

**REPORT OF THE  
JOINT COMMISSION ON HEALTH CARE**

**Increasing the Availability of  
Health Insurance Providers in Rural Areas**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**REPORT DOCUMENT NO. 157**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2008**



**Code of Virginia § 30-168.**

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care.

For the purposes of this chapter, "health care" shall include behavioral health care.

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The Honorable Benjamin L. Cline

The Honorable Franklin P. Hall

The Honorable Kenneth R. Melvin

The Honorable Harvey B. Morgan

The Honorable David A. Nutter

The Honorable John M. O'Bannon, III

The Honorable John J. Welch, III

The Honorable Marilyn B. Tavenner  
Secretary of Health and Human Resources

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## **Preface**

House Bill 1324 of the 2006 General Assembly Session directed the Commissioner of Insurance to prepare a plan to double the level of competition among providers of health insurance products in the Commonwealth's rural areas. HB 1324 was passed by in the House Commerce and Labor Committee in favor of a letter to the Joint Commission on Health Care (JCHC) requesting a study of the issues contained in the bill.

Some distinct differences are observed when the socio-economic well-being of rural (defined in this report as having fewer than 120 people per square mile) and non-rural localities in Virginia are compared. Families in rural localities tend to have lower family incomes and are more likely to experience unemployment and lack health insurance. Small businesses (those least likely to offer their employees health insurance coverage) are disproportionately located in rural areas. Consequently, it was not surprising to find that these socio-economic factors contributed to accessibility and affordability problems faced by individuals seeking health insurance coverage in rural localities. Conversely, the availability of health insurers was not substantially lower in rural localities when compared with non-rural localities. A review of State-licensed managed care insurers indicated that while rural areas have the lowest number of insurers, all Virginia localities had at least 35 insurers that offer health insurance plans.

Although no legislation was introduced related to this study in 2008, JCHC members voted to endorse the general concept of subsidizing a health insurance product for uninsured Virginians.

On behalf of the Joint Commission and staff, I would like to thank the numerous individuals who assisted in this study, including representatives from Anthem, the Center for Rural Policy Analysis, the Center for Rural Virginia, Community Health Resource Network, the Department of Medical Assistance Services, the Medical Society of Virginia, the National Conference of State Legislatures, Southwest Community Health Systems Inc., State Corporation Commission, Virginia Association of Health Plans, Virginia Commonwealth University Health System, Virginia Community Health Care Association, Virginia Department of Health, Virginia Premier, and Virginia Tech's Rural Economic Analysis Program.

Kim Snead  
Executive Director

June 2008



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Report

October 26, 2007 Presentation to JCHC





# **Increasing the Availability of Health Insurance Providers in Rural Areas**

## **Executive Summary**

### **Background**

House Bill 1324 (2006), as introduced by Delegate David A. Nutter, directed the Commissioner of Insurance:

To “prepare a plan to double the level of competition among providers of health insurance products in rural areas of the Commonwealth. The plan shall address (i) the current level of competition among providers of health insurance products in such areas; (ii) barriers to increased competition among such providers; (iii) the likely effects of increased competition; (iv) an analysis of potential solutions, including creating incentives for new health insurance providers, including health maintenance organizations, to compete with incumbent providers offering health insurance products in such areas; and (v) ways to overcome institutional, legal, and economic barriers to an increase in such competition, regardless of whether such barriers are unique to the Commonwealth's rural areas.”

HB 1324 was passed by in the House Commerce and Labor Committee in favor of sending a letter to the Joint Commission on Health Care (JCHC) requesting a study of the issues. In completing the study, JCHC staff utilized a variety of resources and contacted a number of agencies and organizations; as listed below:

