If there is an issue that you are watching or have an opinion on, please make sure to share it with our team at news@gemedia.com. We will continue to report on the 2019 session in print and online.
Passport West End HQ gets $24M from national organizations

The Passport West End HQ development project has drawn attention and support from prominent national investors. A collection of financial leaders has awarded Passport Health Plan – a nonprofit, Kentucky-based Medicaid managed care organization – millions of dollars in special tax credit financing to help bring the company’s new headquarters and collaboration with community partners focused on healthy food, affordable and safe housing and other services, we will reduce the overall cost of Kentucky’s Medicaid program in the future.”

Investment Incentives

The New Markets Tax Credit (NMTC) was established in 2000 to provide incentives for investment in low-income communities, according to the Tax Policy Center. Congress authorizes the amount of credit authority, which is then allocated to qualified applications by the Treasury Department.

According to the NMTC Coalition, $42 billion in direct NMTC investments were made between 2003 and 2015, leveraging nearly $80 billion in total capital investment to businesses and revitalization projects in communities with high rates of poverty and unemployment.

“The Passport Health and Well-Being Campus is organized around social determinants of health, which are conditions in the environments in which people are born, learn, work, play, worship and live that affect a wide range of health and quality-of-life outcomes,” Carter said. “Along with the Passport headquarters – which will see more than 300 new jobs from participating partners over the coming years – there will be strong retail and service-based opportunities available on the campus, along with housing, retail and community-gathering opportunities available.

Health and Well-Being Campus to reality in downtown Louisville.

Three Community Development Entities (CDEs) are combining to provide $24.35 million in New Markets Tax Credit financing to Passport, bringing $8.55 million in subsidy to assist the project. The CDEs are the National Development Council, Reinvestment Fund and Telesis Corporation. SB Friedman Development Advisors acted as consultants for this project. PNC Bank will serve as the investor for the $8.55M in tax credit equity.

“The Passport Health and Well-Being Campus will further allow us to meet our shared goal with the Kentucky Department for Medicaid Services (DMS) to help our members develop job skills, acquire education, and ultimately become employed and have access to private insurance,” said Passport CEO Mark Carter. “Through our

Stites & Harbison recognized as client service leader

BTI Consulting Group recently selected Stites & Harbison as a client service leader in the BTI Client Service A-Team 2019: The Survey of Large Firm Client Service Performance. In-depth interviews with more than 350 corporate counsel at Global 500 and Fortune 1000 companies were conducted by BTI for the 2019 results. BTI’s Client Service A-Team is regarded as “the gold standard to assess how law firms honestly stack up in client service and delivery.”

Bourbon & Bluegrass Holiday Bash raises more than $140,000

The Flaget Memorial Hospital Foundation hosted its third annual Bourbon & Bluegrass Holiday Bash, presented by Bardstown Bourbon Company in December. The bash raised more than $140,000 to support Flaget Memorial Hospital’s Cancer Center.

All funds raised at the Bourbon & Bluegrass Holiday Bash support Project Hope, an effort by the Flaget Memorial Hospital Foundation to expand Flaget’s Cancer Center by adding five more infusion rooms, a pharmacy and a resource center. This will allow Flaget Memorial Hospital to better care for those battling cancer.

Hosparus Health earns four stars in veterans program

Hosparus Health has been named a We Honor Veterans Level Four Partner, the highest designation in the veteran support and recognition program established by the National Hospice and Palliative Care Organization and the U.S. Department of Veteran Affairs.

Hosparus Health achieved the four-star designation for its commitment to implementing rigorous and ongoing veteran-centered education for its staff and volunteers to ensure veteran patients and their families receive specialized, compassionate care and support.

Level Four status means Hosparus Health meets all the program’s standards of a recognized partner and is one of the top hospices in the country serving veterans.

Since January, the nonprofit organization has cared for 1,013 veteran patients in Jefferson, Bullitt, Henry, Shelby, Spencer and Trimble counties and 1,429 throughout the entire Hosparus Health service area.

In addition to customized medical, emotional and social support, Hosparus Health provides special recognition to each veteran patient. Volunteers, who are military veterans themselves, honor each patient’s service with a handmade patriotic blanket or cap and a We Honor Veterans certificate. Volunteers also make regular companionship visits to veteran patients, providing the unique camaraderie that can only be provided by a fellow veteran.

Baptist Health Paducah wins marketing award

A calendar that Baptist Health Paducah created to celebrate the opening of the Ray & Kay Eckstein Regional Cancer Care Center recently received the Community Relations/Service Thoroughbred Award from the Kentucky Society for Healthcare Public Relations and Marketing (KSHPRM).

The campaign was coordinated by Catherine Sivills, regional marketing director, and Angie Timmons, marketing/PR assistant.
Kentuckiana Health Collaborative recognized for leadership

The Kentuckiana Health Collaborative (KHC) won and was presented an award at the annual National Alliance forum. The 2018 Membership Leadership Award celebrated KHC efforts to improve quality and efficiency of the healthcare delivery system, employee engagement—and ultimately health.

