

Joint Commission on Health Care November 21, 2017 at 10:00 a.m. Senate Committee Room- Pocahontas Building

#### **Members Present**

Delegate David L. Bulova Delegate Benjamin Cline Delegate T. Scott Garrett Delegate Riley E. Ingram Delegate John M. O'Bannon III Delegate Christopher Peace Delegate Christopher P. Stolle Delegate Roslyn C. Tyler

Members Absent Delegate Kaye Kory Delegate Patrick A. Hope 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 Senator Rosalyn R. Dance (Teleconference)

Staff Present Michele Chesser Paula Margolis Andrew Mitchell Stephen Weiss Agnes Dymora

### **CALL TO ORDER**

Senator Carrico called the meeting to order and made comments about Delegate O'Bannon who will be departing the JCHC Commission this year.

### PRESENTATIONS

Paula Margolis summarized the three studies and public comments for the studies she presented in JCHC meetings earlier this year. The members voted on the studies' policy options:

# The Creation of a Registry of Cases of Abuse and Neglect of Individuals Enrolled in the Building Independence, Family and Individual Supports and Community Living Medicaid Home and Community-Based Services and Supports Waivers

Option 5. Introduce legislation to mandate that candidates seeking employment as direct care providers to waiver enrollees sign a consent to allow prospective employers to contact previous employers. Approved by 11-4 vote.

A motion to adopt option 2 was initiated but no second was given.

### Mandated Staffing Ratios in Assisted Living Facilities

Option 3. Introduce a budget amendment to raise Auxiliary Grant rates (amount to be determined). Approved by 10-6 vote.

Option 4. By letter of the JCHC Chair, request that the Secretary of Health and Human Resources direct the Department of Social Services to field a Request for Information (RFI) for enhancing data reporting capabilities. Approved by 10-6 vote.

# Options for Increasing the Use of Telemental Health Services in the Commonwealth – Interim Report

Option 1. Take no action, with the understanding that the Joint Subcommittee on Mental Health Services in the Commonwealth in the 21<sup>st</sup> Century had not yet voted on the items included in the JCHC policy options; and JCHC members believed that the subcommittee should vote first. Approved by 15-0 vote.

Andrew Mitchell provided summaries and public comments for the three studies he presented in JCHC meetings earlier this year. The members voted on the studies' policy options:

### Medical Use and Health Effects of Cannabis

Option 4. By letter of the JCHC Chair, request that DHP amend 18 VAC 110-60 by: requiring THC-A oil processors to ensure that the percentage of THC remains within 10% of the level measured for labeling under 18 VAC 110-60-290, and; establishing a stability testing schedule for THC-A oil processors. Approved by a 16-0 vote.

Option 9. Introduce legislation to amend §54.1-3408.3(B) of the Code of Virginia to allow physician recommendation for any condition determined by the physician to benefit from THC-A or CBD oil. Approved by 19-6 vote.

# Life-Sustaining Treatment Guidelines Work Group

Option 1. Take no action.

A motion for option 2 was initiated and a second was given but a substitute motion for option 1 was made, received a second and therefore was voted on and approved by a 10-6 vote.

# Sustainability of the Prescription Monitoring Program

Option 1. Take no action

A motion to add option 7 to create a work group to deal with functionality and future funding was suggested but did not receive a second. A substitute motion for option 1 was made and approved by a 11-5 vote.

Stephen Weiss provided summaries and public comments for the two studies he presented in JCHC meetings earlier this year. The members voted on the studies' policy options:

### Heroin Use in Virginia

Option 3. (Amended) Introduce legislation to amend the Code of Virginia by adding in § 2.2-200 a section to require that all Governor's Secretaries coordinate and identify data related to substance abuse that can be used to identify current and emerging substance abuse trends, and to develop local, regional and statewide plans to address the changing landscape as new substances are introduced to the Commonwealth. Require that all state and local agencies, including local law enforcement agencies, government and non-government hospitals, Community Services Board Boards, and any other entities receiving public funds from the Commonwealth, provide such [substance abuse] data to the appropriate state agencies identified by the Governor's Secretaries. Approved by a 12-3 vote.

A substitute motion to add option 3 and not remove language in option 2 was made but did not receive a second.

# Should Medigap Policies Be Provided for Medicare Recipients under 65 Years of Age in Virginia?

Option 1. Take no action.

(Failed) 9-6 Option 2. (Amended) Introduce legislation to amend the Code of Virginia by adding in Chapter 36 of Title 38.2 a section requiring the Virginia Bureau of Insurance to adopt regulations requiring insurers selling Medicare Supplemental policies in the Commonwealth to make those policies available regardless of age or disability; requiring an open enrollment period under the same conditions as required by federal law and requiring premiums be established based on sound actuarial practice. (*Two Risk Pools*)

A motion for option 3 was initiated but no second was given.

Adjournment The meeting was adjourned. There will not be any more JCHC meetings this year.

Electronic Meeting:	Yes Senator Rosalyn Dance La Verne, CA
Prepared by:	Agnes Dymora
Date:	11/28/2017