

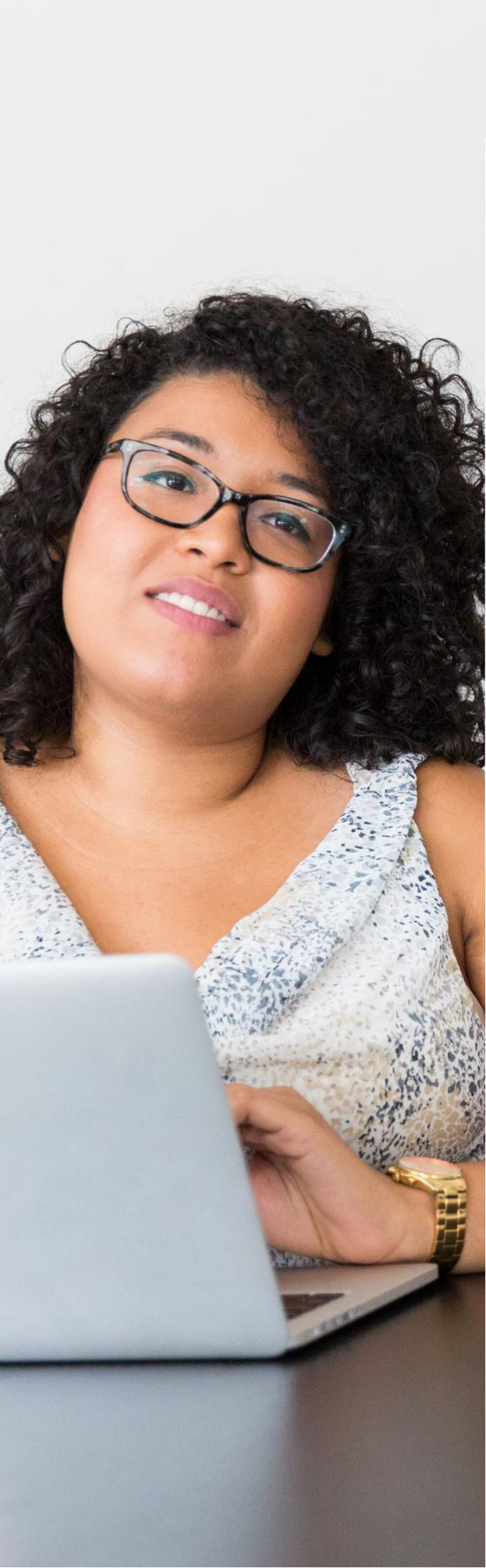
Impact Report

April - June 2022



PHILADELPHIA | PITTSBURGH

Helping People in Need Get the Healthcare They Deserve



OUR MISSION & VISION

PHLP is a 501(c)(3) non-profit law firm that represents Pennsylvanians who need help getting or keeping Medicaid and other publicly-funded health care coverage and services.

We serve thousands of individuals from across the state each year. We listen to our client's story and we translate their personal experience into a legal problem to be solved. Sometimes that means challenging a decision to deny or stop Medicaid benefits. We also challenge Medicaid plans when they reduce or deny services.

Taking what we learn from individual cases, we advocate for large-scale policy changes that help others across the state. We also build capacity among consumers, providers, and other advocates by getting out in the community to provide education and training. Using the law and advocacy, we ensure that Pennsylvanians meet their most basic needs and have a pathway to opportunity.

Our Team

Laval Miller-Wilson

Executive Director

Caroline Rivera

Project Administrator

Kyle Fisher

Managing Attorney

Katy McKee

Supervising Attorney

Marissa LaWall

Supervising Attorney

Pamela Silver

Supervising Attorney

Janice Meinert

Paralegal

Erin Guay

Paralegal,
Compliance Officer

David Gates

Senior Counsel

Danna Casserly

Director of Development
and Communications

Amy Lowenstein

Director of Policy

Jessica Osler

Director of Intake

Jake Lee

Staff Attorney

Lauren Dempsey

Intake Paralegal

Miguel Strunk

Paralegal

Catharine Arranz

Paralegal

2022

Quarter 2: At a Glance



Through our statewide Helpline, we served hundreds of individuals from across Pennsylvania during the months of April, May, and June. We listened to our client's stories and we translated their personal experiences into legal problems to be solved. Sometimes that meant challenging a decision to deny or stop Medicaid benefits. We also challenged Medicaid plans when they reduce or deny the services our clients need to live healthy, full lives, such as in-home nursing, personal assistance services, and van modifications. Here is this quarter at a glance:

