COMMONWEALTH OF KENTUCKY 28th JUDICIAL CIRCUIT LINCOLN CIRCUIT COURT CIVIL ACTION NO. 18-CI-00171

ELECTRONICALLY FILED

CHELSEY ABEE, AS NEXT FRIEND OF JAMESON COLE IRVIN,

PLAINTIFF

V.

EMHFL, INC. d/b/a EPHRAIM MCDOWELL FORT LOGAN HOSPITAL; BATES MILLER & SIMS, PLLC; AND JAMIE ATWOOD

DEFENDANTS

DEFENDANTS BATES, MILLER & SIMS, PLLC, JAMIE ATWOOD, CNM, AND EMHFL, INC. d/b/a EPHRAIM MCDOWELL FORT LOGAN HOSPITAL'S CR. 26.02 EXPERT DISCLOSURE

Defendants Bates, Miller & Sims, PLLC and Jamie Atwood, CNM, and EMHFL, Inc.,

d/b/a Ephraim McDowell Fort Logan Hospital, by and through counsel, submit the following CR

26.02 disclosure of expert witnesses who may be called to offer testimony at the trial of this matter.

1. Harry Franklin Farb M.D. FACOG 2115 Dwight Lane Minnetonka, MN 55305

Dr. Farb will testify concerning his background training and experience in the field of obstetrics.

Details concerning Dr. Farb's professional credentials are contained in the attached C.V. Dr.

Farb has been engaged as a reviewing expert witness in this case and will testify on issues of

standard of care and causation. In connection with his review and analysis of this matter, he has

reviewed the following medical records:

Medical Records: Bates, Miller & Sims, PLLC Ephraim McDowell Ft. Logan Hospital University of Kentucky Medical Center

Deposition testimony: Jamie Atwood, CNM Christopher Sims, M.D. Mollee Leach Martha Frith Chasity Frith, Chelsea Coldiron, Shannon Goff Eric Gosser Chelsea Irvin Shawn Irvin Kathy Middleton, Megan Mileski Carolyn Gegor, CNM Marcus Hermansen, M.D. Cameron Parker Gordon Sze, M.D. Thomas Sullivan, Ph. D. Gulam Khan, M.D. Thitinart Sithisarn, M.D.

Dr. Farb will testify that Nurse Midwife Atwood, Dr. Sims and the nursing staff at Ft. Logan Hospital met the standard of care at all times in their care and treatment of Chesley Abee and Jameson Cole Irvin. Specifically, Dr. Farb is expected to testify that the management of Ms. Abee's labor and delivery was proper and within the standard of care. Nurse Midwife Atwood at all times complied with acceptable standards of care.

Dr. Farb will testify regarding Ms. Abee's prenatal care. The prenatal care was reasonable and appropriate. It met with accepted standards of care. Based on Ms. Abee's thirty-week ultrasound, and the fundal height measurements, there was no evidence of macrosomia.

On December 7, 2017, Ms. Abee was appropriately admitted to Ft. Logan Hospital for an induction of labor. Dr. Farb will testify regarding the significance and the interpretation of fetal heart tracings. He will discuss what information FHT's provide and what information they cannot

discern. He will discuss and explain the difference between uterine irritability and tachysystole. He will testify that Ms. Abee's fetal heart monitoring strips evidence uterine irritability beginning at approximately 1:25 PM; meaning Ms. Abee's contractions were occurring frequently, but were low in amplitude and therefore not detrimental to the fetus. This is supported by the nursing notes which describe Ms. Abee's abdomen as "moderate" (as opposed to "rigid" or "hard) and that her abdomen was soft on palpation between contractions. Dr. Farb will opine that low-amplitude contractions like these are not harmful to a fetus because they do not decrease intravillous blood flow.

