KENTUCKY PROPOSES PLAN TO EXPAND MEDICAID COVERAGE FOR INMATES

By Sarah Charles Wright

Kentucky’s rate of fatal overdoses climbed again last year by five percent, according to the Office of Drug Control and Policy, and has continued to increase substantially in 2020, as substance use disorder (SUD) treatment is complicated by the COVID-19 pandemic. Access to treatment for all who need it has always been a complex issue, and for those who are incarcerated, it is even more difficult.

Although Medicaid beneficiaries in Kentucky with a substance use disorder have access to treatment and case management services, Kentucky’s inmate population is excluded from that access. Federal Medicaid law does not permit state Medicaid agencies to pay for healthcare services for prison or jail inmates. Medicaid suspends an individual’s Medicaid eligibility and enrollment when they become incarcerated. Any healthcare coverage they receive in a corrections facility is paid for from state or local funds.

“ If approved by the Centers for Medicare and Medicaid Services (CMS), Kentucky’s SUD demonstration project will be the first of its kind in the nation.”

High Recidivism

Earlier this year, the Kentucky Legislature acknowledged in budget legislation that the inability of inmates to access Medicaid-covered SUD services while incarcerated and after their release leads to high recidivism rates and jail and prison overcrowding. To change this cycle, the Legislature directed the Kentucky Department for Medicaid Services (DMS) to work with the Department of Corrections (DOC) and other agencies to develop a federal Section 1115 Medicaid Waiver demonstration project to allow inmates with SUDs to enroll in Medicaid to receive covered SUD treatment and recovery services while incarcerated and have immediate access to services as Medicaid members when they reenter the community.

The hope is that participation in the demonstration project will reduce the likelihood of serial incarceration for drug offenders with SUDs and help stem the economic and social toll the opioid crisis has taken on Kentucky communities. If approved by the Centers for Medicare and Medicaid Services (CMS), Kentucky’s SUD demonstration project will be the first of its kind in the nation.

The DOC has operated a substance abuse program in state and local corrections facilities for the last ten years; medication assisted treatment was added to the program in 2016. More than 2,600 inmates across Kentucky are participating in the DOC’s substance abuse program, and approximately 4,000 more have been identified as eligible to participate.

However, even if an inmate is successful in the DOC’s substance abuse program while incarcerated, that support ends when the inmate leaves prison or jail. According to the DOC and the DMS, individuals with SUDs are at high risk for relapse, recidivism and drug overdose death when they are re-
McBraeyer adds seven new attorneys

McBraeyer starts 2021 strong, with seven new attorneys joining the Lexington and Louisville offices:

- Alexandria Beto joins as an Associate from Bowles Rice in Morgantown, West Virginia. She practices a wide variety of matters in corporate and business law.
- Addison Lowry joins as an Associate from the Louisville Metro Public Defender’s office. Her practice area is general litigation with a focus on insurance defense.
- Cary Howard joins as General Counsel and Ethics Counsel. He comes from Kinkade & Stilz with a background in legal ethics and professional responsibility, as well as estate planning and administration, business law and commercial real estate.
- Ed Monarch joins as a Member, after practicing as a trial lawyer for twenty-seven years. His main focus has been defending healthcare providers and healthcare businesses.
- Louis Winner joins as a Member from his firm of Clay Daniel Winner, bringing a robust family law practice to the Louisville office.
- Meryem Kelhoon joins as an Associate from Clay Daniel Winner, where she focused her practice on family law.
- Sidney Vieck joins as an Associate from Clay Daniel Winner and practices in the area of family law and reproductive rights.

Flaget Memorial Hospital celebrating 70 years

Flaget Memorial Hospital, part of CHI Saint Joseph Health, is celebrating a milestone – 70 years in the Bardstown community. The facility, which was the region’s first hospital, was founded by the Sisters of Charity of Nazareth in 1951 with nine doctors and a dentist on staff. Today, 327 employees work at the hospital, which sees more than 60,000 patients a year.

Flaget Memorial Hospital, named after Bishop Benedict Joseph, opened on Jan. 8, 1951. In 1968, the hospital was turned over to an independent board of directors and a new wing was added in 1974. In 2005, the facility was moved into a new hospital building where it remains today. The hospital began with a mission to help the poor. Today, this continues to be part of the hospital’s legacy.

Recently, the hospital completed a $1.3 million expansion of its CHI Saint Joseph Health – Cancer Care Center. Through support from the Flaget Memorial Hospital Foundation, the Cancer Care Center, which is the first full-service cancer center in Nelson County, underwent improvements as part of Project Hope. The Project Hope initiative, which was launched in 2016, had two phases, including the installation of 3D mammography in 2018, and the expansion of its Cancer Care Center, completed this year.

Flaget Memorial Hospital provides care for patients from Nelson, Hardin, Marion, Washington, Spencer, Bullitt and LaRue counties.

Spero Health to open in Ashland

Spero Health is opening a new addiction treatment clinic in Ashland, Kentucky to respond to the growing need for outpatient community-based services. CARF-accredited, Spero Health provides care for individuals struggling with substance use disorders and will bring affordable, high quality addiction treatment services through a combination of telehealth and in-person visit options at this new clinic. The new clinic joins a network of over 45 Spero Health locations throughout Kentucky, Ohio, Tennessee, Virginia and Indiana, providing care for more than 8,500 patients.

Kentucky Office of Rural Health announces elder wellness award recipients

Six Kentucky organizations — two hospitals, two health departments a senior center and a nonprofit — have been awarded Elder Wellness and Enrichment Initiative Grants from the Kentucky Office of Rural Health (KORH). The grants are designed to support nonprofit rural healthcare organizations and community-based organizations as they create or enhance services for older adults — to help them age in place in rural Kentucky. Each organization will receive $5,000. Grant recipients include:

- AdventHealth Manchester, which will conduct home assessments, and identify and complete home repair projects for older community members.
- Bourbon County Senior Center, in Paris, which will prepare and deliver weekday meals to county residents aged 60 and older.
- Community Agricultural Nutrition Enterprises, Inc., in Whitesburg, which will prepare and deliver meals to elders who are forced to quarantine due to COVID-19 exposure or positive tests.
- Mercy Health-Marcum and Wallace Hospital, in Irvine, which will offer healthy food vouchers to food insecure seniors in its service area.
- Pennyrile District Health Department, in Eddyville, which will develop and offer educational programming for elders during the COVID-19 lockdown.
- Woodford County Health Department, in Versailles, which will recruit and train volunteers to reach out by phone to older residents who may be socially isolated.

“The diversity of projects that we’re able to fund through this grant is impressive,” said KORH Director Ernie Scott. “These six organizations — and the projects they plan to carry out — demonstrate a clear commitment to improving the health and wellness of older residents in Kentucky’s rural communities. We’re proud to support this work and we look forward to seeing the positive impact these projects will have on community members.”

Projects funded through the Elder Wellness and Enrichment Initiative Grants could be entirely new or build upon existing services; however, they had to be innovative and potentially serve as a best practice to be shared in Kentucky and with other states.

Grant recipients are also required to collaborate with at least one additional rural stakeholder in their community or region: a critical access hospital, a small rural hospital, a rural health clinic, a federally qualified health center, a local health department or an EMS service.