294

Clients received free legal services

44

Advocates received technical assistance

30

Community education materials created & trainings delivered

342

Consumers received community partner referrals



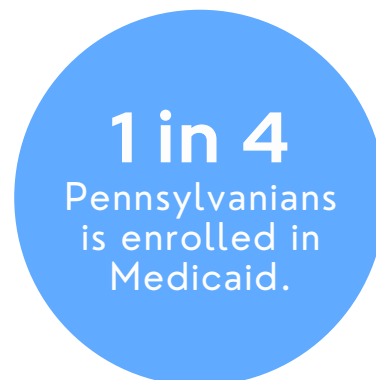
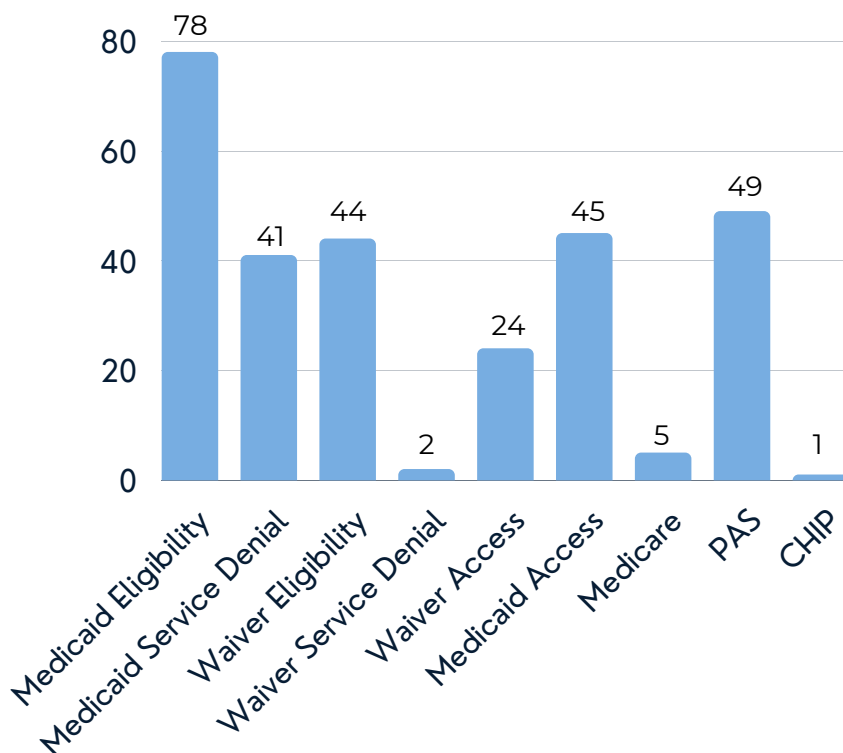
Accessing Services

Client Spotlight: Gracie

Gracie is a 14-year-old girl with Cerebral Palsy and Epilepsy. She uses a feeding tube for all her nutrition and is non-verbal. Gracie's grandmother, her only caregiver, called PHLP after Gracie was denied 24 hours a day of in-home skilled nursing care. The requested nursing hours were intended to be used temporarily to care for Gracie while her grandmother recovered from surgery, a process that her grandmother's doctor said would take at least three weeks, yet Gracie's health plan did not think the nursing care was medically necessary for the full three-week recovery period; they authorized just 3 days of 24-hour care—not nearly enough to ensure Gracie's health and wellbeing while her grandmother recovered. Uncertain about what to do and in desperate need of help, Gracie's grandmother tried to get by without the 24-hour help after the three days. She ended up knocking on neighbors' doors for assistance with caring for Gracie. That is when Gracie's grandmother called PHLP.

Due to the urgency of the situation, we immediately began working with Gracie's home health agency and pediatrician to get the 24-hour care reinstated for the full three weeks. We requested an expedited hearing and contacted the health plan's legal counsel to discuss the matter. In just a few days, we were able to settle the case without the need for a hearing after the health plan agreed to authorize 24-hour per day nursing care for the remainder of Gracie's grandmother's recovery. Our work settling the case allowed Gracie to receive the care she needed and her grandmother the time and assistance she needed to recover from surgery.

