

1 AN ACT relating to coverage of mental health wellness examinations.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
4 IS CREATED TO READ AS FOLLOWS:

5 *(1) As used in this section:*

6 *(a) "Health plan":*

7 *1. Means any health insurance policy, certificate, contract, or plan that*  
8 *offers or provides coverage in this state for both medical and surgical*  
9 *benefits and mental health or substance use disorder benefits, whether*  
10 *such coverage is by direct payment, reimbursement, or otherwise; and*

11 *2. Includes but is not limited to:*

12 *a. Health benefit plans; and*

13 *b. Student health insurance offered by a Kentucky-licensed insurer*  
14 *under written contract with a university or college whose*  
15 *students it proposes to insure;*

16 *(b) "Mental health professional" means any of the following persons engaged*  
17 *in providing mental health services:*

18 *1. A physician or psychiatrist licensed to practice medicine or osteopathy*  
19 *under KRS Chapter 311;*

20 *2. A medical officer of the government of the United States;*

21 *3. A licensed psychologist, licensed psychological practitioner, certified*  
22 *psychologist, or licensed psychological associate, licensed under KRS*  
23 *Chapter 319;*

24 *4. A certified nurse practitioner or clinical nurse specialist with a*  
25 *psychiatric or mental health population focus licensed to engage in*  
26 *advanced practice nursing under KRS 314.042;*

27 *5. A licensed clinical social worker licensed under KRS 335.100 or a*

- 1                   *certified social worker licensed under KRS 335.080;*
- 2                   *6. A licensed marriage and family therapist licensed under KRS 335.330*
- 3                   *or a marriage and family therapist associate holding a permit under*
- 4                   *KRS 335.332;*
- 5                   *7. A licensed professional clinical counselor or licensed professional*
- 6                   *counselor associate, licensed under KRS 335.500 to 335.599;*
- 7                   *8. A licensed professional art therapist licensed under KRS 309.133 or a*
- 8                   *licensed professional art therapist associate licensed under KRS*
- 9                   *309.134;*
- 10                  *9. A Kentucky licensed pastoral counselor licensed under KRS 335.600*
- 11                  *to 335.699;*
- 12                  *10. A licensed clinical alcohol and drug counselor, licensed clinical*
- 13                  *alcohol and drug counselor associate, or certified alcohol and drug*
- 14                  *counselor, licensed or certified under KRS 309.080 to 309.089; or*
- 15                  *11. A physician assistant licensed under KRS 311.840 to 311.862 who*
- 16                  *meets the criteria for being a qualified mental health professional*
- 17                  *under KRS 202A.011(12)(h); and*
- 18                  *(c) "Mental health wellness examination" includes but is not limited to:*
- 19                   *1. A behavioral health screening;*
- 20                   *2. Education and consultation on healthy lifestyle changes;*
- 21                   *3. Referrals to ongoing treatment, mental health services, and other*
- 22                   *supports; and*
- 23                   *4. Discussion of potential options for medication.*
- 24                  *(2) To the extent permitted by federal law, all health plans shall provide coverage for*
- 25                  *an annual mental health wellness examination of at least forty-five (45) minutes*
- 26                  *that is performed by a mental health professional.*
- 27                  *(3) The coverage required by this section shall:*

- 1        (a) Be no less extensive than the coverage provided for medical and surgical  
2            benefits;
- 3        (b) Comply with the Mental Health Parity and Addiction Equity Act of 2008, 42  
4            U.S.C. sec. 300gg-26, as amended; and
- 5        (c) Not be subject to copayments, coinsurance, deductibles, or any other cost-  
6            sharing requirements.