The Kentucky Office of Rural Health (KORH), established in 1991, is a federal-state partnership authorized by federal legislation. The UK Center of Excellence in Rural Health, located in Hazard, serves as the federally designated Kentucky Office of Rural Health. KORH works directly with clinicians, clinic and hospital administrators, policymakers and other stakeholders to improve the accessibility of healthcare services for the Commonwealth’s rural and underserved residents. The office connects communities and healthcare organizations to local, state and federal resources while working toward long-term solutions to financial, quality improvement and workforce challenges.

Dean Dorton to offer Cloudian’s storage

Dean Dorton announced a reseller partnership with Cloudian, the most widely deployed independent provider of object storage systems. Dean Dorton will offer Cloudian’s HyperStore exabyte-scalable storage system to customers throughout the Kentucky, Indiana and Ohio region, enabling users to cost effectively store, manage and protect massive amounts of unstructured data.

News in Brief continued on page 5
Cancer hits hard in Kentucky. That’s why, every day, the team at Markey steps up—with advanced treatments and compassionate care, leading-edge research and innovative clinical trials. Because we’re not just treating cancer today. We’re working hard to beat it once and for all.

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**PEOPLE IN BRIEF**

**Baptist Health**
John Cecil, MD, joined the Baptist Health Medical Group.

**Clarksville Memorial Health**
Lana Truesdell has joined Clarksville Clark Primary Care.

**Kentucky Association of Health Plans**
Thomas Stephens was named executive director.

**Kindred Healthcare**
Jason Zachariah was named president and Chief Operating Officer.

**MCM CPAs & Advisors**
Ashley Barke has been promoted to partner.

**Stites & Harbison**
Whitney Frazier Watt was appointed to the Governor’s Scholars Board of Directors.

**MCM CPAs & Advisors**
Greg Wilson has been promoted to partner.

**Stites & Harbison**
Andrew Noland, with the Real Estate Service Group in Louisville office, has been promoted to Member.

**MCM CPAs & Advisors**
Dustyn Jones, with the Health Care Service Group and Insurance Regulatory Service Group in the Lexington office, has been promoted to Member.

**Wyatt, Tarrant & Combs**
Lexy Gross was hired and will join the litigation and dispute resolution team.

**Clarksville Memorial Health**
Lana Truesdell has joined Clarksville Clark Primary Care.

**Kentucky Association of Health Plans**
Sarah Spurlock was named Chair of the International Association of Defense Counsel Cyber Committee.

**Kindred Healthcare**
Jason Zachariah was named president and Chief Operating Officer.

**MCM CPAs & Advisors**
Ashley Barke has been promoted to partner.

**Trilogy Health Services**
Todd Mehaffey was appointed Chief Operations Officer.

**University of Louisville**
Angela Curry has been selected as general counsel.

**Whip Mix Corporation**
Anne Steinbock was named CEO.

**Maryville Memorial Health**
Sam LaFollette was promoted to partner.

**MCM CPAs & Advisors**
Caitlyn Barnes joined the Louisville office as an attorney in the Torts & Insurance Practice Service Group.

**University of Louisville**
Ameena Khan joined the Louisville office as an attorney in the Business Litigation Service Group.

**Wyatt, Tarrant & Combs**
Elizabeth Penn was hired and will join the corporate and securities team.

**Jeffery Yussman was named president of the Special Needs Alliance.**

**E-mail**
sally@igemedia.com
Galen College of Nursing has built a new facility dedicated solely to quality nursing education.

The 130,000-square-foot Louisville campus and college administrative headquarters, located on Terra Crossing Boulevard off the Old Henry Road exit of the Gene Snyder Freeway, features high-level clinical-learning labs, active-learning classrooms, an advanced simulation hospital, a café, and more to offer students the best nursing education possible.

The facility is designed to foster learning and support its educational community through a blend of advanced classroom and simulation technology, compelling design and collaborative and creative space.

More than 700 nursing students graduate from Galen’s Louisville campus each year, with excellence in licensure pass rates.

Baptist Health Louisville has announced its intent to build a new center for outpatient care near its Kresge Way campus. The building will be located at the southwest corner of Breckenridge Lane and I-264.

A development plan for a new outpatient care center was submitted for approval with Louisville Metro Planning and Design services. Details on proposed center include a five-story office building on the 6.5-acre site with approximately 120,000 square feet.

The new project, to be completed in two years, will also encompass renovations to existing medical office space on Kresge Way and Dupont Circle, following the relocation of existing physician practices. Partners in the project include TEG Architects of Jeffersonville, BTM Engineering and Abel Construction of Louisville, and Triple M Investments, an affiliate of the McMahan Group of Louisville.

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Twin Lakes Regional Medical Center joins Owensboro Health

Owensboro Health and Twin Lakes Regional Medical Center (TLRMC) have finalized a purchase agreement that formally adds TLRMC to the Owensboro Health system, effective immediately. A 75-bed hospital based in Leitchfield, Kentucky, Twin Lakes becomes the third hospital in the Owensboro Health system, joining Owensboro Health Regional Hospital and Owensboro Health Muhlenberg Community Hospital. The hospital will be renamed Owensboro Health Twin Lakes Medical Center.

The agreement between Owensboro Health and Twin Lakes fulfills a letter-of-intent signed by both parties on Apr. 13, 2020 and completes a nine-month due diligence process.

The addition of Twin Lakes adds nearly 500 new employees to the Owensboro Health workforce, which now totals nearly 4,800 team members. The agreement also adds more than 20 TLRMC specialists to Owensboro Health Medical Group.

Earlier this summer, Meriwether announced he would retire after the Owensboro Health purchase is finalized. Ashley Herrington, former CFO at Twin Lakes, has been named to replace Meriwether as ‘Twin Lakes’ top executive.

UK HealthCare’s Gill Heart & Vascular Institute expands network

UK HealthCare and Mercy Health Lourdes Hospital are announcing a new collaboration to expand cardiovascular services in the Paducah area.

As the first hospital in far Western Kentucky to join the UK Gill Heart & Vascular Institute’s Gill Affiliate Network, Mercy Health – Lourdes Hospital now offers area residents the benefit of UK HealthCare physicians’ expertise in subspeciality cardiovascular services.

Summary of Kentucky Annual Health Rankings

America’s Health Rankings creates widespread awareness of where states and the nation stand on important public health measures by providing the longest running state-by-state analysis of the nation’s health. A just-completed comparison of the nation’s health shows Kentucky is near the bottom in a variety of significant categories:

- 49th in multiple chronic conditions (obesity, depression, diabetes, cardiovascular disease, etc.).
- 48th in unhealthy behaviors (sleep, physical activity, nutrition).
- 47th in premature death.
- 45th in the number of adults under frequent mental distress.

While the 2020 America’s Health Rankings Annual Report from United Health Foundation highlights the pre-COVID public health realities, many of these conditions are identified by the CDC as risk factors for having more severe COVID-19 illness. Additional information included in the report:

- In Kentucky, 36.5 percent of adults are obese. Nationally, obesity rates increased 15 percent (between 2011 and 2019) to an all-time high of 31.9 percent, affecting nearly 70.4 million adults.
- 15.1 percent of Kentucky adults have multiple chronic conditions:
- 25.7 percent of adults suffer from depression.

Kentucky Opioid Response Effort receives grant

The Kentucky Opioid Response Effort (KORE) was awarded four grants to support the establishment or expansion of four Recovery Community Centers. The grants total $1.5 million to be awarded over two years.

New grant recipients include Recovery Café in Lexington, Achieving Recovery Together (ART) in Winchester and Shepherd’s House in Nicholasville.

