

HEALTHCARE REVIEW



West Virginians
FOR AFFORDABLE HEALTH CARE

SPRING 2023 | ISSUE 11

WELCOME TO SPRING!

Here at West Virginians for Affordable Health Care we have had a busy winter. Coming off of our 60 day West Virginia legislative session, we are left with mixed feelings. While there was a lot to be disappointed in, we made great strides in healthcare. See our articles below for a wrapup of our priorities from the session. We will continue to work on these state issues throughout the year in anticipation of 2024!

At the federal level, we have not seen much in the last two months but we expect that to change in the next few months. What we do know that is imminent is the Public Health Emergency Unwind. As of April 1st, the expiration of the continuous coverage requirement for Medicaid authorized by the Families First Coronavirus Response Act (FFCRA) will bring the largest health coverage transition event since the adoption of the Affordable Care Act. Therefore, it is imperative that all Medicaid recipients follow up with the Department of Health and Human Resources to make sure coverage can continue (see graphics in this newsletter).

Last week we also celebrated the anniversary of the passage of the Affordable Care Act. 13 years later, with the release of [President Biden's budget](#), we see healthcare is again a priority for the White House. Some of the healthcare provisions included in the budget are:

- Extending Medicare Solvency
- Lowering Costs for Medicare Beneficiaries (including more prescription drug reform)
- Investing in the healthcare workforce
- Providing increased rural hospital assistance
- Making permanent the ACA Marketplace Advanced Premium Tax Credits
- Addressing the maternal health crisis
- Providing increased funding for behavioral health
- Growing the Community Health Center Program
- Additional money for Medicaid home health
- And more...

With the fight over the [debt ceiling](#) looming, we anticipate a lot of discussion around health care spending. Over the Spring and into Summer we will be following this process and analyzing what it will mean for all West Virginians.

Please continue to visit our website and Facebook page for the latest health care updates throughout the year. Thank you for your continuing support!



LEGISLATIVE UPDATE

Barbara Fleischauer, former WV Delegate, was concerned about the high price West Virginians were paying for medications, especially insulin. West Virginia has the highest rate of diabetics in the country and many of our people were being forced to ration insulin because they couldn't afford the extremely high prices. She also wanted to find out why people in the United States paid so much for insulin, when the prices were a fraction of the cost for people in other countries. She took a busload of diabetics from WV to Canada to see the difference for themselves and buy as much as they could afford to bring back.

For almost 15 years, the price of insulin had been rising from around \$300 for a month's supply to nearly \$1,500 a month for the same amount of the same types of insulin. She introduced the first Insulin Affordability Bill in 2020. The bill was asking for a \$25 a month copay cap on insulin. The bill did pass, but it was amended to increase the copay cap to \$100 a month. This was still too expensive for the average West Virginia family.

During the House debate on this year's insulin bill, Delegate Sean Hornbuckle from Cabell County said, "This is not an economic debate, it is a life debate. And we have the power to save lives here." Delegate Ellington from Mercer County shared a story about his own son who is a Type 1 diabetic, who ran out of his insulin before he could get a refill and was charged \$600 for a week's supply to get him through.

On the last day of the 2023 session, with overwhelming majorities in both the House and Senate, SB 577 passed. This urgently important bill caps the copay for insulin at \$35. Some diabetics need two different kinds of insulin. They will only have to pay \$35 total for their monthly life-saving medicine. The bill also puts a copay cap on supplies needed to administer insulin or test blood glucose levels to \$100 a month. As many families know, affording insulin isn't the only challenge, as copays for supplies can also put a strain on their budgets. The supplies covered are glucometers, test strips, lancets, syringes, insulin infusion devices, and continuous glucose monitor sensors and transmitters. The original bill also covered insulin pumps, but that protection was removed from the bill.

The burden of affording prescription drugs in West Virginia is something many families have to struggle with on a daily basis. Prices are crippling for so many people who need medicine to stay healthy and alive. This bill brings hope for them, not only for diabetics. As we have seen in the press recently, the pressure of states passing bills like this and the Biden administration putting copay caps on insulin for Medicare recipients, has affected the market. The two main insulin producers, who were responsible for exploiting patients for all of these years, Eli Lilly and Novo Nordisk, have both lowered the price of their insulin in the past month.

