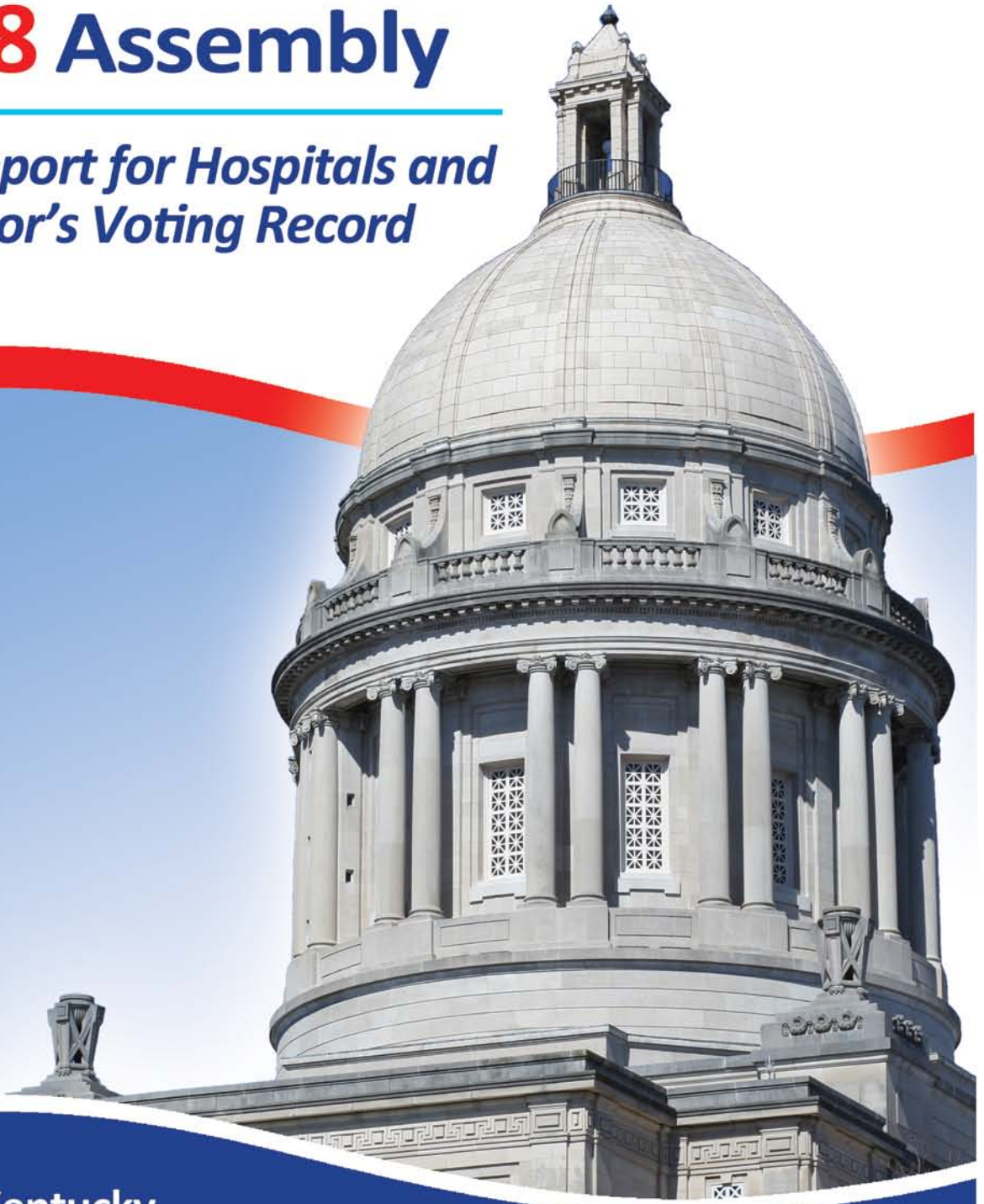




# Kentucky General 2018 Assembly

*Final Report for Hospitals and  
Legislator's Voting Record*

May 2018



Kentucky  
Hospital  
Association

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**Kentucky  
Hospital  
Association**

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# Kentucky General Assembly Final Report - 2018

## The 2018 Kentucky General Assembly is Complete

Kentucky's hospital industry had a victorious legislative session with many of KHA's priorities becoming law. There were 873 Senate and House bills introduced this session with 197 of them becoming law – a 22.57% passage rate.

KHA's Legislative Platform priorities of an updated methodology for the distribution of DSH funding, peer review process confidentiality, a streamlined physician and provider credentialing process, telehealth legislation and a streamlined certificate of need (CON) process were all passed into law.

This success was made possible through the advocacy assistance and input of the Association's members. When hospitals combine their strength and collectively express their concerns to elected officials, more can be accomplished. It is critical for KHA and its members to continue to advocate on behalf of all hospitals and their patients. KHA is grateful for your action and participation.

Included with this Kentucky General Assembly Final Legislative Report is the Senate and House Voting Record on priority KHA legislation for the session for your information and review. The votes reveal how legislators voted on bills that affect hospitals during the 2018 session from the legislation that received final passage and a full vote before the Senate and House. There are also votes included on four key bills that passed the Senate and are expected to be back next session, but did not receive a vote in the House.

New laws from legislation that does not contain an emergency clause or a different specified effective date will go into effect on July 14.

### ■ State Budget and Revenue Bills among 13 Bills Vetoed by Governor Bevin, with Five Overridden by General Assembly

Governor **Matt Bevin** vetoed 13 pieces of legislation, of which the General Assembly overrode five when they returned for the final two days of the session on April 13-14. There were 38 bills passed on the final day of the Session and Governor Bevin vetoed six bills on the last day he could act on the legislation, April 26. Since the General Assembly was out of session, they had no power to consider overriding the final vetoes.

