

**Preliminary Performance Review**

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**Health Care Authority**

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**The West Virginia Health Care Authority  
Should Reestablish the Long Term Care  
Task Force to Study the Elderly Population  
and Determine What Changes in the Long  
Term Care Delivery System Are Needed to  
Accommodate Future Demands**



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John Sylvia  
Director

September 19, 2004

The Honorable Edwin J. Bowman  
State Senate  
129 West Circle Drive  
Weirton, West Virginia 26062

The Honorable J.D. Beane  
House of Delegates  
Building 1, Room E-213  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0470

Dear Chairs:

Pursuant to the West Virginia Sunset Law, we are transmitting a Preliminary Performance Review of the *Health Care Authority*, which will be presented to the Joint Committee on Government Operations on Sunday, September 19, 2004. The issue covered herein is "The West Virginia Health Care Authority Should Reestablish the Long Term Care Task Force to Study the Elderly Population and Determine What Changes in the Long Term Care Delivery System are Needed to Accommodate Future Demands."

We transmitted a draft copy of the report to the Health Care Authority on September 7, 2004. We held an exit conference with the Authority on September 9, 2004. We received the agency response on September 14, 2004.

Let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "John Sylvia".

John Sylvia

JS/wsc

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*Joint Committee on Government and Finance*



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# Executive Summary

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## **Issue 1: The West Virginia Health Care Authority Should Reestablish the Long Term Care Task Force to Study the Elderly Population and Determine What Changes in the Long Term Care Delivery System Are Needed to Accommodate Future Demands.**

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*The purpose of the HCA is to assure that all West Virginians have access to affordable and quality health care.*

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*West Virginia already has the distinction of having the nation's oldest average population and trends indicate that with the aging of the baby boomer generation, the need for long term care services will experience a significant growth.*

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The West Virginia Health Care Authority (HCA), formerly the Health Care Cost Review Authority (HCCRA), was originally established in 1983 as an autonomous agency within the Department of Health and Human Resources. The purpose of the HCA is to assure that all West Virginians have access to affordable and quality health care. Its mission is to: Protect citizens from unreasonable increases in the cost of health care services; Assure the collection, analysis, and dissemination of health related information to citizens, providers, policy-makers and other customers; Promote appropriate distribution of health care services; Promote quality in health care services; and to Promote the financial viability of the health care delivery system. The HCA works to achieve its mission through implementation and revision of the State Health Plan, the Certificate of Need Program, the Rate Regulation Program and the collection, analyzation and dissemination of health care related data.

This Preliminary Performance Review of the Health Care Authority finds that the future need for Long Term Care services will experience significant growth and that its financial viability will require careful planning and coordination. West Virginia already owns the distinction of having the nation's oldest average population with the highest percentage, 20%, age 50 to 64 as well as the highest percentage, 17%, age 65 and over. Trends indicate that with the aging of the baby boomer generation, these percentages will continue to grow as will the need for long term care services. According to the West Virginia Regional Research Institute, by 2025 the number of individuals in West Virginia over the age of 65 is expected to increase over 45% from 275,864 in 2005 to 401,300 by 2025. As the need for long term care increases, so too will the associated costs. Given the state's recently realized budgetary constraints, coupled with the inevitable increased demand for costly health care services, it is important that the future of long term care be carefully studied and planned for.

In January of 2003 the Health Care Authority established a Long Term Care Task Force to review the long term care system, its current state and the future demand. The work of this task force ended in September of the same year and produced two recommendations which essentially suggested further consideration of the issue. More recently a more informal ad hoc group was

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formed to gather and analyze additional data regarding the future of long term care. This group is also currently inactive. Given the obvious need for further consideration of the future of long term care services, **it is the recommendation of the Legislative Auditor that the Health Care Authority reestablish the Long Term Care Task Force** so that it might develop a comprehensive plan regarding the future of long term care services so that West Virginians will be prepared to care for its ever aging population.

