

PUBLIC COMMENTS SENT TO LRC RE: SB 12

To Whom it May Concern;

I am a board-certified Emergency Medicine Physician. I trained at University of Louisville where I served as Chief Resident. During my training I received a strong training background in trauma resuscitation.

I now staff two rural critical access hospitals in Kentucky that are designated as Level IV trauma centers. Given my professional experiences I find SB 12 horrifying.

It is crucial that critical access hospitals are staffed by board certified physicians. At these hospitals I am often the only physician on site with minimal resources. Anything and everything shows up through those doors on a regular basis and I am expected to take care of them without the assistance of specialists. I regularly use every single skill I gained during my Emergency training. I regularly perform advanced procedures including trauma resuscitations and trauma codes, emergency intubations, chest tubes, and more. These are situations where seconds count. Off-site supervision is insufficient.

I would like to point out that the designation of a level IV trauma center is a reflection of the resources available at the hospital and absolutely not a reflection of the acuity level of the patients that arrive. Patients that arrive at a Level IV center often require lifesaving Level I care.

Our rural communities deserve to show up to our facilities in their time of need and be met by a qualified physician on site at all hours of the day.

Sincerely,
Dr. Alaina Royalty

Hello,

I am an emergency physician practicing in the Commonwealth of Kentucky, and I am writing to urge you to **oppose Senate Bill 12**, specifically its provisions allowing **off-site physician supervision of nurse practitioners in emergency departments**.

When Kentuckians see the red letters spelling “**EMERGENCY**” on the side of a hospital, they reasonably expect that their care will be directed by a **physician physically present at the bedside**. SB 12 undermines that expectation and places patients, particularly those in rural and critical access hospitals. Just because someone does not live in Louisville or Lexington doesn’t mean they do not deserve to see a physician in times of crisis or emergency.

Emergency departments are not clinics. They are where strokes, sepsis, trauma, airway compromise, and undifferentiated critical illness present without warning. These patients require **immediate, on-site physician judgment**, not remote availability by phone or video.

In many rural Kentucky hospitals, the **emergency physician is the only physician in the building overnight**. That physician is often responsible not only for emergency care, but also for stabilizing patients in the hospital, responding to codes, and supporting hospital-wide emergencies. Allowing off-site supervision weakens an already fragile safety net and removes the most critical layer of protection for patients when resources are limited.

SB 12 moves Kentucky backward at a time when we should be strengthening rural healthcare, not diluting standards of emergency care. If a hospital is open and advertising emergency services, patients deserve the assurance that a **physician is present and responsible for their care**.

I respectfully ask you to oppose SB 12 and instead support policies that ensure **physician-led care in every emergency department, 24 hours a day, 7 days a week, 365 days a year**.

Thank you for your time and for your commitment to the health and safety of Kentuckians.

Sincerely,

Aaron R. Kuzel, D.O., M.B.A.
Assistant Professor of Emergency Medicine
Director of Observation Medicine
University of Louisville School of Medicine
Department of Emergency Medicine
Louisville, Kentucky

Dear Senator Meredith:

I appreciate the work you do to address healthcare access in our rural communities. Having served as a hospital CEO, you possess a unique understanding of the delicate balance between operational efficiency and the clinical standard of care. It is through that lens of hospital leadership that I am writing to express my opposition to SB 12.

While I recognize the critical need to address staffing shortages in rural Kentucky, removing the requirement for an on-site physician in Level IV Trauma Centers creates three specific risks that will undermine the very hospitals you are seeking to protect:

1. A Hidden Cost to the Medicaid Budget

You are well aware of the rising costs of Medicaid, which has now ballooned to over \$20 billion. Peer-reviewed data from the National Bureau of Economic Research (NBER) shows that unsupervised mid-level providers in the emergency department increase the total cost of care by 7% per patient. This is driven by increased diagnostic testing (CT scans/labs) and a 20% increase in 30-day preventable hospitalizations. Replacing physician-led teams with an unsupervised model will inadvertently create a massive, unfunded cost-driver for our state's budget.

2. Increased Professional Liability for Rural Facilities

The professional liability risk of an ED without a physician on-site is immense. If a patient experiences a catastrophic outcome, such as a missed atypical MI or an unsecured airway, the hospital's liability position is significantly weakened. A single major judgment could bankrupt a small rural facility that is already operating on razor-thin margins in a state without a cap on malpractice rewards.

3. Rural-Urban Standard of Care

Every Kentuckian deserves access to physician-led care during a life-threatening emergency. SB 12 risks codifying a "two-tiered" system of medicine where your constituents in rural areas receive a lower standard of emergency oversight than those in Louisville or Lexington.

As the President of the Greater Louisville Medical Society, I can attest that our members believe the physician-led team is the only way to ensure patient safety and fiscal sustainability. We must find solutions for rural access that do not remove the expert oversight necessary to protect both the patient and the hospital's bottom line.

I ask for your leadership in protecting the physician-led model of care for all Kentuckians and urge you to consider amendments to SB 12 that maintain an on-site physician presence.

Sincerely,

Thomas S. Higgins, Jr., MD, MSPH, MBA

President, Greater Louisville Medical Society (GLMS)

Clinical Professor, University of Louisville

President and Chairman of the Board

ENT Care Centers, PLLC