

TRANSFORMING KENTUCKY MEDICAID

PUBLIC HEARING

HAZARD, KENTUCKY

The public hearing was conducted at the Hazard Community & Technical College located at 1 Community College Dr, Hazard, Kentucky 41701 on July 6, 2016, beginning at approximately 11:09 a.m.

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**Transforming Kentucky Medicaid
Public Hearing in Hazard, Kentucky - July 6, 2016**

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SECRETARY GLISSON: Good morning

1
2 everyone. We'll go ahead and get started. I want to
3 welcome each of you this morning. This is our third (3rd)
4 public forum that we've had across the state where we are
5 accepting comments on the proposed Section 1115 Waiver.
6 So, I want to welcome you here this morning. We have
7 spent, last week we went to Bowling Green, earlier last
8 week, then to Frankfort and now we're in Hazard,
9 Kentucky. So, I want to also thank each of you for being
10 here, for taking time out of your day to be part of this
11 process, to give us comments and I'm looking forward to
12 hearing your comments on the proposed waiver. I also want
13 to thank the Hazard Community and Technical College.
14 This is a lovely campus and we appreciate the fact that
15 they've allowed us to accept comments today using their
16 facility. So, thank you very much. Just a couple of logistics
17 things before we get started. I'll give you kind of
18 background on kinda the agenda for today. What we'd like
19 to do is to take about a twenty (20) minutes and kind of
20 walk through the waiver, give an overview of the waiver.
21 So, we'll do that and then we will also then open it up after
22 that to public comments. But, I'd also, I'd like to introduce
23 myself. I'm the secretary of the cab-my name is Vickie
24 Yates Brown Glisson. I'm the Secretary for the Cabinet for
25 Health and Family Services, and then to my left is Secretary

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1 Scott Brinkman. Scott represents the Governor's office here
2 today and he is the Secretary of the Cabinet, of the
3 Governor's Cabinet. And then to my right is Steve Miller.
4 He is the Commissioner of Medicaid Services in the Cabinet
5 for Health and Family Services. So, the three (3) of us are
6 here today looking forward to meeting you and getting to,
7 and hearing your comments. Just a couple of logistics.
8 What we've done at these public forums is that we've had a
9 number of folks to show up like today that want to be part
10 of the process. So, unfortunately we can't let folks just talk
11 for ever and ever. We'd love to, but we ask that you keep
12 your comments to about three (3) minutes if possible.
13 We're not real strict, but if you could try to be mindful. If
14 you get past three (3) minutes and you haven't gotten
15 everything's said that you want to say or there's still more
16 that you think about later that you want to provide us, I
17 encourage you to go on the website
18 kentuckyhealth@ky.gov, Kentucky Health, that's all spelled
19 out, kentuckyhealth@ky.gov and give us your comments.
20 We're accepting written comments, so if today you don't
21 want to provide spoken comments but if you have written
22 comments or you think of something later that you want to
23 share with us please go online and share those in a written
24 format. The other thing I, I would need to say today,
25 because this is a public comment, an actual public comment

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1 forum with the waiver this is a, a, a request to CMS to waive
2 certain provisions of the Medicaid Laws to allow us to do
3 this project. And so then we do take comments, as we said
4 we have to have at least two (2) public forums, this will be
5 our third (3rd), but we do this pursuant to 42CFR431.408,
6 42CFR431.408. So, this is a public forum and this is the
7 Commonwealth of, of Kentucky. It's holding it's public
8 hearing to accept public comments on the proposed
9 Kentucky Health Section 1115 Medicaid Demonstration
10 Waiver. A copy of the waiver in case you're also interested
11 and you haven't had a chance to see the waiver, you can
12 also go to CHFS, which stands for Cabinet for Health and
13 Family Services, CHFS.ky.gov/kentuckyhealth. You can
14 also get a copy of the waiver there. So, for this morning
15 what we'd like to so, as I said is that we will take a few
16 minutes to just kind of walk through and give you an
17 overview of the waiver and then we're going to open it up to
18 public comment. And to get us started this morning I'm
19 going, I'm going to turn it over next to Commissioner
20 Miller. He's going to talk a little bit about some of the
21 background on how, what's gotten us to this point. Why we
22 have decided that it's important that we seek a Medicaid
23 waiver in Washington. So Steve.

24 **COMMISSIONER STEVE MILLER:** Good
25 morning everyone. My name is Steve Miller, Medicaid

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1 Commissioner and what I want to do is take a few moments
2 is kind of give you a quick overview of Medicaid and
3 what's the driver behind our concern as it relates to it's
4 sustainability. Medicaid right now covers basically one
5 point (1.), or rapidly approaching one point four million
6 (1,400,000) Kentuckians. That's almost a third (3rd) of the
7 state's population. That's up five hundred thousand
8 (500,000) since we had Medicaid expansion in January of
9 2014. The slide you see up right now basically highlights
10 the cost that we are incurring. The blue line shows the
11 expense of the Federal Government. They pay the heavy
12 portion of the Medicaid expenditures. The red line basically
13 illustrates the state's portion. As you can see on the red line
14 it is relatively flat. Slight tick up, but relatively flat. The
15 concern is is that it will be going up and going up
16 substantially. The, for the two (2) year budget 2016, excuse
17 me, the two (2) year budget to that started this past Friday
18 for that two (2) year the Medicaid expenditures will go up
19 approximately twenty percent (20%). The state's portion of
20 the Medicaid expenditures will go up twenty percent (20%).
21 That consumes all of the growth in general revenue. The
22 general taxes, income taxes and sales taxes the state
23 collects, that will be consumed entirely by the growth in
24 Medicaid. The problem as we see it is when Medicaid, the
25 expansion that took place in January of '14 there was really

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no long term financing mechanism to keep it in place. The expenditures to the State of Kentucky, the state portion of expenses will go up approximately one point two billion dollars (\$1,200,000,000) for the five years 2017 through 2021. The concern is that it will crowd out all other expenditures. It will effect the ability to place more funds for additional funding for pension, for education and even some of the other Medicaid services. We are concerned that they will be crowded out. And again, as I pointed out for the budget cycle, not only the one that started this past Friday that the state funding will go up twenty percent (20%), required funding will go up twenty percent (20%). That happens each of the next two (2) budget cycles as well. So, for the next six (6) years we'll be in that same situation. One of the items that we took on immediately upon taking office was the effectively trying to look at the structure of the Medicaid Managed Care Program. Today seventy percent (70%) of the expenditures in Medicaid are through the MCO's, Managed Care Organization. They provide the coverage for ninety percent (90%) of the beneficiaries in the state. You see there before you the chart that basically illiterates the profitability of the MCO's in the State of Kentucky as compared to the national average. This is a report that's been issued just recently by Milliman, a national actuarial firm that basically demonstrates that the

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1 national average, the margin, the profitability of the MCO's
2 across the country is two point six percent (2.6%). The five
3 (5) MCO's in the State of Kentucky for the calender year
4 2015 operated at eleven point three (11.3) margin. Almost
5 four (4) times the national average. The difference in
6 dollars spent between the two point six (2.6) and eleven
7 point three (11.3) on an annual basis at approximately five
8 hundred and fifty million dollars (\$550,000,000). As you
9 can see that was a major concern and we've addressed that
10 and I'll go through part of that later on.

11 **SECRETARY VICKIE GLISSON:** In addition
12 to the financial challenges that we have that's facing
13 Medicaid that I think Steve has set out for you, as a state we
14 also have a number of public health challenges that we have
15 to deal with. We have a very sick population in Kentucky.
16 And so, and the Medicaid population and our population
17 overall is an unhealthy population. Just to kind of share
18 some numbers with you, is that in Kentucky we have some
19 really poor outcomes that we really want to try to deal with.
20 And one (1) of the things that the governor said whenever
21 we were working on this waiver is that he wants to find a
22 way to improve healthcare outcomes in Kentucky. And
23 some of those sort of poor health outcomes that we're
24 looking at are that right now we're a very obese and
25 unhealthy group of folks. One (1) out of three (3)

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Kentuckians are obese. And of course if we have obesity in our community, that leads to other diseases, like diabetes and cardio— poor cardiovascular health and so forth. We also are big smokers. We still, I grew up on a tobacco farm, I know what it's like to be from a rural area and so we still have the second highest, we're still the second highest state in the nation for folks that are still smoking. And of course that leads to lung cancer. So, right now this state has the highest overall cancer rate of any state of the country. So, we also have, as I said poor cardiovascular health. We have the fourth (4th) highest mortality rate in the country on cardiovascular health. So, one of the things we're trying to do with this waiver is to identify which one of the, which public health problems we have. What are our health issues in Kentucky and how can we better address those health issues in this waiver? How can we align the assets that we have and how can we align the, the waiver in such a way that we can address those to actually move the needle and improve outcomes? Some of the other challenges that we have is that we have very high poverty levels as you know in Kentucky. We have a work force that's only about sixty percent (60%) or less than sixty percent (60%) of the individuals are working in our, in our state. We have about twenty percent (20%) of the folks are living in poverty and one of the figures that I think is really astounding to folks is

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that right now we have about a third (1/3) of our population is covered by Medicaid. So, about a third (1/3) of the Kentuckians are now covered under the Medicaid program. So, we're looking at obesity that leads to diabetes, cardio-poor cardiovascular health, smoking that leads to lung cancer. But, we also have another huge issue in our state and I've said this in a couple of forums that I talked to in the last several days is that essentially the substance abuse problem in our state is almost like a- it's like a huge cloud that hangs over the Cabinet. It is, it's a huge cloud that sets over this state and so what we're looking at is numbers that are continuing to increase. And in fact the number that you see here, the twelve hundred (1,200) Kentuckians that died from overdoses last year, I just got an, I, I meant to update this, this slide because I just got briefed last week that actually this number is almost twice this in the last year. So, we're continuing to see a number of increased deaths from overdoses. We are the third (3rd) highest in the nation for the number of drug related fatalities. So we have a lot of folks that, wonderful folks that we're losing because of drug overdoses. We also, and I think one of the figures that's really astounding is that the Centers for Disease Control just recently submitted, or, or let out information on the drug issues problem, drug abuse problems that are, that are across the country. It's not just Kentucky that's having a problem.

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1 It's a number of states across, across the country. They
2 have identified though whenever we have a drug abuse
3 problem you also see an increase in HIV and Hepatitis C.
4 Typically because most of these, or many of these are, are
5 intravenous drug users. The CDC, the Center for Disease
6 Control in Atlanta identified two hundred and twenty (220)
7 counties and that, in, across the country that are at risk for
8 HIV, high HIV and Hepatitis C increases. It was appalling
9 to find that of those two hundred and twenty (220) counties
10 fifty-four (54) of those counties are located here in
11 Kentucky. So, again we're seeing some of the challenges
12 that we have besides financial issues is that we're also
13 looking at poor healthcare outcomes that our, our state
14 suffers from, high poverty, in spite of the fact that we have
15 actually spent a lot of money on Medicaid and we have over
16 a third (1/3) of our population enrolled in Medicaid, but
17 we're not seeing that needle move. We're not seeing an
18 improvement in healthcare outcomes. And then we're
19 seeing again this high increase in the number of deaths and,
20 and the other kinds of issues that then result from a high
21 substance abuse problem in, throughout our state. So, with
22 that in mind I'd like to allow Scott just to, tee it up in just a
23 moment for Scott so he can talk about the waiver, but I
24 wanted to let you know that we've really tried to be
25 thoughtful with this waiver. We've tried to think about this

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1 in sort of a four (4) prong approach to addressing both the
2 financial issues that we're looking at, the healthcare issues,
3 the public health issues that we're looking at, the substance
4 abuse problems that we have in the, in the state. So, and,
5 and the managed care problem that we also are looking at
6 that Steve talked about. So it's really kind of a four (4)
7 prong approach. We're trying to align all of these pieces
8 together to try to address, again how to improve the
9 healthcare and the healthcare outcomes in the state. So,
10 Scott's going to talk a moment about the section, the actual
11 seven (7), section 1115 waiver and the, sort of the
12 operational issues around that. But I also, and I'm going to
13 talk in a few moments about the substance use disorder
14 delivery system that we're going to try to implement to try
15 to address that substance abuse problem that we have in our
16 state. I'm also going to talk a little bit about the chronic
17 disease management program that is a part of this waiver
18 that's going to deal with the obesity, the cardiovascular
19 health, the smoking and substance abuse issue. And then I
20 think Steve's going to come back and talk a little bit more
21 about managed care. But, as you can see it is a four (4)
22 prong approach that has been carefully, hopefully thought
23 through and aligned to be able to at the end of the day try to
24 improve the healthcare outcomes in this state. So, at this
25 point I'm going to turn it over to Scott and I'm going to let

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1 him talk about the section 1115 Medicaid Waiver Kentucky
2 Health.

3 **SECRETARY SCOTT BRINKMAN:** Thank
4 you Secretary. It's good to be back in Hazard and Perry
5 County. If you look at, when Governor Bevin assembled
6 his Medicaid Transformation Team approximately seven (7)
7 months ago. He directed us to focus on, on two (2) primary
8 goals of the plan to transform Medicaid in Kentucky. One
9 (1), as the secretary discussed a few moments ago is to
10 improve the health of Kentuckians, to improve the health
11 outcomes of our Medicaid eligibles. And the second is to
12 help the job skills, the employability of the able bodied
13 Medicaid eligibles and the Governor felt that if we
14 accomplished those two (2) goals, better health outcomes
15 and higher or more enhanced job skills for our able bodied
16 Medicaid eligibles that cost savings would ensue
17 automatically. And, that in fact is what has happened with
18 the waiver that has been prepared. If you look at these
19 goals, one (1) improved health and help Medicaid eligibles
20 to become more responsible to their, to their health.
21 Encourage individuals to become active participants, not
22 passive, but active participants in their healthcare who begin
23 to understand and become acclimated to the commercial
24 health insurance world. Because we think that those that
25 have commercial health insurance are more likely to be

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more engaged to their healthcare and would have ultimately better health outcomes and overall better health. Third (3rd), empower people to seek employment and transition to commercial, commercial health insurance. Again, it is designed to help our able bodied Medicaid eligibles to either get into the workforce through, through community engagement, through job training, through ultimately employment for those who are already employed have the opportunity to enhance those skills and to migrate to better higher paying jobs. Fourth (4th) is to look at the whole healthcare delivery system and make sure that the system is accessible to individuals, that is ultimately delivers better quality of care resulting in better health outcomes, better overall health. And this involves a collaborative exercise with our managed care organizations, with our providers across the state, with our community health organizations. We want this to be a collaborative effort where everybody's involved, everybody's focused on this goal of better, smarter healthcare delivery system that ultimately results in better health, better health outcomes for our Kentuckians. And then finally is to ensure fiscal sustainability because the program as currently constructed is simply not fiscally sustainable given the other fiscal challenges facing the Commonwealth. So, we feel that the section 1115 waiver that we've drafted will accomplish these five (5), five (5)

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overall goals of the, of the program. Let's talk about the, the folks that are, will be impacted by the Section 1115 Waiver and those who are not. If you look on the left hand side. The traditional populations, the people that have been in the Medicaid system prior to 2014, the aged, the blind, disabled, former foster care children up to age twenty-six (26). These individuals are not impacted in any respect by this, this Section 1115 Waiver. They will continue to participate in the Medicaid program that's currently constructed. On the right hand side you'll see the Medicaid populations that will be impacted over part of the Section 1115 Waiver. These are non-disabled adults and children. It's the traditional Medicaid adults that were eligible for Medicaid prior to expansion, but are not within one (1) of those blocks, if you were, boxes on the left hand column. It's pregnant women and children. It's the Medicaid expansion adults and it's medically frail adults, but the point I want to make is these four (4) groups that will be impacted by the Section 1115 Waiver, it doesn't apply to them equally. There are distinctions made on among these four (4) groups because the fact of the matter is is they have unique needs and the Section 1115 Waiver addresses those unique needs. So, the waiver overview, you'll see that the, the program which we call Kentucky Health, helping to engage and achieve long term health targets able bodied

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1 adults. And what we'll be doing, because part of the, these
2 public hearings people raise the question, 'okay, what
3 constitutes able bodied, what constitute medically frail?' If
4 you'll see that medically frail individuals are people that
5 have a disabling mental disorder, chronic substance use
6 disorder, serious and complex medical conditions or
7 significant impaired ability to perform activities of daily
8 living. Certainly individuals with a, SSI or SSDI
9 determination are automatically deemed medically frail.
10 Again, the purpose of this Section 1115 Waiver is to help
11 Medicaid eligibles get better health, better health outcomes
12 and those who are able bodied to become more employable,
13 higher job skills, etc. It's not to impact the medically frail
14 in adverse ways and I think that's a very important point
15 that needs to be made. If you look at, the second (2nd) point
16 is we determined that the, for the, for the expansion
17 population that the appropriate benchmark plan is the plan
18 that's available to Kentucky State employees, the Kentucky
19 Employees Health Plan. We felt that it was appropriate that
20 the two (2) plans, the plan under the Section 1115 Waiver
21 for the expansion population and the plan available for
22 Kentucky employees mirror each other. This was a policy
23 determination made by Governor Bevin as we progressed to
24 the implement or preparation of the waiver. Finally, there's
25 two (2) paths to coverage within Kentucky Health. One (1)

