



Meeting Minutes - Joint Commission on Health Care

December 3, 2025 – 10:00 a.m.

House Subcommittee Room C – General Assembly Building

Members Present

Delegate Rodney Willett (virtual)
Delegate M. Keith Hodges
Delegate Patrick Hope
Delegate Robert Orrock
Delegate Atoosa Reaser
Delegate Mark Sickles
Delegate Howard Wachsmann

Senator Ghazala Hashmi
Senator Barbara Favola
Senator Mamie Locke
Senator L. Louise Lucas (virtual)
Senator Stella Pekarsky
Senator David Suetterlein
Senator Todd Pillion (virtual)

Members Absent

Delegate Baxter Ennis
Delegate Cliff Hayes
Delegate Cia Price
Senator Christopher Head

Staff Present

Jen Piver-Renna
Sarah Stanton
Emily Atkinson
Agnes Dymora
Khadeejat Lawal
Mayesha Alam

Call to order and welcoming comments – Senator Hashmi

Roll Call - Agnes Dymora

Chairman Willett provided comments of appreciation for two members who are departing from the Commission – Senator Hashmi and Delegate Orrock.

Executive Director Sarah Stanton provided a few announcements and an overview of the agenda.

Associate Policy Analyst Emily Atkinson provided a summary of findings and public comments for the policy options included the staff report on ***Strategies to Address Transportation-Related Barriers to Health Care***. Members asked questions and discussed the options and adopted the following policy options:

BLOCK 1 – Adopted unanimously (10 Yes – 0 No)

- **Option 1:** The JCHC could direct the Department of Medical Assistance (DMAS) Services to amend contracts with Medicaid managed care organizations (MCOs) to require the MCOs to adopt performance metrics for Medicaid Non-Emergency Medical Transportation (NEMT) brokers consistent with performance metrics implemented for the Fee-for-Service NEMT

program and to report annually to DMAS regarding the performance of the NEMT brokers on such metrics.

- **Option 2:** The JCHC could direct the Department of Medical Assistance Services (DMAS) to develop guidance to Medicaid managed care organizations regarding nonemergency medical transportation mileage prior authorization requirements. DMAS should develop a recommended mileage amount for which prior authorization is not allowable.

BLOCK 2 – Adopted (7 Yes – 1 No – 2 Abstain)

- **Option 3:** The JCHC could introduce a budget amendment to increase the portion of the Commonwealth Mass Transit Fund (the Fund) dedicated to supporting human services transportation programs that provide paratransit services and enhanced transportation services for older adults and persons with disabilities to 0.0045% of the total amount included in the Fund.
- **Option 4:** The JCHC could introduce a budget amendment to add \$500,000 per year to the Commonwealth Mass Transit Fund for the Department of Rail and Public Transportation (DRPT) to provide technical assistance on program financial management to Section 5310 Program grantees, including guidance on braiding of federal funds and how to establish themselves as Medicaid Non-Emergency Medical Transportation providers. The budget amendment should require the Department of Medical Assistance Services to provide information and assistance to DRPT as needed. These allocations should be designated for “paratransit” capital projects and enhanced transportation services for older adults and people with disabilities.
- **Option 5:** The JCHC could introduce a budget amendment to provide up to \$8 million per year for the Department of Rail and Public Transportation (DRPT) to establish a competitive grant program for private, non-profit organizations and state or local government agencies to plan, establish, and sustain mobility management services or regional transportation hubs that include mobility management services. The budget amendment should require DRPT to report annually by November 1 to the Senate Finance and Appropriations Committee, House Appropriation Committee, and the JCHC regarding the grant program.
- **Option 6:** The JCHC could introduce a budget amendment to provide up to \$5 million per year to the Department of Rail and Public Transportation to establish a competitive grant program to provide funding to localities to plan, establish, and sustain microtransit services in rural areas of Virginia. The budget amendment should require DRPT to report annually by November 1 to the Senate Finance and Appropriations Committee, House Appropriation Committee, and the JCHC regarding the grant program.

Jen Piver-Renna, Deputy Director and Chief Methodologist, presented a report on ***Access to Pharmacy Services in Virginia***. Jen described the expanded role that pharmacies play in health care, changes in the numbers of and access to operating pharmacies in Virginia, and

localities in Virginia with no or limited access to pharmacy services. She stated that the primary reason for pharmacy closures was lack of sufficient income, primarily due to low reimbursement rates for dispensing, and presented three policy options to address conditions that contribute to pharmacy closures.

Delegate Anthony provided remarks on HB 2023 that she patroned during the 2025 session.

Following Delegate Anthony's remarks and opportunity for member questions and discussion, the JCHC voted to amend one policy option (Option 1) and add a new policy option (Option 4). The JCHC then adopted all four policy options in a block.

BLOCK 1 – adopted (10 Yes – 1 Abstain)

- **Option 1 (amended):** The JCHC could direct the Department of Medical Assistance Services (DMAS) to (i) release the report of the 2024 Cost of Dispensing survey to the General Assembly no later than August 1, 2026, and (ii) propose a minimum dispensing fee for medications dispensed to Medicaid members, including those enrolled in Fee-for-Service and managed care arrangements, that includes reimbursement for drug ingredient costs and a professional dispensing fee. The legislation or budget amendment should direct DMAS to report the proposed reimbursement rate or rates, the methodology for determining the amount or amounts proposed, and the potential fiscal impact of the proposed amount or amounts to the General Assembly.
- **Option 2:** The JCHC could introduce legislation and submit a budget amendment to establish an incentive program to provide funding pharmacies operating in localities with low access to community pharmacies.
- **Option 3:** The JCHC could submit a budget amendment to increase funding to the Virginia Association of Free and Charitable Clinics and the Virginia Community Healthcare Association to expand access to pharmacy services provided by existing clinics and community health centers to localities with no operating community pharmacies.
- **Option 4 (added):** The General Assembly should establish (i) a methodology for determining the amount of the drug ingredient cost and (ii) a minimum professional dispensing fee to be paid by a pharmacy benefit manager to a pharmacist or pharmacy for dispensing of a medication.

Emily Atkinson presented a report on *Strategies for Legislative Oversight of Medicaid Program Spending*. She described current federal and state oversight activities and provided options for additional the oversight of the Medicaid program. After some discussion, members voted unanimously (11 Yes – 0 No) to adopt one policy option:

- **Option 3:** The JCHC could submit a budget amendment to direct the Joint Subcommittee on Health and Human Resources Oversight (the Joint Subcommittee) to provide continuous oversight of the Commonwealth's Medicaid program and to clarify the roles and responsibilities of agencies charged with providing support for and facilitating the work of the Joint Subcommittee.

Delegate Orrock provided comments on his service in the General Assembly for the past 36 years.

Sarah Stanton provided an update to members on selections of topics for the 2026 work plan. She noted that one study topic – an information brief on the role of assisted living facilities in the continuum of long-term care services and supports in Virginia – would be removed from the approved work plan to avoid duplicating work currently expected to be completed by the Joint Legislative Audit and Review Commission.

Meeting adjourned.

Senator Pillion participated virtually due to travel distance. Delegate Willett participated virtually due to medical reasons and Senator Lucas participated virtually due to medical reasons.