



Expanding Health Care in Virginia

A Toolkit for People of Faith and Goodwill

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FACT SHEET: Virginia's Health Care Coverage Gap

What is Virginia's health care coverage gap?

Approximately 400,000 low-income residents would be eligible for health care coverage if Virginia were to draw down federal Medicaid dollars. About half of these Virginians fall into the health care coverage gap, meaning they are not eligible for the state's existing Medicaid program, but they don't earn enough to qualify for subsidies on the health care exchange. The Affordable Care Act allocated federal Medicaid dollars – budgeted through our taxpayer dollars and healthcare industry fees – to close the gap. But Virginia is leaving our money on the table and denying its citizens comprehensive health coverage by refusing to close the coverage gap.

Virginia has a very restrictive state Medicaid program. To qualify, a family of three can't earn more than \$10,464 per year, and an individual can't qualify unless he or she is pregnant, elderly or disabled no matter how little he or she earns. To qualify for health care subsidies on the federal health care exchange established by the Affordable Care Act, a family of three must earn at least \$20,160 and an individual must earn at least \$11,880. Those who fall somewhere in between -- a family of three with an income from \$10,465-\$20,159 or an individual with an income below \$11,880 -- get stuck in Virginia's health care coverage gap. These are working Virginians and their families, including more than 25,000 veterans or their spouses.

Why does Virginia have a health care coverage gap?

Virginia is one of 19 states that has not expanded its Medicaid program or used Medicaid dollars to establish a Virginia plan to cover those people who fall in the gap. Coverage under the Medicaid expansion became effective January 1, 2014 in all states that have adopted the Medicaid expansion except for the following: Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), Indiana (2/1/2015), Alaska (9/1/2015), Montana (1/1/2016), and Louisiana (7/1/2016). Arkansas, Indiana, Iowa, Michigan, Montana, and New Hampshire have approved Section 1115 waivers for the Medicaid expansion. Wisconsin covers adults up to 100 percent of the federal poverty level in Medicaid but did not adopt the ACA expansion.

Why hasn't Virginia addressed the coverage gap?

Unfortunately, there are several political factors that have made expanding health care coverage controversial among Virginia legislators. Many in the General Assembly do not like the Affordable Care Act, and others do not want to give the governor a win on his campaign promise to access this funding to close the coverage gap.

Some legislators say they believe the Affordable Care Act, which sets aside this money for closing the coverage gap, will be overturned. They argue that the General Assembly shouldn't work on creating a program that may disappear. Although it is likely that the Affordable Care Act will be changed, whether the Democrats or Republicans win the White House or Congress, it is unlikely, given how effective the Affordable Care Act has been in helping uninsured Americans get health care, that the provision of government-subsidized healthcare will go away. The U.S. remains the only industrialized country in the world without a comprehensive national health care program. Although the Affordable Care Act does not create a comprehensive solution to American's health care crisis, it does represent a giant leap

forward in addressing coverage issues. Cost issues still remain a concern in the American health care marketplace given our private sector payment system.

Many legislators say they are concerned that the federal Medicaid dollars won't be adequate and any expansion of health care coverage will be a drain on Virginia's budget. But through 2016, the federal government paid for 100 percent of Medicaid expansion. From 2017 through 2021, the federal government slowly reduces its contribution to 90 percent of the cost and stays at that level of contribution, providing an average of \$2.1 billion annually in new federal funding. This would result in a projected 15,700 new jobs and \$68 million in new tax revenues. On top of these revenues, Virginia could save \$1.55 billion over the next six years by paying for some of the services, such as hospital care for the poor and prisoners, as well as community mental health services.

Some argue that Virginia can't trust the federal government to keep paying the 90 percent match. However, Virginia could legislate that if the federal matching funding is not available, the Virginia program would go away. More importantly, Medicare and Medicaid turned 50 years old this year and the Federal government has never reduced its level of funding. In fact, has frequently increased the funding levels for these programs. Virginia does not turn away money from the federal government for transportation, education, defense, or other services. Virginia should take federal money that will improve the health and well-being of hard working Virginians.

