FLORIDA VOICES FOR HEALTH

2022-2023 POLICY PLATFORM

Florida Voices for Health

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WHO WE ARE

MISSION

Florida Voices for Health is a 501(c)(3) health care advocacy organization. Our mission is to increase access to health care to low-and-middle income Floridians. We promote systemic reforms through story collection, community outreach and education, and through relationships with media and lawmakers.

We also lead coalitions of diverse community-based organizations and stakeholders that we keep informed and mobilize for action. Our priority issues include:

- Strengthening Florida Medicaid
- Improving Oral Health
- Protecting Floridian Health Care Consumers

VALUES

Florida Voices for Health (FVH) supports public policies that:

- **Address disparities** – FVH supports policies that promote better health care access and outcomes in communities disproportionately impacted by systemic barriers. Rural Floridians, communities of color, and Floridians with disabilities are routinely underserved. Addressing these disparities requires intentional policymaking.
- **Are fiscally responsible** – Improving Florida's health care system will require investment. FVH supports policies that invest in more efficient and financially responsible ways of delivering care. We also believe that measurements of the return on investment should include direct outcomes (ex: savings from eliminating other programs) and indirect outcomes (increased productivity of the workforce).
- **Benefit all Floridians** – FVH recognizes the interconnectivity of our communities. We support policies that benefit not only those who are intended to be directly impacted, but we also consider what these policies will mean for all Floridians.

INCREASE ACCESS TO CARE AND IMPROVE HEALTH EQUITY

MEDICAID

Expand Eligibility for Medicaid to Cover More Floridians Earning Below the Federal Poverty Level

Currently, almost 500,000 Floridians earn too much to qualify for Medicaid but too little to qualify for tax credits in the Affordable Care Act (ACA) Marketplace. The ACA allows states to expand their Medicaid programs and pays for 90% of the cost by returning federal tax dollars. Closing the "coverage gap" would save Florida over $200 million a year while giving more hardworking Floridians the security of coverage.

Learn more and take action: **www.healthyfla.org/medicaid**

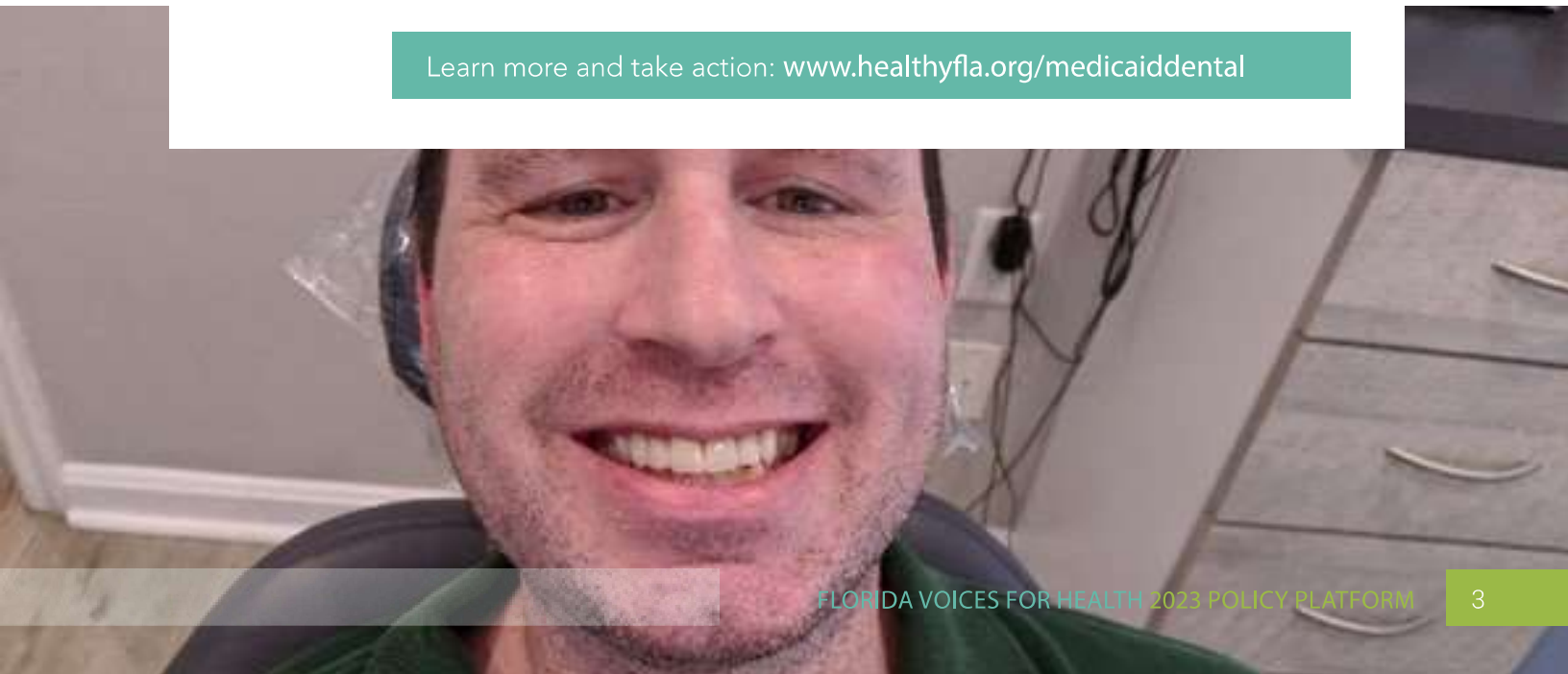
ORAL HEALTH (MEDICAID)

