# INTERIM JOINT COMMITTEE ON HEALTH SERVICES

## Minutes of the 4th Meeting of the 2026 Interim

## September 15, 2026

**Call to Order and Roll Call**

The fourth meeting of the Interim Joint Committee on Health Services was held on September 15, 2026, at 1:00 PM ET/12:00 PM CT 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: Representative Kimberly Poore Moser, Co-Chair; Senator Stephen Meredith, Co-Chair; Senators Julie Raque Adams, Karen Berg, Danny Carroll, Donald Douglas, Keturah J. Herron, Robby Mills, Michael J. Nemes, Craig Richardson, and Lindsey Tichenor; and Representatives Steve Bratcher, Josh Bray, Lindsey Burke, Emily Callaway, Adrielle Camuel, Robert Duvall, Ken Fleming, Deanna Gordon, Kim Holloway, Mary Lou Marzian, Amy Neighbors, Marianne Proctor, Felicia Rabourn, Rebecca Raymer, Steve Riley, Scott Sharp, and Lisa Willner.

Guests: Scott Hardcorn, Director, Northern Kentucky Drug Strike Force; Chris Evans, Director, Kentucky Opioid Abatement Advisory Commission; Michelle Lofwall, MD, DFAPA, DFASAM, Professor, Psychiatry and Behavioral Science, Bell Alcohol and Addictions Endowed Chair, Center on Drug and Alcohol Research, College of Medicine, University of Kentucky; Glenn Wright, Manager, State Policy, Substance Use Prevention and Treatment Initiative, The Pew Charitable Trusts; Rob Duncan, Deputy Attorney General, Kentucky Office of the Attorney General; Chris Lewis, Division Chief for Consumer and Senior Protection, Kentucky Office of the Attorney General; Shannon Moody, Ph.D., MSSW, CSW, Executive Director, Kentucky Youth Advocates; Blake Hobson, Executive Director, Programs and Clinical Services, Stable Recovery; Donard Dwyer, Clinical Director, Stable Recovery; Joe Dan Beavers, President, Chief Executive Officer, CAYA Collaborative Care; Rob Vonckx, Chief of Operations and Strategy, NorthKey Community Care; Lucy Heskins, Staff Attorney Supervisor, Kentucky Protection and Advocacy; and Carmen Hancock, Division Director, Long-Term Services and Support, Department for Medicaid Services (DMS), Cabinet for Health and Family Services (CHFS).

LRC Staff: Chris Joffrion, Cameron Franey, and Becky Lancaster.

**Consideration of Referred Administrative Regulations**

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

201 KAR 002:440 Proposed - Legend drug repository.
201 KAR 005:010 Emergency - Application for licensure; endorsement.
201 KAR 005:021 Proposed - Licensure Compliance Review.
201 KAR 008:563 Proposed - Licensure of dental hygienists.
201 KAR 028:235 Proposed - Telehealth occupational therapy services.
202 KAR 007:550 Proposed - Required equipment and ground vehicle standards.
907 KAR 002:720 Proposed - 1915(c) Kentucky's Community Health for Improved Lives and Development (CHILD) Waiver Program Requirements.
907 KAR 002:725 Proposed - 1915(c) Kentucky's Community Health for Improved Lives and Development (CHILD) Waiver Reimbursement.

All of the above listed administrative regulations were reviewed.

Lucy Heskins, Staff Attorney Supervisor, Kentucky Protection and Advocacy, discussed concerns about a lack of participant directed services (PDS) in administrative regulations 907 KAR 002:720 and 907 KAR 002:725.

In response to Chair Moser, Ms. Heskins stated that her agency did work with CHFS on the regulations but they were unable to come to an agreement on the necessity of the services.

Carmen Hancock, Division Director, Long-Term Services and Support, DMS, CHFS, stated that due to the high-acuity needs of a child participating in the CHILD waiver program the CHFS policy decision is that PDS are not an appropriate option.

In response to Senator Carroll, Ms. Hancock stated there are services outside of residential care that are community-based that could be provided to the CHILD waiver population but may not be appropriate for all participants. Ms. Heskins clarified PDS itself is not a service but allows choice of who would provide respite or community living support (CLS) services for the waiver participants when they are in the community.

**Approval of Minutes**

A motion to approve the minutes of the August 18, 2026, meeting was made by Co-Chair Meredith, seconded by Senator Douglas, and approved by voice vote without objection.

**The Role of Community Behavioral Health Clinics in Treating Substance Use Disorders (SUD)**

Joe Dan Beavers, President, Chief Executive Officer, CAYA Collaborative Care, discussed the Certified Community Behavioral Health Clinic (CCBHC) model, levels of care, and aspects of integrated care coordination.

Rob Vonckx, Chief of Operations and Strategy, NorthKey Community Care, discussed how Northkey's CCBHC model has increased access to services, supported sustained recovery, and reduced the need for more costly procedures; resulted in the decline in overdose deaths; increased CCBHC service areas; and the need to make CCBHCs a covered service in the Medicaid State Plan.

In response to Senator Douglas, Mr. Vonckx stated that CCBHCs are getting people into treatment more quickly despite what type of therapy or services are needed.

In response to Representative Willner, Mr. Beavers stated the original CCBHC program is a federal demonstration program that is slated to end December 2027, and would need legislation to make the program permanent.

