



Obesity and Eating Disorders Prevention and Treatment

Commission Meeting

October 18, 2023

Study purpose

- Identify prevalence of obesity and eating disorders in Virginia
- Identify available prevention and early identification strategies for obesity and eating disorders in education and primary care
- Identify evidence-based obesity and eating disorder treatment strategies
- Analyze the extent to which Medicaid and state-regulated health plans cover the costs of these services
- Assess barriers to care for eating disorder treatment in Virginia

Study resolution approved by Commission on December 7, 2022.

Study will focus on obesity and eating disorders independently

- Obesity and eating disorders fall along a spectrum of weight-related problems; however, obesity is not considered an eating disorder

Obesity

Defined as excessive fat accumulation that presents a risk to health

Eating disorders

A group of complex mental health conditions identified by a persistent disturbance in eating behavior which can impair physical and mental health

NOTE: Recognized eating disorders are defined in American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders, Fifth Edition



Obesity Prevention and Treatment

Findings in brief

Obesity prevalence in Virginia has increased steadily in the last decade, which makes prevention and early identification critical

There are inconsistencies in access to nutrition services across payers

Findings in brief (cont.)

Virginia Medicaid covers most obesity behavioral interventions, weight loss drugs, and weight loss surgery under specific criteria

Virginia Essential Health Benefits (EHB) benchmark plan does not specify coverage for behavioral interventions for weight management or provide coverage for weight loss drugs or surgery

Policy options in brief

- Direct DMAS to:
 - Develop a plan to incorporate the Diabetes Prevention Program as a covered service within the Medicaid State Plan
 - Remove service limits for medical nutrition therapy

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance
DMAS = Department of Medical Assistant Services

Policy options in brief (cont.)

- Request HIRC and BOI to define nutritional counseling in the EHB benchmark plan
- Request assessments to include coverage of the following services in Virginia's EHB benchmark plan:
 - Medical nutrition therapy
 - Obesity medication when medically necessary
 - Bariatric surgery when medically necessary

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance
DMAS = Department of Medical Assistant Services

Agenda

Obesity prevalence in Virginia

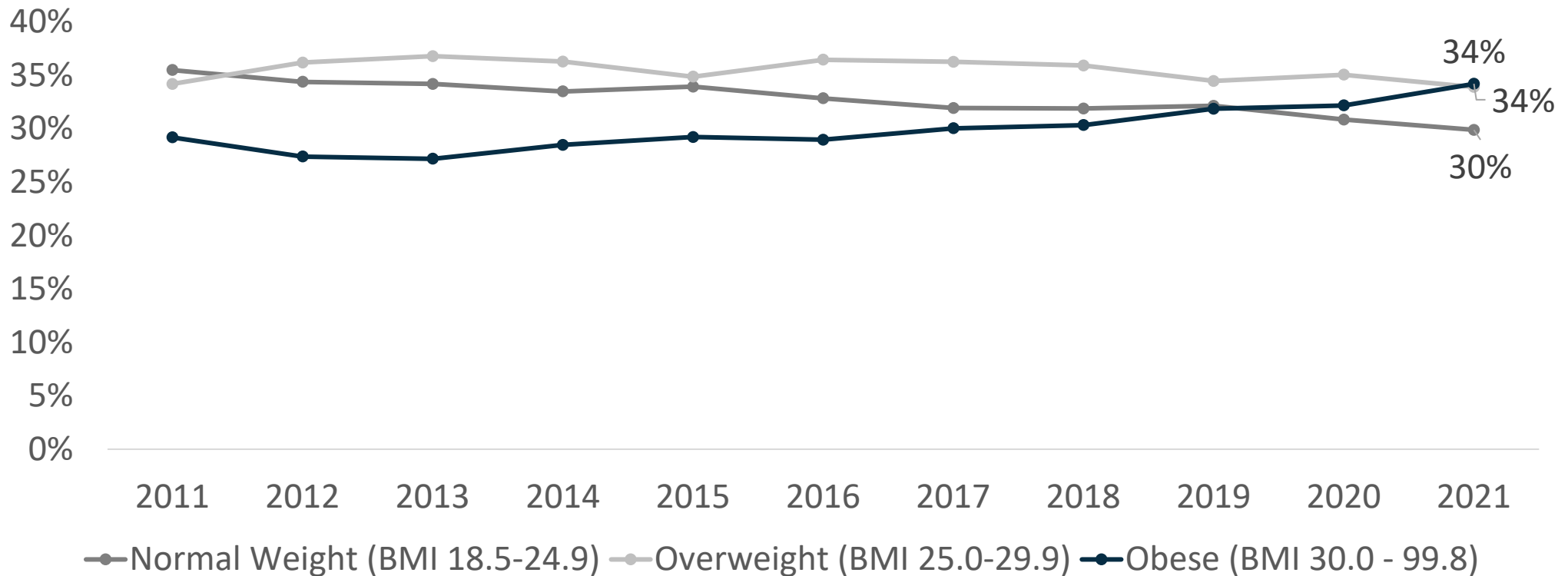
Evidence-based prevention, early identification, and treatment of obesity

