

Communicator

■ SPRING, 2017

Physicians Caring for Kentucky

Crossing the Goal Line

KMA Priority Bills to Improve Medical Liability Climate, Health Care Pass

From an early drive that went deep into the legislative clock for one KMA priority bill to a last minute dash across the goal line for another, the Kentucky Medical Association had a second consecutive winning session that will lead to benefits for patients and physicians across the Commonwealth.

When the Senate convened in January, members passed the majority's priority bills, which included Senate Bill (SB) 4, legislation that establishes Medical Review Panels. Medical Review Panels consist of a group of independent, expert health care providers who offer an opinion on the merit of medical malpractice cases before they can be filed in court. But the bill moved slowly through the House process and required strong offense on the part of KMA and other groups for passage of this important piece of tort reform.

Bill sponsor Sen. Ralph Alvarado, M.D., R-Winchester, quarterbacked the drive, with able assistance from KMA member physicians who contacted their legislators to push the bill along. The new Republican-led House of Representatives passed the bill 51-45 with some changes March 1 and the Senate concurred with those revisions 25-11 March 6. Gov. Matt Bevin signed the legislation March 16.

KMA has long supported efforts to improve Kentucky's medical liability climate and



Sen. Ralph Alvarado, M.D., R-Winchester, and Shawn Jones, M.D., talked before a hearing in the Senate Health Committee. Dr. Jones was testifying about the importance of Senate Bill 89 to ensure smokers have access to smoking cessation treatments recommended by their physicians. *Photo by Mary Branham*

that's why the Association once again made tort reform central to its advocacy efforts in 2017. SB 4 is a critical part of that work and represents a significant first step in creating a more fair and consistent legal climate for Kentucky health care providers.

KMA scored its second touchdown of the short session March 21 when Gov. Bevin signed SB 89, which ensures patients who want to quit

smoking have access to tobacco cessation medicines and services recommended by the U.S. Preventive Services Task Force. Studies show that smokers have more success quitting when they work with their physicians. This legislation, sponsored by Sen. Julie Raque Adams, R-Louisville, removes barriers to access for smoking cessation programs by

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P2 / PRESIDENT'S MESSAGE

KMA President Nancy Swikert, M.D., knows it takes Association members and leaders alike to make a difference in addressing health care changes in Kentucky.

P5 / FOCUS ON HEALTH

Focus on Health, KMA's patient newsletter, focuses on the need to protect yourself from the sun's rays as more people will be venturing outdoors. Share it with your patients.

P8 / OPIOID EPIDEMIC

Noted author Sam Quinones, who wrote "Dreamland: The True Tale of America's Opiate Epidemic," will discuss the opioid crisis at KMA's "Meet the Mandates" Aug. 25.

P11 / MEMBER SPOTLIGHT

Robert Couch, M.D., was recognized by *Business First* as a "Lifetime Hero" when the publication recognized "Health Care Heroes" for 2017.



President's Message

Together, We Can Make a Difference

KMA had a very successful Day at the Capitol on Feb. 22, 2017. Nearly 20 medical students from UK and UofL attended, eight residents from St. Elizabeth Family Medicine Residency (at a hearing the day before), as well as many KMA and KMAA members. It was such a pleasure to have the medical students attend with their energy and enthusiasm; they really brought excitement to everyone's day.

Several legislators joined KMA for breakfast and had one-on-one conversations with members. Some legislators commented to me, "this breakfast was very worthwhile." The halls of the annex were so crowded with KMA members and visitors that one could hardly move.

Special thank you to Rep. D.J. Johnson (Owensboro) for taking time from his busy schedule to present a very motivating talk to the medical students. He stressed getting to know the aspects of a small business before setting up a practice to succeed.

Also, special thanks to the governor's aide, who gave a very relevant update to the medical students about the future of health care in Kentucky and information on the Affordable Care Act. We offer a big thank you to Rep. Kim Moser, who kindly participated in an "Interview 101 of legislators" and then gave the medical students updates on several timely bills.

Many of the legislators met the medical students and residents. These future physicians are a very important arm of medicine and desperately needed to be involved now with legislative issues for the future of medicine in Kentucky. Hopefully, several of them will remain in Kentucky to work and provide much needed health care access and jobs to Kentuckians. There is a bill in development at this time that might help address the workforce shortage for patient access in the rural areas of the Commonwealth.

In the future, we will need to address in a serious manner the debt load of these young physicians in training to help them survive in the health care market by providing the

much needed primary care practices. Issues like this are very important to the medical students and residents.

KMA has a program for leadership development with medical students. The Medical Student Outreach and Leadership Program (MSOL) is going strong. In 2016, 23 medical students graduated from this program.

