

1 AN ACT relating to mental health coverage in connection with pregnancy.

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 (1) As used in this section:

6 (a) "Health benefit plan" has the same meaning as in KRS 304.17A-005,
7 except that for purposes of this section the term includes student health
8 insurance offered by a Kentucky-licensed insurer under written contract
9 with a university or college whose students it proposes to insure; and

10 (b) "Pregnant and postpartum persons at increased risk of perinatal
11 depression" includes persons who have suffered a miscarriage or stillbirth.

12 (2) Except as provided in subsection (3) of this section, a health benefit plan shall
13 provide coverage for counseling interventions for pregnant and postpartum
14 persons at increased risk of perinatal depression.

15 (3) If the application of any requirement of this section to a qualified health plan, as
16 defined in 42 U.S.C. sec. 18021(a)(1), as amended, results, or would result, in a
17 determination that the state must make payments to defray the cost of the
18 requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as
19 amended, then the requirement shall not apply to the qualified health plan until
20 the requirement to make cost defrayment payments is no longer applicable.

21 ➔ Section 2. KRS 304.17A-099 is amended to read as follows:

22 (1) As used in this section, "qualified health plan" has the same meaning as in 42
23 U.S.C. sec. 18021(a)(1), as amended.

24 (2) Notwithstanding any other provision of this chapter:

25 (a) Except as provided in paragraph (b) of this subsection, if the application of a
26 provision of this chapter results, or would result, in a determination that the
27 state must make payments to defray the cost of the provision under 42 U.S.C.

1 sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the provision
2 shall not apply to a qualified health plan or any other health insurance policy,
3 certificate, plan, or contract until the requirement to make cost defrayment
4 payments is no longer applicable; and

5 (b) This subsection shall not apply to any of the following:

6 1. A provision of this chapter that became effective on or before January 1,
7 2024; or

8 2. Section 1 of this Act.

9 (3) To the extent permitted by federal law, if the state is required under 42 U.S.C. sec.
10 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, to make payments to defray
11 the cost of a provision of this chapter:

12 (a) 1. Each qualified health plan issuer shall determine, and provide to the
13 commissioner, the cost attributable to the provision for the qualified
14 health plan.

15 2. The cost attributable to a provision for a qualified health plan under
16 subparagraph 1. of this paragraph shall be:

17 a. Calculated in accordance with generally accepted actuarial
18 principles and methodologies;

19 b. Conducted by a member of the American Academy of Actuaries;
20 and

21 c. Reported by the qualified health plan issuer to:

22 i. The commissioner; and

23 ii. The Division of Health Benefit Exchange within the Office
24 of Data Analytics;

25 (b) The commissioner shall use the information obtained under paragraph (a) of
26 this subsection to determine the statewide average of the cost attributable to
27 the provision for all qualified health plan issuers to which the provision is

1 applicable; and

2 (c) The required payments shall be:

3 1. Calculated based on the statewide average of the cost attributable to the
4 provision as determined by the commissioner under paragraph (b) of this
5 subsection; and

6 2. Submitted directly to qualified health plan issuers by the department
7 through a process established by the commissioner.

8 (4) A qualified health plan issuer that receives a payment under subsection (3)(c)2. of
9 this section shall:

10 (a) Reduce the premium charged to an individual on whose behalf the issuer
11 received the payment in an amount equal to the amount of the payment; or

12 (b) Notwithstanding KRS 304.12-090, provide a premium rebate to an individual
13 on whose behalf the issuer received the payment in an amount equal to the
14 amount of the payment.

15 (5) Any fines collected for violations of this section shall be:

16 (a) Placed in a trust and agency account within the department, which shall not
17 lapse; and

18 (b) Used solely by the department to make payments in accordance with
19 subsection (3)(c)2. of this section.

20 (6) The commissioner shall promulgate any administrative regulations necessary to
21 enforce and effectuate this section.

