Health Law PA News

Newsletter of the Pennsylvania Health Law Project

Harrisburg Philadelphia Pittsburgh

Statewide Help Line: 1-800-274-3258/ TTY: 1-866-236-6310

On the Internet: www.phlp.org

Volume 10, Number 5 September 2007

Federal Government Places Major Restrictions on CHIP Expansion

On August 17, 2007, the Bush Administration notified states that it would not approve expansion of the state Children's Health Insurance Program (SCHIP, or CHIP in Pennsylvania) to children in families with income above 250% of the federal poverty level ($51,625 for a family of four) unless SCHIP Programs meet strict requirements, designed to prevent SCHIP from "crowding out" private insurance companies. These requirements are:

1. Persons must be required to be without insurance for a year before they can get SCHIP coverage,
2. States must monitor and verify whether there is insurance available through parents who do not have custody of the child,
3. States must assure that at least 95% of children living in families below 200% of the poverty level are already enrolled in SCHIP,
4. States must assure that the number of kids in qualifying families above 250% of the federal poverty level who have insurance through private insurance has not gone down by more than two percentage points over the last 5 years,
5. Cost sharing for SCHIP cannot be more favorable than for competing plans by more than one percent of the family income, unless the SCHIP plan's cost sharing is set at the five percent of family cap, and
6. States must be current with all SCHIP and Medicaid reporting, including monthly reports relating to "crowd out."

This "clarification" from the federal government represents a major change in policy and was roundly criticized by the states. States argued that the requirements, particularly the required enrollment of 95% of kids below 200% of the poverty level, were impossible to achieve. Pennsylvania

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just obtained federal approval to expand subsidized CHIP to kids in families up to 300% of the poverty level ($61,950 for a family of four) in February 2007. Pennsylvania officials, while concerned, do not anticipate any immediate impact from the new policy. Many state officials, advocates and consumers are seeking a reversal of the CMS policy. The CMS letter of August 17th can be viewed at: http://www.cms.hhs.gov/smdl/downloads/SHO081707.pdf

adultBasic Coverage Offered to 35,000 on Wait List

In late August, the PA Department of Insurance announced that approximately 35,000 individuals on the wait list for adultBasic insurance were being offered coverage. This offer was extended to each individual who applied for coverage through April 30, 2006. These individuals will be able to buy adultBasic coverage at a monthly premium of $33.50. The waiting list has now been reduced from 111,000 to 76,000 individuals.

DPW Announces Closure of Mayview State Hospital

On August 15, 2007 the Department of Public Welfare (DPW) Secretary Estelle Richman announced plans to close the clinical services of the civil section of Mayview State Hospital in Allegheny County by December 31, 2008. The intended closure is consistent with the state's commitment to reduce its reliance on institutional care and improve access to home and community-based services for Pennsylvanians living with mental illness.

Mayview State Hospital currently serves 225 residents with a staff of approximately 502 people and a current operating budget of $63 million. The Department promises to reinvest the millions of dollars saved by Mayview's closing to further develop and sustain clinically-based, recovery-oriented services and to continue improving the mental health service delivery system. The hospital currently serves Allegheny, Beaver, Greene, Lawrence and Washington counties.

Prior to being discharged, each Mayview resident will participate in a series of assessments to develop an individual Community Service Plan to determine their level of need for services and supports. The assessment process is intended to ensure that both safe and appropriate placements are made.as well to ensure a successful transition to a life in an integrated community setting such as a group home, public housing or with family.

The Department is also exploring consolidating and privatizing the forensic services currently provided by the state hospital system. DPW will issue a request for proposals to explore creating two, privately run, regionally based forensic facilities located on the campus of Norristown State Hospital in eastern PA and the campus of Torrance State Hospital in western PA.

DPW held a public hearing to accept comments on the closing on September 10, 2007. Those comments are available on the Mayview Service Area Plan website at **www.mayview-sap.org**. Additional information regarding the Mayview closing is available on the DPW website at **www.dpw.state.pa.us/General/MV**. Family members of Mayview State Hospital residents can contact DPW during the closure process at 1-877-514-6349 (7:30am-4:30pm, Monday through Friday).

