



Virginia MIRC <vamirc@mirc.virginia.gov>

---

## New MIRC Comment

1 message

Wed, Oct 16, 2013 at 1:21 PM

Reply-To: [REDACTED]

To: vamirc@mirc.virginia.gov

**First Name** - Cianti

**Last Name** - Stewart-Reid

**Organization Name** - Planned Parenthood Advocates of Virginia

**Comment** -



PPAV MIRC Comments.pdf

37K

Planned Parenthood Advocates of Virginia, Inc.

October 16, 2013

Medicaid Reform and Innovation Commission  
201 N. 9<sup>th</sup> Street  
Richmond, VA 23219

Members of the Medicaid Innovation and Reform Commission:

As the executive director of Planned Parenthood Advocates of Virginia, which represents seven Planned Parenthood health centers in Virginia which serve 24,000 patients annually, I would like to fully endorse the reform and expansion of Medicaid in Virginia. To date, you have no doubt heard about the overwhelming benefits of expansion to the 400,000 hardworking, low-income Virginians who would receive care and I would like to add my comments to those of my colleagues supporting expansion.

It is critical that Virginia expand its Medicaid program, and there is no sound reason why Virginia should decline federal funding that has put aside specifically to provide Medicaid coverage for thousands of families in Virginia.

In particular, many women (nearly 169,000) who are struggling to make ends meet stand to benefit from expanded Medicaid coverage. Medicaid is the largest source of essential women's health care -- and if Virginia expands its program, more women will be able to access preventive health screenings, birth control, check-ups, and other care they need to manage chronic conditions.

While we would advocate for Medicaid expansion in the current form, I understand that Virginia, like many other states, is considering expanding private health options for these hardworking, low-income families. If Virginia continues on this path, we encourage you to look to the Arkansas model.

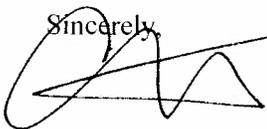
Arkansas recently received federal approval -- and the enhanced federal funding for expanded Medicaid coverage -- to provide individuals with incomes up to 138 percent FPL with private health insurance. This means that low-income individuals in Arkansas are able to choose from the silver-level plans offered in the Marketplace, and therefore, obtain the same benefits (and network of providers) as other plan enrollees. However, individuals can still receive services mandated by federal law that are not covered by health plans.

Arkansas uses the enhanced federal funding it receives for expanded coverage to fully subsidize premiums and limit cost-sharing for enrollees, making private plan coverage affordable and accessible for families that are making ends meet. For women, in particular, the Arkansas model ensures that women are able to receive the services they need, including contraception, prenatal care, labor, and delivery.

Again, we support the state's efforts to expand coverage for all individuals in Virginia. All hardworking families in Virginia deserve to get the health care they need, when they need it, without facing huge medical bills.

Thank you for your time and consideration of this very important matter.

Sincerely,



Cianti Stewart-Reid