



Work Plan Proposal for 2019 Joint Commission on Health Care

May 8, 2019 Meeting

Michele L. Chesser, Ph.D.
Executive Director



2018 JCHC Membership

Senator Rosalyn R. Dance, Chair
Senator George L. Barker
Senator Charles W. Carrico, Sr.
Senator Siobhan S. Dunnavant
Senator John S. Edwards
Senator L. Louise Lucas,
Senator Glen H. Sturtevant, Jr.
Senator David R. Suetterlein

Delegate T. Scott Garrett, Vice Chair
Delegate David L. Bulova
Delegate C.E. (Cliff) Hayes, Jr.
Delegate Patrick A. Hope
Delegate Riley E. Ingram
Delegate Kaye Kory
Delegate Christopher K. Peace
Delegate Christopher P. Stolle
Delegate Roslyn C. Tyler

The Honorable Daniel Carey, Secretary of Health and Human Resources, ex officio member

Review New Member-Based Study Approval Process

By unanimous vote of 12 members at the February 2018 meeting, the following study approval process was adopted:

- All mandated studies (formally approved by the General Assembly) will be conducted
- JCHC members will receive brief summaries of requested studies, along with a ranking form
- An executive subcommittee (ES) of 4 – 6 members and the Chair and Vice-Chair if they wish to participate:
 - Receive total scores for each study based on the member rankings and a Study Information Form for each study request that includes a summary, description of activities staff would need to conduct the study and an estimate of the workload level
 - Current ES members: Senators Barker, Dance, Dunnivant and Sturtevant; and Delegates Garrett and Stolle
 - Discuss the study requests with the Director, provides guidance on the studies and determines which study requests will be approved

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May 1, 2019 Meeting: JCHC Executive Subcommittee

- Meeting times discussed:
 - May 8 meeting: 10:00 am – 12:00 pm
 - June 24 meeting: 10:00 am – 12:00 pm
 - September 4 meeting: 9:30 am – 12:00 pm
 - October 3 meeting: 9:30 am – 12:00 pm
 - November 14 Decision-Matrix meeting: 10:00 am – 12:00 pm
- By unanimous vote, ES members approved the meeting dates, including the addition of one meeting, either between the September 4th and October 3rd meeting, or between the October 3rd and November 14th meeting, if needed and the majority of JCHC members can attend

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May 1, 2019 Meeting: JCHC Executive Subcommittee (2)

- Pharmacy Collaborative Practice Agreements, Standing Orders and Statewide Protocols in the Commonwealth (HJR 662, Delegate Stolle) is mandated.
 - Study will be conducted according to the resolution
- All of the six requested studies will be completed
 - If staff need to delete a study, the total scores from member rankings will be used to determine which study will not be completed
 - During June 24 meeting, staff will provide *brief* updates on studies
 - On June 17, these updates will be emailed to members
 - By COB June 20, members that wish to comment on a study (e.g. additional questions he/she would like answered or on the study's scope, direction, focus, or methods) will send their comment(s) to the director via email
 - By COB June 21, the director will email chart of comments to all members
 - During the June 24 meeting, 30 minutes will be devoted to presenting the chart(s) and member discussion of recommended changes, if any, to the requested studies

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2019 JCHC Schedule

	Morning (Senate Room A, Pocahontas Building*)	Afternoon
May 8	JCHC Work Plan	
June 24	JCHC Guest Presenters & Update of Staff Studies	
June 25		Virginia Health Care Foundations's Annual Heroes in Health Care Luncheon at downtown Omni Hotel
September 4	JCHC Staff Study Presentations	
October 3	JCHC Staff Study Presentations	
Possible Additional Meeting (TBD)	TBD	
November 14	Decision Matrix & Possibly 1-2 Guest Presenters	

*Unless notified otherwise

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JCHC 2019 Staff Studies

Pharmacy Collaborative Practice Agreements (PCPAs), Standing Orders and Statewide Protocols

- Staff: Paula Margolis
- HJR 662 (Delegates Stolle) *mandates* that the JCHC evaluate laws and regulations governing the prescribing, dispensing, and administration of drugs and devices in the Commonwealth pursuant to PCPAs, standing orders, and statewide protocols
 - Review the roles and responsibilities of pharmacists and other health care providers prescribing, dispensing and administering drugs and devices, including the evaluation of the roles and responsibilities of pharmacists who are authorized to practice pursuant to pharmacy CPAs, standing orders, and statewide protocols, conduct patient assessments, and identify appropriate drugs or devices for dispensing or administration Determine the legal liability of pharmacists and other health care providers
 - Identify any changes to such laws or regulations that would enhance patient access to health care in the Commonwealth
 - Develop specific proposals to implement identified changes, including amendments to laws and regulations necessary to implement such changes

