INTERIM JOINT COMMITTEE ON HEALTH AND WELFARE AND FAMILY SERVICES

Minutes of the Second Meeting of the 2018 Interim

July 18, 2018

Call to Order and Roll Call

The second meeting of the Interim Joint Committee on Health and Welfare and Family Services was held on Wednesday, July 18, 2018, at 10:00 a.m., in Room 129 of the Capitol Annex. Senator Julie Raque Adams, Co-Chair, called the meeting to order at 10:08 a.m., and the secretary called the roll.

Present were:

Members: Senator Julie Raque Adams, Co-Chair; Representative Addia Wuchner, Co-Chair; Senators Ralph Alvarado, Tom Buford, Danny Carroll, Julian M. Carroll, David P. Givens, Denise Harper Angel, Alice Forgy Kerr, Stephen Meredith, Reginald Thomas, and Max Wise; Representatives Danny Bentley, Larry Brown, George Brown Jr, Daniel Elliott, Joni L. Jenkins, Mary Lou Marzian, Chad McCoy, Russ A. Meyer, Kimberly Poore Moser, Melinda Gibbons Prunty, Steve Riley, and Russell Webber.

Guests: Brit Anderson, MD, Pediatric Emergency Physician, University of Louisville School of Medicine, Department of Pediatrics, Emergency Medicine; Cynthia Downard, MD, Pediatric Surgeon, University of Louisville School of Medicine, Department of Pediatrics, Surgery; Christopher Peters, Child and Adolescent Psychiatrist, University of Louisville School of Medicine, Department of Pediatrics, Child and Adolescent Psychiatry and Psychology; Jennifer Green, MD, Child Abuse Pediatrics Fellow, University of Louisville School of Medicine, Department of Pediatrics; Morgan Skaggs, Project Director, Kentucky Emergency Medical Services for Children, Kentucky Board of Emergency Medical Services; Jeff Rubin, Positive Aging Advocate, Consultant on Aging and Community Issues; Demetra Antimisiaris, PharmD, BCGP, FASCP, Associate Professor, University of Louisville School of Medicine, Department of Pharmacology and Toxicology; Jeffrey Howard, MD, Commissioner, Department for Public Health, Cabinet for Health and Family Services; Mackenzie Langone, Alzheimer's Association; Terri Thomas, Harbor House of Louisville; Christine Arnett, Amanda Clark, Cathy Hobart, and Nancy Birdwhistell, Moms Demand Action; and Mike Mansfield, Retired University of Louisville faculty member.

LRC Staff: DeeAnn Wenk, Ben Payne, and Gina Rigsby.

Approval of Minutes from June 20, 2018

A motion to approve the minutes of the June 20, 2018 meeting was made by Representative Moser, seconded by Senator Alvarado, and approved by voice vote.

Consideration of Referred Administrative Regulations

The following administrative regulations were referred to the committee for consideration: **201 KAR 9:021** - Medical and osteopathic schools approved by the board; denial or withdrawal of approval; application of KRS 311.271; postgraduate training requirements; approved programs; recognition of degrees; **201 KAR 9:031** – Examinations; **906 KAR 1:200** - Use of Civil Money Penalty Funds collected from certified Long-term Care facilities; **922 KAR 2:090** - Child-care center licensure; **922 KAR 2:100** - Certification of family child-care homes; **922 KAR 2:111** - Repeal of 922 KAR 2:110; 922 KAR 2:120 - Child-care center health and safety standards; **922 KAR 2:171** - Repeal of 922 KAR 2:170 and 922 KAR 2:210; **922 KAR 2:180** - Requirements for registered child care providers in the Child Care Assistance Program; **922 KAR 2:190** - Civil penalties; and **922 KAR 2:270** - Kentucky All STARS quality-based graduated early childhood rating system for licensed child-care centers and certified family child-care homes. A motion to accept the administrative regulations was made by Senator Alvarado, seconded by Representative Moser, and approved by voice vote.