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1 is through employer premium assistance and one (1) is
2 through a consumer driven health plan. Premiums, we, the
3 existing Medicaid program has co-pays that are part of the,
4 the program. We have heard for a, a long period of time
5 that co-pays create obstacles, are, are difficult to implement
6 and administer and are simply not popular. So, the
7 determination was made to, to have a system of premiums,
8 monthly premiums in lieu of co-pays. And if you'll see that
9 what we've done is, is rather than use figures based on a
10 percentage of income just to use flat dollar amounts and you
11 can see this chart that under twenty-five percent (25%) of
12 the federal poverty level it's a dollar (\$1.00) per month,
13 between twenty-five (25) and fifty percent (50%) of FPL it's
14 four dollars (\$4.00) per month, between fifty-one (51) and
15 hundred percent (100%) of the FDL or federal poverty level
16 it's four (4), or excuse me eight dollars (\$8.00) per month
17 and then above a hundred percent (100%) up to a hundred
18 and thirty-eight percent (138%) of FPL is fifteen dollars
19 (\$15.00) per month. And then a, a feature that we have we
20 felt that for those individuals who are above a hundred
21 percent (100%) of federal poverty level if you still in the
22 Medicaid program after two (2) years that there ought to be
23 an increase in the premiums and so you see that the scale
24 from originally fifteen dollars (\$15.00) ultimately thirty-
25 seven dollars fifty cents (\$37.50) after five (5) years. And

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this by the way is a five (5) year program. It's called a demonstration waiver and so we're asking the federal government to approve this on basis of a five (5) year program. The employer premium assistance option, this is for those individuals who are employed and have access to employer sponsored insurance. For the first year it would be optional. Second year those individuals who again have been employed for at least one (1) year and have the option of obtaining employer sponsored insurance will be required to, to utilize that insurance. However, they will continue to have the same benefits that are available to the other Section 1115 Waiver population. We call these rap around benefits, so there will be no decline or diminution of benefits and but for other than the monthly premium the state will cover all their costs associated with the employer sponsored insurance. So, they'll participate through the premiums, but other than that their co-pays and deductibles will be covered by the state and they'll have the same benefits that the other Medicaid eligibles would have. They also will have, which I'll discuss in more detail, access to an account called My Rewards Account. Then the second way to participate where, within Kentucky Health will be the consumer driven health plan option. And this is for those that don't participate in employer sponsored insurance. They will have a deductible account that will cover their deductible up

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to a thousand dollars (\$1,000.00) per year. They will also have a My Rewards Account and this will cover things like vision care, dental care, over the counter medications and gym membership. You can earn dollars into you're my Rewards Account by doing various proactive activities such as volunteering, job training, health assessments, wellness assessments, taking literacy courses, both financial literacy and health literacy courses, the kind of proactive things that we think will ultimately help both your health, both the health of the Medicaid eligibles and their job skills. We also, because we do encourage people to ultimately, those that are able to, to migrate out of Medicaid into the consumer health insurance world, that those who have been, have left Medicaid for eighteen (18) months can receive any balance in that My Rewards Account up to five hundred dollars (\$500.00). So, we want to reward those people that have utilized these options to get better health and better job training and migrate or graduate if you will out of the Medicaid program into the consumer, excuse me, the commercial health insurance world. Because the premiums are important it's important that people participate in their healthcare through both financially and through education. There are penalties for not paying the premium. If you're above a hundred percent (100%) federal poverty and you haven't made a premium payment for sixty (60) days you'll

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1 be dis-enrolled from the program for six (6) months. It's no
2 different than if you were in the commercial health
3 insurance world. Again, we want the Medicaid program
4 ultimately look like commercial health insurance. We think
5 that results in positive outcomes. But, he have on ramp.
6 For anybody who has been dis-enrolled who's above a
7 hundred percent (100%) of the federal poverty level, if you
8 pay the premiums, the two (2) months plus your current
9 premium and you take a financial or health literacy course
10 you can be re-enrolled in the program. So, we have an on
11 ramp. For those under a hundred percent (100%) federal
12 poverty level or medically, excuse me, medically frail, if
13 you haven't made the premiums then you become subject to
14 the co-payments. There's a deduction of twenty-five dollars
15 (\$25) from you're my Rewards Account and the My
16 Rewards Account is suspended. But again, this is a
17 situation where, you know made this determination and
18 you'll still be covered. You're not dis-enrolled, but there
19 are consequences of not making the premium payment.
20 Because we, we want the Medicaid program to look like
21 commercial health insurance other features of the waiver are
22 there's no retroactive benefits. You start to receive benefits
23 under the Medicaid program once you've made your first
24 premium payment for those above a hundred percent
25 (100%) federal poverty level. For those who are below a

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hundred percent (100%) you will receive benefits sixty (60) days after your application to participate in the program has been approved. There will be an open enrollment period where much like commercial health insurance you have to re-enroll within a specified period of time and we will be working with, with, the MCO's will be working with our Medicaid population to make sure there's plenty advanced notice, make sure that you have the opportunity to understand and have questions answered. But ultimately we want people to be responsible and, and, and take the initiative to make sure that they are re-enrolled. If they missed the open enrollment period they are dis-enrolled. But again, we have an on ramp. You can re-enroll by taking a financial or health literacy course. So, it's a situation where there are consequences, but you can mitigate the consequence if you will, or reverse the consequence by simply taking a health or financial literacy course. We think that's very conducive towards ultimately gaining the skills to manage your health and health outcomes. And then you will select your, your plan, your, through your MCO, the managed care organization and much like the commercial insurance world you'll have that plan for twelve (12) months, but for certain extraordinary circumstances, what we call for cause. The community engagement and employment initiative or aspect of the plan, this is for the

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able bodied population who do not have primary chair, excuse me, primary childcare duties. We have seen study after study, studies that are valid that show a clear connection between engaged in the community and ultimately having higher self esteem, more of a sense of self responsibility, more control over your health and healthcare outcomes. So, for the, those individuals and by exclusion, again to make clear this is one of the differences among the various populations that will be participating in Kentucky Health, children, pregnant woman, individuals who are medically frail and individuals who have primary childcare duties will not be part of this community engagement piece. You can see that for the first three (3) months there's no requirement and then it scales up beginning on a per quarter basis five (5) hours per week, ten (10) hours, fifteen (15), after a year twenty (20) hours per week. Now, this can be any number of things. It can be volunteer work in your community, a senior citizen center, a local school, a nursing home, your faith community. It can be taking opportunities to enhance your, your job skills, your job training programs. It can be through employment activities, career coaching. Again, what we want is, is at the end of the day we want a population that's healthier with enhanced job skills and we believe that this aspect of the waiver will be conducive to achieving those two (2), those of the, of the waiver program.

1 With that I want to go back to Secretary Glisson.

2 **SECRETARY VICKIE GLISSON:** Thank you.

3 As, as Scott noted and as I mentioned we have a four (4)
4 prong approach to trying to transform Medicaid in this
5 waiver. So, Scott has talked about just the logistics, the, just
6 the operational issues around the Section 1115 Waiver. I
7 want to take a few moments to then talk about the second
8 and the third prong, that is the substance abuse, our
9 approach around substance abuse and chronic disease
10 management. As I noted we have like the third highest
11 fatality rate due, due to substance abuse in the nation. One
12 of the other figures that I'll share with you that I think is
13 pretty astounding and is very troublesome for, for our
14 cabinet. Our cabinet says grace over a lot of things. We
15 have the Medicaid program, we have a lot of programs that
16 include the foster care program and so forth. It's a huge
17 cabinet. It's actually in fact the largest cabinet in the, in the
18 Commonwealth. It has about nine thousand (9,000)
19 employees and it has about forty-seven percent (47%) of the
20 budget of the state. But one, one of the other things that we
21 do in that cabinet is that we also license facilities. We
22 license hospitals in the, in the cabinet. So, we go in and we
23 survey those hospitals. One of the astounding things that
24 we have now noted in the recent months is that the
25 administrators of these hospitals are telling us and letting us

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know that when we go in there that about seventy (70) to seventy-five percent (75%) of the babies that are now being born in this state are being born to opiate addicted mothers. Of course when those babies are being born they have to spend at least a month being able to be withdrawn from those, from that opiate addiction so they have very expensive care. Medicaid covers that. They're usually sent to a hospital where they can get specialized care and it's usually to UK Children's Hospital or U of L's Children's Hospital. And then of course the cabinet comes in because you can't turn that baby over to an opiate addicted parent. So, they come into our foster care program. Again, the cabinet is, has to place, has to care for that, that child. We are the guardians of that child when we have, we have the guardianship of that child until they can find a permanent placement or the parents can become less opiate addicted. So, that has lead us in this waiver to try to find some answers to substance abuse in this state. So, one (1) of the things that we tried to make sure that we did, because we thought it was very important is that under the old Medicaid system, under the former Medicaid system there were, there were mental health benefits and those mental health benefits have been preserved in this waiver. So, it does preserve all mental health benefits that were there before. It also preserves all the substance abuse benefits that were in the

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1 prior Medicaid program. What we tried to do though is to
2 build on that and to add to that. So, one (1) of the things
3 we've done is we've tried to encourage folks to get
4 treatment. So many folks won't get treatment and so we
5 have, we're aligning the My Rewards program trying to get
6 folks to get treatment. But then also we want to make it
7 easier for folks to get treatment that are here in the state, so
8 Medicaid has a prohibition under the law that they do not
9 pay for residential care for substance abuse for individuals
10 that are twenty-one (21) to sixty-four (64), these are adults,
11 twenty-one (21) to sixty-four (64) for a residential program
12 if you are in an IMD, an institute for mental disease. So,
13 what we have now sought in this waiver is that we're, again
14 that's why it's a waiver. We have asked CMS, we've asked
15 the federal government to waive that restriction and allow
16 us to then open up these facilities that we have in the state
17 so that folks can actually get more long term residential
18 treatment in, in an institute for mental disease, and IMD.
19 So, now with this waiver if you're between twenty-one (21)
20 and sixty-four (64) hopefully there'll be residential
21 treatment for up to thirty (30) days so that we can actually
22 provide that sort of concentrated focused help that we can
23 promptly give to folks to get them off of substance abuse,
24 get them through the substance abuse problems. So, part of
25 what this waiver is, it does contain is that we are going to be

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1 seeking a, a waiver from the IMD restriction and so we'll
2 have hopefully more residential programs open to
3 substance, folks that have a substance abuse problem in the
4 state. We know, as I talked about a few moments ago we
5 know that fifty-four (54) of these counties, let me just say
6 that this is going to be a pilot, we're planning on this being
7 a pilot project. We want to get our arms around it, we want
8 to see if it's going to be helpful, whether it really does move
9 the needle in some way. Because remember we're trying to
10 help health outcomes in the state, so we're going to do this
11 as a pilot project, probably in ten (10) to twenty (20) of
12 these fifty-four (54) counties that are, have been noted by
13 CDC that have this high HIV, high Hepatitis C, high drug
14 abuse issue. So, we're going to contin-continue to take
15 public comments from counties to say, you know if you
16 want one (1) of the, one (1) of these, if you want this, your
17 county to participate please feel free to let us know. So,
18 we're going to do this as a pilot project maybe in ten (10) to
19 twenty (20) counties to see if it does move the needle in
20 some way. One (1) of the other things that I think that is
21 helpful with this waiver is that, and particularly around the
22 substance abuse issue is that I think by adding this, this
23 residential thirty (30) day program it allows us now to sort
24 of coordinate the care better, to make sure that there is truly
25 a continuum of care so that if residential care is more

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helpful to you as you're dealing with a drug addiction you'll be able to get that needed residential care. So again, it's trying to find alignment and trying to take the assets we have and align those assets in a more effective way. The other piece, the third prong that I want to touch on for just a moment is also how we're trying to bring alignment with our local health departments. Believe it or not we have a local department and sixty-one (61) located, actually sixty-one (61) counties that actually serve all one hundred and twenty (120) counties. This is an underused, an underused asset. Tax payers are paying for those local health departments. They're doing a pretty phenomenal work in the county, so we want to do a better job of aligning our local health departments along with our Department of Public Health in the Cabinet for Health and Family Services along with our managed care organizations. We're going to be, we have five (5) different managed care organizations that serve the Medicaid population. Again, we want to ask more and we're going to expect more of the managed care organizations to actually be able to track healthcare, what we're, what we're delivering in healthcare and then track the outcomes. So, we're going to, you're going to be seeing a, a change in the way we interface with our managed care organizations. As Steve said they've done pretty well financially in the state. We want to make sure then that we

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1 work more closely together to align our local health
2 departments, our Department of Public Health and our
3 managed care organizations to be able to try to move that
4 needle, particularly in those four (4) areas that we talked
5 about, of cardiovascular health, smoking cessation that leads
6 to lung cancer, obesity and diabetes and substance abuse.
7 With that I'm now going to turn it over to Steve and let him
8 talk about the fourth prong, which is how we're going to be
9 working with our managed care organizations more closely.

10 **COMMISSIONER STEVE MILLER:** We've,
11 we've talked about the fourth prong, that is the managed
12 care organizations. We've currently entered into a new
13 contract, a six month extension that runs through the end of
14 calendar year 2016. I'm happy to say that all five (5)
15 MCO's continued the partnership with the state, all five (5)
16 signed that extension, those extensions of the contracts.
17 One of the things that we did, we made a point to go
18 through and look at the rate structure of the current
19 contracts. Now, we made sure that the loss ratio was what I
20 call beefed up. What that means is that more dollars, more
21 of the premiums that we are paying to the MCO's, that more
22 of that is spent on health related expenses. As part of that
23 renegotiation we also went through and were able to reduce
24 the current spend that we're paying to the MCO's. We
25 reduced that by four percent (4%) over what we are

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currently spending and also decreased what we saw in our budget of being a four percent (4%) increase. So, that swing made a difference of eight percent (8%) for the six (6) months through December of 2016. That's approximately two hundred and eighty billion dollars (\$280,000,000) savings of which most of that will be on a federal standpoint because through December of this year the federal government is paying one hundred percent (100%) of Medicaid expansion. As part of the contract reform what we see taking place come January of 2017 we're looking to try to standardize more of such things as uniform credentialing, formulary alignment, certain things that should make things easier for the providers and also standardize prior authorization and, and grievances. We looked to, the MCO's at that point, as we've talked about as a key component of the waiver program, at least those would take place in the Kentucky Health section, those individuals, those bodied adults. For the non-able bodied adults we're looking at through the MCO's to re-institute the co-pays, which many of them had waived. They've waived them because of marketing, trying to get more market share. We believe that's a key component of MCO reform. As part of those new revised contracts we will also go after what we call the triple aim. Improving both patient experience, population health and lowering cost. One (1) of

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1 the key items we want to do is to improve health status. It's
2 not all about the money. It's basically about the outcomes.
3 We want to make sure that the MCO's, along with all of the
4 providers are participating in, in the CDC's National
5 Diabetes Prevention Program, take part in the reduced
6 smoking and also increase preventative services. We are
7 going to look to the MCO's and also align their incentive
8 programs to align that both, it basically aligns with the
9 providers as well as the reward account that we've talked
10 about this morning. To make sure that everything's in total
11 alignment there. I want to take a moment and talk about the
12 cost savings. Over the five (5) years of this demonstration
13 project we look at a total cost savings of approximately two
14 point two billion dollars (\$2,200,000,000) over that five (5)
15 years. Most of that is federal monies, one point nine billion
16 (\$1,900,000,000) of it. But the three hundred and thirty-one
17 million (\$331,000,000), those are state funds. To put it in
18 perspective in that same five (5) year agreement, the current
19 Medicaid spend would be approximately fifty-five billion
20 dollars (\$55,000,000,000). So it's a huge amount. This is a
21 small portion of that, but we believe it sets the tone. We
22 believe it basically sets the bar as to where we want to lower
23 the cost, as well as increase outcomes. Increase and
24 improve the betterment of health status. The next slide just
25 kind of summarizes what will be the change in the cost

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1 curve. You can see the blue line, which is on the cost
2 trajectory that we're on today and we're trying to lower that.
3 In the out year it's a savings of approximately...

4 **UNKNOWN PERSON:** Wrong screen.

5 **SECRETARY VICKIE GLISSON:** Oops.