Draft Work Plan PCPAs, Standing Orders and Statewide Protocols

Priority Topics:

- Identify potential changes in the current laws and regulations governing the prescribing, dispensing and administration of drugs and devices, including those pursuant to PCPAs, standing orders and statewide protocols, that would *safely* increase patient access to health care
- Review any evidence regarding issues associated with expanding scope of practice for pharmacists including whether advanced practice/specialty pharmacist training is needed
- Determine whether there are payment issues associated with services provided by pharmacists, such as the need for health care payers to add pharmacists to their credentialing process and update their billing requirements; and evaluate the impact of these issues, if any
- Review any changes that may be needed regarding liability insurance if the scope of practice is expanded
- Review laws and regulations in other states

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Draft Work Plan (2) PCPAs, Standing Orders and Statewide Protocols

Progress to Date:

- Discussed study with Delegates Stolle and Lopez (patrons)
- Performed a preliminary review of the current regulations governing collaborative pharmacy practice agreements, standing orders and statewide protocols
- Performed a preliminary review of the roles and responsibilities of pharmacists, nurse practitioners and physician assistants
- Reviewed resources and guidance from other states, policy organizations, and professional groups
- Determined that Federal regulation does not currently allow pharmacists to be classified as 'providers' for Medicare and Medicaid payment

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Draft Work Plan (3) PCPAs, Standing Orders and Statewide Protocols

Stakeholders (Have met at least once with those in **bold**):

- **Virginia Department of Health**
- **Department of Health Professions (medical and pharmacy division staff)**
- The Department of Medical Assistance Services
- Virginia Pharmacists Association
- Virginia Society of Health System Pharmacists
- Medical Society of Virginia
- Virginia Council of Nurse Practitioners
- Virginia Academy of Physician Assistants
- **VCU-MCV School of Pharmacy faculty**
- Virginia Association of Health Plans
- Virginia Association of Chain Drug Stores
- National Alliance of State Pharmacy Associations

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Prescription Price Gouging

Staff: Paula Margolis

SB 1308* (Senator Edwards) would have authorized the Secretary of Health and Human Resources to designate drugs as essential and mandated that the Director of the Department of Medical Assistance Services (DMAS) notify the Attorney General of an unconscionable increase in the price of an essential off-patent or generic drug. Increase is unconscionable if:

- the increased price, alone or in combination with other price increases, would result in a price increase of 50 percent or more in the wholesale acquisition cost (WAC) of the drug, as compared with the wholesale acquisition price for the same drug prior to the increase, or the price paid by DMAS for the drug prior to the increase, or
- the cost of a 30-day supply of the maximum recommended dosage of the drug for any indication approved by the U.S. FDA would cost more than \$80 at the WAC, or
- in cases in which the drug is made available to consumers only in quantities that do not correspond to a 30-day supply, a full course of treatment of the drug would exceed \$80

*The bill was tabled in Senate Education and Health Committee with Letter of Request sent to the JCHC

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Prescription Price Gouging (2)

The bill would have required:

- A list of all essential drugs for the purpose of this chapter be posted on a website maintained by the Department of Medical Assistance Services
- Upon receipt of notification of suspected price gouging pursuant to § 32.1-330.6 or in any other case in which the Attorney General has reasonable cause to believe that any person has engaged in, is engaging in, or is about to engage in any violation of this chapter, the Attorney General is empowered to issue a civil investigative demand

In discussing the study with Senator Edwards, he indicated that he would like the study to include private payers as well as Medicaid (FFS and MCOs)

It also is possible that the study will address price gouging for patented/brand name prescription drugs

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Prescription Price Gouging (3)

- SB 1308 was patterned off of a Maryland bill that became law in 2017
 - The bill was introduced prior to the Maryland law being deemed unconstitutional by the U.S. Fourth Circuit Court of Appeals. The Court held that Maryland's law overstepped limits on how states can regulate commerce, specifically on states controlling business that takes place outside their borders.
- As a result, JCHC staff was asked to also consider alternative ways to address high prescription drug prices

