



# Study Information Form

## Policy Solutions to the Commonwealth's Fentanyl Crisis

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility and Equity

**SOURCE OF STUDY REQUEST:** House Joint Resolution 41 (Srinivasan), approved by the General Assembly

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. Between 2012 and 2022, the total number of fentanyl overdose deaths in the Commonwealth grew nearly 20-fold, with 1,967 fatal fentanyl overdoses occurring in 2022. That year, approximately 79 percent of fatal drug overdoses in the Commonwealth involved fentanyl or fentanyl analogs. Notably, fatal fentanyl overdoses declined by 10 percent in Virginia in 2023, consistent with the first nationwide decline in drug overdose deaths in the past five years.

House Joint Resolution 41 (Srinivasan), adopted by the General Assembly in 2024, directs the Joint Commission on Health Care to study policy solutions to the Commonwealth's fentanyl crisis.

### **STUDY OBJECTIVES:**

A comprehensive staff study of policy solutions to the Commonwealth's fentanyl crisis could include the following objectives:

- Describe the fentanyl crisis within the context of other drug crisis and addiction trends in recent history,
- Document the impact of the rise in fentanyl prevalence and fentanyl overdoses in the Commonwealth, including the impact on the Commonwealth's health care system,
- Identify the causes of the rise and recent decline in fentanyl prevalence and fentanyl overdoses in the Commonwealth, and
- Identify strategies for reducing the prevalence of fentanyl and the number of fentanyl overdoses in the Commonwealth.

### **RECENT/ONGOING STUDIES IN THIS AREA:**

- The Governor's *Right Help, Right Now* comprehensive behavioral health transformation initiative includes targeted support for programs to address the substance use crisis, including the high rate of overdoses involving fentanyl.

- In 2023, the Virginia Department of Health published *Report on the Distribution and Saturation of Naloxone* in response to Chapter 631 of the Acts of Assembly of 2023 which includes information about fentanyl. ([link](#))
- In 2021, the Virginia Department of Health, the VCU Center on Society and Health, and Altarum released *Estimates of the Economic Burden of the Opioid Epidemic in Virginia*. ([link](#))
- The Virginia Department of Health's Drug Overdose Data Dashboard monitors and reports data on drug overdose deaths and emergency department visits related to drug overdoses in the Commonwealth. ([link](#))



# Study Information Form

## Medicaid Program Eligibility Criteria and Options to Eliminate Medicaid Benefit Cliffs

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility and Equity

**SOURCE OF STUDY REQUEST:** Letter from the Virginia Disability Commission

**ESTIMATED WORKLOAD:** HIGH

**BACKGROUND:**

Medicaid is a public insurance program that provides health coverage to low-income adults, children, pregnant women, elderly adults, and people with disabilities. Each state operates its Medicaid program in accordance with federal requirements, and funded jointly by the states and federal government. Because federal Medicaid program requirements are broad, states have significant flexibility on the design and administration of their programs.

Virginia has operated a Medicaid program since the 1970s; since that time, changes and additions to the Commonwealth's Medicaid program have resulted in an array of different eligibility categories, each with unique eligibility criteria. Changes in a covered individual's situation may impact eligibility, resulting in changes in or loss of coverage.

In November 2023, the Virginia Disability Commission voted to request that the Joint Commission on Health Care provide information about eligibility criteria across Medicaid eligibility categories and options to eliminate benefits cliffs within the Medicaid program.

**STUDY OBJECTIVES:**

A comprehensive staff study of Medicaid program eligibility criteria and options to eliminate Medicaid benefit cliffs could include the following objectives:

- Describe program-specific eligibility requirements across Medicaid eligibility categories,
- Determine the extent to which individuals move between eligibility categories,
- Describe the events that trigger transitions between eligibility categories and the impact of such transitions, and
- Identify strategies to reduce the negative impact of events that trigger transition between categories on access to services, including opportunities available under federal rules and strategies implemented in other states.

**RECENT/ONGOING STUDIES IN THIS AREA:**

No recent or ongoing studies on this topic were identified.



# Study Information Form

## Strategies to Address Transportation-Related Barriers to Health Care

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility and Equity

**SOURCE OF DATA REQUEST:** Delegate Willett

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

Individuals who experience transportation-related barriers to healthcare may skip or delay care or miss appointments, leading to poorer health outcomes and higher health care costs. Transportation-related barriers may be particularly significant for individuals who are older, of lower socioeconomic status, living in rural communities, or have chronic health conditions or disabilities.

