November 21, 2013

Decision Matrix

Approved Policy Options for 2014 General Assembly Session

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PURPOSE OF DOCUMENT:

A. To review and discuss findings, public comments, and policy options regarding staff reports and other issues that came before the Commission and its Subcommittees in 2013.
B. To develop legislative recommendations for the 2014 General Assembly Session.

Sunset Date for Joint Commission on Health Care

Kim Snead
Executive Director

In 1992, when the Joint Commission on Health Care was established to continue the work of the Commission on Health Care for All Virginians, a sunset date of July 1, 1997 was included. The sunset date has been extended ~~three~~ five times resulting in the current sunset date of July 1, 2015.

Policy Options

Option 1: Take no action.

☑**Option 2**: Introduce legislation to amend the *Code of Virginia* § 30-170 to extend the sunset provision to July 1, 2019.

Option 3: Introduce legislation to amend the *Code of Virginia* § 30-170 to remove the sunset provision.

Virginia Physician Workforce Shortage
House Joint Resolution 689 - Delegate Harry R. Purkey

Stephen W. Bowman
Senior Staff Attorney/Methodologist

HJR 689 directed JCHC to study whether a shortage of medical doctors in Virginia exists and if shortages exist to provide avenues for alleviating the shortages.

Policy Options		Support	Oppose/Concern
1	Take no action.	**0**	**0**
☑ **2**	Introduce a budget amendment of $400,000 GFs for the Federal Virginia State Loan Repayment Program (SLRP) in order to: ▪ Restore funding to the maximum amount that is eligible for the 1:1 federal match rate	MSV VCHA	**0**
☑ **3**	Request by letter of the JCHC Chair, that the Department of Health Professions present to JCHC in 2014 ~~regarding efforts to accept applicable military training as and education toward credentialing and licensure requirements for certain selected professions~~ *regarding efforts by the Boards of Medicine and Nursing to consider and accept military training as evidence as satisfaction of the educational requirements for certification of certain health professions, as enacted in 2011 (HB 1535).* The presentation should include an update on the work of the Joint Task Force on Veterans Employment Outreach and the DHP review of health-related professions that is underway.	VCHA	MSV
☑ **4**	Request by letter of the JCHC Chair, that the Virginia Health Workforce Development Authority convene a workgroup to consider and report back to JCHC in 2015 regarding the advisability of, and if advisable, develop recommendations regarding: ▪ The need for a training program for graduate medical educators to teach residents requisite medical skills and ensure that medical residents in Virginia are adequately trained. If recommended, provide a training-program framework and funding requirements. ▪ A funding model for ***new*** State-supported ~~family medicine~~ residencies that could be used ***if*** the State increases appropriations for graduate medical education training. The model should include: - Consideration of: whether funding would be used exclusively for resident training, where residencies would be located, ~~and~~ what the community or medical facility match-rates would be, *and what the impact would be of giving U.S. medical school graduates priority in filling State-supported residency programs*.	MSV VCHA	**0**
☑ **5**	Request by letter of the JCHC Chair, that the Department of Health Professions convene a workgroup to consider and report back to JCHC in 2015 regarding the advisability of, and if advisable, the additional education or training requirements and next steps to: ▪ Establish a mid-level provider license and thereby define the requirements for individuals, who are licensed to practice medicine in another country, to be licensed to practice under the supervision of a physician licensed in Virginia. ▪ Establish a mid-level provider license and thereby define the requirements to allow medical school graduates who have not completed a residency to be licensed to practice under the supervision of a physician licensed in Virginia.	**0**	MSV VCHA

☑ **6**	~~Introduce legislation to amend Titles 32.1 (Health) and 54.1 (Professions and Occupations) of the *Code of Virginia* to allow certain providers working within an approved facility to be exempt from Virginia's scope of practice laws when established conditions have been met.~~ *Include in the 2014 JCHC work plan a review of allowing certain providers working within an approved facility to be exempt from Virginia's scope of practice laws when established conditions have been met.* The providers, who would be eligible for scope of practice exemptions and therefore be allowed to perform activities that would otherwise require a license from the Boards of Medicine, Nursing, Pharmacy, or Physical Therapy (hereafter referred to as "permitted providers") would include one or more of the following: ▪ Military-trained Personnel: Applies only to individuals performing activities substantially similar to health care training and experiences that they received in the military. ▪ Individuals Licensed in Other States: Applies only to individuals, licensed by a health professionals' regulatory body in another state, who perform activities within their level of training but will not perform activities that exceed those approved for a similarly-trained professional licensed in Virginia. ▪ Non-specific Grouping: Applies only to individuals that have the requisite education or training to perform the designated activities. Practice activities may be limited by the hospital or hospital governing body for individuals practicing under this exemption within its facility. Furthermore, additional limitations may be set by the provider's supervising physician through the practice agreement.	**0**	MSV VCHA

