

1 AN ACT relating to coverage for prosthetic and orthotic devices.

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) "Cost-sharing requirement" means a deductible, coinsurance, a copayment,*  
7 *or any other out-of-pocket expense requirement;*

8 *(b) "Orthotic device" or "orthosis":*

9 *1. Means a custom fabricated or custom fitted device that:*

10 *a. Is designed, fabricated, modified, or fitted to correct, support, or*  
11 *compensate for a neuromusculoskeletal disorder or acquired*  
12 *condition for the purpose of:*

13 *i. Stabilizing, stretching, or immobilizing a body part;*

14 *ii. Improving alignment;*

15 *iii. Preventing deformities;*

16 *iv. Protecting against injury; or*

17 *v. Assisting with motion or function; and*

18 *b. Worn on the outside of the body to help with a structural or*  
19 *functional problem; and*

20 *2. Does not include:*

21 *a. Fabric or elastic supports;*

22 *b. Corsets;*

23 *c. Arch supports;*

24 *d. Low-temperature plastic splints;*

25 *e. Trusses;*

26 *f. Elastic hoses;*

27 *g. Canes;*

- 1            *h. Crutches;*
- 2            *i. Soft cervical collars;*
- 3            *j. Dental appliances; or*
- 4            *k. Other similar devices that are carried in stock, and sold as over-*
- 5                    *the-counter items, by a drug store, department store, corset shop,*
- 6                    *or surgical supply facility; and*
- 7            *(c) "Prosthetic device" or "prosthesis":*
- 8                    *1. Means a custom designed, fabricated, fitted, modified, or fitted and*
- 9                    *modified device to replace an absent external body part for purposes of*
- 10                    *restoring physiological function or cosmesis or both; and*
- 11                    *2. Does not include:*
- 12                            *a. Artificial eyes or ears;*
- 13                            *b. Dental appliances;*
- 14                            *c. Cosmetic devices, including breasts, eyelashes, or wigs; or*
- 15                            *d. Any other device that does not have a significant impact on*
- 16                                    *mobility or the musculoskeletal functions of the body.*
- 17            *(2) All health benefit plans shall provide coverage for prosthetic devices and orthotic*
- 18                    *devices that are medically necessary for any of the following:*
- 19                    *(a) Activities of daily living;*
- 20                    *(b) Essential job-related activities;*
- 21                    *(c) Personal hygiene-related activities, including but not limited to:*
- 22                            *1. Showering;*
- 23                            *2. Bathing; and*
- 24                            *3. Toileting; or*
- 25                    *(d) Physical activities, including but not limited to running, biking, swimming,*
- 26                    *and strength training in order to maximize the covered person's whole body*
- 27                    *health, including upper and lower limb function;*

1 **(3) The coverage required under this section:**

2 **(a) Shall include coverage for:**

- 3 **1. Three (3) prosthetic devices or orthotic devices per affected limb per**  
4 **covered person during a three (3) year period;**
- 5 **2. All materials and components for the use of a prosthetic device or**  
6 **orthotic device, including:**
- 7 **a. The prosthesis or orthosis;**
- 8 **b. Structural components, including the socket;**
- 9 **c. Suspension mechanisms, including the pin, lock, suction, and**  
10 **elevated vacuum;**
- 11 **d. Hip joints, knee joints, feet, alignable parts, and terminal**  
12 **devices;**
- 13 **e. Connective components, including pads, bands, and cushions;**  
14 **and**
- 15 **f. Consumable items, including socks, sleeves, and liners;**
- 16 **3. Formulation of a prosthetic device's or orthotic device's design,**  
17 **fabrication, measurements, and fittings;**
- 18 **4. Education and training on using and maintaining a prosthetic device**  
19 **or orthotic device;**
- 20 **5. The repair of a prosthetic device or orthotic device and its**  
21 **components;**
- 22 **6. The replacement of a prosthetic device or orthotic device and its**  
23 **materials and components when the device to be replaced is less than**  
24 **three (3) years old if there is adequate documentation of:**
- 25 **a. A change in physiological condition of the covered person;**
- 26 **b. An irreparable change in the condition of the device to be**  
27 **replaced or any of its components; or**

