

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

NASH Working Group

Meeting Summary

Wednesday, October 9, 2024

12:30 PM on Zoom and YouTube Live

I. Convene Meeting

- The meeting was convened by Wajahat Mehal at 12:32 PM.
- Attendance: Rep. Cristin McCarthy-Vahey, Sen. Saud Anwar, Dr. Wajahat Mehal, Dr. Bubu Banini, Dr. Jorge Moreno, Dr. Denise Dawson, Dr. Elizabeth Richardson, Alison Giguere, Dr. Andy Beltran, and Elizabeth Conklin.

II. General discussion by group on Metabolic Dysfunction-associated Steatosis Liver Disease (MASLD) and address any Q & A about biology.

- Wajahat Mehal mentioned the previous discussion in the last meeting regarding Fatty Liver Disease and asked members if they have their own additional perspective to add.

III. Review the nine topics in Public Act 24-19 Section. 8.

- Wajahat Mehal grouped the points that were in the legislation into 4 categories which include population data, policy and other interventions to reduce disease burden, creating structures to increase awareness and

detection, and treatment. He asked the group if they have any changes or additions to these groupings to email him or the administrative staff.

- Bubu Banini asked members about the groupings of the points and if they felt that all 4 groupings needed to be discussed.
- Wajahat Mehal shared that the group was mandated in the legislation to discuss all the points.
- Bubu Banini said that the since the last grouping of treatment has only one bullet point could it be added to another grouping.
- Wajahat Mehal answered that it is possible for the bullet point to be moved.

IV. Discuss if we wish to add additional topics to these nine.

V. Examine suggested organization of the nine topics into four categories to allow for streamlined discussion.

- Wajahat Mehal summarized what we do know about the incidences of Fatty Liver Disease in the state of Connecticut and nationally. He also reviewed recent literature based primarily on analysis of private insurance data, without inclusion of Medicaid data.
- Andy Beltran asked how they were able to acquire the data that Medicaid does not include these diseases in their databases.
- Wajahat Mehal answered that the data was acquired from individuals who went into insurance companies' databases and extracted data. They had data on private insurance and Medicare patients. He stated that they know that the disease is overly represented in patients who are uninsured and who are on Medicaid. He believes that they need to come up with recommendations to get data about incidences of the disease.
- Jorge Moreno mentioned that when he looks at patients' charts who have had imaging, the radiology reading at times noted Fatty Liver Disease. But there was no follow up with the patient regarding the disease. He suggested that a lot of imagining has been done that has shown Fatty Liver Disease or the signs of Fatty Liver Disease, so it must be flagged in a radiology report in a way that tells a patient and provider that this is an issue to follow up on.
- Wajahat Mehal agreed with Jorge Moreno and noted that there are two big problems which are lack of formal diagnosis and that there is no data on big chunks of the population. He believes it will require an electronic database to fix the second problem.

- Bubu Banini agrees that a database is a good starting point as it will provide more data than is currently available. She also discussed the multiple ways an electronic database can help in achieving the points in other groupings.
- Jorge Moreno agreed that there is not enough data going back. but he believes that as the state setting policy, he would like to create a flag when new imaging is done that shows any signs Fatty Liver Disease. He mentioned how the process might look when searching a chart for signs of Fatty Liver Disease. He believes that there are parallels with breast cancer screening and how these can be used as a model.
- Wajahat Mehal appreciated Jorge Moreno's perspective. He showed the group the recommendations of another working group to illustrate the flexibility of what they can recommend and generally discuss as recommendations. He asked members to consider a recommendation where they know the population is underserved and has a high incidence of disease and they actively go in and collect information instead of waiting for incidental imaging.
- Allison Giguere answered that if he is looking at the uninsured population the group can look at Community Health Centers in more dense populations.
- Wajahat Mehal agrees with Allison Giguere and mentioned that a certain modality of screening could be discussed.
- Bubu Banini mentioned the Native American population which has a high incidence of Fatty Liver Disease and is another population that needs data collected.
- Allison Giguere appreciated Bubu Banini's point as she has a high population of patients in that category and agrees that the data is missed a lot.
- Wajahat Mehal stated that two other population groups would be Hispanic and Native American. He asked the group if they are in favor of offering screening to target populations.
- Elizabeth Conklin introduced herself and discussed the available data that the state has. She stated that she can reach out to the relevant agencies to acquire relevant data about the incidences of the disease.
- Wajahat Mehal asked if the data can be acquired quickly enough so that our group can use that data.
- Elizabeth Conklin stated that will she try to acquire the data.
- Wajahat Mehal stated that if they don't have data, then this could be another recommendation of the working group. He stated that the group supports

screening high risk groups and discussed modalities of screening with Bubu Banini. He asked members for help to acquire locations that might have high risk populations.