The Virginia Interfaith Center for Public Policy believes that expanding health coverage for Virginians will be a win for all of us and the state's economy. The General Assembly has the opportunity to develop a Virginia specific program that builds upon Virginia's history of being pragmatic in addressing the state's problems.

Why should Virginia close the coverage gap?

Closing the coverage gap will:

- ***Provide comprehensive health care for approximately 400,000 Virginians*** who work in low-paying jobs and their families. Currently, most people in the coverage gap only go to clinics and emergency rooms when they have a crisis. This means their chronic problems are not addressed and problems are not caught and dealt with in their early stages. Providing comprehensive health care is the smart, compassionate and cost-effective thing to do to help the Commonwealth's residents.
- ***Help address the state budget deficit.*** Virginia is facing a serious budget deficit (estimated at \$266.3 million). Drawing down federal Medicaid dollars to expand health care would effectively eliminate this deficit since federal dollars could be used instead of state dollars for some vital services.
- ***Create approximately 16,000 new jobs.*** Drawing down federal Medicaid dollars will bring money to hospitals, clinics, and community-based providers and is estimated to result in adding 16,000 new health care jobs in the state.
- ***Save rural hospitals.*** Many rural hospitals are in jeopardy of closing down because they don't have enough paying customers. Some hospitals, like Lee Regional Medical Center, have already

closed down, leaving their communities without an accessible hospital and vital medical services. Most of these hospitals could stay open if Virginia expanded health coverage so that hospitals could be reimbursed for the coverage they provide to low-income Virginians.

Would Virginia have to expand Medicaid?

No. Virginia, like many other states, can create its own plan, apply to the Center for Medicaid and Medicare Services for a waiver, and tap into the federal Medicaid dollars to fund it. In 2014, several Republican Senators introduced a Virginia plan for closing the health care coverage gap by drawing down federal Medicaid dollars, but their colleagues would not support it. Virginia should take advantage of these federal dollars, but should create its own plan if that's what legislators want.

What's happening with Medicaid growth in other states?

Every state, including Virginia, has a state Medicaid program that provides health care for low-income people. Most of the traditional Medicaid services are reimbursed on a 50-50 basis, with the federal government contributing 50 percent and the states picking up the remaining 50 percent. All state Medicaid budgets are growing primarily because of the increase in older people who need long-term care, which is very expensive. States that have expanded coverage using the "new" federal dollars for Medicaid have had slower rates of growth in their traditional Medicaid programs than those that have not drawn down these new expansion Medicaid dollars. The money for expanding health care via using Medicaid dollars that was approved in the Affordable Care Act is paid to states on a 100 percent basis initially and then drops to 90 percent. There will be some people, particularly children, who currently qualify for Medicaid but they or their parents don't realize it and, therefore, become enrolled in Medicaid under the current match rate when they enroll. This is not a bad thing since they would now receive regular care.

Doesn't Virginia already invest in free health clinics and community health centers to provide care for uninsured people?

Virginia increased the state funds for free health clinics from \$3.1 to \$6.2 million and for community health centers from \$2.1 to \$3.1 million, which was helpful in trying to meet the State's tremendous need for health care for low-income, uninsured residents. However, the great services provided by these safety net providers is no substitute for the comprehensive health coverage that could be provided if Virginia took the billions of federal dollars to close the existing gap. Moreover, these dollars could then be used to provide critical services, such as dental care and case management, which will continue to be needed in our communities.

What Faith Groups Say About Expanding Health Care Coverage

The faith community is united for its concern for the health and well-being of all God's people. The following statements are a sampling of the faith community's support for providing health care coverage to all.

BAPTISTS

American Baptists

"As American Baptists we affirm and support programs, legislation, research and other formulations which help develop a new comprehensive health care delivery system which provides quality services for all people. 1. Make health care resources, private and public, available in keeping with the total needs of people, rather than on the basis of economic, geographic or racial factors; 3. Provide equitable health care for all residents of the U.S.A. by eliminating financial barriers."

