

1 AN ACT relating to contraceptive coverage.

2 WHEREAS, the federal Patient Protection and Affordable Care Act, Pub. L. No.
3 111-148, includes a contraceptive coverage guarantee as part of a broader requirement for
4 health insurance to cover key preventive care services without out-of-pocket costs for
5 patients; and

6 WHEREAS, the General Assembly intends to build on existing state and federal
7 law to promote gender equity and sexual and reproductive health, and to ensure greater
8 contraceptive coverage equity and timely access to all United States Food and Drug
9 Administration-approved birth control drugs, devices, and products, and related services,
10 for all individuals covered by health benefit plans in Kentucky; and

11 WHEREAS, medical management techniques, such as denials, step therapy, or prior
12 authorization, in public and private health care coverage can impede access to the most
13 effective contraceptive methods;

14 NOW, THEREFORE,

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

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

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

19 **(a) "FDA" means the United States Food and Drug Administration;**

20 **(b) "Health benefit plan" has the same meaning as in KRS 304.17A-005,**
21 **except for purposes of this section, the term shall include student health**
22 **insurance offered by a Kentucky-licensed insurer under written contract**
23 **with a university or college whose students it proposes to insure; and**

24 **(c) "Religious employer" means an organization that is organized and operates**
25 **as a nonprofit entity and is referred to in 26 U.S.C. sec. 6033(a)(3)(A)(i) or**
26 **(iii), as amended.**

27 **(2) Except as otherwise provided in subsection (5) of this section, a health benefit**

1 plan issued, amended, renewed, effective, or delivered on or after the effective
2 date of this Act shall provide coverage for the following:

3 (a) Except as otherwise provided by subsection (3) of this section, all FDA-
4 approved contraceptive drugs, devices, and products, including:

5 1. Those prescribed:

6 a. By a covered person's provider; or

7 b. As otherwise authorized under state and federal law;

8 2. Over-the-counter contraceptive drugs, devices, and products; and

9 3. Those dispensed on-site at a provider's office, if available.

10 (b) Voluntary sterilization procedures;

11 (c) Patient education and counseling on contraception; and

12 (d) Follow-up services related to drugs, devices, products, and procedures
13 covered under this section, including but not limited to:

14 1. Management of side effects;

15 2. Counseling for continued adherence; and

16 3. Device insertion and removal.

17 (3) For the coverage required under subsection (2)(a) of this section, the health
18 benefit plan shall:

19 (a) If the FDA has designated a therapeutic equivalent of an FDA-approved
20 prescription contraceptive drug, device, or product, cover either:

21 1. The original FDA-approved prescription contraceptive drug, device, or
22 product; or

23 2. At least one (1) therapeutic equivalent of the original FDA-approved
24 prescription contraceptive drug, device, or product;

25 (b) If a contraceptive drug, device, or product is deemed medically inadvisable
26 by the covered person's provider, defer to the determination and judgment
27 of the provider and provide coverage for an alternate prescribed FDA-

- 1 approved contraceptive drug, device, or product;
- 2 (c) Provide coverage for the single dispensing of a thirteen (13) unit supply of
3 contraceptives intended to last over a twelve (12) month duration, which, at
4 the discretion of the provider, may be furnished or dispensed all at once or
5 over the course of twelve (12) months;
- 6 (d) Reimburse a provider or dispensing entity per unit for furnishing or
7 dispensing an extended supply of contraceptives;
- 8 (e) Not deny the coverage required under this section because a covered person
9 changed contraceptive methods within a twelve (12) month period; and
- 10 (f) Not require a prescription to trigger the coverage of FDA-approved over-
11 the-counter contraceptive drugs, devices, and products.
- 12 (4) A health benefit plan subject to the coverage requirements of this section:
- 13 (a) Shall not impose a deductible, coinsurance, copayment, or any other cost-
14 sharing requirement on the coverage, unless the health benefit plan is
15 offered as a qualifying high deductible health plan for a health savings
16 account, in which case the plan shall establish cost-sharing only at the
17 minimum level necessary to preserve the covered person's ability to claim
18 tax-exempt contributions and withdrawals from the person's health savings
19 account under 26 U.S.C. sec. 223, as amended;
- 20 (b) Except as otherwise authorized under this section, shall not impose any
21 restrictions or delays on the coverage; and
- 22 (c) Shall provide the same level of benefits to a covered person's covered
23 dependents as the plan provides to the covered person.
- 24 (5) (a) A religious employer may request a health benefit plan without coverage for
25 any FDA-approved drugs, devices, products, procedures, and services used
26 for contraceptive purposes that are contrary to the religious employer's
27 religious tenets.

