



THE LEAGUE OF WOMEN VOTERS®  
OF THE FAIRFAX AREA

# Fairfax VOTER

September 2011

Volume 64, Issue 1

## How the New Health Care Law Affects Virginia

LWVFA's program year for 2011-12 begins with a very interesting article we borrowed with permission from the Weldon-Cooper Center's May 2011 "Virginia News Letter" concerning the Affordable Health Care Act. We think this article covers some issues that have not been covered well to date concerning how this federal legislation will affect Virginians. Thanks to Karole McKalip for agreeing to oversee this program in lieu of a program chair. Units should send responses to her as directed on the response sheet. Individuals can send responses to [office@lwv-fairfax.org](mailto:office@lwv-fairfax.org) or to the League address on the Voter. The Weldon-Cooper Center is affiliated with the University of Virginia. The remaining end notes can be found on our website [www.lwv-fairfax.org](http://www.lwv-fairfax.org)

### Calendar

#### August

- 23 Primary Election Day
- 30 Ramadan ends

#### September

- 3 **Kickoff**, 9:30 a.m., and **Briefing**,  
11:30 a.m., Sully Gov. Center
- 5 Labor Day
- 6 School begins
- 8-14 **Unit meetings**
- 12 October *VOTER* deadline
- 17 LWV-VA Workshops in Richmond
- 18 LWV-VA Board meeting
- 21 **LWVFA Board meeting**,  
Packard Center, 10 a.m.
- 25 Fairfax Cable Access election
- 28 Rosh Hashanah begins at sundown

#### October

- 1 **Super Saturday**: Voters Service
- 1 **Briefing** LWVUS education consensus
- 2 Mason District debate
- 4 Fundraiser, Dogfish Head Alehouse

### Inside This Issue

Presidents' Message	2
Welcome New Members	2
National Convention in DC	2
Local Programs Set For Fall	3
LWV-VA Fall Workshops	3
Greet Local Candidates	4
Help Earn Money For League	4
Readers Respond on Redistricting	4
Questionnaire Results	5
Look For Voters Guide	5
Fall Kick-Off and Briefing	6
Unit Fund Raisers	6
Annual Dues Payable	6
Call For Volunteers	7
Community Elections	7
Northern VA Expensive For Renters	7
Study- Affordable Care Act	1-7
Unit Meeting Locations	8



## Presidents' Message



As a new LWVFA year begins, we also start a new concept of co-presidents. We are learning each other's style and strengths. Julie is especially learning how much our president is connected to our League members and to the community at large. The amount of daily emails is simply surprising.

We know from our experience and from the results of the June questionnaire that **Voter Service is a major focus of our League**. In light of this, the LWVFA Board has approved quite a few activities that are designed to inform voters about our local November 8 elections. We are going to be busy this fall, and your participation will be very important.

Bette Hostrup and her committee have been working on the **candidate questionnaire** and format all summer and will send out individual letters after the August 23 primary. You will be able to see the candidates' responses on the LWVFA website and printed in the *Fairfax Times*.

**Super Saturday's** distribution of "**What's on the Ballot**" is scheduled for **October 1** at regional and Oakton libraries. As always your participation is needed for this appreciated and anticipated activity.

Our League and Mason District Council have scheduled a **Candidates Debate Forum on Oct 2** at the Jeb Stuart High School auditorium. We are also working with the Fairfax County Council of PTAs about a School Board candidate event.

The Fairfax County Public Libraries and LWVFA are co-sponsoring **Candidate Meet and Greet events** throughout the county during the last week of October. Look for dates and places elsewhere in the *VOTER*.

To learn more, please attend our **Fall Kick-off on September 3** at the Sully District Governmental Center. Unit officers should attend or should send a representative. The September briefing will follow, so bring a bag lunch if staying for both.

If we are to do these events successfully, we need your participation. Mark your calendars now. A few hours of your time will make a difference in promoting voter knowledge and LWVFA visibility. Volunteer and, when asked, please say yes! With your help, we truly can make a difference.

## Welcome New Members

LWVFA welcomes new members Pauline Krogh, Kristin Cabral, Rose Kobylinski and Deborah Bodlander as well as national member Yvonne Rappaport of Fairfax.

## National Convention in DC

Friday June 8 --- Tuesday June 12, 2012

**After an 8-year absence, the LWVUS Convention will be held in the National Capital Area. More than 150 volunteers will be needed, so mark your calendars now. We'll be signing up people after the first of the year.**

## LWVFA Fairfax VOTER 2011 - 2012

This newsletter, partially funded by the League of Women Voters of Fairfax Area Education Fund, is published 10 times each year—from September to June by:

The League of Women Voters of the Fairfax Area  
4026 Hummer Road, Suite 214  
Annandale, VA 22003-2403  
703-658-9150 (Info/fax/answering machine)  
[www.lwv-fairfax.org](http://www.lwv-fairfax.org) [league@lwv-fairfax.org](mailto:league@lwv-fairfax.org)

Co-Presidents: Jane E. George 703-631-2293  
janeyg16@verizon.net  
Julia Jones 703-476-8347  
dave.julie.jones@verizon.net  
Editor: Ron Page 703-690-0908  
pagegolfer@cox.net  
Coordinator: Liz Brooke 703-281-3380  
lizbrooke@cox.net

Subscriptions to the *Fairfax VOTER* are available to non-Fairfax League members for \$15 per annum. Send your check to the above address and request a subscription.

Please e-mail address corrections to the office  
or call 703-658-9150

# Local Programs Set for Fall; Not Quite Final for Spring

by Lois Page, LWVFA Program Development Committee

The LWVFA Program Development Committee is announcing our tentative program plans for the year. The committee met in July and plans to continue; we need additional members to plan future programs. If you are interested in joining this committee, call Rona Ackerman at 703-282-2262 or [league@lwv-fairfax.org](mailto:league@lwv-fairfax.org). Committee members include Lois Page, Karole McKalip, Karen Knopes, Lesley Bubenhofer and Ginger Shea.

