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HOUSE JOINT RESOLUTION NO. 655
AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by the Senate Committee on Rules
 on February 17, 1997)

(Patron Prior to Substitute—Delegate Connally)

Directing the Joint Commission on Health Care to establish a task force to address outstanding long-term care and aging issues.

WHEREAS, consistent with national trends, the Commonwealth's population is aging; and

WHEREAS, over the next decade, the Commonwealth's elderly population is expected to increase four times as rapidly as the general population; and

WHEREAS, the provision and financing of long-term care services to the elderly and chronically disabled populations is one of the most important public policy issues facing the Commonwealth; and

WHEREAS, it is important for federal, state, and local government long-term care policy regarding the provision and financing of services to recognize both the health care and social needs of the elderly and chronically disabled; and

WHEREAS, the ultimate goal of the long-term care system is to maintain the functional status of the elderly and chronically disabled populations; and

WHEREAS, long-term care and aging services should be delivered in the communities where the elderly and their families live; and

WHEREAS, the Commonwealth's policy for long-term care, as adopted by the 1993 General Assembly through House Joint Resolution No. 602, is to provide service to elderly individuals with programs and in settings which maximize their ability to function as independently as possible and which encourage the principles of personal dignity, a decent quality of life, individuality, privacy, and the right to make choices; and

WHEREAS, respite care is one method used to enable persons to stay in home settings and to avoid restrictive care as long as possible; and

WHEREAS, respite care works both for the client and the family by providing care, variety of schedule, and recreation; and

WHEREAS, respite care allows family and home caregivers to locate their loved ones in appropriate facilities for short periods of time when the caregivers cannot provide regular care; and

WHEREAS, respite care is being provided in a variety of long-term care settings; and

WHEREAS, long-term care insurance products are varied in what portions in the continuum of long-term care they cover; and

WHEREAS, the number of companies offering long-term care insurance and the number of policies sold continues to increase at a rapid rate, and such policies recently received favorable tax treatment from the 1996 "Kennedy-Kassebaum" health care reform bill; and

WHEREAS, long term health care delivery has evolved and is now being provided in nursing facilities, assisted living facilities, and continuing care retirement communities; and

WHEREAS, regulatory provisions governing the construction and funding of long term care beds must be designed to promote efficient and economic operation of these beds; and

WHEREAS, the complexity of the financing streams for long-term care services requires a careful and thorough analysis to ensure appropriate federal, state, and local government financing policy; and

WHEREAS, other states and the federal government are actively seeking ways to optimize the use of public funds to serve the growing elderly population; and

WHEREAS, a growing number of states are planning or implementing risk-based managed care programs for adults who are eligible for both Medicaid and Medicare; and

WHEREAS, the recently established Pre-PACE site in Virginia is a program which fully integrates the use of health care and long-term care dollars, provides a comprehensive package of services to persons living in the community, provides incentives for quality and cost control, and provides a service delivery model that may be applicable to other elderly, chronically ill, and younger populations; and

WHEREAS, any changes in the long-term care and aging service delivery systems should be accomplished in a manner that maximizes the efficiency and effectiveness of the existing system and should not shift costs to localities or require any unfunded mandates for localities; and

WHEREAS, two proposals have been recommended to consolidate and restructure certain functions of the various state agencies currently involved in planning, administering, managing, regulating, licensing and funding long-term care and aging services, and neither proposal has been implemented; and

WHEREAS, the lack of a centralized locus of responsibility has hindered Virginia's progress in long-term care service development; and

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60 WHEREAS, consolidation of the acute and long-term care delivery system holds much promise in
61 serving the elderly and disabled, but requires significant role differentiation among various public and
62 private service providers at the local level; now, therefore, be it

63 RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health
64 Care be directed to establish a task to address outstanding long-term care issues pertaining to the
65 licensing, financing, organization, and regulation of long-term care facilities and community-based
66 services. In addition, the Joint Commission shall include in its deliberations study of additional ancillary
67 long-term care issues such as the availability of and funding for respite care and the consistency to
68 which long-term care insurance policies currently being offered in the Commonwealth meet the various
69 needs of its citizens.

70 The Joint Commission's task force shall conduct its study in cooperation with the Secretary of Health
71 and Human Resources; various state agencies, including the Department of Medical Assistance Services,
72 the Department for the Aging, the Department of Health, and the Department of Social Services; local
73 governments; various long-term care and aging consumer and provider organizations; and other affected
74 stakeholders.

75 An estimated \$125,000 is allocated for the cost of staff or consultant support. Such expenses shall be
76 funded by a separate appropriation by the General Assembly.

77 The Joint Commission on Health Care shall submit its findings and recommendations to the
78 Governor and the 1998 Session of the General Assembly in accordance with the procedures of the
79 Division of Legislative Automated Systems for the processing of legislative documents.