

## Meeting Minutes



### Joint Commission on Health Care

Tuesday, September 19, 2017 – 1:00 p.m.  
Pocahontas Building – Senate Committee Room

#### Members Present

Delegate David L Bulova	Senator George L. Barker
Delegate T. Scott Garrett	Senator Rosalyn R. Dance, Vice Chair
Delegate Riley E. Ingram	Senator John S. Edwards
Delegate John M. O'Bannon, III	

Honorable William A. Hazel, Jr.

**\*This was a non-electronic meeting\***

#### Members Absent

Delegate Benjamin L. Cline  
Delegate Patrick A. Hope  
Delegate Kaye Kory  
Delegate Christopher K. Peace  
Delegate Christopher P. Stolle  
Delegate Roslyn C. Tyler  
Senator Charles W. Carrico, Sr., Chair  
Senator Siobhan S. Dunnivant  
Senator L. Louise Lucas  
Senator David R. Suetterlein  
Senator Glenn H. Sturtevant

#### Staff Present

Michele Chesser  
Agnes Dymora  
Paula Margolis  
Andrew Mitchell  
Stephen Weiss

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#### Call to Order

Senator Dance called the Joint Commission meeting to order and Dr. Michele Chesser introduced the first presenter.

#### DBHDS Update

Jack Barber began his presentation by listing all of the non-behavioral health items such as updates on Virginia Center for Behavioral Rehabilitation, jails, workforce shortages and oversight processes. He then mentioned that the Behavioral Health state spending is 50% on hospitals and 50% for community, whereas the national averages are 25% and 75% respectively. He also spoke about same day access and which CSBs are currently participating and amounts they're being funded. He concluded his presentation by discussing hospital discharge challenges and what is being done to fix those issues. Lastly he spoke about structural updates that need to be done to state hospitals due to the age of the buildings.

### **Virginia Department of Corrections Report**

Steve Herrick began by stating there are currently about 30,000 inmates in Virginia prisons who the DOC is required to provide medical care to, some of which are transferred from jails in a seriously ill state. He stated that .5% of the prison population is responsible for 44% of cost. He then spoke about the four recommendations that were presented to the DOC. The first was an annual centralized report to the Governor and the General Assembly. The next recommendation was to hire an actuary to establish reimbursement rates for inmates. Lastly the exploration of partnering opportunities for lower cost of pharmaceuticals was recommended. Steve stated they have recently contracted in in multi-state purchasing agreement as well as the MMCAP to lower cost on medications.

### **Sustainability of the Prescription Monitoring Program**

Andrew Mitchell presented a study on the sustainability of the Prescription Monitoring Program (PMP). After reviewing the PMP goals, programmatic priorities - including enhancing its functionality through workflow integration - scale of the PMP in relation to other States and evidence on impacts on prescribing and patient behaviors, information was presented on the PMP's current budget picture and future projected expenditures. To assess sustainable funding models, the applicability of other States' models of funding were reviewed, as well as the applicability of other funding models to Virginia's PMP. The study focused on three alternatives: an increase in professional licensing fees, a tax on controlled substances, and an assessment on health insurance premiums regulated by the Bureau of Insurance. After reviewing each of those models, a recommended sustainability plan was presented that combined one or more of the three alternative funding models to fund basic PMP functionality, and making use of existing DHP revenues to fund enhanced PMP functionality for a limited period of time. JCHC members were presented with five policy options, including three related to sustaining basic PMP functionality, one to support enhanced functionality, and one to increase PMP capacity to analyze PMP data.

### **Interim Report on ADHD Prevalence and Risks of ADHD Medications in VA**

Andrew Mitchell presented an interim report on ADHD Prevalence and Medication Risks, providing background knowledge of ADHD and ADHD treatment needed to evaluate policy options related to the four components of the study mandate. Background information presented focused on ADHD itself [e.g., diagnosis, epidemiology (nationally and in Virginia), and adverse impacts] as well as pharmacological and non-pharmacological ADHD treatment (e.g., prevalence of prescribing of ADHD medications nationally and in Virginia, indicators of treatment quality, evidence on their effectiveness and safety, non-medical use of ADHD medications). Additionally, information on the use of antipsychotics was presented, including prevalence of prescribing antipsychotics nationally and in Virginia, relationships of use of antipsychotics among individuals with ADHD, indicators of treatment quality, evidence on their effectiveness and safety, and their use among foster populations.

### **Adjournment**

The meeting was adjourned. The next Commission meetings will be held October 17, 2017 at 10 am in the Pocahontas Building.

Electronic Meeting: No  
Prepared by: Agnes Dymora  
Date: 9/20/2017