Voices of Hope (VOH) Recovery Community Center in Lexington, which had previously received KORE funding in support of its services, will receive a new round of funding to launch mobile recovery support services to more communities within the Lexington, Frankfort and Louisville areas.
Humana Healthy Horizons selects Vida Health for diabetes management

Humana Healthy Horizons in Kentucky selected Vida Health’s virtual diabetes management program to serve Kentucky’s Medicaid population.

The new partnership, which launched in January of 2021, allows eligible individuals access to Vida’s group diabetes coaching, in-app peer group support, digital therapeutics for diabetes and co-occurring chronic conditions and more to help them manage their diabetes and their whole health.

Kentucky has the seventh highest prevalence of diabetes of any state with 13.7 percent of the adult population reporting having the disease, well above the U.S. average of 10.9 percent. The percent of Kentuckians with diabetes has more than doubled since 2000 when only 6.5 percent of the population reported having been diagnosed. Additionally, about two thirds of adult Kentuckians are considered overweight or obese which increases the risk of Type II Diabetes among other chronic illnesses.

Owensboro Health to deploy Omnicell for medication management

Omnicell, a provider of medication management solutions and adherence tools for health systems and pharmacies, announced that Kentucky-based Owensboro Health, a long-term sole source partner, will expand their medication management automation platform to central pharmacy operations with Omnicell’s Central Pharmacy Dispensing Service.

Central Pharmacy Dispensing Service introduces pharmacy automation technology—the Omnicell XR2 robotic dispensing system—designed to help eliminate errors during medication dispensing and improve inventory control, complemented by technology-enabled services including operational staff, maintenance and optimization support services.

Men’s Health Partners and Louisville Men’s Clinic partner

Louisville Men’s Clinic, a men’s health company, has announced an extensive merger and rebranding campaign. Until recently, Louisville Men’s Clinic was one of several companies that addressed a single need in men’s sexual health, erectile dysfunction.

Greater Louisville Inc. shares 2021 legislative agenda

Greater Louisville Inc. (GLI) unveiled its 2021 state legislative agenda at a virtual Capitol Connection event that also featured remarks from Speaker of the Kentucky House of Representatives, David Osborne. The agenda underscores GLI’s commitment to helping businesses rebuild from the devastating impacts of COVID-19 and continuing to create a strong and inclusive regional economy. A few of GLI’s key priorities include:

– Establishing protections for regional employers from opportunistic lawsuits seeking to exploit the COVID-19 pandemic.
– Ensuring that the restoration of Kentucky’s unemployment insurance trust fund does not fall solely on the backs of employers.
– Protecting employers from tax increases and securing regulatory relief to drive the economic recovery.
– Identifying opportunities to address racial inequities through legislative solutions.
– Reforming our criminal justice system to support workforce development.
– Rebuilding trust between law enforcement and communities.
– Stabilizing our regional childcare sector to ensure childcare is not a barrier to employment for working parents.
– Supporting equitable workforce development and participation strategies through funding for education, public transportation and training initiatives.
– Fostering regionalism through the establishment of reciprocity between economic development incentive programs offered by Kentucky and Indiana.
**Kentucky proposes plan to expand Medicaid coverage for inmates**

Leased from custody. Consequently, it is critical for them to be enrolled or reinstated with Medicaid as soon as possible so they can access treatment and recovery support services. Social, financial and practical barriers often prevent this from happening.

**Medicaid Waiver**

The Medicaid Waiver application proposes that inmates with a primary SUD diagnosis be deemed eligible for and enrolled in Medicaid to receive SUD treatment services in the DOC’s substance abuse program as Medicaid covered inpatient/residential services. Additional covered services for inmates will include a recovery support program for graduates of the program and case management by a licensed clinical social worker who will arrange for participating inmates to immediately access and continue SUD-related services when they reenter the community.

DMS will work with the DOC and other state agencies to create a new Medicaid provider type specifically for the DOC’s substance abuse and recovery programs, and a new definition of SUD programming for incarcerated Medicaid members under the state Alcohol and Other Drug Entity (AODE) licensure statute. Providers interested in participating will be required to have an AOED license. Two new bundled weekly service codes – one for substance abuse program services, and the other for recovery services – will also be created for use by providers of those services.

**Medication-assisted treatment**

Medication-assisted treatment will be available for inmates who meet American Society of Addiction Medicine criteria but furnished separately through the corrections facility’s onsite medical provider. Participating inmates will be asked to select a Medicaid managed care organization prior to their release. Once selected, the MCO will be responsible for coordinating the individual’s access to continued recovery and other healthcare services after they leave the facility.

DMS hopes to receive CMS approval of the Waiver demonstration project and start implementation before the end of 2021. A copy of the Waiver application may be accessed on the DMS website at [https://chfs.ky.gov/agencies/dms/](https://chfs.ky.gov/agencies/dms/).

**Sarah Charles Wright is a partner in Healthcare Law at Sturgill, Turner, Barker & Meloney, PLLC in Lexington, Kentucky.**

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**NEWS IN BRIEF**

**Department for Public Health receives cancer screening grant**

The Department for Public Health, an agency of the Cabinet for Health and Family Services, received a grant from Madison, Wisconsin-based Exact Sciences Corp. for 1,000 Cologuard At-Home stool DNA colorectal screening test kits. Distribution of these kits will provide greater opportunity for uninsured and underinsured Kentuckians to have access to colon cancer testing that can be done in the privacy of their home.

Cologuard is a take-at-home stool test that utilizes DNA in a regular bowel movement to screen for colon cancer and colon polyps. If a Cologuard test result is positive, a colonoscopy is performed to search for and remove polyps in the colon.

**Confluent Health partners with Strive**

Confluent Health, a family of physical therapy and occupational therapy companies based in Louisville, Kentucky, has partnered with Strive Physical Therapy and Sports Rehabilitation (Strive), a private and therapist-owned physical therapy practice located throughout New Jersey and Greater Philadelphia.

Under this partnership, Strive maintains its existing brand while gaining access to Confluent Health’s resources including access to its talent management and education company, Evidence in Motion, as well as Fit for Work, a provider of employee safety across the U.S. and Canada.

**UofL Health expanding urgent care**

UofL Health is opening five urgent care locations to increase access to affordable care and convenient hours across the community. Final details are still pending for sites in Western Louisville and the Dixie Highway Corridor, but UofL Physicians – Urgent Care Plus is now seeing patients at new locations at UofL Health – Medical Center Northeast at Old Henry Road and in Bullitt County in the Cedar Grove business park. Another location at the corner of Hurstbourne Lane and Shelbyville Road is scheduled to open in March.

Urgent Care Plus locations offer care for minor injuries, illnesses, and routine exams plus more. “Plus” leverages the unique academic and community-based health services to expanded care, including occupational medicine, Department of Transportation physicals and drug testing. Plans will add behavioral health services in collaboration with UofL Health - Peace Hospital, one of the largest behavioral health facilities in the nation, providing care for children, adolescents and adults.

**MedAssist’s digital patient engagement platform available**

Building on its ‘Digital First, Digital Now’ strategy, MedAssist, a Firstsource company and a provider of digitally enabled healthcare revenue cycle management solutions, listed its proprietary solution MGagement on App Orchard.