The Executive Budget, **HB 200**, and revenue-generating measures, **HB 366**, were vetoed by the Governor with the vetoes overridden by the Legislature when they returned on April 13. In addition to overriding the vetoes of the budget and revenue bills, the Legislature passed two additional bills on the last day of the session, **HB 265** for the budget and **HB 487** for revenue and tax reform. Therefore, **HB 200** as amended by **HB 265** will guide state spending for the next biennium, and **HB 366** and **HB 487** are revenue-generating measures. The budgets fully fund the state's main public pension systems at the levels recommended by actuarial analysis and call for 6.25 percent baseline cuts for most state agencies, although some agencies, including Medicaid were spared.

**HB 362**, legislation to allow local governments to phase in payments for their increased pension costs, was also vetoed by the Governor and the veto was overridden.

### ■ State Budget and Revenue Bills

The Legislature passed the state budget with **HB 200** as amended by **HB 265** and Revenue Bills **HB 366** and **HB 487**. Detailed information is available [here](#).

**HB 487 (Pratt)** is a tax reform and a revenue-generating measure, which includes provisions that are projected to generate \$396 million in additional revenue over the next biennium. The plan includes a cigarette tax increase of 50 cents per pack and an expansion of the state sales tax to some 17 services, including landscaping, janitorial services, laundry, golf and small-animal veterinary services. It will create a flat five percent tax for personal and corporate income taxes in Kentucky, and the inventory tax will be phased out over a four-year period. Under the plan, the only itemized deductions allowed will be for Social Security income, mortgage income and charitable giving. It will also disallow the deductions for such things as medical costs, taxes paid, interest expense on investments and casualty and theft losses. Additionally, it removes the \$10 state personal income tax credit.

# Wins for Kentucky's Hospitals

KHA is delighted with the success on the legislative priorities for hospitals as identified in the KHA Legislative Platform with the input of the Legislative Committee and member hospitals.

## ■ DSH Funding

**HB 289 (Webber, co-sponsored by Wuchner, Carney, Hart, Johnson, Mills, Pratt, Prunty, Reed, Rowland and Shell)** – is KHA's Medicaid Disproportionate Share Hospital (DSH) legislation that updates the methodology for distributing DSH funds among hospitals. HB 289 conforms Kentucky's DSH law to federal law and the Medicaid expansion, and was signed into law by Governor Bevin.

## ■ Peer Review Legislation

**HB 4 (Wuchner, co-sponsored by Benvenuti, Moser, Osborne, Prunty, Santoro)** – is KHA's legislation for the confidentiality of the peer review process. It was signed into law by Governor Bevin. Thanks to Senator Ralph Alvarado, M.D., who has introduced the legislation for the past three sessions and this year as SB 49, included it in SB 20 and also handled HB 4 in the Senate. Governor Bevin signed HB 4 into law.

## ■ Physician and Provider Credentialing

**HB 69 (Fleming)** – streamlines provider credentialing and makes other improvements to the Medicaid managed care system related to network adequacy, provider appeals, utilization review and transparency in MCO performance. HB 69 eliminates long delays that providers are experiencing to be credentialed with each of the five Medicaid MCOs and the time it takes to enroll with the Medicaid program.

HB 69 requires that the commissioner of insurance promulgate regulations to select one utilization review criteria for each category of services to be used

by all Medicaid MCOs and requires the Department of Insurance (DOI) to establish a competitive process to select the Medicaid necessity criteria. The DOI is to collaborate with the Department for Medicaid Services (DMS) to ensure the criteria regulation is consistent with federal requirements.

The bill removes substance abuse services from the behavioral health services medical necessity criteria and requires that the DOI seek input from medical professionals from the Advisory Council for Medical Assistance Committee on the standards to be considered in the selection of criteria regulations. HB 69 was allowed to become law without the Governor's signature.

## ■ Telehealth Legislation

**SB 112 (Alvarado)** – requires the Cabinet for Health and Family Services (CHFS) to regulate telehealth and set requirements for delivery of services to Medicaid recipients. It requires payment parity for commercial insurers, health benefit plan coverage to the same extent as is provided in person and requires any fully insured health benefit plans or self-insured plans issued or renewed after July 1, 2019, to public employees to comply with the requirements. Governor Bevin signed SB 112 into law on April 26, the last day he could act on the bill.

## ■ Certificate of Need (CON) and Licensure

**HB 444 (Benvenuti)** – legislation to retain and streamline CON, exempts certain OP facilities and services from CON. A summary is available [here](#).

# Health Legislation with Impact to Hospitals that Passed

## ■ CHFS to Set Fees by Regulation

**HB 327 (Webber)** – removes current regulatory fees for services ranging from assisted living facilities and child care facilities to restaurants and hotels and allows them to be set by state regulation by the CHFS, with some prescribed limits. Only Kentucky birth certificate fees collected by the CHFS would remain in state law in order to keep up with costs that current statutory fees do not cover.

**SB 123 (Stivers)** – prohibits the Nursing Facility Bed pilot project for post-acute transitional care for rural and urban areas.

**HB 124 (Wuchner, Moser)** – requires the CHFS to complete a comprehensive review of all current state licensure and quality standards for substance use disorder treatment and recovery services and programs; specifies that licensure and quality standards be based on nationally recognized and evidence-based standards, standardized outcome measures, a reporting process and conditions for reimbursement; permits fees for licensure; requires the CHFS to write regulations to implement the licensure and quality standards by January 1, 2019; subject to available funding.

## ■ Health Professions

**HB 497 (Elliott)** – includes physicians assistants in definition of qualified mental health professionals if they meet one of four established educational and experience requirements for a physician assistant to become a qualified mental health professional.

**HB 398 (Prunty)** – requires criminal background checks for Physical Therapists licensure consistent with state and federal standards; criminal background investigation shall be by means of a fingerprint check by the Kentucky State Police and the Federal Bureau of Investigation. This bill has an emergency clause.