Available coverage for behavioral interventions

Available coverage for weight loss medication

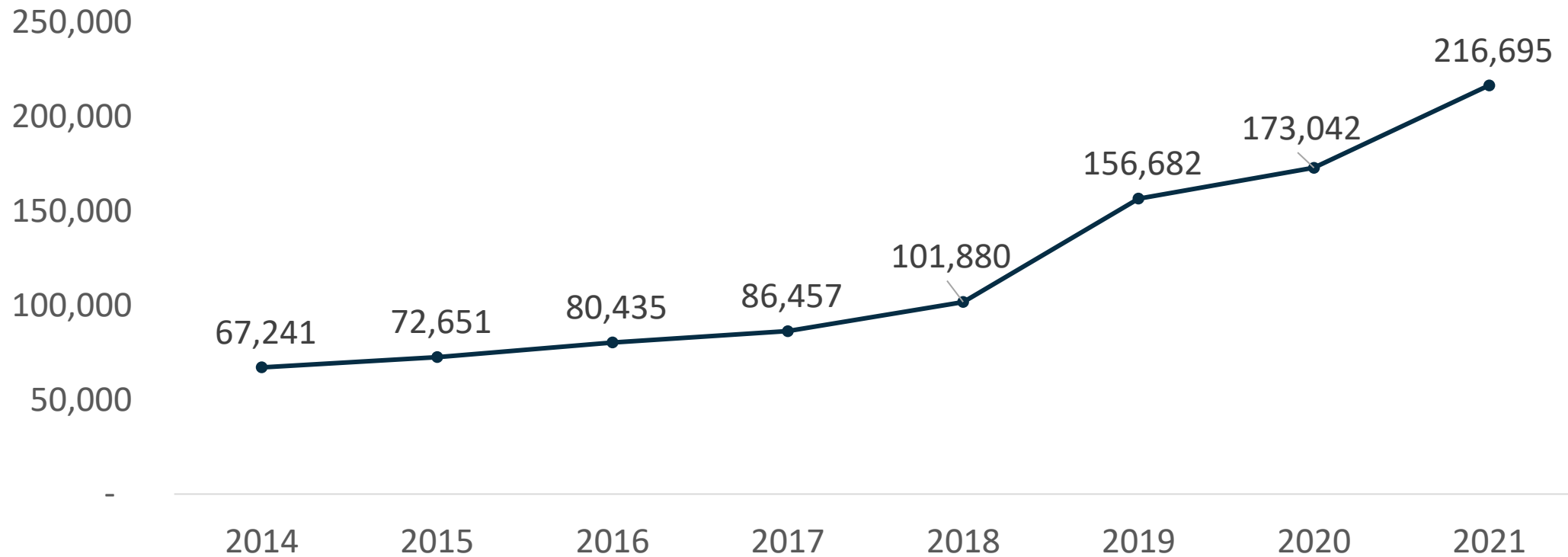
Available coverage for weight loss surgery

In 2021, 68% of Virginians were overweight or obese



SOURCE: JCHC analysis of Behavioral Risk Factor Surveillance System (BRFSS) data from 2011 to 2021.