KHC is a nonprofit comprised of representatives who have a major stake in improving the health status and the healthcare delivery system in Greater Louisville and Kentucky.

KHC and the Kentucky Department for Medicaid Services joined forces on the Kentucky Performance Measures Alignment Committee, a public-private effort to create a common primary care measures set in the Commonwealth of Kentucky to improve the quality and value of care, reduce provider reporting complexity and align Kentucky’s healthcare measurement.

The coalition has tackled opioids working with the Kentucky Cabinet of Health and Family Services Department of Behavioral Health to assist primary healthcare providers in implementing services for unhealthy opioid use into their practices.

KHC also focused on mental health through a partnership with StaMINA (Student Alliance for Mental Health Innovation and Action) to identify new ways to address adolescent needs.

BrightSpring, PharMerica combine

BrightSpring Health Services and PharMerica Corporation will join to become a leading provider of home and community-based health and pharmacy services for high-need and medically complex populations.

The strategic combination of BrightSpring and PharMerica creates a healthcare services company with comprehensive care capabilities across clinical, non-clinical and pharmacy services in multiple care settings. Upon close, the combined businesses will serve over 300,000 clients daily in 44 states and the District of Columbia. Following the close of the transaction, the combined enterprise will be led by Jon Rousseau. Greg Weishar will serve as a strategic advisor, continuing the Board of Directors.

BrightSpring and PharMerica will continue to support all operations from Louisville, Kentucky, where both companies are headquartered.

HMH Foundation receives grant for SANE program

Hardin Memorial Health Foundation received $221,000 in federal grant funding from Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA). This funding will allow HMH to expand its Sexual Assault Nurse Examiner (SANE) program and recruit and hire more SANEs, provide training, employ a SANE Program Manager and create a new position for a Sexual Assault Care Coordinator (SACC) who will provide much needed follow-up care for sexual assault patients. Over the past three years, HMHF has raised over $400,000 for the HMH SANE program.

HMH, one of eight Emergency Department based SANE programs in Kentucky listed with the IAFN (International Association of Forensic Nursing), offers patients 12 trained SANEs who provide coverage. This year, HMH cared for 104 sexual assault victims from across Central Kentucky, a 108 percent increase in volume over 2017.
Baptist Health

Greg Holtgrewe was named director of volunteer services at Baptist Health Paducah.

HOLTGREWE

Hosparus Health

Scott Herrmann, formerly director of economic development with Louisville Forward, was named chief strategy officer.

HERRMANN

Stites & Harbison

J. Brittany Cross Carlson, with the Torts & Insurance Practice Service Group in the Louisville office, has been promoted to counsel.

CARLSON

University of Louisville Health

Mari-Elise Paul, with the Intellectual Property & Technology Service Group in the Louisville office, has been promoted to counsel.

PAUL

DBL Law

Mitchel Denham has joined as a partner in the Louisville office, focusing on healthcare, among other areas.

DENHAM

Family Health Centers

Julia Richerson, MD, FAAP, of Family Health Centers Iroquois office in Louisville, has been named an HPV Vaccine Is Cancer Prevention Champion Award recipient for her outstanding efforts to protect adolescents in Kentucky from cancers caused by HPV. Richerson is recognized for her efforts to achieve high HPV vaccination rates in her practice.

RICHERSON

Stites & Harbison

Ashley Owens Hopkins, with the Employment Law Service Group in the Lexington office, has been promoted to partner.

HOPKINS

University of Kentucky

Robert Frazer, DMD, has been named chair of the Department of Oral Health Practice in the College of Dentistry.

FRAZER

UK HealthCare

Patricia Kunz Howard, PhD, enterprise director for emergency services, has been named president of the Emergency Nurses Association.

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 familialnews
Meet Angela Tackett Dearinger, MD, with the Lexington VA Medical Center

**Medical News:** Why did you become a doctor?
**ATD:** I chose MedPeds (Internal Medicine and Pediatrics) because I thought it was the best of both worlds. You get to care for adults and children and can care for an entire family. I love to see families grow and be healthy.

**MN:** Why did you choose this specialty?
**ATD:** It’s not original, but one of my closest high school friends told me years ago, “Don’t sweat the small stuff.” She didn’t just tell me that, she did it in needlepoint, framed it and it hangs in my office! But it really is true. When overwhelmed with “small stuff,” I sometimes remind myself to focus on the big picture and what really is important.

**MN:** What’s the best advice you ever received? Who gave it to you?
**ATD:** It was a great reminder that I needed to keep a close watch over my priorities.

**MN:** What is your motto? Why?
**ATD:** Treat others the way you would want to be treated. Maybe it is because I am constantly telling my kids this, but it really is true. Wouldn’t the world be a better place if we all lived by this one?

**MN:** Who are your heroes in healthcare?
**ATD:** My heroes in healthcare are Dr. F. Douglas Scutchfield and Dr. Charles (Chipper) Griffith. Both are nationally recognized for their contributions to public health (Scutchfield) and medical education (Griffith), and both have been mentors to me in my education and career.