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Draft Work Plan Prescription Price Gouging

Priority Topics:

- Research other states' strategies for addressing high-cost prescription drugs that may hold up to legal challenge and activities at the federal level
- Research considerations for strategies for addressing high-cost drugs, in terms of administrative burden, implementation and operational issues, data requirements and availability, etc.
 - Drug pricing is extremely complex and subject to federal law, in some cases (e.g., 340(b) program, Ryan White Drug Act, Medicaid rebates and supplemental rebates)
 - The path from manufacturer to patient is multi-layered and interventions may be different, depending upon the layer being targeted
 - Additional funding may be needed for DMAS to track the data longitudinally for each of the Medallion 4.0, CCC Plus, GAP, etc. managed care organizations and the fee-for-service group and create reports
 - Contact the Bureau of Insurance to discuss applying the bill to private health insurance plans

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Draft Work Plan (2) Prescription Price Gouging

Progress to Date:

- Reviewed Maryland's law and the court decision
- Gathered articles, papers, guidance, etc. and in process of reviewing
- Discussed the bill and study with Senator Edwards to clarify specific issues

Consult with stakeholders including:

- The Virginia Attorney General's Office
- Office of the Secretary of Health and Human Resources
- The Department of Medical Assistance Services
- The Bureau of Insurance
- The Department of Health Professions, Board of Pharmacy
- The Virginia Association of Health Plans
- Virginia Pharmacists Association (VPhA)
- PhRMA

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Naloxone Public Storage and Access

Staff: Andrew Mitchell

HJR 653, unofficially amended before being tabled, requested that the JCHC study the feasibility of expanding naloxone access through the placement of naloxone in automated external defibrillator (AED) cabinets, *and other public places that are staffed*, across the Commonwealth. JCHC staff should:

- determine any current barriers to expanding naloxone availability through its placement in AED cabinets and other public places and whether the removal of those barriers could save lives without endangering anyone
- propose potential solutions, as practicable, to current barriers to expanding naloxone availability through its placement in AED cabinets
- develop and implement a program to educate schools, hospitals, public institutions, and the general public regarding current requirements for storage of and access to naloxone

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Draft Work Plan Naloxone Public Storage and Access

Priority topics

Cross-walk of opioid overdoses and publicly accessible locations for possible naloxone placement

- Will characterize the geographical overlap between sites of opioid overdose events and public or quasi-public locations (e.g., municipal buildings, libraries, churches). Will disaggregate opioid overdoses by type (e.g., prescription vs. illicit) and outcome (e.g., fatal vs. non-fatal) as appropriate and dependent on data availability
- Data sources for opioid overdoses: VDH OCME and ODMAP; for Public locations: VDH (historical AED location data) and the Internet

Perspectives of representatives of potential public locations for naloxone

- Will characterize level of interest by public and quasi-public locations (see above) in making naloxone publicly accessible, as well as possible barriers or concerns with such an approach

Code of Virginia changes required to facilitate increased public access to naloxone

- Will consult with key stakeholders (e.g., Board of Pharmacy; Attorney General's office; VDH) to determine code revisions required to facilitate placement of naloxone in public/quasi-public areas of access (including co-location with AEDs) and lay administration with lesser levels of training than currently required

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Draft Work Plan (2) Naloxone Public Storage and Access

Lower priority topics

- Naloxone education program
 - Will determine the need for, and requirements of, developing a program to educate public institutions, other institutions as appropriate (e.g., hospitals) and the general public regarding naloxone storage, access and administration
- Alternative community-based initiatives to increase public access to naloxone
 - Will characterize additional methods to increase accessibility of naloxone to the general public (e.g., pilot community-based training and distribution programs in other states; measures to ensure access to naloxone at community retail pharmacies)

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Draft Work Plan (3) Naloxone Public Storage and Access

Stakeholders (have held at least one meeting with stakeholders in **bold**)

- **Attorney General's Office**
- **Board of Pharmacy**
- **Department of Behavioral Health and Developmental Services (DBHDS)**
- **Virginia Department of Education (VDOE)**
- Law enforcement (**Sheriff's Association**; State Police Association; Police Chief's Association)
- Naloxone manufacturers
- Representatives of public locations
- Virginia Association of School Boards (VASB)
- **Virginia Department of Health (VDH)**
- **Virginia Healthcare and Hospital Association (VHHA)**
- **Virginia Pharmacists Association (VPhA)**
- Virginia Trial Lawyers Association (VTLA)

