



Virginia Joint Commission
on Health Care



Proposed 2007 Workplan JCHC 2007 Legislation

Kim Snead
Executive Director
May 10, 2007

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Delegate John M. O'Bannon, III
Delegate John J. Welch, III

The Honorable Marilyn B. Tavenner
Secretary of Health and Human Resources



Presentation Outline

- **Proposed 2007 Workplan**
- Outcome of 2007 JCHC Legislation
- Additional Legislation of Interest



2007 Meeting Dates

Wednesday, June 13th

Wednesday, September 19th

Wednesday, October 17th

Thursday, November 8th

January 2008 (if needed)

Thursday, August 16th LTC/MedR and BHC Subcommittees will meet



JCHC Staff Studies for 2007

Studies Continuing from 2006

- **Impact of Barrier Crimes Laws on Social Services and Health Care Entities**
SJR 106 – 2006 (Devolites Davis)
- **Potential Initiatives to Increase Health Insurance in Rural Virginia and Follow-up on the Effects of Increases in Health Care Costs on Health Insurance Premiums**
HB 1324 (Nutter) and SJR 4 (Reynolds) in 2006
- **Minority Access to Mental Health Services**
SJR 25 – 2004 (Marsh)
- **Initiatives to Address Higher Rates of Cervical Cancer in Minority Women**
- **Tracking System Adaptations for Preterm and Low-Birth Weight Babies**



JCHC Staff Studies for 2007

Studies Requested During 2007 Session

- **Study of Stroke Prevention and Care in the Commonwealth**
HJR 635 (O'Bannon)
- **Housing Opportunities for Persons with Mental Illness**
HJR 636 (O'Bannon)
- **Criminal Background Checks for Medical Practitioners**
HB 1944 (Purkey)



Suggested Presentation Topics

- Preliminary Update on the Governor's Health Reform Commission Findings (during June meeting)
- Health Care Provider Response to Treat Virginia Tech Students and Faculty (during June meeting)
- Discussion of Issues Related to Generic Biologics
- Presentation Regarding Amyotrophic Lateral Sclerosis (ALS)
- Report on Recommendations of the Governor's Health Reform Commission; four workgroups have been meeting to address
 - ▶ Access to Care
 - ▶ Quality, Transparency, and Prevention
 - ▶ Workforce Issues
 - ▶ Long-Term Care
- JLARC Study of Access to Brain Injury Services (Item 21.F) and Presentation by the Brain Injury Association of Virginia
- Rural Health Care Challenges and Initiatives
- DMAS Update on SCHIP Funding, FAMIS Buy-In Program, and Verification Requirements for Identity and Citizenship
- Report on Recommended Mental Health System Improvements



7

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8

House Bill 2367/Senate Bill 1112

Chief Patrons: Delegate Hamilton/Senator Houck

- **Purpose:** To repeal the sunset clause on the submission of health care data. Health care providers including ambulatory surgical centers, health maintenance organizations, hospitals, nursing facilities, and physicians are required to submit specific information to Virginia Health Information which compiles the information on behalf of the Department of Health.
 - ▶ *Code of VA* Title 32.1, Chapter 7.2.
- **Final Action:** HB 2367 and SB 1112 were passed unanimously by both chambers of the General Assembly and approved by the Governor.
 - ▶ *2007 Acts of Assembly*, Chapters 21 and 6 respectively.



House Bill 2368/Senate Bill 965

Chief Patrons: Delegate Nutter/Senator Puller

- **Purpose:** To increase to \$750 the maximum fee paid to psychiatrists, clinical psychologists or other experts “appointed by the court to render professional” mental health services. Since the 1980s, a statutory limitation of \$400 for fees other than those paid in capital murder cases has been in place.
 - ▶ *Code of VA* Section 19.2-175.
- **Final Action:** HB 2368 was passed unanimously by both chambers of the General Assembly and approved by the Governor. SB 965 was passed by the Senate, but left in House Appropriations.
 - ▶ *2007 Acts of Assembly*, Chapter 829.



House Bill 2369/Senate Bill 1104

Chief Patrons: Delegate Brink/Senator Puller

- **Purpose:** To allow the DMHMRSAS Commissioner to designate the community services board that will be involved in working with NGRI acquttees and to add the term “behavioral health authority” wherever the term “community services board” appears to recognize the one authority that operates in Richmond.
 - ▶ *Code of VA* Title 19.2, Chapter 11.1.
- **Final Action:** HB 2369 and SB 1104 were passed unanimously by both chambers of the General Assembly and approved by the Governor.
 - ▶ *2007 Acts of Assembly*, Chapters 485 and 565 respectively.



Senate Bill 1103

Chief Patron: Senator Puller

- **Purpose:** To indicate in six places that competency evaluations are to be made available to directors of community services boards. This is in keeping with the stated preference (in that *Code* Section) that services to restore competency should be provided on an outpatient basis, unless inpatient hospital treatment is required.
 - ▶ *Code of VA* Section 19.2-169.2.
- **Final Action:** SB 1103 was passed unanimously by both chambers of the General Assembly and approved by the Governor.
 - ▶ *2007 Acts of Assembly*, Chapter 781.



Senate Bill 1134

Chief Patron: Senator Lambert

- **Purpose:** To provide flexibility to the Court and clarify that the requirement for the DMHMRSAS Commissioner to appoint two mental health professionals to evaluate an acquittee's need for continued hospitalization only applies when the acquittee has submitted the petition. This would remove the requirement for additional evaluations when the Commissioner has petitioned the Court.
 - ▶ SB 1134 was amended requiring the Court if it determines additional evaluations are needed, to order the Commissioner to appoint two mental health professionals "to assess and report on the acquittee's need for inpatient hospitalization...."
 - ▶ *Code of VA* Section 19.2-182.
- **Final Action:** SB 1134, as amended, was passed by both chambers of the General Assembly and approved by the Governor.
 - ▶ *2007 Acts of Assembly*, Chapter 785.



