



Meeting Minutes - Joint Commission on Health Care

December 6, 2023– 10:00 a.m.

Senate Room C – General Assembly Building

Members Present

Delegate Dawn Adams

Delegate Emily Brewer

Delegate Karen Greenhalgh

Delegate M. Keith Hodges

Delegate Robert Orrock

Senator George Barker

Senator Siobhan Dunnivant

Senator Barbara Favola

Senator Ghazala Hashmi

Senator David Suetterlein

Secretary Littel

Members Absent

Delegate Sam Rasoul

Delegate C. Matthew Fariss

Delegate C.E. (Cliff) Hayes, Jr.

Delegate Patrick Hope

Delegate Roxann Robinson

Senator Todd Pillion

Senator John S. Edwards

Staff Present

Jen Piver-Renna

Agnes Dymora

Estella Obi-Tabot

Kyu Kang

Emily Atkinson

Call to order and welcoming comments – Chairman Barker

Roll Call - Agnes Dymora

Acting Executive Director Jen Piver-Renna provided an overview of the agenda.

Members entered into a closed session per Virginia Code §2.2-3711(a)(1) to discuss the new JCHC Executive Director. After coming back into an open meeting, all Members present voted unanimously to appoint Ms. Sarah Stanton as the new JCHC Executive Director.

Acting Executive Director Jen Piver-Renna recognized Members present who were departing JCHC at the end of the current term.

Jen Piver-Renna provided a summary of the *Team-based Care Approaches to Improve Health Outcomes* study findings and the six policy options for Member consideration. After discussion, Commission Members voted to take the following actions (see the [written report](#) for additional information and the original text of all policy options):

Option 1 – Direct DMAS to establish a reimbursement rate and develop a Collaborative Care Model program. Adopted as a JCHC recommendation by a unanimous vote.

Option 2 - Direct DMAS to establish a reimbursement rate for medication therapy management provided via telehealth. Adopted as a JCHC recommendation by a 10-1 vote.

Option 3 (amended) – Send a letter to JLARC to evaluate state-funded health care workforce incentive programs. Adopted as a JCHC recommendation by a unanimous vote.

Option 4 – Fund Virginia Task Force on Primary Care to expand pilot programs on core team-based care criteria for payers. Adopted as a JCHC recommendation by a unanimous vote.

Option 5 – Fund staff AHECs to support primary care practices transitioning to team-based care. Adopted as a JCHC recommendation by a unanimous vote.

Option 6 – Direct DMAS to develop a plan for participation in the Medicaid health home program. Adopted as a JCHC recommendation by a 10-1 vote.

Estella Obi-Tabot provided a summary of the *Obesity and Eating Disorder Prevention and Treatment in Virginia* study findings and the eight policy options for Member consideration. After some discussion, Commission Members voted to take the following actions (see the [written report](#) for additional information and the original text of all policy options):

Option 1 – Direct DMAS to develop a plan to incorporate the National Diabetes Prevention Program as a covered service within the Medicaid State Plan. Adopted as a JCHC recommendation by a unanimous vote.

Option 2 - Request HIRC and BOI to define nutritional counseling in the EHB benchmark plan. Adopted as a JCHC recommendation by a unanimous vote.

Option 3 - Request HIRC and BOI conduct assessments to include medical nutrition therapy in the Essential Health Benefits benchmark plan when medically necessary. Adopted as a JCHC recommendation by a unanimous vote.

Option 4 - Direct DMAS to remove service limits for medical nutrition therapy when treating qualifying or eligible medical conditions. Adopted as a JCHC recommendation by a unanimous vote.

Option 5 (amended) - Request HIRC and BOI conduct assessments to include weight loss medication in the Essential Health Benefits benchmark plan when medically necessary, as determined by a healthcare provider. Adopted as a JCHC recommendation by a unanimous vote.

Option 6 (amended) - Request HIRC and BOI conduct assessments to include bariatric surgery in the Essential Health Benefits benchmark plan when medically necessary, as determined by a healthcare provider. Adopted as a JCHC recommendation by a unanimous vote.

Option 7 - Direct DMAS to conduct a rate study to develop reimbursement rates for residential, partial hospitalization, and intensive outpatient services for eating disorder services for adults over 21. Adopted as a JCHC recommendation by a unanimous vote.

Option 8 - Require all Medicaid MCOs and state-regulated health insurers to remove prior authorization for eating disorder services. Adopted as a JCHC recommendation by a unanimous vote.

Lastly, Jen Piver-Renna summarized the two proposed studies for consideration for 2024. Members present unanimously voted to adopt the study topics for staff to complete in 2024 (see the JCHC [website](#) for approved study resolutions):

- Performance of Health Care Workforce Programs
- Strategies to Extend Health Care Access to Vulnerable Populations

Meeting adjourned.

All presentations and a link to the archive of the video can be found on the JCHC website: <http://jchc.virginia.gov/meetings.asp>