

1 AN ACT relating to copayments by medical assistance recipients.

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

3 →Section 1. KRS 205.6312 is amended to read as follows:

4 ~~[(1)]~~***Notwithstanding any state law to the contrary,*** the cabinet ***or a managed care***
5 ***organization contracted to provide services pursuant to this chapter*** shall ***not*** institute
6 ~~[(nominal)]~~copayments, ***cost sharing,*** or similar charges to be paid by ***any*** medical
7 assistance recipients, their spouses, or parents, ***for any assistance provided pursuant to***
8 ***this chapter, federal law, or any federal Medicaid waiver***~~[under the provisions of~~
9 ~~Section 1916 of Title XIX of the Federal Social Security Act, 42 U.S.C. sec. 1396o].~~

10 ~~[(2) Copayments or similar charges shall not be imposed for the following services:~~

11 (a) ~~All services provided to children under eighteen (18) years of age;~~

12 (b) ~~All services furnished to pregnant women, if the services relate to the~~
13 ~~pregnancy or to any other medical condition which may complicate the~~
14 ~~pregnancy;~~

15 (c) ~~Emergency services including hospital, clinic, office, or other facility services~~
16 ~~which are necessary to prevent the death or serious impairment of the~~
17 ~~individual;~~

18 (d) ~~Services furnished to institutionalized individuals if the individual is required,~~
19 ~~as a condition of receiving services, to spend all but a minimal amount of~~
20 ~~income for personal needs;~~

21 (e) ~~Services furnished for an individual who is receiving hospice care as defined~~
22 ~~under Section 1905 of Title XIX of the Federal Social Security Act, 42 U.S.C.~~
23 ~~sec. 1396d(o); and~~

24 (f) ~~Other services excluded from cost sharing by federal law or regulation.~~

25 ~~(3) Standard nominal copayments per service, not to exceed amounts allowable under~~
26 ~~Section 1916 of Title XIX of the Federal Social Security Act, 42 U.S.C. sec. 1396o~~
27 ~~shall be collected by the provider and charged for the following services:~~

1 ~~(a) Ambulance services which are provided to recipients in need of~~
2 ~~nonemergency health transportation services;~~

3 ~~(b) Nonemergency services delivered in a hospital emergency room; and~~

4 ~~(c) Prescription and over the counter drugs, subject to the limitation under~~
5 ~~subsection (6) of this section.~~

6 ~~(4) No provider participating in the Medical Assistance Program shall deny services to~~
7 ~~any eligible recipient due to the inability of a recipient to make the required~~
8 ~~copayment. This provision shall not excuse the recipient from liability for payment~~
9 ~~of the charge.~~

10 ~~(5) The cabinet shall promulgate administrative regulations under KRS Chapter 13A to~~
11 ~~implement the provisions of this section.~~

12 ~~(6) Any copayment for a prescription or over the counter drug shall not exceed one~~
13 ~~dollar (\$1).]~~

14 ➔ Section 2. KRS 205.6485 is amended to read as follows:

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

22 (a) The eligibility criteria for children covered by the Kentucky Children's Health
23 Insurance Program. However, no person eligible for services under Title XIX
24 of the Social Security Act 42 U.S.C. 1396 to 1396v, as amended, shall be
25 eligible for services under the Kentucky Children's Health Insurance Program
26 except to the extent that Title XIX coverage is expanded by KRS 205.6481 to
27 205.6495 and KRS 304.17A-340;

- 1 (b) The schedule of benefits to be covered by the Kentucky Children's Health
2 Insurance Program, which shall include preventive services, vision services
3 including glasses, and dental services including at least sealants, extractions,
4 and fillings, and which shall be at least equivalent to one (1) of the following:
- 5 1. The standard Blue Cross/Blue Shield preferred provider option under the
6 Federal Employees Health Benefit Plan established by U.S.C. sec.
7 8903(1);
 - 8 2. A mid-range health benefit coverage plan that is offered and generally
9 available to state employees; or
 - 10 3. Health insurance coverage offered by a health maintenance organization
11 that has the largest insured commercial, non-Medicaid enrollment of
12 covered lives in the state;
- 13 (c) The premium contribution per family of health insurance coverage available
14 under the Kentucky Children's Health Insurance Program with provisions for
15 the payment of premium contributions by families of children eligible for
16 coverage by the program based upon a sliding scale relating to family income.
17 Premium contributions shall be based on a six (6) month period not to exceed:
- 18 1. Ten dollars (\$10), to be paid by a family with income between one
19 hundred percent (100%) to one hundred thirty-three percent (133%) of
20 the federal poverty level;
 - 21 2. Twenty dollars (\$20), to be paid by a family with income between one
22 hundred thirty-four percent (134%) to one hundred forty-nine percent
23 (149%) of the federal poverty level; and
 - 24 3. One hundred twenty dollars (\$120), to be paid by a family with income
25 between one hundred fifty percent (150%) to two hundred percent
26 (200%) of the federal poverty level, and which may be made on a partial
27 payment plan of twenty dollars (\$20) per month or sixty dollars (\$60)

1 per quarter;

2 (d) ***There shall be no***~~[The level of]~~ copayments for services provided under the
3 Kentucky Children's Health Insurance Program~~[that shall not exceed those~~
4 ~~allowed by federal law]~~; and

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

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

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