

1 AN ACT relating to reproductive health services.

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, "long-acting reversible contraception":*

6 *(a) Means a contraception method that requires administration less than once*
7 *per month; and*

8 *(b) Shall include:*

9 *1. An intrauterine device; and*

10 *2. A contraceptive implant.*

11 *(2) A health benefit plan issued or renewed on or after the effective date of this*
12 *section shall provide coverage for long-acting reversible contraception*
13 *administered during a postpartum hospital stay.*

14 *(3) The coverage required under this section shall not be subject to any cost-sharing*
15 *requirement, including a copayment, coinsurance, or deductible.*

16 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
17 READ AS FOLLOWS:

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

19 *(a) "Family planning services":*

20 *1. Means family planning services that are provided under the Medicaid*
21 *program;*

22 *2. Shall include:*

23 *a. Sexual health education and family planning counseling; and*

24 *b. Other medical diagnosis, treatment, or preventive care routinely*
25 *provided as part of a family planning service visit; and*

26 *3. Shall not include an elective abortion, as defined in KRS 304.5-160;*
27 *and*

- 1 (b) "Low-income individual" means an individual who:
- 2 1. Has an income level that is equal to or below ninety-five percent (95%)
- 3 of the federal poverty level; and
- 4 2. Does not qualify for full coverage under the Medicaid program.
- 5 (2) Within ninety (90) days of the effective date of this Act, the Cabinet for Health
- 6 and Family Services shall apply for a waiver or a state plan amendment with the
- 7 Centers for Medicare and Medicaid Services within the United States Department
- 8 of Health and Human Services to:
- 9 (a) Offer a program that provides family planning services to low-income
- 10 individuals; and
- 11 (b) Receive a federal match rate of ninety percent (90%) of state expenditures
- 12 for family planning services provided under the waiver or state plan
- 13 amendment.
- 14 (3) If the waiver or state plan amendment described in subsection (2) of this section
- 15 is approved, the Cabinet for Health and Family Services shall report to the
- 16 Legislative Research Commission, while the waiver or state plan amendment is in
- 17 effect, annually before November 30, the following:
- 18 (a) The number of qualified individuals served under the program;
- 19 (b) The cost of the program; and
- 20 (c) The effectiveness of the program, including:
- 21 1. Any savings to the Medicaid program from reduction in enrollment;
- 22 2. Any reduction in the number of abortions;
- 23 3. Any reduction in the number of unintended pregnancies;
- 24 4. Any reduction in the number of individuals requiring services from
- 25 the program for women, infants, and children established in 42 U.S.C.
- 26 sec. 1786; and
- 27 5. Any other costs and benefits as a result of the program.

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

2 The Department for Medicaid Services and any managed care organization contracted to
3 provide Medicaid benefits pursuant to this chapter shall comply with the provisions of
4 **Section 1 of this Act and** KRS 304.17A-167, 304.17A-235, 304.17A-515, 304.17A-580,
5 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743, as
6 applicable.

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

8 (1) The Cabinet for Health and Family Services shall prepare a state child health plan
9 meeting the requirements of Title XXI of the Federal Social Security Act, for
10 submission to the Secretary of the United States Department of Health and Human
11 Services within such time as will permit the state to receive the maximum amounts
12 of federal matching funds available under Title XXI. The cabinet shall, by
13 administrative regulation promulgated in accordance with KRS Chapter 13A,
14 establish the following:

15 (a) The eligibility criteria for children covered by the Kentucky Children's Health
16 Insurance Program. However, no person eligible for services under Title XIX
17 of the Social Security Act 42 U.S.C. 1396 to 1396v, as amended, shall be
18 eligible for services under the Kentucky Children's Health Insurance Program
19 except to the extent that Title XIX coverage is expanded by KRS 205.6481 to
20 205.6495 and KRS 304.17A-340;

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

25 1. The standard Blue Cross/Blue Shield preferred provider option under the
26 Federal Employees Health Benefit Plan established by U.S.C. sec.
27 8903(1);

