

1 AN ACT relating to contraceptive coverage.

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

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

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

6 *(a) "Church" means a church, a convention or association of churches, or an*  
7 *elementary or secondary school which is controlled, operated, or principally*  
8 *supported by a church or by a convention or association of churches;*

9 *(b) "FDA" means the United States Food and Drug Administration;*

10 *(c) "Qualified church-controlled organization" means an organization*  
11 *described in Section 501(c)(3) of the Internal Revenue Code, except an*  
12 *organization that:*

13 *1. Offers goods, services, or facilities for sale to the general public,*  
14 *unless:*

15 *a. The offering of goods, services, and facilities to the general*  
16 *public is on an incidental basis; or*

17 *b. The goods, services, and facilities are sold at a nominal charge*  
18 *that is substantially less than the cost of providing such goods,*  
19 *services, or facilities; and*

20 *2. Normally receives more than twenty-five percent (25%) of its support*  
21 *from:*

22 *a. Governmental sources; or*

23 *b. Receipts from admissions, sales of merchandise, performance of*  
24 *services, or furnishing facilities in activities which are not*  
25 *unrelated trades or businesses, or both; and*

26 *(d) "Religious employer" means a church or qualified church-controlled*  
27 *organization.*

- 1 (2) Except as otherwise provided in subsection (5) of this section, a health benefit  
2 plan issued or renewed on or after the effective date of this section shall provide  
3 coverage for:
- 4 (a) Subject to subsection (3) of this section, all FDA-approved contraceptive  
5 drugs, devices, and products, including over-the-counter drugs, devices, and  
6 products;
- 7 (b) Voluntary sterilization procedures;
- 8 (c) Patient education and counseling on contraception; and
- 9 (d) Follow-up services related to drugs, devices, products, and procedures  
10 covered under this section, including but not limited to:
- 11 1. Management of side effects;  
12 2. Counseling for continued adherence; and  
13 3. Device insertion and removal.
- 14 (3) For the coverage required under subsection (2)(a) of this section, the health  
15 benefit plan shall:
- 16 (a) If the FDA has designated a therapeutic equivalent of an FDA-approved  
17 prescription contraceptive drug, device, or product, cover either:
- 18 1. The original FDA-approved prescription drug, device, or product; or  
19 2. At least one (1) therapeutic equivalent of the original FDA-approved  
20 contraceptive drug, device, or product; and
- 21 (b) Include coverage for the single dispensing of prescription contraceptives  
22 intended to last for up to a three (3) month period.
- 23 (4) A health benefit plan subject to the coverage requirements of this section:
- 24 (a) Shall not impose any cost-sharing requirement on the coverage, including a  
25 copayment, coinsurance, or deductible;
- 26 (b) Shall not impose any unreasonable restrictions or delays on the coverage;
- 27 (c) May impose reasonable medical management techniques for the coverage

1 within a method category, as defined by the FDA, but not across method  
 2 types; and

3 (d) Shall provide the same level of benefits to a covered person's covered  
 4 dependent as the plan provides to the covered person.

5 (5) (a) A religious employer may request a health benefit plan without coverage for  
 6 any one (1) or more of the drugs, devices, products, procedures, or services  
 7 required to be covered under this section that the employer objects to for  
 8 religious reasons.

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

11 1. Be provided a health benefit plan without the objected-to contraceptive  
 12 coverages; and

13 2. Provide written notice to the covered persons enrolled in the health  
 14 benefit plan listing the contraceptive drugs, devices, products,  
 15 procedures, and services the employer refuses to cover for religious  
 16 reasons.

17 (6) This section shall not be construed to require coverage of experimental or  
 18 investigational treatments.

19 ➔Section 2. KRS 211.185 is amended to read as follows:

20 As used in KRS 211.185 to 211.187:

21 (1) "Agency" means a local health department established in any county in the  
 22 Commonwealth pursuant to KRS Chapter 212, including a health department in a  
 23 county containing a city of the first class, a health department in a county with a  
 24 consolidated local government, an urban-county health department, an independent  
 25 district health department, or a district health department;

26 (2) "Cabinet" means the Cabinet for Health and Family Services;

27 (3) "Commissioner" means the commissioner of the Department for Public Health

1 within the Cabinet for Health and Family Services;

2 (4) **(a) "Contraceptive services" means the provision of the following to qualifying**

3 **individuals without charge to the individual:**

4 **1. United States Food and Drug Administration-approved contraceptive**  
 5 **drugs, devices, and products, including over-the-counter contraceptive**  
 6 **drugs, devices, and products;**

7 **2. Patient education and counseling on contraception; and**

8 **3. Follow-up services related to drugs, devices, and products referenced**  
 9 **in this paragraph, including but not limited to:**