Independence Blue Cross Leads Reforms to Improve Children's Health Coverage; Highmark, Northeast PA and Capital Blue Cross Plans Fall Short

On July 27, 2007, Independence Blue Cross submitted a filing with the PA Insurance Department to modify its process for enrolling children into Special Care. Special Care is a low-cost private insurance offered by each of the Pennsylvania 'Blues Plans' to low income families. Special Care has a monthly premium and important coverage limitations (for example, Special Care does not cover prescriptions).

While Special Care is the right health coverage program for some people, it is the wrong choice for virtually all children. This is because any child income-eligible for Special Care is, by definition, income-eligible for the Children's Health Insurance Program, known as CHIP. CHIP covers many services that Special Care does not cover, including: prescription drugs, durable medical equipment, mental health services, dental and vision. Unlike Special Care, CHIP has no pre-existing condition exclusion. Finally, the CHIP coverage has no monthly premium, while Special Care does have a monthly premium. For children, CHIP is simply much better coverage than Special Care, and CHIP is free! (Note: Special Care is the best option for a small number of immigrant children who are allowed to enroll in Special Care but not eligible for CHIP).

Despite these crucial differences, the Pennsylvania Blues Plans have enrolled thousands of children into their Special Care over the past years – children who were eligible to be enrolled into their better and free CHIP plans. PHLP joined with other advocates behind a collaborative effort to correct this injustice by requiring that Blues Plans put CHIP eligible children in the CHIP program.

Independence Blue Cross (IBC), the Blues carrier in Southeastern Pennsylvania, took a proactive, common sense approach to the collaborative effort, and has now submitted a filing to the PA Insurance Department to ensure that no more CHIP eligible children end up in IBC's Special Care program (see announcement in the August 18, 2007 PA Bulletin: http://www.pabulletin.com/secure/data/vol37/37-33/1528.html). IBC proposes to eliminate the parental option to decline CHIP in favor of Special Care. Unfortunately, the other three Blues Plans in Pennsylvania did not follow IBC's lead. Highmark BC/BS (Western PA), Capital Blue Cross (Central PA), and Blue Cross of Northeast PA, all refused to take steps to stop enrolling CHIP eligible children in their Special Care programs – so they will continue to enroll low-income children into a program offering much less coverage, for much more money. Advocates, members, and others are encouraged to contact these plans and let them know we expect more from them when it comes to the health of Pennsylvania children.

Please contact PHLP at 1-800-274-3258 or 1-866-236-6310 (TTY) to report problems or share your Special Care stories.

LIS Redeeming and Redetermination Processes Underway

The Medicare Modernization Act requires that the Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA) determine whether beneficiaries who qualify for the Part D low-income subsidy (LIS) in 2007 will continue to qualify for this help in 2008.

Redeeming

Individuals who have Medicare and get any help from the Medical Assistance (MA) Program (including full/partial MA benefits and/or help paying their Part B premium) automatically qualify for the full low-income subsidy (LIS) to help with their Medicare Part D costs. These "dual eligibles" are identified to Medicare on a monthly data file sent to Medicare by the state. When Medicare receives information from the state data file, Medicare updates its records to "deem" the identified beneficiaries eligible for the full LIS for the remainder of the calendar year.

Every year, in August, Medicare begins the "redeeming" process to identify beneficiaries who will be eligible for the LIS in the following year. Medicare uses the July "file" sent by the states to start this process. So, any Medicare beneficiary who has been deemed eligible for the LIS in 2007 and who appears on a monthly file between July and December 2007 will be "redeemed" for the full LIS for all of 2008. Individuals who appear on the monthly file for the first time between July and December 2007 will be deemed eligible for the LIS for the remainder of 2007 and all of 2008.

An individual continues to get the LIS during the full deemed/redeemed period, even if she loses Medical Assistance. So, if an individual is a dual eligible in 2007 and was redeemed for the LIS in 2008, she will continue to get the LIS for the full 2008 calendar year even if she loses her Medical Assistance coverage at some point before the end of 2008.

Individuals who were deemed eligible for the LIS in 2007 but who do not appear on the July or August files sent by the state will receive a notice on **grey** paper from Medicare telling them they no longer automatically qualify for the full LIS in 2008. These notices were sent this month and include an LIS application that can be completed to apply for any LIS in 2008. **Individuals who receive the grey notices from Medicare are strongly encouraged to re-apply for the LIS as it is likely that many will be eligible for a full or partial subsidy in 2008.** Please note: Individuals who receive these notices but who then go back on Medical Assistance at some point before the end of the year should appear on a monthly file and be deemed eligible again for the full LIS for 2008. However, individuals who get this notice from Medicare and who do not get any Medical Assistance benefits for the remainder of the year will lose their LIS on December 31, 2007 unless they apply for this help and are approved.

