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**Kentucky Department of Employee Insurance  
Fiscal Impact Statement  
HB 32 (BR 101) – Coverage for Injectable Epinephrine Devices  
January 16, 2026**

Mandating health insurance coverage as required by HB 32 (BR 101) is expected to increase premiums, based upon the analysis of our Pharmacy Benefits Manager (“PBM”), CVS/Caremark, of the proposed mandate and experience with similar health insurance benefits. The proposed mandate requires that health benefit plans, including the Kentucky Employees’ Health Plan (“KEHP”), cover a minimum of two medically necessary epinephrine devices without cost sharing that exceeds \$100 annually.

The estimated annual cost increase to KEHP is \$82,500 effective in Plan Year 2026. This represents an annual increased cost of \$0.43 per planholder/employee based on current enrollment. (Note that coverage without cost-sharing is likely to result in increased utilization at levels that are difficult to forecast, and no such assumption was included in this analysis.) Because the KEHP trust is funded by employee and employer premium contributions, this amount will necessitate an increase in plan premiums to be borne by the same.

Our analysis is limited to the impact on KEHP.

Disclosure: Estimated impacts for KEHP on a per-member basis may be lower than would otherwise apply to a smaller health plan in the commercial space, due to the benefits of a larger risk pool, the nature of existing KEHP coverages, the use of tailored cost avoidance programs, and/or the ability to have greater purchasing power in the marketplace. Estimates are based on recent KEHP enrollment data which is subject to change.

Disclosure: CVS/Caremark made several assumptions in performing the analysis. Several of these assumptions are subject to uncertainties about future utilization and changes from recent rebate history, and it is not unexpected that actual results could materially differ from these estimates if a more in-depth analysis were to be performed.

Disclosure: Due to the material disclosure requirements required therein, we must acknowledge that the content of this report may not comply with Actuarial Standard of Practice No. 41 Actuarial Communications.



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Christopher M.A. Chamness  
Commissioner  
Department of Employee Insurance