

**REPORT OF THE  
JOINT COMMISSION ON HEALTH CARE**

**STUDY OF THE VARIOUS ENTITIES  
RECEIVING STATE FUNDS OR  
HAVING RESPONSIBILITIES FOR  
HEALTH CARE POLICY AND  
REGULATIONS PURSUANT TO  
SJR 104 OF 1996**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**SENATE DOCUMENT NO. 8**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1997**



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# JOINT COMMISSION ON HEALTH CARE

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The Honorable Stanley C. Walker

## **Vice Chairman**

The Honorable Kenneth R. Melvin

The Honorable William T. Bolling  
The Honorable Joseph V. Gartlan, Jr.  
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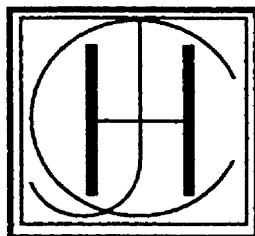
## **Secretary of Health and Human Resources**

The Honorable Robert C. Metcalf

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## **Director**

Jane Norwood Kusiak





## Preface

Senate Joint Resolution (SJR) 104 of the 1996 Session of the General Assembly directed the Joint Commission on Health Care in consultation with the Secretary of Health and Human Resources, to review and make recommendations concerning the Commonwealth's numerous governmental, not-for-profit, and independent entities receiving state funds or having responsibilities for or involvement in health care policy or regulation. As an initial step in its study, the Joint Commission was requested to identify the entities with health care or health care-related missions and to determine which functions and roles overlap or converge.

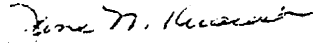
Based on our research and analysis, we concluded the following:

- There is a large number (63) of health care and health care-related boards, commissions, committees and councils; most, if not all, have specific constituencies which support their mission and existence.
- Major health care agencies believe the current number, structure, mission and functions of their respective boards, commissions, committees and councils are appropriate.
- The Department of Medical Assistance Services is working to re-structure its advisory committee on Medicare and Medicaid.
- There is little interaction between the various boards, commissions, committees and councils.
- The Virginia Health Planning Board has not met in several years; consideration should be given to re-structuring or eliminating it.

A number of policy options were offered for consideration by the Joint Commission regarding the issues addressed in this report. These policy options are discussed on page 9.

Our review process on this topic included an initial staff briefing which you will find in the body of this report followed by a public comment period during which time interested parties forwarded written comments to us on the

report. In many cases, the public comments, which are provided at the end of this report, provided additional insight into the various topics covered in this study.

  
Jane N. Kusiak  
Executive Director

December 20, 1996

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## I. Authority for Study

Senate Joint Resolution (SJR) 104 of the 1996 Session of the General Assembly directed the Joint Commission on Health Care, in consultation with the Secretary of Health and Human Resources, to review and make recommendations concerning the Commonwealth's numerous governmental, not-for-profit, and independent entities receiving state funds or having responsibilities for or involvement in health care policy or regulation. As an initial step in its study, the Joint Commission was requested to identify the entities with health care or health care-related missions and to determine which functions and roles overlap or converge. The resolution also directs the Joint Commission to recommend an appropriate revision of these entities which may include combining, separating, eliminating or restructuring the many health-related duties spread throughout the Commonwealth.

A copy of SJR 104 is provided at Appendix A.

## II. Background

### **This Initial Phase Of The SJR 104 Study Focuses On The Boards, Commissions, Committees And Councils In The Commonwealth With Health Care Or Health Care-Related Functions Or Responsibilities**

Senate Joint Resolution 104 requests a review of all entities having responsibilities for or involvement in health care or health care-related policy or regulation, including state agencies and not-for-profit entities. However, prior to recommending any revision(s) of the current structure, it is essential to first develop a complete "inventory" of the various bodies that exist and an understanding of the relationships between and among these entities. After consultation with the patron of the resolution, it was determined that this initial phase of the study should focus only on the various boards, commissions, committees and councils that have been established to facilitate appropriate health care or health care-related policy or regulation. Accordingly, the primary focus of this initial report is to develop a "spreadsheet" or inventory of the

various entities, other than state agencies, involved in health care or health care-related policy or regulation.

### **Section 9-6.25 Of The Code Of Virginia Classifies And Defines The Various Executive Branch Boards, Commissions And Councils**

Section 9-6.25 of the Code states that every collegial body established by law or executive order within the executive branch of state government shall be classified according to its level of authority as follows:

- "Advisory" - A board, commission or council is classified as advisory when its purpose is to provide advice and comment to an executive branch agency or official. An advisory board, commission or council does not serve a regulatory or rule-making purpose.
- "Policy" - A board, commission or council is classified as policy if it is specifically charged by statute to promulgate public policies or regulations. It may also be charged with adjudicating violations of those policies or regulations. Policy boards, commissions or councils are not responsible for supervising agencies or employing personnel. They may review and comment on agency budget requests.
- "Supervisory" - A board is classified as supervisory if it is responsible for agency operations including approval of requests for appropriations. A supervisory board appoints the agency director and ensures that the agency director complies with all board and statutory directives. The agency director is subordinate to the board.

Section 9-6.25(B) provides that each executive branch board, commission or council can be assigned to only one of the above classifications, and that the classification for such entities created by law shall be designated in the enabling legislation.

### III.

## Boards, Commissions, Committees, And Councils With Health Care Or Health Care-Related Missions

### **There Are Approximately 63 Health Care Or Health Care-Related Boards, Commissions, Committees And Councils Established By Law**

Based on a review of the Code of Virginia, the 1995-96 Report of the Secretary of the Commonwealth and information provided by various state agencies, there are approximately 63 boards, commissions, committees and councils established in the Code of Virginia with responsibilities for health care or health care-related policy or regulation. This number includes 61 executive branch entities and 2 legislative branch entities.

Included in the 63 entities established by law are: 24 which are identified in §9-6.25:1 as "advisory" boards, commissions or councils; 23 identified in §9-6.25:2 as "policy" boards, commissions or councils; and 1 identified in §9-6.25:3 as a "supervisory" board, commission or council. The remaining 15 entities identified in Appendix B, while not listed in any of these three Code sections, are, nonetheless, involved in health care issues.

Due to the large number of entities, information regarding these 63 entities is too voluminous to be included in the body of this report. A matrix is provided in Appendix B which provides the following data on each: **Name of Entity, Code Authority, Mission/Purpose, Number of Members, Member Composition, Appointing Authority, and Meetings**. The information provided in Appendix B represents the major research and analysis contained in this issue brief, and serves as the basis for the overall findings and conclusions provided in the next section of the report.

