



Decision Matrix

Summary of Approved Policy Options
2013 General Assembly Session

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Cost Sharing and Specialty Tier Pricing of Prescription Medications House Joint Resolution 579 (2011) – Delegate O'Bannon

Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

HJR 579, introduced by Delegate O'Bannon in 2011, directed the Joint Commission on Health Care to conduct a two-year study to determine the impact of cost sharing, coinsurance and specialty tier pricing on access to prescription medications for chronic health disorders; and to identify and evaluate options for reducing any negative impacts of cost sharing, coinsurance and specialty tier pricing, including but not limited to statutory limitations on cost sharing obligations for prescription medications.


Policy Options

Option 1: Take no action.

Option 2: Include study in the JCHC 2013 work plan in order to review the effects of PPACA, if retained, on cost-sharing and specialty tier pricing of prescription medications.

Option 3: Request by letter of the JCHC chair that the Virginia Association of Health Plans (VAHP) encourage health insurance carriers to offer monthly payment plans for enrollees who are required to purchase multiple months of a high-cost prescription at one time.

Option 4: Introduce legislation or budget language to prohibit coinsurance (i.e., percentage cost of the prescription) as the basis for cost sharing for outpatient prescription drug benefits, and limit a health insurance enrollee's co-payment for each outpatient prescription drug to \$150 per one-month supply or its equivalent for prescriptions for longer periods, adjusted for inflation over time.

 **Option 5:** Introduce legislation requiring qualified health plans to allow individuals who are expected to incur costs in excess of the cost sharing limits set by the ACA the option of paying their capped out-of-pocket amount in 12 equal installments over the course of the year.

Option 6: *Introduce legislation to require qualified health plans to notify individuals in writing at least 60 days prior to a change in the tier status of their medications.*


Rural Obstetrical Care in Virginia


Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

By letter request, Delegate Nutter and Senator Northam asked that JCHC update the recommendations from the Governor's 2004 Working Group on Rural Obstetric Care on behalf of the Access Council of Virginia's State Rural Health Plan. The study objectives were to assess the level of maternal and infant health in rural populations of the Commonwealth, determine the factors influencing access to and utilization of obstetrical services in these areas and identify programs that have the potential to address barriers to access and utilization of obstetrical services in the State's rural areas.

Policy Options


Option 1: Take no action.


 **Option 2:** Request by letter of the JCHC Chair that VDH and DMAS review the potential for licensing or recognition of freestanding birth centers, for the purpose of Medicaid facility reimbursement, and report to the Joint Commission by October 1, 2013.

 **Option 3:** Introduce a budget amendment (language and funding) for the Virginia Department of Health to provide funding of \$867,600 GFs to expand the Perinatal Telehealth Network in Virginia to include Danville, Pittsylvania County, and Washington County; and to initiate ultrasound services at the Culpeper and Staunton Health Department telemedicine sites.

Option 4: Introduce legislation to amend the *Code of Virginia* to expand the Nurse Practitioner and Nurse Midwife Scholarship Program to include loan repayments as well.

Option 5: Introduce a budget amendment (language and funding) for the Virginia Department of Health to increase funding by an additional \$150,000 for the Nurse Practitioner and Nurse Midwife Scholarship (and Loan Repayment) Program with requirements that the additional awards be granted to nurse practitioners specializing in OB/Women's Health and to nurse midwives.

 **Option 6:** Introduce a budget amendment (language and funding) for the Virginia Department of Health to provide additional funding of \$75,000 to allow for customization and advertisement of the Text 4 Baby Program.

 **Option 7:** Request by letter of the Joint Commission Chair that, as part of the maternal and child health strategic plan, VDH give due consideration to the Baby Basics curriculum as a tool to improve patient education and standardize health messages for pregnant women and mothers.

Expansion of the Health Practitioners' Monitoring Program Senate Bill 634 – Senator Vogel/House Bill 1289 – Delegate Jones

Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

SB 634 (Senator Vogel) and HB 1289 (Delegate Jones) would amend § 54.1-2515 of the *Code of Virginia* relating to the type of impairments that allow a health practitioner to qualify for voluntary participation in the Health Practitioners' Monitoring Program (HPMP). Both bills were continued to 2013 and referred to JCHC for study.

Policy Options

 **Option 1:** Provide a written report to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions without taking further action.

Option 2: Provide a written report to the Senate Committee on Education and Health with a letter indicating that the Joint Commission voted in support of SB 634.

Option 3: Provide a written report to the House Committee on Health, Welfare and Institutions with a letter indicating that the Joint Commission voted in support of HB 1289.


Option 4: By letter of the JCHC Chair, encourage the Department of Health Professions to change agency policy to allow records related to revocation, suspension or surrendering a license to be retained for a significantly longer period of time.

