



Dear Virginians,

No issue is more important to our Commonwealth than ensuring every single Virginian has affordable and equitable access to quality healthcare. Yet despite our status as one of the wealthiest states in the richest country in the world, it's a test we do not yet pass, and it's a fact I know all too well.

In the middle of the COVID-19 pandemic, over 10 percent of adult Virginians under age 65 — more than 700,000 of us — lack health insurance.¹ An additional 52,000 children do not have access to coverage.² As a result, in 2019, 12 percent of Virginians reported not seeing a doctor over the prior year because it was too expensive, including 13.1 percent of Black Virginians and 29.5 percent of Hispanic Virginians.³

Massive geographic disparities exist as well. In suburban Fairfax County, the Robert Wood Johnson Foundation found that 10 percent of residents are in poor or fair health,⁴ yet in rural Galax that figure stands at 21 percent⁵ and in the city of Petersburg, where I grew up, at 26 percent.⁶ Compared to Fairfax,⁷ more than five times as many citizens in Petersburg suffer premature deaths.⁸ Amid this pandemic, everyone is worried about COVID-19, but healthcare insecurities are something that many communities have faced for a long time. The pandemic, again, has exposed inequalities beneath the surface.

Throughout my life I've gotten to know the Virginians that put faces to these statistics. Growing up in Petersburg, I sat at the kitchen table with my aunt as we had to make difficult decisions about how to pay the mortgage and pay for my grandmother's medication after her stroke. We cut her medication in half because these expensive prescription drugs were out of reach. As a public defender and as a foster mom, I've seen firsthand how lack of access to healthcare holds so many of us back and cuts lives short. And as a mom, I understand the importance of high-quality healthcare — it made the difference between life and death for me when I faced medical complications after delivering my twin boys.

I thought of these Virginians at work every day as a Delegate, and I was proud to work in the legislature alongside Governor Northam to expand Medicaid to bring healthcare coverage to

¹ [State Health Report — Virginia, Kaiser Family Foundation, 2019](#)

² ["A Profile of Virginia's Uninsured, 2018," Urban Institute, 2/28/20](#)

³ [State Health Report — Virginia, Kaiser Family Foundation, 2019](#)

⁴ [Fairfax County, County Health Roadmap, Robert Wood Johnson Foundation, 2020](#)

⁵ [Galax City, County Health Roadmap, Robert Wood Johnson Foundation, 2020](#)

⁶ [Petersburg City, County Health Roadmap, Robert Wood Johnson Foundation, 2020](#)

⁷ [Fairfax County, County Health Roadmap, Robert Wood Johnson Foundation, 2020](#)

⁸ [Petersburg City, County Health Roadmap, Robert Wood Johnson Foundation, 2020](#)

more than 500,000 more Virginians. And it's why one of my top challenges as governor will be to make healthcare more affordable, more accessible, and more inclusive for Virginians.

We're going to meet this challenge head on every single day in my administration. It starts with creating a Prescription Drug Affordability Board that will bring down the cost of drugs and so that no one has to choose between paying for their medication or their bills. We'll reduce health insurance costs by building a Virginia Reinsurance Program that will lower premiums for hardworking families. And we'll ensure transparency in medical pricing so that Virginians know exactly what they'll pay for the care they need and can make informed decisions.

We'll expand access to care by investing in mobile health clinics to reach underserved communities, boosting broadband coverage to bring telehealth visits to more Virginians, and ensure more Virginians are eligible for Medicaid by codifying the end of the 40-quarter rule requiring lawful permanent residents to work for a decade before receiving such coverage. And we'll never stop fighting to end the pandemic, ensuring funding for robust testing and vaccine distribution, boosting PPE affordability for small businesses, and enacting a strong paid leave program.

We'll ensure Virginians of all backgrounds have equal access to health services, including increasing funding for the Virginia Maternal Mortality Review Team and allocating funding for doula care through Medicaid to drive down racial disparities in childbirth outcomes. We'll also make Virginia medical schools more diverse by ensuring students of color have an equal shot at such a career path, and increasing access to culturally competent care.

Over the last four years, we have come so far, but we still have work to do. Together we can ensure that every single one of us is able to receive such critical care.