1 (b) A religious employer that makes a request under paragraph (a) of this
 2 subsection shall:

- 3 1. Be provided a health benefit plan without the contraceptive coverage;
 4 and
 5 2. Provide written notice to each prospective covered person, prior to the
 6 covered person's enrollment in the health benefit plan, listing the
 7 contraceptive drugs, devices, products, procedures, and services the
 8 employer refused to cover for religious reasons.

9 (6) Nothing in this section shall be construed to:

10 (a) Exclude coverage for contraceptive drugs, devices, and products as
 11 prescribed by a provider, acting within the provider's scope of practice, for
 12 reasons other than contraceptive purposes, including but not limited to:

- 13 1. Decreasing the risk of ovarian cancer;
 14 2. Eliminating symptoms of menopause; or
 15 3. Contraception that is necessary to preserve the life of the covered
 16 person; or

17 (b) Require a health benefit plan to cover experimental or investigational
 18 treatments.

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

20 The Department for Medicaid Services and any managed care organization contracted to
 21 provide Medicaid benefits pursuant to this chapter shall comply with the provisions of
 22 Section 1 of this Act, except subsection (4)(c) of Section 1 of this Act, and KRS
 23 304.17A-167, 304.17A-235, 304.17A-515, 304.17A-580, 304.17A-600, 304.17A-603,
 24 304.17A-607, and 304.17A-740 to 304.17A-743, as applicable.

25 ➔Section 3. KRS 205.6485 is amended to read as follows:

26 (1) The Cabinet for Health and Family Services shall prepare a state child health plan
 27 meeting the requirements of Title XXI of the Federal Social Security Act, for

1 submission to the Secretary of the United States Department of Health and Human
2 Services within such time as will permit the state to receive the maximum amounts
3 of federal matching funds available under Title XXI. The cabinet shall, by
4 administrative regulation promulgated in accordance with KRS Chapter 13A,
5 establish the following:

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

12 (b) The schedule of benefits to be covered by the Kentucky Children's Health
13 Insurance Program, which shall include preventive services, vision services
14 including glasses, and dental services including at least sealants, extractions,
15 and fillings, and which shall be at least equivalent to one (1) of the following:

- 16 1. The standard Blue Cross/Blue Shield preferred provider option under the
17 Federal Employees Health Benefit Plan established by U.S.C. sec.
18 8903(1);
- 19 2. A mid-range health benefit coverage plan that is offered and generally
20 available to state employees; or
- 21 3. Health insurance coverage offered by a health maintenance organization
22 that has the largest insured commercial, non-Medicaid enrollment of
23 covered lives in the state;

24 (c) The premium contribution per family of health insurance coverage available
25 under the Kentucky Children's Health Insurance Program with provisions for
26 the payment of premium contributions by families of children eligible for
27 coverage by the program based upon a sliding scale relating to family income.

- 1 Premium contributions shall be based on a six (6) month period not to exceed:
- 2 1. Ten dollars (\$10), to be paid by a family with income between one
3 hundred percent (100%) to one hundred thirty-three percent (133%) of
4 the federal poverty level;
 - 5 2. Twenty dollars (\$20), to be paid by a family with income between one
6 hundred thirty-four percent (134%) to one hundred forty-nine percent
7 (149%) of the federal poverty level; and
 - 8 3. One hundred twenty dollars (\$120), to be paid by a family with income
9 between one hundred fifty percent (150%) to two hundred percent
10 (200%) of the federal poverty level, and which may be made on a partial
11 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)
12 per quarter;
- 13 (d) The level of copayments for services provided under the Kentucky Children's
14 Health Insurance Program that shall not exceed those allowed by federal law;
15 and
- 16 (e) The criteria for health services providers and insurers wishing to contract with
17 the Commonwealth to provide the children's health insurance coverage.
18 However, the cabinet shall provide, in any contracting process for the
19 preventive health insurance program, the opportunity for a public health
20 department to bid on preventive health services to eligible children within the
21 public health department's service area. A public health department shall not
22 be disqualified from bidding because the department does not currently offer
23 all the services required by paragraph (b) of this subsection. The criteria shall
24 be set forth in administrative regulations under KRS Chapter 13A and shall
25 maximize competition among the providers and insurers. The Cabinet for
26 Finance and Administration shall provide oversight over contracting policies
27 and procedures to assure that the number of applicants for contracts is

1 maximized.

