

1 AN ACT relating to coverage for breast examinations.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 304.17-316 is amended to read as follows:

4 (1) As used in this section:

5 (a) **"Breast examination" includes any:**

6 **1. Mammogram;**

7 **2. Diagnostic breast examination; and**

8 **3. Supplemental breast examination;**

9 **(b)** "Cost-sharing requirements" means any:

10 1. Deductible, coinsurance, or copayment; or

11 2. Out-of-pocket expense imposed upon an insured that is similar to an
12 expense referenced in subparagraph 1. of this paragraph;

13 **(c)**~~**(b)**~~ 1. "Diagnostic breast examination" means a medically necessary and
14 appropriate examination of the breast that is used to evaluate an
15 abnormality seen or suspected from, or detected by, a screening
16 examination for breast cancer or another means of examination.

17 2. As used in subparagraph 1. of this paragraph, "examination of the
18 breast" includes but is not limited to an examination using diagnostic
19 mammography, breast magnetic resonance imaging, or breast
20 ultrasound;

21 **(d)**~~**(c)**~~ 1. "Mammogram" means an X-ray examination of the breast, with at
22 least two (2) views of each breast and with an average radiation
23 exposure at the current recommended level as set forth in guidelines of
24 the American College of Radiology, using equipment dedicated
25 specifically for mammography, including but not limited to:

26 a. The X-ray tube, filter, compression device, screens, film, and
27 cassettes;

- 1 b. Digital mammography; and
- 2 c. Breast tomosynthesis.
- 3 2. As used in subparagraph 1. of this paragraph, "breast tomosynthesis"
- 4 means a radiologic procedure that involves the acquisition of projection
- 5 images over the stationary breast to produce cross-sectional digital
- 6 three-dimensional images of the breast; and
- 7 ~~(e)~~~~(d)~~ 1. "Supplemental breast examination" means a medically necessary
- 8 and appropriate examination of the breast that is:
- 9 a. Used to screen for breast cancer when there is no abnormality seen
- 10 or suspected; and
- 11 b. Based on personal or family medical history, or additional factors,
- 12 that may increase the individual's risk of breast cancer.
- 13 2. As used in subparagraph 1. of this paragraph, "examination of the
- 14 breast" includes but is not limited to:
- 15 a. A mammogram; and
- 16 b. An examination using breast magnetic resonance imaging or
- 17 breast ultrasound.
- 18 (2) Subject to subsection (3) of this section and except as otherwise provided in
- 19 subsection (4) of this section, a health insurance policy, plan, certificate, or contract
- 20 issued, renewed, or delivered in this Commonwealth:
- 21 (a) That provides coverage on an expense-incurred basis for surgical services for
- 22 a mastectomy shall also provide coverage for:
- 23 1. a. Low-dose mammography screening for persons who have no sign
- 24 or symptom of breast cancer upon self-referral or referral by a
- 25 health care practitioner acting within the scope of the practitioner's
- 26 licensure; and~~[-]~~
- 27 b. The coverage required under this subparagraph may be limited to

1 the following:

2 i. One (1) mammogram for persons ages thirty-five (35) years
3 through thirty-nine (39) years; and

4 ii. ~~{One (1) mammogram every two (2) years for persons ages~~
5 ~~forty (40) years through forty-nine (49) years;~~

6 ~~iii. }~~One (1) mammogram per year for persons ages forty
7 (40)~~{fifty (50)}~~ years and over; and

8 ~~{iv. A benefit of fifty dollars (\$50) per screening mammogram.~~

9 ~~c. The coverage required under this subparagraph shall be subject to~~
10 ~~deductibles and coinsurance that are no less favorable than the~~
11 ~~deductibles and coinsurance for coverage for physical illness~~
12 ~~generally; and}~~

13 2. ~~{a. }~~Mammograms for any insured, regardless of age, who has been
14 diagnosed with breast disease upon referral by a health care practitioner
15 acting within the scope of the practitioner's licensure~~{.~~