**MN:** How do you go the extra mile, above and beyond your daily tasks to improve patient care, community health or hospital operations?
**ATD:** As much as possible, I like to work with people one-on-one. Whether that is calling a patient myself with his or her lab results, sitting down with a residency director to talk about curriculum, or meeting with a medical student who isn’t sure which specialty to choose, I try to always make time to meet with people.

**NEWS IN BRIEF**

Rawlings Foundation donates $2 million to Baptist Health La Grange

The Rawlings Foundation donated $2 million to Baptist Health La Grange. The gift is the largest in the hospital’s history and was designated toward the renovation of the Baptist Health La Grange Emergency Department.

In 2017, the Rawlings Foundation donated $1 million toward the George and Beverly Rawlings Women’s Center, which opened in June 2017.

‘The initial goals for the project include enhancing the patient experience, increasing capacity and improving workflow, efficiency and environment for the Emergency Department physicians and staff.

Nazareth Home receives awards for excellence in care

Nazareth Home has been recognized for excellence in care by the Centers of Medicare and Medicaid Services (CMS). Nazareth Home and Nazareth Home Clifton were among the top four skilled-nursing facilities in the Louisville area awarded a Medicare bonus by CMS for reducing hospital readmission rates.

In addition, both Nazareth Home campuses were recently recognized by the Kentucky Association of Health Care Facilities (KAHCF) as “Best of Kentucky - Nursing and Rehabilitation,” business and advocacy. It was a wonderful experience and I absolutely recommend it to any physician in Kentucky. I met some outstanding physicians who are really leading the way in terms of promoting and improving the healthcare system in Kentucky. The learning opportunities, and meeting these fabulous colleagues, helped me to recognize my own strengths, and motivated me to step up and use the leadership skills that I have.

**MN:** What’s the best advice you ever received? Who gave it to you?
**ATD:** Jessica Klausing, with Nazareth Home Clifton, was recognized as “Best Nursing Care,” and Dr. Bonnie Lazor, Medical Director at Nazareth Home, was recognized as “Best Health Care Partner.”

**MN:** What is your motto? Why?
**ATD:** It was a great reminder that I needed to keep a close watch over my priorities.

**MN:** What’s the best advice you ever received? Who gave it to you?
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**NEWS IN BRIEF**

Saint Joseph Jessamine celebrates 10th anniversary

The Saint Joseph Jessamine RJ Cormann Ambulatory Care Center is celebrating 10 years in the Jessamine County community. The facility first opened in 2009 and is Jessamine County’s first and only full-service, 24/7 emergency care facility.

In the past 10 years, there have been approximately 240,000 visitors to the emergency room, nearly 400,000 emergency department and outpatient laboratory tests performed, 6,700 procedures performed annually for rehabilitation services, and 17,000 examinations performed annually for radiology services.

New Jersey company acquires Louisville healthcare property

Englewood Cliffs, N.J.-based Portopiccolo Group bought Sycamore Heights Health and Rehabilitation — formerly known as Brownsboro Hills Health Care and Rehabilitation — for $4.5 million through an affiliate called CV Louisville Propco I.

The one-story, 34,000-square feet facility has 96 skilled-nursing beds.

News in Brief continued on page 7
### 2019 LEGISLATIVE SESSION

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<td>Jan 8</td>
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<td>Part II convenes</td>
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<td>Last day for new Senate bills</td>
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### EVENT CALENDAR

#### 24th Annual Kentucky Chamber Day Dinner
- **Time:** 6:30 pm
- **Location:** Heritage Hall, The Lexington Convention Center, Lexington, Ky. 40508
- **Info:** The premier kick-off of the legislative session and the state’s largest gathering of business and political leaders. Governor and state leaders share their visions for Kentucky’s economy and politics in the year ahead. Kychamber.com

#### Primary Care Technical Advisory Committee Meeting
- **Time:** 10 to 11:30 a.m.
- **Location:** CHFS Cafeteria Conference Room, 275 E. Main St., Frankfort, Ky. 40621
- **Info:** kypca.net

#### Webinar: QPP Program Year 3 Requirements
- **Time:** 12:30 to 1:30 pm
- **Info:** Sponsored by the Kentucky Regional Extension Center. An expert panel will discuss aspects of the QPP Year 3 rules and how they will impact your practice. Kentuckyrec.com

#### FluFIT for Colon Cancer Screening – Lessons Learned
- **Time:** Noon to 1 p.m.
- **Info:** Webinar series discussing the potential of increasing colorectal cancer screening rates by including FIT dissemination in a Flu Clinic setting. Kypca.net

#### HEP C: KNOW MORE
- **Time:** 8 am to 5 pm
- **Location:** UK Center of Excellence in Rural Health, 750 Morton Blvd., Room 214, Bailey-Stumbo Building, Hazard, Ky. 41701
- **Info:** Sponsored by Kentucky Hepatitis Academic Mentorship Program (KHAMP). Experts in viral hepatitis will discuss HCV management, treatment and standard of care. Kyhba.org

#### Patient Engagement and Satisfaction
- **Time:** 12:30 to 1:30 pm
- **Info:** Explore strategies to support the PCMH journey and improve patient engagement and satisfaction. Kypca.net

#### GLI Hot & Fast Innovation Awards
- **Time:** 5:30 to 7:30 pm
- **Location:** The Gillespie, 421 West Market St., Louisville, Ky. 40202
- **Info:** A celebration of the individuals in the community who are enabling ideas through entrepreneurship. Greaterlouisville.com

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Massey Consulting merges with Dean Dorton

Dean Dorton Allen Ford is expanding its presence outside the borders of Kentucky by merging in Massey Consulting, a full-service consulting firm specializing in accounting software products and services, in Raleigh, North Carolina.