Dr. Farb will testify that the nursing staff appropriately responded to Ms. Abee's frequent uterine contractions by pulling the Cervidil. This was a prospective and reasonable step taken by the nursing staff. The nurses also appropriately responded to the effects of the epidural by administering Ephedrine pursuant to the order of CRNA Eric Gosser. The nursing staff appropriately monitored Ms. Abee and kept Certified Nurse Midwife Atwood apprised of her condition. Certified Nurse Midwife Atwood appropriately reviewed Ms. Abee's fetal monitoring strips at 3:01 PM and 3:11 PM on December 7, 2017. Dr. Farb will opine that at and about 3:01 PM, Ms. Abee's fetal monitoring strips would be categorized as a Category II, meaning there was evidence of variability and it was appropriate to continue to monitor and allow Ms. Abee's labor to continue toward delivery. While Ms. Abee's fetal monitor strips evidence frequent contractions, they also evidence variability (thus no hypoxia) and demonstrate that the fetus was always able to return to baseline and recover. Dr. Farb will explain that this is reassuring.

Dr. Farb will testify that the nursing staff and Certified Nurse Midwife Atwood appropriately managed Ms. Abee prior to and during the delivery of Cole. They took appropriate steps to try to prevent the progression to tachysystole via the administration of Brethine. Further,

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appropriate measures were taken to support Ms. Abee's blood pressure (via the administration of Ephedrine, fluid administration and position changes). Based on the fetal monitoring strips, the maternal vital signs (especially the unstable maternal blood pressure requiring three doses of Ephedrine), Dr. Farb will testify that it was appropriate to continue to allow Ms. Abee to continue to attempt to deliver vaginally while ensuring she was stabilized.

Dr. Farb will testify that Cole's cord arterial blood gas corrected for the respiratory component is not indicative of metabolic acidosis as the metabolic component of the cord arterial gas was above 7.0. He will further testify that the elevated nucleated red blood cell count is consistent with an injury that occurred at least twenty-four hours to five days prior to Cole's delivery. Based upon the placental pathology (which shows evidence of an old bleed to the placenta), Cole's APGAR scores and cord arterial blood gas results, Dr. Farb will testify that Cole did not experience a hypoxic injury during labor and/or delivery. Dr. Farb will testify that the placental pathology evidencing an old placental bleed is consistent with a concealed abruption which can lead to uterine irritability. Because of the cord arterial blood gas, placental pathology and Cole's APGAR scores, Dr. Farb will testify that delivering Cole Irvin earlier in the day would not have changed the outcome.

Cole's APGAR scores of 2, 6 and 8, the elevation of the nucleated red blood cells at birth, Cole's lack of generalized spasticity, the findings of the December 12, 2019 MRI, Cole's ability to eat without the assistance of a tube and his ability to walk on his own at twelve months, are all factors that further evidence Cole did not experience a hypoxic injury during or near the time of labor and/or delivery.

This is merely a summary of Dr. Farb's opinions, and he expects to more fully elaborate on them at his deposition. Dr. Farb reserves the right to supplement or clarify his opinions as discovery progresses, and to rebut any opinion stated by any other expert witness, whether stated at deposition or at trial.

2. Carolyn M. Salafia, M.D., M.S. Placental Analytics, LLC 187 Overlook Circle New Rochelle, New York 10804

Dr. Salafia will testify concerning her background training and experience in the field of placental pathology. Details concerning Dr. Salafia's professional credentials are contained in the attached C.V. Dr. Salafia has been engaged as a reviewing expert witness in this case and will testify on issue of causation. In connection with her review and analysis of this matter, she has reviewed the placental pathology slides and report from Ephraim McDowell Ft. Logan Hospital.

Dr. Salafia will testify regarding her review of the placental pathology slides as well as the medical records. Dr. Salafia will testify regarding the placental abnormalities present in this case. The placental weight was 902 grams (trimmed). The average weight of a trimmed placenta at 39 weeks is 490 grams. Additionally, there was an accessory lobe of the placenta (succenturiate lobe). This reflects abnormal placental development dating back to the first trimester.

Dr. Salafia will testify that both lobes of the placenta show evidence of fetal placental bleeding that occurred 1-3 days prior to Cole's delivery. Dr. Salafia will explain the findings seen on the slides that establish the fetal placental bleed. This reflects blood loss which could cause fetal hypotension, fetal anemia, and result in a watershed ischemic injury to the brain.

