

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2026 REGULAR SESSION
Unofficial Document

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

On page 61, line 5, by deleting "and"; and

On page 61, line 6 by deleting "." and inserting ";" in lieu thereof; and

On page 61, between lines 6 and 7, by inserting the following:

"(e) Community engagement compliance data including the number of individuals that are determined to be ineligible for enrollment or continued enrollment in the Medicaid program due to a failure to comply with community engagement requirements;

(f) Enrollment data including data on enrollment or membership churn;

(g) The number of Medicaid beneficiaries that are subject to and exempted from:

1. Community engagement requirements; and

2. Cost-sharing requirements;

(h) Cost-share payments collected by Medicaid-participating providers by provider type; and

(i) Information on the nonemergency medical transportation program including but not limited to:

1. The type of service to which a Medicaid beneficiary is transported;

2. The number of trips that are canceled by the Medicaid beneficiary; and

3. The number of no-show trips."

Amendment No. HFA 4

Rep. Rep. Lindsey Burke

Committee Amendment _____

Signed: _____

Floor Amendment _____

LRD Drafter: _____

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXX

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