The MGagement solution harnesses Intelligent Automation to bring to life a groundbreaking patient financial experience while maximizing recoveries.
Kentucky Nurses Association announces 2021 legislative priorities

By Stephanie Smith

Nurses support Kentucky residents in many ways such as at the birth of a child, in the emergency room or when the end of life draws near. They also serve as business and industry leaders, in academia and myriad of other roles. In addition, these 88,000+ dedicated Kentucky professionals advocate for legislation that impacts their practice and those in their care. And, they do not have to do alone – the Kentucky Nurses Association (KNA) advocates for them on the local, state and federal level to ensure the best health outcomes for residents of the commonwealth.

Studies suggest that schools with a school nurse have higher graduation rates and better overall outcomes."

Delanor Manson chief executive officer, KNA, reminded all nurses that their voice matters, “As COVID-19 continues to ravage our state and our nation, nurses are in a unique position to influence lawmakers to craft legislation that will have a positive impact on how we care for patients, families and each other now and in the future.”

Manson added, “Our Governmental Affairs Cabinet works all year in concert with our board of directors and Sheila Schuster, PhD, our lobbyist, to develop programs such as our recent Town Hall Meeting Series to educate legislators about our priorities and the role of Kentucky nurses.”

The Governmental Affairs Cabinet Chair Brittnay Welch looks to future activities, “This year we will host educational programs for nurses to help them understand how legislation works, how they can best reach out to lawmakers and the value of their input.”

KNA's legislative priorities include:

- **Removal of CAPA-CS Requirement for APRNs Who Meet Criteria:** This legislation will ensure that nurse practitioners can practice to the full extent of their education and training to increase access to underserved populations throughout Kentucky.

As COVID-19 continues to ravage our state and our nation, nurses are in a unique position to influence lawmakers to craft legislation that will have a positive impact on how we care for patients, families and each other now and in the future.”

— Delanor Manson chief executive officer, KNA

Legislation: SB 78 sponsored by Sen. Julie Raeke Adams – In 2020, Rep. Russell Webber introduced this bill with more than 40 bipartisan cosponsors; it passed the House Licensing and Occupations Committee late in the session; however, the session ran out of time for further action. The 2021 bill will have the same language as HB 286, but will start in the Senate.

**School Nurse in Every School, All Day, Every Day:** This initiative ensures access to health providers for public school children throughout the state. Studies suggest that schools with a school nurse have higher graduation rates and better overall outcomes.

Legislation: There will not be a separate bill in 2021; however, there is a request for funding ($3 million) in the fiscal year 2022 budget to underwrite a pilot project to place 50 school nurses full-time in the neediest schools in Kentucky and to monitor their impact.

**Increase Access to Sexual Assault Nurse Examiners (SANE):** Sexual Assault Nurse Examiners are specifically trained to care for victims of sexual assault. Care by these nurses results in better patient outcomes and higher conviction rates. Kentucky has a huge deficit in the number of these specially trained nurses which results in delay of care.

Legislation: Rep. Cherlynn Stevenson introduced HJR 121 in the 2020 General Assembly and it passed the House Health and Family Services Committee; however, time ran out for further action. Rep. Stevenson has pre-filed the House Joint Resolution for 2021 as BR 840.

**Evacuation of Surgical Smoke:** Surgical smoke contains hundreds of carcinogens that puts patients and medical providers at risk. The KNA advocates for the use of smoke evacuation systems in all Kentucky operating rooms to ensure the safety of those who save lives.

Legislation: SB 91 in the 2020 General Assembly was introduced by Sen. Julie Raeke Adams and passed the Senate but ran out of time in the House before it could be heard. Sen. Adams has pre-filed the same bill for 2021 as BR 441.

The Kentucky Nurses Association, established in 1906, is the only full-service professional organization for the state’s entire nurse population. In addition to promoting the essential role of the registered nurse in healthcare delivery, the KNA serves as an advocate for quality patient care in all settings.

— Stephanie Smith, MA, BA is the Director of Communication and Membership at the Kentucky Nurses Association/Kentucky Nurses Foundation/Kentucky Nurses Action Coalition.

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Kentucky Hospitals to legislators: First, do no harm

By Nancy Galvagni

As the state’s elected officials begin the 2021 legislative session, Kentucky’s hospitals are continuing the battle against the COVID-19 pandemic. The Kentucky Hospital Association (KHA) is proud to represent the frontline heroes who have risked their lives to serve the people of the commonwealth during this unprecedented time.

As the Hippocratic Oath calls upon physicians to help and not harm their patients, KHA calls on the General Assembly to be particularly mindful of the key role hospitals play both in healing the sick and acting as economic engines in their communities. During an ongoing pandemic, hospitals and frontline healthcare professionals need protection so they can continue to serve the people of the commonwealth. Thus, the 2021 KHA legislative platform can be summed up in four words: First, Do No Harm.

The response to COVID-19 has placed severe financial strain on Kentucky’s hospitals. With many hospitals already facing financial challenges, the shutdown of elective procedures, which are medically necessary but could be safely postponed for a brief period, caused severe economic losses to hospitals. The increased usage and cost of personal protective equipment, the need to reconfigure hospital space and the requirement to maintain reserve capacity all added to the strain in a significant manner. Hospital losses through the end of 2020 amounted to an estimated $2.6 billion. Despite some aid from the federal government, approximately 60 percent of the losses are not covered.

Neither is KHA not requesting funding from the state, but opposes any cuts to payment programs, tax increases or mandates that would further strain the commonwealth’s already heavily burdened hospitals.

Hospitals cannot withstand cuts to Medicaid or tax increases and continue to keep their doors open. Cuts to payment programs, tax increases or other mandates are likely to endanger patient access and result in the closing of hospitals, especially in rural areas. Additionally, in 2021, Kentucky’s hospitals are asking for the retention of the Certificate of Need (CON) program. CON serves a valuable function, allowing hospitals to safely invest in expensive facilities and equipment needed to treat patients. It plays a critical role in supporting a level playing field among providers and is particularly important to those serving vulnerable communities.

Kentucky outperforms non-CON states by several measures. The state’s hospitals’ prices and costs are the sixth lowest in the nation and they compare favorably to neighboring states. According to various studies, Kentucky ranks better than non-CON states in providing access to care, plus total per capita healthcare costs are less than the national average including non-CON states like Ohio, Indiana and Pennsylvania.

Hospitals treat the state’s most vulnerable populations, and a level playing field is especially essential during the current crisis. One good thing that has come out of the pandemic is the telehealth standards established on an emergency basis. Patients benefited dramatically from the access to healthcare provided by telehealth. During the pandemic, telehealth made it possible for patients to access the healthcare they could not receive in person. KHA supports the standards established during the pandemic and urges policymakers at all levels of government to make them permanent.

Finally, KHA and Kentucky hospitals continue to support medical liability reform. The reforms in last year’s Senate Bill 150 in response to COVID-19 were an important step in the right direction. However, hospitals and other providers still need protection from predatory lawsuits based on the nearly constantly changing standards of care associated with this novel virus. The lack of such protection will force already financially stressed hospitals into an even more difficult position at a time in which they are facing billions of dollars in losses.

Community support for hospitals and healthcare professionals during the pandemic is appreciated by everyone who is caring for the citizens of Kentucky, and KHA urges the Kentucky General Assembly to protect these frontline facilities so they can continue to provide quality care throughout the commonwealth.