Medicaid members diagnosed with obesity have increased 222% between 2014 and 2021



SOURCE: JCHC analysis of Department of Medical Assistance Services data of individuals with a primary or secondary diagnosis of obesity, 2023.

Agenda

Obesity prevalence in Virginia

Evidence-based prevention, early identification, and treatment of obesity

Available coverage for behavioral interventions

Available coverage for weight loss medication

Available coverage for weight loss surgery

Evidence-based prevention principles are incorporated into Virginia public school curriculum

- Health, physical education, and family life standards are guided by Virginia standards of learning
- However, VDOE staff cited that health and physical education SOLs are a lower priority compared to subjects with a state assessment

NOTE: The Virginia Standards of Learning (SOLs) establish minimum expectations for what students should know by the end of each grade in various subjects. VDOE = Virginia Department of Education

Primary care providers routinely screen for obesity using BMI and waist circumference

- BMI is widely used as a clinical guideline but has limitations for some groups
- Abdominal obesity is independently associated with increased cardiovascular risk and is measured by waist circumference
- These methods are generally the most cost-efficient, but clinicians may also use other clinical parameters

BMI = Body Mass Index

Obesity treatment falls into 3 categories

Behavioral Interventions

- Weight loss programs that promote healthy diet and increased physical activity
- Recommended to most children and adults with excessive weight

Pharmacotherapy

- FDA-approved weight management medications
- Recommended after failed behavioral intervention and if a patient has a high BMI or comorbidity

Bariatric Surgery

- Surgical weight loss intervention
- Recommended with behavioral intervention and reserved for those at high risk of complications

SOURCE: JCHC analysis of peer-reviewed literature, 2023.

FDA = US Food and Drug Administration

Agenda

Obesity prevalence in Virginia

Evidence-based prevention, early identification, and treatment of obesity

Available coverage for behavioral interventions

Available coverage for weight loss medication

Available coverage for weight loss surgery

USPSTF recommends behavioral interventions for children and adults

- For children, interventions with at least 26 contact hours over a period of 2-12 months yielded the most significant weight loss
- For adults, USPSTF recommends intensive, multicomponent interventions lasting at least one year
 - USPSTF does not recommend a single-evidence based behavioral intervention that is more effective than another

USPSTF = United States Preventive Services Task Force

Virginia Medicaid covers preventive services for children through EPSDT

- The EPSDT benefit is designed to deliver medically necessary comprehensive pediatric health care services for persons up to age 21
- All EPSDT-related services are covered, even if it not usually covered under Medicaid

EPSDT = Early and Periodic Screening, Diagnostic, and Treatment

Virginia Medicaid covers adult preventive services through an optional state benefit

- Virginia opted to expand coverage for preventive services for all adults enrolled in Medicaid
- MCOs may offer behavioral interventions as an enhanced benefit not covered under Medicaid

NOTE: Enhanced benefits are services offered by a MCO in addition to services offered by the Medicaid managed care program
MCO = Managed care organization

Virginia Medicaid piloted an evidence-based prevention program that could benefit people with obesity

- DMAS and VDH partnered to test a value-based payment strategy for the National Diabetes Prevention Program (DPP) for MCO enrollees on Optima and Anthem
- The program targets people who are at high risk for type 2 diabetes by promoting a change in lifestyle factors for modest weight loss
- There are 10 states that already provide coverage for DPP within their state Medicaid program, but it is not available in Virginia

DMAS = Department of Medical Assistance Services
DPP = Diabetes Prevention Program

VDH = Virginia Department of Health
MCO = Managed care organization

Policy Option 1

JCHC could direct DMAS to develop a plan to incorporate the Diabetes Prevention Program as a covered service within the Medicaid State Plan.