Violence, Mental Health, and Guns: Public Health Crisis

Brit Anderson, MD, Pediatric Emergency Physician, University of Louisville School of Medicine, Department of Pediatrics, Emergency Medicine, stated that firearm related injuries and deaths have become a public health problem that affects everyone especially since some of the injuries are preventable. Public health problems require a multifaceted approach. It is very hard to watch a child die or have been injured by a gun. In the United States, 1 in 25 children have witnessed a shooting within the past year which has caused serious consequences to those children's health that will last a lifetime. According to the CDC, firearm injuries is the third leading cause of death in the United States for children over the age of 1 year. Teens in the United States have an 82 times higher rate of dying by firearm injuries than teens in other developed nations.

Cynthia Downard, MD, Pediatric Surgeon, University of Louisville School of Medicine, Department of Pediatrics, Surgery, stated that approximately 1,300 children will die from and 5,800 will be treated for firearm injuries in the United States. Of those totals, 53 percent will be homicides, 38 percent suicides, and 6 percent unintentional. Public education about firearm safety is crucial. Approximately 82 percent of firearm deaths are boys. African Americans have the highest overall fatality rate while Caucasian and Native Americans have the highest suicide rates. Young homicide victims are often bystanders. Almost four percent of children witness a firearm injury every year, and 91 percent of child firearm deaths in high income countries occur in the United States. Nineteen children are treated or die in emergency departments in the United States every day for firearm injuries. The Kentucky Department of Public Health, Division of Maternal and Child Health, prepares an annual report entitled Public Health Child Fatality Review Program that shows

the child deaths in Kentucky. The goal of the program is to decrease child deaths through prevention efforts and monitor vital statistics data to identify trends related to fatalities that may be prevented in Kentucky. The latest report was published in November 2017 and summarizes information from 2011 to 2015. The 2011-2015 data reports shows the majority of deaths among children older than one year of age are due to injury-related causes with motor vehicle collision the most common reason for death. Fifty-eight percent of firearm deaths are due to suicide including an increasing number of younger children. Nationally, suicide is the third leading overall cause of death for youth.

Christopher Peters, Child and Adolescent Psychiatrist, University of Louisville School of Medicine, Department of Pediatrics, Child and Adolescent Psychiatry and Psychology, stated that firearm related deaths are the second leading cause of death, are preventable, and have become a public health crisis. A study conducted by the CDC reported a 30 percent increase in the rate of suicide for the United States since 1999. For the majority of individuals, it is an impulsive, in-the-moment decision to commit suicide. Having guns in a home raises the risk of suicide by as much as ten times for any member of the household. If the gun is loaded and readily available, the risk is higher, especially for teenagers, than if the gun and ammunition are kept locked up and separate from each other. Kentucky needs to increase affordable health care and better access to mental health care. Substance abuse programs are one way to help identify suicidal individuals. Kentucky law states that a 16- or 17-year old can seek their own substance use treatment or reproductive care without a parent's consent, but the law also could imply that they can refuse treatment.

Jennifer Green, MD, Child Abuse Pediatrics Fellow, University of Louisville School of Medicine, Department of Pediatrics, stated that according to the Centers for Disease Control and Prevention's (CDC) National Violent Death Reporting System, in 2013, approximately 53,000 individuals died of a violence-related injury. Twenty-three percent of those deaths were attributed to homicides. Fifty-one percent of suicides and 66 percent of homicides involved one or more firearms. Of the unintentional firearm deaths, the most common was children playing with a firearm. In 2010, data from the National Intimate Partner and Sexual Violence Survey reported that it was estimated that there were more than 74 million people in the United States had experience intimate partner violence (IPV). An IPV event that involved a firearm was 12 times more likely to result in death especially if a firearm was kept in the home. Twelve percent of men in treatment for IPV reported a history of using firearms to threaten their intimate partners. Of all homicides in IPV events, 20 percent were deaths of non-intimate partner who were connected to an IPV incidence. It is estimated that 25.4 percent of non-intimate victims were 17 years of age or younger, and one-third were elementary school age. According to the Kentucky Child Fatality and Near Fatality External Panel Review, there were 567 fatalities and near fatalities from 2013 to 2017. The Department for Community Based Services (DCBS) data from 2013 to 2017 of substantiated cases of abuse or neglect, reports that there were 12 child deaths involving a firearm. Of all substantiated DCBS cases, 25 percent of families

were found to have a history of violence. Of the fatality and near fatality DCBS cases, 48 percent of families were found to have a history of violence.