House Joint Resolution 653

Senate Joint Resolution 388

Chief Patrons: Delegate Nutter/Senator Blevins

- **Purpose:** To request a study by the Department of Medical Assistance Services of the advisability of expanding its employer-sponsored insurance subsidy program. Insurance subsidy programs enable DMAS, when it is cost effective, to pay insurance premiums to allow Medicaid-eligible individuals to participate in employer-sponsored or other private insurance instead of relying on Medicaid coverage. Virginia currently has three subsidy programs.
- **Final Action:** HJR 653 was left in the House Rules Committee after DMAS agreed to undertake the study without the resolution; SJR 388 was stricken at patron request in the Senate Rules Committee.



House Joint Resolution 657 Senate Joint Resolution 384

Chief Patrons: Delegate Melvin/Senator Lambert

- **Purpose:** To encourage DMAS to continue expanding Medicaid managed care for acute and primary care to additional areas of the state and to additional eligibility groups. DMAS reports that Virginia's Medicaid managed care program has "experienced improvements in recipient health outcomes, stronger provider networks, and reduced utilization trends." Approximately 55 percent of Medicaid and FAMIS enrollees receive their medical services through managed care organizations.
- **Final Action:** HJR 657 was passed by indefinitely in the House Rules Committee; SJR 384 was stricken at patron request in the Senate Rules Committee.



JCHC Budget Amendments Included in Approved Budget

- \$900,000 GFs to provide mental health services in the 9 juvenile detention centers that do not have services
 - ▶ Item 312 #8c
- \$25,000 GFs to allow DMHMRSAS to contract with VHI for the development and operation of a system that will allow private and public hospitals and crisis stabilization units to report on the availability of their acute psychiatric beds
 - ▶ Item 312 #6c
 - ▶ Although funding of \$50,000 was requested, VHI will develop and operate a system using the approved amount.
- \$995,280 GFs to increase the maximum monthly auxiliary grant rate from \$1,048 to \$1,061. DSS may provide a 15% differential for facilities in PD 8 (which would be an increase from \$1,205 to \$1,220)
 - ▶ Item 337 #2c
 - ▶ JCHC budget request was for \$39.4 million to increase the monthly rate to \$1,500 (and to \$1,725 in PD 8).



JCHC Budget Amendments that Were Not Included in Approved Budget

- \$300,000 GFs DMHMRSAS to establish university-based teaching center for clinicians in children's BH treatment
- \$400,000 GFs DMHMRSAS to provide training for BH practitioners, pediatricians, and family practitioners
- \$360,000 GFs DMHMRSAS to fund outpatient restoration for adults
- \$250,000 GFs DMAS for start-up funding for an additional PACE program
- \$288,500 GFs VCU for autism service initiatives
 - ▶ \$82,500 tuition reimbursement
 - ▶ \$90,000 for university/community college courses
 - ▶ \$22,000 stipend for introductory web course
 - ▶ \$29,000 web course on advanced instructional strategies
 - ▶ \$26,000 regional workshops on autism awareness
 - ▶ \$39,000 evaluation of programs



JCHC Budget Amendments that Were Not Included in Approved Budget

- \$17.1 million GFs DMAS for Medicaid costs if auxiliary grant had been increased to JCHC's requested levels
- \$6.5 million GFs DSS to eliminate the local match at the levels JCHC requested for the auxiliary grant
- \$50,000 GFs Virginia Department for Aging for an educational campaign on the advantages of Long-Term Care Partnership insurance coverage



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Legislation of Interest

- Nonprofit hospitals to provide returns to Department of Taxation HB 2022 (Purkey)
- HPV vaccinations for girls entering 6th grade HB 2035 (Hamilton)/SB 1230 (Howell) {HB 1914 (Ward) incorporated}
- Disciplinary procedures of the Board of Medicine changed HB 2157 (O'Bannon)
- Additional performance improvement measures for emergency medical system HB 2161 (O'Bannon)
- State agency purchases/grants of electronic health records systems to meet interoperability standards HB 2198 (Nixon)
- Health regulatory boards may summarily restrict license, certificate or registration "if there is a substantial danger to the public health or safety" HB 2212 (O'Bannon)
- Protections for parents to allow their children (if 14 or older) to refuse certain medical treatment under specific circumstances SB 905 (Rerras)



Legislation of Interest

Legislation Requiring Health Commissioner to:

- Work with Superintendent of Public Instruction to “combat childhood obesity and other chronic health conditions that affect school-age children.” HB 2214 (Armstrong)/SB 974 (Edwards)
- Ensure “quality of care, patient safety, and patient privacy are the overriding goals of” licensure, coordinate VDH’s emergency preparedness response, and ensure “prevention of disease and protection of public health remain the Department’s overriding goals.” HB 2378 (Hamilton)/SB 1240 (Quayle)
- Designate a physician to oversee minority health services HB 3043 (Spruill)
- Designate physician or nurse practitioner to coordinate women’s health services SB 1225 (Howell)



Joint Resolutions of Interest

- Establish a joint subcommittee to study childhood obesity in public schools HJR 637 (O’Bannon)
- Establish a joint subcommittee “to study the feasibility of offering liability protections to health care providers rendering aid during a state or local emergency” HJR 701 (Hamilton)/SJR 390 (Newman)
- Commend Virginia Health Care Foundation on 15 years of service HJR 749 (Hamilton)
- Commend RX Partnership for efforts to “increase access to free medication for Virginia’s uninsured citizens” HJR 769 (Morgan)



Internet Address

Visit the new Joint Commission on Health Care website:
<http://jchc.state.va.us>



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