6 **COMMISSIONER STEVE MILLER:** Thank
7 you. As you can see the blue line basically is the projection
8 of the current cost structure. We're trying to lower that.
9 That's the red line. In the out year, in year 2021 that's an
10 eight hundred million dollar (\$800,000,000) savings as
11 compared to the current expenditure. You can see those
12 savings start taking place immediately, but increase in the
13 out years.

14 **SECRETARY SCOTT BRINKMAN:** In my
15 earlier comments I, I noted that the various groups that
16 would participate in Kentucky Health that we have the
17 distinctions of, you can see this chart that shows these
18 distinctions among children, pregnant women, Section 1931
19 parents and medically frail. I won't go through it in detail,
20 but you can see as you go down the left-hand column the
21 various aspects of the waiver program, how it effects these
22 populations differently. And of course this is available from
23 the website of the cabinet and other resources. And then
24 frequently asked questions. There are, people have
25 expressed concern that with the employer sponsored

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insurance, will that be less financially affordable for our Medicaid eligibles and the answer is no. But for the monthly premium we will cover those costs and we'll make sure that the benefits are the same. So, again, it doesn't come with a, a hardship or adverse consequences. Cost sharing the premiums, the Governor believes that premiums are important, that it helps people assert control over their healthcare, their health outcomes, the decisions made that for a number of reasons because it's, it's a static number, it's much easier to budget that number, it's much easier to, to administer that premium verses co-pays, which can be unpredictable. So, the decision was made to have monthly premiums, but premiums in lieu of co-pays. Vision and dental coverage, as you can see children, the adults eligible for Medicaid before expansion and medically frail, they will continue to have the same vision and dental benefits that are currently available to them. The expansion group this is where the My Rewards Account if very important. By doing these proactive, constructive activities these individuals will earn dollars that will be deposited into this account and they can use those dollars for basic vision and dental services, for over the counter medications, for a gym membership, the kinds of things that are important to folks and so we want to make sure that those benefits are available, again by doing proactive, constructive activities.

SECRETARY VICKIE GLISSON: So

1 finally I want to take just a moments and sort of let you
2 know where we are in the process. Where, why we're here
3 today and how that fits into the larger process. So, as you
4 know the waiver was announced on June 22nd. Once that
5 was announced on June 22nd under the federal law then there
6 is a thirty (30) day public comment period. That's why
7 we're here today. And so that the public comment period
8 ends on July 22nd. So, until that time we would encourage
9 you to if you want to, we, we certainly have an opportunity
10 today to give public comments verbally if you would like,
11 but if you also want to provide written comments as I noted
12 at the beginning please go on the website and provide those
13 comments and the, that website will open for public
14 comments until July 22nd. At that time we will be taking
15 those comments and considering each of those comments
16 and then going in and revising the waiver according to those
17 comments. And then we anticipate that probably by around
18 the first of August that we will then submit the waiver, the
19 revised waiver to CMS. At that point in time we will be
20 working with CMS and negotiating the provisions of the
21 waiver. We're hoping that that will be approved by CMS
22 and then we're hoping that that, the new waiver will be put
23 in place sometime probably mid to late spring of next year if
24 all goes well. Many other provisions that you heard today,
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especially with the provisions of the 1115 that Scott talked about, Secretary Brinkman talked about, many, most of those provisions have already been excepted by CMS in other waivers sought by states, so many states have sought exactly what we're doing. They have sought waivers to Medicaid. So, many of these provisions that you see have already been approved and have been implemented in other states. When we put together this waiver nothing was done from just pulling it out of the air. We went back and we did a, a very lengthy review of other states to see what other states have done, what things were working for other states. So, it's really a copulation of lots of deep dives into what other states have been doing and then trying to pull the things together that we thought worked best from those states. There are a few provisions that are unique to this waiver that have not been approved at this, at this point by CMS, including the community engagement piece, the open enrollment piece that we, that Scott talked about and also the increasing premiums for individuals that are over a hundred and fifty (150), a hundred percent (100%) of the federal poverty line. But, for those, except for those, those three (3) pieces the rest of this waiver has been, the provisions that are in here have been implemented and used by other states across the country. So, with that being said I'll, I just want to remind everyone that we are in the thirty

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1 (30) day comment period. We're accepting comments if
2 you want to jot down the email address there. That's where
3 you can submit your comments or you can certainly send
4 them to Commissioner Miller at the Cabinet for Health and
5 Family Services and so his address is there as well. With
6 that being said we now want to hear from you. We now
7 want to hear from the public. We are here really to look-- to
8 get public comments and to listen to you and to listen to
9 your thoughtful comments and to, to take those into
10 consideration. So, at this point, again I think there is a sign
11 in sheet that, Doug do you have that?

12 **DOUG HOGAN:** Yes.

13 **SECRETARY VICKIE GLISSON:** So, if you
14 want to, if you haven't signed up and you want to speak,
15 please come up and sign the sign in, oh you can do it in the
16 back or you can go to the front door there, or the back door I
17 guess it is. If you'll go to the door they'll, they will
18 continue to take sign up, folks to sign up if you want to
19 speak. Again, if you could limit your comments to about
20 three (3) minutes we would appreciate that. I think that
21 someone from the Cabinet is here doing, oh, we've got
22 Eldon Mae back here. Eldon's going to kind of give you a
23 prompt to, to kind of let you know when you've probably
24 gone through your three (3) minutes. And again, feel free
25 to, if you're not able today to get everything out today that

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1 you want to get out go online and provide your comments.
2 We are monitoring that closely. Let me see if there is
3 anything else we need to say. I guess, I guess at that point,
4 is there anything else Doug that we need to...and so, at this
5 point what I will do, as I said we're looking forward to
6 hearing from you, so we're going to set here and listen
7 quietly and take in, take in your comments into
8 consideration. It is being captured by a court reporter as
9 well so that we know that we have this, we have a record of
10 today's comments. At this point I'm going to turn it over to
11 Doug Hogan and I think Doug's going to go through the,
12 those that had signed up and come up to the mic here in the
13 front and we look forward to hearing from you.

14 **DOUG HOGAN:** Thank you Secretary
15 Glisson. Like we did in Frankfort last week we had a
16 legislator who wanted to make a couple of comments and
17 wanted that comment read into the record. Again, just like
18 last week this does not take anyone's time, it does not
19 preclude anyone from speaking. Representative Fitz Steele,
20 and I believe Representative Steele may be in the audience.
21 I thought I saw him earlier.

22 **REPRESENTATIVE FITZ STEELE:**
23 I am. Go go ahead and read it.

24 **DOUG HOGAN:** Okay, I'm going to go
25 ahead and enter your comments sir. So, from

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Representative Steele: “The entire state must work together to ensure that all of our citizens receive appropriate healthcare. To the extent that the Medicaid waiver proposal provides continued care, I’m in favor of that. Some preventive care is covered under the waiver, but the key elements of dental and vision screenings are eliminated from basic coverage. Those inexpensive tests provide vital front line diagnostics for adults insured. Dangerous and deadly health conditions like diabetes, cardiovascular disease and cancer are discovered or prevented by simple annual visits to the eye doctor or dentist. I encourage the amendment of the waiver to include annual dental and vision checkups for everyone receiving covered care under the waiver. The waiver focuses on the goal of education and employment for every able Medicaid recipient, yet the waiver eliminates coverage for hearing aids. If you can’t hear you can’t learn or work. Hearing aides are an inexpensive assistance with a huge positive impact. I encourage amendment of the waiver to cover hearing aids. Substance abuse is a key issue that the waiver addresses. I encourage the waiver to focus on an increase in qualified intensive outpatient care and not just limited inpatient care. Outpatient care allows patients to obtain the treatment they need while still being able to parent their children and maintain employment. This benefits everyone by keeping

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1 the family together and ensuring that the patient can still
2 work and contribute to society.” Representative Jody
3 Jenkins is also in the audience today and signed up to speak.
4 Representative Jenkins. As she is coming to the
5 microphone I will tell you that I will call out your name. If
6 you could please state your name and where you’re from for
7 the record that helps our court reporter as well. And I will
8 give you a couple of names in advance so you’ll know
9 who’s up next in the queue.

10 **REPRESENTATIVE JONI JENKINS:**

11 Thank you so much. Thank you for allowing this. It’s good
12 to see my former seat mate here. My name is Joni Jenkins
13 and I live in Shively, Kentucky. Regardless, regardless of
14 which side of the political aisle you reside there are basic
15 tenants upon which I believe every state legislator and
16 government official agrees. We want the citizens of our
17 Commonwealth to be successful to the best of their abilities,
18 to be healthy and to be safe. However, we often disagree on
19 how to achieve those goals. On June 22nd Governor Bevin
20 unveiled his plan for the future of Kentucky’s Medicaid
21 program. Like many others here today I began to review the
22 proposal and ask questions. I convened a meeting of
23 professionals who work with and advocate for the
24 population of Kentuckians who receive their healthcare
25 through traditional and expanded Medicaid. We all want a

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healthier Kentucky. We want our citizens suffering from the disease of addiction to have access to good substance abuse treatment. There are components of Governor, Governor Bevin's waiver proposal, such as the part that expands treatment opportunities that are very good. With that said I remain very concerned that this is a proposal that does not meet the standards set by the federal government and could ultimately prove to be extremely harmful to the very Kentuckians we all want so much to help. That is why I traveled this morning to ask this administration to work with elected officials on both sides of the aisle and those experts and professionals that work each day with our most vulnerable citizens to craft an alternative plan that reflects the Governor's philosophy of personal responsibility but, but does not put our children, seniors, veterans and persons living with mental and physical challenges at risk. The health and well being of our most vulnerable citizens should not be used as pawns in a political chess game. They deserve more than a take it or leave it proposal. If my many years in the General Assembly I have found that some of the most important policies have come from compromise between Democrats and Republicans. The nationally acclaimed Heroin Bill is one (1) example of extra, extraordinary dialogue concession and accord that took months to achieve. I ask Governor Bevin and his cabinet to

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1 negotiate in good faith with the federal government and to
2 include House and Senate, Majority and Minority
3 leadership, plus the good people here today in devising a
4 Kentucky plan for Kentuckians. Together we can work to
5 ensure no Kentuckian is needlessly harmed. Thank you.

6 **SECRETARY VICKIE GLISSON:**

7 Thank you Representative Jenkins.

8 **DOUG HOGAN:** Next is State Senator

9 Brandon Smith. Following Senator Smith, Scott Wegenast.
10 And let me make my apologies right up front if I
11 mispronounce your name.

12 **SENATOR BRANDON SMITH:**

13 Thank you. I'd like to thank this group for coming to my
14 district today. I know that you're only required to only have
15 two (2), so it means a lot to us for you all to come here and
16 extend the time to listen to the folks from this region. And I
17 will tell you having been from here there's been a lot of
18 policies that affect us that people from D.C. haven't had the
19 courtesy to come into our region to hear how we feel about
20 stuff. So, it says a lot about what you're trying to achieve
21 here and I'd like to thank you for that. Scott, Representative
22 Brinkman and I, like many other members in here serve
23 together and I'd be remiss if I didn't point out that he, like
24 myself, I have a daughter with a hearing disability, so I
25 understand very well the cost of hearing aids and what they

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1 can do. But Scott Brinkman's been dealing with autism.
2 His son, David, who I've known now for many, many years
3 caused him to lead the charge for autism across the State of
4 Kentucky and I applaud you for the work that you did, as he
5 finally finished up his work he left the General Assembly to
6 work in a private practice and they went back to get him
7 because he did such a good job, but your work for autism
8 effects every single person in this room. I applaud you for
9 that. Thank you Scott Brinkman.

10 (APPLAUSE)

11 **SECRETARY SCOTT BRINKMAN:** Thank
12 you, Senator.

13 **SENATOR BRANDON SMITH:** This is an
14 issue obviously that effects our district, rural and urban in
15 many different ways and so I appreciate you all coming
16 here. Obviously transportation is a big issue for us here and
17 I've, I've spoken to Scott about it and we've been to
18 Frankfort a couple of times and I will say the door has
19 always been open. They've always been eager to hear what
20 we've had to say. They brought in people from our local
21 area here with LKLP and have set down with Mark
22 Birdwhistle and many other people and it's nice to know
23 that the information flows both ways and I thank you for
24 that and I appreciate you letting us sit in your meeting today
25 again and thanks for doing something that most people

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1 forget to do, and that's coming to these regions that are
2 affected by it and listen to what we have to say. Thank you.

3 **DOUG HOGAN:** Thank you Senator.

4 **SECRETARY VICKIE GLISSON:** Thank you
5 Senator.

6 **DOUG HOGAN:** Scott Wegenast. And
7 again please state your name and where you're from for the
8 record. Amanda McBride is next.

9 **SCOTT WEGENAST:** Good morning Madam
10 Secretary, Mr. Commissioner and Mr. Secretary. I'm Scott
11 Wegenast. I'm on the staff at AARP Kentucky in
12 Louisville. We appreciate this opportunity and could Doug,
13 could you just read my remarks into the record? You do
14 that really well.

15 **DOUG HOGAN:** Thank you.

16 **SCOTT WEGENAST:** But, we're here because
17 in part AARP is representing four hundred and sixty
18 thousand (460,000) Kentuckians across the state. Many of
19 whom are age fifty (50) to sixty-four (64). This is a
20 particular age group that has suffered under the economic
21 downturn, through downsizing and they're often not eligible
22 for Medicare and traditional Medicaid. What they have
23 found in the expansion of Medicaid is access to healthcare,
24 for preventative care and our concern in part is any loss that
25 they may experience having any barriers placed in their, in

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1 their progress. But as you can imagine healthcare coverage
2 is particularly important to individuals that are over fifty
3 (50) not yet eligible for Medicare. These middle aged
4 individuals hit hard by economic downturn in recent years
5 are struggling many times with jobs that do not provide
6 health coverage. Although exempting some groups as,
7 under member cost sharing exempting some groups such as
8 pregnant woman and children is an important protection for
9 some of the most vulnerable participants in Kentucky we are
10 concerned that the proposed monthly premiums would still
11 result in reduced access to needed care or create undue
12 service barriers. The required monthly premiums are also
13 problematic and present a significant departure from
14 traditional Medicaid. This proposed, the, the waiver as
15 proposed could result in complete termination of enrollment
16 in the program. The coverage gap, coverage gaps created
17 by terminating enrollees would lead to added
18 uncompensated care costs for providers the inability of
19 health plans to manage care of time and poor health, health
20 outcomes. AARP is particularly concerned that the
21 community engagement and employment initiative
22 requirements would present another barrier to health
23 coverage for a sector of Kentucky's population that needs
24 coverage most. While we're pleased that the plan does
25 allow for individual exemptions from the community

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1 engaging requirement we urge the cabinet to reconsider this
2 proposal. And finally we thank you for the opportunity to
3 be here and to comment on this. We are going to enter into
4 the record more extensive comments in writing and we look
5 forward to the continued discussions and negotiation on the
6 waiver. Thank you ver much.

7 **SECRETARY VICKIE GLISSON:** Thank you.

8 **DOUG HOGAN:** Amanda McBride. Adrien
9 Bush and next following Adrian Bush will be Jason Bailey.
10 And if you could please when your name is called go over
11 and move to the center aisle behind the, the next speaker in
12 line please.

13 **ADRIEN BUSH:** Hi, my name is Adrien
14 Bush. I'm from Hazard, Kentucky and I do want to thank
15 you for coming to Hazard as Repre-Sentator Smith said. It
16 is really important and we are honored by your presence.
17 So, thank you for the opportunity to comment. I do want to
18 commend you all, especially on the substance use piece. I
19 think that is really important. We have done a lot of work
20 here with the potential for an HIV outbreak and Hepatitis C
21 epidemic, so thank you. I do want to say I am concerned
22 about the implications for able bodied adults that are
23 currently covered under the Medicaid expansion. I
24 appreciate that you all have worked really hard to make sure
25 that children are covered at the same level, but I'm worried

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1 that we may have some unintended consequences with
2 adults losing coverage. As a mother of a seven (7) year old
3 I know that if I can't take care of myself I don't do a very
4 good job taking care of my daughter. So, I guess I would
5 just ask that we continue to have some thoughtful dialogue
6 about that. I would also ask too that we think about
7 particular sub-populations under the able bodied Medicaid
8 eligible population, particularly people experiencing
9 homelessness. We do have a number of people
10 experiencing homelessness in rural Kentucky and Eastern
11 Kentucky and in Perry County. And I know that with the
12 lockout periods and the premiums and just the moving
13 around it's going to be hard for a lot of folks who are
14 unbanked or don't have a stable address to make sure that
15 they are continuing their coverage, no matter how much
16 they may wish to. And then I also second Representative
17 Steele's comments about vision and dental. My mother is a
18 diabetic and she actually has issues with her eyes now and
19 that was part of what lead us to realize that she was diabetic.
20 And so, those are my comments and I thank you very much
21 for coming here.

