

Section 4 would require, to the extent permitted by federal law, insurers offering a health benefit plan in the individual market, including student health insurance coverage and any individual exchange to provide a special enrollment period to pregnant women eligible for coverage. Unless limited by federal law, an insurer or exchange shall allow a pregnant woman and individuals eligible for coverage because of a relationship to the pregnant woman to enroll for coverage at any time during the pregnancy; in any case the enrollment period would not be less than the maximum time period allowed by federal law and may not begin earlier than the date the pregnant woman receives confirmation of the pregnancy from a medical professional. The first premium would be due no earlier than 30 days after date of enrollment. The bill is not to be construed to imply the insured is not responsible for payment of premiums.

Section 5 would amend KRS 304.17A-145 to establish that maternity health care coverage is mandatory and includes care associated with pregnancy, childbirth, postpartum care, labor and delivery, and breastfeeding services and supplies as required by federal law. Health benefit plans would be required to cover an in-home program for pregnant and postpartum women and telehealth or digital health services related to maternity care; would expand required coverage to include dependents of those covered, regardless of age.

Section 6 would amend KRS 18A.225 to apply the requirement of Section 5 to fully insured health benefit plans or self-insured plans, including the Kentucky Employees Health Plan (KEHP), to provide a special enrollment period to eligible pregnant women and would require the Department of Insurance notify a public employee at the time of enrollment in the KEHP of the special enrollment rights under HB 10 GA.

Section 16 of the bill would establish that Sections 4 to 8 of HB 10 GA apply to plans issued or renewed on or after January 1, 2025; Sections 4, 5, 6, 7, 8 and 16 would take effect January 1, 2025.

Input for this mandate analysis was sought from the Kentucky Association of Counties. If input is received from KACo this mandate may be amended.

HB 10 GA would have a minimal but indeterminable negative fiscal impact on cities due to expanded benefits proposed by the bill which could lead to higher health insurance premiums. The health benefit mandate statement of HB 10 prepared for the Kentucky Department of Insurance (DOI) concludes that, due to increased health care costs attributable to the bill, health insurance plan premiums will increase approximately 0.0% to 0.2%, or approximately \$0.0 to \$6.3 million for all fully insured policies in Kentucky, excluding Medicaid and the Kentucky Employees Health Plan (KEHP).

Approximately 157 local government entities participate in KEHP. Others are self-insured or contract with private insurers, including plans offered by KACo. According to KACo's website 193 public entities participate in health insurance plans offered through KACo. If health care costs rise then it is likely that the cost of health care premiums, including for local government employers, will increase too.

Data Source(s): Kentucky Personnel Cabinet, Department of Insurance; Kentucky League of Cities; Kentucky Public Pensions Authority; Kentucky Association of Counties; LRC staff

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