**HB 427 (Wuchner)** – Nurse Practice Act revisions by the Kentucky Board of Nursing (KBN) – clarifies when an immediate suspension of a license is warranted; adds use or possession of a Schedule I controlled substance and use or impairment by use of alcohol or drugs to the list of violations; clarifies when a RN that is temporarily in the state does not need a license; clarifies when a RN may pronounce the death of a patient. A RN, who is employed by a health facility as defined in KRS 216B.015, may determine whether or not a patient is dead in accordance with the requirements of KRS 446.400; RN shall notify the patient's attending physician or other appropriate practitioner of the death in accordance with the facility's policy. The RN is authorized to sign the provisional report of death as furnished by the state registrar of vital statistics; allows the KBN to fine a program of nursing that is not in compliance with regulations

**HB 191 (Gooch)** – consumer protection in eye care act.

## ■ Pharmacy and Prescription Drug Monitoring

**SB 5 (Wise)** – Original bill would carve out outpatient pharmacy benefits from the MCOs and require DMS to directly administer, but was amended and passed to add transparency to pharmacy benefit managers and permissive language to add more funding to the dispensing fee for Medicaid if funds become available.

**SB 6 (Kerr)** – requires a pharmacist or practitioner to offer to sell a nontoxic composition device or the deactivation of unused controlled substances anytime a controlled substance is sold or distributed to strengthen the system for safe disposal of controlled substances.

**HB 213 (Bentley)** – allows CHFS to enter into reciprocal agreement or contract, to share prescription drug monitoring information (KASPER data) with any jurisdiction, county or political subdivision thereof.

**HB 246 (Bentley)** – requires CHFS to initiate pilot program for community pharmacy care delivery model for medication-assisted therapy as part of substance abuse treatment services, as funds become available.

**HB 463 (Meredith)** – prohibits an insurer, pharmacy benefit manager or other administrator from requir-

ing payment for prescription drugs in excess of certain amounts, prohibits imposing a penalty on a pharmacist or pharmacy for complying as required; and insurers may not prohibit a pharmacist or pharmacy from discussing information relating to cost sharing or selling a more affordable alternative to the insured; effective January 1, 2019.

**HB 148 (Wuchner)** – requires that any provider of hospice, palliative care or end-of-life service have written policies and procedures for the deactivation or sequestration and disposal of Schedule II, III, IV or V controlled substances prescribed to a patient upon the patient's death by the entity or person pronouncing death; requires the CHFS to write regulations to provide for the deactivation or sequestration and disposal of controlled substances. HB 148 was vetoed by the Governor, but the veto was overridden by the House and Senate.

## ■ Guardianship

**HB 5 (Elliott)** – concerns guardianship and conservatorship of disabled or partially disabled adults of persons 17 years or older; only upon written order of the court in exceptional circumstances can the CHFS be appointed for certain residents as a limited guardian, guardian, limited conservator or conservator; allows a bench trial at a guardianship competency hearing when the parties agree, no objection from interested parties and all persons preparing the interdisciplinary report agree that the person is disabled or partially disabled.

## ■ Power of Attorney

**HB 11 (Shell)** – adopts portions of the Uniform Power of Attorney Act of 2006; provides that this shall apply to all powers of attorney except for certain exceptions; provides that powers of attorney are durable and for their execution; clarifies that a power of attorney terminates if a court appoints a limited conservator, conservator, limited guardian or guardian of the principal's estate or other fiduciary charged with the management of some or all of the principal's property, unless the court specifically provides that it shall remain in effect; provides that a person is not required to accept an acknowledged power of attorney if the person is not otherwise required to engage in a transaction with the principal in the same circumstances; specifies that a person that accepts a power of attorney is not liable for his or her good faith reliance on the agent's representation of the scope of authority granted to the agent nor is the person responsible to determine or ensure the proper application of funds or property by the agent; clarifies the relation of the Electronic Signatures in Global and National Commerce Act and this chapter; specifies the effect of this chapter on existing powers of attorney.

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### ■ Nonprofit Statute

**HB 443 (Benvenuti)** – modernizes the statutes regarding nonprofit corporations.

### ■ Medicaid

**HB 363 (Huff, Shell)** – requires CHFS to review the circumstances of individuals enrolled in Medicaid and food stamps to determine any changes in eligibility; requires the CHFS to report to the Interim Joint Committees on Judiciary and Health and Welfare and Family Services by October 1, 2018, and provide an annual report that shows the number of individuals whose cases were reviewed and removed from public assistance programs, and the amount of public funds preserved.

### ■ Workers' Compensation Reform

**HB 2 (Koenig)** – reforms workers' compensation to be more business friendly; limits the time period of payment of medical expenses for certain permanent partial disabilities to 780 weeks but provides a mechanism to apply for extended benefits; limits the number of drug screens for which the employer will be liable; specifies circumstances upon which utilization review can be waived; mandates promulgation of treatment guidelines and a pharmaceutical formulary; clarifies that a fee shall not be charged when an injured worker requests the initial copy of medical records; requires that an application for adjustment of claim for compensation for a cumulative trauma injury must be made within five years of the last injurious exposure to the cumulative trauma; requires employee to show that the voluntary introduction of a substance into his or her body that causes a disturbance of mental or physical capacities was not the proximate cause of his or her injury; allows recovery in subrogation of indemnity and medical expenses paid to or on behalf of the employee, less a pro rata share of the employee's legal expenses; and increases average weekly wages.

### ■ Pension Reform Bill

The pension reform bill of the 2018 session was passed as **SB 151**. The original reform pension bill, SB 1 introduced by Senator **Joe Bowen**, did not pass. The new plan does not call for moving current public employees into a defined contribution 401(k)-style system, although new employees will join a 401(k) system.

### ■ Insurance

**HB 218 (Rowland)** – changes insurance coverage for those with autism by removing the dollar amount coverage cap and removes the age limitation on coverage of 21, the age an individual would no longer be

covered by their parent or guardian's insurance and requires the coverage of all health benefit plans in the state.