— Nancy Galvagni is President and CEO of the Kentucky Hospital Association.
Synergy can be a game changer for Kentucky kids

By Terry Brooks

Oxpeckers and zebras. Oxpeckers are small African birds which count on zebras as their key nutritional sources, eating the ticks that cluster on zebras.

And zebras? Well, they depend on oxpeckers as pest control agents. The oxpeckers also make a hissing sound whenever they sense a threat, acting as the zebras’ early warning security system to escape to safer locales from impending predators.

This is synergy in nature.

Synergy is defined as the interaction of two or more agents to produce a combined effort greater than the sum of their separate effects. Synergy is also a game changer for creative success in arenas such as business, public health and gourmet cooking.

“Tragically, Kentucky leads this nation in the rate of children who are abused and neglected. Yet, there is real synergy between legislative champions and the Governor around protecting children.”

And synergy can be a game changer in Frankfort for Kentucky’s children.

Despite the perception that a canyon separates the Governor and the General Assembly, there is inordinate potential for real synergy when it comes to wins for kids this legislative session. As an example, a realistic focus would be around funding Kentucky’s forensic pediatricians, who are the medical heroes who investigate cases where child abuse has been suspected, even having resulted in a fatality.

Currently, under the auspices of the Universities of Louisville and Kentucky and private support from entities like Kosair Charities, there are only five such pediatricians to provide these critical services for the entire commonwealth. Synergy can mean children having access to the best care to recover and heal and for their case to be investigated, with the modest state budget investment to double the number of these professionals and their teams.

There is no question that the pandemic has created complex trauma-related issues for children across the commonwealth, which means that mental health services in schools are an imperative. And there has been a demonstrable shared commitment to this issue with the General Assembly’s passage of the omnibus School Safety and Resiliency Act of 2019 and the efforts of the Beshear Administration, led by Cabinet for Health and Family Services Secretary Friedlander and Lt. Governor Coleman. School districts can now utilize a 3:1 federal funding match for necessary behavioral health screenings, counseling and other preventive services for Medicaid eligible students within the school building or virtual school setting – a synergistic deal for schools, healthcare providers, and families! Synergy in Frankfort can create a dedicated funding stream to leverage those dollars in the 2021-22 school year.

Other synergistic budget commitments for kids abound. Kentucky can sustain investments in Medicaid and KCHIP and prioritize efforts to close the remaining gap and address racial disparities in coverage so that children and families can continue to access the healthcare they need. As well as invest in infrastructure to close the digital divide so that kids from cities to rural communities can access critical educational resources and telehealth services.

Our leaders in Frankfort can also act on shared commitments to youth health and safety that have no budget implications. Action such as ensuring disclosures of child abuse are reported appropriately and that statute of limitations timeframes accommodate for delayed disclosures. And action that allows city and county governments to regulate the sale and marketing of tobacco products, including e-cigarettes, to curb use among youth and improve community health.

It will take guts to work together in this climate pockmarked by bifurcation. Our kids need Frankfort action marked instead by synergy before that final gavel in the spring.

Oxpeckers and zebras do it – so can our donkeys and elephants in Frankfort!

— Terry Brooks, EdD, is executive director of Kentucky Youth Advocates.
Commerce Lexington advocates for policies that strengthen healthcare

By Andi Johnson

The COVID-19 pandemic resulted in unprecedented economic disruption in central Kentucky. Now more than ever, it is critical for the business community to stay connected with elected leaders about recovery needs and advocate for policies at the local, state and federal levels of government that help support businesses and economic growth.

State lawmakers returned to Frankfort in January for the 2021 Regular Session of the Kentucky General Assembly. A top priority for legislators is the passage of the second year (FY21-22) budget. For the business community, other top issues for advocacy will be policy reforms to expedite the recovery process, including liability reforms that enable employers to provide employees with access to quality, affordable health insurance. Commerce Lexington advocates for changes to federal and state policies that promote greater affordability, increased transparency, more access and increased competition in the marketplace.

Commerce Lexington supports effective measures to address the escalating costs of healthcare and medical malpractice insurance for health providers, to lower healthcare costs and health insurance premiums and improve access to care.

Commerce Lexington supports targeted liability reforms to protect Kentucky’s healthcare sector and support workers on the frontlines of battling the COVID-19 pandemic. Commerce Lexington Inc. also supports investments in public health that promote research and development, provide planning protocols for local communities, ensure adequate supplies of personal protective equipment (PPE) and strengthen the overall healthcare infrastructure.

Healthcare: A healthy workforce is critical to economic productivity:

A healthy workforce is critical to economic productivity. Central Kentucky’s healthcare sector is one of the driving forces of growth and stability in the regional economy. 

Commerce Lexington supports providing incentives to employers creating health and wellness programs for their employees. Health and wellness programs may serve as an effective healthcare cost containment measure and serve to promote personal responsibility among employees for their own health outcomes.

Health and Wellness Programs:

Healthcare: A healthy workforce is critical to economic productivity:

Commerce Lexington advocates for policy reforms that enable employers to provide employees with access to quality, affordable health insurance. Commerce Lexington advocates for changes to federal and state policies that promote greater affordability, increased transparency, more access and increased competition in the marketplace.

Effectively Combat Substance Abuse:

Commerce Lexington supports policy efforts to curb the substance abuse epidemic through a comprehensive approach aimed at prevention, treatment and criminal justice reforms. Substance abuse issues are having a negative impact on our workforce, particularly in terms of increased healthcare costs, loss of workforce productivity and fiscal impact of incarceration. The severity of prescription drug abuse, as well as heroin and other illegal street drugs, continues to be a high priority issue for the business community.

Healthcare: A healthy workforce is critical to economic productivity:

Central Kentucky’s healthcare sector is one of the driving forces of growth and stability in the regional economy.  

Medicaid Sustainability: Kentucky expanded Medicaid eligibility by Executive Order to persons with annual incomes up to 138 percent of the federal poverty level ($36,156 for a family of three) beginning in January 2014. Currently, there are more than 1.5 million Kentuckians enrolled in Medicaid—more than 35 percent of Kentucky’s total population. Commerce Lexington Inc. supports efforts to create a sustainable Medicaid program to protect critical state investments in education and other vital programs.

Increase the Number of Healthcare Professionals in Kentucky: Commerce Lexington encourages lawmakers to initiate programs and funding or support policies that encourage medical professionals to serve all areas of Kentucky and all Kentuckians.

Reduce Tobacco Usage: Commerce Lexington fully supports raising Kentucky’s cigarette tax on all tobacco and tobacco-related products to be more in line with the national average. We also support tax parity on e-cigarettes equal to the tobacco tax rate on traditional cigarettes. Initiatives should be implemented to reduce smoking by Kentucky residents.

Central Kentucky’s healthcare sector is one of the driving forces of growth and stability in the regional economy.

Reasonable Liability Reform:

Commerce Lexington supports effective measures to address the escalating costs of healthcare and medical malpractice insurance for health providers, to lower healthcare costs and health insurance premiums and improve access to care.

Commerce Lexington supports further reforms, such as a constitutional amendment, that would permit the Legislature to consider comprehensive tort reform.

— Andi Johnson is the Chief Policy Officer and Director of Regional Engagement at Commerce Lexington.
Physicians advocate for access to care, liability protections, public health

By Dale Toney, MD

The COVID-19 pandemic has certainly changed how many things are conducted, and the 2021 Kentucky General Assembly is no exception. While the legislative session may look different this year, the advocacy of the Kentucky Medical Association (KMA) will remain steadfast as the Association continues to work to protect the practice of medicine and the quality of care for patients.