Additionally, Dr. Salafia is expected to testify that the accessory lobe of the placenta shows evidence of old maternal blood clot at the base of the placenta with disruption of the villi and bleeding into the placental tissue. She will further discuss the significance of "pink-tan wedges" in the accessory lobe of the placenta, as well as the presence of hemoglobin break-down products and iron in the accessory lobe. These reflect abnormal findings from a bleed that occurred 1-3 days prior to Cole's delivery. Dr. Salafia will also discuss Cole's laboratory values from 12-7-17 (19:45). The lab report shows an elevated hematocrit, elevated immature red blood cells (NRBC's), elevated white blood cell count, decreased numbers of neutrophils, and an elevated percentage of immature neutrophils. Dr. Salafia will explain the mechanism by which a brain injury occurring 1-3 days prior to delivery could result in these laboratory findings.

This is merely a summary of Dr. Salafia's opinions, and she expects to more fully elaborate on them at her deposition. Dr. Salafia reserves the right to supplement or clarify her opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

3. Susan Palasis, MD 225 E. Chicago Avenue #9 Chicago, IL 60611 Division Head, Pediatric Neuroradiology Vice Chair, Department of Radiology Lurie Children's Hospital of Chicago Associate Professor of Radiology Northwestern University Feinberg School of Medicine

Dr. Palasis will testify concerning her background training and experience in the field of neuroradiology. Details concerning Dr. Palasis's professional credentials are contained in the attached C.V. Dr. Palasis has been engaged as a reviewing expert witness in this case and will testify on issue of causation. In connection with her review and analysis of this matter, she has reviewed the following:

Medical records:

Ephraim McDowell Ft. Logan Hospital

University of Kentucky Medical Center

Radiology Studies: December 7, 2017 – Ephraim McDowell Fort Logan

December 8, 2017 – University of Kentucky December 9, 2017 – University of Kentucky December 10, 2017 – University of Kentucky December 12, 2017 – University of Kentucky December 14, 2017 – University of Kentucky December 15, 2017 – University of Kentucky December 16, 2017 – University of Kentucky December 18, 2017 – University of Kentucky December 21, 2017 – University of Kentucky December 21, 2017 – University of Kentucky

Deposition Testimony: Jamie Atwood, CNM Christopher Sims, M.D. Chelsea Irvin Gordon Sze, M.D. Thitinart Sithisarn, M.D. Molle Leach Marth Firth

Dr. Palasis will testify that Cole's December 12, 2019 MRI evidences a predominant pattern of *ischemic* brain injury, but not a pattern of diffuse hypoxic brain injury. The injury appears to be of a *vascular* perfusion etiology.

The areas of diffusional restriction have a linear distribution. They are symmetric in both the front and the back of the brain involving the cerebral cortex. This is very characteristic of a watershed injury (partial prolonged event) from a disruption of blood flow to the brain. With a diffuse hypoxic ischemic event (severe anoxia), one would expect significant abnormality of the basal ganglia. Here the basal ganglia are normal.

This pattern is most consistent with a perfusion deficit that arises from a placental insufficiency rather than a diffuse hypoxic ischemic brain injury. The watershed pattern of injury (partial prolonged) coincides with a placental insufficiency. Dr. Palasis will discuss how placental

insufficiency can lead to the baby not receiving an adequate amount of blood flow to the brain which in turn leads to the injury evidenced on the MRI.

Dr. Palasis will discuss the symmetric appearance of the brain injury. There is a classic pattern seen with HIE. The pattern of injury seen on Cole's MRI is more reflective of poor blood flow (ischemia) rather than lack of oxygen from hypoxia.

If there was an injury caused by hypoxia/anoxia, there would be evidence of **central injury** on brain imaging. It would be severe and would involve the basal ganglia predominantly. The basal ganglia are the most sensitive structure in the brain to the loss of oxygen. The basal ganglia are the energy demanding center of the brain. If the brain is deprived of oxygen, the basal ganglia (located in the interior and center of the brain) are vulnerable and sustain damage. This pattern of injury is **not present** on Cole's MRI. Dr. Palasis will testify that there is no central pattern of injury, but rather a peripheral pattern of injury that is very linear in appearance. This is characteristic of an injury resulting from insufficient blood flow to the brain.

