

Health Care Highlights[®]

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

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VOLUME 28, ISSUE 13

Welcome to the 13th issue of award-winning *Health Care Highlights* for 2016. This year marks the 28th 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 extended budget session, and monthly during the interim periods between legislative sessions by the firm **Government Relations Specialists, LLC**.

Health Care Highlights provides a special focus on health topics of interest, legislative health deliberations, and a special section featuring the history and status of all health care bills enacted by the West Virginia state Senate and the House of Delegates throughout legislative sessions, which have now been approved by the Governor.

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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Upcoming Legislative Interim Meetings

- December 4-6 2016
- January 9-11 2017

The 2017 regular session of the West Virginia Legislature convenes on Wednesday, February 8, 2017.



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Bowling Praises WV Center for End-of-Life Care

Cabinet Secretary Karen Bowling of the state Department of Health and Human Resources sang the praises of the West Virginia Center for End-of-Life Care during a presentation last Monday before the Legislative Oversight Commission on Health and Human Resources Accountability. LOCHHRA is examining a variety of programs funded by DHHR to judge their effectiveness and potential for elimination. The center was one program out of more than a dozen under discussion.

“I feel very strongly that this program is vitally important to the state of West Virginia,” Bowling said. “This is a nationally recognized program. Most of our health care costs occur at the end of life.”

In preparation for its review by LOCHHRA, the West Virginia Center for End-of-Life Care reported on the current services it is providing to the public and to health care professionals, and the cost savings resulting from its operations. Every six minutes an advance directive or medical order (Do Not Resuscitate card or Physician Order for Scope of Treatment [POST] form) is requested from the center for the care of a West Virginian. Every 15 minutes the center’s website is visited for information about palliative and end-of-life care. Every 30 minutes an advance directive or medical order is submitted to the West Virginia e-Directive Registry which is run by the center. Every 50 minutes a West Virginia health care provider searches the registry and finds an advance directive or medical order on a patient the provider is treating, often in an emergency.

Almost all West Virginians want to die at home, and West Virginians with forms in the Registry are twice as likely to die at home as those who do not have their forms on file. Because of the expense of hospitalization, the center estimates that the Registry is saving West Virginians \$20 million per year in unwanted health care costs because their end-of-life wishes are known from the Registry, and those wishes are respected.

Joint Health Examines Medicaid MCOs

Four Medicaid managed care organizations (MCOs) currently are operating at an “unsustainable” medical loss ratio (MLR) of 97%, according to Jeremiah Samples, deputy secretary for Public Health and Insurance in the state Department of Health and Human Resources. “That’s way too high,” he said. “That’s not a sustainable number.”

Samples and other speakers – including Jill Rice, legal counsel for the Association of Health Plans, and Rhys W. Jones, vice president of Medicaid advocacy for America’s Health Insurance Plans – told the Joint Committee on Health last Monday that West Virginia’s allowable MCO MLR is set at 85%, which matches Medicare, the commercial market, and a newly released Medicaid managed care regulation from the Centers for Medicare and Medicaid Services (CMS). But additional costs, including the current procurement process for state fiscal 2017 contracts, have driven the actual MLR to unacceptably high levels. “Previously, it was a more free market contract,” Samples explained. “There is no savings through the procurement process. This process costs a lot of money for the insurer, and all of that is money that could be going to hire more employees, improve quality efforts and other things.”

The medical loss ratio is the share of premium revenue that an MCO spends on patient care and quality improvement activities. So, under West Virginia’s allowable 85% MLR, 85 cents of every dollar could be devoted to those activities, leaving 15 cents on the dollar for administration and profit. Rice said MLR data also is used in the annual rate setting process to review and develop actuarially sound capitation rates. Lawmakers, including the committee co-chair, Delegate Joe Ellington, floated the idea of a 90% MLR, perhaps as a way for the state to save budget dollars. Jones, however, said an MLR higher than 85% is “problematic” because it eliminates any margin or profit, and MCOs would be unable to maintain administrative functions over a sustained period of time.

“These plans go above and beyond to provide services to improve the health of our population,” Rice noted. Managed care moves risk from the state to private entities – similarly to the state’s experience with workers’ compensation - and promotes efficient health care delivery, saves taxpayer money and assures budget predictability to the state, Rice said.