The committee hopes to develop a pared-down list of choices for the national and local program planning meetings in December so as to truly discern a consensus. So far, the committee is suggesting nationally: Do we need additional national legislation to protect voting rights? Locally the suggestion is: Should Fairfax County elect its School Board? Additional suggestions—before the November 14 deadline for the December *VOTER*—should be discussed at unit meetings or sent to anyone on the committee.

As for the monthly programs, the following schedule is in place through December:

**September:** “The Effects on Virginia of the Affordable Health Care Act,” oversight by Karole McKalip and a newly formed health care committee.\*

**October:** Consensus on LWVUS’s study of “The Role of the Federal Government in Public Education,” oversight by Ginger Shea and the schools committee.\* (Members might like to prepare ahead by reading the five essays now on which the consensus questions are based on the LWVUS website, [www.lwv.org](http://www.lwv.org). They will also be posted shortly on [www.lwv-fairfax.org](http://www.lwv-fairfax.org) for easy reference.)

**November:** “Bullying and Harassment in Our Schools.” Report by Fairfax County Public Schools’ Human Relations Advisory Committee, oversight by Leslie Vandivere and members of HRAC.\*

**December:** Program Planning for local and national program adoption in spring of 2012. The Program Development Committee would like you to have three choices that you can rank for each level, always with the option of adding something additional (but with the understanding that you

will have to lobby other units to choose your late entry). Again, additional program suggestions at both the local and national levels should be submitted to the committee by November 14.

Anticipated spring program:

**January 21:** General Meeting (speaker not decided)

**February:** Domestic Violence I. Oversight by DV committee

**March:** Consensus on LWVUS’s study on “Privatization” (to develop policies and other parameters that governments - at any level - should consider when they are contemplating privatizing a service, an entity, or any function they are currently providing. \*Oversight opportunity open.

**April:** Annual Meeting (speaker not decided)

**May:** Domestic Violence II. Oversight by DV committee

**June:** “Should Fairfax County Seek to Become a City II?” Oversight by Karole McKalip. Or “Is Tysons’s Corner development still on track?” Study provided by Vienna/Fairfax Day Unit. Final decision based on which committee is furthest along by *VOTER* deadline. The other program will be pushed to the following fall.

\*Oversight involves seeing that the study gets sent to Liz Brooke, *VOTER* Coordinator, by the deadline, seeing that discussion questions or discussion outline is developed, contacting discussion leaders and unit chairs about a briefing, conducting the briefing, and gathering results into a report that can go into the *VOTER*.

---

## LWV-VA to Hold Fall Workshops in Richmond

The League of Women Voters of Virginia Fall Workshops will be held on Saturday, September 17 in Richmond. Three workshops will be offered concurrently in the morning and in the afternoon; topics will include League 101, presidents’ workshop, treasurers’ workshop, voters service exchange, marketing through social media, and others. Details will be in the *Virginia Voter*.

## League to Sponsor Meet and Greet Local Candidates

LWVFA and Fairfax County Public Libraries (FCPL) are sponsoring an opportunity for Fairfax citizens to hear briefly from their district candidates and to meet them personally. All candidates on the district ballot will be invited to attend a gathering at a regional library. Each will be given three minutes to introduce themselves to the audience followed by an opportunity for citizens to meet the candidates. An area will be set aside for candidate and LWV literature. LWVFA will invite the candidates, greet them as they arrive, and moderate the evening. We hope other community groups will join us in organizing and publicizing our efforts. Your help as Leaguers is needed. Please call or contact Julia Jones at [dave.julie.jones@verizon.net](mailto:dave.julie.jones@verizon.net) or 703-476-8347

The FCPL has set up the following schedule to accommodate members in each district:

<u>Date and Time</u>	<u>Library</u>	<u>Districts</u>
Mon, Oct. 24, 7-9	George Mason Pohick	Mason Braddock
Tues, Oct. 25, 7-9	Sherwood	Lee and Mt. Vernon
Wed, Oct. 26, 7-9	Centreville Tysons-Pimmit	Springfield Providence and Dranesville
Sat, Oct. 29, 2-4	Chantilly Fairfax Reston	Sully Fairfax City Hunter Mill and Dranesville

## Help Earn Money for the League - Dine at the Dogfish Head Alehouse on October 4

The Centreville-Chantilly unit is sponsoring a fundraiser for LWVFA at the Dogfish Head Alehouse on Tuesday, October 4. Fifteen percent of the restaurant's sales that day will be donated to the League! It will be open from 11:30 a.m. to 11:00 p.m.

In addition, the Centreville-Chantilly unit would like to raise money by offering items for sale at our table. Do you have an item you can donate? Intangible items such as a spa visit or greens fees for golf would be welcome as well. Please contact Sheilah Musselman to volunteer: (703) 631-9682 or [shemuss1@gmail.com](mailto:shemuss1@gmail.com)

We will have a table in the lobby of the restaurant with voter registration and League materials. It is a great opportunity

to raise awareness about the League. Volunteers to staff the table are needed for two-hour shifts, so why not plan on helping and dining before or after your shift? Contact Sheilah if you can help.

Dogfish Head Alehouse is located in the Greenbriar Shopping Center at 13041 Lee Jackson Memorial Highway, Fairfax, (703) 961-1140. What a wonderful way for your unit or a group of friends to try a new restaurant and support the League!

## Readers Respond on VA Redistricting Article

We asked in June for responses to our report on redistricting in Virginia, specifically whether or not anything in the article seemed inaccurate or slanted and whether the League should pursue reform of the redistricting progress. We're happy to print this response from a member.

Subject: Virginia Redistricting  
Date: Sat, Jun 4, 2011 5:33 pm

Lois,

I read your overview, and at first glance it is extremely factual and even-handed, not slanted toward one side or another; it is certainly not slanted towards either Republicans or Democrats. But then it bothered me that the "right" answer to the questions was so obvious, and I went back over it. I believe that the first two paragraphs, although well-written and very descriptive, set a very dramatic tone of broken promises that sets the reader's perceptions to see chicanery in subsequent actions. There is a very even-handed and non-partisan theme of good citizen groups and bad legislators; both my husband and I reacted emotionally to the article. Of course, we are not a good test case, because we agree with you, but unless you really believe that we should not pursue the matter any further, I think it is at least slanted in that your bias is clear.

