

Testimony by Deb Stidham, President Kansas
Association of Addiction Professionals
March 22, 2021

Proponent - House Bill 2412

To: House Judiciary Committee

From: Deb Stidham, President
Kansas Association of Addiction Professionals

Date: March 22, 2021

Re: House Bill 2412

Chairman Patton and members of the Committee:

My name is Deb Stidham. I am here today representing the Kansas Association of Addiction Professionals (KAAP), Kansas' only non-profit addiction prevention and treatment provider trade association since 1974. KAAP's membership includes agencies located all over the state providing an array of services from outpatient to residential treatment and prevention services.

KAAP supports this initiative by the Attorney General creating the Kansas Fights Addiction Act. This measure provides for the expenditure of funds received as result of opioid litigation and to apply them to the abatement or remediation of substance abuse or addiction. HB 2412 establishes the Kansas fights addiction Fund through which the settlement dollars will be dedicated to preventing, reducing, treating, and mitigating the effects of substance abuse and addiction.

Under this Act, the Kansas fights addiction Fund would be administered by the Kansas fights addiction grant review board. The Act would establish a membership that is geographically diverse and does require some consultation with addiction professionals in determining appointees.

Nationally experts have provided principles to help guide spending and policies supported by the settlement funds, many of which are already part of the Attorney Generals Proposal:

- **Use evidence to guide spending:** At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. should use this information and conduct COVID-19 related research efforts to make funding decisions.
- **Invest in youth prevention and supporting parents in need:** Kansas should support children, youth, and families by making long-term investments in effective programs and strategies for community change.
- **Utilize the recommendations cited in the 2020 Legislative Mental Health Reform and Modernization Committee:** The recommendations identified in this report were developed by consensus from a wide range of stakeholders in the behavioral health field.
- **Develop a fair and transparent process for deciding where to spend the funding in Kansas:** This process should be guided by public health leaders, particularly those of us in the mental health and substance use space with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

You will find these principles and the professional organizations that support them at [John Hopkins Bloomberg School of Public Health](#) .

I have also taken the liberty of attaching some information for the Committee from the National Institute on Drug Abuse titled “Kansas: opioid-involved deaths and related harms” that may be helpful in your deliberations.

This legislation will help ensure the funding is spent on evidence-based care for people with substance use disorders. Given widespread budgetary shortfalls caused by the COVID-19 pandemic, including the financial pains felt by us in Kansas, I urge the legislature to avoid using the settlement monies to address budget gaps or other priorities and to align them with the legislation presented today. On behalf of KAAP I would also encourage you to consider specifying that those making the appointments to the “board” seek out and where possible appoint addiction professionals.

Thank you for being so generous with your time this afternoon. I would be happy to answer any questions.

Revised April 2020

Kansas: Opioid-Involved Deaths and Related Harms

Drug-Involved Overdose Deaths

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population.¹ The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).²

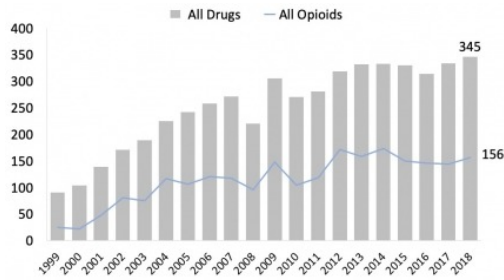


Figure 1. Number of drug overdose deaths in Kansas. Drug categories presented are not mutually exclusive, and deaths may have involved more than one substance. Source: CDC WONDER, 2020.

In Kansas, about 45% of the 345 drug overdose deaths involved opioids in 2018—a total of 156 fatalities (a rate of 5.7) (Figure 1).

- Overdose deaths involving specific opioids are not available for the state because the data reported did not meet inclusion criteria.³

Opioid Prescriptions

In 2018, Kansas providers wrote 64.3 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7—a 20% decrease compared to 2011.⁴

Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS or NOWS may occur when a woman uses opioids during pregnancy. To date, there is no standard in NAS/NOWS provider and hospital coding practices.⁵ As a result, there is variability in the rates reported by states.

