



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director

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March 25, 2024

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

RE: House Bill 467 (2024 RS BR 1830)
AA Statement Required by KRS 6.350
AA Statement 1 and 2 of 5

Dear Ms. Carney:

House Bill 467 (2024 RS BR 1830) creates a new section of Kentucky Revised Statute Chapter 216 to require all hospitals offering obstetric services and alternative birthing centers to provide or make referrals for perinatal palliative care; creates a new section of Subtitle 17A of KRS Chapter 304 to require health benefit plans to provide coverage for perinatal palliative care; requires health benefit plans to provide coverage for perinatal palliative care; amends KRS 164.2871, 205.522, 205.6485, and 18A.225 to require self-insured employer group health plans provided by the governing board of a state postsecondary institution to its employees, Medicaid, the Kentucky Children's Health Insurance Program, and the state employee health plan to comply with the new section on perinatal palliative care; makes technical corrections; provides that the Act may be cited as the Love Them Both Part II Act; and directs that provisions apply to health benefit plans issued, renewed, effective, or delivered on or after January 1, 2025; This bill is effective, in part, January 1, 2025.

Kentucky Public Pensions Authority (KPPA) staff members have examined House Bill 467 (2024 RS BR 1830). 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 KPPA. House Bill 467 (2024 RS BR 1830) will not change the actuarial accrued liability of any of the systems administered by KPPA.

In accordance with KRS 6.350 (2)(c), KPPA 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. There may be an increase in employer costs if the change increases insurance premiums for the plans offered by the KPPA; and
4. There is no estimated change in administrative expenses.

We have not requested any further actuarial analysis of House Bill 467 (2024 RS BR 1830) by the KPPA's independent actuary.

Please let me know if you have any questions regarding our analysis of House Bill 467 (2024 RS BR 1830).

Sincerely,



David L. Eager, Executive Director
Kentucky Public Pensions Authority