7        ➔Section 2. KRS 164.2871 is amended to read as follows:

- 8        (1) The governing board of each state postsecondary educational institution is  
9            authorized to purchase liability insurance for the protection of the individual  
10           members of the governing board, faculty, and staff of such institutions from liability  
11           for acts and omissions committed in the course and scope of the individual's  
12           employment or service. Each institution may purchase the type and amount of  
13           liability coverage deemed to best serve the interest of such institution.
- 14        (2) All retirement annuity allowances accrued or accruing to any employee of a state  
15           postsecondary educational institution through a retirement program sponsored by  
16           the state postsecondary educational institution are hereby exempt from any state,  
17           county, or municipal tax, and shall not be subject to execution, attachment,  
18           garnishment, or any other process whatsoever, nor shall any assignment thereof be  
19           enforceable in any court. Except retirement benefits accrued or accruing to any  
20           employee of a state postsecondary educational institution through a retirement  
21           program sponsored by the state postsecondary educational institution on or after  
22           January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
23           provided in KRS 141.010 and 141.0215.
- 24        (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
25           members of governing boards, faculty and staff of institutions of higher education  
26           in this state shall not be construed to be a waiver of sovereign immunity or any  
27           other immunity or privilege.

1 (4) The governing board of each state postsecondary education institution is authorized  
 2 to provide a self-insured employer group health plan to its employees, which plan  
 3 shall:

4 (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and

5 (b) Except as provided in subsection (5) of this section, be exempt from  
 6 conformity with Subtitle 17A of KRS Chapter 304.

7 (5) A self-insured employer group health plan provided by the governing board of a  
 8 state postsecondary education institution to its employees shall comply with:

9 (a) KRS 304.17A-163 and 304.17A-1631; and

10 (b) Section 1 of this Act.

11 ➔SECTION 3. A NEW SECTION OF SUBTITLE 17C OF KRS CHAPTER 304  
 12 IS CREATED TO READ AS FOLLOWS:

13 Section 1 of this Act shall apply to limited health service benefit plans, including any  
 14 limited health service contract as defined in KRS 304.38A-010.

15 ➔SECTION 4. A NEW SECTION OF SUBTITLE 38A OF KRS CHAPTER 304  
 16 IS CREATED TO READ AS FOLLOWS:

17 Limited health service organizations shall comply with Section 1 of this Act.

18 ➔Section 5. KRS 205.522 is amended to read as follows:

19 (1) The Department for Medicaid Services and any managed care organization  
 20 contracted to provide Medicaid benefits pursuant to this chapter shall comply with  
 21 the provisions of Section 1 of this Act and KRS 304.17A-163, 304.17A-1631,  
 22 304.17A-167, 304.17A-235, 304.17A-257, 304.17A-259, 304.17A-515, 304.17A-  
 23 580, 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743,  
 24 as applicable.

25 (2) A managed care organization contracted to provide Medicaid benefits pursuant to  
 26 this chapter shall comply with the reporting requirements of KRS 304.17A-732.

27 ➔Section 6. KRS 205.6485 is amended to read as follows:

- 1 (1) The Cabinet for Health and Family Services shall prepare a state child health plan  
2 meeting the requirements of Title XXI of the Federal Social Security Act, for  
3 submission to the Secretary of the United States Department of Health and Human  
4 Services within such time as will permit the state to receive the maximum amounts  
5 of federal matching funds available under Title XXI. The cabinet shall, by  
6 administrative regulation promulgated in accordance with KRS Chapter 13A,  
7 establish the following:
- 8 (a) The eligibility criteria for children covered by the Kentucky Children's Health  
9 Insurance Program. However, no person eligible for services under Title XIX  
10 of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended, shall  
11 be eligible for services under the Kentucky Children's Health Insurance  
12 Program except to the extent that Title XIX coverage is expanded by KRS  
13 205.6481 to 205.6495 and KRS 304.17A-340;
- 14 (b) The schedule of benefits to be covered by the Kentucky Children's Health  
15 Insurance Program, which shall include preventive services, vision services  
16 including glasses, and dental services including at least sealants, extractions,  
17 and fillings, and which shall be at least equivalent to one (1) of the following:
- 18 1. The standard Blue Cross/Blue Shield preferred provider option under  
19 the Federal Employees Health Benefit Plan established by 5 U.S.C. sec.  
20 8903(1);
- 21 2. A mid-range health benefit coverage plan that is offered and generally  
22 available to state employees; or
- 23 3. Health insurance coverage offered by a health maintenance organization  
24 that has the largest insured commercial, non-Medicaid enrollment of  
25 covered lives in the state;
- 26 (c) The premium contribution per family of health insurance coverage available  
27 under the Kentucky Children's Health Insurance Program with provisions for