DMAS = Department of Medical Assistance Services

Virginia's EHB benchmark plan is set within guardrails set by federal law

- The Virginia EHB benchmark plan is a set of benefits that comprehensive individual and small group health insurance coverage must provide
- HIRC reviews proposed benefits on an ongoing basis to determine what benefits are updated
- BOI oversees the application process for the EHB benchmark plan

NOTE: CMS approved Virginia's EHB Benchmark Plan application on August 28, 2023. The plan will become effective January 1, 2025. EHB = Essential Health Benefits; HIRC = Health Insurance Reform Commission; BOI = Bureau of Insurance

Virginia EHB benchmark plan does not specify coverage for behavioral interventions for obesity

- A health care provider may recommend behavioral interventions for weight management, but since these programs can be broad in nature, insurers may not cover them
- Virginia EHB benchmark plan excludes coverage of weight loss programs, even if medically advised
- Virginia EHB benchmark plan excludes coverage of health club memberships and fitness services
- The new EHB benchmark plan also excludes coverage in these areas

EHB = Essential Health Benefits

Nutritional counseling is not defined in Virginia's EHB benchmark plan

- The new EHB benchmark plan covers nutrition counseling
- Defining nutritional counseling in the EHB benchmark can ensure coverage is consistent across individual and small group plans that are required to comply with the EHB benchmark plan

EHB = Essential Health Benefits

Policy Option 2

JCHC could write a letter to the Chair of House Commerce and Energy or Senate Commerce and Labor requesting HIRC and the BOI to define nutritional counseling in the EHB benchmark plan.

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance

Virginia EHB benchmark plan offers MNT as a state-mandated benefit exclusively for people with diabetes

- MNT is a nutrition-based treatment provided by a registered dietitian nutritionist to treat several conditions
- For those who do not have diabetes, an insurer may exclude coverage or impose yearly limits
- To add MNT to the Virginia EHB benchmark plan for other conditions, the service needs to be reviewed through Virginia's mandated benefit review process

MNT= Medical nutrition therapy

EHB = Essential health benefits

Policy Option 3

JCHC could write a letter to the Chair of House Commerce and Energy or Senate Commerce and Labor requesting HIRC and BOI conduct an assessment to include medical nutrition therapy when treating a qualifying or eligible medical condition in EHB Benchmark Plan.

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance

Virginia Medicaid imposes annual limits on MNT services

- Virginia Medicaid covers MNT and nutritional counseling for all adults with obesity or chronic medical diseases
- JCHC staff reviewed plan documents for the five Medicaid managed care organizations in the state and found coverage differences in nutrition services that are offered

MNT = Medical nutrition therapy

Increasing access to MNT could support healthy behavior change

- There is not a body of evidence to suggest a specific number of nutritional counseling would lead to better outcomes
- Expanding access to a lower cost service such as nutritional counseling or MNT could ensure that individuals use a lower level of care before seeking a more aggressive treatment option

MNT = medical nutrition therapy

Policy Option 4

JCHC could direct DMAS to remove service limits for medical nutrition therapy when treating qualifying or eligible medical conditions.

DMAS = Department of Medical Assistance Services

Agenda

Obesity prevalence in Virginia

Evidence-based prevention, early identification, and treatment of obesity

Available coverage for behavioral interventions

Available coverage for weight loss medication

Available coverage for weight loss surgery

Weight loss medications are typically only recommended after an unsuccessful behavioral intervention

- Weight loss medications do not replace physical activity and healthy eating habits for weight loss
- Several studies found weight loss medications work best when they are combined with a behavioral intervention program

Virginia Medicaid is in the process of updating criteria for FDA-approved weight loss drugs

- Virginia Medicaid proposed revisions to prior authorization requirements for weight loss drugs
- An individual would need to demonstrate trial and failure of weight loss using a non-GLP-1 drug in the previous six months before beginning a GLP-1 drug
- These revisions are subject to review and approval during a special session of the Virginia Medicaid Pharmacy and Therapeutics Committee on October 18, 2023

