Joint Commission on Health Care Study of *Expanding Access to Sickle Cell Disease Treatment in Virginia* Policy Options

JCHC Policy Option	Public Comment
Option 1: The Joint Commission on Health Care could write a letter to request that the Virginia Department of Health provide an update, by September 1, 2025, on the plan for and status of the statewide sickle cell disease registry, including information about the types of data that will be collected, how the data will be used, and who will be able to access the data.	No public comment
Option 2: The Joint Commission on Health Care could introduce a budget amendment to provide funds to the Virginia Department of Health (VDH) to conduct a needs assessment to determine the extent of the need for treatment, transition, and mental health and other psychosocial support services for patients receiving services at comprehensive sickle cell treatment centers participating in the Pediatric and Adult Comprehensive Sickle Cell Clinic Networks, and to develop a plan for and an estimate of the cost of addressing such need to meet the needs of current patients and provide necessary services to new patients. VDH should report the results of the needs assessment and the plan and cost estimate to the Chairmen of House Committee on Appropriations, Senate Committee on Finance and Appropriations, and Joint Commission on Health Care by October 1, 2025.	No public comment
Option 3: The Joint Commission on Health Care could introduce a budget amendment to provide funds to the Virginia Department of Health (VDH) to conduct a needs assessment to determine the extent of need for transportation services for patient receiving services at comprehensive sickle cell treatment centers participating in the Pediatric and Adult Comprehensive Sickle Cell Clinic Networks and to develop a plan for and an estimate of the cost of addressing such need. VDH should report the results of the needs assessment and the plan and cost estimate to the Chairmen of House Committee on Appropriations, Senate Committee on Finance and Appropriations, and the Joint Commission on Health Care by October 1, 2025.	No public comment

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Option 4: The Joint Commission on Health Care could introduce a Section 1 bill directing the Virginia Department of Health (VDH) to develop a plan to ensure health care providers in hospital emergency departments have access to information about individuals with sickle cell disease to confirm patients' sickle cell status and facilitate timely and appropriate access to care. In developing such plan, VDH shall (i) consider alternative models for providing access to information about sickle cell disease for health care providers in emergency departments including determining whether the statewide sickle cell registry or other existing programs could be expanded to serve such purpose and (ii) identify any statutory or budgetary changes necessary to implement such plan. VDH shall report to the Joint Commission on Health Care regarding the plan by October 1, 2025.	No public comment
Option 5: The Joint Commission on Health Care could introduce legislation directing the Boards of Medicine and Nursing to require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure.	<u>Support</u> : Virginia Interfaith Center for Public Policy
Option 6: The Joint Commission on Health Care could introduce a Section 1 bill directing the Department of Medical Assistance Services (DMAS) to include information on the status of the Commonwealth's participation in the Cell and Gene Therapy Access Model in the annual report on the results of the annual review of all medications, services, and forms of treatment for sickle cell disease covered under the state plan for medical assistance submitted to the Chairmen to the House Committee on Health and Human Services, Senate Committee on Education and Health, and the Joint Commission on Health Care by November 15, 2025.	<u>Support</u> : Virginia Association of Health Plans
Option 7: The Joint Commission on Health Care could introduce a Section 1 bill directing the Department of Medical Assistance Services (DMAS) to develop a plan for a comprehensive sickle cell disease program to ensure that provisions governing access to sickle cell disease treatment are consistent across Medicaid managed care organizations. DMAS should report the results of the plan to the Joint Commission on Health Care by October 1, 2025.	No public comment

JCHC Policy Option	Public Comment
Option 8: The Joint Commission on Health Care could introduce a Section 1 bill directing the Department of Medical Assistance Services (DMAS) to determine the feasibility of participating in an optional Medicaid benefit for sickle cell disease or establishing Medicaid Health Homes to coordinate care for individuals with sickle cell disease to provide comprehensive sickle cell treatment services. DMAS should report their findings in the annual report on the results of the annual review of all medications, services, and forms of treatment for sickle cell disease covered under the state plan for medical assistance submitted to the Chairmen to the House Committee on Health and Human Services, Senate Committee on Education and Health, and the Joint Commission on Health Care by November 15, 2025.	No public comment