

Testimony for Senate Finance Hearing on 4/1/14
Margaret Nimmo Crowe, Voices for Virginia's Children

Good afternoon, Mr. Chairman and committee members. Thank you for the opportunity to testify. My name is Margaret Nimmo Crowe, and I am the executive director of Voices for Virginia's Children. We are nonprofit, privately funded child advocacy organization. **I am here to support closing the coverage gap for Virginia's uninsured adults.**

I have been asked during the regular session why child advocates care about closing the coverage gap since this policy does not directly affect children. My answer is that providing health insurance coverage to low-income adults has a **huge** impact on kids in Virginia.

First, 25% of the 400,000 adults who fall in the coverage gap are parents of children under the age of 18. That means as many as 100,000 parents in Virginia could benefit from this policy change. Why does that matter?

- Parents with health insurance are more likely to get health insurance coverage for their kids and take them to the doctor for preventive care.
- When low-income parents have health insurance, the family is less likely to be thrown into financial crisis by unexpected medical bills. That means parents have more resources to spend on meeting their kids' basic needs, like food, shelter and clothing.
- Also, maternal depression has a profound effect on their children's health and development—studies show connections between maternal

depression and behavioral problems, injury of children, ADHD, and other health problems.

- Poverty is the single factor most associated with maternal depression and poor child outcomes, meaning that the low-income, uninsured moms in Virginia – those who fall in the coverage gap – are at a higher risk for maternal depression.
- **Providing health insurance to low-income parents has a direct link to the healthy development of children.**

Second, closing the coverage gap will provide the missing link in mental health reform. An estimated 77,000 uninsured adults in Virginia struggle with a mental illness, including young adults with mental illness who have aged out of the child mental health system. If they received mental health services as kids through Medicaid or FAMIS, it is extremely unlikely that they will qualify for Medicaid as adults under our current criteria. This means that these young people will lose access to mental health treatment at a particularly critical period – just as they are transitioning from high school to the stress of living on their own, just when certain mental illnesses such as schizophrenia have their onset.

For these reasons – for the well-being of Virginia’s children – we urge you to support closing the coverage gap. Thank you.