To date, more than 260 medical students are being trained this year. Graduates of the MSOL Program will be honored at the KMA Leadership Dinner at the annual meeting, Aug. 26, 2017. Please make plans to join us there and hear about this program and others that are developing leaders for today and tomorrow.

I have the honor to be President of this organization this year. What better job than to stand behind all these future physicians and encourage them? Thank each one of you for your support.

Together we can make a difference.

NANCY SWIKERT, M.D.
2017 KMA President



KMA President Nancy Swikert, M.D., left, her husband, 2002-03 KMA President Don Swikert, M.D., front right, and Robert Couch, M.D., right, met with Congressional staff and Kentucky's federal delegation during the American Medical Association's National Advocacy Conference in Washington, D.C., in February. Read Dr. Nancy Swikert's thoughts on physicians in the AMA at the KMA website, kyma.org.

Advocacy Takes All

Students from the University of Kentucky and the University of Louisville medical schools were among those in attendance at the KMA Physicians' Day at the Capitol in February.



KMA Working to Serve You Efficiently

It is easy to do less with more. But modern physicians are constantly told to “do more with less.” It is not a phrase that we like to embrace. But when it applies to our investments—including association memberships—we expect every penny to be spent efficiently.

Understanding this reality, KMA went through a strategic planning process four years ago to prioritize how we use our resources, not only to equip us for the future, but also to ensure member dues are spent efficiently. As Chair of the KMA Budget Committee, I can report that within KMA, efficiency reigns supreme. I won't say that KMA “does more with less” (like you, I hate that phrase); KMA simply prioritizes and focuses resources on those priorities.

The results speak for themselves. We have had two successful legislative sessions in a row, capped off by passage of the first meaningful tort reform legislation in more than 30 years. Our footprint on public health is large as we have focused on specific issues impacting the Commonwealth, such as smoking. We have changed local Medicare and Medicaid policies to better assist our members. Our robust physician

DAVID BEMSEMA, MD
Chair, KMA Budget
Committee
Former KMA President



education program will include an intense physician leadership initiative, as well as another “Meet the Mandates” offered free to members later this year. And we have streamlined opportunities for member involvement through the creation of new policy commissions, the Community Connector Leadership Program and other outlets, most of which require little, if any, time out of the office for members. The days of long in-person meetings and an endless stream of reports for the file are quickly coming to an end (at least at the KMA).

Under the very able leadership of Pat Padgett, KMA did all of this at the same time we reduced staff, moved our headquarters office into space that occupies roughly half the space we previously occupied, and improved administrative efficiencies through closer collaboration with our Foundation, county societies and other organizations. KMA continues to maintain rigorous financial controls, something that many take for granted, but we know from media accounts does not happen as often as it should.

I won't say that we “do more with less”—instead, we are able to “accomplish more with greater efficiency.” Physicians seem to like this approach since our membership numbers are up for the second year in a row (at the time of this writing, way up!)

Please know that your dues dollars are well spent and administered very efficiently. For modern physicians asked to constantly “do more with less,” we should expect nothing less.

“I won't say that we ‘do more with less’—instead, we are able to ‘accomplish more with greater efficiency.’”

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New Law Ensures Coverage of Tobacco Screening and Cessation

A new law passed in the final days of the 2017 legislative session will ensure patients who want to quit smoking will have access to treatments their physicians prescribe.

In the past, KMA members reported widespread barriers related to tobacco screening and cessation treatments. The problems persisted even after the Affordable Care Act was implemented; tobacco cessation coverage continued to vary by insurer with no consistency, burdensome prior authorizations and gaps in coverage.

One of the most common complaints was that not all insurers covered all Current Procedural Terminology (CPT) codes used for tobacco-use cessation counseling. This was

due, primarily, to Kentucky Regulation (907 KAR 3:215), which was implemented many years ago and only required coverage for one CPT code (99407).

Senate Bill 89, sponsored by Sen. Julie Raque Adams of Louisville, eliminates those barriers. Gov. Matt Bevin signed the critical bill, which expands tobacco screening and cessation coverage to include all forms of tobacco cessation services recommended by the U.S. Preventive Services Task Force. The new law takes effect 90 days after the end of the 2017 regular session. The covered services, and their codes, include:

99406: Smoking and tobacco use—cessation counseling-intermediate greater than three

minutes up to 10 minutes.

99407: Smoking and tobacco use—cessation counseling visit, intensive greater than 10 minutes.

99078: Group health education to discuss smoking and tobacco cessation. This code has historically been used to provide diabetic instructions, obesity or prenatal counseling.

For more information on this subject—including a copy of the KMA educational PowerPoint, “No Butts About It – Tobacco Screening and Cessation,” which includes information on the hierarchy of ICD-10 coding for tobacco screening and cessation—contact Lindy Lady at lady@kyma.org.

