

# 2024 Policy Priorities

SUPPORT: HB 1499/SB 155 Virginia Health Workforce Development Authority

Establishes the Virginia Health Workforce Innovation Fund to be administered by the Board of the Virginia Health Workforce Development Authority. The Board shall use the Fund to provide grants to facilitate regional collaboration on health care innovation and workforce development and the formation of regional, employer-led partnerships that prioritize workforce growth and training. The bill provides for the formation across the Commonwealth of regional councils, defined in the bill, consisting of representatives from the government, health care, and education sectors. Under the bill, regional councils may submit applications for collaborative projects in their regions that enhance private-sector growth, competitiveness, and workforce development. A portion of the grant funds will be awarded on a population basis and a portion on a competitive basis.

House: Assigned to Appropriations HHR subcommittee, 2/8/24

Senate: passed, 2/5/24

SUPPORT: VHWDA Operational Funding (Item 275 in current budget)

Out of this appropriation, \$1,817,272 the first year and \$1,817,272 the second year from the general fund shall be transferred to the Virginia Health Workforce Development Authority for operational costs to support health workforce initiatives across the Commonwealth. Funding will match federal funding received from the United States Department of Health Resources and Services Administration of \$1,317,272 in the first year and \$1,317,272 in the second year for management of the Virginia Area Health Education Centers. \$250,000 the first year and \$250,000 the second year will go toward oversight and management of the graduate medical education programs for primary care. \$250,000 in the first year and \$250,000 in the second year will provide central oversight and regulatory review of the Health Innovation Fund.

SUPPORT: HB 1130/SB 35 Renewal of licensure

Will require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure. Addressing health disparities must include education for healthcare professionals to fully understand their patients.

House: passed, 2/5/24Senate: passed, 2/5/24

## SUPPORT: HB 594/SB 615 Community Health Workers

Directs the Department of Medical Assistance Services to amend the state plan for medical assistance services to include a provision for payment for services provided by certified community health workers. The bill directs the Department to convene a work group of stakeholders to design the certified community health worker services benefit and to seek federal approval through a state plan amendment to implement the benefit.

House: tabled, 2/7/24Senate: passed, 2/8/24

# SUPPORT: HB 1269/SB 626 Barrier crimes; adult substance abuse and mental health services

Permits hiring individuals convicted of certain barrier crimes of misdemeanor assault and battery or involving controlled substances without additional screening or other requirements, provided that such conviction occurred more than five years prior to the application date for employment. Individuals addressing their Substance Use Disorders are best helped by those who have had similar experiences. The lack of Peer Recovery Specialists in rural communities should be addressed by allowing individuals with lived experience to guide others.

House: passed, 2/6/24Senate: passed, 2/7/24

#### SUPPORT: HB 1318/SB 488 Home & Community Based Services Medicaid Waivers

Directs the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to seek federal authority through the necessary state plan amendments under Titles XIX and XXI of the Social Security Act to seek to modify the program rules for certain 1915(c) Home and Community Based Services Medicaid Waivers to (i) modify the 40-hour-per-week work limit to allow legally responsible individuals with more than one waiver-receiving child to receive reimbursement for 40 hours of work per week per child receiving a waiver; (ii) eliminate the requirement that, in order for a legally responsible individual to receive reimbursement for personal care services, no one else be available to provide services to the member; and (iii) modify the program rules to allow a legally responsible individual or stepparent to be the employer of record.

House: read 1st time, 2/8/24

Senate: Referred to Finance & Appropriations, 2/1/24

#### SUPPORT: HB 970/ SB 231 Children; comprehensive health care coverage program

Rural hospitals have a federal mandate to treat all patients, regardless of insurance status. Uninsured patients create a financial hardship for hospitals, making it difficult to stay open to serve the community. All children should have access to healthcare.

House: Health & Human Resources tabled, 2/2/24

Senate: Referred to Finance and Appropriations, 2/1/24

### SUPPORT: HB 935/SB 118 Health insurance; coverage for doula care services

Research indicates that doulas positively impact several maternal and infant health outcomes and experiences. Expansion of doula care, with a focus on women who experience worse maternal health outcomes, has the potential to reduce disparities in clinical outcomes and improve care experiences. This is especially important in rural communities with limited access to prenatal care.

House: Block Vote Passage, 2/7/24

Senate: Referred to Finance and Appropriations, 2/5/24

OPPOSE: SB 493 Medical Malpractice

Eliminates the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred on or after July 1, 2024, and occurred against a patient age 10 or younger.

**The Virginia Rural Health Association (VRHA)** is a nonprofit organization working for the 2.5 million people who call rural Virginia home. Our mission is to improve the health of rural Virginians through education, advocacy, and fostering cooperative partnerships.