INTERIM JOINT COMMITTEE ON HEALTH AND WELFARE AND FAMILY SERVICES

Minutes of the Sixth Meeting of the 2018 Interim

November 27, 2018

Call to Order and Roll Call

The sixth meeting of the Interim Joint Committee on Health and Welfare and Family Services was held on Tuesday, November 27, 2018, at 1:00 p.m., in Room 129 of the Capitol Annex. Senator Julie Raque Adams, Co-Chair, called the meeting to order at 1:11 p.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, Robert Benvenuti III, Larry Brown, George Brown Jr, Daniel Elliott, Joni L. Jenkins, Mary Lou Marzian, Chad McCoy, Russ A. Meyer, Kimberly Poore Moser, Darryl T. Owens, Melinda Gibbons Prunty, Steve Riley, Attica Scott, and Russell Webber.

Guests: David Allgood, Director of Advocacy, Center for Accessible Living; Amy Dougherty, Attorney, Bluegrass Elder Law in Lexington, and Chair, Kentucky State Independent Living Council (SILC); Shawn C. Jones, MD, FACS, President, Kentucky Foundation for Medical Care and Past-President, Kentucky Medical Association; Evelyn Montgomery Jones, MD, FAAD, Founder and President, WellSprings Dermatology and SkinCare; Adam Meier, Secretary, and Kristi Putnam, Deputy Secretary, Cabinet for Health and Family Services; Shelley Snyder, Executive Director, Kentucky Circuit Court Clerks' Trust for Life; Julie Bergin, President and CEO, RN, BSN, MHA, Kentucky Organ Donor Affiliates; Terri Thomas, Harbor House of Louisville; Pam Hagan and Michael West, Kentucky Board of Nursing; and Kelli Cauley, Kentuckia Regional Planning & Development Agency (KIPDA).

LRC Staff: DeeAnn Wenk, Ben Payne, Chris Joffrion, Dana Simmons, and Gina Rigsby.

Approval of the Minutes of the September 19, 2018 and October 17, 2018 Meetings

A motion to approve the September 19, 2018 and October 17, 2018 minutes was made by Representative Riley, seconded by Senator Alvarado, and approved by voice vote.

Center for Independent Living and Statewide Independent Living Council

David Allgood, Director of Advocacy, Center for Accessible Living, stated that there are three centers for independent living: The Center for Accessible Living in Louisville, Independence Place in Lexington, and The DisABILITY Resource in Hazard. The three small satellite centers are located in Murray, Covington, and Bowling Green. The main funding for the Centers for Independent Living is through the federal Administration on Community Living grant, and also from some contracts with state agencies. Independent living centers serve anyone with any type of disability. The five core services required by the federal government are advocacy, transition, referrals, independent living skills, and peer support and mentoring. Almost all services provided are free. Federal law requires that 51 percent of employees of the centers for independent living and 51 percent of the board members have a disability. The centers for independent living want individuals with a disability to have the choice to live either in the community or another setting of their choice. There are almost 1 million Kentuckians and 57 million Americans with disabilities making them the largest minority population. Individuals can learn about programs that may eventually help them transition from Medicaid because they were able to build a totally accessible home and find a job. A change in how Medicaid funding is spent needs to be made, because 80 percent of long-term care funding is spent on institutions and nursing home care and 20 percent is spent on community based services. Most individuals want to live in the community if possible making it more cost effective while providing a better quality of life. Everyone lives with the possibility that they can become disabled at any time. The centers want to be a resource for legislators and all Kentuckians.

Amy Dougherty, Attorney, Bluegrass Elder Law in Lexington, and Chair, Kentucky State Independent Living Council (SILC), stated that SILC in conjunction with the councils on independent living and the Department for Aging and Independent Living develops a state plan for independent living every three years to make sure awareness is raised for the services available to individuals with disabilities. The state plan has been approved by the federal Administration for Community Living (ACL). The goals of the state plan are to increase awareness of supports for independent living for all disabled Kentuckians, increase the effectiveness of SILC, increase access to all services, and to be advocates through education. SILC oversees the distribution of $330,000 to the centers and to the Office for the Blind. The members are appointed by the Governor, but it is a federally mandated organization. SILC is mandated by Title VII of the Rehabilitation Act of 1973 as amended by 1992 that requires a majority of SILC members be disabled. SILC meets quarterly and review the work of the centers and SILC members to see if the goals of increasing awareness of services for independent living for disabled Kentuckians are being met. SILC meetings are videoconferenced and opened to the public at the HDI Coldstream Training Room 014, 1525 Bull Lea Rd #160, Lexington, Kentucky. Disabled individuals can apply for a gubernatorial appointment to the council.

