

## Together, we can invest in a healthier Virginia!

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### Break Down Barriers to Health Coverage for Children

**HB970 (Tran) & SB231 (Hashmi):** Every child should have every opportunity for a healthy start, including comprehensive health coverage. In Virginia, there are stark inequities in health coverage depending on a child's immigration status. Virginia children who are U.S. citizens have an uninsured rate of 3.8%. Virginia children with undocumented status are estimated to have an uninsured rate of 48%.

These bills would establish a health coverage program in Virginia available to children from low-income families regardless of immigration status. The program would mirror Virginia Medicaid/FAMIS enrollment, eligibility processes, and income eligibility levels, currently at 205% of the federal poverty level (\$52,931 for a family of three in 2024).

Twelve states and Washington, DC, currently use state-only funds to cover low-income children in health coverage programs regardless of immigration status. Utah became the most recent state to implement a program in 2024. **(\$19.3m)**

### Maintain Community Health Workers at VDH

**Item 278 #3h (Sickles) & Item 278 #3s (Aird):** Community Health Workers (CHWs) are front-line public health workers who serve as a crucial link to individuals and families from diverse backgrounds, language preferences, and lived experiences.

There are currently 112 CHWs employed at 25 of Virginia's 35 health districts as of July 2023. Unfortunately, the end of federal grant funding means Virginia is set to lose about 60 CHWs employed at local health districts by July 1, 2024, and more than 25 additional workers will follow in the year after that unless state lawmakers act. **(\$6m)**

### Increase Language Access in our State Agencies

**Item 267 #7h (Tran) & Item 331 #6s (Hashmi):** Everyone living in Virginia, regardless of their language abilities, should be able to access the appropriate state government services to help ensure they and their families are on a pathway to prosperity. This budget amendment would provide funding to the Department of Social Services to increase language access. **(\$5m)**

### Medicaid Funding For Food

**Item 288 #64h (Rasoul) & Item 288 #22s (Locke):** Access to sufficient nutritious food is vital to our health and well-being. Unfortunately, there are often barriers to healthy foods, which can include costs, lack of establishments selling fresh produce, transportation to and from grocery stores, and more.

This budget amendment would direct DMAS to develop an 1115 waiver amendment to include coverage of food as a benefit for those who have Medicaid coverage.