

INTERIM JOINT COMMITTEE ON HEALTH SERVICES
Minutes of the 6th Meeting of the 2023 Interim
November 6, 2023

Call to Order and Roll Call

The sixth meeting of the Interim Joint Committee on Health Services was held on November 6, 2023, at 1:00 PM 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, 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, Amy Neighbors, Ruth Ann Palumbo, Rebecca Raymer, Steve Riley, Rachel Roarx, Scott Sharp, Russell Webber, Lisa Willner, and Susan Witten.

Guests: Senator Whitney Westerfield; Tom Pietkiewicz, Director of Business Development, MST Services; Jenny Mullins, Vice President, Community Based Services, Home of the Innocents; Megan Moore, Senior Director, Innovation and Impact, KVC Kentucky; Julie Raia, Chief Strategy Officer, Children's Home of Northern Kentucky Behavioral Health; Dawn Forbes, MD, MS, FAAP, Chief Executive Office, Founder, NASCEND; Katherine North, Vice President, External Affairs, Kentucky Association of Health Plans; Debra Hembree Lambert, Deputy Chief Justice, Kentucky Supreme Court; Shawna Mitchell, Project Director, Kentucky Judicial Commission on Mental Health; Bart Baldwin, Owner, Bart Baldwin Consulting; and Michelle Dean, Director of Team Support, MST Services.

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

Approval of Minutes

A motion to approve the minutes of the October 25, 2023, meeting was made by Senator Meredith, seconded by Senator Douglas, and approved by voice vote.

AN ACT Relating to Maternal Health.

Chairwoman Poore Moser discussed aspects of her maternal mortality bill draft for 2024 Regular Session (RS) Bill Request (BR) 442 including prenatal, delivery, and post-partum support; substance use disorder treatment assistance; the need for health insurance; and the need for mental health treatment, education, and referrals for services. She

discussed specific sections of the bill that include establishing the Kentucky Maternal Psychiatric Access Program, strengthening the Kentucky Maternal and Infant Health Collaborative panel membership, the Health Access Nurturing Development Services (HANDS) program, codifying new regulatory language relating to the home visitation program, adding a special enrollment period for pregnant women, the addition of lactation coverage and services, and research into doula certification programs.

Senator Westerfield discussed the need to invest in the health of mothers and children prior to and after birth, 2024 RS BR 8, and the need to invest more into preventing maternal mortality.

In response to questions and comments from Senator Meredith, Chairwoman Moser stated that Medicaid covers new mothers under the Affordable Care Act and that this coverage is included in her bill draft to codify it. The Kentucky Perinatal Quality and Maternal Mortality Review Panel has information comparing rural areas to urban areas.

In response to questions and comments from Senator Funke Frommeyer, Chairwoman Moser stated that HANDS employees may be healthcare workers, community workers, social workers, and the employee makes referrals for higher levels of care. She stated that free-standing birthing centers and Medicaid coverage for midwives are separate issues and not included in BR 442.

In response to questions and comments from Senator Chambers Armstrong, Chairwoman Moser stated that there are many issues that lead to high maternal mortality rates and that if more prenatal needs can be met there would be better outcomes for mothers and babies.

In response to questions and comments from Representative Burke, Chairwoman Moser stated that BR 442 is a more comprehensive view of the maternal mortality issue with a focus on specific priorities.

In response to questions and comments from Representative Dotson, Chairwoman Moser stated that the HANDS program would be able to identify someone who is having post-partum depression and refer them to a specific provider and mothers would have access to the Lifeline for Moms program.

In response to questions and comments from Senator Douglas, Chairwoman Moser stated that there is a large, growing population accessing Medicaid and that a positive impact on healthcare leads to healthier citizens.

Multisystemic Therapy Update

Tom Pietkiewicz, Director of Business Development, Multisystemic Therapy (MST) Services, provided a brief overview of multisystemic therapy and the delivery of the MST program with partner agencies.

Julie Raia, Chief Strategy Officer, Children's Home of Northern Kentucky Behavioral Health, discussed the MST pilot program providers and partners, the Children's Home of Northern Kentucky Behavioral Health program's coverage areas, strengths, needs, and support from MST Services.