The number of health related entities is described as an approximation because the nature of some entities is such that it is difficult to determine their "primary" focus or purpose. It is possible that other entities should be included in the list of 63; similarly, it is possible that some included in the list should have been left out. Nonetheless, the information provided in Appendix B provides a

comprehensive overview of the number and types of entities involved in health care and health care-related policy and regulation.

### **Additional Health Care And Health Care-Related Committees And Councils Are Formed By Agencies**

In addition to those entities established in the Code, many state agencies form their own advisory committees and councils to provide input and advice to the agency on various health care and health care-related issues. For example, while not required by the Code of Virginia, the Department of Health has established several advisory committees, including the Biosolids Regulations Advisory Board, the Mary Marshall Nursing Scholarship Committee, the Minority Health Advisory Committee and the Student Health Information System Task Force.

Often, these entities are established by agencies as ad hoc or informal bodies for limited purposes and often for a limited period of time. While the number of these advisory bodies is not known, there likely are many in existence. These entities are not included in the information provided in Appendix B.

### **Special Study Committees And Sub-Committees Are Formed To Review Specific Health Care Issues**

Each year, the legislature establishes a number of special committees or sub-committees to study various issues, including health care matters. These bodies typically are established for a limited period of time, and study or review specific topics. Due to the changing number and nature of these entities, they, too, are not included in the information provided in Appendix B.

### **Private, Not-For-Profit Entities Also Are Involved In Certain State Health Care Issues**

While not included in the information provided at Appendix B, there are private, not-for-profit entities also involved in certain state health care issues. For instance, the Virginia Health Care Foundation (VHCF) was established in 1992 to encourage public/private partnerships that provide access to primary

health care services for underserved Virginians. The Commonwealth has appropriated funds since the inception of the VHCF to support its activities. A total of \$2.4 million in general funds were appropriated for each year of the 1996-98 biennium. Another example of a private entity involved in health care issues is Virginia Health Information (VHI) which is under contract to the Department of Health to administer various health care cost and quality data initiatives such as the patient level data base. The Commonwealth supports the activities of VHI through general fund appropriations to the Department of Health.



## IV. General Findings and Conclusions

As noted earlier, the primary purpose of this report is to identify the many boards, commissions, committees and councils with responsibility for health care or health care-related policy and regulation. While no detailed analysis of the entities identified in Appendix B is presented in this issue brief, the collection and organization of this data generated some general findings and conclusions.

### **There Is A Large Number Of Health Care And Health Care-Related Boards, Commissions, Committees And Councils; Most, If Not All, Have Specific Constituencies Which Support Their Mission And Existence**

As seen in Appendix B, there is a large number of health care and health care-related boards, commissions, committees, and councils. Nearly all of them are focused on specific health issues as opposed to broad health policy. Most, if not all, of these entities have specific constituencies which rely on these bodies for input and participation in policy discussions and decisions which impact their interests. Any revision, consolidation, re-structuring or elimination of these entities likely would cause concerns among the various interest groups. Accordingly, prior to recommending any such actions, the affected constituencies would need to be consulted.

### **Major Health Care Agencies Believe The Current Number, Structure, Mission And Functions Of Their Respective Boards, Commissions, Committees And Councils Are Appropriate**

The agency heads of the major executive branch health care agencies with several boards, councils, etc. (i.e., the Departments of Health, Medical Assistance Services, and Health Professions) indicate that they believe the current number, structure, function and mission of their respective boards, committees, and councils are appropriate. They further indicated that there is little overlap or duplication among their respective policy and advisory entities.

## **The Department Of Medical Assistance Services Is Working To Re-Structure Its Advisory Committee On Medicare And Medicaid**

As noted on page 13 of Appendix B, the Advisory Committee on Medicare and Medicaid has not met since June of 1991, and all appointments have expired. The Department of Medical Assistance Services (DMAS) currently is working to re-structure this committee. Initially, DMAS wanted to abolish the committee and have the Board of Medical Assistance Services fulfill the federal requirement to have a committee focusing on these issues. However, §9-6.25(B) of the Code stipulates that executive branch boards, commissions and councils can have only one classification. Since the Board of Medical Assistance Services is a "policy" board, it cannot also be classified as an "advisory" board. Thus, DMAS now is considering reducing the number of members from 21 to 11 to make the committee more effective. The Department hopes to complete the re-structuring of this committee in the near future.

## **There Is Little Interaction Between The Various Boards, Commissions, Committees And Councils**

To date, there has been little interaction between the various health care and health care-related boards, commissions, committees and councils. However, recently, the Board of Health has expressed an interest in having joint meetings with the Board of Medical Assistance Services to discuss issues of mutual interest. While there is little interaction among these entities, there is interaction between the staff of the various agencies with which these entities are associated.

## **The Virginia Health Planning Board Has Not Met In Several Years; Consideration Should Be Given To Re-Structuring Or Eliminating It**

The Virginia Health Planning Board, which was established in the Secretariat of Health and Human Resources to supervise and provide leadership for the state health planning system, has not met in several years. The duties and responsibilities of the board include:

- \* providing technical expertise in the development of health policy;
- \* reviewing and assessing critical health care issues;



- \* making recommendations to the Governor and the General Assembly concerning health policy, legislation, and resource allocation;
- \* supervising development of a health data system; and
- \* promoting the development and maintenance of a coordinated and integrated health planning system on the state and local levels.

The board is composed of 18 members, including consumers, providers and the agency heads of the Department of Health; Department of Medical Assistance Services; Department of Mental Health, Mental Retardation and Substance Abuse Services; Department for the Aging; and Department of Social Services.

Given the inactivity of this planning board, consideration should be given to re-structuring or eliminating it.

With the inactivity of the Virginia Planning Board and the focus of the other active bodies being limited to specific health care issues, there is no such entity (i.e. board, commission, committee of council) within the executive branch of government that has clear statutory responsibility for coordinating overall health care policy on a statewide basis. The Board of Health has the broadest authority; however, it traditionally has provided policy and regulatory direction primarily on public health issues rather than the whole spectrum of health care.



## V. Policy Options

The following policy options are offered for consideration by the Joint Commission.