16 ~~b. The coverage required under this subparagraph shall be subject to~~
17 ~~the same annual deductibles or coinsurance established for other~~
18 ~~coverages within the policy};~~

19 (b) Shall not impose any cost-sharing requirements for any breast
20 examination~~{diagnostic breast examination or supplemental breast~~
21 ~~examination}~~ that is covered under the policy, plan, certificate, or contract;
22 and

23 (c) Shall provide any coverage not otherwise required under this section,
24 including coverage with respect to restrictions on cost-sharing requirements,
25 for breast examinations~~{, including mammograms,}~~ that is required for that
26 policy, plan, certificate, or contract under federal law.

27 (3) To the extent permitted under federal law, the coverage required under subsection

1 (2)(a) of this section shall be limited to mammograms:

2 (a) Performed by a radiographer:

3 1. Licensed under KRS Chapter 311B; or

4 2. Certified by the American Registry of Radiologic Technologists;

5 (b) Interpreted by a qualified radiologist;

6 (c) Performed under the direction of a person licensed to practice medicine and
7 certified by the American Board of Radiology;

8 (d) Performed by a facility and ordered by a health care practitioner that follow
9 federal laws relating to the notification of mammography exam results and
10 maintaining medical records;

11 (e) Performed by a facility that meets current criteria of the American College of
12 Radiology Mammography Accreditation Program; and

13 (f) Performed on dedicated equipment that meets the guidelines established by
14 the American College of Radiology.

15 (4) If the application of any requirement~~[of subsection (2)]~~ of this section would be the
16 sole cause of a health insurance policy's, plan's, certificate's, or contract's failure to
17 qualify as a Health Savings Account-qualified High Deductible Health Plan under
18 26 U.S.C. sec. 223, as amended, then the requirement shall not apply to that policy,
19 plan, certificate, or contract until the minimum deductible under 26 U.S.C. sec. 223,
20 as amended, is satisfied.

21 **(5) This section shall not be construed to limit coverage:**

22 **(a) Provided under a health benefit plan; or**

23 **(b) Required under any other law.**

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

26 **(1) As used in this section:**

27 **(a) "Health benefit plan" has the same meaning as in KRS 304.17A-005,**

1 except for purposes of this section, the term includes:

2 1. Short-term limited-duration coverage; and

3 2. Student health insurance offered by a Kentucky-licensed insurer
4 under written contract with a university or college whose students it
5 proposes to insure; and

6 (b) "Most recent applicable criteria or guidelines" means the most recent
7 applicable:

8 1. American College of Radiology Appropriateness Criteria; or

9 2. Clinical practice guidelines established by the National
10 Comprehensive Cancer Network.

11 (2) Except as provided in subsection (3) of this section:

12 (a) A health benefit plan shall provide coverage of preventive screenings for the
13 detection of breast cancer for an individual who meets any of the following
14 criteria:

15 1. The individual is at increased risk of breast cancer, as determined by
16 the most recent applicable criteria or guidelines;

17 2. The individual has heterogeneously or extremely dense breasts tissue
18 as defined by the Breast Imaging Reporting and Data System
19 established by the American College of Radiology; or

20 3. A health care provider has determined, in accordance with the most
21 recent applicable criteria or guidelines, that the individual requires the
22 screening by reason of factors other than those set forth in
23 subparagraphs 1. and 2. of this paragraph, including age, race,
24 ethnicity, or personal or family medical history.

25 (b) The coverage required under paragraph (a) of this subsection shall:

26 1. Not be subject to:

27 a. Frequency limitations; or

- 1 b. Any deductible, coinsurance, copayment, or other cost-sharing
2 requirement; and
- 3 2. Include any 2D or 3D mammogram, breast ultrasound, breast
4 magnetic resonance imaging, and other screening or imaging
5 technology that is provided to an individual in accordance with the
6 most recent applicable criteria or guidelines.
- 7 (3) If the application of any requirement of this section would be the sole cause of a
8 health benefit plan's failure to qualify as a Health Savings Account-qualified
9 High Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the
10 requirement shall not apply to that health benefit plan until the minimum
11 deductible under 26 U.S.C. sec. 223, as amended, is satisfied.
- 12 (4) This section shall not be construed to limit coverage:
- 13 (a) Provided under a health benefit plan; or
14 (b) Required under any other law.

