The 2014 Legislative Session is under way in Charleston. The WVSMA is your voice at the Capitol and we work daily to ensure your interests are well represented. The WVSMA is also committed to helping keep you informed about the healthcare issues being considered under the dome that may impact you, your practice and your patients. The WVSMA is pleased to let you know that we have made a commitment to substantially increase our reporting activities on key issues at the West Virginia Legislature. Below, please review a comprehensive overview of the issues and activities of the 2014 Session. Please do not hesitate to contact the WVSMA for additional information on any topic or issue. Thank you again for your investment in the WVSMA.

Reginald McClung, MD, WVSMA President

Welcome to the 1st issue of Health Care Highlights for 2014. This year marks the 26th year of our unique health care publication. Our newsletter reaches more than 5,000 health professionals and health policymakers.
**Health Care Highlights** is published weekly during the regular legislative session and monthly during the periods in between legislative sessions by the firm **Government Relations Specialists, LLC.**

As in past years, we follow issues relating to patient advocacy; hospice services and end-of-life decisions; organ and tissue donation and education; diabetes programs; primary and specialty medical practices; behavioral health initiatives; child health care services; hospital topics; health care delivery systems; pharmaceutical availability; insurance coverage; health care management; preventive health and wellness programs; children topics, and public safety. These are the issues represented by the firm **Government Relations Specialists, LLC,** publisher of **Health Care Highlights.**

We are glad to have you in our subscriber communications network! Subscription information and rates for non-subscribers are available by calling 304-344-8466 or by e-mail to HealthHighlights@aol.com.

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We’re looking forward to another exciting year covering legislative and governmental health care topics!

**2014 Key Legislative Dates**

**Jan. 22:** DHHR Budget Hearing - Senate Finance Committee - 3:00 PM

**Jan. 27:** Submission of Legislative Rule-Making Review bills due. ([WV Code §29A-3-12](#))

**Jan. 28:** DHHR Budget Hearing - House Finance Committee - 2:00 PM

**Feb. 17:** Last day to introduce bills in the Senate and the House. ([Senate Rule 14](#), [House Rule 91a](#))

- Does not apply to originating or supplementary appropriation bills.
- Does not apply to Senate or House resolutions or concurrent resolutions.

**Feb. 23:** Bills due out of committees in house of origin to ensure three full days for readings.

**Feb. 26:** Last day to consider bills on third reading (passage stage) in house of origin for "cross-over." ([Joint Rule 5b](#))

- Does not include budget or supplementary appropriation bills.

**March 8:** Adjournment at midnight. ([WV Const. Art. VI, §22](#))

**March 9:** Extended session expected to work only on the Budget Bill and other appropriation bills

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*Governor Focuses Health Remarks on Substance Abuse Recovery, Care for Seniors*

Gov. Earl Ray Tomblin focused the majority of health-related remarks during his Jan. 8 State of the State address on continued progress in addressing substance abuse in
West Virginia, praising treatment programs that can help those in recovery return to productive lives. Speaking to a joint session of the Legislature from the House Chamber, Tomblin’s address was his fourth State of the State speech, and the second since being elected to a full four-year term. (Senate President Jeff Kessler and House Speaker Tim Miley officially gavelled in the 2014 regular legislative session earlier that day.) To read the full text of the State of the State address go to: Governor Delivers State of the State Address

“We must be vigilant and emphasize that education also includes addressing the epidemic of drug abuse,” the Governor said. “Since I launched the Governor’s Advisory Council on Substance Abuse, thousands of individuals have collaborated to achieve common goals. Families across the state asked for increased availability of substance abuse services. I listened to your requests, and with the help of the Legislature, more assistance is available.”

“New recovery coaches are available in north central West Virginia to help support those graduating substance abuse treatment programs. New detox stabilization units will begin operating in the Northern Panhandle, Greenbrier and Logan counties. And programs like the Healing Place in Huntington are expanding their services to reach out to more people needing help.”

Tomblin specifically highlighted the story of Josh Morrison, who grew up in Milton. “Unfortunately, Josh was diagnosed with a bone disease. He had four surgeries and became addicted to prescription painkillers. Josh’s story is like so many we hear from across the state: when his pain got too bad he took another pill, then another. Josh spiraled into drug addiction.”