Morgan Skaggs, EMS provider and Project Director, Kentucky Emergency Medical Services for Children, Kentucky Board of Emergency Medical Services, stated that that the program is funded through a grant from the Health Resources Services Administration through the Maternal and Child Health Bureau to the Kentucky Board of EMS. Emergency medical services (EMS) providers support injury prevention efforts and education. EMS providers find encounters of critical pediatric patients among the most challenging and impactful of their careers, especially those cases that could have been prevented. The statewide database on EMS incidences indicates that in 2017, there were 51 incidences of firearm injury to those 1 to 18 years of age. All types of guns have been used to inflict injury whether self-inflicted, accidental, or caused by someone else. EMS personnel have access to trauma centers, some being pediatric centers, in urban but not rural areas. In rural areas, some patients are transported to by air and many go to a local hospital for stabilization care and transport to a higher level of care, if available. The trauma system has grown but remains unfunded which adds additional challenges for rural EMS providers with long transport times. There is a huge psychological impact on EMS providers. The sights and sounds from scenes stay with EMS providers forever causing mental stress. The EMS providers would like to see continued prevention efforts and continued focus on the trauma systems improving pediatric care amongst all facilities and additional focus on provider health and wellness following all incidences.

J.B. Remmel, MD, Chief Resident, University of Louisville School of Medicine, was available for questions.

In response to questions by Senator Buford, Dr. Peters stated that anything that can be done to help people realize that limiting access to firearms is crucial to saving lives. Schools should have programs that are part of the curriculum that can help individuals cope with and even decrease bullying and cyberbullying and enhance self-confidence, tolerance, and compassion.

In response to questions by Representative Jenkins, Dr. Peters stated that sometimes, a parent has a hard time seeing a mental health crisis in their children either because they do not really see the problem or they are in denial that a problem exists. His patients come from a family referral, pediatrician/primary care physician, and schools with suicide prevention screening. The more ways to help people begin to think about and identify risks, the more chance someone might seek care or treatment.

In response to questions by Representative Wuchner, Dr. Peters stated that as children grow and the brain develops, it is a time where children learn to be impulsive and take more risks causing them to be more susceptible to an impulse to commit harm to themselves. The study of suicide is a difficult subject, because it is hard to decide what

stressor causes the breaking point in someone to occur. One easy way to help prevent suicide is to limit access to firearms. Individuals need to have access to mental health treatment services that could help prevent allot of suicides. Some states have laws where guns can be taken from an individual if mental health problems are identified.

Representative Moser stated that Trigg County has implemented a Sources of Strength program that is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. The program is a good approach and easy to implement.

Representative Marzian stated that it is not an issue about gun control but gun violence prevention and safety. Kentucky needs to enact legislation that will promote gun safety in the home.

Aging Issues Resolutions

2018 House Resolution 284, A RESOLUTION recognizing the importance of becoming an age-friendly Kentucky, Sponsor Representative Addia Wuchner.

Jeff Rubin, Positive Aging Advocate, Consultant on Aging and Community Issues, stated that the fastest growing age group is over 85 years of age. Data from The Commonwealth Funds and The SCAN Foundation indicate that Kentucky ranks 51st in affordability and access, 50th in choice of setting and providers, quality of life, and quality of care, 46th in support for family caregivers, and 42nd in effective nursing home transitions. In Kentucky, almost 81 percent of funds for senior and physical disability services is spent on institutional care. Kentucky ranks sixth in the nation for the number of grandparents raising their grandchildren. Currently, 75,000 children are living with and being cared for by one or more grandparents.

