



# Strategies to Extend Health Care Access to Vulnerable Populations

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# Study purpose

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- 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

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

# Agenda

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Mobile Health Clinics

Community Paramedicine Programs

Home Visiting Programs

Community Health Workers

Telehealth

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# Findings in Brief – Mobile Health Clinics

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- 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 1

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The JCHC could introduce legislation directing the Board of Pharmacy to work with the Department of Behavioral Health and Developmental Services to develop a process to allow dispensing of opioid use disorder treatment medications from mobile units.

# Policy Option 2

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The JCHC could introduce legislation directing the Department of Housing and Community Development to include broadband access services for mobile health clinics as a priority for broadband adoption programs using Broadband Equity, Access, and Deployment Program funding.

# Policy Option 3

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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.



# One organization provided public comment

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One organization supported Policy Option 3:

- Virginia Health Catalyst

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# Member Discussion and Voting – Mobile Health Clinics

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# Agenda

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Mobile Health Clinics

Community Paramedicine Programs

Home Visiting Programs

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Telehealth

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# 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 4

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The JCHC could introduce legislation directing the Virginia Department of Health's (VDH) Office of Emergency Medical Services (OEMS) to report to the JCHC by October 1, 2025, regarding the status of draft regulations related to community paramedicine and mobile integrated healthcare.

Proposed amendment:

OEMS should also report on the feasibility of integrating telehealth into the delivery of emergency medical services. [Delegate Orrock]

# Policy Option 5

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The JCHC could introduce a budget amendment to provide \$1.8 million to VDH to establish a grant program administered by OEMS to provide funding to up to 10 EMS agencies to establish community paramedicine and mobile integrated healthcare programs.

## Proposed amendment:

The JCHC could introduce a budget amendment to provide \$1.8 million to VDH to establish a pilot program administered by OEMS to provide funding to local governments to support community paramedicine and mobile integrated healthcare programs. [Senator Favola]

# Policy Option 6

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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

# Policy Option 7

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The JCHC could introduce legislation directing the Department of Medical Assistance Services to work with the OEMS to develop a plan for reimbursing community paramedicine and mobile integrated healthcare services in Virginia.



# Policy Option 8

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The JCHC could introduce legislation directing the Department of Medical Assistance Services to seek approval from the Centers for Medicare and Medicaid Services for implementation of the Ground Emergency Medical Transportation (GEMT) program in Virginia.

# One organization provided public comment

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Virginia Association of Health Plans (VAHP) supports:

- Option 6: Cover HCPCS Code A0998 treatment without transport
- Option 7: Develop a plan for reimbursement
- Option 8: Implement the GEMT program

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# Member Discussion and Voting – Community Paramedicine Programs

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# Agenda

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Mobile Health Clinics

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**Home Visiting Programs**

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# Findings in Brief – Home Visiting

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- Home visiting improves maternal and child outcomes for families with children up to age 5
- Eight home visiting models serve Virginia families but meet less than 5 percent of community need
- More programs could be eligible for federal funding with additional evidence of effectiveness
- Virginia could leverage Medicaid funding to enhance capacity of home visiting services

# Policy Option 9

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The JCHC could introduce a budget amendment to provide \$4,541,671 to Families Forward Virginia to collect the necessary evidence to determine whether CHIP of Virginia meets criteria for certification as an evidence-based home visiting model.

# Policy Option 10

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The JCHC could introduce legislation directing the Department of Medical Assistance Services to convene a workgroup to develop a plan for a home visiting benefit for pregnant and postpartum individuals and their families.

# Many organizations provided public comments

- 74 comments in support of Option 9
- 51 comments in support of Option 10
- Comments received were from every region of Virginia representing:
  - Home visiting agencies, board members, and clients
  - Hospital executives, clinicians, and city mayors
  - Local banks, non-profit organizations, and associations

NOTE: There were 13 public comments in support of both Home Visiting policy options 9 and 10.



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# Member Discussion and Voting – Home Visiting

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# Agenda

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# Findings in Brief – Community Health Workers

- Community health workers (CHWs) are trusted members of the communities they serve and may work under a variety of titles
- Virginia has taken steps to expand access to CHW services, but insufficient and inconsistent funding continues to be a barrier
- Access to CHW services could be expanded by leveraging Virginia's Medicaid program as a sustainable funding mechanism
- CHWs need ongoing workforce development opportunities to avoid burnout and support retention

# Policy Option 11

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The JCHC could introduce a budget amendment to provide an additional \$2.5 million to the Virginia Department of Health (VDH) in fiscal year 2026 to support all remaining community health worker (CHW) positions initially supported by federal funding and remove language requiring VDH to prioritize CHW positions in high maternal mortality areas to allow flexibility of localities to develop and implement CHW-led programs that address community needs.

# Policy Option 12

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The JCHC could introduce a budget amendment directing the Virginia Department of Health to report annually, by November 1, the numbers of community health workers (CHWs) employed within state and local health departments, the type of services provided by CHWs and performance and outcome measures for such services, and the need for additional CHWs to meet demand for services.

# Policy Option 13

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The JCHC could introduce a budget amendment directing the Department of Medical Assistance Services to convene a work group of stakeholders to design a state plan amendment to provide reimbursement for services provided by Certified Community Health Workers.

# Policy Option 14

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The JCHC could introduce a budget amendment directing the Department of Medical Assistance Services to convene a workgroup to identify opportunities to expand use of community health workers by Medicaid managed care organizations.