Jenny Mullins, Vice President, Community Based Services, Home of the Innocents, discussed the Home of the Innocents' two MST teams serving the Salt River Trail area, the programs' referral sources, strengths, and needs.

Megan Moore, Senior Director, Innovation and Impact, KVC Kentucky, discussed its MST team serving the Southern Bluegrass area, the program's referral sources, service capabilities, strengths, and needs.

In response to questions and comments from Chairwoman Moser, Ms. Moore stated that most referrals come from the Department for Community Based Services (DCBS). DCBS workers review cases for children in out-of-home care for eligibility into the MST program. She stated that the MST Services supervisor then recommends an MST clinician to follow up with the child's family to assess and create an action plan for the issues causing the child's behaviors. Ms. Raia stated that the pilot program was set to run for three years, and this is the third year of the program. DCBS and the Department for Medicaid Services (DMS) have engaged a firm for specific program tracking.

Ms. Raia stated that this is the third year of the pilot program. Mr. Pietkiewicz stated that all the teams are funded from two sources. DCBS contracts allow them to pay for non-direct service-related expenses. Michelle Dean, Director of Team Support, MST Services, stated that each provider's MST team does an implementation review report every six months. Ms. Mullins stated that Myers and Stauffer monitor the data from all three programs into an additional report.

Treatment for Neonatal Abstinence Syndrome

Dawn Forbes, MD, MS, FAAP, Chief Executive Office, Founder, NASCEND, discussed the founding of NASCEND to address the significant clinical gaps for Maternal Opioid Use Disorder (MOUD) and Neonatal Abstinence Syndrome (NAS). She described NASCEND's continuum of standardized care, its increased technological accessibility, increased

resources for rural areas, NAS certification program and outcomes, and strategic partnerships and grants.

Katherine North, Vice President, External Affairs, Kentucky Association of Health Plans (KAHP), discussed the partnership with NASCEND for a three-year grant to prioritize opioid exposed infants in rural areas and Kentucky's high rate of maternal opioid use and opioid exposed infants. Dr. Forbes discussed the opportunity for better outcomes and the implied healthcare cost savings.

In response to questions and comments from Senator Berg, Dr. Forbes stated that NASCEND includes a proprietary program based on data and algorithms, training, education, certification, and tech support. She stated that NASCEND work was previously done by private practicing neonatologists in six Kentucky hospital systems and the full hospital certification by NASCEND has been implemented by two hospital systems in Indiana.

In response to questions and comments from Chairwoman Moser, Ms. North stated that KAHP has invested \$750,000 as three-year grant to NASCEND. The grants are used as matching funds for obtaining training and resource models to match others that are contributing.

In response to questions and comments from Senator Meredith, Dr. Forbes stated that NASCEND plans to certify 10-12 hospitals in three years with the KAHP grant and the quality improvement work prior to founding NASCEND was completed in six Kentucky healthcare systems.

In response to questions and comments from Representative Raymer, Dr. Forbes stated that NASCEND trains healthcare systems but does not provide the services. The training prepares providers with pathways to delivering better healthcare and outcomes for NAS and MOUD prenatal patients.

Kentucky Judicial Commission on Mental Health

Debra Hembree Lambert, Deputy Chief Justice, Kentucky Supreme Court, discussed the percentage of inmates with serious mental illness and the Kentucky Judicial Commission on Mental Health's establishment, membership, and structure of committees and workgroups. She discussed the commission's Mental Health Summit, the town hall meeting impacts, legislative recommendations, and future goals.

In response to questions and comments from Representative Roarx, Justice Lambert stated that the town hall meetings are open to all community members to state their

issues to the commission members for data collection purposes. Shawna Mitchell, Project Director, Kentucky Judicial Commission on Mental Health, stated that the Kentucky Correctional Psychiatric Center (KCPC) is not a treatment facility but is there to determine if a person is or is not competent to stand trial. However, people often receive some services at KCPC then return to their original location. The pre-arrest diversion workgroup is researching whether the treatments and services received could be implemented during incarceration prior to coming into KCPC.

Adjournment

There being no further business, the meeting was adjourned at 3:02 PM.