

1 AN ACT relating to coverage of mental health wellness examinations.

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 plan" means any of the following that offer or provide coverage in  
7 this state for mental health or substance use disorder benefits:

8 1. A fully-insured health insurance policy, certificate, contract, or plan;

9 2. A self-insured employer group health plan provided by the governing  
10 board of a state postsecondary education institution under KRS  
11 Chapter 164; and

12 3. A fully insured health benefit plan or self-insured plan issued or  
13 renewed to public employees under KRS Chapter 18A;

14 (b) "Mental health professional" means any of the following persons engaged  
15 in providing mental health services:

16 1. A physician or psychiatrist licensed to practice medicine or osteopathy  
17 under KRS Chapter 311;

18 2. A medical officer of the government of the United States;

19 3. A licensed psychologist, licensed psychological practitioner, certified  
20 psychologist, or licensed psychological associate, licensed under KRS  
21 Chapter 319;

22 4. A certified nurse practitioner or clinical nurse specialist with a  
23 psychiatric, primary care, or mental health population focus licensed  
24 to engage in advanced practice nursing under KRS 314.042;

25 5. A licensed clinical social worker licensed under KRS 335.100 or a  
26 certified social worker licensed under KRS 335.080;

27 6. A licensed marriage and family therapist licensed under KRS 335.330

- 1 or a marriage and family therapist associate holding a permit under  
2 KRS 335.332;
- 3 7. A licensed professional clinical counselor or licensed professional  
4 counselor associate, licensed under KRS 335.500 to 335.599;
- 5 8. A licensed professional art therapist licensed under KRS 309.133 or a  
6 licensed professional art therapist associate licensed under KRS  
7 309.134;
- 8 9. A Kentucky licensed pastoral counselor licensed under KRS 335.600  
9 to 335.699;
- 10 10. A licensed clinical alcohol and drug counselor, licensed clinical  
11 alcohol and drug counselor associate, or certified alcohol and drug  
12 counselor, licensed or certified under KRS 309.080 to 309.089; and
- 13 11. A physician assistant licensed under KRS 311.840 to 311.862; and
- 14 (c) "Mental health wellness examination" includes but is not limited to:
- 15 1. A behavioral health screening;
- 16 2. Education and consultation on healthy lifestyle changes;
- 17 3. Referrals to ongoing treatment, mental health services, and other  
18 supports; and
- 19 4. Age-appropriate screenings, observations, and when appropriate,  
20 relevant adult input through screenings, interviews, and questions, to  
21 understand a person's mental health history, personal history, and  
22 mental or cognitive state.
- 23 (2) To the extent permitted by federal law, all health plans shall provide coverage for  
24 an annual standalone mental health wellness examination that is performed by a  
25 mental health professional.
- 26 (3) Except as provided in subsection (4) of this section, the coverage required by this  
27 section shall:

1 (a) Be no less extensive than the coverage provided for medical and surgical  
 2 benefits;

3 (b) Comply with the Mental Health Parity and Addiction Equity Act of 2008,  
 4 codified at 42 U.S.C. sec. 300gg-26, as amended; and

5 (c) Not be subject to copayments, coinsurance, deductibles, or any other cost-  
 6 sharing requirements.

7 (4) If the application of any requirement of this section would be the sole cause of a  
 8 health plan's failure to qualify as a Health Savings Account-qualified High  
 9 Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the  
 10 requirement shall not apply to that health plan until the minimum deductible  
 11 under 26 U.S.C. sec. 223, as amended, is satisfied.

12 (5) The commissioner shall promulgate administrative regulations in accordance  
 13 with KRS Chapter 13A that are necessary to enforce and effectuate this section.

14 ➔Section 2. KRS 304.17C-125 is amended to read as follows:

15 The following shall apply to limited health service benefit plans, including any limited  
 16 health service contract, as defined in KRS 304.38A-010:

17 (1) KRS 304.17A-129;

18 (2) KRS 304.17A-262;~~and~~

19 (3) KRS 304.17A-591 to 304.17A-599; and

20 (4) Section 1 of this Act.

