

Virginia

State and Local Health Equity Policy Checklist

AUGUST 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		<p>The Virginia General Assembly passed legislation (HB 1990) in 2021 allowing the chairs of the House Committee for Courts of Justice and Senate Committee on the Judiciary to request up to three racial and impact statements from the Joint Legislative Audit Review Commission during a single session.¹</p> <p>As of 2021, Arlington County is considering using a Racial Equity Tool to:</p> <ul style="list-style-type: none"> • identify pilot projects to demonstrate where to advance racial equity outcomes in Arlington; • develop a capacity building plan and organizational structure to institutionalize equity within the County; and • develop a Racial Equity Action Plan framework for the county to implement. <p>The Board also directed the county Manager to provide supplementary analysis on who benefits/is burdened/is left out within the upcoming Operating Budget and Capital Improvement Plan.²</p>
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.		<p>The Virginia General Assembly declared racism a public health crisis in 2021 and directed the Department of Health's Office of Health Equity to include racism as a public health crisis as part of its charge among other measures.^{3,4}</p> <p>The City of Richmond also declared racism a public health crisis in July 2021 but has not yet taken steps to address it.⁵</p>

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Develop a ‘Health in All Policies’ strategy at the state or local level.</p>		<p>The Virginia Department of Health’s FY 2020 goals include enacting ‘Health in All Policy’ approaches at the state and local level. However, the document does not include any steps or additional information.⁶</p> <p>The City of Richmond adopted the Health in All Policies (HiAP) and Healthy Eating and Active Living (HEAL) Cities and Towns Resolutions in 2015. The resolutions call for the City “to consider the health impacts of decisions made by all aspects of local government.” However, it is unclear whether any HiAP initiatives are still active beyond the HEAL program.⁷</p>
<p>Establish Health Equity Zones to better address social determinants of health.</p>		<p>Virginia introduced, but did not pass, Health Enterprise Zone legislation in 2020.⁸</p>
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>The City of Richmond’s Equity Agenda includes a short list of strategies to address health disparities, including a “Doula Fund” to close disparities for Black and Brown pregnant women.⁹</p> <p>Arlington County’s Equity Resolution commits the County to establishing equity targets and measures; developing an equity scorecard as part of an Equity Action Plan; determining whether existing policies and programs exacerbate disparities; and allocating resources to strategies that reduce disparities.^{10,11} While not explicitly focused on health, this presents opportunities to address health disparities in the county.</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		<p>The City of Richmond allocated \$15 million for a participatory budgeting for capital projects in 2019.¹² As of March, 2021 the city is accepting applications for a commission that will decide how to implement a participatory budgeting program, but they have not yet selected initiatives or begun allocating funding.¹³</p> <p>Charlottesville allocated \$100,000 for a participatory budgeting pilot in 2019, however the program was postponed because the city official in charge of the initiative resigned.¹⁴</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>		<p>The Virginia Department of Health’s 2016-2020 statewide Plan for Well-Being includes eliminating the racial disparity in Virginia’s infant mortality rate (additional details can be found in an accompanying planning document), and the office releases periodic updates on relevant program activities.^{15,16,17} Virginia also produced a 2017 health assessment highlighting racial disparities.¹⁸</p> <p>Additionally, the 2013 State Rural Health Plan (to be updated July 2021) includes a short list of strategies to “increase awareness, engagement and coordination among an expanded base of stakeholders to address the social determinants of health and promote healthy and equitable communities.”¹⁹</p> <p>Thomas Jefferson/Blue Ridge Health District’s 2019 MAPP2HEALTH Report identifies health disparities by race/ethnicity and outlines strategies to improve health equity.²⁰ Fairfax County’s 2019-2023 Community Health Improvement Plan includes strategies that promote health equity in nutrition, active living and behavioral health.²¹</p>

<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>		<p>The Office of Rural Health offers annual Innovative Rural Programming Award grants to community clinics and other entities with the goal of “developing long-term solutions to address the root causes of rural health disparities.”²²</p> <p>Virginia funds Community Action Agencies (CAAs) through its Community Services Block Grant.²³ While it appears that CAAs measure outcomes related to health and social/behavioral development for low-income individuals (such as improving nutrition skills, physical/mental health, and living independently), it is unclear whether CAAs focus on cultural competence or reducing disparities within their target populations.²⁴</p> <p>Virginia’s Division of Multicultural Health and Community Engagement operates two programs intended to address health issues: the Danville Youth Health Equity Leadership Institute (YHELI) intended to improve education as a social determinant of health and the Virginia Partners in Prayer & Prevention (P3) initiative (previously VA Congregation for a Million Hearts) that facilitates partnerships between marginalized communities, faith and interfaith organizations and the state public health agency.^{25,26,27} Although not explicitly government funding to community organizations, these initiatives deserve recognition.</p>
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State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		<p>The Virginia Department of Health is executing an Integrated HIV Prevention and Care Plan that includes measurable targets for specific populations, including transgender and Latinx people.^{28,29} In line with the Plan for Well-Being goal of reducing disparities in Black infant/maternal mortality described above, Virginia’s Office of the Governor released a Maternal Health Strategic Plan with additional steps, including extending postpartum Medicaid coverage and funding community-based substance use treatment for Medicaid participants.^{30,31}</p> <p>The Hampton/Peninsula Health District’s 2018 Strategic Plan outlines strategies to address African American infant mortality (carried out by their child health programs) as well as HIV care for LGBT groups.^{32,33}</p> <p>Fairfax County’s strategic plan includes strategies for reducing health disparities (in development since 2019, paused due to COVID-19, slated for adoption October 2021).^{34,35}</p>

Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		The cities of Norfolk, Richmond, Manassas and Alexandria; Prince William, Fairfax and Loudoun counties; and the Virginia Department of Health participate in GARE . ³⁶
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Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		In 2020, Virginia passed the Community Policing Act , which requires law enforcement officers to record information about a driver’s race/ethnicity during a traffic stop. ³⁷ The Department of State Police reports this information through a publicly available dashboard . ³⁸

Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		<p>Virginia’s Office of Healthy Equity publishes the Virginia Health Opportunity Index, which geographically maps “a group of indicators that provide broad insight into the overall opportunity Virginians have to live long and healthy lives based on the Social Determinants of Health.”³⁹ While Virginia has produced a health equity report, it has not been updated since 2012.⁴⁰</p> <p>The Advisory Council on Health Disparity & Health Equity (ACHDHE) is responsible for providing regular recommendations to the State Health Commissioner based on presentations from different community entities and other government health programs on subjects of health equity.⁴¹</p> <p>In addition, the Virginia Department of Health’s Maternal and Child Health Service program reports on racial and poverty disparities in infant and maternal health/mortality.^{42,43}</p>
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Data & Reporting *(continued)*

POLICY	SCORE	NOTES
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Virginia statute requires the All-Payer Claims Database (APCD) to include information on patients' race (for inpatient claims only). ⁴⁴ Virginia Health Information , the APCD administrator, allows people to request claims data with patient race/ethnicity included (although the data is not provided for free). ⁴⁵

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Virginia implemented Medicaid expansion Jan. 1, 2019. ⁴⁶
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		
Provide one-year continuous eligibility for Medicaid and CHIP.		Virginia provides one-year continuous eligibility for Medicaid, but not CHIP. ⁴⁷
Provide coverage options to undocumented and recent immigrants.		Virginia provides coverage options for lawfully residing immigrant children and pregnant women without a 5-year wait . ⁴⁸

Health Reform – Delivery

POLICY	SCORE	NOTES
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Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.



The Virginia Department of Medical Assistance Services (DMAS) has a [detailed plan](#) to address health disparities.⁴⁹ Virginia [requires Medicaid MCOs](#) to develop programs or partnerships to address social determinants of health as well as provide care coordination to identify and address member access to employment, food security, housing stability, education, social cohesion or supports, health/healthcare and environmental needs identified by the member.⁵⁰ As part of this work, MCOs are required to screen new enrollees using the MCO Member Health Screenings tool, which includes questions about housing, level of education, access to basic needs, transportation and employment. MCOs must also develop a Quality Assessment and Performance Improvement Plan identifying objectives for serving diverse membership, including analyzing significant health care disparities gaps. Additionally, MCOs must submit annual reports to DMAS describing their efforts to address health disparities for the Medicaid population.⁵¹

In response to the COVID-19 pandemic, Virginia [Medicaid MCOs](#) created a grant program for community- and faith-based organizations to support outreach programs related to SDOH.^{52,53}

Beginning October 2021, the Commonwealth Coordinated Care Plus (CCC+) program—Medicaid managed long-term services and supports for “medically complex” individuals—will require contractors to [provide Doula services](#).⁵⁴ CCC+ contractors are also required to submit annual reports on their efforts to establish [community-based partnerships](#).⁵⁵

Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.



Virginia [does not have](#) ACOs or CCOs in the Medicaid program.⁵⁶

Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.



Virginia has used [1915 waivers](#) to address social determinants of health for individuals who have intellectual disabilities, physical disabilities and/or developmental disabilities, as well as youth with serious emotional disturbance ages 0-21. Services include in-home residential supports, home modification, assistive technology and employment supports.⁵⁷