- 1 2. A mid-range health benefit coverage plan that is offered and generally
2 available to state employees; or
- 3 3. Health insurance coverage offered by a health maintenance organization
4 that has the largest insured commercial, non-Medicaid enrollment of
5 covered lives in the state;
- 6 (c) The premium contribution per family of health insurance coverage available
7 under the Kentucky Children's Health Insurance Program with provisions for
8 the payment of premium contributions by families of children eligible for
9 coverage by the program based upon a sliding scale relating to family income.
10 Premium contributions shall be based on a six (6) month period not to exceed:
- 11 1. Ten dollars (\$10), to be paid by a family with income between one
12 hundred percent (100%) to one hundred thirty-three percent (133%) of
13 the federal poverty level;
- 14 2. Twenty dollars (\$20), to be paid by a family with income between one
15 hundred thirty-four percent (134%) to one hundred forty-nine percent
16 (149%) of the federal poverty level; and
- 17 3. One hundred twenty dollars (\$120), to be paid by a family with income
18 between one hundred fifty percent (150%) to two hundred percent
19 (200%) of the federal poverty level, and which may be made on a partial
20 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)
21 per quarter;
- 22 (d) The level of copayments for services provided under the Kentucky Children's
23 Health Insurance Program that shall not exceed those allowed by federal law;
24 and
- 25 (e) The criteria for health services providers and insurers wishing to contract with
26 the Commonwealth to provide the children's health insurance coverage.
27 However, the cabinet shall provide, in any contracting process for the

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

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

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

18 **(4) The Kentucky Children's Health Insurance Program shall comply with Section 1**
 19 **of this Act.**

20 ➔Section 5. KRS 18A.225 (Effective April 1, 2021) is amended to read as
 21 follows:

- 22 (1) (a) The term "employee" for purposes of this section means:
- 23 1. Any person, including an elected public official, who is regularly
 24 employed by any department, office, board, agency, or branch of state
 25 government; or by a public postsecondary educational institution; or by
 26 any city, urban-county, charter county, county, or consolidated local
 27 government, whose legislative body has opted to participate in the state-

- 1 sponsored health insurance program pursuant to KRS 79.080; and who
2 is either a contributing member to any one (1) of the retirement systems
3 administered by the state, including but not limited to the Kentucky
4 Retirement Systems, County Employees Retirement System, Kentucky
5 Teachers' Retirement System, the Legislators' Retirement Plan, or the
6 Judicial Retirement Plan; or is receiving a contractual contribution from
7 the state toward a retirement plan; or, in the case of a public
8 postsecondary education institution, is an individual participating in an
9 optional retirement plan authorized by KRS 161.567; or is eligible to
10 participate in a retirement plan established by an employer who ceases
11 participating in the Kentucky Employees Retirement System pursuant to
12 KRS 61.522 whose employees participated in the health insurance plans
13 administered by the Personnel Cabinet prior to the employer's effective
14 cessation date in the Kentucky Employees Retirement System;
- 15 2. Any certified or classified employee of a local board of education;
- 16 3. Any elected member of a local board of education;
- 17 4. Any person who is a present or future recipient of a retirement
18 allowance from the Kentucky Retirement Systems, County Employees
19 Retirement System, Kentucky Teachers' Retirement System, the
20 Legislators' Retirement Plan, the Judicial Retirement Plan, or the
21 Kentucky Community and Technical College System's optional
22 retirement plan authorized by KRS 161.567, except that a person who is
23 receiving a retirement allowance and who is age sixty-five (65) or older
24 shall not be included, with the exception of persons covered under KRS
25 61.702(4)(c), unless he or she is actively employed pursuant to
26 subparagraph 1. of this paragraph; and
- 27 5. Any eligible dependents and beneficiaries of participating employees

1 and retirees who are entitled to participate in the state-sponsored health
2 insurance program;

3 (b) The term "health benefit plan" for the purposes of this section means a health
4 benefit plan as defined in KRS 304.17A-005;

5 (c) The term "insurer" for the purposes of this section means an insurer as defined
6 in KRS 304.17A-005; and

7 (d) The term "managed care plan" for the purposes of this section means a
8 managed care plan as defined in KRS 304.17A-500.

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

1 1994, and shall include a mail-order drug option as provided in subsection
2 (13) of this section. All employees and other persons for whom the health care
3 coverage is provided or made available shall annually be given an option to
4 elect health care coverage through a self-funded plan offered by the
5 Commonwealth or, if a self-funded plan is not available, from a list of
6 coverage options determined by the competitive bid process under the
7 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
8 during annual open enrollment.

9 (b) The policy or policies shall be approved by the commissioner of insurance and
10 may contain the provisions the commissioner of insurance approves, whether
11 or not otherwise permitted by the insurance laws.

12 (c) Any carrier bidding to offer health care coverage to employees shall agree to
13 provide coverage to all members of the state group, including active
14 employees and retirees and their eligible covered dependents and
15 beneficiaries, within the county or counties specified in its bid. Except as
16 provided in subsection (20) of this section, any carrier bidding to offer health
17 care coverage to employees shall also agree to rate all employees as a single
18 entity, except for those retirees whose former employers insure their active
19 employees outside the state-sponsored health insurance program.

