

Senate Bill No. 412

(By Senators Prezioso, Foster, Jenkins, Stollings and Laird)

[Introduced March 2, 2009; referred to the Committee on Government Organization; and
then to the Committee on Finance.]

A BILL to amend and reenact §16-29H-1, §16-29H-2, §16-29H-3, §16-29H-4 and §16-29H-5 of the Code of West Virginia, 1931, as amended; and to amend said code by adding thereto a new section, designated §16-29H-6, all relating generally to the creation of the Governor's Office of Health Enhancement and Lifestyle Planning; setting forth legislative findings; setting forth the powers and duties of the office; creating the position of director; setting forth the qualifications of the director; setting forth the powers and duties of the director; providing for staff; requiring the development of a five-year strategic plan; providing for legislative rule-making authority; providing for coordination with various state agencies, departments, boards, bureaus and commissions; and requiring reporting to the Governor and the Legislature.

Be it enacted by the Legislature of West Virginia:

That §16-29H-1, §16-29H-2, §16-29H-3, §16-29H-4 and §16-29H-5 of the Code

of West Virginia, 1931, as amended, be amended and reenacted; and that said code be amended by adding thereto a new section, designated §16-29H-6, all to read as follows:

ARTICLE 29H. GOVERNOR'S OFFICE OF HEALTH ENHANCEMENT AND LIFESTYLE PLANNING.

§16-29H-1. Legislative findings.

The Legislature finds:

(1) Rising health care costs have a significant impact not only on the citizens of the state but is also impacting the state's ability to develop a competitive advantage in seeking new business. Reducing this level of costs and developing new, more effective options for reducing growth in health care spending is essential to ensuring the health of West Virginia's citizens and to the advancement of a well developed workforce.

(2) West Virginia spends thirteen percent more per person on health care than the national average. Moreover, the growth in spending in the state is higher than the national average. These rising costs have contributed to fewer employers, particularly small employers, offering health insurance as a benefit of employment. This is an occurrence that may further drive up health care costs throughout the state.

(3) West Virginia is among the highest in such health care indicators as childhood and adult obesity which provides a direct connection to higher rates of diabetes, hypertension, hyperlipidemia, heart disease, pulmonary disorders and comorbid depression experienced in West Virginia. Nearly one third of the rise in health care costs can be attributed to the rise in obesity throughout the state and the

nation. Additionally, high rates of chronic illness represents a substantial reduction in worker productivity.

(4) To address the concerns over rising costs, West Virginia must change the way it pays for care, shifting the focus to primary care and prevention. Seventy-five percent of health care spending is associated with treatment of chronic diseases requiring on-going medical management over time. Patients with chronic diseases, however, only receive fifty-six percent of the clinically recommended preventive services. This lack of preventive services creates a seventy-five percent increase in health care spending.

(5) Health care delivery in West Virginia needs to be modernized. This will require substantial changes in how health care is delivered to the chronically ill, an increase in information technology tools used for patient management, a simplification of health care processing and a broad overhaul in our perceptions of wellness and prevention.

(6) West Virginians must be challenged to engage in a more healthy lifestyle, they must alter the focus of their perception of health care from one of episodic care to prevention and wellness efforts. Equally as important is that healthcare providers must be engaged with their patients and in the process of delivery of health care and strive for continuous improvement of the quality of care they provide.

(7) West Virginia must develop a health care system that is sufficient to meet the needs of its citizens; equitable, fair and sustainable but that is also accountable for quality, access, cost containment and service delivery.

§16-29H-2. Creation of the Governor's Office of Health Enhancement and Lifestyle Planning; duties.

(a) There is created the Governor's Office of Health Enhancement and Lifestyle Planning. The purpose of this office is to coordinate all state health care system reform initiatives among executive branch agencies, departments, bureaus and offices. The office shall be under the direct supervision of the director, who is responsible for the exercise of the duties and powers assigned to the office under the provisions of this article.

