



JCHC Commission Meeting

December 17, 2024

Meeting Agenda

Review of JCHC Voting Process and Rules

Expanding Access to Sickle Cell Disease Treatment in Virginia –
Public Comment and Voting on Policy Options

Strategies to Strengthen the Anesthesia Workforce in Virginia –
Public Comment and Voting on Policy Options

Extending Health Care Access to Vulnerable Populations – Voting on
Policy Options from November Meeting

2025 Study Resolutions

JCHC voting process

- Staff will provide a brief overview of the study findings and policy options and any public comment received
- Chair will open the floor for discussion, questions, and motions from JCHC members

JCHC voting rules

- Members may move to adopt policy options as JCHC recommendations
 - Members may amend or add policy options
- Adopting a recommendation requires a majority vote of the members present
 - Must include at least half of the members present from both the House and Senate

Staff assistance with JCHC recommendations

- Chair will solicit volunteers to patron legislation or budget amendments to implement recommendations
- Staff will work with patrons' offices to prepare draft language and provide support during the General Assembly session

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2025 Study Resolutions



Expanding Access to Sickle Cell Disease Treatment in Virginia

Study Purpose

- Describe state programs that identify and monitor sickle cell disease (SCD)
- Identify available data on individuals living with SCD
- Describe state funding to support education, monitoring and treatment of SCD
- Identify barriers to care for individuals living with SCD and recommend strategies to address these barriers

NOTE: JCHC Members approved a targeted study of SCD on June 11, 2024, based on House Joint Resolution 60 (Hayes) from the 2024 General Assembly session.

Findings in Brief

- VDH identifies and monitors cases of SCD in Virginia and is improving surveillance through a statewide registry
- SCD treatment centers provide access to specialized SCD care but lack capacity for needed treatment and support services
- Providers' lack of knowledge about SCD and bias about individuals with SCD can delay appropriate care
- Addressing cost and insurance barriers could improve treatment access for individuals with SCD

Policy Option 1

JCHC could write a letter to request that the Virginia Department of Health (VDH) provide an update on the plan for and status of the SCD registry, including information about the types of data that will be collected, how the data will be used, and who will be able to access the data.

Policy Option 2

The JCHC could introduce a budget amendment to provide funds to VDH for a needs assessment to determine the extent of the need for treatment, transition, and mental health and other psychosocial support services for patients at treatment centers and require VDH to develop a plan to address such need.

Policy Option 3

The JCHC could introduce a budget amendment to provide funds to VDH for a needs assessment to determine the extent of the need for transportation services for patients at treatment centers and require VDH to develop a plan to address such need.

Policy Option 4

The JCHC could introduce a Section 1 bill directing VDH to develop a plan to ensure health care providers in hospital emergency departments have access to information to confirm patients' sickle cell status.

Policy Option 5

The JCHC could introduce legislation directing the Boards of Medicine and Nursing to require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure.

Policy Option 6

The JCHC could introduce a Section 1 bill directing the Department of Medical Assistance Services (DMAS) to include information on the status of the Commonwealth's participation in the Cell and Gene Therapy Access Model in DMAS's annual report on covered medications, services, and treatments for sickle cell disease.

Policy Option 7

The Joint Commission on Health Care could introduce a Section 1 bill directing the DMAS to develop a plan for a comprehensive sickle cell disease program to ensure that provisions governing access to sickle cell disease treatment are consistent across Medicaid managed care organizations.

Policy Option 8

The JCHC could submit a Section 1 bill directing DMAS to determine the feasibility of participating in an optional Medicaid benefit for sickle cell disease or establishing Medicaid Health Homes to coordinate care and provide comprehensive sickle cell treatment services for individuals with sickle cell disease.

JCHC staff received public comments from two organizations

- Virginia Interfaith Center for Public Policy
 - Support Policy Option 5
- Virginia Association of Health Plans
 - Support Policy Option 6

Member Discussion and Voting

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2025 Study Resolutions



Strategies to Strengthen the Anesthesia Workforce in Virginia

Study purpose

- Understand and describe the anesthesia provider workforce to include the role of anesthesiologists, CRNAs, and CAAs
- Assess the impact of and note considerations for state strategies to expand the anesthesia provider workforce, including changes to CRNA supervision requirements

NOTE: JCHC Members approved a targeted study of the anesthesia workforce in Virginia on June 11, 2024.

CRNA = Certified Registered Nurse Anesthetist; CAA= Certified Anesthesiologist Assistant

Findings in Brief

- CRNA supervision and scope of practice are separate, distinct concepts
- Multiple authorities are responsible for determining supervision requirements of CRNAs
- More restrictive supervision requirements would be detrimental to efforts to address anesthesia workforce shortages
- Available evidence supports a measured approach to changes in CRNA supervision requirements
- Strengthening Virginia's anesthesia workforce requires a multifaceted approach

Policy Option 1

The JCHC could introduce a Section 1 bill directing the Board of Nursing to update regulations governing practice of advance practice registered nurses licensed as CRNAs to remove references to any specific edition of the American Association of Nurse Anesthetists' Standards for Nurse Anesthesia Practice.

Policy Option 2

The JCHC should not recommend policy that would make supervision of certified registered nurse anesthetists more restrictive than current state statute or federal rule require.

