INTERIM JOINT COMMITTEE ON HEALTH, WELFARE, AND FAMILY SERVICES

Minutes of the 8th Meeting of the 2019 Interim

December 9, 2019

Call to Order and Roll Call

The 8th meeting of the Interim Joint Committee on Health, Welfare, and Family Services was held on Monday, December 9, 2019, at 1:00 PM, in Room 154 of the Capitol Annex. Senator Ralph Alvarado, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Kimberly Poore Moser, Co-Chair; Senators Julie Raque Adams, Danny Carroll, Julian M. Carroll, Denise Harper Angel, Alice Forgy Kerr, Morgan McGarvey, and Stephen Meredith; Representatives Danny Bentley, Tina Bojanowski, Adam Bowling, Tom Burch, Daniel Elliott, Deanna Frazier, Robert Goforth, Joni L. Jenkins, Scott Lewis, Mary Lou Marzian, Melinda Gibbons Prunty, Josie Raymond, Steve Sheldon, Nancy Tate, Russell Webber, and Lisa Willner.

Guests: Adam Meier, Secretary, Kristi Putnam, Deputy Secretary, Cabinet for Health and Family Services; Elizabeth Caywood, Deputy Commissioner, Laura Begin, Legislative Liaison, Sara Vanover, Division Director, Jenny Thornhill, Prevention Branch Manager, Willa Suggs, Social Service Specialist, Regional Permanency Branch, Department for Community Based Services, Cabinet for Health and Family Services; Erin Smead, START Director, Raven Mosser, START Family Mentor, Boyd County, University of Kentucky College of Social Work, In partnership with Department for Community Based Services, Cabinet for Health and Family Services; Dr. Brian Harbrecht, Director of Trauma Surgery, Professor of Surgery, Division of General Surgery, University of Louisville; Dick Bartlett, BS, MEd, Emergency Preparedness and Trauma Coordinator Kentucky Hospital Association; Melissa Cahill, President, Louisville Chapter, National Eating Disorders Association; Meredith Cahill; Cheri A. Levinson, Ph.D., Assistant Professor, Department of Psychological and Brain Science, University of Louisville; Nicholas C. Peiper, Ph.D., M.P.H., Research Scientist, Pacific Institute for Research and Evaluation (PIRE), Assistant Professor, Department of Epidemiology and Population Health, University of Louisville; Dr. Ryan Alverson, Ph.D., Assistant Professor, Educational Foundations, Northern Kentucky University; Kara Davies, Ed.D, Principal, Clark County Preschool; Kevin Middleton, President, United Way of Kentucky; Shannon Stiglitz, Vice President, Government Affairs, Kentucky Retail Federation; Cory Meadows,

Deputy Executive Vice President, Director of Advocacy, Kentucky Medical Association; Tricia Okeson, Deputy Commissioner, Department for Public Health, Cabinet for Health and Family Services; Shannon Gadd, Commissioner, Department for Aging and Independent Living, Cabinet for Health and Family Services; Allison Adams, Director, Buffalo Trace District Health Department, President, Kentucky Health Department Association; and Sidney Fogle, Executive Director, Funeral Directors Association of Kentucky.

LRC Staff: DeeAnn Wenk, Ben Payne, Chris Joffrion, Dana Simmons, Becky Lancaster, and Hillary McGoodwin.

Approval of Minutes

A motion to approve the minutes of the November 18, 2019 meeting was made by Representative Burch, seconded by Senator Meredith, and approved by voice vote.

Consideration of Referred Administrative Regulations

The following administrative regulations were on the agenda for consideration: **902 KAR 020:370 Proposed -** Operations and services; private duty nursing agencies; **902 KAR 020:430 Emergency -** Facilities specifications, operation and services; behavioral health services organizations for mental health treatment; **922 KAR 001:320 Emergency -** Service appeals; **201 KAR 029:015 Proposed** – Fees; and **201 KAR 036:060 Proposed -** Qualifying experience under supervision. A motion to accept the administrative regulations was made by Senator Julian Carroll, seconded by Representative Burch, and accepted by voice vote.

Cabinet for Health and Family Services Summary

Adam Meier, Secretary, Cabinet for Health and Family Services (CHFS), stated that CHFS has been intentional and strategic about technology, data sharing, data integration, and using data trends to inform policy. CHFS has worked to facilitate cross-agency, cross-cabinet coordination. He stated that the citizens served by CHFS typically do not have one issue in isolation, so CHFS must work to maximize the limited engagement with them by serving the whole person. Coordination across Health and Human Services (HHS) programs is critical to holistically serve vulnerable populations. He reviewed a list of partners and programs that worked to facilitate cross-agency, cross-cabinet collaboration.