The Governor said Morrison began stealing to feed his addiction. “Josh said in a letter, and I quote: I was at the end of my rope and after a failed suicide attempt I found myself in jail serving a ten year sentence. I was 28 years old and I just wanted to die. My addiction had me and I had no way of beating it….then I was sent to the Healing Place of Huntington.”

Morrison today is four years clean. He manages two businesses and was recently married. “Josh is a wonderful example of why we must never lose sight that every person - every life - is significant,” the Governor said.

GACSA’s final report for 2013 was not available at press time. However, the council voted in November (Health Care Highlights, Vol. 25, Issue 16) to place a proposal to make pseudoephedrine products available by prescription only among its top priorities for the 2014 session of Legislature. Tomblin did not mention this recommendation during the State of the State address. He also did not talk about his earlier action to approve ongoing Medicaid expansion under the Affordable Care Act, which some health care observers expect will include more than 90,000 West Virginians. Among GASCA’s other recommendations is opposition to any form of legalized marijuana, and imposition of additional regulations on prescribers of buprenorphine.

Gov. Tomblin, later in his address, announced implementation of an In-Home Care registry to help families secure proper care for senior citizens.

“It is our seniors who have paved the way for our prosperity,” the Governor noted. “Our seniors have collective wisdom—they’ve seen more, done more and learned
more. With 10,000 individuals reaching age 65 each day in the U.S., the need for qualified, registered in-home care workers is increasing exponentially.

"Until now, families have not had a good way to identify and research the backgrounds of providers. My administration’s In-Home Care registry will provide a starting point for families beginning their search for a provider. It will help families sort through important information—listing only providers who have passed a background check. It will include the provider's level of training and experience. This registry will help give West Virginians the peace of mind they deserve, when searching for a provider to entrust with the care of their loved ones."

Gov. Tomblin also used the occasion to remark upon the recent passing of Buck Harless, one of West Virginia’s most outstanding benefactors in a variety of circles, including health care. "Buck Harless gave to his community and to our state a blueprint for a life well lived," he said. Harless, an entrepreneur in coal and timbering from Mingo County, died on New Year's Day at age 94.

**Analysis of Health Care Spending in Proposed State Budget**

Gov. Earl Ray Tomblin submitted his Annual Budget to the Legislature during his State of the State Address last Wednesday. The budget request is for State Fiscal Year (SFY) 2015 covering the period of July 1, 2014 to June 30, 2015. The budget proposal recommends $4.726 billion in state-funded spending with $148.7 million in specified cuts.

There appears to be a $265 million revenue shortfall that is addressed by the balanced budget. While many state agencies will see budget cuts of up to 7.5% or more, there are no proposed employee layoffs or furloughs. In fact, there are proposed pay hikes for teachers and school service personnel at 2% and other state employees at $504, with an estimated annual increased cost of $41.6 million. This follows an earlier mid-fiscal year hiring freeze and other budget reductions. There are no tax or fee revenue increases in the proposed budget. However, it does tap surplus accounts and transfers dollars from current accrued or excess funded accounts, and for the first time empties 'sacred cow funds,' by taking $45 million from the Income Tax Refund Reserve Fund and $55 million from the Legislature's own TRAFFIC account reserve fund. Also for the first time, the Rainy Day Fund will have a substantial withdrawal (see below).

In reviewing the new SFY 2015 Budget Bill, it shows 23.4% of all state expenditures are allocated for Health and Human Resources in an amount of about $1.073 billion. Of this amount, $662.8 million is allocated for Medicaid in state dollars in order to gain an approximate 72% federal match (FMAP). The Medicaid state funding increase was needed to offset a projected deficit of $87 million, and $83.8 million will be transferred from the state's Rainy Day Fund. Neither the implementation of the Affordable Care Act or the state's Medicaid Expansion is attributable to Medicaid's funding deficit.

Estimated expenditures of the Department of Health and Human Resources by its bureaus and divisions are approximately: 70% for Medical Services (Medicaid); 13% for Children and Families; 7% for Behavioral Health; 7% for Public Health; 2% for Administration; and 1% for Child Support Enforcement.

