

Health Care Highlights[©]

A Comprehensive Newsletter Covering Activities of the West Virginia Legislature and State Government

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Welcome to the 1st issue of award-winning *Health Care Highlights* for 2015. This year marks the 27th year of our unique health care publication. Our newsletter reaches more than 5,000 health professionals and health policymakers.

Health Care Highlights is published weekly during the regular legislative session and monthly during the periods in between legislative sessions by the firm **Government Relations Specialists, LLC**.

As in past years, we follow issues relating to patient advocacy; hospice services and end-of-life decisions; organ and tissue donation and education; diabetes programs; primary and specialty medical practices; behavioral health initiatives; child health care services; hospital topics; health care delivery systems; pharmaceutical availability; insurance coverage; health care management; preventive health and wellness programs; children topics, and public safety. These are the issues represented by the firm **Government Relations Specialists, LLC**, publisher of *Health Care Highlights*.

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We're looking forward to another exciting year covering legislative and governmental health care topics!

2015 Key Legislative Dates

Jan. 27: DHHR Budget Hearing - Senate Finance Committee - 3:00 PM

Feb. 2: Submission of Legislative Rule-Making Review bills due. ([WV Code §29A-3-12](#))

Jan. 30: DHHR Budget Hearing - House Finance Committee - 9:00 AM

Feb. 23: Last day to introduce bills in the Senate and the House. ([Senate Rule 14](#)), ([House Rule 91a](#))

Does not apply to originating or supplementary appropriation bills.

Does not apply to Senate or House resolutions or concurrent resolutions.

March 1: Bills due out of committees in house of origin to ensure three full days for readings.

March 4: Last day to consider bills on third reading (passage stage) in house of origin for "cross-over." ([Joint Rule 5b](#))

Does not include budget or supplementary appropriation bills.

March 14: Adjournment at midnight. ([WV Const. Art. VI, §22](#))

March 15: Extended session possible, but not expected, to work only on the Budget Bill and other appropriation bills.



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Governor Focuses Health Remarks on Substance Abuse

Gov. Earl Ray Tomblin focused the majority of health-related remarks during his Jan. 14 State of the State address on continued progress in addressing substance abuse in West Virginia, praising the work of the Governor's Advisory Council on Substance Abuse to curb meth production in the state and increase practice standards for pain clinics. Speaking to a joint session of the Legislature from the House Chamber, Tomblin's address was his fifth State of the State speech, and the third since being elected to a full four-year term. (Senate President Bill Cole and House Speaker Tim Armstead officially gavelled in the 2015 regular legislative session earlier that day.) To read the full text of the State of the State address, go to [Governor Delivers State of the State Address](#).

"A strong workforce is a drug-free workforce," the Governor said. "Substance abuse is a heartbreaking problem facing families across West Virginia each and every day. With the help of the Governor's Council on Substance Abuse, we've taken bold action to stop the production of meth and increase practice standards for pain clinics to ensure our residents are using prescription drugs responsibly.

"Over the past two years, we've worked together to draft legislation and approve new rules to regulate pain management clinics across the state. Since July, the Department of Health and Human Resources has inspected seven pain clinics. Three of those have been ordered to close and denied licensure for violation of these new standards. Our residents must have access to pain management treatment options but not at the expense of irresponsible prescription practices."

In addition to what Tomblin called the epidemic abuse of prescription medications, he said the state also must do more to combat the availability of illegal street drugs. "Today, heroin use is on the rise, and we must stop this lethal drug from ruining the lives of our citizens," Gov. Tomblin remarked.

"This session, I will introduce legislation to help our state's emergency responders and families facing drug abuse save the lives of those who abuse heroin. Naloxone is critical to countering the effects of a heroin overdose. By expanding access to this life-saving drug, we can prevent overdose deaths and give those suffering from substance abuse the opportunity to seek help, overcome their addiction and return to their families, work places and communities."

Tomblin said the state has invested nearly \$2.5 million in community-based substance abuse treatment and recovery services since May 2014. He pledged an additional \$660,000 to expand treatment options statewide, including new intensive outpatient services in the Northern Panhandle and Eastern Panhandle.

"The communities we live in are more than just places where we put down roots, start a new business or watch our children grow," he added. "They are places we call home, and they must be places where we feel safe."

Tomblin cited medical malpractice reform among the actions taken in recent years to improve the state's economic climate. "In the early 2000s, doctors were threatening to leave the state because of slow payments and unreasonable medical malpractice insurance premiums," the Governor recalled. "We reformed our legal system and created the West Virginia Mutual Insurance Company, which serves as a model for states across the country, providing physicians with good coverage at reasonable rates."

In praising the entrepreneurial spirit of West Virginians, Tomblin highlighted the work of Isabella Yosucio. "Soon after Isabella's second son, Isaac, was born, she and her husband, Ray, were told by doctors that he would have low muscle tone and weakness common to children with Down's syndrome," Tomblin said.