- Elizabeth Conklin asked if the recommendation would be to screen all Hispanic patients.
- Wajahat Mehal stated that they could screen in certain areas and decide how many people would need to be screened to acquire that information. He discussed the flexibility of the recommendation and if they have any changes.
- Bubu Banini discussed the recommendation and mentioning the logistical restraints.
- Wajahat Mehal discussed data collection and ongoing screening. He believes that these are separate issues. He discussed the flexibility of the recommendations and that the group should try not to undershoot.
- Rep. McCarthy-Vahey discussed how a report can be utilized by the legislature. She suggested that when the working group writes the report, that they write a “moonshot” recommendation that they also create a pathway for the legislature to follow.
- Wajahat Mehal thanked Rep. McCarthy-Vahey and mentioned two recommendations. The first is converting data that is already acquired into diagnoses and the second is going into a selected high-risk population and generating new data about incidences of Fatty Liver Disease. He believes that discovering main risk factors of the disease can be included with the second recommendation when they enter the population. He asked the working group for any additional recommendations.
- Allison Giguere mentioned that the main risk factor element can be a questionnaire that patients fill out.
- Wajahat Mehal agrees with Allison Giguere and asked the group if the genetic component of the disease should be screened for as well.
- Bubu Banini sees this as an opportunity beyond the recommendations to set themselves up for questions that may come after the recommendation.
- Wajahat Mehal discussed the scope of the screening and how broad the screening will be.
- Elizabeth Conklin stated that screening is universal for the diseases that she works with and that there will be practicality challenges.

- Wajahat Mehal discussed identifying the main risk factors of Fatty Liver Disease and believes that additional information needs to be acquired in addition to the screening to identify main risk factors.
- Elizabeth Conklin asked if there is one sign that stands out in a patient that signals a provider to test them for Fatty Liver Disease or if it is a cadre of signs.
- Wajahat Mehal answered that it is usually a cadre of signs but believes that waist circumference is one sign that would signal him to test a patient.
- Elizabeth Richardson brought up that our working group can partner with other working groups as this disease has a higher prevalence when compared with other diseases.
- Wajahat Mehal agrees with Elizabeth Richardson that the populations should be really high risk and they can be identified in multiple ways. He mentioned to the group that if any member is interested, they can write up specifics on how they would screen. Currently, he sees imaging, a questionnaire, an electronic medical record and blood tests as the four intake tests.
- Sen. Anwar mentioned to the group the difficulties with funding a study and how one of his hopes was that using the current data, things can be implemented to change the trajectory of high-risk populations who are prone to NASH. Sen Anwar mentioned new advertising, outreach as well as making current advertising multilingual.
- Wajahat Mehal thanked Sen. Anwar regarding this point, and he believes that it points towards what Elizabeth Conklin was saying about using available data.
- Sen. Anwar asked the group a hypothetical question about policy recommendations.
- Wajahat Mehal asked Sen. Anwar how the policy suggestions would help with the first two points.
- Sen. Anwar asked if extrapolation of the data is a way and stated that creating an incidence study from the legislative branch is difficult. He mentioned that it is a good idea to have on their list that they can work with educational institutions.
- Bubu Banini added that current databases underestimate the disease, and the group will have to be cautious with relying on current data as it is not reliable.
- Wajahat Mehal agrees with Bubu Banini that current databases will have

missing data. He stated that they can do both.

- Sen. Anwar added that they should do what they feel is the right thing to do and make the recommendation. He said that legislators can start to see if they can find ways to promote entities to chip in funding for a study. He doesn't believe that if the group requests a study and recommendations that the group feels, intellectually and collectively would be sound, will be of the same great value to the legislature.
- Wajahat Mehal thanks Sen. Anwar and believes that the first grouping was covered and asked if there were any additional recommendations.
- Elizabeth Conklin asked the group if a recommendation could be to reach out to Medicaid to acquire the most recent data.
- Wajahat Mehal thanked Elizabeth Conklin and asked who they would reach out to for information on Medicaid.
- Elizabeth Conklin stated that the Department of Social Services oversee Medicaid, and they will have to reach out to them. She discussed the general data that Medicaid could provide to the group.
- Denise Dawson added that Medicaid data can be acquired through a formal data request. She also mentioned the limitations of the primary data and how they can use federal databases to acquire additional data.
- Wajahat Mehal believes that the Medicaid data set would be the best dataset in the state. He asked Denise Dawson the best way to acquire this data.
- Denise Dawson believes that they can ask a state agency to acquire the data. She also mentioned a community-based research approach which would include educational institutions.
- Wajahat Mehal asked if this would be a recommendation or would it be done through the working group.
- Denise Dawson stated that this would depend, but it would probably be a recommendation.
- Wajahat Mehal believes that there needs to be one person who is pushing that along and that the group can identify that individual. He asked the group if they are okay with stopping and continuing discussion of the second grouping in the next meeting.
- Bubu Banini thanked the group for the discussion.

VI. Agree on possible future meeting dates and goals to be accomplished by each date (Oct 23rd, Nov 6th, Nov 20th, Dec 4th, Dec 18th).

- Wajahat Mehal went over the timetable of the meetings as well as what is going to be generally discussed in each meeting.

VII. Announcement of Time and Date of Next Meeting

VIII. Adjournment

- The meeting adjourned at 1:33 PM