

SB 275 (see companion bill HB 16)

Create new sections of KRS Chapter 194A to establish the Kentucky all-payer claims database; establish purposes, definitions, and a restricted fund for the database; require the executive director of the Office of Data Analytics to develop, implement, operate, and maintain the database and promulgate administrative regulations to carry out those duties; establish an advisory council to make recommendations to the executive director; establish requirements for database administration and operations; require state-regulated health payers to report to the database; amend KRS 194A.030, 194A.101, and 304.2-100 to conform; create a new section of Subtitle 99 of KRS Chapter 304 to require the commissioner of insurance to enforce reporting requirements; establish time for making initial appointments and provide for staggered appointments to the advisory council; require the Cabinet for Health and Family Services to obtain a federal waiver within 90 days after the effective date of Act if necessary for implementation; APPROPRIATION.

SB 149 (see companion bill HB 350)

Amend KRS 304.17A-164 to prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from imposing certain requirements on health plan insureds; create a new section of Subtitle 17A of KRS Chapter 304 to establish prohibited practices for pharmacy benefit managers; create new sections of Subtitles 17C and 38A of KRS Chapter 304 to apply

provisions of legislation to limited health service benefit plans, including limited health service contracts, and limited health service organizations; establish when legislation applies to health plans and contracts; provide that provisions of this Act shall be severable; EFFECTIVE, in part, January 1, 2024.

HB 350 (see companion bill SB 149)

Amend KRS 304.17A-164 to prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from imposing certain requirements on health plan insureds; create a new section of Subtitle 17A of KRS Chapter 304 to establish prohibited practices for pharmacy benefit managers; create new sections of Subtitles 17C and 38A of KRS Chapter 304 to apply provisions of legislation to limited health service benefit plans, including limited health service contracts, and limited health service organizations; establish when legislation applies to health plans and contracts; provide that provisions of this Act shall be severable; EFFECTIVE, in part, January 1, 2024.

HB 68

Create a new section of Subtitle 17A of KRS Chapter 304 to require health benefit plans to cover injectable epinephrine devices for persons 18 years of age and under; provide that

the coverage shall not be subject to cost-sharing requirements; amend KRS 205.522, 205.6485, 164.2871, and 18A.225 to require Medicaid, KCHIP, self-insured employer group health plans offered by the governing board of a state postsecondary education institution, and the state employee health plan to comply with the 18-and-under injectable epinephrine device coverage requirement; apply to health benefit plans issued on or after January 1, 2024; EFFECTIVE January 1, 2024.

HB 195

Create a new section of KRS Chapter 205 to require the Department for Medicaid Services to establish a Critical Access Care Pharmacy Program to ensure their sustainability as funds are available; define terms; set formula for calculating payments; permit the department to promulgate administrative regulations to implement the program; prohibit the influence of any critical access care pharmacy program payments on any other payments received for pharmacy services.

HB 134

Create new sections of KRS 304.17A-600 to 304.17A-633 to establish eligibility criteria and requirements for prior authorization exemptions; establish requirements for rescinding prior authorization exemptions; set forth requirements for external reviews of prior authorization exemption denials and rescissions; establish requirements for

sending forms and notices to health care providers; prohibit the retrospective denial, reduction in payment, and review of health care services for which a health care provider has a prior authorization exemption and establish exceptions; provide that nothing shall be construed to authorize a health care provider to act outside the provider's scope of practice or require an insurer or private review agent to pay for a health care service performed in violation of law; amend KRS 304.17A-600 to conform; amend KRS 304.17A-605 to establish applicability of provisions relating to prior authorization exemptions to certain insurers and private review agents; amend KRS 304.17A-607 to establish requirements for prior authorizations; provide that a lack of prior authorization shall not alone be a basis for a retrospective review; amend KRS 304.17A-621 to conform; amend KRS 304.17A-627 to prohibit conflicts of interest with independent review entities and reviewers of prior authorization exemption denials and rescissions; require independent review entities and reviewers of prior authorization exemption denials and rescissions to submit an annual report to the Department of Insurance; amend KRS 304.17A-633 to require the commissioner of the Department of Insurance to report on external reviews of prior authorization exemptions denials and rescissions; amend KRS 304.17A-706 to prohibit contesting a clean claim by conducting a retrospective review based on a lack of prior authorization; amend KRS 205.536 to require the Department for Medicaid Services, or managed care organizations contracted to provide Medicaid benefits, to comply with the sections on prior authorization exemptions; apply the provisions to contracts delivered, entered, renewed, extended, or amended on or after the effective date of the Act; require the Cabinet for Health and Family Services to seek approval if it is determined that such approval is necessary; EFFECTIVE, in part, January 1, 2024.

HB 346

Amend KRS 304.17A-163 to permit insurers to require insureds to try biosimilar biological products prior to providing coverage for the equivalent branded prescription drug under certain circumstances; amend KRS 217.814 to define biosimilar biological product; amend KRS 217.822 to require dispensing of biosimilar biological products under certain circumstances.

SB 68

Amend KRS 304.17A-164 to establish cost-sharing requirements for prescription drugs; require rebates to be passed through; establish confidentiality requirements for the rebate information; create a new section of KRS 365.880 to 365.900 to provide that the actual amount of rebates received is a trade secret; provide that compliance with the prescription drugs cost-sharing and rebate requirements shall not be in violation of the Uniform Trade Secrets Act; create a new section of Subtitle 17C of KRS Chapter 304 to apply the cost-sharing and rebate requirements for prescription drugs to limited health service benefit plans and limited health service contracts; create a new section of Subtitle 38A of KRS Chapter 304 and amend KRS 18A.225 and 164.2871 to require limited health service organizations, the state employee health plan, and self-insured employer group health plans provided by the governing board of a state postsecondary education institution to comply with the cost-sharing and rebate requirements for prescription drugs; apply provisions to health plans issued or renewed on or after January 1, 2024; EFFECTIVE January 1,

HB 141

Create various new sections of KRS Chapter 211 to define terms; establish the Urgent-Need Insulin Program and the Continuing Access to Insulin Program; establish eligibility guidelines; establish the application process; establish the process by which insulin is dispensed to eligible individuals; establish the responsibilities of insulin manufacturers; establish the responsibilities of the Kentucky Board of Pharmacy for administering the program; require manufacturers to annually report certain information to the board; require the board to report certain information to the General Assembly upon request; establish penalties; EMERGENCY.

SB 276

Create a new section of KRS Chapter 311 to establish definitions for “health care practitioner” and “adverse treatment”; establish legislative findings; establish health care practitioner scope of practice requirements; and establish requirements of health facilities related to the newly established health care practitioner scope of practice requirements.