"Like any mom wanting to help, Isabella sought a solution. She took a scrap of cloth, sand from her boys' sandbox and created a tiny pair of weights to put on Isaac's wrists and ankles to help him develop muscle strength. When Isaac's physical therapist saw them, she encouraged Isabella to consider making them for other children with similar obstacles. In May, Isabella launched MightyTykes as part of the 2014 Abilities EXPO in New York City."

In referencing what some pundits have called the "Republican tsunami" in the November elections, the Governor challenged lawmakers to put aside political differences and stand united for the greater good. "This is West Virginia, not Washington, and we work together to meet the challenges we face as a state," he said.

Analysis of Health Care Spending in Proposed State Budget

Gov. Earl Ray Tomblin submitted his Annual Budget to the Legislature during his State of the State Address last Wednesday. The budget request is for State Fiscal Year (SFY) 2016 covering the period of July 1, 2015 to June 30, 2016. The budget proposal recommends \$4.7 billion in state-funded spending which is \$39 million less than the current base operating budget this fiscal year. Total expenditures of all state, special revenue, and federal funds is \$22.7 billion

There appears to be a \$195 million revenue gap which is closed by the balanced budget. While many state agencies will see budget cuts of up to 7.5% or more, there are no proposed employee layoffs or furloughs. There are no proposed pay raises for teachers, school service personnel, or other state employees. This follows a fiscal year hiring freeze and other budget reductions. There are no tax or fee revenue increases in the proposed budget. However, it does tap surplus accounts and transfers dollars from current accrued or excess funded accounts. There are about \$72 million in spending cuts. Also for the second year in a row, the sacred Rainy Day funds will have a substantial withdrawal (see below). Still, Rainy Day funds in West Virginia continue to be among the best in the country with a balance of over \$859 million today.

In reviewing the new SFY 2016 Budget Bill, it shows 26.3% of all state expenditures are allocated for Health and Human Resources in an amount of about \$1.1 billion. The total Health and Human Resources expenditure of all state, special revenue, and federal funds is \$5.2 billion. Estimated expenditures of the DHHR are reduced in some areas, such as by \$3.6 million for Primary Care Support, \$2.1 million for Health Right Free Clinics, and \$3 million for Behavioral Health Charity Care - all as a result of expected savings by coverage of the new 140,000+ recipients under Medicaid Expansion.

Medicaid base funding was increased by about \$28 million which is used with all state funding to gain an approximate 71% federal match (FMAP). The Medicaid state funding increase was needed to offset a projected deficit and \$68.6 million will be transferred from the state's Rainy Day funds. Savings are expected in Medicaid in several areas, such as by reducing \$5 million in managed care contracts and \$2.6 million by freezing nursing home rates. Neither the implementation of the Affordable Care Act or the state's Medicaid Expansion is attributable to Medicaid's funding deficit.

[SB 233](#) and [HB 2016](#) have already been introduced as the Governor's Budget Bills and are now under separate consideration by the House and Senate Finance Committees. The DHHR will appear for a budget hearing hosted by the House Finance Committee on Wednesday, Jan. 27 at 3 PM. The Senate Finance Committee will hold a similar DHHR budget presentation at 9 AM on Friday, Jan. 30. It is expected that final disposition of the budget bill won't happen until a joint budget conference committee takes action during the later part of the session. In prior years, the Legislature finished the budget in an extended session. However, the Republican leadership of the Legislature does want to still be in regular session following passage of the Budget Bill in case there is a desire to over-ride any budget vetoes by the Governor.

A detailed analysis of health spending in the SFY 2016 Budget Bill is provided below:

Teaching Hospitals

The budget continues current year funding of \$6,356,000 for Tertiary Safety-Net Services at the major teaching hospitals, including Charleston Area Medical Center, Cabell Huntington Hospital, St. Mary's Medical Center, and West Virginia University Hospitals. These hospitals provide services to about 40% of all Medicaid patients in the state. The funds are of important assistance to the Medicaid program and are matched by the federal government. The primary purpose of this needed teaching hospital funding is to assist critically ill children in neonatal intensive care, pediatric intensive care, trauma, and burn services.

Rural Hospitals & EMS

The Rural Hospitals under 150 beds line-item in the budget includes \$2,596,000, which is the same as the current SFY budget allocation. The budget remained the same at \$1,350,995 for State EMS Technical Assistance; the same at \$961,580 for Statewide EMS Support; and increased from \$1,848,077 to \$1,989,070 for the State Trauma and Emergency Care System.

PEIA/Medicaid Swap, CHIP & GO-HELP

The budget continues the current year allocation for the PEIA/Medicaid swap at \$6.8 million. The CHIP allocation is the same at \$9,379,734, but includes a line-item of \$497,035 for Autism coverage. The amount for the GO-HELP office was slightly decreased from \$250,651 to \$242,357.