**Option I: Take no action**

**Option II: Introduce A Study Resolution Directing The Secretary Of Health And Human Resources To Review The Inventory Of Boards, Commissions, And Councils Presented In This Issue Brief, And Recommend To The Governor, The Joint Commission On Health Care And The General Assembly Any Appropriate Revisions, Consolidations Or Re-Structuring Of These Entities. The Study Also Could Include A Review Of The Various Agencies Within The Health And Human Resources Secretariat.**

**Option III: Introduce A Resolution Directing The Secretary Of Health And Human Resources To: (i) Re-Convene The Virginia Health Planning Board; (ii) Assess The Continued Need For The Board; And (iii) Report To The Governor, The Joint Commission On Health Care And The General Assembly Whether The Board Should Be Continued Or Eliminated.**

This option is similar to Option II, except that the Secretary's review would be limited to the Virginia Health Planning Board.

**Option IV: Introduce Legislation To Eliminate The Virginia Health Planning Board**

**Option V: Endorse And Support The Department Of Medical Assistance Services' Efforts To Re-Structure The Advisory Committee On Medicare And Medicaid**



**APPENDIX A**



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SENATE JOINT RESOLUTION NO. 104

*Requesting the Joint Commission on Health Care, in consultation with the Secretary of Health and Human Resources, to review and make recommendations concerning the Commonwealth's numerous governmental, not-for-profit, and independent entities receiving state funds or having responsibilities for or involvement in health care policy or regulation.*

Agreed to by the Senate, February 29, 1996  
Agreed to by the House of Delegates, February 27, 1996

WHEREAS, perhaps the first governmental entity to develop health care policy in Virginia was the Board of Health, as the regulatory body concerned with prevention and treatment of infectious or communicable diseases; and

WHEREAS, with the advent of the modern health care system, its many complex treatment modalities and settings, and interactions between business and the altruistic activity of caring for those who are ill or poor or incompetent, the elaborate heterogeneous structure of health care in the United States took on many forms and many separate lines of communication; and

WHEREAS, the Joint Health Care Commission is granted broad statutory authority for examining and evaluating health policy and structure issues in the Commonwealth; and

WHEREAS, in the exercise of this broad authority, the Commission has addressed many issues related to data collection, regulation, and competitive initiatives; and

WHEREAS, the Commission is, thereby, the most appropriate entity to examine the tangle of health policy, health regulatory, health services, and health data collection agencies that have grown to confusing proportions in recent years; and

WHEREAS, the Commonwealth has been very well served by many of these agencies and all of the people who perform such committed and thoughtful work for the health of our care systems and our people; and

WHEREAS, we have, unfortunately, reached the point at which efficiency may have begun to converge with mystification concerning which agencies have responsibility for what services, data, or regulation; and

WHEREAS, the time has come to examine the structure of Virginia's health-related agencies and to make assessments of the provided services in order to reorganize and simplify the chain of command and communications links; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care, in consultation with the Secretary of Health and Human Resources, be requested to review and make recommendations concerning the Commonwealth's numerous governmental, not-for-profit, and independent entities receiving state funds or having responsibilities for or involvement in health care policy or regulation. As an initial step in its study, the Commission is requested to identify the entities with health care or health care-related missions and to determine which functions and roles overlap or converge. The Commission shall examine and evaluate all such agencies having responsibilities for health policy, health regulation, health services, and health data collection and shall inventory these responsibilities and analyze the overlap and the gaps in services. The Commission, in consultation with the Secretary of Health and Human Resources, shall make recommendations, by November 1, 1996, concerning an appropriate revision of these state entities, which may include combining, separating, eliminating, or restructuring and financing of the many health-related duties spread throughout the Commonwealth.

The Commission shall provide staff support for the study. All agencies of the Commonwealth shall provide available data to the Commission, upon request.

The Commission shall submit its findings and recommendations to the Governor and the Chairmen of the House Committees on Appropriations and Finance and the Senate Committee on Finance by November 1, 1996, and shall complete its work in time to submit its findings and recommendations to the Governor and the 1997 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.





**APPENDIX B**



APPL. JIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation: Department of Health**

| <u>ENTITY</u>                                | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u>                | <u>MEETINGS</u> |
|--|-------------------|---|-----------------|--|--|-----------------|
| Board of Health                              | §32.1-5           | Provide leadership in health planning and policy development for the Commonwealth and DOH; implement a coordinated, prevention-oriented program that promotes & protects the health of all Virginians | 11              | Medical Society of Va. (2); Va. Pharm. Assoc. (1); Va. Dental Assoc. (1); Va. Nurses Assoc. (1). Va. Vet. Med. Assoc. (1); Local Gov. (1); Hospitals (1); Nursing Homes (1); Consumers (2) | Governor                                 | 5-6/yr.         |
| State Emergency Med. Services Advisory Board | §32.1-111.10      | Advise the Board of Health and review and make recommendations on the Statewide Emergency Medical Services Plan   | 24              | 1 each: VML; VACO; Numerous Med./ Emerg./ Nursing Associations; 1 consumer   | Governor                                 | ≥ 4/yr.         |
| Regional Emergency Medical Services Councils | §32.1-111.11      | Receive and disburse public funds; develop and implement regional EMS delivery system   | Not specified   | Local govt, fire protection, law-enforce, EMS agencies, hospitals, physicians, emerg.. nurses, mental health prof., EMS techs, and other approp med. prof.                                 | Board of Health designates Reg. Councils | Unknown         |
| Financial Assistance & Review Committee      | §32.1-111.12:01   | Administer the Rescue Squad Assistance Fund, review grant applications, and report results of grant applications  | 6               | Representatives of regions encompassed by Regional EMS Councils  | State EMS Advisory Board                 | Unknown         |

## APPENDIX B

### HEALTH CARE-RELATED BOARDS, COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation: Department of Health (cont'd)

| <u>ENTITY</u>                             | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u>   | <u>MEETINGS</u>              |
|---|-------------------|---|-----------------|---|---|------------------------------|
| Virginia Health Planning Board            | §32.1-122.02      | Supervises and provides leadership for the state health planning system; provides technical expertise in developing state policy; makes recommendations on health policy, legislation, resource allocation, and statewide data collection for health care manpower distribution and for mortality and morbidity rates; and promulgates regulations as necessary | 18              | 8 consumers; 4 providers; Comm. of Health; Comm. of DMHMRSAS; Dir. Dept. for Aging; Dir. of DMAS; Comm. of Social Services; and Sec. of Health and Human Resources (serves as Chairman)                               | Governor  | Has not met in several years |
| Regional Health Planning Agencies/ Boards | §32.1-122.05      | Assist Health Planning Board: conduct data collection & research; prepare reports; conduct needs assessments; and identify gaps in services.  | ≤30             | Consumers, providers, a director of local health dept./dir. of social services dept., CSB, Area Agency on Aging, health care insurers, local govt., business rep., and academic community. Majority must be consumers | State Health Planning Board establishes procedures for appointments | Unknown                      |