Factors Affecting Health Care Costs
House Joint Resolution 687 – Delegate John M. O'Bannon, III

Stephen W. Bowman
Senior Staff Attorney/Methodologist

HJR 687, introduced by Delegate O'Bannon on behalf of the Virginia Chamber of Commerce in 2013, directed JCHC to "(i) study and report on promising policies, practices, and initiatives expected to help control health care costs while maintaining quality of care; (ii) identify factors considered to be the primary contributors to the increase of health care costs; (iii) review approaches undertaken in other states and countries to control health care costs; and (iv) examine the likely impact of federal Patient Protection and Affordable Care Act provisions on the cost of health care."

Policy Options		Support	Oppose/Concern
1	Take no action	**0**	**0**
2	Include in the 2014 work plan for JCHC, a two-year study of chronic disease prevalence in Virginia by geographic region. The study will identify demographic information, types of medical conditions, care-coordination, and treatment patterns for individuals with high-cost co-morbid chronic diseases, as well as options for improving such individuals' medical care and health.	**0**	**0**
☑ **3**	By letter of the JCHC Chair, request a presentation in 2014 by the State Health Care Cost Containment Commission regarding strategies to transform health care in Virginia.	**0**	**0**
☑ **4**	By letter of the JCHC Chair, request a presentation in 2014 by the Virginia Chamber of Commerce regarding recommendations of Blueprint Virginia's Healthcare Industry Council.	Chamber	**0**

☑ **5**	Request by letter of the JCHC Chair *with accompanying budget amendment** that the Virginia Department of Health and, *Virginia Center for Health Innovation collaboratively*:
	• Identify statewide core regional population health measurements, including options for their collection and dissemination;
	• Consider leveraging existing efforts such as the Virginia Atlas of Community Health and the Community Health Needs Assessments (as mandated for not-for-profit hospitals) and consult (at a minimum) with representatives of:
	  • Council on Virginia's Future
	  • Department of Medical Assistance Services
	  • Medical Society of Virginia
	  • Virginia Association of Free and Charitable Clinics
	  • Virginia Chamber of Commerce
	  • Virginia Community Healthcare Association
	  • *Virginia Health Information*
	  • Virginia Hospital & Healthcare Association
	  • Virginia Rural Health Association
	Report to JCHC by October 2015 regarding conclusions and recommendations to improve measurement and tracking of population health in Virginia.
		MSV
		VCHA
		VHHA*
			0

☑ **6**	Request by letter of the JCHC Chair *with accompanying budget amendment** that *the Virginia Center for Health Innovation convene* representatives of the Virginia Hospital & Healthcare Association, the Medical Society of Virginia, and the Virginia Health Care Association ~~convene~~ to identify 25 quality and safety measures that if targeted could most improve hospital-related care, including readmissions. As part of the review, the representatives are asked to determine the availability of the identified measures and whether the measures are currently collected and publicly reported; and if so, the frequency of collection; however if not collected, potential avenues for collection and dissemination; and finally to report to JCHC by October 2014 regarding conclusions and recommendations. **A single budget amendment will be submitted to allow the Virginia Center for Health Innovation to perform work as defined in Options 5 and 6.*	MSV VHHA*	**0**
7	Include in the 2014 JCHC work plan, staff reports on health care cost-containment categories or specific approaches as determined by members of the Joint Commission on Health Care. A. Governmental Approach 1. Organize the System 2. Provide Oversight 3. Ensure Transparency and Analysis 4. Convene and Build Consensus B. Private Market Approaches 1. Reimbursement 2. Provider Network 3. Plan Design	0	0
☑ **8**	In 2014, JCHC create a workgroup whose mission will be to review promising government- and market-based cost-containment, value, and efficiency strategies that also consider and maintain health care quality. The suggested workgroup membership would include: • Four members of the Joint Commission on Health Care • Four business representatives *(chosen by the Virginia Chamber of Commerce)* • Secretary of Health and Human Resources • A health care economist *(chosen by the Virginia Chamber of Commerce)* • The Director of the Council on Virginia's Future (or designated representative) • The State Health Commissioner (or designated representative) • The Director of the Department of Medical Assistance Services (or designated representative) The workgroup's meetings will be open to the public and allow for presentations and input from health-care sector representatives. The workgroup will report to JCHC on findings and recommendations on a periodic basis as well as upon request.	Chamber	**0**