### **Recommendation**

1. *The West Virginia Health Care Authority should re-establish the Long Term Care Task Force with the goals of determining:*
  - A. *What changes, if any need to be made to the long term care delivery system in order to accommodate the sharp and imminent increase in demand for long term care services from the aging baby boomer population.*
  - B. *What changes will the Bureau for Medical Services need to make in order to accommodate the most individuals within its budgetary limitations.*



# Review Objective, Scope and Methodology

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This Preliminary Performance Review of the West Virginia Health Care Authority (HCA), located within the Department of Health and Human Resources (DHHR), is required and authorized by the West Virginia Sunset Law, Chapter 4, Article 10, of the West Virginia *Code*, as amended. The agency is designed to ensure that all West Virginians have access to affordable and quality health care through implementation of the State Health Plan, the Certificate of Need Program, the Rate Regulation Program, and the collection, analyzation and dissemination of health care related information.

## Objective

The objective of this audit is to determine whether West Virginia is adequately prepared to accommodate the future health care needs of this state with special attention given to the future needs in the field of long term care.

## Scope

The scope of this review covers the period from the agency's last performance review in January 1999 to the present.

## Methodology

Information compiled in this report has been acquired through interviews and correspondence with the Health Care Authority, members of the HCA Board, the Bureau for Medical Services, and the Department of Health and Human Resources. Documents obtained for review include: 1) annual reports from the Health Care Authority; 2) LOCHRA reports from the Bureau for Medical Services; 3) the State Health Plan as approved by the governor; 4) reports, summaries and data compiled by the Long Term Care Task Force established by the Authority; and 5) statistics regarding population projections and identifiable trends.



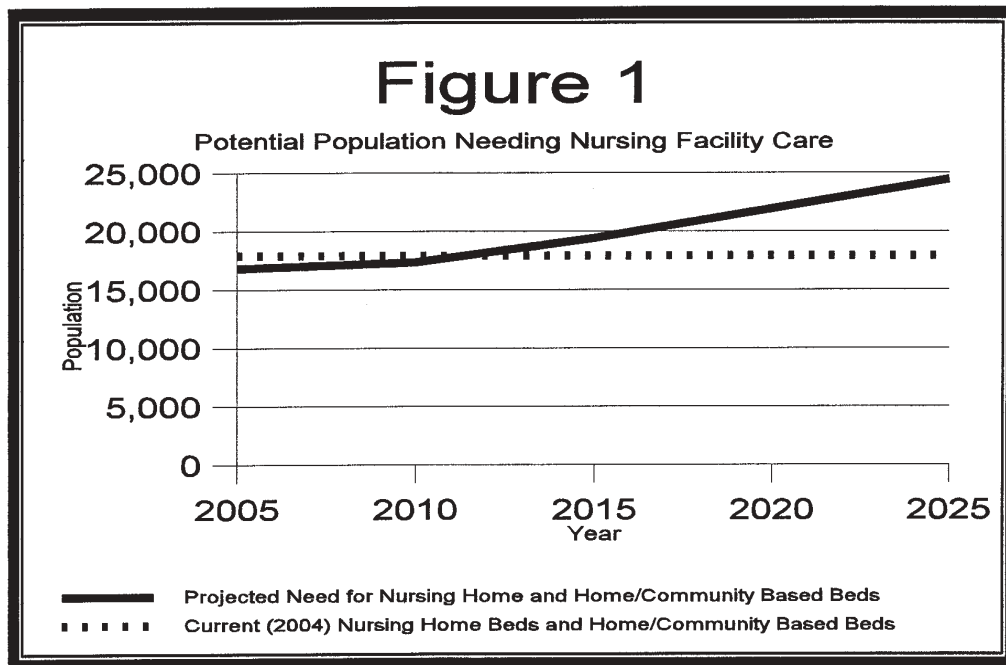
# Issue 1

## The West Virginia Health Care Authority Should Reestablish the Long Term Care Task Force to Study the Elderly Population and Determine What Changes in the Long Term Care Delivery System Are Needed to Accommodate Future Demands.