Sincerely,

Jennifer Carroll Foy

SAVE VIRGINIANS' MONEY

Nearly 4 in 5 Americans say that the cost of prescription drugs is unreasonable,⁹ and there's good reason why. Since 2014, prescription drug prices in our country have gone up by 33 percent — significantly more than the costs for other medical goods and services.¹⁰ In 2019, the costs of over 4,000 prescription drugs went up by an average of about 20 percent, and early in 2020 when the COVID-19 pandemic began, 2,500 prescription drugs had already seen increased prices.¹¹ Things have gotten so bad that 3 in 10 Americans say they haven't taken their prescribed medicine due to costs.¹²

The price of insulin best demonstrates the struggle that Americans face when it comes to affording prescription drugs. The cost of the four most popular types of the drug, on which millions of Americans rely, has tripled over the past decade,¹³ and the price keeps rising to the extent that as many as 1 in 4 people with diabetes are now lessening or skipping doses they need to survive.¹⁴ Some Americans report travelling to Canada in order to purchase affordable insulin.¹⁵

In the middle of a global pandemic, Virginia workers' health insurance premiums are among the highest in the country, as lower-income Virginians with employer sponsored plans are facing an even higher-cost burden.¹⁶ Analysis of federal data released by the Commonwealth Fund showed that Virginia workers paid the highest yearly premium for family plans of any state in the U.S. and the third highest average yearly premiums for single plans.¹⁷

Enough is enough, and Virginians should not have to keep bearing the burden of impossibly high prices for the medicine and healthcare they need to stay healthy and alive. My administration will:

- **Establish a prescription drug affordability board.** We must start by establishing a Prescription Drug Affordability Board (PDAB) to study, review, and regulate the cost of prescription drugs in our Commonwealth with the goal of establishing affordability limits and reducing the costs of high-priced prescriptions. My former colleagues Delegates Simonds, Guzman, and Subramanyam sponsored legislation on this during the 2020 legislative session,¹⁸ and I am looking forward to making this Board a reality as Governor.

In 2019, the Maryland General Assembly passed legislation creating the first state PDAB to set limits on the costs of certain prescription drugs purchased by state and local

⁹ ["Public Opinion on Prescription Drugs and Their Prices," Kaiser Family Foundation, 10/16/2020.](#)

¹⁰ [Sai Balasubramanian, "Prescription Drug and Healthcare Costs Are Rising," Forbes, 9/21/2020.](#)

¹¹ [Shefali Luthra, "On Drug Pricing, The President's Numbers Are Still Off," KHN, 2/5/2020.](#)

¹² ["Public Opinion on Prescription Drugs and Their Prices," Kaiser Family Foundation, 10/16/2020.](#)

¹³ [Julia Belluz, "The absurdly high cost of insulin, explained," Vox, 11/7/2019.](#)

¹⁴ [Julia Belluz, "The absurdly high cost of insulin, explained," Vox, 11/7/2019.](#)

¹⁵ [Tyler Choi, "American caravan arrives in Canadian 'birthplace of insulin' for cheaper medicine," Reuters, 6/29/2019.](#)

¹⁶ [Ned Oliver, "Study: Virginia workers' health insurance premiums are among the highest in the country," Virginia Mercury, 11/21/2019.](#)

¹⁷ [Ned Oliver, "Study: Virginia workers' health insurance premiums are among the highest in the country," Virginia Mercury, 11/21/2019.](#)

¹⁸ <https://lis.virginia.gov/cgi-bin/legp604.exe?201+sum+HB691>

government employers.¹⁹ As Governor, I will build off the Maryland model to expand price caps to non-state and local employers, and I will ensure that the Board is fully funded. The Board will be tasked with examining the price of expensive medications or those that shoot up in price.²⁰ and if it determines that Virginia residents cannot properly afford a medication, it will have the authority to set a maximum cost for that drug in our Commonwealth.²¹

Establishing a Prescription Drug Affordability Board is an important step in making sure that all Virginians, regardless of their health insurer, have someone looking out for the costs of the prescription drugs they need to stay healthy.

- **Support a Virginia Reinsurance Program.** It's time to take action to reduce premium costs in our Commonwealth, and we can begin this process by implementing a Virginia Reinsurance Program. Reinsurance programs work by providing payments to health insurers to help defray the costs of patients with expensive medical claims.²² Through the market, the insurers then pass the subsidy on to consumers, which reduces the premiums they pay.²³ Gov. Northam has even proposed this type of program in the past.²⁴

Through section 1332 waivers, states have the ability to waive certain Affordable Care Act (ACA) marketplace requirements (provided they continue to meet standards for comprehensive and affordable coverage).²⁵ And since state-funded insurance programs reduce federal costs by lowering premium tax credits for consumers who receive subsidies through the ACA,²⁶ a 1332 waiver is a way for states to use the federal savings to benefit its residents.²⁷ If a state's 1332 waiver plan will reduce federal costs, then the state has the opportunity to receive federal "pass-through" payments equal to those savings.²⁸ In fact, 15 states have already used 1332 waivers to seek out federal approval and pass-through funding for reinsurance programs,²⁹ and as Governor, I will make sure that Virginia is the next state to do so.

