

**REPORT OF THE SELECT COMMITTEE ON
ADVANCING RURAL AND SMALL TOWN
HEALTH CARE**

**Select Committee on
Advancing Rural and Small
Town Health Care Final
Report – December 15, 2024**

TO THE GENERAL ASSEMBLY OF VIRGINIA



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HOUSE SELECT COMMITTEE ON ADVANCING RURAL AND SMALL TOWN
HEALTH CARE

FINAL REPORT

TO THE SPEAKER OF THE HOUSE AND THE GENERAL ASSEMBLY OF VIRGINIA

COMMONWEALTH OF VIRGINIA
DECEMBER 15, 2024

Members of the House Select Committee on Advancing Rural and Small Town Health Care

Chair

The Honorable Rodney T. Willett

Vice Chair

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Introductory Letter from the Chair

Mr. Speaker:

Growing up in rural Prince Edward County, I never wondered why my mother drove my brothers and me from Farmville to Richmond to see the pediatrician or dentist for checkups. I also never asked why many of my friends rarely, if ever, had any type of checkups. And it just seemed like another trip to Richmond when I stayed with my grandparents there while my mom delivered my youngest brother at a Richmond hospital instead of the one in Farmville.

With the benefit of some years of perspective and now having lived in several other parts of Virginia, I eventually realized that my health care experience in Prince Edward County was atypical for most people living in rural areas who need access to health care services. My legislative experience through various health-related committees, boards, and commissions has also exposed me to a troubling reality: most people living in rural Virginia have a shorter life expectancy than those living in areas with better access to health care. That is an egregious disparity, and I know this is one of the reasons you took the initiative, as your first action as Speaker of the House, to create the Select Committee on Advancing Rural and Small Town Health Care.

Per your direction in creating the committee and naming me as chair, our members have traveled across the Commonwealth to hear from health care providers and citizens. From Southwest to Southside and the Eastern Shore, we visited beautiful parts of Virginia but saw areas that sorely lack the health care services that all Virginians should be able to access. As you noted in your letter creating the committee, rural hospitals have been closing at an alarming rate. We also have seen that the statewide shortage of health workers is particularly acute in rural areas. And even where rural residents have a health care provider available, many people lack transportation to doctors' appointments and dental check-ups. The latter challenge is particularly concerning because pregnant women and their babies in rural areas face higher mortality rates when mothers cannot get to prenatal and postpartum appointments.

This report outlines our committee's recommendations based on the information we collected at our meetings in rural areas. It also highlights the excellent work on these topics being done in parallel with our efforts by the Virginia Rural Health Association, State Office of Rural Health with the Virginia Department of Health, Virginia Department of Medical Assistance Services, Joint Commission on Health Care, Virginia Health and Hospital Association, and the Black Maternal Health Legislative Summit.

The report organizes our recommendations around six areas of focus: health workforce, maternal health, dental care, obesity, telehealth, and transportation. The attached appendix briefly summarizes each recommendation and indicates whether a bill and/or budget amendment would be required for each recommendation.

While many of our rural health care recommendations should benefit all areas of Virginia, the issues we are addressing are more severely impacting people in rural areas. For example, I have

constituents in urban, suburban western Henrico County who suffer from obesity, but we know that obesity is much more common and life-threatening in rural areas. We have included recommendations to address the rural area obesity crisis, and those same recommendations, if adopted by the legislature, should benefit people across the Commonwealth.

There are even more rural health care issues that we have not addressed here due to time limitations or because other state entities are already focused on them. We must stress, however, that these different areas of need, including mental health, opioid addiction, pharmacy deserts, and heart disease, are critical health care issues in rural areas and also deserve the Commonwealth's continued focus and action.

I want to thank my fellow committee members and staff who traveled the state with me and have provided invaluable input with this report. I also appreciate our meeting hosts across Virginia and the excellent set of presenters we had throughout this process.

The committee's work is done only to the extent that we are providing the requested recommendations. We and the entire legislature have much work to do to implement the recommendations in coming legislative sessions, and we need to continue focusing on rural health care's challenges.

Please share any questions that you may have about the recommendations. I welcome the opportunity to provide a briefing or related presentations of our work.

Sincerely,

A handwritten signature in black ink, reading "Rodney T. Willett". The signature is written in a cursive style with a large, sweeping initial "R".