## APPENDIX B

### HEALTH CARE-RELATED BOARDS, COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation: Department of Health (cont'd)

| <u>ENTITY</u>                         | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>   | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u>                  | <u>MEETINGS</u>                           |
|---------------------------------------|-------------------|--|-----------------|--|--|---|
| Home Care Services Advisory Committee | §32.1-162.14      | Advise and make recommendations to Board of Health on implementation and administration of laws pertaining to home health services   | 10              | 4 reps. of home care orgs; 2 citizens; 1 each from: DSS, Dept. for Aging, DMAS, and DRS  | Commissioner of Health                     | Quarterly, more often if needed           |
| Human Research Review Committees      | §32.1-162.19      | Ensure competent, complete and professional review of human research activities of institutions conducting human research  | Not specified   | Representatives of varied backgrounds  | Each institution conducting human research | Unknown                                   |
| Hemophilia Advisory Board             | §32.1-89          | Consult with the Board of Health in establishing and administering a program for care and treatment of persons with hemophilia and related diseases who are unable to pay entire cost of services despite existence of insurance | 7               | 1 each: hospitals, medical schools, blood banks, vol. agencies interested in hemophilia, local public health agencies, medical specialists, and general public | Governor                                   | Meets $\geq$ 1/yr. (did not meet in 1994) |

## APPENDIX B

### HEALTH CARE-RELATED BOARDS, COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation: Department of Health (cont'd)

| <u>ENTITY</u>   | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>   | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u>   |
|---|-------------------|--|-----------------|--|---------------------------|---|
| State Health Dept. Sewage Handling & Disposal Appeal Review Board | §32.1-166.1       | Hear all administrative appeals of denials of onsite sewage disposal system permits; make recommendations for alternative solutions in denial of permit  | 7               | persons with various backgrounds in soil analysis and sewage treatment   | Governor*                 | Meets 8 times/yr to hear appeals of denials                           |
| Virginia Voluntary Formulary Board                                | §32.1-80          | Evaluate scientific data to determine which generic drugs are interchangeable with brand-name drugs; (approved products are included in formulary); make formulary available to providers of health care and others; and disseminate info to encourage appropriate use | 12              | 4 physicians; 2 pharmacists; 1 biopharmacist; 1 dentist; Chairman of Pharmacology at VCU; Adm. of Consumer Affairs of Dept. of Ag. & Consumer Affairs; 1 member of public; and Attorney General (ex officio) | Governor                  | Meets once every 3 mos, or upon call of 2 officers or Comm. of Health |

\* Governor's appointments subject to confirmation by the General Assembly

APPL. JIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

Agency Affiliation: Department of Health (cont'd)

| <u>ENTITY</u>                    | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u> |
|----------------------------------|-------------------|---|-----------------|--|---------------------------|-----------------|
| State Child Fatality Review Team | §32.1-283.1       | Develop and implement procedures to ensure that child deaths in Va. are analyzed in a systematic way; recommend prevention, education and training programs | 16              | Comm. DMHMRSAS, Director of Child Protective Services of DSS, Supt. Public Instruction, State Registrar of Vital Records, Dir. of DCJS; and 1 each: local law enf., local fire depts., local depts. of social services, Medical Society of Va., Va. College of Emerg. Phys., Va. Ped. Society, Va. SIDS Alliance, local emerg. med. personnel, Commonwealth's attorneys, and CSBs<br>Chief Med. Examiner is Chairman | Governor                  | As Needed       |
| AIDS Advisory Board              | §32.1-11.1        | Assist in development of the criteria for awarding AIDS education grants  | Not specified   | Experts in delivery of services to persons with AIDS and AIDS education  | Board of Health           | Unknown         |

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation: Department of Health (cont'd)**

| <b><u>ENTITY</u></b>                    | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>   | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>   | <b><u>APPOINT. AUTHORITY</u></b> | <b><u>MEETINGS</u></b> |
|---|--------------------------|---|------------------------|--|----------------------------------|------------------------|
| Nursing Scholarships Advisory Committee | §23-35.9                 | Awards nursing scholarships for undergraduate and graduate nursing students in conjunction with the Board of Health | 8                      | 4 deans or directors of schools of nursing; 2 past nursing scholarship recipients; and 2 persons w/ exp. in administration of student financial aid programs   | Board of Health                  | Unknown                |
| Virginia Transplant Council             | §32.1-297.1              | Conduct educational and informational activities as they relate to organ and tissue procurement and transplantation | 9                      | UVA Med. Cntr; MCV; Va. Organ Procurement Agency; East. Va. Renal Transpl Prog.; East. Va. Tissue Bank; Old Dom. Eye Bank; Lion's Eye & Res. Cntr.; Eye Bank & Res. Found. of Va.; South-East. Organ Procure. Found. | Each Participating entity        | Unknown                |



APPENDIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

Agency Affiliation : Department of Health Professions

| <u>ENTITY</u>                           | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u>    |
|---|-------------------|---|-----------------|---|---------------------------|--------------------|
| Board of Health Professions             | §54.1-2507        | Evaluate need for coordination among health regulatory boards; consider whether health professions or occupations should be regulated and degree of regulation to be imposed; provide means of citizen input to Dept.; advise Governor and General Assembly on health professions' regulation; review/comment on regulations; and review various processes of Dept. | 18              | 1 rep. from each of the 13 Reg. Boards; 5 from Commonwealth at large  | Governor*                 | At least quarterly |
| Board of Audiology and Speech Pathology | §54.1-2602        | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions  | 7               | 2 audiologists; 2 speech pathologists; 1 otolaryngologist; 2 citizens | Governor                  | As needed          |

