SUMMARY OF PUBLIC COMMENTS RECEIVED

Implementation of Expedited Partner Therapy
HJR 147 - Delegate Herring 2012

Virginia's Physician Workforce Shortage
HJR 687 – Delegate Purkey

Avenues for Expanding Telehealth for Mental Health Services

Needs of Individuals with Autism Spectrum Disorder Transitioning from Secondary Schools
SJR 330 – Senator Northam

Implementation of Expedited Partner Therapy

HJR 147 - Delegate Herring 2012

Eighteen comments were received regarding the policy options addressing implementation of expedited partner therapy. Comments were submitted by:

- William A. Smith, Executive Director, **National Coalition of STD Directors (NCSD)**
- Dr. Russell C. Libby, President, **Medical Society of Virginia**
- Jeremiah K. O'Shea, MD, FACEP, President, **Virginia College of Emergency Physicians (VCEP)**
- William C. Rees, MD, MBA, FAAP, President, **Virginia Chapter of the American Academy of Pediatrics (VA-AAP)**
- Holly S. Puritz, MD, FACOG, Chair, **Virginia Section of the American College of Obstetricians and Gynecologists (VA-ACOG)**
- Jessica Jordan, CNM, MSN, Legislative Chair, **Virginia Affiliate of the American College of Nurse-Midwives (VA-ACNM)**
- Mary Ellen Bouchard, CNM, MS
- Tom Brunner, RN, MS, CPN, Clinical Assistant Professor, VCU School of Nursing
- Candace Burton, Ph.D., RN, FNE, Assistant Professor, Research Scientist, Intimate Partner Violence and Sexual Assault, VCU Institute for Women's Health, VCU School of Nursing
- Becky Davies, CNM, RM, RN, BSc Hons-Midwifery, MSc-Midwifery
- Dominique L. Hale, Student, University of Virginia
- Robin L. Hills, MS, WHNP-BC, C-MC, CNE, Clinical Assistant Professor, VCU School of Nursing
- Patricia A. Kinser, Ph.D., WHNP-BC, RN, Assistant Professor, Department of Family and Community Health Nursing, VCU School of Nursing
- Carley G. Lovell, MS, MA, RN, WHNP-BC, Clinical Instructor, Department of Family and Community Health Nursing, VCU School of Nursing
- Yvonne Newberry, RN, FNP-BC, MSN, AAHIVS, Assistant Professor, UVA Department of Obstetrics and Gynecology
- Angela Starkweather, Ph.D., ACNP-BC, CNRN, Associate Professor, VCU School of Nursing
- Sarah Waddell, University of Virginia
- AlexAnn Westlake, Student Nurse Midwife, Oregon Health and Sciences University

Policy Options		Support	
1	Take no action.	0	
2	Introduce legislation to amend § 54.1-3303 of the *Code of Virginia* to authorize the use of Expedited Partner Therapy to treat chlamydia and gonorrhea and to provide immunity from civil and criminal liability, absent gross negligence or willful misconduct, to health care providers involved in the prescribing or dispensing of Schedule VI antibiotics to partners under Expedited Partner Therapy.	NCSD MSV VCEP VA-AAP VA-ACOG VA-ACNM Ms. Bouchard Mr. Brunner Dr. Burton	Ms. Davies Ms. Hale Ms. Hill Dr. Kinser Ms. Lovell Ms. Newberry Dr. Starkweather Ms. Waddell Ms. Westlake

Comment Excerpts *(full comments are attached)*

The **National Coalition of STD Directors (NCSD)** strongly supports option 2, stating:

"We unequivocally support the use of EPT for several reasons. First, scientific studies demonstrate the practice's efficacy…Secondly, EPT saves the scarce resources of the health care system and of health departments. Because EPT reduces reinfection rates, fewer patients return to health care providers for repeated treatment, and this minimizes the cost borne by the health care system…Finally, EPT is safe."

All four of the professional associations that provided comments support option 2; however, three indicated that they would need to read specific proposed language before they could offer full support of the policy:

Medical Society of Virginia

"We would be supportive of the concepts of continuing to make the use of EPT optional for physicians, providing deference to Centers for Disease Control recommendations on proper EPT treatment, and providing immunity from civil and criminal liability to physicians who do use EPT in their practices. We are also supportive of public health efforts to measure the impact of implementation of this voluntary opportunity and the development of patient education materials to be made available through the Virginia Department of Health."