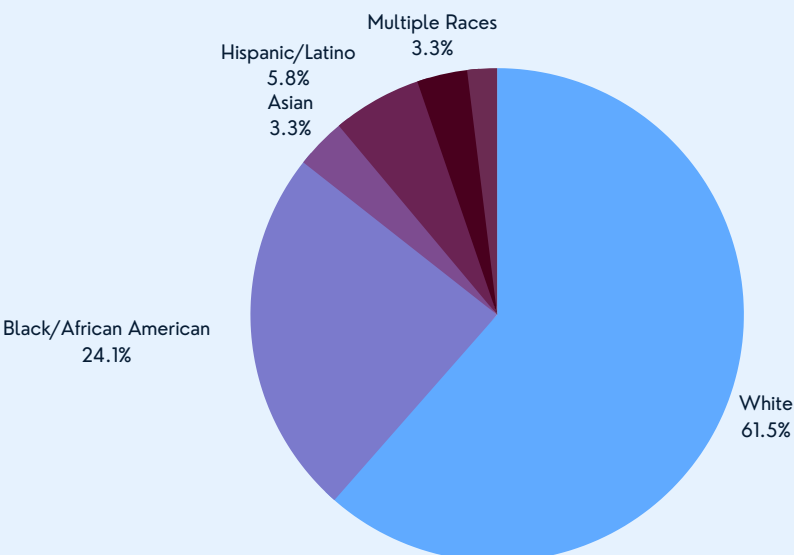
Cases Closed By Legal Issue



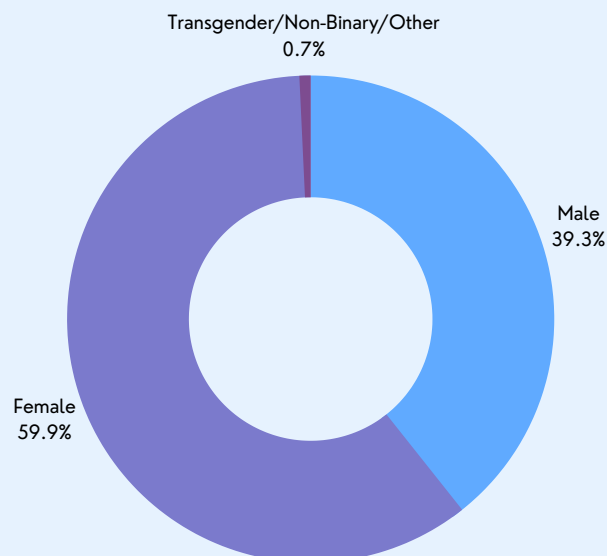
3.5 million

Pennsylvanians are on Medicaid. We offer them a place to turn when they have trouble accessing life-saving and life-sustaining healthcare in the Medicaid program.

Clients by Race/Ethnicity



Clients by Gender



Community Education

We use our knowledge of the law and our experience working with clients to train advocates, healthcare providers, social workers, and consumers on a wide range of healthcare related topics. Our trainings range from Medicaid 101 to more in-depth topics like crafting successful strategies for appeals, writing letters of medical necessity, and more. We offer both in-person and web-based trainings.

26

Trainings
presented

4

Consumer
education
guides created

**"PHLP helped to explain
the laws in a way that
was easy to understand."**

- Webinar participant

Where do our clients live?

Adams	5	Cumberland	7	Montour	1
Allegheny	103	Dauphin	17	Northampton	11
Armstrong	7	Delaware	31	Northumberland	4
Beaver	8	Erie	13	Perry	5
Berks	6	Fayette	2	Philadelphia	162
Blair	4	Franklin	1	Potter	1
Bradford	1	Huntingdon	1	Schuylkill	7
Bucks	23	Indiana	6	Somerset	3
Butler	5	Lackawanna	13	Sullivan	1
Cambria	4	Lancaster	14	Union	1
Cameron	2	Lawrence	2	Venango	4
Carbon	6	Lebanon	4	Warren	1
Centre	4	Lehigh	7	Washington	11
Chester	19	Luzerne	17	Wayne	4
Clarion	3	Mckean	2	Westmoreland	16
Clearfield	5	Mercer	8	Wyoming	2
Columbia	1	Monroe	10	York	18
Crawford	3	Montgomery	51		



Medicaid Overpayment

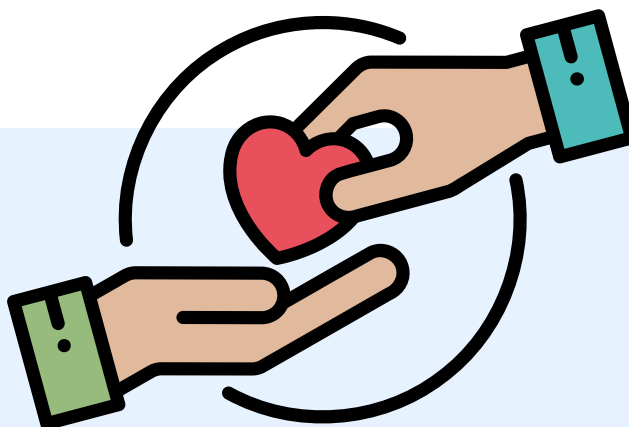
Client Spotlight: Marion

Marion, a senior, was a nervous wreck when she called PHLP for help. The reason for her concern: she just received a bill from the state Medicaid program for over \$4,000! The bill, known as a Medicaid Overpayment, claimed that Marion had to pay back the cost of her health care for a two-week period back in January when, according to the state, Marion did not qualify for Medicaid but continued to receive it. They claimed she was ineligible for Medicaid during those two weeks because she sold her home and failed to report the proceeds from the sale to her Medicaid caseworker. Marion was adamant that she did, in fact, report the proceeds from the sale, but she could not on her own cut through the red tape and get anyone at the state to listen.

