

Health Care

Healthy children can learn and grow, and healthy workers can better care for their families. For too many Virginians, affordable access to medical care, and to mental health and substance abuse programs, is still out of reach – or is at risk.



Access to health coverage helps Virginians live stronger, more productive lives. Over the past decade, since the implementation of the Affordable Care Act (ACA), more Virginians have gained access to health coverage. Still, almost 750,000 Virginians, including nearly 100,000 children, remain without health insurance. And our state’s restrictive Medicaid program prevents many low-income individuals from accessing coverage. For members of our communities who have a mental health illness or substance use disorder, access to care is particularly crucial – but without affordable care and coverage, needed help remains out of reach.

Repeal of the ACA is one of the gravest threats to the progress that has been made to insure more families struggling to make ends meet. At this time, we must both protect the gains we have made and come together to expand access to health coverage for more Virginians.



Health Insurance Matters

The debate surrounding the expansion of Virginia’s Medicaid insurance program has focused on costs, but has ignored an equally important issue: the value of health insurance. Three recent studies show just what kind of value health care coverage delivers for individuals and communities.



80%
less likely to have catastrophic medical expenses

50%
less likely to borrow money or fail to pay other bills because of medical debt

Results compare people with gained coverage in Oregon versus those who didn’t who are uninsured.

48.3%
decrease in average health care costs per year

1st year	\$8,900
3rd year	\$4,600

Results compare people without health insurance who gained coverage through a VCU program for 1 year versus 3 years. Those insured for 3 years had fewer emergency room and more regular doctor visits.

4.5%
reduction in potentially preventable deaths

235
fewer deaths in Virginia by 2018

Results compare the reduction in mortality when people in Massachusetts gained coverage with similar localities in other states where people didn’t gain coverage.

Sources: The New England Journal of Medicine, Health Affairs, Annals of Internal Medicine

Protecting and improving access to health insurance

When people have access to health coverage and can take care of their medical needs, they are more likely to get needed care, more financially secure, and more productive. Unfortunately, hundreds of thousands of Virginians remain without insurance and are stuck in the health coverage gap because they make too little to qualify for current subsidies on the Marketplace and too much to qualify for our state's Medicaid program. And that means many can't get the care they need to go to work, take care of their kids, and be healthy, productive members of our communities.

Still, over the past decade the Affordable Care Act (ACA) has provided many Virginians with access and affordability that they hadn't had before. The ACA has allowed about 59,000 young adults

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between the ages of 18 to 26 to remain on their parents insurance plans, leading to a 63 percent reduction in the number of Virginians in that age group with no health insurance. In 2014 and 2015, for the first time in years, there were increases in the share of non-elderly Virginians with health coverage through employer-sponsored insurance. This increase has

likely been spurred on by provisions in the ACA that began in 2015, requiring more businesses to offer insurance to their employees or pay a fine.

Additionally, many Virginians have benefited from changes to insurance rules such as a ban on discrimination based on pre-existing conditions (which nearly half of Virginians have), an end to annual and lifetime limits (meaning insurers can't drop a customer when they need their coverage the most), free preventive care (like flu shots and cancer screenings), and a ban on charging women more for coverage because of their gender. Backtracking on these important protections and provisions would put all Virginians at risk, especially low-income families struggling to get by.

In an effort to protect and improve the access to and affordability of health care for Virginians, there are policy options that state legislators can undertake.

Tools



Assess the impact of any federal legislation related to private health insurance, Medicare, and Medicaid on the state's economic security and on the health of Virginians.

Federal legislation to repeal the ACA could result in substantial economic losses for our state, including the loss of many jobs, and hinder the progress we have made to provide coverage for individuals and families. The Joint Subcommittee for Health and Human Resources Oversight should lead this assessment with input from families, communities, and health care providers.



Build on innovative local partnerships such as Virginia Coordinated Care (VCC) to provide access for more uninsured Virginians throughout the state.

VCC is a local initiative that provides access to affordable health care for uninsured individuals living in the greater Richmond and tri-cities areas. Building upon its success by partnering with local communities and providers throughout the state to establish similar programs could mean more families have access to health care services to help them live healthy and productive lives.



Build on the successes of Virginia's Medicaid program to provide health coverage for low-income individuals and families and strengthen critical safety-net services.