Baptist General Convention of Virginia

"The Baptist General Convention of Virginia and its Social Justice Commission and Health Ministry stand with the Virginia Interfaith Center for Public Policy, Virginia Consumer Voices for Healthcare and all others in this group of supporters to encourage legislators to close the coverage gap....We must provide for those in need of care whenever it is in our power to do so. I say to our legislators, that it is in your power to relieve the distress and suffering of many families by closing the Medicaid coverage gap. Medicaid expansion provides an opportunity for the Commonwealth to bring much needed medical care to thousands of our citizens. To deny expansion reflects a lack of care and concern for the most vulnerable persons in Virginia."

CATHOLIC

"Catholic teaching supports adequate and affordable health care for all, because health care is a basic human right. Health care policy must protect human life and dignity, not threaten them, especially for the most voiceless and vulnerable. Health care laws must respect the consciences of providers, taxpayers, and others, not violate them. Coverage should be truly universal and should not be denied to those in need because of their condition, age, where they come from or when they arrive here. Providing affordable and accessible health care that clearly reflects these fundamental principles is a public good and moral imperative."

CHURCH OF THE BRETHEREN

"As tangible evidence of the covenantal nature of our Christian faith, all persons should receive adequate health care as a basic human right and as a reflection of personal dignity; that - The responsibility for fulfilling the right to adequate health care rests not only with the individual and society, but with government as an instrument of society; that - Brethren should support legislation that promotes adequate health care for all."

DISCIPLES OF CHRIST

General Minister and President Sharon Watkins has spoken out on the issue of health care reform a number of times. She wrote a letter to the Church reminding Disciples that Jesus' ministry was one of healing, of bringing life to the dying, sight to the blind, and wellness to the sick. In the letter, she called on Disciples to contact their Senators and Representatives asking for affordable, accountable, and inclusive health care.

EPISCOPAL

"The Episcopal Church shall work with other people of good will to finally and concretely realize the goal of universal health care coverage; and be it further resolved, that church members and the Office of Government Relations communicate the position of The Episcopal Church on this issue to the President and Members of Congress, and advocate passage of legislation consistent with this resolution."

JEWISH

The Union for Reformed Judaism

"One Biblical word stands for three concepts. Tzedek speaks of social justice, charity and righteousness. Thus the personal, the philanthropic and the social are inextricably linked in the tradition. The ultimate meaning of Tzedek is not to be determined by how those of affluence or influence fare, but by how the least among us, the widow, the orphan, the elderly and the poor manage in our society."

"THEREFORE, BE IT RESOLVED that the Union of American Hebrew Congregations urge enactment of state and federal legislation in the United States.

- A. To insure that all Americans whether or not able to provide for themselves are guaranteed essential health care coverage.
- B. To guarantee affordable health insurance coverage in the event of catastrophic illness."

Religious Action Center

"Providing health care is not just an obligation for the patient and the doctor, but for society as well. It is for this reason that Maimonides, a revered Jewish scholar, listed health care first on his list of the ten most important communal services that a city had to offer to its residents (Mishneh Torah, Hilchot De'ot IV: 23). Almost all self-governing Jewish communities throughout history set up systems to ensure that all their citizens had access to health care. Doctors were required to reduce their rates for poor patients, and when that was not sufficient, communal subsidies were established (Shulchan Aruch, Yoreh Deah 249:16; Responsa Ramat Rahel of Rabbi Eliezer Waldernberg, sections 24-25.)"

The Rabbinical Assembly

"Whereas Jewish law mandates that the community provide affordable health care, as evidenced in a responsum on Medical Issues:

Whereas the Committee on Jewish Law and Standards of the Conservative Movement passed a teshuvah (responsum): ‘Responsibilities for the Provision of Health Care’ in 1998 that concluded, ‘The community bears ultimate responsibility to assure provision of needed health care for individuals who cannot afford it, as a matter of justice as well as a specific halakhic obligation.’;”

“Whereas the Rabbinical Assembly has consistently resolved to support health care reform (2002 and 2008);

Whereas the Rabbinical Assembly is a member of the Faithful Reform in Health Care Coalition and has endorsed its statement “in support of quality and affordable health care for all because we see it as a moral calling”; and”

“Therefore be it resolved that the Rabbinical Assembly support the Patient Protection and Affordable Care Act of 2010;...”