- 1                    c. The device to be replaced or a component of the device to be  
2                    replaced requires repairs that would exceed sixty percent (60%)  
3                    of the cost of the device; and
- 4                    7. The replacement of a socket if there is adequate documentation of:
- 5                    a. A physiological need, including but not limited to a change in  
6                    the residual limb;
- 7                    b. A functional need change;
- 8                    c. Irreparable damage; or
- 9                    d. Wear and tear due to:
- 10                    i. Excessive weight of a covered person; or  
11                    ii. Physical demands of an active covered person; and
- 12                    (b) Shall not be subject to any limitation or requirement with respect to out-of-  
13                    network coverage, including cost-sharing requirements, unless the  
14                    limitation or requirement is not more restrictive than the restrictions and  
15                    requirements applicable to out-of-network coverage for medical or surgical  
16                    benefits under the health benefit plan.
- 17                    (3) (a) 1. By July 1, 2033, the commissioner shall submit a report to the  
18                    Legislative Research Commission for referral to the Interim Joint  
19                    Committee on Banking and Insurance regarding the implementation  
20                    of the coverage required under this section.
- 21                    2. The report required under paragraph (a) of this subsection shall  
22                    include but not be limited to the data provided under paragraph (b)1.  
23                    and 2. of this subsection.
- 24                    (b) An insurer that offers or provides a health benefit plan shall provide the  
25                    commissioner with all data requested by the commissioner for the purpose  
26                    of completing the report required under paragraph (a) of this subsection,  
27                    including but not limited to the following for plans years 2027 to 2031:

- 1            1. The number of claims submitted for the coverage required under this  
 2            section; and
- 3            2. The number of claims submitted for the coverage required under this  
 4            section that were paid.
- 5            (4) The commissioner shall promulgate any administrative regulation in accordance  
 6            with KRS Chapter 13A that is necessary to implement this section.
- 7            (5) This section shall not be construed to prohibit a health benefit plan from  
 8            providing coverage that is:
- 9            (a) Greater than the minimum coverage required under this section; or  
 10           (b) Generally more favorable to the covered person than the coverage required  
 11           under this section.

12           ➔Section 2. KRS 164.2871 is amended to read as follows:

- 13           (1) The governing board of each state postsecondary educational institution is  
 14           authorized to purchase liability insurance for the protection of the individual  
 15           members of the governing board, faculty, and staff of such institutions from liability  
 16           for acts and omissions committed in the course and scope of the individual's  
 17           employment or service. Each institution may purchase the type and amount of  
 18           liability coverage deemed to best serve the interest of such institution.
- 19           (2) All retirement annuity allowances accrued or accruing to any employee of a state  
 20           postsecondary educational institution through a retirement program sponsored by  
 21           the state postsecondary educational institution are hereby exempt from any state,  
 22           county, or municipal tax, and shall not be subject to execution, attachment,  
 23           garnishment, or any other process whatsoever, nor shall any assignment thereof be  
 24           enforceable in any court. Except retirement benefits accrued or accruing to any  
 25           employee of a state postsecondary educational institution through a retirement  
 26           program sponsored by the state postsecondary educational institution on or after  
 27           January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent

1 provided in KRS 141.010 and 141.0215.

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

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

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

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

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

14 (a) KRS 304.17A-129;

15 (b) KRS 304.17A-133;

16 (c) KRS 304.17A-145;

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

18 (e) KRS 304.17A-261;

19 (f) KRS 304.17A-262;

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

21 (h) KRS 304.17A-265; **and**

22 **(i) Section 1 of this Act.**

23 (6) (a) A self-insured employer group health plan provided by the governing board of  
24 a state postsecondary education institution to its employees shall provide a  
25 special enrollment period to pregnant women who are eligible for coverage in  
26 accordance with the requirements set forth in KRS 304.17-182.

27 (b) The governing board of a state postsecondary education institution shall, at or

1           before the time an employee is initially offered the opportunity to enroll in the  
2           plan or coverage, provide the employee a notice of the special enrollment  
3           rights under this subsection.

4           ➔Section 3. KRS 18A.225 is amended to read as follows:

- 5       (1) (a) The term "employee" for purposes of this section means:
- 6           1. Any person, including an elected public official, who is regularly  
7           employed by any department, office, board, agency, or branch of state  
8           government; or by a public postsecondary educational institution; or by  
9           any city, urban-county, charter county, county, or consolidated local  
10          government, whose legislative body has opted to participate in the state-  
11          sponsored health insurance program pursuant to KRS 79.080; and who  
12          is either a contributing member to any one (1) of the retirement systems  
13          administered by the state, including but not limited to the Kentucky  
14          Retirement Systems, County Employees Retirement System, Kentucky  
15          Teachers' Retirement System, the Legislators' Retirement Plan, or the  
16          Judicial Retirement Plan; or is receiving a contractual contribution from  
17          the state toward a retirement plan; or, in the case of a public  
18          postsecondary education institution, is an individual participating in an  
19          optional retirement plan authorized by KRS 161.567; or is eligible to  
20          participate in a retirement plan established by an employer who ceases  
21          participating in the Kentucky Employees Retirement System pursuant to  
22          KRS 61.522 whose employees participated in the health insurance plans  
23          administered by the Personnel Cabinet prior to the employer's effective  
24          cessation date in the Kentucky Employees Retirement System;
  - 25          2. Any certified or classified employee of a local board of education or a  
26          public charter school as defined in KRS 160.1590;
  - 27          3. Any elected member of a local board of education;