This is long-overdue progress that we hope will lead to the regulation of other essential and life-saving medicines. It is clear that we need permanent reform of our broken and opportunistic healthcare system, which far too regularly puts profits over the health of the people. We applaud our lawmakers for putting the people of our state first. And we hope that protecting people from high healthcare costs remains a central focus for their work in the coming years.

Do you have West Virginia Medicaid and or West Virginia CHIP?

- Did you know you could be at risk losing your your health insurance or your child's health insurance?
- Please do not keep putting this task off. It's important WVDHHR has all the correct information for you.
- Make sure to be checking your mailbox for information from your local DDHR's office.



Your local
WVDHHR Office



- Contact Phone Number
- Mailing Address

You can update that information by:

- Going to WWW.WVPATH.WV.GOV
- Calling 1-877-716-1212
- Sending an email to dhhrcbchangectr@wv.gov



THE AFFORDABLE MEDICAID BUY-IN: PROGRESS MADE AND MORE WORK AHEAD

The Affordable Medicaid Buy-in bill (HB 3274/SB 610) passed the House overwhelmingly with strong Republican support. Unfortunately, the bill stalled in the Senate Health Committee. While the bill was placed on the Committee agenda, private insurer Highmark raised concerns with the bill at the last minute.

As a result, the DHHR will be pursuing a study to look further at the potential of a state Innovation ACA waiver or a state Medicaid Basic Health Plan option to address issues of the Medicaid income eligibility Cliff and churning on and off Medicaid during the year.

The DHHR study will be completed in 2023 and will include recommendations regarding policies and approaches that can support workforce development and lesson disincentives for lower wage workers that desire to move up the economic ladder. Currently many low wage workers do not accept more hours or a promotion or a new job because they cannot afford to lose Medicaid. For these workers that lose Medicaid, the increase in wages can be less than the new cost of insurance and health care.

Under our proposal and based on economic modeling, we believe that up to 9,000 West Virginians who are uninsured all year could move to the new more affordable health plan. In addition, as many as 68,000 low-wage workers who churn on and off Medicaid during a year could stay insured during these coverage gaps.

Advocates plan to continue pushing legislation to address these problems in 2024. In 2023, WVAHC will work with DHHR as well as engage with all stakeholders to identify the best approaches to bring more affordable health insurance options to low-wage workers just over current Medicaid income eligibility (the Cliff) and to help reduce Medicaid churning.

FEDERAL THREATS TO MEDICAID COMING IN 2023

Threats to the Medicaid program are being seriously discussed in Congress. These threats are in the context of the debate on raising the debt ceiling and funding the federal government. Republican Members of Congress – particularly in the Republican-controlled House – have indicated that they are willing to put the U.S. economy at risk in order to force deeply unpopular and harmful cuts to health care, food assistance for families with low incomes, education, and more.

Proposals targeting harm to Medicaid include barriers to enrollment such as national work requirements and ending hospital presumptive eligibility. Proposals to make financing changes include per capita caps on federal funding or restricting states' ability to use provider taxes. These financing changes will dramatically reduce federal and state funding for Medicaid and would force West Virginia to make cuts to eligibility, benefits, and/or provider reimbursement rates.

Medicaid per capita caps are just healthcare cuts by another name. Per capita caps would radically restructure Medicaid by arbitrarily capping funding per enrollee at a level that does not reflect the actual cost of providing healthcare coverage. Medicaid per capita cap proposals would shift a great share of the cost of Medicaid to West Virginia, as well as make it harder for the state to respond to health or economic emergencies. Restructuring Medicaid's financing would make the program highly vulnerable to future cuts as it provides a formula that can easily be dialed up to provide even deeper savings when Congress decides it needs money.

Restricting or eliminating provider taxes would also shift costs to states and weaken Medicaid. West Virginia uses provider taxes (on hospitals, nursing facilities, managed care plans) to fund Medicaid and increased these tax rates in the 2023 state legislative session. Restricting or ending states' ability to use these revenues would remove a critical way that West Virginia supports our Medicaid program, and West Virginia would not be able to fill the funding gap. This is especially true considering the income tax and other tax cuts passed this year that greatly reduced revenue available to fund all state programs.

