



Balm In Gilead, Inc

Policy & Advocacy Snapshots

Policy Snapshot

Federal & State Legislative Issues for Communities

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A community-focused briefing on the policies shaping health, mental wellness, and economic security for Virginians with a special focus on what's at stake for Black, Indigenous, and communities of color.

Medicaid Crisis: The Biggest Story Right Now

- ⊗ An estimated **260,000 Virginians** are at risk of losing Medicaid coverage under the **One Big Beautiful Bill Act (H.R. 1)**. Nationally, **11.8 million people** could lose coverage over 10 years.

What H.R. 1 Does

- Reduces federal Medicaid spending by **\$911 billion** over 10 years
- Requires **80 hours/month** of work, training, or community service effective December 31, 2026
- Mandates eligibility redeterminations **every 6 months** instead of annually, creating paperwork barriers
- Restricts Medicaid for non-citizens beginning **October 1, 2026**
- Bans new provider taxes states use to help fund Medicaid, squeezing state budgets immediately

The Economic Ripple in Virginia

\$2.6B

Lost in 2026

Combined Medicaid and SNAP cuts to Virginia

24K+

Jobs at Risk

In Virginia's health care and food sectors

1M+

National Jobs

At risk across the country — an economic justice issue

What's at Stake on the Ground in Virginia

Nearly **2 million Virginians — 1 in 5** — access care through Medicaid/CHIP. These are our neighbors, our families, our congregation members.

740,000 Children

Children covered through Medicaid/CHIP are at risk of losing access to pediatric care

New Mothers & Newborns

1 in 3 Virginians who have just given birth and their newborns rely on Medicaid

137,000 with Disabilities

Virginians with disabilities depend on Medicaid for specialized home care, equipment, and support

15,500 Veterans

Over 56,000 dually enrolled in TRICARE and Medicaid - Medicaid covers dental, vision, and home care



Virginia's Trigger Law: If the federal government reduces its 90% funding match for Medicaid expansion, Virginia must **automatically disenroll everyone** who gained coverage under the ACA expansion. The General Assembly failed to add a protection provision during the 2025 budget session advocates are still fighting to fix this.

Advocacy Message: Work requirements don't increase employment they increase paperwork. Eligible people lose care because of red tape, not because they don't qualify. Cutting Medicaid to fund tax cuts for the ultra-wealthy is a *values choice* and communities must name it as such.

Mental Health Access — Ground Is Shifting Fast

- ⊗ The Trump Administration **rolled back Biden-era mental health parity regulations in May 2025**, allowing insurers to cover mental health care at lower rates than physical health reversing a decade of hard-won progress.

Federal Threats

- In January 2026, SAMHSA terminated **\$2 billion** in mental health and substance use grants then reversed within 24 hours after swift bipartisan advocacy. *Voices matter.*
- Medicaid is the nation's **single largest payer** of mental health services H.R. 1's cuts directly threaten behavioral health access for millions
- The **LGBTQ+ youth suicide lifeline** has seen funding cuts, even as this population faces disproportionately high suicide risk

Virginia Wins to Celebrate

- **HB 1113** (signed April 2026): Schools must provide culturally responsive, language-appropriate mental health support a win for BIPOC students
- Legislation expanding **co-response programs** pairing behavioral health clinicians with law enforcement during crises
- **SB30 Peer Wellness Stay Programs:** Voluntary, non-clinical support centered in lived experience
- **HB245 Behavioral Health Docket Act:** Expands specialty courts for people with behavioral health conditions
- **HB 2738:** Strengthened insurance parity with standardized definitions of medical necessity

BIPOC Mental Health — The Compounding Inequity

Black Adults Treated

Only 31% of Black adults with mental illness receive treatment annually, compared to 48% of white adults

Black Children

Black children aged 5–12 are **twice as likely** to die by suicide compared to their white peers

- ⊗ Indigenous youth have the **highest suicide rates** of any racial/ethnic group in the U.S. Cutting Medicaid, gutting SAMHSA grants, and rolling back parity enforcement compounds harm in communities already facing the largest gaps.

Data Equity — You Can't Fix What You Don't Measure

"What isn't measured can't be fixed." — Health equity researchers and advocates

Federal executive orders have targeted how **race, gender, disability, and sexual orientation** are collected and discussed in public health data. This is not a bureaucratic issue it is a justice issue.

