

# Health Care Highlights<sup>©</sup>

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**January 16, 2017**

**VOLUME 29, ISSUE 1**

Welcome to the 1<sup>st</sup> issue of award-winning *Health Care Highlights* for 2017. This year marks the 29th year of our unique health care publication, which reaches more than 5,000 health professionals and health policymakers statewide.

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## ***2017 Key Legislative Dates***

**Feb. 8:** First day of session. The House of Delegates and Senate reconvene at noon.

**Feb. 27:** Submission of Legislative Rule-Making Review bills due.

**March 20:** Last day to introduce bills in the Senate. (Does not apply to originating or supplementary appropriation bills. Does not apply to Senate resolutions or concurrent resolutions.)

**March 21:** Last day to introduce bills in the House. (Does not apply to originating or supplementary appropriation bills. Does not apply to House resolutions or concurrent resolutions.)

**March 26:** Bills due out of committees in house of origin to ensure three full days for readings.

**March 29:** Last day to consider bills on third reading (passage stage) in house of origin for "cross-over." (Does not include budget or supplementary appropriation bills.)

**April 8:** Adjournment at midnight.

**April 12:** Anticipated extended session to work only on the Budget Bill and other appropriation bills.

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## ***Justice Inauguration Today; Tomblin Offers Farewell Address***

The inauguration of James C. “Jim” Justice II as West Virginia’s 36<sup>th</sup> Governor takes place at 1 p.m. today on the South Plaza of the state Capitol. The swearing-in ceremony will include a 19-gun salute and an inauguration address by the new Governor. Five members of the Board of Public Works (Secretary of State Mac Warner, Auditor John B. McCuskey, Treasurer John Perdue, Agriculture Commissioner Kent Leonhardt and Attorney General Patrick Morrisey) and new state Supreme Court Justice Beth Walker also will take their oaths of office.

Justice and First Lady Cathy Justice will receive the public in the lower rotunda, followed by a public reception with live entertainment at the West Virginia Culture Center. The Inaugural Ball begins at 7:30 p.m. at The Greenbrier.

Outgoing Gov. Earl Ray Tomblin addressed the House and Senate for the final time last Wednesday, recalling highlights of his 42 years at the Statehouse, including the last six years as West Virginia’s 35<sup>th</sup> governor. “Public service has anchored my life’s work,” he said, from the House of Delegates, to the state Senate, to the Governor’s Mansion.

Tomblin used the occasion to emphasize the “fiscal responsibility” of his administration, and to suggest a 1 percent increase in the consumer sales tax and elimination of the exception for telecommunications services as a means to raise \$270 million to help shore up the state’s budget deficit.

During the 30-minute presentation, Tomblin focused health-related remarks on West Virginia’s ongoing battle against substance abuse, highlighting the work of the Governor’s Advisory Council on Substance Abuse (GACSA), which he created by executive order in 2011, recent successful lawsuits against drug manufacturers, and the state’s substance abuse call line launched in September 2015.

He said he envisioned GACSA – made up of representatives of substance abuse prevention, behavioral medicine, law enforcement, child and adolescent psychology, the legal system, residential treatment facilities, the public school system, the faith community and health care – as “a community-driven, ground-up approach to tackling this epidemic. Through community-based task forces in six regions across the state, we have made significant progress and enacted life-saving reforms.

“We now look at substance abuse as an illness - not a crime. We have decreased the number of meth labs across the state as the result of making it more difficult to obtain pseudoephedrine. We have expanded access to the life-saving drug Narcan to first responders and family members of those struggling with addiction. Last year alone, hundreds of lives were saved as a result.”

Tomblin said substance abuse prevention services now are available in all 55 West Virginia counties, with expanded community-based treatment options and recovery services. “Across the state, we have 188 crisis detox beds in residential treatment facilities with more sites under development,” he said.

“We have 118 beds designated for youth and postpartum treatment as well as short-term and long-term residential treatment. And we have over 1,000 beds for those seeking help and support through peer and provider recovery homes and facilities.