The four MCOs operating in West Virginia are Coventry, The Health Plan, UniCare of West Virginia, and WV Family Health. Together, they covered more than 390,000 Medicaid members as of July 2016. The Medicaid budget for SFY 2017 is more than \$4 billion – 75% of which is federal revenue. Managed care saved the state \$55 million in 2016 and is projected to save \$105 million in SFY 2017; the average cost per member has decreased from \$8,914 in 2013 to \$7,157 in 2015. Samples said 45,000 to 55,000 SSI recipients will transition into managed care in January 2017.

Drug Trafficking Bills May Be Reintroduced

Several drug trafficking bills that failed during the 2016 legislative session may be reintroduced in 2017, as Sgt. David Hudson of the Dunbar Police Department urged the Joint Judiciary Committee last Sunday. Hudson, who is also an officer with a federal Drug Enforcement Administration task force, said the law enforcement community is well aware that, “we can’t arrest our way out” of the state’s substance abuse problems.

Hudson said 17 West Virginia counties are part of a High Intensity Drug Trafficking Area (HIDTA) that includes Kentucky, Tennessee and Virginia, known as the Appalachia HIDTA. The counties are Hancock, Brooke, Ohio, Marshall, Harrison, Cabell, Putnam, Kanawha, Wayne, Lincoln, Boone, Raleigh, Logan, Mingo, Wyoming, McDowell and Mercer. Two other West Virginia counties, Jefferson and Berkeley, are part of the Baltimore/Washington, D.C. HIDTA.

“There is a cartel-fueled heroin addiction crisis in West Virginia,” Hudson said. “Cartel members are in our state. They come here because there is a market here. They set up shell businesses to launder their money.”

Hudson outlined the number of overdose deaths in West Virginia over the last four years, including 643 deaths in 2015 – among them 181 from heroin, 55 from a combination of heroin and fentanyl, and 154 from fentanyl alone. Bills that could be pursued again in 2017 include:

- **HB 4575**, creating the criminal offense of money laundering;
- **HB 4576**, increasing the penalties for transporting controlled substances into the state;
- **HB 4577**, creating an additional penalty for use of a firearm in furtherance of a drug offense;
- **HB 4578**, creating a criminal offense of conspiracy to violate drug laws; and,
- **HB 4736**, prohibiting pawnbrokers from purchasing or pawning gift cards.

Hudson said the Legislature also could take a look at the state Supreme Court’s 2007 *Mullens* decision, which ruled as unconstitutional the use of a confidential informant with a hidden camera or wire inside a person’s home without a court order. The same restrictions do not apply in federal matters because the U.S. Supreme Court ruled that undercover body cameras and wire do not violate the constitutional prohibition against unreasonable search and seizure.

Thomas Gorman, director of the Rocky Mountain HIDTA, highlighted a newly-released report titled, “The Legalization of Marijuana in Colorado, the Impact,” in testimony via teleconference. The report includes data and analysis on impaired driving, youth marijuana use, adult marijuana use, emergency room admissions, marijuana-related exposure cases and diversion of Colorado marijuana.

Proposals to legalize marijuana for medicinal and/or recreational use will likely be hotly debated topics in 2017.

New Financial Exploitation Law Pays Off

A new law which increases the penalties for those convicted of financially exploiting the elderly, other protected persons or incapacitated adults already is having a positive impact, advocates told the Select Committee on PEIA, Seniors and Long-Term Care last week.

Gov. Earl Ray Tomblin signed **HB 4309** into law in March. An individual convicted of financial exploitation of less than \$1,000 may be subject to fines of up to \$1,000 or a year in jail, or both. For convictions in cases involving more than \$1,000, the potential penalties are fines up to \$10,000 and two to 20 years in prison.

Jennifer Taylor and Suzanne Messenger, the state’s long-term care ombudsmen, told the committee that in a recent case, a woman drained \$200,000 from her aunt’s bank accounts, according to a report in the *Charleston Gazette-Mail*. To date, \$145,000 has been recovered. Messenger said financial exploitation is at the root of 80% of nonpayment of fees to nursing home and long-term care facilities.

According to the *Gazette-Mail*, Taylor recommended establishing a Senior Crime Victims Compensation Fund.

Rule-Making Review Approves Modifications

The Legislative Rule-Making Review Committee met on all three days of last week's interim session, approving a series of modified rules on health-related matters, including one that foreshadows potential new legislation in 2017.

