

# 2025 ADVOCACY IN ACTION

**Achievement Report**

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# 2025 Legislative Session

The 2025 Kentucky General Assembly concluded its 30-day “short” session on March 28, with lawmakers passing 148 bills and 14 resolutions. In a show of legislative strength, the Republican supermajority enacted 27 of those bills over Governor Andy Beshear’s veto. A total of 1,080 bills and 361 resolutions were filed during the session, a 23 percent increase in bills filed compared to 2023, reflecting a fast-paced session with diverse legislative priorities.

Key highlights included the passage of **House Bill 1**, which further reduces the state’s individual income tax rate from 4 percent to 3.5 percent beginning January 1, 2026. Another high-profile measure was **House Bill 4**, targeting Diversity, Equity, and Inclusion (DEI) practices in Kentucky’s public universities. The bill mandates the closure of DEI offices and prohibits the use of public funds for DEI initiatives by June 30, 2025. It also bars universities from requiring DEI training or coursework. Although vetoed by the Governor, the bill was enacted through an override in the final days of the session.

The General Assembly also advanced several significant bills aimed at reshaping Kentucky’s administrative regulation framework. **Senate Bill 84** eliminated the long-standing practice of Chevron deference, meaning courts will no longer default to a state agency’s interpretation of ambiguous laws or regulations. **House Bill 6**, Kentucky’s version of the federal REINS Act, blocks the administration from enacting regulations with a projected economic impact of \$500,000 or more over two years unless they meet strict criteria, such as addressing a public health threat or complying with federal mandates. Additionally, **Senate Bill 23** expanded the authority of the General Assembly in the regulatory process, further shifting oversight power from the Executive Branch to the Legislature. It is anticipated that at least some of these measures will face a legal challenge from the Executive Branch.

The end of the session also marked a historic transition as legislators prepared to meet in temporary chambers until 2029 while the State Capitol undergoes an extensive three-year renovation.



## KMA PRIORITIES

KMA was actively involved throughout the session, advocating for both physicians and patients. Thanks to the strong support and engagement from members, KMA was able to block several bills that would have negatively impacted the practice of medicine and public health while making significant progress on a top-priority issue.

**Prior Authorization:** Championed by KMA, **House Bill 423** was an effort to address the growing administrative burdens physicians face due to prior authorization requirements. Sponsored by Rep. Kim Moser, the bill proposed the creation of a prior authorization exemption, or “gold carding,” program. Under the measure, physicians with a prior authorization approval rate of 93 percent or less, as determined by the insurer for a specific procedure or service, would be exempt from future prior authorization requirements for that service.

While the bill did not go as far as some had hoped, it represented a significant step toward improving patient care and reflected a hard-won compromise between physicians, healthcare providers, and insurers. HB 423 passed through the House and the Senate Banking and Insurance Committee without a single opposing vote. However, despite its broad bipartisan support, the bill ultimately stalled in the Senate, becoming a casualty of unrelated political and policy disputes.

Although the outcome is disappointing, the progress of HB 423 underscores a growing legislative momentum for meaningful prior authorization reform. KMA remains committed to advancing these efforts and will continue working to reduce administrative barriers and improve timely access to care for Kentucky patients.

**Scope of Practice:** Protecting physician-led care remained a top priority for KMA this session. **Senate Bill 88**, sponsored by Sen. Lindsey Tichenor, would have significantly altered the relationship between physicians and physician assistants (PAs) by replacing “supervision” with “collaboration” throughout the PA Practice Act. This change would have threatened the physician-led care model and opened the door to independent PA practice. Thanks to the persistent efforts of KMA members, the bill stalled in the Senate Licensing and Occupation Committee and was never brought to a vote.

KMA also played a critical role in amending a proposal that would have granted physical therapists prescriptive authority for imaging services. **House Bill 117**, sponsored by Rep. Amy Neighbors, was withdrawn and replaced by **House Bill 255**, which, thanks to KMA advocacy, excluded the imaging provision.