- 1 the payment of premium contributions by families of children eligible for  
2 coverage by the program based upon a sliding scale relating to family income.  
3 Premium contributions shall be based on a six (6) month period not to exceed:
- 4 1. Ten dollars (\$10), to be paid by a family with income between one  
5 hundred percent (100%) to one hundred thirty-three percent (133%) of  
6 the federal poverty level;
  - 7 2. Twenty dollars (\$20), to be paid by a family with income between one  
8 hundred thirty-four percent (134%) to one hundred forty-nine percent  
9 (149%) of the federal poverty level; and
  - 10 3. One hundred twenty dollars (\$120), to be paid by a family with income  
11 between one hundred fifty percent (150%) to two hundred percent  
12 (200%) of the federal poverty level, and which may be made on a partial  
13 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)  
14 per quarter;
- 15 (d) There shall be no copayments for services provided under the Kentucky  
16 Children's Health Insurance Program; and
- 17 (e) The criteria for health services providers and insurers wishing to contract with  
18 the Commonwealth to provide the children's health insurance coverage.  
19 However, the cabinet shall provide, in any contracting process for the  
20 preventive health insurance program, the opportunity for a public health  
21 department to bid on preventive health services to eligible children within the  
22 public health department's service area. A public health department shall not  
23 be disqualified from bidding because the department does not currently offer  
24 all the services required by paragraph (b) of this subsection. The criteria shall  
25 be set forth in administrative regulations under KRS Chapter 13A and shall  
26 maximize competition among the providers and insurers. The Cabinet for  
27 Finance and Administration shall provide oversight over contracting policies

1 and procedures to assure that the number of applicants for contracts is  
2 maximized.

3 (2) Within twelve (12) months of federal approval of the state's Title XXI child health  
4 plan, the Cabinet for Health and Family Services shall assure that a KCHIP  
5 program is available to all eligible children in all regions of the state. If necessary,  
6 in order to meet this assurance, the cabinet shall institute its own program.

7 (3) KCHIP recipients shall have direct access without a referral from any gatekeeper  
8 primary care provider to dentists for covered primary dental services and to  
9 optometrists and ophthalmologists for covered primary eye and vision services.

10 (4) The Kentucky Children's Health Insurance ~~Program~~<sup>Plan</sup> shall comply with:

11 (a) KRS 304.17A-163 and 304.17A-1631; and

12 (b) Section 1 of this Act.

13 ➔Section 7. KRS 18A.225 is amended to read as follows:

14 (1) (a) The term "employee" for purposes of this section means:

15 1. Any person, including an elected public official, who is regularly  
16 employed by any department, office, board, agency, or branch of state  
17 government; or by a public postsecondary educational institution; or by  
18 any city, urban-county, charter county, county, or consolidated local  
19 government, whose legislative body has opted to participate in the state-  
20 sponsored health insurance program pursuant to KRS 79.080; and who  
21 is either a contributing member to any one (1) of the retirement systems  
22 administered by the state, including but not limited to the Kentucky  
23 Retirement Systems, County Employees Retirement System, Kentucky  
24 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
25 Judicial Retirement Plan; or is receiving a contractual contribution from  
26 the state toward a retirement plan; or, in the case of a public  
27 postsecondary education institution, is an individual participating in an