“Be it further resolved that the Rabbinical Assembly encourage the United States Congress to continue to promote a system of health care that is inclusive, affordable, accessible and accountable.”

Jewish Community Relations Council of Greater Washington

“For more than a decade, JCRC has advocated for healthcare reform that strives for universal coverage and addresses the special needs of low-income populations while implementing consumer protections, consumer education, strategies for cost containment, and adequate financing. We support expanding Medicaid eligibility and closing the coverage gap to provide healthcare for all Virginians in need.” JCRC of Greater Washington Virginia Legislative Agenda 2016

LUTHERAN

“Jesus was dedicated to alleviating the suffering of the sick and the poor, the hungry and the homeless. As people of faith we are called to live as Jesus did, accompanying the most vulnerable of our neighbors and serving our communities. As the [Evangelical Lutheran Church of America] social statement on economic life explains, ‘Economic life is intended to be a means through which God’s purposes for human kind and creation are to be served.’ [...] We ask that Congress fully fund the Affordable Care Act, ensure funding for Medicaid expansion, and avoid converting food assistance programs, such as SNAP, into block grants, which would cut the program by billions of dollars over several years.”

MENNONITE

“In July of 2005, the Mennonite Church USA delegates approved Healthcare Access Statement: Our Theology, which states that “Because the scriptural test of a just nation is how it treats its weakest members (Micah 6:8, Amos 5:24, Jeremiah 5:26-29) we will be clear and consistent advocates to policymakers on behalf of public health matters and access to healthcare for everyone.”

MUSLIM

"What actions are most excellent? To gladden the heart of human beings, to feed the hungry, to help the afflicted, to lighten the sorrow of the sorrowful, and to remove the sufferings of the injured."
Prophet Muhammed (Bukhari)

"And if anyone saved a life, it would be as if he saved the life of the whole people" Quran 5:32

PRESBYTERIAN

"We have personal moral responsibility for our health and concern for the health of others. We are stewards of God's creation and need to adopt healthier lifestyles. The church needs to continue to raise the issue of comprehensive, systemic health-care reform in support of the key values of access, quality, and affordability set forth in the Resolution on Christian Responsibility and a National Medical Plan (G.A. Minutes 1991)."

QUAKER

"We affirm health care as a right, regardless of employment or ability to pay. We support universal access to timely health care. We support preventive, curative, and palliative health care, using principles of chronic disease management when appropriate. To maintain and improve the physical and mental health of the entire population, health care must cover the entire life span. We recognize that substance abuse and domestic violence should be addressed as health care issues that require treatment. We advocate systems that provide for the fair distribution of health care resources."

UNITED CHURCH OF CHRIST

"The obligation to care for the health of the poor, universally recognized by religious organizations, is among this country's fundamental values and is furthered by the Affordable Care Act's expansion of Medicaid."

UNITED METHODIST

"The United Methodist Church is committed to health care for all in the United States and therefore advocates for a comprehensive health care delivery system that includes access for all, quality care, and effective management of costs."

UNITARIAN UNIVERSALISTS

"The Seven Principles of Unitarian Universalism guide our advocacy by supporting bills that ensure the inherent worth and dignity of every person are upheld and that there is justice, equity, and compassion with a goal for peace, liberty, and justice for all. Ensuring Virginians have access to high quality and affordable healthcare is a priority."

Meeting with your Legislator

Meeting with your state legislator is a great way to make your voice heard. Remember: legislators are elected officials who work for you! You can arrange a meeting to urge your legislators to take action on closing the coverage gap and ensuring that all Virginians have access to quality, affordable, accessible healthcare coverage.

Given how short the timeframe that General Assembly meets (mid-January to the end of February in odd years and mid-January to mid-March in even years), your elected leaders are usually in their districts. If you are part of a congregational group or a community organization, you can almost always schedule a meeting directly with the elected leader. It is usually better to meet directly with the elected leader rather than with a staff person. Below are some tips for a successful meeting.

PRIOR TO THE MEETING

Call VICPP/VCV. Talk with one of the VICPP/VCV team members to discuss talking points on expanding health care coverage, and what actions the legislator can take on the issue. If needed, our team can provide you with:

- The legislator's and aide's contact information, including office location and telephone number.
- Information on the legislator's position, voting record on health care coverage issues, and statistics about health coverage in the district.
- Personal stories of people that may be impacted by closing the gap within the legislator's district.
- Background literature on the issues.