**HB 176 (Rothenburger)** – enacts ambulance service fee transparency by requiring that ambulance service providers post their fee schedule and provide it upon request. Providers found in violation will be required to pay a \$150 fee to the Kentucky Board of Emergency Medical Services (KBEMS).

### ■ Organs and Diseases

**SCR 171 (Wise, co-sponsored by entire Senate)** – establishes the Childhood Cancer Caucus within the General Assembly.

**HB 84 (Bechler)** – requires coroners or medical examiners to release identifying and other relevant information about a deceased person to Kentucky Organ Donor Affiliates if the person's wish to be an organ donor is known and the body is suitable for medical transplant or therapy.

**SB 7 (Adams)** – would have established the Kentucky Rare Disease Advisory Council, and changed the references in statute of the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board to the CHFS. SB 7 was vetoed by the Governor and was not overridden by the General Assembly.

**SB 250 (Adams)** – establishes that every physician shall test for the presence of hepatitis C virus and recommend testing for children born from a pregnant woman who has tested positive. The tests will be recorded by the physician in the permanent medical records of the woman and the child. If the woman tests positive, the physician shall clearly document the results and orally inform the woman or the legal guardian that it is recommended that testing for the presence of hepatitis C should be conducted on the child at the 24-month well baby pediatric check-up.

### ■ Other Health Legislation of Interest

**SB 142 (D. Carroll)** – requires telecommunication dispatchers for emergency medical conditions to be highly trained in high quality CPR.

**HB 1 (Meade)** – updates and revises the state's child welfare system; establishes new processes for state-level and regional placement coordinators for children in the custody of the CHFS and requires the CHFS to establish uniform home study processes; changes language required to be on a Kentucky birth certificate of a person adopted from outside the United States; and establishes no birth certificate fees for a child who is in the custody of the CHFS.

**HB 33 (J. Miller)** – requires drivers to keep vehicles at least three feet away from bicyclists during an attempt to pass. If that much space is not available, the driver must use "reasonable caution" when passing cyclists.

**HB 167 (Dossett)** – establishes that a staffed police station, fire station, hospital or participating place of

worship may post a sign easily seen by the public that identifies itself as a safe and legal location to surrender a newborn infant less than 30 days old; establishes that an emergency medical facility may post a sign easily seen by the public that identifies itself as a safe and legal location to surrender a newborn infant less than 30 days old; defines a “local child and maternal fatality response team” and “maternal fatality” and provides that the currently established child fatality review team will now also review maternal fatalities; and provides that local child and maternal fatality response teams may be established in Kentucky counties.

**SB 133 (Adams)** – requires the Department of Corrections (DOC) to promulgate regulations for the jails

that require adequate nutrition for pregnant inmates; requires that pregnant inmates be restrained solely with handcuffs in front of the body unless further restraint is required to protect herself or others; and requires that no pregnant inmate shall be restrained during labor, transport to a medical facility or birthing center for delivery or postpartum recovery unless extraordinary circumstances exist (meaning that she is a serious threat of hurting herself, staff or others) or there is a risk of escape that cannot be reasonably minimized through any method other than restraints. An eligible pregnant woman who is housed in a jail that provides treatment for substance use disorders or in a jail that transports prisoners for treatment shall not be released from custody.

## Legislation that Did Not Pass the 2018 Kentucky General Assembly, BUT Will be Back

### ■ Liability Reform Legislation

**SB 2 (Alvarado, co-sponsors D. Carroll, Girdler, Hornback, Meredith, Seum, Thayer and Wilson)** – Caps on Damages – Constitutional amendment that would allow the legislature to pass limits on noneconomic and punitive damages arising from civil suits, if passed by the voters on the November ballot; passed the Senate State and Local Government committee but was short of the required constitutional number of votes needed to pass a constitutional amendment in the Senate.

**SB 20 (Alvarado, S. Meredith)** – Omnibus Medical Tort-reform Measure that requires affidavits of merit; imposes caps on attorney contingency fees of 33%; regulates fees charged for copies of medical records; and prohibits the use of expressions of sympathy as evidence in medical malpractice actions. The bill included peer review protection until HB 4 received final passage.

**SB 141 (Alvarado)** – Medical Review Panel law revisions – Withdrawn.

### ■ Certificate of Need

**HB 85 (Wells)** – eliminates Certificate of Need (CON) and the State Health Plan.

**HB 50 (Nemes)** – requires a comprehensive review of all occupational licenses every five years, including CON.

## Insurance

### ■ Health Care Transparency

**SB 154 (Alvarado)** – Health Care Transparency – requires posting of inpatient and outpatient prices and requires all health insurers to develop an incentive program that is designed to steer patients to the lowest cost provider for every service, except for emer-

gency care, to be posted on the insurance companies’ website to post comparative prices of providers. Insurers would be required to pay an enrollee 50% of the difference between the insurer’s allowed amount and the provider’s charge, which is likely to have the effect of directing patients away from hospitals.

### ■ Surprise Billing

**SB 235 (Buford) and SB 236 (Girdler)** – prohibits non-participating health care providers from attempting to collect payment from a covered person for covered services; provides reimbursement criteria for covered services provided by a nonparticipating provider at an in-network facility; requires insurers to require any provider contracts with in-network health facilities to accept the in-network rate as payment in full; requires non-participating health care providers to accept the in-network reimbursement rate for emergency services provided as payment in full.

**SB 79 (Alvarado)** – requires the commissioner of insurance to collect information from insurers regarding billed charges, and either to select a nonprofit to distribute the information to or to publish the information annually on its website; defines unanticipated out-of-network care; requires an insurer to reimburse for unanticipated out-of-network care at the usual and customary rate for the service; prohibits any lower reimbursement; and prohibits balance billing from a provider who has been reimbursed in accordance with this section.