“We are working closely with our prisons and correctional facilities to ensure all West Virginians are provided access to substance abuse rehabilitation. In fact, the Division of Corrections operates nine residential substance abuse treatment units in correctional centers across the state and we have expanded this model to our regional jail facilities as well. ... We have expanded drug courts, substance abuse counseling and greater supervision after release.”

Because of better-controlled incarceration rates, Tomblin said, the state avoided a projected \$200 million expense to build a new prison to handle rising inmate populations.

He also highlighted recent \$36 million lawsuit settlements, bringing to \$47 million the total West Virginia has recovered from drug manufacturers. The money will be used to further expand efforts in law enforcement and treatment recovery services.

He cited West Virginia’s first 24-hour substance abuse call line, 844-HELP-4-WV, which has received nearly 8,500 calls. The help line provides referral support for those seeking help and recovery services.

## ***Legislative Leadership Officially Named***

The 83<sup>rd</sup> West Virginia Legislature convened, albeit briefly, last week and the House and Senate officially chose leadership teams for the regular session and beyond. House Speaker Tim Armstead and Senate President Mitch Carmichael likewise appointed chairs and vice chairs for all legislative committees. The session reconvenes Feb. 8.

On the House side, the leadership also includes Delegate Daryl Cowles as Majority Leader, Delegate Carol Miller as Majority Whip, Delegate John Overington as Speaker Pro Tempore, and Delegate John O’Neal as Assistant Majority Leader. The Minority Leader is Delegate Tim Miley and the Minority Whip is Delegate Mike Caputo. “This leadership team is committed to taking bold steps and pursuing policies that will rebuild our economy and improve the quality of life for all West Virginians,” Armstead noted in a news release.

House committee chairs and vice chairs include:

- Finance – Delegate Eric Nelson, chair; Delegate Eric Householder, vice chair
- Government Organization – Delegate Gary Howell, chair; Delegate Lynne Arvon, vice chair
- Health and Human Resources – Delegate Joe Ellington, chair; Delegate Amy Summers, vice chair
- Judiciary – Delegate John Shott, chair; Delegate Roger Hanshaw, vice chair
- Rule-Making Review – Delegate Kelli Sobonya, chair; Delegate Cindy Frich, vice chair
- Select Committee on the Prevention & Treatment of Substance Abuse – Delegate Joe Ellington, chair; Delegate Kayla Kessinger, vice chair
- Senior Citizen Issues – Delegate Ruth Rowan, chair; Delegate Matthew Rohrbach, vice chair

In addition to Ellington and Summers, the House Health and Human Resources Committee is expected to include Delegates Lynne Arvon, Martin “Rick” Atkinson III, Mick Bates, Roy Cooper, Barbara Fleischauer, Shawn Fluharty, Jordan Hill, Eric Householder, Charlotte Lane, Linda Longstreth, Riley Moore, Mike Pushkin, Ralph Rodighiero, Matthew Rohrbach, Kelli Sobonya, Steve Westfall and Brad White.

In addition to Ellington and Kessinger, the Select Committee on the Prevention & Treatment of Substance Abuse is expected to include Delegates Mick Bates, Brent Boggs, Cindy Frich, Kelli Sobonya, Erikka Storch and Jill Upson.

In the Senate, the leadership also includes Sen. Ryan Ferns as Majority Leader, Sen. Craig Blair as Majority Whip, and Sen. Donna Boley as President Pro Tempore. Minority Leader is Sen. Roman Prezioso and Minority Whip is Sen. Corey Palumbo. “We have a balance of seasoned legislators and new members taking on some of these roles,” Carmichael said in a news release. “These roles require time and dedication above and beyond their ordinary duties as a senator, and I am grateful to those members who have accepted the challenge.”

Senate committee chairs and vice chairs include:

- Finance – Sen. Mike Hall, chair; Sen. Jeff Mullins, vice chair
- Government Organization – Sen. Craig Blair, chair; Sen. Ed Gaunch, vice chair
- Health and Human Resources – Sen. Tom Takubo, chair; Sen. Mike Maroney, vice chair
- Judiciary – Sen. Charles Trump, chair; Sen. Ryan Weld, vice chair

In addition to Takubo and Maroney, the Senate Health and Human Resources Committee is expected to include Sens. Mike Azinger, Robert Karnes, Corey Palumbo, Robert Plymale, Roman Prezioso, Patricia Rucker, Ron Stollings, Charles Trump, John Unger and Ryan Weld.