This is merely a summary of Dr. Palasis's opinions, and she expects to more fully elaborate on them in her testimony. Dr. Palasis reserves the right to supplement or clarify her opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

 Michael Duchowny, M.D Nicklaus Children's Hospital Miami Children's Health System Professor of Clinical Neurology and Pediatrics 3200 S.W. 60th Court Miami, Florida, 33155

Dr. Duchowny will testify concerning his background training and experience in the field of pediatric neurology. Details concerning Dr. Duchowny's professional credentials are contained in

the attached C.V. Dr. Duchowny has been engaged as a reviewing expert witness in this case and

will testify on issues of standard of care and causation. In connection with his review and analysis

of this matter, he has reviewed the following:

Medical Records: Ephraim McDowell Ft. Logan Hospital Danville Pediatrics and Primary Care First Steps Kids Can Do UK Clinic UK Medical Center UK-OT Baptist Health Transcend Orthopedics Videos and images of Cole Irvin produced by Plaintiffs in discovery.

Deposition Testimony:

Chelsey Abee Emily Abee Earl Abee, Jr. Jamie Atwood, CNM Chelsea Coldiron **Chasity Frith** Martha Frith Shannon Goff Eric Gosser Shawn Irvin Mollee Leach Danita Messer Kathy Middleton Christopher Sims, M.D. Megan Mileski Carolyn Gegor, CNM Marcus Hermansen, M.D. Cam Parker Gordon Sze, M.D. Thomas Sullivan, Ph. D. Gulam Khan, M.D. Thitinart Sithisarn, M.D.

In addition, Dr. Duchowny will perform an evaluation of Cole. This disclosure will be supplemented following the completion of that evaluation.

Dr. Duchowny will testify that the findings seen on Cole's December 12, 2019 MRI, are likely not contributing to his current neurologic condition.

Dr. Duchowny will discuss the imaging findings seen in children who have sustained acute hypoxic brain injury. In the case of an acute near total hypoxic injury during the course of labor and delivery, the imaging would show areas of signal abnormality indicating injury in the deep nuclei of the brain (eg. basal ganglia; thalami). The pattern seen on Cole's imaging does not fit with an acute hypoxic injury occurring during the intrapartum period.

Likewise a different pattern of clinical outcome would be expected if Cole had suffered an acute hypoxic injury during labor and delivery. A child who experienced an acute hypoxic injury during labor and delivery would be expected to display spasticity and/or dystonia, along with deficits manifesting bilaterally. Cole's records do not reflect these findings.

In contrast Cole's difficulties are developmental. Dr. Duchowny will comment on and discuss clinical findings contained in the records such as impulsive behavior, oppositional defiant disorder, delayed language development. None of these findings are attributable to a focal brain injury. These findings are classically seen in a developmental syndrome that occurs prenatally.

Dr. Duchowny will testify that Cole's diagnosis of hemiplegic cerebral palsy (which the records seem to indicate has resolved) is further evidence that Cole did not experience a hypoxic injury during labor and delivery. The diagnosis of **hemiplegic** cerebral palsy indicates that only one side of Cole's brain was injured, which is indicative of an injury due to lack of blood supply, not due to a lack of oxygen.

Dr. Duchowny is further expected to comment on the condition of autism and its causes. Dr. Duchowny will disagree with Dr. Hermansen's opinion that autism is associated with hypoxic ischemia encephalopathy. Instead, Dr. Duchowny will opine that autism is a condition that is a genetic disorder and is unrelated to HIE.

Dr. Duchowny will testify regarding Cole's expected future limitations and medical needs based on Cole's medical records and Dr. Duchowny's examination. A report detailing Dr. Duchowny's examination will be supplemented.

This is merely a summary of Dr. Duchowny's opinions, and he expects to more fully elaborate on them at his deposition. Dr. Duchowny reserves the right to supplement or clarify his opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

5. Scott Kozin, M.D. 2209 St. James Street Philadelphia, PA 19103

Dr. Kozin will testify concerning his background training and experience in the field of pediatric orthopedic medicine. Details concerning Dr. Kozin's professional credentials are contained in the attached C.V. Dr. Kozin has been engaged as a reviewing expert witness in this case and will testify on issues of causation and damages. In connection with his review and analysis of this matter, he has reviewed the following:

Medical Records: Ephraim McDowell Ft. Logan Hospital Danville Pediatrics and Primary Care First Steps Kids Can Do UK Clinic UK Medical Center, UK-OT Baptist Health Transcend Orthopedics along with the Videos and images of Cole Irvin produced by Plaintiffs in discovery.