That said, I think that we as citizens should continue to fight to try to get it enshrined in Virginia law that redistricting is done by a non-partisan commission (and that no currently serving politician should be allowed to be on it). I think the commission should come up with two or three alternate plans and the legislators would have to choose one.

I do think the overview was exceedingly well written and very thorough.. I liked it very much.

Marion Brown,  
Centreville-Chantilly Day Unit



# Results of the LWVFA 2011 Questionnaire Summarized

By Julia Jones, Co-President

Sixty-one individuals responded to the League of Women Voters of the Fairfax Area questionnaire, although not all participants answered each question. LWVFA members joined for many reasons, but the most important was to learn about issues. They wanted to be informed voters and involved in their community. They also wanted to be with “brilliant”, “like-minded” people and to socialize while part of an interesting group, learning about “local” and women’s issues. They were not single-issue people.

All three missions of LWVFA are important. Voter service ranked higher than action on or advocacy of positions or researching issues.

Most members like a mailed paper copy of the *Fairfax Voter*, although some would be satisfied with the online version. The majority appreciated the email notices and strongly agreed that the social aspects of the unit were important or very important.

Fund-raising was important. A few suggested that we provide more information about legacy donations (estate planning). Condo election proceeds were emphasized over business and unit contributions. Co-presidents were strongly approved, although a few wondered how this would work.

The Lunch Bunch concept seemed to win favor. A revolving location was slightly more acceptable than a permanent

## Look for the 2011 Voters’ Guide on Friday, October 21, 2011

The League of Women Voters of the Fairfax Area (LWVFA) and the Fairfax County *Times* Newspapers are working together to produce a 2011 Voters’ Guide. In an attempt to reach the widest number of voters in Fairfax County, the guide will be available in a newspaper print version (pull-out 32 page tab) and a digital version (pdf file) accessed via the LWVFA website. New this year, the Guide will also be available in a pdf format suitable for viewing on mobile devices. This means voters will be able to access the 2011 Voters’ Guide by using their smart phones and any other hand-held digital device (IPAD).

**VOTE: November 8, 2011**

central location. Using library meeting rooms and bringing a bag lunch were the most chosen options. A few members disliked the whole idea and others thought workers, those with transportation difficulties, and those with hearing problems would not participate.

Most respondents attend unit meetings. When they can’t, it is because they have family concerns, vacation or work-related travel, illness, lack of transportation, or other community commitments. No one suggested that the meetings are uninteresting or of a low priority.

The questionnaire listed 10 LWVFA activities with the idea that the Board would concentrate on the ones thought most important. *Facts for Voters*, “What’s on the Ballot,” Voters guides, and testimony at public hearings were deemed very important. Letters to newspapers and elected officials and informational flyers were only slightly less important than the other voter service activities. Community fair booths and the observer corps (several respondents were unsure what this was) were least important. Holding candidate debates slightly outpaced meet-and-greet candidate gatherings.

The annual business meeting should either be a breakfast/brunch or a restaurant lunch. The other choices received few favorable votes. The Saturday morning briefing was favored by a large majority, although there was some support for online materials.

Many of the respondents were as active as they could be due to age, hearing loss, or transportation problems. Few responded that they just wanted others to take over. Many asked for more energy and more time in the day! Others were impressed by the amount of activity that is currently being accomplished by the Board and LWVFA members. The actual results can be viewed on the LWVFA website.

## League to Sponsor Booth at Clifton Days - October 9

The annual Clifton Day is a nonprofit event, raising funds for a variety of local organizations. The festival includes arts and crafts, antiques, demonstrations, the Town Market, live music, children’s activities and lots of good food. Hours of operation are 9 a.m. to 5 p.m.

LWVFA is joining forces again this year with our partner Turning Point Suffragist Memorial. We will be distributing “Facts for Voters,” and “What’s on the Ballot,”

## Fall Kick-Off, Briefing, and At-Large Unit Meeting 2011 -12 Year Begins with Voter Service Activities

**What:** Fall Kick-off (the beginning of the League year), Briefing for the September health care unit meetings, and At-Large unit meeting for all interested who do not or cannot attend unit meetings

**When:** September 3, 2011

**Who:** All Unit Officers or a unit representative

**Where:** Sully District Governmental Center, 4900 Stone Croft Boulevard, Chantilly 20115

**Schedule:** Gathering 9:30; Kick-Off 9:45; Briefing 11:30

LWVFA is ready to begin our new League year. We want to share our plans with you, hear your ideas, and answer your questions. Because of our desire not to interfere with scheduled Unit meetings, we again meet on Labor Day weekend. All units should be represented either by unit officers or unit members.

We will share our Voter Service plans and our need to staff each activity. Sign-up sheets for each activity will be distributed and discussed. We will also have a short presentation about the membership initiative and training that Mia Merin, Anne Thomas, Rona Ackerman, and Janey George attended during the summer. Their ideas should help with increasing and strengthening our units.

We will provide snacks, but if you are staying for the briefing on Health Care in Virginia please feel free to bring a bag

lunch. Remember that everyone is invited to attend the briefing in lieu of regular unit meetings. Come enjoy the discussion.

Directions to the Sully District Governmental Center, 4900 Stone Croft Boulevard, Chantilly 20115

**From Dulles Airport/ Rt. 50 in Chantilly:** Take Rt. 28 South (toward Centreville – approx. 2 miles); Take the Westfield Blvd West exit; make your first right on Stonecroft Blvd. Sully Govt. Center is on your immediate left.

**From Centreville/ Rt. 29/ Rt. 66:** Take Rt. 28 North (toward Chantilly – approx. 2 miles); take the Westfield Blvd. West exit; Make your first right on Stonecroft Blvd.; Sully Govt. Center is on your immediate left.

in Appreciation . . .

### Annual Unit Fund Raisers For 2010-2011 Huge Success

By Bernice Colvard, Finance Director

At times a simple “Thank You” says it all. Our unit fundraisers are vital to the League’s financial health. Your support is clear proof of your dedication to League and its principles. Once again, thank you.