### ■ PIP Legislation

**SB 121 (Girdler)** – moves auto insurance medical expense charges for health facilities and licensed practitioners to the workers’ compensation fee schedule. SB 121 did not pass, but an amendment was added

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## Legislation that Did Not Pass - continued

to **HB 464** that requires the Department of Insurance (DOI) to conduct a study in the interim of billing rates for medical bills submitted to reparation obligors by providers for PIP insurance, to compare rates charged to the worker's compensation fee schedule, other fee schedules and in the private health care market.

An amendment (Meredith) was adopted in the Senate that changed the hospital reimbursement rate from the workers' compensation fee schedule to the contracted negotiated fee set forth for the medical expense with the reparations obligator, or if no contract exists, an amount equal to 80% of the usual and customary (UCR) rate for that particular health care service. All other providers would be paid according to the workers' compensation fee schedule. KHA presented a revised amendment to the bill sponsor that would have added further definition to the UCR, but that was not included in the amendment as adopted.

### ■ Prior Authorization

**SB 143 (Alvarado)** – requires an insurer to develop processes for electronic prior authorizations and to establish an extended length of authorization under certain circumstances; requires the DMS and Medicaid MCOs to comply with certain provisions; requires governmental units of the commonwealth to promulgate administrative regulations for electronic prescribing that include electronic prior authorization standards; requires governmental units to promulgate regulations for electronic prescribing that include electronic prior authorization standards meeting certain requirements; includes pre-hospital transportation in required coverage; prohibits a requirement of a utilization review for pre-hospital transportation or for the provision of emergency health care services; establishes a presumption of medical necessity if a provider certifies in writing that services were emergency health care services; and prohibits greater restrictions of emergency health care services coverage for nonparticipating providers than for participating providers.

### ■ Medicaid Managed Care Organizations

**SB 53 (Meredith)** – limits the number of MCOs to two and establishes a process for selection of the two MCOs.

### ■ Health Professions

**SB 153 (Alvarado)** – authorizes a Physician Compact to recognize a multi-state licensure privilege to practice for physicians and enters Kentucky into the Interstate Medical Licensure Compact with all other jurisdictions that legally join in the compact.

**SB 89 (Hornback)/HB 445 (Webber)** – permits APRNs to enter into a collaborative agreement (CAPA) for prescriptive authority for controlled substances with another APRN or a physician; permits APRNs to prescribe controlled substances without a collaborative agreement after four years; and prohibits any employer for any reason from compelling an APRN to maintain a collaborative agreement for non-scheduled or controlled substances after four years.

**SB 134 (Buford, 11 Senate co-sponsors Adams, Carroll, Clark, Givens, Harper Angel, Kerr, Ridley, Seum, Thomas and Webb)** – creates a certification for Certified Professional Midwives (CPMs); allows CPMs to perform deliveries without the requisite education, training and experience of licensed nurse midwives, who are registered nurses with advanced training in obstetrics; does not prohibit CPMs from performing high-risk deliveries; does not require them to have a collaborative agreement with an OBGYN or a transfer agreement with a nearby hospital; and CPMs would not be required to carry medical liability insurance. The legislation grants a wider scope of practice than is currently available to licensed registered nurses who have much more training.

**HB 228 (Elliott)** – establishes Physician Assistant Prescriptive Authority for Controlled Substances (CS) to the extent as delegated by the supervising physician.

## Pharmaceutical and Opioid Overdose Issues

### ■ Immediate Detention for Patients Who Overdose and are Administered Naloxone

**HB 428 (Moser)** – establishes an immediate detention process for patients who have suffered an acute opioid overdose and were administered naloxone, then taken by an emergency medical services provider to an appropriate medical facility. Defines an appropriate facility to encompass the three bridge clinics that are operated by hospitals in Kentucky's largest population areas – Lexington, Louisville and Northern Kentucky – where adjoining counties each have populations over 90,000, under a federal grant from the 21st Century Cures Act that was passed by Congress last year. Those who overdose on heroin or other opioid drugs would be immediately detained by first responders and taken to a hospital. The hospital is to have a qualified health professional perform an assessment for substance use disorder (SUD) and if appropriate, make a referral to a clinically appropriate evidence-based SUD treatment program. The physician may prescribe or make a referral for a medication-assisted treatment and shall develop a discharge plan, which includes a referral to a registered alcohol and drug peer support specialist.



There were over 15,100 emergency medical runs requiring resuscitation due to opioid overdoses in Kentucky last year, not counting more than 2,000 runs in Jefferson County alone and 1,404 deaths from opioid overdose reported in Kentucky in 2016.

**SB 94 (Westerfield)** – permits an employer of a practitioner, pharmacist or other person authorized to prescribe, administer or dispense controlled substances to request data from CHFS as part of a bona fide specific investigation of prescribing or dispensing practices.

## ■ Medical Marijuana

**HB 166 (Sims) / SB 80 (Seum)** – restricts medical cannabis to certain patients with qualifying debilitating conditions; establishes requirements for cultivation, production, processing, distribution and sale in compassion centers; establishes requirements for patients, visiting patients and caregivers; establishes professional protections for practitioners; establishes responsibilities and protections for cardholders; allows restrictions on possession, possession while operating a motor vehicle and smoking; clarifies that use of medical cannabis by a qualifying patient is to be treated the same as use of prescribed pharmaceutical medications; and establishes additional protections for medical use.

**SB 272 (McGarvey)** – establishes a medical marijuana program that allows for a patient to possess 2.5 ounces of marijuana if he or she has a qualifying condition, a physician recommendation and a card; establishes protections for cardholders, physicians, attorneys and pharmacists; establishes requirements for dispensaries and cultivation facilities; requires the Department for Public Health (DPH) to administer and enforce provisions relating to patients, qualifying medical conditions and designated caregivers, including registry identification cards for qualifying patients and designated caregivers; requires at least 20 but no more than 40 dispensary licenses, and at least 4 but no more than 8 cultivation facility licenses; prohibits

an individual from owning an interest in more than 1 cultivation facility and dispensary; prohibits dispensaries from selling products which require the combustion of marijuana; and establishes prohibitions for physicians.