22 ➔Section 3. KRS 205.522 is amended to read as follows:

23 (1) With respect to the administration and provision of Medicaid benefits pursuant to
24 this chapter, the Department for Medicaid Services, any managed care organization
25 contracted to provide Medicaid benefits pursuant to this chapter, and the state's
26 medical assistance program shall be subject to, and comply with, the following, as
27 applicable:

- (a) KRS 304.17A-129;
- (b) KRS 304.17A-145;
- (c) KRS 304.17A-163;
- (d) KRS 304.17A-1631;
- (e) KRS 304.17A-167;
- (f) KRS 304.17A-235;
- (g) KRS 304.17A-257;
- (h) KRS 304.17A-259;
- (i) KRS 304.17A-263;
- (j) KRS 304.17A-264;
- (k) KRS 304.17A-515;
- (l) KRS 304.17A-580;
- (m) KRS 304.17A-600, 304.17A-603, and 304.17A-607; ~~and~~
- (n) KRS 304.17A-740 to 304.17A-743; **and**
- (o) Section 1 of this Act.**

(2) A managed care organization contracted to provide Medicaid benefits pursuant to this chapter shall comply with the reporting requirements of KRS 304.17A-732.

➔ Section 4. KRS 205.6485 is amended to read as follows:

(1) As used in this section, "KCHIP" means the Kentucky Children's Health Insurance Program.

(2) The Cabinet for Health and Family Services shall:

(a) Prepare a state child health plan, known as KCHIP, meeting the requirements of Title XXI of the Federal Social Security Act, for submission to the Secretary of the United States Department of Health and Human Services within such time as will permit the state to receive the maximum amounts of federal matching funds available under Title XXI; and

(b) By administrative regulation promulgated in accordance with KRS Chapter

13A, establish the following:

1. The eligibility criteria for children covered by KCHIP, which shall include a provision that no person eligible for services under Title XIX of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended, shall be eligible for services under KCHIP, except to the extent that Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS 304.17A-340;
2. The schedule of benefits to be covered by KCHIP, which shall:
 - a. Be at least equivalent to one (1) of the following:
 - i. The standard Blue Cross/Blue Shield preferred provider option under the Federal Employees Health Benefit Plan established by 5 U.S.C. sec. 8903(1);
 - ii. A mid-range health benefit coverage plan that is offered and generally available to state employees; or
 - iii. Health insurance coverage offered by a health maintenance organization that has the largest insured commercial, non-Medicaid enrollment of covered lives in the state; and
 - b. Comply with subsection (6) of this section;
3. The premium contribution per family for health insurance coverage available under KCHIP, which shall be based:
 - a. On a six (6) month period; and
 - b. Upon a sliding scale relating to family income not to exceed:
 - i. Ten dollars (\$10), to be paid by a family with income between one hundred percent (100%) to one hundred thirty-three percent (133%) of the federal poverty level;
 - ii. Twenty dollars (\$20), to be paid by a family with income between one hundred thirty-four percent (134%) to one

hundred forty-nine percent (149%) of the federal poverty level; and

- iii. One hundred twenty dollars (\$120), to be paid by a family with income between one hundred fifty percent (150%) to two hundred percent (200%) of the federal poverty level, and which may be made on a partial payment plan of twenty dollars (\$20) per month or sixty dollars (\$60) per quarter;

4. There shall be no copayments for services provided under KCHIP; and

5. a. The criteria for health services providers and insurers wishing to contract with the Commonwealth to provide coverage under KCHIP.

- b. The cabinet shall provide, in any contracting process for coverage of preventive services, the opportunity for a public health department to bid on preventive health services to eligible children within the public health department's service area. A public health department shall not be disqualified from bidding because the department does not currently offer all the services required by this section. The criteria shall be set forth in administrative regulations under KRS Chapter 13A and shall maximize competition among the providers and insurers. The Finance and Administration Cabinet shall provide oversight over contracting policies and procedures to assure that the number of applicants for contracts is maximized.

24 (3) Within twelve (12) months of federal approval of the state's Title XXI child health
25 plan, the Cabinet for Health and Family Services shall assure that a KCHIP
26 program is available to all eligible children in all regions of the state. If necessary,
27 in order to meet this assurance, the cabinet shall institute its own program.