22 **SECRETARY VICKIE GLISSON:** Thank you
23 Adrien.

24 **DOUG HOGAN:** Tim Robinson is up after Jason.

25 **JASON BAILEY:** Thank you. Jason Bailey with

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the Kentucky Center of Economic Policy, I'm in Berea, Kentucky. This waiver proposal is based on the assumption that poor behavior choices are what has lead to a high percentage of the Kentuckians covered by Medicaid. But, that's an assumption that lacks grounding in the economic reality facing the state. I fear that the resulted proposal won't create great upper economic mobility, but will worsen many of our challenges and move us backward in our recent healthcare progress. It's in places like Perry County where those realities are clearest. No county in the state has benefitted more from Medicaid expansion than has Perry County. It's number one (1) of all one hundred and twenty (120) counties in the share of population gaining coverage, nineteen point one percent (19.1%). As a result many more people are getting the preventive care and screenings needed to manage chronic conditions and improve their lives. And also tremendously benefitting is the economy of Perry County. Though it's on the thirty-ninth (39th) biggest county in terms of population, it's fifth (5th) in terms of the amount of money that's flowed into the county to providers because of expansion, sixty-two point eight million dollars (\$62,800,000) as of last October. But that progress is at risk with a proposal that contains measures shown to reduce the number of people covered, including work requirements, premiums, lockout periods and the elimination of benefits

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like dental and vision. Proposed like work requirements and premiums have been tested in prior Medicaid experiments and other social safety net programs and rather than increasing economic well being they're shown to reduce coverage and drive more people into deep poverty. A reduction in the number of people covered is admitted in this waiver proposal, which projects eighteen thousand (18,000) Kentuckians will lose coverage the first year, which will grow to eighty-six thousand (86,000) by the fifth (5th) year. And less coverage and worsen poverty result because of I believe flawed assumptions about Kentuckians and how to move people off Medicaid. The majority of Kentuckians getting coverage don't need an incentive to work because they're already working. They're just working in low wage jobs where they can't afford or are not offered health coverage. We looked at this data on the first year of Medicaid expansion, those who most commonly covered worked in restaurants, construction, temp agencies, retail stores, cleaning and janitorial services and grocery stores. Low wages are an all too common reality in today's economy. Thirty percent (30%) of Kentucky workers have wages within, would put them below the level of poverty line for a family of four (4). And wages have also been stagnant or declining for many. Healthcare premiums have been rising much faster than wages over the last fifteen (15)

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years forcing many to forego coverage and employers to shed responsibility for it. That's lead, that's what lead to a decline in the share of workers who get health coverage through their jobs. Seventy percent (70%) did in 1980, in Kentucky lower than fifty-six percent (56%) do today. Those are workers. Because the waiver creates escalating premiums for those who remain Medicaid eligible it punishes workers for the low wages and rates, rate stagnation that's beyond their control. It assumes that people don't have private health insurance because those don't understand it rather than they cannot afford it or their employers do not offer it to begin with. For the minority who are currently employed a major barrier is the persistent lack of jobs in many parts of the state. Kentucky has still not fully recovered from the great recession. In fact, only twenty-eight (28) of our hundred and twenty (120) counties have more people employed today than before the recession hit and in twenty-four (24) counties, mostly in Eastern Kentucky there's been more than a twenty percent (20%) drop in employment over that time. Here in Perry County, it's a twenty-four percent (24%) decline. Now that's not because of a sudden unwillingness to work, but because jobs were eliminated and they have not been replaced. Sectors like mining in places like Perry County and manufacturing in the other parts of the states have

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1 declined dramatically and jobs have simply not been created
2 to fill the gap. Medicaid is a safety net program that
3 provides a lifeline when such economic challenges emerge.
4 Reducing it's reach will only make problems deeper. At the
5 same time there's a lack of jobs, other Kentuckians also face
6 significant barriers to employment. Many have a criminal
7 record, often for low level offenses and face difficulty
8 finding work or disqualified for many jobs. Others lack an
9 education or training credential, which are becoming
10 increasing expensive to get in Kentucky. While others have
11 family care responsibilities, lack access to transportation.
12 Since there's not a more compressive solutions of these
13 many challenges creating barriers to health coverage, as this
14 waiver does restrict access to care thereby worsening health
15 conditions and making people even less able to engage in
16 the work force and the community. Kentucky needs a
17 Medicaid program that continues and builds on the success
18 of the last few years improving access to healthcare and will
19 strengthen our workforce, our economy and our quality of
20 life and I urge you to abandon the new barriers to coverage
21 contained throughout this proposal and work for solutions
22 that will build on our remarkable recent progress. Thank
23 you.

24 (APPLAUSE)

25 **TIM ROBINSON:** Again, welcome to Eastern

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1 Kentucky. We're glad you're here to hear from us here in
2 the mountains. My name's Tim Robinson and I'm the CEO
3 of the Addiction Recovery Care based right here in the
4 mountains of Eastern Kentucky in Louisa. As many people
5 in this room have already talked and as many of you all
6 know addiction is devastating our region. We've had an
7 opiate problem, pain pill problem that's now getting worse,
8 as heroin and a new drug fentanyl that is coming into the
9 mountains. And for many this issue of addiction is
10 personal. This December I, myself will be clean and sober
11 for ten (10) years.

12 (APPLAUSE)

13 That's one (1) of the reasons since it is personal that we, we
14 started Addiction Recovery Care, the company I mentioned
15 and we were an organization that from the beginning was,
16 was serving some of these medically frail populations like
17 Medicaid recipients. In fact, we were the first adult
18 Medicaid service provider to, to get a BHSO license and
19 we've admitted the first residential patients in January of
20 2015. To date we've, just in these last two (2) years we've
21 admitted seven hundred and seven-five (775) patients in
22 Eastern Kentucky to residential treatment. Eighty-five
23 percent (85%) of those are Medicaid patients. In terms of
24 our service area it's right here in Eastern Kentucky. We
25 have six (6) residential centers, three (3) new opening just

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1 this year all here in Eastern Kentucky, including a pregnant
2 women's centers to be opening up down from where we're
3 from in Louisa that will also include a comprehensive job
4 training program to allow a pregnant woman that are one (1)
5 year clean and sober to also earn an associates degree and
6 have a job. As far as our service area we have served forty-
7 nine (49) of the fifty-four (54) counties identified by the
8 CDC in the Soar Report of the counties most vulnerable for
9 a HIV or Hepatitis C outbreak. And we're now moving
10 more and more into vocational rehabilitation because all the
11 studies show addiction treatment's great, but job training is
12 the next step and vocational rehabilitation has to be a part of
13 any meaningful solution. So, we're here today to support
14 our governor's actions today on behalf of substance abuse
15 and this, this 1115 Waiver. The first thing we support is, is
16 an increase in the number of beds in the IMD exclusion
17 centers. We currently operate those centers and it's hard
18 being in communities that need more beds and only be able
19 to have a sixteen (16) bed facility. It creates budgetary
20 restraints, it keeps organizations like us from being willing
21 to expand because it is so difficult. So, we applaud that.
22 We think that is one of the best things that's happened from
23 a policy standpoint in a long time to increase these bed
24 numbers. And I also applaud picking centers that already
25 are serving, that potentially are already are serving this

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population. Another aspect of the, the waiver that we really support also is increasing telehealth services, increasing telehealth services for Medicaid recipients. We currently are able to provide online counseling, behavioral health support services for those with private health insurance, but Medicaid patients are denied those services in a BHSO. So, we, we continue to, to , to ask that you all continue to pursue that. I think it's great public policy. Here in Eastern Kentucky we don't have a lot of public transportation. It would be incredible if we could provide substance abuse treatment by telehealth. A couple of other things I would mentioned too is there is a hole in the continuum of care. Not all residential centers are allowed to do partial hospitalization or PHP, even though it's required by ASAM, continuum care, so I would ask that you all would consider adding PHP that if you provide residential substance abuse treatment you can do PHP. And finally anything we can do for pregnant women in this waiver as the final touches are being placed and accommodation for pregnant women. In our hospital in Louisa our local doctor, doctor's there estimate about eighty percent (80%) of the babies are born to a drug addicted mother. It's a crisis and one of the reasons we're taking the lead to put a pregnant women's center. As far as we're concerned though these proposals that the governor has made are not surprising. For those of

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us who are on front lines of addiction this governor has a pattern of addressing issues on behalf of those struggling with addiction and those that are in recovery. We applaud efforts like his support of the felony expungement law, signing a bill that gives addicts a second change to get their, their records expunged, especially allowing a path for employment. And recently the announcement of the Criminal Justice Reform Counsel that will set pri-priorities for improving our, our, our criminal justice reforms. And if you read that, most of the purpose behind that is treating addicts, treating them instead of incarcerating them. Getting them help and then also re-entry, which is very, very important. And finally also to see the work that, that, that the governor has done with our great Congressman here in Eastern Kentucky, Hal Rogers with the SOAR Initiative and being very involved in that. Even the CDC report come out of the, the efforts that he and Congressman Rogers have done with SOAR. Finally I want to say that Eastern Kentucky's got a lot of challenges and from a public health standpoint addiction is at the top of them. But, as somebody native here in these mountains, the grandsons of pioneers who actually came in here and, and chopped down trees and created settlements and, I believe our best days are ahead of us and I believe that there's hope for this addiction issue. If we have folks here locally take responsibility for this issue,

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1 create programs and services, not only addiction treatment
2 but vocational rehabilitation, I think we can, we can come
3 out on the other side of this. So, we're here today to support
4 all these efforts aimed at giving more people access to drug
5 treatment, which I think is outstanding public policy. Thank
6 you all.

7 (APPLAUSE)

8 **SECRETARY VICKIE GLISSON:** Thank you
9 Mr. Robinson.

10 **DOUG HOGAN:** David Narromore. After
11 David Narromore is Michael Wynn.

12 **DAVID NARROMORE:** Good
13 afternoon. It's a pleasure to see each of you all here in the
14 eastern part of the state as many people said earlier. I know
15 I've met with some of you in Frankfort. I'm here on behalf
16 of the Kentucky Dental Association and as the voice of
17 organized dentistry in the profession. We would want to
18 make sure that dentistry is included in one (1) of the
19 benefits. We here in the eastern part of the state, as you
20 know have a higher incidents of cancer, diabetes and
21 coronary artery disease and there is genetic component to it
22 as well. So, we would like to see that as this policy moves
23 forward that we can work with administration and help
24 shape the policy to include at least, as Representative Fitz
25 Steele had eluded to diagnostic and services into that. We

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are, what we're looking for with that, because a lot of times you know we have high incidences of smokeless tobacco, I didn't see that up there use, but diagnosis of squamous cell carcinoma early if treated probably like the longevity would be like five (5) years with appropriate early diagnosis and intervention. Without that probably like twelve (12) to eighteen (18) months. So, those kind of things we you're talking about drug abuse and Hepatitis C component and the AIDS factor, one (1) of the earliest diagnosis of that is Kaposi's sarcoma. So, it is very important that screening, early screening and detection is important. So, we encourage you as it moves forward to include dentistry We'd like to be at the table, we'd like to encourage a much broader conversation of the things we would like to see incorporated, preventive services and the expansion population, from my own personal experience has been really a great thing. A lot of people who have had, haven't had access to care have, have been able to obtain that now. And so that's a wonderful thing to see. And it, I know from sustainability it may not work out numbers wise, but it's very, very important to the people of Kentucky, especially the eastern part of the state to see that happen. And so, we appreciate you being here. We want to be at the table and like I said and we look forward to working with each of you to make that happen.

1 (APPLAUSE)

2 **SECRETARY VICKIE GLISSON:** Thank you
3 Doctor.

4 **DOUG HOGAN:** After Mike Wynn is Ryan
5 Combs.

6 **MICHAEL WYNN:** My name is Michael Wynn.
7 I want to thank you for coming. We're honored to have you
8 in Southeastern Kentucky. I am a connector working at
9 Grace Health in Knox County, Kentucky, home of the
10 original Kentucky Fried Chicken and the seven (7) herbs
11 and spices.

12 (LAUGHTER)

13 And according to our local paper in Knox County the
14 number one (1) county in the State of Kentucky, number
15 one (1) county in the State of Kentucky with a decrease of
16 drug addicted deaths. In hearing the punitive phase of the
17 waiver today, something that did concern me is that I did
18 not hear about the federal fine that is also apply, applied a
19 fine at the end of the year for those who are not covered or
20 who have lost coverage. I feel that we've put the citizens of
21 Kentucky between a rock and a hard place in placing them
22 at that place where they either pay monthly premiums or pay
23 an almost seven hundred dollar (\$700.00) fine at the end of
24 2016. In Knox County our economy has been devastated by
25 federal guidelines, our coal truck aren't running, our cost of

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1 living is increasing, our wages are frozen and our job
2 opportunities continue to diminish. And now we're placing
3 hurdles in the healthcare and have our citizens jumping
4 through hoops. For the record Governor Bevin, lead us
5 forward without legislating our dignity and we will follow.
6 And my last statement is I'm concerned about the oxymoron
7 "mandatory volunteerism".

8 (APPLAUSE)

9 **DOUG HOGAN:** Ryan Combs. Danny
10 Caudill is next.

11 **RYAN COMBS:** Hi everybody. I'm Ryan Combs
12 from Louisville, Kentucky, but as you can tell by my last
13 name my folks come from Hazard, so I'm happy to be here
14 today. So, research shows that Medicaid expansion states
15 see significant budget savings and gains in revenue. These
16 states see reduced state spending for the uninsured
17 population, job growth, deep reductions in uninsurance and
18 reductions in hospital uncompensated care cost. As said in
19 your presentation we have a very sick population here in
20 Kentucky and I looked up Kentucky's four (4) leading
21 causes of death, which are heart disease, cancer, chronic
22 lower respiratory diseases and stroke. You cannot improve
23 health outcomes and prevent these diseases without access
24 to primary care. I fear that these proposals will reduce and
25 perhaps are designed to reduce the number of poor people

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1 who have access to health insurance coverage. Without
2 coverage people cannot manage their health, they cannot
3 prevent diseases and their health outlook is grim.
4 Furthermore they may no longer be able to work and
5 contribute their skills, their talents and yes, their tax
6 revenue. I encourage you to work to increase access to
7 healthcare. This cannot happen if barriers are erected and I
8 fear that that's what these proposals are meant to do. I can't
9 support these changes. Thank you.

10 (APPLAUSE)

11 **DOUG HOGAN:** Danny Caudill. Next Sheila
12 Shuster and following Sheila will be John Rosenberry.

