

1 AN ACT relating to coverage for coronary calcium imaging tests.

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) (a) Except as provided in subsection (2) of this section, all health benefit plans*  
6 *shall provide coverage for coronary calcium imaging testing when:*

7 *1. Ordered by a health care provider operating within the provider's*  
8 *scope of practice; and*

9 *2. Supported by nationally recognized clinical practice guidelines.*

10 *(b) Coronary calcium imaging testing that is supported by nationally*  
11 *recognized clinical practice guidelines shall not be considered experimental*  
12 *or investigational.*

13 *(2) If the application of any requirement of subsection (1) of this section to a*  
14 *qualified health plan as defined in 42 U.S.C. sec. 18021(a)(1), as amended, would*  
15 *result in a determination that the state must make payments to defray the cost of*  
16 *the requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as*  
17 *amended, then the requirement shall not apply to the qualified health plan until*  
18 *the cost defrayal requirement is no longer applicable.*

19 ➔Section 2. KRS 205.522 is amended to read as follows:

20 (1) *With respect to the administration and provision of Medicaid benefits pursuant to*  
21 *this chapter,* the Department for Medicaid Services, ~~and~~ any managed care  
22 organization contracted to provide Medicaid benefits pursuant to this chapter, *and*  
23 *the state's medical assistance program* shall *be subject to, and* comply with, the  
24 *following, as applicable:*~~[provisions of]~~

25 *(a) KRS 304.17A-163;*~~[i]~~

26 *(b) ~~KRS~~ 304.17A-1631;*~~[i]~~

27 *(c) ~~KRS~~ 304.17A-167;*~~[i]~~

- 1        ~~(d) **KRS** 304.17A-235;~~
- 2        ~~(e) **KRS** 304.17A-257;~~
- 3        ~~(f) **KRS** 304.17A-259;~~
- 4        ~~(g) **KRS** 304.17A-263;~~
- 5        ~~(h) **KRS** 304.17A-515;~~
- 6        ~~(i) **KRS** 304.17A-580;~~
- 7        ~~(j) **KRS** 304.17A-600, 304.17A-603, **and** 304.17A-607;~~ ~~and~~
- 8        ~~(k) **KRS** 304.17A-740 to 304.17A-743; **and** ~~as applicable~~~~
- 9        ~~(l) **Section 1 of this Act.**~~

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

12        ➔Section 3. Section 1 of this Act applies to health benefit plans issued or  
 13        renewed on or after January 1, 2025.

14        ➔Section 4. If a qualified health plan, as defined in 42 U.S.C. sec. 18021(a)(1), is  
 15        exempt from the requirements of Section 1 of this Act under subsection (2) of Section 1  
 16        of this Act, the Department of Insurance shall apply for a waiver under 42 U.S.C. sec.  
 17        18052, as amended, or any other applicable federal law of any or all of the cost defrayal  
 18        requirements within 90 days of the effective date of this section.

19        ➔Section 5. If the Cabinet for Health and Family Services determines that a  
 20        waiver or other authorization from a federal agency is necessary to implement Section 2  
 21        of this Act for any reason, including the loss of federal funds, the cabinet shall, within 90  
 22        days of the effective date of this section, request the waiver or other authorization, and  
 23        may only delay implementation of those provisions for which a waiver or authorization  
 24        was deemed necessary until the waiver or authorization is granted.

25        ➔Section 6. Sections 1 to 3 of this Act take effect January 1, 2025.