

1 AN ACT relating to coverage for cranial conditions.

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) Except as provided in subsection (3) of this section, all health benefit plans shall*  
6 *provide coverage for the treatment of plagiocephaly.*

7 *(2) The coverage required under this section shall not be restricted, through*  
8 *utilization review or otherwise, based on a determination that the treatment is*  
9 *cosmetic or any other equivalent determination.*

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15 *the cost defrayal requirement is no longer applicable.*

16 ➔SECTION 2. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304  
17 IS CREATED TO READ AS FOLLOWS:

18 *(1) Except as provided in subsection (3) of this section, all health benefit plans shall*  
19 *provide coverage for cranial banding when prescribed by a health care provider.*

20 *(2) The coverage required under this section shall not be restricted, through*  
21 *utilization review or otherwise, based on a determination that cranial banding is*  
22 *cosmetic or any other equivalent determination.*

23 *(3) If the application of any requirement of this section to a qualified health plan as*  
24 *defined in 42 U.S.C. sec. 18021(a)(1), as amended, would result in a*  
25 *determination that the state must make payments to defray the cost of the*  
26 *requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as*  
27 *amended, then the requirement shall not apply to the qualified health plan until*

1 *the cost defrayal requirement is no longer applicable.*

2 ➔Section 3. KRS 205.522 is amended to read as follows:

3 (1) *With respect to the administration and provision of Medicaid benefits pursuant to*  
4 *this chapter,* the Department for Medicaid Services, ~~and~~ any managed care  
5 organization contracted to provide Medicaid benefits pursuant to this chapter, *and*  
6 *the state's medical assistance program* shall *be subject to, and* comply with, the  
7 *following, as applicable:* ~~provisions of~~

8 (a) ~~KRS 304.17A-163;~~

9 (b) ~~KRS 304.17A-1631;~~

10 (c) ~~KRS 304.17A-167;~~

11 (d) ~~KRS 304.17A-235;~~

12 (e) ~~KRS 304.17A-257;~~

13 (f) ~~KRS 304.17A-259;~~

14 (g) ~~KRS 304.17A-263;~~

15 (h) ~~KRS 304.17A-515;~~

16 (i) ~~KRS 304.17A-580;~~

17 (j) ~~KRS 304.17A-600, 304.17A-603, and 304.17A-607;~~ ~~and~~

18 (k) ~~KRS 304.17A-740 to 304.17A-743; and, as applicable~~

19 (l) *Sections 1 and 2 of this Act.*

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

22 ➔Section 4. KRS 205.6485 is amended to read as follows:

23 (1) *As used in this section, "KCHIP" means the Kentucky Children's Health*  
24 *Insurance Program.*

25 (2) The Cabinet for Health and Family Services shall:

26 (a) Prepare a state child health plan, *known as KCHIP,* meeting the requirements  
27 of Title XXI of the Federal Social Security Act, for submission to the

1 Secretary of the United States Department of Health and Human Services  
2 within such time as will permit the state to receive the maximum amounts of  
3 federal matching funds available under Title XXI; and ~~[- The cabinet shall, -]~~

4 **(b)** By administrative regulation promulgated in accordance with KRS Chapter  
5 13A, establish the following:

6 **1.** ~~[-(a)-]~~ The eligibility criteria for children covered by **KCHIP, which**  
7 **shall include a provision that** ~~[-the Kentucky Children's Health Insurance~~  
8 ~~Program. However,]~~ no person eligible for services under Title XIX of  
9 the Social Security Act, 42 U.S.C. **secs.** 1396 to 1396v, as amended,  
10 shall be eligible for services under **KCHIP,** ~~[-the Kentucky Children's~~  
11 ~~Health Insurance Program]~~ except to the extent that Title XIX coverage  
12 is expanded by KRS 205.6481 to 205.6495 and KRS 304.17A-340;

13 **2.** ~~[-(b)-]~~ The schedule of benefits to be covered by **KCHIP** ~~[-the Kentucky~~  
14 ~~Children's Health Insurance Program]~~, which shall: ~~[-include preventive~~  
15 ~~services, vision services including glasses, and dental services including~~  
16 ~~at least sealants, extractions, and fillings, and which shall -]~~

