INTERIM JOINT COMMITTEE ON HEALTH SERVICES

Minutes of the 3rd Meeting of the 2023 Interim

August 24, 2023

Call to Order and Roll Call

The third meeting of the Interim Joint Committee on Health Services was held on August 24, 2023, at 12:00 PM, at the Kentucky State Fair. Senator Stephen Meredith, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Stephen Meredith, Co-Chair; Representative Kimberly Poore Moser, Co-Chair; Senator Cassie Chambers Armstrong, Senator Karen Berg, Senator Danny Carroll, Senator Donald Douglas, Senator Greg Elkins, Senator Shelley Funke Frommeyer, Senator Michael J. Nemes, Senator Lindsey Tichenor, Senator Max Wise, Representative Steve Bratcher, Representative Lindsey Burke, Representative Emily Callaway, Representative Ryan Dotson, Representative Robert Duvall, Representative Deanna Frazier Gordon, Representative Amy Neighbors, Representative Rebecca Raymer, Representative Steve Riley, Representative Rachel Roarx, Representative Russell Webber, Representative Lisa Willner, and Representative Susan Witten.

Guests: Shelby Williams Somervell, Vice President, Government Affairs and Communications, Greater Louisville Inc; Emily Beauregard, Executive Director, Kentucky Voices for Health; Norm Thurston, Executive Director, National Association of Health Data Organizations; Dr. Jeff Talbert, Health Outcomes Researcher; Nancy Galvagni, President, Kentucky Hospital Association; Jim Musser, Senior Vice President, Policy and Government Relations, Kentucky Hospital Association; Mary Kathryn DeLodder, Kentucky Birth Coalition; Kelly Jenkins, Executive Director, Kentucky Board of Nursing; Brenda Fitzpatrick, Director, Northwest Area Health Education Center; Juliana McGuinn, Director, North Central Area Health Education Center; Kelly Owens, Director, Southern Area Health Education Center; Missy Stokes, Director, Purchase Area Health Education Center; Eric Evans, AARP Kentucky; Daniel Roe; Darryl Baker; and Mary Hass, ARMS.

LRC Staff: Chris Joffrion, Logan Bush, and Becky Lancaster.

Approval of Minutes

A motion to approve the minutes of the July 24, 2023, meeting was made by Senator Douglas, seconded by Representative Witten, and approved by voice vote.

Welcome to Louisville

Shelby Williams Somervell, Vice President, Government Affairs and Communications, Greater Louisville Inc., welcomed the committee members to Louisville and thanked them for their service.

All Payers Claim Database

Emily Beauregard, Executive Director, Kentucky Voices for Health, discussed the benefits and uses of information gathered in an all payers claim database to improve long-term health and quality of care for all Kentuckians. She discussed the workgroup creation and research gathered

to support legislation for an all payers claim database.

Norm Thurston, Executive Director, National Association of Health Data Organizations, State Representative, Utah, discussed how he has assisted other states in developing an all payers claim database, the waste cost calculator in Virginia, various information gathered from an all payers claim database, and the uses for the information.

In response to questions and comments from Senator Meredith, Mr. Thurston stated that there is potential to be more efficient by reducing the redundancy of data collected, in some states universities are responsible for the all payers claim database, in others the state health systems or agencies are responsible to analyze the gathered information, and policy makers need to be willing to change the healthcare system when issues are discovered.

In response to questions and comments from Representative Moser, Mr. Thurston stated that the stereoscopic view of the data is a review of all the information from different areas but an analytic infrastructure must be created to allow that stereoscopic view. He stated that in the Utah all payers claim database model, all information resides in the Department of Health and Human Services, and if other agencies want information there is a framework within the all payers claim database for deciding what information is allowed to be disseminated.

In response to questions and comments from Senator Douglas, Mr. Thurston stated that an all payers claim database came in existence because there was no other data source that could give policy makers a handle on the total cost of care. He stated that in healthcare, there is a low value or wasteful spending to keep numerous systems afloat, and an all payers claim database provides an opportunity to reallocate expenses to a higher spending value. He discussed ways patients are involved in wasteful healthcare spending and how an all payers claim database would allow you to see which populations are struggling with various issues. Ms. Beauregard stated that when a patient goes to another provider the information may not be shared and having the information in a more comprehensive way is valuable to provide better care to the patient. Dr. Jeff Talbert, Health Outcomes Researcher, stated that the governance formed to protect and utilize the data resource information is generally made up of who puts the data in so that various groups can have input into how the data is used.