It should be noted that committee assignments had not yet been completed, particularly for new members of the Legislature, at press time.

## ***Crouch to Lead DHHR; Bowling Joins WV United Health System***

Bill J. Crouch was named Cabinet Secretary of the state Department of Health and Human Resources on Jan. 6 by then Gov.-elect Jim Justice. Crouch replaces Karen Bowling, who resigned in December (effective today) and has since been appointed vice president of care delivery transformation at West Virginia United Health System.

Crouch founded Bill J. Crouch & Associates, Inc., in 1987 as a Charleston-based health care consulting firm. He has worked closely with state government, physicians, local providers and hospitals across West Virginia. Crouch retired from the firm last June.

Crouch earned his bachelor's degree from Mars Hill College in North Carolina, and his master's degree in public health from the University of Tennessee. He also has served on the board of directors for the West Virginia Health Care Association, which represents 130 nursing facilities, assisted living communities and residential retirement centers.

From 1983 through 1986, Crouch served as executive director of the West Virginia Health Care Cost Review Authority. Before that, he was the assistant director of the Office of Community Health Services for the WV Department of Health. He also has owned and operated several long-term care facilities in West Virginia during his career.

Bowling, who had served at DHHR since July 2013, will be responsible in her new role for leading the transformation of West Virginia United Health System's care delivery model to try to improve the health of the overall population and decrease the number of people who have chronic diseases, such as diabetes, asthma, heart disease, obesity, cancer, arthritis, osteoporosis, and chronic obstructive pulmonary disease.

The new model, known generally as value-based care, is emerging as a solution to address rising health care costs, improve clinical inefficiency and care coordination, eliminate duplication of services, and to make it easier for people to get the care they need. In this model, doctors and hospitals are paid for helping keep people healthy and for improving the health of those who have chronic conditions.

"Through Karen, we'll be able to assume a greater leadership role in helping West Virginia address some of its most pressing health problems," said Dr. Clay Marsh, vice president and executive dean of WVU Health Sciences Center. "The real goal here is to make people in our state healthier and help guide the decisions they make related to their health. Karen will help us build a better mousetrap – one that focuses on wellness, not just sickness."

A native of Mullens, Bowling earned bachelor's and master's degrees from the WVU School of Nursing. She has held a variety of positions in patient care and education, becoming a hospital administrator in 1990 and leading Raleigh General Hospital in Beckley as CEO beginning in 2001. She also has served in various leadership positions with the West Virginia Hospital Association, including as its chairperson.

## ***Spangler Named Executive Director of WV Board of Medicine***

Mark A. Spangler, M.A., L.P.C., of Lewisburg has been named executive director of the West Virginia Board of Medicine, succeeding Robert C. Knittle, who retired Dec. 31 after 11 years of leading the board. Spangler, who has been executive director, chief executive officer and treasurer at Davis-Stuart, Inc., in Lewisburg since 1999, begins his new duties on Jan. 23. "I'm very excited by this new opportunity," Spangler said. "My goal is to continue the tradition of progress and advocacy on behalf of the citizens of our state and the physicians, podiatrists and physician assistants who serve them."

Davis-Stuart, with five locations in West Virginia, provides therapeutic residential care in a supervised setting for youth ages 12 to 19. Spangler supervised the organization's 100 employees and 68 residents. He formulated and implemented long-range financial development for the 96-year-old facility by utilizing state and federal reimbursements while seeking public and private support, administering a \$5.5 million annual operating budget.

Spangler is a licensed professional counselor and social worker. He is a former president of the West Virginia Child Care Association and West Virginia Alliance for Children, and is a certified trainer in Family Centered Practice. Spangler received his Bachelor of Arts degree in Social Science from Bluefield State College and his Master of Arts degree in Counseling from West Virginia Graduate College.

