

State of Connecticut  
GENERAL ASSEMBLY



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

NASH Working Group

Meeting Summary

Wednesday, October 23, 2024

12:30 PM on Zoom and YouTube Live

I. Convene Meeting

- The meeting was convened by Wajahat Mehal at 12:35 PM.
- Attendance: Rep. Cristin McCarthy-Vahey, Sen. Saud Anwar, Dr. Wajahat Mehal, Dr. Bubu Banini, Dr. Denise Dawson, Dr. Elizabeth Richardson, Alison Giguere, Dr. Andy Beltran, Elizabeth Conklin, Dr. Xuehong Zhang, and Alesia Ricks-Harris.
- Wajahat Mehal asked the Working Group if the data provided by Elizabeth Conklin can be discussed at the next meeting.
- Bubu Banini clarified the ICD 10 code used was specifically for NASH and asked if using the broader ICD 10 code for NAFLD/fatty liver might acquire more data. She agreed with Wajahat Mehal about discussing the data next meeting.
- Elizabeth Conklin summarized how she acquired the data and that she can acquire additional data.

## II. Approval of 10/9/2024 meeting summary

- The Working Group approved the summary.

## III. Agree on final recommendations of the Working Group from the topics of the previous meeting.

- Wajahat Mehal summarized the conclusions that the Working Group has developed regarding the first grouping of Population Data. He then moved to the Working Group recommendations and stated that the recommendations are a mixture of practical and aspirational goals. He asked a question as to how the State can inform clinicians and if the recommendation should be left vague or if they should narrow how the State can inform clinicians.
- Bubu Banini supports leaving the recommendation broader as it will be hard to be specific if the group is unsure what available resources there are.
- Wajahat Mehal stated that the recommendations will be going to the Public Health Committee and there will be opportunity for further discussion. He asked Working Group members if they have any changes or additions to the conclusions and recommendation for the first group of topics titled Population Data.
- Elizabeth Conklin asked what the recommendations means when it says, “the state will”. She asked if it is referring to the Department of Public Health (DPH) in terms of requesting education and studies.
- Wajahat Mehal responded that he left it vague as he wasn’t sure which state agency will handle each task.
- Bubu Banini added that the example of a finished Working Group report that was shared with the co-chairs had similar language and that Elizabeth Conklin’s question was valid and could have an answer based on what that language referred to previously.
- Wajahat Mehal asked if the Public Health Commissioner is in the Executive Branch.
- Elizabeth Conklin stated that the Department of Public Health is a stand-alone agency.
- Wajahat Mehal suggested that the group can go with the guidance of people who are more familiar with the state government and that he wanted to bring attention to this concern.
- Elizabeth Conklin has some hesitation with the recommendations as they

seem reasonable, but the recommendations will require staff that will most likely end up at DPH. She suggests that there be a recommendation to have resources allocated to the other recommendations to be able to do this.

- Wajahat Mehal wonders if the recommendation will go beyond their guidance.
- Rep. Cristin McCarthy-Vahey added that the Working Group can make any recommendation that they see fit and that DPH and the Public Health Commissioner are part of the Executive Branch. She also added that the Legislature negotiates with the Executive Branch regarding resources and resource allocation. She stated that passing something without funding is easier but recommendations that are funded are more effective. She asked the Working Group to keep in mind what to prioritize.
- Wajahat Mehal asked a confirming question if the Public Health Commissioner is in the Executive Branch.
- Rep. Cristin McCarthy-Vahey confirmed that the Public Health Commissioner is in the Executive Branch.
- Wajahat Mehal thanked Rep. Cristin McCarthy-Vahey and asked if a recommendation regarding resources that was suggested by Elizabeth Conklin would be helpful if the recommendation was vague or specific.
- Rep. Cristin McCarthy-Vahey responded that they can do it either way. She also clarified the legislative process.
- Wajahat Mehal thanked Rep. Cristin McCarthy-Vahey and stated that he will add a general recommendation regarding resources.