The 2021 Regular Session of the Kentucky General Assembly began Tuesday, January 5. Being an odd-numbered year, the state constitution mandates that lawmakers only meet for thirty legislative days. Legislators must adjourn on or before Tuesday, March 30.

Despite the limited timeframe, legislators have a full agenda as they will address several contentious issues, including a one-year budget, scope of executive powers and criminal justice reform. However, given their importance and timeliness, KMA expects that several of its 2021 priority issues, which include access to care, liability protections and public health, will be considered.

Access to Care

Telehealth: Federal and state government relaxed many restrictive telehealth rules (such as prohibition against audio-only care) and expanded telehealth coverage (such as additional E/M services) in response to COVID-19. KMA, in addition to other stakeholders, will advocate that certain changes become permanent.

Mental Health Parity: Mental health and addiction care should not be a more restrictive than insurance coverage for any other medical condition. Insurers often design and apply managed care techniques in more restrictive ways for mental health and addiction treatment. Legislation is necessary to require insurers to demonstrate compliance with federal law in terms of how they design and apply their managed care practices.

Co-pay Accumulator: Insurance companies are refusing to count co-pay assistance program payments toward patients’ deductibles and out-of-pocket maximums through a practice known as “co-pay accumulator adjustments.” This often results in quite a shock at the pharmacy counter when Kentuckians realize they are being forced to pay thousands of dollars out-of-pocket just to get the care they need when they thought their deductible or out-of-pocket maximum had been met. Legislation is needed that would prohibit payers from enacting co-pay accumulator policies that do not count third-party financial assistance (e.g., co-pay cards) toward a patient’s out-of-pocket expenses.

Liability Protections

Coronavirus-related lawsuits are already being filed across the country, and healthcare providers need protection from such actions. The 2020 Senate Bill 150, which was enacted during the final hours of last session, did not go far enough. That legislation, while well-intended, only provides a defense, not immunity, against claims for providers who in good faith render care or treatment of a COVID-19 patient during the state of emergency. Stronger legislation is needed that grants immunity for healthcare providers who deliver coronavirus-related care.

Public Health

Prior Authorization (PA) for Medication-Assisted Treatment (MAT): PA for MAT services is a complex cost-control mechanism used by health insurers that requires patients to await approval before gaining access to a drug, which can take days or weeks. Such delays put patients at serious risk for relapse, overdose or even death. KMA will advocate for legislation that would remove prior authorization requirements for FDA-approved medications used to treat opioid use disorder.

Deceptive Advertising: Drug-injury advertisements on television, radio and social media have increased by more than 60 percent since 2008, putting patients’ lives at risk across the U.S. Driven by law firms and aggregators, these commercials feature sensationalized claims that go unchecked due to a lack of proper oversight, leading patients who take critically important medications to doubt or discontinue their treatment regimen without consulting their physician. KMA supported this in the 2019 and 2020 sessions and will once again advocate for legislation that would regulate such drug injury advertisements.

Tobacco Local Control: Every year in Kentucky, smoking directly causes 8,900 deaths and leads to more than $1.9 billion in healthcare costs, nearly $600 million of which comes from the state Medicaid program. Previous efforts to convince the state legislature to pass statewide tobacco-free laws have been unsuccessful. Stakeholders, in response, have begun advocating for local governments to take a greater role in enacting tobacco-free policies. Unfortunately, local control of certain tobacco policies is prohibited by state law. Legislation is needed to give county and city governments control to regulate the use, display, sale, and distribution of tobacco products, including e-cigarettes.

Tobacco Prevention & Cessation Funding: Comprehensive state tobacco prevention and cessation programs that reduce youth and adult tobacco use are highly cost effective. Such programs require sufficient capacity through adequate funding. Since the General Assembly will be attempting to craft a one-year budget during the 2021 session, KMA will support raising the level of funding for these programs to the 2020 level ($3.3 million) for fiscal year 2022. The program is currently funded at only $2 million for fiscal year 2021.

KMA Virtual Advocacy in Action Month

While in-person visits to the State Capitol will be limited this year due to the COVID-19 pandemic, KMA physician advocate will continue through the Association’s first Virtual Advocacy in Action Month, held during the month of February 2021. Physicians will be encouraged to engage virtually with their legislators to promote KMA priority issues.

There were several ways members could participate, including a virtual member briefing that covered the Association’s legislative priorities for the session in early February. Members were also encouraged to reach out to their legislators each Tuesday during the month as part of the initiative’s “Talk ‘Tuesdays” events, as well as to contribute to the Kentucky Physicians Political Action Committee (KPPAC) during “KPPAction Day.” More information, as well as registration, for Advocacy in Action Month is available at kyma.org/AIAMonth.

— Dale Toney, MD, is the 2020–2021 Kentucky Medical Association President.
Norton Healthcare making strides to address health equity

By partnering with trusted local organizations, we have been able to help a larger portion of our community receive essential COVID-19 testing and flu vaccines, and these partnerships will help us vaccinate a larger portion of the community against COVID-19 as more vaccines become available.”
— Russell Cox, president and CEO, Norton Healthcare

Last summer, Russell Cox, president and CEO, Norton Healthcare, outlined five imperatives to address health and racial inequalities. They included:

1. Establishing the Institute for Health Equity, a part of Norton Healthcare
2. Ensuring access to primary care for everyone
3. Committing to mirror our community within the Norton Healthcare leadership team
4. Providing education and advocacy on health policy issues
5. Investing an additional $20 million over five years in underserved areas

Much has been accomplished since the announcement. Norton Healthcare employees volunteered to serve on work groups established for each imperative, and changes are underway.

“Healthcare is not just a privilege, but a right,” Cox said. “We are committed to do what is necessary so that everyone has access to the healthcare they need. Therefore, our first imperative was to establish the Institute for Health Equity.”

In August 2020, Kelly McCants, MD, was named executive director of the Institute for Health Equity. “Dr. McCants, a cardiologist who also serves as Norton Healthcare’s medical director of advanced heart failure, has quickly established himself as a community leader in the area of health equity and has been instrumental in developing a model for the institute’s long-term success,” Cox said.

Increasing Access

Key to ensuring health equity is increasing access to care in Louisville’s underserved areas. The organization expanded its primary care practice in the YMCA building at 18th Street and Broadway and added a COVID-19 testing center at this location. With a $1.25 million grant from the Norton Healthcare Foundation, Norton Healthcare recently purchased a second mobile prevention center to make it easier for community members to receive services such as mammograms, well-woman exams and colon cancer screenings. In 2021, the mobile unit will have a dedicated schedule in specific areas of the community. In addition, permanent sites will open in West and South Louisville to further expand access to care.

Changes are happening within Norton Healthcare’s workforce as well. “We redefined what being a leader means. We added more seats to our leadership table and now have a more diverse group,” Cox said. “Leaders are defined by how they make a difference within our community and our organization, not necessarily by job title.”

“In addition, we will have a team of recruiters who will focus on attracting and hiring diverse candidates,” Cox said. The team responsible for this work also implemented training focused on equity, inclusion and belonging, which is now a part of our annual essential staff training that all Norton Healthcare employees complete.

Partnerships

Norton Healthcare recently provided a $1.2 million grant to Simmons College of Kentucky. The grant will help the historically black college in West Louisville with educational and program initiatives. It also will support facility improvements to enhance student and faculty experiences.