# Special Report on 2016-2017 Legislative Interim Committees

*Each year, the Legislature holds 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 2017 interim meetings, which were the last of these sessions prior to the start of the 2017 regular legislative session.*

*Appreciation for information to prepare our report is hereby extended to the excellent staff of the Senate and House Health Committees, including counsel Jeff Johnson, counsel Charles Roskovensky and Martha White.*

## **Final Legislative Interim Report of LOCHHRA**

The Legislative Oversight Commission on Health and Human Resources Accountability was appointed following the 2015 regular session, led by co-chairs Sen. Ryan Ferns and Delegate Joe Ellington. During the 2016-2017 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 studied four topics during the 2016-2017 interim period. These topics were:

- **HCR 71 – Line item reporting of TANF (Temporary Assistance to Needy Families) spending in West Virginia**

During its December meeting, the commission heard that other states, such as Minnesota, have some degree of specificity in their budget line detailing the manner in which TANF funds are spent. Amy Booth, deputy commissioner of the West Virginia Bureau on Children and Families, provided a broad overview of the bureau's services, which are designed to strengthen self-sufficiency. As a block grant, states determine eligibility and benefit levels. In West Virginia, services are geared toward cash assistance and employment-related services to low-income families.

Booth provided a breakdown of federal and state expenditures for TANF, as well as "Maintenance of Effort" requirements for the state. Primary areas of funding disbursement include: cash assistance; WV Works payment amounts; school clothing allowances; pre-employment vision and dental screening; Courtesy Patrol; employer incentive programs; employment subsidy programs; Strategic Planning in Occupational Knowledge for Employment Success (SPOKES); specialist in community and technical colleges; Good News Mountaineer Garage; support payments for maintaining employment; early child care and education; non-recurrent short-term benefits; and, supportive services such as Legal Aid assistance, volunteer income tax assistance and Kanawha Institute for Social Research and Action (KISRA).

Booth noted that West Virginia is one of only seven states chosen to participate with the Family Stability National Policy Academy to improve service delivery.

The commission **RECOMMENDS** that no action be taken on **HCR 71** at this time. The commission can request further detailed analysis of TANF expenditures as part of its ongoing oversight of DHHR.

- **Analyze programs within DHHR for effectiveness; consider eliminating programs which may be inactive, unnecessary or redundant**

During September interims, Cabinet Secretary Karen Bowling provided comprehensive information on programs that are either statutorily required or included in DHHR's budget. Those included: Pertussis; Tuberculosis Testing Control Treatment and Commitment; Cancer Control; Osteoporosis Prevention Education; the James "Tiger" Morton Catastrophic Illness Fund; Alzheimer's Special Care; Arthritis Prevention Education; Hemophilia; Tuberculosis, High Blood Pressure and Diabetes; Oral Health; Women's Commission; Commission for the Deaf and Hard of Hearing; CARDIAC Project; Center for End-of-Life Care; Diabetes Education and Prevention; and, the Renaissance Program.

The commission **RECOMMENDS** that two programs be eliminated – the Hemophilia Program and the Tuberculosis, High Blood Pressure and Diabetes Program.

### ➤ **Controlled Substances Monitoring Program database**

Mike Goff, administrator of the CSMP database operated by the West Virginia Board of Pharmacy, demonstrated the program during the commission's June meeting. The database houses information regarding Schedule II, III and IV controlled substances prescriptions written and/or filed in this state. The enacting legislation provides what information is to be maintained in the database, a verification by a pharmacy of the identity of a person receiving a controlled substance listed in the database, extensive confidentiality requirements for the data, a requirement that prescribing physicians access the database upon an initial prescription and at least annually thereafter, and granting rule-making authority to the board.

Goff demonstrated the means of accessing the database, how to conduct an inquiry, how results are returned and how the database interacts with similar databases in other states.

The commission **RECOMMENDS** that no action be taken at this time. Considering West Virginia's extensive substance abuse program, much of which results from prescription medication, the commission will continue to seek ways to better utilize the database to aid in combatting this problem.