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

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

9 **(4) The Kentucky Children's Health Insurance Program shall comply with Section 1**
10 **of this Act, except subsection (4)(c) of Section 1 of this Act.**

11 ➔Section 4. KRS 18A.225 (Effective April 1, 2021) is amended to read as
12 follows:

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

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

- 1 participate in a retirement plan established by an employer who ceases
2 participating in the Kentucky Employees Retirement System pursuant to
3 KRS 61.522 whose employees participated in the health insurance plans
4 administered by the Personnel Cabinet prior to the employer's effective
5 cessation date in the Kentucky Employees Retirement System;
- 6 2. Any certified or classified employee of a local board of education;
- 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(4)(c), unless he or she is actively employed pursuant to
17 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 encompassing
7 all or any class or classes of employees. With the exception of employers
8 governed by the provisions of KRS Chapters 16, 18A, and 151B, all
9 employers of any class of employees or former employees shall enter into a
10 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 and

1 may contain the provisions the commissioner of insurance approves, whether
2 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.

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

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

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

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

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

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

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

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

26 (b) Wholly from funds contributed by any department, board, agency, public
27 postsecondary education institution, or branch of state, city, urban-county,

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

1 she has been determined to be eligible for federal Social Security disability benefits.

2 (8) The health care contract or contracts for employees shall be entered into for a period
3 of not less than one (1) year.

4 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
5 State Health Insurance Subscribers to advise the secretary or the secretary's designee
6 regarding the state-sponsored health insurance program for employees. The
7 secretary shall appoint, from a list of names submitted by appointing authorities,
8 members representing school districts from each of the seven (7) Supreme Court
9 districts, members representing state government from each of the seven (7)
10 Supreme Court districts, two (2) members representing retirees under age sixty-five
11 (65), one (1) member representing local health departments, two (2) members
12 representing the Kentucky Teachers' Retirement System, and three (3) members at
13 large. The secretary shall also appoint two (2) members from a list of five (5) names
14 submitted by the Kentucky Education Association, two (2) members from a list of
15 five (5) names submitted by the largest state employee organization of nonschool
16 state employees, two (2) members from a list of five (5) names submitted by the
17 Kentucky Association of Counties, two (2) members from a list of five (5) names
18 submitted by the Kentucky League of Cities, and two (2) members from a list of
19 names consisting of five (5) names submitted by each state employee organization
20 that has two thousand (2,000) or more members on state payroll deduction. The
21 advisory committee shall be appointed in January of each year and shall meet
22 quarterly.

23 (10) Notwithstanding any other provision of law to the contrary, the policy or policies
24 provided to employees pursuant to this section shall not provide coverage for
25 obtaining or performing an abortion, nor shall any state funds be used for the
26 purpose of obtaining or performing an abortion on behalf of employees or their
27 dependents.

- 1 (11) Interruption of an established treatment regime with maintenance drugs shall be
2 grounds for an insured to appeal a formulary change through the established appeal
3 procedures approved by the Department of Insurance, if the physician supervising
4 the treatment certifies that the change is not in the best interests of the patient.
- 5 (12) Any employee who is eligible for and elects to participate in the state health
6 insurance program as a retiree, or the spouse or beneficiary of a retiree, under any
7 one (1) of the state-sponsored retirement systems shall not be eligible to receive the
8 state health insurance contribution toward health care coverage as a result of any
9 other employment for which there is a public employer contribution. This does not
10 preclude a retiree and an active employee spouse from using both contributions to
11 the extent needed for purchase of one (1) state sponsored health insurance policy for
12 that plan year.
- 13 (13) (a) The policies of health insurance coverage procured under subsection (2) of
14 this section shall include a mail-order drug option for maintenance drugs for
15 state employees. Maintenance drugs may be dispensed by mail order in
16 accordance with Kentucky law.
- 17 (b) A health insurer shall not discriminate against any retail pharmacy located
18 within the geographic coverage area of the health benefit plan and that meets
19 the terms and conditions for participation established by the insurer, including
20 price, dispensing fee, and copay requirements of a mail-order option. The
21 retail pharmacy shall not be required to dispense by mail.
- 22 (c) The mail-order option shall not permit the dispensing of a controlled
23 substance classified in Schedule II.
- 24 (14) The policy or policies provided to state employees or their dependents pursuant to
25 this section shall provide coverage for obtaining a hearing aid and acquiring hearing
26 aid-related services for insured individuals under eighteen (18) years of age, subject
27 to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months