10 **a. Management of side effects;**

11 **b. Counseling for continued adherence; and**

12 **c. Device insertion and removal.**

13 **(b) As used in this subsection, "qualifying individuals" means any person**  
 14 **without coverage for drugs, devices, products, or services listed in**  
 15 **paragraph (a) of this subsection;**

16 **(5)** "Core public health programs" means all foundational public health programs as  
 17 defined in this section and services that may include but are not limited to the  
 18 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  
 19 provided by the federal Food and Nutrition Service, the Health Access Nurturing  
 20 Development Services (HANDS) program established in KRS 211.690, and  
 21 substance use disorder harm reduction services;

22 **(6)**~~**(5)**~~ "Department" means the Department for Public Health within the Cabinet for  
 23 Health and Family Services;

24 **(7)**~~**(6)**~~ "Foundational public health programs":

25 **(a)** Means those services required by the Kentucky Revised Statutes, including  
 26 but not limited to activities and service programs that prevent and mitigate  
 27 disease, protect people from injury, promote healthy lifestyles across all

1 environments, promote population health services, enforce Kentucky  
2 administrative regulations, ensure emergency preparedness and response,  
3 monitor and mitigate communicable disease, and provide the administrative  
4 and organizational infrastructure to deliver services; **and**

5 **(b) Shall include contraceptive services;**

6 ~~(8)~~~~(7)~~ "Foundational public health service provider" means an individual who is  
7 employed by an agency that provides a foundational public health program service;

8 ~~(9)~~~~(8)~~ "Harm reduction services" means a comprehensive set of public health  
9 strategies intended to reduce the negative impact of substance use disorders;

10 ~~(10)~~~~(9)~~ "Local public health priorities" means services not included in core public  
11 health programs as defined in this section that are identified through a needs  
12 assessment as priorities of an agency through a process established in administrative  
13 regulations; and

14 ~~(11)~~~~(10)~~ "Population health services" means the development and support of policies  
15 and practices to address, change, and improve health outcomes through community  
16 education and partnership development.

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

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

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

24 (1) The Cabinet for Health and Family Services shall prepare a state child health plan  
25 meeting the requirements of Title XXI of the Federal Social Security Act, for  
26 submission to the Secretary of the United States Department of Health and Human  
27 Services within such time as will permit the state to receive the maximum amounts

1 of federal matching funds available under Title XXI. The cabinet shall, by  
2 administrative regulation promulgated in accordance with KRS Chapter 13A,  
3 establish the following:

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

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

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

22 (c) The premium contribution per family of health insurance coverage available  
23 under the Kentucky Children's Health Insurance Program with provisions for  
24 the payment of premium contributions by families of children eligible for  
25 coverage by the program based upon a sliding scale relating to family income.  
26 Premium contributions shall be based on a six (6) month period not to exceed:

- 27 1. Ten dollars (\$10), to be paid by a family with income between one

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

1 plan, the Cabinet for Health and Family Services shall assure that a KCHIP program  
2 is available to all eligible children in all regions of the state. If necessary, in order to  
3 meet this assurance, the cabinet shall institute its own program.

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

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

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

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

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



- 1           KRS 61.522 whose employees participated in the health insurance plans  
2           administered by the Personnel Cabinet prior to the employer's effective  
3           cessation date in the Kentucky Employees Retirement System;
- 4           2. Any certified or classified employee of a local board of education;
- 5           3. Any elected member of a local board of education;
- 6           4. Any person who is a present or future recipient of a retirement  
7           allowance from the Kentucky Retirement Systems, County Employees  
8           Retirement System, Kentucky Teachers' Retirement System, the  
9           Legislators' Retirement Plan, the Judicial Retirement Plan, or the  
10          Kentucky Community and Technical College System's optional  
11          retirement plan authorized by KRS 161.567, except that a person who is  
12          receiving a retirement allowance and who is age sixty-five (65) or older  
13          shall not be included, with the exception of persons covered under KRS  
14          61.702(4)(c), unless he or she is actively employed pursuant to  
15          subparagraph 1. of this paragraph; and
- 16          5. Any eligible dependents and beneficiaries of participating employees  
17          and retirees who are entitled to participate in the state-sponsored health  
18          insurance program;
- 19          (b) The term "health benefit plan" for the purposes of this section means a health  
20          benefit plan as defined in KRS 304.17A-005;
- 21          (c) The term "insurer" for the purposes of this section means an insurer as defined  
22          in KRS 304.17A-005; and
- 23          (d) The term "managed care plan" for the purposes of this section means a  
24          managed care plan as defined in KRS 304.17A-500.
- 25          (2) (a) The secretary of the Finance and Administration Cabinet, upon the  
26          recommendation of the secretary of the Personnel Cabinet, shall procure, in  
27          compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,

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

- 25 (b) The policy or policies shall be approved by the commissioner of insurance and  
26 may contain the provisions the commissioner of insurance approves, whether  
27 or not otherwise permitted by the insurance laws.

