



# JAMES “TIGER” MORTON CATASTROPHIC ILLNESS COMMISSION

2023 Annual Report

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Since 2000, the James “Tiger” Morton Catastrophic Illness Commission (Commission) has provided lifesaving interventions to more than 1,829 West Virginians. The Commission is a last resort for those in dire need of medical assistance where the risk of death is imminent, and no other resources are available. Six Commissioners are appointed by the Governor and include a doctor, lawyer, social worker, nurse, and two members-at-large.

The Commission makes direct payments to providers through the West Virginia Department of Health and Human Resources’ (DHHR) Medicaid program, administered by the Bureau for Medical Services (BMS), for individuals who are not eligible for Medicaid benefits yet cannot afford to pay costs associated with catastrophic illness. Many West Virginians live just above the federal poverty level; they cannot afford insurance and are not eligible for State assistance. Given the greater prevalence of severe illness and disease among the West Virginia population compared to other states, the mission of the Catastrophic Illness Commission is vital. (*See Appendix.*)

The Commission’s executive director consults with BMS and hospital charity care programs to determine if applicants are eligible for those programs. Before receiving assistance from the Commission, an eligible applicant must apply for and be denied coverage by Medicaid and attempt to obtain health insurance coverage through the Marketplace (healthcare.gov) or private insurance options.

Assistance provided by the Commission includes lifesaving medical treatments and related travel costs. Assistance is capped at \$200,000 for medical services and \$5,000 for transportation costs. Examples of covered expenses include:

- Proven and accepted medical procedures, such as surgery, organ transplants, and chemotherapy;
- Medication that prevents rejection after a transplant or recurrence of a life-threatening illness; and
- Gasoline, lodging, airfare, and car rental costs to medical facilities for patients to receive treatment or for related medical appointments.

Through direct financial assistance and referrals to other programs, the Commission assisted 129 individuals in the calendar year 2023 (January 1 through December 4). Ten additional applications are projected through the end of December. Partnering programs include the American Cancer Society, Angel Flight, Patient Advocate Foundation, United Way, West Virginia Breast Health Initiative, local and state WV-DHHR offices, hospital financial counselors, regional community action agencies, hotels with discounts for medical treatment, and local cancer and chronic disease assistance programs. Prescription drug discounts and online medical co-payment assistance were also utilized. By working with these partners and available resources, the Commission maximizes the aid provided to clients.

A key objective of the Commission is to leverage scarce resources for maximum benefit. An example of leveraging can be seen in the Commission’s historical data: for every dollar billed to the Commission for providing lifesaving care to a West Virginia resident, the Commission pays only 20 to 25 cents by paying at Medicaid rates. Not only does the Commission save lives, but it saves money.

Examples of continuing assistance provided in 2023:

- 62 year-old male with colon cancer; provided medical assistance until other coverage began
- 42 year-old male with throat cancer; received medical treatment and travel assistance
- 68 year-old female with colon cancer and kidney disease; received travel assistance
- 31 year-old female with breast cancer; received transportation for treatment

- 63 year-old male with lymphoma; received medical treatment
- 48 year-old female needing a liver transplant; received travel assistance
- 40 year-old male with brain cancer; provided travel assistance

General revenue funds of \$60,164 were allocated to the Commission by the West Virginia Legislature in SFY 2022. With the expected increase of individuals receiving assistance from the Commission, the allocated amounts for SFY 2023 and 2024 were \$120,852 and \$373,424 respectively. The Commission's overall spending authority for SFY 2024 was raised to \$536,984. Funds are used for salaries, operating expenses, client medical assistance, and related travel expenses.

The number of applications for assistance decreased by half in 2020 due to a reduction of referrals.<sup>1</sup> However, the dollar amount of medical claims received by the Commission did not decrease until 2021, as demonstrated in the chart below. Applications increased in 2022 and 2023 (see chart on last page), as did travel expenses in 2022 and 2023 and medical expenses in 2023 due to a robust public relations campaign and the lifting of the Public Health Emergency related to COVID-19 allowing Medicaid to disenroll members who no longer qualify.