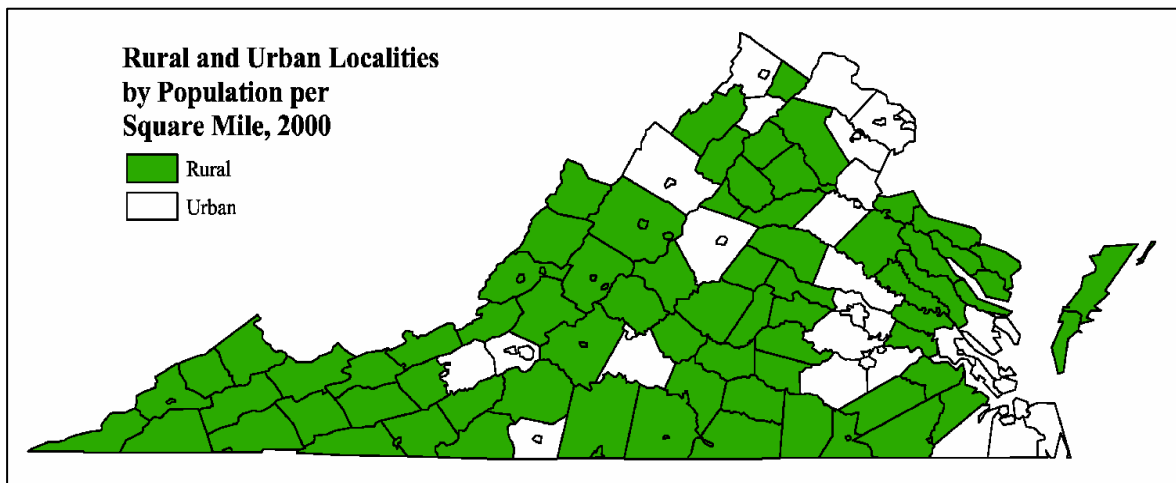
- Anthem
- Center for Rural Policy Analysis
- Center for Rural Virginia
- Community Health Resource Network
- Department of Medical Assistance Services
- Ehealthinsurance.com
- Kaiser Family Foundation
- National Conference of State Legislatures
- Southwest Community Health Systems, Inc.
- State Corporation Commission
- The Medical Society of Virginia
- University of North Carolina’s Cecil G. Sheps Center for Health Services Research
- Virginia Association of Health Plans
- Virginia Commonwealth University Health System
- Virginia Community Health Care Association
- Virginia Department of Health
- Virginia Premier
- Virginia Tech’s Rural Economic Analysis Program

## What is Rural?

To assess the availability of insurance products in rural Virginia, what “rural” means must be defined. The definition of rural is a topic of some debate. The federal government has various ways of defining rural and non-rural areas. The Office of Management and Budget (OMB) uses Metropolitan Statistical Area Codes. Metropolitan statistical areas are defined as the “area(s) containing a recognized population nucleus and adjacent communities that have a high degree of integration with that nucleus.”<sup>1</sup> The Economic Research Service of the United States Department of Agriculture (USDA) uses Rural-Urban Continuum Codes as a “classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or areas.”<sup>2</sup>

Efforts have been made to define the meaning of “rural” in Virginia, as well.<sup>3</sup> The Center for Rural Virginia defines rural as localities with “less than 120 people per square mile” for all programs and activities it supports. Figure 1 shows how Virginia’s localities are classified, if the Center’s definition of rural is used. (For purposes of this study, the Center’s definition for rural localities is used throughout.)

**Figure 1**  
**Rural and Urban Localities**



<sup>1</sup> Standards for Defining Metropolitan and Micropolitan Statistical Areas, 65 Fed. Reg. No. 249, December 27, 2000, FR 82228-82238.

<sup>2</sup> USDA, Economic Research Service website <http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/> last accessed 2/15/2008

<sup>3</sup> Jim Pease, “What is ‘Rural?’”, Virginia Rural Economic Analysis Program, *Horizons* Volume 18:6 (2006) displays the complexity of defining rural and previous efforts in Virginia to define rural.

**Differences Between Rural and Non-Rural Localities in Virginia.** There are some distinct differences in the socio-economic well-being of rural and non-rural localities in Virginia (Figure 2). The most notable difference is seen in family income as the average income in rural localities was nearly \$13,000 less than in non-rural localities. Families living in rural areas were more likely to have incomes at or below 200 percent of the federal poverty level, experience unemployment, and lack health insurance.