Substance Abuse

While the budget does maintain current level funding of \$5 million for "Substance Abuse Continuum of Care," the additional \$2.5 million from previously budgeted accrued surplus funds were eliminated in the SFY 2014, 2015 and 2016 Budget Bills. The budget does maintain \$11,592,430 to the Division of Health for substance abuse and treatment.

Medicaid MR/DD & Senior In-Home Waiver Programs

There is an appropriation of \$88,753,483 in the MR/DD Waiver Program which is the same as current year base funding. The new budget remains the same at \$13,593,620 for the Title XIX waiver program for seniors.

Health Programs – Including End-of-Life Center, Children’s Diabetes

The WV Center for End-of Life Care funding was maintained at \$420,198 for operations and to provide for the new secure voluntary electronic registry for advance directives and for enhanced education and communication programs for physicians, health care providers and patients. The Diabetes Education and Prevention Program remained unchanged \$97,125, with these funds intended for innovative children’s diabetes initiatives because no federal funds are available. The budget lowers from \$4,064,219 to \$1,933,609 for Health Right Free Clinics; and the new Sexual Assault Forensic Examination Commission decreased from \$150,000 to \$76,942.

Health Programs – Funding Maintained at Current Levels

Funding is maintained at current SFY spending levels as follows: \$757,804 for the Poison Control Center; \$4,871,887 for the Tobacco Education Program; \$427,500 for the CARDIAC Project; \$333,815 for Vaccines for Children; \$158,918 for the Osteoporosis/Arthritis Program; \$146,282 for the Healthy Lifestyles Program; \$47,068 for the Maternal Mortality Review Program; \$198,335 for the Cancer Registry; \$5,488,315 for the Chief Medical Examiner’s Office; \$100,000 for Adolescent Immunization Education; \$100,000 for the Healing Place of Huntington; \$100,000 for the West Virginia Cancer Coalition; \$50,000 for the West Virginia AIDS Coalition; \$50,000 for the Hospital Hospitality House of Huntington; \$400,000 for the Breast and Cervical Cancer Diagnostic Treatment Fund; \$800,000 for the Traumatic Brain Injury Waiver; and \$73,065 for the Informal Dispute Resolution (IDR) of Nursing Home Administrative Appeals.

Medical Schools

General spending allocations for higher education is decreased under the new budget, but the three medical schools had a much higher percentage reduction in some funded accounts.

- School of Osteopathic Medicine is lowered from \$7,058,218, to \$6,958,334.
- Marshall University Medical School is reduced from \$13,416,420, to \$12,443,489, but does not specify within the appropriation as in prior years \$417,351 for the Forensic Lab and \$275,061 for the Center for Rural Health.
- West Virginia University School of Health Sciences for the Medical School is down from \$17,447,465, to \$14,879,414, without specified funding within this appropriation of \$1 million for the Blanchette Rockefeller (Alzheimer's) project. The WVU Medical School - Charleston Division will receive a reduction from \$2,412,341 to \$2,374,260; and the Eastern Panhandle Division is reduced from \$2,337,058 to \$2,303,985 for this fiscal year.

There is a decrease from \$533,232 to \$525,687 for the Medical Schools Rural Health Outreach Programs, including rural health activities and programs, rural residency development and education, and rural outreach activities. These funds will be dispersed among the three medical schools as follows: WVU \$175,720; MU \$174,600; SOM \$175,367. There is also a separate appropriation of \$418,652 down from \$424,662 for the SOM Rural Health Initiative - Medical Schools Support.

In prior years, the following amounts were included within line-item appropriations listed above for the Budget Bill. However, budget language is not provided this time, so it is difficult to determine if the funding is actually included, although the assumption appears to be that it is, even though the following specifics are not articulated:

- (a) \$1 million for the West Virginia University School of Public Health for the fifth year of the five-year program;
- (b) WVU-Charleston Division Medical School and the MU Medical School, in an amount of not less than \$5,000, respectively, to be used for family medicine physician teaching faculty and medical resident education for participation in the Legislature’s *Doc for a Day* program as conducted by the West Virginia Academy of Family Physicians; and
- (c) Similar to a plan to capture Medicaid matching funds during past fiscal years, \$943,080 is allocated to the WVU Medical School and \$295,477 to the MU Medical School for graduate medical education, which may be transferred to Medicaid to gain federal matching funds for these programs upon approval of the Chancellor for the Higher Education Policy Commission and the DHHR Cabinet Secretary.

Special Report on 2014-2015 Legislative Interim Committees

Each year, the Legislature holds monthly interim committee meetings between the annual regular legislative sessions. These interim meetings are of joint committees, subcommittees, select committees and commissions, and are composed of members of both the House of Delegates and the Senate.

