

HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM  
2026 REGULAR SESSION  
**Unofficial Document**

Amend printed copy of **HB 2**

Beginning on page 31, line 5, by deleting "*disenroll the individual from the Medicaid program*" 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 15

Rep. Rep. Lindsey Burke

Committee Amendment

Signed:

Floor Amendment

LRC Drafter: \_\_\_\_\_

Adopted: \_\_\_\_\_

Date: \_\_\_\_\_

Rejected: \_\_\_\_\_

Doc. ID: XXXX

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