



Public Health Advisory Commission
Alexandria, VA

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

Thursday, August 21, 2025

5:30 – 7:00 p.m.

Virtual Meeting

- I. Welcome All
- II. Roll Call – Establish Quorum
- III. Review/Approve Minutes – July 2025
- IV. Review Agenda
- V. Update from the Chair and Vice Chair
- VI. Health Department Highlights
- VII. Legislative Process and Topics
 - ☐ Welcome Dr. Wendy Ginsberg, Legislative Director
 - ☐ 2025 Topics (review)
 - ☐ 2026 Topics
 - Healthcare Access – Subcommittee (David)
 - Cigarette Tax Ceiling Resolution (Richard)
 - ☐ Discussion (All)
- VIII. Liaison and Community Partner Updates
 - a. Practicing Physician
 - b. Practicing Dentist
 - c. Inova Alexandria Hospital
 - d. Partnership for a Healthier Alexandria, CHIP
 - e. School Board (ACPS)
 - f. Community Services Board (CSB)
 - g. Neighborhood Health, Inc.
 - h. Fire Department
- IX. Agenda Topics for September
- X. Public Comments
- XI. Adjourn

Next Meeting: Thursday, September 18, 2025

Commission Members	
<input type="checkbox"/>	Dr. Jerome Cordts , Chair – Citizen
<input type="checkbox"/>	Lisa Chimento , Vice-chair – NHVA Rep
<input type="checkbox"/>	Alex Long – Citizen
<input type="checkbox"/>	Anita McClendon – Citizen
<input type="checkbox"/>	Dr. David Bowen – Citizen
<input type="checkbox"/>	Richard Merritt – Citizen
<input type="checkbox"/>	Cassandra Walter – Health Pro Citizen
<input type="checkbox"/>	Nia Smart – Health Pro Citizen
<input type="checkbox"/>	Sylvia Jones – Health Pro Citizen
<input type="checkbox"/>	Dr. Michael Trahos – Physician Rep
<input type="checkbox"/>	JeanAnn Mayhan – Partnership Rep
<input type="checkbox"/>	Melissa Riddy – Inova Rep
<input type="checkbox"/>	Michele Walz – CSB Rep
<input type="checkbox"/>	Dr. Lauren Gibberman – NVDS Rep
<input type="checkbox"/>	Holly Jackson – ACPS Rep
<input type="checkbox"/>	Ramiro Galvez – AFD Rep
Alexandria Health Dept. Staff	
<input type="checkbox"/>	Dr. David Rose Health Director
<input type="checkbox"/>	Natalie Talis, MPH Population Health Manager
<input type="checkbox"/>	Casey Colzani Executive Secretary, Staff Liaison
Active List of Topics	
<ul style="list-style-type: none">• Community Health Assessment process• Public Health & Quality of Life Standing Committee (City Council)• Environmental Policy Commission• HIV/AIDS Commission• PHAC membership, Annual Report• _____• _____	



Public Health
Advisory Commission
of Alexandria, VA

Minutes of the Thursday, July 17, 2025

PHAC Meeting

5:30 – 7:00 p.m.

Alexandria Health Department

In-person	Chair- Jerome Cordts (JC), Michele Walz (MW), Dr. Lauren Gibberman (LG) Richard Merritt (RM) Alex Long (AL), David Bowen (DB), Anita McClendon (AM) Nia Smart (NS) Sylvia Jones (SJ), Lisa Chimento (LC), Holly Jackson (HJ)
Virtual	Cassandra Walter (CW), JeanAnn Mayhan (JM) Ramiro Galvez (RG)
Absent	Melissa Riddy (MR)
AHD Representatives	Casey Colzani (CC), Dr. David Rose (DR)
Guests	Perrin Krisko

I. Establishment of a Quorum

- Meeting called to order at 5:32 pm by Chair Jerome Cordts (JC); role taken.

II. Approval of the previous meeting minutes

- Lisa Chimento (LC) motioned to approve June 2025 minutes, JeanAnn Mayhan (JM), Second. All in favor, minutes approved with edits.

III. Review Agenda

- Jerome Cordts (JC) reviewed the meeting agenda with the commissioners.

IV. Updates From the Chair

- Dr. Trahos has reached his term limit for his position. Commission has one vacancy for a Physician working in Alexandria.
- LC provided updates on upcoming changes to the Boards and Commissions regulations- City is reviewing the Boards and Commissions legislation, including number and types of boards, term lengths and term limit alignment. No current updates about the sunseting of the HIV/AIDS commission.

V. Subcommittee Updates

- Heath Access
 - David Bowen (DB) attended a briefing of the Northern Virginia Health Services Coalition. He was invited to the next meeting, focusing on advocacy next week. Will report back to the group any relevant information received at this meeting.
 - Subcommittee will also look at local issues to work on- through CHIP, community partners or other Council priorities/initiatives.

