



West Virginians for Affordable Health Care
Consumer Voices for Health Care

FEBRUARY 2019

ANNUAL RECEPTION AND FUNDRAISER

WVTFM - JENNY'S STORY

UPCOMING EVENTS

A HEALTHY START FOR WV FAMILIES

YEAR OF THE CHILD - 2019 LEGISLATIVE PRIORITIES

MISSION

Our mission is to bring a consumer voice to public policy so that every West Virginian has quality, affordable health care and the opportunity to lead an informed, healthy and productive life.

CONTACT US

West Virginians for Affordable Health Care

600 Leon Sullivan Way

Suite 215

Charleston, West Virginia 25301

Phone: (681) 265-9008

Fax: (681) 265-9349

Email: info@wvahc.org

wvahc.org



West Virginians for Affordable Health Care cordially invites you to attend our Annual Reception and Fundraiser on April 18, 2019 at the Woman's Club of Charleston from 6:00 - 9:00 p.m.

The theme is "Telling Our Story" - celebrating the gains we have made for the health of West Virginians. We ask you to please join us at our event and consider being a sponsor.

Thanks to Medicaid, the Affordable Care Act (ACA), and Children's Health Insurance Program (CHIP) West Virginia can tell the proud story of the great strides we have made to reduce

Please visit our website at wvahc.org or [click here to register](#)

the number of uninsured, save lives, and give families the peace of mind that come with knowing that they and their loved ones can see a doctor when they are sick.

Our guest speakers for this year's reception will be West Virginians who benefit from Medicaid, CHIP and ACA. These storytellers will be on hand to share how these health care programs have improved and even saved their lives. Their powerful stories will serve as an example of the importance of the work that we do to protect these programs in West Virginia.

April 18, 2019

6:00 p.m. - 9:00 p.m.

Woman's Club of Charleston

We ask you to please join us at our event and consider being a sponsor. We appreciate your continued support of our fight to ensure quality health care for the citizens of West Virginia and look forward to seeing you at our reception. We hope that you will join us as we tell the story of the 230,000 West Virginians who have gained insurance coverage, people who are receiving medical care after years of no health insurance coverage, lives being saved, and critical financial support for our hospitals and health centers. We have worked hard this past year to protect these gains and need your help to continue this critical work.

Tickets to the event are:

\$60 - Individual \$100 - Couple

Sponsorships are available:

- **Platinum Sponsor - \$5,000** - 10 tickets to the event, table sign, full page ad in the program, two ads in PowerPoint presentation, recognition on our Facebook page.
- **Gold Sponsor - \$3,000** - 8 tickets to the event, table sign, half page ad in program, one slide in PowerPoint
- **Silver Sponsor - \$2,000** - 6 tickets to the event, table sign, one-fourth page ad in the program, and recognition in PowerPoint
- **Bronze Sponsor - \$1,000** - 4 tickets to the event, table sign, and recognition in program



Choices and Challenges
Jenny's Story
Barboursville, West Virginia

“Looking back, if I did not have Medicaid, I would be dead. It saved my life.”

Jenny worked as a public service employee with Public Employee Insurance Agency (PEIA) health coverage for more than 12 years. Jenny went on medical leave in the fall of 2015 for her second pregnancy. Jenny, a college graduate, and her husband and teenage son had carefully planned ahead – they saved and budgeted to pay her PEIA health insurance premiums while she was at home without income.

The successful pregnancy brought a beautiful baby girl into this world. But with bills and financial obligations beginning to pile up, Jenny felt the need to help provide for her family by going back to work after six weeks. Her choice was made easier with support from her own mother who was willing to watch the newborn while Jenny and her husband were working.

Unfortunately, like many of us have experienced, the best plans do not always work out. Jenny's mother fell and shattered her femur at 64 years of age. Jenny had to think about how to best take care of her family. Jenny decided she had no choice but to reduce her work hours to part-time so she could care for her newborn baby and her mother. With the reduction in hours, Jenny lost her PEIA health insurance.

In December of 2015, Jenny like many individuals trying to navigate the health insurance world, signed up through [healthcare.gov](https://www.healthcare.gov) and discovered she qualified for Medicaid thanks to the West Virginia Medicaid Expansion. Jenny was thrilled to learn that “It covered everything.”

With coverage for her baby girl and herself, Jenny and the baby were able to continue regular visits to their doctors. Jenny is clear that “I would not have gone to the doctor” without Medicaid. Even routine medical visits are expensive and Jenny – like most people – worry about being able to pay the doctor even for the cost of a basic doctor's visit and screening tests.