**HB 4015** and **SB 306** have already been introduced as the Governor’s budget bills and are now under consideration by the House and Senate Finance Committees. The DHHR will appear for a budget hearing hosted by the Senate Finance Committee on
Wednesday, Jan. 22 at 3 PM. The House Finance Committee will hold a similar hearing for a DHHR budget presentation at 2 PM on Tuesday, Jan. 28. Final disposition of the budget bill won't happen until a joint budget conference committee takes action during the extended legislative session which follows the end of the regular session.

**A detailed analysis of health spending in the SFY 2015 Budget Bill is provided below:**

**Teaching Hospitals**
The budget continues current year funding of $6,356,000 for Tertiary Safety-Net Services at the major teaching hospitals, including Charleston Area Medical Center, Cabell Huntington Hospital, St. Mary’s Medical Center, and West Virginia University Hospitals. This is the same amount as the current budget. These hospitals provide services to about 40% of all Medicaid patients in the state. The funds are of important assistance to the Medicaid program and are matched by the federal government. The primary purpose of this needed teaching hospital funding is to assist critically ill children in neonatal intensive care, pediatric intensive care, trauma, and burn services.

**Rural Hospitals & EMS**
The Rural Hospitals under 150 beds line-item in the budget includes $2,596,000, which is the same amount as the current SFY budget allocation. The budget provides an increase from $1,340,359 to $1,350,995 for State EMS Technical Assistance; an increase from $956,349 to $961,580 for Statewide EMS Support; and a decrease from $2,025,233 to $1,848,077 for the State Trauma and Emergency Care System.

**PEIA/Medicaid Swap, CHIP & GO-HELP**
The budget continues the current year allocation for the PEIA/Medicaid swap at $6.8 million. The CHIP allocation is decreased from $9,987,748 to $9,379,734, but includes a line-item of $497,035 for autism coverage. The amount for the GO-HELP office was significantly decreased from $473,383 to $250,651.

**Substance Abuse**
While the budget does maintain current level funding of $5 million for "Substance Abuse Continuum of Care," the additional $2.5 million from previously budgeted accrued surplus funds were eliminated in the SFY 2014 and 2015 Budget Bill. The budget maintains $11,592,430 to the Division of Health for substance abuse and treatment.

**Medicaid MR/DD & Senior In-Home Waiver Programs**
There is an appropriation of $88,753,483 in the MR/DD Waiver Program which is the same as current year funding. The new budget maintains $13,593,620 for the Title XIX waiver program for seniors.

**Health Programs – Including End-of-Life Center, Children’s Diabetes**
The WV Center for End-of Life Care funding was decreased from $466,886 to $420,198 to provide for the new secure voluntary electronic registry for advance directives and for enhanced education and communication programs for physicians, other health care providers and patients. The Diabetes Education and Prevention Program was reduced from the current budget at $105,000 to $97,125. These funds are intended for innovative children’s diabetes initiatives because no federal funds are available.
The budget lowers from $5,260,488 to $4,871,887 for the Tobacco Education Program; $4,393,750 to $4,064,219 for Health Right Free Clinics; $475,000 to $427,500 for the CARDIAC Project; $416,127 to $333,815 for Vaccines for Children; $170,035 to $158,918 for the Osteoporosis/Arthritis Program; $157,435 to $146,282 for the Healthy Lifestyles Program; and $50,000 to $47,068 for the Maternal Mortality Review Program. There is an increase from $195,471 to $198,335 for the Cancer Registry. The Chief Medical Examiner’s Office is increased from $4,759,804 to $5,488,315.

**Health Programs – Funding Maintained at Current Levels**

Funding is maintained at current SFY spending levels as follows: $100,000 for Adolescent Immunization Education; $100,000 for the Four Angels Substance Abuse Treatment Project; $100,000 for the West Virginia Cancer Coalition; $50,000 for the West Virginia AIDS Coalition; $50,000 for the West Virginia University Cancer Study; $50,000 for the Hospital Hospitality House of Huntington; $150,000 for the WV Alzheimer’s Disease Registry; $400,000 for the Breast and Cervical Cancer Diagnostic Treatment Fund; $800,000 for the Traumatic Brain Injury Waiver; and $73,065 for the Informal Dispute Resolution (IDR) of Nursing Home Administrative Appeals.