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Deaf/Hard of Hearing Children; Development of Milestones and Assessment Resources for Parents

Staff: Andrew Mitchell

SB 1741* (Senator Edwards) would have required the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in coordination with the Virginia Department of Education (DOE) and the Department for the Deaf and Hard-of-Hearing (DDHH), to

- select, with input from an advisory committee that the bill establishes, language development milestones and include such milestones in a resource for use by parents of a child from birth to age five who is identified as deaf or hard of hearing to monitor and track their child's expressive and receptive language acquisition and developmental stages toward English literacy
- disseminate such resource to such parents
- select existing tools or assessments for educators for use in assessing the language and literacy development of children from birth to age five who are deaf or hard of hearing
- disseminate such tools or assessments to local educational agencies and provide materials and training on their use
- annually produce a report that compares the language and literacy development of children from birth to age five who are deaf or hard of hearing with the language and literacy development of their peers who are not deaf or hard of hearing and make such report available to the public on its website (*Tabled in Senate Education & Health with Letter to JCHC)

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Draft Work Plan Deaf/Hard of Hearing Children

Priority topics

Virginia data on children 0-5 years of age diagnosed as deaf/hard-of-hearing

- Will collect available data on children 0-5 years of age diagnosed as deaf/hard-of-hearing, including: # children, # children receiving early intervention services, language and literacy development outcomes on children receiving early intervention services (if data available)
- Data sources: VDH; DBHDS; DOE; Centers for Disease Control and Prevention

Language/communication acquisition outcomes

- Will review evidence in the U.S. on language/communication acquisition outcomes of deaf/hard-of hearing children 0-5 years of age who receive varying forms of instruction (e.g., signed language only, oral communication only, combined forms of Communication)

Stakeholder workgroup

- Will convene workgroup consisting of stakeholders listed below – as well as any others, as appropriate – to discuss issues raised in SB 1741. The workgroup will meet 3 – 4 times in 2019, with the goal of: identifying points of consensus and considering alternatives to points of disagreement relating to issues raised in SB 1741/LEAD-K laws in other states

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Draft Work Plan (2) Deaf/Hard of Hearing Children

Stakeholders (have held at least one meeting with stakeholders in bold)

- American Sign Language Teachers Association
- American Society for Deaf Children
- Beginnings
- CueSigns, Inc.
- **DBHDS**
- Deaf Grassroots Movement
- Disability Commission
- **Disability Law Center of Virginia**
- **DOE**
- Hands & Voices
- Infant & Toddler Connection of Virginia
- **Language Equality and Acquisition for Deaf-Kindergarten Ready representatives**

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Draft Work Plan Deaf/Hard of Hearing Children, etc

Stakeholders (Cont'd)

- Laurent Clerc National Deaf Education Center
- **Alexander Graham Bell Association – Virginia chapter**
- National American Sign Language and Early Childhood Education Bilingual Consortium
- National Black Deaf Advocates
- North Virginia Resource center for Deaf and Hard of hearing Persons
- Ski Hi Deaf Mentor Program
- **Speech-Language-Hearing Association of Virginia**
- **VCU Partnership for People with Disabilities (Center for Family Involvement)**
- **VDH**
- **Virginia Association of the Deaf**
- Virginia Board for People with Disabilities
- **Virginia Department for the Deaf and Hard of Hearing**
- Virginia School for the Deaf and the Blind (Board of Visitors)

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Increased Prescription Delivery Options at Same Price for Health Plan Members

Staff: Andrew Mitchell

HB 2223 requires every health carrier, as applicable, to administer its health benefit plans in a manner consistent with, or include in contracts for pharmacy benefits management, criteria and provisions that:

- Permit a covered individual to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail community pharmacy if the network participating retail community pharmacy agrees to accept a price that is comparable to that of the mail order pharmacy, calculated to reflect all drug manufacturer's rebates, direct and indirect administrative fees, costs and any remuneration
- Prohibit a pharmacy benefits manager (PBM) or carrier from imposing a differential copayment, additional fee, or other condition on any covered individual who elects to fill his prescription at an in-network retail community pharmacy that is not similarly imposed on covered individuals electing to fill a prescription from a mail order pharmacy
- Require the PBM to use the same benchmark index to reimburse all pharmacies participating in the health benefit plan regardless of whether a pharmacy is a mail order pharmacy or a retail community pharmacy