*By 2015, the demand for long term nursing home beds and home/community based beds will exceed the current supply of these beds.*

### Issue Summary

West Virginia's population has the nation's highest percentage of 50-64 year olds and the highest percentage of individuals 65 and older. The bulge of the baby boomer population that is aging will increase the need for long term care services beyond what the state currently provides. There are currently 12,627 long term nursing facility beds in West Virginia (over 90% of the beds are dual-eligible or Medicaid Certified). This number has been unchanged due to the moratorium set by the Legislature in 1988. The average occupancy rate of nursing home beds is 86%. In addition, there are 5,257 home and community based beds available through the state's Home and Community Base Services (HCBS), which is a Medicaid waiver program<sup>1</sup>. **The Legislative Auditor estimates that by the year 2015, the demand for long term nursing home beds and home/community based beds will exceed the current supply of these beds (see Figure 1).**



<sup>1</sup>The Assisted living population was not included in the analysis because those individuals requiring the most intensive care were targeted.

*The Health Care Authority recently concluded a task force that studied long term health care. However, this task force did not make recommendations concerning the future needs of the long term care system.*

*As of 2002, the Bureau for Medical Services' expenditures for long term care were over \$600 million.*

*From 1996 to 2001, West Virginia experienced an 11.4% growth in nursing home residents over 65 as a percent of all residents over 65.*

The Health Care Authority recently concluded a task force that studied long term health care. However, this task force did not make recommendations concerning the future needs of the long term care system. The Health Care Authority should study options in long term care to minimize the growth in expenditures that are certain to occur because of the aging baby boomer population. As the primary payer for 73% of all nursing facility residents, the Bureau for Medical Services will bear the burden of paying for the bulk of long term care. For example, as of 2002, the Bureau for Medical Services' expenditures for long term care were over \$600 million, with nursing facilities comprising \$311 million. The Legislative Auditor is concerned that the increase in costs for nursing facilities and the increase in elderly individuals in the state will put a further financial strain on the state. The Health Care Authority has expressed a willingness to study this issue and maintains that it could do so without requiring additional resources. **The Legislative Auditor recommends that the Health Care Authority reestablish the Long Term Care Task Force to study and plan for the future of long term care.**

### **West Virginia Has The Oldest Per Capita Population In The Nation**

Cost containment of long term care is fast becoming an important issue for West Virginia. From 1996 to 2001, West Virginia experienced an 11.4% growth in nursing home residents over 65 as a percent of all residents over 65. By comparison, there was a national drop of 4.7% (see Table 1). The 11.4% growth was higher than all bordering states, except Kentucky, which experienced a 20.4% growth.

| <b>Table 1<br/>Growth in Nursing Facility Residents over 65 as a Percentage of the over 65 population from 1996-2001</b> |               |
|--|---------------|
| <b>State</b>   | <b>Growth</b> |
| Kentucky   | 20.4%         |
| Maryland   | -13.4%        |
| Ohio   | 4.6%          |
| Pennsylvania   | 10.0%         |
| Virginia   | -6.7%         |
| <b>West Virginia</b>   | <b>11.4%</b>  |
| National Average   | -4.7%         |

*Source: American Association of Retired Person's 2003 State Profiles.*

In addition to the growth of the aged in nursing homes, West Virginia has several other factors that contribute to the concern over long term care spending. For example, West Virginia:

- Has the nation’s highest percentage of population over 65;
- Has the nation’s highest percentage of population from age 50 to 64;
- Is third in the percentage of adults over 65 with self-care limitations; and
- Has the 48<sup>th</sup> lowest percentage of the population from age 19 to 49.

