



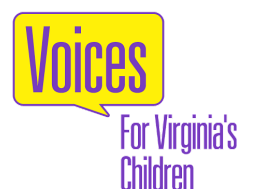
VOICES FOR VIRGINIA'S CHILDREN 2022 HEALTH AND WELLNESS POLICY AGENDA

Prepared by:

Voices for Virginia's Children

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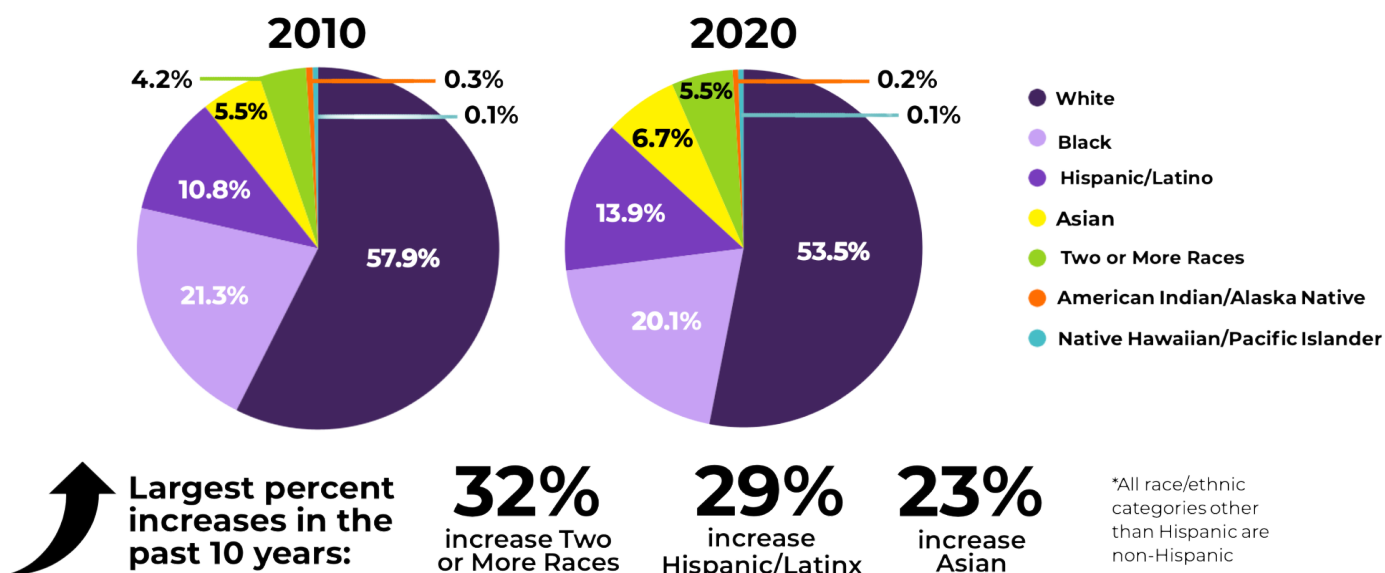


The racial and ethnic diversity of children and youth in Virginia has increased in the past decade.

According to Voices for Virginia's Children's report [The State of Virginia's the Children: A Data Snapshot of Children, Youth, and Families](#), the largest percentage increases in the past 10 years for children and youth across race include:

- a 32% increase for children of two or more races,
- a 29% increase for Hispanic/Latino children, and
- a 23% increase for Asian American Pacific Islander children.

Additionally, the number of children in Virginia who are immigrants or live in an immigrant family has increased 18% since 2011.



Young people are facing a variety of challenges as they face the dual pandemics of COVID-19 and racism as a public health crisis. Systemic barriers preventing families to access quality and affordable health care is dangerous, especially during this global health crisis. Children in mixed-immigration status households or undocumented children are at greater risk of not obtaining health coverage.

While the commonwealth has made significant strides with Medicaid expansion and increasing health care access to hundreds of thousands of families in the state, there are still gaps across racial groups. Children are more likely to seek health care when their parents are insured. As we work to expand equitable access to services, we must create new and improved practices to improve health outcomes.

Health Care Access

The COVID-19 pandemic has further highlighted the importance of access to health insurance by enrolling more children and parents and allowing them to keep their coverage through Medicaid/FAMIS. The expanded health insurance safety net for children, pregnant women and caregivers has enabled an additional 116,000 children to enroll in health insurance coverage during the pandemic. This requires intersectional solutions that represent the diversity of the Commonwealth's children.

To Move Virginia Forward:

- **COVER ALL KIDS.**

The bill would create a state-funded comprehensive health coverage program for children who, but for their immigration status, would otherwise be eligible for Medicaid or FAMIS (CHIP) coverage. Currently, this population has no access to health coverage through Medicaid/CHIP or the Affordable Care Act marketplace. An estimated 13,000 currently uninsured children would be newly eligible for health coverage through the program. The program requires a \$33.5 million general fund investment over the biennium.

- **MEDICAID/FAMIS ELIGIBILITY.**

Ensure continuous Medicaid/FAMIS eligibility at the end of the public health emergency without the redetermination process.