Improve Dental Benefits for Adults Enrolled in Florida Medicaid

Currently, for people 21 years and older Florida Medicaid only covers emergency dental services to alleviate pain, infection, or both. Legislators should expand the list of covered dental benefits for adults enrolled in Medicaid to include:

- Preventative care
- Routine diagnostic and preventive care, such as dental cleanings, exams and x-rays
- Basic dental services such as fillings and extractions
- Major dental services such as root canals, crowns and dentures and other dental protheses

Learn more and take action: **www.healthyfla.org/medicaiddental**



DISABILITIES

Eliminate the Waitlist for Home and Community Based Services for Floridians with Disabilities

The Florida iBudget waiver pays for home and community-based services for individuals with developmental and intellectual disabilities (IDD). These services keep Floridians with disabilities out of institutions and allow them to live full lives. In the state's FY 2022-23 budget, the estimated cost per person on the waitlist is $53,125. There is currently a waitlist of over 22,000 eligible individuals. Florida's current waitlist of over 22,000 could be eliminated with approximately $1.2 billion in funding. Since Medicaid is a federal matching program, Florida would only be responsible for 40% of the cost, or $480 million. In 2022, Florida had a budget surplus of $11.1 billion.

Share your experiences with accessing Florida's disabilities services:
http://ddwaitlist.cbcs.usf.edu/

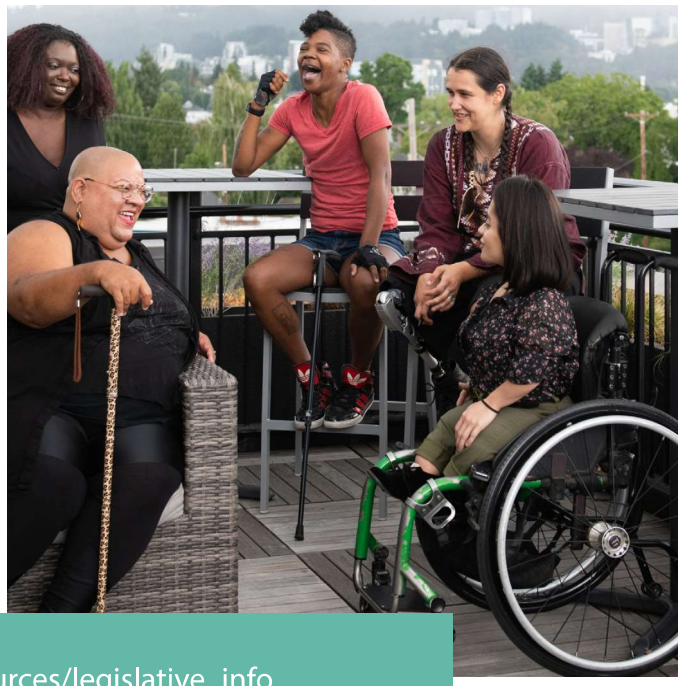
Create an Accurate Budget for Disabilities Services Based on Actual Need

