

1 AN ACT relating to obesity treatment.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4 READ AS FOLLOWS:

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

6 **(a) "FDA-approved antiobesity medication" means any medication approved**
7 **by the United States Food and Drug Administration (FDA) with an**
8 **indication for chronic weight management in patients with obesity; and**

9 **(b) "Intensive behavioral or lifestyle therapy":**

10 **1. Means an evidence-based, intensive, multicomponent behavioral or**
11 **lifestyle modification intervention that supports healthy weight**
12 **management as recommended by current clinical standards of care;**
13 **and**

14 **2. Includes:**

15 **a. A high frequency of counseling and focus on nutrition or dietary**
16 **changes, physical activity, and behavioral counseling strategies**
17 **to achieve healthy weight management; and**

18 **b. Programs offered in office, by telehealth as defined in KRS**
19 **211.332, and in community-based settings.**

20 **(2) The Department for Medicaid Services and any managed care organization**
21 **contracted to provide Medicaid benefits pursuant to this chapter shall:**

22 **(a) Provide comprehensive coverage for the treatment of obesity, including**
23 **coverage for:**

24 **1. Intensive behavioral or lifestyle therapy;**

25 **2. Bariatric surgery; and**

26 **3. FDA-approved antiobesity medication; and**

27 **(b) Inform Medicaid enrollees, in writing, of the availability of the coverage**

1 required under this section, including marketing the coverage in annual
2 information notices.

3 (3) The coverage required under subsection (2)(a) of this section shall not be subject
4 to coverage criteria for FDA-approved antiobesity medications that are more
5 restrictive than the FDA-approved indications for the medications.

6 (4) Nothing in this section shall be construed to prohibit the Department for
7 Medicaid Services or any managed care organization contracted to provide
8 Medicaid benefits pursuant to this chapter from applying utilization management
9 requirements if the requirements are no more restrictive than the utilization
10 management requirements for the treatment of any other illness, condition, or
11 disorder.

12 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
13 READ AS FOLLOWS:

14 By September 1 of each year, the Cabinet for Health and Family Services shall:

15 (1) Submit a report on efforts to reduce and manage obesity to the Legislative
16 Research Commission for referral to the Interim Joint Committee on Health
17 Services, which shall include:

18 (a) Prevalence and diagnosis rates; and

19 (b) Utilization of obesity intervention services and health improvements; and

20 (2) Make the report required by subsection (1) of this section available on its website
21 in a manner that is accessible by the general public.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~3.[(c)]~~ The premium contribution per family ~~for~~~~of~~ health insurance
2 coverage available under **KCHIP, which**~~[the Kentucky Children's~~
3 ~~Health Insurance Program with provisions for the payment of premium~~
4 ~~contributions by families of children eligible for coverage by the~~
5 ~~program based upon a sliding scale relating to family income. Premium~~
6 ~~contributions]~~ shall be based:

7 a. On a six (6) month period; **and**

8 b. **Upon a sliding scale relating to family income** not to exceed:

9 i.~~[1.]~~ Ten dollars (\$10), to be paid by a family with income
10 between one hundred percent (100%) to one hundred thirty-
11 three percent (133%) of the federal poverty level;

12 ii.~~[2.]~~ Twenty dollars (\$20), to be paid by a family with income
13 between one hundred thirty-four percent (134%) to one
14 hundred forty-nine percent (149%) of the federal poverty
15 level; and

16 iii.~~[3.]~~ One hundred twenty dollars (\$120), to be paid by a
17 family with income between one hundred fifty percent
18 (150%) to two hundred percent (200%) of the federal
19 poverty level, and which may be made on a partial payment
20 plan of twenty dollars (\$20) per month or sixty dollars (\$60)
21 per quarter;

22 ~~4.[(d)]~~ There shall be no copayments for services provided under
23 **KCHIP**~~[the Kentucky Children's Health Insurance Program]; and~~

24 5. a.~~[(e)]~~ The criteria for health services providers and insurers
25 wishing to contract with the Commonwealth to provide ~~the~~
26 ~~children's health insurance]~~ coverage **under KCHIP.**

27 b. ~~[However,]~~ The cabinet shall provide, in any contracting process

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

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

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

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

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

25 **(a) Preventive services;**

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

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

1 **(d) The coverage required under Section 1 of this Act.**

2 ➔Section 4. KRS 164.2871 (Effective January 1, 2025) is amended to read as
3 follows:

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

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

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

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

6 (b) KRS 304.17A-265;

7 (c) KRS 304.17A-261; and

8 (d) KRS 304.17A-262.

9 **(6) (a) A self-insured employer group health plan provided by the governing board**
10 **of a state postsecondary education institution to its employees shall provide**
11 **comprehensive coverage for the treatment of obesity.**

12 **(b) The coverage required under paragraph (a) of this subsection shall not be:**

13 **1. Less than the coverage required under Section 1 of this Act; or**

14 **2. Subject to greater or separate cost-sharing requirements, including**
15 **copayments, coinsurance, deductibles, and out-of-pocket maximums,**
16 **than that applicable to any other illness, condition, or disorder.**

17 ➔Section 5. KRS 18A.225 (Effective January 1, 2025) is amended to read as
18 follows:

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

20 1. Any person, including an elected public official, who is regularly
21 employed by any department, office, board, agency, or branch of state
22 government; or by a public postsecondary educational institution; or by
23 any city, urban-county, charter county, county, or consolidated local
24 government, whose legislative body has opted to participate in the state-
25 sponsored health insurance program pursuant to KRS 79.080; and who
26 is either a contributing member to any one (1) of the retirement systems
27 administered by the state, including but not limited to the Kentucky