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health. <i>(continued)</i></p>		<p>As of 2021, Virginia has one approved 1115 waiver covering people with mental illness and/or substance use disorders. Supports include housing and employment assistance for select high-need members.⁵⁸</p> <p>If approved, two pending waivers could also help improve social determinants of health:</p> <ul style="list-style-type: none"> • A Delivery System Reform Incentive Payment (DS RIP) Program would address social determinants of health for high-utilization members through MCO partnership with clinical/community-based partners and expanded referral to supportive housing, workforce development and nutritional support.⁵⁹ • A second 1115 waiver amendment would expand Medicaid postpartum coverage from 60 days to 12 months with continuous eligibility and an explicit focus on reducing racial/ethnic disparities in maternal and child health outcomes.⁶⁰
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>Virginia developed Accountable Care Communities (ACCs) as part of their State Innovation Model (SIM).⁶¹ Stakeholders were to include health systems, community services boards, school systems, housing agencies and other social support providers. Addressing social determinants of health or health disparities was one of many options ACCs could focus on, however they were not required or uniquely incentivized to do so. The SIM grant and ACC initiative ended in 2017 and has remained inactive.⁶²</p>
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>In October 2020, Virginia allocated \$30 million in funding from the federal Coronavirus Aid, Recovery, and Economic Security (CARES) Act to improve broadband access in underserved localities.⁶³</p> <p>Virginia has invested \$51 million over several years to the Virginia Telecommunications Initiative (VATI), which oversees the expansion of broadband service into unserved areas of the state.⁶⁴</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>Legislation passed in 2021 instructs Virginia’s Department of Social Services to develop a program providing low-income residents with up to \$15 per month reimbursement by Nov. 1, 2021.⁶⁵</p>
<p>Expand coverage for telehealth services.</p>		<p>Statute prohibits private insurers from excluding services for coverage solely because they are provided through telemedicine, however the language contains a potential loophole in that payers can exclude telehealth for reasons other than the use of telehealth.^{66,67}</p> <p>Additionally, Virginia’s list of Medicaid eligible live-video originating sites does not appear to include patient home or place of work, possibly meaning patients must travel to an approved healthcare provider site in order to receive telehealth services.⁶⁸</p>
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>		<p>Virginia requires private payers to reimburse providers for telehealth diagnosis, consultation and treatment on the same basis as equivalent in-person services.⁶⁹</p>
<p>Waive/limit cost-sharing for telehealth services.</p>		<p>Virginia statute states that insurers may offer health plans that include cost-sharing for telemedicine services as long as the cost-sharing does not exceed the cost-sharing applied to those same services when provided face-to-face.⁷⁰</p>
<p>Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.</p>		<p>Although Virginia has not adopted a global budgeting system at the state level, Fairfax County has used global budgets to fund Molina Healthcare to provide health services at three safety-net clinics for uninsured residents with low household incomes.⁷¹</p>
<p>Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.</p>		<p>Virginia doulas are required to do eight hours of training in Cultural Humility and Responsiveness.⁷² The Virginia Board of Medicine is exploring advocating for cultural competency and implicit bias training for healthcare providers, but no state legislation has been passed as of August 2021.⁷³</p>

COVID-Specific Reforms

POLICY	SCORE	NOTES
<p>Collect racial equity data to better understand the disparate impact of COVID-19.</p>		<p>Virginia reports data on COVID-19 vaccinations, cases, mortality and hospitalizations by race and ethnicity, but not COVID-19 testing or recoveries.⁷⁴</p>

COVID-Specific Reforms *(continued)*

POLICY	SCORE	NOTES
<p>Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.</p>		<p>In accordance with federal requirements, Virginia Medicaid prohibited cancellation or closure of most plans for the duration of the public health emergency, however cancellation is permitted for certain groups.⁷⁵</p> <p>Virginia temporarily suspended all drug co-payments for Medicaid and FAMIS members (still active as of July 1, 2021) and expanded enrollment assistance or member call center capacity in response to COVID-19.^{76,77}</p> <p>In FY 2021, Virginia required non-emergency plans to expand auto-renewals when individuals experience changes, such as reaching the end of their postpartum coverage period.⁷⁸</p> <p>Virginia also submitted a Children’s Health Insurance Plan (CHIP) State Plan Amendment (SPA) waiver to extend the timeframe for families to complete CHIP renewals and waive requirements for timely processing of applications and/or renewal.⁷⁹</p>
<p>Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.</p>		<p>In March 2021, Virginia passed legislation (HB 2124) declaring that Emergency Medicaid would cover COVID-19 testing, treatment and vaccination for undocumented immigrants during a public health emergency declared by the U.S. Secretary of Health and Human Services, effective July 1, 2021. However, the bill does not explicitly state that coverage would be retroactive, including treatment/testing costs incurred prior to July 1, 2021.⁸⁰</p>
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>Virginia has not limited cost-sharing for COVID-19 testing or treatment by private insurers.⁸¹ For example, CareFirst announced that it will stop waiving cost-sharing for COVID-19 treatment Sept. 1, 2021.⁸²</p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>The Virginia Department of Health partnered with Walgreens Pharmacy to offer free COVID-19 antigen tests at various retail locations across the state beginning in December 2020.^{83,84} Assorted Health Districts also offered free testing events throughout 2020 and 2021.⁸⁵</p>

Notes

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