### ➤ **Hospital care reimbursement**

The commission examined the manner in which insurance companies operating in West Virginia set reimbursement rates for various hospitals. CEO John Frankovitch, CFO Eugene Trout and Vince Deluzio, managing director of R&V Associates, provided an overview during August interims of the unique challenges faced by Weirton Medical Center because of its proximity to other hospitals within West Virginia, as well as in nearby Ohio and Pennsylvania.

The presentation focused on disparate rates paid by insurance carriers in West Virginia, the potential for growth in the Northern Panhandle, the medical center's growth in patient volume and revenue, and its plans for both intrastate and interstate expansion. They provided data and graphics indicating Weirton Medical Center is the lowest paid hospital in the state. They also provided background on how West Virginia's managed care product offers full access to Ohio hospitals, but the reverse is not true; Ohio restricts access to West Virginia hospitals. Frankovitch said the average West Virginia hospital payment rate is higher than the average Weirton Medical Center commercial rate by 245.3%. If Weirton Medical Center was reimbursed at that average rate, it would have \$50 million to invest back into the community.

The commission **RECOMMENDS** that no additional action be taken. They will continue to monitor and compare the rates paid to various hospitals throughout the state.

### **General Statutory Oversight**

Dr. James Roush, dental director in the Bureau for Public Health, presented the State Oral Health Plan during the commission's December meeting. Through passage of the West Virginia Oral Health Improvement Act, the state has moved from meeting just two of eight national oral health benchmarks to meeting seven of the eight.

The co-chairs recommend a complete recodification of Chapter 16 regarding the state's public health system. The two- to three-year project will involve relocating various portions of Chapter 16 to more logical chapters within state code; repealing unnecessary, redundant or archaic articles; and reorganizing and rewriting articles to a more logical and standardized format.

To begin this process, the commission **RECOMMENDS** the passage of three bills repealing articles within the code:

- ✓ **Chapter 26, Article 2K. Programs of All-Inclusive Care for the Elderly (PACE):** Authorized in statute in 2007, this program required a contractual arrangement between DHHR and the U.S. Department of Health and Human Services. The agreement was never executed; the program does not operate in West Virginia.
- ✓ **Chapter 16, Article 4A. Prenatal Examination.** This program required that every pregnant woman be tested for syphilis and that a notation be placed on the child's birth certificate. This section is antiquated and no longer necessary.
- ✓ **Chapter 16, Article 28. Assistance to Korea and Vietnam Veterans Exposed to Certain Chemical Defoliants or Herbicides or other Causative Agents, Including Agent Orange.** A similar federal program is in place.

## **Final Legislative Interim Report of Joint Committee on Health**

The Joint Committee on Health was appointed by the Joint Committee on Government and Finance, following the 2015 regular session of the 82<sup>nd</sup> Legislature. The committee was assigned the following resolutions and topics for study during the course of the 2016-2017 interim period:

### ➤ **Health Care Authority – Organizational structure, board structure, authority, modernization**

In May, the co-chairs sent a letter to the Speaker of the House and the President of the Senate requesting an audit of the Health Care Authority. The letter specifically requested: review of whether the HCA should continue as an independent entity in state government, including alternatives for administrative relocation and information on how similar entities are managed in other states; perspective on the workload of staff and board members on various statutory functions, and recommendations on restructuring, including potential elimination of staff or the entire agency; review of necessary functions, which functions could be eliminated or reassigned to other entities, and which functions may be unnecessary, duplicative or routinely uncompleted; and determination of what action the Legislature could take with respect to findings or recommended modifications resulting from the audit.

The committee **RECOMMENDS** that no action be taken at this time. The audit is not completed. Once completed, the committee will review the audit's recommendations and decide on a course of action.

### ➤ **Implementation of direct primary care**

Jay Keese, executive director of the Direct Primary Care Association, presented information during the August interim committee meeting regarding direct primary care, as a way to pay for routine care services outside of the fee-for-service insurance model, paid with a periodic fee, usually in the form of a monthly retainer.

The Legislature adopted the Preventive Care Pilot Program in 2006, permitting the practice of direct primary care under certain conditions. Dr. Vic Wood of Primary Care One in Wheeling discussed his experience and support for expansion of the pilot program. Gerry Stover, executive vice president of the West Virginia Academy of Family Physicians, expressed similar support.

