

Joint Commission on Health Care

Study of Strategies to Extend Health Care Access to Vulnerable Populations

Mobile Health Clinic Policy Options	Public Comment
<p>Option 1: The Joint Commission on Health Care could introduce legislation directing the Board of Pharmacy to work with the Department of Behavioral Health and Developmental Services to develop a process by which opioid treatment programs can apply for and receive necessary permissions and waivers to allow dispensing of opioid use disorder treatment medications from mobile units. The Board would report on the status of the process and any barriers to developing and implementing such process to the Joint Commission on Health Care by November 1, 2025.</p>	No public comment
<p>Option 2: The Joint Commission on Health Care 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, as part of the Department’s broader initiative to support other telehealth adoption programs.</p>	No public comment
<p>Option 3: The Joint Commission on Health Care 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.</p>	<p><u>Support:</u> Virginia Health Catalyst</p>
Community Paramedicine Policy Options	Public Comment
<p>Option 4: The Joint Commission on Health Care could introduce legislation directing the Virginia Department of Health’s Office of Emergency Medical Services to report to the Joint Commission on Health Care by October 1, 2025, regarding the status of draft regulations related to community paramedicine and mobile integrated healthcare.</p> <p><u>Proposed amendment to Option 4:</u></p> <p>As part of its update, OEMS should also report on the feasibility of integrating telehealth services into the delivery of emergency medical services provided by emergency medical services providers at the scene of an emergency. [Proposed by Delegate Orrock]</p>	No public comment

Community Paramedicine Policy Options, cont'd	Public Comment
<p>Option 5: The Joint Commission on Health Care could introduce a budget amendment to provide \$1.8 million to the Virginia Department of Health to establish a grant program or expand an existing grant program administered by Office of Emergency Medical Services to provide funding to allow up to 10 emergency medical services agencies to establish community paramedicine and mobile integrated healthcare programs.</p> <p><u>Proposed amendment to Option 5:</u></p> <p>The Joint Commission on Health Care could introduce a budget amendment to provide \$1.8 million to the Virginia Department of Health to establish a pilot program administered by Office of Emergency Medical Services to provide funding to local governments to establish community paramedicine and mobile integrated healthcare programs. [Proposed by Senator Favola]</p>	<p>No public comment</p>
<p>Option 6: The Joint Commission on Health Care could introduce legislation directing the Department of Medical Assistance Services to cover HCPCS Code A0998 treatment without transport when Medicaid patients call 911.</p>	<p>Support: Virginia Association of Health Plans</p>
<p>Option 7: The Joint Commission on Health Care could introduce legislation directing the Department of Medical Assistance Services (DMAS) to work with the Virginia Department of Health's Office of Emergency Medical Services to develop a plan for reimbursing community paramedicine and mobile integrated healthcare services in Virginia, in consultation with community paramedicine programs and other stakeholders including hospital systems and health plans. The plan should specify the circumstances under which services would be covered; eligible patient populations; eligible providers; whether the model would require a State Plan Amendment or modification of Medicaid managed care contracts; and whether reimbursement would be a flat fee or allow billing for individual services. DMAS would report to the Joint Commission on Health Care by October 1, 2025, regarding the content of the plan.</p>	<p>Support: Virginia Association of Health Plans</p>
<p>Option 8: The Joint Commission on Health Care 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, to allow emergency medical services providers in Virginia to receive supplemental reimbursement for uncompensated costs related to the transfer of Medicaid patients.</p>	<p>Support: Virginia Association of Health Plans</p>

Home Visiting Policy Options	Public Comment
<p>Option 9: The Joint Commission on Health Care could introduce a budget amendment to provide \$4,541,671 to Families Forward Virginia to serve a new cohort of parents that will be part of a randomized control trial required to collect evidence to be submitted to the federal Department of Health and Human Services to determine whether CHIP of Virginia meets criteria for certification as an evidence-based home visiting model consistent with the Department’s Home Visiting Evidence of Effectiveness criteria.</p>	<p><u>Support:</u> 74 comments in support; see attached</p>
<p>Option 10: The JCHC could introduce legislation directing the Department of Medical Assistance Services, in conjunction with relevant stakeholders, to convene a workgroup to develop a plan for home visiting benefit for pregnant and postpartum individuals and their families. The workgroup shall develop consensus with stakeholders and make recommendations in the plan regarding the design of various program elements including service definitions, administrative structure, eligibility criteria, provider participation requirements, population prevalence, service setting options, and federal evaluation requirements, to guide any future cost impact analysis for the proposed home visiting benefit that may be required. The Department would report to the Joint Commission on Health Care and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1st, 2025, regarding the plan for the design of a home visiting benefit and any next steps which shall be necessary for federal approval and implementation of the home visiting benefit.</p>	<p><u>Support:</u> 51 comments in support; see attached</p>
Community Health Workers Policy Options	Public Comment
<p>Option 11: The Joint Commission on Health Care 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.</p>	<p><u>Support:</u> Virginia Community Health Worker Association</p>

