

Joint Commission on Health Care
General Assembly Building – Senate Room A
November 12, 2009 - 10:00 a.m.

Minutes

Attendance

Senator George L. Barker	Delegate Robert H. Brink
Senator Harry B. Blevins	Delegate David L. Bulova
Senator R. Edward Houck	Delegate Rosalyn R. Dance
Senator L. Louise Lucas	Delegate Harvey B. Morgan
Senator Linda T. Puller	Delegate John M. O’Bannon, III
Senator Patricia S. Ticer	

The Honorable Marilyn B. Tavenner

Call to Order

The meeting was called to order by Senator R. Edward Houck, Chairman.

Kim Snead directed the members’ attention to the two reports (shown below) submitted to JCHC:

- Specialty Drug Program (DMAS)
- Preferred Drug List Program (DMAS)

Ms. Snead also shared an update on H1N1 flu, prepared by State Health Commissioner Karen Remley.

Review of 2009 Decision Matrix

The following Decision Matrix chart summarizes the policy options adopted (shown with a check mark) by the JCHC members along with any changes that were made:

2009 JCHC Decision Matrix Summary

Options Aging-at-Home Services/Culture Change Initiatives

1 Take no action.

2 Joint resolution – JLARC study of costs/benefits of HCBS State Plan Option.

3 Budget amendment to increase VDA funding for VA Caregivers Coalition.

4 JCHC study on how to replicate JMU Caregivers Network.

Option 2 – motion was made by Senator Puller, seconded by Delegate Brink, and approved by voice vote.

Option 4 – motion was made by Senator Blevins, seconded by Delegate Dance, and approved by voice vote.

Options Early Identification/Preventative Care of Chronic Diseases

1 Take no action.

2 Letter requesting DMAS report to JCHC on addressing chronic care needs of Medicaid recipients.

3 Letter for DHRM report on pilot program for on-site medical clinics for State employees.

4 Letter for DHRM report on implementation of COVA Connect pilot program.

Option 4 was amended to reflect that the report would be due after July 2010 as requested by Secretary Tavenner.

Option 2 – motion was made by Delegate O’Bannon, seconded by Delegate Brink, and approved by voice vote.

Option 4 – motion was made by Delegate Morgan and seconded by Senator Lucas to amend and approve option. The motion was approved by voice vote.

Options Adverse Medical Outcomes

1 Take no action.

2 Introduce bill to amend *Code of VA* to add a § 8.01-581.20:2 authorizing Disclosure Pilot Project.

3 Letter requesting HHR Secretary to pursue federal grant funding for disclosure project.

Options 2 & 3 - motion was made by Delegate O'Bannon and seconded by Senator Barker to consider and approve the two options in a block. The motion was approved with a 7-4 vote.

Options Breaches of Personal Health Records

1 Take no action.

2 JCHC/JCOTS study in 2010, if review of government collections outside of breach notification requirements has not been completed.

Option 2 - motion was made by Senator Barker, seconded by Senator Ticer, and approved by voice vote.

Options Virginia's Health Care Workforce:

1 Take no action.

2 When revenue allows, consider budget amendment to restore funding for 2 loan repayment programs (SLRP & VLRP).

3 When revenue allows, consider budget amendment to increase funding for Family Residency Programs at EVMS, UVA, and VCU.

4 Letter requesting DMAS develop and report on cost and methodology for DME/IME for certain physician specialties.

5 When revenue allows, consider budget amendment to increase funding for Medicaid reimbursement rates for primary care physicians.

6 Letter requesting that EVMS, UVA, VCU, VCOM, and VT-Carilion make efforts to increase the number of medical students from rural communities and those interested in serving underserved and minority populations.

7 When revenue allows, consider budget amendment to fund development of CME for primary care physicians on medication for geriatric patients.

8 Letter to encourage the Board of Medicine to include and promote geriatric care issues within its educational resources.

