JCHC Meeting

May 7, 2026

Agenda

Election of the Chair and Vice Chair

Overview of the JCHC & 2026 Work Plan

JCHC Virtual Meeting Policy

2026 Legislative Update

Election of the Chair and Vice Chair

Agenda

Overview of the JCHC & 2026 Work Plans

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 its purpose 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 is supported by a professional staff of health policy analysts

- JCHC staff strive to be a trusted source of information about public health and health policy issues for the General Assembly
- JCHC staff work to provide Commission members with timely, accurate, and complete information to explain public health and health policy issues and support informed policy decisions

JCHC staff can provide various types of work products

Work Product	Description	Time Required
Information Brief	Describes a health policy topic or problem to inform members and identify policy questions for future study or priorities for policy option development DOES NOT include policy options	3 – 6 months
Targeted Study	Describes a specific health policy option and policy considerations for implementation Describes and evaluates the policy choices available to decision makers implementing the policy option	5 – 6 months
Comprehensive Study	Describes a health policy problem and the conditions that contribute to the existence of the problem Describes and evaluates policy options to address the health policy problem and contributing conditions	10 – 11 months

JCHC members add projects to the work plan twice each year

May/September	JCHC members identify topics for consideration for inclusion on the next semi-annual work plan
June/October	JCHC members review options for inclusion on the next semi-annual work plan and provide feedback on preferences and priorities Executive Subcommittee selects topics and project types for the next work plan
July/November	Final semi-annual work plan is presented at the full JCHC meeting

2026 winter/spring work plan included three projects

- Information brief on public health impacts of e-cigarette use and e-cigarette retailers
  - Report and briefing: June, 2026
- Information brief on the financial condition of Virginia's rural hospitals
  - Report and briefing: June, 2026
- Information brief on the impact of H.R. 1 (2025) on Virginia's Medicaid program
  - Report and briefing: July, 2026

2026 summer/fall work plan must include study of nursing facility staffing

- HB 605 (Willett) requires an evaluation Virginia's nursing facility workforce and options for staffing standards
  - Deadline for completion: December 1, 2026
- HB 1357 (McQuinn) requires a comprehensive assessment of the quality of care, resident safety, and operational practices for Virginia's nursing facilities
  - Deadline for completion: December 1, 2027

JCHC could continue current or add new projects for remainder of 2026

- Current projects could be continued to develop policy options for 2027 General Assembly Session
- Topics referred during the 2026 General Assembly Session could be added to the summer/fall work plan
  - SJ 21 (Favola): Options for establishing a non-punitive, protected reporting system for medical errors
  - HB 1423 (McGuire): Oversight, accountability, and investigation of providers licensed or overseen by DBHDS
  - SB 789 (Reeves): Liquid nicotine and nicotine vapor product certification requirements and Liquid Nicotine and Nicotine Vapor Product Directory

NOTE/SOURCE:

JCHC staff must conduct Step 2 analyses at the request of HIRC

- JCHC analysts complete Step 2 analyses of proposed mandated health care benefits at the direction of the Health Insurance Reform Commission
- Anticipated workload is currently unknown
  - Five proposed mandated health benefits were referred to HIRC during the 2026 Session

NOTE/SOURCE:

Senate budget directs JCHC to provide financial oversight of Medicaid

- Item 19#1s adds one position to the JCHC to
  - Monitor Medicaid program spending and participate in the forecasting process
  - Provide assistance, upon request, to the House Appropriations and Senate Finance and Appropriations Committees and Joint Subcommittee on Health and Human Resources Oversight
- Position is not included in the House budget as of May 1, 2026

Agenda

JCHC Virtual Meeting Policy

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 50 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 via electronic means

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 (no more than 2 meetings or 25 percent of all meetings each year)
- JCHC policy does not permit electronic participation due to travel distance

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 who participates via electronic means may not make motions or vote on matters under consideration

Agenda

2026 Legislative Update

2026 General Assembly Session Review

May 7, 2026

13 JCHC recommendations were introduced in the 2026 Session

- JCHC staff completed five studies in 2025:
  - *Policy Solutions to the Commonwealth's Fentanyl Crisis*
  - *Strategies to Address Transportation-Related Barriers to Care*
  - *Access to Pharmacy Services in Virginia*
  - *Strategies for Legislative Oversight of Medicaid Program Spending*
  - *Implementation of a Medicaid In Lieu of Service Food and Nutrition Benefit for Individuals with Diet-Related Chronic Conditions*
- Studies resulted in 14 bills and 13 budget amendments introduced during the 2026 General Assembly Session

Fourteen JCHC recommended bills were enacted in 2026

Bill(s)	Patron(s)	Description (as enacted)
HB795/ SB257	Reaser/ Favola	Requires health insurers to provide coverage for at least one opioid antagonist and to ensure at least one opioid antagonist is on the lower cost tier of the health insurers' prescription drug formulary
HB794/ SB308	Reaser/ Pekarsky	Requires VDH to develop a strategic plan for opioid overdose response, including conducting an evaluation and needs assessment and reporting annually
HB1063/ SB706	Hodges/ Srinivasan	Requires VDH to develop a methodology to estimate annual opioid antagonist distribution program costs and report annually

VDH = Virginia Department of Health; FTE = full-time equivalent

Fourteen JCHC recommended bills were enacted in 2026, cont.

