



House Select Committee on Advancing Rural and Small Town Health Care

June 18, 2024, at 12:30 p.m.

Longwood University, Maugans Alumni Center, Martinelli Board Room 1

<https://studies.viriniageneralassembly.gov/studies/678>

The House Select Committee on Advancing Rural and Small Town Health Care (the Committee) met in Farmville with Delegate Rodney T. Willett, chair, presiding.¹ Delegate Willett began the meeting by introducing W. Taylor Reveley IV, the current president of Longwood University. President Reveley spoke about the importance of the efforts of the Committee in rural communities such as Farmville. The meeting continued with introductions and opening remarks followed by presentations and discussion. Materials presented at the meeting are accessible through the [Committee's meetings webpage](#).

Consideration of Committee Policy for Electronic Meetings

Chandler Brooks, staff attorney with the Division of Legislative Services, presented a draft policy for electronic meetings held under § 2.2-3708.3 of the Code of Virginia. The Committee unanimously voted to adopt the policy.

Presentation: Addressing the Dental Needs of the Underserved

Polly Raible, Executive Director, Delta Dental of Virginia Foundation

Ms. Raible presented an overview of the Delta Dental of Virginia Foundation (the Foundation) and its work to improve Virginians' oral health. She discussed the detrimental effects of poor oral health on other health issues and on a person's ability to learn, work, socialize, eat properly, and control chronic conditions and noted that preventive oral health care is essential to improving oral health and lowering future costs of dental care. Barriers to dental care in rural areas include a shortage of providers, particularly providers who accept Medicaid, geographic isolation, lack of transportation, and poverty. The Foundation has worked toward improving oral health by providing education and supplies, offering grants for dental health safety net providers, and offering loan repayment programs for dentists and dental hygienists. The Foundation is also working on changing the system of oral health care by focusing its efforts and resources on creating a school-based oral health learning collaborative, establishing centers for inclusive dentistry, and developing a workforce plan in conjunction with Virginia Health Catalyst's Future of Public Oral Health Taskforce.

Presentation: The Oral Health Workforce Gap Assessment

Sarah Bedard Holland, CEO, Virginia Health Catalyst

Ms. Holland presented an overview of Virginia Health Catalyst and the organization's work to ensure that all Virginians have equitable access to comprehensive health care that includes oral

¹ **Members Present:** Delegate Rodney T. Willett (chair), Delegate Robert D. Orrock, Sr. (vice-chair), Delegate Nadarius E. Clark, Delegate Joshua G. Cole, Delegate Amy J. Laufer, Delegate Israel D. O'Quinn, Delegate Daniel W. Marshall III, Delegate Mark D. Sickles, Delegate Kannan Srinivasan, Delegate Howard Otto Wachsmann, Jr.

Members Absent: Delegate Candi Mundon King, Delegate Ellen H. Campbell

health care. Virginia Health Catalyst's recent report on barriers to dental care highlights that dental care must be affordable, accessible, available, and appropriate. Ms. Holland emphasized the importance of developing an oral health workforce to address barriers to dental care, noting that there are too few oral health professionals who provide dental services to uninsured or Medicaid-enrolled Virginians. Currently, only 27 percent of licensed dentists in Virginia accept Medicaid as a form of dental insurance.

Ms. Holland highlighted various challenges facing the oral health profession and offered recommendations to overcome those challenges, including (i) insufficient training opportunities, particularly in rural areas, for which Ms. Holland recommended funding and strengthening oral health programs to increase capacity, ensuring funding models adequately support health science programs, and exploring the hub and spoke model for dental residency programs; (ii) lack of coordination between employers and educators, for which Ms. Holland recommended investing in public and private collective impact partnerships; (iii) unclear pathways to enter into and grow in oral health professions, for which Ms. Holland recommended developing and marketing oral health career pathways, ensuring the availability of a stackable curriculum, and supporting coordinated, evidence-based programs to introduce young students to oral health careers; (iv) significant student loan debt, for which Ms. Holland recommended funding, promoting, and evaluating dental and dental hygiene scholarship and loan repayment programs in rural areas; and (v) limited use of innovative care and models, for which Ms. Holland recommended ensuring that all providers are able to practice to the capacity of their license, developing a licensure pathway for foreign-trained oral health providers, ensuring that oral health care is included in state-supported, school-based health care programs, and adopting Medicaid payment for community health worker services to address health-related barriers to oral health care.