WVAHC will be working with our state and national allies to remind our elected leaders that Medicaid is popular with the public through stories of West Virginians who rely on Medicaid and helping them understand the diverse population that the program serves. Polling repeatedly has shown that West Virginians – both Republicans and Democrats – support Medicaid and oppose cuts to the program.



Unwinding of the Public Health Emergency

On January 27, 2020, Health and Human Services (HHS) declared the COVID-19 pandemic to be a public health emergency (PHE). A quick background as to what a PHE is. It is an official declaration made by the Department of Health and Human Services (HHS), which is a federal agency when a disease or disorder presents an emergency to public health, or that a PHE otherwise exists due to significant outbreaks of infectious disease. Public Health Emergencies can last up to 90 days and can be extended at any time by Health and Human Services. HHS continues to extend the COVID-19 PHE every 90 days. In December based on current COVID-19 trends, Congress passed its year-end omnibus spending bill, which removing the Medicaid continuous coverage requirement from the COVID-19 public health emergency (PHE), established the certain date of April 1, 2023, for resuming Medicaid terminations, and set standards to help moderate coverage losses as the requirement ends.

10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision

1. Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment provision.
2. Kaiser Family Foundation estimates that between 5 million and 14 million people will lose Medicaid coverage once the continuous enrollment provision end.
3. The Medicaid continuous enrollment provision has stopped "churn" among Medicaid enrollees.
4. States are required to develop plans for how they will resume routine operations when the continuous enrollment provision ends.
5. Maximizing streamlined renewal processes can promote continuity of coverage when the continuous enrollment provision ends.
6. States can obtain temporary waivers to pursue strategies to support their unwinding plans.
7. People who have moved since the start of the pandemic, those with limited English proficiency (LEP) and people with disabilities, may be at greater risk for losing Medicaid coverage when the continuous enrollment provision ends.
8. States can partner with MCOs, community health centers, and other partners to conduct outreach.
9. Timely data on disenrollments and other metrics will be useful for monitoring how the unwinding is proceeding.
10. The number of people without health insurance could increase if people who lose Medicaid coverage are unable to transition to other coverage.

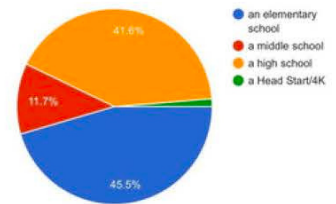
As the West Virginia Department of Health and Human Services is begins the difficult task at hand, different organizations across the state are coming together to help get resources out to West Virginia Medicaid enrollees. The first step every West Virginian who is receiving West Virginia Medicaid benefits is to update their contact information. People can do so by sending an email to dhhrcbfcchangectr@wv.gov, go online at wvpath.wv.gov or call the Department of Health and Human Resources' Customer Service Center, at 1-877-716-1212. This will help minimize coverage losses among eligible enrollees.

WVAHC KIDS' HEALTH UPDATES

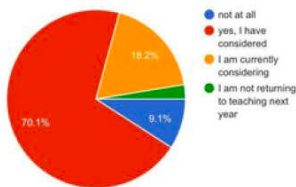
SUPPORTING TEACHERS IN WEST VIRGINIA

In June of 2022 we released a survey for West Virginia teachers focused on receiving direct feedback about the challenges they face every day. That survey was open for teacher responses until this past January. Following high vacancies nationally for teaching positions (more than 36,500 vacancies as of September 2022) and continually losing teachers in state as well (more than 1,100 as of October 2022), we went directly to the source. Children spend an average of 180 days a year in school. Our teachers are incredibly important to the health and wellbeing of our children, so our survey asked specific questions, leaving it open for anonymous feedback at the end of the survey from our teachers.

I teach in



Have you considered leaving your teaching position and changing careers?

