



Children's Health Insurance Program  
Advisory Committee of Virginia

**DRAFT**  
**Meeting Minutes**  
**June 4, 2026**

*A quorum of the full Committee attended this virtual meeting. The Microsoft Teams link was made available for members of the public to attend.*

**The following CHIPAC members were present at this meeting:**

- **Jennifer Macdonald** Virginia Department of Health
- **Alexandra Javna** Virginia Department of Education
- **Hanna Hudson** Virginia Department of Behavioral Health and Developmental Services
  
- **Irma Blackwell** Virginia Department of Social Services
- **Joanna Fowler** Virginia Health Care Foundation
- **Kelly Cannon** Virginia Hospital and Healthcare Association
- **Breanna Sharer** Center on Budget and Policy Priorities (*substitute for Laura Harker*)
  
- **Heidi Dix** Virginia Association of Health Plans
- **Dr. Susan Brown** American Academy of Pediatrics (VA Chapter)
- **Lauren Eggleton** Virginia Health Catalyst
- **Victoria Richardson** Virginia Poverty Law Center
- **Martha Crosby** Virginia Community Healthcare Association
- **Tiffany Gordon** Virginia League of Social Services Executives
- **Eli Weinger** Voices for Virginia's Children (*substitute for Liz Nigro*)

**The following CHIPAC members were not present:**

- **Sarah Stanton** Joint Commission on Health Care
- **Kenda Sutton-EI** Birth in Color

**I. Welcome and Announcements:** CHIPAC Vice Chair Joanna Fowler called the meeting to order at 1:01 PM and reviewed the agenda.

**II. CHIPAC Business:**

**A. Review/Approval of minutes from March 5, 2026 meeting.** Jennifer Macdonald introduced a motion to approve the minutes, which Tiffany Gordon seconded. Members voted unanimously to approve.

**B. Membership updates.** Fowler welcomed Lauren Eggleton (Virginia Health Catalyst) and thanked Kelly Cannon and Victoria Richardson for renewing their memberships on CHIPAC for another two years. Fowler noted that former Chair

Freddy Mejia has moved into a new role as Deputy Secretary of Finance for the Commonwealth and will no longer serve on CHIPAC.

- C. Officer Election:** Emily Roller, DMAS Policy Division, reviewed the duties of the CHIPAC Chair and called for nominations. Tiffany Gordon nominated Joanna Fowler to serve as Chair. No other nominations were made. CHIPAC members unanimously elected Joanna Fowler to serve as Chair.

Upon Fowler’s assumption of the role of Chair there is a vacancy in the Vice Chair position. Roller opened the floor for nominations for Vice Chair. Fowler nominated Jen Macdonald (Virginia Department of Health). No other nominations were made, and Macdonald was elected unanimously.

- III. VA Rural Vitality – Virginia’s Rural Health Transformation Program:** Heidi Hertz, Executive Director, Virginia Office of Rural Health Transformation, shared that the federal Rural Health Transformation Program was established in *House Resolution 1* (Public Law 119-21, 119<sup>th</sup> Congress) in 2025. Virginia was awarded \$189.5 million for Year 1, which will be administered by DMAS.

Year 1 dollars must be obligated soon but may be spent into 2027. Federal funds are expected to be redistributed based on how states use them. States who do not use their funding will see reductions in future years with funds redistributed to other states. Virginia’s RHTP dollars will be used to support four initiatives: *CareIQ* (modernizes healthcare via technology and data solutions); *Homegrown Health Heroes* (expands the rural health workforce and creates pathways for rural residents to pursue healthcare careers); *Connected Care, Closer to Home* (localizes healthcare resources, including specialists); and *Live Well, Together* (supports prevention and chronic disease management). Current efforts are focused on aligning with federal requirements, building public communication channels, and developing subrecipient agreements.

- IV. H.R. 1 Medicaid Expansion Work Requirement – Medical Frailty Framework:** Mariam Siddiqui, Senior Advisor to the DMAS Director, shared that the June 1 CMS Interim Final Rule about work requirement implementation adds limitations to the medical frailty exemption that Virginia and other states are still reviewing. DMAS and other states are continuing to adjust other operational plans based on the guidance. Today’s presentation will convey what the state has completed to-date but with the caveat that it is subject to change based on the June 1 guidance and other forthcoming guidance from CMS.

Dr. Greg Barabell, DMAS Chief Medical Officer, gave an overview of the framework Virginia had used to develop its “medically frail” initial code list. As Mariam Siddiqui referenced, the new CMS guidance has shifted medical frailty from a diagnosis basis alone to the presence of a condition plus a deeper look at whether the condition also makes it difficult for an individual to comply with the work requirement. DMAS has conducted a thorough clinical review to include diagnostic, procedure, and pharmaceutical codes in its code list.

Deepa Harsh, DMAS Information and Analytics Coordinator for Complex Care, shared that DMAS’s analysis for will look back at least one year at all the diagnosis codes, services utilized connected to these diagnosis codes, and pharmacy codes.

Depending upon the condition, the state may use a longer reference period, and will incorporate clinical risk level into its comprehensive analysis.

Jen Macdonald noted that VDH screens for certain genetic disorders and wondered the degree to which those may be included within the state’s diagnosis code list. Dr. Barabell, a pediatrician by background, responded noting that throughout an individual’s lifespan different disorders may appear differently, and that examining conditions longitudinally will be important.

- V. Enrollment in Children’s Medicaid/FAMIS Health Coverage:** Emily Roller, DMAS Policy Division, shared an update on monthly net enrollment of children in Medicaid and FAMIS, using the standard CHIPAC quarterly enrollment dashboards. CHIPAC members expressed interest in data about health utilization by children, and/or data about use of early and adequate prenatal care by pregnant women and postpartum utilization. Roller suggested that CHIPAC may benefit from a future presentation about the annual Maternal and Child Health Focus Study conducted by DMAS in collaboration with an External Quality Review Organization, in addition to an examination of what data may be most useful in CHIPAC dashboards.

**2026 Profile of Virginia’s Uninsured:** Joanna Fowler, Chief Policy and Strategy Officer for the Virginia Health Care Foundation (VHCF), presented the annual *Profile* developed in partnership with The Urban Institute, and noted the full *Profile* is available online on VHCF’s website. After reaching a historic low in 2023, Virginia’s uninsurance rate increased in 2024. There are an estimated 573,000 Virginians without health insurance, including 100,000 children. Of the estimated number of uninsured kids, the vast majority (81,000) are U.S. citizens. About half are estimated to be income-eligible for Medicaid/FAMIS.

- VI. Agenda for September 10, 2026 CHIPAC meeting:** Fowler opened the floor for suggestions for possible future topics, and noted that the CHIPAC Executive Subcommittee had suggested a presentation about school health services given the back-to-school timeframe, and a presentation on VDH’s Plan for Wellbeing.

- VII. Public Comment:** Fowler opened the floor for public comment. Eleanor Sullivan, Virginia Poverty Law Center, commented that VPLC’s Enroll Virginia program’s statewide system of health care navigators are seeing children and parents withdrawing or foregoing enrollment because of immigration enforcement concerns. Sullivan further noted that proposed changes to federal change-of-address forms include introducing questions about non-citizens’ use of means-tested public benefits. National organizations are concerned about potential for fraud accusations over minor errors in these forms. State agencies should be aware because of the potential for administrative/reporting burden if non-citizens asks for assistance in confirming public benefit details.

Fowler opened the floor for additional public comment. None was made. The meeting adjourned at 3:21pm.