



# ***West Virginia Health Agenda 2021***

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Quality, comprehensive, affordable health care is essential for the economic and social success of all West Virginia families and the future of our state. The statewide Health Care for All Coalition has come together to endorse a set of recommendations for the 2021 West Virginia Legislature (the full language of the Agenda is [here](#).)

**We call on the 2021 West Virginia Legislature to recognize that Medicaid is a critical health care safety net for a third of West Virginians and oppose any efforts to cut Medicaid spending, limit Medicaid federal dollars available to our state, or cut eligibility and benefits.** To do so would harm both West Virginia's families and our state economy. The COVID-19 crisis has driven home the value of the Medicaid program for our state. Indeed, with its flexibility to adapt to emergencies and meet new health services demands, it has been the single most critical tool in our state's response to the pandemic. If West Virginia reduces spending on Medicaid and forces cuts to essential benefits or eligibility, we will hurt not only families who rely on Medicaid to help them face physical and financial health hurdles, but also our rural hospitals and our state economy.

**We also call on the 2021 West Virginia Legislature to address racial equity in health.** The COVID-19 crisis has amplified in our health system the long-standing health inequities that manifest along race lines as less access to health care, inferior quality of care, race biases in health research, and ultimately, poorer health outcomes. Health inequities arise due to structural racism that manifests at multiple levels, including both what a person of color may have experienced before entering the health system, and their experiences within the health system.

**West Virginia must invest in all families through initiatives that reduce the cost of health coverage, necessary care, and prescription drugs, and enable all our families to remain healthy. Therefore, we call on the Senators and Delegates of the West Virginia Legislature to work together to:**

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## **Expand Medicaid coverage to one year postpartum for women up to 300 percent of the Federal Poverty Level.**

In 2018, the West Virginia Legislature made huge strides for women and families by passing SB 564, expanding coverage for pregnant women at higher income levels for 60 days postpartum. However, postpartum health needs and conditions can continue long after the first 60 days, and continued Medicaid coverage is vital for parents who are receiving treatment for ongoing health conditions such as diabetes or substance use disorders. West Virginia should provide 12 months of continuous coverage after the end of pregnancy to improve maternal mortality, enhance long-term family health, and address racial inequities.

## **Create a Children's Health Insurance Choice program to close children's coverage gaps.**

All children need access to comprehensive health coverage, but there are still children in West Virginia who are not covered. A program to allow families to buy into Children's Health Insurance Program (CHIP) can address child health coverage gaps among moderate-income families who do not have access to affordable private coverage. This program would allow families with incomes in excess of CHIP eligibility to purchase comprehensive insurance for their children with lower out-of-pocket costs (copayments, coinsurance and deductibles) more affordable premiums than currently available in the private market.

## **Create a New Choice health insurance program to provide adult West Virginians with an additional affordable, quality plan option.**

A New Choice program would provide adult West Virginians who currently do not have access to affordable health coverage a new, more affordable, quality health insurance plan option. West Virginia should utilize Medicaid administrative efficiencies and purchasing power to offer a plan with comprehensive benefits and low out-of-pocket costs. The plan would cost less per person than existing individual market plans. The New Choice program would ensure affordable health coverage for more low-wage workers who are hurt by the Medicaid "cliff effect" – those that earn over Medicaid income eligibility levels but do not have an offer of affordable, comprehensive health insurance through their jobs or the private market.

## **Expand the vision care benefit for Medicaid-enrolled adults.**

Vision care is critically important to Medicaid-enrolled adults – to see to fill out a job application, to follow a boss' written instructions, to help their children do homework, and to follow a prescription drug's directions, for example. Currently, Medicaid only covers an eye exam if it is part of care for a larger vision health concern, such as diabetes. If an adult enrollee needs corrective lenses, glasses are only covered if a cataract extraction has taken place within the last 60 days. West Virginia should expand the Medicaid vision benefit to include routine annual eye exams, glasses or contacts to correct vision, and regular vision services.