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

- 16 (1) The governing board of each state postsecondary educational institution is
17 authorized to purchase liability insurance for the protection of the individual
18 members of the governing board, faculty, and staff of such institutions from liability
19 for acts and omissions committed in the course and scope of the individual's
20 employment or service. Each institution may purchase the type and amount of
21 liability coverage deemed to best serve the interest of such institution.
- 22 (2) All retirement annuity allowances accrued or accruing to any employee of a state
23 postsecondary educational institution through a retirement program sponsored by
24 the state postsecondary educational institution are hereby exempt from any state,
25 county, or municipal tax, and shall not be subject to execution, attachment,
26 garnishment, or any other process whatsoever, nor shall any assignment thereof be
27 enforceable in any court. Except retirement benefits accrued or accruing to any

1 employee of a state postsecondary educational institution through a retirement
2 program sponsored by the state postsecondary educational institution on or after
3 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent
4 provided in KRS 141.010 and 141.0215.

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

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

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

13 (b) Except as provided in subsection (5) of this section, be exempt from
14 conformity with Subtitle 17A of KRS Chapter 304.

15 (5) A self-insured employer group health plan provided by the governing board of a
16 state postsecondary education institution to its employees shall comply with:

17 (a) KRS 304.17A-129;

18 (b) KRS 304.17A-133;

19 (c) KRS 304.17A-145;

20 (d) KRS 304.17A-163 and 304.17A-1631;

21 (e) KRS 304.17A-261;

22 (f) KRS 304.17A-262;

23 (g) KRS 304.17A-264;~~and~~

24 (h) KRS 304.17A-265; and

25 (i) Section 2 of this Act.

26 (6) (a) A self-insured employer group health plan provided by the governing board of
27 a state postsecondary education institution to its employees shall provide a

1 special enrollment period to pregnant women who are eligible for coverage in
2 accordance with the requirements set forth in KRS 304.17-182.

3 (b) The governing board of a state postsecondary education institution shall, at or
4 before the time an employee is initially offered the opportunity to enroll in the
5 plan or coverage, provide the employee a notice of the special enrollment
6 rights under this subsection.

7 ➔Section 4. KRS 18A.225 is amended to read as follows:

8 (1) (a) The term "employee" for purposes of this section means:

9 1. Any person, including an elected public official, who is regularly
10 employed by any department, office, board, agency, or branch of state
11 government; or by a public postsecondary educational institution; or by
12 any city, urban-county, charter county, county, or consolidated local
13 government, whose legislative body has opted to participate in the state-
14 sponsored health insurance program pursuant to KRS 79.080; and who
15 is either a contributing member to any one (1) of the retirement systems
16 administered by the state, including but not limited to the Kentucky
17 Retirement Systems, County Employees Retirement System, Kentucky
18 Teachers' Retirement System, the Legislators' Retirement Plan, or the
19 Judicial Retirement Plan; or is receiving a contractual contribution from
20 the state toward a retirement plan; or, in the case of a public
21 postsecondary education institution, is an individual participating in an
22 optional retirement plan authorized by KRS 161.567; or is eligible to
23 participate in a retirement plan established by an employer who ceases
24 participating in the Kentucky Employees Retirement System pursuant to
25 KRS 61.522 whose employees participated in the health insurance plans
26 administered by the Personnel Cabinet prior to the employer's effective
27 cessation date in the Kentucky Employees Retirement System;

