

KENTUCKY

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	Kentucky law requires participating entities notify the Cabinet for Health and Family Services prior to the acquisition of any licensed health facility.
Authority to Modify or Reject Consolidation Transactions	 Has authority to approve, set conditions, or disapprove consolidation transactions	The Certificate of Need program has authority to approve or disapprove acquisitions if the arrangement will require a significant capital expenditure or if clinical services or bed capacity will be substantially changed as a result of the acquisition. Acquisitions of certain university-affiliated acute care hospitals must also receive approval from the General Assembly by means of an act or joint resolution explicitly identifying and authorizing the acquisition.
Affordability Criteria included in Transaction Review	 Does not include consumer affordability or price growth in review criteria, approval conditions, or both	



State Has Active Policy or Program



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State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	If more than one procedure is performed during a surgical session, an Ambulatory Surgical Center may charge a facility fee for each procedure performed not to exceed 150% of the facility fee charged for the primary procedure.
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 No statutes limiting physician non-competes	Kentucky law prohibits healthcare staffing agencies from using noncompetes for their temporary direct care staff, with this restriction clarified in a 2023 amendment to apply specifically to contracted or employed direct care staff.
Restricts Most-Favored Nation Contract Provisions	 Law restricts Most Favored Nation contract provisions	Kentucky bans Most Favored Nation clauses in healthcare contracts, which prohibit guaranteeing an insurer the best rates. However, exceptions may be granted if the parties involved are able to challenge the presumption that an MFN is anti-competitive and if the Commissioner determines that the insurer's market share is nominal.



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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	✗ State law does not require hospitals to provide free or discounted care to low-income patients	
Hospital Charity Care Screening Requirements	✗ State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	✗ State does not require health care providers to notify patients of charity care options before collecting payment	
Hospital Community Benefit Reporting Requirement	✗ State law does not require hospitals to annually report the amount of charity care provided	

Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	✗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	✗ State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	✗ State law does not exceed federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	✗ The state has not enacted a law to limit interest rates for medical debt	

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Has the authority to modify or reject premium rate increases	Kentucky has the authority to approve or deny rate filings in the individual, large group, and small group market.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	 State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	 State has not implemented hospital global budgets	

Curb Excess Costs in the System

Affordable Coverage		
Policy	Status as of June 2025	Summary
Public Option	✗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	✗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	✗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	✗ State does not offer supplementary state-funded premium subsidies	

Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	Pharmacists in Kentucky are authorized to substitute a biological product with another, interchangeable biological product only if the substitution is a lower price.
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Kentucky are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see note)	Kentucky is a member of the Sovereign States Drug Consortium.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid FFS programs and pharmacists are not required to substitute a generic version of a drug	



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Curb Excess Costs in the System

Prescription Drug Pricing		
Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	Kentucky prohibits spread pricing in Medicaid MCO contracts.
Pharmacy Benefit Manager Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	

Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	



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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Kentucky MCOs provide coverage for most Kentucky Medicaid recipients.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State integrates Medicare-Medicaid to coordinate care for the dually eligible population	Kentucky has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 The state Medicaid program does not reimburse doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly excludes coverage of transition-related care for adults	
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Annual exam coverage only.
Medicaid Coverage for Dental Services	 State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Kentucky's 1115 waiver extending Medicaid coverage to incarcerated individuals 60 days before release was approved in 2024 and the state is in process of implementation, but is not yet in effect as of June 2025.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	Kentucky Medicaid has expanded its asset limit to \$2,000 for individual applicants and \$4,000 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State exempts both applicants' and spouses' retirement savings from Medicaid eligibility determinations	



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	 State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	 The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	 The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	 The state has not established Upper Payment Limits for prescription drugs	

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	 Organizations are required to report prescription drug price information to a state entity	The state Department of Medicaid Services must submit a report to the legislature on total Medicaid dollars paid for prescription drugs.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	



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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	 State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Kentucky caps the out-of-pocket cost for a 30-day supply of prescription insulin at \$30.00, regardless of the amount or type of insulin needed.
Waives or Reduces Cost-Sharing for Asthma Inhalers	 State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	 State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	 State has enacted legislation to limit cost-sharing for specialty drugs	Kentucky caps cost-sharing for a 30-day supply of orally administered anticancer medications at \$100.00.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	 State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state requires individual and small group health plans to offer coverage for fertility preservation services, but not for in-vitro fertilization	Kentucky requires all health benefit plans to cover fertility preservation services when medically necessary treatments may cause iatrogenic infertility. However, in vitro fertilization (IVF) is not covered.
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening tests with no cost-sharing	Effective January 1, 2025, all health plans in Kentucky are required to cover all cancer screenings, tests, and procedures mandated under federal law or consistent with nationally recognized clinical guidelines (USPSTF, ACS, NCCN), as well as those ordered by authorized providers. These services must be covered without cost-sharing or utilization management, except under high-deductible health plans where federal rules require the deductible to apply.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law requires insurers to cover lung cancer screening tests with no cost-sharing	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	Effective January 1, 2025, all health plans in Kentucky are required to cover all cancer screenings, tests, and procedures mandated under federal law or consistent with nationally recognized clinical guidelines (USPSTF, ACS, NCCN), as well as those ordered by authorized providers. These services must be covered without cost-sharing or utilization management, except under high-deductible health plans where federal rules require the deductible to apply.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening with no cost-sharing	Effective January 1, 2025, all health plans in Kentucky are required to cover all cancer screenings, tests, and procedures mandated under federal law or consistent with nationally recognized clinical guidelines (USPSTF, ACS, NCCN), as well as those ordered by authorized providers. These services must be covered without cost-sharing or utilization management, except under high-deductible health plans where federal rules require the deductible to apply.
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law requires insurers to cover ovarian cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	In Kentucky, health plans must cover genetic tests for cancer risk recommended by licensed providers under NCCN guidelines, including biomarker testing. Carriers may still require patients to pay deductibles, copays, or coinsurance. However, the state also requires health benefit plans to provide coverage for genetic testing to determine if someone is at an increased risk for cancer without cost-sharing.