Florida is currently ranked 49th out of 50 states for per capita spending on services for people with disabilities. Currently, the Agency for Persons with Disabilities does not participate in the state's estimating conference where budgets are decided. For years this has been a major contributor to APD's underfunding and limited services for Floridians with disabilities. Allowing APD to participate in the estimating conference would allow them to negotiate for a budget closer to their level of need based on the number of people they serve.

Learn more: www.healthyfla.org/shareyourstory

Allow Working and Job-Seeking Floridians with Disabilities to Buy-In to Medicaid Plans

Medicaid "buy-in" allows workers with disabilities access to Medicaid coverage not available through other insurers. Nationally, workforce participation among people with disabilities is significantly lower than those without disabilities, and some individuals with disabilities who want to work face barriers achieving their employment and earnings potential because they need to choose between healthcare and work. Federal law was amended to authorize these expanded Medicaid eligibility groups more than two decades ago, and Florida should amend its Medicaid program accordingly.



Learn more:
https://disabilityrightsflorida.org/resources/legislative_info

Recognize Fetal Alcohol Spectrum Disorders as a Developmental Disability

Fetal alcohol spectrum disorders (FASDs) is the name given to a group of conditions that a person can have if that person's mother drank alcohol while she was pregnant. These conditions include physical and intellectual disabilities, as well as problems with behavior and learning. Often, a person has a mix of these problems. FASDs are a leading known cause of intellectual disability and birth defects. Legislators should revise the definition of the term "developmental disability" to include fetal alcohol spectrum disorders. This would reduce the number of Floridians with FASD who remain undiagnosed and increase opportunities for early intervention. The Agency for Persons with Disabilities should also allow certain individuals diagnosed with FASD to receive home & community-based services.

Learn more: www.healthyfla.org/single-post/_fasd

MAKE HEALTH CARE AFFORDABLE FOR ALL FLORIDIANS

PRESCRIPTION DRUGS

Cap the Cost of Insulin at $35 a month

Insurance companies should be required to cap the monthly cost-sharing obligation for covered prescription insulin drugs at $35 a month. According to the American Diabetes Association, approximately 2,164,009 people in Florida, or 12.5% of the adult population, have diagnosed diabetes. An additional 546,000 people in Florida have diabetes but don't know it. Concern for this population stems from the fact that people with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes.

Learn more, take action, and share your story:
https://www.healthyfla.org/rx

PROTECT THE RIGHTS OF FLORIDA'S HEALTH CARE CONSUMERS

HEALTH INSURANCE PROTECTIONS

Credit the Amount Paid Towards a Previous Plan's Deductible to New Plans

When consumers change health insurance plans outside of the Open Enrollment period, because of an employer changing plans outside of annual renewal, a change of employer, a change in geographic area, or loss of employer coverage and purchase individual coverage, annual deductibles start all over again even if a consumer has met part or all the deductible amount. In 2023, deductibles could reach as high as $9,100 (individual) and $18,200 (family). To avoid the financial hardship that these policies create, insurance policyholders in these situations should receive a Deductible Health Transfer Credit to a new policy equal to the deductible paid to the prior insurer. The Transfer Credit should be for the entire amount paid by the consumer without limitations .