**Smoking Ban Exemptions:** KMA joined several national healthcare and patient advocacy organizations in opposing **House Bill 211**, sponsored by Rep. Chris Lewis, which would have weakened local smoke-free policies by allowing cigar bars in communities that otherwise prohibit public smoking. The House voted to advance the bill over strong objections from the KMA, the American Lung Association, the American Cancer Society, and the American Heart Association. The bill cleared the Senate State & Local Government Committee but failed to receive a full vote on the Senate floor. While Kentucky has made great strides in reducing smoking rates in recent years, it still ranks among the highest in the U.S. KMA will continue to fight for strong smoke-free laws and other public health efforts to reduce tobacco use and limit exposure to secondhand smoke across the Commonwealth.



## OTHER HEALTHCARE BILLS THAT DID NOT PASS

**Medicaid:** Multiple bills were introduced in the General Assembly aimed at reforming various aspects of the state Medicaid program. The list of Medicaid bills that did not pass included **Senate Bill 13** (Rep. Stephen Meredith), which would have limited Medicaid service contracts to no more than three managed care organizations (MCOs). This proposal, which has repeatedly passed the Senate, has struggled in the House. **Senate Bill 153** (Sen. Craig Richardson), originally aimed at improving Medicaid prepayment review transparency, was later revised to address a long-standing dispute over 340B drugs and faced strong opposition. **House Bill 785** (Rep. Kim Moser) would have increased oversight of MCOs and strengthened provider protections by requiring MCOs to provide 90 days’ notice of material contract changes, limit payment reductions to no more than 10 percent, and mandate coverage of at least two evaluation and management service units per physician, per patient, per day.

**Psychiatric Collaborative Care Model: House Bill 78**, sponsored by Rep. Kim Moser, sought to strengthen Kentucky’s legal framework for mental health treatment coverage by introducing and defining the Psychiatric Collaborative Care Model, which emphasizes an integrated approach to behavioral health service delivery. The bill requires all health insurers to cover mental health services delivered under this model, specifically those billed under CPT codes 99492, 99493, and 99494. The bill was assigned to the House Banking and Insurance Committee but did not receive a hearing.

**Conscientious Objections in Health Care:** Legislation protecting healthcare professionals and institutions from being required to participate in services that conflict with their moral or religious beliefs was again introduced in the Senate. **Senate Bill 132**, sponsored by Sen. Donald Douglas, M.D., included exceptions for emergency care and sexual assault examinations and sought to shield providers from civil, criminal, or administrative liability. While the bill passed the Senate, it once again failed to advance in the House.

**Promotion of Organ and Bone Marrow Donation:** Sponsored by Rep. Shawn McPherson, **House Bill 311** aims to increase organ and bone marrow donations in Kentucky by mitigating the financial impact on living donors and their employers. The bill established a structured incentive for employers to support organ

and bone marrow donation by providing up to 40 hours of paid leave to employees, coupled with a non-refundable employer tax credit to offset associated costs. The bill failed to receive a hearing in the House Appropriations & Revenue Committee.

**Water Fluoridation:** A bill to make water fluoridation programs optional for the governing bodies of local water providers was again introduced in the House. Sponsored by Rep. Mark Hart, **House Bill 16** passed the House by a vote of 68 to 29 after a lengthy debate in the Health Services Committee with strong opinions on both sides of the measure. The bill was assigned to the Senate Health Services Committee but did not receive a hearing. KMA joined several oral health organizations in opposing the legislation.

**Super Speeder Fines: Senate Bill 57**, known as the “super speeder” bill, swiftly cleared the Senate but stalled in the House, where it never received a committee hearing. The bill, sponsored by Sen. Stephen Meredith, proposed a new \$200 fee on individuals convicted of driving more than 25 miles per hour over the speed limit on a state highway. Revenue from the fee would support Kentucky’s trauma care system fund, which has gone unfunded since its creation in 2008. Additional revenue generated from the enhanced fees would also support a rural hospital preservation fund, an emergency medical technician scholarship fund, and a fund to help public schools purchase automated external defibrillators.

**Childhood Hearing Services:** Sponsored by Sen. Karen Berg, M.D., **Senate Bill 93** requires state-regulated health plans to cover hearing aids and related services for children with hearing loss with no cost sharing and a minimum benefit of \$2,500 per hearing aid. The bill also requires coverage for cochlear implants that meets or exceeds Medicare and Medicaid standards. The measure passed the Senate and was reported favorably out of the House Health Services Committee but failed to receive a floor vote in the House.