Community Health Workers Policy Options, cont'd	Public Comment
<p>Option 12: The Joint Commission on Health Care could introduce a budget amendment directing the Virginia Department of Health to report annually, by November 1, to the Chairs of the Senate Finance and Appropriations and House Appropriations Committees and the Director of Department of Planning and Budget regarding 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, the need for additional CHWs to meet demand for services provided by state and local health departments, any success in attracting non-state resources, and descriptions of the contracts entered by localities.</p>	<p><u>Support:</u> Virginia Community Health Worker Association</p>
<p>Option 13: The Joint Commission on Health Care could introduce a budget amendment directing the Department of Medical Assistance Services (DMAS) to convene a work group of stakeholders to design a state plan amendment (SPA) to provide reimbursement for services provided by Certified Community Health Workers (CCHWs). The plan shall include service definitions, administrative structure, eligibility criteria, provider participation requirements, population prevalence, service setting options, and federal evaluation requirements. The Department shall report to the Joint Commission on Health Care and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees regarding the plan for a SPA to provide reimbursement for services provided by CCHWs and any next steps necessary for federal approval and implementation of the SPA by October 1, 2025.</p>	<p><u>Support:</u> Virginia Association of Health Plans Virginia Health Catalyst Virginia Community Health Worker Association</p>
<p>Option 14 The Joint Commission on Health Care 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.</p>	<p><u>Support:</u> Virginia Association of Health Plans Virginia Community Health Worker Association</p>

Community Health Workers Policy Options, cont'd	Public Comment
<p>Option 15: The Joint Commission on Health Care could introduce legislation directing the Virginia Department of Health (VDH) to convene a work group composed of representatives of the Department of Behavioral Health and Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), and other relevant stakeholders to determine the feasibility of developing flexible training and certification standards that allow community health workers (CHWs) to use their education and experience to satisfy some of the requirements for qualification as a state-certified doula or registered peer recovery specialist. The workgroup would report on activities to the Joint Commission on Health Care and the chairs of the Senate Committee on Education and Health and House Committee on Health and Human Services by October 1, 2025.</p>	<p><u>Support:</u> Virginia Community Health Worker Association</p>
<p>Option 16: The Joint Commission on Health Care could introduce a budget amendment to provide \$250,000 annually to the Virginia Community Health Worker Association (VACHWA) to, in partnership with relevant stakeholders, expand workforce development efforts for community health workers. The VCHWA would report to the Joint Commission on Health Care and the chairs of the Senate Committee Education and Health, and House Committee on Health and Human Services by October 1, 2025, regarding plans for the use of such funding.</p>	<p><u>Support:</u> Virginia Community Health Worker Association Transformative Changes</p>
Telehealth Policy Options	Public Comment
<p>Option 17: The Joint Commission on Health Care 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.</p>	<p><u>Support:</u> Virginia Association of Counties Virginia Health Catalyst</p>
<p>Option 18: The Joint Commission on Health Care could introduce legislation directing the Department of Behavioral Health and Developmental Services to work with relevant state agencies and stakeholders to develop and disseminate best practice educational training for providers on how to conduct telehealth visits for patients with disabilities, including individuals with intellectual and developmental disabilities.</p>	<p><u>Support:</u> Virginia Association of Counties</p>