<b>Figure 2</b> <b>Selected Comparisons Between Rural and Non-Rural Localities in Virginia</b> <b>(2004-2005)</b>			
		<b>Rural Localities</b>	<b>Non-rural Localities</b>
Median Family Income (2005)	Average	\$38,596	\$51,341
	Median	\$36,375	\$46,890
Population Living at or Below 200% Federal Poverty Level	Average	32.1%	24.2%
	Median	32.0%	21.5%
Unemployment Rate	Average	4.4%	3.8%
	Median	4.4%	3.3%
Health Care Uninsured Rate	Average	14.8%	13.4%
	Median	14.8%	12.9%
<b>Sources:</b> JCHC-staff analysis of data from Jim Pease, "What is 'Rural?'" Virginia Rural Economic Analysis Program <i>Horizons</i> Vol. 18:6 (2006) and <i>Virginia Atlas of Health Indicators</i> .			

### **Employer-Offered Health Insurance**

Employer-offered health insurance is very important as most non-elderly Virginians, like most non-elderly Americans, have health insurance coverage through their employers. As reported in *Options to Extend Health Insurance Coverage to Virginia's Uninsured Population*, a study by the Joint Legislative Audit and Review Commission (JLARC), almost 80 percent of the non-elderly Virginians who have health insurance coverage are insured through their employers.

Annual surveys of U.S. employers, conducted by the Kaiser Family Foundation and Health Research and Educational Trust, indicate that the "percentage of firms offering [health insurance] coverage increases as the size of the firm increases."<sup>4</sup> Similarly, the smallest firms are the least likely to offer health

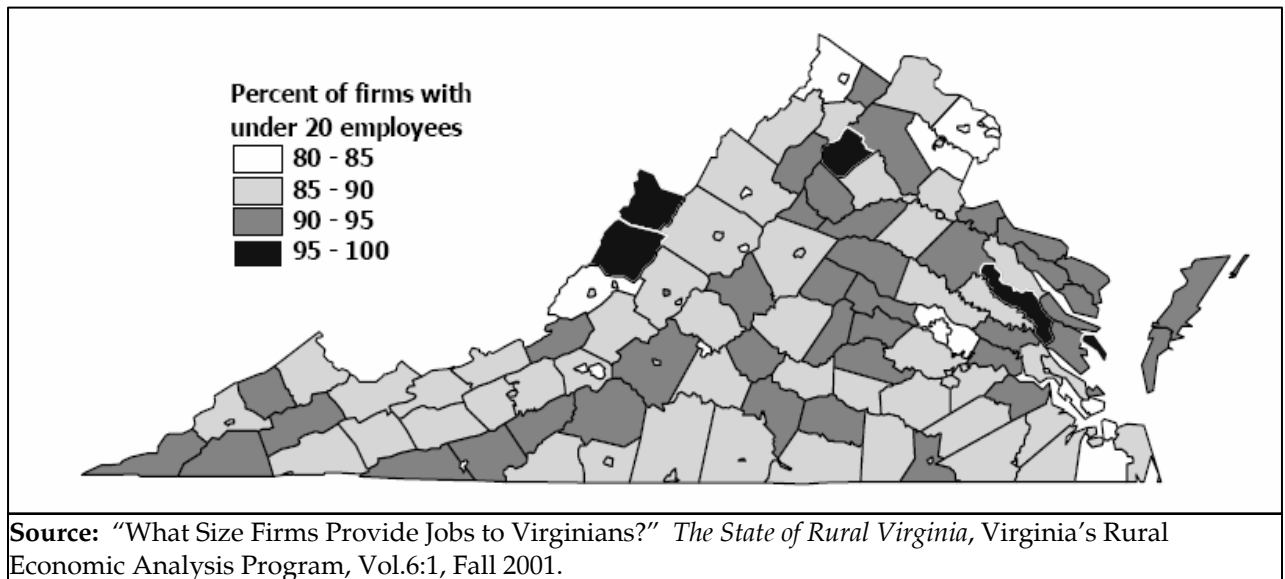
<sup>4</sup> Kaiser Family Foundation and Health Research and Educational Trust, *Employer Health Benefits 2007 Annual Survey*, p. 5.

insurance to their employees (Figure 3). This is an especially important issue for rural areas which have a disproportionate number of smaller businesses. Figure 4, shows localities by the percentage of firms that had fewer than 20 employees in 2001.