The committee **RECOMMENDS** draft legislation repealing the pilot program and permitting direct primary care.

### ➤ **Medical loss ratios**

The committee heard presentations during September interim meetings regarding medical loss ratios, a basic financial measurement used to encourage health plans to provide value to enrollees. For example, if an insurer uses 80 cents out of every premium dollar to pay its customers' medical claims and on activities that improve quality of care, the company has a medical loss ratio of 80 percent. Jeremiah Samples, deputy secretary, DHHR, explained the current MLR contained within the managed care contract. Also presenting were 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.

The committee **RECOMMENDS** that no action be taken at this time.

### ➤ **Funding of community-based substance abuse treatment programs**

DHHR Cabinet Secretary Karen Bowling told the committee during December's meeting that West Virginia has the country's second-highest rate of prescription drugs filled per capita at 21.8, compared to 12.7 nationwide, according to 2015 data from the Kaiser Family Foundation. According to 2014-2016 data from the West Virginia Health Statistics Center, neonatal abstinence syndrome (NAS) is reported in 37 out of every 1,000 live births in the state.

Bowling updated the committee on the state's treatment capacity, including: detoxification and residential treatment – 148 beds, plus an additional 16-bed site under development; crisis recovery units – 15 beds, with an additional six-bed site under development; residential treatment – 118 beds; substance abuse recovery facility and residence – 827 beds, with 90 additional beds pending; group homes – 163 beds; and prevention services in all 55 counties.

The committee **RECOMMENDS** that it continue to monitor funding for prevention, treatment and recovery.

## ***Joint Health Questions Board of Pharmacy***

Rules requiring wholesale pharmaceutical distributors to report “suspicious orders” have been in place in West Virginia since 1985, according to David Potters, executive director and general counsel for the West Virginia Board of Pharmacy. But they were never enforced prior to a 2012 lawsuit filed by former Attorney General Darrell McGraw, and remain inconsistent and difficult to decipher. “I’m having trouble keeping calm about this,” said Delegate Barbara Fleischauer during a meeting last Tuesday of the Joint Committee on Health.

Potters said the Wholesale Distributors Association is seeking clarification from the U.S. Drug Enforcement Administration to try to standardize how “suspicious order” information is gathered and reported. About 15 states have similar rules, most like West Virginia modeled after the federal regulation, but enforcement is spotty at best. Generally, they are to include “orders of unusual size or quantity, or deviation from the normal pattern,” Potters explained. Delegate Kelli Sobonya and Sen. Ryan Ferns suggested the BOP promulgate an emergency rule to tighten reporting requirements.

## ***Protection Against Financial Exploitation Sought***

The Select Committee on PEIA, Seniors and Long-Term Care last Monday endorsed proposed legislation which would establish a procedure to obtain protective orders for persons age 65 or older, or for incapacitated adults, who are victims of financial exploitation. The bill, expected to be formally introduced when the regular session resumes in February, also establishes a criminal offense for violation of a financial exploitation protective order.

Violation of a protective order could result in a fine of \$1,000 and/or 90 days in jail for a first offense, and fines up to \$2,500 and/or a year in jail for a second offense. Petitions seeking relief from financial exploitation could be filed in either Magistrate Court or Family Court.

The bill was recommended by Jennifer Taylor, the state’s long-term care ombudsman, during the committee’s December interim meeting.

## ***GATE Committee Considers EMS Regulation***

West Virginia is in the midst of a crisis in training and retaining paramedics and other emergency medical services personnel, according to presenters at last Tuesday’s meeting of the Joint Government Accountability, Transparency and Efficiency (GATE) Committee. Under one proposal, the state’s EMS Advisory Council or EMSAC would be given enhanced oversight authority over the state Office of Emergency Medical Services (OEMS).

Janie Ward, RN, of Air Evac Lifeteam said West Virginia should adopt an oversight structure similar to that of surrounding states, such as Kentucky, or similar to the West Virginia Fire Commission. Air Evac operates 131 bases in 15 states, including four in West Virginia. “We need to eliminate the good-old-boy system that has existed in WVOEMS over the years,” she said.

