



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director

1260 Louisville Road • Frankfort, Kentucky 40601
kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



February 9, 2024

Ms. Katie Carney
Executive Assistant, Director's Office
Legislative Research Commission
Capitol Annex, Room 186
Frankfort, KY 40601

**RE: House Bill 10 (24 RS BR 442) – HCS 1 Version
AA Statement Required by KRS 6.350
AA Statement 1 and 2 of 5**

Dear Ms. Carney:

Kentucky Public Pensions Authority (KPPA) had previously provided an Actuarial Analysis for House Bill 10 (2024 RS BR 442) via letter dated January 25, 2024. KPPA has now examined the HCS 1 Version of House Bill 10 (2024 RS BR 442).

We have determined that the HCS 1 Version of House Bill 10 (2024 RS BR 442) would not impact the previous actuarial analysis provided for this legislation. Therefore, the Actuarial Analysis of House Bill 10 (2024 RS BR 442) dated January 25, 2024, is applicable to House Bill 10 (2024 RS BR 442) - HCS 1 Version.

We have not requested any further actuarial analysis of House Bill 10 (2024 RS BR 442) – HCS 1 Version by the Authority's independent actuary. Please let me know if you have any questions regarding our analysis of House Bill 10 (2024 RS BR 442) – HCS 1 Version.

Sincerely,

A handwritten signature in black ink that reads "David Eager".

David L. Eager, Executive Director
Kentucky Public Pensions Authority



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director

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January 25, 2024

Ms. Katie Carney
Executive Assistant, Director's Office
Legislative Research Commission
Capitol Annex, Room 186
Frankfort, KY 40601

RE: House Bill 10 (24 RS BR 442)
AA Statement Required by KRS 6.350
AA Statement 1 and 2 of 5

Dear Ms. Carney:

House Bill 10 (2024 RS BR 442) creates a new section of Kentucky Revised Statute (KRS) Chapter 211 to establish the Kentucky maternal psychiatry access program, also known as the Kentucky Lifeline for Moms; it establishes duties and responsibilities of the program; directs that the program shall be operated by the Department for Public Health, Division of Maternal and Child Health; amends KRS 211.122 to establish that the collaborative panel related to maternal and infant health shall be renamed the Kentucky maternal and infant health collaborative; establishes formal membership of the collaborative; requires that the collaborative annually review the operations of the new Kentucky maternal psychiatry access program; amends KRS 211.690, related to the Health Access Nurturing Development Services program to require the HANDS program provide information related to lactation consultation, breastfeeding, and safe sleep for babies; establishes that the program participants shall participate in the home visitation program through in-person face-to-face methods or through tele-service delivery methods; creates a new section of Subtitle 17A of KRS Chapter 304 to require insurers and any exchange to provide a special enrollment period for pregnant individuals; specifies requirements for the coverage; requires group plan insurers to provide notice of special enrollment rights; amends KRS 304.17A-145 to require health benefit plans that provide coverage for dependents to provide coverage for maternity care; amends KRS 304.17A-220 and 194A.099 to conform with the special enrollment requirement; amends KRS 18A.225 and 164.2871 to require the state employee health plan and self-insured state postsecondary education institution group health plans to comply with the special enrollment and maternity coverage requirements; amends KRS 205.522 to require Medicaid coverage of maternity services; amends KRS 205.592 to allow Medicaid income limit for certain women and children to be increased under certain circumstances; amends KRS 205.6485 to require Kentucky Children's Health Insurance Program to provide maternity coverage; creates a new section of KRS Chapter 205 to require the Department for Medicaid Services and any managed care organization with whom the department contracts for the delivery of Medicaid services to provide coverage for lactation consultation and breastfeeding equipment; requires the Cabinet for Health and Family Services to apply for a Medicaid waiver if potential cost defrayment or loss of federal funds is identified; and requires the Cabinet for Health and Family Services to study doula certification programs nationally. The bill becomes effective, in part, January 1, 2025.

Kentucky Public Pensions Authority (KPPA) staff members have examined House Bill 10 (2024 RS BR 442). We have determined that the bill will not increase or decrease benefits, nor will it increase or decrease the participation in benefits, in any of the retirement systems administered by the Kentucky Public Pensions Authority. House Bill 10 (2024 RS BR 442) will not change the actuarial accrued liability of any of the systems administered by KPPA.

In accordance with KRS 6.350 (2)(c), Kentucky Public Pensions Authority certifies the following:

1. The estimated number of individuals potentially affected as of June 30, 2023, are 421,609 active, inactive, and retired members in the plans administered by KPPA;
2. There is no estimated change in benefit payments;
3. Requiring health plans to include maternity coverage established by the Kentucky maternal psychiatry access program without cost sharing may lead to higher insurance premiums for the plans offered through KPPA, potentially increasing employer costs; and
4. There is no estimated change in administrative expenses.

We have not requested any further actuarial analysis of House Bill 10 (2024 RS BR 442) by the KPPA's independent actuary.