**HCR 34 (Bentley)** – urges Federal Drug Control Agencies to expedite research on safety and effectiveness of use of medical marijuana for certain health purposes.

**SB 23 (J. Carroll)** – permits a physician to recommend the use of cannabidiol or cannabidiol products.

## ■ Smoke-Free Initiatives

**SB 93 (Adams)** – allows city or county governments to regulate use, display or sale or distribution of tobacco products.

**SB 51 (Alvarado)/ HB 318 (Moser)** – prohibits use of tobacco products by students, school personnel and guests in school properties and activities, beginning in 2019-2020 school year.

**SB 29 (Meredith)** – imposes a Health Care Reimbursement Assessment of \$1 on all tobacco products.

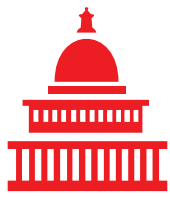
## ■ Mental Health

**HB 604 (Coursey)** – requires school districts to hire or contract with one mental health professional per every 1,500 students as public or private funds become available, beginning with the 2019-2020 school year. That mental health professional would help meet another requirements in the bill directing all public schools to adopt a “trauma-informed approach” that focuses on the needs of struggling students to create safer schools. HB 604 was filed in the aftermath of a January 23 shooting in Representative Coursey’s district in which two Marshall County High School students were killed when a classmate opened fire at the school.

## Resources

KHA member participation is critical in the legislative and regulatory processes, so the Association provides its members with the communication tools and resources to be active participants in the legislative process.

Visit the KHA Advocacy page on [www.kyha.com](http://www.kyha.com) for the latest on Hot Bills KHA followed during the session, links to contact your legislators, *Legislative Bulletin* archives and more. There are also links to the Kentucky Legislature Home Page, [www.lrc.ky.gov](http://www.lrc.ky.gov), which provides information on each of the commonwealth’s senators and representatives, including phone numbers, addresses and committee assignments. Additionally, the site provides bill texts, a bill-tracking service and committee meeting schedules.



# KENTUCKY - SENATE Voting Record

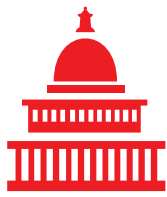
Legislator Voting Record on Kentucky Hospital Association Bills for the **2018 Kentucky General Assembly Session**

Y - Yes Vote  
N - No Vote  
X - Did Not Vote



\* KHA supported the bill after it was amended

KHA Position		SUPPORT	SUPPORT	SUPPORT	SUPPORT	DID NOT SUPPORT	SUPPORT	SUPPORT*	SUPPORT	SUPPORT
Legislator	% Support	HB 2 Worker's Comp Reform Passed	HB 4 - Peer Review Protection Passed	HB 69 - Physician Credentialing & MCO Reform Passed	HB 289 - Update DSH Distribution Passed	HB 443 - Modernize Nonprofit Corporations Statutes Passed	HB 444 - Streamline CON Passed	HB 497 - PA's to qualify as Mental Health Professionals Passed	SB 112 - Telehealth Passed	SB 250 - Hepatitis C testing on Pregnant Women & Babies Passed
Alvarado, Ralph (R-28)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Bowen, Joe (R-8)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Buford, Tom (R-22)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Carpenter, Jared (R-34)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Carroll, Danny (R-2)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Carroll, Julian (D-7)	55.56%	N	N	Y	N	Y	N	Y	Y	Y
Clark, Perry (D-37)	50.00%	N	N	Y	N	Y	X	X	Y	X
Embry, C.B. (R-6)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Girdler, Rick (R-15)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Givens, David (R-9)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Harper Angel, Denise (D-35)	66.67%	N	N	Y	Y	Y	N	Y	Y	Y
Harris, Ernie (R-26)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Higdon, Jimmy (R-14)	88.89%	N	Y	Y	Y	Y	Y	Y	Y	Y
Hornback, Paul (R-20)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Humphries, Stan (R-1)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Jones, Ray (D-31)	75.00%	N	N	Y	Y	Y	Y	Y	X	Y
Kerr, Alice (R-12)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	X
McDaniel, Chris (R-23)	100.00%	Y	Y	Y	X	Y	Y	Y	Y	Y
McGarvey, Morgan (D-19)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Meredith, Steve (R-5)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Neal, Gerald (D-33)	71.43%	X	N	X	Y	Y	N	Y	Y	Y
Parrett, Dennis (D-10)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Raque Adams, Julie (R-36)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Ridley, Dorsey (D-4)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Robinson, Albert (R-21)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Schickel, John (R-11)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Schroder, Wil (R-24)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Seum, Dan (R-38)	87.50%	N	Y	Y	X	Y	Y	Y	Y	Y
Smith, Brandon (R-30)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Stivers, Robert (R-25)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Thayer, Damon (R-17)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Thomas, Reginald (D-13)	75.00%	N	N	Y	Y	Y	Y	Y	X	Y
Turner, Johnny (D-29)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Webb, Robin (D-18)	75.00%	N	N	Y	X	Y	Y	Y	Y	Y
West, Stephen (R-27)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Westerfield, Whitney (R-3)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wilson, Mike (R-32)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wise, Max (R-16)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y



# KENTUCKY - HOUSE Voting Record

Legislator Voting Record on Kentucky Hospital Association  
Bills for the **2018 Kentucky General Assembly Session**