\* Governor's appointments subject to confirmation by the General Assembly

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation : Department of Health Professions (cont'd)**

| <b><u>ENTITY</u></b>                     | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>  | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>   | <b><u>APPOINT. AUTHORITY</u></b> | <b><u>MEETINGS</u></b> |
|--|--------------------------|--|------------------------|--|----------------------------------|------------------------|
| Board of Funeral Directors and Embalmers | §54.1-2802               | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; take disciplinary actions; regulate pre-need funeral contracts; establish standards for schools of mortuary science | 9                      | 7 funeral service licensees, 2 citizens  | Governor                         | At least 2/yr.         |
| Board of Medicine                        | §54.1-2911               | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions   | 17                     | 1 medical physician from each congressional district; 1 osteopathic physician; 1 podiatrist; 1 chiropractor; 1 clinical psychologist; and 2 citizens | Governor                         | As needed              |
| Psychiatric Advisory Board               | §54.1-2924               | Examine persons licensed or seeking licensure, and advise Board of Medicine on mental or emotional condition of such persons when such condition is in issue before the Board of Medicine  | Not specified          | Licensed practitioners   | Board of Medicine                | As needed              |

APPEN X B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

Agency Affiliation: Department of Health Professions (cont'd)

| <u>ENTITY</u>                                 | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>   | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u> |
|---|-------------------|--|-----------------|---|---------------------------|-----------------|
| Advisory Board on Physical Therapy            | §54.1-2944        | Assist the Board of Medicine carry out provisions of law regarding physical therapists                   | 5               | 5 Physical Therapists with not less than three years of practice                                | Governor                  | Unknown         |
| Advisory Board on Respiratory Therapy         | §54.1-2956        | Assist the Board of Medicine carry out provisions of law regarding respiratory therapists                | 5               | 3 Respiratory Therapists; 1 physician; and 1 citizen at large                                   | Governor                  | As needed       |
| Advisory Board on Occupational Therapy        | §54.1-2956.2      | Assist the Board of Medicine carry out provisions of law regarding occupational therapists               | 5               | 3 Occupational Therapists; 1 physician; and 1 citizen at large                                  | Governor                  | As needed       |
| Advisory Committee on Radiological Technology | §54.1-2956.8      | Assist the Board of Medicine carry out provisions of law regarding radiological technology practitioners | 6               | 4 radiology technology practitioners; 1 radiologist; 1 member of Board of Medicine              | Board of Medicine         | As needed       |
| Advisory Committee on Acupuncture             | §54.1-2956.11     | Assist the Board of Medicine carry out provisions of law regarding acupuncturists                        | 7               | 3 physicians who practice acupuncture; 3 licensed acupuncturists; 1 member of Board of Medicine | Board of Medicine         | As needed       |

## APPENDIX B

### HEALTH CARE-RELATED BOARDS, COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation: Department of Health Professions (cont'd)

| <u>ENTITY</u>      | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>          | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u>   |
|--------------------|-------------------|---|-----------------|------------------------------------|---------------------------|-------------------|
| Board of Nursing   | §54.1-3002        | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; take disciplinary actions; perform other related functions | 13              | 7 RNs; 3 LPNs; 3 citizens at large | Governor                  | At least annually |
| Board of Optometry | §54.1-3207        | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; take disciplinary actions; perform other related functions | 6               | 5 optometrists; 1 citizen at large | Governor                  | As needed         |
| Board of Pharmacy  | §54.1-3305        | Regulate the practice of pharmacy and the manufacturing, dispensing, selling, distributing, processing, compounding, or disposal of drugs, cosmetics and devices  | 10              | 8 pharmacists; 2 citizens at large | Governor                  | At least annually |

APPEN B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

Agency Affiliation: Department of Health Professions (cont'd)

| <u>ENTITY</u>   | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u>  | <u>MEETINGS</u> |
|---|-------------------|---|-----------------|---|--|-----------------|
| Board of Professional Counselors and Marriage & Family Therapists | §54.1-3503        | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; take disciplinary actions; perform other related functions | 9               | 7 professional counselors; 2 citizens at large  | Governor   | As needed       |
| Board of Psychology   | §54.1-3603        | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions                              | 9               | 7 psychologists; 2 citizens at large  | Governor   | As needed       |
| Advisory Committee on Certified Practices                         | §54.1-3609*       | Recommend to appropriate Boards standards for voluntary certification of their licensees; recommend standards for mandatory certification of sex offender treatment providers otherwise exempt from licensure                                       | 10              | 1 each from the Boards of: Medicine, Nursing, Professional Counselors, Psychology, Social Work; 2 citizens from Board of Health Professions or other Boards; 3 sex offender treatment providers | Boards of Medicine, Nursing, Prof. Counselors, Psychology, Social Work, Health Professions | As needed       |

\* Expires on July 1, 1999

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation : Department of Health Professions (cont'd)**

| <b><u>ENTITY</u></b>         | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>  | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>                               | <b><u>APPOINT. AUTHORITY</u></b> | <b><u>MEETINGS</u></b> |
|------------------------------|--------------------------|--|------------------------|--|----------------------------------|------------------------|
| Board of Social Work         | §54.1-3703               | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions | 7                      | 5 social workers; 2 citizens at large                          | Governor                         | As needed              |
| Board of Veterinary Medicine | §54.1-3802               | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions | 7                      | 5 veterinarians; 1 veterinarian technician; 1 citizen at large | Governor                         | At least annually      |

APPENDIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

Agency Affiliation : Department of Medical Assistance Services

| <u>ENTITY</u>                                   | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u>            | <u>MEETINGS</u>                                       |
|---|-------------------|---|-----------------|---|--------------------------------------|---|
| Board of Medical Assistance Services (BMAS)     | §32.1-324         | Prepare, amend and submit to Fed Govt. a state plan for medical assistance services (Medicaid); promulgate regulations; provide policy oversight for Medicaid program | 11              | 5 health care providers; 6 who are not providers  | Governor                             | As Needed   |
| Advisory Committee on Medicare & Medicaid       | §32.1-328         | Advise Governor on responsibilities of Commonwealth re: Medicare and Medicaid programs  | 21              | reps. of providers receiving 3rd party payments from Medicare and Medicaid; reps. of other 3rd party payors, consumer groups and recipients; Comms. of DOH, DMHMRSAS, DSS and Dir. of DMAS are ex-officio | Governor                             | Has not met since 6/91; all appointments have expired |
| Medicaid Prior Authorization Advisory Committee | §32.1-331.13      | Make recommendations to BMAS regarding drugs to be subject to prior authorization   | 11              | 5 physicians; 4 pharmacists; 1 mental health consumer; and 1 Medicaid recipient   | Board of Medical Assistance Services | As needed   |