(b) All state agencies that have responsibility for the development, improvement and implementation of any aspect of West Virginia's health care system, including, but not limited to, the Public Employees Insurance Agency, the Bureau for Senior Services, the Children's Health Insurance Program, Office of the Pharmaceutical Advocate, the Health Care Authority, the Insurance Commission, the Department of Health and Human Resources, state colleges and universities, public hospitals, state or local institutions such as nursing homes, veteran's homes, the Division of Rehabilitation, public health departments, shall cooperate with the Governor's Office of Health Enhancement and Lifestyle Planning established pursuant for the purpose of coordinating the health care delivery system in West Virginia for any program over which they have authority: *Provided*, That no action of Governor's Office of Health Enhancement and Lifestyle Planning shall encumber greater than five percent of the state share of the annual funds appropriated to any one agency or board without prior approval of the secretary with authority over that office.

§16-29H-3. Director of the Governor's Office of Health Enhancement and Lifestyle Planning appointment; qualifications; oath; salary.

(a) The office is under the supervision of the director. The director is the executive and administrative head of the office and shall be appointed by the Governor with advice and consent of the Senate. The director shall be qualified by training and experience to direct the operations of the Governor's Office of Health Enhancement and Lifestyle, and serves at the will and pleasure of the Governor. The duties of the director include, but are not limited to, the management and administration of the Governor's Office of Health Enhancement and Lifestyle.

(b) The director:

(1) Serves on a full-time basis and may not be engaged in any other profession or occupation;

(2) May not hold political office in the government of the state either by election or appointment while serving as the director;

(3) Shall be a citizen of the United States and become a resident of the state within ninety days of appointment;

(4) Is entitled to receive an annual salary as provided by the Governor; and

(5) Is ineligible for civil service coverage as provided in section four, article six, chapter twenty-nine of this code. Any other employee hired by the director is also ineligible for civil service coverage.

(c) Before entering upon the discharge of the duties as director, the director shall take and subscribe to the oath of office prescribed in section five, article IV of the

Constitution of West Virginia. The executed oath shall be filed in the Office of the Secretary of State.

§16-29H-4. Director of the Governor’s Office of Health Enhancement and Lifestyle; powers and duties, hiring of staff.

(a) The director has the power and authority to:

(1) Purchase or enter into contracts or agreements as necessary to achieve the purposes of this article;

(2) File suit;

(3) Evaluate and renegotiate existing contracts for state purchase necessary for health care delivery services. In renegotiating existing contracts, the director shall include the secretary, or his or her designee, of the department which is the subject of the contract in all negotiations;

(4) Make recommendations to the Governor and the Legislature regarding strategies that could more effectively make the health care delivery system in West Virginia more timely, more patient-centered, provide greater patient access and quality of service and control health care costs;

(5) Develop and implement other programs, projects and initiatives to achieve the purposes of this article, including initiating, evaluating and promoting other strategies that result in greater access to health care, assure greater quality of care and result in reduced costs for health care delivery services to the citizens of West Virginia, and

(6) Develop a five-year strategic plan as set forth in section five of this article for implementation of West Virginia’s health care system reform initiatives together with

recommendations for administration, policy, legislative rules or legislation. This plan shall be reported to the Joint Committee on Government and Finance, the Legislative Oversight Commission on Health and Human Resources Accountability and the Governor on or before December 31, 2009.

(b) The director shall employ such professional, clerical, technical and administrative personnel as may be necessary to carry out the provisions of this article.

(c) The director shall prepare and submit to the Governor and the Legislature annual proposed appropriations for the next fiscal year which shall include sums necessary to support the activities of the Governor's Office of Health Enhancement and Lifestyle.

(d) Submit an annual report separate from the strategic plan by January 1 of each year to the Governor and the Legislative Oversight Commission on Health and Human Resources Accountability on the condition, operation and functioning of the Governor's Office of Health Enhancement and Lifestyle Planning.

(e) Supervise the fiscal management and responsibilities of the Office of Health System Improvement.

(f) Keep an accurate and complete record of all the Governor's Office of Health Enhancement and Lifestyle proceedings, records and file all bonds and contracts and assume responsibility for the custody and preservation of all papers and records of the office.