Kristi Putnam, Deputy Secretary, Cabinet for Health and Family Services, stated that CHFS built a new integrated HHS workforce engagement technology suite, the KEE Suite. CHFS incorporated a "shared governance" structure that removed hierarchy and cabinet lines and focused on project management. CHFS built incentives to improve outcomes, including financial literacy, health literacy, parenting, multi-generational health, fitness, employment, educational attainment, and income. CHFS established a multi-

pronged substance use disorder policy framework, including removing the 16-bed limit and adding naloxone to covered treatments.

Secretary Meier stated that there was a 15 percent reduction in overdose deaths in Kentucky from 2017 to 2018. Kentucky and the University of Kentucky represent one of only four study sites across the United States selected by the National Institute on Drug Abuse, part of the National Institutes of Health (NIH), to receive an $87 million HEALing Grant. CHFS has worked to build an inclusive and engaged HHS ecosystem. Ms. Putnam stated that CHFS has begun the Culture of Safety implementation, provided by Collaborative Safety, and started in the Department of Community Based Services (DCBS). Secretary Meier stated that understanding the barriers and the decision making process of the program participants and the workforce will improve workflows, workloads and outcomes. He stated that when there is insufficient evidence of promising programs getting good results, it is important to take additional steps to build evidence-based practices. Ms. Putnam stated that Kentucky is a leader in implementing the Family First Prevention Services Act.

In response to questions and comments from Senator Alvarado, Secretary Meier stated that if the entire Kentucky HEALTH waiver is withdrawn, there would be consequences especially in relation to the substance use disorder (SUD) and the technology portions of the waiver. He stated there is a way to amend the waiver that includes public comments. He stated that it would be prudent to take the time to study any impacts before doing a wholesale repeal because there could be consequences.

In response to questions and comments from Representative Burch, Secretary Meier stated that he was not aware of the entire $1.1 billion budget shortfall that is projected. CHFS has submitted the additional budget requests. He stated that within the shortfall there are substantial costs related to litigation from 10 years ago. He stated there are increased costs for the Medicaid expansion population growth. He stated that CHFS is chronically under-funded in certain areas and CHFS will have budget challenges.

In response to questions and comments from Representative Willner, Ms. Putnam stated that state plan amendment was approved by the Centers for Medicare & Medicaid Services (CMS) on November 4, 2019. CHFS is in the process of implementation. CHFS is working with the Kentucky Department of Education to develop an operational framework for the School-Based Health Services (SBHS) program. Kentucky school districts can choose to participate the SBHS program to receive reimbursement for medical services provided to Medicaid eligible students through the schools.

In response to questions and comments from Representative Goforth, Secretary Meier stated that if the Kentucky HEALTH waiver is approved, that does not mean each component has to be implemented by the state.

Trauma System Issue

Dr. Brian Harbrecht, Director of Trauma Surgery, Professor of Surgery, Division of General Surgery, University of Louisville, stated that trauma remains the leading cause of death for young adults in the most productive years of life. The cost of caring for those who die from injury is high and there are costs associated with lost years of life. According to the Centers for Disease Control and Prevention (CDC) data, the death rate from injury in Kentucky is 34.9 percent higher than the national average. The majority of injury related deaths occur in Eastern Kentucky many miles from the major trauma centers. Approximately one-half of the medical costs for trauma related care are paid by Medicare or Medicaid. The medical costs for fatal injuries are substantial and the costs associated with medical care, lost wages, and lost productivity for nonfatal injuries are significant. Trauma systems have been shown to save lives and decrease morbidity from injury.

Dr. Harbrecht stated that the Kentucky Trauma Care law was passed in 2008, but without state funding. There were provisions for a non-lapsing trauma fund should state money become available in the future. Due to support from the Kentucky Hospital Association (KHA), the voluntary efforts of the Trauma Advisory Committee, a dedicated trauma system family, the generosity of friends, foundations and grants, there is a Kentucky Trauma Care System with 22 verified trauma centers. He stated that the short-term goal is to secure a stable, on-going source of funding to support the operation and growth of the Kentucky Trauma Care System. He gave an overview of items and projects the funding would support.

In response to questions and comments from Senator Alvarado, Dr. Harbrecht stated that to fully fund the Kentucky Trauma Care System, it would take and investment of $10 to $20 million. He stated that Trauma Care System is requesting a fraction of those costs to make incremental progress with quality control and education efforts. Mr. Bartlett stated that one source of funds may be a program similar to the Georgia Super Speeder program that has created a reliable stream of income.

