

Legislative Advocacy Training Initiative

Session 2



**A Florida Pediatric Advocacy Network inspired project
funded by the University of Miami and hosted by Florida CHAIN**

Session 2 Agenda

- Review key points of Session 1
- Communicating with legislators
- Overview and update on Medicaid (state and federal)
- Overview and update on KidCare
- Other child health bills

Hosted by
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Florida CHAIN

Session 1 Review

- ✓ Senators serve 4 years.
- ✓ Representatives serve 2 years.
- ✓ Maximum term limit is currently 8 years.
- ✓ Three of the governor's 5 cabinet members are elected: Attorney General, Chief Financial Officer, and Commissioner of Agriculture
- ✓ Session begins the 1st Tuesday in March every year and lasts 60 days.

Types of Contacts with Legislators

- Letters
- Meetings
- Electronic communication
- Telephone
- Fax



Addressing Letters

Address letters to the Members of House of Representative as follows:

STATE REPRESENTATIVE

The Honorable *(full name)*
State Representative
402 South Monroe Street
State Capitol
Tallahassee, FL 32399-1300

Dear Representative *(last name)*:

STATE SENATOR

The Honorable *(full name)*
State Senator
State Office Building Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Senator *(last name)*:



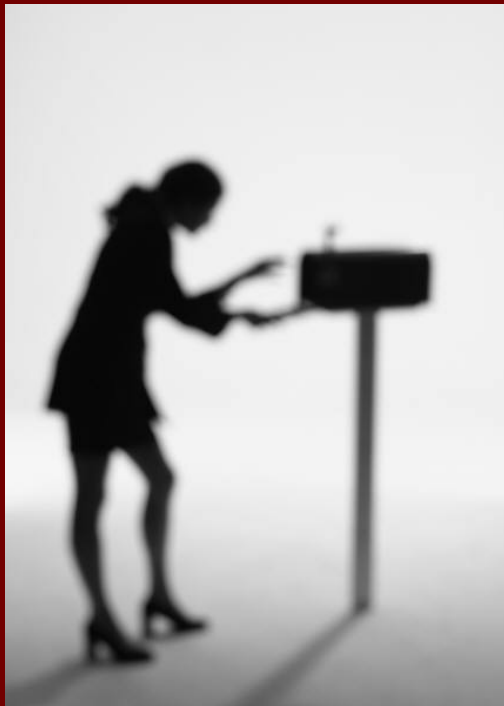
Writing Effective Letters

- Be reasonably brief.
- Identify issue or opinion at the beginning.
- Cover only one issue per letter.
- Back up your opinion with supporting facts.
- It's never too early to write.
- Avoid abbreviations or acronyms, and don't use technical jargon.

Meeting with a Policymaker

- Provide those visited with a brief background sketch of your organization and the persons who are present.
- Talk in terms they understand.
- Organize your presentation.
- Distribute position paper.
- Stress impact of legislation, regulations, and other government or legislative actions.
- Seek support, assistance, sponsorship of legislation, and other action.
- Promise (and follow through) to obtain any information or data that you do not have readily available.

Follow-up With Policymaker



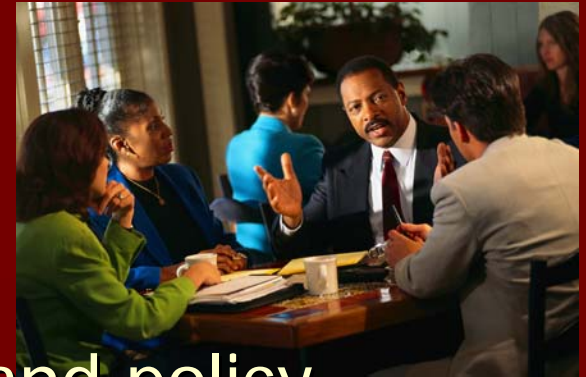
Review major points and determine:

- ❖ If you covered them all
- ❖ What responses you received
- ❖ What follow-up is needed

Send a thank you letter and include:

- ❖ Summarize points made
- ❖ Your understanding of his/her views
- ❖ Follow up information requested
- ❖ Restate your position (if needed)

Building Relationships With Legislators



- Legislators welcome comments and policy concerns from their constituents.
- Physicians are considered to be a valuable resource for Legislators to provide information on an array of health care policy issues and specific health care needs.
- Find key-contacts within your association, organizations who have a relationship with Legislators that will open the door for meetings.