Massey Consulting’s team will join Dean Dorton’s technology consulting practice and expand Dean Dorton technology’s accounting software expertise, implementations and integrations. The merger will be effective January 1, 2019.

Over the last several months, Dean Dorton has announced several areas of expansion including very recently, the establishment of a new entity – Dean Dorton Wealth Management, as an independent, registered investment advisor offering a broad range of services including retirement planning, investment consulting, portfolio management and a host of other holistic financial planning services and Dean Dorton Technology launched a full-service cybersecurity practice.

Outside of Kentucky

“Massey Consulting has had tremendous growth throughout the past 15 years in the Raleigh and greater Charlotte area,” noted Philip Massey, president of Massey Consulting. “With the combination of developing client needs and continuous growth, it was critical for us to find a way to continue providing high-quality service while providing clients with additional value through a broader range of specialty capabilities, advice and solutions. In addition, we want to offer more opportunities for our employees and referral partners who are the backbone of our business.”

“In assisting clients with accounting software selection and implementation first-hand we have seen companies flourish with an increased speed of every finance and accounting process, driving faster revenue and influencing timely conversations to improve performance. We look forward to continuing to serve organizations from nonprofits to large public entities and provide innovative financial and business strategies to help our clients succeed,” Massey added.

“By combining Dean Dorton’s technology consulting team’s capabilities with Massey Consulting’s expertise, we will be able to provide, implement, and support a variety of accounting software solutions, most notably Sage Intacct – a Cloud-based platform providing real-time data for business owners, in a much greater capacity nationally” commented Jason Miller, director of Business Consulting Services at Dean Dorton.

Kindred Healthcare and Netsmart partner

Kindred Healthcare and Netsmart announced a partnership to create a technology-driven clinical platform that surpasses the traditional boundaries of electronic medical records (EMRs) and aligns with the needs of the evolving value-based care environment.

Through this partnership, the companies expect to build and support integrated post-acute solutions, improve care outcomes and address gaps in patient care.

Kindred and Netsmart will combine teams from both organizations and utilize the Netsmart portfolio of enterprise solutions. Leveraging these solutions and Kindred’s longstanding experience in long-term acute care (LTAC) hospitals, rehabilitation and care management, the partnership will create a clinical platform that meets the requirements of aging services and post-acute care.

KentuckyOne Health partners with God’s Pantry Food Bank

KentuckyOne Health has teamed up with God’s Pantry Food Bank to fund a pilot program that will provide immediate food assistance for patients in emergent need at Saint Joseph London and Saint Joseph Berea. As part of the partnership, KentuckyOne Health will have food baskets on hand at the two facilities, as well two health clinics in London and one health clinic in Berea.

KentuckyOne Health identified Berea and London through screenings for social determinants of health – basic human needs – as two locations where incremental hunger-relief services would provide more timely aid to residents who are seeking access to food. The screenings are part of the work KentuckyOne is doing through a Robert Wood Johnson Foundation grant.

McBrayer attorneys receive distinctions for 2019

19 attorneys from McBrayer law offices in Lexington and Louisville have achieved a 2019 listing in U.S. News – Best Lawyers in America. For the 2019 Edition, 7.8 million votes were analyzed. Founded in 1981, Best Lawyers highlights the accomplishments of those in the legal industry.

Best Lawyers 2019 recognition was awarded to Stephen Amato; Jaron Blandford; Emily Cowles; Cynthia Effinger; James Frazier, III; Calvin Fullerson; David Guarnieri; Mary Estes Haggin; Lisa English Hinkle; Douglas Logsdon; Luke Morgan; W. Brent Rice; Christopher Shaughnessy; Terri Stallard; Robert Watson; Jack Wheat; and Jon Woodall.

Markey receives grant for transportation barriers

The University of Kentucky Markey Cancer Center has been awarded a new transportation grant from the America Cancer Society. These funds will be used to address the transportation needs of cancer patients traveling to the UK Markey Cancer Center for treatment.

An estimated 25,990 Kentucky residents will learn they have cancer this year and getting to their scheduled treatment may be one of their greatest roadblocks.