Rodney T. Willett

Chair, House Select Committee on Advancing Rural and Small Town Health Care

Health Workforce

The Committee recommends the following policies to improve the health workforce available in rural areas.

Recommendation 1

The General Assembly may wish to create state-funded grants or programs to support rural health care businesses and organizations in recruiting health care talent. No such state-funded grants or programs exist for rural health care, and recruiting health care providers to rural areas is challenging without sufficient incentives.

Recommendation 2

The General Assembly may consider increasing funding in the Appropriation Act for the Earn to Learn Nursing Education Acceleration program. This program addresses critical workforce shortages for nurses across the Commonwealth by providing funding to educational institutions in the Commonwealth that offer Virginia Board of Nursing-approved nursing education programs for pre-licensure Registered Nurses and Licensed Practical Nurses. The program fosters collaborative clinical training arrangements between grant recipients, hospitals, health providers, and nursing students by providing nursing students with a paid clinical apprenticeship that allows the students to earn a wage comparable to their current level of practice while the students train to obtain a higher certification level.

Recommendation 3

The General Assembly may wish to consider becoming a signatory to occupational licensing compacts for health care professions when the option arises. Occupational licensure compacts improve licensure portability, establish uniform standards to lower barriers to multi-state practice while preserving a state's practice act and initial licensure process, and enhance public protection through a data system that allows member states to efficiently communicate licensure data, including disciplinary actions against licenses.

Recommendation 4

The General Assembly may wish to consider increasing funding in the Appropriation Act in FY 2026 to increase the Graduate Medical Education (GME) and Residency Funding cap to \$160,000 from \$100,000 per slot and amending regulatory language to increase Graduate Medical Education (GME) and Residency Funding. The national average for such funding is \$187,000 per slot. The Commonwealth has a comparatively low number of residencies and only retains 17% of its residents, thus, additional funding could help with retention.

Recommendation 5

The General Assembly may request that the Joint Legislative Audit and Review Commission (JLARC) study the feasibility of establishing a Secretary of Rural Affairs. Rural communities face many interconnected issues, including access to health care, broadband, and transportation, in addition to workforce shortages. A Secretary of Rural Affairs would serve as a single point of access to address social determinants of health and provide support, oversight, and assistance for issues related to rural health.

Recommendation 6

The General Assembly may wish to direct the Board of Nursing to amend its regulations to permit nursing education programs in the Commonwealth to allow students enrolled in such programs to complete clinical experiences at agencies 50 miles or more from the program without seeking Board approval. Current Board of Nursing regulations are particularly burdensome to nursing students in rural areas, who often must travel more than 50 miles to make the required observations.

Recommendation 7

The General Assembly may direct the Board of Nursing to amend its regulations related to nurse education programs to permit a certain number of observational experience hours to count towards a nursing student's direct clinical care requirements.

Recommendation 8

The General Assembly may consider increasing the Appropriation Act funding to provide childcare for health care professionals and essential personnel. Childcare availability is a significant barrier for health care workers, as the lack of reliable and affordable childcare options can prevent them from fully participating in their work due to the need to care for their children, often leading to missed shifts, reduced hours, or even leaving the health care profession entirely.

Recommendation 9

The General Assembly may wish to introduce a budget amendment to provide funding to the Virginia Community Health Worker Association (VACHWA) to expand workforce development efforts for community health workers in partnership with relevant stakeholders.

Maternal Health

The Committee recommends the following policies to improve maternal health outcomes in rural areas.

Recommendation 1

The General Assembly may consider increasing funding to invest in additional Virginia Community College System doula programs. Community doulas support pregnant and postpartum women by grounding themselves within the community, languages, and value systems of the populations that they serve. Local health care partners develop community college doula programs to ensure health equity and quality care. Students learn childbirth education, lactation support, and how to refer mothers to necessary health and social services.

Recommendation 2

The General Assembly may require and fund additional training for health providers in implicit bias awareness and cultural sensitivity. Extensive documentation has attributed the misdiagnosis of women of color to health care providers' implicit biases. Addressing preconceived biases and cultural norms in rural communities will allow health care providers to better assist and understand their patients.