Table 2 below compares West Virginia’s age demographics to the contiguous states.

| State                | Percent of Population 50-64 | National Ranking | Percent of Population Over 65 | National Ranking |
|----------------------|-----------------------------|------------------|-------------------------------|------------------|
| Kentucky             | 18%                         | 8th              | 13%                           | 13th             |
| Maryland             | 16%                         | 32nd             | 11%                           | 37th             |
| Ohio                 | 17%                         | 21st             | 13%                           | 13th             |
| Pennsylvania         | 17%                         | 17th             | 14%                           | 7th              |
| Virginia             | 17%                         | 21st             | 12%                           | 25th             |
| <b>West Virginia</b> | <b>20%</b>                  | <b>1st</b>       | <b>17%</b>                    | <b>1st</b>       |
| National Average     | 17%                         | NA               | 12%                           | NA               |

*Source: American Association of Retired Persons’s 2003 State Profiles, and the Kaiser Family Foundation’s State Health Facts.*

*By 2025 the number of individuals in West Virginia over the age of 65 is expected to increase over 45%.*

### **The State of West Virginia Will Be Under Increased Pressure To Provide Services While Limiting Spending**

West Virginia not only has the oldest population by percentage, but this elderly population will continue to grow larger as the baby boomer generation ages. According to the West Virginia Regional Research Institute, by 2025 the number of individuals in West Virginia over the age of 65 is expected to increase over 45%, from 275,864 in 2005 to 401,300 by 2025 (see figure 2). In addition, the Bureau for Medical Services’ expenditures on nursing facilities have increased approximately 7% a year since 1994. **If this 7%**

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**growth is extrapolated, nursing facility costs could reach over \$600 million by the year 2015 (see Figure 3) and over \$1 billion by 2025.** Furthermore, as the baby boomer generation ages, more individuals are going to require long term care. This will significantly increase pressure on the state to provide coverage while limiting public spending. This fact is emphasized by the Employee Benefit Research Institute's statement,

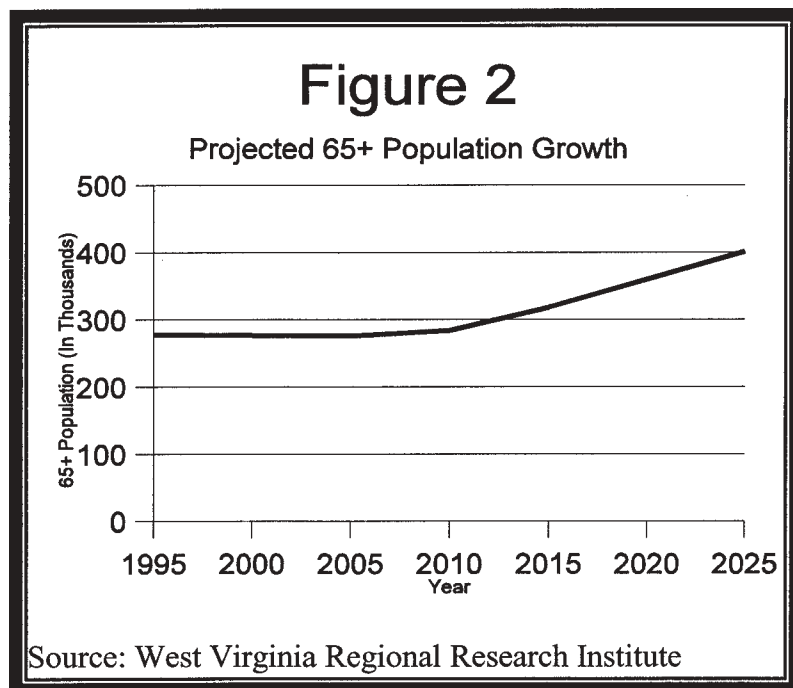
*American retirees will have at least \$45 billion less in retirement income in 2030 than what they will need to cover basic expenditures and any expense associated with an episode of care in a nursing home or from a home health care provider.*