“Partnerships are important to making these initiatives successful,” Cox said.

Norton Healthcare also has partnered with the Louisville Urban League (LUL), St. Stephen Church, St. Rita Catholic Church, La Casita Center and others.

“By partnering with trusted local organizations, we have been able to help a larger portion of our community receive essential COVID-19 testing and flu vaccines, and these partnerships will help us vaccinate a larger portion of the community against COVID-19 as more vaccines become available.”

Education Key

A key component of healthcare is education. Norton Healthcare’s fourth imperative involves providing employees with information to make informed choices when it comes to health policy. “The education and advocacy work group quickly launched a website with information on how and where to complete the census, information on state and national candidates running for office, how to register to vote, how to request an absentee ballot and where to vote,” Cox said. “We encouraged our employees to share this information with their families, friends and organizations they belong to. It is a gift to be able to participate in the democratic process, and it was important to help our Norton Healthcare family make their voices heard.”

“The response from people who want to be a part of our plan to address health and racial inequality is incredible — from our employees, our providers, our community and even our vendors.”
— Russell Cox, president and CEO, Norton Healthcare

The response from people who want to be a part of our plan to address health and racial inequality is incredible — from our employees, our providers, our community and even our vendors. While much has been accomplished, there is more to do. We look forward to continuing to invest in facilities and programming in underserved areas — $20 million in addition to our previous investments, including the Norton Healthcare Sports & Learning Center with the LUL.

“This is important work, focused on improvement, growth, learning, reflection and an eagerness to effect needed change as quickly as possible,” Cox said.
— Norton Healthcare
Equality vs. equity in healthcare outcomes

By Karen Krigger, MD

Healthcare quality is often quantifiably measured by health outcomes. Multiple studies support consensus the USA spends more per person than any comparable nation with the worse healthcare outcomes, including life span. The accounting of this discrepancy among comparable nations can be attributable to unrecognized health inequalities driven by recognized, but unattended, social inequities. These terms represent the realm of public health.

Equality vs. Equity

Equality means each individual or group of people is given the same resources or opportunities. Considering health equality, it would mean everyone, given the same resources or opportunities, would be as healthy, equally, as the next person.

But we know that equal resources and opportunities given to each person does not insure health equality. Hence, we have the concept of health equity. Equity recognizes each person has different circumstances. In the context of health equity, each person is given the exact supplies, means, and opportunities needed to reach the same health outcome.

Equity is the absence or avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Thus, health inequities are more than lack of equal access to needed resources to maintain or improve health outcomes.

Redlining

Health inequities, also, encompass those difficulties that infringe on fairness and human rights. An example of these difficulties can be found in redlining. Redlining was instituted in 1933 by the US government with the creation of the Homeowner’s Loan Corporation (HOLC) to bolster national housing market and homeownership opportunities. The HOLC created residential securities maps, i.e., redlining maps, to guide investment in US cities. Black, immigrant, and low-income neighborhoods were often given low grades denying them access to mortgage insurance or credit.

In these neighborhoods you see higher rates of pulmonary and cardiac disease, cancer and other health conditions. It is from these neighborhoods that process.

Reverse Redlining

There is the concept of reverse redlining affecting the economies of these neighborhoods. Reverse redlining manifests by offering services for low-income residents at higher prices and higher interest rates. Car insurance premiums, for example, are determined by zip codes creating pricing discrepancies irrespective of credit history in these redlined communities.

Community Equality

An example of community equality would be the following: A city budgets closes all the swimming pools in the county due to budget cuts. Community equality would be an investigation of the usage by numbers and hours, the ages and numbers of the population affected, and the potential for youth related offenses due to lack of neighborhood youth related services. Reviewing the impact of the closures with these metrics may open pools in areas most needed and not available within the family’s economic structure, i.e. There are no private neighborhood pools.

The Centers for Disease Control defines health equity as when everyone has the opportunity to be as healthy as possible. Health equity will be a process we actively engage as a nation, while health equality will be the outcome of that process.

Paula Dressel of Race Matters Institute succinctly states our needed actions – “The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone equitably or justly according to their circumstances.”

Eventually, the goal of justice, and consequently, improved health outcomes, will be achieved when we view inequalities through the lens of inequities. The view through such a lens will require a recognition within our subconscious minds of equity, equality and justice.

To begin your journey, consider implicit bias testing. Implicit bias results from the tendency to process information based on unconscious associations and feeling, even when these are contrary to one’s conscious or declared beliefs. You can take a self-assessment at https://implicit.harvard.edu/implicit/takeatst.html.

— Karen Krigger, MD, MEd, FAAFP, AAHIVM(S) is the Director of Health Equity, Health Sciences Center, University of Louisville.
Early intervention and treatment that keeps families together

By Jennifer Hancock

At Volunteers of America (VOA), we often call Freedom House, where we help pregnant and parenting women overcome substance use disorder, “a two-generation solution.”

An outcome-oriented solution that helps moms beat the disease of substance use disorder, builds stable and safe homes for their children and unites families has never been more critical in Kentucky. VOA has seen the difference comprehensive, long-term treatment makes for women who need us, and a new report by our partner Kentucky Youth Advocates details one more reason effective treatment is essential to families in Kentucky.

KYA’s report addresses a growing and dangerous challenge for our Commonwealth: the impact of maternal incarceration on Kentucky children. KYA’s study is both a warning sign and a road map. The research shows the depth of the crisis and a blueprint forward for building safe and healthy families.

Incarceration and Separation

The KYA issue brief reveals a troubling reality, but also shows that there is a way for organizations like Volunteers of America to be vital partners in the solution.”

“Kentucky can do so much better than we are doing now in supporting and uplifting at-risk families. Incarceration is a key driver of family separation and giving parents and children hope and solutions instead of a shared punishment is essential to progress for Kentucky families,” said Jennifer Hancock, President and CEO of Volunteers of America Mid-States.”

— Jennifer Hancock is President and CEO of Volunteers of America Mid-States.

Children who lived with their mother prior to incarceration frequently end up in Kentucky’s overburdened – and expensive – child welfare system.”

Children who lived with their mother prior to incarceration frequently end up in Kentucky’s overburdened – and expensive – child welfare system. This separation, and the instability it causes, is precisely the reason a two-generation solution to treating substance use disorder is needed.

At VOA’s Freedom House, children age 17 and younger can stay with their mothers in treatment, eliminating a huge barrier to making the difficult decision to seek help. VOA provides family therapy as well as parenting and life-skills classes that address and serve the needs of the entire family. And support does not stop when treatment ends, as VOA works with Freedom House graduates on after-care, career counseling, education opportunities and transitional housing.

Measurable Health Outcomes

Comprehensive care for substance use disorder promotes a range of positive and measurable public health outcomes. We save taxpayer dollars by avoiding expensive, long-term NICU stays for babies born with Neo-natal Abstinence Syndrome. Healthy, substance-free moms mean less burden on emergency rooms and EMS services. And we keep families together, safe and out of a foster care system bursting with nearly 10,000 out of home placements.

But the real accomplishment is changing the trajectories of women’s lives – and their children’s lives. This story of new hope is told again and again by women like Chaly Downs, a Freedom House graduate. Downs came to Freedom House from incarceration, and is now substance-free, healthy and working and thriving. She is also reunited with kids who count on her.

