

# FACTSHEET: Kentucky's Oversight of Opioid Prescribing and Monitoring of Opioid Use

## POLICIES AND PROCEDURES

*State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).*

### State-wide Laws, Regulations, and Guidance Related to Opioids

- Kentucky's Controlled Substances Act, contained in Kentucky Revised Statutes (KRS) 218A, governs all controlled substances.
- Kentucky's *Good Samaritan Law* (KRS 218A.133) protects individuals from prosecution if they seek medical attention while experiencing a drug overdose in certain circumstances. It also protects individuals from prosecution when they report a drug overdose if they stay with the individual experiencing the overdose until first responders arrive.
- Kentucky Administrative Regulations (KAR) outline requirements for Schedule II controlled substance prescriptions (902 KAR 55:095).
- KRS 218A.172 addresses prescribing and dispensing Schedule II controlled substances and Schedule III controlled substances containing hydrocodone. It requires prescribers to obtain the patient's medical history and conduct a physical or mental health examination of the patient, query patient data in the prescription drug monitoring program (PDMP), make a written plan of treatment, discuss the risks and benefits of using controlled substances with the patient, obtain written consent for treatment, and review data and modify treatment as necessary.
- KRS 218A.500 created an exemption to drug paraphernalia laws for health departments operating a harm reduction syringe exchange program (HRSEP) and created a sharp object and needle declaration immunity designed to protect peace officers from accidental needle sticks while searching suspects.
- Kentucky's opioid prescribing limitations are as follows:
  - Kentucky implemented HB 333, effective in 2017, which updated KRS 218A.205 to limit the prescription of Schedule II drugs to a 3-day supply if the drugs are intended to treat pain as an acute medical condition. The limitation is subject to

This factsheet shows Kentucky's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of January 2020. See page 12 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 13 for a glossary of terms used in this factsheet.



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certain exceptions, such as when the practitioner believes that more than a 3-day supply is medically necessary to treat the patient or the prescription is for pain associated with a cancer diagnosis, hospice, or end-of-life treatment. Claims of medical necessity must be adequately documented.

- Optometric Examiners (Optometrists) may prescribe up to a 3-day supply of a controlled substance for therapeutic treatment (201 KAR 5:130).
  - Advanced Practice Registered Nurses with a collaborative agreement with a physician are limited to prescribing a 3-day supply of a schedule II substance, a 30-day supply of a hydrocodone combination product, a 30-day supply of a schedule III substance, and a 30-day supply with no refills for Valium, Klonopin, Ativan, Xanax, and Soma (201 KAR 20:059).
  - Physician Assistants have no prescriptive authority for controlled substances (KRS 311.858).
- Kentucky's House Bill (HB) 1, enacted in 2012, updated many KRS prescribing and dispensing standards for controlled substances, such as mandatory continuing medical education, sanctions for practitioners who did not adhere to those guidelines, requirements for pain clinics to be physician-owned, and mandatory reports by professional licensure boards.
  - Kentucky's Senate Bill 192, enacted in 2015, provided substance abuse treatment funds and amended KRS 218A.500 to permit communities to set up syringe exchange programs. It also created a new section of KRS 218A to allow for harsher penalties for heroin trafficking and amended KRS 217.186 to allow pharmacists to dispense naloxone without a prescription.

## Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- Kentucky's prescription drug monitoring program, Kentucky All Schedule Prescription Electronic Reporting (KASPER), was launched in 1999. To enhance KASPER, KRS 218A.202 was modified to include notice of a patient non-fatal overdose history, and conviction data for certain crimes under the Controlled Substances Act.
- HB 1, enacted in 2012, included mandatory registration and use of KASPER for practitioners and pharmacists.
- KRS 218A.172 requires prescribers to check KASPER prior to the initial prescribing or dispensing of any Schedule II or Schedule III controlled substance containing hydrocodone and every 3 months thereafter for continued use.