Luckily, once Marion connected with PHLP, we investigated and immediately saw that the \$4,000 Overpayment was an error. While awaiting a hearing on the matter, we pointed out to Marion's caseworker that no Overpayment actually existed as the state claimed it had, since the proceeds from the sale of Marion's home would not have made her ineligible for Medicaid regardless of whether they were reported. In order for an Overpayment to be valid, the state must show that the failure to report resources such as the proceeds from the sale of a home would have had a material impact on the person's

Client Spotlight: Marion

Medicaid eligibility. Here, it was clear that this was not the case. Furthermore, we argued, the ongoing COVID-related public health emergency (PHE) meant that the state could not collect an Overpayment, even if it were valid. We pointed this out and the state agreed, allowing us to settle the matter without the need to go to a hearing. Marion is so relieved that she no longer faces a \$4,000 bill, and thanked PHLP for helping her through such a complicated process.



Support Our Work!

Your donation helps us support people like Marion, who rely on PHLP's free legal services to help cut through red tape.

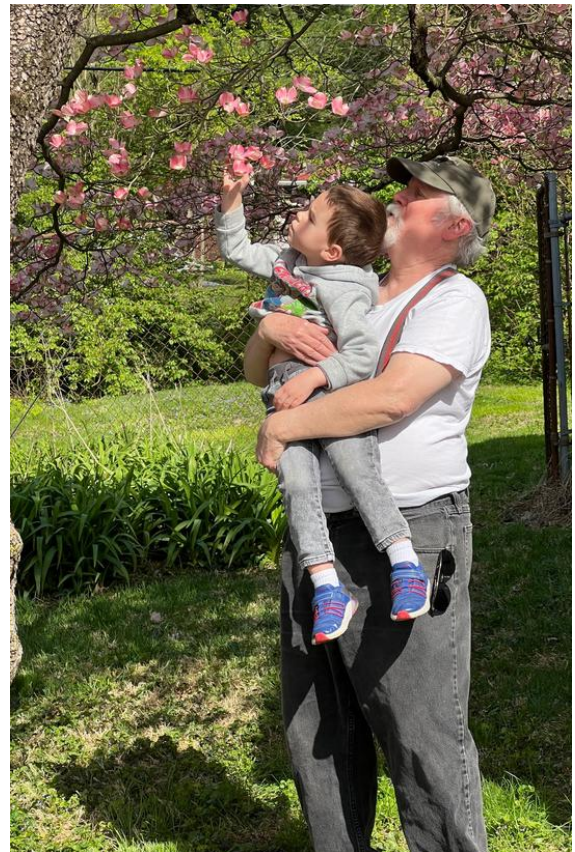
Visit our [website](#) or scan the QR code with your mobile phone to make a donation today. Your support means the world to us.



A Retirement Farewell: David Gates

We are at once happy and sad to announce the retirement of one of our organization's co-founders, David Gates, Esq. During his three decades with PHLP, David provided legal counseling and representation to tens of thousands of individuals across the state, helping them get and keep health care coverage and services. David devoted his entire professional life to organizations like ours which are committed to advocating for the health and well-being of vulnerable populations, having worked, prior to PHLP, for the Bucks County Welfare Rights Organization, Bucks County Legal Aid, the late Pennsylvania State Senator Roxanne Jones of Philadelphia, and the National Health Law Program (NHeLP).

During his tenure at PHLP David worked on some of the most significant laws advancing health care for vulnerable Pennsylvanians including: drafting HB 20 of 1991 that created the Children's Health Insurance Program (CHIP); drafting regulations implementing the Managed Care Act (known as Act 68 of 1998); and testifying before both chambers of the Pennsylvania General Assembly (i.e., the Senate Banking and Insurance Committee, the House Human Services Committee) in support of the Autism Insurance Law (known as Act 62).



David has delivered hundreds of well-received trainings for people with disabilities, their family members, advocates, and health care providers to build knowledge and capacity within the community. He has served on the Board of Directors for the Pennsylvania Assistive Technology Foundation (PATF), the Center for Independent Living of Central Pennsylvania, and Philadelphia Family Voices.

continued on next page

A Retirement Farewell: David Gates

David is a sublime lawyer who has directly and successfully represented thousands of Pennsylvanians with disabilities and their families in need of health insurance coverage and services at trial and in appeals before the Pennsylvania Department of Human Services, the Insurance Department, the Common Pleas Court, Commonwealth Court, Superior Court and the Pennsylvania Supreme Court, the federal district courts for the Eastern and Middle Districts, and the Third Circuit Court of Appeals.

David has been a wonderful colleague, friend, and mentor to current and past PHLP staff. While his retirement represents a true loss to the disability rights and the public interest legal communities, PHLP is honored to continue David's legacy of championing the health care rights of the most



vulnerable people in our state. We hope you will join us in wishing David good health, happiness, and fulfillment during his retirement.

Support Our Work!

Your donation helps us continue David's legacy of fighting for equal access to healthcare for vulnerable Pennsylvanians. Visit our website or scan the QR code with your mobile phone to make a donation today.





Accessing Services

Client Spotlight: Abigail

18-year old Abigail has a spinal cord injury that gives her no use of her hands and causes her to rely on a power wheelchair for mobility. Abigail's mom first contacted PHLP for assistance with Abigail's transition into the OBRA waiver, a program offered to adults with disabilities in Pennsylvania. We assisted in outreach to the waiver enrollment broker to clarify what additional documentation was needed for her approval in the OBRA waiver. Once we confirmed which documents were missing, we worked with Abigail's family to make sure they were submitted timely, and she was approved for the OBRA waiver. Now that she's on the OBRA waiver, Abigail has access to supports in her home and community that will help her live a fulfilling and healthy life.