Policy Option 3

JCHC could introduce a Section 1 bill directing the Department of Health Professions, in consultation with the Boards of Medicine and Nursing, to develop a plan to transition CRNAs with sufficient training and experience to independent practice.

Development of the plan should include:

- Stakeholder engagement
- Considerations for opting out of the federal rule
- Methods to monitor the effects of implementation

Policy Option 4

JCHC could submit a Section 1 bill requiring the Department of Health Professions to re-analyze the state of the anesthesia workforce in Virginia with the most current data available to determine whether there is sufficient proof of an anesthesia workforce shortage that would justify licensure of certified anesthesiologist assistants.

Policy Option 5

JCHC could submit a budget amendment providing funding to the Virginia Health Workforce Development Authority (VHWDA) to study the capacity and needs of current anesthesiology residency programs and CRNA training programs in Virginia and make recommendations for further expansion.

JCHC staff received public comment from 59 individuals and organizations

Policy Options	Support	Oppose	Amend
Option 1: Direct BON to update regulations governing practice of CRNAs	1 Individual 1 Association	11 Individuals 1 Association	
Option 2: Not recommend any policy that would make supervision more restrictive	41 Individuals 1 Association	1 Individual	
Option 3: Direct DHP to develop a plan to transition CRNAs to independent practice	5 Individuals	10 Individuals 1 Association	2 Individuals 1 Association
Option 4: Require DHP to re-analyze the state of the anesthesia workforce in Virginia	6 Individuals		1 Association
Option 5: Provide funding to VHWDA to study anesthesiology residency and CRNA training programs	49 Individuals 2 Associations		

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2025 Study Resolutions



Strategies to Extend Health Care Access to Vulnerable Populations

Study purpose

- Evaluate alternative models for extending health care access to vulnerable populations
- Identify and describe ways in which peer states support similar models
- Develop policy options to support effective models for extending health care access to vulnerable populations

Study resolution approved by Commission on December 6, 2023.

Members identified five specific strategies to be studied

- Mobile health clinics
- Community paramedicine programs
- Home visiting programs
- Community health workers
- Telehealth

Findings in Brief – Mobile Health Clinics

- Mobile health clinics increase patient access to care by removing costs, distance, and administrative barriers
- Mobile health clinics could be used to expand access to opioid treatment
- Logistical challenges, staffing shortages, and lack of reliable funding make mobile health clinic operations difficult

Policy Option 3

The JCHC could introduce a budget amendment to provide \$2.4 million to the Virginia Department of Health to establish a grant program to support up to five mobile health clinics operated by local health departments and community-based organizations that provide services in rural and underserved areas.

Revised Policy Option 3:

The JCHC could introduce a budget amendment to provide \$1 million to the Virginia Health Care Foundation to provide grants to public agencies or nonprofit organizations to support mobile health clinics to improve access to health care for uninsured individuals and individuals with limited access to health care.

One organization provided public comment

One organization supported Policy Option 3:

- Virginia Health Catalyst

Findings in Brief – Community Paramedicine Programs

- Community paramedicine and mobile integrated healthcare utilize emergency medical services (EMS) providers in new roles
- Community paramedicine programs extend patient access to care and relieve pressure from emergency systems
- Funding and capacity are the largest barriers for EMS agencies who may be interested in starting community paramedicine programs

NOTE: For brevity, JCHC staff use the term “community paramedicine” to refer to both community paramedicine and mobile integrated healthcare

Policy Option 6

The JCHC could introduce legislation directing the Department of Medical Assistance Services to cover HCPCS Code A0998 treatment without transport when Medicaid patients call 911.

HCPCS = Healthcare Common Procedure Coding System

One organization provided public comment

One organization supported Policy Option 6:

- Virginia Association of Health Plans

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2025 Study Resolutions

JCHC 2025 Workplan includes three comprehensive staff studies

- Study of policy solutions to the Commonwealth's fentanyl crisis (HJ 41, Srinivasan) was approved by the General Assembly during the 2024 Session
- Two additional studies added to the workplan at the October meeting:
 - Transportation barriers to health care
 - Access to pharmacy services

Study of Policy Solutions to the Commonwealth's Fentanyl Crisis

- Study the causes of the rise in fentanyl prevalence and fentanyl overdoses in the Commonwealth
- Study the impact of the rise in fentanyl prevalence and fentanyl overdoses on Virginians and the health care system
- Describe fentanyl crisis in the context of other drug crisis and addiction trends
- Provide policy options to reduce prevalence of fentanyl and fentanyl overdoses in the Commonwealth

Transportation Barriers to Health Care

- Describe transportation barriers, factors that contribute to the existence of such barriers, and populations affected by such barriers
- Evaluate existing interventions and programs to address transportation barriers to health care in Virginia
- Identify strategies to address transportation barriers in Virginia

Access to Pharmacy Services

- Describe how access to pharmacy services has changed in Virginia over time and the impact of such changes
- Identify pharmacy deserts in Virginia and describe populations impacted by pharmacy deserts
- Identify factors that impact access to pharmacy services in Virginia
- Describe evidence-based strategies to ensure access to pharmacy services in Virginia

Member Discussion and Voting

Joint Commission on Health Care

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