- 1 optional retirement plan authorized by KRS 161.567; or is eligible to  
2 participate in a retirement plan established by an employer who ceases  
3 participating in the Kentucky Employees Retirement System pursuant to  
4 KRS 61.522 whose employees participated in the health insurance plans  
5 administered by the Personnel Cabinet prior to the employer's effective  
6 cessation date in the Kentucky Employees Retirement System;
- 7 2. Any certified or classified employee of a local board of education or a  
8 public charter school as defined in KRS 160.1590;
- 9 3. Any elected member of a local board of education;
- 10 4. Any person who is a present or future recipient of a retirement  
11 allowance from the Kentucky Retirement Systems, County Employees  
12 Retirement System, Kentucky Teachers' Retirement System, the  
13 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
14 Kentucky Community and Technical College System's optional  
15 retirement plan authorized by KRS 161.567, except that a person who is  
16 receiving a retirement allowance and who is age sixty-five (65) or older  
17 shall not be included, with the exception of persons covered under KRS  
18 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively  
19 employed pursuant to subparagraph 1. of this paragraph; and
- 20 5. Any eligible dependents and beneficiaries of participating employees  
21 and retirees who are entitled to participate in the state-sponsored health  
22 insurance program;
- 23 (b) The term "health benefit plan" for the purposes of this section means a health  
24 benefit plan as defined in KRS 304.17A-005;
- 25 (c) The term "insurer" for the purposes of this section means an insurer as defined  
26 in KRS 304.17A-005; and
- 27 (d) The term "managed care plan" for the purposes of this section means a



1 managed care plan as defined in KRS 304.17A-500.

2 (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
3 recommendation of the secretary of the Personnel Cabinet, shall procure, in  
4 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,  
5 from one (1) or more insurers authorized to do business in this state, a group  
6 health benefit plan that may include but not be limited to health maintenance  
7 organization (HMO), preferred provider organization (PPO), point of service  
8 (POS), and exclusive provider organization (EPO) benefit plans  
9 encompassing all or any class or classes of employees. With the exception of  
10 employers governed by the provisions of KRS Chapters 16, 18A, and 151B,  
11 all employers of any class of employees or former employees shall enter into  
12 a contract with the Personnel Cabinet prior to including that group in the state  
13 health insurance group. The contracts shall include but not be limited to  
14 designating the entity responsible for filing any federal forms, adoption of  
15 policies required for proper plan administration, acceptance of the contractual  
16 provisions with health insurance carriers or third-party administrators, and  
17 adoption of the payment and reimbursement methods necessary for efficient  
18 administration of the health insurance program. Health insurance coverage  
19 provided to state employees under this section shall, at a minimum, contain  
20 the same benefits as provided under Kentucky Kare Standard as of January 1,  
21 1994, and shall include a mail-order drug option as provided in subsection  
22 (13) of this section. All employees and other persons for whom the health care  
23 coverage is provided or made available shall annually be given an option to  
24 elect health care coverage through a self-funded plan offered by the  
25 Commonwealth or, if a self-funded plan is not available, from a list of  
26 coverage options determined by the competitive bid process under the  
27 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available

- 1           during annual open enrollment.
- 2           (b) The policy or policies shall be approved by the commissioner of insurance  
3           and may contain the provisions the commissioner of insurance approves,  
4           whether or not otherwise permitted by the insurance laws.
- 5           (c) Any carrier bidding to offer health care coverage to employees shall agree to  
6           provide coverage to all members of the state group, including active  
7           employees and retirees and their eligible covered dependents and  
8           beneficiaries, within the county or counties specified in its bid. Except as  
9           provided in subsection (20) of this section, any carrier bidding to offer health  
10          care coverage to employees shall also agree to rate all employees as a single  
11          entity, except for those retirees whose former employers insure their active  
12          employees outside the state-sponsored health insurance program and as  
13          otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.
- 14          (d) Any carrier bidding to offer health care coverage to employees shall agree to  
15          provide enrollment, claims, and utilization data to the Commonwealth in a  
16          format specified by the Personnel Cabinet with the understanding that the data  
17          shall be owned by the Commonwealth; to provide data in an electronic form  
18          and within a time frame specified by the Personnel Cabinet; and to be subject  
19          to penalties for noncompliance with data reporting requirements as specified  
20          by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
21          to protect the confidentiality of each individual employee; however,  
22          confidentiality assertions shall not relieve a carrier from the requirement of  
23          providing stipulated data to the Commonwealth.
- 24          (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
25          for timely analysis of data received from carriers and, to the extent possible,  
26          provide in the request-for-proposal specifics relating to data requirements,  
27          electronic reporting, and penalties for noncompliance. The Commonwealth