Avenues for Expanding Telehealth for Mental Health Services

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

Limited access to mental health providers reduces the quality and quantity of mental health services available to patients in rural and underserved communities, sometimes forcing patients to travel long distances to obtain mental health services, or forgo such services altogether. Telemental health (TMH) is a particularly good fit for addressing mental health access needs.

Policy Options		Support	Oppose/Concern
1	Take no action	0	0
2	Introduce a budget amendment for $200,000 GFs in FY 2015 and $12,500 GFs in FY 2016 to provide additional funding for community services boards to purchase necessary equipment and/or contract for such services as child psychiatry through telepsychiatry.	Voices, VACSB	MSV
☑ **3**	By letter of the Chair of the Joint Commission on Health Care, formally advise the Virginia Department of Health (VDH) and the Virginia Rural Health Association (VRHA) of the problems that the current federal definition of metropolitan statistical area (MSA) creates in receiving Medicare reimbursement for telehealth services. (This formal advisory is to provide VDH and VRHA with an additional example of problems created by the current MSA definition for use when corresponding with the Health Resources and Services Administration or other relevant federal agencies.)	MSV	0
4	**The Medical Society of Virginia suggested adding a Policy Option:** *By letter of the Joint Commission on Health Care, formally advise the Virginia Board of Medicine to explore and pursue interstate compacts via the Federation of State Medical Boards (FSMB), which recently approved a new policy to study the creation of a system that would utilize an interstate compact to increase efficiency in the licensing of physicians who practice in multiple states.*		
5	**The Virginia Community Healthcare Association suggested adding a Policy Option:** *By letter of the Chair of the Joint Commission on Health Care, formally advise Virginia's Congressional delegation and federal agency representatives of the problems faced by "rural health providers who pay more for communication services than they would need to, if they had access to the Universal Services Fund… It may be advisable to convene a group of rural health care providers to draft a list of concerns to present to Congress and the relevant federal agencies."* A staff-suggestion would be to revise the wording of the suggested option. *By letter of the Chair of the Joint Commission on Health Care, formally advise the Virginia Department of Health, the Virgnia Telehealth Network, and Virginia Rural Health Association (VRHA) of the problems that the current federal definition of metropolitan statistical area (MSA) creates in accessing the Universal Services Fund. (This formal advisory is to provide VDH and VRHA with an additional example of problems created by the current MSA definition for use when corresponding with the Federal Communications Commission or other relevant federal agencies.)*		
6	**Voices for Virginia's Children and the Virginia Association of Community Services Boards suggested adding a Policy Option:** *That the Joint Commission on Health Care direct all relevant state agencies work together to provide guidance that will assist CSBs and other local and regional entities to work through barriers and challenges as expeditiously as possible so that more individuals receive critical treatment.*		

Needs of Individuals with ASD Transitioning from Secondary Schools
Senate Joint Resolution 330 – Senator Ralph S. Northam

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

SJR 330 directed JCHC to study the service needs of individuals with autism spectrum disorder (ASD) transitioning from public and private secondary schools.

