

HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2026 REGULAR SESSION
Unofficial Document

Amend printed copy of **HB 2/HCS 1**

Beginning on page 31, line 15 after "shall," and continuing through line 17, delete those lines in their entirety and insert "notify the beneficiary, through some means other than first class mail, that he or she is required to provide the department with a current, valid Kentucky address within thirty (30) days, of the process for providing a current, valid Kentucky address, and that failure to provide a current, valid Kentucky address within thirty (30) days may result in the individual being disenrolled from the Medicaid program as permitted under federal law" in lieu thereof.

Amendment No. HFA 13

Rep. Rep. Tina Bojanowski

Committee Amendment

Signed:

Floor Amendment

LRC Drafter: _____

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXX

Not for Filing