9 Letter to encourage the VA Chapter of the American College of Physicians to include and promote geriatric care issues within its educational resources.

10 Letter to encourage the VA Academy of Family Physicians to continue to promote geriatric training among its membership.

11 Include in 2010 JCHC work plan, a study of the prevalence, distribution, and scope of practice for nurse practitioners and physician assistants in VA.

12 Letter to Commission on Mandated Health Insurance Benefits in support of bills to provide coverage for telemedicine services (SB 1458 - Wampler, HB 2191 Phillips).

13 Letter requesting that DHRM consider conducting pilot programs for selected telemedicine services within the State employee health insurance program.

14 Letter requesting DBHDS report to JCHC on utilization of telemedicine and telepsychiatry and impediments to greater utilization.

15 Joint resolution for JCHC to convene a task force to review allowing qualified clinical psychologists to prescribe psychopharmacological medications.

- 16 Letter requesting that DHP improve the information collected and compiled about clinical psychologists.
- 17 Letter requesting that DHP improve the information collected and compiled about dentists.
- 18 When revenue allows, consider budget amendment to extend basic dental benefits to adults on Medicaid.
- 19 Letter requesting collaboration by VA Pharmacists Assn, VDA, AAAs to disseminate information about Medicare's Medication Therapy Management program.

Motion was made by Delegate Bulova and seconded by Senator Ticer to consider and approve Options 2, 3, 4, 5, 7 and 18 in a block. The motion was approved by voice vote.

Motion was made by Delegate Dance and seconded by Delegate O'Bannon to consider Options 6, 8, 9, 10, 12, 13, 14, 16, 17 and 19 in a block. Option 12 was removed from the block vote at the request of Senator Barker.

The motion to approve the remaining options was approved by voice vote.

Option 12 – motion was made by Delegate Dance, seconded by Delegate Brink, and approved by voice vote with two abstentions (Senator Barker and Senator Houck).

Option 11 – motion was made by Senator Lucas and seconded by Delegate Dance to table option. The motion was approved by voice vote with one member voting against the motion to table.

Option 15 – motion was made by Delegate Dance and seconded by Delegate O'Bannon to table the option. The motion was approved by voice vote.

Options Virginia Cancer Plan Update

1 Take no action.

- 2 ~~Legislation~~ Joint resolution to require CPAC to report to JCHC when the VA Cancer Plan is revised and to make the Plan available as a legislative document.

Option 2 – motion was made by Senator Barker and seconded by Delegate O'Bannon to amend and approve option. The motion was approved by voice vote.

BEHAVIORAL HEALTH CARE SUBCOMMITTEE

Options Review of Statutory Language on Barrier Crimes

1 Take no action.

- 2 Bill to allow assessments for employment by private providers of adult MH services in *Code of VA § 37.2-416.C.*

3 Bill to repeal assessments for employment by CSBs in *Code of VA § 37.2-506.C.*

Option 2 – motion was made by Delegate Dance, seconded by Delegate Morgan, and approved by voice vote.

Options Overview of State Law and Federal Mental Health Parity Law

1 Take no action.

- 2 Bill to repeal MH benefit limitations for large group market in *Code of VA § 38.2-3412.1.*
- 3 Bill to replace the mandate for MH coverage with a mandate to offer coverage MH services in *Code of VA § 38.2-3412.1*:**
 - a) For which markets – individual, small group, and/or large group markets.
 - b) For large group markets, the existing benefit limitations would need to be repealed to comply with the new federal law.
- 4 Bill to repeal and thereby remove the State mandates for coverage of MH services in *Code of VA §§ 38.2-3412.1 and 38.2-3412.1:01.***
- 5 Bill to amend *Code of VA § 38.2-3412.1:01* to address the inconsistency with federal HIPAA provisions by:**
 - a) Exempting small group markets of employers with 50 or fewer employees, or
 - b) Removing the language providing an exception from the parity requirements for “small

group markets to employers with 25 or fewer employees.”