Recruit participants. Invite people to join in the meeting who believe health care coverage should be expanded and who live in the legislator's district. Try to recruit community leaders, health care providers, clergy, lay activists and people who fall in Virginia's health care coverage gap who can speak to the need for the General Assembly to address this health care crisis. If you can find people who have been supporters of your target legislator and who support expanding health care coverage, invite them to join. VICPP/VCV have names of people in your district whom you can contact as well.

Schedule the meeting. Submit a written request or make a call to the legislator or aide. Sometimes the legislators control their own schedules, but usually their aides manage their scheduling. An aide can help you set a meeting date and arrange the logistics. Find a few possible dates that will work for most of your likely participants and then propose a few dates and times. Request an hour of the legislator's time. You may not need or get that much time, but it's best to request ample time for a substantial conversation. While it's hard to get that much time during the General Assembly, but it is possible in the district. As soon as the date and time are confirmed, make sure the likely participants get it on the calendar.

Schedule a planning meeting. Ideally, your group should meet in person ahead of time to review who will say what and to practice. Groups often do this an hour or two before the meeting, but it can be helpful to meet further in advance. You can do the planning meeting by conference call, but it is easier to get to know one another if the meeting is done in person. See if there is a congregation nearby where you can meet.

Prepare for the meeting. Think ahead of time about what you want to say and who will say it. Designate one person to facilitate the conversation, and be clear on each person's role in the meeting. Although you want to present some facts and statistics, the meeting should focus on how important closing the coverage gap is to constituents and to Virginia. Your goal is to convince the legislator that he or she has strong support in the district for expanding the coverage gap. Here is an outline of the points you'll want to touch on in the meeting:

- *Thank you.* Thank the legislator for the meeting. Acknowledge any past votes or statements in support of expanding coverage.
- *Opening prayer.* Have one of the clergy offer an opening prayer. Make sure the prayer is done in an inclusive manner so all faiths present feel included.
- *Introductions.* Ask each person in your group to introduce him/herself and explain a bit about his/her connections in the community. "My name is Camila Brown. I chair the social action committee at First Presbyterian Church and I am active in my neighborhood association." You are trying to demonstrate your group is well connected in the community and that the legislator should listen to you. This is not the moment to be overly modest.
- *Personal stories.* Recruit one or more people who fall in the coverage gap to share their stories. These personal stories matter to legislators, because they put a human face on the issue. It is much harder for a legislator to refuse to work on an issue when constituents affected by the problem are in front of him or her.
- *Importance of closing the gap.* Line up a couple of people to talk about why the issue is important. This is where you present a few facts about the number of people in the district who fall in the coverage gap, how important the money would be to local hospitals and how closing the gap could help local employers.
- *Political support.* Ask someone to suggest how you could support the legislator in stepping forth in to close the coverage gap.
- *Ask.* Think ahead of time about what your "ask" might be. Examples could include, "Will you support closing the coverage gap?" or "Will you remove the budget language prohibiting closing the coverage gap?" Talk with the VICPP/VCV staff about what the best "ask" might be.

- *Listen and respond.* Listen to your legislator’s point of view, questions and concerns and respond as best you can. If points are raised that you aren’t sure how to address, offer to follow up.
- *Share materials.* Bring copies of literature/pamphlets on the issue to leave behind. Be sure to bring enough copies for the legislator, aide, and supporters.
- *Identify takeaways and next steps.* Before you wrap up, summarize the conversation and key takeaways as best you can. “My understanding is that you are concerned about taking federal dollars for health care. We will follow up with information about other states that have taken federal dollars and what the economic impact has been.”
- *Thank the legislator.* Always thank the legislator for his/her time.
- *Take a photo.* Ask for a photo of your group with the legislator.

DURING THE MEETING

- Have a designated meeting place and time for the group of supporters to meet up.
- Be on time.
- Keep track of the time allotted. Stay focus on the rehearsed talking points.
- Always be polite and respectful. Remain calm and conversational – not argumentative. Allow the legislator to respond to points made.
- Clearly state the actions you would like them to take. Listen to and document the legislator’s response and comments.