To help patients get the critical care they need, American Cancer Society community transportation grants are awarded at a local level to health systems, treatment centers and community organizations. These grants are available in select communities through an application process and focus on addressing unmet transportation needs of cancer patients, particularly vulnerable populations experiencing an unequal burden of cancer.
**News in Brief continued on page 9**

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MENTAL HEALTH  |  SUBSTANCE USE  |  DISABILITY SERVICES

Hospice care is critical to providing quality of life and comfort to those receiving care and serves as a valuable resource to their families. Recognizing hospice’s many benefits beyond end-of-life care, Anthem Blue Cross and Blue Shield recently enhanced its hospice care benefits to help consumers access these services sooner, improving the total quality of care they receive.

Anthem’s employer-based and individual health plans now offer consumers 12 months of hospice coverage and will also cover hospice services concurrent with continued medical treatments to treat and/or potentially cure the illness. As with most health plans, palliative care such as hospice was previously only covered once curative treatments had been discontinued.

“Hospice can be a critically important resource as patients and their families deal with the hard decisions involved in a life-threatening diagnosis, including the decision to continue or curtail curative treatment,” said Phil Marshall, president & CEO of Hosparus Health.

“At Hosparus Health moves upstream to provide advanced illness care long before a patient requires hospice care, we know that we can improve the quality of life for the patient and their families. Over 50 percent of patients eligible for hospice often don’t take advantage of the benefit because they aren’t ready to stop treatments. Anthem has taken an exciting step by expanding the benefit and allowing treatments to continue. We believe this is a huge step in the right direction towards true patient-centered care,” said Marshall.

“At Anthem, we’re committed to offering consumers affordable access to quality healthcare services,” said Jeff Reynolds, MD, medical director for Anthem Blue Cross and Blue Shield in Kentucky. “Helping consumers benefit from hospice care earlier and reassuring them that seeking hospice services does not mean giving up on life can be incredibly powerful.”

Marshall said that Hosparus Health offers specialized, patient and family-centered care that optimizes quality of life throughout the process of illness, regardless of whether the patient has a terminal prognosis. These services anticipate, prevent and alleviate suffering and can be offered alongside care aimed at treating the disease itself.

“I see so many people going through life-threatening or terminal illness feeling lost, scared, isolated and confused; they end up accessing hospice care only in the last few days,” said Marshall. “It breaks my heart because hospice services could have helped them immeasurably.”

Hospice coverage on Anthem Medicare and Medicaid plans remain unchanged because these benefits are determined by the agencies that oversee them.

**Expanded hospice benefits now available to 1.5 million Kentuckians**

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MENTAL HEALTH  |  SUBSTANCE USE  |  DISABILITY SERVICES

**bluegrass.org**
Kentucky’s health ranking drops three spots

The 2018 America’s Health Rankings Annual Report has been released. Each year, for nearly three decades, the United Health Foundation releases a new America’s Health Rankings report with the latest publicly available data on a wide variety of health and health-related topics to help policymakers, advocates and individuals understand a population’s health in a holistic and inclusive manner.

The report looks at 35 core measures across a comprehensive set of behaviors, community and environmental conditions, policies, clinical care and health outcomes.

The 2018 Annual Report shows that the nation’s obesity rate is the highest it has ever been. Obesity is a leading contributor to cardiovascular disease, cancer and other conditions. Other notable trends include a decrease in the number of children living in poverty and the number of mental health providers and primary care physicians per 100,000 people has increased.

Kentucky’s overall health ranking is now 45. This is a decrease of three spots from last year – and the lowest ranking since 2016.

Kentucky Highlights
- In the past three years, excessive drinking increased 27 percent from 13.6 percent to 17.3 percent of adults.
- In the past five years, the percentage uninsured decreased 65 percent from 15.0 percent to 5.3 percent of the population.
- In the past two years, frequent mental distress increased 17 percent from 13.8 percent to 16.2 percent of adults.
- Since 1990, cancer deaths increased 11 percent from 211.6 to 234.9 deaths per 100,000 population.
- In the past four years, diabetes increased 22 percent from 10.6 percent to 12.9 percent of adults.

Strengths
- Low violent crime rate (ranked fifth and best ranking)
- High percentage of high school graduation (ranked seventh)
- Low percentage of population uninsured (ranked eighth)

Challenges
- High prevalence of smoking (ranked 49th)
- High prevalence of frequent mental distress (ranked 48th)
- High cancer death rate (ranked 50th)

Rhonda Randall, MD, a senior medical adviser with the United Health Foundation, noted the Commonwealth places last among states in a few important measures. “Physical inactivity, preventable hospitalizations – that’s going in the hospital for something that if you would have caught earlier could have been taken care of in an outpatient setting – and also 50th in the nation for cancer deaths,” she stated. “And I would be remiss if I didn’t note that Kentucky is ranked 49th in the nation for smoking.”

Randall said the prevalence of obesity is of greatest concern at the national level. It now impacts 31 percent of adults and is a primary contributor to heart disease and cancer. Kentucky’s adult obesity rate is slightly higher at 34 percent.
A short session with a long to-do list

Continued from cover

their PBMs and many legislators are watching to see if there may be options for Kentucky to save Medicaid dollars.

"That group, known as Balanced Health, is proposing options that include wide ranging taxes on many different components of the healthcare system."