#### FY 2010-2011 Unit Project Proceeds

Centreville-Chantilly	\$ 30
Fairfax Day	240
Fairfax Station	50
McLean	910
Mt Vernon Day	882
Mt Vernon Eve	500 (last year)
	450 (this year)
Reston Day	470

Reston Eve	335
Springfield	146 (fall book sale)
	385 (spring event)
Vienna Eve	125
<b>TOTAL:</b>	<b>\$4,523</b>

### Annual Dues Are Payable

The League’s membership year began on July 1, 2011. If you have not yet sent in your dues, please do it today. The October *VOTER* will be the last newsletter members with outstanding dues will receive. Individual dues are \$65; household membership is \$90; students are \$32.50. Donations are always welcome!

Mail your check, payable to LWVFA and mail to: LWVFA, 4026 Hummer Road, Annandale, VA 22003

Help Wanted . . .

## Board Calls for Volunteers to Carry Out Mission

We have many positions that still need to be filled for this year. Interested? Contact Rona Ackerman at [league@lwv-fairfax.org](mailto:league@lwv-fairfax.org) or 703-282-2262.

**Board Members:** (Board meets the 3<sup>rd</sup> Wed. of every month)

Program

Unit Coordinator

Voters Service Outreach

**Off Board:**

Audit Committee

Budget Committee

By-laws Committee

Elections Coordinator

Fundraising

Program Development

Justice Study Committee

**Observer Corps:** needed to observe meetings of:

Board of Supervisors

School Board

Town of Clifton

Town of Herndon

Town of Vienna

City of Fairfax

**Appointments to Citizen Committees:**

Fairfax County- Airports Advisory Committee

Fairfax County Public Schools- Advanced Academic

Programs Advisory Committee (formerly known as

Gifted and Talented Advisory Committee)

## Community Elections Plans Incomplete at Press Time

As we were going to press, we did not have dates for most of the fall community elections that provide so much of our League budget for the year. Please keep them in mind because we need you to volunteer!

- Fairfax Cable Access – Sunday, Sept. 25
- Reston Community Center – October 13
- Woodlake Towers – October
- Sequoyah - November

## Northern VA is an Expensive Area for Renters

The National Low Income Housing Coalition (NLIHC) has released its **Out of Reach 2011** report, which shows that the Housing Wage for Virginia is \$19.65/hour. The Housing Wage is the hourly wage a family must earn working 40 hours a week, 52 weeks a year, to be able to afford rent and utilities for a two-bedroom unit in the private housing market. The Housing Wage for Virginia is 7 percent higher than the national Housing Wage of \$18.46 and represents an increase of 55 percent since 2000.

Virginia's housing wage of \$19.65 translates into \$40,876 annually, making Virginia the 11th most expensive state in the nation for rental housing costs.

**The statistics for Northern Virginia paint a far more disturbing picture.** The Housing Wage for a family in Northern Virginia is \$28.10, representing an annual salary of \$58,400. This is the amount needed to afford rent and utilities of \$1,461 (fair market rate) for a two-bedroom unit, which represents a 61 percent increase in rents since 2000.

According to **Out of Reach 2011**, approximately 46 percent of renters in NoVA are unable to afford units in the private housing market. For those workers making the minimum wage of \$7.25/hour, their affordable rent translates to \$377/month. For those SSI recipients receiving monthly payments of \$674, their affordable rent is \$202/month. To afford a two-bedroom market rate apartment in NoVA, a minimum wage earner must work 155 hours a week.

### Implications for our Region

These statistics have dire implications for our sustainability as a region.

- If we cannot house whole segments of our workforce, many of whom are employed in jobs that pay below \$58,000, it's more difficult for businesses to recruit and retain employees.
- Our workforce is forced to live farther and farther from our job centers, adding to their transportation costs and gridlock on our highways - which impacts us all.

*This report was provided by the Northern Virginia Affordable Housing Alliance, a broad-based regional organization dedicated to the creation of successful communities through affordable housing education and advocacy.*

## *The Virginia NEWS LETTER*

# *The Affordable Care Act Holds Great Promise for Virginia*

---

by Jill A. Hanken

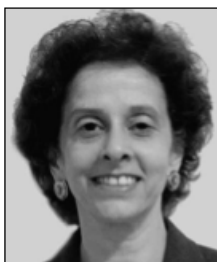
---

### **Introduction**

Since enacted by Congress one year ago, the Patient Protection and Affordable Care Act<sup>1</sup> (ACA), better known as the new health care reform law, has been the subject of both wild celebration and vigorous condemnation. At the same time that many states are challenging its constitutionality and some in Congress are seeking its repeal, consumers are benefiting from many aspects of the new law, and states are receiving and using millions of federal dollars as they work to implement it.

In this atmosphere of heated debate and sometimes schizophrenic behavior by states which are both challenging and implementing the law, the problems which ACA seeks to solve have been somewhat overshadowed by the ongoing controversy. However, enormous problems in the United States' health care system do persist, and they have grown worse during the current recession. While not perfect, ACA offers sound and comprehensive approaches that will improve access to health care for millions of Americans.

This article will focus on circumstances in Virginia that demonstrate the need for national health care reform. It will describe major provisions of the ACA and steps Virginia has taken during the past year to either resist or embrace ACA requirements.



Jill A. Hanken

### **Private Insurance and the Uninsured**

Virginia is a relatively high-income state; in 2010 its per capita personal income was 110.3 percent of the national average and the state ranked seventh in the nation.<sup>2</sup> Yet, nearly one million of her residents were uninsured in 2008-2009, including 150,900 children.<sup>3</sup> The recession has contributed to increased poverty in Virginia. Preliminary state-level data from the Census Bureau show that in the one year time period from 2008 to 2009 Virginia's poverty rate for all people rose from 10.3 percent to 10.7 percent. Furthermore over 157,000 Virginians have joined the ranks of the poor since the recession began in 2007.<sup>4</sup>

While many Virginians are fortunate to obtain health insurance from their employers, the percentage of Virginians under age 65 who get health insurance at work has declined over the last decade, dropping from 71.6 percent in 1999 to 65.7 percent in 2009 (see **Figure 1**).<sup>5</sup> Moreover, the cost of that insurance has skyrocketed, and employees are shouldering more of the costs.