Deposition Testimony: Chelsey Abee Emily Abee Earl Abee, Jr. Jamie Atwood, CNM Chelsea Coldiron **Chasity Frith** Martha Frith Shannon Goff Eric Gosse Shawn Irvin, Mollee Leach Danita Messer Kath Middleton Christopher Sims, M.D. Megan Mileski Carolyn Gegor, CNM Marcus Hermansen, M.D Cam Parker, RN Gordon Sze, M.D., Thomas Sullivan, Ph.D. Gulam Khan, M.D. Thitinart Sithisarn. M.D.

Dr. Kozin will testify within a reasonable degree of medical probability that Jameson Cole Irvin's current physical limitations are minimal. The records and videos produced by Plaintiffs indicate Cole has symmetrical movement of both arms and has normal range of motion in his upper extremities. The December 2018 NICU grad clinic notes indicate Cole exhibits normal tone, symmetric reflexes and that Cole's left-sided weakness had resolved. The December 2020 NICU grad clinic notes indicate Cole was able to walk without asymmetry and demonstrated no obvious toe walking. There was normal tone in both upper extremities and his left lower extremity. Dr. Kozin will testify that any limitations relating to Cole's lower extremity issues are not a product of an injury sustained during labor and/or delivery. Dr. Kozin is expected to testify that Cole may require the use of orthotics and/or therapy in the future to treat his lower extremity issues, however, he will opine that these physical limitations will not hinder Cole's ability to work and earn an income in the future.

This is merely a summary of Dr. Kozin's opinions, and he expects to more fully elaborate on them at his deposition. Dr. Kozin reserves the right to supplement or clarify his opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

Michael Carr, M.D. Ann & Robert H. Lurie Children's Hospital of Chicago 225 East Chicago Avenue, Box 21 Chicago, Illinois 60611

Dr. Carr will testify concerning his background training and experience in the field of cardiology. Details concerning Dr. Carr's professional credentials are contained in the attached C.V. Dr. Carr has been engaged as a reviewing expert witness in this case and will testify on the issue of causation. In connection with his review and analysis of this matter, he has reviewed the following:

Medical Records: Ephraim McDowell Ft. Logan Hospital Danville Pediatrics and Primary Care First Steps Kids Can Do UK Clinic UK Medical Center UK – OT Transcend Orthopedics

Deposition Testimony: Chelsey Abee Emily Abee Earl Abee, Jr. Jamie Atwood, CNM Chelsea Coldiron Chasity Frith

Martha Frith Shannon Goff Eric Gosser Shawn Irvin Mollee Leach Danita Messer Kathy Middleton Christopher Sims, M.D.

Additional Documents: Plaintiff's CR26 Disclosure IME Report from Plaintiff's Expert Life Care Plan for Jameson Irvin

Dr. Carr will opine that Cole had an abnormal congenital accessory electrical pathway in his heart connecting the atria (upper chambers) to the ventricles (lower chambers) of his heart. This abnormal congenital pathway developed in the early first trimester and resulted in a condition known as re-entrant supraventricular tachycardia (SVT). Dr. Carr will opine that within reasonable medical probability, Cole has a good long-term prognosis from a cardiac standpoint. Dr. Carr will testify that while Cole may experience SVT in the future, there is no evidence that Cole has experienced any further episodes of SVT and Cole has not required medication to treat this condition for over two years. Dr. Carr will opine that SVT is not a condition that can be attributed to Cole's labor or delivery.

Dr. Carr will comment on the echocardiogram studies performed on Cole. He will testify that the records indicate that Jameson Cole Irvin's cardiac dysfunction was not a result of Ms. Abee's pre-labor process, delivery, or care provided at Ephraim McDowell Ft. Logan Hospital. Dr. Carr will testify that Cole's initial cardiac dysfunction detected was most likely due to a perinatal event occurring 1 to 5 days prior to induction. Further, Dr. Carr will testify that the induced hypothermia that was suggested and implemented by healthcare providers at the University of Kentucky decreases cardiac function. Dr. Carr will opine that Cole's cardiac dysfunction was not attributable to the pre-labor process, delivery or care provided at Ephraim McDowell Ft. Logan Hospital.