NOTE: GLP-1 = Glucagon-Like Peptide-1 Receptor Agonists; GLP-1 are the class of medications used in the treatment of type 2 diabetes and obesity; FDA = United States Food and Drug Administration

Virginia EHB benchmark plan does not provide coverage for weight loss drugs

- There are no individual or small group plans that cover weight loss drugs
- The new Virginia EHB benchmark plan effective January 1, 2025, also excludes coverage of weight loss drugs
- New Mexico and North Carolina are the only two states that provide coverage for weight loss drugs in their state's EHB benchmark plan

EHB = Essential Health Benefits

Policy Option 5

JCHC could write a letter to the Chair of House Commerce and Energy or Senate Commerce and Labor requesting HIRC and BOI conduct an assessment to include weight loss medication when medically necessary in the EHB benchmark plan.

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance

Agenda

Obesity prevalence in Virginia

Evidence-based prevention, early identification, and treatment of obesity

Available coverage for behavioral interventions

Available coverage for weight loss medication

Available coverage for weight loss surgery

Virginia Medicaid covers bariatric surgery when deemed medically necessary

- Virginia has strict medical necessity criteria before prior authorization for bariatric surgery is approved
- All states excluding Montana and Mississippi cover bariatric surgery within their state's Medicaid program

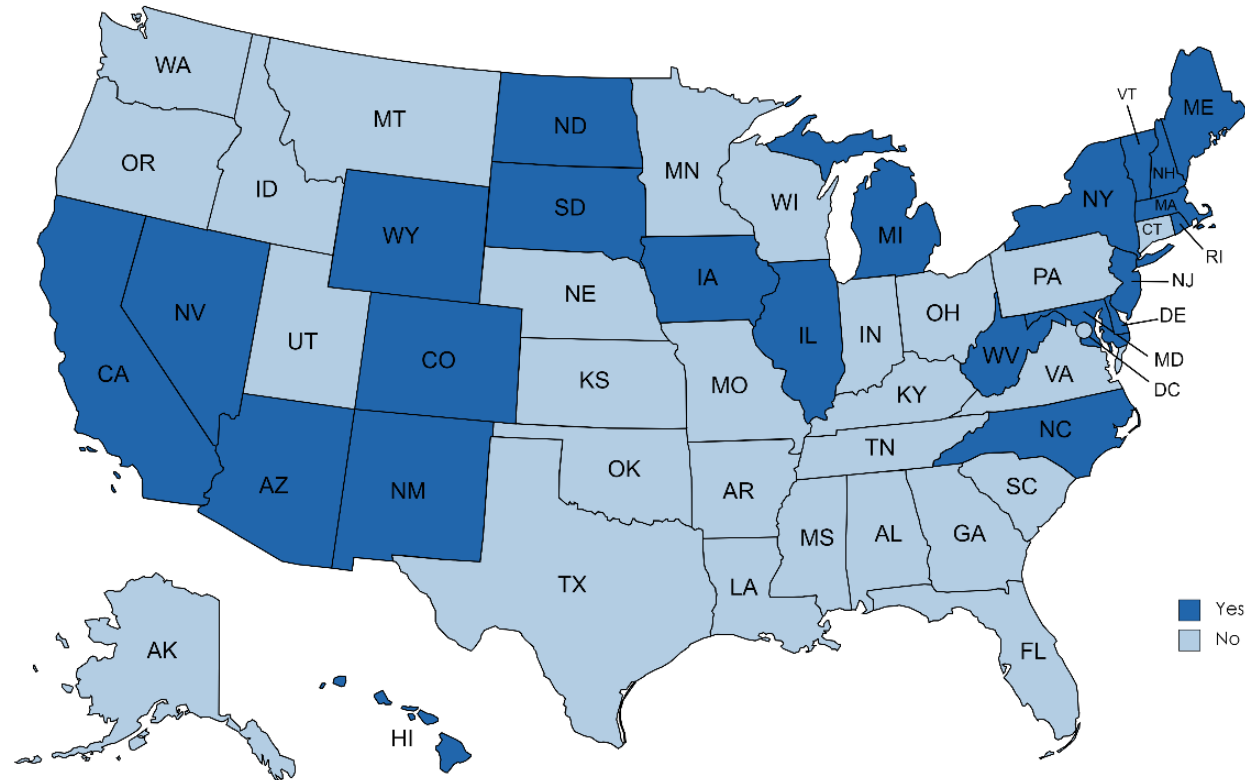
Bariatric surgery = weight loss surgery

Virginia EHB benchmark plan does not cover bariatric surgery

- Less than half of individual and small group plans in Virginia cover bariatric surgery, even when deemed medically necessary
- Virginia's new EHB benchmark plan effective January 1, 2025, does not cover bariatric surgery

EHB = Essential health benefits

23 states cover bariatric surgery through their state EHB benchmark plan



SOURCE: JCHC analysis of STOP Obesity Alliance 2016-2017 data.

Policy Option 6

JCHC could write a letter to the Chair of House Commerce and Energy or Senate Commerce and Labor requesting HIRC and the BOI to conduct an assessment to include bariatric surgery coverage when medically necessary in the EHB benchmark plan.

HIRC = Health Insurance Reform Commission
EHB = Essential Health Benefits

BOI = Bureau of Insurance



Eating Disorder Prevention and Treatment

Findings in brief

Eating disorders often go underdiagnosed which makes the role of educators and primary care providers to prevent and detect eating disorders critical