In response to a question by Senator Meredith, Mr. Allgood stated that Kentucky has an institutional care model where the first option for people with disabilities is either go to a nursing home or institution instead of being able to go into the community. This model has been around for a long time and needs to be changed where the first option for disabled individuals is community services. The Personal Care Attendant Program pays an individual $7.25 per hour to become an attendant, but it is almost impossible to find individuals willing to work for this amount. It costs approximately $17,000 to receive community services versus almost $38,000 for placement in a nursing home.

In response to a question by Representative Prunty, Ms. Dougherty stated that there is representation from western Kentucky on SILC. There are some vacancies available on SILC that could be filled by someone from western Kentucky.

In response to a question by Representative Moser, Mr. Allgood stated that the centers do not work directly with personal care homes, but would access or facilitate in any way possible. If the right amount of supports are built around an individual, they can live in the community independently.

Update on 1115 Medicaid Waiver

Adam Meier, Secretary, Cabinet for Health and Family Services, stated that Kentucky HEALTH was reapproved on November 20, 2018. The monitoring and evaluation reporting templates were streamlined and standardized to be more in line with what has been approved in other states. The transitional medical assistance (TMA) population will not be required to pay any premiums. Kentucky requested and CMS approved to treat the domestic violence or interpersonal violence population as a medically frail category which would automatically exempt these individuals from premiums and community engagement. The community engagement notifications to recipients would be received 30 days instead of 90 before the change would become effective.

In response to questions by Senator Alvarado, Secretary Meier stated that the April 1, 2019 is the target date for internal planning. The cabinet will work with the Education and Workforce Development Cabinet and local workforce boards to refinalize a community engagement rollout schedule based on workforce area. Some workforce areas would like to pilot one or two counties and then roll it out to the entire region while others would like to roll it out to the entire region, so the cabinet is working with these workforce areas to allow them to localize how to implement the support for community engagement. The cabinet is still working with Campbell and Kenton counties to finalize plans since the waiver would be implemented in these counties first.

In response to a question by Senator Raque Adams, Secretary Meier stated that since the approval was struck down approximately 20 hours before going live, the cabinet had to change IT systems and how information would be displayed and transmitted to providers in Health Net which is used to verify eligibility so providers were not able to be trained.

Once the cabinet realized there was some confusion, new training documents were sent out for clarification. The confusion caused some dental providers to think coverage was being denied to children, but the problem was resolved quickly. Any provider who has any confusion about coverage can contact the cabinet for clarification. Providers will be retrained whenever there are any changes to the system.

In response to questions by Representative George Brown, Secretary Meier stated that the cabinet has worked with CMS very diligently to ensure that any appropriate exemptions are included to protect any unintended adverse consequences of waiver policies. The same people that have access currently will have access after the waiver implementation. The initial budget document looked at the number of member months that were projected with and without the waiver. It is not about losing coverage but having fewer members enrolled in Medicaid, and it is not a bad thing to have people graduate from Medicaid eligibility to a qualified health plan (QHP). The waiver is designed to move more people to private insurance coverage. Representative Brown said that coverage of citizens in the Commonwealth should not be based on the bottom line for hospitals and doctors. Secretary Meier stated that having more people in private market coverage leaves more dollars in Medicaid to serve the most vulnerable population that it was designed to serve. Moving people to private market coverage gives them better access to a network of physicians, because Medicaid typically has a smaller network.