Individuals who continue to automatically qualify for the LIS but whose co-pay level will change in 2008 will get a notice on **orange** paper in October. Individuals who continue to qualify for the LIS at the same co-payment level will not get any notice.

Redeterminations

Starting late August, the Social Security Administration mailed the "SSA Review of Your Eligibility for Extra Help" redetermination forms to certain individuals who are not dual-eligibles (and were not automatically eligible for the LIS) but who had been approved for the LIS by SSA. The redetermination process includes an initial redetermination of selected individuals who were approved for the LIS between May 2006 and April 2007. SSA selected individuals whom it believed had experienced a change

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affecting their eligiility for the LIS. In addition, SSA is also doing cyclical redeterminations of a random sample of beneficiaries approved for the LIS by SSA prior to May 2006.

Beneficiaries selected for the initial and cyclical redetermination should have received the redetermination form between September 10, 2007 and September 25, 2007. Beneficiaries must complete the redetermination form within 30 days and submit it to the Wilkes-Barre Data Operations Center in the enclosed pre-paid envelope for processing. **A beneficiary must complete and submit the completed form, even if nothing has changed**. This is different from the redetermination process used last year.

Any change to the LIS status based on this review will take effect January 1, 2008. Individuals who no longer qualify for the LIS based on the redetermination review or whose LIS level will change in 2008 will receive notice from SSA and have the opportunity to appeal this decision. Individuals who continue to qualify for the LIS at the same level in 2008 will not receive a notice. Individuals who have previously been approved for the LIS by SSA and who were not selected for redetermination will continue to receive the LIS in 2008.

If you have any questions about the LIS redeeming or redetermination processes, please contact the PA Health Law Project HELPLINE at 1-800-274-3258 or 1-866-236-6310 (TTY).

Study Finds Harrisburg Nursing Homes Eighth Most Segregated in the Nation

A national study conducted by researchers at Temple University and Brown University has found that Harrisburg, Pennsylvania's nursing homes are the eighth most segregated in the country, ranking between St. Louis and Toledo. The study, which was published in the September/October issue of Health Affairs, found that across the country, when blacks gain access to nursing homes, they tend to be in facilities of poorer quality. The research found that nationally, black nursing home residents were 1.41 times as likely to be in a facility cited with a deficiency causing actual harm or immediate jeopardy to residents, and 1.70 times as likely to be in a nursing home that was subsequently terminated from Medicare or Medicaid.

The study, which was supported by the Commonwealth Fund, is published at a time when the Consumer Subcommittee of Pennsylvania's Medical Assistance Advisory Committee has been pushing the state to require nursing facilities to collect data on applicants, in furtherance of its civil rights monitoring obligation. On July 30, 2005 DPW published proposed regulations which would have imposed such a requirement. However, the regulations were never made final.

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Would you like to get this newsletter by e-mail?

If so, contact staff@phlp.org to change the way you get the Health Law PA News!

New Medicaid Tamper Resistant Prescription Pad Rules

Starting October 1, 2007, all written prescriptions for Medicaid recipients in the fee-for-service (including ACCESS Plus) system must be on "tamper proof" prescription pads. This provision was included in Section 7002(b) of the U.S. Troop Readiness, Veterans Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007. The provision was designed to produce cost savings and was inserted into the bill as a budgetary balance to a one year delay in limiting payments to public hospitals. On September 17, 2007 state Medicaid directors and 100 other organizations sent a letter to Congressional leaders requesting a one-year delay in the rules.

This new rule will apply to all written prescriptions for outpatient drugs, including over-the-counter drugs, covered by the Medicaid program (regardless of whether the prescriber is enrolled in the MA Program). In addition, the requirements apply regardless of whether Medicaid is a primary or secondary payor for the prescription. The rule also applies to all written prescriptions for medications covered by the Medicaid program for dual eligibles (those with both Medicare and Medicaid). If a person fills a prescription when she is not on Medicaid, and subsequently becomes Medicaid eligible, the prescription must be re-written on tamper proof paper in order for Medicaid to cover the refills.