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation : Department of Medical Assistance Services (cont'd)**

| <b><u>ENTITY</u></b>                                     | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>  | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>  | <b><u>APPOINT. AUTHORITY</u></b>     | <b><u>MEETINGS</u></b> |
|--|--------------------------|--|------------------------|---|--------------------------------------|------------------------|
| Indigent Health Care Trust Fund Technical Advisory Panel | §32.1-335                | Recommend to BMAS policy and procedure for administering the fund; currently working on pilot project to convert fund to insurance product for working uninsured | 15                     | Chairman of BMAS; Dir. of DMAS; Comms. of Health and Bureau of Ins. (or designee); Chairman of Va. Health Care Foundation (or designee); 2 BMAS members; 2 hospital CEOs; 3 reps. of private enterprise; 2 reps. of insurance ind.; and 1 physician | Board of Medical Assistance Services | As needed              |



APPEL    X B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Agency Affiliation:** Department of Mental Health, Mental Retardation,  
and Substance Abuse Services

| <u>ENTITY</u>  | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>   | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u> |
|--|-------------------|--|-----------------|--|---------------------------|-----------------|
| State Mental Health, Mental Retardation & Substance Abuse Services Board | §37.1-3           | Develop and establish policies on state hospitals and CSBs; develop long-range plans for MHMRSAS; advise Governor and General Assembly on MHMRSAS issues; and promulgate rules and regulations | 9               | ≥1/3 shall be consumers of MHMRSAS services or family members of consumers;  | Governor*                 | Quarterly       |
| Alzheimer's Disease and Related Disorders Commission                     | §37.1-62.1        | Advise Sec. of HHR and develop a plan for funding local initiatives for services to victims of Alzheimer's disease and related disorders   | 14              | 6 members of Alzheimer's Disease and Related Disorders Assoc.; 8 health professionals  | Governor                  | Unknown         |
| Governor's Council on Alcohol and Drug Abuse Problems                    | §37.1-207         | Advise and make recommendations to the Governor on broad policies, goals and coordination of public & private efforts to control alcohol & drug abuse  | 19              | 1 rep. from: Sec. of HHR, Sec. of Transp., Sec. of Public Safety; 5 reps. of state agencies w/ resp. in substance abuse; 2 local govt. agencies w/ resp. for substance abuse; and 9 general public | Governor                  | 4/yr.           |

\* Governor's appointments subject to confirmation by the General Assembly

## APPENDIX B

### HEALTH CARE-RELATED BOARDS, COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation : Department of Rehabilitative Services

| <u>ENTITY</u>                             | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u>   | <u>MEETINGS</u> |
|---|-------------------|---|-----------------|--|-----------------------------|-----------------|
| Board of Rehabilitative Services          | §51.5-4           | Provide access to Dept. of Rehab Services; publicize policies/programs of Dept. to educate public; monitor activities of Dept.; advise on regulations of Dept.; and advise Governor, Sec. of HHR and General Assembly on delivery of services | 9               | Must include a rep. of local govt.   | Governor*                   | 4/yr.           |
| Statewide Rehabilitation Advisory Council | §51.5-9.01        | Provide advice to the Dept. of Rehab Services regarding vocational services provided pursuant to federal Rehab. Act   | Not specified   | Based on federal provisions  | Based on federal provisions | Unknown         |
| Statewide Independent Living Council      | §51.5-25.1        | Assist DRS carry out activities required under Title VI of the Fed. Rehab. Act; and advise DRS on these matters   | Not specified   | Based on federal provisions  | Based on federal provisions | Unknown         |
| Disability Services Council               | §51.5-49          | Develop guidelines for local disability services boards; develop grant application system; and provide final review of grant awards   | 8               | Comms. of DRS, and Dept. for Vis. Handicapped; Dir. of Dept. for Deaf & Hard-of-Hearing; Supt. of Public. Instruct.; 3 consumers; and 1 local govt. rep. | Governor                    | Unknown         |

\* Governor's appointments subject to confirmation by the General Assembly

APPE IX B

HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW

Agency Affiliation: Department of Personnel and Training

| <u>ENTITY</u>                          | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>                               | <u>APPOINT. AUTHORITY</u>             | <u>MEETINGS</u> |
|--|-------------------|---|-----------------|---|---------------------------------------|-----------------|
| Local Health Benefits Adv. Committee   | §2.1-20.1:02      | Advise DPT on administration of local health benefits program   | ≥ 5             | local govt, teachers, officers, school boards, retirees | Governor                              | Meets 2-3/yr.   |
| State Health Benefits Advisory Council | §2.1-20.1:01      | Advise Sec. of Administration on issues/concerns regarding the state employees' health benefits program | 17              | 2 retirees; 11 employees; 4 citizens                    | Governor*: 9<br>House: 4<br>Senate: 4 | Meets 2-3/yr.   |

\* Governor's appointments subject to confirmation by the General Assembly

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils**

| <b><u>ENTITY</u></b>                   | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>   | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>   | <b><u>APPOINT. AUTHORITY</u></b> | <b><u>MEETINGS</u></b> |
|--|--------------------------|---|------------------------|--|----------------------------------|------------------------|
| Maternal and Child Health Council      | §9-317                   | Improve the health of the Commonwealth's mothers and children by promoting and improving programs and service delivery systems related to maternal and child health   | 11*                    | 5 health professionals; 2 rep. of private/non-profit org.; 1 rep. of private industry; 1 rep. of religious community; 1 local public official; and 1 rep. of hospital. Ex-officio members (Director of DMAS, Comms. of DOH, DSS, DMHMRSAS and Supt of Public Instruction) Secretary of HHR is Chairman | Governor                         | ≥ 4/yr.                |
| Va. Board for People with Disabilities | §51.5-31                 | Advise Sec. of HHR and Governor on issues and problems of interest to persons w/ disabilities; submit needs assessments; serve as State Planning Council for administration of certain federal laws; appoint and supervise Director of Board; hire staff. | 40                     | Reps. of several state agencies; reps. of numerous organizations and interests; persons w/ developmental disabilities; persons w/ mentally impairing dev. disabilities; and relatives or guardians of persons w/ disabilities  | Governor                         | At least Quarterly     |