In response to Senator Berg, Mr. Vonckx stated the goal is to start treatment the same or next day but the centers track access to treatment within 7 days. Mr. Beavers stated the CCBHC model changes the reimbursement model from fee-for-service to a cost-based prospective payment model.

**Stable Recovery**

Blake Hobson, Executive Director, Programs and Clinical Services, Stable Recovery, discussed the model of combining recovery housing, equine workforce development, and clinical care; the various property locations; participants learning to balance work, life, and recovery; program completion rates; and program limitations.

Donard Dwyer, Clinical Director, Stable Recovery, discussed how the three supports are used within the model, the three phases of the model, and a resident's personal experience.

In response to Representative Moser, Mr. Hobson discussed tracking participants upon completion of the program and the benefits of a year-long program. Mr. Dwyer discussed how various metrics are more difficult to quantify for research and data gathering.

In response to Representative Callaway, Mr. Hobson stated a large part of the funds to support the program come from private donations.

**Regulating Access to Buprenorphine**

Glenn Wright, Manager, State Policy, Substance Use Prevention and Treatment Initiative, The Pew Charitable Trusts, discussed the impact of regulations promulgated by the Kentucky Board of Medical Licensure (KBML) to limit the access to buprenorphine for treatment of opioid addiction, the restrictions that are below a therapeutic level, and how other states do not regulate buprenorphine separately from other controlled substances.

Michelle Lofwall, MD, DFAPA, DFASAM, Professor, Psychiatry and Behavioral Science, Bell Alcohol and Addictions Endowed Chair, Center on Drug and Alcohol Research, College of Medicine, University of Kentucky, discussed the research and data regarding the use of buprenorphine producing a lower overdose rate from opioids, unnecessary weekly patient visits to prescribe buprenorphine, and off-label prescribing for pain or opioid use disorder in conjunction with other diagnoses.

In response to Representative Willner, Dr. Lofwall stated there is a very urgent need to change the buprenorphine regulations to treat patients effectively and quickly, through more evidence-based and less stigmatizing regulations for buprenorphine. Mr. Wright stated data shows that as of 2024, approximately 74 percent of Kentuckians that needed substance use disorder treatment did not receive it, and these regulations prevent this medication from being easily dispensed to patients.

**Update from the Northern Kentucky Drug Strike Force**

Scott Hardcorn, Director, Northern Kentucky Drug Strike Force, discussed the agencies assigned to the office; mission of the strike force; primary funding from local county contributions, grants, and Ohio High Intensity Drug Trafficking Area (HIDTA); the increase in methamphetamines, synthetic opioids, and counterfeit pills; the relevance of firearms in connection to drug trafficking and violence; impact of the laws involving importing fentanyl; new emerging drugs; and significant progress within drug trafficking efforts.

In response to Senator Herron, Mr. Hardcorn stated his office works with 2 Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) agents in office on many cases.

In response to Representative Sharp, Mr. Hardcorn stated the US border closure has helped to lower the methamphetamine trafficking cases coming into the Cincinnati area.

**Update from the Opioid Abatement Advisory Commission**

Chris Evans, Director, Kentucky Opioid Abatement Advisory Commission, discussed grant awards by the commission; research and public listening sessions to prioritize funding in areas of need; reports sent to the legislature; partnering with the Kentucky Pharmacists Association to provide naloxone free-of-charge to communities; the Too Good for Drugs prevention program; utilizing funds for the Better Without It campaign; the update of regulations for the reporting agencies; and the dashboard and webinars for various county staff, agencies, and partners to explain funding and available resources.

**Youth Social Media Addiction and Mental Health**

**A. Update from the Attorney General's Office on Social Media Settlement**

Rob Duncan, Deputy Attorney General, Kentucky Office of the Attorney General, discussed the diligent work of attorneys to obtain substantially more resources from the settlement, reasoning for the decision to settle the case, and the ongoing litigation to protect the youth of Kentucky.

Chris Lewis, Division Chief for Consumer and Senior Protection, Kentucky Office of the Attorney General, discussed the progression from a bipartisan investigation to a federal consent judgment, the Kentucky team that worked throughout the case and settlement, the 7 areas of obligation for Meta compliance, two phases of time management obligations for young users, settlement releases and carve-outs, the comparison of settlements to the New Mexico verses Meta trial, and the terms of the 3 separate streams of settlement payments.

**B. The Kentucky Positive Youth Development Commission - 2026 Regular Session House Bill 686**

Shannon Moody, Ph.D., MSSW, CSW, Executive Director, Kentucky Youth Advocates, discussed the two legislative opportunities regarding investments with the settlement funds.

Chair Moser discussed the goals of a new bill similar to 2026 Regular Session House Bill 686 to improve youth well-being and prevent self-harm through community-based programs; to ensure settlement funds go to various counties through regional agencies that deal with mental and behavioral health issues; assistance to apply for grant funding; and the creation of the Kentucky Positive Youth Development Commission and the Positive Youth Development Fund.

In response to Representative Raymer, Mr. Lewis stated there were recommendations made to states regarding the funding but due to complexity of various states' government structures, the funds will become part of each state's general fund.

In response to Senator Nemes, Chair Moser stated there is not a funding mandate. The funding is only available as there are funds in the trust.

**Adjournment**

There being no further business, the meeting was adjourned.