Yet not long after being approved for the OBRA waiver, Abigail's health plan denied her home health aide services, which she needs in order to attend Dickinson College in the fall to help complete her activities of daily living like bathing, dressing, and using the bathroom. We helped Abigail's mother file an appeal challenging this denial, and we worked with Abigail's doctor to gather supporting medical records and letters showing why she needed the home health aide services being requested. Within 48 hours of submitting the new information to the health plan, they approved Abigail's home health aide services! She can now attend college with the supports she needs and is very grateful to PHLP for our assistance.

WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS

In late 2021, we launched a pilot program to survey our clients about their experience working with PHLP. Launching this pilot program was a thoughtful, important process that allowed us to hear directly from our clients about what we're doing well, areas we can improve, and what getting help from PHLP meant to our clients. A copy of the survey questions can be found [here](#). Here are excerpts from the survey findings received this quarter:



"I would recommend PHLP's services to other people."

23%



Agree

77%



Strongly Agree



"As a result of PHLP's help, my situation or life has improved."

Strongly Agree 64%

Agree 26%

Neutral 9%

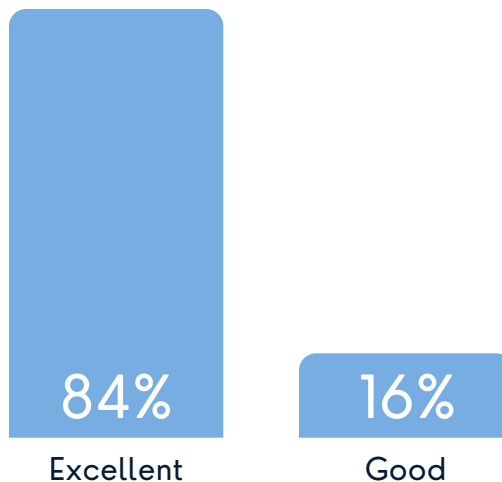
WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS



"My PHLP lawyer or paralegal listened to me."

95%

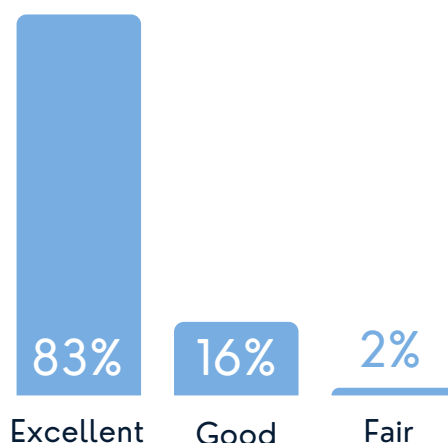
of clients report a favorable result in their case thanks to PHLP.



On average, survey respondents rated our intake response time as 4.8 out of 5.



"My PHLP lawyer or paralegal explained my case and legal options available to me."



WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS

★ What did getting legal help from PHLP mean to you?

It took a big burden off of me. I don't have to worry about my healthcare now.

Helped save my MAWD and long term care waiver

It meant everything. Prior to speaking with PHLP we did not feel we got a fair hearing.

Everything! Its scary trying to maneuver the red tape in government.

It meant I got my daughter's to occupational therapy service to continue that she much needed.

Without their help I would not have been able to get my issues resolved in my favor. I can't thank them enough.

Because of Lauren Dempsey's competence and conscientious effort, I was able to get the exact specific version of Medicare coverage I needed, even though the process was complicated.

Jamelia worked so hard on my behalf and is extraordinarily professional, conscientious, kind, intelligent, and thoughtful. I really felt that my health and life were imploding when Jessica connected me with your program. I have a much better chance of succeeding as a result of the efforts by PHLP.

Life-changing.

Janice Meinert Named Professional of the Year by the Mental Health Association of Washington County

We are proud to announce that our very own Janice Meinert, a paralegal in PHLP's Pittsburgh office, was named Professional of the Year by the Mental Health Association of Washington County. The award was presented to Janice on May 15th at the MHA's 55th Annual Dinner Awards. Congratulations on this wonderful achievement, Janice!



Platinum
Transparency
2022
Candid.

PHLP Receives Candid's Platinum Seal of Transparency

We are proud to have earned a 2022 Platinum Seal of Transparency from the non-profit database Guidestar (now Candid). The Platinum seal indicates that PHLP has provided all information requested for maximum transparency to donors, including recent

financial documents, demographic and diversity information about our staff and board members, and metrics demonstrating the multi-year impact of our work and progress toward the fulfillment of our mission. View PHLP's [profile on Guidestar](#) to see the complete information. PHLP is committed to maximum transparency and trustworthiness with donors and with the public. Thank you for your support!