- 1 pursuant to KRS 304.17A-132.
- 2 (15) Any policy provided to state employees or their dependents pursuant to this section
3 shall provide coverage for the diagnosis and treatment of autism spectrum disorders
4 consistent with KRS 304.17A-142.
- 5 (16) Any policy provided to state employees or their dependents pursuant to this section
6 shall provide coverage for obtaining amino acid-based elemental formula pursuant
7 to KRS 304.17A-258.
- 8 (17) If a state employee's residence and place of employment are in the same county, and
9 if the hospital located within that county does not offer surgical services, intensive
10 care services, obstetrical services, level II neonatal services, diagnostic cardiac
11 catheterization services, and magnetic resonance imaging services, the employee
12 may select a plan available in a contiguous county that does provide those services,
13 and the state contribution for the plan shall be the amount available in the county
14 where the plan selected is located.
- 15 (18) If a state employee's residence and place of employment are each located in counties
16 in which the hospitals do not offer surgical services, intensive care services,
17 obstetrical services, level II neonatal services, diagnostic cardiac catheterization
18 services, and magnetic resonance imaging services, the employee may select a plan
19 available in a county contiguous to the county of residence that does provide those
20 services, and the state contribution for the plan shall be the amount available in the
21 county where the plan selected is located.
- 22 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
23 in the best interests of the state group to allow any carrier bidding to offer health
24 care coverage under this section to submit bids that may vary county by county or
25 by larger geographic areas.
- 26 (20) Notwithstanding any other provision of this section, the bid for proposals for health
27 insurance coverage for calendar year 2004 shall include a bid scenario that reflects

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

- 4 (a) The regional rating bid scenario shall not include a request for bid on a
5 statewide option;
- 6 (b) The Personnel Cabinet shall divide the state into geographical regions which
7 shall be the same as the partnership regions designated by the Department for
8 Medicaid Services for purposes of the Kentucky Health Care Partnership
9 Program established pursuant to 907 KAR 1:705;
- 10 (c) The request for proposal shall require a carrier's bid to include every county
11 within the region or regions for which the bid is submitted and include but not
12 be restricted to a preferred provider organization (PPO) option;
- 13 (d) If the Personnel Cabinet accepts a carrier's bid, the cabinet shall award the
14 carrier all of the counties included in its bid within the region. If the Personnel
15 Cabinet deems the bids submitted in accordance with this subsection to be in
16 the best interests of state employees in a region, the cabinet may award the
17 contract for that region to no more than two (2) carriers; and
- 18 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including
19 other requirements or criteria in the request for proposal.

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

27 (22) Any fully insured health benefit plan or self-insured plan issued or renewed on or

1 after the effective date of this Act~~[July 12, 2006]~~, to public employees pursuant to
 2 this section shall comply with:

3 (a) Section 1 of this Act;

4 (b) [the provisions of] 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; and

12 (j) Administrative regulations promulgated pursuant to the statutes listed in
 13 this subsection.

14 ~~[(23) Any fully insured health benefit plan or self-insured plan issued or renewed on or~~
 15 ~~after July 12, 2006, to public employees shall comply with KRS 304.17A-600 to~~
 16 ~~304.17A-633 pertaining to utilization review, KRS 205.593 and 304.17A-700 to~~
 17 ~~304.17A-730 pertaining to payment of claims, KRS 304.14-135 pertaining to~~
 18 ~~uniform health insurance claim forms, KRS 304.17A-580 and 304.17A-641~~
 19 ~~pertaining to emergency medical care, KRS 304.99-123, and any administrative~~
 20 ~~regulations promulgated thereunder.~~

21 ~~(24) Any fully insured health benefit plan or self-insured plan issued or renewed on or~~
 22 ~~after July 1, 2019, to public employees pursuant to this section shall comply with~~
 23 ~~KRS 304.17A-138.]~~

24 ➔Section 5. KRS 446.350 is amended to read as follows:

25 (1) Government shall not substantially burden a person's freedom of religion. The right
 26 to act or refuse to act in a manner motivated by a sincerely held religious belief may
 27 not be substantially burdened unless the government proves by clear and convincing

1 evidence that it has a compelling governmental interest in infringing the specific act
2 or refusal to act and has used the least restrictive means to further that interest. A
3 "burden" shall include indirect burdens such as withholding benefits, assessing
4 penalties, or an exclusion from programs or access to facilities.

5 **(2) Nothing in Section 1 of this Act shall be construed to be in violation of this**
6 **section.**

7 ➔Section 6. This Act shall take effect January 1, 2022.