AFTER THE MEETING

Debrief. Most groups debrief immediately after their visits. Find a coffee shop or place nearby where you can chat. What worked well? What would you do different next time? What immediate follow-up is needed? What will be needed more long-term to convince him or her to help in closing the coverage gap? What should be your group’s next steps?

Thank you. Send a thank you note to both the legislator and his/her and aide within 72 hours. Reiterate your concern about closing the coverage gap. Promise to follow-up on any concerns raised.

Report to VICPP/VCV. Someone should report to the VCPP/VCV staff what happened. You can send a written report, email or simply call. Be sure to share your thoughts on next steps.

Send follow up materials. If you promised to get information about the economic benefits to your community, send that information. VICPP/VCV staff can help you track down information your legislator might need.

Frame your photo. If you took a picture, enlarge it to a 5x7 or 8x10, frame it, and send a copy to the legislator. It will remind the elected leader of your group.

Maintain the relationship. No matter what happens, seek to maintain a relationship with your legislator and his or her aide.

Monitor actions and continue communicating. Do your best to monitor how your legislator is voting and public statements on closing the coverage gap. If the legislator says anything positive, in the media or a public setting, send an immediate note commending him or her. All legislators like to be praised and need to be encouraged when they are inching into new positions that they feel are politically risky. If the legislator does not follow through or opposed what was discussed, send a note to voice your concern or disappointment.

Continue organizing. If the legislator is not yet persuaded to close the health care coverage gap, you must organize more people to demonstrate the political support in his or her district. Have you gotten 100 personal letters to the legislator? Could you get five congregations to invite the legislator to speak to their social concerns groups about what he or she will be doing to help uninsured people in the district? How many people can you get to the legislator's town hall meeting to ask questions about the issue? Can you get other groups of people to meet with him or her on the subject? Don't give up. Organize!

Organizing a Letter-Writing Campaign in Your Congregation

Most elected officials pay close attention to what their constituents are thinking on any given issue. Letters, e-mails and calls to General Assembly members can be surprisingly effective in securing their support. When writing your legislator, be sure to:

- State at the outset that you are a constituent and include your full name and address, with ZIP code under your signature.
- Clearly state your reason for writing.
- Explain how the issue affects you or your institution. Personal anecdotes are always more effective than using a “form” letter.
- Cover only one topic per letter and keep your letter to one page.
- If you want a response, specifically ask for one.
- Thank the legislator.

SAMPLE LETTER TO A LEGISLATOR

[Date]

Dear Senator (or Delegate)_____:

[Introduce yourself and if you're a constituent, say so.] I am writing you today to ask for your support to close the health care insurance coverage gap that exists for 400,000 Virginians, including *[names]* right here in *[district]*. These members of our community often forego life preserving care and are forced to rely on hospitals or free clinics for health emergencies. Virginians in this healthcare coverage gap include low-income working adults, veterans, people with disabilities and those who are ineligible for Virginia's restrictive Medicaid program.

So far the General Assembly has not closed this healthcare coverage gap, despite the fact that all the costs for expanding coverage would be covered by federal tax dollars and would generate needed resources for Virginia, its hospitals and its residents. Virginia loses more than \$4.4 million per day by not addressing this need.

The faith community is asking all of our legislators to close the coverage gap because it is a moral imperative that we ensure quality health care for all Virginians. Will you provide leadership in the General Assembly to address Virginia's health care coverage gap?

Thank you very much for your time and for working to increase the number of Virginians with access to comprehensive health coverage.

Sincerely, *[Name and address below]*

Getting a Local Resolution Adopted

Closing Virginia's Health Care Coverage gap requires demonstrating to the General Assembly that there is widespread support for addressing Virginia's health care crisis. Statewide, there are 400,000 Virginians who fall in the health care coverage gap. Every city, town and county has residents who fall in that gap, and many elected officials are aware of the problem. People need care and hospitals and health care facilities are struggling to provide adequate charity care. Officials know that something needs to be done, but the decision on drawing down federal Medicaid dollars for a Virginia plan to close the coverage gap must be made by the General Assembly. However, local legislative officials can adopt resolutions calling upon the General Assembly to close Virginia's health care coverage gap.