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

- 1 (b) The term "health benefit plan" for the purposes of this section means a health
2 benefit plan as defined in KRS 304.17A-005;
- 3 (c) The term "insurer" for the purposes of this section means an insurer as defined
4 in KRS 304.17A-005; and
- 5 (d) The term "managed care plan" for the purposes of this section means a
6 managed care plan as defined in KRS 304.17A-500.
- 7 (2) (a) The secretary of the Finance and Administration Cabinet, upon the
8 recommendation of the secretary of the Personnel Cabinet, shall procure, in
9 compliance with the provisions of KRS 45A.080, 45A.085, and 45A.090,
10 from one (1) or more insurers authorized to do business in this state, a group
11 health benefit plan that may include but not be limited to health maintenance
12 organization (HMO), preferred provider organization (PPO), point of service
13 (POS), and exclusive provider organization (EPO) benefit plans
14 encompassing all or any class or classes of employees. With the exception of
15 employers governed by the provisions of KRS Chapters 16, 18A, and 151B,
16 all employers of any class of employees or former employees shall enter into
17 a contract with the Personnel Cabinet prior to including that group in the state
18 health insurance group. The contracts shall include but not be limited to
19 designating the entity responsible for filing any federal forms, adoption of
20 policies required for proper plan administration, acceptance of the contractual
21 provisions with health insurance carriers or third-party administrators, and
22 adoption of the payment and reimbursement methods necessary for efficient
23 administration of the health insurance program. Health insurance coverage
24 provided to state employees under this section shall, at a minimum, contain
25 the same benefits as provided under Kentucky Kare Standard as of January 1,
26 1994, and shall include a mail-order drug option as provided in subsection
27 (13) of this section. All employees and other persons for whom the health care

1 coverage is provided or made available shall annually be given an option to
2 elect health care coverage through a self-funded plan offered by the
3 Commonwealth or, if a self-funded plan is not available, from a list of
4 coverage options determined by the competitive bid process under the
5 provisions of KRS 45A.080, 45A.085, and 45A.090 and made available
6 during annual open enrollment.

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

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

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

1 providing stipulated data to the Commonwealth.

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

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

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

26 (h) Each entity participating in the state-sponsored health insurance program shall
27 provide an amount at least equal to the state contribution rate for the employer

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

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

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

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

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

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

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

1 government shall be considered a proper cost of administration.

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

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

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

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

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

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

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

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

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

25 (b) A health insurer shall not discriminate against any retail pharmacy located
26 within the geographic coverage area of the health benefit plan and that meets
27 the terms and conditions for participation established by the insurer, including

1 price, dispensing fee, and copay requirements of a mail-order option. The
2 retail pharmacy shall not be required to dispense by mail.

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

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

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

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

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

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

1 does provide those services, and the state contribution for the plan shall be the
2 amount available in the county where the plan selected is located.

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

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

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

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

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

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

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

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

8 (22) Any fully insured health benefit plan or self-insured plan issued or renewed to
9 public employees pursuant to this section shall comply with:

- 10 (a) KRS 304.12-237;
11 (b) KRS 304.17A-270 and 304.17A-525;
12 (c) KRS 304.17A-600 to 304.17A-633;
13 (d) KRS 205.593;
14 (e) KRS 304.17A-700 to 304.17A-730;
15 (f) KRS 304.14-135;
16 (g) KRS 304.17A-580 and 304.17A-641;
17 (h) KRS 304.99-123;
18 (i) KRS 304.17A-138;
19 (j) KRS 304.17A-148;
20 (k) KRS 304.17A-163 and 304.17A-1631;
21 (l) KRS 304.17A-265;
22 (m) KRS 304.17A-261;
23 (n) KRS 304.17A-262; and
24 (o) Administrative regulations promulgated pursuant to statutes listed in this
25 subsection.

26 **(23) (a) Any fully insured health benefit plan or self-insured plan issued or renewed**
27 **to public employees pursuant to this section shall provide comprehensive**

1 coverage for the treatment of obesity.

2 **(b) The coverage required under paragraph (a) of this subsection shall not be:**

3 **1. Less than the coverage required under Section 1 of this Act; or**

4 **2. Subject to greater or separate cost-sharing requirements, including**
5 **copayments, coinsurance, deductibles, and out-of-pocket maximums,**
6 **than that applicable to any other illness, condition, or disorder.**

7 ➔Section 6. Sections 4 and 5 of this Act apply to health benefit plans issued or
8 renewed on or after January 1, 2025.

9 ➔Section 7. If the Cabinet for Health and Family Services determines that a
10 waiver or other authorization from a federal agency is necessary to implement Section 1
11 or 3 of this Act for any reason, including the loss of federal funds, the cabinet shall,
12 within 90 days of the effective date of this section, request the waiver or other
13 authorization, and may only delay implementation of those provisions for which a waiver
14 or authorization was deemed necessary until the waiver or authorization is granted.

15 ➔Section 8. The Cabinet for Health and Family Services shall, in accordance with
16 KRS 205.525, provide a copy of any state plan amendment application, waiver
17 application, or other authorization or approval request submitted pursuant to Section 7 of
18 this Act to the Interim Joint Committee on Health Services and the Interim Joint
19 Committee on Appropriations and Revenue and shall provide an update on the status of
20 any application or request submitted pursuant to Section 7 of this Act at the request of the
21 Legislative Research Commission or any committee thereof.

22 ➔Section 9. This Act may be cited as the Diabetes Prevention and Obesity
23 Treatment Act.