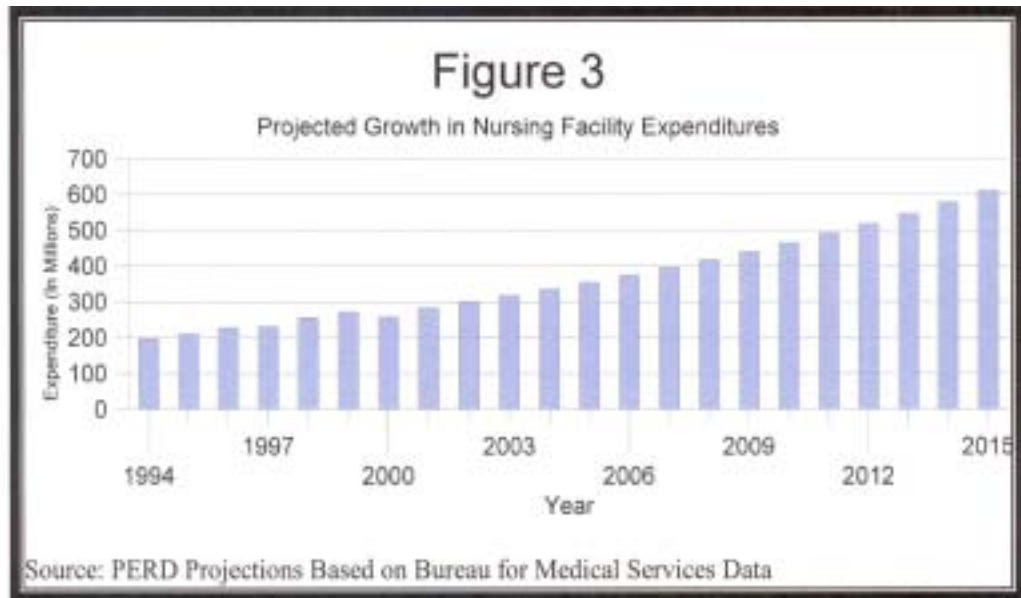
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*Nursing facility costs could reach over \$600 million by the year 2015 and over \$1 billion by 2025.*

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As the fiscal responsibilities of the state increase, numerous state agencies will be forced to bear the burden. Some such agencies include the Bureau for Medical Services, the Public Employees Insurance Agency, and the Bureau for Senior Services. However, the ultimate effect will be an increased burden on the taxpayers of West Virginia and the possibility of cutting or limiting other services in order to be able to increase expenditures for long term care.





*There are approximately 9,800 individuals receiving care in nursing facilities throughout West Virginia; approximately 3.7% of the population that is over 65 years of age.*

*If the 3.7% is carried out to 2025, then over 14,000 people would require nursing facility care.*

### **Current Long Term Care Delivery System Will Not Be Able to Accommodate Future Needs**

The current number of nursing facility beds will be inadequate to handle the increased demand that will result from the aging baby boomer population. In 1988, the Legislature set a moratorium on the addition of nursing home beds (WVC §16-2D-5). According to the West Virginia Health Care Authority’s 2003 Long Term Care Task Force, there are approximately 9,800 individuals receiving care in nursing facilities throughout West Virginia. This 9,800 represents approximately 3.7% of the population that is over 65 years of age. If this 3.7% is applied to the West Virginia Regional Research Institute’s population projections, then **by 2015 there will be over 11,780 individuals requiring nursing facility care.** This projection can be taken to 2020, and approximately 13,300 individuals will require nursing facility care. However, West Virginia only has 12,627 beds in nursing facilities. According to West Virginia University’s Regional Research Institute, in 2025 there will be approximately 401,000 individuals over the age of 65. **If the 3.7% is carried out to 2025, then over 14,000 people would require nursing facility care** (see Table 3).

Nursing home facilities are not the only method for delivering long term care. Another major vehicle for delivery is home and community based health care. West Virginia operates two home and community based services waivers for the aged and disabled populations. According to the Long Term Care Task Force:

The WV ratio of waiver slots to nursing home beds is 53%, compared to 25% in Ohio, 10% in Maryland, 9% in Kentucky in 2000 and 31% in Virginia and 10% in Pennsylvania in 1999.

