



# TEACHERS' RETIREMENT SYSTEM

## of the State of Kentucky

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*Executive Secretary*

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*Deputy Executive Secretary*  
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March 26, 2026

Actuarial Analysis 1 of 3

Maurya Allen  
Office of Special Projects  
Legislative Research Commission  
Capitol Annex, Room 186  
Frankfort, KY 40601

RE: SB 97/HCS1 (2026 RS BR 1263)

Dear Ms. Allen:

26 RS SB 97 creates new sections of Subtitle 17A of KRS Chapter 304 to define terms; require health plans to provide coverage for the diagnosis and treatment of feeding or eating disorders; prohibit insurers from using certain standards, including body mass index, to deny, limit, or restrict coverage; authorize insurers to consider certain factors when determining medical necessity or the appropriate level of care for an individual diagnosed with a feeding or eating disorder; provide that weight standards shall not be sole reason for denying, limiting, or restricting feeding or eating disorder coverage; amend KRS 304.17C-125, 304.38A-115, 205.522, 205.6485, 164.2871, and 18A.225 to require limited health services benefit plans, limited health service organizations, Medicaid, KCHIP, self-insured employer group plans provided by the governing board of a state postsecondary education institution, and the state employee health plan to comply with the coverage requirements for feeding or eating disorders; provide that various sections apply to health plans issued or renewed on or after January 1, 2027; require the Cabinet for Health and Family Services or the Department for Medicaid Services to seek federal approval if it is determined that such approval is necessary; provide authorization from the General Assembly to make changes in the Medicaid program as required under KRS 205.5372(1); HCS 1 retains original provisions, except deletes short-term limited duration coverage from the definition of "health benefit plan"; and would modify minimum coverage and network adequacy requirements; suspend the coverage requirement's application to qualified health plans if the state would be required to make cost defrayal payments; make technical corrections; amend KRS 304.17A-099 to conform; require the Department of Insurance to make a determination as to whether any requirement in Section 1 is in addition to essential health benefits, make submissions to the federal Department of Health and Human Services, and consider the determination accepted if a response is not received within 365 days.

The Kentucky Department of Employee Insurance has determined in its State Employee Health Insurance Impact analysis that 26 RS SB 97 is estimated to create an annual cost increase to KEHP in the amount of \$730,000 effective in Plan Year 2027, which represents an annual increased cost of \$5.14 per plan holder/employee based on current enrollment. It was also noted 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. The increase will necessitate an increase in plan premiums to be borne by the same. Given the size of this increase in cost, this bill would not materially change the actuarial liability of the system as the system.

TRS certifies, in compliance with KRS 6.350(2)(c), as follows:

1. There are approximately 140,000 members of TRS, of which approximately 58,000 are retirees.
2. There is no material increase or decrease in benefits, or participation in benefits.
3. There is no estimated increase in employer cost.
4. There is no estimated increase in administrative costs.

Please let me know if you have any questions regarding this analysis.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Barnes', with a long horizontal flourish extending to the right.

Robert B. Barnes  
Deputy Executive Secretary and  
General Counsel