17 **a.** Be at least equivalent to one (1) of the following:

18 **i.** ~~[-1-]~~ The standard Blue Cross/Blue Shield preferred provider  
19 option under the Federal Employees Health Benefit Plan  
20 established by **5** U.S.C. sec. 8903(1);

21 **ii.** ~~[-2-]~~ A mid-range health benefit coverage plan that is offered and  
22 generally available to state employees; or

23 **iii.** ~~[-3-]~~ Health insurance coverage offered by a health  
24 maintenance organization that has the largest insured  
25 commercial, non-Medicaid enrollment of covered lives in the  
26 state; **and**

27 **b. Comply with subsection (6) of this section;**



1 for coverage of~~the~~ preventive services~~health insurance~~  
2 ~~program~~, the opportunity for a public health department to bid on  
3 preventive health services to eligible children within the public  
4 health department's service area. A public health department shall  
5 not be disqualified from bidding because the department does not  
6 currently offer all the services required by ~~paragraph (b) of~~ this  
7 section~~subsection~~. The criteria shall be set forth in administrative  
8 regulations under KRS Chapter 13A and shall maximize  
9 competition among the providers and insurers. The ~~Cabinet for~~  
10 ~~Finance and Administration~~ Cabinet shall provide oversight over  
11 contracting policies and procedures to assure that the number of  
12 applicants for contracts is maximized.

13 ~~(3)(2)~~ Within twelve (12) months of federal approval of the state's Title XXI child  
14 health plan, the Cabinet for Health and Family Services shall assure that a KCHIP  
15 program is available to all eligible children in all regions of the state. If necessary,  
16 in order to meet this assurance, the cabinet shall institute its own program.

17 ~~(4)(3)~~ KCHIP recipients shall have direct access without a referral from any  
18 gatekeeper primary care provider to dentists for covered primary dental services  
19 and to optometrists and ophthalmologists for covered primary eye and vision  
20 services.

21 ~~(5)(4)~~ KCHIP~~The Kentucky Children's Health Insurance Plan~~ shall comply with  
22 KRS 304.17A-163 and 304.17A-1631.

23 **(6) The schedule of benefits required under subsection (2)(b)2. of this section shall**  
24 **include:**

25 **(a) Preventive services;**

26 **(b) Vision services, including glasses;**

27 **(c) Dental services, including sealants, extractions, and fillings; and**

1        *(d) The coverage required under Sections 1 and 2 of this Act.*

2        ➔Section 5. KRS 164.2871 (Effective January 1, 2025) is amended to read as  
3 follows:

- 4        (1) The governing board of each state postsecondary educational institution is  
5 authorized to purchase liability insurance for the protection of the individual  
6 members of the governing board, faculty, and staff of such institutions from liability  
7 for acts and omissions committed in the course and scope of the individual's  
8 employment or service. Each institution may purchase the type and amount of  
9 liability coverage deemed to best serve the interest of such institution.
- 10        (2) All retirement annuity allowances accrued or accruing to any employee of a state  
11 postsecondary educational institution through a retirement program sponsored by  
12 the state postsecondary educational institution are hereby exempt from any state,  
13 county, or municipal tax, and shall not be subject to execution, attachment,  
14 garnishment, or any other process whatsoever, nor shall any assignment thereof be  
15 enforceable in any court. Except retirement benefits accrued or accruing to any  
16 employee of a state postsecondary educational institution through a retirement  
17 program sponsored by the state postsecondary educational institution on or after  
18 January 1, 1998, shall be subject to the tax imposed by KRS 141.020, to the extent  
19 provided in KRS 141.010 and 141.0215.
- 20        (3) Except as provided in KRS Chapter 44, the purchase of liability insurance for  
21 members of governing boards, faculty and staff of institutions of higher education  
22 in this state shall not be construed to be a waiver of sovereign immunity or any  
23 other immunity or privilege.
- 24        (4) The governing board of each state postsecondary education institution is authorized  
25 to provide a self-insured employer group health plan to its employees, which plan  
26 shall:
- 27        (a) Conform to the requirements of Subtitle 32 of KRS Chapter 304; and