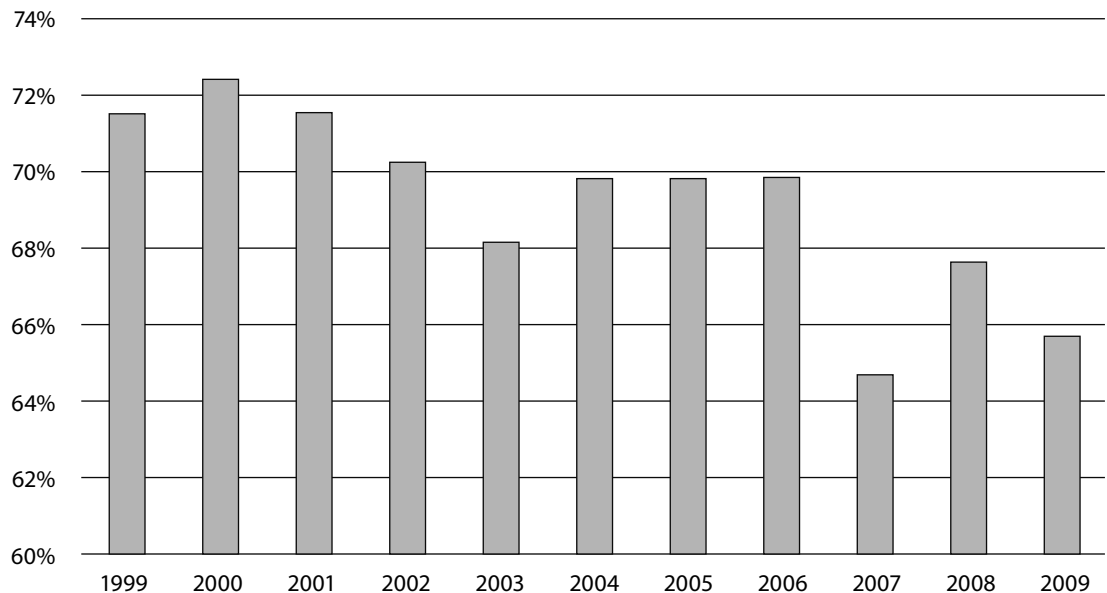
Not surprisingly, the problem is particularly acute for small businesses—defined here as those with under 50 workers. In 2009, only 37 percent of such small businesses offered health coverage to their workers. This was a significant drop from just





*“...Virginia workers must cope with relatively lower income to pay for higher premium costs and increased cost sharing at the point of service.”*

**Figure 1: Percentage of Virginians Under 65 with Employer-Based Health Insurance, 1999 to 2009**



Source: U.S. Bureau of the Census, “Health Insurance Historical Tables,” Table HIA-6 “Health Insurance Coverage Status and Type of Coverage by States—Persons Under 65: 1999 to 2009” <http://www.census.gov/hhes/www/hlthins/data/historical/index.html>

one year earlier. In 2008, insurance was offered by 44 percent of such small businesses. The current percentage in Virginia is below the national average for the first time since 1998.<sup>6</sup>

The reduction in employer-based coverage can largely be traced to the rising cost of health insurance premiums. The average yearly employer health insurance premium for an individual with no dependents working in a small business was \$4,652 in 2009—almost \$400 more than two years previous and more than double the cost in 2000.<sup>7</sup> The average annual employer cost of a family plan was just under \$12,500 a year in 2009.<sup>8</sup>

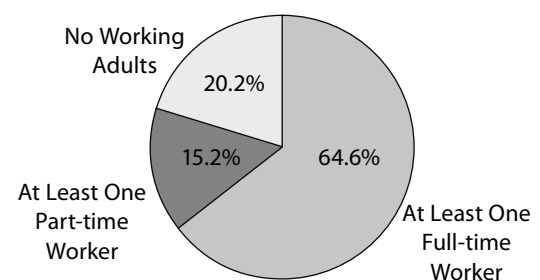
The growth in the costs of health care services in Virginia has exceeded per capita personal income growth by over 35 percent in the past ten years, and premium increases have been even higher, “outstripping economic growth in general” according to the Virginia Health Reform Initiative Advisory Council.<sup>9</sup> Thus, Virginia workers must cope with relatively lower income to pay for higher premium costs and increased cost sharing at the point of service.<sup>10</sup>

As is true for the entire nation, the majority of uninsured in Virginia are working people. Nearly two-thirds of the uninsured live in families with at least one person in the household working full time (see **Figure 2**).<sup>11</sup> Yet 35.2 percent of the nonelderly uninsured have incomes at or below the federal poverty level and an additional 26.8 percent have incomes 101 to 200 percent of the poverty level (see **Figure 3**).<sup>12</sup> Even if they are offered insurance at their jobs, many workers are unable to afford the required employee premiums.

## Public Insurance

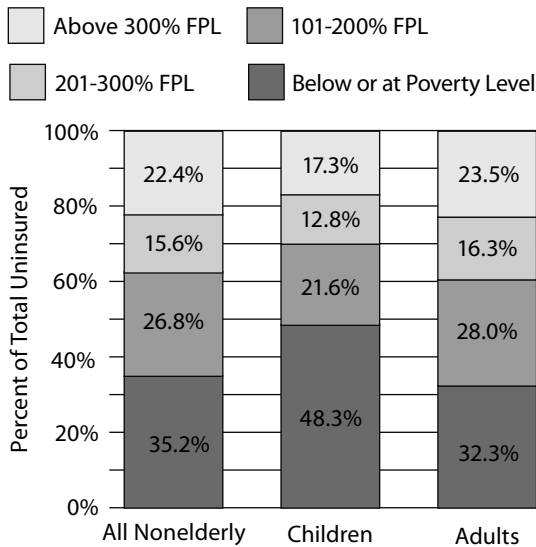
When people are unable to secure health insurance through their employment, they may seek assistance from the government. In this regard, Virginia’s public health insurance programs fail to assist large segments of the uninsured, even individuals who are extremely poor. Medicaid is the largest public health insurance program for certain low-income people. The state government and the federal government jointly fund the program, with Virginia usually paying 50 percent of the costs. A comparison of Medicaid expenditures by state ranked Virginia forty-seventh in per-capita Medicaid expenditures in federal fiscal year 2008.<sup>13</sup> This low ranking is largely attributable to restrictive eligibility rules and low payments to providers. For example, in 2010 Virginia’s Medicaid program ranked 46th nationally in income