<b>Figure 3</b> <b>Percentage of Private-Sector Establishments</b> <b>Offering Health Insurance Coverage by Number of Employees (2005)</b>				
< 10	10-24	25-99	100-999	1000+
34.3%	63.4%	84.9%	98.9%	98.1%

**Source:** Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 2005 Medical Expenditure Panel Survey-Insurance Component. Available at [http://www.meps.ahrq.gov/mepsweb/data\\_stats/state\\_tables.jsp?regionid=37&year=2005](http://www.meps.ahrq.gov/mepsweb/data_stats/state_tables.jsp?regionid=37&year=2005).

**Figure 4**  
**Virginia Localities by Percentage of Firms with Fewer than 20 Employees**



The five localities (Bath, Highland, King and Queen, Mathews, and Rappahannock) in which at least 95 percent of its firms have fewer than 20 employees are all rural localities.

### Review of Competition among Health Insurers

In order to assess the level of competition among health insurers in rural localities, staff compared the number of State-licensed health insurers in rural localities with the number in non-rural localities. The Commonwealth regulates and maintains information about many health insurers and their policies through

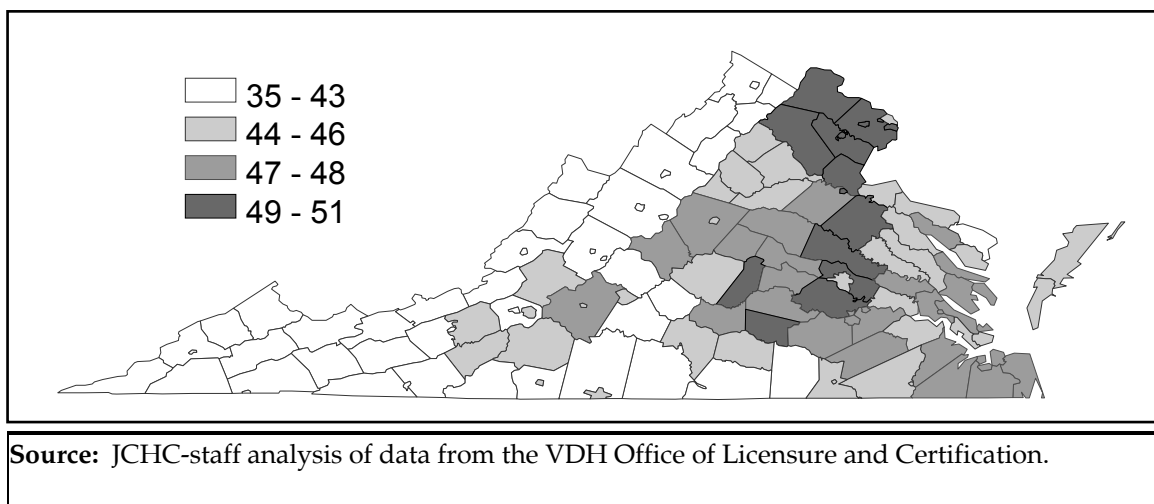
the State Corporation Commission (SCC). However due to an exemption under federal law, states do not have the ability to regulate insurance plans when they are self-funded by a business. In Virginia, the vast majority of health insurance plans that are not self-funded are managed care products involving either a health maintenance organization (HMO) or a preferred provider organization (PPO). Consequently, the JCHC-staff review was restricted to the 20 HMOs and 63 PPOs which are State-licensed. The results of the staff review are shown in Figure 5.

**Figure 5**  
**Average Number of HMOs and PPOs by Locality Type**

Type of Locality	Average # of HMOs	Average # of PPOs
Rural	9	34
Non-Rural	12	35
When the number of available HMOs and PPOs were <u>combined</u> , each locality had at least 35.		
<b>Source:</b> JCHC-staff analysis of data from the VDH Office of Licensure and Certification.		

Figure 6 shows the combined number of PPOs and HMOs by locality. While rural areas have the lowest number of health insurers, all Virginia localities have at least 35 and the highest number of health insurers in one locality was 51.

**Figure 6**  
**Combined Number of Insurers of PPOs or HMOs by Quartile**



## Study Findings

The finding that each locality has at least 35 health insurers indicates that availability is not the primary health insurance issue in rural Virginia. In fact, discussions during the course of the study indicated that issues related to the accessibility of health insurance were more challenging. These issues include:

- Difficulty in establishing a network with so few health care providers
- Lack of primary care providers
- Lack of medical care specialists
- Fewer economies of scale available for insurers
- Fewer than half of small employers provide employer-sponsored coverage to employees
- Higher percentage of small businesses thereby making health insurance less accessible
- Higher percentage of the population unemployed
- Lower per capita income, including a higher percentage of the population at or below 200 percent of the federal poverty level.