Legal Liability Reform

As mentioned earlier, medical review panels were struck down by the Supreme Court, but legislators are expected to start looking for additional methods to limit damages in Kentucky. Many experts believe that a Constitutional amendment will be necessary, but other reform attempts will be considered and debated.

There is also an effort building to require a disclaimer during trial lawyer advertisements. Some groups are concerned that trial lawyer ads that warn about potential dangers of treatment options may encourage patients to stop taking their medications. Potential legislation would require a disclaimer on ads targeting medicines and medical devices advising people to consult with their physician before discontinuing treatment.

Medicaid Funding

Always a hot topic in Frankfort. While this isn’t a budget year, legislators are always looking for options to help pay for many programs, including Medicaid. A group of hospitals banded together in late 2018 to propose a funding mechanism to help pay for Medicaid in Kentucky. That group, known as Balanced Health, is proposing options that include wide ranging taxes on many different components of the healthcare system. Even though this is a tool (and not a bill), it is likely to be a topic of conversation in the halls of Frankfort. Full coverage of the upcoming legislative session begins on page 11.
An end to delayed care
ACS CAN to pursue prior authorization reform in 2019 legislative session.

By Erica Palmer Smith

The term “prior authorization reform” sounds like boring insurance jargon, but the issue is critically important to patients’ well-being. American Cancer Society Cancer Action Network (ACS CAN) and its partners will work on legislation to address the problems that can arise with prior authorization during the 2019 session in Kentucky.

ACS CAN, the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden.

Right now, health insurance companies can take their time as they decide whether they will cover a certain medication or treatment. They can require prior authorization and there is no limit to how long they can deliberate. But, delayed care can mean patients are declining or suffering unnecessarily.

According to the most recent data from the American Medical Association, the average physician spends more than 15 hours per week on prior authorization work for their patients.

Current prior authorization practices can be wasteful and time-consuming for cancer patients and their physicians, which is particularly confounding when you consider that 80 percent of prior authorization requests are ultimately approved.

Pins and Needles

An ACS CAN volunteer shared an example. Her father was going through a second round of treatment for prostate cancer after the disease returned. His doctor prescribed two drugs that work together. The first medication did not need prior authorization, but the second did. The volunteer said the second medication took more than a month to be approved, while the family waited on pins and needles, hoping the cancer was not progressing in the meantime. Her father finally received the prescribed medications and continues his fight, but the volunteer pointed out it was a needless hurdle for a treatment that was both recommended by his doctor and eventually approved for coverage.

Maximum Approval Time

The legislation ACS CAN supports addresses these issues by establishing a maximum approval time of 48 hours for typical requests and 24 hours for urgent requests. Enhanced efficiencies would be achieved by reducing administrative burdens for physicians through an improved electronic submission system. In addition, the legislation ACS CAN supports requires that prior authorization approvals must be honored for a plan year for medications that treat a chronic disease.

Current prior authorization practices can be wasteful and time-consuming for cancer patients and their physicians, which is particularly confounding when you consider that 80 percent of prior authorization requests are ultimately approved. We need legislation to streamline the prior authorization process, to make it a timelier and more transparent for patients and their family members.

Right now, health insurance companies can take their time as they decide whether they will cover a certain medication or treatment.

According to the most recent data from the American Medical Association, the average physician spends more than 15 hours per week on prior authorization work for their patients. In addition, Health Affairs reports that prior authorization requirements and other administrative burdens cost $82,975 per physician per year.

Once your doctor has determined the best course of treatment, getting an answer from your insurance company about coverage should not be an epic endeavor. It should be a simple yes or no, respectful of the fact that time is of the essence. That is why ACS CAN is taking on this issue and working toward a positive resolution in this legislative session.

— Erica Palmer Smith is the American Cancer Society Cancer Action Network Kentucky government relations director.
KMA announces 2019 legislative priorities

Promoting healthier lives for patients, protecting the practice of medicine in the Commonwealth.

By Bruce Scott, MD

The Kentucky Medical Association (KMA) has been busy over the last several months preparing for the 2019 legislative session. Our advocacy team worked with members to develop a list of priorities that focus on promoting healthier lives for our patients and protecting the practice of medicine in the Commonwealth.

In November, we were disappointed in the Kentucky Supreme Court’s ruling in the medical review panels case. In a ruling that frees people to file lawsuits over medical malpractice claims, the Kentucky Supreme Court struck down a 2017 law that required people to first submit their cases to an outside panel for review.

We worked closely with those who crafted the law to ensure it fit within the parameters of the state Constitution. Many thought this modest step, supported by a wide range of interests from physicians and hospitals to the business community, was a reasonable way to begin to improve the liability situation for our state.

“Patients also have been increasingly feeling the impact of narrower networks through increased cost-sharing, often paying the difference between what it costs the physician to provide the service and what the insurer will pay for it, creating a “surprise insurance gap.”

Despite this setback, KMA remains resolute in restoring fairness and predictability in the legal liability system, and tort reform will again be a priority for the Association in 2019. We look forward to working with members of the General Assembly and other key stakeholders on initiatives that are designed to aid physician recruitment, facilitate access to quality healthcare and stabilize patient costs.