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- Providers authorized to prescribe or dispense controlled substances are required to complete continuing education relating to the use of KASPER, pain management, addiction disorders, or a combination of two or more of those subjects (KRS 218A.205).
- Authorization to query KASPER is outlined in KRS 218A.202 and includes: professional licensure boards; Kentucky OIG employees; Federal prosecutors, Kentucky's attorneys, and State and Federal law enforcement engaged in a bona fide investigation regarding a designated person; State-operated Medicaid program; practitioners and pharmacists; hospital Chief Medical Officers and designated long-term care facility personnel; judges, probation, or parole officer administering a diversion program; and medical examiners engaged in a death investigation.

## Laws, Regulations, and Guidance Related to Treatment

- KRS 439.3110 created a mechanism by which pregnant inmates suffering from substance use disorder (SUD) can be released into qualified treatment programs if the facility in which they are being housed currently does not provide treatment for SUD.
- In 2015, Kentucky expanded Medicaid and made medication-assisted treatment (MAT) a covered service. In 2019, Kentucky further expanded Medicaid to provide reimbursement to narcotic treatment programs and payment for methadone. Kentucky provides MAT with buprenorphine, methadone, and vivitrol.
- KRS 218A.175 limited new pain clinic ownership to licensed physicians and required new and existing clinics to employ or be owned by a physician who is physically present at least 50% of the time that patients are at the facility. That physician must have completed a fellowship in pain management or completed an accredited residency program that included a rotation of at least 5 months in pain management, or hold a certification in either pain management or hospice and palliative care. This drastically reduced the number of unregulated pain clinics.
- HB124, enacted in 2018, mandated that the Cabinet for Health and Family Services (CHFS) conduct a thorough review of the licensure standards for SUD treatment and provide recommendations for enhanced standards that improved quality of care.
- *Casey's Law* (KRS 222.432) allows the spouse, parents, relatives, guardian or friends of a person with SUD to lawfully intervene and request involuntary, court-ordered addiction treatment.



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## Laws, Regulations, and Guidance on Naloxone

- KRS 217.186 created a protocol by which pharmacists may dispense naloxone to any person pursuant to a standing order agreement with a physician without the need for individual prescriptions. It also allows naloxone to be dispensed to any persons or agencies operating harm reduction programs that train people on how to recognize opioid overdoses and properly administer naloxone to individuals suspected of suffering from an opioid overdose. Additionally, the pharmacist must provide education to the person receiving naloxone.

## DATA ANALYTICS

*Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).*

- Multiple organizations in Kentucky, such as the CHFS, Office of Inspector General (Kentucky OIG), and the Office of Health Data and Analytics (OHDA) perform data analytics related to opioid prescribing.
- Kentucky analyzes data by pharmacy, provider, and beneficiary. Kentucky also analyzes data based on the number of prescriptions, dollar amount of drugs dispensed, percentage of total prescriptions, peer comparison, dosage levels, morphine milligram equivalent data, days' supply, Managed Care Organizations (MCO), and geographic location.
- Kentucky's Department for Medicaid Services, Division of Program Integrity (DPI) has utilized the analytics expertise of the Unified Program Integrity Contractor (UPIC) to conduct several studies of scheduled drug prescribers. DPI primarily uses the information from the UPIC to recover Medicaid overpayments and to educate providers.
- The Kentucky OIG is required, per HB 333 which updated 218A.202, to review KASPER data quarterly to identify trends on inappropriate prescribing or dispensing.
- Any evidence of Medicaid fraud is referred to the Kentucky OIG for a preliminary investigation. Depending on the results of its investigation and KASPER query, OIG will close; refer to the appropriate licensure board(s); or refer to Federal, State, or local law enforcement for resolution.
- The CHFS uses the OHDA, created in May 2018 by executive order of the Governor, to provide reports, trend lines, analytical summaries, and visualizations to aid Kentucky in its efforts to thwart the opioid epidemic.



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- A list of projects OHDA currently produces and continually updates include:
  - Opioid Use Disorder (OUD) costs for treatment by encounter amounts, MAT, and psychosocial services;
  - overdoses in Kentucky for patients with an OUD diagnosis;
  - prior authorization denials for MAT; and
  - prevalence of adolescents diagnosed with OUD.
- The MCOs must also perform data analytics and share their analyses with Kentucky, who refers the information to the UPIC so that it can perform further analysis and look for trends.

