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**SENATE JOINT RESOLUTION NO. 73**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
(Proposed by the House Committee on Rules  
on March 4, 2010)

(Patron Prior to Substitute—Senator Hanger [SJRs 74 and 75])

*Continuing the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment. Report.*

WHEREAS, Senate Joint Resolution No. 77 (2008) established the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment; and

WHEREAS, Senate Joint Resolution No. 318 (2009) last continued the study for one year to continue to identify and characterize the nature of substance abuse in the Commonwealth; identify current state policies and programs targeting substance abuse prevention and treatment; examine the cost of such policies and programs to the Commonwealth; identify and examine policies and prevention programs from other leading states in the field of substance abuse and prevention; and benchmark the Commonwealth's substance abuse prevention and treatment programs and policies against those of the leading states; and

WHEREAS, a number of meetings with stakeholders were held throughout the state, the work groups established pursuant to Senate Joint Resolution No. 318 to assist the joint subcommittee each met three times, and the full joint subcommittee met four times during the 2009 interim to collect information and carry out its work; and

WHEREAS, substance abuse treatment insurance parity requirements increase access to medically necessary services for insured persons in need of substance abuse treatment services and may reduce the cost of substance abuse and substance abuse treatment services to the Commonwealth; and

WHEREAS, the Bureau of Insurance of the State Corporation Commission is the state agency charged with ensuring that citizens of the Commonwealth are provided with access to adequate and reliable insurance protection and that insurance companies conduct their business according to statutory and regulatory requirements and acceptable standards of conduct; and

WHEREAS, the Office of the Chief Medical Examiner reports that between 2003 and 2007, the last year for which data is currently available, the number of drug-caused deaths in the Commonwealth rose from 564 deaths in 2003 to 717 deaths, or 8.9 deaths per 100,000 people, in 2007, with a substantial majority of such deaths linked to the use or abuse of prescription medications; and

WHEREAS, the Department of Health Professions' Prescription Monitoring Program provides a valuable tool that prescribers and dispensers of prescription medications can use to identify individuals who may be misusing or abusing prescription drugs, reduce rates of prescription drug misuse and abuse, and protect the health and safety of Virginians; and

WHEREAS, the work groups recommended and the full Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment concurred that the joint subcommittee be continued for one more year to continue to process and evaluate the information received by the work groups and strategies and models identified during the 2009 interim and to develop a more comprehensive list of recommendations for treating and preventing substance abuse and reducing the costs of substance abuse in the Commonwealth; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment be continued. The joint subcommittee shall have a total membership of 11 members that shall consist of two members of the Senate appointed by the Senate Committee on Rules; three members of the House of Delegates appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one nonlegislative citizen member representing a private or nonprofit organization dedicated to substance abuse prevention or treatment programs to be appointed by the Senate Committee on Rules; two nonlegislative citizen members representing private or nonprofit organizations dedicated to substance abuse prevention or treatment to be appointed by the Speaker of the House of Delegates; and the Commissioner of Social Services, the Commissioner of the Department of Behavioral Health and Developmental Services, and the Director of the Department of Corrections or their designees to serve ex officio with nonvoting privileges. Nonlegislative citizen members of the joint subcommittee shall be citizens of the Commonwealth of Virginia. The current members appointed by the Senate Committee on Rules shall continue to serve until replaced. The current members appointed by the Speaker of the House of Delegates shall be subject to reappointment. Vacancies shall be filled by the original appointing authority. Unless otherwise approved in writing by the chairman of the joint subcommittee and the respective Clerk, nonlegislative citizen members shall only be reimbursed for travel originating and ending within the Commonwealth of

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60 Virginia for the purpose of attending meetings. If a companion joint resolution of the other chamber is  
61 agreed to, written authorization of both Clerks shall be required. The joint subcommittee shall elect a  
62 chairman and vice-chairman from among its membership, who shall be members of the General  
63 Assembly.

64 In conducting its study, the joint subcommittee shall continue to process information received and  
65 models and strategies identified by the joint subcommittee during the 2009 interim, in order to (i)  
66 identify and characterize the nature of substance abuse in the Commonwealth; (ii) identify current state  
67 policies and programs targeting substance abuse prevention and treatment; (iii) examine the cost of such  
68 policies and programs to the Commonwealth; (iv) identify and examine policies and prevention  
69 programs from other leading states in the field of substance abuse and prevention; and (v) compare the  
70 Commonwealth's substance abuse prevention and treatment programs and policies with those of the  
71 leading states. The joint subcommittee shall also continue the work groups established during the 2009  
72 interim to explore issues related to substance abuse treatment, substance abuse prevention, and special  
73 issues related to the abuse of prescription medication.

74 In addition, as a part of the joint subcommittee's study, the Bureau of Insurance of the State  
75 Corporation Commission shall collect data on and information about the coverage provided by health  
76 insurers, health services plans, and health maintenance organizations for substance abuse treatment  
77 services. The Bureau of Insurance shall collect such data and information as specified in the Senate  
78 Amendment in the Nature of a Substitute for Senate Joint Resolution 74 (2010).

79 To further assist the joint subcommittee in its work, the Department of Health Professions shall  
80 collect data on and information about utilization of the Prescription Monitoring Program by prescribers  
81 and dispensers of controlled substances and responses to notifications sent by the Department to  
82 prescribers. The Department of Health Professions shall collect such data and information as specified in  
83 Senate Joint Resolution 75 (2010), as amended by the Senate.

84 Administrative staff support shall continue to be provided by the Office of the Clerk of the Senate.  
85 Legal, research, policy analysis, and other services as requested by the joint subcommittee shall continue  
86 to be provided by the Division of Legislative Services. All agencies of the Commonwealth shall provide  
87 assistance to the joint subcommittee for this study, upon request.

88 The joint subcommittee shall be limited to four meetings for the 2010 interim, and the direct costs of  
89 this study shall not exceed \$6,200 without approval as set out in this resolution. Approval for  
90 unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the  
91 joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is  
92 agreed to, written authorization of both Clerks shall be required.

93 No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members  
94 or a majority of the House members appointed to the joint subcommittee (i) vote against the  
95 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the  
96 joint subcommittee.

97 The Bureau of Insurance of the State Corporation Commission and the Department of Health  
98 Professions shall submit such data and information as requested to be collected, respectively, to the Joint  
99 Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment, which  
100 shall include the findings of each agency in its report to the Governor and 2011 Regular Session of the  
101 General Assembly.

102 The joint subcommittee shall complete its meetings by November 30, 2010, and the chairman shall  
103 submit to the Division of Legislative Automated Systems an executive summary of its findings and  
104 recommendations no later than the first day of the 2011 Regular Session of the General Assembly. The  
105 executive summary shall state whether the joint subcommittee intends to submit to the General  
106 Assembly and the Governor a report of its findings and recommendations for publication as a House or  
107 Senate document. The executive summary and report shall be submitted as provided in the procedures of  
108 the Division of Legislative Automated Systems for the processing of legislative documents and reports  
109 and shall be posted on the General Assembly's website.

110 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
111 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or  
112 delay the period for the conduct of the study, or authorize additional meetings during the 2010 interim.