All politics is local and each community has its own approach to getting things accomplished. The following are general guidelines for getting a local resolution adopted, but it's important to understand the specifics in your locality. Late summer and the fall are good times to try to get a resolution adopted, since the local budget season is over and local governing bodies will have more time for education on an issue and to consider a resolution. The following steps will help you get a local resolution adopted:

Identify and convene a group of local people who are interested in closing Virginia's health care coverage gap. Include members of the VICPP chapter, faith communities, Healthcare for All Virginians coalition organizations and their members, and others committed to similar values.

Review and update the proposed resolution. Add local specific numbers, which are available on the VICPP website in the health care section.

Develop a plan for approaching legislators. Who do you know who might sponsor such a resolution? Should you meet with multiple legislators? Do you need to organize a campaign to generate support? Are there other organizations that you need to engage in the work?

Meet with supportive legislators. Meet with legislators whom you think might sponsor the resolution. Ask for their support in developing the best strategy. For example, which other members should be approached for support, and when? Should you also approach the mayor or county administrator to ask him/her for support or assistance?

Develop a strategy. Think about a plan to pass the resolution that will build your organization and engage your members. How will you involve people in your group and community? What do you need to do to pass this resolution? Meetings with other elected leaders? Letter-writing? Letters to the editor? Decide who will do what to move the strategy forward.

Seek a vote on the resolution. Most of the time, you want to get a vote on your resolution, even if you might lose. If you lose, you will know who supports the resolution and who doesn't, so you can focus your energy and seek a future vote. Confirm the date the resolution will come up on the Council/Board agenda and make sure you will have plenty of supporters in the room when the resolution is being considered. Ask local people who are directly affected, as well as the area hospital and health care providers, to speak at the meeting. Invite the press to be there.

After the vote, send thank you notes to supporters and regroup. Meet with your activists to analyze what worked and what didn't. Follow up on any opposition if unsuccessful in order to prepare for another opportunity in the coming months.

SAMPLE RESOLUTION

RESOLUTION OF
_____, VIRGINIA
TO REQUEST THAT THE
GENERAL ASSEMBLY AND GOVERNOR OF VIRGINIA

ACCEPT FEDERAL MEDICAID FUNDING AND IMPLEMENT THE FULL EXPANSION OF HEALTH INSURANCE COVERAGE AS PROVIDED BY THE AFFORDABLE CARE ACT

WHEREAS, the City/Town Council/Board of Supervisors of _____, Virginia, represents all of the citizens of _____, Virginia; and

WHEREAS, _____ people in our City/County do not have health insurance coverage and would be eligible if Virginia accepted federal Medicaid funding to expand coverage; and

WHEREAS, Virginia's Medicaid program has very restrictive eligibility criteria that currently excludes approximately 400,000 low-income Virginians from receiving comprehensive, affordable health insurance coverage to provide for personal well-being and financial stability; and

WHEREAS, expanding Medicaid or creating a state solution to use federal Medicaid funding would be good for Virginia's economy - bringing \$6.2 million per day to the Commonwealth, resulting in billions of dollars to support the health care industry, jobs, and Virginia's overall economy, and dwarfing future projected costs to Virginia. The Department of Medical Assistance Services estimates that Virginia would see a net savings of \$265 million through state fiscal year 2022, with the state match being more than offset by savings in health care for prisoners, community mental health, indigent care, and other state funded health care services.

WHEREAS, expanding health care coverage would help Virginia's families by reducing debt (an estimate of \$600-\$1,000 for each individual who gained Medicaid coverage) and reducing personal bankruptcies by 8 percent (for a 10-percentage point increase in Medicaid eligibility).

NOW, THEREFORE, BE IT RESOLVED that the City/Town Council/Board of Supervisors of _____, Virginia, calls upon the General Assembly and the Governor of the Commonwealth of Virginia to fully accept Federal Medicaid funds and expand insurance coverage pursuant to the Affordable Care Act during the next regular session of the General Assembly.