#### IV. Discussion: (B) POLICY AND OTHER INTERVENTIONS TO REDUCE DISEASE BURDEN

- (3) Strategies for preventing such disease in high-risk populations and how such strategies can be implemented state-wide.
  - Wajahat Mehal asked Working Group members if they have any changes or additions to the recommendation.
  - Bubu Banini added that they want policies that are at a statewide scale and that they also should think about what they can do on an individual or smaller scale.
  - Alison Giguere stated that some of these could be based off the survey results to see what the risk factors are, and then it could narrow the recommendations.

- Wajahat Mehal agrees with Alison Giguere and added that he believes that they should discuss the overlap between Obesity and Fatty Liver Disease. The factors driving Obesity and Fatty Liver Disease are essentially identical and asked if they should distinguish between them because the same factors drive them.
- Andy Beltran believes that Wajahat Mehal is making a good point as he couldn't tell the difference between people who are overweight or have diabetes as the prevention seems similar. He stated that patients are sometimes uneducated about dieting and health in general as well as struggling with mental health. He suggested a recommendation that incentivizes exercise or healthy eating. He added that they can be paid to go to the gym to exercise as he heard of places in Europe having similar policies. He asked the Working Group if the recommendation is within their guideline.
- Wajahat Mehal believes they have raised similar points in that there is a huge overlap between environmental and lifestyle factors driving Obesity and Fatty Liver Disease. He stated that the recommendation is within their guideline as they have broad leeway. He doesn't believe that the recommendation is attractive as going to the gym is not the same as exercise but believes that they can still recommend it. He also added that the Hispanic and African American population are both at high-risk for Obesity but that the African American population is relatively protected from NASH. He believes that this should be highlighted because the Hispanic population is much more at risk of Liver Fibrosis.
- Elizabeth Richardson added that food insecurity overlaps between Obesity and Fatty Liver Disease, and it could be a good place to start. She stated that there are health systems that have food pharmacies and do food prescriptions. She also added that incentivizing exercise programs should be looked at as family interventions are effective from a dietary and exercise perspective when looking at Obesity data. She wants food insecurity as a potential way to identify patients that are high risk and then intervene when possible.
- Wajahat Mehal brought up the similarity between Obesity and Fatty Liver Disease because there's already recommendations to try to address environmental issues to Obesity. He asked the Working Group if they should use some of those recommendations for improving lifestyle aspects regarding NASH.
- Elizabeth Conklin agrees that food insecurity and social determinants of health challenges need to be looked at when looking at high risk populations. She stated that the Group's discussion about prevention

was mainly targeted toward general chronic disease prevention methods. She wants to make sure that some of the interventions that have evidence-based approaches so that they are sustainable and that looking at other societies recommendations will be helpful.

- Wajahat Mehal asked the Working Group if he can pull recommendations from other societies to improve lifestyle aspects and to draft recommendations based off those.
  - Elizabeth Conklin agreed with Wajahat Mehal and stated that the issue is complex and multi-leveled.
  - Bubu Banini asked a clarifying question about how the strategies will be implemented statewide.
  - Wajahat Mehal stated that they have a general idea of what strategies will be implemented but that they will need to write them down. He stated that they can discuss the implementation in general. He said that he will draft recommendations and send to the Working Group to finalize them.
- (6) Policy changes necessary to improve care and outcomes for patients with such disease.
    - Wajahat Mehal stated that this recommendation is different from #3 as it deals with patients who have the disease versus preventing patients from getting the disease.
    - Rep. Cristin McCarthy-Vahey added that when they were talking about high schools that they should reach out to John Frassinelli from the Department of Education (DOE). He could inform them of the current landscape.
    - Wajahat Mehal thanked Rep. Cristin McCarthy-Vahey and asked Group Members for contact information regarding professional organization if they have any.
    - Elizabeth Richardson stated that she can share contact information from someone from the State's chapter of American College of Physicians (ACP).
    - Wajahat Mehal discussed identifying patients with such disease and this identification would be the first step in improving care. After an identification it would be the question of what criteria is being used to refer to a specialist. He stated that the Working Group can come up with guidelines and compare to national guidelines that currently

exist.