Recommendation 3

The General Assembly may 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. As the Joint Commission on Health Care (JCHC) recently reported, home visiting programs support expectant and new parents, families, and children who are at risk for poor maternal and child outcomes. Medicaid funding could enhance the capacity of home visiting services. Currently, 28 states offer a home visiting benefit through their state Medicaid programs, and most states that cover home visiting services do so through a Medicaid state plan amendment.

Recommendation 4

The General Assembly may consider further funding Families Forward Virginia to serve a new cohort of parents who will participate in a randomized control trial to collect evidence to determine whether CHIP of Virginia meets the criteria for federal certification as an evidence-based home visiting model.

Recommendation 5

The General Assembly may consider introducing legislation and increasing funding for maternal health pay parity, including reimbursement parity for licensed midwives, licensed certified midwives, obstetrics, free-standing clinics, and birth centers. Midwives play a critical role in reducing maternal mortality by providing safe perinatal care in homes, birth centers, and rural hospitals. In Virginia, 31% of counties, all of which are rural, have limited or no maternity care services, creating maternity care deserts where midwives can help to bridge the gap. Increasing Medicaid reimbursement for all midwives will expand access to maternity care, especially in underserved areas.

Recommendation 6

The General Assembly may consider re-establishing the Maternal Health Data and Quality Measures Taskforce. In 2021, the General Assembly assigned the State Health Commissioner to establish the Task Force. Its purpose was to evaluate maternal health data collection processes and guide policies in the Commonwealth aimed at improving maternal care, quality, and outcomes for all birthing individuals. The Task Force concluded its work with 22 recommendations. Continuing the Task Force's efforts would enable a more in-depth exploration of additional issues and provide insight into how to effectively address them, particularly in rural areas.

Dental Care

The Committee recommends the following policies for the improvement of dental care available in rural areas.

Recommendation 1

The General Assembly may wish to allocate additional funding and strengthen the Virginia Community College System's oral health programs to increase student capacity. Expanding and scaling career and technical education programs in oral health care will create more providers for those in-demand jobs. This also increases the support for dental hygiene and assisting programs in rural areas of the Commonwealth with acute shortages of providers by encouraging earlier entry into the field.

Recommendation 2

The General Assembly may wish to include oral health care in state-supported school-based (K-12) health care programs. Through this recommendation, the legislature could clarify that the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Education (VDOE) should allocate funding for technical assistance to help replicate successful school-based clinic models, Virginia's school-based oral health clinics. Additionally, this recommendation could require quality improvement and evaluation efforts to ensure that care is comprehensive and well-coordinated.

Recommendation 3

The General Assembly may consider funding, promoting, and evaluating scholarship and loan repayment programs for dental and dental hygiene professionals in rural areas. These loan repayment programs effectively incentivize health professionals to practice in underserved regions. Several states have established dental-specific loan repayment programs, and Virginia has adopted this approach to tackle workforce shortages in various health professions, including nursing and behavioral health.

Recommendation 4

The General Assembly may consider funding a Hub-and-Spoke Dental Residency Program led by the Virginia Commonwealth University (VCU) School of Dentistry. This support would enable VCU to establish an Advanced Education in General Dentistry (AEGD) residency program in partnership with two sites across the Commonwealth. Residents will learn virtually with VCU faculty while receiving clinical training at local clinics, including federally qualified health centers in rural areas. Although VCU is already accredited for an AEGD program, initial funding is needed for a program director and coordinator. Once established, the program will be self-sustaining. This initiative aims to create career pathways in these communities and increase the number of dentists in rural regions.

Obesity

The Committee recommends the following policies to address the prevalence of obesity in rural areas.

Recommendation 1

The General Assembly may wish to introduce legislation or a budget amendment to lower the Body Mass Index (BMI) threshold for anti-obesity medications (AOM) coverage. Currently, the threshold is set at a BMI of 40 or greater. Additionally, it is important to ensure that patients are not removed from GLP-1 coverage once they reach their weight loss goals.

Virginia's current budget language mandates that Virginia Medicaid will only cover GLP-1 weight management medications for individuals with a BMI greater than 40.0 kg/m² or for those with a BMI greater than 37.0 kg/m² who also have a co-morbid weight-related condition, such as diabetes. Physicians have expressed concern that these criteria are excessively restrictive. Furthermore, health care providers are also apprehensive that once a patient's BMI falls below 40, they become ineligible for the medication and cannot access it again, which often results in the patient regaining weight and becoming obese again.

