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**SENATE BILL NO. 225**

Offered January 10, 2018

Prefiled January 3, 2018

A *BILL to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 sections numbered 2.2-214.2 and 2.2-214.3 and by adding a section numbered 37.2-310.1, relating to Patient-Centered Medical Home Advisory Council; opioid addiction treatment pilot.*

Patrons—Stanley; Delegate: Rasoul

Referred to Committee on General Laws and Technology

**Be it enacted by the General Assembly of Virginia:**

**1. That the Code of Virginia is amended by adding in Article 6 of Chapter 2 of Title 2.2 sections numbered 2.2-214.2 and 2.2-214.3 and by adding a section numbered 37.2-310.1 as follows:**

**§ 2.2-214.2. Patient-Centered Medical Home Advisory Council; established.**

A. As used in this section and § 2.2-214.3, unless the context requires a different meaning:

"Council" means the Patient-Centered Medical Home Advisory Council.

"Patient-centered medical home" means a team approach to providing health care that (i) originates in a primary care setting; (ii) fosters a partnership among the patient, the personal provider and other health care professionals, and, where appropriate, the patient's family; (iii) utilizes the partnership to access all medical health-related services and nonmedical health-related services needed by the patient to achieve maximum health potential; and (iv) maintains a centralized, comprehensive record of all health-related services to promote continuity of care.

B. The Patient-Centered Medical Home Advisory Council is established as an advisory council, within the meaning of "advisory" as defined in § 2.2-2100, in the executive branch of state government. The Council shall advise and make recommendations to the Secretary of Health and Human Services and the agencies within his secretariat on health care reforms designed to increase access to and improve outcomes of treatment and recovery services for opioid addiction and opioid-related disorders through the use of a patient-centered medical home system.

C. The Council shall consist of eight nonlegislative citizen members to be appointed by the Governor, subject to confirmation by the General Assembly, and the Secretary of Health and Human Resources, or his designee, who shall serve ex officio with voting privileges. The nonlegislative citizen members shall include one representative from the following organizations: the Virginia Academy of Family Physicians, the Virginia Section of the American Congress of Obstetricians and Gynecologists, the Virginia Council of Nurse Practitioners, the Virginia Chapter of the American College of Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Medical Society of Virginia, the Virginia Association of Community Services Boards, and the Virginia Hospital & Healthcare Association.

D. The ex officio member of the Council shall serve a term coincident with his term of office. Nonlegislative citizen members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in the same manner as the original appointments. All members may be reappointed. However, no nonlegislative citizen member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment.

E. The Council shall elect a chairman and vice-chairman from among its membership. A majority of the members shall constitute a quorum. The meetings of the Council shall be held at the call of the chairman or whenever the majority of the members so request.

F. Members shall receive such compensation for the discharge of their duties as provided in § 2.2-2813. All members shall be reimbursed for reasonable and necessary expenses incurred in the discharge of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the costs of compensation and expenses of the members shall be provided by the office of the Secretary of Health and Human Resources.

G. The office of the Secretary of Health and Human Resources shall provide staff support to the Council. All agencies of the Commonwealth shall provide assistance to the Council, upon request.

**§ 2.2-214.3. Patient-Centered Medical Home Advisory Council; powers and duties.**

A. The Council shall recommend to the Secretary and his secretariat an implementation plan for a patient-centered medical home system in the Commonwealth. The implementation plan shall include strategies to (i) coordinate health care services, (ii) provide for monitoring and data collection on

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59 patient-centered medical homes, (iii) increase access to treatment and recovery services for opioid  
60 addiction and opioid-related disorders, especially in underserved areas of the Commonwealth, (iv) foster  
61 best practices and adherence to standards for such treatment and recovery services; (v) strengthen and  
62 expand the capacity of the health system in the Commonwealth to respond to substance abuse treatment  
63 and recovery needs; (vi) increase the sharing and integration of data among health care providers, state  
64 agencies, and other relevant entities to ensure data-driven decision and policy making; and (vii) provide  
65 for training and education of health care professionals. The plan may include the use of telemedicine,  
66 the development of pilot programs, and partnering with stakeholders, health care providers, non-profit  
67 organizations, and other relevant entities.

68 B. The Council shall also recommend (i) qualifications for the certification of patient-centered  
69 medical homes, with such qualifications based on standards developed by a nongovernmental  
70 accrediting agency such as the National Committee for Quality Assurance or the Accreditation  
71 Association for Ambulatory Health Care; (ii) education and training standards for health care  
72 professionals participating in the patient-centered medical home system; (iii) a reimbursement  
73 methodology and incentives for participation in the patient-centered medical home system that (a) ensure  
74 that providers enter and remain in the system and (b) promote wellness, prevention, chronic care  
75 management, immunizations, health care management, and the use of electronic health records.

76 C. The Council shall collaborate with and make recommendations to the Department of Behavioral  
77 Health and Developmental Services in the development of the pilot program established pursuant to §  
78 37.2-310.1.

79 **§ 37.2-310.1. Opioid addiction treatment and recovery services; pilot.**

80 A. The Department, in partnership with community services boards, a hospital licensed in the  
81 Commonwealth, and telemedicine networks, including the Center for Telehealth at the University of  
82 Virginia and the Virginia Telemedicine Network, shall establish a two-year pilot program designed to  
83 provide comprehensive treatment and recovery services to uninsured or underinsured individuals  
84 suffering from opioid addiction or opioid-related disorders. The Department, together with the  
85 partnering hospital, community services boards, and telemedicine networks shall develop an  
86 evidence-based treatment and recovery program that may include withdrawal management,  
87 medication-assisted treatment, behavioral and cognitive interventions, housing assistance, transportation  
88 assistance, and other community supports. The Department shall establish the pilot program in Planning  
89 District 12 to serve an area of the Commonwealth where the opioid consumption in milligrams per  
90 capita is among the highest in the nation.

91 B. In developing the pilot program, the Department and the partnering hospital, community services  
92 boards, and telemedicine networks shall (i) collaborate with and receive recommendations from the  
93 Patient-Centered Medical Home Advisory Council established pursuant to § 2.2-214.2, and (ii)  
94 implement a measurement-based systematic substance abuse use disorder monitoring and retention  
95 system to track patient outcomes throughout treatment and recovery.

96 C. The funds available to implement the provisions of this section, as set out in the general  
97 appropriation act, shall consist of (i) funds appropriated for such purpose; (ii) notwithstanding the  
98 provisions of Chapter 31 (§ 3.2-3100 et seq.) of Title 3.2, payments from the Tobacco Indemnification  
99 and Community Revitalization Fund; and (iii) matching funds from the partnering hospital.

100 D. The Department shall report the results of the pilot program including nonidentifiable, aggregate  
101 data on patient outcomes and any findings or recommendations to the Board and to the General  
102 Assembly by October 1, 2020.