VI. Health Department Highlights

- Regional Directors of MD, VA, DC met with the regional foundations, discussed how to align work. Discussed changes caused by the current administration.
- Budget-Monitoring impacts of recent federal bills. VDH divisions are preparing for proposed changes to the federal budget to ensure that services can be maintained. Determining services that are only provided by health districts and making plans on how to protect those services in the future.
- CHA/CHIP meeting was well received by the community
- City provided \$120k in contingency funding to support services that would have been lost due to claw back of COVID funds. This supports a community health worker who supports AlexBreathes and the community resource coordinator.

VII. Topical Discussion

• Cigarette Tax Ceiling Resolution

- Richard Meritt (RM) re-introduced resolution to remove the 2022 cap on additional local tax on tobacco products- limiting tax to \$0.40 tax with local jurisdictions current rates grandfathered in. PHAC and Partnership for Healthier Alexandria worked together to implement additional increasing local tax in the past that support building capacity in the health safety net- this provision is still in effect. In 2011-2012 worked with City to implement non-smoking campaign- provided signage at City bus stops.
- Resolution recommends removing the cap on local tax then raising the tax by 10 cents over three years and using those funds to support public health infrastructure and access to health care.
- Commissioners discussed concerns about the population who would be affected by a tax increase- many who are already marginalized.
- Alexandria has the highest tax in the local area, but Virginia has one of the lower tax rates in the country (ranked 43rd lowest).
- Discussed including other tobacco products (vaping etc.) in the language and changes to the naming conventions for the current federal administration.
- Group will offer suggestions to RM by July 31st and will discuss at the August meeting.

• Legislative Agenda

- New legislative director has been hired. PHAC has not received letter requesting the commission's input but expects it to arrive prior to next meeting.

• Community Health Assessment Updates

- Several members attended the CHA Panel discussion on July 8th. Event was well received by the community.
- AM moderated the event. Was able to observe the audience who were very engaged. The event was very diverse, and community engagement during the event was high. There was a lot of excitement and interest in data presented.

- Commission members were able to network with members of other commissions.

VIII. IX. Liaison and Community Partner Updates

- **Northern Virginia Dental Society-** LG provided information to share on community water fluoridization. Not getting questions on fluoride from patients but does receive questions from others in the community. Some immigrant communities are drinking bottled water based on misconception on the safety of tap water. LG will provide information to be shared with the group.
- **School Board (ACPS)-** ACHS has seen an increase of vaping at school. Vape detectors are set off multiple times a day. Students have disarmed or tampered with detectors. Some students have been found unconscious and received Narcan and transportation to hospital. If students are caught vaping, or with other substances, they are referred to substance abuse team. The Hospital is often not performing tox screens on transported students, so school is not able to collect appropriate data. Though administration of Narcan decreased this past school year, students still have access to substance and there are still many incidents that require intervention. ACPS tracks when referrals are given to substance abuse programs. Once student leaves the school with EMS the school only gets follow up if a student gets admitted to the hospital or in/out patient substance abuse program.
- **CSB-** Director Phill Caldwell is retiring. CSB takes summer recess.
- **Fire Department-** No updates but interested in sharing information with ACPS on student transport outcomes.

IX. Public Comment

- Perrin Krisko- Environmental Policy Commission interested in assisting on any work on Fluoridization and bottled water. Was pleased with the CHA state of health report event.

II. Adjournment

- JM motioned to adjourn the meeting. AM second. All in favor. Meeting adjourned at 7:00pm.

Summary of Proposed Resolution Addressing Forthcoming
Reductions in Federal Assistance for Medicaid,
Affordable Care Act and the Supplemental Nutrition Assistance Program

By

The Alexandria Public Health Advisory Commission

August 18, 2025

Several thousand low-to-middle income residents of the City of Alexandria are at high risk of losing insurance coverage under Medicaid or the Affordable Care Act (ACA), as well as nutritional assistance under the Supplemental Nutrition Assistance Program (SNAP), as a result of extraordinary reductions in federal assistance in these programs over the next four-to-five years. *

The Public Health Advisory Commission strongly recommends that the Alexandria City Council urge the City's delegation to the 2026 General Assembly to assist the City of Alexandria with developing a *Community Health and Wellness Trust Fund* that will serve to mitigate a good portion of those reductions and help to refortify the City's health and social safety net. To that end, City Council is urged to recommend the following actions by the General Assembly:

- Lift the ceiling on the City's cigarette tax imposed by the 2020 General Assembly.
- Authorize the City to tax vaping products and vaping stores; and,
- Increase the Commonwealth's cigarette tax by 10 cents a pack for each of the following four years, hence, from \$0.60 a pack to \$1.00 a pack, and rebate at least one-half of the increased revenues each year to cities and counties for the purpose of expanding access to health care and improving public health infrastructure.

* The Congressional Joint Economic Committee estimates that approximately 323,000 Virginians would lose Medicaid coverage; moreover, the loss of enhanced premium subsidies and other changes to the ACA Market place could lead to more than 80,000 people losing coverage as soon as January 2026.