The following is a synopsis of the January 2015 interim meetings, which were the last of these sessions prior to the start of the 2015 regular legislative session on Jan. 14. Appreciation for information to prepare our report is hereby extended to the excellent staff of the Senate and House Health Committees, including Jeff Johnson, Cassie Long, Charlie Roskovensky, Sara Jones, and Martha White, as well as to other fine House legislative staff Dave Mohr and Mark White.

Final Legislative Interim Report of LOCHHRA

The Legislative Oversight Commission on Health and Human Resources Accountability was appointed following the 2014 regular session, led by co-chairs Sen. Ron Stollings and Delegate Don Perdue. During the 2014-2015 interim period, LOCHHRA met and received information on various topics of study and other important health care and human services issues from state agencies, political subdivisions, advocacy groups and other pertinent sources. The commission was assigned four study topics:

- **HCR 117** - Continuing the Office of Emergency Medical Services as an independent office within the Department of Military Affairs and Public Safety
- **HCR 118** - Allocation of behavioral health spending on community-based support services
- **HCR 120** - Feasibility of moving CHIP (Children's Health Insurance Program) from Dept. of Administration
- **SCR 65** - Reorganization of the Department of Health and Human Resources (DHHR)

The commission viewed **HCR 117**, **HCR 120** and **SCR 65** as interrelated and treated them as a single charge with respect to the ongoing work the commission was undertaking regarding the organization and structure of DHHR.

During the interim period, the commission heard from Cabinet Secretary Karen Bowling regarding the Public Works audit. She addressed concerns regarding the strategic realignment of the department based upon the Public Works report. This included putting citizens first, empowering the staff, better program and project management, and being more fiscally responsible. To date, Bowling said DHHR has increased revenue or saved \$14 million by implementing recommendations from the audit. She also indicated that 25 of the 65 recommendations have been completed or closed; those that remain are in various stages of implementation.

Deputy Secretary Jeremiah Samples updated LOCHHRA on a proposal to move the Children's Health Insurance Program (CHIP) from the Department of Administration to DHHR. Although this recommendation resulted from the Public Works audit, Samples said DHHR is no longer actively pursuing this as an option.

Karen Villaneuva-Matkovich, general counsel to DHHR, updated LOCHHRA on two vital pieces of litigation. The first pertained to rural health clinic reimbursement. She informed the commission that eight federally qualified health centers (FQHCs) had sued DHHR for failure to properly calculate their reimbursement. The case was settled, requiring a new state plan amendment by the Bureau for Medical Services. As a result, most FQHCs would see increased reimbursement. However, some may have to reimburse DHHR for being over-reimbursed. The commission also heard from Dr. James Becker, medical director at BMS, and Dr. Tracy Hendershot of the Wirt County Health Services Association.

The second piece of litigation is the Hartley decision regarding behavioral health services at the state's two psychiatric hospitals. This case has been in litigation for nearly 20 years. Currently, the judge has ordered DHHR to increase staff and levels of reimbursement.

Based on this year-long process, the commission **RECOMMENDS** continued study of DHHR, but that no legislation is needed regarding the structure of the department.

The commission did not take up the issue of **HCR 118** because of time constraints. The commission **RECOMMENDS** that no action be taken at the current time.

Final Legislative Interim Report of Joint Committee on Health

The Joint Committee on Health was established and appointed by the Joint Committee on Government and Finance, following the 2014 regular session, led by co-chairs Senator Ron Stollings and Delegate Don Perdue. The committee was assigned the following resolutions and topics for study:

- Substance abuse prevention, treatment and rehabilitation including permitting first responders to use Naloxone and the creation of a Good Samaritan law to protect a person of a certain misdemeanor when reporting overdoses
- Expansion of the Medicaid aged and disabled waiver program
- **HCR 114** - Statutory options for persons with health coverage to fill prescriptions through any pharmacy
- **HCR 121** - Possible effects on insurance billing
- **HCR 59** - Urging Gov. Tomblin to direct the Bureau of Senior Services to issue a report on in-home care needs
- **SCR 95** - Long-term care planning

The committee heard from Dr. Dan Foster, chairman, Kanawha County Substance Abuse Task Force, who provided an update on the task force's recommendations.

The committee **RECOMMENDS FOR PASSAGE** during the 2015 legislative session the following:

- A bill which permits emergency responders, state police, sheriffs, deputy sheriffs and volunteer and paid firefighters to carry and administer an opioid antagonist in an emergency, to respond to instance of opiate overdose.
- A bill which provides immunity from certain offenses for a person who seeks health care for someone, or for himself or herself, who is experiencing an overdose.

The committee took no action regarding the Medicaid aged and disabled waiver program.

The committee took no action regarding **HCR 114**.

The committee heard testimony from Dr. James Becker, medical director, WV Bureau for Medical Services, and Dr. Tracy Hendershot, CMO, Wirt County Health Services, regarding Medicaid reimbursement for primary care physicians. The committee **RECOMMENDS** no action be taken on **HCR 121**.