In response to a question by Representative Prunty, Secretary Meier stated that there is always a chance that the waiver might not move forward. CMS did a more thorough review, reopened the comment period, and looked at the administrative record that already existed and found things missed in the judicial review the first time to ensure that the program would be designed to engage people but not create issues with people having access to current coverage.

In response to a question by Senator Raque Adams, Kristi Putnam, Deputy Secretary, Cabinet for Health and Family Services, stated that recipients will receive a notice of eligibility at least 30 days in advance of any changes to their benefits.

In response to questions by Representative Jenkins, Secretary Meier stated that Kentucky has to look at quarterly wage data and Department of Insurance (DOI) data of other states to understand what happened to people who were no longer eligible for Medicaid. Kentucky has built one of the most robust evaluation and monitoring plans and partnered with the University of Pennsylvania Center for Health Incentives and Behavioral Economics to help design the plan. Kentucky has a randomized control trial to use the best scientific method to evaluate the effects of the waiver. Arkansas used existing infrastructure and were able to be operational quickly. Kentucky has built an ecosystem to have a one-stop shop for resources related to employment and training. Individuals can still fill out a paper form for eligibility, but the cabinet created a new IT system that services all the programs including the Medicaid waiver to make it easier for individuals. The cabinet

has completed some pilots in the SNAP population and created a privacy office to work through datasharing issues with partners. Deputy Secretary Putnam stated that Kentucky's exemptions are automatic, and in Arkansas, recipients have to opt in for an exemption. The cabinet is working with employers to educate them about Medicaid benefits and information. Secretary Meier stated that if recipients are not reenrolled in Arkansas because of not reporting something, data shows that it was because some of these individuals had found a job.

In response to a question by Senator Meredith, Secretary Meier stated that there are approximately 1.4 million individuals enrolled in Medicaid, and 500,000 would be enrolled in the waiver. About 165,000 would be impacted by the community engagement in the waiver.

In response to questions by Representative Marzian, Secretary Meier stated that the private sector market will include a qualified health plan that is purchased on the federal exchange that is subsidized. Over the last six months, there has been an enrollment decline in Medicaid of approximately 41,000. Because of record low unemployment, the number of people who qualify for Medicaid has declined because their income has increased. Kentucky has spent less than $10 million to date. The savings from transitioning from Kynect to healthcare.gov has been reallocated toward the state portion of offsetting the cost for the IT portion. The cabinet looked at how the employment and training programs were administered for SNAP, TANF, and Medicaid and found a hodgepodge of different systems that all had maintenance and operation technology costs and were done differently The cabinet was not able to get accurate comparisons from career centers, so all of the different IT systems were replaced with one IT system. The cabinet created a more efficient administration of all employment and training programs that is being looked at as a national model for how it is done.

In response to a question by Senator Danny Carroll, Deputy Secretary Putnam stated that the requirement that a Medicaid recipient goes onto their employer's health plan is being implemented a year from the initial implementation of the waiver. The state will pay the amount the employee would owe less any amount that they would owe in premiums if they are in a standard Kentucky health plan.

Legislative Hearing for Executive Order 2018-780 relating to Reorganization of the Cabinet for Health and Family Services

Adam Meier, Secretary, Cabinet for Health and Family Services, stated that prior to the executive order, the cabinet's Public Affairs Office and the Administrative Hearings Branch were in the same organizational unit. The Administrative Hearings Branch was combined with the Ombudsman's Office to collect data and get involved more quickly in the administrative hearings process to find savings on identifying issues before the full hearing, a correction, or a settlement. Disability Determination Services and Child Support Enforcement were part of the Income Support Division but were broken into two separate

divisions. A motion to accept Executive Order 2018-780 was made by Senator Alvarado, seconded by Representative Wuchner, and approved by voice vote.

Kentucky Health Rankings Compared to Surrounding States

Rhonda Randall, DO, Chief Medical Officer of Retiree Solutions, UnitedHealth Group, stated that America's Health Rankings is a long-standing report that builds on the United Health Foundation's work to help draw attention to the cornerstones of public health. For nearly 40 years, the report has given actionable data-driven insights that stakeholders can use to effect change in the state or nationally and continue the dialogue of improving the nation's health. The annual state rankings report measures the overall health of each state in the country. Detailed analysis has been developed on key health priorities for the country including seniors, women and children, and those who have served in the military. United Health Foundation's website currently features more than 160 measures of health.