## OUTREACH

*Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).*

### Outreach to Providers

- Kentucky's opioid-related outreach to providers and beneficiaries is done through its MCOs, which use various avenues such as mailings, websites, care management programs, webinars for providers, and pharmacy programs.
- The Kentucky Chapter of the American Academy of Pediatrics developed and provided an online webinar on opioid use in Kentucky; opioid stewardship; and strategies for educating families on prevention, safe storage and disposal solutions, and treatment resources.
- Collaborations with the Kentucky Academy of Family Physicians and the Kentuckiana Health Collaborative increased awareness and promoted the use of screening, brief intervention, and referral to treatment among family medicine physicians.
- To increase the number of providers that can prescribe and dispense buprenorphine to treat OUD, DATA Waiver training, developed by the American Society of Addiction Medicine, is provided free to prescribers through a series of in-person and online courses.
- The Responsive Education to Support Treatment in Opioid Recovery Efforts Initiative provided summits in the Supreme Court and Court of Appeals Districts. The content of these summits was based on the Recovery Champions training developed by Hazelden Betty Ford Foundation. A leadership team composed of judges was established to serve as local champions and leaders of change efforts identified by the summits.



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## Outreach to Patients

- Kentucky's OIG provides informational sessions regarding SUD and KASPER to the public at the Kentucky State Fair, Rotary Club and other civic organization meetings, and other events.
- HRSEPs hand out OUD prevention information to clients. The public can also obtain prevention information at public libraries, Community Mental Health Centers, schools, community events, and health fairs.
- Community Mental Health Centers are providing family-centered training on parenting skills, bonding, resilience, and healthy attachment. In addition, Early Childhood Mental Health consultants provide consultation, training, and coaching to families, child welfare staff, women's treatment staff, and other community partners on the impact of opioid use on infants, early childhood development, healthy attachment, and building resilience in families affected by substance use.

## PROGRAMS

*State programs related to opioids (e.g., opioid-use-disorder treatment programs).*

### Prevention Programs

- The Kentucky Office of Drug Control Policy maintains a website that identifies locations of 198 prescription drop boxes throughout Kentucky.
- The Office of the Attorney General (OAG) launched an "opioid disposal program" in 2017 where individuals can use deactivation pouches to make unwanted opioids unusable.
- The OAG, in conjunction with local law enforcement and the Drug Enforcement Administration, conducts State-wide "Prescription Take Back" initiatives on certain dates so people can bring unwanted medications in for proper disposal.
- There are 45 HRSEPs in Kentucky funded to support coalition building, education and awareness activities, and strategies aimed at increasing access to treatment for individuals with OUD.
- "Sources of Strength" is a universal school-based prevention program implemented in 72 middle and high schools State-wide, and "Too Good for Drugs" is a program for grades K-12 that builds life skills, character values, resistance skills to negative peer influence, and resistance to the use of illegal drugs, alcohol, and tobacco.



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- Youth Empowerment Specialists at each of the 14 Regional Prevention Centers are working to empower youth to become involved as part of the solution to problems within their communities.

## Detection Programs

### *Prescription Drug Monitoring Program*

- Kentucky is one of only eight States that controls every aspect of its PDMP, allowing KASPER to be better tailored to the uniqueness of the State's needs.
- Any practitioner or pharmacy that administers or dispenses a controlled substance is required to report that data to KASPER.
- CHFS's quarterly reviews of KASPER data have resulted in 19 referrals to the licensure boards during the last quarter of 2019. These reviews identify patterns of potential improper, inappropriate, or illegal prescribing or dispensing of controlled substances.
- The Kentucky OIG Drug Enforcement and Professional Practices Branch (DEPPB) has five staff pharmacist consultants who review prescribing and dispensing KASPER data to identify potential inappropriate or illegal prescribing. DEPPB also receives referrals from the Medicaid/Welfare Fraud Hotline, professional licensure boards, and law enforcement concerning potential overprescribing practitioners or patients who may be "doctor shopping" or diverting controlled substances.
- Kentucky currently shares KASPER data with authorized users in Indiana, Ohio, West Virginia, Virginia, Tennessee, and Illinois. In addition to those border States, Kentucky shares with Alabama, Arkansas, Colorado, South Carolina, Minnesota, Michigan, Utah and Washington. Kentucky also shares with St. Louis County Missouri Health PDMP.