The committee took no action regarding **HCR 59**.

The committee took no action regarding **SCR 95**. At this time, the committee **RECOMMENDS** no action be taken on this resolution.

The committee heard from:

- Karen Villaneuva-Matkovich, general counsel, DHHR, and Lydia C. Milnes, attorney, Mountain State Justice, regarding the Hartley decision'
- Robert Knittle, executive director, WV Board of Medicine, regarding current law and policy on telemedicine;
- Randy Shearer of Patients, Physicians, Pharmacists Fighting Diversion regarding the impact of the current pain clinic rule on drug diversion;
- Melissa Kinnaird, Bureau for Public Health, DHHR, regarding Ebola threat preparedness; and,
- Tom Buban, Cisco, Christopher S. Goode, MD, emergency physician from Bridgeport, and Jim Martin, CEO, CityNet, for a demonstration on telemedicine.

These presentations were informational in nature. No actions are necessary.

The committee **RECOMMENDS FOR PASSAGE** during the 2015 legislative session the following:

- A bill which allows expedited partner therapy. This bill would allow a health care provider to prescribe an antibiotic for the sexual partner or partners of a patient they are treating for a sexually transmitted disease without first having to conduct an examination of the partner or partners in cases where the patient presents with a sexually transmitted disease.

Final Legislative Interim Report, Joint Standing Committee on Finance

The Joint Standing Committee on Finance, regarding **SCR 91** – Requesting the Joint Committee on Government and Finance study a group government-managed retirement savings plan – the committee **RECOMMENDS** that, due to the number of organizations and individuals making a statement against West Virginia becoming the first state to implement such a plan, that the Legislature continue to monitor similar efforts in other states.

Final Legislative Interim Report, Joint Standing Committee on Judiciary

No final report of the Joint Standing Committee on Judiciary was available at press time. The committee was charged with studying federal statute setting criminal and civil penalties for falsely billing the government, over-representing the amount of a delivered product, or under-stating an obligation to the government and whether the state should adopt a similar statute (False Claims Act).

Final Legislative Interim Report, Joint Standing Committee on Education

The Joint Standing Committee on Education did not meet for final recommendations. The committee was charged with making recommendations about increasing physical activity for children and youth in communities. In addition, the committee examined the following study resolutions:

- **HCR 135** - Requiring instruction in cardiopulmonary resuscitation; a draft bill has been prepared.
- **HCR 137** - Methods for improving overall student health; and “move to improve” initiative.

Final Legislative Interim Report, Joint Legislative Oversight Commission on State Water Resources

No report was available at press time regarding **SCR 98**, to study management of contaminants that can impact public water quality and distribution.

Final Legislative Interim Report of Select Committee on PEIA, Seniors & Long-Term Care

The Select Committee on PEIA, Seniors and Long-Term Care was established and appointed by the Joint Committee on Government and Finance following the 2014 regular session. The committee took no action on the following study topic:

- Study relationship between organizations such as Humana and PEIA, including funding received, services offered, and long-term strategies to offer the best available care for retired employees through PEIA.

The committee heard from Robert Roswell, commissioner, WV Bureau of Senior Services, who provided an update on the implementation and utilization of the In-Home Workers Care Registry.

The committee heard from Angela Vance, AARP, and Brian Posey, senior legislative representative, AARP. They provided an overview of AARP’s “Raising Expectations” – a scoreboard of long-term services and supports for older adults, people with physical disabilities and family caregivers.

The committee heard from Eric Hicks, president of the board of the Home Care Association of WV, Inc., and CEO of Right-at-Home. Hicks, who represents business owners who have in-home care services in the state. He mentioned areas he believes are deficient in regard to eligibility and options for seniors, primarily because of the certificate of need process.

These presentations were informational in nature. No actions are necessary.

The committee **RECOMMENDS** that the WV Cares Act be adopted during the 2015 legislative session. The WV Cares Act allows patients to designate a caregiver upon formal admission. The hospital must notify the designated caregiver of the patient’s discharge and consult with the caregiver about aftercare.

Final Legislative Interim Report of Subcommittee A, Joint Standing Committee on Government Organization and Joint Committee on Government Operations.

Subcommittee A, as part of its final report to the Joint Standing Committee on Government Organization and the Joint Committee on Government Operations, made no recommendation regarding the following study resolutions:

- **HCR 122** - Feasibility changes to regulatory requirements of advanced practice registered nurses.
- **HCR 139** - Benefits of recognizing certified professional midwives in the state of West Virginia.

Final Legislative Interim Report of Subcommittee C, Joint Standing Committee on Government Organization and Joint Committee on Government Operations.

