

2024 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 41

Directing the Joint Commission on Health Care to study policy solutions to the Commonwealth's fentanyl crisis. Report.

Agreed to by the House of Delegates, February 12, 2024

Agreed to by the Senate, March 5, 2024

WHEREAS, in 2022 there were 2,490 drug overdose deaths among Virginians; and
WHEREAS, nearly eight out of 10 drug overdose deaths in Virginia in 2022 were caused by fentanyl, fentanyl analogs, and tramadol; and

WHEREAS, there were 22,398 drug overdose emergency department visits among Virginians in 2022, a five percent increase from 2021; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study policy solutions to the Commonwealth's fentanyl crisis.

In conducting its study, the Joint Commission on Health Care shall (i) study the causes of the rise in fentanyl prevalence and fentanyl overdoses in the Commonwealth, (ii) study the impact of the rise in fentanyl prevalence and fentanyl overdoses in the Commonwealth on Virginians and the Commonwealth's health care system, (iii) study and provide insight into the fentanyl crisis within the context of other drug crises and addiction trends in recent history, and (iv) establish and make policy recommendations related to reducing the prevalence of fentanyl in the Commonwealth and reducing the number of fentanyl overdoses in the Commonwealth.

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings by November 30, 2025, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year. Each executive summary shall state whether the Joint Commission on Health Care intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

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Study Resolution

Transportation-Related Barriers to Health Care

Draft for Commission Consideration

WHEREAS, limited transportation options can impact a patient's ability to access health care services; and

WHEREAS, it is estimated that more than one in five adults with limited public transit access forgo health care because of transportation barriers; and

WHEREAS, individuals who are older, of lower socioeconomic status, living in rural communities, or who have chronic health conditions or disabilities may be particularly impacted by transportation barriers to health care; and

WHEREAS, individuals who experience transportation barriers to healthcare may skip or delay care or miss appointments, leading to poorer health outcomes and higher health care costs; and

WHEREAS, multiple organizations, such as the House Select Committee on Rural Health, the Virginia Department of Health, and the Joint Legislative Audit and Review Commission, have identified transportation barriers to healthcare as a pressing issue in many localities in the Commonwealth; and

WHEREAS, implementing strategies to reduce transportation barriers to healthcare could improve the health and well-being of Virginians; now, therefore be it

RESOLVED, by the Joint Commission on Health Care, that staff be directed to study transportation-related barriers to health care.

In conducting its study, staff shall (i) describe the types of transportation barriers to health care that exist in Virginia, the factors that contribute to the existence of such barriers, and the populations that are most affected by such barriers; (ii) identify and evaluate existing interventions and programs that address transportation barriers to health care in Virginia; (iii) identify strategies Virginia could implement to address transportation barriers, including strategies that have been implemented by other states; and (iv) recommend policy options through which the state may reduce transportation barriers to health care for patients in Virginia.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the *Code of Virginia*, all agencies of the Commonwealth, including the Virginia Department of Health, the Virginia Department of Social Services, the Virginia Department for Aging and Rehabilitative Services, the Virginia Department of

Behavioral Health and Developmental Services, and the Virginia Department of Medical Assistance Services, shall provide assistance, information, and data to the Joint Commission on Health Care for this study upon request.



Study Resolution

Access to Pharmacy Services in Virginia

Draft for Commission Consideration

WHEREAS, pharmacy services include dispensing of medication, patient education, vaccinations, and testing services; and

WHEREAS, pharmacies can be an important community asset, providing access to essential health services for members of the surrounding community, particularly in areas with limited access to primary care providers; and

WHEREAS, pharmacy deserts, geographical areas characterized by limited access to pharmacy services, are associated with lower medication adherence and poor health outcomes for members of the surrounding community, and research suggests medically underserved populations are more likely to live in pharmacy deserts; and

WHEREAS, nationally, one in eight pharmacies, a majority of which were independent pharmacies, ceased operation between 2009 and 2015 and, more recently, large retail pharmacy chains announced over 2,000 additional pharmacy closures nationally, including many locations in Virginia over the next three years; and

WHEREAS, many factors contribute to pharmacy closures and loss of access to pharmacy services in Virginia, including reduced sales, low reimbursement rates, and low dispensing fees under Medicaid; and

WHEREAS, implementing strategies to ensure access to pharmacy services could improve the health and well-being of Virginians; now, therefore be it

RESOLVED, by the Joint Commission on Health Care, that staff be directed to study access to pharmacy services in Virginia.

The study shall (i) describe how access to pharmacy services has changed in Virginia over time, and the impact of changes in access to pharmacy services on Virginians, (ii) identify areas in Virginia that constitute pharmacy deserts, and describe populations in Virginia that are impacted by pharmacy deserts, (iii) identify factors that impact access to pharmacy services in Virginia, including state and federal law, (iv) describe evidence-based strategies to ensure access to pharmacy services, including strategies implemented in other states, and (v) recommend policy options through which the state may ensure access to pharmacy services.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the *Code of Virginia*, all agencies of the Commonwealth, including the Department of Medical Assistance Services, the Department of Social Services, the Department of Behavioral Health and Developmental Services, the Department of Health Professions, and the Department of Health shall provide assistance, information, and data to the Joint Commission on Health Care for this study upon request.