Virginia Chapter of the American Academy of Pediatrics (VA-AAP)

"We would only be able to support proposed legislation to permit EPT if it included liability protection for physicians. We also believe education is an important tool in the prevention of sexually transmitted diseases. Our first preference is always to see the patient and be able to speak with them directly about the health risks of STDs and how to prevent them in the future. However, we understand that is not always an option and recognize that EPT is an effective alternative to stopping the further spread of STDs."

Virginia College of Emergency Physicians (VCEP)

"First, we only support EPT in cases where the appropriate treatment is oral medication. Second, we want to ensure there is language protecting physicians and not holding them liable for any potential treatment side effects. Third, we would like to place responsibility with the pharmacy filling the prescription to check for any allergies with the patient… While we believe education is the best manner in which to prevent the spread and transmission, we do recognize EPT as an effective model for the treatment of STDs."

Finally, twelve practitioners provided their support for option 2. The following are examples of the types of comments that were received:

Mary Ellen Bouchard, CNM, MS

"I am a certified nurse-midwife practicing in a clinic for pregnant women without insurance. For many of these women, their partners are also uninsured and are unable to access treatment because of cost of a

provider visit. In addition, these partners would have to take a day off from work to seek treatment and therefore often will not do this as it would require loss of income, and in some situations, loss of a job. Reinfection for pregnant women is financially costly and can also be the source of adverse perinatal outcomes."

AlexAnn Westlake, Student Nurse Midwife, Oregon Health and Sciences University
"I am a student who will graduate in spring 2014 as a Certified Nurse Midwife and I plan to practice in Virginia. During my studies I have seen EPT used successfully in the state of Oregon to treat partners of patients with sexually transmitted infections and prevent reinfection. Implementing EPT will greatly improve the care that nurse midwives can provide to patients with sexually transmitted infections in Virginia."

Virginia's Physician Workforce Shortage

HJR 687 – Delegate Purkey

Four comments were received regarding the policy options addressing Virginia's physician workforce shortage. Comments were submitted by:

- Dr. Russell C. Libby, President, **Medical Society of Virginia**
- Richard D. Shinn, Director of Government Affairs, **Virginia Community Healthcare Association**
- Chris S. Bailey, Senior Vice President, **Virginia Hospital & Healthcare Association**
- Dr. Anton Kuzel

Policy Options		Support	Oppose/ Concern
1	Take no action	**0**	**0**
2	Introduce a budget amendment of $400,000 GFs for the Federal Virginia State Loan Repayment Program (SLRP) in order to: ▪ Restore funding to the maximum amount that is eligible for the 1:1 federal match rate	MSV VCHA	**0**
3	Request, by letter of the JCHC Chair, that the Department of Health Professions present to JCHC in 2014 regarding efforts to accept applicable military training and education toward credentialing and licensure requirements for certain selected professions. The presentation should include an update on the work of the Joint Task Force on Veterans Employment Outreach and the DHP review of health-related professions that is underway.	VCHA	MSV
4	Request, by letter of the JCHC Chair, that the Virginia Health Workforce Development Authority convene a workgroup to consider and report back to JCHC in 2015 regarding the advisability of, and if advisable, develop recommendations regarding: ▪ The need for a training program for graduate medical educators to teach residents requisite medical skills and ensure that medical residents in Virginia are adequately trained. If recommended, provide a training-program framework and funding requirements. ▪ A funding model for ***new*** State-supported family medicine residencies that could be used ***if*** the State increases appropriations for graduate medical education training. The model should include: - Consideration of whether funding would be used exclusively for resident training, where residencies would be located, and what the community or medical facility match-rates would be.	MSV VCHA	**0**