In addition to utilizing these "pass-through" payments to fund our Virginia Reinsurance Program, we can apply additional savings from the 6.2 percent increase in federal Medicaid matching funds authorized by the Families First Coronavirus Response Act.³⁰ For 2020, our Commonwealth was estimated to receive an additional \$930 million in

¹⁹ [Ovetta Wiggins, "The nation's first drug affordability board is set up in Maryland, but it has no money," Washington Post, 8/22/2019.](#)

²⁰ ["Maryland prescription drug board sets first meeting," Baltimore Sun, 1/1/2020.](#)

²¹ ["Maryland prescription drug board sets first meeting," Baltimore Sun, 1/1/2020.](#)

²² [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²³ [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²⁴ [Ned Oliver, "Northam's budget: More expensive cigarettes, cheaper , an end to 'tax relief' and a \\$200-million olive branch," Virginia Mercury, 12/17/2019.](#)

²⁵ [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²⁶ [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²⁷ [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²⁸ [Sarah Lueck, "Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums," CBPP, 4/3/2019.](#)

²⁹ [Jack Pitsor and Samantha Scotti, "State Roles Using 1332 Health Waivers," NCSL, 11/3/2020.](#)

³⁰ [MaryBeth Mesumeci, "Key Questions About the New Increase in Federal Medicaid Matching Funds for COVID-19," KFF, 5/4/2020.](#)

federal funding from this increase,³¹ some or all of which can help pay for a reinsurance program.

Many other states have already utilized section 1132 waivers to set up state-funded reinsurance programs³² in order to offset the costs of expensive individuals and in turn reduce premiums. As Governor, I will seek out federal approval and pass-through funding, as well as utilize the increase in federal Medicaid matching funds provided by coronavirus relief legislation, to pay for a Virginia Reinsurance Program that will lower premiums.

- **Institute price transparency for patients.** Every Virginian has a right to know up front exactly what they will pay for medical services so that they can make informed decisions about their care. As prescription drug and premium prices continue to soar, we must work to institute price transparency throughout the medical supply chain in order to determine strategies to address and curb costs with impactful, evidence-based policy. Without transparency, consumers have no way of knowing the prices negotiated by health insurance companies and providers until after they are charged for the services and products.³³

As Governor, I will build on the out-of-pocket estimate requirements here in Virginia and³⁴ on the final rules establishing price transparency requirements for services that were released by the Dept. of Health and Human Services in the final months of the Trump administration.³⁵ These federal rules require hospitals to make payer-negotiated rates for common services easily available to consumers and require health insurers to make rates and cost-sharing estimates for common services available to enrollees.³⁶ My administration will work quickly to enact similar disclosure rules for not only providers and insurers but also pharmaceutical companies and pharmacy benefit managers.

Price transparency is the only way to determine the actual costs of prescriptions and medical services, how much the price-makers are profiting off of patients, and the causes for price increases. Instituting price transparency and accountability throughout the medical supply chain in our Commonwealth is necessary in order to reduce costs with evidence-based policy and disclosure requirements.

EXPAND AND IMPROVE HEALTHCARE ACCESS TO FAMILIES ACROSS VIRGINIA

Access to healthcare continues to be an issue in our Commonwealth. Geography and lack of transportation continue to be two of the top barriers for Virginians trying to access

³¹ Matt Broaddus, "Families First's Medicaid Funding Boost a Useful First Step, But Far From Enough," CPBB, 4/21/2020.

³² Jack Pitsor and Samantha Scotti, "State Roles Using 1332 Health Waivers," NCSL, 11/3/2020.

³³ Nisha Kurani, Matthew Rae, Karen Pollitz, Krutika Amin, and Cynthia Cox, "Price Transparency and Variation in U.S. Health Services," Peterson-KFF Health System Tracker, 1/13/2021.

³⁴ § 38.2-3463, price transparency tools., law.lis.virginia.gov, last accessed 1/28/2021.

³⁵ Nisha Kurani, Matthew Rae, Karen Pollitz, Krutika Amin, and Cynthia Cox, "Price Transparency and Variation in U.S. Health Services," Peterson-KFF Health System Tracker, 1/13/2021.