Regulation of Surgical Assistants and Surgical Technologists Senate Bill 313 – Senator Blevins

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

SB 313 (Senator Blevins) was continued in Senate Education and Health to 2013 and referred to JCHC for study. SB 313 would establish requirements for Board of Medicine licensure of surgical assistants and certification of surgical technologists.

Policy Options

 **Option 1:** Provide a written report to the Senate Committee on Education and Health without taking further action.

Option 2: Provide a written report to the Senate Committee on Education and Health with a letter indicating that the Joint Commission voted in support of certification of surgical technologists as outlined in SB 313.

Option 3: Provide a written report to the Senate Committee on Education and Health with a letter indicating that the Joint Commission voted in support of licensure of surgical assistants as outlined in SB 313.

Opt-Out Program for Organ, Eye, and Tissue Donation House Joint Resolution 19 – Delegate O’Bannon

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

HJR 19 introduced by Delegate O’Bannon, directed JCHC to study options for establishing an opt-out program for organ, eye, and tissue donation in the Commonwealth.

Policy Options

☒ **Option 1:** Take no action. ~~Provide a written report to the House Committee on Health, Welfare and Institutions without taking further action.~~

Option 2: ~~Provide a written report to the House Committee on Health, Welfare and Institutions with a letter from the JCHC Chair indicating that the Joint Commission voted~~ Vote in support of pursuing an opt-out organ donation program in Virginia.

Option 3: ~~Provide a written report to the House Committee on Health, Welfare and Institutions with a letter from the JCHC Chair indicating that the Joint Commission voted in opposition to pursuing an opt-out organ donation program in Virginia.~~

Mandatory Outpatient Treatment for Substance Use Disorder

Jaime H. Hoyle
Senior Staff Attorney/Health Policy Analyst

A 2011 JCHC staff study examined the use of involuntary commitment procedures in treating chronic substance use disorder (HJR 682 – Delegate O’Bannon). Study findings included that while the *Code of Virginia* allows for the use of involuntary commitment procedures for persons in need of substance abuse treatment, such procedures are not often used. Involuntary commitment to inpatient treatment typically is better suited to compel treatment for mental illness; however, mandatory outpatient treatment is potentially a better disposition for persons with chronic substance use disorder. JCHC can be structured to address more effectively the needs of persons in need of substance abuse treatment. members voted to include in the 2012 work plan, a study of whether mandatory outpatient treatment

Policy Options

☒ **Option 1:** Take no action.

☒ **Option 2:** Introduce legislation to amend Titles 19.2 and 37.2 of the *Code of Virginia* to increase the maximum time period for a temporary detention order to 72 hours.

Option 3: Introduce legislation to amend Titles 19.2 and 37.2 of the *Code of Virginia* to require that at least 24 hours elapse between execution of the temporary detention order and the commitment hearing for involuntary admission.

Regulation of Naturopaths

House Bill 2487 (2011) – Delegate Kilgore

Stephen W. Bowman
Senior Staff Attorney/Methodologist

HB 2487, introduced by Delegate Terry G. Kilgore in 2011, was left in the House Committee of Health, Welfare, and Institutions and referred to JCHC for study. HB 2487 would require the Board of Medicine to license and regulate naturopaths as independent practitioners.

Policy Options



Option 1: Take no action.

Option 2: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

- Includes the scope of practice and prescriptive authority as defined in HB 2487.
- Limits unlicensed individuals from claiming to be a “naturopath,” and from practicing naturopathy.

Option 3: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

1. Licensure:
 - a. Graduate from an accredited four-year residential naturopathic medical school
 - b. Pass postdoctoral board examination (NPLEX)
 - c. Meet continuing education requirements (30 hours annually)
2. Includes the scope of practice and prescriptive authority as defined in HB 2487.

Option 4: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for licensure of the “medical naturopath.” The regulations would include requirements for:

1. Licensure:
 - Graduate from an accredited four-year residential naturopathic medical school
 - Pass postdoctoral board examination (NPLEX)
 - Meet continuing education requirements (30 hours annually)
2. Supervision
 - Medical naturopaths (MNs) are required to practice under the direct supervision of a licensed Doctor of Medicine or Osteopathic Medicine.
3. Scope of Practice

Supervising physician works with the MN to establish the MN’s scope of practice.

 - Delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient, including recommending non-prescription drugs.
 - Set forth in a written practice supervision agreement and may include health care services which are educational, diagnostic, therapeutic, preventive or involve treatment.


Telehealth: A Tool for the 21st Century


Karen S. Rheuban M.D., Virginia Telehealth Network, Center for Telehealth, UVA


Dr. Rheuban, President of the Virginia Telehealth Network, addressed the Healthy Living/Health Services Subcommittee and offered the following remarks and policy recommendations.