America's Health Rankings report leverages the model of health developed under the guidance of a scientific advisory group of experts in public health and other healthcare fields. Each report includes a comprehensive set of measures examining behaviors, community and environment, public policy, clinical care, and health outcomes. The data is used to provide a holistic view of population health. Many reports, comprehensive rankings are also calculated as well as the ranking for each individual measure. The annual rankings report has 34 measures of health. The researchers use data for the report from the United States Department for Health and Human Services, the United States Department of Commerce, the Commonwealth Fund, the United States Census Bureau, and the Centers for Disease Control Prevention Behavioral Risk Factor Surveillance System (BRFSS). America's Health Rankings has long been a resource for modern trends across the nation. The platform also provides state-specific data across populations that helps policymakers, health officials, community leaders, and others track markers of health in their states.

The data shows that Kentucky has a low rate of uninsured residents, a low violent crime rate, and a low excessive drinking rate. Rates of adolescent well visits, baby-friendly facilities, and dedicated health care providers among women are higher in Kentucky than the United States average. The data shows the negative impacts are adult smoking, tobacco use during pregnancy, and a high rate of secondhand smoke, especially for children and adolescents. There are challenges when looking at mortality with high rates of drug deaths, cancer deaths, and premature deaths. Key health behaviors that often lead to poor health outcomes include low rates of physical inactivity and obesity. Smoking is the largest negative driver of health in Kentucky with nearly a quarter of the adult population smoking.

Promoting the health of women, infants, and children is fundamental to keeping communities in Kentucky healthy both today and for future generations. The 2018 America's Health Rankings Health of Women and Children report uses 62 health indicators to better understand the challenges of health of women and children across the country and

state by state. Kentucky ranks 47th in the nation with maternal and child health. Kentucky faces challenges with intimate partner violence, drug deaths, and food insecurity. The rate of maternal mortality for black women is lower in Kentucky than the national average. The premature death rate in Kentucky is 1.8 times higher than the top-ranked state. From 2016 to 2018, drug deaths in Kentucky increased from 23 to 29.1 deaths per 100,000 females aged 15 to 44 years. The infant mortality rate is higher in Kentucky than the national average. Early death among seniors is 35 percent higher in Kentucky than the national average. Other than Tennessee, Kentucky had a faster rate of decline in teen birth rates compared to neighboring states and nationally over the past 10 years.

Kentucky ranks in the top 10 healthiest states for youth substance use disorder and has a lower prevalence than the United States. Teen suicide is higher in Kentucky than neighboring states and 22 percent higher than the national average. Kentucky ranks in the bottom 10 for adverse childhood experiences, concentrated disadvantage, food insecurity, risk of social isolation, and protective family routines and habits. Excessive drinking is lower in Kentucky than United States and all neighboring states except Tennessee and West Virginia. Adolescents report low rates of dependence or abuse of illicit drugs or alcohol in the past year. Kentucky has the 7th best high school graduation rate in the nation. Obesity prevalence is higher among females, whites, adults 65+, all urban cities, and among those with less than high school and college graduates than any of its neighboring states. Compared to the United States, secondhand smoke, smoking, and youth tobacco use are all higher in Kentucky. HPV immunizations for males and females are lower than the national average.

The United Health Foundation is supporting the University of Kentucky College of Dentistry (UKCD) in its Eradicate Oral Cancer in Eastern Kentucky project. The three-year project will raise public awareness of the symptoms of oral cancer and its links to heavy alcohol and tobacco use, provide approximately 1,000 oral cancer screenings at local health departments, help connect patients who need additional care to cancer specialists in Lexington, and enable UKCD to lead an integrated outreach and care program to local residents.

Pathways and the United Health Foundation have recently launched a new partnership to improve the mental health care in eastern Kentucky. The three-year project will expand mental health services for over 3,000 children in eastern Kentucky using telehealth technology. The new technology will eliminate the need for families to drive up to two hours to access a children's mental health specialist.

