



JCHC Organizational Meeting

May 22, 2024

Agenda

Organizational Business

- Election of Chair & Vice Chair
- Appointment of Executive Subcommittee

Overview of the JCHC

2024 Approved & Referred Study Topics

2024 Proposed Meeting Dates & Virtual Meeting Policy

JCHC Impacts from the 2024 Session

Organizational business

- Election of Chair and Vice-Chair
- Appointment of Executive Subcommittee members

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JCHC established in statute

- Joint Commission on Health Care created as a legislative branch agency in 1992
- Enabling legislation found at Chapter 18 (§ 30-168 et. seq.) of Title 30 of the Code of Virginia

Purpose of the JCHC

“The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services.”

“Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care.”

- Code of Virginia; § 30-168

JCHC strategic objectives



“The Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services.”

- Code of Virginia; § 30-168

JCHC furthers objectives by developing recommendations for legislative action

- JCHC members identify relevant topics and policy issues and direct staff to provide information
- JCHC staff conduct independent research and report findings and policy options for consideration
- JCHC members vote to adopt policy recommendations for legislative action

JCHC staff study process



NOTE: Project timelines vary based on the scope/complexity of the study and availability of information and data.

Staff use variety of research methods to answer study questions

Data analysis

- Budget and program
- Staffing and quality
- Premiums and cost-sharing

Interviews/ site visits

- Program staff
- Stakeholders
- Subject-matter experts

Surveys

- State and local staff
- Consumers
- Clinicians and other providers

Literature reviews

- Academic research
- Best practices in other states

JCHC study selection process

August/September	JCHC members identify topics of interest for potential study in the upcoming year
October	Executive Subcommittee selects top priorities from the list of potential study topics
November	Staff provide draft study resolutions for priority topics identified by Executive Subcommittee for review by JCHC members
November/December	JCHC members identify highest priority topics from among those selected by the Executive Subcommittee
December	JCHC members vote to approve study resolutions for highest ranked topics
Spring	JCHC members review and reassess study priorities in light of topics referred during the legislative session

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Members previously selected two comprehensive staff studies for 2024

- Performance of health care workforce programs
- Strategies to extend health care access to vulnerable populations including:
 - Mobile health clinics
 - Community paramedicine
 - Home visiting programs
 - Community health workers
 - Telehealth

Members previously requested presentations on three topics

- Social determinants of health
- Services for individuals with traumatic brain injury in long term care settings
- Impact of technology on children's health

Four additional topics referred

- Policy solutions to the Commonwealth's fentanyl crisis (HJ 41, Srinivasan)
- Sickle cell disease in the Commonwealth (HJ 60, Hayes) (by letter)
- Strategies to strengthen the anesthesia workforce in the Commonwealth (HB 1332 (Sickles) & SB 33 (Locke)) (by letter)
- Medicaid program eligibility criteria and options to eliminate benefit cliffs (request of the Disability Commission)(by letter)

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Proposed 2024 JCHC meeting dates

June 11th (10:00 am)

July 17th (10:00 am)

September 18th (10:00 am)

October 23rd (10:00 am)

November 20th (10:00 am)

December 18th (10:00 am)

Virtual meeting policy

- Code of Virginia requires public bodies to adopt policies for remote participation by members
- Policy governs all-virtual meetings and individual member participation in in-person meetings by electronic means

Virtual meetings

- No more than 2 meetings or 25 percent of all meetings in a single year may be virtual meetings
- Virtual meetings may not be consecutive; at least one in-person meeting must be held between virtual meetings
- Virtual meetings must be accessible to the public

Electronic participation in in-person meetings

- Members may participate via electronic means if:
 - Temporary or permanent disability or other medical condition that prevents the member's physical attendance
 - Medical condition of a family member requires the member to provide care that prevents physical attendance
 - Personal matter prevents physical attendance; must be identified with specificity

Electronic participation in in-person meetings, cont'd

- A quorum of the JCHC must be physically present at the primary or central meeting location
- A member may not participate virtually in more than 2 meetings or 25 percent of all meetings in a calendar year
- A member who participate via electronic means may not make motions or vote on matters under consideration

Questions & Discussion

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- Members voted to recommend 10 budget amendments related to 2 studies:
 - Obesity and Eating Disorder Prevention and Treatment in Virginia
 - Team-Based Care Approaches to Improve Health Outcomes in Virginia
- 2 JCHC budget amendments were included in the final budget

Obesity and Eating Disorder Prevention and Treatment – Included

- 1 recommendation was included in final budget:
 - BOI; guidance regarding definition of nutritional counseling and impact of removing prior authorization requirement for eating disorder services (Item 479.F.)

NOTE: BOI = Bureau of Insurance

Obesity and Eating Disorder Prevention and Treatment – Not Included

- 4 recommendations were not included in final budget:
 - DMAS; plan to incorporate the Diabetes Prevention Program as a covered service
 - DMAS; remove service limits for medical nutrition therapy
 - DMAS; comprehensive plan for eating disorder treatment services
 - DMAS; remove prior authorization requirement for eating disorder treatment

NOTE: DMAS = Department of Medical Assistance Services

Team-Based Care Approaches – Included

- 1 recommendation was included in final budget:
 - DMAS; guidelines for statewide Collaborative Care Model program (Item 288.AAAAA.)

NOTE: DMAS = Department of Medical Assistance Services

Team-Based Care Approaches – Not Included

- 4 recommendations were not included in final budget:
 - DMAS; study of barriers to and fiscal impact of allowing pharmacists to bill directly for medication therapy management services
 - VCHI; expand initiative to adopt standardized team-based performance criteria and payment methodologies (\$30,000 in FY 26)
 - VHWDA; establish primary care practice transformation program (\$865,000 in each year)
 - DMAS; comprehensive plan and rate study for health home delivery model to integrate and coordinate health care services and supports (\$250,000 in FY25 + \$200,000 in FY26)

NOTE: DMAS = Department of Medical Assistance Services, VCHI = Virginia Center for Health Innovation, VHWDA = Virginia Healthcare Workforce Development Authority

Questions & Discussion



Joint Commission on Health Care

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