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## **Expand Medicaid coverage of assisted living as a lower-cost alternative to nursing home care.**

West Virginia, through its Medicaid Personal Care option, pays for personal care for state residents in their place of residence, be that in their own homes, the homes of other family members, and in some instances, in an assisted living community facility, or in adult family care homes. However, if the care is provided in an assisted living residence or adult family care home, no funds from this program can be put towards the cost of room and board. For Medicaid to cover room and board, an enrollee must move to a skilled nursing facility (nursing home). West Virginia should expand Medicaid coverage of room and board at an assisted living community facility – for Medicaid enrollees who do not need the higher level of care provided in a nursing home. This would save West Virginia money and provide a new residential option for people with disabilities and for seniors that can provide a more independent and active quality of life.

## **Make permanent critical expansions of Medicaid telehealth services.**

In response to the COVID-19 pandemic, West Virginia and states across the country moved quickly to create more flexibility for Telehealth to be used in state Medicaid programs. Under West Virginia's 1135 COVID-19 Medicaid Emergency Waiver, Telehealth visits can be reimbursed for all services. Telephone visits are reimbursed at the same rate as Telehealth video visits, which is critical for our state given its many areas with poor internet connectivity. A key goal of Telehealth is to improve health equity - both access to and quality of care in rural areas and for lower-income families. West Virginia should move forward to permanently adopt many COVID-19 emergency Medicaid Telehealth policies.

## **Create a Minority Health Advisory Team to address health disparities.**

Structural and racial inequities in our health system lead to disparate outcomes faced by Black West Virginians and other communities of color. The COVID-19 pandemic has only magnified long standing issues. Statewide, Black residents make up 3.6 percent of the total population but account for 7.2 percent of all COVID-19 cases due to longstanding structural health and economic inequities. Additionally, Black residents are more likely to suffer from diabetes, three to four times more likely to die in childbirth than white residents, and more likely to live in poverty than white residents. West Virginia should enact a state Minority Health Advisory Team, which would collect data on health disparities and authorize funds for Community Health Equity Initiative Demonstration Projects.

## **Improve how Medicaid addresses non-medical factors that impact the health of Medicaid-enrolled families.**

Housing, food, transportation, education, social isolation, and other non-medical factors affect access to care and health care utilization as well as health outcomes. For example, helping pay for air-conditioning for children with asthma or supplementing food stamps to help pay for sugar free alternatives for people with diabetes can reduce longer-term Medicaid costs. West Virginia Medicaid should consistently screen all enrollees for non-medical needs and reimburse Medicaid managed care organizations for linking enrollees to community-based services. West Virginia should go further and provide Medicaid payment for primary care provider-prescribed social service needs. As a first step, the state should create and fund a public-private task force with DHHR staff support to examine how the state can expand and improve how Medicaid addresses social determinants of health.

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## **Refund to consumers the cost of unjustified high prescription drug price increases.**

West Virginia took a first step in 2020 to address high prescription drug costs for West Virginia families by passing the “Requiring Accountable Pharmaceutical Transparency, Oversight, and Reporting Act,” which requires drug manufacturers and health benefit plan issuers who sell prescription drugs in West Virginia to provide cost information, changes in cost information, and prescription drug statistics to the State Auditor who will publish the data on a public website. In addition, a bipartisan group of legislators worked together to pass a private insurance insulin copay cap \$100 per month.

West Virginia now should move forward to provide refunds to consumers for unjustified high prescription drug price increases in West Virginia. If a prescription drug manufacturer sells a drug with an unsupported and very high price increase in West Virginia, the state will force the manufacturer to pay a refund to the state and West Virginia consumers. West Virginia also should also move forward to protect consumers from high prices for insulin-related equipment, supplies and non-insulin drugs that help control blood sugar or increase the effectiveness of insulin.

## **Enact Paid Sick/Medical Leave and Paid Family Leave for West Virginia workers.**

A critical component to overall health is having paid job-protected time off to deal with illness and care for family members who are seriously ill. Currently in West Virginia, too many are forced to choose between having or keeping a job and fulfilling family caregiving responsibilities. This leaves many who want to continue to work, outside of the workforce altogether and deprives businesses of quality workers. West Virginia should enact a statewide paid family and medical leave program to guarantee West Virginia workers the ability to take paid time off to recover from a serious illness or to care for a sick family member or new child, and allow businesses to retain skilled, trained employees. Eight states and the District of Columbia have enacted paid family and medical leave programs, which are fully self-funded through joint employer and employee contributions.



**For more information please visit our website:**

**<https://www.healthcareforallwv.com/>**