**Figure 2: Virginia Nonelderly Uninsured by Type, 2008-2009<sup>a</sup>**



Source: Allison Cook, Genevieve Kenny, and Emily Lawton, *Profile of Virginia’s Uninsured and Trends in Health Insurance Coverage, 2000-2008*. (Prepared for the Virginia Health Care Foundation by the Urban Institute.) (Washington DC: Urban Institute, January 2010) p. 28. [http://www.vhcf.org/wp-content/uploads/2010/10/Profile-of-Uninsured-in-VA\\_final\\_Jan2010.pdf](http://www.vhcf.org/wp-content/uploads/2010/10/Profile-of-Uninsured-in-VA_final_Jan2010.pdf)

<sup>a</sup> Average for 2008 and 2009.

**Figure 3: Share of Virginia Nonelderly Uninsured by Federal Poverty Level, 2008-2009<sup>a</sup>**

Source: Allison Cook, Genevieve Kenny, and Emily Lawton, *Profile of Virginia's Uninsured and Trends in Health Insurance Coverage, 2000-2008*, p. 27.

<sup>a</sup> Average for 2008 and 2009.

eligibility for parents.<sup>14</sup> For low-income working parents, the Virginia's Medicaid income eligibility level is set at under \$7,000 per year for a family of four.<sup>15</sup> Only truly impoverished parents qualify for Medicaid assistance in the commonwealth.

In addition, unlike many states, Virginia offers no Medicaid or other public coverage to childless adults who are not disabled, over 65 years of age, or pregnant. Thus, even if totally destitute, such adults are ineligible for publicly funded health insurance. There are approximately 565,000 uninsured non-elderly adults in Virginia who fall into this category.<sup>16</sup>

While Virginia's public health insurance programs for children are more generous, they still fail to reach many low-income, uninsured children. Virginia's Children's Health Insurance Program, funded through Title XXI of the Social Security Act, is called Family Access to Medical Insurance Security (FAMIS). This program covers uninsured children whose family income exceeds Medicaid eligibility. FAMIS limits coverage to families with gross income under 200 percent of the federal poverty line. This income eligibility level is lower than for 42 other states.<sup>17</sup>

### Consequences of Being Uninsured and Underinsured

The consequences of being uninsured can be dangerous and even life threatening. In addition to decreased or delayed access to primary and preventive medical care, the uninsured have increased rates of undiagnosed chronic conditions that

often lead to hospitalizations for otherwise avoidable conditions.<sup>18</sup>

Virginians who cannot afford the costs of treatment either forgo necessary health care or seek health care from overburdened health clinics and hospital emergency rooms. These gaps in coverage contribute to an annual burden of uncompensated care that amounts to \$43 billion nationwide.<sup>19</sup> In 2009 Virginia hospitals admitted 106,000 uninsured patients. The hospitals provided \$491 million in charity care services and experienced \$376 million in bad debt expenses.<sup>20</sup> For 29 Virginia hospitals, charity care (uncompensated care, bad debt and taxes) constituted over 15 percent of their overall expenses.<sup>21</sup> Three Virginia hospital systems provide over 25 percent of their inpatient care to Medicaid patients and the uninsured: 42.9 percent at VCU Health System; 28.5 percent at the University of Virginia Medical Center; and 27.3 percent at the Carilion Medical Center.<sup>22</sup>

When a patient fails to pay a medical provider, the patient incurs medical debts that the provider usually seeks to collect. Medical debt affects both the uninsured and the "underinsured"—consumers who have health insurance but their coverage does not cover all necessary care or costs because of preexisting condition restrictions, limits on services, caps on coverage, and out-of-pocket expenses.

For the underinsured, the harm from exclusions for pre-existing conditions cuts across the entire U.S. population. An estimated 57.2 million Americans under the age of 65 suffer from a pre-existing condition.<sup>23</sup> A Congressional investigation conducted after passage of the ACA found that the four largest U.S. for-profit health insurers denied policies to one out of every seven applicants based on their prior medical history.<sup>24</sup> Diagnoses that usually led to coverage denials included common conditions, such as pregnancy, diabetes, and heart disease.<sup>25</sup>

The medical debt incurred by the uninsured and underinsured can quickly become a part of the secondary markets for consumer credit and debt financing. Throughout the United States, about 29 million adults have medical debt, and even relatively small levels of medical debt can have major consequences on financial security.<sup>26</sup> Overall, 20 percent of indebted low- and middle-income households reported having a major medical expense in the previous three years, with those medical expenses contributing to their current level of credit card debt.<sup>27</sup> One study estimates that 62 percent of all bankruptcies have a medical cause, and the share of bankruptcies attributable to such causes increased by 50 percent between

*"The consequences of being uninsured can be dangerous and even life threatening."*

*“The primary components of ACA include private insurance reforms, an expansion of Medicaid, and a Health Benefit Exchange...”*

2001 and 2007.<sup>28</sup> In 2009, there were 35,338 non-business bankruptcy filings in Virginia.<sup>29</sup> If Virginia conformed to the national pattern than approximately 21,900 of those bankruptcies had a medical cause.

### **The Affordable Care Act**

The ACA addresses all of the above problems: the high cost of health care and health insurance premiums, the private insurance practices that leave many insured people without coverage when they need it, and the uninsured. The primary components of ACA include private insurance reforms, an expansion of Medicaid, and a Health Benefit Exchange to serve as a marketplace for affordable coverage through public insurance or private insurance with federal subsidies.

Several important insurance reforms are already in effect and provide significant protections to consumers. Since July 2010, the federal government has operated a high-risk pool plan for Virginia residents who have preexisting conditions and who have been uninsured for six months or more. This “Preexisting Condition Insurance Plan” (PCIP) includes a broad range of services, and there are no waiting periods for coverage. Premiums for a standard policy for Virginia residents range from \$156 per month for an individual from 19-34 years of age to \$498 for those over age 55.<sup>30</sup>

A very popular provision under the act that took effect in September 2010 allows young adults to stay on their parents’ health insurance plans until they reach age 26. It is estimated that 54,000 young adults in Virginia will benefit from this provision.<sup>31</sup> Previously, this population often remained uninsured for months or even years after losing coverage from their parents’ plans.