Age-friendly communities feature easy access to information and resources, active community involvement, and respect and social inclusion. Older adults can be a vital asset to communities and community development, contributing their experience, leadership, and often, economic participation. Those involved in supporting age-friendly communities include foundations, corporate sponsors, civic organizations, and GrantMakers in Aging. By 2030, one in five Kentuckians will be age 60 or older. The expected increases in demand for services will be extremely difficult, if not impossible, to sustain without a shift in current thinking or an infusion of substantial financial, social, and human capital. HR 284 promotes policies that make Kentucky cities and towns friendlier to the aging population, a focus which can benefit other demographics in the state. It honors the right of every individual to be treated with dignity and respect regardless of age, ability, station, or income. Kentucky needs to protect the safety and well-being of older people to be able to

live out their lives without having to make a choice between food and medication, or without fear of becoming isolated and alone.

2018 House Resolution 283, A RESOLUTION encouraging the Cabinet for Health and Family Services to explore substance use disorder among older adults in Kentucky, Sponsor Representative Addia Wuchner.

Demetra Antimisiaris, PharmD, BCGP, FASCP, Associate Professor, University of Louisville School of Medicine, Department of Pharmacology and Toxicology, stated that according to the Henry J Kaiser Family Foundation State Health Facts 2018, in 2017, Kentucky's retail prescription drug sales per capita was an average of 20. Older adults comprise a higher percent of prescription drug sales than 20 to 34 year olds. The United States consumes 80 percent of the world's opioids and 99 percent of hydrocodone. The "baby boomers" are the largest population of aging people, and have a higher risk of substance abuse. National Household Survey on Drug Abuse (NHSDA) indicates the number of adults over the age of 50 with substance abuse problems will double to 5 million during the time period from 1999 to 2020. In 2020, approximately 50 percent of persons aged 50 to 70 will be in a high-risk group verses 9 percent in 1999. As people age, social support becomes more important. During the 1960s, there was an increase in the number of women who did not give birth, therefore, fewer women are less likely to have a social support system with adult children. Those with adult children are less likely to live in the same general area as their children. It is difficult to differentiate between substance use disorder (SUD) and geriatric syndromes, because SUD can look just like aging. Often no one notices, because many older adults live alone. Self medicating is a way to alleviate stress. Reward circuitry can overpower the use of substances and turn it into the abuse of substances.

In response to questions by Senator Julian Carroll, Dr. Antimisiaris agreed that older people need to stay active. Substance abuse, anxiety, and trauma are linked to every age because of a feeling of a lack of meaningfulness.

In response to a comment by Senator Meredith, Mr. Rubin stated that having the designation as an age-friendly Kentucky makes this an ideal place for tourism and ideal place for people to want to retire. Older adults need to be responsible for their life and wellbeing and staying active. Elderly citizens can still contribute and be mentors to people who are younger. There is a need to bring younger and older individuals together in order to help each other and learn to solve problems together. Local governments can be engaged in helping the elderly stay active. There needs to be a discussion to learn what needs to be done to improve the quality of life for older adults.

In response to comments by Senator Alvarado, Mr. Rubin stated that there need to be conversations between generations about things that impact them and their lives in wherever they live. There are cost-effective programs in place that serve the frail elderly

and adult disabled and serve young people as well. The elderly should not be seen just as recipients of service but also as providers of service.

In response to a question by Senator Givens, Dr. Antimisiaris stated that there needs to be blue zones, livable communities for the elderly, and a sense of meaningfulness and community. Baby boomers do not have the sense of community like generations before them. When the elderly get hooked on substance abuse, their social structures abandon them. There is an urgency to build medical detoxification centers for the aging boomers, because an elderly person is too medically ill to go through a detox program as an outpatient. The cost to care for the baby boomers is going to be enormous. If communities are more age-friendly, there will be aging boomers who are less isolated and have less cause to get into substance abuse. Medication problems are preventable.

