

HEALTH CARE REVIEW



WVAHC ADVANCING INSULIN COPAYS AND MEDICAID BUY-IN

ADVOCACY TO CONTINUE

WVAHC had two top priority bills that we advanced during the 2022 state legislative session, but unfortunately, we will need to continue to advocate for these important bills over the summer and in 2023.



The first bill was HB 4252 that would create a mandatory copay cap on insulin (\$35/month) and supplies(\$200/month) in private, individual market health insurance. [A fact sheet on HB 4252 is here.](#)

The second bill was HB 3001, a Medicaid Buy-in bill that would provide a new, affordable, quality health care option to people who are above Medicaid income eligibility. [A fact sheet on HB 3001 is here.](#)

During the state legislative session, WVAHC also worked with a number of different coalitions to stop “bad bills” that would restrict women’s reproductive rights and curtail the teaching of history and sexual education in our schools. For information about other health legislation that passed or failed, see this [short ppt presentation](#). More details about the positive progress in moving our [top two priorities forward are here!](#)

MORE GREAT STORIES INSIDE:

DIRECTOR'S NOTE

Jessica Ice, Ph.D., Executive Director

Hello, West Virginians for Affordable Health Care Supporters. Thanks for reading this season's newsletter. WVAHC staff has been working diligently on both the state and federal fronts. As the effects of the pandemic still have many West Virginians reeling, we cannot forget how important health care that is affordable, equitable, accessible, and quality is for the quality of life of all West Virginians.

As usual, we have had quite the experience over the past legislative session. Ups and downs (which you can read more of here) was the name of the game during this legislative session. Although we have plenty of proactive ideas for the legislature to chew on, we know that nothing is quite as easy as it seems. Despite not having all the "wins" we wanted, we feel confident that we can continue to create better health care for all West Virginians through proactive policy solutions that our people need and want. We have had many successes of the past few years. The legislature and the Department of Health and Human Services has created opportunities that put West Virginia in the lead for taking care of the health of everyone in the State. For example, we were one of the very first states to pass Medicaid expansion under the ACA, we were a leader in creating expanded Medicaid for pregnant and postpartum women, and we even passed an adult Medicaid dental benefit. We will be continuing to work to expand access in West Virginia.

Throughout the session we have worked with many partners to share our vision of health care policy that works for all. We presented at the Black Policy Day, worked in many coalitions, and continued to be a part of the Health Care for All West Virginia team where we spoke in favor of a Medicaid buy-in (with bipartisan interest and support) at the legislature. The Health Care for All West Virginia team also had the opportunity to work with Social Work students from Marshall University for the second year in a row to introduce them firsthand to power of advocacy.

At the national level, we continue to monitor and chime in on policies that help West Virginians—particularly in the wake of the pandemic. West Virginia was helped tremendously throughout the pandemic in some very specific health care ways. One of the biggest helps was the "Advanced Premium Tax Credit (APTC)". The American Rescue plan gave extra tax credits on the Healthcare Marketplace and saved West Virginians by temporarily eliminating the rule that a taxpayer is not allowed a premium tax credit if his or her households income is above 400% of the Federal Poverty Line. These saved Americans millions of dollars. If the APTC expansion is not made permanent, West Virginia will be one of the hardest hit states with an [average premium increase of over \\$3,000](#). It is now especially important to let our [Congressional delegation](#) know what West Virginians need—affordable health care.

In Supreme Court news, we learned via a [leaked document](#) that Roe v. Wade is likely to be overturned this summer. This affront on women's health care (and the 14th Amendment) has us all on high alert. We will continue to follow the Supreme Court and Congress as health policy that dramatically impact the health and wellbeing of women is up for debate. Stayed tuned for updates as this unfolds in the upcoming months.

Please read through our newsletter and stay tuned for upcoming events over the summer and fall seasons!