Please let me know if you have any questions regarding our analysis of House Bill 10 (2024 RS BR 442).

Sincerely,



David L. Eager, Executive Director
Kentucky Public Pensions Authority

February 13, 2024

Ms. Katie Carney
Director's Office
Legislative Research Commission
Capitol Annex, Room 104
Frankfort, KY 40601

**RE: HB 10 HCS 1/BR 442 - AN ACT relating to maternal and child health.
AA Statement 3 and 4 of 5**

Dear Ms. Carney:

Judicial Form Retirement System (JFRS) has examined the HCS 1 version of **HB 10**. After review, we do not believe this version will change the previous actuarial analysis provided by JFRS on January 30, 2024 with regards the HB 10.

As a result, we have not requested any further actuarial analysis of **HB 10 HCS 1** by the Systems' independent actuary. Please let me know if you have any questions regarding our analysis.

Sincerely,

A handwritten signature in black ink, appearing to read "Bo Cracraft". The signature is written in a cursive, flowing style.

Bo Cracraft
Executive Director



January 30, 2024

Ms. Katie Carney
Director's Office
Legislative Research Commission
Capitol Annex, Room 104
Frankfort, KY 40601

**RE: HB 10 - AN ACT relating to maternal and child health.
AA Statement 3 and 4 of 5**

Dear Ms. Carney:

HB 10 (BR 442) would establish the Kentucky maternal psychiatry access program, also known as the Kentucky Lifeline for Moms. It would create a new section of KRS Chapter 211 to establish the Kentucky maternal psychiatry access program, also known as the Kentucky Lifeline for Moms; establish duties and responsibilities of the program; direct that the program shall be operated by the Department for Public Health, Division of Maternal and Child Health; amend KRS 211.122 to establish that the collaborative panel related to maternal and infant health shall be renamed the Kentucky maternal and infant health collaborative; establish formal membership of the collaborative; require that the collaborative annually review the operations of the new Kentucky maternal psychiatry access program; amend KRS 211.690, related to the Health Access Nurturing Development Services program to require the HANDS program provide information related to lactation consultation, breastfeeding, and safe sleep for babies; establish that the program participants shall participate in the home visitation program through in-person face-to-face methods or through tele-service delivery methods; create a new section of Subtitle 17A of KRS Chapter 304 to require insurers and any exchange to provide a special enrollment period for pregnant individuals; specify requirements for the coverage; require group plan insurers to provide notice of special enrollment rights; amend KRS 304.17A-145 to require health benefit plans that provide coverage for dependents to provide coverage for maternity care; amend KRS 304.17A-220 and 194A.099 to conform with the special enrollment requirement; amend KRS 18A.225 and 164.2871 to require the state employee health plan and self-insured state postsecondary education institution group health plans to comply with the special enrollment and maternity coverage requirements; amend KRS 205.522 to require Medicaid coverage of maternity services; amend KRS 205.592 to allow Medicaid income limit for certain women and children to be increased under certain circumstances; amend KRS 205.6485 to require Kentucky Children's Health Insurance Program to provide maternity coverage; create a new section of KRS Chapter 205 to require the Department for Medicaid Services and any managed care organization with whom the department contracts for the delivery of Medicaid services to provide coverage for lactation consultation and breastfeeding equipment; require the Cabinet for Health and Family Services to apply for a Medicaid waiver if potential cost defrayment or loss of federal funds is identified; require the Cabinet for Health and Family Services to study doula certification programs nationally.

Staff of the Judicial Form Retirement System (JFRS) has reviewed **HB 10 (BR 442)** and determined it would not materially increase or decrease benefits, or increase or decrease participation in benefits, or change the current actuarial liability of either plan administered by JFRS. Requiring health plans to include maternity coverage as outlined

Whitaker Bank Building, Suite 302 | 305 Ann Street | Frankfort, Kentucky 40601

 (502) 564-5310 | Fax (502) 564-2560 |  Bo.Cracraft@ky.gov

in the legislation without any cost sharing could cause an increase to insurance premiums for the plans provided through JFRS, but that is not easily measurable at this time.

In compliance with KRS 6.350(2)(c), the Judicial Form Retirement Systems (the agency in charge with the administration of JRP and LRP) certifies the following:

1. The estimated number of participants potentially affected, as of June 30, 2023, are 1,018 individuals participating in JRP or LRP.
2. There is no estimated change in benefits.
3. There is no estimated change to current employer costs; however, if the requirement of maternity coverage without any cost sharing resulted in increased insurance premiums, there could be an increase in employer cost.
4. There is no estimated change to administrative expenses.

We have not requested any further actuarial analysis of **HB 10 (BR 442)** by the Systems' independent actuary. Please let me know if you have any questions regarding this analysis.

Sincerely,

A handwritten signature in black ink, appearing to read "Bo Cracraft". The signature is written in a cursive, flowing style.

Bo Cracraft,
Executive Director