

Kentucky Academy of Family Physicians Legislative Report for 2018 SEF

Lobbyist – This is our sixth year with a contract lobbyist. The firm we selected was MMLK (<http://www.mmlk.com/>).

Please note that all KY bills and laws can be found at <http://www.lrc.ky.gov/legislation.htm>
The 2018 legislative session was our 60 day session.

Governor Matt Bevin (R – Tea Party candidate) filed early in his administration a 1115 Medicaid waiver similar to IN. The waiver is titled 'Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH). Info on it can be found at <https://kentuckyhealth.ky.gov/Pages/index.aspx> The Cabinet has engaged a non profit organization (Foundation For a Healthy Kentucky). Here is an excerpt from a Press Release announcing the partnership – *"The Foundation for a Healthy Kentucky, a statewide non-profit focused on health policy and advocacy, will support Kentucky HEALTH's community engagement component, called PATH (Partnering to Advance Training and Health). PATH is a hallmark feature of the waiver designed to strengthen long-term health and well-being for individuals, families, and communities, and bolster the state's workforce. PATH is designed to help Medicaid recipients become more involved in their communities through employment, training, education, volunteering, caregiving, or treatment for substance use disorder. The Foundation's partnership with the Commonwealth will help provide information and resources about the Kentucky HEALTH program and PATH requirements to various stakeholders across the state."*

KAFP 'Telehealth Parity Bill is signed into law' -- SB 112 -- *"Create a new section of KRS Chapter 205 to require the cabinet to regulate telehealth; set requirements for the delivery of telehealth services to Medicaid recipients; require equivalent reimbursement for telehealth services; require provision of coverage and reimbursement for telehealth; prohibit the cabinet from requiring providers to be physically present with a recipient; prohibit prior authorization, medical review, or administrative clearance if not required for the in-person service; prohibit demonstration of necessity; prohibit requiring providers to be part of a telehealth network; specify that Medicaid shall not be required to provide coverage for services that are not medically necessary or pay for transmission costs; amend KRS 205.510 to define terms; amend KRS 205.559 to add telehealth; amend 304.17A-005 to redefine "telehealth"; amend KRS 304.17A-138 to require health benefit plan coverage of telehealth to the same extent as though provided in person; prohibit health benefit plans from requiring providers to be physically present with a patient; prohibit prior authorization, medical review, or administrative clearance if not required for the in-person service; prohibit demonstration of necessity; prohibit requiring providers to be part of the telehealth network or subject to Telehealth Board oversight; specify that health benefit plans shall not be required to provide coverage for services that are not medically necessary or pay for transmission costs; amend KRS 342.315 to conform; amend KRS 18A.225 to require any fully insured health benefit plans or self-insured plans issued or renewed after July 1, 2019, to public employees to comply with KRS 304.17A-138; repeal KRS 194A.125; EFFECTIVE July 1, 2019."*

2017 SB32 – Providing drug conviction information on KASPER (aka Prescription Monitoring Program). The law passed in 2017 with a July 1, 2018 implementation. As best we know KY is only state to have this as WI tried it on a temp basis. We have received replies from our Licensure Board and state OIG about how prescribers should react to this new information and what we have received is 'keep doing what you are required to do under HB 1". HB1 is our Controlled Substance Prescribing law that passed in 2012. Summary of 2012 HB1 can be found at <https://kbml.ky.gov/hb1/Documents/KBML%20Summary%20of%20HB1.pdf>

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Pharmacy expand services through 'Collaborative Agreement'

In March of 2016 we were notified that the Kentucky Board of Pharmacy was going to hold hearings on 201 KRA 2:380 (201 Kentucky Administrative Regulation 2:380) that contained language regarding pharmacists having collaborative agreement with physicians. Dr. Thornbury, KAFP President-Elect at the time, is also a pharmacist as are many of his family members with his mother having served as past President of the Kentucky Board of Pharmacy. Dr. Thornbury arranged a meeting with our EVP and members of the Board of Pharmacy and Pharmacy Association to discuss what they were planning. The outcome of the meeting was that there was a division between what the Board of Pharmacy wanted and what the Pharmacy Association wanted with expanding the scope under the collaborative agreement. The Board wanted a limited list of services that could be performed under a collaborative agreement with a physician whereas the Pharmacy Association wanted 'carte blanche'. We were unable to reach a pre-hearing compromise. Dr. Swiney, KAFP Advocacy Co-Chair and our EVP attended a series of hearing testifying against a 'carte blanche' expansion. On December 13, 2017 the Board of Pharmacy issued the following 201 KRA 2:380 list of approved services that could be performed under a physician collaborative agreement:

Board authorized protocols may be established for the following conditions:

- (1) [Acute influenza infection](#) pursuant to recommendations by the Centers for Disease Control and Prevention (CDC);
- (2) [Acute streptococcal pharyngitis infection](#);
- (3) Acute, uncomplicated urinary tract infection;
- (4) Acute mucocutaneous fungal infection;
- (5) Allergic rhinitis;
- (6) [Anaphylaxis](#);
- (7) HIV infection prevention through pre-exposure prophylaxis pursuant to recommendations by the CDC;
- (8) Nutritional supplementation with multivitamins and minerals;
- (9) [Opioid use disorder](#) pursuant to recommendations by the American Society of Addiction Medicine;
- (10) [Tobacco use disorder](#);
- (11) [Travelers health](#) pursuant to recommendations by the CDC;
- (12) [Tuberculosis prevention and control through skin testing](#), and referral as necessary, pursuant to recommendations by the CDC; and
- (13) [Self-care conditions appropriately](#) treated with over-the-counter medications and products.