The rules bill, **11 CSR 5**, updates and modernizes the West Virginia Board of Medicine rules for dispensing prescription drugs by practitioners. The new language includes references to federal Drug Enforcement Administration regulations that prohibit licensees from accepting unused and/or unwanted controlled substances from or on behalf of patients. The issue of drug redistribution has become increasingly meaningful, particularly in regard to expensive medications to treat cancer and other catastrophic illnesses.

The committee also approved (as modified):

- ✓ **14 CSR 10** regarding Continuing Education requirements for optometrists;
- ✓ **24 CSR 1** regarding Licensing Procedures for Osteopathic Physicians;
- ✓ **24 CSR 2** regarding Osteopathic Physician Assistants;
- ✓ **64 CSR 103** regarding Expedited Partner Therapy. This rule was mandated by passage of **SB 123** during this year's session. The law allows physicians to prescribe antibiotics for the partner of a patient with a sexually transmitted disease, without first examining the partner;
- ✓ **64 CSR 57** regarding Clinical Laboratory Technician and Technologist Licensure and Certification; and,
- ✓ **64 CSR 92** regarding Clandestine Drug Laboratory Remediation. This rule also identifies the responsibilities of residential property owners and law enforcement regarding identification and remediation of these labs.

Occupational Licensing Debated

Lee McGrath, managing attorney for the libertarian Institute for Justice in Minnesota, says the West Virginia Legislature should consider a variety of less-restrictive alternatives to occupational licensing, which he believes reduces competition and increases prices to consumers. McGrath spoke via teleconference last Monday to the Joint Committee on Government Operations and the Joint Standing Committee on Government Organization.

"Occupational licensing is the biggest issue in labor economics today, both nationally and in West Virginia," McGrath said. "Most of their (licensing board) regulatory actions are against non-licensees competing against licensees."

McGrath's remarks referenced a recent U.S. Supreme Court decision in *North Carolina Board of Dental Examiners v. the Federal Trade Commission*. The FTC prevailed. The ruling held that state boards are not entitled to immunity from federal antitrust liability unless their policies are "clearly articulated and affirmatively expressed as state policy, and policy is actively supervised by the state."

The Legislature has been monitoring the case and its aftermath to determine its impact on Chapter 30 boards.

McGrath said occupational licensing boards have increased unemployment in West Virginia by 5,800 jobs and cost the average West Virginia family nearly \$1,000 annually. He said West Virginia licenses 49 of the 102 occupations monitored by his law firm (only 13 states license more), and the Mountain State is one of only nine to license funeral attendants and one of 24 to license high school sports coaches. As an example, he said West Virginia requires 39 times more training for school bus drivers (1,105 days) than EMTs (28 days).

He compared scope of practice restrictions to union rules. "What is the driving force? Is it the interests of consumers, or the protection of the providers?" he asked. In the alternative, McGrath suggested an inverse pyramid favoring the least restrictive form of regulation, including: market competition and private litigation; deceptive trade practice acts and other targeted consumer protections; inspections; bonding or insurance; registration; certification; and, finally, licensing.

McGrath proposed model legislation titled "The Occupational Board Reform Act" which he said would provide oversight by the Legislature and active supervision by the executive branch, either by the Governor's Office or another agency.

Interims: Legislative Issues to Watch

Prior to last week's interim legislative committee meetings, the West Virginia Legislature held brief meetings in Charleston on May 19-20, with planned sessions for the most part usurped by the special session on the State Fiscal Year 2017 budget. Legislators held a more broad range of interim meetings in June, also in conjunction with budget talks. Gov. Earl Ray Tomblin signed the \$4.2 billion State Fiscal Year 2017 budget on June 17 after 17 days of special session.

Senate President Bill Cole and House Speaker Tim Armstead finalized the list of health-related topics to be considered by committees during this interim period between the end of the 2016 legislative session in March and the beginning of the first session of the 83rd West Virginia Legislature next January.

Among the health-related study topics to be considered by the Joint Committee on Health are:

- The Controlled Substances Monitoring Program;
- Programs within the state Department of Health and Human Resources; analyze programs for effectiveness; consider eliminating programs which may be inactive, unnecessary or redundant;
- The organizational structure, board structure and authority, and consider modernization of the WV Health Care Authority;
- Implementation of direct primary care;
- Hospital care reimbursement;
- Funding of community-based substance abuse treatment programs; and,
- Medical loss ratios.