³⁶ Nisha Kurani, Matthew Rae, Karen Pollitz, Krutika Amin, and Cynthia Cox, "Price Transparency and Variation in U.S. Health Services," Peterson-KFF Health System Tracker, 1/13/2021.

comprehensive, especially during the COVID-19 pandemic. During the COVID-19 pandemic, we have also seen the importance and potential of telehealth in expanding and improving access for Virginians. Finally, certain groups in Virginia have less access to care – an inequity we must address. As Governor, I will:

- **Invest In Mobile Health Clinics.** Investing in mobile health clinics is a way to improve access to high-quality care for vulnerable Virginians, as well as improve prevention and disease management and reduce costs.³⁷

Mobile clinics are a way we can reach Virginians who might not get preventive care because they can't afford it or can't find time to travel to a doctor's office outside their community,³⁸ and they also offer a familiar setting for Virginians who might avoid care because they fear or distrust the system.³⁹ By funding more mobile health clinics, my administration will improve access for marginalized communities and work towards eliminating racial, economic, and geographic disparities in access to care.

Mobile clinics will also be key in a continued effort to distribute COVID-19 vaccines. We must meet people where they are to preserve public health.

- **Expand Broadband To Make Telehealth More Widely Available.** In response to the pandemic, a combination of federal and state actions made it possible for Virginians to access their provider at home, and this past August, we voted in the General Assembly to codify those changes.⁴⁰ Dr. Karen Rheuban, director for the University of Virginia's Center for Telehealth, shared in congressional testimony that these changes had saved more than 21 million miles of travel for Virginians and had reduced hospital readmissions by more than 40 percent regardless of payer.⁴¹

In order to make sure all Virginians receive the benefits of telehealth, we must expand broadband access so that telehealth is more widely available for everyone in our Commonwealth. I will further outline how my administration will make this a reality in the coming weeks.

- **End the life-threatening 40-Quarter Rule.** In addition to federal requirements that bar those with lawful permanent resident status from receiving Medicaid in their first five years with that status,⁴² our Commonwealth *also* required these individuals to show that they had worked for *ten years* (or 40 quarters) in the U.S. before being eligible for Medicaid.⁴³ This unfair work requirement that prevents individuals from accessing care can mean life or death for a person and their community members, especially during a global pandemic.

³⁷ [Caterina F. Hill, MSc, MA \(Cantab\), Brian W. Powers, AB, Sachin H. Jain, MD, MBA, Jennifer Bennet, BS, Anthony Vavasis, MD, Nancy E. Oriol, MD, "Mobile Health Clinics in the Era of Reform," The American Journal of Managed Care, 3/20/2014.](#)

³⁸ [Scott Rodd, "Mobile Clinics Assume Greater Role in Preventive Care," Pew Trusts \(Stateline Article\), 10/11/2017.](#)

³⁹ [Scott Rodd, "Mobile Clinics Assume Greater Role in Preventive Care," Pew Trusts \(Stateline Article\), 10/11/2017.](#)

⁴⁰ [Kacie Platz and Hannah Adams, "Telehealth in Virginia: Where do we go from here?" Virginia Mercury \(Guest Column\), 12/22/2020.](#)

⁴¹ [Kacie Platz and Hannah Adams, "Telehealth in Virginia: Where do we go from here?" Virginia Mercury \(Guest Column\), 12/22/2020.](#)

⁴² [Eric Figueroa, "Virginia, Other States Advance Immigrant-Inclusive Policies," CBPP, 8/12/2020.](#)

⁴³ [Eric Figueroa, "Virginia, Other States Advance Immigrant-Inclusive Policies," CBPP, 8/12/2020.](#)

As a Delegate, I led efforts to eliminate this unnecessary barrier in the budget,⁴⁴ and as Governor, I will codify the end of this requirement through legislation to expand Medicaid coverage for lawful permanent residents in our Commonwealth.

- **Increase Community Service Board Funding.** The COVID-19 pandemic has exacerbated mental health issues in our Commonwealth. In Virginia, our local Community Services Boards (CSBs), in conjunction with the Behavioral Health Authority, provide programs and services for mental illness, developmental and intellectual disabilities, substance abuse disorders, and other behavioral health needs to patients and their families.⁴⁵ As Governor, I will increase funding for CSBs throughout our Commonwealth to improve availability and accessibility of diversion programs, therapy, counseling, and treatment, with a special emphasis on providing care for veterans and their families. We need to invest further in CSBs to prioritize the programs and services they provide for Virginians who often need care the most.