5	Request, by letter of the JCHC Chair, that the Department of Health Professions convene a workgroup to consider and report back to JCHC in 2015 regarding the advisability of, and if advisable, the additional education or training requirements and next steps to: ▪ Establish a mid-level provider license and thereby define the requirements for individuals, who are licensed to practice medicine in another country, to be licensed to practice under the supervision of a physician licensed in Virginia. ▪ Establish a mid-level provider license and thereby define the requirements to allow medical school graduates who have not completed a residency to be licensed to practice under the supervision of a physician licensed in Virginia.	**0**	MSV VCHA
6	Introduce legislation to amend Titles 32.1 (Health) and 54.1 (Professions and Occupations) of the *Code of Virginia* to allow certain providers working within an approved facility to be exempt from Virginia's scope of practice laws when established conditions have been met. ▪ The providers, who would be eligible for scope of practice exemptions and therefore be allowed to perform activities that would otherwise require a license from the Boards of Medicine, Nursing, Pharmacy, or Physical Therapy (hereafter referred to as "permitted providers") would include one or more of the following: Military-trained Personnel: Applies only to individuals performing activities substantially similar to health care training and experiences that they received in the military. ▪ Individuals Licensed in Other States: Applies only to individuals, licensed by a health professionals' regulatory body in another state, who perform activities within their level of training but will not perform activities that exceed those approved for a similarly-trained professional licensed in Virginia. ▪ Non-specific Grouping: Applies only to individuals that have the requisite education or training to perform the designated activities. Practice activities may be limited by the hospital or hospital governing body for individuals practicing under this exemption within its facility. Furthermore, additional limitations may be set by the provider's supervising physician through the practice agreement.	**0**	MSV VCHA

Organization Comment Excerpts *(full comments are attached)*

Medical Society of Virginia is supportive of options 2 and 4. However it is concerned about the following options:

- Option 3: MSV recommends revising the "option to focus on a review of efforts by the Boards of Medicine and Nursing to consider and accept military experience as evidence of satisfaction of the educational requirements for certification of certain health professions…."
- Option 5: We "withhold judgment on the option pending additional information on the potential impact of the effort."
- Option 6: MSV is very concerned with this policy option noting: "Given the strides made toward team-based care….we feel that this policy option actually represents a step backwards rather than a step forward by limiting nurse practitioner and physician assistant participation on the care team"

Virginia Community Healthcare Association is supportive of Options 2, 3, and 4. For Option 2, VHCA supports "increasing the recommendation to $500,000 with a minimum of 50% of the funds to be reserved for primary care providers that practice in Medically Underserved Areas (MUAs)." For Options 5 and 6, VHCA encourages more research and exploration before pursuing such options.

Virginia Hospital & Healthcare Association has been exploring ways to address the physician shortage through its Healthcare Workforce Taskforce. VHHAs public comment did not indicate support or opposition to JCHC policy options, however it welcomed the "opportunity to explore" Option 6.

Avenues for Expanding Telehealth for Mental Health Services

Two comments were received regarding the policy options addressing avenues for expanding telehealth for mental health services. Comments were submitted by the Medical Society of Virginia and the Virginia Community Healthcare Association:

Policy Options		Support	Oppose/Concern
1	Take no action	0	0
2	Introduce a budget amendment (amount to be determined) to provide additional funding for community services boards to purchase necessary equipment and/or contract for such services as child psychiatry through telepsychiatry.	0	MSV
3	By letter of the Chair of the Joint Commission on Health Care, formally advise the Virginia Department of Health (VDH) and Virginia Rural Health Association (VRHA) of the problems that the current federal definition of metropolitan statistical area (MSA) creates in receiving Medicare reimbursement for telehealth services. (This formal advisory is to provide VDH and VRHA with an additional example of problems created by the current MSA definition for use when corresponding with the Health Resources and Services Administration or other relevant federal agencies.)	MSV	0
	***The Virginia Community Healthcare Association suggested adding a Policy Option**:* *By letter of the Chair of the Joint Commission on Health Care, formally advise Virginia's Congressional delegation and federal agency representatives of the problems faced by "rural health providers who pay more for communication services than they would need to, if they had access to the Universal Services Fund…. It may be advisable to convene a group of rural health care providers to draft a list of concerns to present to Congress and the relevant federal agencies."* A staff-suggestion would be to revise the wording of the suggested option for JCHC-member consideration to be: send a formal advisory to the Virginia Department of Health, Virginia Telehealth Network, and Virginia Rural Health Association of the aforementioned problems, since typically we do not contact Virginia's Congressional delegation or federal agency representatives. *By letter of the Chair of the Joint Commission on Health Care, formally advise the Virginia Department of Health, the Virginia Telehealth Network, and Virginia Rural Health Association (VRHA) of the problems that the current federal definition of metropolitan statistical area (MSA) creates in accessing the Universal Services Fund. (This formal advisory is to provide VDH and VRHA with an additional example of problems created by the current MSA definition for use when corresponding with the Federal Communications Commission or other relevant federal agencies.)*		
	***The Medical Society of Virginia suggested adding a Policy Option**:* *"By letter of the Joint Commission on Health Care, formally advise the Virginia Board of Medicine to explore and pursue interstate compacts via the Federal of State Medical Boards (FSMB), which recently approved a new policy to study the creation of a system that would utilize an interstate compact to increase efficiency in the licensing of physicians who practice in multiple states.*		