**Choking Prevention in Schools:** A bill aimed at enhancing choking prevention protocols within schools passed the House but failed to move in the Senate. **House Bill 44** would have allowed schools to deploy portable suction “anti-choking devices” as a last resort to save students. It also required schools to ensure that all personnel, particularly cafeteria staff, receive comprehensive training that covers both the Heimlich maneuver and the operation of the anti-choking device.

**MAHA Kentucky Task Force:** A Senate Concurrent Resolution (SCR) sought to establish the Make America Healthy Again Kentucky Task Force to promote better health outcomes for Kentuckians by applying the principles from the Make America Healthy Again (MAHA) movement. Sponsored by Sen. Shelley Funke Frommeyer, **SCR 61** highlighted the state’s high rates of chronic disease and obesity and outlined goals to expand access to nutritious foods and encourage healthy lifestyle choices. While SCR 61 did not pass both chambers, Senate and House leadership may still choose to move forward with the task force during the interim without a formal resolution.

**Provisional Medical License:** A proposal to permit international medical graduates to apply for a provisional license to practice medicine in Kentucky was introduced in the House by Rep. Kim Moser. **House Bill 786** would require the Board of Medical Licensure to establish regulations outlining the requirements for provisional licensure, applicant eligibility, and the process for obtaining a full, unrestricted license upon completion of the provisional period. The bill was not heard in committee and failed to advance during the session.

**Buprenorphine Dosage:** Sponsored by Rep. Kim Moser, **House Bill 788** would allow Kentucky physicians who meet the qualifications to prescribe, dispense, or administer buprenorphine products to use their professional judgment when determining a specific dosage that meets the patient’s needs. It would also require the Kentucky Board of Medical Licensure and the Kentucky Board of Nursing to establish regulations to implement the requirement. The bill was not heard in committee and did not move forward this session.



**Ibogaine Research:** Legislation to establish a framework for researching ibogaine as a potential treatment for opioid dependence and co-occurring mental health disorders was introduced by Sen. Donald Douglas, M.D. **Senate Bill 240** expressed the General Assembly's intent to support clinical research, trials, and studies on ibogaine. The bill created the Ibogaine Research Fund and outlined a process for private entities to apply for funding from the Department of Agriculture to support this research. Although ibogaine treatment has garnered increased attention in recent years, SB 240 did not advance out of committee this session.

**Vaccines:** Although multiple vaccine-related bills were introduced in both chambers this session, none of these proposals received a committee hearing in their respective chambers. **Senate Bill 246** (Sen. Stephen West) would have required employers that mandate vaccines to allow religious or medical exemptions. **House Bill 601** (Rep. Ryan Dotson) and **House Bill 745** (Rep. Candy Massaroni) focused on blood donations, including labeling mRNA-vaccinated donor blood, testing for spike proteins, and prohibiting state agencies from maintaining vaccination records. **House Bill 629** (Rep. Ryan Dotson) sought to prohibit the denial of healthcare services based on vaccination status. Finally, **Senate Bill 177** (Sen. Lindsey Tichenor) would have barred mRNA vaccination requirements for school, work, or medical care and prohibited the administering of mRNA vaccines to minors.



## HEALTHCARE BILLS THAT PASSED

While many of the healthcare bills introduced did not pass this session, lawmakers approved several significant measures related to Medicaid and public health. KMA's active involvement and collaboration with legislators and stakeholders helped shape these efforts, leading to more positive outcomes.

**Vaping, Tobacco, and Nicotine Retailers:** Legislators took additional action to curb underage nicotine use by requiring vaping, tobacco, and nicotine retailers to obtain a license to sell these regulated products. **Senate Bill 100**, sponsored by Sen. Jimmy Higdon, also establishes the Division of Tobacco, Nicotine, and Vapor Product Licensing within the Department of Alcoholic Beverage Control to enforce the provisions of the new licensing rules and ensure compliance with state and federal regulations. The bill also imposes escalating fines and penalties, including possible license revocation, for retailers who sell to minors. Fees collected by the state will go to support compliance checks associated with Kentucky's T21 law.