13 **SHEILA SHUSTER:** Good morning. My name is
14 Doctor Shelia Shuster. I'm a licensed physiologist from
15 Louisville. I serve as the Executive Director of the
16 Advocacy Action Network, which advocates for
17 Kentuckians with disabilities, particularly involving
18 behavioral health and for those without access to healthcare.
19 There's no doubt that providing Kentuckians with access to
20 healthcare, physical, behavioral and dental is one (1) of the
21 requirements for moving the needle on our significant
22 health problems. It is not the only factor needed to improve
23 health, but it is a necessary factor where we should truly
24 make a full pledged assault on what we've called the
25 Kentucky Uglies, we would need to address not only access,

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but also the social determinates of health, poverty, lack of education, illiteracy, environmental challenges and inequities. But, healthcare access without barriers is foundational. Medicaid expansion has been good for Kentucky. It has provided healthcare access to nearly five hundred thousand (500,000) Kentuckians who were uninsured and without healthcare, many for a long time. It has brought in more than three billion dollars (\$3,000,000,000.00) in federal funds to pay for healthcare delivery and to create healthcare jobs. And Kentuckians have taken advantage of their coverage in record numbers to access preventive cares, screenings, teeth cleanings, mental health services and followup care. Kentucky's overall health ranking among the states has risen by three (3) places. While we still have significant health challenges Kentucky is healthier because of Medicaid expansion. The Affordable Care Act mandated significant improvements in behavioral health requiring all coverage plans, Medicaid and private market to include the full range of behavioral health diagnosis and treatment and to provide these services that parody, or equality with physical healthcare. We are please that the proposed waiver keeps these benefit services in place for all who are included in the waiver. Kentucky has significant mental health and substance use disorders and they need to be treated. The additional inpatient or

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residential services, which may be acxated-accessed with the relaxation of the IMD exclusion are much needed and we are pleased to learn that Kentuckians with substance use disord-disorders and those with co-occurring mental illness will be able to get the help that they need, at least in certain areas of the state. We urge the administration to pursue this IMD waiver regardless of the status of the overall proposed Medicaid waiver. While we applaud these benefits and potential increases in behavioral healthcare we are extremely concerned that the category of persons deemed to be medically frail, which would include those with serious mental illness, substance use disorders and other disabilities are being required to pay a monthly premiums for their coverage. This category likely will also include the seven (7,000) to eight thousand (8,000) Kentuckians who are eligible currently for one (1) of the 1915C waivers, but are on a waiting list for an open waiver slot. Because co-pays have not been charged since the adment of the managed care and before that were not collected by the providers, these individuals with disabilities have not been required to pay for their Medicaid. It is difficult, I would say impossible to imagine what mechanism will be used to bill for the premium and to collect it when the majority of these individuals do not have a checking account, often do not open their mail, sometimes for fear that it has Anthrax in it,

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do not always have a stable address and do not have guardians to rely on for help. And the penalty for failing to pay the steep requiring co-pays for each health service and for each prescription is absolutely unaffordable and will result in these medically frail individuals failing to keep appointments or to pick up their medicine. What is the cost then in human suffering in angst, in the rapid decline in health status, in trips to the ER and possible hospitalizations? Certainly those costs are far greater than the justification for requiring the monthly premiums. On behalf of east Kentuckians with disabilities I beg you, I beg you to remove the requirement for the individuals deemed to be medically frail to pay a monthly premium for their Medicaid coverage. As a long time advocate for treating the whole person I urge you to restore the dental and vision benefits to all Kentuckians included in this waiver. In a state plagued with toothlessness, cardiovascular disease and diabetes to name a few it makes absolutely no sense to remove these critically important annual exams and the followup care that is indicated. It is absolutely a step backward to do otherwise. And finally I urge you to look carefully at these five hundred thousand (500,000) Kentuckians who have enrolled in the Medicaid expansion and to treat them with the respect that they deserve. Yes, they are poor, but they are valuable members of our

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1 Commonwealth. The majority of them are working or are
2 care givers or are students. They are already making
3 significant in themselves and in their families. They are
4 concerned about their health and many have already taken
5 actions to improve it. To increase their premium
6 requirement over time fails to recognize that they are
7 already working, but do not have access to employer
8 sponsored healthcare or cannot afford what is offered. This
9 is simply a penalty imposed for being poor. I'm heartened
10 by the goal outlined by the administration to improve the
11 health outcomes for all Kentuckians. We share that same
12 goal, everyone in this room and that you've heard from in
13 the other hearings share that same goal. But, let's work
14 together to build on our successes, to create a more efficient
15 and effective healthcare system and to assure that
16 Kentuckians have access to the care they need to improve
17 their health. Thank you very much.

18 (APPLAUSE)

19 **DOUG HOGAN:** John Rossenbery. After John
20 Rosenberry is Gene Rosenberry.

21 **JOHN ROSENBERG:** Good morning.

22 **SECRETARY VICKIE GLISSON:** Good
23 morning.

24 **JOHN ROSENBERG:** My name is John
25 ROSENBERG. I'm the chair of the Big Sandy Aging

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Counsel in Prestonsburg, Kentucky. Before I go on I'd like to say that whatever I have to say will pale in comparison to what Doctor Shuster has said and I second everything that she did say. Nevertheless I will, I'm going to make these, these comments on behalf of our counsel. The counsel was established under the Older Americans Act and among other things serves as an advocate for older persons in the Big Sandy District. There are about thirty thousand (30,000) persons over age sixty (60) in our district and over five thousand (5,000) are under the poverty guidelines. The counsel asked me to file written comments about their concerns regarding the 1515 Waiver application and I plan to do that. Our concerns are similar to the ones that have already been highlighted, especially those related to the provisions regarding community engagement and employment, the payment of premiums and the deletion of dental and vision benefits. However, I came today to emphasize the need for you to re-evaluate this proposed waiver in light of the current concerns have been raised and to show support to the other advocates who have brought these issues to your attention. In addition to chairing our Aging Counsel for over thirty (30) years I served as Director of Applared, a legal services program that serves low income Kentuckians in thirty-seven (37) eastern and south central Kentucky counties. So, I have some familiarity with

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1 the day to day problems this population faces. Like many
2 others I was very pleased to see the Medicaid expansion put
3 into place by Governor Beshear and to see the huge drop in
4 the uninsured population in Kentucky and to see this
5 population often for the first time to get access to
6 healthcare, which they need and deserve. For in this
7 country access to healthcare should be a right for all of us.

8 **(APPLAUSE)**

9 The current proposal while setting forth laudable goals from
10 what I have read turns the clock back. As you've heard
11 from respected doctors like JD Miller, rather than expanding
12 healthcare your proposal sets up impediments to care.
13 Doctor Miller spent years serving low income clients and
14 the working poor in Harlan and the neighboring counties
15 and those where of he speaks. Others have already
16 addressed the proposed deletion of dental and vision care.
17 What a mistake. So many health issues are the result of the
18 failure to have dental care and conversely so many health
19 related problems are recognized for the first time by the
20 person's dentist. My own sister-in-law would have died
21 years sooner if her local dentist had not determined that
22 there was more to the toothache she complained of and sent
23 her on for further testing, which determined she had cancer
24 of the jaw and for which she needed to be treated. Similarly
25 we know what a disability, the failure to have good vision

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1 can be. If you've been to one (1) of the medical fairs staged
2 by remote area medical, RAM in Eastern Kentucky or in
3 nearby Southern Virginia you will see people waiting for
4 hours for free medical care. The longest lines are for
5 persons who need glasses and cannot afford them. And we
6 know also that often times diseases like diabetes are
7 diagnosed in the optometrist and ophthalmologist chair.
8 What is the sense in deleting these important basic benefits?
9 I recognize you have proposed that they can be obtained
10 somehow under the proposed reward system, but that seems,
11 still seems quite vague and a poor substitute for a basic right
12 that ought to be available to all recipients. To be sure there
13 are some good things in your proposal. Our terrible drug
14 problem has to be addressed and proposing incentives to
15 stop smoking is good. Although proposing a state wide
16 smoking ban ought to be part of an overall solution.
17 However, addressing the concerns that we have raised I
18 think are really the more important priority. I hope you'll
19 give the particular attention to the analysis and
20 recommendations of group like Kentucky Voices for Health
21 and the Kentucky for Economic, for the Center for
22 Economic Policy and the AARP, and you've heard from
23 Jason Bailey and Scott Negenast and I should mention that I
24 chair the local AARP chapter at home as well. We know
25 this is an expensive program, but so is the state pension

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1 program, for which this administration and the legislature
2 provided a major fix. And so is the corrections program,
3 which has been growing and absorbing millions and
4 millions more of our state tax dollars. Surely the health and
5 well being of the major segment of our population is at least
6 as important and that you and this administration and
7 legislature can find a funding solution that is fair and
8 equitable rather than putting it on the backs of our citizens
9 who can least afford them. There is no doubt that the future
10 of Kentucky will depend in large part on whether we can
11 become a healthier state. I hope you will adjust your waiver
12 proposal toward that end. Thank you.

13 (APPLAUSE)

14 **DOUG HOGAN:** Jean Rosenberg. After Jean
15 Rosenberg, Mike Caudill.

16 **JEAN ROSENBERG:** Well, my name is Jean
17 Rosenberg and I put a question mark down whether I was
18 going to speak or not. I think my husband has shared our
19 views with you and I appreciate you coming and hearing
20 them. Thank you.

21 **SECRETARY VICKIE GLISSON:** Thank you.

22 (APPLAUSE)

23 **DOUG HOGAN:** Mike Caudill and then
24 Stephanie Moore.

25 **MIKE CAUDILL:** I'll be submitting written

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1 comments.

2 **DOUG HOGAN:** Okay, thank you sir. Mr.
3 Caudill will submit written comments. Stephanie Moore,
4 Michael Gray.

5 **STEPHANIE MOORE:** Good morning. My
6 name is Stephanie Moore. I'm from Berea, Kentucky. I
7 serve as the Chief Executive Officer of White House
8 Clinics. We're an FQHC that serves thirty-one thousand
9 (31,000) patients, approximately sixteen (16) of that
10 thousand (1,000) of which are Medicaid beneficiaries in
11 Jackson, Madison, Garrard, Rockcastle and surrounding
12 counties. I appear before you today on behalf of not only
13 these beneficiaries, but the two hundred and thirty (230)
14 healthcare professionals who work to deliver their care each
15 day . While we support the goals of the 1115 Waiver, I'd
16 like to share some of our concern about some specific
17 elements and how in our experience we expect those to
18 impact the actual point of care delivery. For forty-five (45)
19 years our organization has been working to improve access.
20 While we support efforts to engage patients and appropriate
21 consumption in healthcare services we feel this plan thrush
22 beneficiaries too rapidly into a world that unfamiliar and
23 will subsequently create barriers to access. For this first
24 time in several years many of these beneficiaries are seeking
25 service, but they are so very apprehensive about the cost of

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these services and exactly how to access them. It routinely takes our providers multiple visits to convince patients to get these services. If patients are apprehensive about premiums and lockout periods or co-payments they'll simply choose to go without. Additionally, and, and very seriously from a primary care provider perspective this model creates a very, a real crises in regards to speciality care. Regularly the wait for our patients for specialty care is three (3) to six (6) months, and that's after we've spend five (5) days trying to figure out which provider will actually accept their MCO. If the patient fails to pay his or her premium during that waiting period and then shows up at that appointment with no coverage they'll be turned away and subsequently bounce back to the PCP who identified the reason for specialty expertise in the first place. Quite frankly, if I was a patient in that situation I probably would retreat and be inclined to stop seeking care as well. This is particularly worrisome for our medically frail patients. You know as Doctor Shuster said mentally ill patients for whom life presents different challenges and we're very, very concerned about the access to speciality care for these, these patients. And, and quite frankly in a primary care that we're facing right now, a primary care provider can't take care of all the patients mental health needs alone. We suggest a step approach. Utilize the health rewards account to

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1 motivate the desired engagement a period of time. Once
2 beneficiaries better understand the goals then transition to
3 other elements. And Secretary Glisson, you mentioned
4 obesity as one (1) of the challenges that we're trying to
5 address. You know when we start to talk about the
6 voluntarily engagement, why not engage people in
7 exercising? Let's give you a reward for exercise because
8 we know that that's the action that's going address obesity
9 in our state. We would also like to encourage the
10 engagement of the connector community and teaching this
11 information to beneficiaries. They are much more likely to
12 listen to a familiar face in a familiar setting than going to a
13 health literacy or financial literacy class at another setting.
14 The plan also references a number of written
15 communications to patients. We have found in our
16 experience that these are ineffective communication tools.
17 People don't open mail, people don't understand what we
18 give them in a written form, so we encourage, you know a
19 campaign similar to what happened with the connectors and,
20 and use the social media and other media responses to teach
21 this information to patients. Finally, one (1) of our most
22 significant concerns is the elimination of oral health
23 services from the standard benefit design. And while some
24 have called it dental, what we're talking about is oral health.
25 You know the connection between chronic disease

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management and oral health has been well documented and we've discussed that we have one (1) of the highest rate of edentulism in this state. At one (1) time in our local ED oral health conditions were the highest, the highest number of visits. You know, unfortunately, you know elimination of this benefit will drive people back to the ED for oral health abscesses or other oral health emergencies, yet the condition for which they seek care can't even be treated in the emergency department. We feel that the services are critical to achieving the goals of the plan, both in terms of improving outcomes, but also lowering costs. Because sending someone for an unnecessary ED visit when they can't actually get their oral condition treated and will only result in unnecessary costs. You know from the provider prospective we applaud efforts to increase the efficiencies in MCO's. You know not only would single formularies or single credentialing process and save costs it will also improves outcomes because patients will have reduced delays for getting prescriptions and other care. You know, we have numerous concerns from a provider's perspective, you know such as the practicalities of how we're going to collect the deductibles, even if the deductible's funded. However, these concerns pale in comparison to our concerns to our patient and to the limitation to access. We appreciate the opportunity to share that today.

1 (APPLAUSE)

2 **SECRETARY VICKIE GLISSON:** Thank you.

3 **DOUG HOGAN:** After Michael Gray is Pam
4 Cornett.

5 **MICHAEL GRAY:** Good afternoon. Thank you
6 all so much for hearing these comments today. My name is
7 Michael Gray and I'm with NAMI Kentucky. That's the
8 Kentucky affiliate on the National Alliance on Mental
9 Illness. We provide education, support and advocacy for
10 people impacted by mental illness. And when I say
11 "impacted by mental illness" I mean the people who are
12 actually suffering from mental illness as well as their
13 families and loved ones who are often times trying to get
14 and, and keep their mental healthcare benefits. And NAMI
15 applauds the stated goal of this plan to make the
16 Commonwealth an overall healthier place, to encourage
17 people to take more participation and ownership in their
18 healthcare. And we also really appreciate that SUD pilot
19 that's carved out there to, to provide help to people who
20 really need it with SUD and as you know many, many, many
21 people how have SUD also are suffering from severe and
22 persistent mental illness. So, we appreciate the governor's
23 office, Secretary Glisson, Mr. Miller and Birdwhistle,
24 everybody else who, who took part in this plan. We really
25 appreciate your work. But, like a lot of folks here today we

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1 have a couple of issues and I'll lay those out briefly. They
2 are one (1), one (1) is the issues of premiums being required
3 even for the people who are considered medically frail and
4 the frankly horrible outcomes if they don't pay and the
5 consequences thereof. And, and two (2), the definition
6 itself of who will be determined medically frail. And so
7 with the premiums you've heard a lot of folks say over the
8 last couple of weeks that premiums are a barrier, and they
9 are. But, as Doctor Shuster said earlier they're not just a
10 financial barrier, they are also, it, it's a practical barrier.
11 There is a real practical issues with the actual payment, the
12 collection of these premiums for people who are in recovery
13 from severe mental illness. These are folks who are hard
14 working and trying to get back on their feet to find some
15 sense of normalcy and to get back in the flow of their lives,
16 their community, their families, work and take part of their
17 local economy and many of them do not have checking
18 accounts or any other kind of account that would normally
19 be used to pay a healthcare premium. And so we're
20 wondering what mechanisms could be put in place to make
21 that possible. Because as folks have said here today if they
22 don't make payments the consequences are not great. These
23 are people who very badly need mental healthcare services
24 and for most of Medicaid is best and only to get it. And so,
25 that's a concern that NAMI has. And second (2nd) with the

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1 issue of, of medically frail. It says in section 331 of the plan
2 that the cabinet will work with the managed care
3 organizations to help determine assess risk assessment and
4 would look at that score based on available claims data and
5 objective criteria to determine who is or is not medically
6 frail. That's great. I'd just like a little bit more clarity as to
7 what that will entail when it comes to people who are
8 suffering from mental health diagnosis. And, and in closing
9 I just want to urge you all to please consult with these folks
10 who are impacted by mental healthcare services and will be
11 impacted by this plan and talk to me. Communicate with
12 me, with Doctor Shuster, with mental healthcare advocates
13 who can, can talk about policy points, sure, but more
14 importantly can put you in touch with as many as you'd like
15 of the people, families who are struggling with severe
16 mental illness. Thank you.

17 (APPLAUSE)

18 **PAM CORNETT:** Pam Cornett. I'm from
19 Whitesburg, Kentucky. I'm a public dental hygienist here in
20 Hazard at the UK Northfork Valley Community Health
21 Center. So, I come today in regards to the portion of the
22 health proposal that decreases the dental benefits for the,
23 within the Medicaid expansion people. I also represent the
24 Kentucky Oral Health Coalition. In Kentucky, if a
25 Kentucky Health proposal is implemented as I, as we

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understand it many Kentucky adults will completely lose their dental coverage. Currently Medicaid adults have limited preventative and restorative dental coverages, cleanings, exams, x-rays and fillings. It might interest you to know that Kentucky is the second (2nd) highest in the nation for incidents of oral and throat cancers. So, very often as Doctor Narramore stated in his comments we are the first line for that. Most, most throat and oral cancers are diagnosed in a dental office. Kentucky is also the fifty (5th) highest in the US for older adults who have total edentulism. They've lost all their natural teeth. So, given our historic issues with poor oral, poor oral health in Kentucky we can't afford to move backward. Routine preventive dental visits can lead to early detection of chronic diseases that are often displayed first in the mouth. Untreated tooth decay and gum disease are directly linked to chronic conditions, such as heart disease, diabetes, stroke and many others. The mouth is part of the whole body and it just doesn't make sense to separate that from the rest of the body. When adults cannot access needed healthcare, including dental they'll be less likely to seek health services for their children, even if Medicaid or KCHIP covers those services. Loss of dental coverage will lead to an increase in ER visits to get immediately relief. If you've ever had a toothache you know you're going to do whatever you can to

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1 get relief. But, they don't treat the underlying dental issue.
2 Trips to the ER for dental related conditions are three (3)
3 times more expensive than a dental visit itself. It also
4 causes kind of a recurring theme because ten (10) days after
5 that antibiotic runs out of the human body you're going to
6 have a recurring infection and you're going to go back to
7 the ER and it's a vicious cycle. We appreciate your time,
8 your energy and hearing the voices of Appalachia. Thank
9 you so much.

