

1 A CONCURRENT RESOLUTION decrying the lack of services and specialized
2 services for medically fragile young adults with intellectual and developmental
3 disabilities and directing the establishment of the Task Force on Subacute Care for
4 Medically Fragile Adults.

5 WHEREAS, at the age of 21, the life expectancy of a medically fragile young adult
6 is two to three years because of the substandard care available to this population in our
7 Commonwealth; and

8 WHEREAS, the care available to individuals younger than 21 who are medically
9 fragile and who may require daily skilled nursing intervention such as ventilators, dialysis
10 machines, feeding tubes, or continuous oxygen is adequate and allows many individuals
11 to thrive prior to age 21; and

12 WHEREAS, when individuals age out of these specialized services on their 21st
13 birthday, the availability of adequate care disappears; and

14 WHEREAS, because of lack of funds on the federal and state levels the nurse-to-
15 patient ratio drops from about one nurse for every eight patients to one nurse for every 24
16 patients upon aging out or otherwise losing specialized services; and

17 WHEREAS, most medically fragile residents are nonverbal, and their needs require
18 anticipation by experienced staff; and

19 WHEREAS, many staff in adult nursing homes are not familiar with the needs of
20 medically fragile young adults, including deep suctioning, feeding tubes, and providing
21 medications through feeding tubes; and

22 WHEREAS, young adults have different socialization needs than what is available
23 in adult nursing homes; and

24 WHEREAS, medication timing and frequency changes as these individuals grow
25 older and their care situations changes; and

26 WHEREAS, tub bathing for the medically fragile often is reduced from once per
27 day in most care settings prior to age 21 to twice per week or fewer in a nursing home;

1 and

2 WHEREAS, access to community age-appropriate activities is greatly reduced for
3 many residents; and

4 WHEREAS, access to educational programs, peer modeling, and socialization is
5 greatly reduced for these citizens after age 21; and

6 WHEREAS, access to critical assistive technology such as standers, gait trainers,
7 and other necessary equipment is compromised; and

8 WHEREAS, private rooms are not available for this population, and they may share
9 rooms with individuals prone to behavior issues, which is particularly concerning for this
10 nonverbal population; and

11 WHEREAS, family members cannot spend the night to visit their family member at
12 many adult nursing facilities; and

13 WHEREAS, there is little availability of bus transportation or other public
14 transportation to many nursing facilities, which further impacts the ability of families to
15 visit residents; and

16 WHEREAS, properly equipped ambulances for transportation of a patient from a
17 nursing facility to a hospital are often not available; and

18 WHEREAS, targeted therapies for this population are extremely limited because
19 many nursing facilities are focused on the aged; and

20 WHEREAS, subacute care is very limited in the Commonwealth, with one of the
21 most effective treatment facilities having an eight-year or longer waiting list; and

22 WHEREAS, subacute care could be a health care growth area in the
23 Commonwealth as additional therapies are covered and developed; and

24 WHEREAS, many of these patients have thrived and survived thanks to medical
25 advances and outstanding care available in facilities that serve medically fragile children;
26 and

27 WHEREAS, the Commonwealth has the opportunity to expand subacute care and

1 empower these individuals to continue to thrive;

2 NOW, THEREFORE,

3 *Be it resolved by the House of Representatives of the General Assembly of the*
4 *Commonwealth of Kentucky, the Senate concurring therein:*

5 ➔Section 1. The Legislative Research Commission is directed to establish the
6 Task Force on Subacute Care for Medically Fragile Adults to develop a strategy and
7 funding mechanism to provide medically fragile adults with intellectual and
8 developmental disabilities with care that is equivalent and synergistic to the care received
9 by children with diagnoses of intellectual and developmental disabilities with medical
10 complexity. The task force shall invite representatives of agencies, hospitals, providers,
11 businesses, civic organizations, and others who may provide information and resources in
12 developing and implementing a strategy, legislation, research, and funding mechanism for
13 better serving the underserved population of medically fragile adults with intellectual and
14 developmental disabilities.

15 ➔Section 2. (1) The task force of the Legislative Research Commission shall
16 be composed of the following members with final membership of the task force being
17 subject to the consideration and approval of the Legislative Research Commission:

18 (a) The chair of the Senate Health and Welfare Committee;

19 (b) The chair of the House Health and Welfare Committee;

20 (c) The chair of the Senate Licensing, Occupations and Administrative
21 Regulations Committee;

22 (d) The chair of the House Licensing and Occupations Committee;

23 (e) Three members of the Senate, two to be appointed by the President of the
24 Senate, and one to be appointed by the Minority Floor Leader of the Senate; and

25 (f) Three members of the House of Representatives, two to be appointed by the
26 Speaker of the House, and one to be appointed by the Minority Floor Leader of the
27 House.

1 (2) The President of the Senate and the Speaker of the House shall each appoint
2 one co-chair of the task force from among the members of the task force.

3 ➔Section 3. The task force shall report its findings to the Legislative Research
4 Commission for referral to the appropriate committee or committees no later than
5 December 1, 2017

6 ➔Section 4. Provisions of Sections 1 to 3 of this Concurrent Resolution to the
7 contrary notwithstanding, the Legislative Research Commission shall have the authority
8 to alternatively assign the issues identified in this Concurrent Resolution to an interim
9 joint committee or subcommittee thereof, and to designate a study completion date.