

VIRGINIA GROWTH AND OPPORTUNITY HEALTHCARE TASKFORCE January 31, 2024 3:00 PM Virtual

<u>Members Present</u> Todd Stottlemyer Emily O'Quinn	<u>Members Absent</u> Delegate Terry Austin
Call to Order	Mr. Todd Stottlemyer, Chair of the Virginia Growth and Opportunity (GO Virginia) Board Healthcare Taskforce, called the meeting to order.
Roll Call	Mr. Billy Gammel, GO Virginia Program Administrator for the Department of Housing and Community Development (DHCD), called the roll, and stated that a quorum was present.
Public Comment	Mr. Stottlemyer opened the floor for public comment.
	No members of the public appeared before the Committee for the public comment period.
	The public comment period was closed.
Discussion Items	Mr. Stottlemyer provided the Taskforce with the goals of objectives of forming this taskforce, a directive of the Board based on the discussion at the September 12, 2023 Board meeting if the program should fund non-traded industries, specifically healthcare if it offers a competitive advantage for recruiting and retaining traded sector businesses because of the lack of healthcare workers and the lack of access to providers. Furthermore, JLARC's report recommended that the Board consider revising its policy to allow exceptions to the traded sector requirement for healthcare projects. The taskforce

will be charged with establishing specific criteria for allowing healthcare projects to be funded and to advance a

recommendation to the Board at its March 12, 2024 meeting.

Ms. Sara Dunnigan reviewed Board Policy #4, adopted in 2017, which addresses non-traded sector industry and scholarships and walked through JLARC's recommendation #6, which states the Board should revise it policies to allow exceptions for the traded sector requirement for healthcare grant projects that meet the following criteria: (i) are consistent with the region's growth and diversification plan, (ii) provide evidence that the project will help address an unmet healthcare need in the region, and (iii) provide evidence that addressing the healthcare need will benefit the regional workforce or economy.

Ms. Dunnigan addressed the desired outcomes of any healthcare approved project should include addressing the unmet healthcare need by expanding the pool of qualified workers; addressing regional collaboration, economic impact, project readiness, and sustainability; and deliver in core program outcomes areas, which is currently under review by the Program Performance and Evaluation Committee.

There was a consensus path forward to amend Board Policy #4 to remove the part about scholarship ineligibility and move it to the program manual, and establish a stand-alone policy that defines traded sector industries, which was also part of the JLARC recommendations; and to allow regional councils to use their per capita funds for eligible healthcare projects, and if per capita funds are fully exhausted, they would have the ability to tap into the competitive funds as a single region. There was also consensus to amend the Growth and Diversification Plan guidance to point regions toward the data sources that would provide evidence or demonstrate that they would meet the healthcare eligibility criteria.

For the next steps, Ms. Dunnigan would like to consult with partners, including the Virginia Department of Health, and put together a memo with this Taskforce's recommendations to the Board at its March 12 meeting.

Adjournment The meeting was adjourned.