Comment Excerpts

The Medical Society of Virginia

"Amend Option #2 regarding the introduction of a budget amendment to provide additional funding for the purchase of necessary equipment and/or contract for professional services, to include but not be limited, child psychiatry through telepsychiatry. Funding opportunities should not be limited to one provider type, but rather should include physicians in all practice modes (private practice, hospital-

affiliated, academic medical center, etc.), as well as community service boards. The funding should also be designated to include treatment of Medicaid or other publicly-assisted patient populations.

The Virginia Community Healthcare Association

"The Medicare reimbursement issue for health care providers located in rural areas that are included in Metropolitan Statistical Areas is one that has been discussed for several years by our community health centers. However, as of October 1, 2014, that issue may no longer be relevant for Federally Qualified Health Centers, as new rules on Medicare reimbursement for our health centers are scheduled to be in place at that time. This does not solve the issue for other rural health providers, and would need to continue to be discussed with the appropriate federal officials….an issue that does impact rural health providers located in MSAs is one of the lack of accessibility to funding from the Universal Services Fund. This does create a barrier to creating more telehealth systems, and places additional financial pressures on rural health providers who pay more for communication services than they would need to, if they had access to the Universal Services Fund. As this is a federal issue, we would ask that consideration be given to another option, of asking our Virginia Members of Congress and representatives of the relevant federal agencies, to address these issues to the relief of rural providers across the nation. It may be advisable to convene a group of rural health care providers to draft a list of concerns to present to Congress and the relevant federal agencies."

Needs of Individuals with Autism Spectrum Disorder Transitioning from Secondary Schools

SJR 330 – Senator Northam

Eight comments were received regarding the policy options addressing the needs of individuals with Autism Spectrum Disorder transitioning from secondary schools. Comments were submitted by the Commonwealth Autism Services, Dr. Carol Schall, the Virginia Association of Independent Specialize Education Facilities, families with autistic children, and the Virginia Department of Behavioral Health and Developmental Disabilities.

Policy Options		Support	Oppose/Concern
1	Take no action	0	0
2	By letter of the JCHC Chair, encourage the Department of Behavioral Health and Developmental Services to publicize its role as lead agency for services for individuals with ASD and to highlight the link to Commonwealth Autism Services as a valuable resource on ASD information, including information related to transition services.	5	0
3	Introduce a budget amendment (amount to be determined) to expand the case management services provided by the Department for Aging and Rehabilitative Services in order to address the increasing demand for ASD services and to enable more consistent involvement in transition planning.	5	0
4	Introduce a budget amendment (amount to be determined) for the Department of Behavioral Health and Developmental Services to allow community services boards (CSBs) to be involved with transition planning and provide case management services for adults with ASD (after the Department of Education is no longer involved).	5	0
5	By letter of the JCHC Chair, request that the Department of Behavioral Health and Developmental Services work to improve collaboration between its agency, the Department for Aging and Rehabilitative Services, and community services boards for ASD-related services for adults (beginning with transition planning).	5	DBHDS