Telehealth Policy Options, cont'd	Public Comment
<p>Option 19: The Joint Commission on Health Care 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. The VTN would report to the Joint Commission on Health Care by November 1, 2026, regarding the results of the feasibility study and the plan to implement additional Pharmacy Care Hubs in Virginia.</p>	<p><u>Support:</u> Virginia Association of Counties</p>
<p>Option 20: The Joint Commission on Health Care 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.</p>	<p><u>Support:</u> Virginia Health Catalyst</p> <p><u>Amendment requested:</u> Virginia Association of Counties</p>
<p>Option 21: The Joint Commission on Health Care could introduce a budget amendment to appropriate the funds for e-consults.</p> <p><u>Proposed revised language for Option 21:</u></p> <p>The Joint Commission on Health Care 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 and in a manner that is budget neutral and does not increase costs. The Department shall promulgate emergency regulations to implement this change.</p>	<p><u>Support:</u> Virginia Association of Counties Virginia Health Catalyst</p> <p><u>Oppose:</u> Virginia Association of Health Plans</p>
<p>Option 22: The Joint Commission on Health Care 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 and to report to the Joint Commission on Health Care by October 1, 2025, regarding such plan and estimated costs.</p>	<p><u>Support:</u> Virginia Association of Counties</p>

Telehealth Policy Options, cont'd	Public Comment
<p>Option 23: The Joint Commission on Health Care could introduce legislation removing the exclusion of audio-only telephonic communication from the definition of telemedicine and requiring insurers to cover audio-only telephone telehealth visits to the same extent that they cover other types of telemedicine services in cases in which audio-only telephone telehealth services are clinically appropriate, provided consistent with the same standard of care as is applicable to comparable in-person services, and utilized only in cases in which other forms of telehealth are not available or cannot be accessed by the patient.</p>	<p><u>Support:</u> Virginia Association of Counties Virginia Health Catalyst</p> <p><u>Oppose:</u> Virginia Association of Health Plans</p>
<p>Option 24: The Joint Commission on Health Care could introduce a budget amendment to increase funding for the Virginia Telemental Health Initiative by \$482,000 to support increasing patients served by 50 percent.</p>	<p><u>Support:</u> Virginia Association of Counties</p>
<p>Option 25: The Joint Commission on Health Care 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, through Federal Qualified Health Centers and local community health centers, in which dental hygienists deliver teledentistry services in three nursing homes.</p>	<p><u>Support:</u> Virginia Association of Counties Virginia Health Catalyst</p>
<p>Option 26: The Joint Commission on Health Care could introduce legislation requiring the Department of Corrections (VADOC) 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.</p> <p><u>Proposed amendment to Option 26:</u></p> <p>VADOC 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.</p>	<p><u>Amendment requested:</u> Virginia Association of Counties</p>

Public comment in **support of Policy Option 9** was received from:

Addy Cooley, Family Lifeline

Alan Gollihue, Portsmouth General Hospital Foundation

Alex Rooke, Family Lifeline

Amy Fox, Children's Hospital of Richmond at VCU

Amy Malloy

Andrea Long, The Up Center

Andrea Tingler, CHIP

Angela Nichols

Angela Thomas, MedStar Health

Angela Woodley Crawley, Thrive Virginia

Anna Chamberlain, Family Lifeline

April Doughtie, CHIP of South Hampton Roads

April Duff, Family Lifeline

Ashley Vercher, Sankofa Family Center - CHIP of South Hampton Roads

Bobby Dyer, City of Virginia Beach

Carolyn Maddox, CHIP of South Hampton Roads

Cathy Downs, Family Lifeline

Christine Camper, Families Forward Virginia & Parents as Teachers State Office

Christopher Fuller, M&T Bank

Cynthia Romero, M. Foscue Brock Institute for Community and Global Health at Old Dominion University,

