Faith Calling for Action

The Advocacy Booklet of the Faith & Action Committee

-Educating, Equipping, and Empowering Our Community –

What the Health?

FAITH & ACTION

January 2026

St. Paul's Episcopal Church

FAITH & ACTION

Dear Friends in Christ,

Our bodies are not incidental to our faith. They are the places where we experience love and pain, strength and fragility, healing and loss. In Christian tradition, bodies matter because God chose to meet us in one - taking on flesh, sharing our vulnerability, and sanctifying ordinary – embodied - human life. To care about health, then, is not simply to debate systems or policies; it is to care about how well our neighbors can live, work, heal, and hope.

Yet access to health care in our country remains uneven and often fragile. For many, the ability to see a doctor, afford medication, or receive timely care depends less on need than on circumstance: where one lives, works, or falls within complex systems of coverage. When people delay care because it is too costly or unavailable, suffering deepens quietly, often out of sight. This is not only a social concern; it is a spiritual one, because it touches human dignity at its most vulnerable time.

Scripture consistently draws our attention to bodies that are wounded, sick, or exhausted. Jesus notices them. He stops. He listens. He heals. And in doing so, he reveals a God who is deeply concerned with the conditions that allow people to flourish or that cause them to falter. To follow Christ is to share that attentiveness, to ask not only how individuals are treated but also how our shared life supports or undermines their well-being.

This month, the Faith & Action Committee invites you to reflect on health care as a matter of faithful concern and moral responsibility. The information that follows provides context on current realities and emerging challenges, as well as potential responses.

As you read, we invite you to consider how care for the body, concern for the vulnerable, and love of neighbor are woven together in the life of discipleship.

Faithfully yours,

Florian+

Deacon

What the Health?

By Sheena MacKenzie and Art Kellermann

Why should we care about health care coverage? The United States has the most expensive health care system in the world, yet it lags other industrialized countries in health outcomes. Affordability is key to individuals' enrollment in a health insurance program. Without insurance, individuals are far less likely to have chronic diseases well-managed and more likely to delay entry into the health care system, often resulting in more expensive treatment and poorer health outcomes.

The 2025 edition of the Commonwealth Fund's *Scorecard on State Health System Performance* demonstrates that when it comes to having affordable health coverage, access to good-quality care, and the ability to lead a healthy life, where you live matters. In many cases, the wide variations in health and health care come down to the policy choices that state leaders make - for example, whether to expand Medicaid eligibility, ensure women can access the full range of reproductive care services, or boost investment in primary care.

The following data give an overview of certain health indicators across the country:

- The number of children receiving all doses of the seven recommended early childhood vaccines fell in most states between 2019 and 2023. In five states, including Nebraska and Minnesota, the decline exceeded 10 percent.

- The infant mortality rate (deaths within the first year of life) worsened in 20 states between 2018 and 2022, with considerable variation across states.
- Premature, avoidable deaths vary considerably across states. The rate in West Virginia is more than twice the rate in Massachusetts. Not only are avoidable mortality rates higher in the United States than in other high-income countries, but they are also on the rise, even as they fall elsewhere.
- Wide racial disparities in premature deaths are the norm in most states. In 42 states and Washington, D.C., avoidable mortality for Black people is at least two times the rate for the group with the lowest rate.

Earlier this year, Congress passed the *One Big Beautiful Bill Act (OBBBA)*, which enacts the largest cuts to social safety net programs in U.S. history to fund tax cuts for the ultra-wealthy and corporations. The OBBBA extends, expands, or implements more than $4.5 trillion in tax breaks while making more than $1 trillion in cuts to programs relied on by many for health care, adequate nutrition, and student loans.

The OBBBA cuts approximately $1 trillion from the Medicaid program over ten years, resulting in an estimated 11.8 million people potentially losing health insurance by 2034. An additional 5.1 million people could lose health insurance coverage due to changes in eligibility requirements and reductions to subsidies under the Affordable Care Act (ACA). One study conducted by Yale University and the University of

Pennsylvania forecasts that 51,000 people could die annually because of these cuts.

The federal government's health care cuts are already being felt, even as Congress has not yet voted to continue ACA subsidies. As these changes take effect on different timelines, they will strain the affordability and accessibility of health care, creating challenges for local health care providers who struggle to meet community needs. Primary care clinicians across the United States have warned that Medicaid cuts under the OBBBA could drive many out of practice and deepen access gaps for patients.

In a recent survey conducted by the Green Center at Virginia Commonwealth University in Richmond, more than one in four physicians (26%) reported that their practices would suffer financially due to these changes. Those numbers were higher among rural physicians (31%) and among clinicians working at federally qualified health centers (60%).

Nearly 70% of physicians surveyed said the legislation's tighter eligibility rules would increase their administrative burden. That figure rose to 87% among clinicians at federally qualified health centers.