Several options were suggested to address accessibility and availability of health insurance, as noted below.

***Allow Mandate-Free Health Insurance Products in Rural Areas.*** The ability to offer a health insurance product which is not required to include mandated benefits has the potential to allow for lower-cost plans.

***Provide Tax Incentives for Health Insurers in Rural Areas.*** Providing a State tax-credit or deduction for the development of new product lines or policies offered in targeted rural areas might be an effective incentive to develop lower-cost health insurance plans.

***Provide Subsidies for Employers who Offer Health Insurance for Employees.*** Small employers, operating in targeted rural areas, that add health insurance as an employee benefit, could have some of the cost incurred reimbursed through direct subsidy or changes in tax policy.

## Policy Options

**Option 1:** Take no action

**Option 2:** Introduce legislation to exempt health insurance products provided in specific rural areas from having to include mandated coverage as required in *Code of Virginia* Title 38.2, Chapter 34.

**Option 3:** Introduce legislation to provide a tax incentive for health insurance carriers to offer new small group plans in targeted rural areas. (Reductions in tax liability could be based on enrollment numbers.)

**Option 4:** Introduce a budget amendment (funding to be determined) to provide a subsidy for small employers operating in specific rural areas of Virginia, that offer health insurance for their employees.

- ☒ **Option 5:** Endorse the concept of subsidizing a health insurance product for uninsured Virginians.

The only public comments received on the specific study options were submitted on behalf of the Virginia Association of Health Plans. The comments indicated:

“VAHP appreciates this opportunity to comment on proposals slated for consideration by JCHC ....The research shows that rural residents have a choice between a minimum of 35 licensed PPOs and HMOs....Despite a diverse selection of health insurers a number of other issues, including cost, affect an individual’s access to care. To address access related issues such as cost, VAHP members are continually researching and developing new products.”

**JCHC Staff for this Report**

Stephen W. Bowman

Senior Staff Attorney/Methodologist







Virginia Joint Commission  
on Health Care



# Increasing the Availability of Health Insurance Providers in Rural Areas

October 26, 2007

Stephen W. Bowman  
Senior Staff Attorney/Methodologist

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## House Bill 1324 (2006)

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- ▶ HB1324 (Nutter) directed the Commissioner of Insurance to prepare a plan to double the level of competition among providers of health insurance products in Commonwealth's rural areas. The plan was to address:
  - ▶ Current level of competition among health insurance providers
  - ▶ Barriers to increased competition
  - ▶ Effects of increased competition
  - ▶ Analysis of potential solutions
  - ▶ Ways to overcome institutional, legal, and economic barriers
- ▶ HB 1324 was passed by in the House Commerce and Labor Committee and a letter was sent requesting a JCHC study of the issues



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## Representatives and Resources Consulted

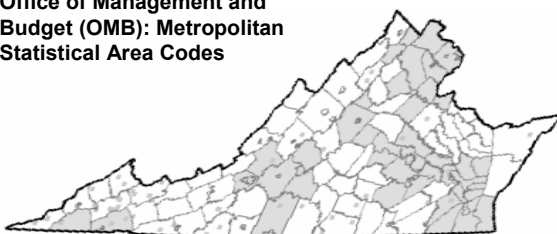
- ▶ Anthem
- ▶ Center for Rural Policy Analysis
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- ▶ Community Health Resource Network
- ▶ Department of Medical Assistance Services
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- ▶ Kaiser Family Foundation
- ▶ National Conference of State Legislatures
- ▶ Southwest Community Health Systems, Inc.
- ▶ State Corporation Commission
- ▶ The Medical Society of Virginia
- ▶ UNC's Cecil G. Sheps Center for Health Services Research
- ▶ Virginia Association of Health Plans
- ▶ Virginia Commonwealth University Health System
- ▶ Virginia Community Health Care Association
- ▶ Virginia Department of Health
- ▶ Virginia Premier
- ▶ Virginia Tech's Rural Economic Analysis Program