Treatment for Eating Disorders

Melissa Cahill, President, Louisville Chapter, National Eating Disorders Association, stated that the Louisville Center for Eating Disorders is the only specialty treatment center for eating disorders in Kentucky. Eating disorders are devastatingly serious for the individuals affected and also to the entire family and support system. The National Eating Disorder Association created and administered the Body Project, a body acceptance and prevention program, to over 500 young women in Kentucky. Meredith Cahill, diagnosed at 14 with an eating disorder, shared how her life was affected by the lack of treatment options for eating disorders in Kentucky.

Cheri A. Levinson, Ph.D., Assistant Professor, Department of Psychological and Brain Science, University of Louisville, stated that eating disorders have a high mortality rate, often become chronic illnesses, and are costly. In Kentucky there are approximately

29,804 children with an eating disorder. The one eating disorder facility in Kentucky only has outpatient and intensive outpatient care. There is not a program in the United States that accepts Medicaid for a higher level of eating disorder care.

Nicholas C. Peiper, Ph.D., M.P.H., Research Scientist, Pacific Institute for Research and Evaluation (PIRE), Assistant Professor, Department of Epidemiology and Population Health, University of Louisville, shared data regarding eating disorder behaviors among Kentucky high school students, ages 14 to 18 years old. Approximately 47.1 percent of high school students are trying to lose weight. The prevalence of eating disorders among high school students in Kentucky was higher than the national average. Eating disorders affect people of all sizes. When compared to Kentucky students who are not at risk for eating disorders, students who are at risk are five times more likely to make a suicide attempt.

Dr. Levinson stated that severe eating disorders can require inpatient and residential treatment. The average monthly cost of inpatient treatment for eating disorders is $68,000. The average monthly cost of a residential eating disorder program is $30,000. When left untreated, eating disorders can lead to medical complications such as heart failure, kidney failure, osteoporosis, diabetes, stroke, gastric rupture, or hypoglycemia. Preventative measures can reduce incidence and slow the development of eating disorders in at-risk populations. Professionals and schools can be trained to detect, prevent, and treat eating disorders.

Melissa Cahill proposed that the state establish a Kentucky Eating Disorder Council to work in conjunction with CHFS, the Department for Behavioral Health, Developmental and Intellectual Disabilities, and the Department of Education. The overall charge of council is to create and oversee more access to treatment and education throughout the state. Ms. Cahill suggests the council would add an assessment of eating disorders in state-wide assessments, identify eating disorder research projects, and other actions. The Kentucky Eating Disorder Council would save lives, help children and youth, and prevent costs to the state.

In response to questions and comments from Representative Marzian, Dr. Levinson stated that anorexia is more likely to occur in women however, bulimia nervosa has higher rates with men. Benge eating disorders occur equally in men and women. The treatment for an eating disorder is multidisciplinary. Patients work with a team that includes a psychologist or therapist, dietician, and sometimes a prescriber. There are not FDA approved medications for eating disorders but medication can be helpful with anxiety and depression that often come with an eating disorder. It is very important to have providers that are trained in eating disorders delivering the treatment.

In response to questions and comments from Representative Raymond, Dr. Levinson stated that The Body Project has been shown to prevent eating disorders. She

stated that more training for providers, such as pediatricians, to recognize eating disorders is needed for patients to access early treatment and prevention. Melissa Cahill stated that The Body Project is an evidence-based program focused on young women in high school. Some high schools have put The Body Project into their health curriculum. The Body Project promotes body acceptance. The National Eating Disorder Association is working on similar program for men called More Than Muscle.

In response to questions and comments from Representative Willner, Dr. Levinson stated that she hopes the Kentucky Eating Disorder Council will figure out the barriers to care in Kentucky and how to overcome them.

In response to questions and comments from Representative Sheldon, Dr. Levinson stated that the Louisville Center for Eating Disorders has outpatient and intensive outpatient care and hoping to open a partial hospital program by the end of 2020. The center is clinically ready to open a partial hospital program but because eating disorders are not prioritized, the center is unable to get insurance contracts to pay adequately for the program. Kentucky needs to work towards having partial residential and inpatient care for eating disorders, otherwise young children will still be sent out of state for care.