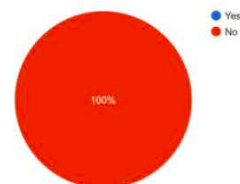


We felt it was important to get a feel for how many teachers in WV schools were currently thinking about leaving or not planning on returning to teaching next year and what their reasons were for leaving the profession. The top 5 factors chosen when given a list of 17 possible reasons for leaving the profession included:

- 1. Inadequate pay and benefits**
- 2. Stretched beyond the requirements of my position**
- 3. Not feeling supported by school administration**
- 4. Lack of mental health services for teachers**
- 5. Lack of mental health services for students**

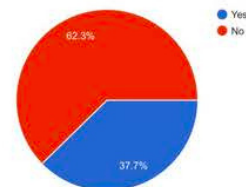
Not at all surprising, 100% of WV teachers surveyed agreed that they were not paid what they deserve for the work they are doing. The starting pay for teachers in West Virginia is around \$37,000 and we have one of the lowest pay rates for teachers in the nation. "While being a teacher is an emotionally fulfilling job, it is not financially. People are making more money at jobs that don't require a degree in WV. Teachers and parents are responsible for whether a student succeeds or fails in life, and it is sad that teacher's

Do you feel you receive adequate pay and benefits for your position?

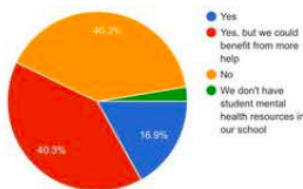


In addition to insufficient funds, if teachers are not provided with all the supplies that are needed for their classroom it leaves them to supplement from their own income. This puts extra stress on teachers to provide for students so they aren't lacking the tools they need to learn. "The level of stress has increased in this job and compensation is not enough."-WV Teacher

Are you provided with all the supplies that are needed for your classroom?



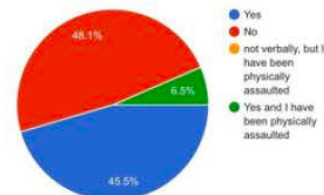
Do you feel your school has adequate access to resources to improve student mental health?



We started looking into the negative impact of the serious lack of mental health care in our state before the national youth mental crisis was declared. Parents were consistently reporting long wait times for the mental health care services their children needed or that providers were not taking new patients because they were overwhelmed with patients already. We know more schools in WV are increasing school based mental health services and programs, which can help with early identification and treatment of mental health issues, so we decided to get teacher input on the in-school resources offered. Mentally Healthy children who have access to the supports they need are more prepared to learn, use appropriate problem solving skills and make positive connections to those around them. "I would like to see more help for all students (mental health, special education, students who have experienced trauma) and more respect from the legislature, parents, and the community."-WV Teacher

As of last year the National Education Association, the American Psychological Association, National Public Radio as well as other organizations have reported the rise nationally in violence against teachers and reinforced the need for it to be addressed. We wanted to find out if this was a concern for our state, a state that seems to be comfortable with the phrase "that doesn't happen here". While the percentage of actual assaults are low, the threats are high enough to be of significant concern. School violence impacts not only the children and their ability to learn in a healthy environment, but the entire community as well. "Student behaviors and lack of support, along with safety are the top reasons that I am considering to change careers out of education."-WV Teacher

Has a parent or student ever threatened you with violence?



WHAT DO TEACHERS WANT US TO KNOW?

"WE ARE AT THE INTERSECTION OF THE OPIOID EPIDEMIC WITH LACK OF RESOURCES TO HELP OUR MOST AFFECTED CHILDREN AND POLICY THAT KEEPS POOR PEOPLE POOR. SCHOOL IS NO LONGER VIEWED AS AN AVENUE OUT OF POVERTY BUT A PLACE TO KEEP THE MOST IMPOVERISHED FAMILIES DOWN OR FOR SOME FAMILIES TO SUPPORT DRUG DEALING IN OUR BUILDING SO WE NEED TO CHANGE THE CULTURE."

"WE NEED SMALLER CLASSES, ESPECIALLY WITH ALL THE MENTAL HEALTH ISSUES STUDENTS HAVE TODAY."

"TEACHERS ARE FREQUENTLY GIVEN MORE STUDENTS THAN THEY CAN APPROPRIATELY GIVE INDIVIDUALIZED INSTRUCTION AND SUPPORT TO, ON TOP OF A LACK OF SUPPORT FOR THEIR OWN MENTAL HEALTH AND WELLNESS. WE STILL HAVE NO FIX FOR PEIA AND WHAT IS COVERED IS PEANUTS. WE ARE EXPECTED TO PROVIDE AND PROVIDE, WHILE SCRIMPING TO PROVIDE FOR OUR OWN."

