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Peace: Multiple bills improve health care for many

By CHRISTOPHER PEACE

Future prosperity in an emergent American economy lies predominantly in energy and health care. Hospitals and nursing homes are major employers in our communities and will continue to be so as innovation transforms research, treatments and technology. Yet in today's political environment the subject of health care is anathema.

Elected officials who tread into the health care arena tread lightly. Conservatives decry "Obamacare" as emblematic of government overreach. Democrats in Virginia criticize this year's informed consent for abortion for the same reasons. It seems as if only Hamlet would be able to answer the conundrum — what is the proper role of government in health care?

When solutions are needed to improve patient safety and make quality care more accessible and affordable, where are the reasonable voices? Fortunately, in this year's General Assembly, sound public-policy makers have shown courage and made advances — in spite of the climate — in several areas, such as women's health, equal access to medically necessary therapies, critical investments for safety-net providers, patient-safety protections and data-management tools to improve outcomes and reduce the cost curve in the provision of care.

Along with being the best state for business, Virginia can and should be the No. 1 state for quality care.

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To that end, the House Health and Human Resources budget restored the governor's cuts to the health-care safety net. A top priority for House budget committee members, this move recognizes the good work that health safety-net organizations provide through primary medical care to nearly 200,000 sick and uninsured Virginians. Among these organizations that provide lifesaving treatment and medications are free clinics, community health centers and local health departments offering dental services.

Another priority in the House budget is Medicaid funding of our hospitals and nursing homes. Payments should be adequate and fair to ensure access to services and the delivery of quality care for vulnerable

Virginians. Amendments will likewise provide costs of providing direct care to the elderly and disabled and additional waiver slots for individuals with intellectual and developmental disabilities.

The all-payer claims database legislation (House Bill 343 — O'Bannon; Senate Bill 135 — Puller) is a recommendation of the Joint Commission on Health Care, upon which I serve. These bills establish an all-payer claims database (APCD) to provide a vehicle for improving health care through evidence-based data. By better understanding health-care spending, a system can optimize its operations and performance — and lower costs. APCD's success is dependent upon health plans submitting claims data to the Virginia Health Information (VHI) service. Data would be HIPAA-compliant and not provider-specific, facility-specific or carrier-specific regarding reimbursement information.

Legislation defining surgery protects consumers (HB266 — Peace; SB 543 — Martin) by stipulating that surgery may be performed by no person other than a licensed doctor of medicine, osteopathy or dentistry, a licensed nurse practitioner or a person who is acting pursuant to the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy or dentistry.

With the changing landscape of health care nationally, it is important that Virginia join with 20 other states to assure Virginia patients that only medically trained surgeons are permitted to operate on them. Surgery performed by under-trained or inappropriately trained health practitioners can result in irreversible consequences. As federal and state policies promote team-care approaches to health-care delivery, there is a need to clearly define the roles and standards for surgical and other invasive treatments.

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Fair access for oral chemotherapy legislation (HB 1273 — Peace; SB 450 — Vogel) grants patients equal access to chemotherapy treatment by stating that chemotherapy drugs should have consistently applied criteria within the same plan, whether the drug is taken orally or intravenously. Fifteen states and the District of Columbia have enacted similar oral cancer-drug laws and have not seen an increase in insurance premiums.

Breast density notification legislation (HB 83 — Orrock; SB 544 — Edwards) requires the Board of Health to establish guidelines requiring licensed facilities or physicians' offices where mammography services are provided to (1) include information on breast density in mammogram letters sent to patients and (2) in mammogram letters sent to patients who have dense breast tissue, include a notice containing information about the potential effects of dense breast tissue on mammograms and explaining that patients may wish to contact their physicians for additional information.

Following the death of a Chesterfield elementary school child from anaphylaxis after she ate a peanut on the playground, legislation (HB 1107 — Greason; SB 656 — McEachin) will require all local school boards to adopt and implement policies for the possession and administration of epinephrine to treat severe allergic reactions in every school. The school nurse, a school board employee or an authorized and trained volunteer may administer the epinephrine to any student believed to be having an anaphylactic reaction. The bill also requires the Department of Health, in conjunction the Department of Education and the Department of Health Professionals, to develop and implement policies for the recognition and treatment of anaphylaxis in the school setting for the safety of children.

Finally, the House and Senate deferred action on the creation of Health Benefits Exchanges (HBE), which would provide a place for individuals and small businesses to buy health insurance mandated by the new federal health reform.

Both the House and Senate believe the efforts to establish these mechanisms are premature in light of the unknown outcome of the U.S. Supreme Court's ruling this summer.

A middle-way alternative to an exchange would have been a health care compact (HB 264 — Peace), which would have created the Interstate Health Care Compact to (1) secure the right of the member states to regulate health care in their respective states pursuant to the compact and to suspend the operation of any conflicting federal laws, rules, regulations and orders within their states and (2) secure federal funding for member states that choose to invoke their authority under the compact. This measure was also carried over for the year.