Precis of Proposed Resolution

By

The Alexandria Public Health Advisory Commission

August 18, 2025

Several thousand low-to-middle income residents of the City of Alexandria are at high risk of losing insurance coverage under Medicaid or the Affordable Care Act (ACA), as well as nutritional assistance under the Supplemental Nutrition Assistance Program (SNAP), as a result of extraordinary reductions in federal assistance in these programs over the next four-to-five years.

The Public Health Advisory Commission strongly recommends that the Alexandria City Council urge the City's delegation to the 2026 General Assembly to assist the City of Alexandria with developing a *Community Health and Wellness Trust Fund* that will serve to mitigate a good portion of those reductions and help to refortify the City's health and social safety net. To that end, City Council is urged to recommend the following actions by the General Assembly:

- Lift the ceiling on the City's cigarette tax imposed by the 2020 General Assembly.
- Authorize the City to tax vaping products and vaping stores; and,
- Increase the Commonwealth's cigarette tax by 10 cents a pack for each of the following four years, hence, from \$0.60 a pack to \$1.00 a pack, and rebate at least one-half of the increased revenues each year to cities and counties for the purpose of expanding access to health care and improving public health infrastructure.

DRAFT RESOLUTION

Submitted by
The Alexandria Public Health Advisory Commission

August 21, 2025

RECOMMENDING THE ALEXANDRIA CITY COUNCIL ENCOURAGE THE 2026 GENERAL ASSEMBLY TO LIFT THE CEILING ON THE CITY'S CIGARETTE TAX, AUTHORIZE THE CITY TO TAX VAPING PRODUCTS, AND INCREASE THE STATE CIGARETTE TAX BY 10 CENTS PER PACK FOR EACH OF THE NEXT FOUR YEARS, IN ORDER TO PROVIDE REVENUES TO HELP REBUILD THE CITY'S HEALTH AND SOCIAL SAFETY NET FOLLOWING THE EXTRAORDINARY REDUCTIONS IN FEDERAL ASSISTANCE FOR MEDICAID, NUTRITION ASSISTANCE AND LIKELY THE AFFORDABLE CARE ACT (ACA) OVER THE NEXT FOUR-TO-FIVE YEARS.

WHEREAS, with the passage of congressional Republicans' 2025 budget reconciliation act, the current Administration is pursuing foundational changes to the Medicaid program that serves one in five Americans and is the primary payer for long-term care services in the U.S., and,

WHEREAS, Medicaid has dramatically expanded health coverage to millions of low-income Americans, and since its creation in 1965 has helped reduce the number of uninsured Americans by covering vulnerable populations such as children, pregnant women, elderly adults, people with disabilities, and low-income families; and,

WHEREAS, studies have shown that Medicaid expansion has led to improved health outcomes, including reductions in mortality rates, improved mental health, and better management of chronic conditions like diabetes and hypertension; moreover, Medicaid recipients are more likely to receive preventive care, such as vaccinations, cancer screenings, and prenatal care, which contribute to better long-term health outcomes; and,

WHEREAS, Medicaid helps reduce the financial burden of healthcare costs for low-income individuals. By providing coverage, it significantly decreases out-of-pocket costs, preventing catastrophic medical debt and financial ruin due to health issues; and,

WHEREAS, Medicaid helps reduce the amount of uncompensated care that hospitals and health care providers must absorb, which can otherwise drive-up costs for all patients; and

WHEREAS, Medicaid is the largest provider of long-term care services, including nursing home care and home-and community-based services, and it provides crucial support for people with disabilities, offering coverage for health services, rehabilitation, and home-based care that allow them to lead independent lives; and

WHEREAS, Medicaid has been a major driver in improving child health in the U.S. It covers a wide range of essential services for children, including immunizations, screenings, dental care, and mental health services. This has contributed to lower child mortality rates and better developmental outcomes for children from low-income families, and

WHEREAS, Medicaid has helped reduce health disparities by providing access to healthcare for racial and ethnic minorities, who are more likely to face barriers to care. By covering people who would otherwise be uninsured, Medicaid has contributed to narrowing gaps in health outcomes between different populations; and

WHEREAS, Medicaid provides mental health services, which are crucial for people with mental illness or substance use disorders. The program has expanded mental health coverage, including inpatient and outpatient services, which has led to improvements in mental health care access. The loss of funding for mental health services would have severe and far-reaching consequences. There will be increased rates of untreated mental illness, leading to potential worsening of conditions and increased risk of suicide. Moreover, there will be increased homelessness and involvement with the criminal justice system for those with untreated mental illness; and,

WHEREAS, Medicaid has been an essential tool in combating the opioid epidemic, covering medication-assisted treatment and counseling, which help individuals recover from substance use disorders; and,

WHEREAS, States have flexibility under Medicaid to design their own programs and adopt innovations, such as Medicaid managed care, which aims to improve efficiency and quality of care while controlling costs. Medicaid also allows states to apply for waivers to test new models of care, such as work requirements or expanding home care options; and,