1 shall own the enrollment, claims, and utilization data provided by each carrier  
2 and shall develop methods to protect the confidentiality of the individual. The  
3 Personnel Cabinet shall include in the October annual report submitted  
4 pursuant to the provisions of KRS 18A.226 to the Governor, the General  
5 Assembly, and the Chief Justice of the Supreme Court, an analysis of the  
6 financial stability of the program, which shall include but not be limited to  
7 loss ratios, methods of risk adjustment, measurements of carrier quality of  
8 service, prescription coverage and cost management, and statutorily required  
9 mandates. If state self-insurance was available as a carrier option, the report  
10 also shall provide a detailed financial analysis of the self-insurance fund  
11 including but not limited to loss ratios, reserves, and reinsurance agreements.

12 (f) If any agency participating in the state-sponsored employee health insurance  
13 program for its active employees terminates participation and there is a state  
14 appropriation for the employer's contribution for active employees' health  
15 insurance coverage, then neither the agency nor the employees shall receive  
16 the state-funded contribution after termination from the state-sponsored  
17 employee health insurance program.

18 (g) Any funds in flexible spending accounts that remain after all reimbursements  
19 have been processed shall be transferred to the credit of the state-sponsored  
20 health insurance plan's appropriation account.

21 (h) Each entity participating in the state-sponsored health insurance program shall  
22 provide an amount at least equal to the state contribution rate for the employer  
23 portion of the health insurance premium. For any participating entity that used  
24 the state payroll system, the employer contribution amount shall be equal to  
25 but not greater than the state contribution rate.

26 (3) The premiums may be paid by the policyholder:

27 (a) Wholly from funds contributed by the employee, by payroll deduction or

- 1 otherwise;
- 2 (b) Wholly from funds contributed by any department, board, agency, public  
3 postsecondary education institution, or branch of state, city, urban-county,  
4 charter county, county, or consolidated local government; or
- 5 (c) Partly from each, except that any premium due for health care coverage or  
6 dental coverage, if any, in excess of the premium amount contributed by any  
7 department, board, agency, postsecondary education institution, or branch of  
8 state, city, urban-county, charter county, county, or consolidated local  
9 government for any other health care coverage shall be paid by the employee.
- 10 (4) If an employee moves his or her place of residence or employment out of the  
11 service area of an insurer offering a managed health care plan, under which he or  
12 she has elected coverage, into either the service area of another managed health care  
13 plan or into an area of the Commonwealth not within a managed health care plan  
14 service area, the employee shall be given an option, at the time of the move or  
15 transfer, to change his or her coverage to another health benefit plan.
- 16 (5) No payment of premium by any department, board, agency, public postsecondary  
17 educational institution, or branch of state, city, urban-county, charter county,  
18 county, or consolidated local government shall constitute compensation to an  
19 insured employee for the purposes of any statute fixing or limiting the  
20 compensation of such an employee. Any premium or other expense incurred by any  
21 department, board, agency, public postsecondary educational institution, or branch  
22 of state, city, urban-county, charter county, county, or consolidated local  
23 government shall be considered a proper cost of administration.
- 24 (6) The policy or policies may contain the provisions with respect to the class or classes  
25 of employees covered, amounts of insurance or coverage for designated classes or  
26 groups of employees, policy options, terms of eligibility, and continuation of  
27 insurance or coverage after retirement.