Increased costs related to enrollee health needs, pharmacy benefits, long-term care, and mental health services are being compounded by slower projected state revenue growth and uncertainty around the impact of the $911 billion in mandated federal cuts. The magnitude of these reductions will be

difficult, if not impossible, for states to absorb without cutting services to enrollees. The law also prohibits raising existing or new provider taxes that could otherwise help cover these budget shortfalls. Nearly two-thirds of states now anticipate a significant risk of Medicaid funding gaps.

Work requirements mandated by the OBBBA will take effect on December 31, 2026. Nationally, 92% of Medicaid recipients under the age of 65 already work, attend school, live with a disability, or provide care for family members. However, the new reporting requirements to prove eligibility are expected to be onerous. Unless Medicaid agencies hire additional staff, eligibility workers will be overwhelmed. Beginning January 1, 2027, recipients will be subject to eligibility checks every six months rather than annually. As a result, individuals may lose coverage due to administrative errors or other barriers, even when they remain eligible. These changes will also increase administrative costs for states.

The OBBBA further mandates that, effective October 1, 2026, refugees and asylum seekers will no longer be eligible for Medicaid or coverage through the ACA marketplace.

There are, however, steps Virginia could take to mitigate harm and improve access and affordability. Medicaid could modernize its outdated enrollment and eligibility infrastructure to manage the increased redeterminations and work requirements now being imposed. Additional hiring and training of eligibility workers could reduce the number of individuals who lose coverage unnecessarily.

With respect to the Children's Health Insurance Program, Virginia could consider increasing CHIP/FAMIS income eligibility to the national median of 255% of the federal poverty level. Currently, only Idaho has a lower CHIP eligibility threshold than Virginia.

For the ACA marketplace, Virginia could consider targeted subsidies for low- to moderate-income residents (100–200% of the federal poverty level), at an estimated cost of $40 million.

The OBBBA also blocks improvements to the Medicare Savings Program, prevents the implementation of nursing home minimum staffing standards, and limits Medicare's ability to negotiate prescription drug prices.

Resources

- **NAACP Legal Defense Fund**
  Trump's One Big Beautiful Bill Act Explained
  https://www.naacpldf.org/case-issue/trumps-one-big-beautiful-bill-act-explained/

- **Association of State and Territorial Health Officials (ASTHO)**
  One Big Beautiful Bill Act: Law Summary
  https://www.astho.org/advocacy/federal-government-affairs/leg-alerts/2025/one-big-beautiful-bill-law-summary/

- **The New York Times (Opinion)**
  Health Care and Medicaid Cuts (January 3, 2026)
  https://www.nytimes.com/2026/01/03/opinion/health-care-medicaid-cuts.html

- **The Commonwealth Fund**
  2025 Scorecard on State Health System Performance: Fragile Progress, Continuing Disparities
  https://www.commonwealthfund.org/publications/scorecard/2025/jun/2025-scorecard-state-health-system-performance

- **Kaiser Family Foundation (KFF)**
  State Medicaid Officials Project Flat Enrollment Post-Unwinding but Increased Spending and Budget Pressures
  https://www.kff.org/medicaid/state-medicaid-officials-project-flat-enrollment-post-unwinding-but-increased-spending-and-budget-pressures-as-states-prepare-for-impact-of-federal-medicaid-policy-changes/

- **Medscape**
  Clinicians Warn Medicaid Cuts May Push Them Out of Practice
  https://www.medscape.com/viewarticle/clinicians-warn-medicaid-may-push-them-out-practice-2025a1000ijs

- **The Commonwealth Institute for Fiscal Analysis (Virginia)**
  Health Care Policy and Analysis
  https://thecommonwealthinstitute.org/health-care/

- **Center for Medicare Advocacy**
  How New Health Care Cuts and Policies Impact You
  https://medicareadvocacy.org/how-new-health-care-cuts-and-policies-impact-you/

Loving God,

You formed us in love and called our bodies good.
In Jesus, you entered our flesh, shared our weakness,
and revealed your desire for wholeness and life.

We lift before you all who struggle to find care:

those who delay seeing a doctor out of fear or cost,
those living with chronic illness without support,
those whose bodies bear the weight of inequity and neglect.

Draw near to them with your healing presence.

Stir our hearts with compassion and wisdom.

Give courage to those who serve in caregiving professions,
and perseverance to those who labor for systems that honor life.

Do not let us grow accustomed to suffering we could help relieve.

Make our common life a place where care is shared,
where dignity is protected, and where healing is not a privilege but a sign of your justice and mercy among us.

Through Jesus Christ, the Great Physician, who healed the sick, restored the broken, and calls us to love our neighbors as ourselves. Amen.