

## MEETING MINUTES

### JOINT COMMISSION ON HEALTH CARE

November 5, 2014 at 10:00 a.m.

General Assembly Building – Senate Room A

#### Members Present

Delegate John M. O’Bannon III, Chair

Delegate Benjamin L. Cline

Delegate Rosalyn R. Dance

Delegate T. Scott Garrett

Delegate Patrick A. Hope

Delegate Riley E. Ingram

Delegate Kaye Kory

Delegate Christopher K. Peace

Delegate Christopher P. Stolle (conference)

Senator L. Louise Lucas, Vice Chair

Senator George L. Barker

Senator John S. Edwards

Senator Stephen H. Martin

Senator Jeffrey L. McWaters

Senator John C. Miller

Senator Linda T. Puller

#### Members Participating Under Personal Provisions

Senator Charles W. Carrico, Sr., 221 South Main Street, Galax, VA

#### Members Absent

Delegate David L. Bulova

Secretary William A. Hazel, Jr.

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#### CALL TO ORDER

Delegate O’Bannon called the meeting to order. Kim Snead provided an overview of the agenda and noted that the *2014 Specialty Drug Program Report*, which DMAS is required to submit on an annual basis, was included in the members’ notebooks.

#### PRESENTATIONS

Stephen W. Bowman presented the staff report on *Consideration of Scope of Practice Exemptions in Approved Hospitals*. This study involved a review of allowing certain providers working within an approved facility to be exempt from Virginia’s scope of practice laws when established conditions have been met. Mr. Bowman met with representatives of the Virginia Hospital and Healthcare Association (VHHA) to seek assistance in finding a hospital interested in exploring a pilot-project. VHHA indicated:

“We are interested in further considering this pilot, especially in the context of hiring qualified veterans into the healthcare workforce....We are assessing with our members the level to which state health care licensure requirements pose a barrier to the hiring of qualified veterans and would like to re-visit this policy option once that assessment is completed.”

Debra K. Ferguson, Ph.D., Commissioner of the Department of Behavioral Health and Developmental Disabilities presented an update on the work of and the options developed by the SB 627 work group on training center closures. Dr. Ferguson noted that the work group failed to reach consensus on the proposed options.

## **JCHC-MEMBER VOTING ON DECISION MATRIX OPTIONS**

JCHC staff provided brief study-overviews and descriptions of the proposed policy options for the following reviews. (Vote totals for the policy options that were considered are included.)

### **Annual Reporting by Virginia's Health Conversion Foundations**

Letter Request from the Virginia Consortium for Health Philanthropy

Option 1: Take no action, which would leave the expectation that an annual joint report will continue to be submitted by Virginia's health conversion foundations. **Vote 11–5**

### **STAFF REPORTS:**

#### **Viral Hepatitis in the Commonwealth HJR 68**

Option 1: Take no action **Vote 10–7**

#### **Dental Safety Net Capacity and Opportunities for Improving Oral Health SJR 50 – 2012**

Option 2: Introduce budget amendments to increase funding for the following safety net providers for dental services

- \$3.3 million for the Virginia Association of Free and Charitable Clinics member clinics
- \$6.1 million for Community Health Centers
- \$1 million for the Virginia Health Care Foundation for the creation of additional dental safety net sites.

#### **Vote 5-12**

Option 7: Request by letter of the JCHC Chair, that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program to expand the remote supervision of dental hygienists model to safety net facilities. The work group should report to JCHC by October 2015. **Vote 7–10**

Option 1: Take no action. **Vote 14–3**

#### **Minor Consent Requirement for Voluntary Inpatient Psychiatric Treatment SB 184/HB 1097**

Option 4C: Introduce legislation to amend *Code of Virginia* §§ 16.1-338 and 16.1-339 to change the minimum age a minor may object to psychiatric inpatient treatment from 14 years of age to 17 years of age. **Vote 6–7**

Option 5A: Introduce legislation to amend *Code of Virginia* § 16.1-339 to increase the time allowed before a petition for judicial approval is filed from 96 hours (4 days) to 120 hours (5 days). **Vote 9–4**

Option 7: By letter of the JCHC Chair, request that the Institute of Law, Psychiatry and Public Policy review and describe current practices regarding admission of minors for inpatient psychiatric treatment in Virginia and report to JCHC when findings and conclusions are available. **Vote 14–0**