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Increased Prescription Delivery Options at Same Price for Health Plan Members (2)

- Approaches taken or considered by other states and in Virginia include: greater transparency on price spreads, banning the use of PBM "gag" clauses that prohibit pharmacies from disclosing less costly alternatives, allowing pharmacies to disclose state oversight of PBMs through licensure and registration, and establishing rules for PBM pharmacy audits
- See the Fiscal Impact Statement for HB 2223 (included in the *Study Information Forms for 2019 Studies* report available on the JCHC website) for issues that may result if bill is approved as written

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Draft Work Plan Increased Prescription Delivery Options

Priority topics

State approaches to pharmacy costs

- Will review states' approaches to: 1) requiring network participation to pharmacies willing to join and meet network requirements ("Any Willing Provider" laws); 2) prohibiting pharmacy benefit differentials (including copayments); and 3) regulating PBM pricing practices

Integration of HB 2223 into Virginia Code

- Determine revisions to HB 2223 and/or Virginia Code that may be required to integrate the components of HB 2223 into existing statute (e.g., how would "comparable" prices be determined? Are there appropriate enforcement mechanisms for PBMs found to be out of compliance with HB 2223's requirements?)

Impact of HB 2223 on prescription drug prices

- Based on any available Virginia data (e.g., volume of pharmacy sales from community retail and mail order pharmacies) and national literature, characterize expected impact of HB 2223 on pharmacy good costs to consumers and payers

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Draft Work Plan (2) Increased Prescription Delivery Options

Stakeholders to contact

- Board of Pharmacy
- Bureau of Insurance
- Department of Human Resources Management
- Consumer Health Products Association
- PhRMA
- Virginia Association of Health Plans
- Virginia Pharmacists Association

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Forensic Nursing in the Commonwealth

Staff: Stephen Weiss

HJR 614 (Delegate Karrie Delaney) requested Virginia State Crime Commission to conduct a study on forensic nursing (FN). Due to large workload, Director of Crime Commission requested the JCHC to conduct the study if members of both commissions concur. JCHC staff would:

- Identify all existing forensic nursing programs in the Commonwealth, including graduate programs and certifications
- Determine geographic regions of the state in which FN programs or forensic nurses do not currently exist and determine if, and if so, what coverage is available in those regions (perhaps from neighboring regions)
- Identify the current funding sources for existing FN programs and estimate the costs associated with and potential funding sources for establishing FN programs in geographic regions with a current gap in coverage

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Forensic Nursing in the Commonwealth (2)

- Analyze and provide an estimate of the average costs associated with collecting forensic evidence and providing testimony in a court of law and identify funding sources for testimony costs
- Review the current FN workforce in Virginia and identify opportunities to increase availability of FN certifications to nurses
- Consider insurance reimbursement opportunities for FN services performed
- Evaluate existing FN programs in other states and identify best practices, including telehealth, that could be utilized in the Commonwealth

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Draft Work Plan Forensic Nursing in the Commonwealth

Priority Topics

Reimbursement/Funding

- Current reimbursement amounts for FN services
 - Reasons for low reimbursement
 - Ways to increase overall reimbursement
- Current reimbursement/funding sources, such as the Criminal Injuries Compensation Fund, donations, victim's health insurance
 - CIC fund currently housed under workers compensation—appropriate location? Yes/No, why? More appropriate location?
 - Issues re: explanation of Benefits (EOBs) and how they are handled in relation to privacy and confidentiality (college student may not want parents to know)
- Actual costs for FN services based on work load information

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Draft Work Plan (2) Forensic Nursing in the Commonwealth

Priority Topics

Importance of FN services

- Positive impact on prosecution
 - Trained to use forensic evidence kits and identify internal injuries
 - Expert witness in court
- Trained to provide optimum trauma-informed care to victims

Current FN programs and geographic shortages of programs and nurses

- Identify location of forensic nurses via VHHA, Virginia Chapter of International Association of Forensic Nurses, and possibly a survey of hospitals
- Explore funding options for new FN programs and forensic nurses
- Explore telemedicine options
- Understand issues when a local forensic nurse is not available and the victim must be transported to a hospital potentially hours away

