

# COMMISSION ON RACE & ACCESS TO OPPORTUNITY

## Minutes

October 24, 2023

### Call to Order and Roll Call

The 5th meeting of the Commission on Race & Access to Opportunity was held on October 24, 2023, at 1:00 PM in Room 129 of the Capitol Annex. Senator David P. Givens, Chair, called the meeting to order, and the secretary called the roll.

### Present were:

Members: Senator David P. Givens Co-Chair; Representative Killian Timoney Co-Chair; Senators Karen Berg, Gerald A. Neal, and Whitney Westerfield; Representatives George Brown Jr., and Samara Heavrin.

Guests: Representative Jason Nemes; Mary Kathryn DeLodder, Kentucky Birth Coalition; Meredith Strayhorn, Licensed Certified Professional Midwife; Liz McQuillen, Chief Policy Officer, Metro United Way; Shreeta Waldon, Executive Director, Kentucky Harm Reduction Coalition; Shameka Parrish-Wright, Executive Director, Vocal-KY; Bryan Hubbard, Chairman and Executive Director, Kentucky Opioid Abatement Advisory Commission

LRC Staff: Brandon White, and Brett Gillispie.

Chairman Givens introduced new member Kimberly Baird to the Commission. Ms. Baird is the Commonwealth's Attorney for Fayette County and the first Black woman to serve in that role.

### Approval of August and September Minutes

Senator Westerfield moved to approve the minutes from the August and September meetings of the commission. The motion was seconded by Senator Berg and approved by a voice vote.

### Birthing Centers

Representative Jason Nemes; Mary Kathryn DeLodder, Kentucky Birth Coalition; Meredith Strayhorn, Licensed Certified Professional Midwife; and Liz McQuillen, Chief Policy Officer, Metro United Way, presented to the commission on freestanding birthing centers.

Ms. DeLodder said that there have been no freestanding birth centers in Kentucky since the 1980s, legislation has been introduced in previous sessions by Representative Nemes and Senator Funke Fromeyer seeking to streamline the licensure and construction process to encourage the construction of new birth centers.

Ms. Strayhorn said that freestanding birth centers are facilities other than hospitals that specialize in normal childbirth without common medical interventions. Birth centers typically have two or three beds and are only recommended for low risk pregnancies and labors. The centers provide prenatal and postpartum care to mothers that includes education on care for both their newborns and themselves. She added that the centers save clients an average of \$1,000 per birth as opposed to a typical hospital birth, and that studies suggest mothers who utilize birth centers are at a lower risk of having to undergo a cesarian section.

Ms. Strayhorn said the community model utilized by birth centers can lower costs and increase positive outcomes for traditionally at-risk groups, particularly racial and ethnic minorities as well as low-income families. More mothers are choosing not to give birth in hospitals due to fears of exposure to diseases such as COVID-19 and concern over racial bias in the healthcare system. She added that black families, in particular, will often either delay care or not be given proper care due to racial bias in the medical industry, with maternal mortality for black women being two to four times higher than that of white women, and that black-owned birth centers will be able to address this issue by providing inclusive services and build trusting relationships with expectant mothers in Kentucky's black community.

Ms. McQuillen said that Metro United Way conducted a study on maternal and prenatal care and found that zip codes in Jefferson County that represented poorer and majority-black communities had lower rates of prenatal care than wealthier neighbors, with white mothers accessing prenatal care at greater rates than both black and Hispanic mothers. The study also found that some mothers struggled with a variety of issues including difficulty finding or accessing care, cost and insurance coverage as a barrier to care, and medical racism. Ms. McQuillen added that expanding birth options available to women such as birth centers will help reduce Kentucky's maternal and infant mortality rate and help create thriving children, strong households, and equitable communities.

Senator Berg said that pregnancy needs to be considered a qualifying event by insurance providers and has personally experienced a pregnancy in which she was not covered by insurance.

In response to a question from Senator Berg, Ms. Strayhorn said that the Kentucky Birth Coalition's proposed regulations for freestanding birth centers provides for Medicaid reimbursements.

In response to a question from Chairman Givens, Ms. Strayhorn said that Frontier Nursing University in Versailles, currently educates nurse practitioners to become midwives, but that there are also midwives that are performing services through avenues not currently legal due, to the state ending the practice of issuing midwife certificates in 1975. Certified professional midwives are authorized to practice in Kentucky as of 2019.

In response to a question from Senator Berg, Ms. Strayhorn said that there is not a requirement in the proposed legislation to require freestanding birth centers to service a certain number or percentage of Medicaid patients. In response to a follow-up question, Ms. Strayhorn said that centers need to be given the opportunity to open in order to serve Medicaid populations, and that existing birth centers in other states serve high numbers of Medicaid patients. Senator Berg expressed concern that birth centers would be opened with the goal of serving underserved women and not fulfill that purpose and expressed a desire for a guarantee in the proposed legislation that a certain percentage of the patients at each facility have to be Medicaid patients.

