



Joint Commission on Health Care

Friday, June 15, 2018 – 9:00 a.m.

Senate Committee Room A- Pocahontas Building

Members Present

Delegate David L Bulova

Delegate Benjamin L. Cline (Called-in)

Delegate T. Scott Garrett

Delegate C.E “Cliff” Hayes, Jr.

Delegate Patrick A. Hope

Delegate Riley E. Ingram

Senator Charles W. Carrico, Sr.

Senator George L. Barker

Senator Rosalyn R. Dance

Senator John S. Edwards

Senator L. Louise Lucas

Senator David R. Suetterlein

Members Absent

Senator Siobhan S. Dunnivant

Senator Glenn H. Sturtevant, Jr.

Delegate Kaye Kory

Delegate Christopher K. Peace

Delegate Christopher P. Stolle

Delegate Roslyn C. Tyler

Honorable Daniel Carey, M.D.

Staff Present

Michele Chesser

Paula Margolis

Andrew Mitchell

Agnes Dymora

Call to Order

Senator Carrico called the Joint Commission meeting to order, provided welcoming comments and introduced the new JCHC members, Delegate Cliff Hayes and Secretary Dan Carey.

JCHC staff, Andrew Mitchell, presented the final report of the study: ADHD Prevalence and Risks of ADHD Medications in Virginia. HB1500, Item 30(A), requested that JCHC identify methods to a) raise awareness of health/addiction risks of Attention Deficit Hyperactivity Disorder (ADHD) medication use; b) compile/track statistics on Virginia school children diagnosed with ADHD or other categories such as “specific learning disabilities, other health impairment, multiple disorder, and emotional disturbances”; c) used by other states/countries to limit antipsychotic use; and d) identify the incidence/prevalence of prescribing anti-psychotics for off-label use. The presentation of the final report briefly summarized key findings from the interim report (presented in September, 2017); provided prevalence data on ADHD and the use of atypical antipsychotics (AAPs); explained the ADHD diagnosis and medication policies of the Departments of Education (DOE), Medical Assistance Services (DMAS), and Social Services (DSS). The report included information regarding current and potential methods to raise awareness of ADHD medication risks and addiction potential among the general public, health providers and in the higher education setting; the tracking of ADHD diagnosis statistics in schools in other states and by the DOE in Virginia; the challenges encountered by DMAS to track of off-label prescribing of

antipsychotics; and methods used in other states and countries to limit the inappropriate use of ADHD medications. Five policy options were provided that related to the four study request components.

Senator Carrico discussed the executive subcommittee (ES) and all of the studies that were ranked by the committee for this year's work plan. The study on the quality of health care in prisons and jails received the highest ranking of importance followed by the addiction relapse prevention and the health insurance premiums in the individual and small group markets studies. The ES recommended the generator study primarily cover costs relative to facility size. The medical aid-in-dying study received the lowest ranking but ES members agreed to include it as a 2018 study because it is the final year of a two-year study that was already approved by the JCHC members in 2017.

The Chair discussed the importance of receiving the study request rankings of non-ES members prior to the ES meeting so that the information can be used in discussing which study requests will be approved. The Director indicated that non-ES members also may include on the ranking form (or in an email) any information, ideas, or recommendations regarding the study requests or other important topics likely to be considered during the next General Assembly session. Senator Carrico then initiated a motion to allow the ES to recommend the studies to be conducted and for the full committee to endorse their decision. The vote was unanimous in agreement. Another motion also was proposed to combine the Behavior Health Care and Healthy Living/Healthy Services subcommittees into the full commission and eliminate the afternoon meetings; and to extend the morning meetings by one hour (to 9:00 am-12:00 pm). A vote for this motion was unanimous in agreement as well. The commission then voted on new officers. A unanimous decision was made to elect Senator Dance as the new Chair and Delegate Garrett as the new Vice Chair.

The work plan was then presented by the Director. Dr. Chesser briefly explained each of the studies that will be conducted. Delegate Garrett indicated his support for the addiction relapse prevention and the pharmacy drug disposal program study requests stating they are in the JCHC's purview. He expressed a lack of support for the health insurance premiums study because the complex issue is being investigated by the Health Insurance Reform Commission and the Senate and House Commerce and Labor committees; and he does not see a role for the JCHC. He did not think the health care quality in prisons and jails two-year study should be completed this year because the Deeds Commission is already looking at the issue. Delegate Hope agreed with Delegate Garrett that the Deeds Commission is reviewing behavioral health care in jails.

Dr. Chesser presented the schedule of meetings for the year and mentioned that it will have to be revised due to the elimination of the subcommittees and afternoon meetings. She indicated that some guest presentations likely will need to be cancelled. The commission voted on the current work plan with all JCHC members, except Delegate Garrett, approving the work plan as is with room for revisions as needed. The meeting was adjourned. The next scheduled meeting is on August 22nd at 9 am in the Senate Room A at the Pocahontas building.

Electronic Meeting: Yes
Delegate Cline – Schedule conflict
Amherst, VA

Prepared by: Agnes Dymora
Date: June 19, 2018