- 1 2. Any certified or classified employee of a local board of education or a
2 public charter school as defined in KRS 160.1590;
- 3 3. Any elected member of a local board of education;
- 4 4. Any person who is a present or future recipient of a retirement
5 allowance from the Kentucky Retirement Systems, County Employees
6 Retirement System, Kentucky Teachers' Retirement System, the
7 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
8 Kentucky Community and Technical College System's optional
9 retirement plan authorized by KRS 161.567, except that a person who is
10 receiving a retirement allowance and who is age sixty-five (65) or older
11 shall not be included, with the exception of persons covered under KRS
12 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively
13 employed pursuant to subparagraph 1. of this paragraph; and
- 14 5. Any eligible dependents and beneficiaries of participating employees
15 and retirees who are entitled to participate in the state-sponsored health
16 insurance program;
- 17 (b) The term "health benefit plan" for the purposes of this section means a health
18 benefit plan as defined in KRS 304.17A-005;
- 19 (c) The term "insurer" for the purposes of this section means an insurer as defined
20 in KRS 304.17A-005; and
- 21 (d) The term "managed care plan" for the purposes of this section means a
22 managed care plan as defined in KRS 304.17A-500.
- 23 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
24 recommendation of the secretary of the Personnel Cabinet, shall procure, in
25 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
26 from one (1) or more insurers authorized to do business in this state, a group
27 health benefit plan that may include but not be limited to health maintenance

1 organization (HMO), preferred provider organization (PPO), point of service
2 (POS), and exclusive provider organization (EPO) benefit plans
3 encompassing all or any class or classes of employees. With the exception of
4 employers governed by the provisions of KRS Chapters 16, 18A, and 151B,
5 all employers of any class of employees or former employees shall enter into
6 a contract with the Personnel Cabinet prior to including that group in the state
7 health insurance group. The contracts shall include but not be limited to
8 designating the entity responsible for filing any federal forms, adoption of
9 policies required for proper plan administration, acceptance of the contractual
10 provisions with health insurance carriers or third-party administrators, and
11 adoption of the payment and reimbursement methods necessary for efficient
12 administration of the health insurance program. Health insurance coverage
13 provided to state employees under this section shall, at a minimum, contain
14 the same benefits as provided under Kentucky Kare Standard as of January 1,
15 1994, and shall include a mail-order drug option as provided in subsection
16 (13) of this section. All employees and other persons for whom the health care
17 coverage is provided or made available shall annually be given an option to
18 elect health care coverage through a self-funded plan offered by the
19 Commonwealth or, if a self-funded plan is not available, from a list of
20 coverage options determined by the competitive bid process under the
21 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
22 during annual open enrollment.

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

26 (c) Any carrier bidding to offer health care coverage to employees shall agree to
27 provide coverage to all members of the state group, including active

1 employees and retirees and their eligible covered dependents and
2 beneficiaries, within the county or counties specified in its bid. Except as
3 provided in subsection (20) of this section, any carrier bidding to offer health
4 care coverage to employees shall also agree to rate all employees as a single
5 entity, except for those retirees whose former employers insure their active
6 employees outside the state-sponsored health insurance program and as
7 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

8 (d) Any carrier bidding to offer health care coverage to employees shall agree to
9 provide enrollment, claims, and utilization data to the Commonwealth in a
10 format specified by the Personnel Cabinet with the understanding that the data
11 shall be owned by the Commonwealth; to provide data in an electronic form
12 and within a time frame specified by the Personnel Cabinet; and to be subject
13 to penalties for noncompliance with data reporting requirements as specified
14 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions
15 to protect the confidentiality of each individual employee; however,
16 confidentiality assertions shall not relieve a carrier from the requirement of
17 providing stipulated data to the Commonwealth.