Eating disorder treatment providers cited low reimbursement across payers and lack of participation in Medicaid

Eating disorder treatment providers cited inconsistencies with how insurers can approve or deny treatment

Policy Options in brief

Direct DMAS to conduct a rate study to develop reimbursement rates for residential, partial hospitalization, and intensive outpatient services for eating disorder services

Require all Medicaid MCOs and state-regulated insurers to remove prior authorization for eating disorder services

Agenda

Eating disorder prevalence in Virginia

Evidence-based prevention and early identification of eating disorders

Evidence-based eating disorder treatment

Barriers to access eating disorder treatment

An estimated 9% of Virginians will have an eating disorder in their lifetime

- There was a spike of eating disorder cases within the Medicaid population during the COVID-19 pandemic
- Adults aged 19-29 saw the largest increase in eating disorder diagnosis since 2020 within the Medicaid population
- Women and white individuals were most likely to have an eating disorder within the Medicaid population

Agenda

Eating disorder prevalence in Virginia

Evidence-based prevention and early identification of eating disorders

Evidence-based eating disorder treatment

Barriers to access eating disorder treatment

The most effective eating disorder prevention strategies target at-risk individuals

- Current programs tend to be more effective for older adolescents (15+ years) and young adults
- Some studies have found that with younger participants, increased eating disorder knowledge was associated with increased disordered eating behaviors at follow-up

Virginia schools provide information on eating disorders to students and parents

- Virginia Code § 22.1-273.2 requires school boards to provide eating disorder information to parents annually
- SOL standards introduce eating disorder education between 6th and 8th grades, when research suggests eating disorders are likely to begin
- Universal screening for eating disorders is not practiced and not feasible for most schools

SOL = Standards of Learning

Primary care providers identify signs of disordered eating that warrant further evaluation

- Eating disorder screening is not required in primary care visits
- Some patients may show signs of an eating disorder but may not discuss symptoms with their provider
- The process to get an accurate eating disorder diagnosis could take months or years