Policy Options

Option 1: Take no action.

 **Option 2:** Introduce a budget amendment (language and funding) for \$25,000 in State general funds to advance statewide education programs regarding emergency stroke care through the Virginia Stroke Systems Task Force.

 **Option 3:** Include in the 2013 work plan for JCHC, a study of various avenues to expand access to mental health services through telemedicine, including potential public-private partnerships.

 **Option 4:** By letter of the JCHC Chair, request that the Virginia Department of Health, Department of Medical Assistance Services, Department of Education, and the academic health centers collaborate regarding how to expand services for children in the Commonwealth.


 **Option 5:** By letter of the JCHC Chair, request that the Department of Medical Assistance Services consider funding for chronic disease management programs in the home setting using remote patient monitoring and care coordination in the Medicaid program.

Quality Collaborative Care Through Interprofessional Education

Dorrie K. Fontaine, Ph.D., RN, FAAN, Sadie Heath Cabaniss Professor of Nursing and Dean, UVA
Valentina Brashers, M.D., FACP, FNAP, CoChair, Interprofessional Education Initiative, UVA

Dr. Brashers provided an “overview of the evidence that collaborative care and interprofessional education (IPE) are essential to healthcare quality” and a description of UVA’s interprofessional education initiative.

Policy Options

 **Option 1:** Take no action.

Option 2: Include in the 2013 work plan for JCHC, a collaborative survey (conducted by staff of the Joint Commission and the University of Virginia) of the baccalaureate medical, nursing, and pharmacy programs in the Commonwealth to determine the levels of integration and interest in interprofessional education.

Expedited Partner Therapy: An Innovative Strategy House Joint Resolution 147 – Delegate Herring

Robin L. Hills, MS, WHNP-BC, CNE
Clinical Assistant Professor
VCU School of Nursing

House Joint Resolution 147 (Delegate Herring) directed the Joint Commission on Health Care to study options for implementing expedited partner therapy in the Commonwealth. Although the resolution was laid on the table in House Rules Committee, JCHC members voted to complete the two-year study.

Becky Bowers-Lanier and Robin Hills contacted the JCHC Chair regarding making a presentation this year, possibly in lieu of further study by JCHC staff. The following remarks and policy proposals were included in the presentation.

Policy Options

Option 1: Take no action.

☒ **Option 2:** Include in the JCHC 2013 work plan, a staff study of options for implementing expedited partner therapy in the Commonwealth.

Option 3: Introduce legislation to amend and reenact § 54.1-3303 of the *Code of Virginia* to allow a medical practitioner to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required.

Why Is Respite Important for Caregivers?

Courtney Tierney, Director
Prince William Area Agency on Aging

Ms. Tierney made the following remarks, regarding the importance of providing respite care for caregivers, during the September meeting of the Healthy Living/Health Services Subcommittee.

Policy Options

Option 1: Take no action.

☒ **Option 2:** Introduce a budget amendment (language and funding) to increase FY 2014 funding for the Virginia Respite Care Initiative by \$543,791 for a total of \$1 million GFs.

Eating Disorders Follow-Up

A 2011 JCHC-staff study on eating disorders, requested by Senator Puller in SJR 294 (2011), included several policy options that were approved by Joint Commission members. The approved options included a request that the Departments of Education and Health determine the resources that are available in public schools and collaborate with the National Eating Disorders Association to “study an evidence-based eating disorder screening program for potential implementation in Virginia’s school systems.”

Policy Options

Option 1: Take no action.



Option 2: By letter of the JCHC chair, encourage the Virginia Department of Health and the Virginia Department of Education to implement the work group recommendations to:

- Conduct training within the clinical community, such as physicians and nurse practitioners, in recognizing and treating eating disorders since this is a complex disorder and is extremely sensitive and clinical in nature;
- Continue efforts to raise awareness of school personnel regarding the signs and symptoms of eating disorders and appropriate referral;
- Increase awareness of the Health Smart Virginia Website with ready-made lesson plans for healthy eating habits and positive body image aligned with Virginia SOL; and
- Provide information on the SCOFF questionnaire to school nurses, school psychologists, and school social workers for use in evaluating the need for referral to a health care provider.

Option 3: Introduce legislation during the 2013 Session to add eating disorder screenings to the list of screenings for public school students in Title 22.1, Chapter 14 of the *Code of Virginia*. Specifically, the legislation would require the Board of Education to promulgate regulations for implementation of an annual screening for eating disorders for public school pupils in grades five through 10 with provisions for the parents of such students to exclude their children from participating in such screening.

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The Honorable John M. O'Bannon, III, Vice-chair

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The Honorable L. Louise Lucas
The Honorable Stephen H. Martin
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