Electronic Communication

The e-mail addresses of all legislators:

www.myflorida.com

To get the most updated policy information, sign up for CHAIN Reaction

(Florida CHAIN's e-newsletter):

www.floridachain.org



Update on Key Child Health Issues

- MEDICAID: Implementation progress for 1115 waiver and child health concerns
- KIDCARE – Governor’s Budget and KidCare Coordinating Council recommendations update on bills.
- BUDGET: Federal Budget Reconciliation Legislation means cuts and policy changes for children

Florida's Medicaid Reform

Review and Recommendations

- Florida's Medicaid Reform bill, SB 838, was passed in 2005 and a 1115 federal waiver was approved granting the state great flexibility with the Medicaid program.
- Waiver Implementing bill, HB 3B was passed in Special Session. Preliminary steps moving forward for two pilot programs- Broward and Duval Counties.
- Shifts beneficiaries to private managed care organizations that include HMO's and PSN's (provider service networks).
- Program will start in July 2006.

Who's Included in Medicaid Reform?

■ Included in Phase I:

- SSI children under TANF
- All children eligible as result of family income
- Aged and disabled groups

■ Included in Phase II:

- Children in the foster care system
- Children's Medical Services
- People with developmental disabilities
- Dual-eligibles (receiving Medicaid and Medicare)
- Pregnant women below 27% federal poverty level
- Individuals eligible under a hospice related group

Why Is This A Concern For Children?

- “Caps” program growth at 8% statewide
- Individual premiums for all beneficiaries are based on historical utilization absent encounter data
- Private plans can limit scope, amount, and duration of services under waiver.

(Georgetown University Health Policy Institute)

Funding for children's health care is at risk:

- If expenditures increase at a faster rate than 8% annually over 5 years
- If the cost for covering other populations exceed 8% driving plans to offset the loss by reducing children's coverage or creating administrative barriers to EPSDT.



Questions of Concern:



- What will the significant changes in the service delivery system for children look like?
- Risk adjusted premium process is not clear. Will it be adequate for children?
- Will plans be able to attract providers if there aren't sufficient premiums to negotiate contracts for networks?

Federal Medicaid Changes- Budget Reconciliation Legislation

- Billions cut from health and social service programs for poor and vulnerable Americans.
- About \$13 billion cut in Medicaid over next 5 years.
- Less access to health care for families.
Approximately 13 million Medicaid recipients will face increases in co-payments and premiums for services and medications.
- States would be allowed to cut back on health care for poor women, including family planning.

Harmful Provisions for Low-Income Children on Medicaid

- Approximately 28 million children nationwide will lose guarantee to Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefits.
- EPSDT for the Categorical Needy (CN) group is guaranteed access for all federally coverable routing and dental.
- Medically Needy (MN) children may be offered coverage (but it is NOT guaranteed).
- No benefit standards for 6 million children.

KidCare and Healthy Start in Governor's Budget Proposal

- CUTS KidCare by \$197 million (\$58 million in State dollars and \$138 million loss in federal match).
- DOES NOT INCLUDE the \$9.5 million for Healthy Start Coalitions that would serve 28,000 more high risk pregnant women.

Why Is This Harmful?

- This is not the time to cut funding. Florida studies report 502,000 uninsured children in Florida with 374,000 below 200% of federal poverty level & eligible for KidCare.)
- Reauthorization of S-CHIP (State Children's Health Insurance Program) in 2007 will base state funding formula on state allocations. Florida would lose access to federal dollars.

Priorities For KidCare



- Fully fund KidCare in state budget.
- Fund community education and enrollment.
- Fund coverage for non Title XXI children with state and local match requirements.
- Support the KidCare Coordinating Council's recommendations to achieve enrollment goals and removing administrative barriers (floridakidcare.org).
- Support bills that will allow more children (including immigrant children) to be covered by the KidCare program.

KidCare Bills Update

- **SB 2050:**

Sen. Peaden; removes limitation on eligibility for state-funded assistance in paying Florida Healthy Kids premiums; revises date by which corporation must provide certain notification of local match amount to be remitted for following year; and the basis for calculation of county's local match.

- **SB 972:**

Sen. Rich; provides for certain children who are ineligible to participate in Florida KidCare program; allows families with children 5 years of age and under with incomes above 200% of FPL to buy into MediKids or Healthy Kids program. (HB241: Similar bill by Rep. Vana)

Child Health Bills



- Florida KidCare Program (S972; H241)
- Suicide Prevention (S1008; H0527)
- Universal Health Care for Children (S310)
- Fish Consumption and Health (S1302)
- Prevention of Obesity (S1324)
- Heller Hall/Curran Center/USF (S1086;H0019)
- Dori Slosberg Safety Belt Law (H97)
- Schools/Health Related Education (H679)
- School Food Service Program/Fructose (H629)
- Cystic Fibrosis Treatment (S376)
- Unattended/Unsupervised Child/Auto (S910)

For tracking or more information, go to www.myflorida.com

-Next LATI Session-

Tuesday, March 28th at 6:15 PM EST

-To Learn More About Florida CHAIN-

www.floridachain.org