Virginia's Medicaid program covers non-emergency medical transportation (NEMT) for members. In 2015, the Joint Legislative Audit and Review Commission reported that Medicaid members used NEMT to access an array of services including behavioral health services, intellectual/developmental disability services, dialysis, and office visits. Members who use NEMT services may choose between pre-arranged transportation pick-up and drop-off, public transit, or gas reimbursement according to their needs. Stakeholders report that system responsiveness and ride coordination, vehicle/driver compliance, and access to other health-related needs (e.g., pharmacies, social services, or groceries) are persistent challenges with Medicaid NEMT and may limit the usefulness of this option for overcoming transportation-related barriers to care.

### **STUDY OBJECTIVES:**

A comprehensive staff study of strategies to address transportation-related barriers to health care could include the following objectives:

- Determine the type and prevalence of transportation-related barriers that patients experience in Virginia, and which populations are most affected,
- Describe the effectiveness of interventions or programs that address transportation-related barriers in Virginia and in other states, including programs offered by state Medicaid programs, and
- Identify strategies Virginia could use to improve or expand programs in Virginia to address salient transportation-related barriers to accessing care.

### **RECENT/ONGOING STUDIES IN THIS AREA:**

- In 2022, the Virginia Department of Health published the *Virginia Rural Health Plan 2022-2026* (2022), which included a chapter on transportation-related barriers to health care. ([link](#))

- In 2021, the Virginia Department of Medical Assistance Services published a report titled *The Use of Transportation Network Companies to Supplement Medicaid Non-Emergency Medical Transportation (NEMT)*. ([link](#))
- In 2015, the Joint Legislative Audit and Review Commission 2015 published a report titled *Performance and Pricing of Medicaid Non-Emergency Transportation*, addressing the cost-effectiveness of Medicaid NEMT. ([link](#))



# Study Information Form

## Strategies to Address Pharmacy Deserts

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility and Equity

**SOURCE OF STUDY REQUEST:** Delegate Wachsmann

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

Studies have shown that pharmacy deserts - geographical areas without access to bricks-and-mortar pharmacies - are prevalent in the United States and growing as pharmacies close. Communities with higher social vulnerabilities, such as rural communities or communities of color, are more likely to be pharmacy deserts, and individuals with health-related social needs are more likely to experience limited access to pharmacies. Lack of access to pharmacies may limit patients' access to medications and other pharmacy services including patient counseling, screening tests, immunization services, and wellness programs. Patients with limited access to pharmacy services may experience reduced rates of medication adherence and poorer health outcomes than patients with access to pharmacies.

### **STUDY OBJECTIVES:**

A comprehensive staff study of strategies to address pharmacy deserts could include the following objectives:

- Determine how community access to pharmacies has changed in Virginia over time, and what populations have been most impacted by those changes,
- Identify the factors that contribute to pharmacy deserts and how local, state, or federal laws exacerbate or improve populations' access to pharmacy services,
- Describe effective strategies implemented in other states to improve access to pharmacy services, and
- Identify strategies Virginia could implement to address pharmacy deserts.

### **RECENT/ONGOING STUDIES IN THIS AREA:**

- In 2019, the Virginia Department of Medical Assistance Services published a report on pharmacy program design and its fiscal impact, including strategies to increase pharmacy benefit manager and pharmacy reimbursement requirement transparency. ([link](#))
- In 2019, the Joint Commission on Health Care published a report on increased prescription delivery options at the same cost for health plan members, comparing retail pharmacies with mail-order prescriptions. ([link](#))

- In 2016, the Secretary of Health and Human Resources published a report on high-cost prescription drugs in Virginia, which includes a discussion on the impacts of prescription drug pricing on independent pharmacies. ([link](#))



# Study Information Form

## Services for Individuals with Traumatic Brain Injury

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**STRATEGIC OBJECTIVES ADDRESSED:** Affordability, Accessibility, Quality, and Equity

**SOURCE OF STUDY REQUEST:** Delegate Price

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

It is estimated that nearly 300,000 Virginians live with a disability as the result of a traumatic brain injury (TBI). Virginia has multiple state-funded programs for persons with TBI, including resource coordination, case management services, and community-based clubhouse and day programs. Virginia's Medicaid program covers long-term services for individuals with TBI who require nursing facility levels of care. However, stakeholders report that gaps in Virginia's continuum of services for individuals with TBI leave many individuals without access to the services they need, including long-term and residential care services.