PHYSICIANS' DAY AT THE CAPITOL



Physicians from around Kentucky visited the Capitol in February to meet with legislators and learn about bills in the 2017 legislative session. At left, Sen. Mike Wilson of Warren County talked with KMA President Nancy Swikert, M.D. Above, former KMA Presidents Ted Miller, M.D., PhD, left, and Don Swikert, M.D., chat before the breakfast. *Photos by Mary Branham*



Students from the University of Kentucky and University of Louisville, including Jacob S. Edmisson, Anita Shanker and Jordan Hess, in photo at left, joined physicians from across Kentucky for the KMA Physicians' Day at the Capitol in February. Physicians in attendance included LaTonia Sweet, M.D., of Winchester, center, and Wayne Hendrix, M.D., right, of Bowling Green. *Photos by Mary Branham*

FOCUS_{on}health

Physicians Caring for Kentucky

■ SPRING, 2017

A TAN IS A SIGN YOUR SKIN HAS BEEN INJURED

The American Academy of Dermatology stresses that a tan is a sign of skin damage. Every time you expose your skin to the sun's ultraviolet (UV) rays or visit an indoor tanning salon, your skin is damaged. It not only speeds the aging of your skin, it also increases your risk for all types of skin cancer, including melanoma, the deadliest form of skin cancer.

The Skin Cancer Foundation (www.skincancer.org) defines skin cancer as "the uncontrolled growth of abnormal skin cells. It occurs when unrepaired DNA damage to skin cells (most often caused by ultraviolet radiation from sunshine or tanning beds) triggers mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors."

The Skin Cancer Foundation lists six forms of skin cancer or pre-cancer:

Actinic Keratosis (AK): This crusty, scaly growth is caused by damage from exposure to ultraviolet radiation and is pre-cancerous. It usually appears on sun-exposed areas, like the face, bald scalp, ears, shoulders, neck, and back of the hands and forearms.

Atypical Moles: These moles look unusual but are typically benign. Atypical moles may resemble melanoma and can put people who have them at higher risk of developing melanoma. About 2 to 8 percent of Caucasians have these moles.

Basal Cell Carcinoma: These uncontrolled growths or lesions arise in the skin's basal cells, which line the deepest layer of the epidermis, and are the most frequently occurring form of skin cancer. They often look like open sores, red patches, pink growths, shiny bumps or scars. Usually a result of cumulative and intense sun exposure.

Melanoma: This most dangerous form of skin cancer develops when unrepaired DNA damage to skin cells—caused by ultraviolet radiation from the sun or tanning beds—triggers mutation that leads skin cells to multiply rapidly and form malignant tumors. Melanoma kills one in nine patients.

Merkel Cell Carcinoma: This rare, aggressive form of skin cancer is at high risk to recur and spread throughout the body. It kills one in three patients.

Squamous Cell Carcinoma: This second most common form of skin cancer is an uncontrolled growth of abnormal cells arising in the squamous cells, which compose the skin's upper layers. They look like scaly red patches, open sores, elevated growths with a central depression or warts.

Fast Facts about Skin Health

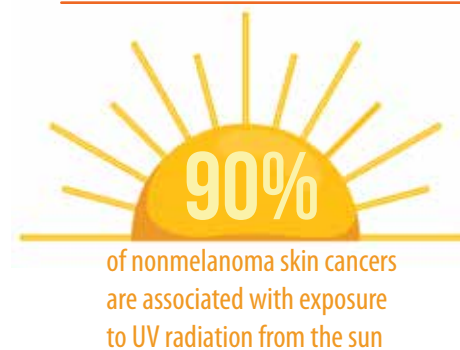
13th

Kentucky's rank in the incidence of melanoma, with 24.3 cases out of 100,000 people.

4th

Kentucky's rank in the melanoma deaths, with 3.4 per 100,000 people.

2013 data from the Centers for Disease Control & Prevention



More on Melanoma

Melanoma accounts for less than **1%** of skin cancer cases, but most deaths from skin cancer. The sun is to blame for most melanomas, with one study finding **86%** of melanomas can be attributed to exposure to ultraviolet (UV) radiation from the sun.

More than **5.4 million** cases of nonmelanoma skin cancers are treated in more than **3.3 million** people in the U.S. each year.

Skin aging

- 90% of skin aging is caused by the sun.
- Daily sunscreen use shows 24 percent less skin aging.
- Only 23% of lifetime sun exposure occurs by age 18.



Source: The Skin Cancer Foundation

BE SAFE IN THE SUN

PROTECT YOURSELF FROM HARMFUL RAYS

GET IN THE SHADE

Sun damage adds up. Only about 23 percent of lifetime exposure occurs by age 18.

TRY NOT TO BURN

Your risk for melanoma doubles if you have had more than five sunburns.