3

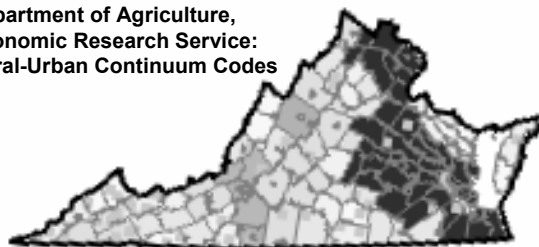
## Rural Can Be Defined in Many Ways

**Office of Management and Budget (OMB): Metropolitan Statistical Area Codes**



■ **Metropolitan Statistical Areas**

**Department of Agriculture, Economic Research Service: Rural-Urban Continuum Codes**



**Rural Urban Continuum Codes (Beale Codes)**

- Counties in Metro Areas of 1 Million Population or More
- Counties in Metro Areas of 250,000 to 1 Million Population
- Counties in Metro Areas of Fewer than 250,000 Population
- Urban Population of 20,000 or More Adjacent to a Metro Area
- Urban Population of 20,000 or More Not Adjacent to a Metro Area
- Urban Population of 2,500 to 19,999 Adjacent to a Metro Area
- Urban Population of 2,500 to 19,999 Not Adjacent to a Metro Area
- Completely Rural or Less Than 2,500 Urban Population Adjacent to a Metro Area
- Completely Rural or Less Than 2,500 Urban Population Not Adjacent to a Metro Area

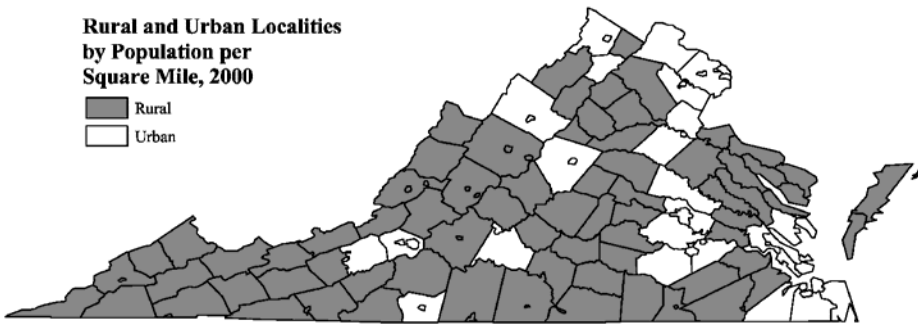
Maps prepared by Rural Policy Research Institute (RUPRI)'s Community Information Resource Center – 9/7/07

## Study's Definition of Rural

- Rural is defined as localities with less than 120 people per square mile\*
- Center for Rural Virginia uses this definition for all programs and activities

**Rural and Urban Localities  
by Population per  
Square Mile, 2000**

■ Rural  
□ Urban



\* 2000 Census locality population used

## Rural and Non-rural Localities Have Distinct Differences

		Rural Localities	Non-rural Localities
<b>2000 Localities' Persons per square mile*</b>	<b>Average</b>	<b>61</b>	<b>1,106</b>
	<i>Median</i>	<i>56</i>	<i>326</i>
<b>2004-05 Median Family Income**</b>	<b>Average</b>	<b>\$38,596</b>	<b>\$51,341</b>
	<i>Median</i>	<i>\$36,375</i>	<i>\$46,890</i>
<b>2004-05 Rate of Population 200% or Below the Federal Poverty Level (FPL)**</b>	<b>Average</b>	<b>32.1%</b>	<b>24.2%</b>
	<i>Median</i>	<i>32.0%</i>	<i>21.5%</i>
<b>2004-05 Unemployment rate**</b>	<b>Average</b>	<b>4.4%</b>	<b>3.8%</b>
	<i>Median</i>	<i>4.4%</i>	<i>3.3%</i>
<b>2004-05 Uninsured Rate**</b>	<b>Average</b>	<b>14.8%</b>	<b>13.4%</b>
	<i>Median</i>	<i>14.8%</i>	<i>12.9%</i>