Several other interim committees plan to study issues that merit scrutiny in the coming months. These include:

- **Joint Standing Committee on Finance:** Review all special revenue accounts to determine purpose, history, use and methods whereby excess funds flow into the general revenue; Review the consolidation of various governing authorities and commissions, including Chapter 30 boards.
- **Joint Standing Committee on Government Organization:** Restructuring of professional and occupational licensing boards based upon the ruling of the *NC Dental Board v. FTC* case decided by the U.S. Supreme Court.
- **Joint Standing Committee on the Judiciary:** Collection of medical records and other civil discovery matters; Status of State Police Forensic Lab; Internet and broadband issues; Controlled substances, including sentencing evaluation, data collection and related crimes; and, Consideration of physician-directed civil commitments for mental health issues.
- **Select Committee on PEIA, Seniors and Long-Term Care:** Review current law, procedure and public services intended to protect against senior citizens financial abuse; Issues, needs and challenges facing senior citizens; Feasibility of home modification tax credit to make homes more accessible for older adults and the disabled; and, Review impact of minimum wage reforms and improve funding for home meal delivery programs.

The remaining legislative interim committee schedule through January 2017 will consist of two-day or three-day sessions. The schedule is subject to additions and modifications by the Senate President and Speaker of the House, and some committees such as the Rules Committee can meet outside of the regular interim schedule.

Senate Confirms Health Care Appointees

The state Senate last week confirmed more than 40 health-related appointments as submitted by Gov. Earl Ray Tomblin:

West Virginia Board of Medicine

- Harry E. Duncan, Charleston, for the term ending Sept. 30, 2020
- David A. Mullins, Princeton, for the term ending Sept. 30, 2020

West Virginia Board of Optometry

- William Ratcliff, Huntington, for the term ending June 30, 2019
- Mason E. White II, Logan, for the term ending June 30, 2018
- Steven Odekirk, Charleston, for the term ending June 30, 2017
- Raymond Keener, Charleston, for the term ending June 30, 2019
- Thomas E. Griffith, St. Albans, for the term ending June 30, 2018
- Robert N. Christen II, Sistersville, for the term ending June 30, 2017
- John S. LaRose II, Summersville, for the term ending June 30, 2018

West Virginia Board of Pharmacy

- Samuel Kapourales, Williamson, for the term ending June 30, 2021

West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners

- Howard W. Lafferty, Charleston, for the term ending June 30, 2018
- Tonya Painter, Fairlea, for the term ending June 30, 2018
- Rosemary Veltri Trupo, Bridgeport, for the term ending June 30, 2019
- Kimberly Hoffman, St. Albans, for the term ending June 30, 2019
- Sheryl L. Snead, Princeton, for the term ending June 30, 2017
- P. Daniel Ratcliff Jr., Bluefield, for the term ending June 30, 2019

West Virginia Board of Dentistry

- Beverly L. Stevens, Charleston, for the term ending June 30, 2021
- Samuel V. Veltri, Clarksburg, for the term ending June 30, 2021
- John E. Bogers, Huntington, for the term ending June 30, 2021

West Virginia Board of Chiropractic Medicine

- Holly Harvey, Union, for the term ending June 30, 2019
- Geoff Mohn, Barboursville, for the term ending June 30, 2019

West Virginia Board of Licensed Dietitians

- Margaret M. Andrews, Charleston, for the term ending June 30, 2020
- Mary K. Gould, Huntington, for the term ending June 30, 2020
- Joan Starliper, Martinsburg, for the term ending June 30, 2020

Statewide Independent Living Council

- Beth Morrison, Charleston, for the term ending June 30, 2019
- Nathan Parker, Huntington, for the term ending June 30, 2019
- John Taylor, Nitro, for the term ending June 30, 2019
- Carissa Davis, St. Albans, for the term ending June 30, 2019
- Richard Ward, Charleston, for the term ending June 30, 2019
- Joyce Floyd, Elkins, for the term ending June 30, 2019
- Ashton Nesmith-Kochera, Martinsburg, for the term ending June 30, 2019
- Marissa Sanders, Charleston, for the term ending June 30, 2019
- Bob Gray, Charleston, for the term ending June 30, 2018