PLEASE READ

KID'S HEALTH - THE CONTINUOUS NEED TO PRIORITIZE YOUTH MENTAL HEALTH

Julianne Yacovone, Director, Child Health

While the severity of youth mental health and youth suicide rates increasing before the pandemic, we know the pandemic has only worsened these negative findings. At the beginning of last month the Center for Disease Control released the results of a nationwide [survey](#) that explored the impact of the pandemic on over 7,000 teen's mental health. The study, which showed overall poor mental health, took place January 2021-June 2021 and looked at the 12 months prior and the last 30 days. Findings concluded that roughly 1 in 3 students experienced poor mental health consistently, throughout both the pandemic and last 30 days. These findings of poor mental health were higher in female students than in males and higher in students that identified as LGBTQ+ then in students that identified as heterosexual. Close to 20% of the students who completed the survey had thought about attempting suicide with less the 10% attempting suicide. These survey results also showed how important it was for students to feel connected to school and to their peers. The new findings reinforce the need to continue to prioritize youth mental health solutions both locally and Nationally.

Our state had the opportunity to progress by prioritizing our youngest and most vulnerable residents during the recent legislative session. There were several bills introduced with the focus of addressing trauma and providing access to services and programs, proving the importance of this topic to some of those in leadership. Unfortunately most did not pass leaving many parents and teachers frustrated and their students without expanded programs and access to the care they need. "You can not find a male therapist for your male child. When you do find one the weight list is so long your child ends up being hospitalized due to a lack of access to a provider. A lot of providers will not accept different insurances, including Medicaid. This is what I have experienced with my child and it's still a battle"- WV mother of a school age male. Conversations with parents and teachers have shown the concern they have for their children in a state with limited resources and unlimited trauma. "We need more behavioral health programs in the schools starting in elementary school. The trauma these children are suffering from is beginning younger and younger. Our schools also need consistency in the programs offered in each school. Some schools have more options and programs that other schools in our state do not have, but greatly need."-female, middle school teacher.

As May, which is Mental Health Awareness month, kicks off we ask that you help voice the need for more mental health care in our state. We will continue to work toward addressing and finding solutions to the youth mental health crisis, but we need your help. If you are not one of our partners working with us on this, but it is one of your organization's priorities, please reach out. If you would like to share a personal story of the impact this has had on a child close to you, we would like to hear from you. We welcome your feedback on the needs of our state's children. If you are one of us adults, seeing a therapist and are comfortable stating that publicly, please talk to others about it or put it out on your social media to help normalize mental health care for others.

Maternal Health: Access to Options

We believe that children are healthier when their parents and caregivers are receiving the care they need. Caregivers can not give a child everything they need if they are not at their healthiest. Prioritizing maternal health is just as important for the child's well being as it is the mother's. In a rural state where multiple maternity/birthing wards have closed in the past few years we have to work harder to insure WV mothers are safe before, during and after birth by making sure they have options and access to care. Maternal vulnerability in West Virginia is currently high and needs to be addressed.

Certified Doulas can provide prenatal and postpartum support and care to our most rural communities. According to the [Mayo Clinic](#), Doula care can help decrease the need for pain medication and cesarean birth. This is an option that can improve health equity as well.

Mothers deserve choices in their prenatal care regardless of income status and insurance type. A [study](#) done in 2016 showed the cost effectiveness of Doula Care found costs would be lowered for both Medicaid and private insurers per birth. The National Health Law Program stated "California, Nevada, Illinois, Arizona, Rhode Island, Louisiana, and Washington join Oregon, Minnesota, New Jersey, and Indiana as states that have passed bills relating to Medicaid coverage for doula care."

If you provide doula services in West Virginia, have benefited from the care of a doula or are interested in birthing options, please reach out. We would love to hear from you!

KID'S HEALTH CON'T

What are we doing to our teachers and by extension, our kids?

Nationally, teachers are leaving the profession in devastating numbers. Some states have decided to address the need for teachers with drastic measures such as lowering requirements for teaching positions or enlisting the help of the National Guard to fill vacant teaching positions. These solutions to teacher vacancies are detrimental to our children.



Our Nation's teachers have faced a pandemic, an opioid epidemic, a National Youth Mental Health Emergency, segregated schooling, book bans and feuds over critical race theory. A recent survey done by the American Psychological Association revealed that violence against teachers, by both students and parents, has increased since the start of COVID. How have we repaid them for their hard work? With higher wages and better benefits? With student loan forgiveness? With the supports and programs they need for their students?