### *Lock-In Program*

- The Lock-In Program restricts recipients who over-utilize Medicaid services, such as exceeding the allowable number of emergency room (ER) visits or obtaining an excessive amount of opioid prescriptions.
- MCOs share lock-in information with other MCOs when a beneficiary changes MCOs.
- Based on MCO reports of lock-in data, Kentucky has seen decreased ER usage and reduced opioid prescriptions.





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## Treatment Programs

- The Kentucky State Police's (KSP) "Angel Initiative," which began in 2017, allows people struggling with addiction to self-report to the KSP and request help without being arrested. This initiative went State-wide in 2018 and has placed 100 patients in treatment.
- 833-8KY-Help is a State-wide call center launched in 2017 offering substance abuse treatment screening and referral services.
- FindHelpNowKY.org is a website patients and providers can access to find available resources for OUD treatment. The list of resources is updated daily.

## *Opioid Use Disorder Treatment Programs*

- Kentucky has 24 Narcotic Treatment Programs (NTPs) State-wide. NTPs do not write prescriptions but are the only place in Kentucky that dispense and administer methadone. They also administer buprenorphine. The Methadone Stipend Program provides stipends to licensed NTPs to cover the weekly cost of methadone for individuals at risk. Each NTP operates independently and has its own process for enrolling, treating, discharging, and following up with the beneficiary.
- Kentucky has many treatment programs for OUD:
  - Bridge clinics provide rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to OUD medication.
  - The Treatment Stipend Program provides stipends for treatment and recovery services beyond those covered by other payors. The stipend can cover residential and outpatient treatment, as well as recovery housing for certain recipients.
  - The Plan of Safe Care program is intended to support the mother, the father, and the substance-exposed infant prior to and after discharge from the hospital.
  - The Healing, Empowering, Actively Recovering Together program provides medication for OUD, group therapy, parent-child bonding education, and peer support to pregnant and parenting women.
  - The Sobriety Treatment and Recovery Team program seeks to reduce recurrence of child abuse and neglect, provide comprehensive support services to children and families, provide quick and timely access to SUD treatment, improve treatment completion rates, build protective parenting capacities, and increase the local, regional, and State capacity to address the co-occurring issues of substance use and child maltreatment.





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- The Kenton County Detention Center is the first jail in Kentucky to provide medication for OUD along with licensed, evidence-based, trauma-informed residential treatment for inmates with OUD.
- Treatment is offered in Federally Qualified Health Centers and Rural Health Clinics to deliver sustainable and integrated services for all patients with OUD and related behavioral health issues.
- Quick Response Teams provide a way for public safety officials to work with behavioral health providers to serve individuals who have experienced an opioid-related overdose or complication.
- Kentucky received a Patient Centered Outcomes Research Institute grant to place mothers with OUD in pre-natal care and follow them postnatally until the child is in kindergarten.

## OTHER

*Other State activities related to opioids that are not covered by the other categories in this factsheet.*

## Statistics

- In 2011, there were 378 million dosage units of opioids being prescribed in Kentucky, a State of 4.5 million people. Based on KASPER data, in 2017, opioids were down to 304 million dosage units.
- In Kentucky, over 1,400 people died from accidental drug overdose in 2016. According to the Centers for Disease Control and Prevention (CDC), Kentucky had the fifth highest rate of deaths due to drug overdose in 2017 (37.2 per 100,000).
- Between the first quarter of 2015 and third quarter of 2018, the number of naloxone prescriptions among Kentucky Medicaid beneficiaries increased 6.5 fold.

## Grants

- Kentucky received two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) – a State Targeted Response (STR) to the Opioid Crisis grant totaling \$10,528,093 and a State Opioid Response (SOR) grant totaling \$47,909,282. Kentucky also received \$979,800 from CDC for Enhanced State Opioid Overdose Surveillance. Additionally, Kentucky received various other SAMHSA and CDC grants totaling approximately \$420 million to more broadly help substance abuse work.