Virginia's Medicaid program provides critical access to care, and yet the state's low investment in the program – 46th in the nation for per capita expenditures – cuts out too many who need help. Expanding our state's Medicaid program could provide access to health coverage for hundreds of thousands of Virginians. And by using federal dollars to pay for many health care services that Virginia now provides with state dollars, we could free up savings to invest in vital programs such as substance abuse and mental health treatments.

Investing in mental health and substance abuse treatments

Part of having a strong economy that makes good use of everyone's skills and interests is making sure those who have a mental illness or substance use disorder can access the services they need to get back on their feet and back in the workforce. We can do this by coming together and investing in services for our neighbors who need help. For too long, however, policymakers have moved from crisis to crisis and plan to plan without making the significant, sustained investments that are needed to transform Virginia's behavioral health system into one that we can look to with pride and assurance. The Virginia Tech shooting in 2007, the tragedy with the son of Senator Creigh Deeds in 2013, and the recent death of Jamycheal Mitchell in Hampton Roads Regional Jail in 2016 all were met with strong words and promises by legislators to do more, yet study after study has been completed with little follow-through.

Now, even after all these crises have shocked the state, Virginia has a mental health system with results well below the national average. Mental Health America ranks Virginia 45th out of all states for mental health services and outcomes for youth, and 38th overall. Despite being a top 10 state for median household income, Virginia is stingy when it comes to

mental health spending, ranking 31st in per capita expenditure out of all states.

Health coverage can make a life or death difference for those with a mental illness or substance use disorder. And opioid and related substance addictions have reached epidemic proportions that need to be addressed. Neighboring states that expanded Medicaid saw their share of addiction-related hospital stays by uninsured patients shrink by 69 to 86 percent between 2013 and 2015. Meanwhile, Virginia saw its rate go up by 17 percent. Today there are around 102,000 individuals in communities around Virginia with a substance use disorder or mental illness who could become eligible for Medicaid coverage if lawmakers decided to

accept federal funds to expand – as 31 other states and D.C. have already done.

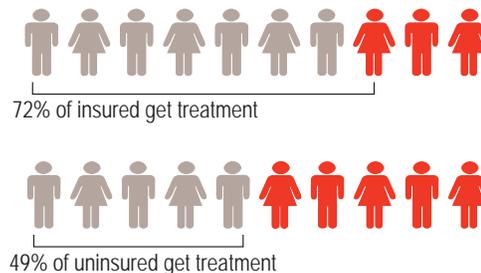
We know that those living with mental illness or substance use disorder actively utilize health services when they gain health insurance coverage. Our neighboring state, Kentucky, saw a 700 percent increase in Medicaid beneficiaries using addiction services after expansion. Overall, Medicaid expansion has been associated with reducing unmet needs for substance abuse treatment by 18.3 percent.

While expansion continues to be the best option for addressing mental illness and substance use disorder in Virginia, there are several other policy options that the state can undertake to improve outcomes.

Coverage and Treatment are Linked

Virginians who don't have insurance are 32% less likely than Virginians with insurance to get treatment for addiction or mental illness.

Percent of Virginians with mental illness or addiction who are receiving treatment:



Source: TCI analysis of Department of Health and Human Services data

Tools



Fully fund the recommendations from the bipartisan Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century to modernize the state's mental health system.

Meeting the subcommittee's mission of providing "consistent access to the full array of comprehensive, high-quality mental health services to individuals of all ages regardless of their geographic location or their ability to pay" would cost around \$184 million, with many of the costs recurring on a yearly basis.



Ensure same day access to critical services at all Community Service Boards (CSBs), rather than only a handful of pilot sites.

The tragedy with the son of Senator Creigh Deeds in 2013 has made the consequences of our failure on this measure painfully clear. This provision

is a key pillar of the recommendations of the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century.



Increase funding and training for Crisis Intervention Teams, which help law enforcement officers identify and divert individuals with substance use disorders or mental illness to treatment programs instead of the criminal justice system.

Diversion programs like the one in Hampton and Newport News are leading to more individuals with behavioral health issues receiving treatment instead of ending up in the criminal justice system. This program has saved these localities millions of dollars and diverted hundreds of individuals from jails.