18 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
19 for timely analysis of data received from carriers and, to the extent possible,
20 provide in the request-for-proposal specifics relating to data requirements,
21 electronic reporting, and penalties for noncompliance. The Commonwealth
22 shall own the enrollment, claims, and utilization data provided by each carrier
23 and shall develop methods to protect the confidentiality of the individual. The
24 Personnel Cabinet shall include in the October annual report submitted
25 pursuant to the provisions of KRS 18A.226 to the Governor, the General
26 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
27 financial stability of the program, which shall include but not be limited to

- 1 loss ratios, methods of risk adjustment, measurements of carrier quality of
2 service, prescription coverage and cost management, and statutorily required
3 mandates. If state self-insurance was available as a carrier option, the report
4 also shall provide a detailed financial analysis of the self-insurance fund
5 including but not limited to loss ratios, reserves, and reinsurance agreements.
- 6 (f) If any agency participating in the state-sponsored employee health insurance
7 program for its active employees terminates participation and there is a state
8 appropriation for the employer's contribution for active employees' health
9 insurance coverage, then neither the agency nor the employees shall receive
10 the state-funded contribution after termination from the state-sponsored
11 employee health insurance program.
- 12 (g) Any funds in flexible spending accounts that remain after all reimbursements
13 have been processed shall be transferred to the credit of the state-sponsored
14 health insurance plan's appropriation account.
- 15 (h) Each entity participating in the state-sponsored health insurance program shall
16 provide an amount at least equal to the state contribution rate for the employer
17 portion of the health insurance premium. For any participating entity that used
18 the state payroll system, the employer contribution amount shall be equal to
19 but not greater than the state contribution rate.
- 20 (3) The premiums may be paid by the policyholder:
- 21 (a) Wholly from funds contributed by the employee, by payroll deduction or
22 otherwise;
- 23 (b) Wholly from funds contributed by any department, board, agency, public
24 postsecondary education institution, or branch of state, city, urban-county,
25 charter county, county, or consolidated local government; or
- 26 (c) Partly from each, except that any premium due for health care coverage or
27 dental coverage, if any, in excess of the premium amount contributed by any

1 department, board, agency, postsecondary education institution, or branch of
2 state, city, urban-county, charter county, county, or consolidated local
3 government for any other health care coverage shall be paid by the employee.

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

10 (5) No payment of premium by any department, board, agency, public postsecondary
11 educational institution, or branch of state, city, urban-county, charter county,
12 county, or consolidated local government shall constitute compensation to an
13 insured employee for the purposes of any statute fixing or limiting the
14 compensation of such an employee. Any premium or other expense incurred by any
15 department, board, agency, public postsecondary educational institution, or branch
16 of state, city, urban-county, charter county, county, or consolidated local
17 government shall be considered a proper cost of administration.

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

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

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

- 1 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
2 State Health Insurance Subscribers to advise the secretary or the secretary's
3 designee regarding the state-sponsored health insurance program for employees.
4 The secretary shall appoint, from a list of names submitted by appointing
5 authorities, members representing school districts from each of the seven (7)
6 Supreme Court districts, members representing state government from each of the
7 seven (7) Supreme Court districts, two (2) members representing retirees under age
8 sixty-five (65), one (1) member representing local health departments, two (2)
9 members representing the Kentucky Teachers' Retirement System, and three (3)
10 members at large. The secretary shall also appoint two (2) members from a list of
11 five (5) names submitted by the Kentucky Education Association, two (2) members
12 from a list of five (5) names submitted by the largest state employee organization of
13 nonschool state employees, two (2) members from a list of five (5) names submitted
14 by the Kentucky Association of Counties, two (2) members from a list of five (5)
15 names submitted by the Kentucky League of Cities, and two (2) members from a
16 list of names consisting of five (5) names submitted by each state employee
17 organization that has two thousand (2,000) or more members on state payroll
18 deduction. The advisory committee shall be appointed in January of each year and
19 shall meet quarterly.
- 20 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
21 provided to employees pursuant to this section shall not provide coverage for
22 obtaining or performing an abortion, nor shall any state funds be used for the
23 purpose of obtaining or performing an abortion on behalf of employees or their
24 dependents.
- 25 (11) Interruption of an established treatment regime with maintenance drugs shall be
26 grounds for an insured to appeal a formulary change through the established appeal
27 procedures approved by the Department of Insurance, if the physician supervising

1 the treatment certifies that the change is not in the best interests of the patient.