Infectious Disease Issues

Katie Myatt, Infectious Disease Epidemiologist, Reportable Diseases Section Manager, Infectious Disease Branch, Department for Public Health, Cabinet for Health and Family Services, stated that Hepatitis A is a viral infection that affects the liver but is not a chronic infection like Hepatitis B and C. It is transmitted from person-to-person and by fecal matter. A person is infection two weeks before and one week after jaundice is detected. The incubation period is between 15 and 50 days, but typically only lasts 28 days. It is preventable if a person receives the vaccine shot. There are on average 20 Hepatitis A cases a year in Kentucky. In November 2017, Kentucky declared an outbreak of Hepatitis A with most of the outbreak-associated cases in Jefferson County. The risk factors were illicit drug use and homelessness. No contaminated food sources were identified and not attributed to any other known risk factors such as international travel. As of July 7, 2018, there have been 1,094 cases reported. Of those cases 628 were hospitalized, eight died, 63 percent were male, and the median age was 37 years of age. Food handlers only contributed to 7 percent of the total and 20 percent were in corrections and substance abuse treatment centers. The Department for Public Health (DPH) had multiple health advisories and resource materials were distributed to communities. The State Health Operations Center (SHOC) was activated and conducted daily response meetings and weekly multi-state calls with the CDC Epi-Aid Response Team who provided recommendations. Over $1 million federal and state funds have been spent on 28,000 doses of the Hepatitis A vaccine. Approximately $2,143,126 million was allocated to 31 local health departments and the Department of Corrections to purchase vaccines. Future steps include innovative strategies to teach the at-risk population, increased involvement with local correctional facilities and emergency rooms, and strategies for overcoming funding and personnel shortages.

In response to a question by Senator Buford, Captain Doug Thoroughman, US Public Health Service, Centers for Disease Control and Prevention Career Epidemiology Field Officer assigned as the Acting State Epidemiologist to the Department for Public Health, Cabinet for Health and Family Services, stated that while it is hard to determine the cause of the outbreak in Kentucky, homelessness, illicit drug use, and poor sanitation

of drug users were contributing factors. There is a religious exemption if a parent did not want their child vaccinated. Ardis Hoven, MD, Infectious Disease Physician, and Consultant to the Department for Public Health, Cabinet for Health and Family Services, stated that children are now required to be immunized for Hepatitis A before starting this school year. If there is a Hepatitis A outbreak in a school where a child has not been vaccinated and is at risk, the recommendation would be to take the unvaccinated child out of school until the outbreak is over. Captain Thoroughman stated that the Hepatitis A vaccination is required for school entry, so outbreaks in schools is rare.

In response to a question by Representative Bentley, Captain Thoroughman stated that there have been no identifiable food-bourne outbreak in the current situation. The outbreak has been due mainly to homeless people and drug users.

Representative Wuchner stated that the outbreak has been alarming to communities and the food service industry and on the impact on the economy. The responsiveness by the cabinet has been wonderful.

In response to a question by Senator Kerr, Captain Thoroughman stated that the people that are most at risk if a food handler has contracted Hepatitis A are the other food handlers in the restaurants. The public is usually not at a high risk unless a food item is contaminated with the disease which can cause an outbreak. A Substance Abuse and Mental Health Services Administration (SAMSA) study reported that 19 percent of food service workers are drug users. In Kentucky, there is allot of casual drug use in rural areas.

In response to a question by Representative Jenkins, Dr. Hoven stated that one dose of the vaccine would protect an individual 95 to 98 percent from being infected with Hepatitis A, but two doses will guarantee lifelong immunity. Captain Thoroughman said that one problem with the homeless population or drug users is getting the right information to be added to the immunization registry that would show if someone has had their first dose or not. Representative Bentley stated that if a local pharmacist gives someone a dose of the Hepatitis A vaccine, the pharmacist will call all those individuals in six months to remind them they are due for the second dose of the vaccine. Family members and caregivers of children that have been adopted from endemic countries need to be immunized.