WHEREAS, Medicaid provides coverage for pregnant women, reducing maternal mortality and improving outcomes during pregnancy. Expanding Medicaid has been shown to reduce complications during childbirth and increase access to prenatal and postnatal care. Proposed cuts to Medicaid will leave millions of pregnant Black women at a heightened risk of death, worsening the maternal mortality crisis and its racial disparities. (Nationally, Black women are three times more likely to die from pregnancy-related complications than White Women.) and,

WHEREAS, a 2019 study using administrative data from the Internal Revenue Service to examine long-term impacts of childhood Medicaid eligibility expansions on outcomes in adulthood at each age from 19 to 28 found: (1) Greater Medicaid eligibility increases college enrollment and decreases fertility, especially through age 21; (2) Starting at age 23, females have higher contemporaneous wage income, although male increases are imprecise; (3) Together, both genders have lower mortality; (4) These adults collect less from the earned income tax credit and pay more in taxes; and, (5) Cumulatively from ages 19 to 28, at a #% discount rate, the federal government recoups 58 cents of each dollar of its “investment” in childhood Medicaid, and,

WHEREAS, Medicaid has proven to be a crucial tool in improving public health, reducing financial hardship, and boosting economic productivity. Its role in expanding access to care, especially for vulnerable populations, is a major success; and,

WHEREAS, the Affordable Care Act (ACA) expanded Medicaid to cover adults with incomes up to 138% of the federal poverty level in states that chose to participate in the Medicaid expansion (Virginia has participated since 2019); and, DHHS reported that as of February 1, 2023, 10,455 adults in Alexandria were enrolled in Medicaid expansion; currently xxxxy residents of the City of Alexandria are covered under the ACA and Medicaid; and,

WHEREAS, the ACA has helped reduce the uninsured rate to an all-time low of 7.2% in 2023 and has expanded coverage to nearly 40 million Americans. In Alexandria, the uninsured rate was 8.5%: broken down, (a) Hispanic or Latino (7,414/27.1%; (b) Two or more races (5,560/23.7%; (c) Non-Hispanic Black (3,217/10.0%); Non-Hispanic White (1,851/2.4%); 7,844/15.6% between 138-399% FPL and 2,239/20.6% under 100% FPL, and,

WHEREAS, the ACA has made insurance more affordable through premium tax credits and cost-sharing reductions, and the ACA protects people with preexisting conditions from being denied coverage by insurers, and provides access to essential health benefits, including preventive care, prescription drugs, and mental health treatment; and,

WHEREAS, the ACA has decreased the uninsured rate among non-Hispanic Black and Hispanic populations, and Black and Hispanic patients have had a greater reduction in ruptured appendicitis rates, which can indicate timely access to care; and,

WHEREAS, initial estimates by CBO are that the current Administration’s budget bill will cut roughly \$1 trillion from Medicaid, meaning as many as 300,000 Virginians could lose coverage under Medicaid; moreover, if Congress fails to address the impending expiration of the enhanced premium tax credits for ACA marketplace by the end of 2025, premiums will rise substantially and several million additional persons are expected to become uninsured; and,

WHEREAS, data provided by the Commonwealth Institute of Virginia, indicated that in 2022-2023, there were approximately 13,000 uninsured in the City of Alexandria, which was a significant reduction from the 16,400 uninsured residents between 2016-2020 .Of the approximately 13,000 about 8,000 (61%) identified as Latino, 2,600 (20%) identified as Non-Hispanic Black and almost 1,600 (12% identified as Non-Hispanic White. Of the total uninsured, 11,400 (87.5%) were aged 19-64. Roughly 2,100 (16%) had incomes under 138% FPL; 4,800 (37%) had incomes between 139-300 FPL; and a little more than 6,000 (47%) had incomes of 301 FPL or over. Of the total uninsured, 4,200 (32%) were U.S. citizens, while about 8,800 (68%) were non-citizens; and,

WHEREAS, it is widely understood that being uninsured is bad for your health. The uninsured receive less presentative care, have greater difficulty obtaining prescription drugs and dental care, and are less likely to get the specialty care they need. It certainly can be bad economically for the uninsured individual, but an unhealthy populace is bad for the economy as well. Long-standing research reveals that having insurance coverage as a child improves future productivity as an adult. By age 28, those who had Medicaid coverage as a child had higher college enrollment, higher wages, and used fewer government benefits.

WHEREAS, most individuals have very few options for obtaining their health care if they are uninsured. One option in many cities and large counties are federally qualified health centers (FQHCs)—community clinics that provide low-income people comprehensive primary care, dental services, mental health and substance abuse services and even some specialty care. FQHCs charge a subsidized rate base on ability to pay, with about 90% of their patients at or below 200% of the federal poverty line (currently, \$15,060 for a single individual; \$31,200 for a family of four.) FQHCs rely on Medicaid patients as their primary source of revenue and use grant funding from the federal government to cover the costs of providing care to the uninsured. Cuts to Medicaid coverage, without commensurate increases in federal grants to cover the costs of the uninsured, could threaten the stability and scope of FQHCs.