Dr. Carr will testify that Cole's elevated troponin level following delivery is frequently seen in the difficult transition from womb to birth and could be indicative of some injury late in the third trimester of pregnancy. Dr. Carr will testify regarding the echocardiogram studies performed at UKMC.

This is merely a summary of Dr. Carr's opinions, and he expects to more fully elaborate on them at his deposition. Dr. Carr reserves the right to supplement or clarify his opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

7. Paul Anthony Ebben, Psy. D. 151 North Eagle Creek, Suite 102 Lexington, Kentucky 40509

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Dr. Ebben will testify concerning his background training and experience in the field of neuropsychology. Details concerning Dr. Ebben's professional credentials are contained in the attached C.V. Dr. Ebben has been engaged as a reviewing expert witness in this case and will testify on issue of damages. In connection with his review and analysis of this matter, he has reviewed the following:

Medical Records: Ephraim McDowell Ft. Logan Hospital Danville Pediatrics and Primary Care First Steps Kids Can Do UK Clinic UK Medical Center UK-OT Baptist Health Transcend Orthopedics Videos and images of Cole Irvin produced by Plaintiffs in discovery

Deposition Testimony: Chelsey Abee Emily Abee Earl Abee, Jr. Jamie Atwood, CNM, Chelsea Coldiron **Chasity Frith** Martha Frith Shannon Goff, Eric Gosser Shawn Irvin Mollee Leach Danita Messer Kathy Middleton Christopher Sims, M.D., Megan Mileski Carolyn Gegor, CNM Marcus Hermansen, M.D. Cam Parker Gordon Sze, M.D. Thomas Sullivan, Ph. D. Gulam Khan, M.D. Thitinart Sithisarn, M.D.

Dr. Ebben's opinions and the basis for the same are contained in his report, which will be supplemented upon completion.

This is merely a summary of Dr. Ebben's opinions, and he expects to more fully elaborate on them at his deposition. Dr. Ebben reserves the right to supplement or clarify his opinions as discovery progresses, and to rebut any opinion stated by any other witness, whether stated at deposition or at trial.

8. Jamie Atwood, CNM

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Certified Nurse Midwife Atwood will testify concerning her background, training and experience in the field of midwifery. Certified Nurse Midwife Atwood will testify based upon her knowledge of the care and treatment provided to Ms. Abee. Certified Nurse Midwife Atwood will testify that she complied with the applicable standard of care at all times in her care and treatment of Ms. Abee. Finally, Certified Nurse Midwife Atwood will testify consistent with her deposition testimony.

9. Christopher Sims, M.D.

Dr. Sims will testify concerning his background, training and experience in the field of family medicine. Dr. Sims will testify that he and Certified Nurse Midwife Atwood complied with the applicable standard of care at all times in their care and treatment of Ms. Abee Finally, Dr. Sims will testify consistent with his deposition testimony.

10. Any treating physician of Jameson Cole Irvin.

- 11. Any expert identified by any other party to this litigation.
- 12. Any expert necessary for rebuttal.
- 13. Defendants, Jamie Atwood, CNM and Bates, Miller & Sims, PLLC reserve the right to supplement this disclosure.

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/s/ Clayton L. Robinson CLAYTON L. ROBINSON, ESQ. (#85084) DEVIN M. HENDRICKS, ESQ. (#94560) COUNSEL FOR DEFENDANTS BATES, MILLER, & SIMS, PLLC and JAMIE ATWOOD

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<u>/s/ Barbara Bowers</u> BARBARA BOWERS, ESQ. JOSHUA D. JOHNSON, ESQ. COUNSEL FOR DEFENDANT EMHFL, INC. d/b/a EPHRAIM MCDOWELL, FORT LOGAN HOSPITAL

CERTIFICATE OF SERVICE:

It is hereby certified that the foregoing was served upon the parties by emailing a true copy of same to their attorneys of record on this 26th of April 2021, as follows:

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