The requirements do not apply to prescriptions that are covered through a Medicaid managed care plan. Other exceptions include:

- prescriptions written in nursing facilities, or intermediate care facilities for the mentally retarded or "other specified institutional settings."
- refills of prescriptions when the original prescription was written and presented to the pharmacy on or before September 30, 2007.
- prescriptions transmitted to a pharmacy either by telephone, fax, or electronic transmission. However, electronically printed prescriptions must be printed on tamper proof paper.

Pharmacies will be permitted to dispense an emergency supply of a medication, consistent with Medicaid law, as long as a verbal, faxed, electronic, or tamper-proof prescription is provided to the pharmacy within 72 hours. This applies to all medications except controlled substances (Schedule II narcotics) because Pennsylvania law requires a written prescription for these medications.

During the first year of implementation, PA has decided to accept tamper proof prescriptions that have ***any*** of the following characteristics:

- features designed to prevent unauthorized copying of a blank prescription;
- features designed to prevent erasure or modification of information written on the prescription;
- features designed to prevent the use of counterfeit forms.

After October 1,2008, prescription pads must have ***all*** three features.

The Department of Public Welfare recently issued an MA Bulletin with information about the new requirements and a list of authorized suppliers of tamper proof prescriptions (Bulletin number 99-07-16) . This bulletin can be found on the Department's website, www.dpw.state.pa.us. A list of Frequently Asked Questions (FAQs) is also posted on the Department's website.

The Center for Medicare and Medicaid Services' letter to State Medicaid Directors and FAQs on the new law can be found at: http://www.cms.hhs.gov/DeficitReductionAct/30_GovtInfo.asp.

Please feel free to copy and post or distribute this announcement.

PHLP
Pennsylvania
Health Law Project

Medical Assistance Transportation Program (MATP) Basics Training

Learn how MATP works in Philadelphia and gain helpful tips in obtaining MATP services

Wed. October 10, 2007
10:00 -11:30 AM
Philadelphia

Call The Pennsylvania Health Law Project
Help-Line to Sign Up —1-800-274-3258 or 1-866-236-6310/TTY

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Help-Line to Sign Up —1-800-274-3258 or 1-866-236-6310/TTY
Email: staff@phlp.org

Visit us online at www.phlp.org !!

Location

Philadelphia Bar Association
1101 Market Street—11th Floor
Philadelphia, PA

Note: Arrive early and Bring Photo ID to get through Building Security

Medicare Establishes New "Exceptional Circumstance" Special Enrollment Period

In July, the Centers for Medicare & Medicaid Services (CMS) announced a new Special Enrollment Period (SEP) to address situations where someone enrolled in a Medicare Advantage Plan based on misleading or incorrect information provided by plan employees, agents, or brokers. Individuals who enrolled in Medicare Advantage Plans under these circumstances can contact Medicare at 1-800-MEDICARE (1-800-633-4227, voice or 1-877-486-2048, TTY) to request this SEP. Medicare representatives will grant these requests on a case-by-case basis. If individual's requests are granted, Medicare will help these beneficiaries enroll in another plan option (if needed). Individuals seeking retroactive enrollment changes should note this when requesting this SEP.

If you have questions about this SEP, please contact our HELPLINE at 1-800-274-3258 (voice) or 1-866-236-6310 (TTY).

Room to Grow Project

The Room to Grow is a project funded by the William Penn Foundation that will address comprehensive developmental screening for young children covered by Medicaid and CHIP. The project will work in two phases. At the policy level, Room to Grow will be guided by a Steering Committee of key stakeholders representing medical providers, social services organizations, state program officials, consumers and consumer advocates. The Steering Committee will address policy and programmatic issues throughout this feasibility study. At the pediatric practice level, the project will work with four pilot sites to test the implementation of developmental screening using validated tools and to collect data on the impact on the office staff, provider interaction, specialty referrals, and parent satisfaction.

For more information about this project, contact Ann Bacharach, Special Projects Director, at ABacharach@phlp.org.

Upcoming Mailings to Medicare Beneficiaries

It is fall and that means Medicare beneficiaries will start to receive lots of information about Medicare Part D. Below is a list of the various information people on Medicare will receive. Beneficiaries should read any information they receive carefully. If they do not understand the information, they should ask a family member, friend, or advocate for help.