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Draft Work Plan (3) Forensic Nursing in the Commonwealth

Other Topics

Public Health Issues Addressed by FN

- Testing for sexually transmitted diseases, HIV, Hep C and begin treatments as part of exam, and follow up
- Trains law enforcement, first responders and Commonwealth Attorneys on how to interact with patients

Contact Stakeholders (Have met at least once with ones in **bold**)

- **Virginia Department of Forensic Science**
- Department of Criminal Justice Services
- **Office of Chief Medical Examiner**
- Virginia Department of Health Professions and the **Virginia Board of Nursing**
- **Office of the Attorney General**
- Virginia Law enforcement officials

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Draft Work Plan (4) Forensic Nursing in the Commonwealth

Contact Stakeholders

- **Radford City prosecutor**
- Victims Compensation Fund
- Virginia Chapter of International Association of Forensic Nurses
- **Children's Advocacy Centers of Virginia**
- Virginia Forensic Nursing Programs: VCU, Liberty University, Southside Virginia Community College, Hampton University, Tidewater Community College, Stratford University, Northern Virginia Community College, Marymount University, ECPI University
- Medical Society of Virginia (MSV)
- **Virginia Hospital and Healthcare Association (VHHA)**
- Virginia Trial Lawyers Association (VTLA)
- Virginia Chapter of International Association of Forensic Nurses

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Draft Work Plan (5) Forensic Nursing in the Commonwealth

Contact Stakeholders

- Virginia Victim Assistance Network
- American Nurses Credentialing Association
- US Department of Justice Office of Violence Against Women
- International Association of Forensic Nurses – Certification Center

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Supportive Decision-Making for Individuals with ID/DD

Staff: Stephen Weiss

HJR 729 (Delegate Kaye Kory) requested the Secretary of Health and Human Resources to study supported decision-making for individuals with intellectual and developmental disabilities. The resolution was tabled and a Letter of Request was sent to the JCHC to:

- Examine the use of supported decision-making for individuals with intellectual and developmental disabilities in the Commonwealth
- Compare the Commonwealth's policies and practices related to supported decision-making and informed choice to the policies and practices used in other states
- Examine situations in which the use of supported decision-making is an appropriate alternative to the appointment of a guardian

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Supportive Decision-Making for Individuals with ID/DD (2)

Finally, the JCHC staff should:

- After consultation with the Arc of Virginia, Voices of Virginia, the Autism Society, the disAbility Law Center of Virginia, the Down Syndrome Association, the Jenny Hatch Justice Project, the Virginia Bar Association, the Virginia Department of Behavioral Health and Developmental Services, and the Office of the Executive Secretary of the Supreme Court of Virginia
 - Recommend strategies to improve the use of supported decision-making in the Commonwealth and ensure that individuals with intellectual and developmental disabilities are consistently informed and receive the opportunity to participate in their important life decisions
 - Determine whether legislation related to supported decision-making is necessary and, if so, propose specific legislative recommendations

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Draft Work Plan Supportive Decision-Making for Individuals with ID/DD

- Identify other states that have clarified their laws to accommodate the policy
- Learn about current guardianship laws, including how the process works for families and individuals in court
- Contact DARS, DSS, DBHDS and Executive Secretary of the Virginia Supreme Court to discuss similar study in 2014 resulting from HJR 190
 - Determine changes since 2014 in policy and law in response to study
- Determine if Virginia Code needs to include provisions related to the application of supported decision making, e.g. a model contract
- Determine if other strategies may improve the use of supported decision-making such as education material for judges and lawyers
- Determine if better information and material needs to be made available to people with intellectual and developmental disabilities to help them understand their legal options

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Member Rankings of 2019 Studies

(Lowest Score = Most Liked)	n = 8	Mean	Median	Range
PCPAs, Standing Orders and Statewide Protocols		5.8	5.5	4 - 7
Prescription Drug Price Gouging		3.4	3	1 - 7
Children Who are Deaf/HH; Milestones & Assessment Resources for Parents		2.6	2	1 - 5
Naloxone Public Storage and Access		3.9	4	1 - 7
Increased Prescription Delivery Options at Same Price		4.9	4.5	3 - 7
Supportive Decision-Making for Individuals with ID/DD		3.9	3	1 - 7
Forensic Nursing in the Commonwealth		3.4	3.5	1 - 6

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Potential Guest Presentations

Secretary of Health and Human Resources

Staff Study: Addiction Relapse Prevention Programs in the Commonwealth; Approved policy option

- Secretaries of HHR and PSHS to convene a workgroup to study the current alignment and coordination of information made available to the public through State agencies on substance use disorder treatment and recovery resources, making recommendations to the General Assembly and JCHC by November 1, 2019 on legislation and/or budget amendments required to improve alignment and coordination of SUD treatment/recovery resource information made available by State agencies.