AVOID TANNING BEDS & BOOTHS

Tanning indoors increases your risk of developing skin cancers:

- 67% increased risk of developing squamous cell carcinoma
- 29% increased risk of developing basal cell carcinoma
- 34% increased risk of developing melanoma

COVER UP

Clothing absorbs or blocks much of the harmful ultraviolet (UV) rays. The more skin you cover, the safer you are.

USE SUNSCREEN

A broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher should be worn every day. For longer periods outdoors, use an SPF of 30 or higher. Regular use can reduce the risk of developing squamous cell carcinoma by 40 percent and the risk of developing melanoma by 50 percent.

APPLY SUNSCREEN EARLY AND OFTEN

To get the full benefits, apply about 1 ounce 30 minutes before sun exposure and reapply every two hours. Don't be fooled by the clouds or cold—you still need sunscreen or you could get an even more serious sunburn.

PROTECT BABIES

Keep newborns out of the sun and use sunscreen on babies over age 6 months. Melanoma makes up 3 percent of all pediatric cancers.

SELF-EXAMINE

Each month, check for any new or changing lesions that might be cancerous or pre-cancerous. Skin cancers are almost always curable when found and removed early.

SEE YOUR PHYSICIAN

Get a professional skin exam each year. One in five Americans will develop skin cancer in their lifetimes.

Tips from the Skin Cancer Foundation: www.skincancer.org



Work Begins on Regulations Related to Newly Passed Laws



RANDEL GIBSON, DO
President,
Kentucky Board
of Medical Licensure

The welcome arrival of springtime in the Commonwealth signifies warmer days and outdoor activities for many of our citizens. To the Kentucky Board of Medical Licensure, this time of year signifies the closure of the Board's annual renewal cycle, which officially ended March 1.

As in past years, I am happy to report the annual renewal process went very smoothly this year with more than 16,500 physicians renewing their medical/osteopathic licenses for 2017. In the coming weeks, our staff will be finalizing a more detailed report on physician licensure data and make it available to the KMA. In the event a physician has allowed his/her license to lapse, he/she can simply contact the Board office for instructions on how to reactivate it.

As the 2017 renewal period comes to a close, the 2017 legislative session of the Kentucky General Assembly has also completed its work and adjourned.

As in past years, one of the hot topics in the session has been the epidemic of opioid abuse in the Commonwealth. One of the bills that we have been monitoring is House Bill (HB) 333, filed by Rep. Kim Moser, which addresses a host of issues related to controlled substances focusing on penalties for trafficking fentanyl, carfentanil and fentanyl derivatives.

More importantly for physicians and to the Board, the bill amends KRS 218A.205 to require state licensing boards to promulgate regulations limiting prescriptions for Schedule II controlled substances for acute pain to a three (3) day supply, with certain exceptions. It is important to note the bill does have several provisions for exceptions, such as prescribing to treat pain after a major surgery, and it also gives the Board some flexibility in drafting the regulation. Once this legislation is signed into law by Gov. Bevin, the Board will begin working

on the required regulations to implement the statute and looks forward to collaborating with the KMA and KOA throughout this process.

Another bill the Board monitored was Senate Bill (SB) 146, sponsored by Sen. Julie Raque Adams, which creates new sections of KRS Chapter 311 to establish and administer the licensure of genetic counselors under the State Board of Medical Licensure.

This legislation, which was passed by the General Assembly and signed by Gov. Bevin, is similar to other allied health professions under the Board's authority and it corresponds well to how the Board operates. According to the legislation, the Board will begin licensing genetic counselors beginning in 2018.

Over the next few months, the Board anticipates it will be an extremely busy time as it works to implement the statutory changes from the legislative session. As always, the Board appreciates the assistance and support from KMA.

If you have a question about a Board matter, please feel free to contact our office at (502) 429-7150.

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Meet the Mandates

Author Sam Quinones to Discuss Kentucky's Opioid Epidemic

In 2015, 1,248 people died from drug overdoses in Kentucky, a big jump over the 1,088 deaths in 2014. Fentanyl, a powerful painkiller, drove the increase in overdose deaths, according to the Kentucky Office of Drug Control Policy.

Kentucky isn't alone in battling this epidemic, which cuts across all socioeconomic lines but primarily affects white people, according to Sam Quinones, the acclaimed author of "Dreamland: The True Tale of America's Opiate Epidemic." Quinones is the keynote speaker at KMA's "Meet the Mandates" discussion of House Bill 1, which will be held Aug. 25 at the Hyatt Regency in downtown Louisville. Meet the Mandates is funded by the Kentucky Foundation for Medical Care.

Quinones said physicians will play a lead role in addressing the epidemic. For many years, he said, physicians faced pressures to prescribe painkillers at higher rates—among them, peer pressure and the question of reimbursement for multiple visits if patients need medication beyond an original prescription.

In addition, various doctor evaluation forms include the question, "Did your doctor treat your pain well?"