20 (d) Any carrier bidding to offer health care coverage to employees shall agree to
21 provide enrollment, claims, and utilization data to the Commonwealth in a
22 format specified by the Personnel Cabinet with the understanding that the data
23 shall be owned by the Commonwealth; to provide data in an electronic form
24 and within a time frame specified by the Personnel Cabinet; and to be subject
25 to penalties for noncompliance with data reporting requirements as specified
26 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions
27 to protect the confidentiality of each individual employee; however,

1 confidentiality assertions shall not relieve a carrier from the requirement of
2 providing stipulated data to the Commonwealth.

3 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities
4 for timely analysis of data received from carriers and, to the extent possible,
5 provide in the request-for-proposal specifics relating to data requirements,
6 electronic reporting, and penalties for noncompliance. The Commonwealth
7 shall own the enrollment, claims, and utilization data provided by each carrier
8 and shall develop methods to protect the confidentiality of the individual. The
9 Personnel Cabinet shall include in the October annual report submitted
10 pursuant to the provisions of KRS 18A.226 to the Governor, the General
11 Assembly, and the Chief Justice of the Supreme Court, an analysis of the
12 financial stability of the program, which shall include but not be limited to
13 loss ratios, methods of risk adjustment, measurements of carrier quality of
14 service, prescription coverage and cost management, and statutorily required
15 mandates. If state self-insurance was available as a carrier option, the report
16 also shall provide a detailed financial analysis of the self-insurance fund
17 including but not limited to loss ratios, reserves, and reinsurance agreements.

18 (f) If any agency participating in the state-sponsored employee health insurance
19 program for its active employees terminates participation and there is a state
20 appropriation for the employer's contribution for active employees' health
21 insurance coverage, then neither the agency nor the employees shall receive
22 the state-funded contribution after termination from the state-sponsored
23 employee health insurance program.

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

27 (h) Each entity participating in the state-sponsored health insurance program shall

1 provide an amount at least equal to the state contribution rate for the employer
2 portion of the health insurance premium. For any participating entity that used
3 the state payroll system, the employer contribution amount shall be equal to
4 but not greater than the state contribution rate.

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

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

8 (b) Wholly from funds contributed by any department, board, agency, public
9 postsecondary education institution, or branch of state, city, urban-county,
10 charter county, county, or consolidated local government; or

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

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

22 (5) No payment of premium by any department, board, agency, public postsecondary
23 educational institution, or branch of state, city, urban-county, charter county,
24 county, or consolidated local government shall constitute compensation to an
25 insured employee for the purposes of any statute fixing or limiting the
26 compensation of such an employee. Any premium or other expense incurred by any
27 department, board, agency, public postsecondary educational institution, or branch

1 of state, city, urban-county, charter county, county, or consolidated local
2 government shall be considered a proper cost of administration.

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

7 (7) Group rates under this section shall be made available to the disabled child of an
8 employee regardless of the child's age if the entire premium for the disabled child's
9 coverage is paid by the state employee. A child shall be considered disabled if he or
10 she has been determined to be eligible for federal Social Security disability benefits.

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

13 (9) The secretary shall appoint thirty-two (32) persons to an Advisory Committee of
14 State Health Insurance Subscribers to advise the secretary or the secretary's designee
15 regarding the state-sponsored health insurance program for employees. The
16 secretary shall appoint, from a list of names submitted by appointing authorities,
17 members representing school districts from each of the seven (7) Supreme Court
18 districts, members representing state government from each of the seven (7)
19 Supreme Court districts, two (2) members representing retirees under age sixty-five
20 (65), one (1) member representing local health departments, two (2) members
21 representing the Kentucky Teachers' Retirement System, and three (3) members at
22 large. The secretary shall also appoint two (2) members from a list of five (5) names
23 submitted by the Kentucky Education Association, two (2) members from a list of
24 five (5) names submitted by the largest state employee organization of nonschool
25 state employees, two (2) members from a list of five (5) names submitted by the
26 Kentucky Association of Counties, two (2) members from a list of five (5) names
27 submitted by the Kentucky League of Cities, and two (2) members from a list of

1 names consisting of five (5) names submitted by each state employee organization
2 that has two thousand (2,000) or more members on state payroll deduction. The
3 advisory committee shall be appointed in January of each year and shall meet
4 quarterly.

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

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

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

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

26 (b) A health insurer shall not discriminate against any retail pharmacy located
27 within the geographic coverage area of the health benefit plan and that meets

1 the terms and conditions for participation established by the insurer, including
2 price, dispensing fee, and copay requirements of a mail-order option. The
3 retail pharmacy shall not be required to dispense by mail.