### **Kentucky Overdose Rates**

Shreeta Waldon, Executive Director, Kentucky Harm Reduction Coalition; Shameka Parrish-Wright, Executive Director, Vocal-KY; and Bryan Hubbard, Chairman and Executive Director, Kentucky Opioid Abatement Advisory Commission, presented to the commission on overdose rates in Kentucky.

Mr. Hubbard said that the Kentucky Opioid Abatement Advisory Commission awards and monitors grants to deliver prevention, treatment, and recovery services to Kentuckians afflicted by opioid use disorder and any co-occurring issues. Mr. Hubbard gave an overview of funds awarded through a multi-state settlement. So far, funds have been awarded in two rounds of grants to dozens of community organizations, who have delivered a variety of services in every county. It is also funding 2022 Senate Bill 90's Innovative Criminal Justice Reform pilot project, aimed at reducing incarceration through sentencing alternatives. In 2021, opioid-related deaths among black Kentuckians exceeded that of white Kentuckians. The Kentucky Opioid Abatement Advisory Commission has responded by engaging black community and faith leaders to build trust and create new grant opportunities.

Senator Westerfield said that he is eager to hear the Kentucky Opioid Abatement Advisory Commission's response to his requests regarding proposed research expenditures.

In response to a question from Senator Berg, Mr. Hubbard said that the \$450 million awarded to the Kentucky Opioid Abatement Advisory Commission will be paid in incremental sums over the next 15 years. In response to a follow-up question, Mr. Hubbard said that the vast majority of the \$32 million that has been received so far has been awarded.

In response to a question from Chairman Givens, Mr. Hubbard said that Kentucky is home to a series of generational pathologies that have made the Commonwealth particularly vulnerable to the opioid crisis. He added that he considers the opioid crisis to be representative of a disconnection between people and their communities as well as the divinity of human life.

Ms. Parrish-Wright said that her organization, Vocal-KY, works with individuals impacted by issues such as HIV-AIDS and the War on Drugs, and that the distribution of the opioid settlement fund should be used to provide opportunities to address over 50 years of drug policy that has resulted in high levels of criminalization and incarceration in marginalized communities. She added that access to harm reduction services should be a key component of this model, and she requested that the General Assembly support policy that places basic needs, such as housing, and lower barriers for marginalized people to legal aid services and second chance employment.

Ms. Waldon said that harm reduction models to treat drug addiction have gained momentum, and that policies that further criminalize or punish individuals due to drug addiction and lack of access to resources within their communities cause unintentional harm to outcomes for individuals battling addiction. Drug use is often a coping mechanism for other systemic issues such as poverty, and that poverty is related to other risk factors such as food deserts and gun violence.

Ms. Waldon said that the General Assembly should investigate deaths within treatment and recovery facilities and ask them to prove their effectiveness, and emphasized that, while opioid deaths may be trending down in white communities, they are trending upwards in communities of color.

Senator Neal thanked the presenters for their clarity and powerful message.

In response to a question from Chairman Givens, Ms. Parrish-Wright said that access to

transportation is a key issue facing communities as they attempt to engage in harm reduction. She added that the stories of advocates, faith leaders, healthcare providers, and others who are working in their communities to combat the drug crisis and provide care to afflicted people must be told. She said that substance abuse should be treated and regulated like alcohol abuse, and that people suffering from drug addiction should have access to the same services as those suffering from other addictions. Ms. Waldon said that addiction is not properly treated as an illness, and that due to systemic ills, individuals suffering from addiction are often thrown back into the criminal justice system due to lacking institutional support after completing treatment programs. She reiterated that drug use is typically a coping mechanism for other issues facing the afflicted individual, and that harm reduction approaches are designed to take this into account and emphasize the user's safety and relationship building between the user and their providers and communities. She also highlighted the relationship between drug abuse and systemic poverty and unemployment.

Senator Berg shared that she lost a niece to an overdose due to a dual diagnosis involving mental health that was never adequately addressed due to a lack of access.

In response to a question from Senator Berg, Ms. Waldon said that dual diagnoses are a huge problem in the communities that she has been working with. She added that she went into harm reduction, due to the fact that individuals who were successfully completing traditional treatment programs were still dying of overdoses, and that substance use disorder develops overtime as a secondary issue relating to mental health struggles. Harm reduction focuses on helping addicted individuals address basic needs such as safe usage, employment, and housing so that they have the ability and the trust built to address their addiction. Ms. Parrish-Wright added that people of color are often unable to effectively treat their mental health issues and adopt coping mechanisms, and that highlights the necessity of harm reduction options.

Senator Berg expressed her desire for the Commonwealth to utilize more of the opioid abatement fund on preventative care.

### **Adjournment**

There being no further business, Senator Givens adjourned the meeting at 2:30 p.m.