Subcommittee C, as part of its final report to the Joint Standing Committee on Government Organization and the Joint Committee on Government Operations, **RECOMMENDS** that a bill be adopted during the 2015 legislative session based on the following study resolution:

HCR 108 - Repealing unnecessary or obsolete boards, councils, committees, panels, task forces and commissions.

Draft legislation presented to the committee is based on a bill offered by Gov. Earl Ray Tomblin during the 2014 regular session. The entities affected would include the Sheriff's Bureau, the Clinical Laboratories Quality Assurance Advisory Board, the WV Council on Aging, the Comprehensive Behavioral Health Commission, the Governor's Advisory Council on Educational Technology, the WV Consortium for Undergraduate Research and Engineering, the Governor's Commission on Graduate Study in Science, Technology, Engineering and Mathematics, the WV Rural Health Advisory Panel, the Ohio River Management Fund Advisory Board, the Occupational Safety and Health Review Commission, the Workers' Compensation Board of Managers, the Medical Malpractice Advisory Panel, the Patient Injury Compensation Plan Study Board, the Steel Advisory Commission, the WV Alternative Dispute Resolution Commission and the Sexually Violent Predator Management Task Force.

Health Committees Host Initial Meetings, Set Schedules

The House Committee on Health and Human Resources and the Senate Committee on Health and Human Resources hosted their initial meetings during the regular legislative session last Thursday, with agendas including organizational motions and introductions of committee members and staff.

Going forward during the legislative session, the House Health Committee plans to meet at 2 p.m. on Tuesdays and Thursdays. The Senate Health Committee plans to meet at 1 p.m. on Tuesdays and Thursdays. *{Need some roller-skates}*

Senate Health also approved a series of seven Department of Health and Human Resources rules bills, with second references to the Judiciary Committee. Topics included chronic pain management clinic licensure, the Fatality and Mortality Review Team, medication administration and performance of health maintenance tasks by approved medication assistive personnel, the nurse aid abuse and neglect registry, public water systems, nursing home licensure and the statewide trauma / emergency care system.

Select Committee Endorses Legislation

The Select Committee on Crimes Against Children on Jan. 11 voted to endorse three pieces of legislation regarding solicitation of minors with obscene materials, an amendment to the definition of "human trafficking" currently in West Virginia Code, and creating the crime of soliciting a minor. The latter bill, introduced during the 2014 regular session as **HB 2446**, which passed the House but was not acted upon by the Senate, would create a new felony crime of soliciting a child. Persons convicted of the crime would be required to register as a sex offender.

State Police Capt. Reginald Patterson also presented a chart outlining the personnel and costs needed to bring the Crimes Against Children Unit to full staffing by 2018. Adding 67 new troopers would cost \$7.6 million in training and first-year salaries, and \$4.6 million in the second year. Adding 19 civilian employees would cost \$844,616 annually. The unit currently has just 20 uniformed members and seven civilian employees.

The committee agreed to help the Department of Public Safety seek additional funding for the unit.

Foy Selected to Lead WVSMA

Brian O. Foy has been named executive director of the West Virginia State Medical Association, the state's largest physician advocacy organization, beginning Feb. 1. He succeeds Evan Jenkins, who had served as executive director since 1999. Jenkins, who also served the past 18 years in the state Legislature, was elected in November to represent the 3rd Congressional District in the U. S. House of Representatives, where he was sworn in on Jan. 6.

Foy brings more than two decades of medical society leadership to the WVSMA and its more than 2,000 physician and medical student members. "We are excited about the vision and commitment Mr. Foy brings to fulfilling our association's mission to improve the health of West Virginia," said WVSMA President Adam Breinig, DO.

"I've known Brian for many years and have the highest regard for him as an individual and association exec. He is an excellent choice by our physician leadership to lead this great association," Jenkins said. "The WVSMA is very special to me and I know it will be in excellent hands under Brian's leadership."

Foy comes to West Virginia from the 1,800 physician member Westchester County Medical Society (WCMS), headquartered in White Plains, NY. He served since September 2009 as the executive director and was responsible for the overall management of the association as well as its Academy of Medicine.

From 1998 to 2006, Foy was the executive director of the Oklahoma State Medical Association (OSMA), headquartered in Oklahoma City. He also served on the board of OSMA's wholly-owned professional liability insurance company, PLICO, and was a board member of OSMA's Foundation as well as its Health Benefit Company, OSMA Health.

From 1988-1998, Foy served in various other medical association management positions with the WCMS, the Florida Medical Association, and the Medical Society of the State of New York.

Foy is a 1983 graduate of the US Merchant Marine Academy (USMMA) in Kings Point, NY, where he majored in nautical science and marine transportation. Foy served for more than 21 years as a naval officer in both active duty and reserve units all over the country. He retired in 2005 with the rank of commander.