Presentation: The Virginia Health Safety Net Post-Medicaid Expansion

Rufus Phillips, Executive Director, Virginia Association of Free and Charitable Clinics

Mr. Phillips presented an overview of the Virginia Association of Free and Charitable Clinics and highlighted the gaps in service areas in Southside Virginia. He described free clinics as volunteer-supported health care organizations that "fill the gaps" in health care and provide wraparound services to address social determinants of health. Services are provided regardless of a patient's ability to pay, and eligibility is usually restricted to individuals who are uninsured, underinsured, or have limited or no access to health care. Out of the 68 free clinics in Virginia, 30 provide care to the underserved in rural and small-town communities. The rural care access issues reported by free clinics include travel distance, lack of transportation services, lack of broadband access, overall provider shortage, scarcity of rural hospitals, reduction in services at existing rural hospitals, scarcity of specialty care, low rate of medical and dental provider participation in Medicaid, inability of existing Medicaid providers to accept new Medicaid patients, social determinants of health, increased need for certified medical interpretation, and racial and ethnic bias. Mr. Phillips highlighted the innovative efforts clinics are making to address rural access issues, such as developing mobile clinics; offering telemedicine and remote health monitoring; investing in language interpretation resources; utilizing community health workers, patient navigators, and peer recovery specialists; and offering in-school health screenings, vaccinations, and health education.

Mr. Phillips offered a number of recommendations for improving rural health care and safety net sustainability, including investing in rural public health, enhancing collaboration between local



health departments and free clinics, investing in services and programs to support social determinants of health, providing greater access to lower-cost medications, providing Medicaid reimbursement for community health workers, increasing the Medicaid reimbursement rates for health care providers, maintaining and enforcing existing Certificate of Public Need charity care conditions, enhancing state funding of free clinics, and making free clinics eligible entities for Health Resources and Services Administration grants for medically underserved and health provider shortage areas.

Maternal Health Panel Discussion

Karen Kelly, CM, MS, FACNM, President, Virginia ACNM

Katie Page, CNM, FACNM, CMG Women's Center and Legislative Liaison, ACNM

Sheldon Barr, President, VCU Health Community Memorial Hospital

Dr. Rebecca Rieck, MD, Maternal and Fetal Medicine, UVA

Ms. Page began the panel discussion by speaking about midwifery care provided by certified nurse midwives and licensed certified midwives. Certified nurse midwives and licensed certified midwives are licensed by the Board of Nursing, are regulated by the Joint Boards of Nursing and Medicine, and practice in accordance with Standards of Practice issued by the American College of Nurse-Midwives. Ms. Page advocated for collaborative care models and collaborative interaction between midwives and physicians. She highlighted a number of opportunities to improve both maternal health and the practice of midwifery, including enhancing the status of licenses for certified midwives and certified nurse midwives; expanding midwifery education programs; continuing nurse preceptor incentives; continuing loan repayment programs; reestablishing the Task Force on Maternal Health Data and Quality Measures; expanding hospital privileges by including certified midwives and certified nurse midwives as eligible members of "organized medical staff" and facilitating admitting privileges for certified midwives and certified nurse midwives; improving Medicare reimbursement rates for obstetric and mental health care provided by midwives; and transforming the mental health model to improve the experience of care, reduce avoidable adverse outcomes, and increase access to midwifery and doula services.

Ms. Barr spoke next about the VCU Health Community Memorial Hospital in South Hill and discussed unique maternal health needs and challenges facing rural communities, including social determinants of health, tobacco and substance use, teen pregnancy, sexual health, and mental health. Ms. Barr highlighted various health-related community programs that the hospital is engaged with.

Dr. Rieck concluded the panel discussion by speaking about the importance of seeing patients in their physical location, noting that many people in rural Virginia travel over 60 miles to go to the hospital when they give birth. According to Dr. Rieck, around 15 percent of women have hypertension during pregnancy, 80 percent of women have persistent hypertension after a pregnancy complicated by hypertensive diseases of pregnancy, and 14 percent of women develop severe hypertension after hospital discharge post-delivery. Dr. Rieck described various opportunities to expand high-risk obstetric care in Virginia, including increasing access to postpartum hypertension monitoring remote patient monitoring, maternal-fetal medicine, telemedicine consultations, and inpatient consult services.



Public Comment and Next Meeting

The Committee opened the floor to public comment. A member of the public spoke about the importance of preparing for a future H5N1 pandemic. A representative of the Virginia Interfaith Center for Public Policy spoke about the difficulty of accessing maternal health care and the difficulty of starting a Medicaid program for everyone in Virginia beyond free clinics. A member of the public remarked on the poor conditions of Hiram Davis Medical Center and the limited availability of training centers. A pharmacist spoke about the efforts pharmacies are making to improve health care in Virginia.

The Committee discussed the potential dates and location for its next meeting as September 17 and 18 in the eastern region of the Commonwealth.

For more information, see the [Committee's website](#) or contact the Division of Legislative Services staff:

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