# Policy Option 15

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The JCHC could introduce legislation directing the Virginia Department of Health to convene a work group to determine the feasibility of developing flexible training and certification standards that allow community health workers to use their education and experience to satisfy some of the requirements for qualification as a state-certified doula or registered peer recovery specialist.



# Policy Option 16

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The JCHC could introduce a budget amendment to provide \$250,000 annually to the Virginia Community Health Worker Association to expand workforce development efforts for community health workers.

# Three organizations provided public comments

Policy Option	Support
Option 11: Provide additional funding to VDH for CHW positions	VACHWA
Option 12: VDH to report annually on CHWs employed and services delivered	VACHWA
Option 13: DMAS to design state plan amendment to reimburse services for certified CHWs	VACHWA, VHC, VAHP
Option 14: Identify opportunities to expand use of CHWs within MCOs	VACHWA, VAHP
Option 15: Develop flexible training and certification standards for CHWs	VACHWA
Option 16: Expand workforce development for CHWs	VACHWA, Transformative Changes

VDH = Virginia Department of Education, CHW = community health worker, DMAS = Department of Medical Assistance Services, MCO = managed care organization  
 VACHWA = Virginia Community Health Worker Association, VHC = Virginia Health Catalyst, VAHP = Virginia Association of Health Plans. NOTE: None of the public comments opposed or suggested changes.

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# Member Discussion and Voting – Community Health Workers

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# Findings in Brief – Telehealth

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- Inadequate coordination of telehealth initiatives and lack of training and guidance for providers creates challenges
- Limited access to broadband and telehealth technology restricts patients' access to telehealth services
- Gaps in coverage and insufficient reimbursement for telehealth are barriers to telehealth implementation
- Lack of resources to expand the capacity of programs that provide telehealth access limits access to services

# Policy Option 17

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The JCHC could introduce a budget amendment to provide \$127,224 to the Virginia Department of Health to cover the cost of salary and benefits for a new Telehealth Coordinator position at the Virginia Department of Health.

# Policy Option 18

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The JCHC could introduce legislation directing the Department of Behavioral Health and Developmental Services to develop and disseminate training on best practices for providers conducting telehealth visits with persons with disabilities.

# Policy Option 19

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The JCHC could introduce a budget amendment to provide \$150,000 to the Virginia Telehealth Network (VTN) to conduct a feasibility study and develop a plan to implement a pilot program to provide funding for Pharmacy Care Hubs, particularly for Medicaid patients.



# Policy Option 20

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The JCHC could introduce legislation directing the Virginia Board of Education to require local boards of education to establish policies to facilitate students' access to telehealth services during the school day, including designating private spaces for appointments to occur.

# Policy Option 21

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The JCHC could introduce a budget amendment to appropriate the funds for e-consults.

## Updated Language

The JCHC could introduce a budget amendment authorizing the Department of Medical Assistance Services to provide reimbursement for provider-to-provider consultations delivered through telehealth, consistent with the state plan in a manner that is budget neutral and does not increase costs.

# Policy Option 22

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The JCHC could introduce legislation directing the Department of Medical Assistance Services to develop a plan and estimate costs for expanding eligibility criteria under Medicaid for Remote Patient Monitoring for individuals with chronic conditions.

# Policy Option 23

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The JCHC could introduce legislation removing the exclusion of audio-only telephonic communication from the definition of telemedicine and requiring insurers to cover audio-only telehealth visits to the same extent that they cover other types of telemedicine services in cases in which audio-only telehealth services are clinically appropriate.

# Policy Option 24

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The JCHC could introduce a budget amendment to increase funding for the Virginia Telemental Health Initiative by \$482,000 to increase the number of patients served by 50 percent.

# Policy Option 25

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The JCHC could introduce a budget amendment to provide \$178,503 to Virginia Health Catalyst to, in collaboration with the Oral Health Task Force, plan and implement a one-year pilot program to provide teledentistry services at three nursing homes.

# Policy Option 26

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The JCHC could introduce legislation requiring the Department of Corrections and the Virginia Board of Local and Regional Jails to establish policies to accommodate inmates needing to participate in telehealth appointments, including designating a private space for such appointments to occur.

## Proposed Amendment

The Department of Corrections and the Virginia Board of Local and Regional Jails should provide an update to the JCHC by October 1, 2025, on the current status of telehealth policies, opportunities to expand telehealth programs, and recommended strategies to reduce gaps or barriers to telehealth service delivery.

# Three organizations provided public comments

Policy Options	Support	Oppose	Amend
Option 17: Fund telehealth coordinator position at Virginia Department of Health	VACO, VHC		
Option 18: Provider training on use of telehealth among patients with disabilities	VACO		
Option 19: Feasibility study of Pharmacy Care Hubs	VACO		
Option 20: Establish policies to facilitate students' access to telehealth	VHC		VACO
Option 21: Medicaid to reimbursement for provider-to-provider consultations	VACO, VHC	VAHP	
Option 22: Expand remote patient monitoring	VACO		
Option 23: Require insurers to cover audio-only telephone visits	VACO, VHC	VAHP	
Option 24: Increase funding for Virginia Telemental Health Initiative	VACO		
Option 25: One-year pilot for teledentistry in nursing homes	VACO, VHC		
Option 26: Establish policies to accommodate inmates			VACO

VACO = Virginia Association of Counties, VHC = Virginia Health Catalyst, VAHP = Virginia Association of Health Plans



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# Member Discussion and Voting - Telehealth

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