Kentucky Strengthening Ties and Empowering Families (KSTEP) and Sobriety Treatment and Recovery Team (START) Programs

Elizabeth Caywood, Deputy Commissioner, Department for Community Based Services (DCBS), Cabinet for Health and Family Services, stated that DCBS intends to incrementally expand KSTEP and START utilizing federal funding. DCBS is setting national policy and practice with the early implementation of the programs. Child welfare is a continuum of services including front-end prevention services, child protective services, in-home services, relative or foster care, youth transition services, and adoption services. There has been a recent increase in the number of foster homes, the number of annual public agency adoptions, and the number of children who are reunified with their homes of origin. In state fiscal year (SFY) 2019, DCBS spent $476 million on foster care and $18 million on prevention services. She stated that more front-end prevention services are less costly and increasingly effective. The 2018 Family First Prevention Services Act is a start to building a 21st century child welfare system.

Erin Smead, START Director, University of Kentucky College of Social Work, in partnership with the Department for Community Based Services, Cabinet for Health and Family Services, stated that Kentucky child welfare leadership began planning to implement START in 2006 because of the high rates of children coming into out-of-home care due to parental substance use. START has been implemented in Kenton, Boone, Campbell, Jefferson, Boyd, Martin, Daviess, and Fayette counties. START is a Child Protective Services (CPS) program for families with parental substance use disorders and child maltreatment. START combines the best practices in child welfare, courts, and substance use disorder treatment to help parents achieve recovery and keep children in the

home with family when possible and safe. START is recognized on the California Evidence Based Clearinghouse for Child Welfare. START serves CPS involved families with a substance exposed infant or young children up to five years old.

Ms. Smead stated that START provides an intense and coordinated CPS service delivery model with quick intervention for families upon receipt of CPS referral. The goal is for START to become involved with a family within 24 hours to 10 days upon receipt of a CPS referral. START pairs a CPS worker with a family mentor that share a caseload of 12 to 15 families. START participants have weekly home visits by the CPS worker with a family mentor. There is a non-punitive approach and a focus on shared decision making for the participants. The plan for families includes quick access to holistic substance use disorder (SUD) assessments and treatment within 48 hours. She stated that women in START have nearly double sobriety rate of non-START counterparts. Children in START are about half as likely to enter foster care. At case closure, over 75 percent of START kids remained with or were reunified with their parent(s). For every dollar spent on START, approximately $2.22 is saved in foster care costs.

Jenny Thornhill, Prevention Branch Manager, Regional Permanency Branch, Department for Community Based Services, Cabinet for Health and Family Services, stated that KSTEP is similar to the START program, created to serve rural or resource poor areas. KSTEP serves children up to age nine. KSTEP was established in 2017 and serves eight counties. KSTEP provides immediate access to intensive in-home services and substance abuse treatment from community mental health centers. The program runs for approximately eight months. KSTEP works to eliminate barriers to accessing treatment. KSTEP has served 578 children with the program evaluations showing that 95 percent of children have been able to remain safely in their home. KSTEP provides transportation and pay for drug screens, and has a moderate flexible funding in case of emergency to help support the participants. KSTEP's in-home providers jointly make the program evidence based and trauma informed. KSTEP uses motivational interviewing, cognitive behavioral therapy, and solution based casework, along with evidence based assessment tools.

Raven Mosser, START Family Mentor, Boyd County, University of Kentucky College of Social Work, in partnership with Department for Community Based Services, Cabinet for Health and Family Services, shared her personal experiences with substance use, recovery, and becoming a START family mentor.

Willa Suggs, Social Service Specialist, Regional Permanency Branch, Department for Community Based Services, Cabinet for Health and Family Services, shared her experiences as a foster parent of multiple children and working as a special needs adoption coordinator.

In response to questions and comments from Representative Gibbons Prunty, Ms. Thornhill stated that DCBS would like to see KSTEP be implemented state-wide. KSTEP

was piloted in Northeast Kentucky based on need and data on substantiated child abuse and neglect cases where substance abuse was a direct contributing factor.

Quality Childcare and Public Preschool Partnerships: Supporting Working Parents

Dr. Ryan Alverson, Ph.D., Assistant Professor, Educational Foundations, Northern Kentucky University, stated that by the age of five a child's brain is 90 percent of the adult brain weight. The Center on the Developing Child at Harvard University states that 700 new neural connections are formed every second. The different neural connections impact different functions and develop sequentially. In 2019, 51.1 percent of children entering kindergarten were assessed as ready, leaving one-half of the state's children behind before the start of school. Children not reading on grade level by third grade are three times more likely to not graduate high school. The Preschool Partnership Grant's purpose is to increase access to full-day quality preschool programming through strengthening of partnerships, especially for child care assistance program (CCAP) eligible families. The Kentucky Preschool Partnership Grants are funded from portion of existing state-funded preschool monies. Expanding access to quality preschool programming provides working parents with full day preschool options for their children.