The Impact of COVID-19 and Anticipated Challenges in the Post-COVID Era

Nancy Galvagni, President, Kentucky Hospital Association (KHA), discussed the critical partnerships and the importance of the Hospital Rate Improvement Program during the pandemic, the serious financial risks that hospitals are facing, the improvement of health quality, the groups working together to create solutions to the healthcare workforce problem, the lessons learned during the pandemic, the benefits of fewer health regulations and red-tape, and the need for continued support of rural hospitals.

Ms. Galvagni discussed the reasons why KHA opposes the creation of an all payers claim database in Kentucky, the existing payers claim information collected by statute by the Cabinet for Health and Family Services (CHFS) from hospitals and ambulatory facilities, detailed Medicaid claims data, reports generated by the Medicaid managed care organizations, the lack of support for government access to patient records, and the federal reporting requirements for transparent pricing.

that KHA was learning about COVID-19 very quickly with changing information, KHA was sending out information to providers daily, and KHA created a COVID-19 dashboard on Facebook with up-to-date data.

In response to questions and comments from Senator Tichenor, Ms. Galvagni stated that the federal government is eliminating the Medicare required, COVID-19 mandate on hospitals.

In response to questions and comments from Representative Callaway, Ms. Galvagni stated that KHA is not tracking COVID-19 data, there were other revenue streams to help cover the hospitals costs but there is still \$300 million outstanding in losses, the revenue for hospitals has not returned to pre-COVID levels, and hospitals' costs have gone up after the pandemic.

Discussion of 2023 Regular Session House Bill 54 Medicaid Coverage for Midwifery Services Representative Webber, discussed the enacted 2019 Regular Session Senate Bill 84 and his hopes to continue Medicaid coverage for midwifery services. House Bill 54 from the 2023 Regular Session was withdrawn and the panel discussed proposed changes relating to midwifery services to the enacted 2019 legislation.

Mary Kathryn DeLodder, Kentucky Birth Coalition, discussed the duties and certification of a licensed certified professional midwifes (LCPM).

Kelly Jenkins, Executive Director, Kentucky Board of Nursing, discussed 2019 Regular Session Senate Bill 84 implementation and proposed changes, the number of clients served by LCPMs, live births, newborn and maternal deaths, referrals from LCPM to a hospital, patient transfers out of care, breastfeeding rates, and the Cesarean birth rate.

Ms. DeLodder discussed where LCPMs are located in Kentucky, other states that license professional midwives, states with some type of Medicaid reimbursement for certified professional midwifery services, and the potential Medicaid savings that LCPMs could generate.

In response to questions and comments from Representative Moser, Ms. DeLodder stated that hospital births and obstetrician services are covered by Medicaid, and that pay parity is not addressed in the bill and rates should be implemented by Medicaid.

In response to questions and comments from Senator Funke Frommeyer, Ms. DeLodder stated that a benefit to having providers licensed is to help ease the interface between different types of professionals.

In response to questions and comments from Representative Roarx, Ms. DeLodder stated that the Kentucky Birth Coalition has surveyed the majority of LCPMs and the average cost of care is approximately \$4,200. She stated that when the patient arrives at the hospital they are in the care of the hospital and its providers, but depending on the situation, the midwife would stay on more as a doula type support roll and care could return to the LCPM outside of the hospital.

Update from Area Health Education Centers on Efforts to Improve the Healthcare Workforce Kelly Owens, Director, Southern Area Health Education Center, discussed the regions of the statewide area health education center (AHEC) network; the goal to have more students in the pipeline for healthcare careers; and additional funding that allowed AHECs to expand, create, and implement new programs to address the healthcare worker shortage.

Brenda Fitzpatrick, Director, Northwest Area Health Education Center, discussed the counties reached with AHEC state funding and ongoing work with various academic and community-based partnerships.

Juliana McGuinn, Director, North Central Area Health Education Center, discussed the implementation of the nursing pipeline program, student success rates after participating in an AHEC program, and other programs supported by AHECs for rural and underserved communities.

Missy Stokes, Director, Purchase Area Health Education Center, discussed medical school preparation programs and personal success stories of healthcare professionals involved in an AHEC as a student.

Ms. Owens discussed the importance of continued funding for AHECs to reach more students and the cost of services per student served by an AHEC.

In response to questions and comments from Senator Meredith, Ms. Owens stated that they would prefer the funding request to remain the same but are not opposed to an increase. Ms. Fitzpatrick stated that AHEC is reaching students in other counties by working with Health Occupations Students of America, mobile simulators, and a health career investigator program to generate student interest. Ms. Stokes stated that AHEC is hiring additional health career coordinators to reach the additional counties.

In response to questions and comments from Senator Tichenor, Ms. Stokes stated that some individual AHECs keep records of how many healthcare students graduate and return to work in the state.

Adjournment

There being no further business, the meeting was adjourned at 1:34 PM.