**Medical Schools**

General spending allocations for higher education is decreased by an average of 3.5% under the new budget, but the three medical schools had a much higher percentage reduction in some funded accounts. The School of Osteopathic Medicine will receive $7,058,218, a reduction from $7,264,642 this fiscal year. The Marshall University Medical School is appropriated $13,416,420, down from $13,791,761 this fiscal year, but maintains $417,351 for the Marshall University Forensic Lab and $275,061 for the Marshall University Center for Rural Health. The West Virginia University School of Health Sciences for the medical school will receive $17,447,465, a decrease from $17,574,081 this fiscal year, with continued funding of $1 million for the Blanchette Rockefeller (Alzheimer’s) project. The West Virginia University School of Health Sciences - Charleston Division will receive an appropriation of $2,412,341, a drop from $2,462,599 this fiscal year; and the Eastern Panhandle Division is allocated $2,337,058, a reduction from $2,409,623 this fiscal year.

Funding was continued in the amount of $1 million for the new West Virginia University School of Public Health for the fourth year of the five-year program, as requested by former Chancellor for Health Sciences Christopher Colenda, MD.

There is a decrease from $552,018 to $533,232 for the Medical Schools Rural Health Outreach Programs, including rural health activities and programs, rural residency development and education, and rural outreach activities. These funds will be dispersed among the three medical schools as follows: WVU $178,242; MU $177,106; SOM $177,884. There is also a separate appropriation of $424,662 down from $437,975 for the Rural Health Initiative - Medical Schools Support, but it applies only to the School of Osteopathic Medicine.

Included in the above-mentioned appropriations for the West Virginia University School of Health Sciences - Charleston Division Medical School and the Marshall University Medical School, is an amount of not less than $5,000, respectively, to be used for family medicine physician teaching faculty and medical resident education for participation in the West Virginia Legislature’s *Doc for a Day* program as
conducted by the West Virginia Academy of Family Physicians.

Similar to a plan to capture Medicaid matching funds during past fiscal years, $943,080 is allocated to the West Virginia University Medical School and $295,477 to the Marshall University Medical School for graduate medical education, which may be transferred to Medicaid to gain federal matching funds for these programs upon approval of the Chancellor for the Higher Education Policy Commission and the DHHR Cabinet Secretary. This is also the same as the current fiscal year allocation.

**Special Report on 2013-2014 Legislative Interim Committees**

Each year, the Legislature holds monthly interim committee meetings between the annual regular legislative sessions. These interim meetings are of joint committees, subcommittees, select committees, and commissions, and are composed of members of both the House of Delegates and the Senate. The following is a synopsis of the January 2014 interim meetings, which were the last of these sessions prior to the start of the 2014 regular legislative session on Jan. 8. Appreciation for information to prepare our report is hereby extended to the excellent staff of the Senate and House Health Committees, including Jeff Johnson, Cassie Long, Charlie Roskovensky, Sara Jones, and Martha White.

**Final Legislative Interim Report of LOCHHRA**

The Legislative Oversight Commission on Health and Human Resources Accountability was appointed following the 2013 regular session, led by co-chairs Senator Ron Stollings and Delegate Don Perdue. During the 2013-2014 interim period, LOCHHRA met and received information on various topics of study and other important health care and human services issues from state agencies, political subdivisions, advocacy groups and other pertinent sources. The commission was assigned four study topics:

- **HCR 114** – Requesting the Joint Committee on Government and Finance to study the authority and structure of the state Department of Health and Human Resources
- Updating and modernizing DHHR statutes
- Reviewing the Public Works audit of DHHR
- Implementing the expansion of Medicaid in West Virginia

The commission treated these interrelated study topics as a single mandate, and invited each of the five DHHR bureaus to present an in-depth overview of their inner workings and interactions with one another. Each bureau provided a comprehensive binder of information in response to a standard set of 11 questions. Deputy commissioners of each bureau also made oral presentations to LOCHHRA. Based upon this yearlong process, the commission **RECOMMENDS** that they continue to study DHHR, but that no legislation is currently needed regarding the structure of the department.