September

- Social Security Letter to Review Eligibility for Extra Help/LIS (see page 4)
- Loss of Deemed Status Letter (Grey paper) (see page 4)

October

- Plan marketing materials for 2008 (mailings start October 1st)
- Notice to individuals whose plans are terminating in 2008 (should receive by October 2nd)
- Change in Extra Help/LIS Co-payment Letter (Orange paper) (see page 4)
- Plan Annual Notice of Change detailing changes in the formulary, benefits, and costs for 2008 (consumers should receive this by October 31st from their current plan)
- Medicare & You 2008 Handbook

Update on the Medical Assistance Preferred Drug List

Pennsylvania has had a Preferred Drug List (PDL) for Medicaid fee-for-service (non-HMO) recipients since October of 2005. The Preferred Drug List identifies the medications in designated classes that are covered by the Medicaid fee-for-service system without a need for prior authorization. The PDL also lists "non-preferred drugs" that require prior authorization before being covered by Medicaid. At the present time, the PDL does not apply to Medicaid recipients who are in Medicaid managed care. Each managed care organization has its own formulary (list of covered drugs) and rules for coverage.

The Pharmacy and Therapeutics (P&T) Committee of the Department of Public Welfare decides which drugs are included on the PDL and whether a drug is designated as preferred/non-preferred. This committee meets quarterly to review medications new to the market, new information on older medications, and additional information that might affect the status of a drug or the prior authorization requirements for a drug. Committee members include practicing community primary care physicians and psychiatrists, physicians employed by DPW, pharmacists and physicians from the managed care plans, and consumer representatives. The committee membership is listed on the Provider Synergies website (see below). The committee looks at medical evidence to determine what medications are safe and effective for treating each condition. If several medications are equally safe and effective, then the cost of the medication is considered.

The Pennsylvania PDL, and the prior authorization requirements, are available online at http://providersynergies.com/services/medicaid/pennsylvania.html. This is the website of the state's contractor for the PDL, Provider Synergies. This website has the list in Adobe Acrobat format, and also in a web look-up format. This website also lists the dates of upcoming Pharmacy and Therapeutics Committee meetings, and classes of drugs to be considered at the next meeting.

Because the Pennsylvania PDL functions somewhat differently from managed care formularies and prescription benefits, there are some important facts to remember:

- Not all classes of medications are subject to the Preferred Drug List. For example, many over-the-counter medications, such as acetaminophen or Tylenol, that are covered by Medicaid, are not on the list. The Pennsylvania PDL lists medications as "preferred" or "non-preferred." If a medication is not listed at all on the PDL, it should be covered and the pharmacy should fill it without a problem.
- DPW will not accept faxed or electronic prior authorization requests, nor can it accept requests from pharmacists. The physician must call. These requirements are listed on the DPW website at http://www.dpw.state.pa.us/Health/MAPharmProg/003675357.htm.
- There are a few instances on the Pennsylvania PDL when a brand name is preferred over a generic. This decision has been made on a cost basis, and not a quality basis. The Pharmacy and Therapeutics Committee has

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agreed with national medical experts that because generic medications must meet the same safety guidelines as brand name drugs, lower cost generic medications are usually preferred over brand names when they are available. However, in a few instances a brand name manufacturer has offered DPW a better (lower) price than the generic, and the brand name is covered and the generic is not. If you are denied a drug that you or your doctor believes is on the list, ask the pharmacist to check both the brand and generic names.

What can consumers do to get the medications they need?

- If it is a new medication, ask your doctor to check if it is on the PDL. If it is not, ask your doctor if there is an equally good medication that is on the list.
- If your doctor gives you a sample of a new medication, and then writes a prescription for that same medication, beware! One reason that generic medications are cheaper is that generic companies do not spend money on advertising to doctors or patients, and do not give out samples. Although the sample may seem free, it will be trouble when you try to fill a prescription. If you will need to fill a prescription for the sample, ask your doctor if it is on the PDL. If not, ask if there is an equally good medication, even if he or she does not have samples.
- If it is on the PDL but requires "clinical preauthorization" that means that DPW needs information from your physician to confirm that you have a particular medical condition and/or that you have previously tried other medications for the condition that have not worked.
- If you are denied a medication, you can appeal the denial in writing within 30 days of the denial of the prior authorization. If you were previously getting the medication, and you appeal within 10 days, DPW will continue to pay for the medication until the appeal is decided.

