

INTERIM JOINT COMMITTEE ON HEALTH SERVICES

Minutes of the 5th Meeting of the 2023 Interim

October 25, 2023

Call to Order and Roll Call

The fifth meeting of the Interim Joint Committee on Health Services was held on October 25, 2023, at 9:00 AM in Room 149 of the Capitol Annex. Representative Kimberly Poore Moser, Chair, called the meeting to order, and the secretary called the roll.

Present were:

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

Guests: Frances J. Feltner, DNP, MSN, RN, FAAN, Director, University of Kentucky Center of Excellence in Rural Health; Matt Coleman, MSM, Director, Kentucky Office of Rural Health; Sara Jo Best, President, Kentucky Health Departments Association, Director, Lincoln Trail District Health Department; Scott Lockard, Advocacy Co-Chair, Kentucky Health Departments Association, Director, Kentucky River District Health Department; Connor Rose, Senior Director, State Affairs, Pharmaceutical Care Management Association; and Robert McCarron, DO, Associate Dean, Continuing Medical Education, Director, Train New Trainers Primary Care Psychiatry Fellowship, Irvine Medical Center, University of California

LRC Staff: DeeAnn Wenk, CSA, Chris Joffrion, Logan Bush, Samir Nasir, and Becky Lancaster.

Approval of Minutes

A motion to approve the minutes of the September 27, 2023, meeting was made by Senator Meredith, seconded by Senator Douglas, and approved by voice vote.

Healthcare Worker Loan Relief Program of the Commonwealth

Frances J. Feltner, DNP, MSN, RN, FAAN, Director, University of Kentucky Center of Excellence in Rural Health and Matt Coleman, MSM Director, Kentucky Office of Rural Health, discussed the different parameters of physicians calculated in the workforce study. They provided statistics related to primary care physicians regarding provider-to-population ratios in various regions, years of licensed practice, distribution of physicians by county, and the net loss of physicians over a five-year period. Ms. Feltner discussed the workforce study information regarding registered nurses and advanced practice registered nurses and dentists.

Mr. Coleman, discussed the federal and state loan repayment opportunities for Kentucky providers, challenges for both programs that have turned into achievements, additional profession's covered with new funding, and accomplishments of the Kentucky State Loan Repayment Program (KSLRP) from 2003 to 2022. Ms. Feltner discussed the Healthcare Worker Loan Relief Program of the Commonwealth (HWLRPC) awards for 2023 and the update to the application process. Mr. Coleman discussed the number of KSLRP and HWLRPC awards by county, the number of applications under review, and the future plans for the KSLRP and HWLRPC funds.

In response to questions and comments from Representative Moser, Ms. Feltner stated that loan repayment programs have reporting requirements and time obligations the loan must be repaid if the loan repayment program contract is broken. Mr. Coleman stated that the federal grading system for a health provider shortage area (HPSA) designation is added to the overall review score for program eligibility. Ms. Feltner stated that physicians in the program ensure compliance with the loan requirements.

In response to questions and comments from Senator Meredith, Ms. Feltner stated that licensure data provides the number of full-time physicians practicing and that the contractual time for the state repayment loan program is two years. Mr. Coleman stated that the federal program reviewed the past 70 recipients and found 80 percent remain at the same practice. Ms. Feltner stated that the disparity between the number of rural versus urban providers is due to pay and amenities in urban areas.

In response to questions and comments from Representative Roarx, Mr. Coleman stated that there are many partners that help promote the loan repayment programs, but that the programs also reach out to specific professional area partners if needs arise. Ms. Feltner stated that she goes to dental and medical schools to speak to the potential graduates and she would like to also speak at high schools about the loan repayment programs. Mr. Coleman stated that historically the biggest barrier for employer participation has been the match money. Mental health facilities have a hard time

providing a money match for the loan repayments, but there has been a push to look into additional sources of funding for the match for employers unable to raise the funds.

In response to questions and comments from Senator Carroll, Ms. Feltner stated that neurology is not a professional specialty that is considered under the federal loan repayment program, but can be considered in the state program as an identified special interest. Mr. Coleman stated that there has not been any contact with managed care organizations to assist in match funding but he will look into that option.

In response to questions and comments from Senator Douglas, Mr. Coleman stated that there are different HPSAs for each provider type and that every county is a mental health HPSA. Ms. Feltner stated that they do not have data that states why physicians who participated in the program that are leaving Kentucky.

In response to questions and comments from Senator Wise, Ms. Feltner stated that there are mobile dental clinics in Eastern and Western Kentucky, many dental providers are not taking new Medicaid patients, and Medicaid does not reimburse enough to cover the cost of dental cleanings.

In response to questions and comments from Representative Callaway, Ms. Feltner stated that the federal guidelines require a 2-year time period for loan repayment, providers can reapply for an additional 2-year loan repayment, and tracking of physicians is not required after the contract is completed. Mr. Coleman stated that loan participants are not required to pay into the loan match and they must continue to pay the required amount to their loan provider.