1 (4) KCHIP recipients shall have direct access without a referral from any gatekeeper
2 primary care provider to dentists for covered primary dental services and to
3 optometrists and ophthalmologists for covered primary eye and vision services.
4 (5) KCHIP shall comply with KRS 304.17A-163 and 304.17A-1631.
5 (6) The schedule of benefits required under subsection (2)(b)2. of this section shall
6 include:
7 (a) Preventive services;
8 (b) Vision services, including glasses;
9 (c) Dental services, including sealants, extractions, and fillings; and
10 (d) The coverage required under:
11 1. KRS 304.17A-129;[and]
12 2. KRS 304.17A-145; and
13 3. Section 1 of this Act.

14 ➔Section 5. KRS 164.2871 is amended to read as follows:

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

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

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

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

11 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and
12 (b) Except as provided in subsection (5) of this section, be exempt from
13 conformity with Subtitle 17A of KRS Chapter 304.

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

16 (a) KRS 304.17A-129;
17 (b) KRS 304.17A-133;
18 (c) KRS 304.17A-145;
19 (d) KRS 304.17A-163 and 304.17A-1631;
20 (e) KRS 304.17A-261;
21 (f) KRS 304.17A-262;
22 (g) KRS 304.17A-264; ~~and~~
23 (h) KRS 304.17A-265; and
24 (i) Section 1 of this Act.

25 (6) (a) A self-insured employer group health plan provided by the governing board of
26 a state postsecondary education institution to its employees shall provide a
27 special enrollment period to pregnant women who are eligible for coverage in

1 accordance with the requirements set forth in KRS 304.17-182.

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

6 →Section 6. KRS 18A.225 is amended to read as follows:

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

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

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

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

25 (c) Any carrier bidding to offer health care coverage to employees shall agree to
26 provide coverage to all members of the state group, including active
27 employees and retirees and their eligible covered dependents and

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

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

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

1 service, prescription coverage and cost management, and statutorily required
2 mandates. If state self-insurance was available as a carrier option, the report
3 also shall provide a detailed financial analysis of the self-insurance fund
4 including but not limited to loss ratios, reserves, and reinsurance agreements.

5 (f) If any agency participating in the state-sponsored employee health insurance
6 program for its active employees terminates participation and there is a state
7 appropriation for the employer's contribution for active employees' health
8 insurance coverage, then neither the agency nor the employees shall receive
9 the state-funded contribution after termination from the state-sponsored
10 employee health insurance program.

11 (g) Any funds in flexible spending accounts that remain after all reimbursements
12 have been processed shall be transferred to the credit of the state-sponsored
13 health insurance plan's appropriation account.

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

19 (3) The premiums may be paid by the policyholder:
20 (a) Wholly from funds contributed by the employee, by payroll deduction or
21 otherwise;
22 (b) Wholly from funds contributed by any department, board, agency, public
23 postsecondary education institution, or branch of state, city, urban-county,
24 charter county, county, or consolidated local government; or
25 (c) Partly from each, except that any premium due for health care coverage or
26 dental coverage, if any, in excess of the premium amount contributed by any
27 department, board, agency, postsecondary education institution, or branch of

state, city, urban-county, charter county, county, or consolidated local government for any other health care coverage shall be paid by the employee.

- 3 (4) If an employee moves his or her place of residence or employment out of the
4 service area of an insurer offering a managed health care plan, under which he or
5 she has elected coverage, into either the service area of another managed health care
6 plan or into an area of the Commonwealth not within a managed health care plan
7 service area, the employee shall be given an option, at the time of the move or
8 transfer, to change his or her coverage to another health benefit plan.
- 9 (5) No payment of premium by any department, board, agency, public postsecondary
10 educational institution, or branch of state, city, urban-county, charter county,
11 county, or consolidated local government shall constitute compensation to an
12 insured employee for the purposes of any statute fixing or limiting the
13 compensation of such an employee. Any premium or other expense incurred by any
14 department, board, agency, public postsecondary educational institution, or branch
15 of state, city, urban-county, charter county, county, or consolidated local
16 government shall be considered a proper cost of administration.
- 17 (6) The policy or policies may contain the provisions with respect to the class or classes
18 of employees covered, amounts of insurance or coverage for designated classes or
19 groups of employees, policy options, terms of eligibility, and continuation of
20 insurance or coverage after retirement.
- 21 (7) Group rates under this section shall be made available to the disabled child of an
22 employee regardless of the child's age if the entire premium for the disabled child's
23 coverage is paid by the state employee. A child shall be considered disabled if he or
24 she has been determined to be eligible for federal Social Security disability benefits.
- 25 (8) The health care contract or contracts for employees shall be entered into for a
26 period of not less than one (1) year.
- 27 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of