Dana Jennings, Roanoke City Department of Social Services

Debbie Winters, CHIP of South Hampton Roads

Douglas E. Pierce,

Emily MacCartney, CHIP of South Hampton Roads

Evelyn Jimenez Hernandez, CHIP of South Hampton Roads

Grayson Hollingsworth, CHIP of Roanoke Valley

Gregg Winston

Haley Gladden, Family Lifeline

J Copeland, CHIP

Jacob Kerkhoff, Family Lifeline

Jamia Crockett, Families Forward Virginia

Jennifer Case, Family Lifeline

Jennifer Fiechtner, Healthy Families Virginia/Families Forward Virginia

Jill Schweigart, HumanKind

John Jertson

Jon Nafziger, Child Health Partnership

Juandiego Wade, City of Charlottesville

K. Hope Schutte, Healthy Families Virginia/Families Forward Virginia

Katrice Everett, CHIP of South Hampton Roads

Kenny Alexander, City of Norfolk

Kenston Farmer, CHIP of South Hampton Roads

Lajeanne Boyd

Makayla Boyd, Healthy Families Southwest VA

Meredith Fulcher, Healthy Families Central Virginia

Meredith Thompson, CHIP of Roanoke Valley

Michele Powell, Families Forward Virginia

Midge Woods, CHIP of South Hampton Roads

Mike Cumming, CHIP of South Hampton Roads

Mozell H Booker, Child Health Partnership

My linda Moore,

Philip Saul, Family Lifeline

Phyllis Stoneburner, Healthy Chesapeake

Rachel B. Hopkins, CHIP of Roanoke Valley

Raven Armstrong, CHIP of South Hampton Roads

Ravi Respeto, United Way of Greater Charlottesville

Rhonda G. Shannon, Carilion Clinic

*Rhonda Seltz, New River Community Action
CHIP Advisory Committee*

Richard West, City of Chesapeake

Sedonnah Carter, Family Lifeline

Serwa Ertl,

Sharon Chickering, CHIP of Roanoke Valley

Sheila Kelley, CHIP of South Hampton Roads

Simone Hill, CHIP of South Hampton Roads

Starr Mason

*Stephanie Bryson, New River Community
Action*

Tameka Davis, The Up Center

*Tershawna Shannon, CHIP of South Hampton
Roads*

Thel Dominici, CHIP of South Hampton Roads

Tiffany Gray, CHIP of South Hampton Roads

Tina Ross

Toya Trager, Child Health Partnership

*Wendy Simon, Sankofa Family Center - CHIP of
South Hampton Roads*

Katie Boyle, Virginia Association of Counties

Sarah Bedard Holland, Virginia Health Catalyst

Public comment in **support of Policy Option 10** was received from:

Addy Cooley, Family Lifeline

Alex Rooke, Family Lifeline

*Amy Fox, Children's Hospital of Richmond at
VCU*

Andrea Long, The Up Center

Anna Chamberlain, Family Lifeline

April Duff, Family Lifeline

Ashley Graham, HumanKind

*Bergen Nelson, Children's Hospital of
Richmond at VCU*

Bianka Stuit, Early Impact Virginia

*Brooke Garcia, Healthy Families of the Blue
Ridge*

Cathy Downs, Family Lifeline

*Christine Camper, Families Forward Virginia &
Parents as Teachers State Office*

Christopher Fuller, M&T Bank

*Cynthia Romero, M. Foscue Brock Institute for
Community and Global Health at Old Dominion
University*

*Darlene Ransom, Mile High Kids Community
Development*

*Dashonda Fagains, Three Rivers Healthy
Families*

Debbie Lancucki, Three Rivers Healthy Families

Elizabeth Anne Whalley, Early Impact Virginia

Haley Gladden, Family Lifeline

Jacob Kerkhoff, Family Lifeline

Jacqueline Bryant, ReadyKids

Jamara Knight, Early Impact Virginia

*Jean Howard, CA & J Farm/ Mathew County
Social Services Board*

Jennifer Case, Family Lifeline

*Jennifer Fiechtner, Healthy Families
Virginia/Families Forward Virginia*

*K. Hope Schutte, Healthy Families
Virginia/Families Forward Virginia*

Kathy Phillips, Three Rivers Healthy Families

*Keisha Pettaway, Hopewell/Prince George
Healthy Families*

Kendra Parsons, Three Rivers Healthy Families

*Leslie Meekins, The Up Center - Norfolk
Healthy Families*

*Leslye Morrison, Northern Neck Christian
School*

*Lindsey Saenz, Healthy Families Central
Virginia*

*Lisa Carter, Southern Regional Hospital at
Ballad Health*

Lynn Hudgins, Three Rivers Healthy Families

Maria Brown, Family Lifeline

Martha Lee, Healthy Families/Early Head Start

Melissa Cohen, ReadyKids

*Meredith Fulcher, Healthy Families Central
Virginia*

*Nina Carr, Parent Child Development
Cooperation*

Paul Scott, Child Development Resources

Philip Saul, Family Lifeline

Reggie Rossingnol, Chesapeake Bank

*Richard Schultz, Chesapeake Bay Regional
Early Experiences Council*

Sedonnah Carter, Family Lifeline

Shannon O'Neill, ReadyKids

Tameka Davis, The Up Center

*Tomi Turner, Bedford County Department of
Social Services*

*Vanesa Livingstone, Richmond County
Department of Social Services*

Doug Gray, Virginia Association of Health Plans

Katie Boyle, Virginia Association of Counties

Sarah Bedard Holland, Virginia Health Catalyst