Learn morehere: www.healthyfla.org/single-post/fhiab

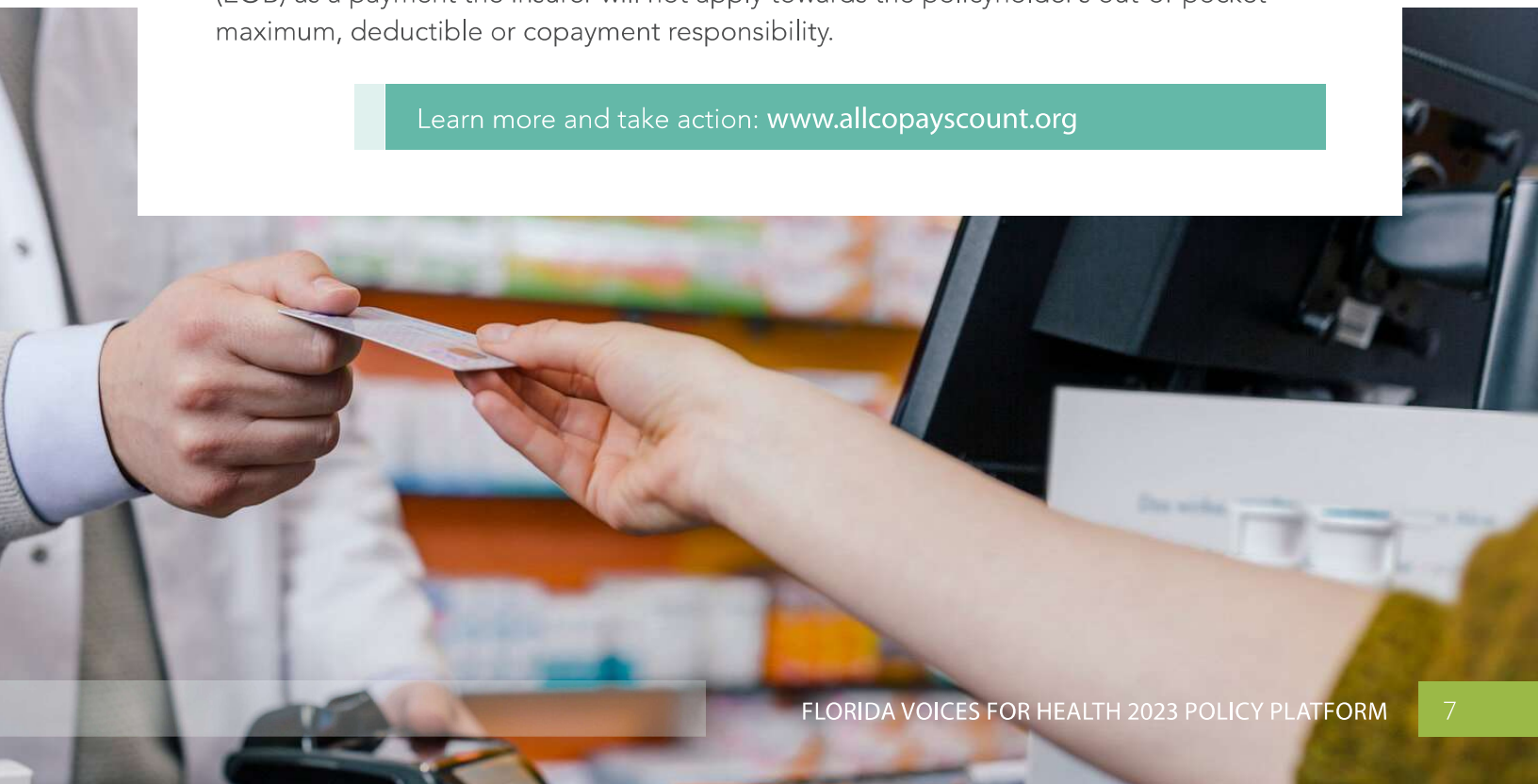
Apply Payments By, Or on Behalf Of, A Beneficiary to Count Toward the Out-Of-Pocket Cost Sharing Calculations

Patients, even those with health insurance, are having difficulty affording their medications as a result of steadily rising out-of-pocket costs. To help cover the patients' copays, some drug manufacturers, charitable assistance foundations, and other third parties offer copay assistance programs to help patients afford their specialty drugs. These programs are intended to provide relief to policyholders who have trouble paying for their prescription drug copays. Most patients, who use copay assistance require highly specialized, life-saving medications to treat hemophilia, MS, HIV, cancer, and other rare and chronic diseases for which, in many cases, no generics or lower-cost drugs are available.

