CHAPTER 69
(SB 111)

AN ACT relating to coverage for the treatment of stuttering.

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

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

(1) As used in this section:

(a) "Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

(b) "Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

(c) "Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

(d) "Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(2) Except as provided in subsection (4) of this section, any health insurance policy, certificate, plan, or contract, including but not limited to a health benefit plan, that provides coverage for:

(a) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(b) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(c) Both habilitative services and rehabilitative services, shall provide the coverage required under paragraphs (a) and (b) of this subsection.

(3) The coverage required under subsection (2) of this section shall:

(a) Not be:

1. Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

2. Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

3. Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(b) 1. Include coverage for speech therapy provided in person and via telehealth.

2. The telehealth coverage required under this paragraph shall:

a. Not be less than the coverage required for health benefit plans under KRS 304.17A138; and

b. Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. sec. 1320d et seq., as amended.

(4) If the application of any requirement of this section to a qualified health plan as defined in 42 U.S.C. sec. 18021(a)(1), as amended, would result in a determination that the state must make payments to defray the cost of the requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the requirement shall not apply to the qualified health plan until the cost defrayal requirement is no longer applicable.