Senator Raque Adams said smoking and obesity are huge problems in Kentucky that need to be addressed with public policy.

In response to questions by Senator Alvarado, Ms. Randall stated that vaping, smokeless tobacco, and other tobacco use are included the negative impacts of smoking.

The CDC BRFSS Survey does not break down the smoking information to show how much of the data is due to vaping. Senator Alvarado stated that low birth weight can often be attributed to tobacco use during pregnancy. Ms. Randall stated that smoking correlates to many other health measures, and if the smoking rate decreases, it will show how it impacts other measures and how to move Kentucky's overall ranking.

In response to questions by Senator Thomas, Ms. Randall stated that the America's Health Rankings reports does not give recommendations on what a state should do to combat negative measures. The United Health Foundation can share what has worked for other states that would help Kentucky make informed public policy decisions. Information can be provided for all 50 states about what has been done legislatively on smoking rates over the past 30 years. The health rankings report shows a correlation between the health of women and children does rank in the bottom ten in whether or not a state has high or low rates of breastfeeding. Things that support mom and baby around breastfeeding to educate them to provide coaching, support, care coordination, care management have been very successful at increasing breastfeeding rates. Legislative practices around breastfeeding was not available.

In response to questions by Senator Givens, Ms. Randall stated that there is a correlation between cancer mortality and smoking. Cancer mortality factors include clinical care, early detection of cancer, appropriate diagnosis and treatment, and other related risk factors for cancer such as genetics, other exposures, and obesity. Senator Alvarado said that obesity and secondhand exposure to tobacco are directly correlated to higher cancer rates.

Representative Wuchner stated that Kentucky needs to return physical activity to schools, because 30 minutes of physical activity and movement can help with the obesity problem that can begin at an early age and can cause other health problems in their adult life.

Consideration of Referred Administrative Regulations

The following administrative regulations were on the agenda for consideration: **201 KAR 020:057** - Scope and standards of practice for advanced practice registered nurses; **900 KAR 001:091** - Repeal of 900 KAR 001:090; **906 KAR 001:190** - Kentucky National Background Check Program (NBCP); and **907 KAR 001:121 -** Repeal of 907 KAR 001:120 and 907 KAR 001:130. A motion to consider the administrative regulations was made by Representative Wuchner, seconded by Senator Kerr, and approved by voice vote.

Blue Zones

Evelyn Montgomery Jones, MD, FAAD, Founder and President, WellSprings Dermatology and SkinCare, stated that according to the Rural Health Organization (RHO), the definition of health is a state of complete physical, mental, and social wellbeing not merely the absence of disease or infirmity. The true quality of life longevity is more than

living a long life, but living our years well. There are many things that happen with our health that we have no control over, but there are many choices today that will influence our health and well-being toward the end of our life. The desire is for prevention of disease. The 2016 Gallup Wellbeing Index reported that Kentucky was the 49th healthiest state and in 2017 the 45th. An unhealthy state takes a toll on state resources and healthcare dollars that can be crippling. People that have high wellbeing cost less and perform better.

Shawn Jones, MD, FACS, President, Kentucky Foundation for Medical Care and Past-President, Kentucky Medical Association, stated that Gallup-Sharecare Well-Being Index includes five elements of well-being: purpose, social, financial, community, and physical that drive some of our behaviors such as obesity and opioid use. When comparing Kentucky to the nation, it is important to look at the purpose, the social, financial community, and the physical. Health ways data indicates a very small change in wellbeing up or down, impacts healthcare dollars and ER visits significantly. Kentucky has a lot it can improve on with respect to smoking rates and obesity rates, but the challenge is the opportunity. Of the 4.4 million Kentuckians, 1.4 million are on Medicaid. The good news is there is a very low uncovered population. We do not want to make the mistake of equating coverage with good health care or easy access or think that a low uninsured rate alone will move the needle on reducing costs. Increased coverage and improving health are two different things although they are related. In 2017, the United Health Foundation ranked Kentucky 42nd, and found that Kentucky continues to have a high prevalence in smoking, a high cancer death rate, a high preventable hospitalization rate, and in the past three years, a 24 percent increase in diabetes. Of the core 33 measures reviewed, the foundation gave Kentucky negative marks in 22. Since 1990, the highest ranking Kentucky has received from the foundation was 39th in 2008 which was before Medicaid expansion and the lowest was 47th in 2014 after the Medicaid expansion. In 2016, over $9 billion state and federal funds were spent to cover the 1.4 million Medicaid recipients. The conservative projected savings of a Blue Zone's project in the Paducah area alone is $200 million.