<b>James "Tiger" Morton Catastrophic Illness Commission Financial Snapshot: SFY 2019 - 2023</b>		
<b>Medical Claims Received from Providers</b>	2019 \$1,361,486 (approx.) 2020 \$1,386,770 (approx.) 2021 \$ 154,377 (approx.) 2022 \$ 55,674 (approx.) 2023 \$ 55,364 (approx.) (amt. already \$98,884 in SFY 2024)	increase of 100% from SFY 2018 (was \$677,365) increase of 1.85% from 2019 decrease of 89% from 2020 decrease of 64% from 2021 decrease of .006% from 2022
<b>Medical Claims Paid by Medicaid on behalf of the Commission*</b>	2019 \$ 282,964 (approx.) 2020 \$ 235,726 (approx.) 2021 \$ 60,200 (approx.) 2022 \$ 10,593 (approx.) 2023 \$ 25,279 (approx.)	increase of 60% from SFY 2018 (was \$176,638) decrease of 16.7% from 2019 decrease of 74.5% from 2020 decrease of 82.5% from 2021 increase of 238.6% from 2022
<b>Travel Costs Paid by the Commission</b>	2019 \$ 13,191 (approx.) 2020 \$ 15,898 (approx.) 2021 \$ 4,579 (approx.) 2022 \$ 11,751 (approx.) 2023 \$ 14,494 (approx.)	decrease of 40.5% from SFY 2018 (was \$32,253) increase of 21% from 2019 decrease of 71.5% from 2020 increase of 257% from 2021 increase of 23.4% from 2022

\*Payment amounts do not include outstanding claims returned for corrections.

Since October 1, 2015, the Commission has reduced operational costs as the executive director assumed the additional duties of a second DHHR Commission. Salaries and office expenses were shared equally until October 23, 2022. Due to recommendations made in the 2022 Legislative Audit on the Commission, the Commission executive director position was restored to a full-time position and all salaries and office expenses will now be covered by the Commission budget. The full Legislative Audit Report is available online at [https://www.wvlegislature.gov/legisdocs/reports/agency/PA/PA\\_2022\\_743.pdf](https://www.wvlegislature.gov/legisdocs/reports/agency/PA/PA_2022_743.pdf).

Under 26 U.S.C §170, the Commission can accept tax-deductible contributions, gifts, property, and grants from both private and corporate donors. To date, requests to multiple foundations and charitable organizations were made without any success. The Commission has also reached out to political subdivisions within the state. One county responded to a request for aid with two \$3,000 grants, and similar requests have been made to additional political subdivisions. Despite these efforts, the Commission believes that the majority of funds necessary to continue providing services will have to come from budgetary resources, such as legislative appropriations. The Commission will continue to provide educational presentations and materials at

conferences, outreach events, and online media outlets to increase awareness about the Commission’s services for West Virginians with life-threatening illnesses.

The chart below identifies by county West Virginians who received both in-kind assistance and financial assistance from the Commission. One hundred nine individuals received in-kind assistance, and 39 were covered/waitlisted for assistance in 2019; 37 received in-kind assistance and 34 were waitlisted for assistance in 2020; 25 received in-kind assistance, and 10 were waitlisted/covered for assistance in 2021; 36 received in-kind assistance, and 16 were covered in 2022; and 108 received in-kind assistance, and 21 were covered in 2023.<sup>1</sup> These numbers do not include individuals the Commission continues to assist from previous years or applications taken after December 4, 2023.

**Catastrophic Illness Commission Clients: Calendar Years 2019, 2020, 2021 2022, 2023**

County	2019	2020	2021	2022	2023	County	2019	2020	2021	2022	2023	County	2019	2020	2021	2022	2023
Barbour	3	1			2	Kanawha	14	10	4	5	11	Pleasants			1		
Berkeley	4	1		4	6	Lewis	1				2	Pocahontas	1			2	1
Boone	1	1	2	1	1	Lincoln	1	2			3	Preston	1			1	
Braxton		1			1	Logan	3	2			2	Putnam	5		1		6
Brooke	2		1	1		Marion	3		1		3	Raleigh	15	3	8	5	8
Cabell	3	2		3		Marshall	2			2	1	Randolph	3	3			
Calhoun					1	Mason	2	3				Ritchie					6
Clay	1	1		1		Mercer	1	4	3		4	Roane				1	
Fayette	6	6	2	5	8	McDowell				1	3	Summers	2	1	1		2
Grant	1	1	1			Mineral	1				3	Taylor	1			1	
Greenbrier	5	2		3	4	Mingo	2	2	1		3	Tyler		1			1
Hampshire	2				1	Monongalia	4	4	1		4	Upshur	1			1	2
Hancock	2	1				Morgan		1				Webster	4	1			1
Hardy	4	1		1	3	Monroe	6				1	Wetzel	2				2
Harrison	12	3		1	6	Nicholas	4	1	2	2	4	Wood	7	1		2	5
Jackson	2		2	1	6	Ohio	1	1			1	Wyoming	3	2		1	1
Jefferson	2	1				Pendleton	1			1		Unknown	7	7	4	4	10
												<b>TOTAL</b>	<b>148</b>	<b>71</b>	<b>35</b>	<b>50</b>	<b>129</b>

