



Joint Commission on Health Care

Tuesday, August 22, 2017 – 10:00 a.m.

Capitol Building – Senate Room 3

Members Present

Delegate David L Bulova
Delegate Benjamin L. Cline
Delegate T. Scott Garrett
Delegate Riley E. Ingram
Delegate John M. O’Bannon, III

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

Honorable William A. Hazel, Jr.

Members Participating by Conference Call

Delegate Kaye Kory

Members Absent

Delegate Patrick A. Hope
Delegate Christopher K. Peace
Delegate Christopher P. Stolle
Delegate Roslyn C. Tyler

Staff Present

Michele Chesser
Paula Margolis
Andrew Mitchell
Stephen Weiss
Agnes Dymora

Call to Order

Senator Carrico called the Joint Commission meeting to order, provided welcoming comments and introduced the first presenter, Dr. Levine.

Virginia’s Plan for Well-Being

Dr. Levine began by describing the foundational concepts of the well-being plan. She then proceeded to go over metric updates for different programs within the communities in Virginia such as housing, children’s issues, preventative actions and health care. She finished her presentation with some observations on what actions to take to make Virginia better.

Virginia’s Opioid Crisis Grant

Mellie Randall stated that the 21st Century Cures Act provided a yearly grant of \$9.7M to Virginia to help with recovery and prevention of opioid abuse in the state. She mentioned that 17 CSBs in the state were identified for prevention only services and 18 were selected for prevention, treatment and recovery services based on needs. She concluded with describing the steps that will be taken on continuing work with the CSBs.

Telemental Health in the Commonwealth

Paula Margolis presented a report on Telemental Health in the Commonwealth. This study was mandated by the Joint Sub-Committee Studying Mental Health Services in the 21st Century (Joint Sub-Committee). The Joint Sub-Committee Telemental Health Work Group's final report identified six barriers, 29 options and made 12 recommendations for expanding telemental health services. Six of the recommendations were for the Office of the Secretary of Health and Human Resources (OSHHR) to take action and the Joint Commission on Health Care sent a letter of request to the Secretary regarding these options. The remainder of the report focused on four of the recommendations that are the most feasible to implement over the next year and involved actions that could be taken in the 2018 General Assembly Session; the options are for the: 1) the Joint Commission on Health Care to support the Joint Sub-Committee if it chooses to introduce Budget language to appropriate \$300,000 in each biennium to support Project Echo which would provide an on-line platform for training providers in managing and referring patients in need of behavioral health and substance use services. 2) the Joint Commission on Health Care to support Joint Sub-Committee if it chooses to introduce Budget language to establish an Appalachian Telemental Health Network Pilot. 3) the Joint Commission on Health Care to support the Joint Sub-Committee to introduce Budget language to appropriate \$50,000 to create a state-wide on-line network of providers. 4) the Joint Commission on Health Care to support the Joint Sub-Committee to introduce Budget language to appropriate \$100,000 to update and expand the Southwest Training Academy and Resource Center telehealth website, platform and content.

Medigap Insurance

Stephen Weiss reported on whether Medigap policies should be made available to people under the age of 65 who are on Medicare. The study was requested by Senator Frank Wagner, Chairman of the Senate Committee for Commerce and Labor, and approved by the JCHC during the May, 2017, work plan meeting.

Stephen reported that the overwhelming majority of people under age 65 and on Medicare are disabled. The report provided background information on the Medicare program and the various issues involved in out of pocket costs associated with the program for all Medicare beneficiaries, including options to sign up for comprehensive coverage through Medicare Advantage, possible eligibility for Medicare Savings Program administered by state Medicaid programs, or purchasing Medigap supplemental insurance policies. The report noted that federal law concerning Medigap supplemental coverage was specific for people aged 65 and older but that the law did not apply to the coverage for those under the age of 65, leaving the states with the authority to mandate the coverage or not. Data and statistics were provided outlining the need by Medicare beneficiaries to have some form of supplemental coverage in absence of signing up for comprehensive coverage through Medicare Advantage. Thirty-three (33) states currently mandate that Medigap supplemental coverage is made available to Medicare beneficiaries under age 65 and that each state does it differently. The report noted that three (3) states were able to provide JCHC with detailed enrollment data that allowed for a reasonable estimate of how many Medicare beneficiaries under age 65 might purchase such a policy. Premiums for Medicare supplemental insurance policies for those under age 65 are expensive, between 2 and 3 times the cost when compared to premiums for those ages 65 and older. The coverage is expensive

because it is made available to Medicare beneficiaries with complex and multiple health problems. The three states profiled, Colorado, Maine and Tennessee, indicated that between 2% and 3.5% of all Medigap policies sold in their states are to people under the age of 65. Finally, the report noted findings from a survey of health insurance companies by the Bureau of Insurance for the Health Insurance Reform Commission indicating that if the state mandated such coverage none of the companies would leave the market or stop providing Medigap coverage in the state for those over age 65.

Adjournment

The meeting was adjourned. The next Commission meetings will be held September 19, 2017 at 10 am and 1 pm in the Pocahontas Building.

Electronic Meeting:	Yes
Prepared by:	Agnes Dymora
Date:	August 24, 2017