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

22 (1) The governing board of each state postsecondary educational institution is  
 23 authorized to purchase liability insurance for the protection of the individual  
 24 members of the governing board, faculty, and staff of such institutions from liability  
 25 for acts and omissions committed in the course and scope of the individual's  
 26 employment or service. Each institution may purchase the type and amount of  
 27 liability coverage deemed to best serve the interest of such institution.

- 1 (2) All retirement annuity allowances accrued or accruing to any employee of a state  
2 postsecondary educational institution through a retirement program sponsored by  
3 the state postsecondary educational institution are hereby exempt from any state,  
4 county, or municipal tax, and shall not be subject to execution, attachment,  
5 garnishment, or any other process whatsoever, nor shall any assignment thereof be  
6 enforceable in any court. Except retirement benefits accrued or accruing to any  
7 employee of a state postsecondary educational institution through a retirement  
8 program sponsored by the state postsecondary educational institution on or after  
9 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
10 provided in KRS 141.010 and 141.0215.
- 11 (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
12 members of governing boards, faculty and staff of institutions of higher education  
13 in this state shall not be construed to be a waiver of sovereign immunity or any  
14 other immunity or privilege.
- 15 (4) The governing board of each state postsecondary education institution is authorized  
16 to provide a self-insured employer group health plan to its employees, which plan  
17 shall:
- 18 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and  
19 (b) Except as provided in subsection (5) of this section, be exempt from  
20 conformity with Subtitle 17A of KRS Chapter 304.
- 21 (5) A self-insured employer group health plan provided by the governing board of a  
22 state postsecondary education institution to its employees shall comply with:
- 23 (a) KRS 304.17A-129;  
24 (b) KRS 304.17A-133;  
25 (c) KRS 304.17A-145;  
26 (d) KRS 304.17A-163 and 304.17A-1631;  
27 (e) KRS 304.17A-261;

- 1 (f) KRS 304.17A-262;  
2 (g) KRS 304.17A-264;~~and~~  
3 (h) KRS 304.17A-265; and  
4 (i) Section 1 of this Act.

- 5 (6) (a) A self-insured employer group health plan provided by the governing board of  
6 a state postsecondary education institution to its employees shall provide a  
7 special enrollment period to pregnant women who are eligible for coverage in  
8 accordance with the requirements set forth in KRS 304.17-182.  
9 (b) The governing board of a state postsecondary education institution shall, at or  
10 before the time an employee is initially offered the opportunity to enroll in the  
11 plan or coverage, provide the employee a notice of the special enrollment  
12 rights under this subsection.

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

- 14 (1) (a) The term "employee" for purposes of this section means:  
15 1. Any person, including an elected public official, who is regularly  
16 employed by any department, office, board, agency, or branch of state  
17 government; or by a public postsecondary educational institution; or by  
18 any city, urban-county, charter county, county, or consolidated local  
19 government, whose legislative body has opted to participate in the state-  
20 sponsored health insurance program pursuant to KRS 79.080; and who  
21 is either a contributing member to any one (1) of the retirement systems  
22 administered by the state, including but not limited to the Kentucky  
23 Retirement Systems, County Employees Retirement System, Kentucky  
24 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
25 Judicial Retirement Plan; or is receiving a contractual contribution from  
26 the state toward a retirement plan; or, in the case of a public  
27 postsecondary education institution, is an individual participating in an

- 1 optional retirement plan authorized by KRS 161.567; or is eligible to  
2 participate in a retirement plan established by an employer who ceases  
3 participating in the Kentucky Employees Retirement System pursuant to  
4 KRS 61.522 whose employees participated in the health insurance plans  
5 administered by the Personnel Cabinet prior to the employer's effective  
6 cessation date in the Kentucky Employees Retirement System;
- 7 2. Any certified or classified employee of a local board of education or a  
8 public charter school as defined in KRS 160.1590;
- 9 3. Any elected member of a local board of education;
- 10 4. Any person who is a present or future recipient of a retirement  
11 allowance from the Kentucky Retirement Systems, County Employees  
12 Retirement System, Kentucky Teachers' Retirement System, the  
13 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
14 Kentucky Community and Technical College System's optional  
15 retirement plan authorized by KRS 161.567, except that a person who is  
16 receiving a retirement allowance and who is age sixty-five (65) or older  
17 shall not be included, with the exception of persons covered under KRS  
18 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively  
19 employed pursuant to subparagraph 1. of this paragraph; and
- 20 5. Any eligible dependents and beneficiaries of participating employees  
21 and retirees who are entitled to participate in the state-sponsored health  
22 insurance program;
- 23 (b) The term "health benefit plan" for the purposes of this section means a health  
24 benefit plan as defined in KRS 304.17A-005;
- 25 (c) The term "insurer" for the purposes of this section means an insurer as defined  
26 in KRS 304.17A-005; and
- 27 (d) The term "managed care plan" for the purposes of this section means a