Policy Options		Support	Oppose/Concern
☑ **1**	Take no action	0	0
2	By letter of the JCHC Chair, encourage the Department of Behavioral Health and Developmental Services to publicize its role as lead agency for services for individuals with ASD and to highlight the link to Commonwealth Autism Services as a valuable resource on ASD information, including information related to transition services.	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	0
3	Introduce a budget amendment in the amount of $2.6 million GFs per year to expand vocational rehabilitation services (including case management services) provided by the Department for Aging and Rehabilitative Services in order to address the increasing demand for ASD services and to enable more consistent involvement in transition planning.	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	0
4	Introduce a budget amendment in the amount of $3.4 million GFs and $600,000 NGFs per year for the Department of Behavioral Health and Developmental Services to allow community services boards to be involved with transition planning and provide case management services for adults with ASD (after the Department of Education is no longer involved).	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	0
5	By letter of the JCHC Chair, request the Department of Behavioral Health and Developmental Services work to improve collaboration between its agency, the Department for Aging and Rehabilitative Services, and community services boards for ASD-related services for adults (beginning with transition planning).	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	DBHDS
6	By letter of the JCHC Chair, request the Department of Behavioral Health and Developmental Services form a stakeholder workgroup to develop CSB-staff competencies for providing case management for adults with ASD.	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	DBHDS
7	Introduce a budget amendment of $506,000 to $1,000,000 GFs per year to expand Long-Term Employment Support Services administered by the Department for Aging and Rehabilitative Services.	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	0
8	By letter of the JCHC Chair, request that the Joint Legislative Audit and Review Commission conduct a follow-up to its 2009 report on ASD and consider our findings in completing the study.	The Hagen's; Susan Jacobson & M. Oliver; Anonymous family; CAS; VAISES	DBHDS

Costs Associated with Untreated Dental Disease

Senate Joint Resolution 50 (2012) – Senator George L. Barker

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

SJR 50 directed the Joint Commission on Health Care to study the fiscal impact to the Commonwealth that results from untreated dental disease.

Policy Options		Support	Oppose/Concern
1	Take no action		VDA VaOHC
2	Introduce a budget amendment for $30,255,000 GFs and $30,255,000 NGFs in FY 2015 and $63,535,499 GFs and $63,535,499 NGFs in FY 2016 to expand Medicaid to include full dental coverage for adults.	VBPD VCHA VoHC	
3	Introduce a budget amendment for $7,563,750 GFs and $7,563,750 NGFs in FY 2015 and $9,530,325 GFs and $9,530,325 NGFs in FY 2016 to expand Medicaid to include preventive dental services for adults.	VBPD VCHA VoHC	
4	Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity of Virginia's safety net providers. The Virginia Department of Health, Virginia Association of Free Clinics, Virginia Community Healthcare Association, Virginia Dental Association, Virginia Health Care Foundation, Virginia Oral Health Coalition, and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any additional funding and resources and in reviewing potential teledentistry and workforce initiatives.	VDA* VDHA* VBPD* VCHA VACEP* VoHC *See suggested amendments.	

☑ ***4*** Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity *and educational priorities* of Virginia's *oral health care safety* net providers – *to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community:* The Virginia Department of Health, Virginia Association of Free Clinics, Virginia Community Healthcare Association, *the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians,* Virginia Dental Association, *Virginia Commonwealth University School of Dentistry,* Virginia Health Care Foundation, *Old Dominion Dental Society,* Virginia Oral Health Coalition, *Virginia Health Care Associatio*n, and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any *additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools.* **(This approved Option combines the amendments proposed by VDA, VDHA, VBPD, and VACEP.)**

5	By letter of the JCHC chair, request that the Virginia Department of Health develop and distribute a public service announcement that promotes the benefits and need for dental care and oral health.	VCHA VaOHC	
6	**Proposed Option from Secretary Hazel and the VaOHC:** *Introduce a budget amendment in the amount of $3,627,804 GFs and $3,627,804 NGFs to expand Medicaid to include full dental coverage for pregnant women.*		
☑ ***7***	**Proposed Option from Secretary Hazel:** *Introduce a budget amendment in the amount of $544,170 NGFs and $544,170 GFs to expand Medicaid to include preventive dental coverage for pregnant women.*		
8	**VCHA Proposed Option**: *Introduce a budget amendment in the amount of at least $100,000 in GFs to be appropriated for the state dental loan repayment program.*		
9	**VaOHC Proposed Option:** *Requiring hospital emergency departments to report visits related to dental disease (utilizing the attached codes which were used in Florida, Washington, Maine and other states who have studied the issues) to Virginia Health Information ("VHI").*		

Implementation of Expedited Partner Therapy
House Joint Resolution 147 (2012)—Delegate Charniele L. Herring

Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

HJR 147, introduced by Delegate Herring in 2012, directed the Joint Commission on Health Care to study options for implementing expedited partner therapy in the Commonwealth.

