

1995 SESSION

ENROLLED

SENATE JOINT RESOLUTION NO. 331

Directing the Joint Commission on Health Care to study access to obstetrical care for the women of rural Virginia.

Agreed to by the Senate, February 23, 1995

Agreed to by the House of Delegates, February 22, 1995

WHEREAS, many women in rural Virginia must travel up to 75 miles to obtain obstetrical care because of the maldistribution of obstetricians in the Commonwealth; and

WHEREAS, obstetrical services are reimbursed by commercial insurance carriers as much as 30 percent more in urban areas than in rural areas; and

WHEREAS, although 85 percent of rural Virginia physicians are family physicians, only 10 percent provide obstetrical services—one of the lowest rates in the United States; and

WHEREAS, in rural Virginia localities where family physicians offer obstetrical services, the infant mortality rate is generally lower than in those where family physicians do not provide obstetrical services; and

WHEREAS, there are many barriers to family physicians providing obstetrical care in rural Virginia; for example, family physicians who perform obstetrical services do not benefit from lower malpractice costs through participation in the Birth-Related Neurological Injury Act, and the only obstetrical fellowship program in the Commonwealth provides advanced obstetrical training to just two family physicians per year; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care be directed to study access to obstetrical care for the women of rural Virginia. In its deliberations, the joint commission is requested to consider: (i) third-party payer reimbursement policies and the effects of such policies on the maldistribution of obstetrical services in Virginia, (ii) obstetrical practice barriers for family physicians and other practitioners, including nurse-midwives, in rural areas of the Commonwealth, and (iii) ways to encourage more practitioners in rural practice sites to provide obstetrical services, including, but not limited to, the feasibility of initiating a Virginia program similar to the North Carolina Rural Obstetrical Incentive Program for the reduction of malpractice insurance costs in underserved areas.

The Joint Commission is further requested, upon completion of its study, to report its findings and recommendations to the joint subcommittee established to study women's access to obstetrical and gynecological services, pursuant to House Joint Resolution No. 560 (1995), and to complete its work in time to submit its findings and recommendations to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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