"A STUDENT WITH ISSUES IS USUALLY SUSPENDED FOR BAD BEHAVIOR WITHOUT EVER LEARNING WAYS TO COPE WITH ANGER"

"WE NEED SMALLER CLASSES, ESPECIALLY WITH ALL OF THE MENTAL HEALTH ISSUES STUDENTS HAVE TODAY"

"THE COST OF EVERYTHING IS GOING UP AND WE NEED MORE PAY TO BE ABLE TO SURVIVE."

"TEACHING INVOLVES TWO JOBS. ONE IS FULL-TIME IN THE CLASSROOM WITH THE STUDENTS. THE OTHER IS BEHIND THE SCENES PREPARATION, LESSON PLANNING, CONTINUING EDUCATION REQUIREMENTS, TRAINING REQUIREMENTS, SUPERFLUOUS MEETINGS ALL DESIGNED TO 'IMPROVE' US AS TEACHERS."

"THE PRINCIPAL AT MY CURRENT SCHOOL IS WONDERFUL. HOWEVER, IN THE PAST MOST SCHOOL ADMINISTRATION DOES NOT SUPPORT STAFF OR PROVIDE ADEQUATE HELP WHEN WE HAVE STUDENTS ACTING PUT VIOLENTLY/AGGRESSIVELY. NOT ONLY SHOULD WE BE CONCERNED ABOUT THE PHYSICAL SAFETY OF OUR STUDENTS AND STAFF, BUT THE EMOTIONAL SIDE OF HAVING TO BE IN A CLASSROOM WITH STUDENTS WHO THROW FURNITURE, SCREAM, ETC."

"TEACHERS ARE FINDING IT DIFFICULT TO TEACH WHILE HANDLING AN INCREASING AMOUNT OF DISCIPLINE ISSUES."

"THERE IS TOO MUCH PUT ON TEACHERS. WE ARE EXPECTED TO DO IT ALL AND NOT GET PAID FOR A MINUTE OF OVERTIME. IN ORDER TO KEEP AFLOAT, I HAVE TO COME IN EARLY, STAY LATE, AND WORK ON THE WEEKENDS. ITS RIDICULOUS!"

"SUPERINTENDENTS AND ADMINISTRATORS DO NOT CARE ABOUT THE TEACHERS. THEY ARE POLITICIANS AND PEOPLE PLEASERS."

"LEGISLATORS NEED TO STEP INTO THE SCHOOLS BEFORE TRYING TO IMPLEMENT POLICIES."

"PAY IN THE SURROUNDING STATES IS HIGHER AND AS LONG AS THAT DOESN'T CHANGE TEACHERS IN WV WILL BE LEAVING."

"THE TEACHER SHORTAGE IS AFFECTING SPECIAL EDUCATION DISPROPORTIONATELY. WE HAVE UNCERTIFIED LONG TERM SUBS IN POSITIONS AT MY SCHOOL. IN ADDITION WE HAD 5 AUTISM POSITIONS POSTED FOR OUR COUNTY THIS SUMMER. MANY OF THOSE WERE NOT FILLED OR FILLED WITH AN UNCERTIFIED TEACHER. WE NEED SUPPORT FROM THE STATE TO HELP TEACHERS GET PROPER TRAINING TO FILL THESE POSITIONS."

In what areas would teachers like to see policy change?

"Forgive student loans for teachers"

"Adequate Wi-Fi"

"More supports for LGBTQ+ students"

"require smaller class sizes"

"Mental Health supports for teachers"

"Online textbooks and resources"

"Health care, including mental health care and dental care, housing, healthy food, should be guaranteed for all people. Better supports should exist for families and children so that unmet needs don't fall to schools"

"Schools need to have better safety requirements"

"Changes in the evaluation process in WVEIS"

"better health insurance, better pay, student loan forgiveness, and support with student behaviors"

"Schools need more funding to support requirements"

"More funding for SEL, less time requirements for ELA and math instruction, less micromanaging in teaching, more teacher freedom based on expertise"

Working many overtime hours and not being paid for it is not right! A teachers job does not end when the kids get on the bus! There are so many expectations we have to pay for out of our own pockets. Do you all realize some of us have families as well?"