"That's a recipe for abuse right there," Quinones said. "These evaluations are going to be a way that patients extort pills from a doctor."

Plus, Quinones said, pharmaceutical companies

touted the pills as "virtually nonaddictive." The opiates were described in the 1990s as the answer to treat all manner of pain.

"We got ourselves into this problem by believing in fantasy," he said, "that all individuals would need to do was use pain pills. ... It was an almost childish idea that all our pain problems would be gone if we used those pills."

Many pills that weren't used for their intended purpose of treating pain ended up on the black market, Quinones said. Then people suffered—and died—in silence, he said. As more people became addicted, their families did not want to discuss it.

Now, the light has been shown on the problem and that is helping, Quinones said.

The abundance of pills in circulation also fueled the resurgence of heroin use, he said.

"We would never have the heroin problem today

without prescription pills," said Quinones.

"They are in lock step with one another."

Vicodin, Percocet and OxyContin, he said, are the gateway to heroin addiction.

The problem isn't going away soon, Quinones said, and it will take a multi-

pronged approach. Doctors, he said, need to lend their voice locally to discussions and task forces addressing the epidemic. "Doctors' voices are badly needed in those groups."

People need to hear what a doctor would tell them about addressing the issues surrounding their health, he said, such as the need to modify their behaviors, whether it's smoking or food choices. Groups addressing the opioid problem need to understand how patients react to being told they have to take responsibility for their health and well-being.

"We all have a role in this," Quinones said. "All American consumers have a role in this."

To register for Quinones' presentation for CME credit on House Bill 1 and other sessions on pediatric abusive head trauma and domestic violence at the KMA Meet the Mandates, visit kyma.org/2017-kma-annual-meeting.

Elections – KMA House of Delegates – Aug. 27, 2017

The following positions will be filled at the August 27, 2017, KMA House of Delegates' meeting:

General KMA Officers

| Term | Office | Incumbent |
|---------|---------------------|-----------------------------------|
| 1 year | President-Elect | To be elected from state at large |
| 1 year | Vice President | R. Brent Wright, M.D., Glasgow |
| 3 years | Secretary Treasurer | Linda H. Gleis, M.D., Louisville |

Trustees and Alternate Trustees

The KMA Bylaws provide that the Trustees and Alternate Trustees to be elected will be nominated by the Delegates of their respective Districts at the time of the Annual Meeting. It is the obligation of the Districts to communicate to the Nominating Committee their nominations at the Annual Meeting. Trustees and Alternates are elected for a three-year term, and may be re-elected once.

| Term | District | Trustees | Alternate Trustees |
|---------|----------|---|--|
| 3 years | 5 | *G. Randolph Schrodt, Jr., M.D., Louisville | *Russell A. Williams, M.D., Louisville |
| 3 years | 6 | *Wayne Hendrix, M.D., Bowling Green | *William C. Thornbury, M.D., Glasgow |
| 3 years | 8 | *Neal J. Moser, M.D., Crestview Hills | *Mark A. Schroer, M.D., Cold Spring |
| 3 years | 11 | *Michael E. Kuduk, M.D., Winchester | *John M. Johnstone, M.D., Richmond |
| 3 years | 15 | *Truman Perry, M.D., Corbin | *Kelvin D. Perry, M.D., Corbin |

*Has served one full term (and/or partial term vacated by another Trustee or Alternate) and is eligible for another full term.

**Has served two full terms and is not eligible for re-election.

AMA Delegates & Alternate Delegates

AMA Delegates and Alternate Delegates are elected from the state at large for a term of two years. There is no limit on the number of terms they may serve. KMA has four Delegate positions and four Alternate Delegate positions to fill; all are for two-year terms.

Current AMA Delegates are David J. Bensema, M.D., Lexington; Frank R. Burns, M.D., Louisville; J. Gregory Cooper, M.D., Cynthiana; Bruce A. Scott, M.D., Louisville; and Donald J. Swikert, M.D., Union. Current AMA Alternate Delegates are James F. Beattie, M.D., Bowling Green; Robert H. Couch, M.D., Louisville; Shawn C. Jones, M.D., Paducah; William B. Monnig, M.D., Edgewood; and Robert A. Zaring, M.D., Louisville.

Another Successful Session for KMA, Kentucky Physicians

(Continued from Page 1)

requiring both private insurers and the state's Medicaid MCOs to cover tobacco cessation treatments.

The Senate passed the bill 35-2 Feb. 22 and the House followed suit March 14 on a 90-1 vote. The bipartisan support for the measure indicates the impact smoking has on Kentucky, which has one of the nation's highest smoking rates. The Commonwealth spends \$1.92 billion annually in smoking-related health care expenditures.