1 State Health Insurance Subscribers to advise the secretary or the secretary's
2 designee regarding the state-sponsored health insurance program for employees.
3 The secretary shall appoint, from a list of names submitted by appointing
4 authorities, members representing school districts from each of the seven (7)
5 Supreme Court districts, members representing state government from each of the
6 seven (7) Supreme Court districts, two (2) members representing retirees under age
7 sixty-five (65), one (1) member representing local health departments, two (2)
8 members representing the Kentucky Teachers' Retirement System, and three (3)
9 members at large. The secretary shall also appoint two (2) members from a list of
10 five (5) names submitted by the Kentucky Education Association, two (2) members
11 from a list of five (5) names submitted by the largest state employee organization of
12 nonschool state employees, two (2) members from a list of five (5) names submitted
13 by the Kentucky Association of Counties, two (2) members from a list of five (5)
14 names submitted by the Kentucky League of Cities, and two (2) members from a
15 list of names consisting of five (5) names submitted by each state employee
16 organization that has two thousand (2,000) or more members on state payroll
17 deduction. The advisory committee shall be appointed in January of each year and
18 shall meet quarterly.

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

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

- 1 (12) Any employee who is eligible for and elects to participate in the state health
2 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
3 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
4 state health insurance contribution toward health care coverage as a result of any
5 other employment for which there is a public employer contribution. This does not
6 preclude a retiree and an active employee spouse from using both contributions to
7 the extent needed for purchase of one (1) state sponsored health insurance policy
8 for that plan year.
- 9 (13) (a) The policies of health insurance coverage procured under subsection (2) of
10 this section shall include a mail-order drug option for maintenance drugs for
11 state employees. Maintenance drugs may be dispensed by mail order in
12 accordance with Kentucky law.
13 (b) A health insurer shall not discriminate against any retail pharmacy located
14 within the geographic coverage area of the health benefit plan and that meets
15 the terms and conditions for participation established by the insurer, including
16 price, dispensing fee, and copay requirements of a mail-order option. The
17 retail pharmacy shall not be required to dispense by mail.
18 (c) The mail-order option shall not permit the dispensing of a controlled
19 substance classified in Schedule II.
- 20 (14) The policy or policies provided to state employees or their dependents pursuant to
21 this section shall provide coverage for obtaining a hearing aid and acquiring hearing
22 aid-related services for insured individuals under eighteen (18) years of age, subject
23 to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months
24 pursuant to KRS 304.17A-132.
- 25 (15) Any policy provided to state employees or their dependents pursuant to this section
26 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
27 consistent with KRS 304.17A-142.