- (9) The way social determinants of health influence the risk and outcomes of such disease and interventions need to be addressed.
  - Wajahat Mehal stated that this recommendation is vaguer and that the key point is social determinants.
  - Bubu Banini believes that social determinants refer to race, ethnicity, educational level, income status, and access to healthcare.
  - Wajahat Mehal asked if race is a social determinant.
  - Bubu Banini responded that it is a social determinant in a broader context.
  - Wajahat Mehal thought that social determinants are determinants that are changeable.
  - Elizabeth Conklin stated that she can bring up the Centers for Disease Control (CDC) definition and that it would include things like where you live, transportation barriers, childcare needs, income status.
  - Wajahat Mehal stated that those things mentioned are changeable and that the first part of the recommendation can use summarized language from literature. But he believes that a better way would be to examine these things prospectively with a prospective study and that it would be an aspirational ask. He stated that the interventions that the group can recommend is so broad and asked committee members how they would like to address that.
  - Elizabeth Conklin read the CDC definition of social determinants of health.
  - Wajahat Mehal thanked Elizabeth Conklin and commented that the definition is broad. He stated that some diseases have social determinants that don't play a major role and others do.
  - Wajahat Mehal and Bubu Banini discussed the social determinants of health and the role they play.
  - Alison Giguere added that they can look at the primary social determinants of health and focus on the interventions of them.
  - Wajahat Mehal thinks that is a good point as they can acknowledge

the fact there are several dozen social determinants of health and focus on the top five.

- Bubu Banini added that social determinants of health are divided into five main domains, with subcategories.
- Wajahat Mehal believes that they will have to do one or two interventions for each domain. He is struggling to come up with an intervention that can be implemented practically as he can only think of aspirational interventions. He suggested that the Working Group can do low hanging interventions if they discover that some of these easier interventions can be easily addressed.
- Xuehong Zhang added that sugary drinks being banned would be a very important first step.
- Wajahat Mehal believes that sugary drinks being available in high schools is a low hanging fruit as it is a specific intervention that doesn't cost very much. He doesn't think that they can ban sugary drinks in the larger community.
- Rep. Cristin McCarthy-Vahey added that they have had discussions about taxing sugary drinks like what has happened with tobacco. She doesn't know how far that discussion will go but believes the American Heart Association would be partners. She hears the struggle of coming up with recommendations that could be enacted but stated that raising recommendations could indirectly assist.
- Wajahat Mehal thanked Rep. Cristin McCarthy-Vahey and asked members that are more familiar with state government to help. He is impressed by the advances in cutting back smoking and sees a parallel with sugary drinks and Fatty Liver Disease.

#### V. Agree on draft recommendations based on above discussion.

- Wajahat Mehal stated that he will draft the recommendations and share with members to finalize.

#### VI. Ask committee members if they wish to discuss any new items.

- Denise Dawson added that she agrees with all the recommendations so far and brought up advertisements. She wondered if regulation of targeted advertisements of unhealthy foods can be recommended as well as thinking about culturally tailored outreach programs.

- Wajahat Mehal agrees with Denise Dawson.
- Sen. Saud Anwar stated that aspirational goals are also important and to not restrict themselves. He believes that the Working Group is quantifying behavior of not only individuals but also corporations and they will likely change if they see that they are causing negative health related impacts.
- Wajahat Mehal thanked Sen. Saud Anwar and stated that the aspirational recommendations end up becoming an intervention by themselves just by putting them out there.
- Xuehong Zhang commented on one of the conclusions regarding potential new studies and wondered if the interventions just discussed can be evaluated in this potentially new cohort.
- Wajahat Mehal believes that it is a good point, so if they suggest interventions then they should also recommend evaluation and study of the interventions. He asked members if they have anything else to add.
- Elizabeth Conklin added that including high fructose corn syrup being one of the biggest risk factors of Fatty Liver Disease should be in the recommendations or at least noted.
- Wajahat Mehal agrees with Elizabeth Conklin. He stated that documents for next meeting will be distributed to allow enough time for members to review and edit.
- Bubu Banini thanked Working Group members.

#### VII. Announcement of Time and Date of Next Meeting

- Wajahat Mehal announced that the next meeting will occur on November 6<sup>th</sup> at 12:30 PM.

#### VIII. Adjournment

- The meeting adjourned at 1:34 PM