10 (APPLAUSE)

11 **DOUG HOGAN:** Russell Oliver. Russell Oliver
12 and then TeShawna Sutton.

13 **RUSSELL OLIVER:** Hello, my name's Russell
14 Oliver and I'm from Hazard, Kentucky. I'm against paying
15 premiums because the poor, they don't have money for
16 premiums. As far as making people volunteer for work,
17 there's just a few jobs here in Eastern Kentucky. You have
18 a whole bunch of people volunteering you going to
19 eliminate what few jobs there are here for people. So, why
20 make people volunteer?

21 (APPLAUSE)

22 I'd just like to do, since it's near the Fourth (4th) of July just
23 some general comments. Everyone should have healthcare.
24 It is a human right, the constitutional amendment should be
25 added that says everyone should have healthcare. The Bible

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1 says that a nation that does not care for the poor, the
2 homeless, disenfranchised shall fall as a nation. Once the
3 United States was the number one (1) nation economically
4 in the world. Now we are no longer among the top ten (10)
5 economically. Those nations that give universal healthcare
6 and better welfare systems than the United States, now have
7 passed up the United States economically. They're now in
8 the top ten (10). We need universal healthcare, the medical
9 hospitals, the medical organizations are going bankrupt.
10 When the healthcare systems go bankrupt and someday they
11 will, they will want the, the poor tax payer, the average
12 individual to bail them out, which is wrong. McDonald's
13 and other low salary jobs, they, they put their tax money
14 into healthcare and they get very little out of it. We need
15 universal healthcare and Governor Blair's (sic) healthcare
16 system, I don't like Governor Blair's (sic) healthcare
17 system. Considering all the people he's laid off here at the
18 college I can see why he didn't come here. Probably didn't
19 have enough courage to. So, thank you for your coming.

20 (APPLAUSE)

21 **DOUG HOGAN:** TeShawna Sutton then Doug
22 Fraley.

23 **TESHAWNA SUTTON:** Good afternoon. I'm
24 TeShawna Sutton. I'm an optometrist. I practice in
25 London, Kentucky and I also serve on the Board of Trustees

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1 for the Kentucky Optometric Association and I have a wasp
2 about to get me. I apologize. I appreciate the opportunity to
3 speak today. Thank you guys again for coming. It's in my
4 hair. Is it gone? I'm sorry. Only me, right? Okay, you all
5 let me know, okay? I realize you guys have heard from a
6 couple of my colleagues previously. And again, we do want
7 to thank you all for just taking an overall comprehensive
8 look at the Medicaid program. We realize that there are
9 limitations and struggles and that it does have to be looked
10 at. It is obviously our hope that after hearing all the public
11 comments and reviewing the written comments that you will
12 see the vital role that routine vision care has in the overall
13 health of the individual. Kentucky Health Medicaid plan
14 treats vision services as you know as an enhanced benefit,
15 rather than the long standing integral part of the overall
16 healthcare that we know it is. Currently individuals within
17 the traditional and the extended Medicaid population are
18 covered for one (1) exam per year. Those individuals under
19 the age of twenty-one (21) receive a pair of eyeglasses and a
20 replacement pair if they're lost or broken. No one over,
21 over the age of twenty-one (21) gets glasses at all, unlike
22 some other states, but, but that's the way it has traditionally
23 been in Kentucky. All medical eye care is of course
24 covered. As you know as proposed in the waiver only
25 medical eye care will remain covered for those, for those

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1 individuals. Any additional vision services are deemed
2 enhanced, as we've already discussed and must be utilized
3 by the My Rewards Card. Which means that these
4 individuals have to accrue and use earned credits before
5 they can get these services. We're concerned that these
6 changes will definitely limit access to our patients and these
7 individuals and that cost will actually go up. Patients will
8 miss preventive, preventive healthcare we're afraid. As
9 we've heard many, many, many times today chronic disease
10 management is one (1) of the primary goals of Kentucky
11 Health and as optometrist systemic conditions such as
12 diabetes, high cholesterol, high blood pressure, those are
13 rampant in our practices. They're often first discovered
14 during an eye exam. It's well documented that eye care
15 providers play a, a big role in primary care for doctors,
16 especially places like Kentucky where primary care, we're,
17 we're short staffed a little bit. So, we know, you know just
18 from my day to day experience I know that I'm the front line
19 for some of these guys. United Healthcare actually states
20 that fifteen percent (15%) of their covered diabetics were
21 originally identified within their optometrist office.
22 Glaucoma, something that is eye related, that we haven't
23 even talked about today if left untreated or undetected can,
24 can lead to many, many other health problems down the
25 road. Total blindness ultimately, it could if left untreated.

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1 Cost, the cost doesn't necessarily justify the change if you
2 look at the numbers. The last reports indicate that vision
3 services accounted for zero point zero two percent (0.02%)
4 of overall Medicaid cost. And bare in mind that that
5 includes the children's materials covered. Okay, so that's,
6 that's a very low number. Routine exams actually lower
7 Medicaid costs. Again, chronic diseases, we keep bringing
8 up the same ones, hypertension, diabetes. Earlier
9 intervention, less expensive, lower level less expensive care.
10 This is the reason that many commercial insurance plans
11 actually incentivize patients as part of their wellness
12 programs. MCO's utilize routine eyes exams to improve
13 their HEDIS scores. The waiver proposal only grants
14 routine eye exams once other incentives are met or if other,
15 other things are done, which is incredibly counter intuitive
16 in our opinion. So, it is our opinion that eye exams should
17 actually be covered, a routine incentive for this population.
18 I know other officials and have had and will express
19 concern about how this proposal is carried out. We share a
20 lot of those concerns. For today's purposes however, we
21 wanted to again highlight the vital role of eye exams, vision
22 care for this population. We just don't believe that it should
23 be lumped into the same incentive category as a reduced
24 gym membership fee. We feels that this is vital to people's
25 overall health. Thank you all so much..

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(APPLAUSE)

DOUG FRALEY: Thank you all for coming. I'm Doug Fraley from Breathitt County. I have two comments. My first comment is it seems to me that the community engagement part as far as the, the tracking and the policing of that is going to be extremely labor intensive and require a lot of effort to do that. So, that's my first comment. My second comment is the fact that I would like to see policy or promotion of smoke free ban statewide as part of what we're trying to do here. We work with all of our elected officials. I think that's critical for the workforce and all the public gathering places. So, those are my two comments. Thank you.

SECRETARY VICKIE GLISSON: Thank you Mr. Fraley.

(APPLAUSE)

DOUG HOGAN: Beverley May. Following Beverly May is Teresa Thies.

TERESA THIES: Thies.

DOUG HOGAN: Thies.

UNKNOWN PERSON: Beverly May just stepped out for a little bit..

DOUG HOGAN: Go ahead Teresa.

TERESA THIES: Good afternoon. Thank you all for being here. I'll have to apologize because the

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1 remarks that I wanted to make were changed by some of the
2 remarks that you made. I am from Bulan, which is here in
3 Perry County. I think I was supposed to say that. In your
4 discussion earlier you threw out a couple of things that I
5 hope to see put on your website so that we could explore
6 that just a little bit more. One (1) was the valid studies that
7 you mentioned. Any time you have to qualify these are
8 valid studies then I, it does peak my interest as to where that
9 study came from. The second (2nd) statistic that was said
10 that really shocked me was seventy percent (70%) of
11 newborn babies are now born with opiate addictions.
12 Seventy percent (70%) sounds a little high to me, so if you
13 could perhaps give us on the web, I won't ask for it today,
14 but on the website or something if you could show us where
15 actual seventy percent (70%) of our children are being born
16 addicted. I know it is a problem. Drug addiction is a
17 problem. Alcoholism is a problem. Many things are
18 problems, but seventy percent (70%) sounds a little high. It
19 would seem that we would have heard that before. I do not
20 understand other than for political reasons why Kentucky
21 would disband website that is seen as one (1) of the best in
22 the nation and that has provided five hundred thousand
23 (500,000) people with the opportunity to participate in
24 healthcare.

(APPLAUSE)

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1 I am the mother of a pharmacist who has concerns about
2 your new formularies for which they'll be reimbursed for
3 the drugs because I'm not a fan of the MCO's. I'm more
4 than glad to see that the state take back it's responsibility.
5 The MCO's, it actually took legislation to get them to treat
6 independent pharmacies the same as the big box
7 pharmacies. So, we're hoping that that same problem won't
8 occur again. I also work for a physician, a primary care
9 physician who's in practice by himself and who has for forty
10 (40) years provided plenty of free healthcare for people who
11 did not have insurance. So, the expansion of Medicaid has
12 made the final years of his practice finally become enough
13 that he can afford to pay the things that he needs to pay and
14 still employ people like me. One (1) of the things he
15 cannot provide is an option for health insurance, even
16 though I work for a physician. So, my only option as a
17 sixty-three (63) year old was to go through the ACA
18 Kentucky Connect and to my surprise I do qualify for a
19 premium subsidy that pays for my insurance. I suffer from a
20 nerve problem not connected to diabetes, but is often seen in
21 diabetics with my foot. I have to see my physician once
22 every two (2) to three (3) months. I'm on medication. I
23 cannot afford premiums and I can't afford to start paying for
24 those medications. But should I be denied that, I would
25 have to be off the medication, in which case I would no

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1 longer be able to work because I cannot, I can't, I can't do
2 anything with that type of pain that the medication controls.
3 And it's not opioids or anything like that. It's just a nerve
4 medication that takes care of that foot. So, if these changes
5 go through, which I am confident and surely hoping that
6 CMS will not approve this. But, if those changes go
7 through I already volunteer many hours of my life and
8 always have for the betterment of my community. I have
9 worked my entire life. I raised two (2) children as a
10 divorced mother. One (1) is a pharmacist, one (1) is an
11 engineer. They would more than gladly take care of their
12 mother, but that is not their job. I find myself not as, not
13 doing as well as I hoped at sixty-three (63). I certainly
14 would hope that my state would not decide that I am too
15 lazy, too poor and too inconsequential to have healthcare.
16 Thank you.

17 (applause)

18 **DOUG HOGAN:** Kim Bates. Kim Bates, Chase
19 Jett.

20 **CHASE JETT:** I'm happy to see you all today, I
21 mean I don't like (inaudible) myself, well, its good enough.
22 Well I got to say that I actually disagree with your plan to
23 change it. I think it would put Kentucky back and many
24 people who got healthcare and things, would you know it
25 would cut them off and, well, I got to tell you, well, my

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1 mom got healthcare plan through the Affordable Care Act
2 and you know, like they found like a health problem for her
3 sooner and you know, if she hadn't had that healthcare she
4 wouldn't of lived probably. They found, well like an artery
5 and thing, like, you know she went through many a year like
6 to get that trying to get healthcare plan before the
7 Affordable Care Act went on and I tell you they kept
8 denying her many times, but after Kentucky Connect she
9 was able to get that, you know, but by dismantling the
10 Kentucky Connect many people are you know, it's not
11 going to help like many of the I mean like, I mean it's
12 going to be hard for them to get through on that. Like
13 through the (inaudible) and Kentucky Connect made it a lot
14 more helpful for people to get through there like to get that
15 plan. So, you know you're going to, by him doing that, he's
16 going to, you know, many people are going, well probably
17 do without healthcare, you know that (inaudible) plan thing.
18 I mean that has to be done before many people have been
19 through that and you know the (inaudible) healthcare
20 (inaudible) don't work for many like that. So, you know
21 that's all I'm going to say so, yeah, I think the Kentucky
22 Connect plan should still be up. That all

(APPLAUSE)

DOUG HOGAN: Lisa Triplett Short

LISA TRIPLETT SHORT: Good afternoon.

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1 My name is Doctor Lisa Triplett Short. I'm a dentist in
2 Hindman, Kentucky in Knott County. When we saw the
3 expansion of Medicaid we were able to see so many people
4 receive dental treatment that formerly could not have. This
5 allowed them to be more confident, more able to go out and
6 seek employment. Many more, much articulate people have
7 been up here and have told you different things about how
8 losing this benefit will affect people. I apologize I'm not a
9 good public speaker. However, I do want to say that we are
10 pleased that you came here and we really hope that you will
11 truly consider leaving the dental benefit intact and allow all
12 these people to receive the care that they do deserve. I
13 agree with so many people, healthcare should be available
14 for everyone and not based on your status, your
15 employment, your, I'm sorry, it's very emotional for me
16 because we do see so many people that came into our office
17 just so pleased that they could come and get their teeth
18 cleaned. That they could be seen, they could be, have their
19 teeth fixed and in the society where your outward
20 appearance is so important, although it should not be, that
21 means a lot. So I do ask you to please consider keeping the
22 dental benefit. Thank you for your time.

23 **SECRETARY VICKIE GLISSON:** Thank you.

24 (APPLAUSE)

25 **DOUG HOGAN:** Kara Stewart, following her

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1 Serena Owen.

2 **KARA STEWART:** Good afternoon. My name
3 is Kara Stewart and I am also going to welcome you to
4 Eastern Kentucky and thanks for being here. Good to see
5 you again. Because I drove here from my childhood and
6 forever home in Floyd County this morning with my friend
7 Serena who's standing behind me and I hope you get to
8 stick around and explore a little bit. I used to work in
9 Hazard, so it's a really fun place. I worked in the Airport
10 Gardens little neighborhood. I'm here to talk about, well
11 first of all keeping Kentucky covered, which I think has
12 been the general theme we have heard in this room that
13 people want Kentucky to stay covered and we know that
14 through, you know a scientific survey that happened in
15 December where it said that seventy-two percent (72%) of
16 Kentuckians said they wanted to keep Medicaid the way it is
17 with expansion. So, it's no surprise that we've heard the
18 same from this room today. People don't want to see
19 changes to Medicaid in Kentucky, especially not in this
20 way. It seems pretty obvious to me. And, I'm here to talk
21 about not just the people that it's obvious that it directly
22 effects, but all of us. Because it effects everyone in
23 Kentucky in so many ways. For example my mom couldn't
24 be here today. I asked her, I said, "Hey Momma, please
25 come to Hazard" and she couldn't get off work. She's a

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1 nurse in a busy hospital and part of the reason that it's busy
2 is because rural hospitals have seen a three hundred percent
3 (300%) revenue increase over disproportionate share.
4 They're getting more money, they're busier, right? Because
5 we've seen three billion with a "B" dollars
6 (\$3,000,000,000.00) come directly in to providers in
7 Kentucky because of Medicaid expansion. That's not a
8 small number and we're not a huge state. The idea that
9 we're not able to keep expansion for some economic reason,
10 that it's so expensive for people to have healthcare is
11 offensive and just untrue.

12 **UNKNOWN PERSON:** Amen.

13 **KARA STEWART:** We, we have a duty for
14 people to have healthcare and not create barriers and we
15 know that cost sharing, I mean it's not new. You're right, it
16 has been approved in other states and we've got data about
17 it. You know what the data says? It decreases people's
18 accessing to care. So, it's, it's, we know that. Why would
19 we do it if we know that? It's been studied for decades.
20 The Rand Corporation in the '70's and '80's looked at it and
21 they did come out and say, 'you know what, cost sharing, it
22 doesn't effect people accessing care if you looked at
23 everybody'. But, if you looked at low income people it did.
24 It produced worse health outcomes because people access
25 care less. Well, who does Medicaid exist for? Low income

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1 Kentuckians. So they would have worse health outcomes
2 with cost sharing and details in this plan. If we've got data
3 that says that? Where's the data that supports this?
4 Where's the decades of these ideas that says it's good for
5 low income Kentuckians? I'm also here to talk about my
6 friend John, whom I drove to the ER this past weekend for
7 dental pain. Right, and his coverage lapsed because he's
8 one (1) of the fifty percent (50%) of people at or below two
9 hundred percent (200%) that he works full time, actually has
10 multiple jobs, his income changed, it went down. Right?
11 And when his income went down he didn't pay the
12 premiums 'cause he couldn't afford it anymore and the
13 system that's much simpler than this system still made it
14 hard for him, right because it was during some of the
15 technical problems. So, he'll be able to get coverage going
16 forward the rest of this year, but what about next year? He
17 had to have emergency surgery for pain that prevented him
18 from being able to work. And that cost sharing prevented
19 him from going in that he had with a plan that he couldn't
20 afford. I'm also here again for my friend Serena because
21 Serena has a ten (10) year old daughter named Destiny and
22 she we know is eligible for a Michelle P Waiver, a slot,
23 right? And we know that, I've heard you all tell us that
24 Michelle P Waivers are not included in this proposal, this
25 experiment with Medicaid. There exempt from it and cheers

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1 to that. Also, cheers to thank you for not including former
2 foster youth and some of the other populations. I mean I
3 think that's a, a just part of the proposal. But Destiny
4 doesn't have the Michelle P right now. She's one (1) of the
5 five thousand (5,000) Kentuckians waiting for one (1) of
6 those slots that we choose not to provide. So, she has
7 Medicaid expansion thanks to being in a family that's
8 eligible. So, this would effect her for now and it would
9 effect the people like I have family members were disabled
10 and they were determined to be unable to work. But that
11 means they've got to wait twenty-four (24) months before
12 they're eligible for Medicare. Anybody in this room ever
13 known anybody that was found disabled and had to wait to
14 get their healthcare? Right?