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.⁶⁻⁷
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and

White Non-Hispanic (10.5 per 1,000 births) individuals.

- In 2016, hospital costs for NAS/NOWS births totaled \$572.7 million, after adjusting for inflation.⁸
- The rate of NAS/NOWS in Kansas in 2017 was 3.7 cases per 1,000 hospital births and is the most recent data available.⁶⁻⁷

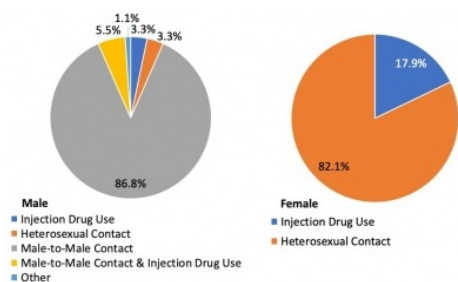


Figure 2. Kansas: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2017. Percentages may not add up to 100% due to rounding.
Source: CDC NCHHSTP, AtlasPlus.

New HIV Diagnoses⁹ and Prevalence Attributed to Injection Drug Use (IDU)

- **U.S. New Diagnoses:** In 2017, 9.7% (3,690) of the 38,226 new HIV diagnoses were attributed to IDU. Among males, 8.6% (2,655) of new diagnoses were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2% (1,035) of new diagnoses were transmitted via IDU.¹⁰
- **U.S. Prevalence:** In 2017, more than 1 million Americans were living with a diagnosed HIV infection—a rate of 367.7. Among males, 16.4% (125,274) contracted HIV from IDU or male-to-male sexual contact and IDU. Among females, 20.8% (49,288) were living with HIV attributed to IDU.¹⁰
- **State New Diagnoses:** Of the new HIV diagnoses in 2017, 119 occurred in Kansas—a rate of 5.0. Among males, 8.8% of new HIV diagnoses were attributed to IDU or male-to-male sexual contact and IDU. Among females, 17.9% of new HIV diagnoses were attributed to IDU (Figure 2).¹⁰
- **State Prevalence:** In 2017, an estimated 2,997 persons were living with a diagnosed HIV

infection in Kansas—a rate of 125.0. Of those, 17.3% of male cases were attributed to IDU or male-to-male sexual contact and IDU. Among females, 17.9% were living with HIV attributed to IDU.¹⁰

Hepatitis C (HCV) Incidence and Prevalence Attributed to IDU¹¹

- **U.S. Incidence:** In 2017, there were an estimated 44,700 new cases of acute HCV. Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.¹²
 - **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV (based on 2013-2016 annual average).¹²
 - **State Incidence:** There were approximately 19 new cases of acute HCV (a rate of 0.7) reported in Kansas in 2017.¹⁰
 - **State Prevalence:** In Kansas, there are an estimated 14,600 persons living with HCV (a rate of 680 based on 2013-2016 annual average).¹³
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References

1. Rates are age-adjusted per 100,000 standard population unless otherwise noted.
2. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020.
3. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. (2020 February 14) Retrieved from <http://wonder.cdc.gov/mcd-icd10.html>
4. Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. (2019, October 3). Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
5. Lind JN, Ailes EC, Alter CC, et al. Leveraging Existing Birth Defects Surveillance Infrastructure to Build Neonatal Abstinence Syndrome Surveillance Systems—Illinois, New Mexico, and Vermont, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:177–180.
6. Healthcare Cost and Utilization Project (HCUP). Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations. (2019, December 12) Retrieved from <https://www.hcup-us.ahrq.gov/faststats/nas/nasquery.jsp?>

7. Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015.
8. Strahan AE, Guy Jr. GP, Bohm M, et al. Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016. JAMA Pediatrics. 2020;174(2):200-202.
9. The term refers to people diagnosed with HIV infection, regardless of the stage of disease at diagnosis.
10. Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. (2020, January 30). Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/main.html>.
11. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
12. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis—United States, 2017. 2019, November 14. Retrieved from <https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm>
13. HepVu. Local Data: Kansas. Retrieved from <https://hepvu.org/state/Kansas/>

April 3, 2020