The final score came in the closing days of the session when provisions in SB 86, legislation to change domestic violence reporting requirements, were added to House Bill 309 and passed the Senate with a committee substitute March 29 on a 37-1 vote; the House concurred with the Senate changes and approved the legislation 94-0 March 30.

The legislation, proposed by the Kentucky Coalition Against Domestic Violence and sponsored by Sen. Alvarado, removes a potential barrier for individuals who want to reach out for services. Research by the University of Kentucky found that if women know in advance that their case would be reported, they are significantly less likely to report abuse or contact a domestic violence shelter. The legislation amends the state's domestic violence reporting law by eliminating direct reporting by health care providers to the Cabinet for Health and Family Services. Instead, providers would link victims of domestic and dating violence to protective services for those who choose to accept them.

Other Bills that Passed

Prescription Limitations: House Bill 333 would make it a felony to illegally sell or distribute any amount of fentanyl, carfentanil and related drugs tied to an increase in drug overdoses in Kentucky. The legislation also contains a provision to limit prescriptions for Schedule II controlled substances used to treat acute pain to three days. The legislation, however, provides several broad exceptions to the three day limitation, including for post-surgical acute pain, inpatient administration and for any other reason the physician believes it is medically necessary to deviate from the new rule. The bill was passed by the Senate on a 29-9 vote March 30 with a committee substitute. The House concurred with the changes and the bill was delivered to the governor.



Sen. Ralph Alvarado, M.D., R-Winchester, testified on a number of bills he sponsored during the 2017 legislative session, including one that would allow primary care providers to contract directly with patients for services. Photo by Mary Branham

Direct Primary Care: SB 79, which defines "direct primary care membership agreement" and sets conditions for services under such an agreement, was signed by Gov. Bevin March 17. Direct primary care allows physicians to contract directly with patients to provide services covered by a set monthly fee without the involvement of insurance. Seventeen states recognize direct primary care as a health care delivery model. This new law, sponsored by Sen. Alvarado, allows the model to be used more in the Commonwealth without added barriers, such as being inaccurately characterized as an insurance product.

Mammography: HB 78, sponsored by Rep. Jim DuPlessis (R-Elizabethtown), requires providers of mammography services to provide specific information to patients whose X-ray mammogram shows dense breast tissue. The legislation passed the House 93-0 Feb. 27, and then 37-1 in the Senate, but with a committee substitute with which the House did not agree. Special teams—conference committees in the House and Senate and then a free conference committee—iron out differences and reach compromise. The legislation was passed by both chambers on the last night of the session and delivered to the governor March 30.

Experimental Treatments: SB 21, sponsored by Rep. C.B. Embry (R-Morgantown), would permit eligible patients to use investigational drugs, biological products or devices for a terminal illness and prohibit sanctions for health care providers who are working with the patient. The bill passed on a 38-0 vote Feb. 21 and the House on an 87-7 vote March 14. It was signed by the governor March 21.

Immunizations: SB 101, sponsored by Sen. Raque Adams, allows a pharmacist

to administer any immunizations for children ages 9 to 17 pursuant to prescriber-approved protocols and consent of a parent or guardian. Under current law, pharmacists are permitted to provide flu shots to children within the 9 to 17 age range. For all other immunizations, pharmacists are only permitted to administer to individuals ages 14 to 17. SB 101 expands this age range. The Senate passed the legislation 37-0 Feb. 22 and the House passed it 97-0 March 7. Gov. Bevin signed the legislation March 20.

Significant Bills that Did Not Pass

Peer Review Protections: While not a formal KMA priority bill, one piece of legislation that fell short of the goal line would have improved the medical liability climate in Kentucky. SB 18 would have protected the peer review process to allow physicians and hospitals to assess their work without the possibility of their words being used in a medical malpractice claim. The bill passed the Senate, but stalled on the House floor and did not come to a vote. If it had passed, SB 18 would make discussions in medical peer review cases confidential and privileged; that would make them not subject to discovery, subpoena or introduction into evidence for lawsuits. It would have put Kentucky's peer review statute in line with 48 states across the country.

Smoke-free Schools: Another tobacco-related bill, SB 78, made it just past the 50-yard line. It passed the Senate in February, but failed to make any movement in the House. SB 78, sponsored by Sen. Alvarado, would have prohibited the use of tobacco products at schools, in school vehicles and at school-sponsored activities.

Midwifery: KMA successfully played defense on SB 105, legislation regarding the licensure and regulation of Certified Professional Midwives (CPMs) and home birth services, which failed to make any movement in the Senate. KMA opposed this legislation because it, among other reasons, did not prohibit CPMs from assisting with certain high-risk births in an out-of-hospital setting; did not require CPMs to have a collaborative relationship with a more experienced health care provider; and did not require CPMs to have transfer agreement with a birthing hospital for appropriate backup in the event of an emergency.

