Recomendation	Source	Category	Legislation?	Budget Amendment?	Comments	Committee Members Questions	
Fund and Strengthen VCCS Oral Health Programs to Increase Capacity	Virginia Health Catalyst, Farmville meeting	Dental	Yes	Yes	The Virginia Community College System (VCCS) requested that the Governor include $136 million in his budget to "expand and scale career and technical education programs in health care, skilled trades, and other in-demand jobs." This request offers a a great opportunity to support dental hygiene and assisting programs in rural areas of the Commonwealth. The budget request does not specify how the funds would be allocated should they be included in the Governor's budget, so there may be an opportunity to propose budget language that ensures the funds adequately support dental hygiene and assisting programs in rural Virginia. Additionally, the Delta Dental of Virginia Foundation is partnering with VCCS to study the existing capacity of VCCS' dental hygiene and assisting programs and what policy changes would be necessary to expand that capacity. Health Catalyst aims to have concrete recommendations before the end of the year and look forward to sharing them with you.		
Ensure Oral Health Care is Included in State-Supported School-Based (K-12) Health Care Programs from a Holistic Perspective.	Virginia Health Catalyst, Farmville meeting	Dental	Yes	Yes	Last session, the General Assembly included $30 million in general funds over the biennium for the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Education (DOE) to establish school-based health clinics to serve students, families, and school staff. We are grateful for this important investment, as it will make care more accessible to children and families throughout Virginia. This is a terrific opportunity to ensure the investment is effectively implemented and evaluated, particularly in light of the Joint Commission on Health Care's recent finding that most health care workforce programs are not evaluated for effectiveness. The committee may wish to recommend that the legislature clarify that DBHDS and DOE use a portion of the funds for technical assistance to help: 1. Replicate successful school-based clinic models, including Virginia's school-based oral health clinics; and 2. Support quality improvement and evaluation, with a focus on ensuring care is comprehensive and coordinated.		
Develop a licensure pathway for foreign-trained oral health providers	Virginia Health Catalyst, Farmville meeting	Dental	Yes		Last session, the General Assembly approved HB 995, which creates a licensure pathway for foreign-trained physicians in return for practicing in an underserved area. Should this be replicated for foreign-trained dentists?	can this be made more narrow for rural areas?	
Fund, promote, and evaluate Dental and Dental Hygiene Scholarship and Loan Repayment Programs in Rural Areas/ Delta Dental of Virginia Foundation Loan Repayment Program in rural areas	Virginia Health Catalyst, Farmville meeting and Virginia Health Workforce Development Authority (VHWDA)	Dental		Yes	One reason so few dentists practice in rural areas is that they are burdened by extraordinary debt. Loan repayment programs are effective in incentivizing health professionals to practice in these areas. Several states operate dental-specific loan repayment programs and Virginia has taken this approach to address workforce shortages in other health professions, including nursing and behavioral health.		
Fund a Hub-and-Spoke Dental Residency Program Anchored by the VCU School of Dentistry	Virginia Health Catalyst, Farmville meeting	Dental		Yes	With funding, the VCU School of Dentistry will establish a hub-and-spoke model for an Advanced Education General Dentistry (AEGD) residency program in partnership with two sites across the Commonwealth. Under this model, residents would complete their didactic learning virtually with VCU faculty and complete their clinical training on-site in a partner clinic, such as a federally qualified health center. Safety net clinics in rural areas have eagerly expressed commitment to this partnership. The VCU School of Dentistry is already accredited to operate an AEGD program, meaning the chief hurdle is the start-up cost to fund an AEGD Program Director and AEGD Program Coordinator. The program will be self-sustaining after the initial costs are met. This is an opportunity to immediately increase the number of dentists practicing in rural areas and to create a career pathway for dental careers in rural areas. The dental school leaders shared an estimated budget, which I have included below.		

Authorize Medicaid payment for community health worker services to address health-related social barriers to oral health care	Virginia Health Catalyst, Farmville meeting, Similar to JCHC staff report and recommendations; ""Strategies to Expand Health Care Access to Vulnerable Populations"	Dental	Yes	Yes	We could make this a recommendation to cover CSW's for a broader range of services, not just dental.	
Fund additional doula programs at community colleges	Black Maternal Health Legisiative Summit - Rural Communities Roundtable	Maternal Health		Yes	Germana Community College has doula program in place	
Require/fund additonal training for health providers in implicit bias awareness and cultural sensitivity	Black Maternal Health Legisiative Summit - Rural Communities Roundtable	Maternal Health	Yes	Yes		What does VDH require or recommend now?
Direct the Department of Medical Assistance Services (DMAS) to convene a workgroup to develop a plan for a Medicaid home visiting benefit for pregnant and postpartum individuals and their families.	Joint Commission on Healthcare (JCHC) 10/23 Meeting	Maternal Health	Yes	Yes		
Fund Families Forward Virginia to serve a new cohort of parents that will be part of a randomized control trial required to collect evidence to determine whether CHIP of Virginia meets criteria for federal certification as an evidence-based home visiting model.	Joint Commission on Healthcare (JCHC) 10/23 Meeting	Maternal Health		Yes		
Legislate and fund maternal health pay parity	Katie Page (ACNM) and Katie Baird (Centra), Farmville meeting	Maternal Health	Yes	Yes	Medicaid/Medicared reimbursement parity for midwives, obstetrics, free standing clinics and birthcenters	
Re-establish Maternal Health Data and Quality Measures Taskforce	Katie Page (ACNM) and Katie Baird (Centra), Farmville meeting	Maternal Health	Yes			
Amend or remove budget language that details a Body Mass Index (BMI) threshold of 40 or greater for coverage of anti-obesity medication (AOMs). Ensure that patients are not removed from GLP-1 coverage when BMI goal is reached	Dr. Wolver, American Diabetes Association®, Eastern Shore	Obesity	yes	yes	I think the medication should be included to say maintain BMI of ...	Should we set a different BMI level or use another standard?