Bill(s)	Patron(s)	Description (as enacted)
HB454/ SB690	Willett/ Srinivasan	Repeals DCJS's model addiction recovery program
HB455/ SB599	Willett/ Srinivasan	Requires JSUT grant applicants to include a plan demonstrating how they will become independently financially viable within the timeframe of the grant award
HB209/ SB608	Price/ Pillion	Requires VDH and VADOC to develop agency guidelines for the hiring of peer recovery specialists with previous criminal convictions that is no more restrictive than § 37.2-314
HB712/ SB641	Wachsmann/ Pillion	Requires Board of Medicine to amend regulations to clarify that patient refusal for psychosocial counseling does not preclude access to MOUD

DCJS = Virginia Department of Criminal Justice Services; JSUT = Jail-Based Substance Use Disorder Treatment and Transition Fund; VADOC = Virginia Department of Corrections; MOUD = Medications for opioid use disorder

Seven JCHC budget amendments are in the House and/or Senate budgets

Item #	Patron	Description	Amount	Study
278 #2h	Reaser	HB794: Requires VDH to develop a strategic plan for opioid overdose response	FY27: $105,115 COAR Fund	Fentanyl
280 #5s	Pekarsky	SB308: Provides 1.0 FTE to VDH to develop a strategic plan for opioid overdose response	FY 27 & FY28: $105,115 (GF)	Fentanyl
394 #9h	Willett	HB455: Transfers $2M from the COAR Fund to the JSUT Fund for additional grantees	FY27: $2M COAR Fund	Fentanyl
394 #10h	Willett	HB454: Transfers DCJS's model addiction recovery program funding to Jail Mental Health Pilot program	Language only	Fentanyl
394 #9s	Srinivasan	SB690: Transfers DCJS's model addiction recovery program funding to Jail Mental Health Pilot program	Language only	Fentanyl

COAR: Commonwealth Opioid Abatement and Remediation Fund; GF = General Fund

Seven JCHC budget amendments are in the House and/or Senate budgets, cont.

Item #	Patron(s)	Description	Amount	Study
291 #6h	Willett	Requires Medicaid MCOs to adopt performance metrics for NEMT brokers and annual reporting	Language only	Transportation
291 #14s	Favola Suetterlein	Requires Medicaid MCOs to adopt performance metrics for NEMT brokers and annual reporting	Language only	Transportation

MCOs = Managed care organizations; NEMT = Non-emergency medical transportation

Six JCHC budget amendments were introduced in 2026 but left in Committee

Item #	Patron	Description	Amount	Study
282 #2h	Willett	Expands contract with VAFCC to include a focus on pharmacy services in areas that have no or very limited access to community pharmacies	FY27 & FY28: $175,000 GF	Pharmacy
291 #44h	Wachsmann	Directs DMAS to study of the cost of medications dispensed to Medicaid members through community pharmacies and propose a minimum reimbursement rate	FY27: $500,000 GF/NGF	Pharmacy
291 #46s	Suetterlein	Directs DMAS to provide guidance to Medicaid MCOs on NEMT mileage pre-authorization requirements	Language only	Transportation
433 #1h	Willett	Establishes a competitive grant program for rural localities to plan, establish, and sustain microtransit	FY27 & FY28: $5M GF	Transportation

VAFCC = Virginia Association of Free and Charitable Clinics; DMAS = Virginia Department of Medical Assistance Services

Six JCHC budget amendments were introduced in 2026 but left in Committee

Item #	Patron	Description	Amount	Study
278 #1h	Wachsmann	Eliminates requirement that VDH purchase and distribute eight milligram doses of naloxone nasal spray	Language only	Fentanyl
394 #9s	Srinivasan	SB599: Expands Jail Mental Health Pilot Program and directs DCJS to identify additional grantees	FY27 & FY28: $1M GF	Fentanyl

General Assembly considered legislation related to sickle cell disease

- HB1391 (Hayes) & SB813 (Lucas): Establishes Sickle Cell Coordinated Access Network
- HB1147 (Hayes) & SB22 (Locke): Requires bias reduction training for health care professionals
- House and Senate budget items 280 #3h, #4h, #3s and #4s: Provides additional funding for pediatric and adult sickle cell clinic networks

General Assembly considered legislation related to workforce development

HB815 (Downey) & SB405 (Lucas): Establishes the Virginia Nursing Workforce Center and transferred responsibilities for nursing incentive programs from VDH to Virginia Health Workforce Development Authority

General Assembly considered legislation on pharmacy access and fentanyl

- HB335 (Anthony): Establishes the Independent Pharmacy Access and Resilience Pilot Program; left in Appropriations
- HB830 (Callsen) & SB669 (Rouse): Requires health insurance carriers to use the pass-through pricing model
- SB421 (Favola): Permits a pharmacist to remotely provide counseling for the dispensing of MOUD through real-time, two-way audiovisual communication

NOTE/SOURCE:

Code of Virginia sets out JCHC's role in the state hospital closure process

- § 37.2-316 of the *Code of Virginia* requires DBHDS to establish a state and community consensus and planning team to create a plan for the closure of any state hospital
- Plan must be submitted to the JCHC for review at least nine months prior to the planned closure date
- JCHC must make recommendations to the General Assembly at least six months prior to the planned closure date

2026 JCHC meeting dates

Thursday, June 4 - 10:00 am

- Executive Subcommittee - 1:00 pm

Wednesday, July 8 - 10:00 am

Wednesday, September 23 - 10:00 am

Wednesday, October 21 - 10:00 am

- Executive Subcommittee – 1:00 pm

November - TBD

Joint Commission on Health Care

Address:
411 E. Franklin Street, Suite 505
Richmond, VA 23219

Phone: 804-786-5445

Website: http://jchc.virginia.gov