Regarding the statutory authority of DHHR, the commission **RECOMMENDS** that two pieces of legislation be proposed. The first would recodify Chapter 9 of the West Virginia Code regarding human services in order to streamline and reorganize the chapter for readability and to update terminology. The second would similarly recodify Chapter 49 regarding child welfare. The commission further **RECOMMENDS** that Chapter 16 be recodified over the course of the next interim period.
LOCHHRA also heard presentations from Eric Schnurer, president of Public Works, regarding his agency’s audit of DHHR. The audit recommended 78 modifications with an estimated cost savings of $56.7 million. DHHR Cabinet Secretary Karen Bowling offered a comprehensive response in December, including a proposal to create an Office of Health Improvement to strategize health system improvements with input from stakeholders statewide. The commission **RECOMMENDS** no action at this time regarding the audit’s findings, but will continue to monitor the progress of the DHHR.

Nancy Atkins, commissioner of the Bureau for Medical Services, provided an update on Medicaid expansion, including the status of state plan amendments necessary to implement the federal Affordable Care Act. The commission **RECOMMENDS** no action at this time.

(On Jan. 6, LOCHHRA also reviewed draft legislation from the **HB 2731** Advisory Committee regarding the administration of medication and performance of certain health maintenance tasks by unlicensed personnel.)

**Final Legislative Interim Report of Joint Committee on Health**

The Joint Committee on Health was established and appointed by the Joint Committee on Government and Finance, following the 2013 regular session, led by co-chairs Senator Ron Stollings and Delegate Don Perdue. The committee was assigned the following resolutions and topics for study:

- Study of state-operated behavioral health facilities
- **HCR 115** – Compulsory immunization in West Virginia, medical exemption
- **HRC 116** – The feasibility and necessity of medical marijuana
- **HRC 117** – The certificate of need (CON) process

Dr. Robert Williams, executive director of United Summit Center, offered a presentation on commitments to crisis stabilization units, diversions and the history of institutionalization. Community-based services for adults with mental illness and adults with co-occurring mental illness are, by statute, the responsibility of 13 comprehensive community mental health centers, which provide five core services: diagnostic and assessment services; crisis services; linkages with inpatient and residential treatment facilities; treatment services; and support services. The committee **RECOMMENDS** no action at this time.

The committee met in June 2013 in Wheeling to hear reports regarding **HRC 115** from Dr. William Mercer, health officer for the Wheeling-Ohio County Health Department, and parent Becky Nau, who sought a medical exemption for her child. The committee **RECOMMENDS** no action at this time.

The committee similarly **RECOMMENDS** no action regarding HCR 116, after hearing testimony from Karmen Hanson, health program manager for NCSL, regarding medical marijuana programs and related state laws, and Matt Simons, legislative analyst for the Marijuana Policy Project. Delegate Mike Manypenny has said he intends for a fourth time to introduce legislation legalizing marijuana for medicinal purposes.
Jim Pitrolo, chairman of the West Virginia Health Care Authority, told committee members the CON process controls costs by preventing duplication of services and unnecessary expenditures. A repeal would immediately impact the Medicaid budget, he said. The committee **RECOMMENDS** no action.

The committee heard informational presentations from Keith Peifer, president of West Virginia Family Health, regarding the new Medicaid-only provider sponsored network partnership between Highmark and the state’s federally qualified health centers; and Dr. Dan Foster, chairman of the Kanawha County Substance Abuse Task Force.

The committee **RECOMMENDS** for passage during the 2014 legislative session:

- A bill which permits emergency responders, state police, sheriffs, deputy sheriffs, and volunteer and paid firefighters to carry and administer an opioid antagonist (Naloxone hydrochloride) in an emergency, to respond to instances of opiate overdose; and,

- A bill which provides amnesty from certain offenses for a person who seeks health care for someone, or for himself or herself, who is experiencing an overdose.

**Final Legislative Interim Report, Subcommittee A, Joint Standing Committee on Finance**

Subcommittee A’s final report to the Joint Standing Committee on Finance **RECOMMENDS** continued monitoring of the financial status of local health departments through the audits conducted and published by the Chief Inspector Division and through the Bureau for Public Health.

**HCR 173** requested that the Joint Committee on Government and Finance study the financial status, as well as the fee collection needs and authority of local health departments.