Y - Yes Vote  
N - No Vote  
X - Did Not Vote



\* KHA supported the bill after it was amended

KHA Position		SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT*	SUPPORT	SUPPORT
Legislator	% Support	HB 2 Worker's Comp Reform Passed	HB 4 Peer Review Protection Passed	HB 69 - Physician Credentialing & MCO Reform Passed	HB 289 Update DSH Distribution Passed	HB 443 - Modernize Nonprofit Corporations Statutes Passed	HB 444 Streamline CON Passed	HB 497 - PA's to qualify as Mental Health Professionals Passed	SB 112 Telehealth Passed	SB 250 - Hepatitis C testing on Pregnant Women & Babies Passed
Adkins, Rocky (D-99)	66.67%	N	N	Y	Y	Y	N	Y	Y	Y
Bechler, Lynn (R-4)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Belcher, Linda (D-49)	57.14%	N	X	Y	X	Y	N	Y	N	Y
Bentley, Danny (R-98)	88.89%	N	Y	Y	Y	Y	Y	Y	Y	Y
Benvenuti, Robert (R-88)	100.00%	Y	X	X	Y	Y	Y	X	Y	Y
Blanton, John (R-92)	88.89%	N	Y	Y	Y	Y	Y	Y	Y	Y
Bratcher, Kevin (R-29)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Brown, George (D-77)	44.44%	N	N	Y	N	Y	N	Y	N	Y
Brown, Larry (R-95)	87.50%	N	Y	Y	Y	Y	X	Y	Y	Y
Burch, Thomas (D-30)	57.14%	N	N	Y	X	Y	X	Y	N	Y
Cantrell, McKenzie (D-38)	44.44%	N	N	Y	N	Y	N	Y	N	Y
Carney, John (R-51)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Castlen, Matt (R-14)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Couch, Tim (R-90)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Coursey, Will (D-6)	85.71%	X	N	Y	Y	Y	Y	Y	X	Y
DeCesare, Jim (R-17)	100.00%	Y	X	Y	Y	Y	Y	Y	X	Y
Donohue, Jeffrey (D-37)	44.44%	N	N	Y	N	Y	N	Y	N	Y
Dossett, Myron (R-9)	100.00%	Y	Y	Y	Y	Y	X	Y	Y	Y
DuPlessis, Jim (R-25)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Elliott, Daniel (R-54)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Fischer, Joseph (R-68)	100.00%	Y	Y	Y	Y	Y	Y	X	Y	Y
Fleming, Ken (R-48)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Flood, Kelly (D-75)	44.44%	N	N	Y	N	Y	N	Y	N	Y
Fugate, Chris (R-84)	77.78%	N	N	Y	Y	Y	Y	Y	Y	Y
Gentry, Allen (D-46)	55.56%	N	N	Y	Y	Y	N	Y	N	Y
Goforth, Robert (R-89)	87.50%	N	Y	Y	X	Y	Y	Y	Y	Y
Gooch Jr., Jim (R-12)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Graham, Derrick (D-57)	44.44%	N	N	Y	N	Y	N	Y	N	Y
Greer, Jeff (D-27)	80.00%	N	X	X	Y	Y	X	Y	X	Y
Hale, David (R-74)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Harris, Chris (D-93)	66.67%	N	N	Y	Y	Y	N	Y	Y	Y
Hart, Mark (R-78)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hatton, Angie (D-94)	75.00%	N	X	Y	Y	Y	N	Y	Y	Y
Heath, Richard (R-2)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Herald, Toby (R-91)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hoover, Jeff (R-83)	100.00%	X	Y	X	Y	X	X	X	X	X
Horlander, Dennis (D-40)	50.00%	X	X	X	Y	X	N	X	X	X
Huff, Regina (R-82)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Imes, Kenny (R-5)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Jenkins, Joni (D-44)	55.56%	N	N	Y	N	Y	N	Y	Y	Y
Johnson, DJ (R-13)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kay, James (D-56)	55.56%	N	N	Y	Y	Y	N	Y	N	Y
Keene, Dennis (D-67)	55.56%	N	N	Y	Y	Y	N	Y	N	Y
King, Kim (R-55)	88.89%	Y	Y	Y	Y	Y	Y	Y	N	Y
Koenig, Adam (R-69)	88.89%	Y	Y	Y	Y	Y	Y	Y	N	Y
Lee, Stan (R-45)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Linder, Brian (R-61)	100.00%	Y	Y	X	Y	Y	Y	X	X	Y