Additional priority issues for the KMA in 2019 include:

Prior Authorization: Over the past year, KMA has engaged members through its AIM for Better Care Initiative to identify and work toward solutions, either through legislation, regulation or public awareness, to lessen administrative burdens.

Through this effort, prior authorization has consistently been pinpointed as a nonclinical activity for which physicians and practice staff spend an enormous amount of time, energy and resources. The current prior authorization process being utilized by payers creates roadblocks for patients trying to access medications and treatment recommended by their trusted physicians, increases healthcare costs and restricts healthcare providers from doing their jobs effectively.

Therefore, KMA supports legislation that will remove these roadblocks by enhancing access to prior authorization information, establishing one-year approvals for chronic disease medications, preventing retroactive denial, improving the review process, standardizing review times, increasing access to electronic prior authorizations and eliminating prior authorization for medication-assisted therapy services.

Out-of-Network Billing: Insurance companies are increasingly narrowing their physician networks by offering physicians reimbursement contracts that are not financially sustainable. As a result, more physicians are being forced out of network and issues regarding patients’ access to care are growing.

Patients also have been increasingly feeling the impact of narrower networks through increased cost-sharing, often paying the difference between what it costs the physician to provide the service and what the insurer will pay for it, creating a “surprise insurance gap.”

KMA supports legislation that prevents patients from receiving these unanticipated out-of-network bills but also ensures that any out-of-network payment standards for out-of-network providers are based on data independent of the insurers and separate from Medicare.

Tobacco-Free Schools: Kentucky can enhance economic opportunity for all residents by creating a healthier future workforce. Comprehensive tobacco-free policies on school campuses are powerful tools for reducing tobacco use among teens and adolescents in Kentucky. These policies can help reduce peer pressure to use tobacco during school hours and at after-school events – creating an environment where tobacco use is not the norm.

KMA supports legislation that enacts a statewide, comprehensive tobacco-free school law that prohibits use of tobacco products, including e-cigarettes, vapor products and alternative nicotine products, by staff, students and visitors 24 hours a day, seven days a week, inside.
board-owned buildings or vehicles, on board-owned property and during school-sponsored field trips, sports events and other activities. According to the Kentucky Health Issues Poll, 87 percent of Kentucky adults support tobacco-free school policies. This strong support is both bipartisan and found in all regions of the Commonwealth.

Membership-driven grassroots advocacy will be essential to achieving success. KMA will host its annual Physicians’ Day at the Capitol on Feb. 21, 2019, and physicians are encouraged to attend to engage their legislators and educate them about these and other issues that are important to physicians.

This year’s legislative session is a 30-day gathering that is scheduled to begin Jan. 8. Several impactful healthcare-related issues will be discussed, debated and voted on during that time. KMA will be there – as the voice for physicians – to advocate for policies that promote quality, accessible healthcare and advance the practice of medicine.

— Bruce Scott, MD, is the 2018-2019 president of the Kentucky Medical Association Board of Trustees.

KMA PRIORITIES

- PRIOR AUTHORIZATION: Legislation that will remove roadblocks by enhancing access to prior authorization information, establishing one-year approvals for chronic disease medications, preventing retroactive denial, improving the review process, standardizing review times, increasing access to electronic prior authorizations and eliminating prior authorization for medication-assisted therapy services.

- OUT-OF-NETWORK BILLING: Legislation that prevents patients from receiving unanticipated out-of-network bills but also ensures that any out-of-network payment standards for out-of-network providers are based on data independent of the insurers and separate from Medicare.

- TOBACCO-FREE SCHOOLS: Legislation that enacts a statewide, comprehensive tobacco-free school law that prohibits use of tobacco products, including e-cigarettes, vapor products and alternative nicotine products, by staff, students and visitors 24 hours a day, seven days a week, inside board-owned buildings or vehicles, on board-owned property and during school-sponsored field trips, sports events and other activities.

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Kentucky’s nonprofit community bands together

Goal to support emergency legislation to fix 2018 HB 487.

This is one bill that should marry the hearts and minds of all Kentuckians in its importance to fix.”

Policymakers are taught early on that sometimes there are unintended consequences when implementing new legislation. HB 487 passed in the 2018 General Assembly imposed a six percent sales tax on sales of “admissions.” Sounds simple until you consider that nonprofit organizations, exempt from sales tax, often rely on “admissions” to support their missions.

For example, the new tax is imposed on performances, plays, shows, etc. Our arts and culture organizations rely on admissions to fund their operating budgets and entertain millions every year. Nonprofit health organizations create elaborate gala events like Hosparus Health’s Candle Glow Gala and sell tickets for entrance.

Imagine our surprise when we learned that the admission price for most nonprofit events just went up six percent. Budgets for the year were approved by voluntary boards, sponsorship packages already created, tickets prices set and tickets already printed for events planned after the effective date of the new tax.

What to do now? Who picks up the six percent increase in the costs? How do you tell a donor who is generous with their disposable income that the price of admission to a mission driven event is $106 rather than $100 and “Oh by the way, $6 of your ticket is not tax deductible, in fact, we must remit this back to the state or face collection activity”.