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

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

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

6 (b) KRS 304.17A-265;

7 (c) KRS 304.17A-261;~~and~~

8 (d) KRS 304.17A-262; **and**

9 **(e) Sections 1 and 2 of this Act.**

10 ➔Section 6. KRS 18A.225 (Effective January 1, 2025) is amended to read as  
11 follows:

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

13 1. Any person, including an elected public official, who is regularly  
14 employed by any department, office, board, agency, or branch of state  
15 government; or by a public postsecondary educational institution; or by  
16 any city, urban-county, charter county, county, or consolidated local  
17 government, whose legislative body has opted to participate in the state-  
18 sponsored health insurance program pursuant to KRS 79.080; and who  
19 is either a contributing member to any one (1) of the retirement systems  
20 administered by the state, including but not limited to the Kentucky  
21 Retirement Systems, County Employees Retirement System, Kentucky  
22 Teachers' Retirement System, the Legislators' Retirement Plan, or the  
23 Judicial Retirement Plan; or is receiving a contractual contribution from  
24 the state toward a retirement plan; or, in the case of a public  
25 postsecondary education institution, is an individual participating in an  
26 optional retirement plan authorized by KRS 161.567; or is eligible to  
27 participate in a retirement plan established by an employer who ceases

- 1 participating in the Kentucky Employees Retirement System pursuant to  
2 KRS 61.522 whose employees participated in the health insurance plans  
3 administered by the Personnel Cabinet prior to the employer's effective  
4 cessation date in the Kentucky Employees Retirement System;
- 5 2. Any certified or classified employee of a local board of education or a  
6 public charter school as defined in KRS 160.1590;
- 7 3. Any elected member of a local board of education;
- 8 4. Any person who is a present or future recipient of a retirement  
9 allowance from the Kentucky Retirement Systems, County Employees  
10 Retirement System, Kentucky Teachers' Retirement System, the  
11 Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
12 Kentucky Community and Technical College System's optional  
13 retirement plan authorized by KRS 161.567, except that a person who is  
14 receiving a retirement allowance and who is age sixty-five (65) or older  
15 shall not be included, with the exception of persons covered under KRS  
16 61.702(2)(b)3. and 78.5536(2)(b)3., unless he or she is actively  
17 employed pursuant to subparagraph 1. of this paragraph; and
- 18 5. Any eligible dependents and beneficiaries of participating employees  
19 and retirees who are entitled to participate in the state-sponsored health  
20 insurance program;
- 21 (b) The term "health benefit plan" for the purposes of this section means a health  
22 benefit plan as defined in KRS 304.17A-005;
- 23 (c) The term "insurer" for the purposes of this section means an insurer as defined  
24 in KRS 304.17A-005; and
- 25 (d) The term "managed care plan" for the purposes of this section means a  
26 managed care plan as defined in KRS 304.17A-500.
- 27 (2) (a) The secretary of the Finance and Administration Cabinet, upon the



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

27 (b) The policy or policies shall be approved by the commissioner of insurance

1           and may contain the provisions the commissioner of insurance approves,  
2           whether or not otherwise permitted by the insurance laws.

3           (c) Any carrier bidding to offer health care coverage to employees shall agree to  
4           provide coverage to all members of the state group, including active  
5           employees and retirees and their eligible covered dependents and  
6           beneficiaries, within the county or counties specified in its bid. Except as  
7           provided in subsection (20) of this section, any carrier bidding to offer health  
8           care coverage to employees shall also agree to rate all employees as a single  
9           entity, except for those retirees whose former employers insure their active  
10          employees outside the state-sponsored health insurance program and as  
11          otherwise provided in KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b.

12          (d) Any carrier bidding to offer health care coverage to employees shall agree to  
13          provide enrollment, claims, and utilization data to the Commonwealth in a  
14          format specified by the Personnel Cabinet with the understanding that the data  
15          shall be owned by the Commonwealth; to provide data in an electronic form  
16          and within a time frame specified by the Personnel Cabinet; and to be subject  
17          to penalties for noncompliance with data reporting requirements as specified  
18          by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
19          to protect the confidentiality of each individual employee; however,  
20          confidentiality assertions shall not relieve a carrier from the requirement of  
21          providing stipulated data to the Commonwealth.