\* Eleven appointed members; 5 ex-officio members

**APPE. IX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils (cont'd)**

| <b>ENTITY</b>   | <b>CODE AUTH.</b> | <b>MISSION/<br/>PURPOSE</b>   | <b># OF MEM</b> | <b>MEMBER COMPOSITION</b>   | <b>APPOINT. AUTHORITY</b>   | <b>MEETINGS</b>     |
|---|-------------------|---|-----------------|---|-----------------------------|---------------------|
| Virginia Board for the Visually Handicapped                   | §63.1-68          | Advise Governor, Sec. of HHR and General Assembly on delivery of public services to and the protection of rights of persons with visual disabilities                                  | 7               | 4 must be persons who are blind   | Governor                    | On call of Chairman |
| Statewide Rehabilitation Advisory Council for the Blind       | §63.1-70.1        | Provide advice to Dept. for Visually Handicapped regarding vocational services provided pursuant to Title I and VI of the federal Rehabilitation Act                                  | Not specified   | Based on federal provisions   | Based on federal provisions | Unknown             |
| Advisory Board for the Dept. for the Deaf and Hard-of-Hearing | §63.1-85.1:1      | Ensure development of long-range programs for hearing-impaired Virginians; advise Governor, Sec. of HHR, Dir. of Dept, and General Assembly on matters involving the hearing impaired | 9               | 4 reps. of deafness-oriented professions; 4 citizens who are hearing-impaired; 1 parent of a hearing-impaired child | Governor                    | As needed           |
| Advisory Board for Dept. for the Aging                        | §2.1-373          | Assist Dept. for the Aging in the performance of its duties   | Not specified   | Not Specified   | Governor                    | Unknown             |

APPENDIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils (cont'd)**

| <u>ENTITY</u>  | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>   | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u> |
|--|-------------------|---|-----------------|---|---------------------------|-----------------|
| State Executive Council for At-Risk Youth & Families | §2.1-746          | Provide for establishment of interagency programmatic and fiscal policies which support services for at-risk youth and families; oversee administration of state interagency policies governing use and distribution of state funds; and advise Governor on relevant issues | 7               | Comms. of DMHMRSAS, DOH, and DSS; Supt. of Public Instruction; Ex. Sec. of Va. Supreme Court; Dir. of Dept. of Youth & Family Services; and 1 parent representative   | Governor                  | Unknown         |
| Advisory Board on Child Abuse and Neglect            | §63.1-248.16      | Advise DSS and Board of Social Services on prevention and treatment of abused and neglected children and their families   | 16              | 9 persons with staggered terms; and the following permanent members: Comms. of DOH and DMHMRSAS; Supt. of Public Instruction; Dir. of the Depts of Corrections, Youth & Family Services, Criminal Justice Services; and Attorney General or their designees | Governor                  | Quarterly       |

APPE IX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils (cont'd)**

| <u>ENTITY</u>                               | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>   | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u> | <u>MEETINGS</u> |
|---|-------------------|--|-----------------|--|---------------------------|-----------------|
| Virginia Council on Coordinating Prevention | §9-268            | Develop programs which: promote the maximum independence of individuals and strengthen families; avoid or minimize physical or mental disability or dysfunction; and encourage future cost savings through early intervention or treatment | 18              | 1 each from: Advisory Board for Aging, Va. Council on Child Day Care and Early Childhood Programs, Board of Corr. Ed., State Bd. of Corr., State Bd. of Youth Serv., Crim. Jus. Serv. Bd., State Bd. of Ed., State Bd. of Health, Board of Med. Asst. Serv., Council on Status of Women, State MHMRSAS Bd., Va. Bd. for People w/ Disabilities, and the Bd. of Soc. Serv.; and 5 citizens at large | Governor                  | Unknown         |
| Specialized Transportation Council          | §9-320            | Support the development of safe, cost-effective, coordinated and specialized transportation services for the elderly and disabled  | 10              | Sec. of HHR is Chair; Sec. of Transp. is Vice Chair; 8 appointed members: 1 rep. of: large urban pub. transp. provider, small urban pub. transp. provider, a rural transp. provider; 3 consumers; and two at large members   | Governor                  | Unknown         |

**APPENDIX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils (cont'd)**

| <b>ENTITY</b>   | <b>CODE AUTH.</b> | <b>MISSION/PURPOSE</b>  | <b># OF MEM</b> | <b>MEMBER COMPOSITION</b>  | <b>APPOINT. AUTHORITY</b>   | <b>MEETINGS</b> |
|---|-------------------|---|-----------------|--|---|-----------------|
| Specialized Transportation Technical Advisory Committee                           | §9-323            | Assists the Specialized Transportation Council  | Not specified   | Reps. from numerous state agencies; 3 reps. of public transportation providers or transp. district commissions                     | Specialized Trans. Council appoints 3 transp. reps.; appointing authority for others is not specified | Unknown         |
| School Health Advisory Board  | §22.1-275.1       | Assist the development of health policy in the school division and the evaluation of the state of school health, health education, the school environment and health services | ≤20             | Parents, students, health professionals, educators, and others   | Each School Board   | ≥2/yr.          |
| Board of Directors of the Va. Birth-Related Neurological Injury Compensation Fund | §38.2-5016        | Administer the program and the fund   | 7               | 3 citizens; 1 participating hospital rep.; 1 participating physician rep.; 1 rep. of liability insurers; and 1 non-part. physician | Governor  | Unknown         |



**APPE IX B**

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Other Boards, Commissions, Committees, and Councils (cont'd)**

| <b><u>ENTITY</u></b>   | <b><u>CODE AUTH.</u></b> | <b><u>MISSION/PURPOSE</u></b>  | <b><u># OF MEM</u></b> | <b><u>MEMBER COMPOSITION</u></b>  | <b><u>APPOINT. AUTHORITY</u></b>                | <b><u>MEETINGS</u></b> |
|--|--------------------------|--|------------------------|---|---|------------------------|
| Interagency Coordinating Council on Housing for the Disabled | §2.1-703.1               | Provide and promote cross-secretariat interagency leadership for comprehensive planning & implementation to maximize low-income housing for the disabled   | 10                     | 1 rep. from numerous state agencies; Secs. of Commerce & Trade and HHR are ex-officio members | Executive of each agency represented on Council | Unknown                |
| Board for Opticians  | §54.1-1703               | Establish qualifications for registration, certification or licensure; examine applicants; register/certify/license qualified applicants; levy and collect fees; promulgate regulations; and take disciplinary actions | 5                      | 3 opticians; 1 ophthalmologist; and 1 citizen at large  | Governor  | Unknown                |