KMA Endorses Epic Insurance Solutions

The Kentucky Medical Association has entered into a new endorsement agreement with Epic Insurance Solutions.

"We are pleased to have this new arrangement with Epic," said KMA Executive Vice President Patrick Padgett. "They work with a number of our members already and we believe they are in a good position to use that experience to benefit our entire membership."

Padgett also recognized that Epic has set the standard as an employer that cares about its employees. The company has been awarded the Best Places to Work Designation three years in a row (2015–2017), and voted one of the Healthiest Employers of Greater Louisville in 2015 and 2016.

While Epic Insurance Solutions, an independent insurance company, covers the traditional individual and family markets, it also carries medical malpractice and other types of business

insurance. The agency strives to simplify the insurance-buying process by connecting clients with a single point of contact within the company. Epic Insurance Solutions works with multiple companies for insurance covering property, casualty, life, health, employee benefits, medical, dental and aviation insurance. By working with multiple companies, Epic is in a position to monitor quality of service and value, and provide options, for customers. Epic recently partnered with Integrity HR, a human resources consulting and outsourcing firm founded in 2007, to provide HR solutions to companies.

Epic Insurance Solutions has provided medical professional liability insurance for more than 50 years making it one of the most experienced medical malpractice agencies in Kentucky. It was the first agency in Kentucky to represent MagMutual Insurance Company, the largest mutual medical professional liability company in the southeastern United States, and Epic

continues to insure more Kentucky physicians through MagMutual than any other agency in the state. Through MagMutual, Epic Insurance Solutions provides a full range of professional practice resources.

"In today's health care environment, perhaps more than ever, physicians and hospitals alike are faced with dynamic, constantly evolving risks," said Epic Insurance Solutions Vice President Todd Sorrell. "We're confident our partnership with the KMA will allow us the opportunity to help more Kentucky physicians, both independent and hospital employed, navigate those risks and remain focused on what they do best, provide quality patient care."

As part of the endorsement deal, Epic is a new KMA Level 1 Corporate Affiliate. Learn more about Epic at www.epicinsurancesolutions.com or contact Todd Sorrell at tsorrell@epicinsurancesolutions.com or (502)493-7947.

EPIC Insurance Solutions—Superheroes in Community Service

Don't be surprised if you see a grown man in tights show up at your office in the coming weeks dressed in superhero garb.

It's just Epic Insurance Solutions President Don Thompson, also known as "Epic Man."

He dresses this way for a good reason—to raise money for kids with cancer to go to camp for a week.

It's all part of Epic's "Capes for Camp" initiative with Kosair Charities to help send kids to Camp Quality Kentuckiana where children who have, or are in remission of, cancer can "come together to just be kids."

This is the fourth year Epic Insurance Solutions is helping support the initiative through its community service program, EpiCares.

Each child who is cleared to attend the camp receives a cape at the kickoff event. "They love it," Thompson said. "It's like their badge of honor."

This year's event is June 25. Events include a DJ, photo booth and other fun activities.

For one week each year, Epic Man goes out into the community and visits businesses, clients and people the firm knows to seek donations. Last year's fundraising goal was \$25,000; it's \$40,000 this year. In the past three years, Epic has helped send more than 300 kids to camp.

To support Capes for Kids, contact Charity Cissell, Epic operations manager at ccissell@epicinsurancesolutions.com



epicinsurancesolutions.com or 502-805-3742.

Thompson wishes he could take the credit for coming up Capes for Camp. But the idea grew from the camp's superhero theme one year. "It took on a life of its own," he said. Now, it's even incorporated in Epic's website.

Kosair Charities has recognized Epic Insurance Solutions with its "Corporate Kite Award" for the company's partnership to "protect the health and well-being of children in Kentucky and Southern Indiana."

In addition to Capes for Camp, Epic employees have also chosen to contribute their time and financial support to more than 25 nonprofits since the company was founded in 2013.

The organization is so dedicated to supporting the community that it formed



an EpiCares committee that meets monthly to decide which organizations to support. These organizations include the American Heart Association, the American Red Cross, the Boys and Girls Club, the Fund for the Arts and Metro United Way, for example.

"We feel strongly about giving back to the community and being involved in as many ways as we can," Thompson said.

Every two weeks during staff meetings, the company also conducts "payday talks" where leaders invite nonprofit organizations who "line up with Epic's core values" to let employees know about opportunities at their organization.

"There's no pressure for them to be involved," Thompson said. "We just want to make them aware."

For those employees who choose to participate in EpiCare's Capes for Camp, "It's a great 'feel good' for all of us to be involved and to be able to help these kids out," Thompson said.