Direct Department of Medical Assistance Services (DMAS) to develop a plan to incorporate the diabetes prevention program as a covered service under the Medicaid state plan	Joint Commission on Healthcare (JCHC), American Diabetes Association®	Obesity	Yes		Two Medicaid MCOs piloted an evidence-based prevention program, the Diabetes Prevention Program, that successfully targets people who are at high risk for type 2 diabetes by promoting a change in lifestyle factors for modest weight loss. The program could benefit people with obesity; however, this program is not currently a covered Medicaid benefit.	
Direct Department of Medical Assistance Services (DMAS) to remove service limits for medically necessary medical nutrition therapy	Joint Commission on Healthcare (JCHC)	Obesity	Yes			
Direct the Department of Housing and Community Development (DHCD) to include broadband access services for mobile health clinics, telehealth access points (including Pharmacy-Based Telehealth Pods and school clinics), and free clinics	Joint Commission on Healthcare (JCHC) 10/23 Meeting and Virginia Hospital & Healthcare Association (VHHA)	Telehealth		Yes	can this be accomplished by a letter?	
Require health care provider reimbursement for telephone only telehealth	UVA Health, Southwest meeting presentation	Telehealth	Yes	Yes	DMAS is allowing coverage for telephone only visits in some circumstances. Private insurance is not (they did during the COVID pandemic and then stopped)	Do we already have a cost estimate on this?
Ensure coverage and payment for patient-generated eVisits	UVA Health, Southwest meeting presentation	Telehealth	Yes	Yes		
Direct the Virginia Board of Education (VDOE) to require local boards of education to establish policies to facilitate students' access to telehealth services during the school day.	Joint Commission on Healthcare (JCHC) 10/23 Meeting	Telehealth				
Fund the Virginia Telemental Health Initiative (VTMHI) to increase its patient services by 50% with an emphasis on serving a more complex patient population with culturally and linguistically appropriate services	Virginia Telemental Health Initiative (VTMHI)	Telehealth		yes	Cost estimate $482000	
Fund remote patient monitoring and mobile health devices (e.g., mobile ultrasound) and mobile health units	Black Maternal Health Legisiative Summit - Rural Communities Roundtable	Telehealth		Yes		
Direct DMAS to provide supplemental payments for transportation services when other pathways are unavailable or impractical, ensuring continued access to health care services	Virginia Hospital & Healthcare Association (VHHA) and Committee members	Transportation	Yes			
Fund pilot program for nonemergency medical transportation for patients going to free clinics	Committee members	Transportation		Yes		
Create state funded grants or programs to support rural health care businesses	Dr. Stallings, DNP (Franklin), virtual meeting	Workforce	Yes	Yes		
Fund increase and focus on service of rural areas through the Earn to Learn Program	Virginia Health Workforce Development Authority (VHWDA)	Workforce			Earn to Learn Program	
Continue to expand Interstate licensing compacts for healthcare providers	Marschall Smith with state physicians compact group out of Denver	Workforce	Yes			30% of doctors getting compact license say doing that so they can serve rural areas.
Increase Graduate Medical Education (GME) and Residency Funding (priority for FY 2026)	Virginia Health Workforce Development Authority (VHWDA)	Workforce	Yes	yes	Virginia has a compartively low number of residencies and only retains 17% of it residents. GME stands for graduate medical education, which is the period of training after medical school that prepares doctors for medical practice. GME includes residency and fellowship programs, and is also known as residency and fellowship training. seek Additional funding in the FY 2026-2028 budget to award up to 55 new slots per cohort Remove current regulatory and budget language capping each residency award amount at $100,000 [national average is $187K]. Our initial recommendation is an increase to $160,000/slot, which would increase state funding of the GME supplemental program by $3.3 million for new residency slots or $6.15 million for all existing and new slots.	
Request JLARC study of the feasibility of establishing a Secretary of Rural Affairs	Dr. Andrew Block, Senator Aird, Eastern Shore	Workforce	yes	Yes	Bill was carried by Senator Aird, SJ 21, passed the Senate, was continued to 2025 in House Appropriations	
Direct the Board of Nursing to amend regulations so students can complete clinical experiences beyond 50 miles without Board approval	Virginia Hospital & Healthcare Association (VHHA) and Virginia Health Workforce Development Authority (VHWDA)	Workforce				

Prioritize child care funding for health care professionals and essential personnel	Virginia Hospital & Healthcare Association (VHHA)	Workforce		Yes	We cannot underestimate this need in rural areas, need to atract the families to bring them to the high need areas	
Amend Board of Nursing regulations so observational experiences count towards some student direct clinical care requirements	Virginia Hospital & Healthcare Association (VHHA)	Workforce	Yes			