

provider.

Section 3 of the bill would waive qualified official immunity of government officials from civil liability arising out of personal injury to a plaintiff as a result of a publicly funded health care provider's gender transition services or dispensing, prescribing, or distributing puberty-blocking drugs or cross-sex hormones to someone under 18 to aid in gender transitioning.

Section 4 would prohibit public money directly or indirectly used, granted, paid, or distributed to a provider of gender transition services to those under 18. That section would also prohibit a health care provider owned, operated or employed by a local government provide gender transition services to those under 18.

Section 5 would prohibit a health care provider owned, operated, or employed by a local government, special district, or instrumentality thereof intervening in a legal proceeding challenging specified sections of the Act.

Section 8 would prohibit a health benefit plan or self-insured plan issued to public employees reimbursing, providing benefits, or covering gender transition services for persons under 18.

The fiscal impact of HB 470 SCS 1 on local governments is indeterminable.

Kentucky Medicaid currently explicitly excludes coverage for transgender-related health care. Neither do local health departments currently offer transgender-related health care. The Kentucky Hospital Association was consulted to determine if HB 470 SCS 1 would have a fiscal impact on locally-owned public hospitals; the KHA believes the bill will not have a fiscal impact on locally-owned hospitals. The expense to a local government of investigating a report that a local publicly-funded health care provider has provided gender transition services to a person under 18, in compliance with Section 2 of the bill, is unknown.

Part III: Differences to Local Government Mandate Statement from Prior Versions

Part II applies to the Senate Committee Substitute to HB 470 GA. The changes made within the SCS version from the GA version of the bill do not change the impact to local governments.

Data Source(s): Kentucky Hospital Association; LRC staff

Preparer: Mary Stephens **Reviewer:** KHC **Date:** 3/14/23