6	By letter of the JCHC Chair, request that the Department of Behavioral Health and Developmental Services form a stakeholder workgroup to develop CSB-staff competencies for providing case management for adults with ASD.	5	DBHDS
7	Introduce a budget amendment (amount to be determined) to expand Long-Term Employment Support Services administered by the Department for Aging and Rehabilitative Services.	5	0
8	By letter of the JCHC Chair, request that the Joint Legislative Audit and Review Commission conduct a follow-up to its 2009 report on ASD and consider our findings in completing the study.	5	DBHDS

Comment Excerpts

Virginia Department of Behavioral Health and Developmental Services made specific comments addressing the presentation which will be considered in time for the Decision Matrix presentation and the following comments related to the policy options.

Option 5 – "Agencies at the state level currently do collaborate successfully on many fronts. We would recommend that this option be re-worded to emphasize the need for strengthening the collaboration that already exists to result in targeted outcomes related to transition planning for individuals with ASD."

Option 6 – "Currently the Virginia Autism Council…is in the process of finishing the creation of *Skill Competencies for Professionals and Direct Care Staff for Adults with Autism Across the Life Span*. This should fulfill the intent of a stakeholder workgroup."

Option 8 – "Many changes are currently taking place in the developmental disability service delivery system. The operational management of the DD Waiver is transferring from DMAS to DBHDS in November and a system wide study of the waivers and waiver reimbursement rates is currently underway. It would seem appropriate for any follow-up review of the 2009 JLARC report to be on hold until the changes that are currently underway can be completed."

Commonwealth Autism Services

"The report makes clear the many challenges being faced by individuals with an ASD and their families. In many localities the current system suffers from **poor coordination** among lead organizations (schools, DARS and CSB's), is **inconsistent** (better in some locales than others) **fragmented** (certain components in place with others missing) and significantly **underfunded** (given the numbers of individuals to be served). The report addresses these deficits in its policy options and CAS supports Options 2 – 8 as a solid starting point for improving the system.

Related to these options are two other current initiatives underway, i.e. waiver reform and the Autism Advisory Council of the General Assembly. CAS supports the creation of a single disability waiver (see attached position statement for specifics) that will enhance service access post age 22 for young people with an ASD. Additionally CAS supports the role of the Autism Advisory Council as an accountability mechanism for the 2009 J-LARC autism study recommendations. This coupled with an updating of the J-LARC study incorporating the JCHC study in its remit will serve as an up to date road map for both public and private organizations involved in the system of care."

Mr. and Mrs. Dunn

"I love this state very much, but I am not sure that it will ever step up and make available the needed resources to serve citizens with disabilities. At present the state is ranked 47th in the nation for services to the disabled. I already know at least one family who has left because of this lack of services. Please change this untenable situation:

- Get the Medicaid Waivers moving.
- Properly compensate Medicaid respite workers, so that we can hire safe, reliable, and competent caregivers.

- Adequately staff DARS and other service agencies.
- Improve the co-ordination of services.
- Develop a continuum of housing and post-secondary educational services responsive to the extremely wide range of needs and abilities represented in the autism community."

Dr. Carol Schall, VCU School of Education, Rehabilitation Research and Training Center (based on her experiences with Project SEARCH)

"Given our experience supporting young adults with ASD at work and our research outcomes, we respectfully offer the following recommendations for Virginia to consider:

- There is a need for funds that would support youth with ASD and other similar disabilities who require high intensity initial and long-term supports beyond the current funding rates provided by milestones and Long Term Employment Support Services (LTESS) available. Individuals with ASD are similar to those with traumatic brain injury in that they typically required increased supports to acquire job skills, achieve, and maintain stability in employment settings.
- There is a need for increased training and higher skill sets for DARS Rehabilitation Counselors and Employment Support Staff who provide direct services to youth and adults with ASD.
- There is a need for caseload reduction for professionals providing services to youth with ASD. As we have discovered, this is a specialized population that requires additional time and support that above and beyond that of a typical employment services general case load.
- There is a need for more comprehensive community based services for youth with ASD. Many of our clients with ASD experience challenges related to their life experiences outside of work and this may result in complications at work.
- There is a need for increased access to positive behavior supports services for employees with ASD to support their employers in maintaining a successful employment experience."