Senate Confirms Health Care Appointees ... continued

Public Employees Insurance Agency Finance Board

- Joshua Sword, South Charleston, for the term ending June 30, 2020
- Bill Ihlenfeld, Wheeling, for the term ending June 30, 2020
- William Milam, Charleston, for the term ending June 30, 2020

Children's Health Insurance Plan Board

- Kellie Wooten-Willis, Logan, for the term ending June 30, 2019
- Larry Hudson, Cross Lanes, for the term ending June 30, 2017
- Margie Hale, Charleston, for the term ending June 30, 2019
- Joshua Austin, Charleston, for the term ending June 30, 2019
- Janet Allio, Elkview, for the term ending June 30, 2018

Addiction & Rx Drug Abuse Conference 3 Weeks Away

The Appalachian Addiction and Prescription Drug Abuse Conference scheduled Oct. 20-22 at Embassy Suites in Charleston offers medical professionals from West Virginia and around the country a forum to discuss addiction and treatment issues, and share best practices.

The WV State Medical Association and the CAMC Health Education and Research Institute provide this annual educational event. Sponsors include the WV Board of Medicine and the WV Board of Osteopathic Medicine, the WV Osteopathic Medical Association, DHHR, and the WV Medical Professionals Health Program.

This year's focus is, "Pain & Addiction, Best Practices & Proper Prescribing." Topics include:

- WV integration and collaboration in addressing the epidemic;
- American Medical Association task force update;
- Using science to address the stigma of addiction and the opioid crisis;
- Safe prescribing for pain patients with substance abuse disorder and comorbidities;
- Interventional pain treatment options;
- Addiction and the hijacked brain;
- Physician wellness and burnout;
- Current WV overdose statistics, laws, rules and regulations, and the Prescription Drug Monitoring Program; and,
- Marijuana – Cannabis conundrums and medical use.

The conference satisfies the state-mandated continuing medical education requirement for physicians and many other disciplines in this area. For those unable to attend, the WVSMA condenses the program into a three-hour webinar accessible to all physicians. There is additional CME /CEU credit for multiple other disciplines as well.

Medical professionals must work together with government and law enforcement to mitigate the drug abuse crisis plaguing West Virginia. "To ensure success, we need to reach all physicians," said conference organizer Dr. P. Bradley Hall, director of the WVM PHP. Hall is also a member of the Governor's Advisory Council on Substance Abuse and president of the WV Society of Addiction Medicine.

A preliminary conference agenda is available at www.wvsma.org and www.wvmphp.org. For more information, email karie@wvsma.org or call (304) 925-0342, ext. 12.

Elkview Free Clinic Seeks Volunteers

Volunteer physicians, physician assistants, dentists, eye doctors and nurse practitioners remain in demand for West Virginia Health Right's free clinic Oct. 22-23 at Elkview Middle School. The clinic is being held in conjunction with the national Remote Area Medical (RAM) organization, which "provides medical care through mobile clinics in underserved, isolated or impoverished communities."

"This event is about West Virginians helping West Virginians," said Angie Settle, CEO of Health Right. "With the clinic less than a month away, this is the time for medical professionals to step forward to volunteer for helping the uninsured and underinsured people of West Virginia. It should be a rewarding experience."

Medical professionals interested in volunteering may call (304) 414-5931 or go online for information at www.wvhealthright.org.

The free clinic will offer services on a first-come, first-served basis. Elkview was among the areas hardest hit by flooding in June, but services will not be limited to flood victims. It will be open from 6 a.m. Oct. 22 through 2 p.m. Oct. 23. Elkview Middle School is located at 5090 Elk River Road in Elkview.

House Speaker Tim Armstead, Delegate Chris Stansbury, Sen. Tom Takubo and Sen. Chris Walters are serving as community host group leaders for the event. Stansbury, an optometrist, and Takubo, a pulmonologist, also will see patients during the clinic.

In Other Health Care Highlights ...

... Dr. Rahul Gupta is a man of many hats these days. Not only does he serve as West Virginia's health officer and commissioner of the Bureau for Public Health in the Department of Health and Human Resources, but also as secretary of the West Virginia Board of Medicine and now, as of August, as president of the West Virginia State Medical Association. Gupta, who takes over the WVSMA role from Dr. Hoyt Burdick, is also an adjunct professor in the WVU School of Public Health and the University of Charleston's School of Pharmacy. ...