Recommendation 2

The General Assembly may wish to instruct the Department of Medical Assistance Services (DMAS) to create a plan to include a diabetes prevention program as a covered service under the Medicaid state plan. Implementing diabetes prevention programs could help lower rates of obesity and diabetes.

Recommendation 3

The General Assembly may direct the Department of Medical Assistance Services (DMAS) to remove limits on medically necessary medical nutrition therapy (MNT). While state law mandates MNT coverage for diabetes, coverage for other conditions is optional for insurers. Medicaid provides MNT as a behavioral health intervention for adults with obesity or specific chronic conditions but imposes annual limits on the number of MNT service units an insured person can receive.

Telehealth

The Committee recommends the following policies to increase the accessibility of telehealth in rural areas.

Recommendation 1

The General Assembly may instruct the Department of Housing and Community Development (DHCD) to incorporate broadband access services for mobile health clinics, telehealth access points (including pharmacy-based telehealth pods and school clinics), and free clinics. The limited broadband and telehealth technology availability in rural areas restricts access to telehealth services. Telehealth Access Points (TAPs) are community spaces equipped with the necessary technology and internet infrastructure to facilitate these services. Pharmacy Care Hubs, a type of TAP, are located within pharmacies. Schools can also serve as TAPs.

Recommendation 2

The General Assembly may consider introducing legislation to require reimbursement for telephone-only telehealth services when medically appropriate. Under current Virginia law, insurers are prohibited from denying coverage for a health care service solely because it is delivered via telemedicine instead of through face-to-face consultations or interactions between a health care provider and a patient, as long as the insurer has determined that the service is suitable for telemedicine delivery.

However, the Code of Virginia explicitly excludes services provided by "audio-only telephone" from the definition of "telemedicine." As a result, the prohibition against excluding telemedicine services does not apply to those offered via audio-only telephone. While some insurers may opt to reimburse certain audio-only telehealth services, others refuse to cover these types of visits, creating a gap in coverage.

Recommendation 3

The General Assembly may consider introducing legislation to ensure coverage and payment for patient-generated eVisits. These are telehealth visits in which the patient initiates communication with the provider. Under current law, reimbursement for telehealth or eVisits is only provided when a health provider initiates the communication.

Recommendation 4

The General Assembly could introduce legislation requiring the Virginia Board of Education (VDOE) to require that local boards of education establish policies for student access to telehealth services during the school day, including designated private spaces for appointments. By leveraging their broadband access, Virginia schools can serve as important access points for telehealth services, expanding the availability of health care services for vulnerable children, particularly in rural areas that lack health care facilities. To enable these services, local boards of

education would need to adopt policies to set guidelines for school-based telehealth access points (TAPs).

Recommendation 5

The General Assembly may consider funding the Virginia Telemental Health Initiative (VTMHI) to increase patient services by 50%. This expansion will focus on serving a more complex patient population and providing culturally and linguistically appropriate services. The program can deliver mental health services to rural populations that otherwise would lack that care.

VTMHI is a pilot program designed to enhance access to timely and appropriate telemental health services for low-income individuals and those uninsured or underinsured. The initiative is staffed by pairing pre-licensed behavioral and mental health professionals with experienced supervisors, helping them achieve the necessary client contact hours. This program also offers pro bono support at free and charitable clinics.

Recommendation 6

The General Assembly may consider funding mobile health devices and mobile health units and targeting these technologies in rural areas. Mobile health clinics effectively fill gaps in the health care system by serving vulnerable and underserved populations lacking access to regular services. They tailor their offerings to community needs, removing cost and distance barriers to reach patients who might not seek care otherwise. Mobile health devices, including remote patient monitoring, help patients access continuing care. This is particularly beneficial for patients needing frequent medical visits, such as those in high-risk pregnancies that require regular ultrasounds.

Transportation

The Committee recommends the following policies to improve transportation options for individuals seeking health care in rural areas.

Recommendation 1

The General Assembly may consider funding a program with the Department of Medical Assistance Services (DMAS) for non-emergency medical transportation to assist patients traveling to free clinics, federally qualified health centers, and local health departments. Many rural residents struggle to access health care services due to the lack of personal transportation or limited public or private transportation options. During discussions with various health facilities and providers, nearly all identified transportation as one of the most significant health care challenges in their rural areas.