Disparities Made Invisible

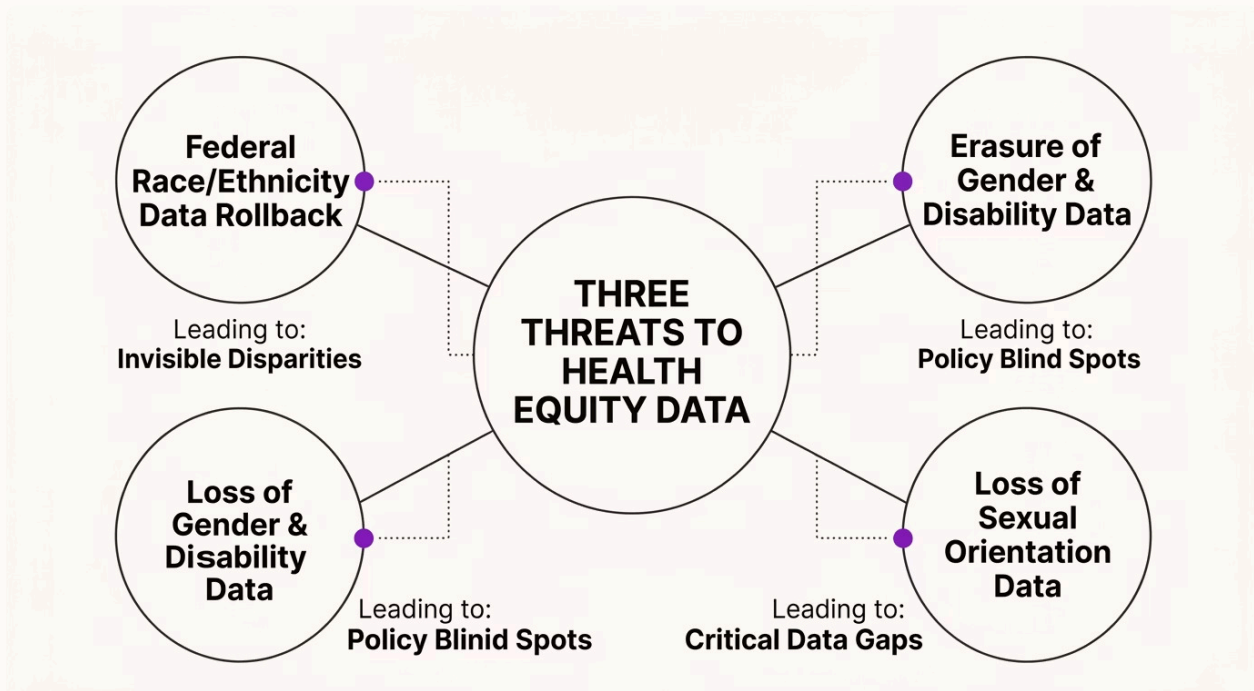
Removing race and ethnicity from health data systems effectively makes disparities **invisible to policymakers**. If the data doesn't show the gap, there's no political pressure to close it.

State & Local Responsibility

States and localities must commit to **maintaining equity data collection** regardless of federal rollback. Virginia must lead by example and protect its own data infrastructure.

Document the Harm

Health equity advocates and researchers must **document and publicize** the real-world consequences of data erasure so communities can see what is being hidden and why it matters.



State-Level Wins & What Communities Can Do Right Now

Virginia Progress

- Proposed **CHIP eligibility expansion to 305% FPL** to protect children's coverage as federal cuts loom
- Established a **workgroup focused on mitigating Medicaid coverage losses** for children
- Virginia Department of Corrections now guided to hire **Peer Recovery Specialists**, centering lived experience in the behavioral health workforce

National Wins

- States expanding **community health worker (CHW)** certification and Medicaid reimbursement. CHWs are the equity infrastructure that keeps communities connected to care
- Multiple states passed legislation expanding **mobile crisis response**, overdose prevention, and naloxone access in schools
- States creating **public health rainy day funds** to buffer against federal funding volatility

Your Action Checklist

- Know Virginia's Medicaid trigger — expansion could dissolve automatically. Demand legislative action to protect it
- Push Virginia legislators to expand CHIP to 305% FPL and finalize a Medicaid protection workgroup with real authority
- Advocate for community health worker (CHW) investment at the state level — Virginia has an opportunity to lead
- Demand equity data be maintained in all state health systems regardless of federal policy shifts
- Contact Virginia's congressional delegation — urge them to oppose Medicaid and SNAP cuts and support behavioral health funding
- Lift up BIPOC community voices — lived experience must lead policy, not just inform it

 **Key Sources:** Kaiser Family Foundation | Georgetown CCF | The Commonwealth Institute | Voices for Virginia's Children | KFF Medicaid Watch | ASTHO | APA Services | JED Foundation | Pew Charitable Trusts | Modern Medicaid Alliance | LegiScan VA 2026