*Over 8,000 individuals would need home and community based services by 2025.*

There are approximately 5,257 waiver slots available in West Virginia for Home and Community Based care. This 5,257 represents approximately 2% of the population over the age of 65. If the 2% is applied to the Task Force's population estimates, then approximately 6,368 individuals will be in need of home and community based services by the year 2015. However, a long term extrapolation indicates that over 8,000 individuals would need home and community based services by 2025.

| <b>Year</b> | <b>Estimated Population Age 65 and over</b> | <b>Estimated Number Needing Long Term Nursing Care</b> | <b>Estimated Number of People Needing Home and Community Based Care</b> | <b>Total Number of People Needing Long Term and Home and Community Based Care</b> | <b>Current (2004) Number of Long Term Nursing Beds and Home and Community Based Beds</b> |
|-------------|---|--|---|---|--|
| 2005        | 275,864                                     | 11,310   | 5,517   | 16,827  | 17,884   |
| 2010        | 284,492                                     | 11,664   | 5,690   | 17,354  | 17,884   |
| 2015        | 318,378                                     | 13,053   | 6,368   | 19,421  | 17,884   |
| 2020        | 359,971                                     | 14,759   | 7,199   | 21,958  | 17,884   |
| 2025        | 401,300                                     | 16,453   | 8,026   | 24,479  | 17,884   |

*Source: West Virginia Regional Research Institute*

### **State Agencies Have Expressed Concern Over Care for Elderly**

The aging of baby boomers has caused alarm in state government. For example, Governor Wise issued Executive Order No. 6-04 establishing the Governor's Commission on the Baby Boom Generation. This 17 member council will examine a wide variety of services that will be needed as the baby boomer population nears retirement age. It is not clear if this commission's focus will examine the issue of long term health care. The Bureau for Senior Services considers the potential for problems so severe that it has created its



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own internal committee to study the problem with respect to the services it provides. The West Virginia Health Care Authority has also expressed concern over the aging population. When the State Health Plan was rewritten in 1999, the Long Term Care Chapter stated:

*The graying of West Virginia is expected to increase, along with life expectancies for both men and women. As this happens, the prevalence of chronic disease will also rise, increasing the need and demand for long-term care facilities in the state. The long-term care system must be prepared to provide a continuum of services that includes community-based in-home services as well as institutional and nursing home care.*

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*The long-term care system must be prepared to provide a continuum of services that includes community-based in-home services as well as institutional and nursing home care.*

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## **Health Care Authority Should Reestablish the Long Term Care Task Force**

The West Virginia Health Care Authority established a Long Term Care Task Force from January 2003 to September 2003. The purpose was:

*...to review the long term care system and determine the current supply and future demand for the next 20 years.*

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*The previous Task Force's recommendations did not focus on how to accommodate the increased demand and costs for long term care, nor did the recommendations mention changes that need to be made to the long term care delivery system.*

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The Task Force membership included individuals from the Bureau for Medical Services, the West Virginia Health Care Authority, the Office of Health Facility Licensure and Certification, the Bureau for Senior Services, the Office of Social Services, and various citizen groups. The Task Force ended September 29, 2003, and produced two recommendations:

- The Bureau for Medical Services should review the reimbursement policies for nursing facilities, with consideration for service to the behavioral health population and additional staff training.
- The West Virginia Health Care Authority should have further discussions with the Bureau for Medical Services and the Office of Health Facility Licensure and Certification to address the current and future treatment of closed nursing home beds.

These recommendations did not focus on how to accommodate the increased demand and costs for long term care, nor did the recommendations mention changes that need to be made to the long term care delivery system. **Therefore, the Legislative Auditor concludes that**

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**it is in the best interest of the state to reinstate the Long Term Care Task Force with the goal of determining what changes need to be made to the long term care delivery system in order to accommodate the increased need for long term care that will come with the aging of the baby boomer population.** Recent correspondence with the HCA indicates that the Authority would be willing to address this issue. The HCA states:

*The West Virginia Health Care Authority would be happy to continue the work of the most recent group and add any members if necessary. One of the most difficult issues policy makers will be faced with is the balance between appropriate supply of long term care services and state budget constraints....The Authority would not need additional resources to continue work on this project.*

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*Given that the Health Care Authority is responsible for revising the West Virginia State Health Plan, and that it maintains a health related data repository capable of performing analysis functions, the HCA should be in a position, with the cooperation of other entities, to best shape the future of long term care in West Virginia.*

