Healthy Living/Health Services Subommittee



Summary of Public Comments FAMIS Eligibility Levels

Organizations/Individuals Submitting Comments

Eleven comments were received regarding the FAMIS eligibility policy options presented to the Healthy Living/Health Services Subcommittee in September. Comments were submitted by:

- Wade Corbit
- Deborah Corbitt
- Lisa Frick
- Pam Murphy, Executive Director of the Shenandoah County Free Clinic and the Shenandoah Dental Clinic
- Mike Purdue
- Rhonda Seltz, Outreach Worker and Health Care Advocate for counties in Southwest Virginia
- Lisa Sutphin
- Ann Walker, Project Connect Outreach Advocate for the Martinsville and Henry County Coalition for Health & Wellness
- Richard P. Melia on behalf of the American Heart Association (AHA)
- Jill Hanken on behalf of Health Care for All Virginians (HAV) Coalition
- Rick Shinn on behalf of the Virginia Community Healthcare Association (VCHA)

Public Comments on Policy Options	
	Comments In Support
Option 1	0
Option 2	11*
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^{*}Seven of the 11 commenters specifically supported an increase to 300% FPL.

Option 1: Take no action.

Option 2: By letter of the JCHC Chairman, to the Health, Welfare and Institutions Committee, indicate support for SB 266 to increase eligibility level for FAMIS to 225% of FPL.

Comment Excerpts

All of the comments received indicated support for raising the FAMIS eligibility levels to at least 225% of the federal poverty level (FPL). Seven (Lisa Frick, Pam Murphy, Rhonda Seltz, Ann Walker, AHA, HAV, VCHA) commented in support for an increase to 300% FPL.

Wade Corbit commented in support of Option 2:

Mr. Corbit indicated that his income is \$40 over the cut-off for FAMIS and he has a 15 year old daughter who has not had health insurance coverage for several years.

Lisa Frick commented in **support of Option 2**:

"I am a single parent with a teenage daughter struggling to make it from day to day. It is time for me to renew my daughter, Christina's FAMIS policy and I have just found out that I have missed the scale by 26.00. This is unbelievable when I already barely make enough to make ends meet. Please consider raising the eligibility level rate to at least 225% FPL..."

Mike Purdue commented in support of Option 2:

Mr. Purdue explained that his income is just over the cut-off for FAMIS, in large part because FAMIS looks at gross income rather than net income. Mr. Purdue is self-employed so he has many work-related bills. Mr. Purdue is a veteran and is able to receive his care through the VA but his children who are 17 and 12 are not served. He has tried taking them to clinics in the Roanoke area but most have the same or similar income guidelines. Mr. Purdue recently took his daughter to the dentist and it cost \$700 which means he will be unable to take her back for follow-up care.

Rhonda Seltz an Outreach Worker and Health Care Advocate for several counties in Southwest Virginia commented in support of Option 2:

"...more and more families are being forced to request help with medical coverage including our own law enforcement officers. Some of the highest employer sponsored insurance premiums are with City and County government with some premiums costing up to \$1600/month! I have signed up children in law enforcement families over the years but most of these families are just a few dollars over income. These families like many other hard working families are not only receiving a much smaller salary than they deserve but often cannot afford to add a spouse, much less an entire family plan. Raising the income guidelines would be an enormous help to many law enforcement families who have either had to leave their children uninsured, pay an outrageous cost for private coverage or may have to leave their job to find a position that has better insurance benefits. I have had at least 2 officers take a cut in pay so they could have their children covered!

The other heart breaking stories I hear are from parents with children who have serious physical and mental health disabilities who do not qualify for SSI, and whose families cannot afford expensive private insurance or the insurance company refuses to cover the child. Again, these children are in families who may be just a few dollars over-income or \$500/month over income yet none of these families can get their children insured. They need FAMIS!

Another injustice occurs when non-custodial parents remarry and have children in the new family to support. The parent may be paying several hundred dollars per month in support for the children not living with him, and most often also have to provide health insurance for those children not living with him. Yet, when he wants to sign up the children who live with him, the GROSS household income may be over the FAMIS limit (Even though several hundred dollars are being taken out of his check for health insurance for his "other children".). Raising the guidelines would allow that father who is taking care of children from 2 families to sign up the children living with him, allowing him more of an opportunity to provide for his current family and make sure that the kids living with him are covered. With the \$2 federal match, it is imperative to take advantage of cost effective ways of covering the children I have identified in my comments above. It is certainly more cost effective than NOT providing health care for these kids.

Also, Private insurance companies are dropping children off of individual policies...these families may not be able to afford to add them to their employer policy and they will remain uninsured unless they can qualify for FAMIS but the guidelines need to be higher."

Lisa Sutphin commented in support of Option 2:

Ms. Sutphin explained that her income is just \$60 over the cut-off for FAMIS and she has a 11 year old daughter who does not had health insurance coverage and a 19 year old daughter who may be too old for FAMIS and is uninsured too.

Ann Walker the Project Outreach Advocate for the MHC Coalition for Health & Wellness commented in support of Option 2:

"As the Project Connect Outreach Advocate for Martinsville and Henry County, 2 of the highest unemployment areas in the Commonwealth, I see often see the need for a higher income eligibility level for the FAMIS programs. I have several families who missed the cut by as little as \$26 and others who miss by \$200 a month. One is just as bad as the other!! All of these families either faced or are facing loss of health care coverage for their families through job loss. One member of the family may still have employment, but not have access to an affordable health care plan where they work.

The children of these families will likely not see a doctor for many "minor or wait and see illnesses", needed routine care (such as eye exams and dental care) and some of these children will be denied access to extracurricular activities due to lack of coverage. As this area faces the Stanley Furniture layoffs starting in October I am sure I still see an increase in these situations. An increase in the eligibility levels to 225% or higher would be a great help to the families of our area in Southside Virginia."

Jill Hanken on behalf of HAV Coalition commented in support of Option 2:

"One of HAV's top 3 priorities is to ensure that ALL Virginia children have health insurance. Data show that 167,000 Virginia children are uninsured –

67,000 live in families with income above 200% FPL. Virginia's current FAMIS eligibility is lower than 42 other states (and D.C.)....The HAV Coalition would like to see FAMIS eligibility increased to 300% FPL. Fifteen states (including Alabama and Maryland) and D.C. use an income eligibility level at or higher than 300% FPL. This is not a new recommendation – In 2007, the Governor's Health Reform Commission (which included 4 legislators currently serving on the JCHC) recommended increasing FAMIS to 300% FPL as a "second tier priority")....The HAV Coalition supported SB 266 during the 2010 session. We continue to support an increase to (at least) 225% FPL. This remains a very important first step in the right direction."