In response to questions and comments from Senator Tichenor, Ms. Feltner stated that the Delta region is in the western part of Kentucky and providers working in a nonprofit practice can apply for the loan repayment programs.

Train New Trainers Program: University of California Irvine Psychiatry Fellowship Program for Primary Care Physicians

Robert McCarron, DO, Associate Dean, Continuing Medical Education, Director, Train New Trainers Primary Care Psychiatry Fellowship, Irvine Medical Center, University of California, discussed the problem with the prevalence of psychiatric disorders in adults and children, the large number of psychiatrists over the age of 55 years of age looking at retirement, the provision of behavioral healthcare related to the setting of the service, primary care psychiatry training issues, the need to expand innovative education for behavioral care delivery, and the importance of integrated behavioral care curriculum.

He gave an overview of the program's topics, staff, fellows, partners, preliminary outcomes, research outcomes, and prescription pattern outcomes.

In response to questions and comments from Representative Moser, Dr. McCarron stated that he is hopeful contractual issues for a Kentucky pilot program will move forward and that the pilot program would train six providers with scholarships for two additional providers, with a January start date.

In response to questions and comments from Senator Funke Frommeyer, Dr. McCarron stated that the program has a focus on provider wellness relating to nutrition and mindfulness.

Public Health Department Transformation: Update

Sara Jo Best, President, Kentucky Health Departments Association (KHDA), Director, Lincoln Trail District Health Department, discussed KHDA's three core focus areas, local health priorities, a timeline of the public health transformation progress from 2019 to 2023, difficulty of maintaining staffing levels, focus on foundational services, and the Health Access Nurturing Development Services (HANDS) program's impact and funding.

Scott Lockard, Advocacy Co-Chair, Kentucky Health Departments Association, Director, Kentucky River District Health Department, discussed KHDA's support in communities during emergencies and disasters, data driven decision outcomes, investments into local health departments' infrastructure improvements, national recognition of Kentucky's public health transformation, and public health transformation funding requests for 2024 and 2025.

In response to questions and comments from Representative Burke, Mr. Lockard stated that, if asked, local health departments will bring together community members to identify issues, solutions, and find common paths to move forward together.

In response to questions and comments from Representative Bratcher, Ms. Best stated that to provide the harm reduction syringe service program, the local health department must have approval from the board of health, the county fiscal court, and the city council in the county of operations. Hardin County has not been able to obtain all approvals and there are benefits to the programs having local approvals.

In response to questions and comments from Representative Roarx, Mr. Lockard stated that allowing Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits on mobile orders would be a federal decision and that during the

pandemic, virtual, telephone, and online certifications were processed with some counties having 100 percent participation rates.

In response to questions and comments from Senator Tichenor, Ms. Best stated that, based on availability, local health departments are able to receive and offer the COVID-19 vaccine, and local health departments are required to give risk and benefit information to patients for any vaccine.

Consideration of Referred Administrative Regulations

The following referred administrative regulations were placed on the agenda for consideration:

201 KAR 002:076 Proposed - Compounding.

202 KAR 007:555 Proposed - Ground agencies.

900 KAR 006:080 Emergency - Certificate of Need emergency circumstances.

902 KAR 020:500 Proposed - Medical reserve corps.

902 KAR 055:015 Proposed - Schedules of controlled substances.

907 KAR 001:025 Proposed - Payment for services provided by an intermediate care facility for individuals with an intellectual disability, a dually-licensed pediatric facility, an institution for mental diseases, or a nursing facility with an all-inclusive rate unit.

The listed administrative regulations were reviewed by the committee.

In response to questions and comments from Representative Callaway, Representative Moser stated that in regards to 902 KAR 055:015, she has spoken to representatives from the Cabinet for Health and Family Services (CHFS), all are in favor of designating tianeptine as a Schedule 1 controlled substance statewide with enforcement by CHFS.

The Role of Pharmacy Benefit Managers

Connor Rose, Senior Director, State Affairs, Pharmaceutical Care Management Association, discussed the definition and services of a pharmacy benefit manager (PBM), members of the Pharmaceutical Care Management Association, typical PBM clients, process for the request for proposal, statistics showing that employers are satisfied with their PBM, white-bagging policies that help reduce out-of-pockets costs to consumers, and that he has not seen data showing less healthcare spending in West Virginia due to legislation regulating PBMs.

In response to questions and comments from Representative Moser, Mr. Rose stated that the PBM industry is not opposed to transparency, however there are different variations of transparency that are approved to make sure that the transparency

measures do not release proprietary information. Some PBMs are owned by insurer and are vertically integrated to provide value and lower cost to consumers.

In response to questions and comments from Representative Webber, Mr. Rose stated that coverage of drugs for diabetic or weight loss patients is up to insurance plans and that many pharmacies use pharmacy services administrative organizations to negotiate with PBMs for reimbursement rates.

In response to questions and comments from Senator Berg, Mr. Rose stated that he would look into information regarding patient satisfaction level with their PBM and that patients benefit from stable cost-sharing and stable premiums.

Adjournment

There being no further business, the meeting was adjourned at 11:24 PM.