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- Kentucky has a State-wide Project Director that oversees the Kentucky Opioid Response Effort, which includes the SOR and STR grants and projects.
- Kentucky OIG received two grants totaling \$1,533,437 from the Federal Comprehensive Opioid Abuse Program.
- Kentucky was one of four States to receive a National Institutes of Health Helping to End Addiction Long-term grant. The goal of this grant is a 40 percent reduction in opioid overdose deaths in 16 counties.
- Kentucky received a State grant to purchase over \$1,000,000 of naloxone for law enforcement agencies in recent years.

## Future

- The Kentucky OIG is currently in the process of amending KRS 218A.240. This legislation would provide clear authority to the OIG to contact patients based on KASPER data to ensure continuity of care. If amended, the OIG would be allowed to use demographic data from KASPER to issue a notice to patients of practitioners whose prescribing privileges have been suspended or otherwise terminated as the result of disciplinary or other enforcement action. The notice would contain information intended to assist displaced patients with obtaining continued medical treatment to minimize the potential for withdrawal and reduce the possibility of diversion or use of illegal drugs.
- Currently, if a patient has a suspected drug overdose in the emergency room with a positive toxicology screen, this information must be provided to the Kentucky Health Information Exchange (KHIE). Once in the system, a prescriber will be able to see if a patient has had a suspected drug overdose or positive toxicology screen. Kentucky will link this KHIE system data to KASPER.

## Other

- The Kentucky Hospital Association is designing, implementing, and administering a voluntary certification program called the State-wide Opioid Stewardship program. To date, 33 hospitals have signed agreements to participate in the certification program and uphold opioid stewardship standards. Quality metrics will be implemented across all participating hospitals that will be used to recognize hospital performance on opioid stewardship.



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- During 2018, Kentucky OIG initiated a project to notify prescribers who have had a patient die of an opioid overdose with an active opioid prescription written by the prescriber at the time of the patient's death.
- Kentucky's OAG has filed multiple lawsuits against drug manufacturers, distributors, and retailers where there is evidence that they contributed to the opioid epidemic by illegally marketing and selling opioids to Kentuckians.
- Effective 2018, KRS 218A.202 required the Administrative Office of the Courts to forward data regarding any Class A misdemeanor or felony conviction involving the trafficking or possession of a controlled substance or other prohibited act under the Controlled Substances Act, for inclusion in KASPER. This data, which includes convictions from 2013-present, is available when KASPER users conduct a query by patient name.



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## KENTUCKY ENTITIES

**Cabinet for Health and Family Services, Office of Health Data and Analytics:** The OHDA oversees the KHIE for clinical records and public health registries and serves as the center of excellence for health and human services statistical analysis, generative analytics, and evaluation/monitoring metrics.

**Cabinet for Health and Family Services, Office of Inspector General:** The Kentucky OIG is the regulatory and licensing agency for all health care, day care, long-term care facilities, and child adoption/child-placing agencies in Kentucky.

**Department for Behavioral Health, Developmental, and Intellectual Disabilities:** The mission is to provide leadership to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people affected by mental illness, substance abuse, or intellectual or developmental disability.

**Department for Medicaid Services, Division of Policy and Operations:** The Division develops program regulations, interprets policies and procedures, and encourages providers and members to fully participate in Medicaid.

**Department for Medicaid Services, Division of Program Integrity:** The DPI is responsible for guarding against fraud, abuse, and deliberate misuse of Medicaid benefits by individual providers and recipients; ensuring Medicaid recipients receive necessary medical care at a level of quality available to the general population; and assuring provider and recipient compliance with Federal and State Medicaid rules and regulations.

**Department for Medicaid Services, Division of Program Quality and Outcomes:** The Division measures, analyzes, and reports health outcomes of Kentucky Medicaid members. The Division also oversees MCOs to ensure compliance with all Federal and State regulations and contract provisions.

**Office of Attorney General, Office of Medicaid Fraud and Abuse Control:** The Office investigates and prosecutes instances of abuse and healthcare providers who fraudulently bill or abuse the Medicaid system.

**Office of Drug Control Policy:** The Office is tasked to coordinate Kentucky's response to substance abuse.



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## GLOSSARY OF TERMS

**Medicaid managed care organization:** Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between State Medicaid agencies and MCOs that accept a set per-member-per-month (capitation) payment for these services.

**medication-assisted treatment:** MAT is OUD treatment combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**morphine milligram equivalents:** The amount of milligrams of morphine an opioid dose is equal to when prescribed.