Option 2 – motion was made by Delegate Morgan to amend and approve Option. The motion was approved by voice vote.

Option 5 – after much discussion, it was decided to take no action on this option.

Options Commission on Mental Health Law Reform:

No options presented for voting; approved 2010 study on mental health issues in higher education.

HEALTHY LIVING/HEALTH SERVICES SUBCOMMITTEE

Options Virginia’s Long-Term Care Ombudsman Program

1 Take no action.

~~2~~ ~~Letter~~ Introduce a joint resolution requesting that ~~VDA~~ JLARC examine the need for additional funding for the State and local ombudsman offices.

3 During 2012 Session, consider budget amendment to increase State funding for the LTC ombudsman program.

~~4~~ ~~Letter requesting~~ Request that ~~VDA~~ JLARC study whether the State ombudsman office should have greater administrative control (combine 2 & 4 into 1 JR and 1 study for JLARC)

Option 2 – motion was made by Senator Ticer and seconded by Senator Puller to amend and approve option. The motion was approved by voice vote.

Option 4 – motion was made by Delegate Dance and seconded by Delegate O’Bannon to combine options 2 and 4 into one study resolution. The motion was approved by voice vote.

Options HIV/AIDS in Virginia

1 Take no action.

~~2~~ ~~Introduce~~ When revenue allows, consider budget amendment to provide \$250,000 GFs per year to fund 2 to 4 HIV prevention programs.

~~3~~ JCHC study of VA’s current HIV prevention and treatment programs.

Option 2 - motion was made by Delegate Dance and seconded by Delegate O’Bannon to amend and approve option. The motion was approved by voice vote.

Option 3 – motion was made by Delegate O’Bannon, seconded by Delegate Dance (and others), and approved by voice vote.

Options Health Access for the Uninsured

~~1~~ ~~Introduce~~ Reconsider bill and (budget amendment) to increase FAMIS eligibility from:

A. From 200 to 300% FPL and “buy-in” for uninsured children of higher-income families (\$5 million GFs in 1st year, \$15 million GFs 3rd year; 65% fed match)

B. From 200 to 350% FPL (\$2.5 million GFs in 1st year; 65% fed match)

~~2~~ Introduce budget amendment to fund coverage for legal immigrants:

• A. Medicaid-eligible pregnant women (\$770,531 GFs FY11 & \$1,016,148 GFs FY12; ≥50% fed match)

• ~~B. FAMIS children (\$140,000 GFs/year; 65% fed match)~~

• C. FAMIS-eligible population (\$87,000 GFs/year; 65% fed match)

~~3~~ Introduce budget amendment (language only) directing DMAS to develop to the extent that it is budget neutral/savings express lane eligibility provisions, etc.

~~4~~ ~~Introduce~~ Reconsider budget amendment to adopt a single income eligibility level for Medicaid-eligible parents at 30% FPL (\$5.6 million GFs in 1st year; 50% fed match).

~~5~~ **Introduce** - Reconsider budget amendment to provide dental coverage for pregnant women eligible for Medicaid or FAMIS Moms (estimated cost to be determined).

~~6~~ **Introduce** - Reconsider budget amendment to provide dental coverage for adult Medicaid recipients (cost TBD).

7 Take no action.

Options 1, 4, 5 and 6 - motion was made by Senator Barker and seconded by Delegate Dance to amend and approve options in a block. The motion was approved by voice vote.

Options 2A and 2C - motion was made by Senator Barker and seconded by Senator Ticer to approve Options 2A and 2C. The motion was approved by voice vote with one abstention (Senator Houck).

Option 3 - motion was made by Delegate Dance, seconded by Delegate Brink, and approved by voice vote.

Adjournment

After the business part of the meeting was adjourned, several members participated in a tour of the VCU Massey Cancer Center.

Prepared by: Sylvia A. Reid
November 17, 2009