KENTUCKY ACADEMY of FAMILY PHYSICIANS

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2026 Kentucky Legislative Report

The 2026 Kentucky General Assembly convened on January 6, 2026 for its constitutionally scheduled 60-day "long" budget session, adjourning sine die on April 15 after passing the biennial state budget alongside its other legislative business. Lawmakers returned for a two-day veto period on April 14 and 15, during which the Republican supermajority overrode the large majority of Governor Beshear's vetoes. Most non-emergency legislation enacted this session took effect July 15, 2026 — ninety days after adjournment, as required by the Kentucky Constitution.

By the Numbers

1,293 bills introduced (939 in the House, 354 in the Senate)

201 bills and resolutions enacted into law

30 bills enacted after the legislature overrode a gubernatorial veto

60 legislative days, January 6 – April 15

Health policy remained a central focus throughout the session, with legislators again taking up many of the same debates KAFP tracked during the 2025 short session: prior authorization reform, pharmacy benefit manager (PBM) rebate pass-through, provider conscience protections, water fluoridation, and access to medication for substance use disorder.

Members of the Kentucky Academy of Family Physicians engaged throughout the 60-day session on these priorities, sharing firsthand perspective with legislators on how proposed policies affect patients and the practice of family medicine, including at KAFP's Advocacy Day at the Capitol.

HB 176 – Prior Authorization Exemptions for Trusted Providers

What Happened: *Passed; signed by the Governor on April 13, 2026 (2026 Ky. Acts ch. 102).*

HB 176 was the clear win of the session for family physicians on the administrative-burden front. The bill requires health insurers to establish a "gold card" style program under which high-performing, in-network providers can qualify for exemption from prior authorization requirements for specific services, and it directs the Department of Insurance and the Department for Medicaid Services to report annually on prior authorization practices statewide. HB 176 passed the House overwhelmingly (89–1) in January and passed the Senate 38–0 in late March, following a floor amendment exempting the state employee health plan from the exemption and reporting requirements. Its provisions phase in on January 1, 2027 and January 1, 2028.

SB 137 – Provisional License to Practice Medicine

What Happened: *Passed; signed by the Governor on April 10, 2026 (2026 Ky. Acts ch. 89); effective July 16, 2026.*

Sponsored by Sen. Stephen Meredith, SB 137 allows physicians licensed and practicing in another country to obtain a provisional license to practice in Kentucky without repeating residency, provided they pass Kentucky's board exams and practice for a sponsoring physician in a medically underserved area. After three years under a Kentucky sponsor, a provisional licensee becomes eligible for a full license. A Senate committee substitute added the underserved-area sponsorship requirement, and a floor amendment limited eligibility to physicians licensed in countries scoring 90% or higher on the UN Human Development Index. The bill responds directly to the physician shortage the Cabinet for Health and Family Services projected in an August 2025 report — nearly 3,000 physicians short by 2030, with 107 of Kentucky's 120 counties

designated as health professional shortage areas. For family medicine specifically, this is a workforce pipeline bill worth watching as it's implemented in rural and underserved practices across the Commonwealth.

HB 3 – Reimbursements for Pharmacist Services

What Happened: *Passed; signed by the Governor on April 13, 2026 (2026 Ky. Acts ch. 99).*

HB 3 requires Kentucky Medicaid and KCHIP to comply with the pharmacist-service reimbursement requirements already established for private insurers under KRS 304.12-237, aligning Medicaid reimbursement for pharmacist-provided services with the commercial market. The bill passed both chambers unanimously (93–0 in the House, 38–0 in the Senate). While not a KAFP-tracked bill, it's relevant background for family physicians working in team-based and collaborative-practice settings where pharmacists play an expanded clinical role.

HB 135 – Coverage for Breast Examinations

What Happened: *Did not pass; introduced in the House and died in the House Banking and Insurance Committee.*

HB 135 would have required health benefit plans to cover annual mammograms for women ages 40–49 and to eliminate cost-sharing for covered breast examinations more broadly, with parallel requirements for the state employee health plan and self-insured postsecondary education plans. The bill never received a committee vote following its January 14 referral. Supporters are expected to bring the measure back in a future session.