"We are constantly required to do more and more with zero time to do it. That leads to completing the tasks outside of work hours."

"more teachers and aides required"

"we need smaller special education caseloads and comp time for hours worked outside of the normal school day"

"Proper checks and balances for administration to prevent abuse"

Access to Doula Services for Medicaid Enrollees

Maternal mortality and morbidity rates continue to rise nationally with the latest report from the CDC showing the highest rates in 2021 that our country has ever experienced with a 40% increase from the year before. The US has "more than ten times the estimated rates of some other high income countries". The findings showed that 84% of deaths in the US related to pregnancy were preventable, a high percentage of people of that did not have to die. Across the nation hospitals are dealing with staffing shortages, closures of maternity wards and the impact of an international pandemic. Rural states, like West Virginia, are struggling with even less access to the supports and services mothers need to have a healthy pregnancy, birth, and to decrease the risks of postpartum diseases and illnesses.

Knowing that West Virginia is one of the most dangerous states in which to give birth, we started exploring options to improve policies that make it safer for mothers here to give birth. We were approached by the WV Director of Public Affairs for Planned Parenthood South Atlantic who suggested that we look into the benefits of expanding Medicaid to cover doula services. Partnering together with PPSAT, we spoke with doulas and midwives here in the state to learn more about what is within their scope of care. We also spoke with organizations in other states that worked to pass legislation for doula care. After going through bills from those states we headed to the legislature with bill language from Nevada and were encouraged by the level of support we were received by those who want to prioritize health care for women.

Eight states and Washington D.C. are reimbursing doulas to care for Medicaid enrollees and have seen the positive impact this has had. A Doula goes to the patient during pregnancy and after birth which can provide access to prenatal and postpartum care in rural areas with limited transportation. Having access to a doula can reduce complications during pregnancy and birth, such as reducing the need for a caesarean section and the need for pain medications. Making doula care more accessible helps remove barriers to care and can help reduce racial disparities. Covering the cost of doula care can save Medicaid programs and private insurers money. Another benefit doulas can offer to pregnant women and new moms is to easily connect them to classes and services they need for substance use disorder and help reduce perceived stigma.

We want to thank everyone who prioritizes the health of women and children in our state and who work daily to make West Virginia a safe place to give birth and raise children. A big thank you to all of the nonprofits, delegates, and senators who supported SB 479 and tried to help us get the doula bill on the senate finance agenda during legislative session. We appreciate your continued support!

WV Kids' HealthPartnership

Join the WV Kids' Health Partnership as we meet post legislative session to discuss what you feel were the “wins” and “losses” for West Virginia’s kids. We will be discussing legislation that impacted education and kids' health during this last session. Each organization is welcome to share what they focused on during session, how they are moving forward, and what projects and events they may have coming up.

We are going to take time and space in this meeting to discuss the newly released CDC data on the increase of sexual violence against teen girls in the U.S. "According to the data, teen girls are confronting the highest levels of sexual violence, sadness, and hopelessness they have ever reported to YRBS. More than 1 in 10 teen girls reported they had ever been forced to have sex." Please come prepared for an honest conversation on what we can do as a state and a country to prevent violence against girls. If you work in sex education or sexual assault and rape prevention, we would love to have your input on this topic.

We will be in person for this meeting at the Kanawha County Library on April 21st from 10am-12pm. We will have coffee and refreshments. If you can not come in person, there will be an option to join by zoom. Parents, teachers, community members, legislators and partners are welcome to join and to share. There will be more information for this event on the West Virginians For Affordable Health Care social media or you can contact our director of child health-julianne@wvahc.org with any questions you may have.



West Virginians
FOR AFFORDABLE HEALTH CARE

WEST VIRGINIA HEALTH CARE HERO

The West Virginia Health Care Hero Award celebrates individuals who take personal initiative to improve access to and delivery of health services in West Virginia and in their local communities. These outstanding West Virginians go above and beyond to connect others with local health services and take action to create and protect vital resources in their communities. Their everyday acts of heroism inspire us to think globally, creatively, and strive to overcome barriers to equitable health care in our state.