**Cannabis-Infused Beverages:** Sponsored by Sen. Julie Raque Adams, **Senate Bill 202** establishes a regulatory framework for cannabis-infused beverages, often referred to as "weed water." The legislation places these products under the authority of the Department of Alcoholic Beverage Control, creating a three-tier system for licensing, distribution, and retail sales similar to existing alcohol regulations. SB 202 limits intoxicating cannabinoids in these beverages to no more than five milligrams per serving and restricts sales to licensed distributors and retailers within wet territories. Additionally, the bill enforces age restrictions, prohibiting sales to individuals under 21.



**Colorectal Cancer Screening:** Legislation sponsored by Rep. Amy Neighbors aims to enhance access to colorectal cancer screening by requiring health benefit plans to cover all colorectal cancer examinations and laboratory tests based on the latest guidelines from the United States Multi-Society Task Force on Colorectal Cancer. **House Bill 421** ensures coverage of all FDA-approved bowel preparations for colorectal cancer screenings while eliminating prior authorization and cost-sharing with exceptions for certain Health Savings Account-qualified plans. This bill is expected to have no fiscal impact and could potentially generate annual savings of \$68 million in treatment costs.

**Parkinson's Disease: Senate Bill 27**, which passed unanimously in both chambers and was signed into law, establishes the Kentucky Parkinson's Disease Research Registry and its advisory committee. The bill, sponsored by Sen. Brandon Storm, aims to improve research and data collection to advance the understanding and treatment of Parkinson's disease in Kentucky. Movement disorder centers and licensed movement disorder providers, as defined by the legislation, will be required to report cases of Parkinson's and related conditions to the registry, with patient consent and opt-out provisions. The legislation also ensures public access to registry information through an official website.

**Free-Standing Birthing Centers and Medical Exceptions to Abortion Ban:** After multiple unsuccessful attempts in previous sessions, the General Assembly passed legislation making it easier for free-standing birthing centers to open and operate in Kentucky. **House Bill 90**, sponsored by Rep. Jason Nemes, removes the certificate of need requirement for birthing centers with four or fewer beds. The bill requires the centers to be accredited, located within 30 miles of a hospital, and have a physician medical director responsible for patient safety and quality review. Centers must also maintain written patient transfer agreements with nearby hospitals and emergency services.

With the veto recess quickly approaching, the Senate amended HB 90 to include clarifying language on medical exceptions to Kentucky's near-total abortion ban. The amendment explicitly protects medical care related to miscarriage management, ectopic and molar pregnancy removal, sepsis treatment, hemorrhage control, and the management of fetal demise and stillbirth. As expected, the governor vetoed the bill due to the inclusion of the abortion-related language; however, Republican supermajorities in both chambers voted to override the veto upon returning to Frankfort.

**Increased Legislative Control over Medicaid:** As previously noted, Medicaid policy was a central focus of this year's legislative session, with **House Bill 695**, commonly referred to as the Medicaid "freeze," emerging as one of the most closely watched measures. Sponsored by Rep. Adam Bowling, the wide-ranging legislation increases legislative oversight of Medicaid by requiring General Assembly approval for program changes and establishing the new Medicaid Oversight and Advisory Board. It also reinstates pre-pandemic prior authorization requirements for behavioral health services and directs the Cabinet for Health and Family Services to seek a waiver to implement a mandatory work requirement program. Legislators swiftly overturned the governor's veto during the final days of the session.

## ADVOCACY IN ACTION



Thank you to all KMA members for your outstanding engagement during this year's legislative session. A record number of emails were sent to legislators, and your efforts were critical in advancing key

priorities, preventing harmful legislation, and ensuring that physicians continue to have a strong voice in Frankfort. Your continued advocacy is essential as we work together to advance policies that protect patients and support the practice of medicine in our state. Please consider contributing to the Kentucky Physicians Political Action Committee (KPPAC), which plays a vital role in helping elect pro-medicine candidates to the General Assembly. With your support, we can continue to make a lasting impact on the future of healthcare in Kentucky. To learn more about KPPAC or to contribute, visit [www.kppac.org](http://www.kppac.org).