Overview of the Substance Abuse Data Sharing Among Agencies in Virginia Project (See SB 580, 2018 Session, into which JCHC's SB 459 was incorporated)

Increase in Youth Suicide Rate: prevention efforts (current/needed); research results: media influence is part of increase; and possible state options to address the problem

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Guest Presentations

- Update on the ARTS (Addiction and Recovery Treatment Services) Program
 - DMAS staff
- School-Based Health Services in Virginia and Trends in Other States
 - VDOE and possibly DMAS
- Mental Health Parity: How well are Virginia health plans doing?
 - Likely SCC/BOI staff
- \$2.2M grant from Arnold Ventures for Virginia Center for Health Innovation (VCHI) to organize effort to tackle the overuse of unnecessary health care in the Commonwealth
 - Beth Bortz, VCHI, President and CEO

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Department of Corrections

- Compensation Board, Department of Behavioral Health and Developmental Disabilities, and Director of Health Services for the Virginia Department of Corrections create a single statewide HIPPA compliant release form that can be used by all offenders and persons being served through the community services board and state psychiatric system that will allow for easier sharing of data and medical information among the different organizations that receive state funds.
- HB 2499 (2019) Department of Corrections: Policies to Improve Exchange of Offender Medical Information, Including Telemedicine and Telepsychiatry

Virginia Telehealth Network

- Update on Telehealth Actions in Virginia, for example:
 - HB 1970/SB 1221 (2019) Payment and Coverage of Telemedicine Services (SB 1124, Telemedicine; physicians licensed in contiguous jurisdictions, was incorporated into SB 1221)
 - Update on current programs/pilots

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VHI

- **VHI Annual Report**
- Michael Lundberg, Executive Director
- Potential topics:
 - Virginia's Emergency Department Care Coordination Program
 - Implementation of the newly mandated All Payer Claims Database
 - Expanded Charity Care reporting from health care providers and hospitals
 - New Health Care pricing information by state and region
 - Plans for new health care quality measures

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Virginia Department of Health

- HB 2215 (2019) Immunizations: Acellular Pertussis Booster
 - Supposed to make recommendations to JCHC by Sept 1; but part of original language in Code, not new language added by HB 2215
- Discuss lower rate of measles vaccinations in Virginia compared to surrounding states

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Member Ranking of 2019 Guest Presentations

	Lowest Number = Liked Most					Mean
2. Statewide HIPPA Compliant Form from JCHC Study	1	1	2	7	7	3.6
1. Public Access to SUD Services from JCHC Study	4	3	4	5	1	3.4
5. \$2.2M grant to VCHI to Address Unnecessary Health Care in Virginia	7	6	3	2	8	5.2
4. VHI Annual Report	8	4	5	6	1	4.8
6. Telehealth Actions in Virginia	9	5	1	10	2	5.4
5. Overview of SUD Data Sharing Among Agencies in Virginia	5	2	10	3	6	5.2
8. Update on the ARTS (Addiction & Recovery Treatment Services) Program	2	8	11	4	9	6.8
3. Increase in Youth Suicide Rate	3	10	6	0	3	4.4
7. Mental Health Parity: How well are Virginia Health Plans Doing?	6	7	7	1	11	6.4
10. Virginia Immunizations	10	11	9	9	4	8.6
9. School-Based Health Services in Virginia	11	9	8	8	5	8.2

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	Morning (Senate Room A, Pocahontas Building*)
May 8	JCHC Work Plan
June 24	JCHC Guest Presenters & Update of Staff Studies
September 4	Forensic Nursing; Naloxone Public Access & Storage; PCPAs, Standing Orders and Statewide Protocols
October 3	Supported Decision Making, Prescription Delivery Options, Children who are Deaf/HH, Prescription Price Gouging
Possible Additional Meeting (TBD)	TBD
November 14	Decision Matrix & Possibly 1-2 Guest Presenters

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Joint Commission on Health Care

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