WHEREAS, the City of Alexandria and other jurisdictions in Northern Virginia are extremely fortunate to have Neighborhood Health, a nationally recognized FQHC for quality of care, in their midst. Neighborhood Health provides high quality primary medical, dental and behavioral health care to more than 41,000 low-income and mostly uninsured individuals at 15 clinics across the City of Alexandria and Fairfax and Arlington Counties. In 2024, 85 percent of Neighborhood Health’s patients were uninsured or on Medicaid.

WHEREAS, another source of support for those without health insurance are hospitals. Federal law requires all hospitals to provide care to all patients who show up in the emergency departments. Federal law also requires non-profit hospitals to provide some “community benefit” via charity care or “free or discounted health services” to maintain their tax-exempt status Through the tax-exempt status of nonprofit hospitals, taxpayers are subsidizing some of this charity care for the uninsured. Nevertheless, cutting Medicaid is

going to hurt hospitals as well. It has been estimated that for each additional uninsured person in the U.S., hospitals pay an additional \$800 in uncompensated care costs.

WHEREAS, like with Neighborhood Health, the city of Alexandria and Northern Virginia region are extremely well-served by the Inova Health System, including Inova Alexandria Hospital, one of five hospitals in the Inova Health complex. Inova Health System is a leading nonprofit health care provider in Northern Virginia and offers integrated healthcare services with more than 25,000 team members, providing 4 million patient visits annually. In 2024, Inova provided \$151 million in charity care. For the 2024-2025 awards year, Inova Alexandria Hospital was identified as “high performing” by the Leapfrog Group (a national organization committed to improving the healthcare quality and safety for consumers and purchasers in the following clinical and surgical areas: Heart Attack, Heart Failure, Kidney Failure, Knee Replacement, Neurology & Neurosurgery, Orthopedics, Pneumonia, and Stroke.

WHEREAS, an analysis by the Kaiser Family Foundation (KFF) found that 20 million people, or around 8% of adults, have some form of medical debt, with around 6% of adults owing more than \$1,000. In total, people in the U.S. account for more than \$220 billion in medical debt. The incidence of medical debt is higher among the uninsured (11%), low-income people (11%) and those with disabilities (13%). One study found that having a hospital admission while uninsured increases the probability of bankruptcy by nearly 40%. Another study found that a ten-percentage point increase in Medicaid eligibility reduces consumer bankruptcies by 8%, and,

WHEREAS, a recent editorial in JAMA, titled “How We Are Failing US Children” scholars reported several alarming findings: “The percentage of US children aged 3 to 17 years with 1 or more of 15 parent-reported chronic conditions increased by approximately 20% between 2011 and 2023. They examined electronic medical record data from 10 pediatric medical centers and found that nearly half (45.7%) of patients aged 3 to 17 years had a chronic condition. In particular, the prevalence of depression, sleep apnea, anxiety, and obesity increased, as did symptoms such as poor sleep, activity limitation, pain, and loneliness.” It also pointed out that “the supply of pediatric mental health professionals has not kept pace with the growing caseload of children with mental health problems, putting greater demands on already overburdened primary care clinicians and emergency departments.” The Commonwealth Fund ranked the US last in equity out of 10 high income countries. “Three causes of death –SUID, prematurity and firearms –are 3 to 4 times more likely among non-Hispanic Black than non-Hispanic White youth.”; and,

WHEREAS, in 2023, the Northern Virginia Health Foundation released a report, **DYING TOO SOON**, wherein researchers from Virginia Commonwealth University, examining data for 2015-2019, found the risk of dying prematurely (before age 75) in Alexandria differed more than four-fold across census tracts—from rates as low as 113 per 100,000 to as high as 476 per 100,000. Moreover, the premature death rate among Black residents was 320 per 100,000, 117% higher than the rate among White residents (148 per 100,000). Equally

alarming was the finding that of the 1,484 premature deaths that occurred in 2015-2019, almost 70 percent were avoidable; furthermore, most analysts predict that the above disparities will be even more exacerbated once the Covid years (2020 to 2024) are accounted for; and,

WHEREAS, the study above recommended five key strategies for reducing the disparities in premature death: (1) Prioritize the Social Determinants of Health; (2) Prioritize the “Islands of Disadvantage”; (3) Improve Health Care Access and Quality; (4) Strengthen the Public Health Infrastructure; and, (5) Address the Legacy of Systemic Racism;and,

WHEREAS, in a July 10, 2025 press release, Rufus Phillips, the CEO of the Virginia Association of Free and Charitable Clinics (VAFCC) said, This is the biggest cut to the healthcare safety net in decades, and it will have significant impacts in Virginia for years to come.....We believe every Virginian deserves access to basic healthcare services, and we remain committed to helping ensure no person falls through the gaps.” Drawing mostly from data provided by the Kaiser Family Foundation, the VAFCC report made the following observations:

- Loss of enhanced ACA premium subsidies and other changes to the ACA Marketplace could affect 84,000 people in January. According to KFF, people who earn four times the federal poverty level (\$62,600 for an individual) would lose eligibility for subsidies and would need to pay full price for health plans. For example, a 60-year-old couple living in Virginia making \$85,000 annually would see their premium payment increase by about \$900-\$1,100 monthly, or about \$11,000-\$12,000 a year. “The additional cost burdens could mean Virginians are priced out of the ACA Marketplace and would need to rely on free clinics and other safety net providers for care.
- According to KFF projections, about 210,00 Virginians would lose Medicaid coverage mostly due to new work requirements, but VAFCC expect the number to be larger because of a Senate addition that makes parents with youth over 14 years-old meet work requirements. States, including the Commonwealth, face significant unknowns related to the costs to implement work requirement reporting. To comply, state will need to build and invest in system to track work hours for patients so they can report twice a year. Health policy experts indicate literacy and internet access barriers, busy schedules and challenges with reaching vulnerable populations will likely contribute to the difficulty of implementing work requirements.
- According to VAFCC, cuts will put significant stress on the free clinics that accept Medicaid. (Twenty-one of the more than 70 free and charitable clinics across Virginia are Medicaid providers and served nearly 26,000 Medicaid patients in 2024.) With more than 300,000 Virginians at risk of losing their Medicaid coverage over the next few years, the additional influx of patients would come at a time when the Free Clinic system is already overburdened. Over the past three years, patients at clinics increased by 48%.
- The Budget bill gradually cuts the maximum allowable provider tax in Medicaid expansion states such as Virginia from 6% to 3.5% over five years starting in FY

2028. Lowering these taxes will undermine the state's ability to fund Medicaid expansion and would decrease critical state directed payments to hospitals. These payments serve to bolster hospital Medicaid reimbursement rates, which are currently well below the cost of care; and,

WHEREAS, a recent memo from a senior analyst at the Commonwealth Institute for Fiscal Analysis in Richmond advises that the best estimates on the impact of Medicaid and ACA cuts in Virginia come from the U.S. Congress Joint Economic Committee, which estimates roughly 323,000 people will lose coverage in Virginia. And while there are no estimates on impact on individual cities and counties at this time, it's important to note, says the analyst, that "8,379 people in Alexandria are currently enrolled in Medicaid expansion, which is the target population for most of the provisions including work reporting requirements, more frequent eligibility checks, and new co-pays. The analyst further added another important consideration, viz. that "OBBA removed Medicaid, Medicare, and subsidized ACA marketplace coverage for individuals with asylum and refugee status starting October 1, 2026."

WHEREAS, interviews by Reuters reporter Amina Niasse with major insurers that operate Medicaid plans revealed seven industry experts agreed that Trump's spending bill 's funding cuts and its stipulations requiring states to verify patients' work status "deliver a blow to insurers." "State Medicaid departmentswill have a difficult time carrying out verification protocols," according to five industry experts. "For insurers, the disruptions could result in more sick people enrolled in the Medicaid plans they operate on behalf of the government because those who are more ill are likely to complete the verification process because they have an immediate need for healthcare," industry experts said; and,

WHEREAS, on July 10, the Department of Health and Human Services announced that undocumented migrants will no longer have access to any of the department's taxpayer - funded services classified as federal public benefits, and,

WHEREAS, there is increasing concern on the part of health care providers that people with serious medical conditions, including chronic illnesses and high-risk pregnancies, are forgoing medical care out of fear of being apprehended by immigration officials; if the trend continues, health care officials say, the list of consequences could be long: e.g., infectious diseases circulating unnecessarily, worsening health care costs because of untreated chronic illnesses; and dangerous birth complications for women who wait too long to seek help, and,

WHEREAS, the Public Health Advisory Commission (PHAC) has played a key role over the years in securing Council's support for using proceeds from the cigarette tax to reduce smoking and exposure to secondhand smoke and to expand access to primary care services for hundreds of low-income, uninsured residents. In 2011, at the behest of a PHAC resolution and in cooperation with the Partnership for a Healthier Alexandria, the City Council authorized the placement of signs discouraging smoking in the playgrounds, parks

and bus shelters. (It was the first time that funds from the cigarette tax were devoted to a public health measure. The signs exist until this day.) In 2013, at the recommendation of the PHAC, the City raised the cigarette tax from \$0.80/pack to \$1.00/pack and allocated \$35,000 toward a collaborative effort with the Alexandria Redevelopment and Housing Authority (ARHA) to adopt a smoke-free housing policy; to cover the costs of signage for the new policy; and to offer a group counseling smoking cessation demonstration program for ARHA residents motivated to quit smoking. (Unfortunately, the demonstration was never implemented.) PHAC members were involved in 2016 with the most recent and the largest increase in the tax, from \$1.15/pack to \$1.26/pack, which devoted approximately \$103,000 to Neighborhood Health to increase their capacity for providing primary health care services to more than 800 low-income, uninsured or underinsured residents in the City. (The authorization continues to this day.) There have been no further increases in the cigarette tax since the 2020 General Assembly capped the city's tax at \$1.26 /pack; furthermore, during FY 2023 the cigarette tax generated slightly more than \$2million with a \$1.9 million projection for FY 2026; and,

