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HOUSE JOINT RESOLUTION NO. 124
AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by the House Committee on Rules
 on February 2, 2010)

(Patron Prior to Substitute—Delegate Kilgore [HJR 94])

Requesting the Joint Commission on Health Care to study access to medical care in rural Southwest Virginia.

WHEREAS, a study of population health in Southwest Virginia by the Southwest Virginia Graduate Medical Education Consortium, a consortium that includes 13 counties and three cities, covering 6,000 square miles of land with a total population of approximately 400,000, found that rates of heart disease, high blood pressure, diabetes, arthritis, depression, obesity, and other health care problems were higher among the population of Southwest Virginia than for the population of Virginia as a whole, that 24 percent of the population was disabled as opposed to 18 percent of the total population of Virginia, and that 54 percent reported their health as fair or poor as compared to 15 percent for the total population of Virginia; and

WHEREAS, access to quality health care in rural Southwest Virginia is a mounting problem faced by many citizens of that region of the Commonwealth; and

WHEREAS, in rural Southwest Virginia, 43.4 percent of the citizens live on incomes less than 200 percent of the federal poverty rate (compared with 27.1 percent in the rest of Virginia); 11.8 percent of the population is enrolled in Medicaid (compared with 7.1 percent in the rest of Virginia), 49.3 percent of the population over the age of 25 has no high school diploma (compared with 24.8 percent in the rest of Virginia); 15.6 percent of the people are over age 65 (compared with 11.2 percent in the rest of Virginia); and the area suffers from chronic unemployment at rates that are five times higher than the state average; and

WHEREAS, overall, the morbidity rate for certain diseases and chronic conditions in rural Southwest Virginia far exceeds the statewide mortality rates for many diseases: its residents are 21 percent more likely to die from heart disease, 35 percent more likely to die from COPD, 40 percent more likely to die from unintentional injuries, 14 percent more likely to die from diabetes, and 50 percent more likely to die from suicide; also, disproportionately fewer babies in these counties weigh less than 2000 grams at birth and disproportionately more babies die during the first year of life than in the rest of Virginia; and

WHEREAS, The Virginia Department of Health reports health professional shortages, mental health professional shortages, and dental health professional shortages in many areas of Southwest Virginia, and

WHEREAS, access to health care professionals is imperative for improved health; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be requested to study access to medical care in rural Southwest Virginia. In conducting the study, the Joint Commission on Health Care shall examine (i) the feasibility and effectiveness of a pilot program narrowly tailored to the coalfield region whereby a mechanism would be set up to temporarily allow naturopaths who have graduated from, and met the residency requirements of, a naturopathic medical school accredited by the Association of Accredited Naturopathic Medical Colleges to provide health counseling to the adult citizens of this region in the area of preventative medicine, including smoking cessation, diabetes prevention, and diet and nutrition management, and (ii) ways to encourage more licensed medical doctors and doctors of osteopathy to practice medicine in these traditionally underserved areas, including fully funding the Physician Loan Repayment Program for physicians practicing in these underserved areas. The Commission shall also determine current access to health care and health care professionals in Southwest Virginia, the need for increased access and additional health care professionals in the region, and methods to increase the number of professionals and improve access to health care in the region.

Technical assistance shall be provided to the Joint Commission on Health Care by the State Health Department, and the staff of the Board of Medicine. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings for the first year by November 30, 2010, and for the second year by November 30, 2011, and the Executive Director of the Joint Commission on Health Care shall submit to the Governor and the General Assembly an executive summary and report of its findings and recommendations for publication as a House or Senate document for each year. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports no later than the first day of the next Regular Session of the General Assembly and shall be posted on the General Assembly's website.

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