### **STUDY OBJECTIVES:**

A comprehensive staff study of services for individuals with TBI could address the following objectives:

- Describe services currently available for individuals with TBI in Virginia and identify the number of individuals served by those services,
- Determine what challenges, barriers, or gaps currently exist in Virginia's continuum of services for individuals with TBI, and
- Identify strategies Virginia could implement to address gaps in the continuum of services for individuals with TBI.

### **RECENT/ONGOING STUDIES IN THIS AREA:**

In 2024, JCHC staff provided an informational presentation on currently available services for individuals with TBI and gaps in services. A comprehensive study would add to the information presented previously by developing recommendations for addressing identified gaps in Virginia's continuum of services for individuals with TBI. ([link](#))





# Study Information Form

## Strategies to Improve Health Literacy

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility, Quality, and Equity

**SOURCE OF STUDY REQUEST:** Delegate Hodges

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

Health literacy is the degree to which an individual can find, understand, and use information and services to inform health-related decisions for themselves and others. This ability to engage with health-related information allows patients to effectively communicate with providers, navigate health insurance, and resolve complex medical problems. Health literacy is associated with improved health outcomes, increased understanding of chronic disease management, and higher medication adherence.

Certain populations, such as older adults, individuals of lower economic status, members of racial or ethnic minority groups, and individuals for whom English is not their primary language, are more likely to experience low health literacy. Low health literacy is linked to higher health care costs, increased use of emergency services, and an increased likelihood of 30-day hospital readmission. Improving health literacy requires multi-faceted interventions targeting individual-, community-, and system-level factors.

### **STUDY OBJECTIVES:**

A comprehensive staff study of strategies to improve health literacy could include the following objectives:

- Identify the factors that contribute to low health literacy and the populations in Virginia most at risk for low health literacy,
- Describe interventions and programs to improve health literacy at the individual- and community-level, including strategies available to payers and providers, and programs implemented successfully in other states, and
- Identify strategies Virginia could implement to improve health literacy among populations at risk for low literacy.

### **RECENT/ONGOING STUDIES IN THIS AREA:**

- In 2023, the Virginia's Joint Commission on Health Care published a report titled *Team-Based Care Approaches to Improve Health Outcomes*, including findings on the subject of health literacy in team-based care settings. ([link](#))

- In 2021, a report prepared by VDH in collaboration with representatives of Ball State University and the University of Virginia titled *Understanding and Advancing Organizational Health Literacy Within a Public Health Setting* addressed the topic of organizational health literacy in public health settings in southwest Virginia. ([link](#))
- In 2019, the Virginia Board for People with Disabilities published a report titled *Assessment of Virginia's Disability Services System: Geographic Disparities in Healthcare Access*, including a section on digital health literacy. ([link](#))



# Study Information Form

## Access to Medicaid Personal Care Services

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**STRATEGIC OBJECTIVES ADDRESSED:** Accessibility and Equity

**SOURCE OF STUDY REQUEST:** Senator Hashmi

**ESTIMATED WORKLOAD:** HIGH

**BACKGROUND:**

Personal care services are available to Medicaid members enrolled in both the Commonwealth Coordinated Care (CCC) Plus Waiver and the Building Independence, Family & Individual Support, and Community Living Developmental Disability Waivers. Personal care services are intended to enable a Medicaid waiver member to remain at or return home rather than enter a nursing facility, and include assistance with activities of daily living, self-administration of medication and other medical needs, monitoring health status and physical condition, and accessing the community.

Even before the COVID-19 pandemic, workforce issues affected the personal care service industry; challenges posed by the pandemic exacerbated those issues. In 2023, 49 states reported shortages of personal care attendants. In addition, turnover in the home- and community-based services workforce, which includes personal care attendants, is between 40 and 60 percent annually. Major drivers of workforce issues affecting personal care attendants include low pay, lack of benefits, limited or uncertain work hours, limited opportunities for career advancement, mental and physical demands of the job, and worker dissatisfaction. In recent years, Virginia has taken steps to increase Medicaid rates for personal care services to mitigate workforce issues. However, the limited supply of personal care attendants and intense competition from other employment sectors continue to create challenges for Medicaid members seeking to employ personal care attendants in Virginia.

**STUDY OBJECTIVES:**

A comprehensive staff study of access to Medicaid personal care services could address the following objectives:

- Describe the personal care services workforce in Virginia and how the availability of personal care attendants has changed over time,
- Identify the most salient factors contributing to shortages in personal care services for Medicaid members in Virginia, including how Virginia compares to other states, and
- Determine policy strategies Virginia could implement to improve access to personal care services for Medicaid members.