Ward criticized the OEMS’ “lack of oversight and authority, and an imbalance of power;” “lack of structure and a lack of established processes;” and “frequent changes of certification and recertification requirements.” She said West Virginia’s system, designed around five regional medical command centers, creates conflicts of interest among EMS providers.

Although Steve McClure, director of Jackson County EMS and a former Charleston firefighter, said he did not intend to attack OEMS or its director, Melissa Kinnaird, he called the current system for training and certification lengthy and fragmented. “What we need is a one-stop shop. We’ve got to look at ways to increase our sustainability,” he said.

Dr. Michael Mills, medical director for OEMS, said West Virginia is one of only five states with statewide EMS protocols, and its medical command centers provide immediate physician contact to EMS personnel in the field. “Our protocols are actually a little more advanced than the states around us,” he noted. He said the current state system has evolved over three decades under legislative rules for EMS and trauma care.

Sen. Craig Blair, chair of the Senate Government Organization Committee, said he plans to appoint a subcommittee headed by Sen. Greg Boso to examine two pages worth of fire and EMS issues when the Legislature reconvenes in February. He said it’s his goal to propose two bills each week resulting from the subcommittee’s work.

## ***WV Medical Schools Profiled***

West Virginia's three state-funded medical schools – Marshall University's Joan C. Edwards School of Medicine, the West Virginia School of Osteopathic Medicine and the West Virginia University School of Medicine – enroll more medical students per capita than any other state in the country.

Dr. Robert Walker, vice chancellor for Health Sciences at the Higher Education Policy Commission, told the Legislative Oversight Commission on Education Accountability (LOCEA) last Tuesday that the three medical schools admit roughly 44 percent of qualified in-state applicants, but just 5.5 percent of out-of-state applicants. For 2015-16, 212 in-state students were among the entering class out of 477 applicants, while 559 students were among the entering class out of 10,038 out-of-state applicants.

Virtually all of the medical school graduates pass their medical licensing exams. The average medical student debt for the graduating class of 2016 was \$193,414. Walker said Medicare is the major funding source for residency programs across the country; in WV, Medicaid and the Public Employees Insurance Agency also provide funding to residency training.

About 68 percent of graduates who complete residencies in West Virginia remain in the state, he noted. Primary care residencies here include specializations in family medicine, internal medicine, internal medicine/pediatrics, obstetrics/gynecology and pediatrics. In state fiscal year 2016, each academic health center received \$587,000 through the Rural Health Initiative program, designed to increase recruitment and retention of providers into rural areas of the state.

## ***In Other Health Care Highlights ...***

... Here's a little procedural oddity: Kent Leonhardt, at this writing, remains the senator representing the 2<sup>nd</sup> District, despite his election in November to become the state's agriculture commissioner. Drew Ross, director of the Office of Reference and Information, explains that apparently, Leonhardt's seat in the 2<sup>nd</sup> District was not open for this election. Leonhardt will, of course, resign that seat and new Gov. Jim Justice will appoint his successor, in consultation with the district's Republican executive committee. ...

... Gov. Earl Ray Tomblin has appointed two new members of the West Virginia Board of Medicine. They include Carrie A. Lakin, D.P.M., a Charleston podiatrist, and Wesley Steele, M.D., a pediatrician from Fairmont. Steele, raised in Huntington, received undergraduate training at Marshall University and Wake Forest University, before graduating from the WVU School of Medicine. He joined his current practice in Fairmont in July 1995. Lakin and Steele fill board seats formerly occupied by R. Curtis Arnold, D.P.M., of South Charleston, and Carlos Jimenez, M.D., of Glen Dale, whose terms expired last September. ...

... Perhaps a victim of uncertainty surrounding the future of the Affordable Care Act (commonly known as Obamacare), Terri Giles has resigned as executive director of West Virginians for Affordable Health Care. Giles has been replaced on an interim basis by longtime health care advocate Renate Pore. WVAHC estimates that "12% of the state's population are covered with health insurance policies provided through the ACA, including 173,000 low-income West Virginians covered through the expansion of Medicaid; another 37,000 covered with private insurance policies purchased through the exchange; and 18,000 young adults who are covered through their parents' health insurance policies. That's more than 225,000 West Virginians that are covered by the ACA." ...