PHOTO COURTESY OF ANDREW HOWARD | PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION (PATF)

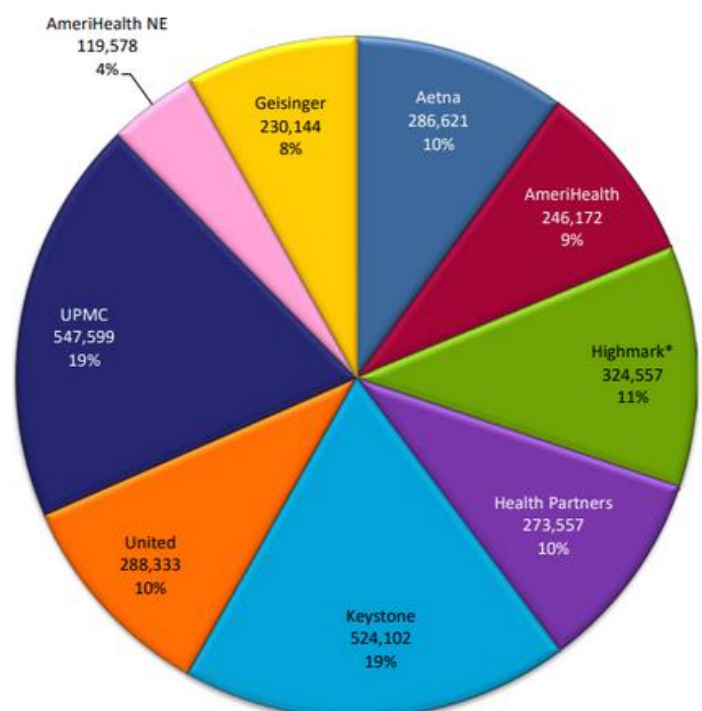
Our Policy Work

HealthChoices Procurement

This September, Pennsylvania's Department of Human Services (DHS) plans to make unprecedented changes to the HealthChoices physical health insurance plans available to consumers on Medicaid in Pennsylvania. Just over 400,000 people will need to change their health insurance plan by August 16th. An estimated 2.4 million additional people will have the opportunity to make a health plan change at this time if they wish.

This quarter, PHLP continued its involvement in weekly workgroup meetings with DHS leadership to provide invaluable consumer feedback during the procurement process. This workgroup allows consumers a seat at the table during a time of incredible upheaval for hundreds of thousands of households. Our work in this area will continue in the coming quarters as the September implementation date nears.

**Total HealthChoices
Enrollment in April 2022:
2,840,663**

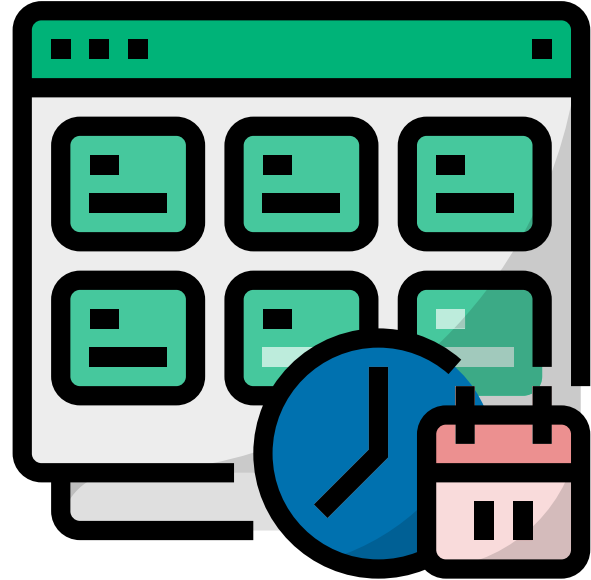


Source: PA Department of Human Services Enterprise Data Warehouse – Updated 4/08/22

Advocacy Around FMS Transition

This quarter, PHLP continued to monitor the transition to a new financial management services provider for Community HealthChoices (CHC) participants getting home and community based services through the self-directed model of care. Working with members of the Consumer Subcommittee of the Medical Assistance Advisory Committee and other advocates, we continued to push for improvements during the

transition process. As a result, the new provider (Tempus Unlimited) offered trainings in Spanish and American Sign Language, expanded customer service staffing and hours to include evenings and weekends, and offered in-person drop-in sessions across Pennsylvania. Our advocacy also continued to push the CHC plans to offer individualized support through Service Coordinators and other staff to ease the burden on participants who struggled to sign up for and use the new systems to record and approve time. We also quickly identified problems and challenges people were having using the telephone system to record and approve time. These problems were ultimately corrected making that system more consumer friendly.



Unwinding the Public Health Emergency (PHE)

During the COVID-related federal public health emergency (PHE) most people have stayed on Medicaid even if they did not renew or they would normally be ineligible. When the PHE ends sometime in 2023, this continuous Medicaid eligibility will unwind – the approximately 900,000 individuals who are still on Medicaid only because of the PHE will have their eligibility redetermined at the same time everyone else on Medicaid will go through their normal annual renewal.