**Final Legislative Interim Report, Subcommittee A, Joint Standing Committee on Judiciary**

Subcommittee A’s final report to the Joint Standing Committee on Judiciary **RECOMMENDS** no action on the assigned topic of the Physicians Mutual and state malpractice insurance rates or other related issues.

**Final Legislative Interim Report of Select Committee on PEIA, Seniors & Long-Term Care**

The Select Committee on PEIA, Seniors and Long-Term Care was established and appointed by the Joint Committee on Government and Finance following the 2013 regular session. The committee was assigned the following resolutions:
- **HRC 127** – Adult day care services in West Virginia
- **HRC 128** – Needs, challenges and issues facing senior citizens in finding personal care services (*SCR 51*)
- **HCR 129** – Deficiencies in home caregiver assistance for senior citizens
- **HCR 130** – Updating state laws that strengthen protections against elder abuse, exploitation and fraud

Patrick Willard, legislative representative, AARP, presented a 2007 report, “A State Scoreboard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities and Family Caregivers.” Topics included transition of care, hospital readmissions and issues facing caregivers. Tom Susman of TSG Consulting and Drew Ellis, attorney for Dinsmore and Shohl LLP, discussed personal care needs for senior citizens and the barriers they experience. The committee **RECOMMENDS** no action on **HCR 128** at this time.

Laurel Kirksey, executive director, WV Alzheimer’s Association, provided updates on the association’s projects. The committee **RECOMMENDS** no action on **HCR 129** at this time.

Wade Samples, adult services program specialist, and Fred Coffindaffer, adult services field consultant, WV Bureau for Children and Families, provided information regarding adult protective services guidelines and elder abuse protocol. The committee **RECOMMENDS** no action on **HCR 130** at this time.

Phil Schenk, director, WV Partnership for Elder Living, and Jane Marks, consultant for Dementia Care, discussed the lack of access for adult day care services throughout West Virginia. They noted that WV is the only state without Medicaid reimbursement for adult day care. The committee **RECOMMENDS** no action on **HCR 127** at this time.

**Final Legislative Interim Report of Subcommittee B, Joint Standing Committee on Education**

Education Subcommittee B, as part of its final report to the Joint Standing Committee on Education, adopted draft legislation (*HB 2738*) regarding medical student scholarships for family medicine residency programs. Under the draft bill, the Health Sciences Service Program Fund, formerly known as the Health Sciences Scholarship Fund, is extended to include dentists, pharmacists and other disciplines.

The purpose of the program is to provide an incentive for health professional students to complete their training and provide primary care in underserved areas of West Virginia. Under the draft bill, program awards are set by the Higher Education Policy Commission for at least $20,000 for medical and dental students, and at least $10,000 for all others. The HEPC will develop a rule to implement and administer the program and will work in a collaborative manner with the West Virginia Academy of Family Physicians on positive options for qualifying certain medical service repayment provisions.

Also during last week’s interim meeting, Dr. Mark Stotler, director of academic program for the HEPC and the WV Council for Community and Technical College Education, discussed the state’s tuition contract program. The program allows West Virginia students to gain access through reduced tuition to such professional programs veterinary medicine, optometry and podiatry that are not available here.
The program cost for the 2013-2014 academic year is $1.33 million.

At Sen. Robert Plymale’s request, the subcommittee asked Stotler to provide a detailed report regarding West Virginia’s participation in the Academic Common Market program. The program, coordinated by the Southern Regional Education Board, allows students in 16 southern states to enroll in selected programs at public institutions in other states and pay in-state tuition.

Stotler noted that the Promise Scholarship program prompts many West Virginia students to enroll at in-state colleges and universities. Now, however, roughly three times as many out-of-state students take advantage of the Academic Common Market program than West Virginia students enrolling elsewhere.

**Americans Overwhelmingly Prefer Physicians for Medical Care**

Nearly three-quarters (72%) of Americans and 81% of opinion leaders prefer to receive their medical care from a physician rather than a non-physician provider, according to a national survey commissioned by the American Academy of Family Physicians. This majority opinion holds true regardless of a respondent’s age, gender, race, partisan affiliation or opinion of the Affordable Care Act. The survey of 1,000 adults and 363 opinion leaders was conducted online between Nov. 8 -15, 2013, by Ipsos Public Affairs in Washington, D.C.