**RECENT/ONGOING STUDIES IN THIS AREA:**

- In 2023, the Virginia Board for People with Disabilities published an *Assessment of Medicaid Consumer-Directed Services*, which included an assessment of access to personal care services and issues related to the personal care workforce. ([link](#))
- The 2022 Department for Aging and Rehabilitative Services *Needs Assessment Report: In-Home Services and Home Modifications for Older Adults* included examination of needs related to personal care services. ([link](#))
- In 2021, the Department of Medical Assistance Services' report on *Estimating the Impact of Virginia's Increasing Minimum Wage on Medicaid Costs* included consideration of impact of minimum wage increases on the personal care workforce among other professions. ([link](#))
- In 2021, the Joint Commission on Health Care report on *Strategies to Support Aging Virginians in Their Communities* included analysis of the need for personal care services. ([link](#))
- In 2020, the Department of Medical Assistance Services' *Report on the Feasibility of Sick Leave for Personal Care Attendants* reviewed other state methods and strategies for providing sick leave to personal care attendants and evaluated the feasibility of options for Virginia. ([link](#))



# Study Information Form

## Options for Design of a Food and Nutrition Medicaid Benefit to Address Nutrition-Related Chronic Disease and Food Insecurity

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**STRATEGIC OBJECTIVES ADDRESSED:** Affordability, Accessibility, and Equity

**SOURCE OF STUDY REQUEST:** Senator Favola

**ESTIMATED WORKLOAD:** HIGH

### **BACKGROUND:**

Access to nutritious food is a social determinant of health and is critical to well-being. Food insecurity (lack of access to enough food for an active, healthy life) and nutrition insecurity (lack of consistent access to healthy, affordable foods for optimal health and well-being) are associated with increased risk for obesity and chronic health conditions including heart disease, hypertension, type 2 diabetes, and cancer. Food and nutrition insecurity are individual-, household-, and community-level economic and social conditions shaped by factors that affect the accessibility and affordability of healthy foods. Barriers to accessible, available, and affordable healthy foods disproportionately affect persons from racial and ethnic minority and socioeconomically disadvantaged populations.

In recent years, policy pathways have emerged to integrate nutrition interventions into Medicaid and the Children's Health Insurance Program (CHIP). Since 2021, Centers for Medicare and Medicaid Services (CMS) provided guidance to states describing options for addressing individual health-related social needs including § 1115 demonstration waivers, § 1915 home and community-based services waivers and state plan programs, and Medicaid managed care organization in lieu of services options, as well as CHIP Health Service Initiatives. Flexibilities allowed under these options provide states with the opportunity to implement innovative strategies to address food and nutrition insecurity, reduce the burden of nutrition-related chronic diseases, and improve health equity. Food is Medicine (FIM) is one such program available to policy makers and health care providers seeking to improve access to healthy, nutritious foods. FIM interventions, such as produce prescriptions, provision of medically tailored groceries, and medically tailored meal programs, aim to prevent, manage, or treat disease by improving access to nutritious, high-quality food across a health continuum and range of settings.

### **STUDY OBJECTIVES:**

A comprehensive staff study of options for the design of a food and nutrition Medicaid benefit to reduce nutrition-related chronic disease and food insecurity could address the following objectives:

- Identify what policy pathways are available to implement a Medicaid food and nutrition benefit to reduce nutrition-related chronic disease and food insecurity,

- Determine how other states have designed their Medicaid food and nutrition benefits to reduce nutrition-related chronic disease and food insecurity,
- Define the costs and benefits of Medicaid food and nutrition benefits to reduce nutrition-related chronic disease and food insecurity and the return on investment for states that have implemented such Medicaid food and nutrition benefits, and
- Identify strategies Virginia could implement to design a Medicaid food and nutrition benefit to reduce nutrition-related chronic disease and food insecurity, including what target populations and service categories such benefit could include.

**RECENT/ONGOING STUDIES IN THIS AREA:**

- In 2024, staff of the Joint Commission on Health Care provided an informational briefing on the social determinants of health and how they impact individuals' health related social needs and access to health care in Virginia, which included information about a recent CMS requirement that some health care organizations screen patients for health-related social needs including food insecurity, and opportunities to address health related social needs through Medicaid waivers. ([link](#))