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

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

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

23 (c) Any carrier bidding to offer health care coverage to employees shall agree to  
24 provide coverage to all members of the state group, including active  
25 employees and retirees and their eligible covered dependents and  
26 beneficiaries, within the county or counties specified in its bid. Except as  
27 provided in subsection (20) of this section, any carrier bidding to offer health

1 care coverage to employees shall also agree to rate all employees as a single  
2 entity, except for those retirees whose former employers insure their active  
3 employees outside the state-sponsored health insurance program and as  
4 otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

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

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

1           also shall provide a detailed financial analysis of the self-insurance fund  
2           including but not limited to loss ratios, reserves, and reinsurance agreements.

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

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

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

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

18           (a) Wholly from funds contributed by the employee, by payroll deduction or  
19           otherwise;

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

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

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

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

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

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

26 (12) Any employee who is eligible for and elects to participate in the state health  
27 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any

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

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

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

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

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

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

26 (16) Any policy provided to state employees or their dependents pursuant to this section  
27 shall provide coverage for obtaining amino acid-based elemental formula pursuant

1 to KRS 304.17A-258.

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

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

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

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

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

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

- 1 shall be the same as the partnership regions designated by the Department for  
2 Medicaid Services for purposes of the Kentucky Health Care Partnership  
3 Program established pursuant to 907 KAR 1:705;
- 4 (c) The request for proposal shall require a carrier's bid to include every county  
5 within the region or regions for which the bid is submitted and include but not  
6 be restricted to a preferred provider organization (PPO) option;
- 7 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
8 carrier all of the counties included in its bid within the region. If the Personnel  
9 Cabinet deems the bids submitted in accordance with this subsection to be in  
10 the best interests of state employees in a region, the cabinet may award the  
11 contract for that region to no more than two (2) carriers; and
- 12 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
13 other requirements or criteria in the request for proposal.
- 14 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
15 after July 12, 2006, to public employees pursuant to this section which provides  
16 coverage for services rendered by a physician or osteopath duly licensed under KRS  
17 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
18 under the provisions of KRS Chapter 320 shall provide the same payment of  
19 coverage to optometrists as allowed for those services rendered by physicians or  
20 osteopaths.
- 21 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
22 public employees pursuant to this section shall comply with:
- 23 (a) KRS 304.12-237;
- 24 (b) KRS 304.17A-270 and 304.17A-525;
- 25 (c) KRS 304.17A-600 to 304.17A-633;
- 26 (d) KRS 205.593;
- 27 (e) KRS 304.17A-700 to 304.17A-730;

- 1 (f) KRS 304.14-135;
- 2 (g) KRS 304.17A-580 and 304.17A-641;
- 3 (h) KRS 304.99-123;
- 4 (i) KRS 304.17A-138;
- 5 (j) KRS 304.17A-148;
- 6 (k) KRS 304.17A-163 and 304.17A-1631;
- 7 (l) KRS 304.17A-265;
- 8 (m) KRS 304.17A-261;
- 9 (n) KRS 304.17A-262;
- 10 (o) KRS 304.17A-145;
- 11 (p) KRS 304.17A-129;
- 12 (q) KRS 304.17A-133;
- 13 (r) KRS 304.17A-264;~~[and]~~
- 14 (s) **Section 1 of this Act; and**
- 15 **(t)** Administrative regulations promulgated pursuant to statutes listed in this
- 16 subsection.
- 17 (23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed to
- 18 public employees pursuant to this section shall provide a special enrollment
- 19 period to pregnant women who are eligible for coverage in accordance with
- 20 the requirements set forth in KRS 304.17-182.
- 21 (b) The Department of Employee Insurance shall, at or before the time a public
- 22 employee is initially offered the opportunity to enroll in the plan or coverage,
- 23 provide the employee a notice of the special enrollment rights under this
- 24 subsection.
- 25 ➔Section 4. This Act applies to health benefit plans issued or renewed on or after
- 26 January 1, 2027.
- 27 ➔Section 5. This Act takes effect January 1, 2027.