HB 512 / SB 128 – Pharmacy Benefit Manager (PBM) Rebate Pass-Through

What Happened: *Did not pass; neither companion bill advanced out of committee.*

For another consecutive year, legislation was introduced to require prescription drug rebates negotiated between manufacturers and PBMs to be passed through to patients at the point of sale, while protecting the underlying rebate amounts as a trade secret. HB 512 (Rep. Kimberly Moser) was referred to House Banking and Insurance on February 4 and never received a hearing. Its Senate companion, SB 128 (Sen. Stephen Meredith), never advanced past the Committee on Committees. High drug prices remain a significant barrier to medication adherence for patients managing diabetes and other chronic conditions, and KAFP expects PBM reform to return in 2027.

SB 82 / HB 153 – Administrative Regulations for Medications for Substance Use Disorder

What Happened: *Did not pass; both companion, emergency-clause bills died in committee.*

SB 82 and HB 153 would have voided existing Board of Medical Licensure and related-board regulations restricting the prescribing of buprenorphine and other Schedule III–V medications used to treat substance use disorder, and would have barred the medical, dental, nursing, and pharmacy boards from adopting similar restrictions going forward. SB 82 (Sen. Adams and others) never left the Senate Committee on Committees; HB 153 (Rep. Willner and others) was referred to House Health Services on January 14 but received no further action. Expanding access to medication-assisted treatment remains a priority KAFP expects to revisit.

HB 187 / SB 74 – Youth Vaping Prevention Investment

What Happened: *Did not pass; both bills died before reaching a floor vote.*

HB 187 and SB 74 would have created a vaping settlement trust fund to direct litigation proceeds — including from the Commonwealth's case against Juul Labs — toward youth vaping prevention and cessation programs. HB 187 stalled in House Appropriations and Revenue after its January 14 referral. SB 74 advanced further,

clearing the Senate Health Services Committee with a committee substitute narrowing the fund to Juul settlement proceeds only, but it was recommitted to Senate Appropriations and Revenue on February 19 and did not resurface before adjournment.

SB 12 – Level IV Trauma Center Provider Standards

What Happened: *Did not pass; never received a committee assignment beyond introduction.*

SB 12, sponsored by Sen. Stephen Meredith, would have addressed medical provider coverage and staffing standards at Level IV trauma centers. The bill was referred to the Senate Committee on Committees on January 6 and did not move further during the session.

SB 72 – Health Care Heroes Recruitment and Retention Act

What Happened: *Did not pass; passed the Senate but died in a House committee.*

SB 72 would have granted health care professionals a right to decline to participate in services that violate their conscience, with civil-liability protections and a prohibition on licensing-board discipline for exercising that right. The bill passed the Senate 28–5 on February 13 and was received in the House, where it was referred to the House Committee on Committees on February 17 — but it never received a further committee assignment or a hearing before adjournment. KAFP tracked the bill's implications for continuity of patient care throughout the session.

HB 103 / SB 55 – Water Fluoridation

What Happened: *Did not pass, though HB 103 advanced further than its 2025 predecessor.*

HB 103, sponsored by Rep. Mark Hart, would have made local water fluoridation programs optional, shifting the decision to the governing body of each water system and granting immunity to public officials and entities for good-faith decisions on the issue. Unlike the 2025 version, HB 103 cleared the House Local Government Committee with a committee substitute and passed the full House 67–29 on February 5. The Senate received the bill on February 6 but never brought it up for a committee hearing. Its Senate companion, SB 55 (Sen. Donald Douglas), also did not advance out of committee. KAFP, which opposed the 2025 version on public-health grounds, expects this issue to return in 2027.

Looking Ahead

The 2027 Kentucky General Assembly convenes January 5, 2027, for a 30-day short session. With the biennial budget now set, lawmakers are expected to have more room to revisit unfinished business — including PBM reform, continued implementation of prior authorization exemptions, water fluoridation, and provider conscience legislation. KAFP will continue to monitor these issues and engage members for Advocacy Day and other opportunities to make family medicine's voice heard in Frankfort.