IMPROVE ACCESS AND CARE FOR COMMUNITIES OF COLOR

Communities of color are constantly left behind with poor access to care. These communities have been disproportionately impacted by the COVID-19 pandemic, but also face worse health outcomes when it comes to pregnancy, childbirth, and so much more. As Governor, I will always fight to ensure communities of color have better access to quality care, regardless of their income or zip code. My administration will:

- **Increase Funding For The Virginia Maternal Mortality Review Team.** In the U.S., Black mothers die at “three to four times the rate of non-Hispanic white mothers, and infants born to African American mothers [die] at twice the rate as infants born to non-Hispanic white mothers.”⁴⁶ And many studies show that even “after controlling for education and socioeconomic status, African American women remain at higher risk for maternal and infant mortality.”⁴⁷

As Governor, I will increase funding for the [Virginia Maternal Mortality Review Team](#) to address and propose intervention and prevention strategies, with a special emphasis on understanding and combating the risk factors that are worsened by racial and gender discrimination of Black women. The team will also study how institutions often contribute to racial disparities in pregnancy-related risk factors⁴⁸ and examine the ongoing issue of inadequate bias training for our workforce.⁴⁹

⁴⁴ [jennifercarrollfoyc.com, last accessed 1/27/2021.](#)

⁴⁵ [VACSB, “Community Services Boards and the Behavioral Health Authority \(CSBs/BHA\),” last accessed 1/26/2021.](#)

⁴⁶ [Cristina Novoa and Jamila Taylor, “Exploring African Americans’ High Maternal and Infant Death Rates,” Center for American Progress, 2/1/2018.](#)

⁴⁷ [Cristina Novoa and Jamila Taylor, “Exploring African Americans’ High Maternal and Infant Death Rates,” Center for American Progress, 2/1/2018.](#)

⁴⁸ [Cristina Novoa and Jamila Taylor, “Exploring African Americans’ High Maternal and Infant Death Rates,” Center for American Progress, 2/1/2018.](#)

⁴⁹ [Cristina Novoa and Jamila Taylor, “Exploring African Americans’ High Maternal and Infant Death Rates,” Center for American Progress, 2/1/2018.](#)

All Virginia mothers should be able to be confident that our system will fully support them through pregnancy and childbirth. Increasing funding for the Virginia Maternal Mortality Review Team to continue to study the causes of and implement prevention strategies for maternal and infant mortality, with the knowledge that this issue has been made worse by racial and gender discrimination of Black mothers, is a strong step towards achieving this goal.

- **Ensure doula services are covered by Medicaid.** Doula services “provide continuous physical, emotional, and informational support to women before, during, and shortly after childbirth”⁵⁰ and have been shown to make healthy birth outcomes, “including lower preterm birth and C-section rates,” more likely.⁵¹ These services can be especially beneficial for Black people who face higher rates of maternal mortality. As a Delegate, I passed legislation to assess the feasibility of Medicaid reimbursement for doula care,⁵² and as Governor, I will work to add doula care as a service covered by Medicaid.

Minnesota and Oregon are already paying for doula services through Medicaid,⁵³ and I will ensure that Virginia follows suit so that pregnant people of color receive the culturally competent care they need and deserve.

- **Increase access to medical school for students of color.** One of the best ways to ensure that all Virginians have access to comprehensive care, regardless of race, is to expand access to medical school for students of color. “Physicians, students, and others” agree that “doctors of color can help the Black community overcome a historical mistrust of the medical system,” which contributes to “poorer health outcomes for Black Americans.”⁵⁴ This is especially critical during the COVID-19 pandemic, with Virginians of color disproportionately impacted by the virus. In order to increase medical school access and enrollment for Virginians of color, I will work to provide our public medical schools with funding for more STEM education outreach and mentoring, financial support and minority scholarship programs, and inclusive academic programming.⁵⁵

⁵⁰ [Taylor Platt and Neva Kaye, “Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid,” NASHP, 7/13/2020.](#)

⁵¹ [Taylor Platt and Neva Kaye, “Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid,” NASHP, 7/13/2020.](#)

⁵² [jennifercarrollfooy.com, last accessed 1/27/2021.](#)

⁵³ [Taylor Platt and Neva Kaye, “Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid,” NASHP, 7/13/2020.](#)

⁵⁴ [Jayne O'Donnell and David Robinson, “After decades of effort, African-American enrollment in medical school still lags,” USA TODAY, 2/28/2019.](#)

⁵⁵ [Dr. Augustine M.K. Choi, “We need more Black doctors. Here are 5 ways medical schools can help ease the shortage,” USA TODAY \(Opinion\), 7/25/2020.; Staff News Writer, “Increasing minorities in medical schools: Programs alter the pipeline,” ama-assn.org, 2/11/2016](#)