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## **Conclusion**

West Virginia has the distinction of having the nation's oldest average population, and with the bulge of the baby boomer population that is aging, there will soon be a sharp increase in the elderly population. This will in turn cause an increase in the demand for long term care services. Additionally, the costs associated with the provision of long term care services will rise sharply. This imminent increase in demand and the associated rising costs combined with budgetary constraints will inevitably have an adverse impact on the state if not properly planned for. Though it will be several years before the demand for long term care surpasses the current supply, the Legislative Auditor finds that the potential problems warrant immediate consideration and careful planning. Given that the Health Care Authority is responsible for revising the West Virginia State Health Plan, and that it maintains a health related data repository capable of performing analysis functions, the HCA should be in a position, with the cooperation of other entities, to best shape the future of long term care in West Virginia. **Therefore, the Legislative Auditor finds it to be in the best interest of the state for the Health Care Authority to reestablish its Long Term Care Task Force to study the aging population and to determine the best approach that will accommodate the most individuals within budgetary constraints.** Since the governor has established the Commission on the Baby Boom Generation, and the HCA is not a member of that commission, there should be some coordination of efforts to avoid possible duplication.

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## **Recommendation**

1. *The West Virginia Health Care Authority should re-establish the Long Term Care Task Force with the goals of determining:*
  - A. *What changes, if any, need to be made to the long term care delivery system in order to accommodate the sharp and imminent increase in demand for long term care services from the aging baby boomer population.*
  - B. *What changes will the Bureau for Medical Services need to make in order to accommodate the most individuals within its budgetary limitations.*



# Appendix A: Transmittal Letter

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## WEST VIRGINIA LEGISLATURE *Performance Evaluation and Research Division*

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(304) 347-4939 FAX



John Sylvia  
Director

September 7, 2004

Paul Nusbaum, Cabinet Secretary  
Department of Health and Human Resources  
Building 3, Room 206  
1900 Kanawha Blvd., East  
Charleston, WV 25305

Dear Secretary Nusbaum:

This is to transmit a draft copy of the Preliminary Performance Review of the West Virginia Health Care Authority. This report is scheduled to be presented during the September 19 - 21 interim meetings of the Joint Committee on Government Operations. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions the committee may have.

We need to schedule an exit conference to discuss any concerns you may have with the report. We would like to have the meeting on Thursday or Friday, September 9<sup>th</sup> or 10<sup>th</sup>. Please notify us to schedule an exact time. In addition, we need your written response by noon on Tuesday, September 14<sup>th</sup> in order for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 340-3192 by Thursday September 16<sup>th</sup> to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "John Sylvia".

John Sylvia

c: Sonia Chambers, Chairwoman, West Virginia Health Care Authority

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*Joint Committee on Government and Finance*

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# Appendix B: Agency Response

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Bob Wise  
Governor



Sonia D. Chambers  
Chair

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Paul L. Nusbaum, Secretary  
West Virginia Department of  
Health and Human Resources

Board Members  
Sam G. Kapourales  
Marilyn G. White

September 14, 2004

Denny Rhodes, Research Manager  
Performance Evaluation and Research Division  
Office of the Legislative Auditor  
State Capitol Complex  
Building 1, Room W-314  
Charleston, West Virginia 25305

**R E C E I V E D**  
SEP 14 2004

PERFORMANCE EVALUATION AND  
RESEARCH DIVISION

Dear Mr. Rhodes:

I have reviewed the Performance Evaluation Review report for the West Virginia Health Care Authority.

I agree that the availability and financing of long term care services is and will increasingly be a crucial issue facing our state. The Health Care Authority is willing to build on the work it has completed to date in this arena by convening a work group to further study the issue and make recommendations. We will make every effort to coordinate with other groups looking at the issue. The Legislature's assistance with the coordination would be appreciated.

The Authority will not need additional funding to carry out this task.

Sincerely,

**Sonia D. Chambers**  
Chair

SDC:lh