HealthNet Dedicates New Simulator

HealthNet Aeromedical Services on Thursday dedicated its new Clinical Trainer/Safety Simulator, the first of its kind in the country to be built and placed into use by a critical care transport organization. "Since its inception in 1986, HealthNet Aeromedical Services has led the way in critical care transport medicine and the addition of this simulator is no exception," said President and CEO Clinton Burley.

Richard Sherlock, CEO for the Association of Air Medical Services (AAMS), was a featured speaker at the dedication. AAMS is the international trade group representing organizations in the critical care air medical transport service.

HealthNet acquired the retired, German-manufactured BK-117 aircraft from Air Methods Corp. in May 2014 for use during training and education of newly hired flight crew members. The aircraft shell was transported from Pittsburgh to Charleston, where students at Carver Career Center sanded and painted the aircraft shell to prepare it for graphics.

Once transported to HealthNet's training center last October, Sean McManus, director of education, and Dave Matics, simulation specialist, worked with aircraft mechanics from Air Methods Corp. to complete the interior of the aircraft shell with clinical equipment used in actual HealthNet aircraft. Video screens were added outside the aircraft which depict various flight conditions, smoke generators were placed which allow for smoke in the cockpit scenarios and a sound system simulates the roar of jet turbine engines of HealthNet's aircraft fleet.

McManus said, "The addition of this clinical and safety simulator adds a component to our educational program which will allow HealthNet Aeromedical Services to provide more extensive training and achieve greater results in preparing our flight teams for actual service to patients."

The not-for-profit HealthNet is operated cooperatively by Charleston Area Medical Center, Cabell Huntington Hospital and WVU Healthcare. The organization has transported more than 70,000 patients with a perfect safety record.

Marsh Joins WVU Health Sciences

Dr. Clay Marsh, a national leader in health care at The Ohio State University Wexner Medical Center, has been named vice president and executive dean for Health Sciences at West Virginia University, effective Feb. 15.

Marsh is executive director of the IDEA Studio for Healthcare and Design, chief innovation officer at Ohio State's medical center and professor of internal medicine in the Division of Pulmonary, Allergy, Critical Care and Sleep Medicine. He received his biology and medical degrees from WVU in 1981 and 1985, respectively.

“His approach to making health care the norm in improving lives and communities matches well with West Virginia University's commitment to solving the important health disparities our state and region are facing, said WVU President Gordon Gee.

Marsh is the son of the late Don Marsh, longtime editor and columnist for *The Charleston Gazette*, and former co-host of *MetroNews* “Talkline.” His mother, Jerry, still resides in Charleston. At the WVU Robert C. Byrd Health Sciences Center, with its 1,000 faculty members, Marsh will oversee five schools – dentistry, medicine, nursing, pharmacy and public health – and numerous allied health programs and clinical operations around the state. About 3,300 undergraduate and graduate students study on the HSC's three campuses in Morgantown, Charleston and Martinsburg.

Marsh replaces Dr. Christopher C. Colenda, who in January 2014 took over as president and CEO of West Virginia United Health System while continuing to lead health sciences.

Meanwhile, Dr. Arthur Ross III, dean of the WVU School of Medicine since 2010, will step down in June. Ross will continue to lead the medical school through its accreditation process, Gee said.

Health Insurance Marketplace Thriving

More than 31,100 West Virginians had signed up for health coverage through the Health Insurance Marketplace, the federal exchange program created under the Affordable Care Act, according to officials from Highmark Blue Cross Blue Shield. Participants had until Dec. 15 to sign up for coverage beginning Jan. 1; likewise, a Jan. 15 sign-up date would initiate coverage on Feb. 15. The third and final deadline to sign up without penalty is Feb. 15; those who fail to sign up by that date may have to wait until 2016.

Highmark remains the sole provider of coverage under the health insurance exchange. Kentucky Health Cooperative plans to enter the marketplace later this year. The Health Insurance Marketplace offers coverage to people who don't otherwise have access to health insurance through employer-sponsored plans or other programs such as Medicaid.

Fred Earley, president of Highmark Blue Cross Blue Shield West Virginia, told MetroNews' “Talkline” last week that the sign-up process through www.healthcare.gov went much smoother during this second enrollment period. “The functionality, the operability was much, much better,” Earley said. “We've seen very heavy usage, particularly when it got up close to the cut-off periods, as you would guess.” Earley said premium rates have remained competitive.

The Health Insurance Marketplace plays a critical role in achieving one of the Affordable Care Act's goals of reducing the number of uninsured Americans by creating a market for affordable, high-quality health insurance for individual and small group consumers.

Hospitals Restrict Access Because of Flu

The U.S. Centers for Disease Control and Prevention has declared a flu epidemic, with West Virginia among the states cited with widespread activity. The predominant strain circulating, influenza A H3N2, is associated with more severe illness and mortality, especially in young children and older people. As school children returned from the holiday break earlier this month, Cabinet Secretary Karen Bowling tasked Bureau for Public Health Commissioner and State Health Officer Dr. Rahul Gupta with collaborating with the State Department of Education to prevent further spread of the flu. Hospitals across West Virginia, meanwhile, are implementing restricted visitor policies and taking other precautions because of the flu. For more information about the flu, go to www.dide.wv.gov and click on “Influenza.”

