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SENATE JOINT RESOLUTION NO. 316

Offered January 20, 1997

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

Patrons—Woods, Bolling, Gartlan, Lambert, Martin, Schrock and Walker; Delegates: Baker, Brickley, Connally, Diamonstein, Hall, Heilig, Melvin and Morgan

Referred to the Committee on Rules

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, 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

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

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care be requested to appoint a subcommittee of the Commission to address outstanding long-term care issues pertaining to the licensing, financing, organization, and regulation of long-term care facilities and community-based services.

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

An estimated \$125,000 is allocated for the cost of staff or consultant support. Such expenses shall be

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60 funded by a separate appropriation by the General Assembly.

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