

amount per cochlear implant, annually review that amount, and adjust the minimum amount if necessary to comply with the coverage requirements of the Act.

Sections 1 and 2 would apply to limited health service benefit plans, Medicaid, the Kentucky Children’s Health Insurance Plan, health insurance for state postsecondary educational institutions, self-insured health plans, and the Kentucky Employees Health Plan (KEHP).

SB 93 HCS 1 Section 3 would define “feeding or eating disorder”; **Section 4** would require any health insurance plan, including limited health service benefit plans, self-insured plans, Medicaid, the Kentucky Children’s Health Insurance Program, state postsecondary educational institutions, and the Kentucky Employee Health Plan, cover treatment of a diagnosed feeding or eating disorder. **Section 5** would prohibit use of listed factors as standards to determine medical necessity or appropriate level of care for treatment, and lists specific factors which would be approved for such determinations.

If application of any requirement in the Act would cause a health benefit plan’s failure to qualify as a Health Savings Account-qualified High Deductible Health Plan under federal law, the requirement would not apply to that plan until the minimum deductible is satisfied. If application of any provisions of the Act would negatively impact funds received from federal agencies, then the Department of Insurance or the Cabinet for Health and Family Services, as applicable, would be required to seek a waiver or authorization from the relevant federal agency.

Sections 1 to 11 of the Act would take effect January 1, 2026.

SB 93 HCS 1 would have no to moderate fiscal impact on local governments. The Fiscal Impact Report – BR 82/SB 93 HCS 1 *Coverage for Hearing Aids for Children, Cochlear Implants and Feeding & Eating Disorder Treatment Coverage* dated March 13, 2025, was prepared for the Kentucky Department of Insurance to determine the fiscal impact of BR 82/SB 93 HCS 1 on the Kentucky insurance market, excluding the KEHP and Kentucky Medicaid. The Report estimates the impact of the bill on premiums in the Kentucky insurance market to range from a low of \$0.07 per member per month to a high of \$1.16 per member per month.

The Kentucky Department of Employee Insurance reported that the provisions of the bill regarding hearing aids and cochlear implant coverage would result in an annual increase in premiums for the KEHP up to \$12.69 per planholder/employee. This would result in a moderate to significant fiscal impact to the 157 county and city governmental organizations that participated in the KEHP as of 2024.

The Kentucky Department of Employee Insurance reported that the provisions of the bill regarding insurance coverage for feeding and eating disorders treatment would have no impact on cost of premiums for the KEHP. Local government sources also report the feeding and eating disorder treatment coverage requirements would have no fiscal impact on cost of health insurance premiums for the KACo Benefits Group nor the Kentucky Local

Government Health Plan, at least partially because such treatment is already covered by their existing health plan.

Kentucky League of Cities estimates the provisions of the bill regarding hearing aids for children under 18 and cochlear implants would have a minimal fiscal impact on cities because most health benefit plans presently provide such coverage.

The Kentucky Association of Counties believes the provisions regarding hearing aids and cochlear implants would increase health insurance premiums for county governments and so have a negative, unquantifiable fiscal impact on them.

Data Source(s): Kentucky Department of Insurance; Kentucky Department of Employee Insurance; Kentucky Association of Counties; Kentucky League of Cities; LRC staff

Preparer: MS **Reviewer:** HT (MDA) **Date:** 3/14/25