Dr. Alverson stated that each district has met the purpose for the partnership grant through different means, while all districts and partners provide a holistic, systematic approach for meeting the needs of the families. Each model looks different. The grant has allowed partnerships to focus money on where it is most needed in the respective communities. The rolls and processes often differ but the outcomes of support for families and children are often the same. The Kentucky Preschool Partnership Grants have impacted the quality of preschool programming by increasing the access to the program for CCAP eligible children and work to meet the needs of Kentucky families.

Kara Davies, Ed.D, Principal, Clark County Preschool, stated that Clark County Preschool is closing achievement gaps in early childhood education. The preschool program is serving at risk three and four year old students. The students qualify for the program based on income, disability, foster care, or homeless status. There are many stakeholders impacting the care and education of the students. The partnerships are vital in achieving the goal of kindergarten readiness for all students. Along with Bluegrass Children's Academy, Clark County Preschool developed mobile classrooms designed to improve quality programming throughout the community. The mobile classrooms served as training tool for educators and exposed children to high quality instruction in their current setting. The grant increased the duration of the school day to a full day of six hours of instruction. Grant funding provided extended-year summer programming for six weeks with free transportation and meals for the children. Clark County Preschool saw an overall seven percent increase in kindergarten readiness and a 12.5 percent in kindergarten readiness scores for state funded preschool students.

Kevin Middleton, President, United Way of Kentucky, stated that it is critical to expand access for at risk children to high quality preschool services including prenatal care, infant care, toddler care, public and private preschool, Head Start, and early Head Start programs. Income support programs and tax policies that support work and help families to become financially stable are important for Kentuckians. He stated that improving results in early childhood leads to better outcomes for children throughout their lives. The United Way of Kentucky believes that an increase to the Child Care Assistance Program funding to support eligibility up to 200 percent of the federal poverty level (FPL) is vital to adequately support working families and young children. He stated that to keep families on track an increase to the public preschool eligibility to 200 percent of FPL is also needed. Kentucky should continue support for private-public preschool partnership incentive grants that are distinct from public preschool funding.

In response to questions and comments from Representative Moser, Ms. Davies stated that funding is different in every county. Clark County has a partnership with Head Start for funding. Clark County has state funded preschool programs and the Preschool Partnership Grant. The Preschool Partnership Grant funding came out of the overall preschool budget and therefore the amount per pupil went down.

In response to questions and comments from Representative Raymond, Mr. Middleton stated that $26 million goes towards funding the Child Care Assistance Program. The full cost of operating the Child Care Assistance Program is $175 million with a considerable amount that comes from the federal government to support the program.

2020 Legislation

20 RS BR 9, AN ACT relating to prescription drugs, sponsored by Representative Danny Bentley. Representative Bentley stated that BR 9 would require health or commercial insurers to count all payments made by patients directly or on their behalf towards the deductible and overall out-of-pocket maximum payments unless there is a generic option available. This bill would protect patients from unexpected bills and ensure they can utilize the help that pharmaceutical manufacturers provide to patients.

Cory Meadows, Deputy Executive Vice President, Director of Advocacy, Kentucky Medical Association (KMA), stated that studies show that when the patients' share of prescription costs become too high, many patients skip doses, ration, or stop their medications leading to higher medical costs. Treatment options should be determined by the physicians and patients not by an algorithm that helps insurance companies save money.

In response to questions and comments from Representative Sheldon, Representative Bentley stated that he would be open to an amendment that would lower the patients' prescription costs even more.

20 RS BR 269, AN ACT relating to public health, making an appropriation therefor, and declaring an emergency, sponsored by Representative Kimberly Poore Moser. Representative Moser stated that BR 269 relates to the Kentucky Department for Public Health (DPH) transformation plan. The DPH faces unprecedented challenges related to the increased pension contribution requirements. The DPH and local health departments helped to find the core and foundational services. BR 269 will establish a funding formula in statute. BR 269 allows DPH to provide fair and equitable services and funding across Kentucky. BR 269 controls costs and relieves the instability of the system. BR 269 allows local health departments to identify its own local priorities.