1 managed care plan as defined in KRS 304.17A-500.

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

1 during annual open enrollment.

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

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

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

24 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
25 for timely analysis of data received from carriers and, to the extent possible,  
26 provide in the request-for-proposal specifics relating to data requirements,  
27 electronic reporting, and penalties for noncompliance. The Commonwealth



1           shall own the enrollment, claims, and utilization data provided by each carrier  
2           and shall develop methods to protect the confidentiality of the individual. The  
3           Personnel Cabinet shall include in the October annual report submitted  
4           pursuant to the provisions of KRS 18A.226 to the Governor, the General  
5           Assembly, and the Chief Justice of the Supreme Court, an analysis of the  
6           financial stability of the program, which shall include but not be limited to  
7           loss ratios, methods of risk adjustment, measurements of carrier quality of  
8           service, prescription coverage and cost management, and statutorily required  
9           mandates. If state self-insurance was available as a carrier option, the report  
10          also shall provide a detailed financial analysis of the self-insurance fund  
11          including but not limited to loss ratios, reserves, and reinsurance agreements.

12          (f) If any agency participating in the state-sponsored employee health insurance  
13          program for its active employees terminates participation and there is a state  
14          appropriation for the employer's contribution for active employees' health  
15          insurance coverage, then neither the agency nor the employees shall receive  
16          the state-funded contribution after termination from the state-sponsored  
17          employee health insurance program.

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

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

26          (3) The premiums may be paid by the policyholder:

27          (a) Wholly from funds contributed by the employee, by payroll deduction or

1 otherwise;

2 (b) Wholly from funds contributed by any department, board, agency, public  
3 postsecondary education institution, or branch of state, city, urban-county,  
4 charter county, county, or consolidated local government; or

5 (c) Partly from each, except that any premium due for health care coverage or  
6 dental coverage, if any, in excess of the premium amount contributed by any  
7 department, board, agency, postsecondary education institution, or branch of  
8 state, city, urban-county, charter county, county, or consolidated local  
9 government for any other health care coverage shall be paid by the employee.

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

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

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

- 1 (7) Group rates under this section shall be made available to the disabled child of an  
2 employee regardless of the child's age if the entire premium for the disabled child's  
3 coverage is paid by the state employee. A child shall be considered disabled if he or  
4 she has been determined to be eligible for federal Social Security disability benefits.
- 5 (8) The health care contract or contracts for employees shall be entered into for a  
6 period of not less than one (1) year.
- 7 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
8 State Health Insurance Subscribers to advise the secretary or the secretary's  
9 designee regarding the state-sponsored health insurance program for employees.  
10 The secretary shall appoint, from a list of names submitted by appointing  
11 authorities, members representing school districts from each of the seven (7)  
12 Supreme Court districts, members representing state government from each of the  
13 seven (7) Supreme Court districts, two (2) members representing retirees under age  
14 sixty-five (65), one (1) member representing local health departments, two (2)  
15 members representing the Kentucky Teachers' Retirement System, and three (3)  
16 members at large. The secretary shall also appoint two (2) members from a list of  
17 five (5) names submitted by the Kentucky Education Association, two (2) members  
18 from a list of five (5) names submitted by the largest state employee organization of  
19 nonschool state employees, two (2) members from a list of five (5) names submitted  
20 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
21 names submitted by the Kentucky League of Cities, and two (2) members from a  
22 list of names consisting of five (5) names submitted by each state employee  
23 organization that has two thousand (2,000) or more members on state payroll  
24 deduction. The advisory committee shall be appointed in January of each year and  
25 shall meet quarterly.
- 26 (10) Notwithstanding any other provision of law to the contrary, the policy or policies  
27 provided to employees pursuant to this section shall not provide coverage for

1 obtaining or performing an abortion, nor shall any state funds be used for the  
2 purpose of obtaining or performing an abortion on behalf of employees or their  
3 dependents.