And in this case, going to the doctor for a regular check-up saved Jenny's life. A gynecological exam and pap smear in August of 2016 found a rare form of cervical cancer (a rare 85/20 combo of adenosarcoma and Squamish). Thanks to the care from her physician Dr. Ellie Hood at Valley Health, her life was saved.

It only takes one unexpected event to derail a West Virginian's plans to care for their family. Jenny is proud of her college education and she thought she had achieved middle-class financial security. Now Jenny understands that a single stroke of misfortune can wipe out a family's peace of mind - of knowing they can afford to go the doctor to take care of themselves so they can take care of their family. Jenny wants everyone to understand one important thing - Medicaid Matters.

West Virginians Together for Medicaid thanks Jenny for standing up for Medicaid by sharing her personal story. If you are interested in sharing your Medicaid or CHIP story, reach out to us on Facebook (<https://www.facebook.com/WVTFM/>) or Twitter [@WVTFMedicaid](https://twitter.com/WVTFMedicaid) by sending us a message or give our Story Collection Coordinator, Lara Foster, a call 304-702-6708. Your story can help more West Virginians understand how important Medicaid is to our state's families.

A Healthy Start for West Virginia Families: Comprehensive Medicaid Coverage for Pregnant Women and New Mothers

The health of a mother and her child's health are intertwined. To have a healthy start for a child born in West Virginia, women need comprehensive health services during pregnancy – including prenatal services - and new mothers need comprehensive health services to stay healthy as they take on the responsibility of care for the first years of a child's life.

West Virginia was the first state to take advantage of a SUD 1115 Medicaid waiver to expand the scope of substance use disorder services available to Medicaid enrollees. As our state confronts a growing drug epidemic, the importance of providing health services to pregnant women and new mothers has never been more important. It is time for West Virginia to continue our leadership and expand comprehensive Medicaid coverage for uninsured low-income pregnant women and for the new mother for two years after birth.

WVAHC will be educating state legislators this session about the need for this expansion of Medicaid eligibility to low-income pregnant women and new mothers.

West Virginia Medicaid currently provides coverage to all adults up to 138% of the Federal Poverty Level (FPL). Pregnant women and new mothers receive a comprehensive range of services, including behavioral health services, with very low premiums and copayments.

West Virginia also provides comprehensive Medicaid coverage to pregnant women only up to 163% FPL, and this coverage continues for 60 days after birth. Maternal and Child Health (MCH) federal block grant funds are used to provide a limited set of prenatal care and delivery services to pregnant women up to 185% FPL, but these funds do not cover other health care services for the woman.

Coverage for uninsured pregnant women MAY be available through the Affordable Care Act (ACA) marketplace. However, some women may not be eligible (see below) and other lower-income women cannot afford their share of the premium, even with the premium tax credit subsidy. Other women may not be able to afford to pay the deductible, copayments, and coinsurance for health services.



The bottom line is that 6.6% of West Virginia women between the ages of 18-44 were uninsured in 2018 and many West Virginia pregnant women fall into a coverage gap.

West Virginia has not followed other states to expand Medicaid coverage to pregnant women and new mothers at higher income levels. In our state, many pregnant women are in an uninsured gap that remains even with MCH block grant maternity services and the ACA.

First, MCH block grant maternity services do not cover all the health care a pregnant woman may need, and the program does not provide coverage to new mothers.

Second, because of a provision known as the ACA “family glitch,” some women may be uninsured. If an employee's share of their health insurance premium for worker-only coverage is affordable under ACA rules (costs no more than 9.5% of total family income), then all family members are ineligible for financial assistance – even if spouse or family coverage through the employer costs far more.

con't.

A Healthy Start for West Virginia Families:

con't.

Thus, women who cannot afford coverage offered through a family member's employer are NOT eligible for insurance through the ACA marketplace.

Third, lower-income women who are eligible for Marketplace coverage may remain uninsured because they cannot afford their share of their ACA marketplace premiums, even with the premium subsidy.

By expanding Medicaid to 300% FPL lower-income pregnant women receive comprehensive health care coverage so that they can get all the health care services they need to be healthy during pregnancy, so they can stay healthy as they take on the responsibility of a new child. This investment in state Medicaid dollars will save our state money in the long run through:

Better Birth Outcomes - Women who receive health care during pregnancy have fewer costly medical complications during pregnancy, and their babies also tend to experience a lower risk of health problems during infancy and long-term benefits throughout their growth and development. Women who receive prenatal care are more likely to seek well-child visits and immunizations for their child.