(g) Convene a series of focus groups, polls and any other available research tool to determine issues of importance to all stakeholders. The development of these

survey tools shall be done in conjunction with employers, health care providers and consumers. Data received from this research should be easily available to the public and utilized in the development and design of health benefit programs. The data should also be accessible to providers to allow them to meet the needs of the health care market.

(h) The director may propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code to accomplish the goals and purposes of this article.

§16-29H-5. Development of a strategic plan.

The director shall develop a five-year strategic plan for implementation of any and all health care system reform initiatives. These initiatives shall be included, but are not limited to:

(1) Development of pilot projects for patient-centered medical homes as set forth in article two-I of this chapter;

(2) Prioritization of chronic conditions to be targeted for purposes of resource allocation and for greater chronic care management. This should include pilot projects for community based health teams for the development of care plans for healthy children and adults to maintain good health and for at-risk populations to prevent development of preventable chronic diseases;

(3) Development of a single private entity, or no more than three regional entities, in the state to provide centralized practitioner credentialing as set forth in article one-a, chapter sixteen of this code;

(4) Development of standardized prior authorization requirements and processes from insurers;

(5) Implementation of nutrition labeling in restaurants as required by section six, article one-e, chapter five of this code;

(6) Coordination with the State Board of Education as set forth in article two, chapter eighteen of this code to provide for:

(i) The preservation and allocation of recess time away from instruction and separate from physical education classes in the state schools;

(ii) Continuing education for school food personnel and a career hierarchy for food personnel that offers rewards for continuing education hours and credits;

(iii) School based physical education coordinators; and

(iv) Placement of a dietician in each regional education service area throughout the state.

(7) Implementation of school based initiatives to achieve greater dietary consistency in West Virginia's school system and to gain greater physical fitness from students;

(8) Development of community based projects designed for the construction, development and maintenance of bicycle and pedestrian trails and sidewalks;

(9) Development and implementation of universal wellness and health promotion benefits;

(10) Continued promotion and support for efforts to decrease the number of West Virginians using tobacco products;

(11) Any necessary changes that will increase small businesses who offer available health insurance as a benefit of employment;

(12) Development of goals to further improve health care delivery in West Virginia. This should include a means to evaluate progress toward achieving these goals in a simple and timely manner;

(13) Measurement of progress of health care provider and physicians to the adoption and use of electronic medical records in their offices;

(14) Coordination of the health information technology in coordination with the West Virginia Health Information Network which shall include:

(i) Working through the West Virginia Health Information Network, as set forth in article twenty nine-g, of this chapter, to develop a single common path for health information exchange;

(ii) Facilitation and encouragement of ongoing projects such as electronic medical record resources in community health clinics;

(iii) Encourage continued development of hospital systems and deployment of hospital-supported electronic medical records when available for hospital-based, hospital-employed and nonhospital-employed physicians;

(iv) Development of strategies to implement tax incentives, vendor discounts, enhanced reimbursement and other means to individual physician offices and clinics to encourage greater adoption and use of electronic medical records;

(v) Develop recommended electronic medical record best practices utilizing the Certification Commission for Healthcare Information Technology as the minimum

standard; and

(vi) Develop funding mechanisms that provide initial start-up funds and a mechanism for sustainability of electronic medical records that shall be managed by the West Virginia Health Information Network.

§16-29H-6. Coordination with higher education.

The director shall consult with all the colleges and universities in the state, both public and private, with the state's three medical schools and with community and technical colleges. The purpose of this collaboration would be:

(1) The development of curricula focused on a chronic care model to reflect the multidisciplinary team approach to the delivery of health care services in West Virginia as contemplated by the development of a patient centered medical home as that term is defined in section two, article two-j of this chapter; and

(2) The development of technology centered jobs that would further the state's efforts in moving toward the broader use of electronic health records.

NOTE: The purpose of this bill is to create the Governor's Office of Health Enhancement and Lifestyle Planning to oversee coordination of state departments, agencies, bureaus and commissions for the purpose of redesigning health system delivery services in West Virginia. This bill was recommended for passage during the 2009 Regular Session by Select Committee D on Health.

This article has been substantially rewritten; therefore, strike-throughs and underscoring have been omitted.

§16-29H-6 is new; therefore, strike-throughs and underscoring have been omitted.