-All calculations above give each locality an equal weighting

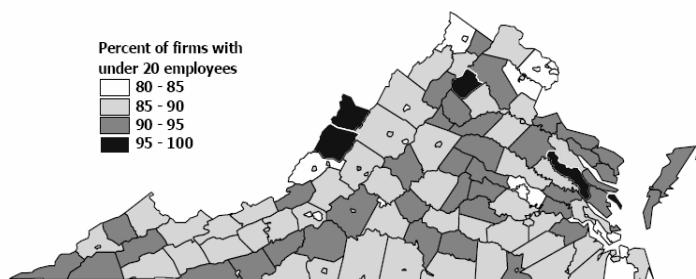
\* *What is Rural*, Virginia's Rural Economic Analysis Program, Vol. 18:6, Nov/Dec 2006

\*\*Virginia Atlas of Health Indicators

## Rural Virginia has a Higher Percentage of Smaller Firms

Smaller firms provide employee health insurance at a lower rate

# of Employees	< 10	10-24	25-99	100-999	1000+
% of Private Sector Establishments that Offer Health Insurance Coverage	34.3%	63.4%	84.9%	98.9%	98.1%



Sources: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2004 Medical Expenditure Panel Survey<sup>7</sup> Insurance Component. Graphic - *The State of Rural Virginia*, Virginia's Rural Economic Analysis Program, Vol.6:1, Fall 2001

## Challenges for Insurers in Rural Areas

- ▶ Difficult to establish a network with so few health care providers
  - ▶ Lack of primary care providers
  - ▶ Lack of medical care specialists
- ▶ Fewer economies of scale available for insurers\*
- ▶ Less than half of small employers provide employer-sponsored coverage to employees\*\*
  - ▶ Rural areas have a higher percentage of small businesses
- ▶ Higher percentage unemployed
- ▶ Lower per capita income
- ▶ Higher rate of population at 200% or below FPL



\* An Analysis of Availability of Medicare+Choice, Commercial HMO, and FEHBP Plans in Rural Areas: Implications for Medicare Reform, Rural Policy Brief (Vol. 8:5, March 2003)

\*\* Options to Extend Health Insurance Coverage to Virginia's Uninsured Population, JLARC, House Document 19 (2007)

# HMOs and PPOs Operating in Virginia

► 20 HMOs operating in Virginia

- 18 Medical
- 2 Dental

18 Medical HMOs  
were analyzed

► 63 PPOs operating in Virginia

- 34 Medical
- 3 Medical and Dental
- 17 Dental
- 1 Dental and Vision
- 8 Vision

37 Medical PPOs  
were analyzed



Source : Data provided by VDH's Office of Licensure and Certification

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# All Localities Have At Least 35 Licensed and Certified PPOs/HMOs

► Average # of Licensed and Certified HMOs

- Rural Localities – 9
- Non-Rural Localities – 12

► Average # of Licensed and Certified PPOs

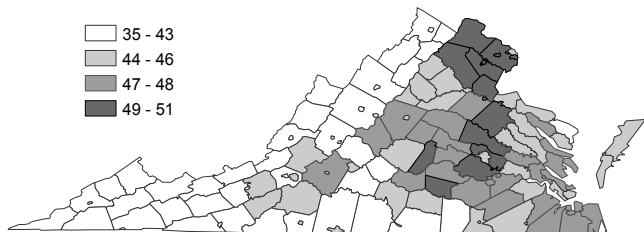
- Rural Localities – 34
- Non-Rural Localities – 35

When rural localities are  
defined as less than 60  
persons per square mile  
the average number of  
licensed PPOs and HMOs  
are very similar\*

\*All numbers are the same except in  
non-rural HMO's average is 11

Combined Number of PPOs and HMOs by Quartile

- 35 - 43
- 44 - 46
- 47 - 48
- 49 - 51



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# Insurance Providers/Products Available in Rural and Non-Rural Areas