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

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

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

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

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

27 (14) The policy or policies provided to state employees or their dependents pursuant to

1       this section shall provide coverage for obtaining a hearing aid and acquiring hearing  
2       aid-related services for insured individuals under eighteen (18) years of age, subject  
3       to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months  
4       pursuant to KRS 304.17A-132.

5       (15) Any policy provided to state employees or their dependents pursuant to this section  
6       shall provide coverage for the diagnosis and treatment of autism spectrum disorders  
7       consistent with KRS 304.17A-142.

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

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

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

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

1 by larger geographic areas.

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

7 (a) The regional rating bid scenario shall not include a request for bid on a  
8 statewide option;

9 (b) The Personnel Cabinet shall divide the state into geographical regions which  
10 shall be the same as the partnership regions designated by the Department for  
11 Medicaid Services for purposes of the Kentucky Health Care Partnership  
12 Program established pursuant to 907 KAR 1:705;

13 (c) The request for proposal shall require a carrier's bid to include every county  
14 within the region or regions for which the bid is submitted and include but not  
15 be restricted to a preferred provider organization (PPO) option;

16 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
17 carrier all of the counties included in its bid within the region. If the Personnel  
18 Cabinet deems the bids submitted in accordance with this subsection to be in  
19 the best interests of state employees in a region, the cabinet may award the  
20 contract for that region to no more than two (2) carriers; and

21 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
22 other requirements or criteria in the request for proposal.

23 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
24 after July 12, 2006, to public employees pursuant to this section which provides  
25 coverage for services rendered by a physician or osteopath duly licensed under KRS  
26 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
27 under the provisions of KRS Chapter 320 shall provide the same payment of

1 coverage to optometrists as allowed for those services rendered by physicians or  
2 osteopaths.

3 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
4 public employees pursuant to this section shall comply with:

- 5 (a) KRS 304.12-237;
- 6 (b) KRS 304.17A-270 and 304.17A-525;
- 7 (c) KRS 304.17A-600 to 304.17A-633;
- 8 (d) KRS 205.593;
- 9 (e) KRS 304.17A-700 to 304.17A-730;
- 10 (f) KRS 304.14-135;
- 11 (g) KRS 304.17A-580 and 304.17A-641;
- 12 (h) KRS 304.99-123;
- 13 (i) KRS 304.17A-138;
- 14 (j) KRS 304.17A-148;
- 15 (k) KRS 304.17A-163 and 304.17A-1631;
- 16 (l) KRS 304.17A-265;
- 17 (m) KRS 304.17A-261;
- 18 (n) KRS 304.17A-262;
- 19 (o) KRS 304.17A-145;
- 20 (p) KRS 304.17A-129;
- 21 (q) KRS 304.17A-133;
- 22 (r) KRS 304.17A-264;~~and~~

23 (s) **Section 1 of this Act; and**

24 **(t)** Administrative regulations promulgated pursuant to statutes listed in this  
25 subsection.

26 (23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to  
27 public employees pursuant to this section shall provide a special enrollment

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

3 (b) The Department of Employee Insurance shall, at or before the time a public  
4 employee is initially offered the opportunity to enroll in the plan or coverage,  
5 provide the employee a notice of the special enrollment rights under this  
6 subsection.

7 ➔Section 5. The purpose of Section 1 of this Act is to require health insurance  
8 coverage for mental health wellness exams in an effort to promote greater utilization of  
9 such exams and strengthen the mental health of the citizens of Kentucky.

10 ➔Section 6. This Act applies to health plans issued or renewed on or after the  
11 effective date of this Act.

12 ➔Section 7. Section 1 of this Act may be cited as the Kentucky Mental Health  
13 Wellness Act.

14 ➔Section 8. This Act takes effect January 1, 2027.