Under ACA, insurance companies can no longer deny coverage to children with pre-existing health conditions, reversing a practice that has plagued families for decades. It is estimated that 123,000 Virginia children will benefit from this new prohibition.<sup>32</sup> Moreover, in 2014, preexisting condition restrictions will be prohibited for adults as well.<sup>33</sup>

ACA prohibits lifetime limits on all new insurance plans issued after March 23, 2010, and annual limits on specific coverage must be totally eliminated by 2014.<sup>34</sup> These are essential protections for very sick people such as cancer patients and premature infants who, before ACA, could quickly hit caps in their policies, losing coverage just when they needed it the most.

For the 1.1 million Medicare beneficiaries in Virginia, cost-sharing for preventive health services, such as mammograms for breast cancer, colonoscopies for colon cancer, and PSA testing

for prostate cancer have been eliminated.<sup>35</sup> In 2010 around 80,000 Virginia Medicare beneficiaries with high prescription drug expenses reached the Medicare Part D “doughnut hole,” which requires full payment for over \$3,600 in annual prescription costs until catastrophic coverage is available. ACA provided each person in the doughnut hole a \$250 rebate check in 2010.<sup>36</sup> Beginning in 2011, ACA will phase out the Part D doughnut hole until its complete elimination in 2020.<sup>37</sup>

Another direct benefit of ACA that is already in place is the tax credit for small businesses that do provide health insurance to their employees. Small employers with fewer than 25 full-time-equivalent employees<sup>38</sup> who have average annual wages less than \$50,000 can receive a tax credit for up to 35 percent of the cost of employee insurance.<sup>39</sup> At least 14,000 small businesses in Virginia should qualify for this tax credit.<sup>40</sup>

Over 130 government entities and companies in Virginia have signed up for ACA’s Early Retiree Re-Insurance Program. This program provides federal subsidies for individuals who retire before they are eligible for Medicare at age 65. The approved employers include the City of Richmond, Dominion Resources, Colonial Williamsburg Foundation, the Commonwealth of Virginia, and Washington and Lee University.<sup>41</sup>

In 2011, ACA requires new accountability in premium pricing by health insurance companies. Increases in insurance premiums will be subject to additional review and oversight,<sup>42</sup> and stringent Medical-Loss Ratio (MLR) standards will take effect. Insurers are required to spend at least 80 percent of premium dollars on medical care and qualifying improvement activities. The MLR ratio for large group policies is 85 percent. Companies that fail to meet the MLR criteria will be required to provide rebates to their policyholders beginning in 2012.<sup>43</sup> The rate review and MLR requirements are critical efforts to rein in skyrocketing premium costs and establish efficiencies. Until ACA, the premiums, expenditures and profits of Virginia health insurance companies were subject to very little, if any oversight.

Beyond the above provisions which provide direct assistance to consumers, the Commonwealth of Virginia is also benefiting from over \$50 million in federal grants and projects which are designed to help the state plan for future changes and/or evaluate additional health system reform.<sup>44</sup> For example, the State Corporation Commission’s Bureau of Insurance has received \$1.8 million to develop its rate review and consumer assistance programs. The commonwealth was awarded a \$1 million planning grant related

to its Health Benefit Exchange. Over \$7 million is now available for various projects to improve Virginia's health care workforce, such as expanding opportunities for primary care residencies and advanced nursing education. Nearly \$30 million will allow Virginia to expand and increase capacity in its network of federally supported health centers, which serve over 250,000 lower income patients each year. Federal funding will also support 90 percent of the cost of developing technology for a new web-based system for determining eligibility for Medicaid and other Virginia public benefits.

All this preparation is necessary to have systems in place for the three major ACA provisions that take effect in 2014. First, the Health Benefits Exchange will begin operation in 2014, providing a "one-stop shop" to compare, select and purchase private health insurance. The exchange will not only calculate and help to administer the tax credit subsidies designed to make products sold on the exchange affordable, but it will also determine eligibility and facilitate enrollment for Medicaid, the FAMIS program for uninsured children, and other public benefit programs.

The exchange will also be essential to accommodate the second major 2014 provision—the requirement that certain employers provide, and nearly all individuals have, health insurance.<sup>45</sup> The "minimum essential coverage provision," also called the "individual mandate" has been the most controversial of all of ACA's requirements. Yet, many health economists agree that the private health insurance reforms, such as prohibiting preexisting condition restrictions and eliminating lifetime and annual coverage limits would not be possible without it.<sup>46</sup> By adding millions of currently uninsured people and their premiums into the insurance risk pools, the insurance companies will be able to pay for the additional costs of ACA's more generous coverage provisions.

Many opponents of the mandates are not aware that the employer mandate only applies to larger businesses (with over fifty employees), and there are several important exceptions to the individual mandate, such as exemptions for some lower income people, individuals with certain religious objections, and people uninsured for a short period of time.<sup>47</sup> Moreover, the penalties that apply to non-compliant individuals are modest, typically falling well below what it would cost to purchase insurance.<sup>48</sup>

The third major reform in 2014 is the required increase in Medicaid income eligibility. As described earlier, Virginia's Medicaid eligibility income limits for adults are among the very lowest in the country. ACA establishes new

income limits for Medicaid set at 133 percent of the federal poverty line.<sup>49</sup> In 2011, this level is \$14,484 per year for an individual and \$29,726 for a family of four. This change has enormous implications for Virginia, since anywhere from 270,000 to 425,000 individuals may newly qualify for Medicaid coverage, including very poor adults who have never had insurance.<sup>50</sup> The federal government will cover 100 percent of the Medicaid cost of this newly eligible population for three years. The federal share reduces to 95 percent in 2017 and continues to decline until 2020, when it is set at 90 percent.<sup>51</sup> This component of ACA will bring billions of dollars to Virginia to support our health care infrastructure, physicians and other medical providers, patients, and the commonwealth's overall economy.<sup>52</sup>

### Implementing the ACA in Virginia

On March 23, 2010, the same day that the ACA was signed by President Obama, Virginia Attorney General Kenneth Cuccinelli filed the first lawsuit in the nation to challenge ACA's individual mandate. In December 2010, Judge Henry Hudson, federal judge in the Eastern District of Virginia, ruled the individual mandate was unconstitutional because it exceeded congressional powers.<sup>53</sup> Judge Hudson did not find the entire ACA unconstitutional, and he did not enter any kind of injunction.