Almost a year ago, PHLP and other advocates began outreach to the Department of Human Services (DHS) to provide recommendations on its preparations and plans for the PHE unwinding from the perspective of the one stakeholder group that would be most impacted – Medicaid recipients.



Because an unprecedented number of individuals have become eligible for and stayed on Medicaid since the PHE began, it is critical that Pennsylvania plan for the large number of renewals it will need to process during the unwinding of continuous Medicaid when the PHE ends. Allocating sufficient time, staff and other resources to redeterminations is critical to ensuring people who continue to be eligible for Medicaid are not erroneously terminated.



After a handful of ad hoc meetings, in April 2022 DHS was convinced to convene regular workgroup meetings with participants and participant advocates regarding the PHE unwinding. Since the workgroup began PHLP has coordinated participant advocates' feedback on and recommendations for the PHE unwinding and have had a number of success, including our proposed revisions to consumer facing notices and materials being adopted,

DHS' agreement to accept participant address changes from their managed care plans instead of needing to separately verify the new address, and identifying approximately 30,000 children who were erroneously flagged as likely ineligible for Medicaid when the PHE ends.

Unfortunately, we are still deeply concerned that our number one priority – allowing for a twelve-month period to unwind continuous coverage, has not been adopted and Pennsylvania is continuing with plans to conduct renewals in just six months, which is all that the Pennsylvania legislature budgeted for. This short time frame adds almost 40,000 individuals to the usual monthly renewal caseload without any provision for increased staff to handle the volume.

PHLP will continue to advocate for Pennsylvania to take the full twelve months available to conduct Medicaid renewals when the PHE ends and other policies to minimize the high risk of harm to individuals if the unwinding occurs too swiftly.

Advocating for Improvements to the External Review Appeal Process

When a Medicaid health plan denies a service, individuals have several appeal options including the right to ask the plan to reconsider its decision and, if that is unsuccessful, to have an independent external review of the denial. Access to an external review is an important right, but individuals have for a long time had challenges receiving accurate information about how to fully access the process.

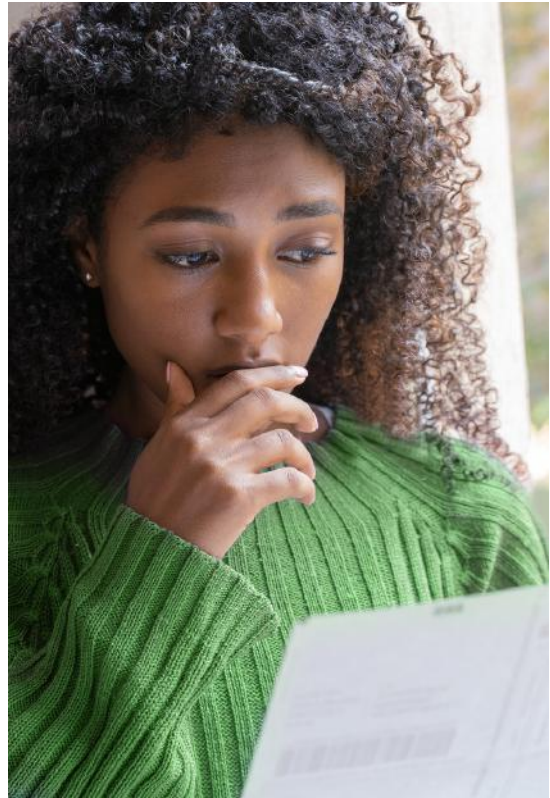
When the PA Insurance Department (PID) recently became the agency overseeing the external review process. It began engaging PHLP on how to improve the process and make it more consumer friendly. Our advocacy with PID resulted in several small victories this quarter.



In May, PID announced it would take over from the Medicaid health plans responsibility for notifying Medicaid recipients of their assigned external appeal reviewer. Since the COVID public health emergency (PHE) began, the health plans had been making this notification themselves, resulting in inconsistent processes, inaccurate and confusing information, and prejudicial delays in

participants receiving notification of their right to provide additional information to the entity performing the external review.

In addition, PID finally resolved an issue regarding how much notice a participant should receive of the right to provide additional information in support of an external appeal. Finding a resolution was complicated by a poorly drafted governing statute, but PHLP successfully persuaded PID that participants should receive affirmative information about the right to provide additional information, 20 (as opposed to 15) days to provide such information to account for mail delays, and a date certain when the information is due so they would not have to make the calculation themselves.



Monitoring "Informal Supports" in the Community HealthChoices (CHC) Program

As shared in last quarter's report, we were successful in advocating for the 2022 Community HealthChoices (CHC) Agreement to include language requiring people who provide uncompensated care to CHC participants to be "willing, able and available" to do so, and for service coordinators to provide detailed documentation regarding these "informal supports" when conducting service planning. Nevertheless, one CHC health plan's conscription of family into providing informal supports continued this quarter. That plan repeatedly reduced and denied personal assistance services (PAS) based on assumptions that any family member within the participant's orbit was able and willing to provide care, without pay.