- 1 (7) Group rates under this section shall be made available to the disabled child of an  
2 employee regardless of the child's age if the entire premium for the disabled child's  
3 coverage is paid by the state employee. A child shall be considered disabled if he or  
4 she has been determined to be eligible for federal Social Security disability benefits.
- 5 (8) The health care contract or contracts for employees shall be entered into for a  
6 period of not less than one (1) year.
- 7 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
8 State Health Insurance Subscribers to advise the secretary or the secretary's  
9 designee regarding the state-sponsored health insurance program for employees.  
10 The secretary shall appoint, from a list of names submitted by appointing  
11 authorities, members representing school districts from each of the seven (7)  
12 Supreme Court districts, members representing state government from each of the  
13 seven (7) Supreme Court districts, two (2) members representing retirees under age  
14 sixty-five (65), one (1) member representing local health departments, two (2)  
15 members representing the Kentucky Teachers' Retirement System, and three (3)  
16 members at large. The secretary shall also appoint two (2) members from a list of  
17 five (5) names submitted by the Kentucky Education Association, two (2) members  
18 from a list of five (5) names submitted by the largest state employee organization of  
19 nonschool state employees, two (2) members from a list of five (5) names submitted  
20 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
21 names submitted by the Kentucky League of Cities, and two (2) members from a  
22 list of names consisting of five (5) names submitted by each state employee  
23 organization that has two thousand (2,000) or more members on state payroll  
24 deduction. The advisory committee shall be appointed in January of each year and  
25 shall meet quarterly.
- 26 (10) Notwithstanding any other provision of law to the contrary, the policy or policies  
27 provided to employees pursuant to this section shall not provide coverage for

1           obtaining or performing an abortion, nor shall any state funds be used for the  
2           purpose of obtaining or performing an abortion on behalf of employees or their  
3           dependents.

4   (11) Interruption of an established treatment regime with maintenance drugs shall be  
5           grounds for an insured to appeal a formulary change through the established appeal  
6           procedures approved by the Department of Insurance, if the physician supervising  
7           the treatment certifies that the change is not in the best interests of the patient.

8   (12) Any employee who is eligible for and elects to participate in the state health  
9           insurance program as a retiree, or the spouse or beneficiary of a retiree, under any  
10          one (1) of the state-sponsored retirement systems shall not be eligible to receive the  
11          state health insurance contribution toward health care coverage as a result of any  
12          other employment for which there is a public employer contribution. This does not  
13          preclude a retiree and an active employee spouse from using both contributions to  
14          the extent needed for purchase of one (1) state sponsored health insurance policy  
15          for that plan year.

16   (13) (a) The policies of health insurance coverage procured under subsection (2) of  
17           this section shall include a mail-order drug option for maintenance drugs for  
18           state employees. Maintenance drugs may be dispensed by mail order in  
19           accordance with Kentucky law.

20          (b) A health insurer shall not discriminate against any retail pharmacy located  
21           within the geographic coverage area of the health benefit plan and that meets  
22           the terms and conditions for participation established by the insurer, including  
23           price, dispensing fee, and copay requirements of a mail-order option. The  
24           retail pharmacy shall not be required to dispense by mail.

25          (c) The mail-order option shall not permit the dispensing of a controlled  
26           substance classified in Schedule II.

27   (14) The policy or policies provided to state employees or their dependents pursuant to

1           this section shall provide coverage for obtaining a hearing aid and acquiring hearing  
2           aid-related services for insured individuals under eighteen (18) years of age, subject  
3           to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months  
4           pursuant to KRS 304.17A-132.

5       (15) Any policy provided to state employees or their dependents pursuant to this section  
6           shall provide coverage for the diagnosis and treatment of autism spectrum disorders  
7           consistent with KRS 304.17A-142.

8       (16) Any policy provided to state employees or their dependents pursuant to this section  
9           shall provide coverage for obtaining amino acid-based elemental formula pursuant  
10          to KRS 304.17A-258.

11       (17) If a state employee's residence and place of employment are in the same county,  
12          and if the hospital located within that county does not offer surgical services,  
13          intensive care services, obstetrical services, level II neonatal services, diagnostic  
14          cardiac catheterization services, and magnetic resonance imaging services, the  
15          employee may select a plan available in a contiguous county that does provide  
16          those services, and the state contribution for the plan shall be the amount available  
17          in the county where the plan selected is located.