Dr. Montgomery Jones stated that Dan Buettner was commissioned by National Geographic to find the pockets in the world of people who have lived the longest most functional lives. The five communities were located in Ikaria, Greece, Okinawa, Japan, Ogliastra Region, Sardinia, Loma Linda, California, and Nicoya Peninsula, Costa Rica. The nine common behaviors among the five communities were moderate, regular physical activity, life purpose, stress reduction, moderate caloric intake, plant-based diet, moderate alcohol intake, especially wine, engagement in spirituality or religion, engagement in family life, and engagement in social life. Blue Zones make it easier for a person who is challenged to make changes in their lifestyle. We are only as strong as the unhealthiest citizen, and the Blue Zones helps raise the level of health for all citizens and looks at all aspects of wellbeing. Blue Zones is a collaborative approach that touches all aspects of a life radius. After receiving a $6 million grant from the Kentucky Foundation for Medical Care, the charitable arm of the Kentucky Medical Association, Paducah was chose as an ideal community to adopt and implement a Blue Zones 3-year project. The foundation

allocated $200,000 per year to Paducah for a 2-year pilot program called the Active Program. At the end of the two years, Paducah could decide whether to engage and implement a larger Blue Zone project with a more proven return of investment (ROI).

Dr. Jones stated that Kentucky needs to get out of the business of doing sick care and start focusing more on preventative care to change Kentucky's future physically, socially, and economically.

Senator Danny Carroll stated that the Blue Zones projects are viable options that need to be funded. It might be an advantage for the managed care organizations (MCOs) to invest in Blue Zone projects.

Representative Moser stated that there needs to be a change in attitudes rather than mandating change. Change comes from engaging communities. Blue Zones would be a good investment for Kentucky.

In response to a question by Representative Wuchner, Dr. Jones said that they had not spoken to the Paducah county-judge executive association. She encouraged bringing all the stakeholders together for success of the program. Blue Zones are about natural moving not just exercising.

Kentucky Organ Donor Association

Shelley Snyder, Executive Director, Kentucky Circuit Court Clerks' Trust for Life, stated that an unintended consequence of the new driver's license renewal requirement change from a four-year to an eight-year renewal cycle will be the impact on the mission of organ donor and transplantation in Kentucky. Currently, the Circuit Clerks talk to a million people per year and ask when a person renews their driver's license if they would like to registries as an organ donor. Kentucky has currently one of the fastest growing registry for organ donation, but the number will be cut in half when Kentuckians only renew their license every eight years. Kentucky's Organ Donor Registry was created in 2007, and there are 1.8 million Kentuckians registered. KODA has talked to the acting commissioner of the Department of Fish and Wildlife Resources, Kentucky Tourism, Arts and Heritage Cabinet, about adding the donor registry question when someone renews a hunting and fishing license. Organ donation and transplantation continue to be a very important option of Kentuckians with medical issues. Currently there are 1,000 Kentuckians waiting for a life-saving organ transplant and 115,000 nationally. Every ten minutes someone is added to the waiting list for an organ transplant. It is very rare that someone dies in a way to be an organ donor, and that is why people need to register and state their wish to be a donor. The number one reason that families say no to donation at the time of their loved one's death is because they have not talked about organ donation and did not know what their loved one would want. All information on the registry is confidential. The goal is to give everyone the opportunity to be an organ donor.

In response to a question by Senator Danny Carroll, Julie Bergin, President and CEO, RN, BSN, MHA, Kentucky Organ Donor Affiliates, stated that KODA would be open to any opportunity to discuss the issue with anyone interested.

There being no further business, the meeting was adjourned at 3:15 p.m.