The Commission remains committed in its efforts to continue assisting West Virginians with catastrophic illnesses who are without other resources to enable them to receive the life-saving treatment they need.

***James “Tiger” Morton Catastrophic Illness Commission Members***

**Jacques Williams**, Attorney, Chair, Monongalia County  
**Sandra Cotton**, Registered Nurse, Monongalia County  
**John Davidson, Jr.**, Member-at-Large, Kanawha County

**Patricia Davis**, Member-at-Large, Hampshire County  
**Frances Roberts-Buchanan**, Social Worker, Cabell County  
**Dr. Victoria Shuman**, Physician, Greenbrier County

<sup>1</sup> From November 2019 to October 2021, the Commission utilized a waitlist for new applicants due to the anticipated obligations of current clients. The waitlist was lifted in October 2021, and the Commission resumed accepting eligible clients for financial assistance with medical services and related travel.

## Appendix

### West Virginia Data on Individuals with Chronic Diseases and Life-threatening Illnesses, Including Cardiovascular Disease and Cancer

In 2022, West Virginia had some of the highest prevalence rates of cancer, angina/coronary heart disease, heart attack/myocardial infarction, and stroke. This data is from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). Of note, these are not diagnoses made in 2022, but adults reporting they had **ever** had this diagnosis.

Among West Virginia adults 18 years of age and older, prevalence of ever been diagnosed with:

- Cancer (non-skin cancer): 10.8% reported they had ever been diagnosed, highest rate among all states and D.C.; compared to the national median rate of 8.3%
- Heart attack/myocardial infarction: 7.8% reported they had ever been diagnosed, highest rate among all states and D.C.; compared to the national median rate of 4.5%
- Stroke: 5.6% reported they had ever been diagnosed, highest rate among all states and D.C.; compared to the national median rate of 3.4%.

According to the CDC Interactive Atlas of Heart Disease and Stroke (<https://www.cdc.gov/dhdsp/maps/atlas/index.htm>):

- WV had a higher rate of avoidable heart disease and stroke deaths per 100,000 than the national rate; WV rate is 83.5 per 100,000 and U.S. rate is 59.7 per 100,000. (This data included the years 2018-2020 (most recent available), among all genders, all races/ethnicities, and included all ages under 75.)
- WV had a higher rate of coronary heart disease deaths; WV rate is 244.1 per 100,000 and U.S. rate is 176.4 per 100,000. (This data included the years 2018-2020, all genders, all races/ethnicities, and included ages 35+.)
- WV had a higher rate of heart failure deaths; WV rate is 218.9 per 100,000 and U.S. rate is 184.3 per 100,000. (This data included the years 2018-2020, all genders, all races/ethnicities, and included ages 35+.)

The National Institutes of Health (NIH) National Cancer Institute provides state profiles which have more information on state cancer **incidence** (<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=westvirginia>):

- **Age-adjusted incidence rates by cancer site, all stages (2016-2020):**  
All cancer sites: WV rate 482.4 per 100,000 population per year; U.S. rate 442.3 per 100,000 population per year.
- **Age-Adjusted Mortality Rates by Cancer Site (2016-2020)**  
All cancer sites: WV rate 177.5 per 100,000 population; U.S. rate 149.4 per 100,000 population.

| During this time period (2016-2020), West Virginians had a higher incidence rate of cancer (all types), and also had a higher mortality rate of cancer (all types), compared to the U.S. rates.