... ***Health Care Highlights*** doesn't make it a practice to make not of *what didn't happen* during a particular legislative session, but it's worth noting that a discussion of the West Virginia' School of Osteopathic Medicine's future appeared on the agenda for the GATE (Government Accountability, Transparency and Efficiency) Committee last Monday. Unfortunately, the committee ran out of time to hear a presentation by James Bailey, counsel to the Senate Government Organization Committee. Whether this item reappears during December or January interim sessions remains to be seen. Faithful readers may recall an item in ***Vol. 28, Issue 12*** regarding a proposal to privatize the Lewisburg school. ...

... Dr. Kevin Yingling, a founding dean of the Marshall University School of Pharmacy, is retiring at the end of the current academic year. Yingling, both a pharmacist and a physician, earned his bachelor's degree in pharmacy from West Virginia University in 1981 and his medical degree from MU's Joan C. Edwards School of Medicine. ...

... A grand opening ceremony is slated for Oct. 13 in Charleston for the new Ronald McDonald House, adjacent to Charleston Area Medical Center's Women & Children's Hospital. The new \$3.5 million facility replaces the current house, located near CAMC Memorial Hospital in Kanawha City. The colorful three-story building features kitchen facilities and common areas, a greater number of guest rooms, and storage facilities. ...

... The WV Clinical and Translational Science Institute, in conjunction with the WVU Department of Epidemiology and the Mid Atlantic Regional Public Health Training Center, is presenting a special research seminar series on the Zika virus. Dr. Joel Massey, medical epidemiologist with the WV Bureau for Public Health, Division of Infectious Disease Epidemiology, will present "Keeping Up with Zika: What Clinicians Need to Know." Miguella Mark-Carew, Ph.D., zoonotic disease epidemiologist also with the WVBPH Division of Infectious Disease Epidemiology, will present, "The Epidemiology of Zika Virus: Risks, Reporting, and the Latest in Surveillance." This special event will be held from 11 a.m. to 12:30 p.m. Oct. 5 at the WVU Health Sciences Center North in Morgantown, and also will be broadcast to WVU Charleston Division/ Charleston Area Medical Center, room 2024. For additional information, contact Samantha Neal at shneal@hsc.wvu.edu. ...

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Thom Stevens, Publisher

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Your Best Source for West Virginia Legislative & Governmental Health Information

Quotes of Note:

... ***“I used to have pretty long hair before all of this started. But this is what happens.”***

- Jeremiah Samples, DHHR deputy secretary, presenting on Medicaid managed care to the Joint Committee on Health.

... ***“He did a pretty good job – I mean, a very good job – of talking about MLRs.”***

- Jill Rice, counsel to the Association of Health Plans, regarding Jeremiah Samples’ discussion of medical loss ratios.

... ***“Would you suggest that we reinstitute Prohibition here in West Virginia?”***

- Delegate Michael Folk, questioning Thomas Gorman about a Colorado report in the impact of marijuana legalization.

... ***“We believe these are artificialized programs. We refer to them as ‘spend and spin.’ We would request that all of the expenditures from these so-called pilot programs be reviewed.”***

- Dwayne O’Dell, government liaison at the West Virginia Farm Bureau, in critical remarks before the joint GATE Committee regarding state Department of Agriculture programs that he believes unfairly compete with farmers.

... ***“If you go out to Walmart, you can have someone who’s been putting out fruit one minute and can vaccinate you the next.”***

- Sen. Robert Karnes, during a meeting of the Legislative Rule-Making Review Committee last Sunday.

Inside Health Care Highlights This Issue

Welcome to the 13th Issue in 2016

Upcoming Legislative Interim Meetings

Bowling Praises WV Center for End-of-Life Care

Joint Health Examines Medicaid MCOs

Drug Trafficking Bills May Be Reintroduced

New Financial Exploitation Law Pays Off

Rule-Making Review Approves Modifications

Occupational Licensing Debated

Interims: Legislative Issues to Watch

Senate Confirms Health Care Appointees

Addiction & Rx Drug Abuse Conference 3 Weeks Away

Elkview Free Clinic Seeks Volunteers

In Other Health Care Highlights . . .

Quotes of Note