18       (18) If a state employee's residence and place of employment are each located in  
19          counties in which the hospitals do not offer surgical services, intensive care  
20          services, obstetrical services, level II neonatal services, diagnostic cardiac  
21          catheterization services, and magnetic resonance imaging services, the employee  
22          may select a plan available in a county contiguous to the county of residence that  
23          does provide those services, and the state contribution for the plan shall be the  
24          amount available in the county where the plan selected is located.

25       (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and  
26          in the best interests of the state group to allow any carrier bidding to offer health  
27          care coverage under this section to submit bids that may vary county by county or

1 by larger geographic areas.

2 (20) Notwithstanding any other provision of this section, the bid for proposals for health  
3 insurance coverage for calendar year 2004 shall include a bid scenario that reflects  
4 the statewide rating structure provided in calendar year 2003 and a bid scenario that  
5 allows for a regional rating structure that allows carriers to submit bids that may  
6 vary by region for a given product offering as described in this subsection:

7 (a) The regional rating bid scenario shall not include a request for bid on a  
8 statewide option;

9 (b) The Personnel Cabinet shall divide the state into geographical regions which  
10 shall be the same as the partnership regions designated by the Department for  
11 Medicaid Services for purposes of the Kentucky Health Care Partnership  
12 Program established pursuant to 907 KAR 1:705;

13 (c) The request for proposal shall require a carrier's bid to include every county  
14 within the region or regions for which the bid is submitted and include but not  
15 be restricted to a preferred provider organization (PPO) option;

16 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the  
17 carrier all of the counties included in its bid within the region. If the Personnel  
18 Cabinet deems the bids submitted in accordance with this subsection to be in  
19 the best interests of state employees in a region, the cabinet may award the  
20 contract for that region to no more than two (2) carriers; and

21 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including  
22 other requirements or criteria in the request for proposal.

23 (21) Any fully insured health benefit plan or self-insured plan issued or renewed on or  
24 after July 12, 2006, to public employees pursuant to this section which provides  
25 coverage for services rendered by a physician or osteopath duly licensed under KRS  
26 Chapter 311 that are within the scope of practice of an optometrist duly licensed  
27 under the provisions of KRS Chapter 320 shall provide the same payment of



1 coverage to optometrists as allowed for those services rendered by physicians or  
2 osteopaths.

3 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
4 public employees pursuant to this section shall comply with:

- 5 (a) KRS 304.12-237;  
6 (b) KRS 304.17A-270 and 304.17A-525;  
7 (c) KRS 304.17A-600 to 304.17A-633;  
8 (d) KRS 205.593;  
9 (e) KRS 304.17A-700 to 304.17A-730;  
10 (f) KRS 304.14-135;  
11 (g) KRS 304.17A-580 and 304.17A-641;  
12 (h) KRS 304.99-123;  
13 (i) KRS 304.17A-138;  
14 (j) KRS 304.17A-148;  
15 (k) KRS 304.17A-163 and 304.17A-1631;~~and~~  
16 (l) **Section 1 of this Act; and**  
17 **(m)** Administrative regulations promulgated pursuant to statutes listed in this  
18 subsection.

19 ➔Section 8. This Act applies to health plans issued or renewed on or after the  
20 effective date of this section.

21 ➔Section 9. If the Cabinet for Health and Family Services determines that a  
22 waiver or any other authorization from a federal agency is necessary to implement  
23 Section 5 or 6 of this Act for any reason, including the loss of federal funds, the cabinet  
24 shall, within 90 days after the effective date of this section, request the waiver or  
25 authorization, and may only delay implementation of those provisions for which a waiver  
26 or authorization was deemed necessary until the waiver or authorization is granted.

27 ➔Section 10. Sections 1 to 8 of this Act take effect January 1, 2024.