As of January, West Virginia schools still needed about 1,000 teachers to fill vacant positions. Our teacher pay is among the states with the lowest rates. "We as teachers are expected to do way more in the classroom today that has no bearing on what we teach. It's very exhausting to jump through all those hoops. We are required to do way more than we should and address issues that shouldn't be our responsibility. It takes away from our time to plan and time we could be looking into techniques that could better us as professional teachers"—Male high school teacher. Locally, what do our teachers need? Are they considering leaving the profession? What support do they need to keep teaching in our state?

If you are a WV teacher we would like you to take our short survey—Supporting Teachers in WV. We are happy to email the link directly to you to ensure the validity of the information we receive.

WV Kids' Health Partnership

If your organization is focused on issues related to our state's children, please join us and partnering organizations from around the state for our WV Kids' Health Partnership meeting. We will meet virtually on July 28th at 10:30am. [Register Here.](#)

If you have questions about any of the WVAHC Kids' Health issues mentioned or you would like to connect, please reach out to julianne@wvahc.org





MEET CYNTHIA

Mariah Plante, Story Collection Coordinator

Cynthia - Barboursville, West Virginia

Cynthia is a talented teacher. Cynthia's story, like so many stories of West Virginians navigating our health system, has ups and downs. Each stage of her journey has presented different challenges. One clear hero in her story - and her baby's - is Medicaid. Looking forward, what happens if the work Cynthia loves puts her over the "Medicaid cliff" - over her Medicaid income eligibility level?

Part I: Meet Cynthia

Cynthia earned her Masters degree and worked as an elementary special education teacher, a job she loved. But even with her employer-based health insurance, she faced hurdles accessing the prescription drugs she needed.



Shortly after earning her Masters Degree in Communications in 2017, Cynthia was hired as a special education teacher and enrolled in her district's employee health insurance plan. The excitement of beginning her new career was interrupted however, when she learned that the services and prescriptions she needed were not included in her coverage. "I had no vision, no dental," Cynthia recalls. "I had a crazy high deductible. Medication I had been on for more than ten years went from being \$5 to \$500. I couldn't afford that." Fortunately, Cynthia's physician was able to prescribe a similar drug that was covered by her insurance. But the experience of changing that daily medication was not without consequence:

Cynthia is based in Huntington, West Virginia and has been dancing as long as she can remember. Whether taking class or teaching it; choreographing or costuming: Cynthia serves her community by sharing her gift for movement with the next generation of young artists. As adept as she is at managing a dance class full of small, excitable ballerinas, it should come as no surprise that Cynthia has a background in early childhood education.

[My doctor] did warn me there would be side effects from switching my medication abruptly like that-and there were. So that was hard...Changing that prescription, not because of a medical need, but because you're not allowed anymore-Your body malfunctions a little bit.

Despite these setbacks, Cynthia thrived in the classroom. Her ability to communicate through the sensory language of movement made her especially good fit for work in a classroom of students with learning differences. No only this, Cynthia's hands-on, compassionate teaching style helped her to identify and give extra attention to students whose families may be facing challenges beyond disability:

We called 'em the 'rotating door kids'. They are there for three months, then they're gone for three months, and then they come back for three months. Because that's how long it takes to pay your first month's rent, default and be evicted and circle back around....So we would just keep their folders and their stuff because we knew they would come back....I would say, 'Don't throw his or her folder away. We'll have it waiting for them when they come back.

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This oversight went unnoticed until two months into the 2020–2021 school year, when Cynthia discovered that her health care coverage had been terminated. It was a day that would change her life forever:

Part II: Pandemics, Paperwork, Pregnancy

Cynthia, an elementary school special education teacher, learned that she was without health insurance due to a clerical error with her employer. At the same time, she learned she was pregnant. Cynthia was relieved to learn she was eligible for Medicaid and she would have excellent prenatal care. Her baby came early, and Medicaid was there to help both of them receive the care they needed to thrive after the birth. Cynthia is grateful for the help from her state social worker who helped her quickly get Medicaid health insurance coverage.

As the 2019–2020 academic year came to a close, Cynthia and her partner decided to move closer to one another, prompting Cynthia to transfer to a pre-kindergarten classroom in neighboring Barboursville, West Virginia.