“These results indicate that Americans want a physician as the leader of their health care team,” said AAFP President Reid Blackwelder, M.D. “They understand that physicians have the medical expertise necessary to know whether an apparently simple symptom signals a complication of a chronic condition, the onset of a new condition affecting multiple organs, or a short-term and easily treated problem. They want that expertise for themselves and their loved ones.”

**WVSMA Physician Practice Conference Coming Up**

The West Virginia State Medical Association’s Physician Practice Conference and Annual Business Meeting is just around the corner. Plan now to attend the conference beginning on Friday, Jan. 24. The agenda features Aric Bostick, the bestselling author of *Fired Up! Employees*, soon to be part of a nationally syndicated book series and television and radio show. Bostick is a motivational speaker and success trainer who inspires people from all walks of life to believe in themselves, set higher goals, and ignite performance and potential.

Other sessions at the conference will include a “2014 CPT Update” by consultant Rose Moore, CPC, CPC-I, CPMA, CMCO, CEMC. Moore will give updates on 175 new codes and 107 revised codes, as well as alert you to the nearly 50 deleted codes. Also on the agenda is a “2014 Medicare Update” by West Virginia’s new Medicare Part B senior provider relations representative, Shannon Chase. For more information or to register, visit [www.wvsma.org](http://www.wvsma.org).

**January Capitol Health Care Events**

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**In Other Health Care Highlights …**
... As we reported in December (HCH, Vol. 25, Issue 17), a partnership between Cabell Huntington Hospital and Pleasant Valley Hospital included plans to name a full-time CEO at PVH. Well, consider it done. Glen A. Washington, who has served as Cabell Huntington’s senior vice president and chief operating officer since 2007, was named CEO at Pleasant Valley on Dec. 18. Kevin Fowler assumes Washington’s former post at Cabell Huntington. ...

... HealthNet Aeromedical Services has named Matt Handley, a registered nurse and EMT/paramedic, as its new director of operations for northern West Virginia. Handley will work with flight team leaders at HealthNet bases in Morgantown, Buckhannon and Martinsburg to provide critical care transport services. Sponsor hospitals of HealthNet include Cabell Huntington Hospital, Charleston Area Medical Center and West Virginia University Hospitals in Morgantown. ...

... A nationwide survey of editors and news directors by the Associated Press identified the rollout of the Affordable Care Act as the top news story of 2013, topping the Boston Marathon bombing and the papal transition. Among 144 ballots cast, the ACA story received 45 first-place votes. ...

... The West Virginia Health Care Authority has granted a certificate of need to allow Preston Memorial Hospital to join Monongalia Health System. Both hospitals’ boards of directors still must sign a definitive agreement, followed by the closing of a construction loan for Preston Memorial’s new facility. Back in September, Preston Memorial and Mon Health System announced an agreement that includes construction of an 83,500-square-foot new Preston Memorial Hospital building that will provide 25 inpatient beds, a modern Emergency Department and state-of-the-art operating rooms. ...

Health Care Legislative Bill Tracking Begins Next Week
Today is the 6th day of the 60-day Regular Legislative Session. The water contamination crisis did impact the Legislature on Friday when no real business was conducted, but usual work is expected to continue today. In the next issue of Health Care Highlights, we will begin the weekly tracking of all health care-related bills under consideration by the House and Senate. Currently, 745 House bills have been introduced. The Senate is considering 335 bills. Of the 1,080 total bills introduced so far this session, many are rules-bills or are House carry-over bills, and we expect about 20% will be health care-related. In addition, next week we will also report actions taken by legislative committees and other health care news.

Quotes of the Week:
... “Governing – like gardening – takes planning, patience and foresight.”

- Gov. Earl Ray Tomblin, during his Jan. 8 State of the State address.
“The information presented by DHHR has been the most complete and informative I have ever seen. I compliment them on that.”

- Delegate Don Perdue, co-chair, Legislative Oversight Commission on Health and Human Resources Accountability, wrapping up interim committee work last week.

... "While some public health officials say the water contamination in the Charleston area and surrounding counties was caused by a chemical leak, other political pundits at the State Capitol blame the Legislature for being in town and causing the pollution.

- Anonymous . . . . with tongue in cheek