Policy Options		Support	
☑ **1**	Take no action	0	
2	Introduce legislation to amend § 54.1-3303 of the *Code of Virginia* to authorize the use of Expedited Partner Therapy to treat chlamydia and gonorrhea and to provide immunity from civil and criminal liability, absent gross negligence or willful misconduct, to health care providers involved in the prescribing or dispensing of Schedule VI antibiotics to partners under Expedited Partner Therapy.	MSV* NCSD VA-AAP* VA-ACNM VA-ACOG VCEP* Ms. Bouchard Mr. Brunner Dr. Burton	Ms. Davies Ms. Hale Ms. Hill Dr. Kinser Ms. Lovell Ms. Newberry Dr. Starkweather Ms. Waddell Ms. Westlake
	*Indicated they would need to read specific proposed language before they could offer full support.		

Age Restrictions for Tanning Bed Use
Senate Bill 1274 – Senator George L. Barker

Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

Senator George Barker requested that the Commission study whether Virginia should enact age restrictions on tanning bed use, and the study was agreed to by JCHC members.

	Policy Options	Support
1	Take no action	0
☑ 2	Introduce legislation prohibiting persons under the age of 15 years from using tanning devices at tanning facilities; and requiring a parent or legal guardian of unemancipated persons 15-17 years of age to *receive educational materials and* provide written consent prior to allowing the minor to use a tanning device at a tanning facility.	0
3	Introduce legislation prohibiting ~~unemancipated~~ persons under the age of 18 years from using a tanning device at tanning facility.	118

Improving Health Outcomes, Reducing Medicaid Costs: Prenatal and Early Childhood Home Visiting

Lisa Specter-Dunaway
President & CEO
CHIP of Virginia

CHIP works with families, caught in the cycle of poverty, who are committed to creating a better life for their children and themselves. Intervening early, using proven best practices, CHIP registered nurses and parent educators work hand-in-hand with parents, preparing them to be their child's first and most important teacher.

☑**Option 1: Restore state funding to $2.7 million by adding an $900,000 to the allocation.** This will ensure that parents of an additional 225 children will be able to provide a more stable household with healthier children who can start school ready to learn and succeed.

Option 2: Implement a demonstration project to expand the pilot with NICU graduates to serve at least 140 NICU grads and their families at an annual cost of $840,000.

Based on initial outcomes, significant short term savings will be achieved with the reduction of hospital readmissions and emergency department usage, by starting work with families prior to their baby's discharge from the NICU. This demonstration project will document the opportunities for increased effectiveness, efficiencies and additional revenue streams leading to increased sustainability.

Co-Insurance and Prescription Medication

Ashley Chapman, M.S., Senior Manager of Advocacy
Multiple Sclerosis Society
Kelly Fitzgerald, Associate Director of Donor and Government Relations
Patient Services, Inc.

A survey to determine the experience of of Virginians who use specialty-tier medications was undertaken.

Option 1: Introduce legislation to require that health insurance plans can only move a drug to a higher tier at the beginning of the plan year.

☑**Option 2**: Introduce legislation to require health insurance Plans to provide a 60-day notice to the insured when a drug is moved from one tier to another.

☑**Option 3**: Introduce legislation to require health insurance plans to cap the out-of-pocket co-pay for each specialty tier drug to no more than $150 per prescription.

Membership

The Honorable Linda T. Puller, Chair
The Honorable John M. O'Bannon, III, Vice-Chair

SENATE OF VIRGINIA
The Honorable George L. Barker
The Honorable Harry B. Blevins
The Honorable Charles W. Carrico, Sr.
The Honorable L. Louise Lucas
The Honorable Stephen H. Martin
The Honorable Jeffrey L. McWaters
The Honorable Ralph S. Northam

VIRGINIA HOUSE OF DELEGATES
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The Honorable David L. Bulova
The Honorable Benjamin L. Cline
The Honorable Rosalyn R. Dance
The Honorable T. Scott Garrett
The Honorable Algie T. Howell, Jr.
The Honorable Riley E. Ingram
The Honorable Christopher K. Peace
The Honorable Christopher P. Stolle

The Honorable William A. Hazel, Jr.
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