- 1 (16) Any policy provided to state employees or their dependents pursuant to this section
2 shall provide coverage for obtaining amino acid-based elemental formula pursuant
3 to KRS 304.17A-258.
- 4 (17) If a state employee's residence and place of employment are in the same county,
5 and if the hospital located within that county does not offer surgical services,
6 intensive care services, obstetrical services, level II neonatal services, diagnostic
7 cardiac catheterization services, and magnetic resonance imaging services, the
8 employee may select a plan available in a contiguous county that does provide
9 those services, and the state contribution for the plan shall be the amount available
10 in the county where the plan selected is located.
- 11 (18) If a state employee's residence and place of employment are each located in
12 counties in which the hospitals do not offer surgical services, intensive care
13 services, obstetrical services, level II neonatal services, diagnostic cardiac
14 catheterization services, and magnetic resonance imaging services, the employee
15 may select a plan available in a county contiguous to the county of residence that
16 does provide those services, and the state contribution for the plan shall be the
17 amount available in the county where the plan selected is located.
- 18 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
19 in the best interests of the state group to allow any carrier bidding to offer health
20 care coverage under this section to submit bids that may vary county by county or
21 by larger geographic areas.
- 22 (20) Notwithstanding any other provision of this section, the bid for proposals for health
23 insurance coverage for calendar year 2004 shall include a bid scenario that reflects
24 the statewide rating structure provided in calendar year 2003 and a bid scenario that
25 allows for a regional rating structure that allows carriers to submit bids that may
26 vary by region for a given product offering as described in this subsection:
 - 27 (a) The regional rating bid scenario shall not include a request for bid on a

1 statewide option;

2 (b) The Personnel Cabinet shall divide the state into geographical regions which

3 shall be the same as the partnership regions designated by the Department for

4 Medicaid Services for purposes of the Kentucky Health Care Partnership

5 Program established pursuant to 907 KAR 1:705;

6 (c) The request for proposal shall require a carrier's bid to include every county

7 within the region or regions for which the bid is submitted and include but not

8 be restricted to a preferred provider organization (PPO) option;

9 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the

10 carrier all of the counties included in its bid within the region. If the Personnel

11 Cabinet deems the bids submitted in accordance with this subsection to be in

12 the best interests of state employees in a region, the cabinet may award the

13 contract for that region to no more than two (2) carriers; and

14 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including

15 other requirements or criteria in the request for proposal.

16 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or

17 after July 12, 2006, to public employees pursuant to this section which provides

18 coverage for services rendered by a physician or osteopath duly licensed under KRS

19 Chapter 311 that are within the scope of practice of an optometrist duly licensed

20 under the provisions of KRS Chapter 320 shall provide the same payment of

21 coverage to optometrists as allowed for those services rendered by physicians or

22 osteopaths.

23 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to

24 public employees pursuant to this section shall comply with:

25 (a) KRS 304.12-237;

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

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

- (d) KRS 205.593;
- (e) KRS 304.17A-700 to 304.17A-730;
- (f) KRS 304.14-135;
- (g) KRS 304.17A-580 and 304.17A-641;
- (h) KRS 304.99-123;
- (i) KRS 304.17A-138;
- (j) KRS 304.17A-148;
- (k) KRS 304.17A-163 and 304.17A-1631;
- (l) KRS 304.17A-265;
- (m) KRS 304.17A-261;
- (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) **Section 1 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.

1 renewed on or after January 1, 2027.

2 ➔Section 8. If the Cabinet for Health and Family Services or the Department for
3 Medicaid Services determines that a state plan amendment, waiver, or any other form of
4 authorization or approval from any federal agency to implement Section 3 or 4 of this Act
5 is necessary to prevent the loss of federal funds or to comply with federal law, the cabinet
6 or department:

7 (1) Shall, within 90 days after the effective date of this section, request the
8 necessary federal authorization or approval to implement Sections 3 and 4 of this Act;
9 and

10 (2) May only delay implementation of the provisions of Sections 3 and 4 of this
11 Act for which federal authorization or approval was deemed necessary until the federal
12 authorization or approval is granted.

13 ➔Section 9. Sections 3, 4, and 8 of this Act shall constitute the specific
14 authorization required under KRS 205.5372(1).

15 ➔Section 10. The Department for Medicaid Services or the Cabinet for Health
16 and Family Services shall, in accordance with KRS 205.525, provide a copy of any state
17 plan amendment, waiver application, or other request for authorization or approval
18 submitted pursuant to Section 8 of this Act to the Legislative Research Commission for
19 referral to the Interim Joint Committees on Health Services and Appropriations and
20 Revenue and shall provide an update on the status of any application or request submitted
21 pursuant to Section 8 of this Act at the request of the Legislative Research Commission
22 or any committee thereof.

23 ➔Section 11. Sections 1 to 7 of this Act take effect January 1, 2027.