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

6 (14) The policy or policies provided to state employees or their dependents pursuant to
7 this section shall provide coverage for obtaining a hearing aid and acquiring hearing
8 aid-related services for insured individuals under eighteen (18) years of age, subject
9 to a cap of one thousand four hundred dollars (\$1,400) every thirty-six (36) months
10 pursuant to KRS 304.17A-132.

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

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

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

24 (18) If a state employee's residence and place of employment are each located in counties
25 in which the hospitals do not offer surgical services, intensive care services,
26 obstetrical services, level II neonatal services, diagnostic cardiac catheterization
27 services, and magnetic resonance imaging services, the employee may select a plan

1 available in a county contiguous to the county of residence that does provide those
2 services, and the state contribution for the plan shall be the amount available in the
3 county where the plan selected is located.

4 (19) The Personnel Cabinet is encouraged to study whether it is fair and reasonable and
5 in the best interests of the state group to allow any carrier bidding to offer health
6 care coverage under this section to submit bids that may vary county by county or
7 by larger geographic areas.

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

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

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

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

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

27 (e) Nothing in this subsection shall prohibit the Personnel Cabinet from including

1 other requirements or criteria in the request for proposal.

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

9 (22) Any fully insured health benefit plan or self-insured plan issued or renewed on or
 10 after the effective date of this Act ~~[July 12, 2006]~~, to public employees pursuant to
 11 this section shall comply with:

12 (a) Section 1 of this Act;

13 (b) [the provisions of] KRS 304.17A-270 and 304.17A-525;

14 (c) KRS 304.17A-600 to 304.17A-633;

15 (d) KRS 205.593;

16 (e) KRS 304.17A-700 to KRS 304.17A-730;

17 (f) KRS 304.14-135;

18 (g) KRS 304.17A-580 and 304.17A-641;

19 (h) KRS 304.99-123;

20 (i) KRS 304.17A-138; and

21 (j) Administrative regulations promulgated pursuant to statutes listed in this
 22 subsection.

23 ~~[(23) Any fully insured health benefit plan or self-insured plan issued or renewed on or~~
 24 ~~after July 12, 2006, to public employees shall comply with KRS 304.17A-600 to~~
 25 ~~304.17A-633 pertaining to utilization review, KRS 205.593 and 304.17A-700 to~~
 26 ~~304.17A-730 pertaining to payment of claims, KRS 304.14-135 pertaining to~~
 27 ~~uniform health insurance claim forms, KRS 304.17A-580 and 304.17A-641~~

1 ~~pertaining to emergency medical care, KRS 304.99-123, and any administrative~~
2 ~~regulations promulgated thereunder.~~

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

6 ➔ Section 6. KRS 446.350 is amended to read as follows:

7 **(1)** Government shall not substantially burden a person's freedom of religion. The right
8 to act or refuse to act in a manner motivated by a sincerely held religious belief may
9 not be substantially burdened unless the government proves by clear and convincing
10 evidence that it has a compelling governmental interest in infringing the specific act
11 or refusal to act and has used the least restrictive means to further that interest. A
12 "burden" shall include indirect burdens such as withholding benefits, assessing
13 penalties, or an exclusion from programs or access to facilities.

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

16 ➔ Section 7. (1) Each insurer of a health benefit plan, as defined in KRS
17 304.17A-005, shall, in consultation with its pharmacy benefit manager, if any, submit to
18 the commissioner of the Department of Insurance, at a time and in a manner prescribed by
19 the commissioner, a report that:

20 (a) Explains how the insurer may provide coverage for over-the-counter oral
21 contraceptives and over-the-counter emergency contraceptives in its health benefit plans
22 without requiring a prescription and without imposing cost-sharing; and

23 (b) Indicates whether the insurer provides the coverage referenced in paragraph
24 (a) of this subsection, and if the insurer does not provide the coverage, whether they
25 would, or are likely to, add the coverage to one (1) or more of the insurer's health benefit
26 plans.

27 (2) The commissioner of the Department of Insurance shall utilize the information

1 received under subsection (1) of this section, in addition to any other information
2 available to the commissioner, to submit a written report to the Legislative Research
3 Commission, on or before July 1, 2022, that shall include:

4 (a) Recommendations on how insurers of health benefit plans could provide
5 coverage for over-the-counter oral contraceptives and over-the-counter emergency
6 contraceptives in health benefit plans without a prescription or cost sharing;

7 (b) The estimated impact of the coverage referred to in paragraph (a) of this
8 subsection on health insurance premiums, and

9 (c) Statistics on how many insurers intend to add the benefit to any or all of its
10 health insurance plans.

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

17 ➔Section 9. Section 1 of this Act takes effect January 1, 2022.