In Other Health Care Highlights ...

... Gov. Earl Ray Tomblin on Friday appointed Gregory L. Boso to represent residents of the 11th District in the West Virginia Senate. Boso's appointment fills the vacancy created when Sen. Clark Barnes resigned in order to serve as Senate Clerk. The appointment is effective immediately. Boso is president of G.L. Boso & Associates, Inc. and Boso & Boso, Inc. in Summersville. He is a 1980 graduate of the West Virginia Institute of Technology. ...

... The Medicaid Aged and Disabled Waiver Program wait list has been reduced to 1,373 individuals from 1,505, according to Cindy Beane, acting commissioner of the state Department of Health and Human Resources' Bureau for Medical Services (Medicaid). Beane told the Joint Committee on Government and Finance on Tuesday that active membership in the program has reached 5,809 people, up from 5,772. DHHR hopes to continue the trend toward capacity for active membership. ...

Quotes of Note:

<Editor's Note: With the flurry of activity associated with convening the 82nd WV Legislature, we couldn't resist the impulse to expand our compilation of memorable and often fun-filled quotes as we observe these historic events.>

... ***"He and George Washington used to sit around the fire and talk about chopping down cherry trees."***

- Delegate John Overington, poking fun at Delegate Frank Deem during remarks opening the session on Wednesday.

... ***"She's so young, I had to sit down with her and explain who Ronald Reagan was."***

- Overington, likewise acknowledging the youngest member of the new Legislature, Delegate Saira Blair.

... ***"As my kids would say, (this is) totally awesome."***

- Delegate John Shott, while formally nominating Delegate Tim Armstead to be Senate President.

... ***"When two people agree on everything, perhaps one of them isn't necessary."***

- House Speaker Tim Armstead, quoting his mother in his inaugural address, on the value of differing viewpoints.

... ***"It will only truly be historic to West Virginians when it touches their lives."***

- House Speaker Tim Armstead, in his inaugural address, on the transition characterized by the 82nd WV Legislature.

... ***"Steve also served for a time as a state senator. I don't know why he wanted to go to the 'lower' house."***

- Delegate Ron Walters, with tongue in cheek, while nominating Steve Harrison to serve as House Clerk.

... ***"Before we were Democrats, before we were Republicans, we were all West Virginians."***

- Sen. Bill Cole, in his inaugural address to the Senate following his election by acclamation as its new president.

... ***"I've got four years of pent-up speeches."***

- Sen. Jeff Kessler, former Senate president, returning to the rank-and-file, as quoted by *The Charleston Gazette's* Phil Kabler.

... ***"I used to joke that I could caucus all by myself in a phone booth."***

- Sen. Donna Boley, commenting cheerfully to *Charleston Daily Mail* columnist Laurie Lin, about her role as the one and only Republican out of 34 members of the Senate in the early 1990s.

... ***"The state budget isn't everything, but sometimes it comes close to being the only thing."***

- Former WV House Speaker Ivor F. Boiarsky, as quoted by Ted Boettner in a column published in *The State Journal*.

... ***"Mark Hatfield is a true son of Marshall and a role model of a West Virginian. After his education at Marshall, he trained in the very top ophthalmology and retina medical programs in the country, but he returned to West Virginia rather than join or open a lucrative, urban practice elsewhere. We are absolutely delighted that he is joining our faculty as the new chair of ophthalmology."***

- Dr. Joseph I. Shapiro, dean of the MU Joan C. Edwards School of Medicine, reflecting on Dr. Mark Hatfield, who is both an ophthalmologist and optometrist, and is the great-great-grandson of Devil Anse Hatfield.

Health Care Highlights®

Thom Stevens, Editor

A Comprehensive Newsletter Covering Activities of the West Virginia Legislature and State Government

Your Best Source for West Virginia Legislative & Governmental Health Information

January Capitol Health Care Events

| | |
|------------|--|
| January 21 | Disability Advocacy Day |
| January 27 | West Virginia Occupational Therapy Association Day American Cancer Society Action Network |
| January 28 | West Virginia Physical Therapy Association Day |

Health Care Legislative Bill Tracking Begins Next Week

Today is the 6th day of the 60-day regular legislative session. In the next issue of *Health Care Highlights*, we will begin the weekly tracking of all health care-related bills under consideration by the House and Senate. Currently, 91 House bills have been introduced. The Senate is considering 251 bills. Of the 342 total bills introduced so far this session, many are rules-bills or are House carryover type bills, and we expect about 20% will be health care-related. In addition, next week we will also report actions taken by legislative committees and other health care news.

Health Care Highlights®
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