Fewer Children at Risk of Out-of-Home Placement - A new mother must take care of herself to be able to take care of her baby. Mothers can get help identifying and treating post-partum depression, quitting smoking, preventing violence, and treating substance use disorders. New mothers on Medicaid can get help from professionals who visit them at home and provide parenting education and extend help to mothers.

Federal MCH Block Grant Dollars Freed-Up for Other MCH Initiatives - West Virginia uses federal Maternal and Child Health Block Grant funds to pay for prenatal care for pregnant women for incomes between 164 – 185% FPL. West Virginia does not lose these federal dollars if we cover pregnant women under Medicaid. The state can divert these dollars to other needed programs that benefit mothers and children.

New Federal Dollars Pulled Into West Virginia to Stimulate Economy - Expanding comprehensive Medicaid to additional pregnant women and new mothers will bring in additional new federal dollars to West Virginia that will stimulate our economy and job creation. For every \$10 that the state invests, the federal government will provide \$29 in federal Medicaid matching funds. The WVU Bureau of Business & Economic Research used macro-economic modeling to quantify positive impact of Medicaid on WV economy. Every \$10 million in Medicaid state spending generates \$49 million in overall annual economic output, 520 jobs, and \$1.8 million in state tax revenue.

Upcoming Events

WTFM Story Collection Events

Tuesday - February 5, 2019 - Brooke and Hancock County FRN Meeting

Tuesday - February 5, 2019 - Story Collection in Communities
(Brooke and Hancock Counties)

Thursday - February 14, 2019 - Calhoun County FRN Story Collection Day

WVAHC Annual Reception and Fundraiser

April 18, 2019

Woman's Club of Charleston

wvahc.org or [click here to register](#)



2019 LEGISLATIVE PRIORITIES

The drug epidemic's most adversely affected casualties are also its youngest. We all want to see children reach their full potential no matter what their circumstances. So we must advance changes that address the needs of children across all systems - health care, public education, child welfare, foster and kinship care, and juvenile justice.

Focus on Prevention:

Prevention is key when addressing abuse/neglect, trauma, developmental disabilities, adverse childhood experiences, and health disparities. We must prioritize efforts to tackle issues before they grow into an emergency.

Support CPS Workers:

Child Protective Service workers do extremely difficult, emotional work. They are exposed to abused/neglected children and criminal behavior. Initiatives to recruit, increase pay, and retain qualified employees are more critical now than ever before.

Expand Mental Health Services in Schools:

Many of West Virginia's kids are walking into classrooms with challenges more significant than just their homework. For years, schools and health care professionals have advocated for more mental health services in schools. It's time we listen.

Address Stigma:

Stop the shaming; addiction is a disease. Stigma perpetuates misinformation and reluctance in those who need treatment. Support public awareness campaigns that address stigma in all places and professions -- including health care.

Support/Promote Foster Care Families:

We need more caring adults to become foster care parents, and we should provide more support for them. To do this, we should listen to their calls for reform. This includes addressing antiquated policies, streamlining processes, and ensuring their training is comprehensive and consistent.

Create a State Strategic Plan:

We must face the reality that more generations of children will be lost if we do not commit to a multi-year, multi-system, public/private plan to assess, prioritize, monitor and evaluate efforts to address the unmet needs of children affected by the drug epidemic.

Promote More Trauma-Informed Schools:

Childhood trauma has overwhelmed our kids' ability to learn. We must undertake a systemic approach to incorporating trauma-informed practices in our school systems, rather than increasing punitive discipline on unruly children.

Provide More Support for Kinship Care:

Older West Virginians are stepping up and caring for their grandkids and other family members. Our policymakers need to do the same. Support kinship care providers via financial support, more services to help them navigate government systems, and streamline services so they are easier to understand.

Enhance Investment in Home Visitation Programs:

Home visitation programs provide structured, evidence-based services by trained professionals to high-risk parents. We should increase our investment in them, promote them, and revisit referral policies to ensure that they are not too restrictive.

Promote and Support Parent Engagement:

Evidence shows that keeping families together, and reunifying when possible, is best for kids involved in child welfare. To do this, parents need our help. Ensuring that government systems are meeting them where they are, in the best interest of the children, is critical.