Our Policy Work

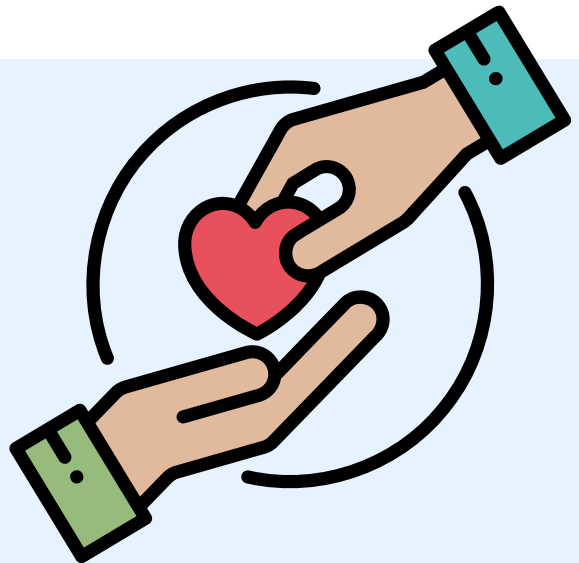


We shared with the Office of Long-Term Living (OLTL) multiple examples in which a CHC plan denied or cut PAS, stating informal supports were available despite evidence they were not. OLTL leadership agreed this problem with the plans had persisted for too long. Soon after, we began seeing improvements in the plans' assessments of informal supports, yet we continue to monitor and report deficiencies to OLTL as they arise.

Support Our Work!

Your donation helps us continue fighting for Medicaid policies that promise the most to those in greatest need.

Visit our [website](#) or scan the QR code with your mobile phone to make a donation today. Your support means the world to us.





Accessing Services

Client Spotlight: Kenny

Kenny is a senior citizen from South Philadelphia. Ever since he was paralyzed in a car accident in 1989, he has lived independently with home care, a power wheelchair, and other adaptive equipment. For many years, this has included a fully electric hospital bed, which enables him to transfer independently between his bed and chair, as well as an incline platform lift that helps move him down his front steps in his power wheelchair. However, both his bed and the lift were starting to show their age after nearly two decades of use.

Kenny first requested a new hospital bed to replace his older model, which was starting to make a lot of noise and was showing signs that it would break down soon. One technician said it was so old that they weren't even sure they could find parts to fix it if it stopped working. Unfortunately, Kenny's health plan denied the new bed, insisting on additional information from a physical therapist, even though they already had significant documentation about Kenny's functional needs. The health plan's decision was then upheld by an external reviewer. That's when Kenny contacted PHLP for help. We worked with Kenny, his doctors, and the medical equipment supplier to give the health plan additional information supporting the need for a fully electric hospital bed. After reviewing the updated documentation, the health plan finally approved and delivered a new bed!

Client Spotlight: Kenny

Unfortunately, before Kenny even had the chance to celebrate this win, his 21-year-old incline platform lift broke down. Without the lift, Kenny was stuck in his home, dependent on his direct care workers to do his grocery shopping and run other errands he was used to doing himself. Kenny submitted an urgent request to his health plan for a new lift. We advised Kenny throughout the process to help him make sure his request was being handled promptly and appropriately, but Kenny proved to be a strong and proactive advocate on his own behalf. Thanks primarily to Kenny's persistence, the health plan quickly approved and ordered a new lift. Kenny had to wait several months for the new lift to be

delivered, but finally, his new lift was delivered at the end of June, just in time to enjoy the beautiful summer weather. Kenny says, "I appreciate

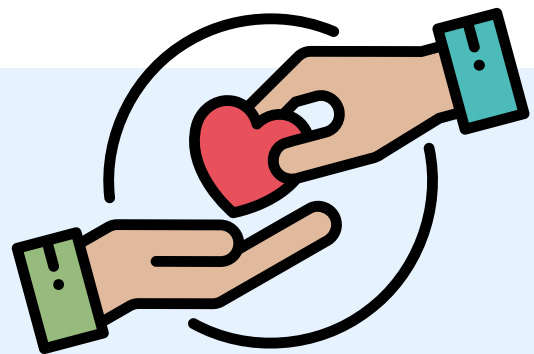
"I appreciate everything the Health Law Project has done for me. I would have never gotten my bed or the lift without your help!"

everything the Health Law Project has done for me. I would have never gotten my bed or the lift without your help!" Kenny is looking forward to getting outside and catching up on all the things he has missed while waiting for his new lift, including doctor's appointments, shopping, and visiting the barber shop.

Support Our Work!

Your donation helps us support people like Kenny, who rely on PHLP's free legal services.

Visit our [website](#) or scan the QR code with your mobile phone to make a donation today. Your support means the world to us.



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Your donation helps support thousands of families who rely on PHLP's legal support to fight for the healthcare they need.

Visit our [website](#) or scan the QR code with your mobile phone to make a donation today. Your support means the world to us.



Impact Report

April - June 2022

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