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This insurance oversight went unnoticed until two months into the following 2020–2021 school year, when Cynthia discovered that her health care coverage had been terminated. It was a day that would change her life forever:

I tried to go to a doctor's appointment and was told, 'You don't have insurance.' I said, 'Yes, I do. Here's my card. Here's my number, here's all my policy information.' But they said, 'No, this policy was discontinued two months ago...insurance is not going to cover your appointment today.' I panicked. I had unknowingly gone about two months without health insurance. I didn't get any paperwork or a phone call saying it had been terminated. I didn't get anything.

During that same appointment, Cynthia received even more shocking news: she was pregnant.

It was a lot happening at once. I found out that I'm pregnant and without insurance, all in one day... and then not only that, but so far along in my pregnancy. I was over four months...I was past the first trimester, and had no clue how I was going to afford any of this.

That's when Cynthia took matters into her own hands and returned to the HealthCare Marketplace to seek coverage for her and her unborn child. She'd found previous success on the Marketplace years earlier when she'd aged out of her parents insurance at age 26. Now she logged on again and, after accounting for her income and circumstances, determined she was Medicaid eligible.

A week later, Cynthia remembers receiving a phone call from a compassionate DHHR a case worker who she says went above and beyond in helping her navigate the system during an uncertain time:

CYNTHIA CON'T (2)

He was just super kind...I was in tears, and this man, he took me seriously and he walked me through all of it. He sent me all the provider information in the mail and made sure I understood my options; all the care and assistance my baby and I could receive. I even got a free car seat. A whole car seat!...It's something you don't think about but we needed it.

He made me feel a lot better about the situation.... So, David at the DHHR. I love you. And thank you for all your help.

Cynthia tells us that after the initial enrollment process, she enjoyed exceptional prenatal care and continued assistance from her caseworker at DHHR, who was even able to backtrack her coverage for the time she was pregnant and uninsured.

But as the COVID-19 pandemic surged through the winter months of 2020 and her due date loomed nearer, Cynthia became increasingly concerned about the potential risk of exposure to the virus through her job. This anxiety was made even more real by the prospect of returning to in-person learning in the spring. Unable to receive a vaccine due to being pregnant, she made the difficult decision to resign from teaching in January of 2021. "I love teaching and I love the kids, but I needed to protect my baby and I needed to protect myself."

Like Cynthia-many of her students and their parents were enrolled in Medicaid and CHIP, so it was a comfort to know at least that the same system that was taking care of her and her baby, was also working to provide medical care to her lower income pupils.

I don't wanna say it was a blessing that all this happened, but in terms of the healthcare I received when I was pregnant and in the hospital, giving birth, I'm so glad Medicaid was there for us.

Later that March, about three weeks before her due date, Cynthia woke up feeling that something was not right with her baby. "He wasn't moving and I knew something was wrong," she said. "Something is really very wrong." She and her partner eventually drove to the hospital Cynthia was given an ultrasound.

*"It all happened so fast," she said. "The lady looked at the monitor and she walked out of the room and then three more people came in." Looking back, Cynthia remembers how the doctors were calm, but also very urgent. They told her that she was in active labor, and that her baby was in distress. Then, doctors worked quickly to deliver Cynthia's baby boy via emergency *C-section and rushed him to the NICU, (Newborn Intensive Care Unit) where he remained in care for two weeks. *A C-Section aka cesarean delivery is a surgical procedure used to deliver a baby through incisions in the mother's abdomen and uterus, which can take several weeks of pain and limited mobility to recover from.*



"I didn't get to see my baby for 48 hours after he was born," Cynthia said, "...because they were saving his life." Baby James, named for his father's middle name, had been struggling to move that day because he had been tangled up in his own umbilical cord. During labor James had suffered a lack of oxygen, putting him at high risk for developmental delay or other long term health complications. Thanks to the quick work and diligence of the doctors and hospital staff, eventually Cynthia and her new family of three returned home.

CYNTHIA CON'T (3)

Part III: Medicaid and Motherhood

Cynthia, an elementary special education teacher and her new baby boy, are doing great thanks to Medicaid that has covered all the necessary health care that they have needed through several health crises. Now Cynthia is ready to get back to work but worries about losing her Medicaid coverage if she earns too much and falls off the "Medicaid Cliff." A proposal in the state legislature could help Cynthia keep affordable, quality health insurance: a new "Medicaid Buy-In" program.