In response to a question by Senator Raque Adams, Captain Thoroughman stated while the CDC has not recommended that everyone be vaccinated for Hepatitis A, but he and Dr. Hoven agree that everyone should get the vaccination.

Ms. Myatt said that in order to stop the Hepatitis A outbreak, the at-risk population has to be targeted in order to make a difference.

Captain Thoroughman stated that the Human Immunodeficiency Virus (HIV) is a viral infection that attacks the immune system. It is a chronic infection transmitted through blood and body fluid exposure typically men who have sex with men and reuse of syringes. A long-term infection leads to Acquired Immunodeficiency Disorder (AIDS). Kentucky has a high rate of HIV and AIDS diagnosed concurrently. In November 2017, the DPH detected an increase in HIV cases in the Northern Kentucky Area Development District (NK ADD) with injecting drug use (IDU) as a primary risk factor. The Northern Kentucky District Health Department, Three Rivers District Health Department, and CDC were contacted, and a cluster investigation was initiated. Weekly calls were made between the DPH and the Northern Kentucky health department to review data about the total number of cases, risk factor, cop-infections, and expanded interviews and specimen collection status. There was an enhanced statewide surveillance to make sure there were no new cases reported in other areas of Kentucky. The CDC conducted a site visit to Kentucky March 26, 2018.

In 2017, there were forty-six cases of HIV in the NKY ADD compared to 21 cases already reported as of mid-July 2018. In 2017, there were 21 HIV cases with IDU as a risk factor in NKY ADD with 14 cases already reported in 2018. Future steps to be taken include continuing investigation, enhance detection statewide for IDU, link cases to care, identify transmission patterns, and expand testing.

Representative Moser stated that there are 47 syringe access programs in Kentucky and these have become points for treatment, for testing, and for immunization. In response to a question by Representative Moser, Captain Thoroughman stated that the biggest way to identify individuals with HIV is through the interview process of contacts named by someone with HIV. Karen Sams, HIV/AIDS Branch Manager, Department for Public Health, Cabinet for Health and Family Services, stated that testing is available in every local health department in Kentucky. The cabinet has an information booth at statewide events such as the pride gay festivals to disseminate information and test individuals. Captain Thoroughman said that in individuals in a syringe access program in Northern Kentucky will be tested for HIV. Dr. Hoven stated that syringe access program is a fundamental way to prevent many infections and provides a way for individuals with substance abuse disorder to get referred to care. The state is in the process of looking at data from the syringe exchange programs to measure their effectiveness. Ms. Sams stated that in Kentucky in non-clinical settings, two HIV rapids tests are done to link infected individuals to immediate care.

In response to questions by Senator Buford, Ms. Myatt stated that some local health departments have enforced an ordinance to require food handlers to get a Hepatitis A vaccine, but the conflict is that food service as an occupation is not a risk. The risk of infection from a food handler is very low. Dr. Hoven said that only two percent of food handlers transmit the Hepatitis A infection through contaminated food. Although the state has done a remarkable job of negotiating reduced rates for the vaccine, it can remain fairly

expensive. A Medicaid patient's Managed Care Organizations (MCOs) provides the vaccine. Someone without health insurance would pay between $75 and $100 and then pay an additional amount for the booster in six months. Brandon Smith, Executive Director, Office of Legal and Regulatory Affairs, Cabinet for Health and Family Services, stated that the restaurant industry has partnered with the cabinet to get the word out about vaccinations. Some restaurants are providing vaccinations to employees at cost.

In response to a question by Senator Thomas, Dr. Hoven stated that the study on the syringe exchange programs is a collaborative effort between the Department for Public Health, the HIV Branch, and the Department of Medicaid Services. It is difficult to interpret some of the data, and she would not be able to give a data when the study would be finished. There are other infectious diseases which can be directly associated with substance abuse disorder and infectious diseases. The study will be forwarded as soon as it is finished.

Adjournment

There being no further business, the meeting was adjourned at 12:41 p.m.