

Meeting Minutes

Joint Commission on Health Care

Monday, November 18, 2013 – 10:00 a.m.
Senate Room A – General Assembly Building

Members Present

Senator Linda T. Puller, Chair
Senator George L. Barker
Senator Charles W. Carrico
Senator Jeffrey L. McWaters

Delegate John M. O'Bannon, III, Vice-Chair
Delegate Robert H. Brink
Delegate David L. Bulova
Delegate Rosalyn R. Dance
Delegate T. Scott Garrett
Delegate Algie T. Howell, Jr.
Delegate Riley E. Ingram
Delegate Christopher K. Peace
Delegate Christopher P. Stolle

The Honorable William A. Hazel, Jr.

Call to Order

Senator Linda T. Puller called the meeting to order. Kim Snead provided an overview of the meeting agenda and noted the handouts located in the members binders that included:

Freestanding Birth Centers Potential for Medicaid Reimbursement, a joint-report by DMAS and VDH; *Medicaid Workforce Map Packet*, provided by Dr. Reynolds-Cane (DHRM); and *Virginia's Conversion Health Foundation 2012 Report* and related letter request (for a JCHC-review of "the need for Virginia's health conversion foundations to continue providing a joint annual report regarding their charitable activities.")

Presentations

The study outcomes of JCHC's *Eating Disorders Study* was presented by Michele L. Chesser.

Co-Insurance and Prescription Medication, presented by Kelly Fitzgerald, Associate Director of Donor and Government Relations of Patient Services, Inc., included three policy options for JCHC-member consideration. The following policy options were approved:

- 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.

JCHC-Member Voting on Decision Matrix Options

Senator Puller then initiated consideration of the policy options proposed to address JCHC's 2013-study findings (and the options proposed in a CHIP of Virginia presentation). The following policy options were approved by the JCHC members in attendance.

Sunset Date for Joint Commission on Health Care

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

Virginia Physician Workforce Shortage

House Joint Resolution 689 - Delegate Harry R. Purkey

☑ **Option 2:** Introduce a budget amendment of \$400,000 GFs per year 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

☑ **Option 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 of 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.

☑ **Option 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.*

☑ **Option 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.

☑ **Option 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.

Factors Affecting Health Care Costs

House Joint Resolution 687 – Delegate John M. O’Bannon, III

- ☑ **Option 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.
- ☑ **Option 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.
- ☑ **Option 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.

- ☑ **Option 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.*

- Option 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 Service (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.

Avenues for Expanding Telehealth for Mental Health Services

- Option 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.)

Needs of Individuals with ASD Transitioning from Secondary Schools

Senate Joint Resolution 330 – Senator Ralph S. Northam

- Option 1:** Take no action

Costs Associated with Untreated Dental Disease

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

- Option 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 Association, 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.)

Option 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.

Implementation of Expedited Partner Therapy

House Joint Resolution 147 (2012)—Delegate Charniele L. Herring

Option 1: Take no action

Age Restrictions for Tanning Bed Use

Senate Bill 1274 – Senator George L. Barker

Option 2: Introduce legislation prohibiting persons under the age of 15 years from using tanning devices at tanning facilities; and requiring *that* a parent or legal guardian of unemancipated persons 15-17 years of age, *receive educational materials and* provide written consent prior to allowing the minor to use a tanning device at a tanning facility.

Improving Health Outcomes, Reducing Medicaid Costs:

Prenatal and Early Childhood Home Visiting

Option 1: Restore state funding to \$2.7 million by adding \$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.