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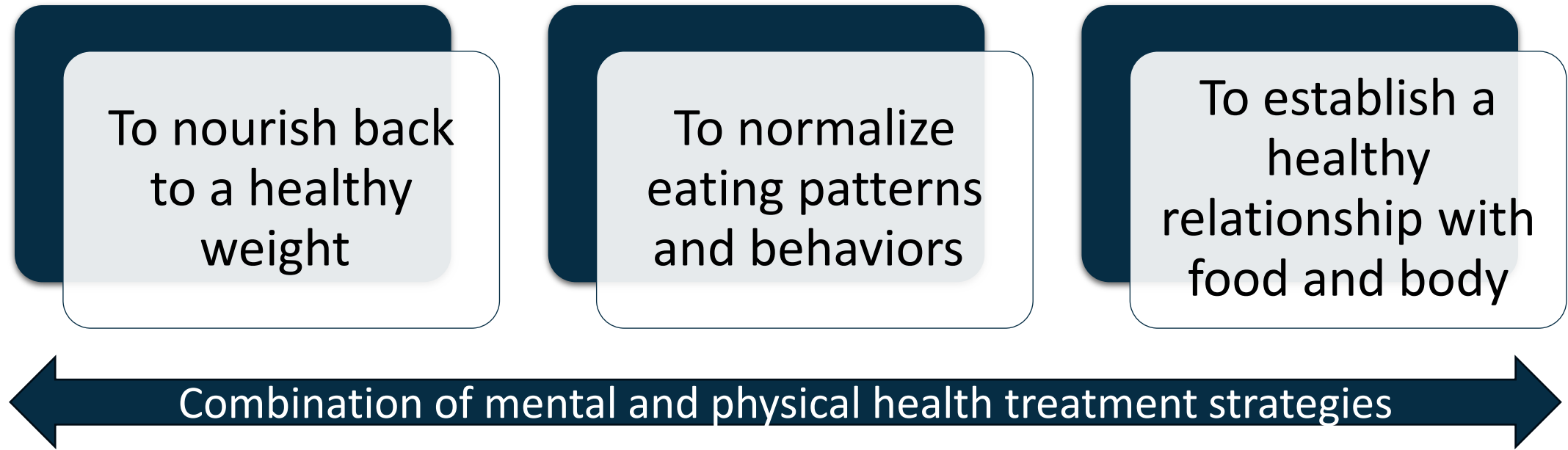
Eating disorder prevalence in Virginia

Evidence-based prevention and early identification of eating disorders

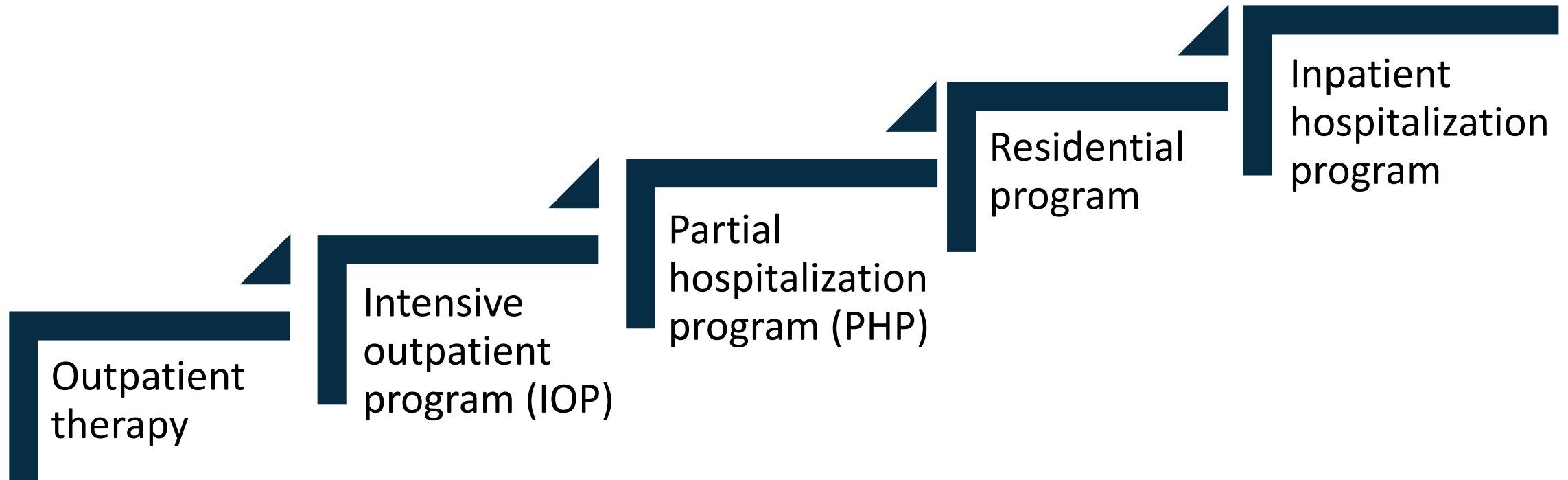
Evidence-based eating disorder treatment