WHEREAS, on April 1, 2025, high school students and local businesses joined forces to spread awareness about the dangers of youth tobacco use during Take Down Tobacco Day. Students posted large red stickers with the words "Take Down Tobacco" throughout the City. The purpose is to draw attention to the harm of marketing tobacco products to youth; and,

WHEREAS, in 2011, the Partnership for Healthier Alexandria, in close collaboration with the Public Health Advisory Commission, convinced City Council to authorize signs in the parks, playgrounds and bus shelters discouraging people from smoking; (the signs remain to this day.)The 2019 City of Alexandria's Community Health Assessment identified Chronic Conditions, Healthcare Access, Mental Health, and Tobacco and Substance Use among the top 10 health issues in the City, and the Partnership for Healthier Alexandria and the Alexandria Health Department's Fall 2023 Progress Report on the Community Health Improvement Plan 2025 summarized exemplary progress in the three key areas of focus: 19 tactics for Housing; 26 for Mental Health and 35 for Poverty; the Alexandria Health Department released its 2025 State of Health Report which found, according to AHD's Population Health Manager Natalie Tallis, "Many of our city's health metrics are better than state and national benchmarks. But when we look at the data at a hyperlocal level, we see that certain Alexandria communities consistently have worse health outcomes than others." The report added: "Decades of policy choices have built an Alexandria where some areas and residents have greater access to the resources and opportunities that support health. As a result, people living in specific neighborhoods, Black and Hispanic/Latino residents, and people with lower household incomes are at higher risk for worse health outcomes.", and,

WHEREAS, in late January 2025, just five months prior to the enactment of the current Administration's Budget and Spending Bill, the American Lung Association released the 2025 "State of Tobacco Control" report, which found that the tobacco industry is taking

more aggressive actions at the federal and state levels to stop proven policies to prevent and reduce tobacco use, protecting their profits at the expense of our nation's health. The report examines the tobacco industry's increasingly aggressive actions to addict a new generation to tobacco and hinder proven public policies to prevent and reduce tobacco use. Among the examples provided are: (1) The effort by the tobacco industry to stop the Biden White House from finalizing the FDA rules that would end the sale of menthol cigarettes and flavored cigars; (2) Tobacco industry lobbyists at the state level working to stop or weaken proven tobacco control policies such as restrictions on flavored tobacco products; (3) Introduction of new products by the tobacco industry that appeal to youth like e-cigarettes that mimic smartphones, kid-friendly flavors and flavored nicotine pouches that are heavily marketed by social media influencers, similar to previous Juul promotions; and, (4) Confusing messaging promoting smoking cessation for products that aren't FDA approved to help people quit smoking, and,

WHEREAS, the use of the local tobacco tax to finance public health interventions is very much supported by long-standing research from the Centers for Disease Control and Prevention. Increases in tobacco prices along with access to smoking cessation have been dubbed by CDC as the Tobacco Control Vaccine – such that when implemented, they provide robust population-protection for communities (particularly communities of color) and drive down racial disparities in tobacco use and exposure to secondhand smoke; and,

WHEREAS, since 2012, the Community Preventive Services Task Force (the gold-standard of evidence-based research) has recommended interventions that increase the unit price of tobacco products based on strong evidence of effectiveness in reducing tobacco use. Evidence is considered strong based on findings from studies demonstrating that increasing the price of tobacco products: (1) Reduces the total amount of tobacco consumed; (2) Reduces the prevalence of tobacco use; (3) Increases the number of tobacco users who quit; (4) Reduces initiation of tobacco use among young people; and, (5) Reduces tobacco-related morbidity and mortality; and,

WHEREAS, in 2022, 12.1% of adults in Virginia smoked, compared to the national average of 14.0%. In the same year, 10% of adults in Alexandria smoked, compared to 12% in 2019.; Between 2018 to 2021, adult smoking rates in Alexandria fell from 12% to 10%. (None of these data are disaggregated by race or ethnicity.) 2.8% of high school students in Virginia smoked cigarettes on at least one day in the past 30 days, lower than the national prevalence of 3.8% In Alexandria,

WHEREAS, In 2022, 7.7% of adults in Virginia used e-cigarettes, matching the national adult e-cigarette prevalence. In Alexandria it was ??%. In 2021, 14.3% of high school students in Virginia used electronic vapor products, lower than the national prevalence of 18%. E-cigarette use among high school students in Virginia significantly declined between 2022 (14.1%) and 2023 (10.0%). Emergency room visits in Virginia by people who reported vaping more than doubled between 2020 and 2023, while traditional tobacco product-related ER visits decreased. One study found that people who both smoke cigarettes and

vape are 4 times more likely to develop lung cancer than those who only smoke cigarettes; and,

WHEREAS, in 2024, an estimated 1.63 million U.S. middle and high school students currently used e-cigarettes, a significant decline from 2.13 million in 2023. Despite the significant downturn, the CDC cautioned that “Continued surveillance of youth tobacco product use patterns and implementation of comprehensive tobacco control strategies [including taxation], regulations, and enforcement are important for preventing and reducing tobacco product use by youths and associated adverse health outcomes, including a potential lifetime of nicotine addiction.” and,