In recent years, insurance companies and pharmacy benefit manager (PBMs) have implemented so-called "copay accumulator adjustment programs" where none of these payments made on behalf of the patient would count towards their deductible and annual maximum out of pocket costs. In addition, most insurance plans make it very difficult for a patient to find out if they have an accumulator program, using very vague language, if any at all in plan policy documents.

Florida health insurers providing prescription drug coverage should count any amount paid by the policyholder or paid on their behalf through a third party (ex: manufacturer or provider cost share assistance payments) toward the policyholder's total contribution to any deductible or out-of-pocket requirement. In the absence of legislation prohibiting copay accumulator policies, health insurers should be required to clearly disclose the copay accumulator in the summary of benefits, in policy documents and on websites, made available to consumers prior to enrollment in a policy. In addition, payments made on behalf of the policy holder must appear on the explanation of benefits (EOB) as a payment the insurer will not apply towards the policyholder's out-of-pocket maximum, deductible or copayment responsibility.

Learn more and take action: **www.allcopayscount.org**



Provide Health Care Consumers With 1 Free Copy of Their Own Medical Records

Health care providers should be required to supply consumers with 1 free copy of their medical records electronically or through mail. Patients have a right to their medical records under the Health Insurance Portability and Accountability Act (HIPAA). However, the same law allows providers to charge fees for providing the requested copies. Many requests for records are not honored in a timely fashion if honored at all and some at great expense to the consumer. Obtaining one's own medical records is especially important when disputes arise with insurance companies, resulting in denial of claims, leaving patients in precarious financial positions. Having a patient see and review their medical records and related provider charges billed to the insurer would also bring down improper billing and potential fraud. This in turn should lead to lower health insurance costs to both plan sponsors and individuals.

Learn more here: www.healthyfla.org/single-post/fhiab

Prohibit Prescription Drug Formulary Changes During a Policy Year

In recent years insurance carriers have been making changes to their drug formularies during the policy period. Insurers routinely reclassify drugs to more access restrictive drug tiers, increase the consumer's co-payment, co-insurance, or deductible, and reclassify drugs to higher cost sharing tiers. There are also instances of certain drugs being dropped from coverage altogether. Consumers are then informed by mail that they will be financially responsible for the entire cost drug in the middle of the policy year.

Insurers should be prohibited from changing or removing covered prescription drugs during a policy year but would be allowed to expand formularies that would lower prices for consumers. The consumer perspective is often excluded from drug price negotiations between insurers and pharmaceutical companies, and are only informed of changes after the fact, as well as being expected to cover extra costs .

Learn more here:
www.healthyfla.org/single-post/fhiab

Prohibit Balance Billing for Ground Emergency Medical Transportation

Ground emergency medical transportation should be added as one of the medical services protected from balance—or "surprise"—billing for consumers. The No Surprises Act of 2019 addressed many balance billing or "surprise" billing issues for consumers. However, it didn't address the cost of ground emergency medical transportation. Consumers in a life-threatening accident or major medical emergency in need of ground emergency transportation to receive immediate health care attention at a nearby facility, are not able to make an informed decision or negotiate at arms-length about the cost of the transport. Health insurance companies provide coverage for this event, but this coverage gap can leave consumers with surprise high medical bills for the service.

Learn more here: www.healthyfla.org/single-post/fhiab

Include Applied Behavioral Analysis as A Covered Benefit in All Insurance Plans

As required by federal law Florida's Medicaid program covers medically necessary Applied Behavioral Analysis (ABA) services to correct, or ameliorate a defect, a condition, or a physical or mental illness for eligible recipients under the age of twenty-one. However, these services are not required to be included in any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer.

Once a recipient loses Medicaid eligibility, they lose coverage for these important services. Neither KidCare program policies or exchange and off exchange policies cover ABA services, placing an undue financial burden on families already dealing with very difficult circumstances. Florida health insurers should be required to provide, at minimum, one plan in each service area that covers Applied Behavioral Analysis.

Learn more here: www.healthyfla.org/single-post/fhiab