



Governor's Health Reform Commission

October 24, 2007



Agenda

- Recap of Health Reform Commission
- Review of Public Comment
- Report Overview
- Priority Recommendations

Health Reform Commission Recap

- Convened in October 2006
 - Five full Commission meetings
 - Six public hearings
 - More than 20 workgroup meetings
- Workgroups provided 70+ recommendations for the Commission's review
- Based on Commission discussions, HRC staff has identified 40 priority recommendations in the final report
- Final Report has been posted online and given to the Governor
 - www.hhr.virginia.gov

Public Comment

Area	# of Comments	Percent of Total Comments
Access to Healthcare	55	7.44%
Expansion of Medicaid/FAMIS	125	16.91%
Dental Coverage	111	15.02%
Mental Health Accessibility	16	2.17%
LTC— Community Integration and HCBS	126	17.05%
LTC—Direct Support Professionals	105	14.21%
Nursing Workforce	22	2.98%
Tobacco Use	5	0.07%
School Breakfast and Lunch Program	137	18.54%
Infant Mortality	15	2.03%
Miscellaneous	22	2.98%
<i>Total Submissions</i>	739	100.00%

Report Overview



- “Roadmap for Virginia’s Health”
- Establishes 1st, 2nd, and 3rd tier priorities for the Governor
- Sections:
 - Executive Summary & Introduction
 - Workforce
 - Access to Care
 - Quality, Transparency, & Prevention
 - Long-Term Care
 - Public Comment
 - Appendices

Proposed 1st Tier Priorities

Workforce

• Healthcare Workforce Data Center	\$ 600,000
• Physician Retention – Increased staff support for federal designations	\$ 176,623
• Direct Support Professional Loan Repayment Program	\$ 50,000
• Replicate DMAS PCA Grant in 6 sites	\$ 1,036,800

Access to Care

• Working Uninsured Option	\$ 20,000,000
• Increase Safety Net Funding	\$ 10,000,000

Prevention

• Prevention Collaborative	\$ 8,000,000
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Quality

• Medicaid Pay for Performance Program for Nursing Homes	\$ 8,000,000
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Long-Term Care

• Obtain Funding to Implement Money Follows the Person Demonstration	(\$ 975,000)
• Continue support of Acute and Long-Term Care Integration	\$ 0
• Increase Medicaid Personal Attendant Services Reimbursement Rate 10% for Consumer-Directed Waiver Program	\$ 2,600,000

Subtotal First Tier Priorities \$ 49,488,423

Proposed 2nd Tier Priorities

Workforce

- Physician Retention – Loan Repayment (50 additional awards) \$ 2,500,000
- Nurse Retention – Masters/PhD Loan Assistance/Scholarship (30 additional awards) \$ 600,000

Access to Care

- Medicaid Expansion to 65% FPL (with routine dental services) \$ 39,700,000
- FAMIS Expansion from 200% to 300% FPL \$ 2,000,000

Infant Mortality

- Designate Perinatal Underserved Areas \$ 66,000
- Home Visiting Programs \$ 6,800,000
- Universal Risk Screen \$ 33,000

Obesity

- School Breakfast / Lunch \$ 8,050,000
- PE Benchmarks (software cost) \$ 50,000
- Healthy Food Bulk Purchasing - Schools \$ -

Tobacco Use

- Increase State Employee Smoking Cessation Attempts \$ 30,000
- Healthy Lifestyle Insurance Discount \$ -

Long-Term Care

- Increase Medicaid Personal Care Reimbursement Rate 10% for Non-Consumer-Directed Waiver Services \$ 10,800,000

Subtotal Second Tier Priorities \$ 70,629,000

Proposed 3rd Tier Priorities

Access to Care

- Medicaid Dental Coverage for Currently Enrolled Caretaker Adults \$ 3,200,000
- FAMIS MOMS Expansion (200% FPL) \$ 1,600,000

Transparency

- One portal providing transparent information on healthcare costs and quality to consumers \$ 200,000

Prevention

- SIDS Campaign \$ 156,000

Long-Term Care

- Continue No Wrong Door Implementation \$ 2,000,000

Subtotal Third Tier Priorities \$ **7,156,000**

Proposed Non-Budgetary Priority Items

Area	Legislation
Workforce	<ul style="list-style-type: none"> • Expand scope of practice for physician extenders • Remove barriers for State Employees to reenter nurse workforce • Enable WIBs to have sector strategy, specifically nursing and direct support professionals
Access	<ul style="list-style-type: none"> • Evaluate Medicaid provider access biennially • Annually or biennially study Virginia's uninsured population
Prevention	<ul style="list-style-type: none"> • CDC School Health Program • Amend Clean Indoor Air Act
Long-Term Care	<ul style="list-style-type: none"> • Establish a LTC Coordination Council • Establish a LTC Advisory Council • Require local LTC councils to include housing and transportation agencies • Study the current network of community-based caregiver support organizations
Area	Other
Prevention	<ul style="list-style-type: none"> • Through EO, require all state agencies and institutions to have x% of healthy food options by 2009 • Develop additional incentives and support mechanisms to increase school participation in the Governor's Nutrition and Physical Activity Scorecard program