AN ACT relating to reproductive health care.

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

➔Section 1. KRS 205.592 is amended to read as follows:

(1) Except as provided in subsection (2) of this section, pregnant women~~[,]~~ ***and*** new mothers up to twelve (12) months postpartum, ***regardless of citizenship or national origin,*** and children up to age one (1) shall be eligible for participation in the Kentucky Medical Assistance Program if:

(a) They have family income up to but not exceeding one hundred ~~[and]~~eighty-five percent (185%) of the nonfarm income official poverty guidelines as promulgated by the Department of Health and Human Services of the United States as revised annually; and

(b) They are otherwise eligible for the program.

(2) The percentage established in subsection (1)(a) of this section may be increased to the extent:

(a) Permitted under federal law; and

(b) Funding is available.

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

(1) As used in this section, unless the context requires otherwise:

(a) "Eligible individual" means an individual who:

1. Is not pregnant;

2. Has a family combined income up to, but not exceeding, two hundred sixty percent (260%) of the nonfarm income official poverty guidelines as promulgated by the United States Department of Health and Human Services; and

3. a. Is eligible for the Kentucky Medical Assistance Program; or

b. Would otherwise be eligible for the Kentucky Medical Assistance

Program, except that the individual is not a citizen of the United States and is not considered an eligible noncitizen pursuant to 8 U.S.C. sec. 1611 or 1612;

(b) "Family planning services" means all the following services, regardless of an individual's age, sex, or gender identity, or the age, sex, or gender identity of the individual's partner, including but not limited to:

1. All contraceptive drugs, devices, and other products approved by the United States Food and Drug Administration, including:

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

b. A twelve (12) month supply of self-administered contraceptive drugs, devices, and supplies, unless the individual requests a smaller supply or the prescribing provider restricts the enrollee to a smaller supply;

2. Voluntary sterilization procedures;

3. Activities that enable individuals to determine the number and spacing of their children and to select the means by which this may be achieved;

4. The consultations, examinations, and medical services that are necessary to prescribe, dispense, insert, deliver, distribute, administer, or remove contraceptive drugs, devices, and other products; and

5. Follow-up visits to evaluate or manage problems associated with contraceptive drugs, devices, or products; and

(c) "Family planning-related services" means educational, medical, and social services, including but not limited to:

1. Medically necessary evaluations or preventive services such as tobacco utilization screening, counseling, testing, and cessation services;

2. Cervical cancer screening and prevention;

3. Diagnosis of treatment of a sexually transmitted infection and medication and supplies to prevent a sexually transmitted infection; and

4. Any other medical diagnosis, treatment, or preventive service that is routinely provided as part of a family planning visit.

(2) The cabinet shall establish a family planning program within the Department for Medicaid Services to provide family planning services and family planning-related services to eligible individuals.

(3) In administering this program, the cabinet shall not:

(a) Infringe upon an eligible individual's choice of contraceptive drug, device, or product by requiring prior authorization, step therapy, or other utilization control techniques for medically appropriate contraceptive drugs, devices, or products approved by the United States Food and Drug Administration;

(b) Impose any cost-sharing requirements for enrolled individuals; or

(c) Deny coverage based on the sex, sexual orientation, or gender identity of the eligible individual, or the sex, sexual orientation, or gender identity of the eligible individual's partner.

(4) The Department for Medicaid Services shall:

(a) Promulgate administrative regulations in accordance with KRS Chapter 13A, and amend any contract with a managed care organization as is necessary, to implement this section; and

(b) Collaborate with the Division of Health Benefit Exchange within the cabinet, health care consumer advocates, family planning providers, and other interested stakeholders to establish a comprehensive community education and outreach campaign to provide culturally and linguistically

accessible information to facilitate participation in the program, including but not limited to enrollment procedures, program services, and benefit utilization.

➔Section 3. If the Cabinet for Health and Family Services or the Department for Medicaid Services determines that a waiver or any other authorization from a federal agency is necessary prior to the implementation of any provision of Sections 1 and 2 of this Act, the cabinet or department shall, within 90 days after the effective date of this Act, request the waiver or authorization and shall only delay full implementation of those provisions for which a waiver or authorization was deemed necessary until the waiver or authorization is granted.