22          (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
23          for timely analysis of data received from carriers and, to the extent possible,  
24          provide in the request-for-proposal specifics relating to data requirements,  
25          electronic reporting, and penalties for noncompliance. The Commonwealth  
26          shall own the enrollment, claims, and utilization data provided by each carrier  
27          and shall develop methods to protect the confidentiality of the individual. The

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

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

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

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

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

25 (a) Wholly from funds contributed by the employee, by payroll deduction or  
26 otherwise;

27 (b) Wholly from funds contributed by any department, board, agency, public

1 postsecondary education institution, or branch of state, city, urban-county,  
2 charter county, county, or consolidated local government; or

3 (c) Partly from each, except that any premium due for health care coverage or  
4 dental coverage, if any, in excess of the premium amount contributed by any  
5 department, board, agency, postsecondary education institution, or branch of  
6 state, city, urban-county, charter county, county, or consolidated local  
7 government for any other health care coverage shall be paid by the employee.

8 (4) If an employee moves his or her place of residence or employment out of the  
9 service area of an insurer offering a managed health care plan, under which he or  
10 she has elected coverage, into either the service area of another managed health care  
11 plan or into an area of the Commonwealth not within a managed health care plan  
12 service area, the employee shall be given an option, at the time of the move or  
13 transfer, to change his or her coverage to another health benefit plan.

14 (5) No payment of premium by any department, board, agency, public postsecondary  
15 educational institution, or branch of state, city, urban-county, charter county,  
16 county, or consolidated local government shall constitute compensation to an  
17 insured employee for the purposes of any statute fixing or limiting the  
18 compensation of such an employee. Any premium or other expense incurred by any  
19 department, board, agency, public postsecondary educational institution, or branch  
20 of state, city, urban-county, charter county, county, or consolidated local  
21 government shall be considered a proper cost of administration.

22 (6) The policy or policies may contain the provisions with respect to the class or classes  
23 of employees covered, amounts of insurance or coverage for designated classes or  
24 groups of employees, policy options, terms of eligibility, and continuation of  
25 insurance or coverage after retirement.

26 (7) Group rates under this section shall be made available to the disabled child of an  
27 employee regardless of the child's age if the entire premium for the disabled child's

- 1 coverage is paid by the state employee. A child shall be considered disabled if he or  
2 she has been determined to be eligible for federal Social Security disability benefits.
- 3 (8) The health care contract or contracts for employees shall be entered into for a  
4 period of not less than one (1) year.
- 5 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of  
6 State Health Insurance Subscribers to advise the secretary or the secretary's  
7 designee regarding the state-sponsored health insurance program for employees.  
8 The secretary shall appoint, from a list of names submitted by appointing  
9 authorities, members representing school districts from each of the seven (7)  
10 Supreme Court districts, members representing state government from each of the  
11 seven (7) Supreme Court districts, two (2) members representing retirees under age  
12 sixty-five (65), one (1) member representing local health departments, two (2)  
13 members representing the Kentucky Teachers' Retirement System, and three (3)  
14 members at large. The secretary shall also appoint two (2) members from a list of  
15 five (5) names submitted by the Kentucky Education Association, two (2) members  
16 from a list of five (5) names submitted by the largest state employee organization of  
17 nonschool state employees, two (2) members from a list of five (5) names submitted  
18 by the Kentucky Association of Counties, two (2) members from a list of five (5)  
19 names submitted by the Kentucky League of Cities, and two (2) members from a  
20 list of names consisting of five (5) names submitted by each state employee  
21 organization that has two thousand (2,000) or more members on state payroll  
22 deduction. The advisory committee shall be appointed in January of each year and  
23 shall meet quarterly.
- 24 (10) Notwithstanding any other provision of law to the contrary, the policy or policies  
25 provided to employees pursuant to this section shall not provide coverage for  
26 obtaining or performing an abortion, nor shall any state funds be used for the  
27 purpose of obtaining or performing an abortion on behalf of employees or their

1 dependents.