**naloxone:** A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

**opioids:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

**opioid use disorder:** A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

**Prescription Drug Monitoring Program:** A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

**Schedule II controlled substance:** According to the Drug Enforcement Agency's drug schedules, Schedule II drugs are drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.



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**Schedule III controlled substance:** According to the Drug Enforcement Agency's drug schedules, Schedule III drugs have a potential for abuse less than substances in Schedules I or II, with abuse potentially leading to moderate or low physical dependence or high psychological dependence.

**substance use disorder:** Patterns of symptoms resulting from use of a substance that the individual continues to take, despite experiencing problems as a result.



# Summary of Kentucky's Approach to Addressing the Opioid Crisis

## POLICIES AND PROCEDURES

- Kentucky launched its prescription drug monitoring program, Kentucky All Schedule Prescription Electronic Reporting, in 1999.
- Kentucky allows pharmacists to dispense naloxone to any person pursuant to a standing order agreement with a physician without the need for individual prescriptions. It also allows pharmacists to dispense naloxone to any persons or agencies operating harm reduction programs.
- Kentucky expanded Medicaid by making medication-assisted treatment a covered service in 2015.

## DATA ANALYTICS

- In Kentucky, multiple agencies perform trend analyses and data analytics by pharmacy, provider, and beneficiary. Kentucky also analyzes data based on the number of prescriptions, dollar amount of drugs dispensed, percentage of total prescriptions, peer comparison, dosage level, morphine milligram equivalent data, days' supply, Managed Care Organization (MCO), and geographic location.

## OUTREACH

- MCOs provide outreach to beneficiaries through mailings, webinars, and care management programs.
- Kentucky provides informational sessions regarding substance use disorders to the public at the Kentucky State Fair, Rotary Club, and other civic organization meetings.

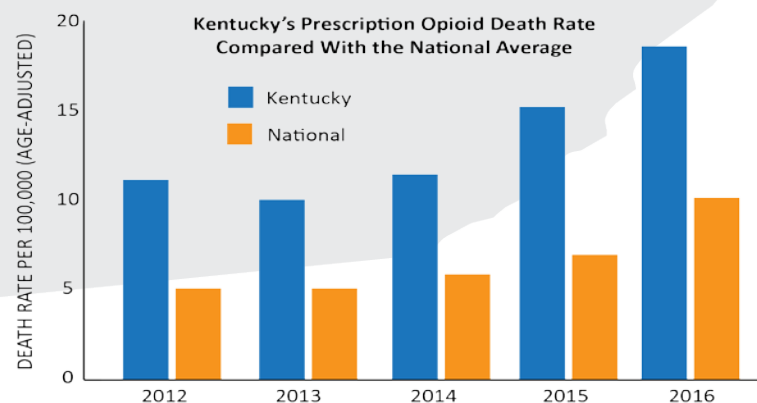
## PROGRAMS

- The Kentucky State Police's "Angel Initiative" allows people struggling with addiction to self-report and request help without being arrested.
- 833-8KY-Help is a State-wide call center offering substance abuse treatment screening and referral services.
- FindHelpNowKY.org is a website that patients and providers can access to find available resources for treatment.

- The Kentucky Office of Drug Control Policy maintains a website with the locations of 198 prescription drop boxes throughout Kentucky.
- The Office of the Attorney General, in conjunction with local law enforcement and the Drug Enforcement Administration, conducts state-wide "Prescription Take Back" initiatives.

## OTHER

- To assist the State in responding to the opioid crisis, the Substance Abuse and Mental Health Services Administration awarded Kentucky both the State Targeted Response Grant and the State Opioid Response grant.
- The Centers for Disease Control and Prevention awarded Kentucky a grant for Enhanced State Opioid Overdose Surveillance.
- Kentucky was one of four States to receive a Helping to End Addiction Long-term grant from the National Institutes of Health.



Source: CDC WONDER online database. Accessed at <https://wonder.cdc.gov/mcd-icd10.html> on December 22, 2017.

Note: Because deaths from illegally made fentanyl cannot be distinguished from deaths from pharmaceutical fentanyl in the data source, these data include both.