Property Taxes Too

Added to this surprise was the realization that property taxes would now be imposed on residents living on property owned and operated by a nonprofit. This means residents with a disability living on a campus like Cedar Lake would be assessed property tax for their supported living dwelling. How are they supposed to pay for this new expense on a fixed income?

There has already been much written by legal and tax professionals providing guidance for nonprofit organizations to adhere to the law, so I won’t discuss any of that here. What I will discuss is the unprecedented collaboration among all nonprofits spanning multiple important missions who came together to find a solution.

We talked with every elected official and I am thankful most realized the realization that property taxes would now become a huge unintended consequence of this sales tax legislation.

BR 76

Thankfully, Representative and Speaker David Osborne (R) has prefiled a bill that we are requesting be taken up in the first week of session. BR 76 amends sections of KRS 139.495, KRS 139.200 and KRS 132.195 and fixes the nonprofit tax glitch by adding three simple but powerful sentences:

Section 1. KRS 139.495 is amended to read as follows: Tax does not apply to the sale of admissions by nonprofit educational, charitable, or religious institutions exempt under Section 1 of this Act.

Section 3. KRS 132.195 is amended to read as follows: Property of a purely public charity, if the property and the income derived from that property are used to further the purely public charity’s mission.

As soon as the session begins you will receive requests for support of the bill from nonprofit organizations across the Commonwealth whose missions contribute to the very fabric of our wellbeing. This is one bill that should marry the hearts and minds of all Kentuckians in its importance to fix.

Section 5 of the proposed bill says it best: Whereas reducing the tax impact on nonprofit organizations is essential for charitable missions within Kentucky, an emergency is declared to exist, and this Act takes effect upon its passage and approval by the Governor or upon its otherwise becoming a law.

On behalf of the thousands of nonprofits working to solve community problems, provide safety net health and social services and work to educate, entertain and sustain millions of Kentuckians, we hope you’ll use your voice to support BR 76 and fix this unintended consequence of the new sales and use tax law.

— Gwen Cooper is SVP/Chief External Affairs Officer at Hosparus Health.
Make substance abuse disorder treatment available when needed

By: Kim Moser and Bruce Scott, MD

Years of struggling, lost employment, disconnection from family, a feeling of hopelessness—all common issues faced by those suffering from substance abuse disorder. In many cases, interaction with the criminal justice system can also be added to the list.

But what if someone wants assistance before they hit rock bottom? There is hope.

Addiction is a chronic brain disease which can be effectively treated by a physician through a variety of means, ranging from counseling to medication assisted treatments (MAT). For instance, those receiving MATs are seventy-five percent less likely to die from addiction than those not receiving medications.

Several different and effective medication options are available, including buprenorphine, which significantly reduces cravings and illicit opioid use, and extended-release injectable naltrexone that, when employed post-detoxification, can essentially eliminate the euphoric effects of self-administered opioids, thereby dramatically reducing opioid use and opioid-related health and social problems.

Unfortunately, the system for dealing with opioid addiction is fragmented and bureaucratically complex. This leads to confusion and too many individuals give up before they even begin treatment.

Furthermore, when physicians finally have an opportunity to help a willing patient start treatment, they are routinely stymied by administrative barriers that impede critical access to care.

Big Obstacle

Prior authorization—a
administrative pre-approval required by an insurance carrier prior to patients receiving medicines or other services—is a glaring example of such an obstacle. Prior authorization requirements for opioid addiction treatments are common—particularly on Kentucky’s taxpayer-funded Medicaid program—and often takes days or weeks for approval, while patients remain at-risk for relapse, overdose or even death.

This is where we need to take a timeout and use some common sense. Given the vast amount of time, energy and resources spent on addressing Kentucky’s opioid addiction crisis, treatment to help someone address their addiction should never be delayed or denied.

MAT services should not be subject to prior authorization and neither should any behavioral, cognitive or mental health services prescribed in conjunction with or supplementary to MATs.

Physicians have the desire, knowledge and expertise to address opioid addiction. But they can only be successful if they have access to the necessary tools when their patients need them most. That’s why the Kentucky Medical Association is calling for an end to prior authorizations on all approved opioid addiction treatments, including counseling and prescription medications containing methadone, buprenorphine, or naltrexone.

 Addiction treatment works and can save lives. However, when someone is ready to begin treatment the entire healthcare system, including insurers, must be ready to meet them with open arms and proven, patient-centered care options to fit their individual needs.

We encourage all Kentucky insurance plans to do what’s right and make sure treatment is available when needed.

— Kim Moser is the State Representative for the 64th House District and founding director of the NKY Office of Drug Control Policy. Bruce Scott, MD, is a Louisville ear, nose and throat specialist with Kentuckiana ENT. He currently serves as president of the Kentucky Medical Association Board of Trustees.

Given the vast amount of time, energy and resources spent on addressing Kentucky’s opioid addiction crisis, treatment to help someone address their addiction should never be delayed or denied.”

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