15 (APPLAUSE)

16 So, guess what? Medicaid expansion filled that gap. Those
17 twenty-four (24) months suddenly people had care. This
18 effects those people. I ask you to keep Kentucky covered.
19 Thank you.

20 **DOUG HOGAN:** Thank you.

21 (APPLAUSE)

22 **DOUG HOGAN:** Thank you. And again, the
23 comments are for those who have not already commented in
24 previous public hearings so, I guess that will be in the
25 record a couple of times. I know Serena, you like Kara had

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1 spoke before, so please make your comments brief and keep
2 everyone abreast of the time on those. Next is Sonya Beggy
3 after Serena.

4 **SERENA OWEN:** Thank you. Good afternoon.

5 I'm Serena Owen and I'm, I'm also here on behalf of
6 Kentuckians, not just myself, for my family. I am from
7 Northern Kentucky and from Louisville, Kentucky and, and
8 I'm also a coal miner's daughter-in-law. So, big props to
9 Hazard. Thank you for being here today. We have a
10 petition here that we'd like present to our, our governor,
11 Matt Bevin, Matt Bevin and I'd like to read it. And many of
12 us here today support this petition to help give Kentuckians
13 a voice and a choice in healthcare. "Dear Honorable
14 Governor Bevin. When the Kentucky waivers is that our
15 children with disabilities qualify for and were receiving and
16 were adjust and taken away from them without due process
17 after requesting a new case manager they were left without
18 much needed healthcare and medical services. The workers
19 lost jobs, we as parents were left without respite. Our
20 children ended up being in emergency rooms and our
21 daughter was admitted into the hospital for suicidal
22 ideation. The waiver system abandoned and left our
23 children for dead. We were denied a fair hearing requested
24 from the cabinet giving us no voice and no hope for, to find
25 resolution. When we thought all we had were more health

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1 concerns medical bills, a hopeless case and a prayer we
2 turned to KY Connect, expanded Medicaid for coverage and
3 it saved our children's lives. According to the Kentuc-
4 Kentucky Cabinet for Health and Family Services,
5 Department for Medicaid services monthly membership
6 counts by county as of March 2016 there are more than
7 eighty-four thousand (84,000) people who are Kentucky
8 Medicaid recipients in our current home of Northern
9 Kentucky. And there are over two hundred thousand
10 (200,000) in, in Louisville, Jefferson County, my home
11 town and the current home town of my relatives, many of
12 whom do not have computers to go online to submit a
13 comment, don't have stamps to mail a comment or
14 transportation to travel out of town to a public hearing that
15 they don't have easy access to, but who need a voice and if
16 given the opportunity would attend a local public hearing to
17 share their testimony, offer suggestions or give support or
18 ask questions to get better understanding of Kentucky
19 Medicaid changes that will effect them. As parents,
20 educators, a US veteran, that's my husband, community and
21 state advocates and Kentucky Colonels, like you we strive
22 each day to help improve the qualify of life of not only our
23 family, but all Kentuckians. In the governor's welcome
24 address he, he urged and encouraged Kentuckians to
25 embody the essence of our nation's pledge to indeed be one

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1 (1) nation under God, indivisible with liberty and justice for
2 all. Our family didn't have liberty or justice in our
3 Medicaid waiver situations. But, KY Connect and
4 Kentucky Medicaid expansion turned our situation around
5 and saved lives. We along with the concerned Kentuckians
6 here and also online because only hours ago we posted this
7 petition and we have a lot of support and I want to thank all
8 of you here in this room who are here today who have
9 supported this petition. But, we ask our governor and the
10 governor's team, or staff will you please give Kentuckians
11 liberty, justice and help save lives today by scheduling
12 public hearings in highly effected areas of Northern
13 Kentucky, Louisville, Jefferson County and Paducah. And
14 there's many, if you include Paducah we have over three
15 hundred thousand (300,000) Kentucky Medicaid recipients,
16 which will give this, the additional public hearings will give
17 Kentuckians more of a voice to share how they feel about
18 changes to Kentucky Medicaid that will effect their health
19 and life. This opportunity would not only help inform and
20 give Kentucky Medicaid recipients a much needed voice, it
21 will help build healthier communizes and a healthier
22 democracy. Thanks. God bless you and yours and we
23 appreciate your time and consideration." God bless
24 you.

(APPLAUSE)

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1 **DOUG HOGAN:** Sonya Beggy

2 **SERENA OWEN:** And for the record we're
3 going to submit this petition to you today. We feel have
4 folks signing. Thank you.

5 **DOUG HOGAN:** After Sonya is Candy Barby.

6 **SONYA BEGGY:** Yes, good afternoon.

7 Welcome to Eastern Kentucky. My name is Sonya Beggy.
8 A simple grandmother raising three (3) grandchildren ages
9 eighteen (18), seventeen (17) and fifteen (15) from Berea,
10 Kentucky. I became a grandparent raising grandchildren
11 November 26, 2010. This is the day my son was murdered
12 here in- murdered in Corinth, Kentucky by an ex-felon
13 from this Commonwealth. Prior to this I was working on
14 the work, as a workforce analysts for the Division of Indian
15 and Native American programs for Department of Labor in
16 Washington D.C. I had to leave my position there because
17 the death of my son, Ruben Epley, and raise his three (3)
18 children. Moving back to Kentucky was a complete eye
19 opener when it came to assisting families such as myself
20 and my grandchildren. I've applied for assistance because I
21 did not have a job. I've been turned down from the food
22 stamp program for the kids, Section Eight (8) Housing,
23 Habitat for Humanity, the free lunch program for their local
24 school and the Department of Age and Family Assistance,
25 which I just found out has ceased recently due to the new

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1 administration here, here in Kentucky. Two (2) of my
2 grandchildren get Social Security Survivor benefits and at
3 this time I'm working as in a volunteering capacity in Berea,
4 Kentucky only receiving an allowance for, for living
5 stipend. As a grandparent as parent I am the voice of one
6 (1) of many here in Kentucky. We're on limited resources
7 not being approved for programs I just mentioned.

8 Allowing any more cost to our household will only take
9 away from our stringent household budgets. While we
10 require healthcare some of us have not approved for
11 Medicaid. After five (5) years I finally got approved about
12 a year ago. The way I understand this waiver there are
13 necessary indemnities to assist grandparents as parents. We
14 are caretakers of what's one (1) of the most vulnerable
15 communities or populations, our children. While you sit
16 and listen to me and these people here today remember their
17 stories, remember we had to travel here to Hazard on limited
18 budgets to voice our comments. But importantly remember
19 our faces. Thank you very much.

20 (APPLAUSE)

21 **DOUG HOGAN:** Thank you Sonya.

22 **CANDY DEBARBY:** Hello, my name is Candy
23 DeBarby and I think that I have heard a lot of great things
24 today and I'm very excited about some of this I will submit
25 a formal online. So, just briefly I, I do want to speak about

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1 the goals. I think they are amazing. I have been in
2 substance abuse and mental healthcare for many, many
3 years and substance abuse for the past few years. I was
4 involved with BHSO coming on in the residential part of it
5 and that was amazing. I think that currently we should be,
6 or I'm hoping that we in Kentucky can look more at the
7 outpatient side with the Medicaid assisted treatment
8 programs. My organization, Behavioral Health Group,
9 recently had the Surgeon General visit one (1) of our sites
10 and say some very amazing things. There's some very
11 amazing statistics and I will be putting them online. I just
12 want to point out a couple. The cost of Medicaid assisted
13 treatment or Medicaid medically managed treatment is
14 considerably less in residential treatment, not that there's
15 still, I think there's still place for both, up to twenty-five
16 thousand dollars (\$25,000) a year or less. In Kentucky it's
17 hit really hard by the heroin epidemic, as we all know. I
18 think they, we could reduce the incidents of HIV and Hep C.

19 **DOUG HOGAN:** I'm sorry. Can you step a little
20 closer to the mic please?

21 **CANDY DeBARBY:** Its because I'm so short. I
22 think the epidemic with heroin and the epidemic with HIV
23 and the Hep C will be reduced as well if we can get some of
24 these people off injecting their drugs. I think, there's a ton
25 of good information I just want to point one (1) quick and I

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1 will submit this online. When the surgeon general visited
2 one of our clinics in Tennessee on the 21st of June, just a
3 couple of weeks ago, he said specifically that addiction is a
4 chronic illness, it is not a moral failing or character flaw.
5 He went on to say that this, we need to shift how we think
6 about this addiction, because until we so it's going to be
7 hard for us ultimately get treatment for those who need it.
8 So, I think expanding and looking into other options of
9 opiate treatment would be of benefit. Thank you.

10 **SECRETARY VICKIE GLISSON:** Thank you.

11 (APPLAUSE)

12 **DOUG HOGAN:** Pat Ristenberg and following
13 Pat is Mary Meade McKenzie.

14 **PAT RISTENBERG:** I'm Pat Ristenberg from
15 Hazard, Kentucky. I work at a church here and every day I
16 see lots of people at my door. I just want to say, speak on
17 their behalf. Many of the people that come to me are living
18 from check to check. They don't have a lot of extra room.
19 The premiums concern me because if one (1) thing goes
20 wrong, someone in the family dies, the winter electric bills
21 are double what they usually are. They're in extreme
22 straights. We base a lot here on the federal poverty level,
23 but I want to say that I could not live as a single woman and
24 find a decent place in Hazard to live, pay for my electric
25 bills, buy food on what we say is the poverty level. So, here

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1 we've always talked, we ran a free clinic from our church
2 for a while. We talk about the working poor. People who
3 are working in fast food, people who are working at
4 Walmart because the job opportunities here are just really
5 lacking. And so, that concerns me in that in respect then
6 about the penalties too. Because if I'm faced with a point of
7 having heat in my apartment or paying my premium,
8 chances are I'm going to pay my electric bill. And so, then
9 we end up with the penalties and then they're left without
10 healthcare when they need it. The other pieces about the
11 community involvement. Another thing I know is that half
12 the time when people come to ask for help they have to find
13 someone else to drive them. Transportation here is terrible.
14 We have no public transportation. And also I have people,
15 you have a similar thing with food stamps right now that if
16 you start making a little money then your food stamps go
17 down and so now I have a low paying job and I have to pay
18 the premium, I get less food stamps so the little bit that I
19 have is really stretched. So, I hear people say, 'well, it
20 doesn't pay for me to work, I, I should just not work
21 because then at least I don't, I'll get the food stamps and,
22 and I'll be better off than by trying to work.' I try to help
23 people. I try to counsel them to do what's best, but I worry
24 when I feel like there's nothing more I can say for them.
25 So, I ask you to look especially for the working poor and

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1 recall that people are living check to check and that there
2 are emergencies and things that come up. Thank you.

3 **SECRETARY VICKIE GLISSON:** Thank you.

4 (APPLAUSE)

5 **DOUG HOGAN:** Mary McKenzie.

6 **MARY MCKENZIE:** Good afternoon panel. I
7 want to depart from those that have spoken previously here
8 today and say I think you guys need to thank us for the drive
9 to the beautiful Eastern Kentucky. I appreciate your time
10 and consideration, but, we are a beautiful place and that
11 drive here, you should thank us for that. I want to start by
12 saying that they say the road to hell is paved with good
13 intentions. I want to start with that because while I do
14 commend the governor's stated goals I think he's missed the
15 mark on a couple of points and I'll be brief. I herein adopt
16 incorporate by reference every statement made by every
17 other person in this room today. But want to say as to
18 premiums we've heard a lot about why the premiums are
19 such a problem under this plan and unless you are poor or
20 have ever been poor the numbers of a dollar (\$1.00) to eight
21 dollars (\$8.00) do not seem significant. They're nominal,
22 but nominal to who and in what frame of reference? You
23 know a lot of things that originate in Frankfort, Kentucky as
24 good ideas impact us very differently here in Eastern
25 Kentucky with unintended consequences. A dollar (\$1.00)

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1 to somebody, it seems like you can just pull that out of your
2 pocket. But when you're talking about people who are paid
3 the least and supporting large families, sometimes multiple
4 families, generations of families in their home, that dollar
5 (\$1.00) has to be dug out in cushions of the house. And that
6 dollar (\$1.00) sometimes has to be used for a gallon of gas
7 to get to work verses a premium. So, those choices are very
8 hard choices, but they're very real choices for the people
9 here in Eastern Kentucky. So, when you're hearing people
10 talk about those premiums you're thinking that might be
11 nominal. It's not nominal to people in Eastern Kentucky.
12 The other thing I'll say as to the dental and vision, I'm not
13 going to belabor that point. It's been covered and discussed
14 very well by those who came before me. The issue I take
15 with that is in terms of how it's presented as earning vision
16 and dental benefits. That is, for lack of a better word cruel
17 to me to even be discussed in those terms. We're talking
18 about people who are never going to vacation on yachts in
19 Greece. We're talking about people who take vacations to
20 Kings Island, if that. So, to say that you must earn what is a
21 basic right for other human beings that most of us take for
22 granted I think is very cruel and I think that the governor
23 really needs to reconsider the exclusion of those benefits for
24 persons. They say that a good leader is someone who
25 knows a lot. A great leader is someone who knows what he

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1 doesn't know. An exceptional leader can admit that. So, I
2 would urge the governor to reconsider many of the
3 provisions of his proposal. Thank you.

4 (APPLAUSE)

5 **DOUG HOGAN:** That was the last person I had
6 on my list.

7 **STEVE OSHEFSKY:** I certainly signed at the
8 door.

9 **DOUG HOGAN:** Okay, sure, go ahead.

10 **STEVE OSHEFSKY:** Well thank you. My name
11 is Steve Oshefsky and I live in Lexington where I work as
12 an intern with the chaplain of, of a very large mental health
13 organization there. I've worked my way up from the low
14 level of staff accountant when I first graduated college up to
15 the manager of a regional CPA firm before I went back to
16 school and earned a, earned two (2) different doctorates,
17 eventually becoming a full professor of taxation. I am a
18 licensed attorney here in Kentucky. I have carefully read
19 every detail related to the proposed 1115 Waiver. I have
20 also reviewed how similar efforts have played out in other
21 states, specifically our neighboring Indiana where, which is
22 where I attended seminary for two (2) years recently and so
23 I saw the effects of that first hand there. I'm absolutely
24 convinced, I want to, I want to impress upon you my
25 personal educated considered professional opinion. I am

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1 absolutely convinced it will not work as planned. I am
2 especially concerned that individuals with serious mental
3 health illness will be left uncovered by Medicaid. I, I'm
4 especially concerned about that because I have a serious
5 medical illness. I currently earn below or close to the
6 federal poverty level and I am a Medicaid recipient. My
7 chaplacy work that I do with many, many of my peers
8 suffering from mental illness is voluntary and it's a service
9 to others and to society. I work with people to help them
10 get back in school, to help them get back to work, to help
11 them to be more effective in managing their homes and their
12 families and so forth. And I cannot do that without a pill
13 that I get for free because I'm on Medicaid. And if I don't
14 take that pill at, between eight (8:00) and nine o'clock
15 (9:00) at night I won't be getting out of bed in the morning
16 and I won't be going to work and it's as simple as that.
17 And, and I want to make it clear that it's not by spite or bad
18 attitude. I love my country, I love my state. I simply won't
19 be able to pay it. I will be quickly on the roles of the
20 noncompliant and be locked out of the system under the
21 plan you all propose. Between my keen attention to detail
22 as a CPA and between, and, and my, and my informed
23 understanding of this proposal, which I have really taken
24 seriously and, and gone to the effort to study, I couple that
25 with my close association with my peers working all day,

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1 every day with people who honestly are trying to get out of
2 the house and trying to get back active. Just, I mean that's
3 kind of a their goal almost is just to be part of the world we
4 take for granted quite frankly. I, I, I just see, I, I see that,
5 that, and by the way I wouldn't consider myself or any of
6 these other people medically frail. I mean there might be
7 another level that's in the hospital or something, but I'm
8 talking about people who get on the bus and find their way
9 to the center where, where we can work with them and so
10 forth. But, fill out, try and fill out resumes and that sort of
11 stuff. I can absolutely assure you this, this proposal will not
12 work as planned and here's why. If you charge me two
13 percent (2%) of my ten (10) or twenty thousand dollar
14 (\$20,000) annual income or if you charge me fifteen dollars
15 (\$15) a month, you're talking two hundred dollars (\$200) or
16 four hundred dollars (\$400) a year and that starts to look,
17 look to me like a month's rent. And I'm already feeling
18 strapped about paying my rent and I will choose rationally
19 not to pay the premium. And if you on the other hand are,
20 and I think an average salary is something like fifty
21 thousand dollars (\$50,000), I think that's a rough average
22 and if you're earning that kind of money and you have to
23 pay two percent (2%) of a prem-as a premium that adds up
24 to about a thousand dollars (\$1,000) a year. Now a
25 thousand dollars (\$1,000) a year might look like your

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1 homeowners insurance policy and so that becomes just
2 another bill, you won't like it, but you'll pay it. But, do you
3 realize and I hope you will realize that someone with a
4 lower income is not even able to pay a lower premium
5 amount. It, it, it, it's not going to appear to you obviously
6 from your perspective is why I'm spelling it out. I want you
7 to notice that those of us with lesser incomes cannot afford
8 even these minimal premiums and it will be the first choice
9 in family budgets to ignore while other, before other go
10 unpaid this is the one that's going to go unpaid and then
11 there's penalties for that. Now, I see myself among what I
12 just learned today by the way, is eighty-six thousand
13 (86,000) people in Kentucky who this administration
14 estimates are going to get locked out over the course of their
15 inability, okay, I'm glad you're, I'm glad you disagree. I, I,
16 I don't know a number. There's going to be plenty of
17 people who are going to noncompliant and quickly locked
18 out. I then ask the Commonwealth how will you redeem all
19 these lost souls that need emergency and end of life care
20 because they have been somehow locked out of getting what
21 they need in the way of treatment only because they're too
22 sick or too poor to participate in the system. Thank you.