**KENTUCKY - HOUSE** (continued)

Y - Yes Vote N - No Vote X - Did Not Vote

\* KHA supported the bill after it was amended

KHA Position		SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT*	SUPPORT	SUPPORT
Legislator	% Support	HB 2 Worker's Comp Reform Passed	HB 4 Peer Review Protection Passed	HB 69 - Physician Credentialing & MCO Reform Passed	HB 289 Update DSH Distribution Passed	HB 443 - Modernize Nonprofit Corporations Statutes Passed	HB 444 Streamline CON Passed	HB 497 - PA's to qualify as Mental Health Professionals Passed	SB 112 Telehealth Passed	SB 250 - Hepatitis C testing on Pregnant Women & Babies Passed
Marzian, Mary Lou (D-34)	37.50%	N	N	Y	N	Y	N	Y	N	X
Mayfield, Donna (R-73)	100.00%	Y	Y	Y	Y	Y	Y	Y	X	Y
McCoy, Chad (R-50)	100.00%	N	Y	Y	Y	Y	Y	Y	Y	Y
Meade, David (R-80)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Meeks, Reginald (D-42)	33.33%	N	N	N	N	Y	N	Y	N	Y
Meredith, Michael Lee (R-19)	88.89%	Y	N	Y	Y	Y	Y	Y	Y	Y
Meyer, Russ (D-39)	66.67%	X	N	Y	X	X	N	Y	Y	Y
Miles, Suzanne (R-7)	100.00%	Y	Y	Y	Y	X	Y	Y	Y	Y
Miller, Charles (D-28)	57.14%	N	X	Y	Y	X	N	Y	N	Y
Miller, Jerry (R-36)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mills, Robby (R-11)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Moffett, Phil (R-32)	100.00%	Y	Y	Y	Y	Y	Y	X	Y	Y
Moore, Tim (R-18)	100.00%	Y	Y	Y	Y	X	Y	Y	Y	Y
Morgan, Wesley (R-81)	66.67%	N	N	Y	Y	Y	Y	Y	N	Y
Moser, Kimberly (R-64)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nelson, Rick (D-87)	71.43%	N	X	Y	Y	X	N	Y	Y	Y
Nemes, Jason (R-33)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Osborne, David (R-59)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Overly, Sannie (D-72)	57.14%	N	N	X	Y	Y	N	Y	X	Y
Owens, Darryl (D-43)	66.67%	Y	X	Y	N	X	N	Y	X	Y
Palumbo, Ruth Ann (D-76)	55.56%	N	N	Y	Y	Y	N	Y	N	Y
Petrie, Jason (R-16)	100.00%	Y	Y	Y	Y	X	X	Y	Y	Y
Pratt, Phillip (R-62)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prunty, Melinda (R-15)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rand, Rick (D-47)	66.67%	N	N	Y	Y	Y	N	Y	Y	Y
Reed, Brandon (R-24)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Richards, Jody (D-20)	100.00%	Y	X	Y	Y	Y	Y	Y	Y	Y
Riggs, Steve (D-31)	87.50%	Y	Y	Y	Y	Y	X	Y	N	Y
Riley, Steve (R-23)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rothenburger, Rob (R-58)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rowland, Bart (R-21)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rudy, Stephen (R-1)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Santoro, Sal (R-60)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Schamore, Dean (D-10)	75.00%	X	N	Y	Y	Y	N	Y	Y	Y
Scott, Attica (D-41)	55.56%	N	Y	Y	N	Y	N	Y	N	Y
Shell, Jonathan (R-71)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Simpson, Arnold (D-65)	75.00%	N	X	Y	Y	Y	N	Y	Y	Y
Sims Jr., John (D-70)	100.00%	Y	X	Y	Y	Y	Y	Y	X	Y
Sinnette, Kevin (D-100)	62.50%	N	N	Y	Y	Y	N	X	Y	Y
St. Onge, Diane (R-63)	100.00%	Y	Y	Y	Y	Y	Y	Y	X	Y
Stewart, Jim (R-86)	87.50%	N	Y	Y	Y	X	Y	Y	Y	Y
Stone, Wilson (D-22)	75.00%	N	X	Y	Y	Y	N	Y	Y	Y
Thomas, Walker (R-8)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tipton, James (R-53)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Turner, Tommy (R-85)	100.00%	X	Y	X	Y	X	Y	Y	Y	Y
Upchurch, Ken (R-52)	100.00%	Y	Y	Y	Y	Y	Y	Y	X	Y
Watkins, Gerald (D-3)	83.33%	N	X	Y	Y	X	Y	Y	X	Y
Wayne, Jim (D-35)	55.56%	N	N	Y	N	Y	N	Y	Y	Y
Webber, Russell (R-26)	100.00%	Y	Y	X	Y	Y	Y	Y	X	Y
Wells, Scott (R-97)	85.71%	Y	Y	Y	Y	X	N	Y	X	Y
Westrom, Susan (D-79)	62.50%	N	Y	Y	X	Y	N	Y	N	Y
Wuchner, Addia (R-66)	100.00%	Y	Y	Y	Y	Y	Y	Y	Y	Y
York, Jill (R-96)	75.00%	N	N	Y	Y	Y	Y	X	Y	Y

# Key Legislation that ONLY PASSED the Senate

(Vote NOT included in Senate Score on page 8)

Y - Yes Vote  
 N - No Vote  
 X - Did Not Vote

## NO HOUSE VOTE

KHA Position	SUPPORT	OPPOSE	OPPOSE	OPPOSE
Legislator	SB 20 Omnibus Medical Liability Reform	SB 121 PIP Medical Expense to WC Fee Schedule	SB 134 Certified Professional Midwives	SB 154 Health Care Transparency
Alvarado, Ralph (R-28)	Y	Y	N	Y
Bowen, Joe (R-8)	Y	Y	N	N
Buford, Tom (R-22)	N	Y	Y	Y
Carpenter, Jared (R-34)	N	Y	Y	Y
Carroll, Danny (R-2)	Y	Y	N	Y
Carroll, Julian (D-7)	N	N	Y	X
Clark, Perry (D-37)	N	N	X	X
Embry, C.B. (R-6)	N	N	Y	N
Girdler, Rick (R-15)	Y	Y	Y	N
Givens, David (R-9)	Y	Y	Y	Y
Harper Angel, Denise (D-35)	N	N	Y	Y
Harris, Ernie (R-26)	Y	Y	Y	Y
Higdon, Jimmy (R-14)	Y	Y	Y	Y
Hornback, Paul (R-20)	Y	Y	Y	Y
Humphries, Stan (R-1)	Y	N	N	N
Jones, Ray (D-31)	N	N	N	N
Kerr, Alice (R-12)	Y	N	Y	Y
McDaniel, Chris (R-23)	Y	Y	N	Y
McGarvey, Morgan (D-19)	N	N	Y	Y
Meredith, Steve (R-5)	Y	Y	N	N
Neal, Gerald (D-33)	N	N	Y	Y
Parrett, Dennis (D-10)	N	Y	Y	Y
Raque Adams, Julie (R-36)	X	Y	Y	N
Ridley, Dorsey (D-4)	N	N	Y	Y
Robinson, Albert (R-21)	Y	Y	Y	Y
Schickel, John (R-11)	N	N	Y	Y
Schroder, Wil (R-24)	N	N	Y	Y
Seum, Dan (R-38)	Y	Y	Y	Y
Smith, Brandon (R-30)	N	N	Y	N
Stivers, Robert (R-25)	Y	Y	N	Y
Thayer, Damon (R-17)	Y	Y	Y	Y
Thomas, Reginald (D-13)	X	X	Y	Y
Turner, Johnny (D-29)	N	N	Y	N
Webb, Robin (D-18)	N	N	Y	N
West, Stephen (R-27)	Y	Y	Y	Y
Westerfield, Whitney (R-3)	Y	Y	Y	Y
Wilson, Mike (R-32)	Y	Y	Y	N
Wise, Max (R-16)	Y	N	Y	Y