“When a mother is in prison, she shares that sentence with her children. Punishment isn’t the answer – it’s working together to find solutions and keep families together,” Downs said.

We share KYA’s strong support for steps that will address the crisis of parental incarceration in Kentucky. Working together, we are on the front lines promoting early intervention and community-based solutions that move parents toward treatment instead of incarceration. VOA is already working with the Kentucky Department for Community Based Services to provide early support and services to at-risk parents. VOA also supports finding more community-based alternatives to incarceration when parents commit non-violent offenses.

“Kentucky can do so much better than we are doing now in supporting and uplifting at-risk families. Incarceration is a key driver of family separation.”

The KYA issue brief reveals a troubling reality, but also shows that there is a way for organizations like Volunteers of America to be vital partners in the solution.”

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Centers for Medicare & Medicaid Services price transparency rule is in effect

By Megan Barker

Although hospitals are still devoting their full attention and resources to responding to the ongoing COVID-19 pandemic, they are expected to comply with the Centers for Medicare & Medicaid Services (CMS) price transparency rule. After withstanding a recent legal challenge, the rule went into effect on January 1, 2021. Understandably, hospitals have been slow to comply with the rule.

The rule is part of the Trump administration’s larger effort to reduce healthcare costs for consumers. In his executive order instructing the Department of Health & Human Services (HHS) to propose the rule, President Trump expressed hope that enhanced transparency of the prices hospitals charge will allow consumers to make well-informed healthcare decisions.

Standard Charges

In sum, the rule mandates that virtually every hospital in the U.S.—irrespective of their Medicare enrollment status—publicly disclose the standard charges for items and services they provide to patients. Standard charges include the rates hospitals privately negotiate with insurers, as well as the discounted rates hospitals offer to cash-paying patients.

The transparency requirement is twofold: hospitals must publish both a comprehensive “machine-readable file containing a list of all standard charges for all items and services” and a “consumer-friendly list of standard charges for a limited set of [at least 300] shoppable services.” Hospitals must ensure that each list is up to date on an annual basis. According to hospitals’ complaints, implementing the rule’s requirements has proven more burdensome than the rule-makers anticipated.

As the Biden administration transitions into office, actual enforcement of the rule—at least while the pandemic continues to surge—is difficult to predict.

“...it will compel hospitals to adhere to a sample group of hospitals for compliance in January. As such, hospitals should do their best to comply with the rule’s requirements rather than gamble on the chance that CMS will decide to delay enforcement.

— Megan Barker is with Stites & Harbison in Lexington, Ky.

UofL entrepreneurship bootcamp goes virtual

LaunchIt, the University of Louisville’s 10-week entrepreneurial bootcamp, has taken its training online and expanded to serve innovators and university researchers throughout the Midwest and Southeast.

Historically, LaunchIt training had been done in person in downtown Louisville, but in the wake of the coronavirus pandemic, program leaders took the bootcamp online. This allowed innovators to participate remotely—and from farther away. The spring 2020 virtual pilot cohort included entrepreneurs from Michigan, Arkansas, Mississippi, West Virginia and across Kentucky.

Since 2011, more than 600 entrepreneurs and university researchers have completed the LaunchIt program. The curriculum includes lessons on customer discovery, product validation, marketing and other considerations when preparing for market launch.

KPCA receives UnitedHealthcare grant

A $250,000 grant from UnitedHealthcare Community Plan of Kentucky will provide support for a new data system now in production by the Kentucky Primary Care Association (KPCA). The Centralized Healthcare and Revenue data Leading Innovation (CHARLI) is a value-based data system that provides a full view of care being provided to a patient from as many points of service as possible to close care gaps. It will connect KPCA member clinics to managed care organizations (MCO), labs and the Kentucky Health Information Exchange (KHIE).

CHARLI maximizes patient care resources through data analytics by aggregating data from labs, hospitals, primary care settings, specialists and any claims to build a profile of all services provided to a patient.

Shaip launches AI training data platform

Shaip, a Louisville, Kentucky-based innovator in AI data solutions, launched an industry-agnostic AI training-data platform ShaipCloud. ShaipCloud was developed to transform unstructured text, image, speech and video data into customized, high-quality datasets used to train artificial intelligence and machine learning algorithms.

Shaip focuses on the fields of medical and conversational AI with an ability to source, curate and transcribe data in over 50 languages from across the globe. Additionally, Shaip’s curated and de-identified healthcare datasets contain millions of patient records and thousands of hours of patient audio spanning 31 medical specialties and COVID-19 data.

EyeSouth partners expands Kentucky network

EyeSouth Partners has completed an affiliation with Midwest Eye Center. The affiliation represents EyeSouth’s first in the states of Ohio and Kentucky. EyeSouth is an eye care-focused management services organization backed by Shore Capital Partners, committed to partnering with leading physicians to build a premier network of eye care services in the U.S. EyeSouth’s affiliate network consists of 21 practices with over 185 doctors providing medical and surgical eye care services at approximately 105 locations including 12 surgery centers throughout Georgia, Texas, Louisiana, Florida, Tennessee, Alabama, Ohio and Kentucky.
Paying for insurance premiums using charity dollars should not be a problem

By Gwen Cooper

Food insecurity is an issue affecting many Americans. As never has it been more relevant than during the time of COVID. What would happen if the federal government issued

SB 44 and the House companion bill to ensure that nonprofit organizations and places of worship can directly pay for the premiums of those patients in need. The legislation would also mandate that out-of-pocket expenses provided by these nonprofit third parties will count toward the out-of-pocket limit.

Patient assistance organizations serve as a vital link in the safety net for patients and their families and this legislation protects that link. Patient assistance programs serve as a last resort for many families, the alternative is spending down to qualify for Medicaid or going through the process to obtain Medicare coverage with Social Security Disability. Neither is an easy or quick process and diminishes the quality of life that these patients are working so hard to maintain. Their goal is not to rely on government for healthcare but to be contributing members of society who are able to live with their illnesses, not in spite of them.

According to the National Hemophilia Foundation, forty-two percent (42 percent) of patients with chronic conditions reported that they have not been able to afford out-of-pocket medical costs in the past year. Passage of this important legislation is the first step in lowering this statistic. In 2020, PSI provided over $1.27 million in

In 42 states, including Kentucky, insurance companies are denying the payment of health insurance premiums if the cost is paid by someone other than the insured.

Your support is crucial to helping us continue providing this critical financial lifeline.”

Pearl Medical offering saliva test for COVID-19

Pearl Medical’s laboratory, located in Louisville, is now offering the Yale School of Public Health Developed SalivaDirect PCR test for COVID-19. This test is offered by the only authorized lab to perform this test in Kentucky, Pearl Medical.

PCR swabbing has been the gold standard in COVID-19 testing until now. The SalivaDirect PCR test has revolutionized this testing with no invasiveness and high reliability.

Saliva, as a collection medium, and the SalivaDirect assay, possess advantages over other collection types including ease of collection, non-invasiveness, room temperature stability, excellent assay sensitivity and high-throughput assay capacity. SalivaDirect PCR can detect the virus 1-2 days earlier than all other testing methods. Pearl Medical is performing testing throughout the state of Kentucky in facilities and in community settings, as well as in Indiana and Tennessee.

Pearl Medical was founded by Osawaru Omoruyi, MD. Omoruyi is the medical director at six skilled nursing facilities and a hospitalist currently working in the COVID-19 unit at U of L Health- Mary & Elizabeth Hospital.

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