KMA Member Spotlight

Dr. Couch Recognized for Work on Front Lines of Drug Epidemic

Over three decades in Louisville's emergency rooms, Robert Couch, M.D., has seen the scourge of drug abuse run the gamut from heroin to powder cocaine to PCP to meth and back to heroin again. The death rate through those changing drugs of choice remained fairly consistent. Until now.

"We're seeing so many more deaths," he said, in part because of the availability of cheap drugs that are "very plentiful."

Couch has been on the front lines in the battle against heroin addiction in Kentucky and that has brought a lot of attention to his recent experiences. Over the course of 32 hours in February, for instance, Louisville emergency services responded to 52 overdose calls. Couch was interviewed by national and local news outlets to discuss his experiences treating many of those patients.

His contributions in addressing the region's heroin epidemic garnered recognition by *Business First* as a "Lifetime Hero" when the publication recognized its 2017 Health Care Heroes. And his expertise dealing with the crisis is in demand for lawmakers across the country striving to address the issue. He spoke last month in Denver, and was scheduled to speak again this month in Indianapolis, to a group of legislators about the problem.

"It really is a public health crisis," Dr. Couch said of the nationwide opioid epidemic. "It's going to take everyone doing what they can to solve this problem."

Dr. Couch has been an important part in addressing the life and death issues of the problem since his early days in medicine. In fact, he touted his interest—and experience—in emergency care when he was applying to medical school. He knew that he'd like to be a part of the nascent specialty of emergency medicine, so in an effort to stand out among other medical school applicants, he and a buddy at the University of Alabama decided to become paramedics.

"We thought that would be a pretty neat way of distinguishing ourselves because no one else had done it," Dr. Couch said. He explained that in the early 1970s, the federal government was providing funds for states to develop EMS services, and the West Alabama EMS—which served Tuscaloosa—worked to develop a rather robust emergency medical service.

Besides the invaluable experience Dr. Couch gained working as a paramedic, he also was able to get college credit for the classes. He



Robert Couch, M.D., is chair of the Kentucky Physicians Political Action Committee and an AMA delegate serving on the KMA Board of Trustees. Photo by Mary Branham

enjoyed the work so much that he continued to moonlight through college and in the breaks between the first and second years of medical school at the University of Alabama-Birmingham.

Those early years dealing with emergency medical situations lay the groundwork for Dr. Couch's continuing career as an emergency physician in Louisville. Louisville was a good place for Dr. Couch to land—the University of Louisville has the second oldest emergency medicine department, according to a history of the program on the UofL website. Plus, Dr. Couch said, when he was ready to match for residency in 1983, UofL had what he wanted in a residency.

As he was nearing the close of his residency program, St. Mary & Elizabeth Hospital asked the Department of Emergency Medicine at UofL to run the emergency department for the hospital. As chief resident, Dr. Couch was tasked with putting together a group of residents to address that need. So with a few months left in his residency, Dr. Couch founded Southern Emergency Medical Specialists, PSC, and began staffing St. Mary & Elizabeth Hospital with his team.

In fact, the independent emergency department group of physicians, nurse practitioners and physician assistants now serves Norton Audubon, Norton Downtown and Norton Brownsboro hospitals. Dr. Couch is the Emergency Department Medical Director at Norton Audubon Hospital.

At age 60, Dr. Couch still enjoys the variety of cases that come through the emergency room doors as he did 32 years ago. A lot has changed

over that time, but some things are still the same.

"Emergency medicine physicians are pretty special," he said. "We have to make decisions with very limited information. You're seeing people on one of the worst days of their life; to be able to do it well is satisfying."

Dr. Couch is a native of Tuscumbia, Ala., the birthplace of Helen Keller. He had planned to attend Auburn University with many of his high school friends, but a teacher arranged

for him—a merit scholar—to get an alumni scholarship at the University of Alabama.

Dr. Couch and his wife, Wilma, have two daughters—Mary Claire and Julia.

Dr. Couch is in the third year of a three-year leadership commitment at the Greater Louisville Medical Society—he served as president-elect in 2015, president in 2016 and is now chair of GLMS. He's also on the KMA Board of Trustees and serves as chair of the Kentucky Physicians Political Action Committee.

Outside organized medicine, Dr. Couch often reaches for the clouds—his longtime hobby, though not as active now, is hot air ballooning. His passion for helping people often finds him overseas with the Teach to Transform organization, founded by a partner, Thomas McKechnie, M.D.

"For a number of years, I would do mission trips where it was a clinical model," Dr. Couch said.

But he was always left to wonder about the people who couldn't get clinical care during that trip. Teach to Transform is a medical mission, but its goal is to train leaders in a community in medical skills. These trips teach basic medical care, wound care and neonatal resuscitation skills, for instance. The second year focuses on more advanced medical skills and the third year focuses on helping those community leaders train others.

The organization, he said, is starting to partner with other organizations around the country to provide needed training worldwide. "I think it has great promise," Dr. Couch said.



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