

persons who inject drugs. The Kentucky Department for Public Health has detected an increase in newly diagnosed HIV infections among persons who inject drugs. Though HIV is predominantly a sexually transmitted disease, the number of persons infected through unsafe needle-sharing practices has increased in Kentucky. Across the state, HIV transmission due to IDU was stable from 2010 to 2016 with annual cases averaging 29. In 2017, a total of 77 cases associated with IDU were identified statewide. Preliminary data for 2018 show 60 cases with IDU as a risk factor have been identified statewide and these numbers may increase due to reporting delays.

In recent years, higher rates have been particularly noted in Northern Kentucky (Boone, Campbell, Grant, and Kenton Counties) and in Hamilton County, Ohio. In 2016, there were a total of 25 HIV cases in Northern Kentucky, of which 5 were associated with IDU. In 2017, the total number of Northern Kentucky HIV cases were 46 with 21 associated with IDU. Preliminary data for 2018 reflect a total of 35 individuals newly diagnosed with HIV of which 25 are attributed to IDU and these numbers may increase due to reporting delays.

Additionally, Kentucky has had some of the highest rates of hepatitis C in the country for years. IDU is the most common means of hepatitis C transmission in the United States. Since 2014, the estimated cost of hepatitis C medications is \$40,000 per person for Medicaid programs. In addition to infections from hepatitis C and HIV, people who inject drugs are at increased risks for other serious and costly bacterial infections. The median hospitalization costs for endocarditis (bacterial infection of heart lining) and associated health care among people who inject drugs is \$54,281 with 42% of these patients either uninsured or on Medicaid. Endocarditis is a serious disease that can be fatal without treatment and can lead to heart valve problems and heart failure.

SB 69 will have minimal fiscal impact to local health governments. Although there will be no direct fiscal impact to local health departments, it has the potential to increase future expenditures from an increase in communicable diseases, such as HIV and viral hepatitis C, spread through sharing and reusing syringes.

Additionally, there will be a **minor fiscal impact regarding the establishment of a new crime**. As written, if an employee of a local department disperses more than one syringe to a program participant, then that person will be guilty of a Class A misdemeanor. The probability of an employee being charged is small, but it is a possibility. A person convicted of a Class A misdemeanor may be incarcerated for up to twelve months. Misdemeanants are housed in one of Kentucky's 76 full service jails or four life safety jails. While the expense of housing inmates varies by jail, this estimated impact will be based on \$31.34 per day, which equals the per diem and medical expenses that the Department of Corrections pays jails to house felony offenders. While the majority of misdemeanor defendants are granted bail, those who do not will also cost local jails an average of \$31.34 per day.

Part III: Differences to Local Government Mandate Statement from Prior Versions

Part II pertains to SB 69 as introduced. There are no previous versions of this bill.

Data Source(s): LRC Staff, Department of Public Health, CHFS; Department of Corrections

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