   have been processed shall be transferred to the credit of the state-sponsored  
2                   health insurance plan's appropriation account.

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

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

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

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

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

19                   (4) If an employee moves his or her place of residence or employment out of the  
20                   service area of an insurer offering a managed health care plan, under which he or  
21                   she has elected coverage, into either the service area of another managed health care  
22                   plan or into an area of the Commonwealth not within a managed health care plan  
23                   service area, the employee shall be given an option, at the time of the move or  
24                   transfer, to change his or her coverage to another health benefit plan.

25                   (5) No payment of premium by any department, board, agency, public postsecondary  
26                   educational institution, or branch of state, city, urban-county, charter county,  
27                   county, or consolidated local government shall constitute compensation to an

1       insured employee for the purposes of any statute fixing or limiting the  
2       compensation of such an employee. Any premium or other expense incurred by any  
3       department, board, agency, public postsecondary educational institution, or branch  
4       of state, city, urban-county, charter county, county, or consolidated local  
5       government shall be considered a proper cost of administration.

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

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

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

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

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

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

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

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

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

1 accordance with Kentucky law.

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

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

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

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

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

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

27 (18) If a state employee's residence and place of employment are each located in

1       counties in which the hospitals do not offer surgical services, intensive care  
2       services, obstetrical services, level II neonatal services, diagnostic cardiac  
3       catheterization services, and magnetic resonance imaging services, the employee  
4       may select a plan available in a county contiguous to the county of residence that  
5       does provide those services, and the state contribution for the plan shall be the  
6       amount available in the county where the plan selected is located.

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

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

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

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

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

25       (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
26       carrier all of the counties included in its bid within the region. If the Personnel  
27       Cabinet deems the bids submitted in accordance with this subsection to be in

1 the best interests of state employees in a region, the cabinet may award the  
2 contract for that region to no more than two (2) carriers; and

3       (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
4                   other requirements or criteria in the request for proposal.

5 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
6 after July 12, 2006, to public employees pursuant to this section which provides  
7 coverage for services rendered by a physician or osteopath duly licensed under KRS  
8 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
9 under the provisions of KRS Chapter 320 shall provide the same payment of  
10 coverage to optometrists as allowed for those services rendered by physicians or  
11 osteopaths.

12 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
13 public employees pursuant to this section shall comply with:

14 (a) KRS 304.12-237;

15 (b) KRS 304.17A-270 and 304.17A-525;

16 (c) KRS 304.17A-600 to 304.17A-633;

17 (d) KRS 205.593;

18 (e) KRS 304.17A-700 to 304.17A-730;

19 (f) KRS 304.14-135;

20 (g) KRS 304.17A-580 and 304.17A-641;

21 (h) KRS 304.99-123:

22 (j) KRS 304.17A-138

23 (j) KRS 304.17A-148

24 (k) KRS 304.17A-163 and 304.17A-1631;

25 (1) KRS 304.17A-265:

26 (m) KRS 304 17A-261:

27 (n) KRS 304.17A-262:

- (o) KRS 304.17A-145;
- (p) KRS 304.17A-129;
- (q) KRS 304.17A-133;
- (r) KRS 304.17A-264;[and]
- (s) **Sections 1 to 3 of this Act; and**
- (t) Administrative regulations promulgated pursuant to statutes listed in this subsection.

(23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to public employees pursuant to this section shall provide a special enrollment period to pregnant women who are eligible for coverage in accordance with the requirements set forth in KRS 304.17-182.

(b) The Department of Employee Insurance shall, at or before the time a public employee is initially offered the opportunity to enroll in the plan or coverage, provide the employee a notice of the special enrollment rights under this subsection.

➔Section 10. Sections 1, 2, 3, 4, 5, 8, and 9 of this Act apply to health plans issued or renewed on or after January 1, 2027.

➔Section 11. If the Cabinet for Health and Family Services or the Department for Medicaid Services determines that a state plan amendment, waiver, or any other form of authorization or approval from any federal agency to implement Section 6 or 7 of this Act is necessary to prevent the loss of federal funds or to comply with federal law, the cabinet or department:

- (1) Shall, within 90 days after the effective date of this section, request the necessary federal authorization or approval to implement Sections 6 and 7 of this Act; and
- (2) May only delay implementation of the provisions of Sections 6 and 7 of this Act for which federal authorization or approval was deemed necessary until the federal

1 authorization or approval is granted.

2 ➔Section 12. Sections 6, 7, and 11 of this Act shall constitute the specific  
3 authorization required under KRS 205.5372(1).

4 ➔Section 13. The Department for Medicaid Services or the Cabinet for Health  
5 and Family Services shall, in accordance with KRS 205.525, provide a copy of any state  
6 plan amendment, waiver application, or other request for authorization or approval  
7 submitted pursuant to Section 11 of this Act to the Legislative Research Commission for  
8 referral to the Interim Joint Committees on Health Services and Appropriations and  
9 Revenue and shall provide an update on the status of any application or request submitted  
10 pursuant to Section 11 of this Act at the request of the Legislative Research Commission  
11 or any committee thereof.

12 ➔Section 14. Sections 1 to 10 of this Act take effect January 1, 2027.