Tricia Okeson, Deputy Commissioner, Department for Public Health, Cabinet for Health and Family Services, stated that the DPH's goal is to work together for an efficient, sustainable, and accountable public health system focused on producing better health outcomes for all Kentuckians. The Public Health Transformation will prevent duplication of effort, reduce waste internally and externally, and support data-driven decisions to best promote community health outcomes. She listed the five focus areas with statutory and regulatory defined services and specified three programs that will be prioritized by the DPH. Ms. Okeson stated that the proposed legislation outlines the Public Health Transformation structure in statute to ensure accountability at the state and local levels in the future. She also listed additional features of the proposed legislation.

Allison Adams, Director, Buffalo Trace District Health Department, President, Kentucky Health Department Association (KHDA), stated that the funding model proposed provides equitable funding to provide statutorily mandated services across Kentucky. KHDA has worked on the funding model for five years and have vetted it through the association.

20 RS BR 313, AN ACT relating to mental health first aid training and making an appropriation therefor, sponsored by Representative Kimberly Poore Moser. Representative Moser stated that BR 313 seeks to put tangible tools in the hands of providers who are working with people who may potentially have a mental health issue. Kentucky has a substance use and addiction issue resulting in 1333 overdose deaths in 2018. In 2017, and there were 766 Kentuckians that died by suicide. Mental health first aid is a nationwide, evidence based training curriculum that teaches individuals how to identify, understand, and respond to signs and symptoms of mental distress and substance use. The training will be offered to educators, law enforcement, fire fighters, first responders, military personnel, faith based organizations, and others as requested. BR 313 establishes a trust fund which can accept state and federal allocations, grants, or private donations to fund the curriculum. The program will be managed and administered by the Cabinet for Health and Family Services.

Wendy Morris, Commissioner, Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID), Cabinet for Health and Family Services, stated that the mental health first aid training is a powerful tool that will help with early identification, intervention, and access to treatment that will help the individual and social outcomes. The training includes eating disorders and attention deficit disorders and gives people the basic skills to communicate and offer support to people in need.

Dr. Wanda I. Figueroa, Chief Executive Officer, RiverValley Behavioral Health, stated that RiverValley is the largest behavior healthcare provider in Western Kentucky. RiverValley also serves rural areas that have difficulty accessing mental healthcare services. According the United States Department of Health and Human Services, Kentucky has the highest child abuse rate in the country. The child abuse rate in Kentucky is double the national average. Suicide is the second leading cause of death for ages 10 to 24. She stated that one in five children will have a mental health condition. When mental health is unaddressed, it can lead to poor quality of life, family instability, and economic stagnation. RiverValley identifies the mental health first aid training as a vehicle to jumpstart a community health campaign. The mental health first aid training is evidence based and is rooted in science and best practices. The mental health first aid training provides real life, hands-on solutions. RiverValley has provided the mental health first aid training to over 500 members of local area school personnel, personnel from community colleges, first responders, faith leaders, and community agencies.

20 RS BR 423, AN ACT relating to the disposition of human remains, sponsored by Senator Stephen Meredith. Senator Stephen Meredith stated that the Kentucky Department for Aging and Independent Living (DAIL), the Division of Guardianship Services cannot make a decision regarding the disposition of human remains, a court order is required. It is becoming increasingly difficult to find family to accept responsibility or when family is found many times they are not willing to provide the financial resources for an appropriate burial. BR 423 permits the Division of Guardianship Services to allow a cremation when all other avenues have been exhausted. This bill would help to keep people from waiting in the morgue for weeks or months at a time. DIAL provided a letter in support of BR 423 with examples of long wait periods for burial or cremation.

Shannon Gadd, Commissioner, Department for Aging and Independent Living, Cabinet for Health and Family Services, stated that most states include guardians appointed at the time of death as an individual who can make a decision regarding the disposition determination. BR 423 would make a difference in the life and death of a person under the care of the state. Sidney Fogle, Executive Director, Funeral Directors Association of Kentucky, stated that he completely supports BR 423.

In response to questions and comments from Senator Alvarado, Senator Meredith stated that some counties have indigent burial funds but sometimes those accounts are not funded in rural communities. The funds are a provided by churches, individuals, and the

charity of others to make the payments. Mr. Fogle stated that in many cases the individuals have funds set aside for burial or cremation however there is not anyone to sign off on the final disposition. BR 423 will allow guardianship to sign for the final disposition. Ms. Gadd stated that DAIL will first look at burial policies for individuals and sometimes there are not funds to pay for a burial but could cover the costs of a cremation.

Adjournment

There being no further business, the meeting was adjourned at 3:50 PM.