Barriers to access eating disorder treatment

Goals for evidence-based eating disorder treatment are consistent though strategies vary



Setting type ranges from outpatient care to inpatient hospitalization



SOURCE: JCHC analysis of evidence-based eating disorder treatment guidelines, 2023.

Most eating disorders can be treated in an outpatient setting

- Clinical guidelines suggest more intensive treatment programs should only be considered when outpatient treatment programs are unavailable or unsuccessful
- Inpatient treatment is the most restrictive and is typically chosen when the patient requires medical monitoring

Agenda

Eating disorder prevalence in Virginia

Evidence-based prevention and early identification of eating disorders

Evidence-based eating disorder treatment

Barriers to access eating disorder treatment

Eating disorder treatment providers cite low reimbursement in the commercial market

- Providers report being reimbursed at a low rate that is not sustainable
- One provider reported that costs to provide services had gone up, but reimbursement rates had not increased to accommodate for those increased costs

Eating disorder treatment providers can only access Medicaid in limited circumstances

- Medicaid covers partial hospitalization and intensive outpatient services, but these providers do not accept Medicaid
- Medicaid covers residential treatment center services for persons under 21, but there is no coverage available for adults over the age 21
- Residential treatment centers reported participating in single case agreements only for those eligible for the EPSDT benefit

EPSDT = Early and Periodic Screening, Diagnostic, and Treatment

Medicaid does not have established rates for eating disorder services

- Intensive outpatient program and partial hospitalization program reimbursement rates are not specialized to consider the specific components needed for eating disorder treatment
- Other states, such as Maine and New York, have developed rates specifically for eating disorder services

Policy Option 7

JCHC could direct DMAS to conduct a rate study to develop reimbursement rates for residential, partial hospitalization, and intensive outpatient services for eating disorder services.

DMAS = Department of Medical Assistance Services

Eating disorder treatment usually requires prior authorization before an insurer will cover the service

- Health insurance carriers can use discretion on what clinical guidelines they use to authorize services
- This results in differences in eating disorder treatment coverage across plans and carriers, causing confusion for providers

Removing prior authorization would expand access to eating disorder treatment

- Other states have removed prior authorization for all levels of care for eating disorder treatment to include inpatient, residential, partial hospital program, and intensive outpatient
- Vermont Medicaid program no longer requires concurrent review of clinical documentation for admission to eating disorder treatment for any level of care
 - They also suggested that for parity purposes, these requirements should be considered by private insurers as well

Policy Option 8

JCHC can introduce legislation requiring all Medicaid managed care organizations and state-regulated health insurers to remove prior authorization for eating disorder services.

Summary of policy options

Options to increase coverage for obesity and eating disorder treatment within Medicaid

- **Option 1:** Direct DMAS to establish a rate for Diabetes Prevention Program
- **Option 4:** Direct DMAS to remove services limits for medical nutrition therapy
- **Option 7:** Direct DMAS to establish a rate for eating disorder treatment services

Option to increase access to eating disorder treatment

- **Option 8:** Remove prior authorization for eating disorder treatment within Medicaid and state-regulated health plans

Summary of policy options

Options to increase coverage for obesity treatment in the Virginia EHB benchmark plan

- **Option 2:** Define nutritional counseling
- **Option 3:** Request an assessment to include medical nutrition therapy
- **Option 5:** Request assessment to include weight loss medication
- **Option 6:** Request assessments to include bariatric surgery

Opportunity for public comment

- Submit written public comments by close of business on Friday, November 3rd

Email: jchcpubliccomments@jchc.virginia.gov

Mail: 411 E. Franklin Street, Suite 505
Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.



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