WHEREAS, it is well-established that flavored products are driving youth use; nearly 90% of youth e-cigarette users use flavored products, with fruit, candy/desserts/other sweets, mint and menthol reported as the most popular flavors. By masking the harshness and soothing the irritation caused by tobacco smoke, flavors make it easier for beginners – primarily kids – to try the product and ultimately become addicted. A 2024 Surgeon General Report found that, “Sales restrictions on flavored products in the U.S. and Canada have been shown to reduce (1) sales of tobacco products, (2) the odds of youth trying flavored tobacco products, (3) the odds of youth ever using tobacco products, and (4) youth current use of tobacco products, particularly when the restrictions apply to all flavors in all tobacco products.” In 2019, Massachusetts was the first state to adopt legislation prohibiting the sale of flavored tobacco products, including menthol cigarettes; and,

WHEREAS, research from the Mayo Clinic in 2019 found an astonishing 33 percent drop in heart-attack rates in one local county after public smoking bans were enacted. “If you could invent a pill that reduces heart attacks by 33 percent,” declared Mayo Clinic’s Richard D. Hurt, M.D., who led the study, “that would earn a Nobel prize.” And,

WHEREAS, a Johns Hopkins Medicine-led analysis of medical information gathered on a diverse group of almost 250,000 people over four years has significantly clarified the link between the “exclusive” use of e-cigarettes and chronic obstructive pulmonary disease (COPD), as well as high blood pressure in a sub-group of adults 30 to 70 years of age. The new analysis further verifies that while the use of either e-cigarettes or traditional “combustible” cigarettes is linked to higher risks and rates of COPD, the effect is substantially stronger for traditional cigarettes, and,

WHEREAS, Smoking is still the number one preventable cause of death in the U.S, killing over 490,000 people per year. A 2021 study found that menthol cigarettes were responsible for 1.5 million new smokers (the large majority are Black), 157,000 smoking-related deaths and 1.5 million life years lost among African Americans from 1980 to 2018. While overall cigarette use declined by 26% from 2009 to 2019, 91% of that decline was due to non-menthol cigarettes. It is estimated that smoking costs the U.S. economy over \$600 billion in direct health care costs and lost productivity every year. Moreover, secondhand smoke costs the U.S. economy \$7 billion per year due to premature death, and,

WHEREAS, nationwide, the Medicaid program spends more than \$68 billion in healthcare cost for smoking-related diseases each year—more than 20.3% of total Medicaid spending. Smoking rates are over twice as high for Medicaid recipients (17.6%) compared to those with private health insurance (8.4%). Significantly, just a few years ago, Virginia joined twenty other states offering a comprehensive cessation benefit to tobacco users on standard Medicaid, and,

WHEREAS, Virginia is ranked 44th in the U.S. for its cigarette tax of 60 cents per pack (enacted July 2020), compared to the national average of \$1.93. (New York has the highest tax at \$5.35 and Missouri the lowest at 17 cents.) Interestingly, while Alexandria’s tax is more than double the state rate at \$1.26 per pack, Virginia’s and Alexandria’s cigarette tax rates together are the lowest in the DMV. In the District of Columbia, a pack of 20 cigarettes is \$5.03, only 3 cents higher than the \$5 per pack in Maryland. The \$5 per pack ratified in 2024 represented a 33% increase over the previous rate of \$3.75 a pack. The sales and use tax for electronic smoking devices (ESDs) in Virginia is \$0.11/mL, while in Maryland it is 20% of the taxable price and in the District of Columbia it is 71% of the wholesale price, and,

WHEREAS, the 2020 Legislative Session of the Virginia General Assembly enacted major changes in the cigarette tax including: (1) increasing the state rate from 30 cents a pack to 60 cents a pack, (2) providing counties the same taxing powers as cities and towns effective July 1, 2020. (Previously, counties were not authorized to impose cigarette taxes, with the exception of Arlington and Fairfax counties, which enjoyed that authority since 1970); and (3) imposed a ceiling of 40 cents a pack for most cities and towns, but allowed cities (such as Alexandria) that had rates exceeding \$0.02 per cigarette sold to maintain (but not increase) the rate in effect on January 1, 2020 – which was \$1.26 per pack of 20 cigarettes.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF ALEXANDRIA, VIRGINIA: The City’s delegation to the 2026 General Assembly is urged to make every effort to lift the ceiling imposed on the City’s cigarette tax, authorize a new tax on vaping products for the City, and support legislation to increase the state tax on cigarettes by 10 cents a pack for each of the next four years, with at least half of the new revenues returned to cities and counties to expand access to health care (including behavioral health) and improve public health infrastructure.

(Major Sources: **American Lung Association, Campaign for Tobacco Free Kids, Centers for Disease Control and Prevention, Virginia Department of Health, County Health Rankings and Roadmaps, Truth Initiative, Alexandria Health Department**)