... Congratulations, by the way, to Giles' lifelong friend and fellow Hinton native Sylvia Matthews Burwell, who was named the Sunday Gazette-Mail's 2016 West Virginian of the Year earlier this month. Burwell served the Obama administration as secretary of the U.S. Department of Health and Human Services, the latest in a series of distinguished accomplishments. She joins a list of outstanding state residents dating back to Gov. Okey Patterson in 1951. ...

... Former delegate and House Health chair Don Perdue continues to recover from a serious tractor accident. In a Facebook post last week, Perdue reported, "I am officially a primate again (albeit with a big clunky boot). No more dragging my knuckles over the side of a wheelchair or hopping like a bird behind a walker! Another month or so and I hope to revisit my hip-hop dance lessons." ...

... Finally, in this season of welcomes and farewells, we bid a fond adieu to Bray Cary's "Decision Makers" talk show, broadcast on WOWK and affiliated TV stations, one of the last public affairs forums in West Virginia. ...

## ***Medication-Assisted Treatment Rules Approved***

Companion rules to regulate medication-assisted treatment of opioid addiction – one for methadone clinics and the other for office-based administration of suboxone or buprenorphine – were approved last Monday by the Legislative Rule-Making Review Committee. Senate Health counsel Jeff Johnson said both rules (**69 CSR 11** and **69 CSR 12**) received extensive public comment.

Many provisions of the two rules are similar or identical, Johnson said. Both outline requirements for counseling services and set specific restrictions on acceptance of cash payments. The methadone clinic rule requires the on-site presence of a physician medical director at least 90 percent of the time when medication is being dispensed. The office-based treatment rule requires designation of a program administrator or medical director; practitioners may fill this role themselves.

## ***AOT of Mental Illness Proposed***

Betsy Johnson, legislative and policy advisor for the Arlington, Va.-based Treatment Advocacy Center, believes West Virginia should enact legislation to authorize Assisted Outpatient Treatment (AOT), allowing treatment under court order to adults with severe mental illness (often co-occurring with substance abuse disorder) who have a history of repeated hospitalizations and arrests. Johnson spoke last Monday to the Joint Standing Committee on the Judiciary.

### ***Quotes of Note:***

... ***“I think that question is more rhetorical than inquisitive.”***

- Dana Eddy, executive director of Public Defender Services, when asked by Delegate Tom Fast during a meeting of the Joint Standing Committee on the Judiciary last week whether other public employees had received raises since the last public defender increase in the late 1980s.

... ***“I’m not going to sit here and tell you that we’re the best. That’s only in basketball.”***

- Joe Bradshaw, a Kentucky Emergency Medical Services board member, during a meeting of the Joint Government Accountability, Transparency and Efficiency Committee last week. Bradshaw’s tongue-in-cheek comment drew hoots and whistles of disagreement from committee members.

... ***“Is our standard of care so high that we undermine our ability to get the job done?”***

- Sen. Craig Blair, during that same GATE Committee meeting, discussing unresolved fire and EMS issues.

## ***February Capitol Health Care Events***

Feb. 9	WV Rural Health Association Day
Feb. 10	Oral Health Day
Feb. 13	Health Smart
Feb. 14	Heart Day
	WV Center for Rural Health Development
	WV Academy of Nutrition and Dietetics
	Children and Families Day
Feb. 20	WV Optometric Physicians Association
Feb. 21	WV Occupational Therapy Association
Feb. 22	Arthritis Foundation
Feb. 23	WV School of Osteopathic Medicine
Feb. 24	Undergraduate Research Day

## ***Our Next Issue***

The next issue of ***Health Care Highlights*** will be published **Feb. 13**, when we will begin the weekly tracking of all health care-related bills under consideration by the House and Senate. We will also begin reporting on actions taken by legislative committees and other health care news.

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