- **LANGUAGE ACCESS & EQUITY.**

Three bills are introduced to support equitable language access across state agencies. Increased language access will support efforts to educate every family about their health care options. Each bill focuses on supporting language access for the following areas: All state agencies (services provision and administration), Dept. of Medical Assistance Services (DMAS), and medical debt. A separate DMAS bill specifically impacts Medicaid in Virginia's state code and will address that specific part of the code. In addition to language access, a medical debt bill includes critical provisions to ensure linguistically marginalized communities in Virginia (LMCs) understand their medical bills, know their rights to medical debt assistance, and receive essential information in-language.

Governor's Budget Items:

- **MEDICAID & FAMIS COPAYMENTS:**

Eliminates remaining copayment requirements for children in the Family Access to Medical Insurance Security managed care program and for adults in fee-for-service Medicaid. This will go into effect April 1, 2022 or upon expiration of the federal public health emergency related to COVID-19 or whichever is earlier, \$2.5M the first year and \$2.4M the second year.

Governor's Budget Items:

- **MEDICAID REIMBURSEMENT RATES FOR PRIMARY CARE SERVICES:**

Increases Medicaid & FAMIS rates for physician PCP services, excluding services emergency departments, to 80 percent of the federal FY 2021 Medicare equivalent, \$38.3M the first year and \$43.7M the second year.

- **OBSTETRICS & GYNECOLOGY SERVICES:**

Increases Medicaid reimbursement rates for obstetrics and gynecology services: Increases the Medicaid reimbursement rate for obstetrics and gynecology services by 15 percent, \$10.9M provided the first year and 10.9M provided the second year.

- **CONTINUOUS MEDICAID & FAMIS ELIGIBILITY FOR PREGNANT & POSTPARTUM WOMEN:**

Clarifies current budget language to ensure that Virginia meets federal requirements to provide continuous coverage to enrollees for the duration of pregnancy through 12 months postpartum.

- **WORKFORCE INCENTIVES:**

Provides funds to allow Virginia to draw down its entire federal share for the State Loan Repayment Program. The federal funding has a 1:1 match requirement, this would allow VDH to draw down a total of \$1.5 million in federal funds, 2.2M for the first year and 2.2M the second year.

Maternal & Infant Health

March of Dimes reported that from 2016-2018, the infant mortality rate for Black infants in Virginia was 9.5 per 1,000 live births as compared to White infants at 4.8 per 1,000 births. According to the Voices' Racial Truth & Reconciliation Virginia equity impact statement, in 2018, Black women died two-and-a-half times more often than White women. Additionally, non-White and non-Black women experience higher natural fetal death rates 1.5 times higher than their counterparts according to the Virginia Division of Health Statistics.

To Move Virginia Forward:

- **FAMIS PRENATAL COVERAGE.**

Ensure full implementation of maternal health initiatives including FAMIS prenatal coverage and 12-month post-partum coverage.

- **HOME VISITING EXPANSION.**

Expand access to home visiting services for pregnant women and new moms by creating a Medicaid funded benefit.



Maternal & Infant Health

To Move Virginia Forward:

- **FETAL INFANT MORTALITY REVIEW TEAM.**

Establish a Fetal and Infant Mortality Review Team within the VA Medical Examiner's office and create two regional Fetal and Infant Mortality Review Teams, to be overseen by the state team.

- **IMPLICIT BIAS/CULTURAL COMPETENCY TRAINING.**

Mandate implicit bias/cultural competency training for all health care professional licensed by the Virginia Board of Medicine (VBM). In 2021 alone, six state medical boards have added such a requirement, bringing the national total to 13. According to the Federation of State Medical Boards, eight other states are reviewing proposals. More than 200 governmental bodies and private institutions, including Virginia, have declared racism a public health crisis.

What We Are Watching:

- **INVESTMENTS IN COMMUNITY HEALTH WORKERS.**

Equitable access to health care includes insurance, services in the community, and long-term investments to promote health outcomes and where patients receive treatment and culturally appropriate care with dignity and respect, regardless of race or ethnicity.

Voices co-chairs the Community Health Worker Advisory Development Council's Policy & Communications Committee and continues to explore ways in which we can leverage funding streams that increase access to traditional and non-traditional healthcare services to increase overall quality healthcare outcomes.

- **BUILD BACK BETTER MATERNAL HEALTH IMPROVEMENTS.**

Build Back Better (BBB) includes a historic investment of \$3 billion dollars in maternal health. Another \$175 million is included in BBB to address social determinants of maternal health ranging from housing, nutrition, and environmental conditions. Additionally, the Black Maternal Health Momnibus Act includes innovative payment models for non-clinical perinatal support, data collection and quality measure processes, and the investment in digital tools to improve outcomes.

Maternal & Infant Health

Governor's Budget Items:

- **FUND STUDY FOR HUMAN MILK BANK DONATION FOR BABIES:**

Requires a study of the cost and efficacy of donated human milk, \$200,000 for the first year.

- **TRANSITIONAL SUPPORTIVE HOUSING:**

Funds transitional supportive housing for substance abusing pregnant and parenting women \$1.7 million increase: Provide permanent supportive housing to pregnant or parenting women with substance use disorders, \$3,367,945 the first year and \$3,433,727 the second year.