If you are denied a medication that you and your doctor or nurse believe that you need, call the Pennsylvania Health Law Project HELPLINE at 1-800-274-3258 (voice) or 1-866-236-6310 (TTY).

PHLP staff are available in Southeastern PA to conduct trainings on Part D to help social service agencies and their clients navigate the Part D system. Trainings focus on the rights that dual eligibles have under Part D and the appeals and grievance processes that are available to all Part D enrollees.

To learn how to help get your clients' needs met through Medicare Part D, contact the PHLP HELPLINE to schedule a training (1-800-274-3258 voice or 1-866-236-6310 TTY). Please let us know if you require any special accommodations for persons with hearing and/or vision needs.

Survey Says:
PHLP Callers are Satisfied

As most our readers know, the Pennsylvania Health Law Project (PHLP) is a statewide center of legal expertise and advocacy devoted to helping low income, elderly, and Pennsylvanians with disabilities gain access to quality health care. PHLP is a private, nonprofit (501(c)(3)) corporation with offices in Philadelphia, Harrisburg and Pittsburgh. The services provided at PHLP are free to individuals who qualify and include representation, education and advice. PHLP has eight attorneys, three paralegals, one physician consultant, and one special project director that help thousands of individuals annually in accessing coverage and services through Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other publicly funded healthcare programs. PHLP staff helps consumers when an insurer refuses to pay for medical services, or turns down a prescription from a physician, or when the state denies a request for home and community based waiver services and insists that they enter a nursing home. The staff at the PHLP answer questions, represent clients, and negotiate agreements.

For over 20 years, the mission of the PHLP has been to tear down the barriers to healthcare that stand in the way of those most in need. The population that PHLP serves is quite diverse. We serve healthcare consumers who are lower-income, who are elderly, and who have disabilities and their advocates; we help healthcare providers who are trying to assist their patients; and we assist other legal services attorneys who want to help their clients.

Recently, a Drexel MPH student conducted a phone interview survey of 50 randomly selected PHLP clients who had called our toll-free helpline. The information obtained through the questionnaire was for the most part, very positive.

- 100% of those surveyed reported that they were satisfied with the attitude and professionalism of the PHLP staff member who assisted them.
- 98% of those surveyed reported that the staff person who assisted them demonstrated genuine interest and concern regarding their issue.
- 92% of those surveyed reported that they were satisfied with the help they received from PHLP staff.
- 92% of those surveyed reported that their call to the helpline was returned in a timely manner.
- 88% of those surveyed reported that the issue, concern, or problem about which they called PHLP was able to be resolved directly by staff or the advice of staff.
- 96% of those surveyed reported that they would contact PHLP again if they ever needed additional assistance AND that they would refer others to contact PHLP for assistance.

PHLP Welcomes New Staff

The Pennsylvania Health Law Project is proud to announce the addition of **Sipi Gupta, J.D.** to our small family. She joins PHLP as a Martin Luther King Jr. Fellow through the Pennsylvania Legal Aid Network (PLAN). This fellowship will support Sipi's work for two years. She earned her J.D. from the Temple University Beasley School of Law and her M.A. in Applied Sociology from the University of Maryland, Baltimore County, where she completed a thesis on Physician Attitudes toward Managed Care.

Before coming to PHLP, she worked for Community Legal Services in Philadelphia as a Martin Luther King, Jr. Summer Intern in the Public Housing Unit. In addition, Sipi participated in the Legal Advocacy for Patients and the Elderly Law Project clinical courses as a student at Temple. She is particularly interested in helping Pennsylvania's uninsured access available healthcare through existing but under-publicized and often disregarded charitable and free care requirements.

Ann Bacharach joins PHLP as the Special Projects Director for the Room to Grow Project (see page 8). She has worked on maternal and child health issues, with a focus on Medicaid, for the past 20 years, including the enactment and implementation of Pennsylvania's CHIP statute. She is the former Project Director for Pennsylvania's Covering Kids and Families Initiative and most recently worked on Food Stamp outreach for the Greater Philadelphia Coalition Against Hunger.

PHLP also says farewell to Jennifer Nix. We wish her well in her new position as Director of Government and Policy Affairs at the New Jersey Coalition Against Sexual Assault in Trenton, NJ.

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