23 (APPLAUSE)

24 **DOUG HOGAN:** Elizabeth Hensley and Lorraine
25 Hensley. Also Danielle Maggard will be next and as they're

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1 coming to the microphone, just a couple of housekeeping
2 orders, as has been stated we will post the additional
3 information on the website as soon as possible. When he's
4 not holding up time cards Eldon Mae is responsible for the
5 cabinet's web post from the Communications Office
6 perspective. So, we will get that as quickly as possible.
7 Also, again another thanks to WYMT television for live,
8 live streaming today's event.

9 **ELIZABETH HENSLEY:** Hi. My name is, can
10 you hear me? My name is Elizabeth Hensley. I'm from
11 Clay County Kentucky. I don't have any fancy titles, I'm
12 just a disabled Kentuckian with a Facebook page. Hold on.
13 This waiver isn't likely to pass and Bevin knows it. Health
14 and Human Services has stated repeatedly that they won't
15 approve premium payments or work requirements, not that
16 the governor cares. In addition to his statements referring to
17 people on Medicaid as lowlives and naughty children he has
18 spent much of his time speaking about the waiver trying to
19 emphasize that it's future failure lay squarely at the feet of
20 CMS, HHS and the Obama administration. Sorry. On the
21 off chance this waiver is approved it has many problems
22 besides accumulative penalties of premiums and work
23 requirements, such as the fact that one (1) must earn vision
24 and dental. Regardless of all the evidence showing they're
25 necessary for good overall health. And nowhere on the

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1 same level as a gym membership. You can exercise
2 anywhere. You can't nor shouldn't pull your own teeth,
3 give yourself fillings or do your own eye exam. The waiver
4 also excludes allergy testing without which you cannot
5 receive allergy shots. Non-emergency medical transport, a
6 service without which many can't get to the doctor due to
7 lack of transportation and private duty nursing. This waiver
8 will change podiatry to diabetes care only, limits skilled
9 nursing facilities to thirty (30) days per benefit period and
10 limit home health care to sixty (60) visits per year. It would
11 also change smoking cessation and weight loss programs to
12 telephone and online coaching only. That's not all. This
13 waiver seeks to eliminate retroactive health coverage, lock
14 members out of coverage and from using their so called
15 rewards to deduct penalties from their rewards account for
16 missing payments and making inappropriate ER visits. I
17 once went to the ER with a concussion and they class it as a
18 non-emergency visit, so that's twenty-five (\$25.00) to
19 seventy-five dollars (\$75.00) less to apply towards so called
20 nonessential services like vision and dental based solely on
21 the whim of who is working triage at the ER that day. This
22 entire waiver is predicated on the false notions that one (1),
23 the Medicaid expansion population doesn't work and
24 number two (2), that they don't understand how commercial
25 insurance works. Our illustrious governor also seems to be

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1 laboring under the illusion that the expansion population is
2 made up solely of toddlers since he very condescendingly
3 referred to this plan as commercial insurance on training
4 wheels. The Bevin administration is obviously out of touch
5 with the realities of being poor and living in or below
6 poverty level. Poor people don't need more red tape and
7 hoops to jump through. That's all this waiver is. It's a
8 bureaucratic nightmare that seeks to save money by forcing
9 as many off and blocking as many people out as possible.

10 **(APPLAUSE)**

11 It's funny that Kentucky can afford eighteen million
12 (\$18,000,000.00) worth of new paint for tourist
13 destinations, millions in incentives to a boat that will never
14 float. Money on frivolous anti-abortion lawsuits and
15 endless tax breaks for businesses and the rich, but God
16 forbid we give poor people healthcare. Poor people pay
17 taxes too. We pay at the gas pump, the grocery store and
18 our payroll taxes at jobs that can't even bother to pay us a
19 living wage. We are already taxed to death. This waiver
20 will just make that literal. We already know the governor
21 doesn't care about us. He says as much every chance he
22 gets. When talking about the premium requirements he
23 pulled out the tired old (inaudible) that if poor people can
24 afford taxes and cell phones they can afford a dollar for
25 healthcare. I have news for him, tattoos lasts a lifetime.

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1 You can even get them before you're poor. And you can get
2 free monthly cell phone service when you're on Medicaid to
3 help find a job, stay in touch with family and connect and
4 contact police and other emergencies services. While this
5 waiver will bring more revenue to private insurers it will
6 cost Kentucky way more money in the long run. This will
7 push many people back to ER's as their primary source of
8 care thereby increasing uncompensated hospital care. It will
9 cause worsen health outcomes when people can't use or put
10 off care because of costs, lockouts and/or a lack of
11 transport. It will disable Kentuckians when a minor
12 problem turns into a major disability due to lack of care and
13 ultimately it will cost lives when people can't access the
14 vital care they need. Thank you.

15 (APPLAUSE)

16 **LORRAINE HENSLEY:** I guess I'll stand until
17 I need to sit. I don't know. Hi. I'm not used to
18 microphones and I'm not a very good public speaker like
19 that other lady said. First of all I'd like to tell everybody
20 how sorry I am that it's necessary for you all to have to
21 come out and I'd like to thank our woman who is signing
22 for all our deaf and hard of hearing. So, I know my remarks
23 are going to be kind of jumping around because I just made
24 some comments to myself as things popped into my mind
25 when people were talking. One of the things that, that I

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1 thought was kind of a, I don't know. One of the things they
2 said was what, was that they wanted Medicare to look like a
3 commercial plan and my big question was why does it have
4 to look like a commercial plan? They're going through all
5 this so that it can look like a commercial plan? I don't
6 know. They're telling people that they want them to work.
7 I don't know about everybody else, but I live in a job desert.
8 I don't know if I told you all I live in Clay County and we,
9 we have a job desert in Clay County. There's very few jobs
10 and I challenge you all to come out and find a good job and
11 get jobs for everybody else. I challenge you all to come and
12 get jobs for everybody else in Clay County that we that live
13 there. That's what I challenge you to. Also, for
14 volunteering and getting a job, people, a lot of people don't
15 have cars and also for the people that don't have cars it's
16 hard for people to, who don't have cars to get people to give
17 them a ride. I, we were trying to get a volunteer group
18 started and, who, that do good for the community and I
19 couldn't drive and I couldn't even find anybody in the group
20 that does good for the community to give me a ride to the
21 meetings. So, that gives you some idea of the problems
22 with working and volunteering. Talking about substance
23 abuse, it's a good idea to have the thirty (30) day treatment
24 program. One of the problems with treatment programs is
25 that when a person comes out of the treatment program

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1 unfortunately they go back into the same atmosphere. They
2 go back to the same people, they go back to the same drug,
3 drug users and that kind of thing. In Clay County we have a
4 program for men and I thought and I thought and I thought
5 and I can't remember the name. It's a really long term
6 program. They teach the men to work, they teach them self
7 respect and I, but like I said, I can't remember the name of
8 it, but if somebody was interested in checking it out, it's a
9 very easy to find out what it is and it would be a good
10 guideline for a drug treatment program. Talked about the
11 health department as, as, to put the health department in the
12 chain. I think that's a good idea. Unfortunately, the health
13 department is terribly understaffed. So, if you're going to
14 put the health department in the chain are we also going to
15 get more staff for the health department? The rewards
16 program. They talk about taking the dental and the eye out.
17 The rewards program is supposed to take care of that. Well,
18 shoot. Thank you. I brought that because my mouth gets
19 dry. Anyway, I don't know how many of you all have
20 looked at the rewards program, but the rewards program is
21 hogwash. Out of the— yeah. Well, it was, it was the best I
22 could find, oh shoot, for public. Anyway, the amount of
23 money that you earn for the rewards program is not going to
24 pay for an exam and glasses or a dental exam and fillings if
25 you need them. So, what good is it going to do for eyes and

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1 dental. Look at my notes here. Something else about the
2 eye exams. I'm, I'm not on Medicaid, but I'm currently
3 being followed, yeah I'll get them wrapped up in a minute.
4 Lots of people— I'm currently being followed for glaucoma
5 and cataracts. Both of which can blind me. If I was on the
6 new Medicaid program I would go blind because I wouldn't
7 have eye care coverage. And that's something that our
8 esteemed governor would be doing to me, was, would be
9 making me go blind if I was on the new Medicaid plan. The
10 new Medicaid plan in my opinion would save Kentucky
11 money by either killing participants, participants for lack of
12 medical care or by, because of the red tape and the hoops
13 that they have to jump through would cause them to drop
14 out and not use the healthcare plan. But, then of course they
15 would use the emergency room and that would end up
16 costing more. So, yeah, maybe not, maybe it wouldn't,
17 maybe it wouldn't save any money. It would end up costing
18 more money. If there are holes in Connect, Kentucky
19 Connect then maybe what we got to do is fix the holes in
20 Kentucky Connect. Otherwise, if Kentucky Connect is not
21 broken why do we need to fix it?

22 (APPLAUSE)

23 **DOUG HOGAN:** Thank you.

24 **LORRAINE HENSLEY:** You're very welcome.

25 I'm sorry I stutter.

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DOUG HOGAN: That's perfectly understandable. Thank you. That's fine. Danielle Maggard. I believe that was the last name that I had on this.

DANIELLE MAGGARD: I already stood up.

DOUG HOGAN: Oh you...

HEATHER WAREHIME: Yeah. I was signed up.

DOUG HOGAN: Oh, okay. Sorry.

HEATHER WAREHIME: I'm Heather Warehime with with the American Lung Association and I'm representing the State of Kentucky for American Lung Association, but I'm from Shelbyville, Kentucky.

DOUG HOGAN: Heather, could you state your name again please just so...

HEATHER WAREMINE: Heather Waremine.

DOUG HOGAN: Thank you.

HEATHER WAREMINE: You're welcome. And I apologize for reading from my phone. I, my printer was broken. I would like to say I was saving a tree, but that's really what happened this morning. The American Lung Association of Kentucky strongly opposed Governor Bevin's plan to significantly change the Medicaid expansion program in Kentucky. The new plan would limit access to care for hundreds of thousands of people who currently

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1 have, some for the very first time. The waiver plan will
2 mean more people die from tobacco caused death and
3 disease, including lung cancer and chronic obstruction
4 pulmonary disease. There's simply no reason that we see to
5 eliminate the healthcare for hundreds of thousands of
6 Kentuckians. The current expansion program has been
7 extremely successful enrolling over three hundred thousand
8 (300,000) people in the first year and helping to lower
9 Kentucky's uninsured rate from twenty point four percent
10 (20.4%) to eleven point nine percent (11.9%) in the first
11 half of 2014. Kentucky has been recognized nationally as a
12 leader in expanding access to healthcare for Americans who
13 need it the most. The people who's healthcare would be
14 taken away from them are our most vulnerable friends and
15 neighbors. And most, an individual who now have
16 healthcare because of Medicaid expansion make at most
17 fifteen thousand (\$15,000.00) a year or twelve fifty
18 (\$1,250.00) a month. The governor's proposal would
19 charge our fellow Kentuckians as much as thirty-seven fifty
20 (\$37.50) a month. That might not sound like a lot to the
21 governor, but for a person who makes one thousand, two
22 hundred and fifty dollars (\$1,250.00) a month and are likely
23 to have other challenges it's simply cruel. It's unacceptable
24 to ask our state's working poor who are trying to bring
25 themselves out of poverty to pay such premiums. The

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American Lung Association is also very troubled by the volunteer and work requirements for government, the gov- the governor proposes. The proposal fails to take into account challenges faced by those with small children, transportation difficulties or the disabled. These requirements act as unnecessary hurdles for our Commonwealth's most vulnerable instead of providing access to healthcare so they can become healthier and more productive members of our state. The proposal includes a high deductible funded account which incurs enrollees to choose treatment based on price, not effectiveness. High deductible funded accounts are simply not practical for people who earn so low money each year, especially when they are being charged premiums. Simply stated a high deductible plan is another barrier to care. The American Lung Association is also very concerned about how the proposal would reduce and limit access to preventative services. Impoverished Kentuckians need help preventing disease and the Affordable Care Act requires the Medicaid expansion population have access with no cost sharing to all preventative services given an A or B from the United States Preventative Services Task Force. Despite tobacco cessation receiving an A grade the Lung Association was alarmed to see the waiver proposal only lists phone and online tobacco cessation coaching as being covered. The

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1 first door of access to all seven (7) FDA approved quit
2 smoking medications and three (3) forms of the counseling
3 required by the law. Additionally the waiver states the new
4 plan benefits will be based on the state employee health
5 plan, which also does not currently have adequate coverage
6 for tobacco cessation treatment. The proposal clearly
7 acknowledges that tobacco use in Kentucky is high and is a
8 driver for health outcomes for the state. In fact, the state has
9 the highest rate of lung cancer in the country. So why does
10 the governor's proposal limit access to proven quit smoking
11 methods for people who smoke at the highest rates in the
12 nation? We should be talking today about a way to make
13 sure every smoker in Kentucky has access to a
14 comprehensive quit smoking benefit, not about taking it
15 away. The American Lung Association in Kentucky
16 strongly urges that this proposal be rejected. It will limit
17 access to care for people living with asthma, individuals in
18 need of helping quitting smoking and limit access to
19 preventative screenings, including those individuals at a
20 high risk for lung cancer. The current expansion plan, while
21 not perfect has been very successful and urge the
22 administration to improve upon the current program. Thank
23 you for the opportunity to offer our perspective on this
24 important issue.

25 (APPLAUSE)

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SECRETARY VICKIE GLISSON: Thank you.

I think that's the last of the individuals that have signed up to speak today. I just want to reiterate on behalf of myself and Secretary Brinkman and Commissioner Miller how much we appreciate you coming out today and talking with us and providing us your thoughtful comments. It's been several hours, but folks have stayed and we're very appreciative of that. So, thank you very much and I do want you to know we'll take these into, into consideration as we amend our, as amend our waiver. So, thank you very much.

(APPLAUSE)

(THE PUBLIC HEARING WAS CONCLUDED)

* * * * *

STATE OF KENTUCKY

COUNTY OF LAUREL

NOTARY CERTIFICATE

I, **WILLIAM L. BRUNER, IV**, a Notary Public in and for the State of Kentucky at Large, do hereby certify that the above and foregoing public hearing was taken at the time, place and for the purpose stated in the caption; that the public hearing was first taken in shorthand and a true, correct and complete transcript made on the computer, which transcript is contained in the foregoing **ONE-HUNDRED AND SIXTEEN (116)** pages of typewritten matter; no request having been made of me, the deposition was not read or subscribed to by the witness.

I further certify that I am not a relative or employee or attorney or counsel of any of the parties hereto, nor a relative of such attorney or counsel, nor do I have any interest in the outcome or events of the action.

Witness my hand this ____ day of August, 2016.

WILLIAM L. BRUNER, IV
NOTARY PUBLIC/STATE AT LARGE
NOTARY ID NUMBER: 524289
My Commission expires: 12-18-18