- 1 (c) Any carrier bidding to offer health care coverage to employees shall agree to  
2 provide coverage to all members of the state group, including active  
3 employees and retirees and their eligible covered dependents and  
4 beneficiaries, within the county or counties specified in its bid. Except as  
5 provided in subsection (20) of this section, any carrier bidding to offer health  
6 care coverage to employees shall also agree to rate all employees as a single  
7 entity, except for those retirees whose former employers insure their active  
8 employees outside the state-sponsored health insurance program.
- 9 (d) Any carrier bidding to offer health care coverage to employees shall agree to  
10 provide enrollment, claims, and utilization data to the Commonwealth in a  
11 format specified by the Personnel Cabinet with the understanding that the data  
12 shall be owned by the Commonwealth; to provide data in an electronic form  
13 and within a time frame specified by the Personnel Cabinet; and to be subject  
14 to penalties for noncompliance with data reporting requirements as specified  
15 by the Personnel Cabinet. The Personnel Cabinet shall take strict precautions  
16 to protect the confidentiality of each individual employee; however,  
17 confidentiality assertions shall not relieve a carrier from the requirement of  
18 providing stipulated data to the Commonwealth.
- 19 (e) The Personnel Cabinet shall develop the necessary techniques and capabilities  
20 for timely analysis of data received from carriers and, to the extent possible,  
21 provide in the request-for-proposal specifics relating to data requirements,  
22 electronic reporting, and penalties for noncompliance. The Commonwealth  
23 shall own the enrollment, claims, and utilization data provided by each carrier  
24 and shall develop methods to protect the confidentiality of the individual. The  
25 Personnel Cabinet shall include in the October annual report submitted  
26 pursuant to the provisions of KRS 18A.226 to the Governor, the General  
27 Assembly, and the Chief Justice of the Supreme Court, an analysis of the

1 financial stability of the program, which shall include but not be limited to  
2 loss ratios, methods of risk adjustment, measurements of carrier quality of  
3 service, prescription coverage and cost management, and statutorily required  
4 mandates. If state self-insurance was available as a carrier option, the report  
5 also shall provide a detailed financial analysis of the self-insurance fund  
6 including but not limited to loss ratios, reserves, and reinsurance agreements.

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

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

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

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

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

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

27 (c) Partly from each, except that any premium due for health care coverage or

1 dental coverage, if any, in excess of the premium amount contributed by any  
2 department, board, agency, postsecondary education institution, or branch of  
3 state, city, urban-county, charter county, county, or consolidated local  
4 government for any other health care coverage shall be paid by the employee.

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

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

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

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

27 (8) The health care contract or contracts for employees shall be entered into for a period

1 of not less than one (1) year.

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

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

26 (11) Interruption of an established treatment regime with maintenance drugs shall be  
27 grounds for an insured to appeal a formulary change through the established appeal

1 procedures approved by the Department of Insurance, if the physician supervising  
2 the treatment certifies that the change is not in the best interests of the patient.

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

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

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

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

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

27 (15) Any policy provided to state employees or their dependents pursuant to this section

1 shall provide coverage for the diagnosis and treatment of autism spectrum disorders  
2 consistent with KRS 304.17A-142.

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

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

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

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

24 (20) Notwithstanding any other provision of this section, the bid for proposals for health  
25 insurance coverage for calendar year 2004 shall include a bid scenario that reflects  
26 the statewide rating structure provided in calendar year 2003 and a bid scenario that  
27 allows for a regional rating structure that allows carriers to submit bids that may



1 vary by region for a given product offering as described in this subsection:

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

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

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

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

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

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

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

- 1        (a) Section 1 of this Act;
- 2        (b) [the provisions of] KRS 304.17A-270 and 304.17A-525;
- 3        (c) KRS 304.17A-600 to 304.17A-633;
- 4        (d) KRS 205.593;
- 5        (e) KRS 304.17A-700 to 304.17A-730;
- 6        (f) KRS 304.14-135;
- 7        (g) KRS 304.17A-580 and 304.17A-641;
- 8        (h) KRS 304.99-123;
- 9        (i) KRS 304.17A-138; and
- 10       (j) Administrative regulations promulgated pursuant to the statutes listed in  
11                this subsection.

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

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

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

23        (1) Government shall not substantially burden a person's freedom of religion. The right  
24        to act or refuse to act in a manner motivated by a sincerely held religious belief may  
25        not be substantially burdened unless the government proves by clear and convincing  
26        evidence that it has a compelling governmental interest in infringing the specific act  
27        or refusal to act and has used the least restrictive means to further that interest. A

1 "burden" shall include indirect burdens such as withholding benefits, assessing  
2 penalties, or an exclusion from programs or access to facilities.

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

5 ➔Section 7. Section 1 takes effect January 1, 2022.