APPENDIX B

**HEALTH CARE-RELATED BOARDS,  
COMMISSIONS, COMMITTEES, AND COUNCILS ESTABLISHED BY LAW**

**Legislative Commissions**

| <u>ENTITY</u>   | <u>CODE AUTH.</u> | <u>MISSION/PURPOSE</u>  | <u># OF MEM</u> | <u>MEMBER COMPOSITION</u>  | <u>APPOINT. AUTHORITY</u>  | <u>MEETINGS</u>                              |
|---|-------------------|---|-----------------|--|--|--|
| Special Advisory Commission on Mandated Health Insurance Benefits | §9-297            | Advise the Governor and the General Assembly on the social and financial impact of current and proposed mandated benefits and providers             | 14              | 1 each: physician, hospital CEO, allied health prof., small business, major industry, and medical ethics expert; 2 health insurance reps., 2 citizens at large; 1 member of Senate Comm. on Ed. & Health; 1 member of Senate Comm & Labor; 1 member of House HWI Comm; and 1 member of House CIB Comm.. Comms. of Health and Bureau of Ins. are ex-officio members | Governor: 10<br><br>Sen. Privileges & Elections: 2<br><br>Speaker of House: 2                              | As needed and at the request of the Governor |
| Joint Commission on Health Care                                   | §9-311            | Study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services | 16              | 7 members of the Senate; and 9 members of the House, 3 of whom must be members of House HWI  | Senate members appointed by Senate Privileges & Elections; House members appointed by Speaker of the House | 8-10/yr.                                     |

**APPENDIX C**





## **Joint Commission on Health Care**

### **Summary of Public Comments on Draft Issue Brief 5: Study of Various Entities Receiving State Funds or Having Responsibilities for Health Care Policy and Regulations**

Comments regarding the Study of the Various Entities Receiving State Funds or Having Responsibilities for Health Care Policy and Regulations Issue Brief were received from the following 9 interested parties:

Department of Health Professions  
Medical Society of Virginia  
Frank Medico  
Secretary of Health and Human Resources-Robert C. Metcalf  
Virginia Association of Nonprofit Homes for the Aging  
Virginia Association of Regional Health Planning Agencies  
Virginia Health Care Association  
Virginia Hospital & Healthcare Association  
Virginia Physical Therapy Association, Inc.

### **Policy Options Presented in Issue Brief**

The following policy options are offered for consideration by the Joint Commission.

**Option I: Take no action**

**Option II: Introduce A Study Resolution Directing The Secretary Of Health And Human Resources To Review The Inventory Of Boards, Commissions, And Councils Presented In This Issue Brief, And Recommend To The Governor, The Joint Commission On Health Care And The General Assembly Any Appropriate Revisions, Consolidations Or Re-Structuring Of These Entities. The Study Also Could Include A Review Of The Various Agencies Within The Health And Human Resources Secretariat.**

**Option III: Introduce A Resolution Directing The Secretary Of Health And Human Resources To: (i) Re-Convene The Virginia Health Planning Board; (ii) Assess The Continued Need For The Board; And (iii) Report To The Governor, The Joint Commission On Health Care And The General Assembly Whether The Board Should Be Continued Or Eliminated.**

This option is similar to Option II, except that the Secretary's review would be limited to the Virginia Health Planning Board.

**Option IV: Introduce Legislation To Eliminate The Virginia Health Planning Board**

**Option V: Endorse And Support The Department Of Medical Assistance Services' Efforts To Re-Structure The Advisory Committee On Medicare And Medicaid**

## **Summary of Individual Public Comments**

In summary, all five of the commenters who expressed support for any of the Options, supported Option II (further study of Secretary of Health and Human Resources to identify revisions, consolidations or restructuring). Three commenters provided additional information regarding the various boards, commissions and councils.

### **Department of Health Professions**

John W. Hasty, Director, provided additional information on the meetings held by various health professional boards. He commented that the Psychiatric Advisory Board has been inactive for 4 or more years and that the contribution of this board has been replaced with expert witnesses. He also indicated that it is unlikely that there would be opposition to eliminating this board.

### **Medical Society of Virginia**

Madeline I. Wade commented in support of Option II. Ms. Wade stated that she believed the study should be completed before proceeding with Options III, IV and V.

### **Frank Medico**

Frank Medico commented that (i) any further study should be conducted by the Joint Commission or other independent group; (ii) any further study should help establish an overall health care policy; (iii) health policy should be established before the organizational structure; (iv) the larger issue is not the number of entities but a void in health policy and fragmentation of responsibilities; and (v) organizational structure drives health care rather than the needs of citizens.

### **Secretary of Health and Human Resources**

Robert C. Metcalf commented in favor of Option II and suggested working with the Joint Commission on the study. He commented that he oversees key health policy issues primarily through various agency boards and that activating the Virginia Health Planning Board may be duplicative of existing boards. He also indicated that he would appreciate support of the Joint Commission regarding actions the Department of Medical Assistance Services may take concerning the Advisory Board on Medicare and Medicaid.

### **Virginia Association of Nonprofit Homes for the Aging**

Marcia A. Melton, Director of Public Policy, expressed support for Option II.

### **Virginia Association of Regional Health Planning Agencies**

Dean Montgomery commented that the Regional Health Planning Agencies have been active in health planning and certificate of public need reviews. He also indicated that there is a compelling need for a mechanism to foster statewide health planning and policy development.

### **Virginia Health Care Association**

Mary Lynne Bailey, Vice President for Legal and Government Affairs, commented in support of Option II. She stated that she believes there is duplication of regulatory authority and reporting requirements for long-term care facilities that could be addressed through this study.

### **Virginia Hospital & Healthcare Association**

Katharine M. Webb, Senior Vice President, expressed support for Option II and further stated that the study should include a review of agencies under the Health and Human Resources Secretariat.

### **Virginia Physical Therapy Association, Inc.**

Damien Howell, Legislative Chair, commented that the Physical Therapy Advisory Board should be added to the inventory of boards, commissions and councils provided in the issue brief.









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**JOINT COMMISSION ON HEALTH  
CARE**

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**Director**

Jane Norwood Kusiak

**Senior Health Policy Analyst**

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**Office Manager**

Mamie V. White

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