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

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

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

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

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

26 (15) Any policy provided to state employees or their dependents pursuant to this section
27 shall provide coverage for the diagnosis and treatment of autism spectrum disorders

1 consistent with KRS 304.17A-142.

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

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

12 (18) If a state employee's residence and place of employment are each located in
13 counties in which the hospitals do not offer surgical services, intensive care
14 services, obstetrical services, level II neonatal services, diagnostic cardiac
15 catheterization services, and magnetic resonance imaging services, the employee
16 may select a plan available in a county contiguous to the county of residence that
17 does provide those services, and the state contribution for the plan shall be the
18 amount available in the county where the plan selected is located.

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

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

- 1 (a) The regional rating bid scenario shall not include a request for bid on a
2 statewide option;
- 3 (b) The Personnel Cabinet shall divide the state into geographical regions which
4 shall be the same as the partnership regions designated by the Department for
5 Medicaid Services for purposes of the Kentucky Health Care Partnership
6 Program established pursuant to 907 KAR 1:705;
- 7 (c) The request for proposal shall require a carrier's bid to include every county
8 within the region or regions for which the bid is submitted and include but not
9 be restricted to a preferred provider organization (PPO) option;
- 10 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
11 carrier all of the counties included in its bid within the region. If the Personnel
12 Cabinet deems the bids submitted in accordance with this subsection to be in
13 the best interests of state employees in a region, the cabinet may award the
14 contract for that region to no more than two (2) carriers; and
- 15 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
16 other requirements or criteria in the request for proposal.
- 17 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or
18 after July 12, 2006, to public employees pursuant to this section which provides
19 coverage for services rendered by a physician or osteopath duly licensed under KRS
20 Chapter 311 that are within the scope of practice of an optometrist duly licensed
21 under the provisions of KRS Chapter 320 shall provide the same payment of
22 coverage to optometrists as allowed for those services rendered by physicians or
23 osteopaths.
- 24 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to
25 public employees pursuant to this section shall comply with:
- 26 (a) KRS 304.12-237;
- 27 (b) KRS 304.17A-270 and 304.17A-525;

- 1 (c) KRS 304.17A-600 to 304.17A-633;
2 (d) KRS 205.593;
3 (e) KRS 304.17A-700 to 304.17A-730;
4 (f) KRS 304.14-135;
5 (g) KRS 304.17A-580 and 304.17A-641;
6 (h) KRS 304.99-123;
7 (i) KRS 304.17A-138;
8 (j) KRS 304.17A-148;
9 (k) KRS 304.17A-163 and 304.17A-1631;
10 (l) KRS 304.17A-265;
11 (m) KRS 304.17A-261;
12 (n) KRS 304.17A-262;
13 (o) KRS 304.17A-145;
14 (p) KRS 304.17A-129;
15 (q) KRS 304.17A-133;
16 (r) KRS 304.17A-264;~~and~~
17 (s) **Section 2 of this Act; and**
18 **(t)** Administrative regulations promulgated pursuant to statutes listed in this
19 subsection.
20 (23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to
21 public employees pursuant to this section shall provide a special enrollment
22 period to pregnant women who are eligible for coverage in accordance with
23 the requirements set forth in KRS 304.17-182.
24 (b) The Department of Employee Insurance shall, at or before the time a public
25 employee is initially offered the opportunity to enroll in the plan or coverage,
26 provide the employee a notice of the special enrollment rights under this
27 subsection.

- 1 ➔Section 5. Sections 1 to 4 of this Act apply to health insurance policies, plans,
2 certificates, and contracts issued, renewed, or delivered on or after January 1, 2027.
3 ➔Section 6. This Act takes effect January 1, 2027.