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

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

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

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

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

25 (14) The policy or policies provided to state employees or their dependents pursuant to  
26 this section shall provide coverage for obtaining a hearing aid and acquiring hearing  
27 aid-related services for insured individuals under eighteen (18) years of age, subject

- 1 to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months  
2 pursuant to KRS 304.17A-132.
- 3 (15) Any policy provided to state employees or their dependents pursuant to this section  
4 shall provide coverage for the diagnosis and treatment of autism spectrum disorders  
5 consistent with KRS 304.17A-142.
- 6 (16) Any policy provided to state employees or their dependents pursuant to this section  
7 shall provide coverage for obtaining amino acid-based elemental formula pursuant  
8 to KRS 304.17A-258.
- 9 (17) If a state employee's residence and place of employment are in the same county,  
10 and if the hospital located within that county does not offer surgical services,  
11 intensive care services, obstetrical services, level II neonatal services, diagnostic  
12 cardiac catheterization services, and magnetic resonance imaging services, the  
13 employee may select a plan available in a contiguous county that does provide  
14 those services, and the state contribution for the plan shall be the amount available  
15 in the county where the plan selected is located.
- 16 (18) If a state employee's residence and place of employment are each located in  
17 counties in which the hospitals do not offer surgical services, intensive care  
18 services, obstetrical services, level II neonatal services, diagnostic cardiac  
19 catheterization services, and magnetic resonance imaging services, the employee  
20 may select a plan available in a county contiguous to the county of residence that  
21 does provide those services, and the state contribution for the plan shall be the  
22 amount available in the county where the plan selected is located.
- 23 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and  
24 in the best interests of the state group to allow any carrier bidding to offer health  
25 care coverage under this section to submit bids that may vary county by county or  
26 by larger geographic areas.
- 27 (20) Notwithstanding any other provision of this section, the bid for proposals for health

1 insurance coverage for calendar year 2004 shall include a bid scenario that reflects  
2 the statewide rating structure provided in calendar year 2003 and a bid scenario that  
3 allows for a regional rating structure that allows carriers to submit bids that may  
4 vary by region for a given product offering as described in this subsection:

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

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

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

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

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

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



- 1 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to  
2 public employees pursuant to this section shall comply with:
- 3 (a) KRS 304.12-237;
  - 4 (b) KRS 304.17A-270 and 304.17A-525;
  - 5 (c) KRS 304.17A-600 to 304.17A-633;
  - 6 (d) KRS 205.593;
  - 7 (e) KRS 304.17A-700 to 304.17A-730;
  - 8 (f) KRS 304.14-135;
  - 9 (g) KRS 304.17A-580 and 304.17A-641;
  - 10 (h) KRS 304.99-123;
  - 11 (i) KRS 304.17A-138;
  - 12 (j) KRS 304.17A-148;
  - 13 (k) KRS 304.17A-163 and 304.17A-1631;
  - 14 (l) KRS 304.17A-265;
  - 15 (m) KRS 304.17A-261;
  - 16 (n) KRS 304.17A-262;~~[and]~~
  - 17 (o) **Sections 1 and 2 of this Act; and**
  - 18 **(p)** Administrative regulations promulgated pursuant to statutes listed in this  
19 subsection.

20 ➔Section 7. Sections 1, 2, 5, and 6 of this Act apply to health benefit plans issued  
21 or renewed on or after January 1, 2025.

22 ➔Section 8. If the Cabinet for Health and Family Services determines that a  
23 waiver or other authorization from a federal agency is necessary to implement Section 3  
24 or 4 of this Act for any reason, including the loss of federal funds, the cabinet shall,  
25 within 90 days of the effective date of this section, request the waiver or authorization,  
26 and may only delay implementation of those provisions for which a waiver or  
27 authorization was deemed necessary until the waiver or authorization is granted.

1           ➔Section 9. Sections 1 to 7 of this Act take effect January 1, 2025.