This month, we are extraordinarily proud to honor storyteller, **Mindy Salango**, of Morgantown, West Virginia. Mindy's advocacy journey began just three years ago, when she began sharing her experience living with Type 1 Diabetes. For her, and other diabetics across the state—the insulin affordability fight isn't just personal—it's life or death. After rationing her insulin for a year to pay for rent and food for herself and her daughter, Mindy understands the terror of losing everything to pay for a medication she cannot survive without.

Mindy's story of survival has been featured in multiple local and national commercials advocating for lower insulin costs for all people, regardless of insurance status. She has worked with a wide range of advocacy groups to forward this cause: Protect Our Care, WV Citizens Action Group, the WV chapter of the American Diabetes Association, WV Center for Budget and Policy, T1 International, and West Virginians for Affordable Health Care. Mindy has also written several opinion pieces and letters to the editor advocating for insulin price control, including an opinion article in February 2022 titled **"I Need Insulin to Stay Alive. It's Gradually Being Priced Out of My Reach."** which was published in **Newsweek**.

In December of 2021, Mindy was invited to speak at a press conference for the US House Oversight Committee on capping insulin costs nationwide, and was introduced by former House Speaker, Nancy Pelosi. Following this, Mindy was invited to the 2022 State of the Union Address, where President Biden made it a point to emphasize the need for capping insulin costs in the Build Back Better bill. Beyond her state and federal advocacy efforts, Mindy is known locally as somebody to turn to in a crisis—more than once going so far as to donate some of her own insulin supply to a neighbor who would otherwise go without. She currently serves as First Vice-Chair of the Monongalia County Democratic Executive Committee and has both volunteered and served as a board member for Pantry Plus More providing essential food and personal products to low-income families in Morgantown. She has served on the board for Mountaineers for Progress, and also volunteered for Empty Bowls Monongalia to educate the community on food insecurity and hunger issues in Morgantown. Mindy and her daughter established the Morgantown Period Project, providing menstrual products to agencies that can disseminate these essential items to those who cannot afford them.

Most recently, Mindy's efforts have paid off on the last day of the 2023 legislative session in the form of SB 577, also known as the Diabetes copay caps bill. The bill requires PEIA and private health insurance plans to have: copay caps of \$35/month on insulin (previously \$100/month), copay caps of \$100/month on supplies, and lifts the requirement for a prescription to purchase blood testing kit. This is a huge win for West Virginians living with Diabetes, and an important step towards making these life-sustaining products accessible to all who need them.

Mindy's journey from local storyteller to nationally recognized advocate reminds us that stories have the power to not only educate and destigmatize common health care struggles, but also to change policy and impact the lives of others far beyond your own community.

Do you know someone who's making a positive impact on the health of your community or state? Nominate them for the West Virginia Health Care Hero Award. The form will only take a few minutes to fill out.

Submit the nomination form → [here!](#)



We are only as strong as your support!

Thanks to the generous support of our volunteers, donors, and supporters like you, West Virginians for Affordable Health Care is able to defend and protect Medicaid and other important programs for West Virginians. On behalf of our staff and board we say thank you ensuring that every West Virginian has access to affordable, quality health care.

We know that in the coming years, there will be attempts in Washington and in Charleston to undermine these programs that protect the physical and financial health of West Virginians. More than 650,000 West Virginians – children, adults with disabilities, seniors, and hard-working low-wage families - rely on Medicaid. Our fight is truly about saving the lives of our family, friends, and neighbors.

Your support will make a real, lasting impact on the health and wellbeing of West Virginians. Please know that all donations are tax deductible.

Membership Levels

\$20 Concerned Citizen

\$50 Health Booster

\$100 Mountain Strong

\$500 and up Health Care Champion

Action Supporter: Students/under-employed folks

Signup as a member and share information on issues with friends; write letters to the editor to share your concerns on health care topics, make your legislators aware of how much health care issues mean to you!

Name:

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Email:

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