Recommendation 2

The General Assembly may direct the Department of Medical Assistance Services (DMAS) to provide supplemental payments for patients' transportation services when other access pathways are unavailable or impractical. Enabling transportation, particularly in rural areas, is critical to ensuring continued access to health care services.

Appendix

Appendix A: Rural Health Care Recommended Actions

Recommendation	Category	Legislation	Budget
Create state-funded grants or programs to support rural health care businesses and organizations in recruiting health care talent	Workforce	x	x
Increase funding in the Appropriation Act for the Earn to Learn Nursing Education Acceleration program	Workforce		x
Develop occupational licensing compacts for health care professions	Workforce	x	
Increase funding in the Appropriation Act in FY 2026 to increase the Graduate Medical Education (GME) and Residency Funding cap to \$160,000 from \$100,000 per slot and amend regulatory language to increase Graduate Medical Education (GME) and Residency Funding.	Workforce		x
Direct the Joint Legislative Audit & Review Commission (JLARC) to study the feasibility of establishing a Secretary of Rural Affairs	Workforce	x	x
Direct the Board of Nursing to amend its regulations to permit nursing education programs in the Commonwealth to allow students enrolled in such programs to complete clinical experiences at agencies 50 miles or more from the program without seeking Board approval	Workforce	x	
Direct the Board of Nursing to amend its regulations related to nurse education programs to permit a certain number of observational experience hours to count towards a nursing student's direct clinical care requirements	Workforce	x	
Fund childcare for health care professionals and essential personnel	Workforce		x
Provide funding to the Virginia Community Health Worker Association (VACHWA) to expand workforce development efforts for community health workers	Workforce		x
Increase funding to invest in additional Virginia Community College System doula programs	Maternal Health		x

Require and fund additional training for health providers in implicit bias awareness and cultural sensitivity	Maternal Health	x	x
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	Maternal Health	x	x
Further fund Families Forward Virginia	Maternal Health		x
Require maternal health pay parity, including reimbursement parity for licensed midwives, licensed certified midwives, obstetrics, free-standing clinics, and birth centers	Maternal Health	x	x
Re-establishing the Maternal Health Data and Quality Measures Taskforce	Maternal Health	x	
Strengthen the Virginia Community College System's oral health programs to increase student capacity	Dental Care		x
Include oral health care in state-supported school-based (K-12) health care programs	Dental Care		x
Fund, promote, and evaluate scholarship and loan repayment programs for dental and dental hygiene professionals in rural areas	Dental Care		x
Fund a Hub-and-Spoke Dental Residency Program led by the Virginia Commonwealth University (VCU) School of Dentistry	Dental Care		x
Lower the Body Mass Index (BMI) threshold for anti-obesity medications (AOM) coverage	Obesity		x
Direct the Department of Medical Assistance Services (DMAS) to create a plan to include a diabetes prevention program as a covered service under the Medicaid state plan	Obesity	x	
Direct the Department of Medical Assistance Services (DMAS) to remove limits on medically necessary medical nutrition therapy (MNT)	Obesity	x	
Direct the Department of Housing and Community Development (DHCD) to incorporate broadband access services for mobile health clinics, telehealth access points (including pharmacy-based telehealth pods and school clinics), and free clinics	Telehealth		x
Require reimbursement for telephone-only telehealth services when medically appropriate	Telehealth	x	x
Ensure coverage and payment for patient-generated eVisits	Telehealth	x	x

Require the Virginia Board of Education (VDOE) to require that local boards of education establish policies for student access to telehealth services during the school day, including designated private spaces for appointments	Telehealth	X	x
Fund the Virginia Telemental Health Initiative (VTMHI)	Telehealth		x
Fund mobile health devices and mobile health units and target these technologies in rural areas	Telehealth		x
Fund a program with the Department of Medical Assistance Services (DMAS) for non-emergency medical transportation to assist patients traveling to free clinics, federally qualified health centers, and local health departments	Transportation		x
Direct the Department of Medical Assistance Services (DMAS) to provide supplemental payments for patients' transportation services when other access pathways are unavailable or impractical	Transportation	x	x