## Individual Quotes From an Health Insurance Broker\*

<p><u>Rural Virginia</u></p> <p>Marion, Smyth County</p> <ul style="list-style-type: none"> <li>▶ 4 providers</li> <li>▶ 67 products</li> <li>▶ \$107 per month avg.</li> </ul> <p>Hot Springs, Bath County</p> <ul style="list-style-type: none"> <li>▶ 3 Providers</li> <li>▶ 58 products</li> <li>▶ \$108 per month avg.</li> </ul>	<p><u>Non-Rural Virginia</u></p> <p>Lakeside, Henrico Co.</p> <ul style="list-style-type: none"> <li>▶ 4 providers</li> <li>▶ 67 products</li> <li>▶ \$114 per month avg.</li> </ul>	<p><u>North Carolina</u></p> <p>Raleigh (Non-rural) &amp; Mount Airy (Rural) had the same availability</p> <ul style="list-style-type: none"> <li>▶ 6 providers</li> <li>▶ 84 products</li> </ul>
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Example is not intended to be  
exhaustive of insurers and  
products for each location



Source: ehealthinsurane.com

\*Illustrative purposes only: Average is comprised of quote estimates for a 40 year old male in which identical insurance products across the areas are averaged.

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# Lack of Health Insurers and Products Are Not the Leading Issues in Rural Areas

## ▶ Rural issues of greater importance include:

- ▶ Lack of Specialists
- ▶ Primary Care Physicians

### Currently Addressed by:

- VDH Office of Minority Health and Public Health Policy
- Governor's Health Reform Commission
- Graduate Medical Education Consortium
- Virginia's Recruitment and Retention Collaborative Team
- Health Workforce Advisory Committee
- Area Health Education Centers (AHECs)

### ▶ Obtaining health insurance coverage

- ▶ Lower rates of employers offering health insurance coverage
- ▶ Population with less disposable income than non-rural population
- ▶ Higher rates of unemployment
- ▶ Cost

### Currently Addressed by:

(in whole or in part)

- Governor's Health Reform Commission
- VDH's Rural Health Plan Workgroup's
- JCHC Health Care Cost Study



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## Potential Ways to Increase Insurers in Rural Areas

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- ▶ Allow a mandate-free health insurance product line in rural areas
  - ▶ 13% (\$335 per contract) of individual claims were for mandated benefits
  - ▶ 18% (\$507 per certificate) of group claims were for mandated benefits
- ▶ Provide tax incentives for insurers to develop products for targeted rural areas
  - ▶ For example, localities with less than 40 PPOs or HMOs certified to operate
    - ▶ Carroll, Dickenson, Grayson, Halifax, Highland, Lee, Scott, Smyth, and Washington counties



The Financial Impact of Mandated Health Insurance Benefits and Providers Pursuant to Section 38/2-3419.1 of the Code of Virginia: 2005 Reporting Period, SCC, Report Document No. 289, 2005)

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## Potential Way to Assist Rural Employers With the High Cost of Insurance Coverage

- ▶ Provide subsidies to rural small employers that decide to provide health insurance to employees

### **Subsidy Traits**

- Through tax incentive or direct payment
- Could require employers contribute to employees health insurance
- Must be substantial for small employers to engage
- Adds costs to State



Source: Options to Extend Health Insurance Coverage to Virginia's Uninsured Population, JLARC, House Document 19 (2007)

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# Policy Options

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## Policy Options

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**Option 1:** Take no action

**Option 2:** Amend the *Code of Virginia*, Title 38.2, Chapter 34 to exempt health insurance products provided in specific rural areas from having to include mandated coverage as required in *Code of Virginia* Title 38.2, Chapter 34.

**Option 3:** Provide a tax incentive for health insurance carriers to offer new small group plans in targeted rural areas. (Reductions in tax liability could be based on enrollment numbers)

**Option 4:** Introduce a budget amendment (funding to be determined) to provide a subsidy for small employers operating in specific rural areas of Virginia, that offer health insurance for their employees



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## Public Comments

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- ▶ Written public comments on the proposed options may be submitted to JCHC by close of business on November 5, 2007. However, to ensure comments are included in the preliminary matrix draft that will be distributed to JCHC members prior to the meeting, the comments must be received by close of business November 1st.
- ▶ Comments may be submitted via:
  - ▶ E-mail: [sareid@leg.state.va.us](mailto:sareid@leg.state.va.us)
  - ▶ Fax: 804-786-5538
  - ▶ Mail: Joint Commission on Health Care  
P.O. Box 1322  
Richmond, Virginia 23218
- ▶ Comments will be summarized and presented to JCHC during its November 8<sup>th</sup> meeting.





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