



Study Information Form

Local Health Department Performance and COVID-19 Response

STRATEGIC OBJECTIVES ADDRESSED: Quality, Accessibility, Equity

SOURCE OF STUDY REQUEST: SJ14 (Mason) and HJ52 (Mullin)

BACKGROUND:

There are 133 local health departments in Virginia, organized into 35 health districts. All but two health districts operate under the umbrella of the state Health Department, meaning employees of those health districts are state employees. The JCHC is currently undertaking a study of the structure and financing of local health departments. This topic would extend that work by evaluating the effectiveness of each local health department, and assessing lessons learned from the COVID-19 pandemic response to inform future public health emergency preparedness.

STUDY ISSUES:

- Are local health departments structured and financed effectively?
- Are local health departments performing effectively?
- What lessons can be learned from the COVID-19 response to inform future public health emergency preparedness?

CONNECTION TO CURRENT STUDIES:

- The first question posed by both SJ14 and HJ52 is directly in line with the current study of local health department structure and financing.
- The second two questions are consistent with discussion from Members about a potential follow-up study of the COVID-19 response and lessons learned.

RECENT/ONGOING STUDIES IN THIS AREA:

- *Structure and Financing of Local Health Departments* – JCHC (ongoing, 2022)

POTENTIAL JCHC OPTIONS

- Prioritize a follow-up study of effectiveness and COVID-19 response in 2023
- Only address the issues already within the scope of the current study of local health department structure and financing



Study Information Form

Vertically Integrated Health Insurance Carriers

STRATEGIC OBJECTIVES ADDRESSED: Affordability, Accessibility, Quality

SOURCE OF STUDY REQUEST: SB204 (Peterson)

BACKGROUND:

A vertically integrated health insurance carrier is one that has at least a partial, financial ownership of a health system or network of health care providers. These insurance carriers still contract with outside providers, and the providers that they own still treat patients from other insurance carriers, but there is a joint ownership of both entities. The most prominent example of a vertically integrated health insurance carrier in Virginia is Optima-Sentara, but there are many other instances of a joint ownership relationship between a health insurance carrier and a health system. The debate around these relationships centers on the tradeoff between potential benefits – improved care coordination, outcomes, and reduced costs, and the potential risks – anticompetitive practices and reduced competition among providers.

STUDY ISSUES:

- Are vertically integrated insurance carriers paying affiliated providers differently from unaffiliated providers?
- What are the potential risks to consumer protections and competitive health insurance markets that could occur with vertically integrated carriers?
- Do vertically integrated carriers/providers have better or worse quality of care?
- What can Virginia do to monitor and mitigate the impact of potential risks associated with vertically integrated carriers?

RECENT/ONGOING STUDIES IN THIS AREA:

- The Health Insurance Reform Commission received testimony from stakeholders on this topic during multiple meetings in 2020.

POTENTIAL JCHC OPTIONS

- Consider as a full study of the issue in 2023
- Request a narrow analysis of rate differentials from VHI
- Decline to study this issue



Study Information Form

Prescription Drug Price Benchmarking

STRATEGIC OBJECTIVES ADDRESSED: Affordability and Accessibility

SOURCE OF STUDY REQUEST: HB478 (Subramanyam)

BACKGROUND:

Prescription drugs accounted for 8% of total health care spending in the United States in 2020. Over the last ten years, growth in prescription drug spending has been slower than other major types of health care services. However, concerns have been raised about the variation in the cost of prescription drugs depending on the payer, and even between the prices for the same drugs in the United States versus other countries. HB478 would require the Commissioner of Health to determine the 250 prescription drugs with the greatest total spending in Virginia, and establish a reference price for those drugs based on the wholesale acquisition cost or the cost established by Canadian health ministries, whichever is lower. The bill would further prohibit the purchase of prescription drugs in Virginia for a price higher than the reference price established by the Commissioner of Health.

STUDY ISSUES:

- How has the cost of prescription drugs changed in Virginia?
- What policies can states adopt to monitor and control the cost of prescription drugs?

RECENT/ONGOING STUDIES IN THIS AREA:

- *Prescription Drug Price Gouging* – JCHC, 2019
- *Increased Prescription Delivery Options at Same Cost for Health Plan Members* – JCHC, 2019

POTENTIAL JCHC OPTIONS

- Prioritize a study of the topic in 2023
- Bring in a guest presenter to address the Commission on other state strategies to control prescription drug costs during 2022
- Decline to address the topic



Study Information Form

Eating Disorders in Virginia

STRATEGIC OBJECTIVES ADDRESSED: Accessibility and Quality

SOURCE OF STUDY REQUEST: SJ11 (Deeds)

BACKGROUND:

Eating disorders are illnesses characterized by obsessions with food, or body weight and shape, that can cause severe changes in an individual's eating behaviors. Eating disorders are most common in females, adolescents, and teenagers/young adults. While about 1.2 percent of all adults have an eating disorder, 2.7% of individuals ages 13-18 have an eating disorder, and 3.8% of females ages 13-18 have an eating disorder. As many as 94% of individuals with an eating disorder have a co-occurring mental health diagnoses (depending on the specific eating disorder). Eating disorders often require behavioral health interventions as well as medical treatment to effectively address the condition.

STUDY ISSUES:

- What is the prevalence of eating disorders in Virginia?
- Is the current education and training on eating disorders adequate for school staff and medical clinicians?
- What policies could Virginia implement to improve the education, prevention, detection, and treatment of eating disorders?

RECENT/ONGOING STUDIES IN THIS AREA:

- There have not been any recent studies of eating disorders in Virginia. However, the JCHC has studied this issue twice in the past:
 - *Eating Disorders in the Commonwealth – 2011*
 - *Health Care Coverage for Anorexia Nervosa and Bulimia – 1999*

POTENTIAL JCHC OPTIONS

- Prioritize as a study topic for 2023
- Direct an executive branch workgroup to study the topic in 2023
- Decline to address the study topic



Study Information Form

Obesity Services in Virginia's Medicaid Program

STRATEGIC OBJECTIVES ADDRESSED: Accessibility and Quality

SOURCE OF WORKGROUP REQUEST: HB1098 (Guzman)

BACKGROUND:

Obesity is considered a severe chronic condition that causes health risks such as heart disease, type 2 diabetes, and stroke. More than 40% of adults in the United States are considered obese. There are a wide variety of obesity prevention and treatment options that may be covered by health insurance plans, including Medicaid. These options range from nutritional screening and counseling, to prescription drug therapies, to surgical options.

STUDY ISSUES:

- Are there additional obesity prevention or treatment services that could be covered by Virginia's Medicaid program?
- What is the estimated cost of adding these services?

RECENT/ONGOING STUDIES IN THIS AREA:

- There are no ongoing studies of obesity services in Virginia.

POTENTIAL JCHC OPTIONS

- Complete the study as originally scoped by the statutory deadline of November 1, 2023
- Combine the study with broader questions of obesity prevalence and costs