Cynthia remembers the first few weeks at home being difficult and fraught with anxiety. For the next month, James wore a heart monitor and pulse oximeter at home to monitor his vital signs.

It was a very traumatic labor and delivery. It was a very traumatic experience coming home.... I'd just had major abdominal surgery that I wasn't physically/emotionally prepared for. I don't know what I would have done if I'd also had to experience a massive fee for the equipment that was monitoring my baby's life.

Later that year in November of 2021, a small obstruction in James' urethra required surgery. "It wasn't life threatening at the time, but had we let it go it could have impacted his kidneys later on," Cynthia said, "and Medicaid was great for paying for that preventative care." Thanks to Medicaid, the highly expensive specialist procedure was completely covered, so there was no need to save up the funds or wait for it to become more serious to correct.

This past March, James celebrated his first birthday. Despite his somewhat dramatic entrance into the world, he continues to thrive and reaches new milestones everyday. With Medicaid looking out for their health care needs, Cynthia can focus on caring for her son and planning for his future.

He's very healthy now because he's had Medicaid for his whole life. When he did need that special care; and that equipment: Medicaid covered that....I'm lucky that I still qualify for this coverage while I navigate the job



Like many West Virginians, Cynthia reports that while considering how best to reenter the workforce, health care is, "a big factor" in determining what she'll do next.

When I look at job postings—if health care is not offered, I usually don't apply. Because I have to make a certain amount of money to be able to buy [insurance] on the marketplace, or I sit and do the math and figure out, how much can I make at this job, not having health care, and still qualify for Medicaid? Money-wise, it has to make sense....It's not just me anymore, I have to think about my family.



Cynthia is navigating what many are calling the "Medicaid Cliff Effect," – a phenomenon wherein even a small increase in household income makes an individual or family ineligible for Medicaid health insurance, an experience that could be prevented with the adoption of a state Medicaid Buy-In option. A proposal is on the table in the West Virginia state legislature that maximizes the use of federal dollars (and takes very minimal state dollars) to create a more affordable, Medicaid-like health insurance option for West Virginians like Cynthia who make "too much" to stay on Medicaid and would face higher out-of-pocket costs for health insurance on the state marketplace. This option would give Cynthia peace of mind that she can return to her job as a special education teacher with affordable, quality health insurance coverage.

Are you enrolled in West Virginia Medicaid? Email mariah@wvahc.org to learn how you can get involved in the fight to improve access to quality, affordable health care in West Virginia.

HEALTH CARE FOR ALL WV UPDATE

ANOTHER INSPIRING YEAR WITH MARSHALL UNIVERSITY SOCIAL WORK STUDENTS



[Kim Jones](#), Coordinator

Health Care for All West Virginia was happy to host students from **Marshall University's Social Work department** for the second year in a row. **Professor Phil Carter** shared eight wonderful future social workers with us this year. These interns brought their passion and sense of responsibility for the people of this state to our coalition work during a very complex legislative session for the state.

Each student expressed an interest to work on different issues and bills. We matched them with members of our coalition from West Virginians for Affordable Health Care and West Virginia Citizen Action Education Fund, in cooperation with our partners at West Virginia Center on Budget and Policy, to give them experiences in fields they hoped to work in or that interested them. They researched and tracked bills, contacted legislators, had trainings in advocacy, working with legislators, the legislative process, LGBTQ issues, state policies on Substance Use Disorder, and each wrote an Op-Ed or Letter to the Editor on issues they saw as urgently important in our state.



The issues they covered were prescription drug pricing, the insulin copay bill, child mental and physical health legislations, the foster care system, and the Medicaid Buy-In bill.

Here are links to a couple of their Op Eds.

[Kaylee Hartley: Saving West Virginians from the Medicaid Cliff](#)

[Tiffany Providenti: WV Senate needs to pass insulin cap](#)

We are very proud of the work that they did and have faith that these young people will go into their fields much more comfortable and confident in their knowledge and ability to navigate the legislative process and policy advocacy. For us, it is an honor to work with these amazing young West Virginians. It is time well-spent equipping the workers who are in the trenches to advocate for themselves, their clients and the work that they are led to do. We wish them the best and are grateful for their commitment to compassionate care and responsible policies for the most vulnerable people in our state.

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!

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