It is less well known that a second case challenging aspects of the ACA was filed in the U.S. District Court in Lynchburg, Virginia. That case was filed by Liberty University and a number of individuals who objected to several parts of the law, including the individual mandate. In that case, U.S. District Court Judge Norman Moon ruled the individual mandate was a constitutional exercise of congressional authority under the commerce clause.<sup>54</sup>

Both of these cases are now pending in the 4th Circuit Court of Appeals in Richmond, and they will be argued on the same day in May 2011. Many other challenges to the ACA have been filed in and by other states. Notably, in a Florida case brought by governors and/or attorneys general from twenty-six states, the court found the individual mandate was unconstitutional.<sup>55</sup> That case is now on appeal in the 11th Circuit Court of Appeals. The United States Supreme Court will ultimately resolve the constitutional question. Because the Supreme Court has declined to expedite review, as requested by Attorney General Cuccinelli, its decision is not expected until 2012.<sup>56</sup>

Beyond the litigation, there are efforts in Congress to repeal all or parts of ACA and/or

*"The 'minimum essential coverage provision,' also called the 'individual mandate' has been the most controversial of all of ACA's requirements."*



*“...Virginia is actively engaged in evaluating ways to improve the commonwealth’s system of health care and taking important steps to comply with ACA’s legal requirements.”*

defund parts of it. On January 19, 2011, the U.S. House of Representatives passed H.R. 2 by a vote of 245 to 189, to repeal the ACA,<sup>57</sup> but, to date, the Senate has not taken up the bill. The Congressional Budget Office issued a report on February 18, 2011 finding repeal of the law would add \$210 billion to the nation’s deficit over the next decade and would leave 57 million non-elderly people uninsured.<sup>58</sup>

Meanwhile, Virginia is actively engaged in evaluating ways to improve the commonwealth’s system of health care and taking important steps to comply with ACA’s legal requirements. In August of 2010, Governor Bob McDonnell appointed twenty-four political, health system, civic, and business leaders to a new Virginia Health Reform Initiative (“VHRI”) Advisory Council. In appointing this group, the governor said:

The recommendations of the Council will help create an improved health system that is an economic driver for Virginia while allowing for more effective and efficient delivery of high quality health care at lower cost. . . Every Virginian needs access to affordable health care. The challenge is how to provide that access in an economically responsible manner. . .<sup>59</sup>

The advisory council is chaired and led by Virginia’s Secretary of Health and Human Resources, Dr. William Hazel. VHRI was directed to develop recommendations about implementing health reform in Virginia and to seek innovative solutions that meet the needs of Virginia’s citizens and its government in 2011 and beyond.

The governor also created six task forces to focus on the following areas: Medicaid reform, capacity, service delivery and payment reform, technology, insurance reform, and purchaser perspectives. In December 2010, after very comprehensive study, analysis and deliberations, the advisory council issued its report.<sup>60</sup> In an overall assessment of Virginia’s health care system, the report states:

Surprising to some and embarrassing to all, Virginia’s overall health system performance is actually quite mediocre. To be sure, there are excellent hospitals, physicians, health centers, and innovative health plans that are working hard to effectuate local and statewide improvement. Still, it is hard to be proud of a system in which nearly one million Virginians—and 150,000 children—lack health insurance and timely access to quality care that only it can ensure. Something is wrong with a system in

which only 37 percent of small employers offer health insurance to their workers, down from 48 percent ten years ago. Virginia’s overall quality of care is average, with strengths in cardiac care, hospital care generally, and home health. Weaknesses in Virginia’s quality rankings include nursing home care, diabetes care, and maternal and child health. Specifically, Virginia ranks 41st in the nation in breast cancer death rates, and 35th in infant mortality. None of these statistics measure up to Virginia ranking sixth, nationwide, in median family income.<sup>61</sup>

In addition to a careful review and analysis of data and information in the six substantive areas, the advisory council adopted 28 specific recommendations.<sup>62</sup> Most of recommendations are independent of ACA requirements. This reflects the VHRI’s focus on improving Virginia’s health system, with or without national health reform. The key recommendations that serve consumer interests include the following:

- Identify, pilot, test, and spread effective models of service delivery and payment reform for use in both public and private health programs.
- Protect the existing health care safety net to ensure its continued existence up to and after 2014. This recommendation very importantly acknowledges that there still will be uninsured people after 2014, and safety net providers will be essential in the delivery of services to the large population of newly eligible for coverage through Medicaid and the Exchange.
- Improve use of health information technology, such as electronic health records and telemedicine in areas where there are underserved populations. In this area, the council emphasizes the necessity of expanding broadband access throughout the commonwealth.
- Increase health workforce capacity and improve distribution of health professionals around Virginia. In addition to graduating more health professionals, there must be better use of multi-disciplinary health teams and an examination of scope of practice restrictions for non-physicians.
- Support additional care coordination for different populations served in Virginia’s Medicaid program and evaluate cost-sharing options. The 2011 General Assembly endorsed expanded care coordination and managed care in its budget.<sup>63</sup>
- Automate eligibility systems for Virginia’s health and human services programs. This

Virginia Gateway project will serve as a platform for the Health Benefit Exchange.

- Create and operate a consumer-friendly Virginia Health Benefits Exchange to preserve and enhance competition. Focus on value, quality and transparency. Explore how the Exchange can reduce costs. The 2011 General Assembly adopted legislation that authorizes the Exchange.<sup>64</sup> With its planning grant, the VHRI will develop specific recommendations for the Exchange by October 2011.
- Amend Virginia laws to allow the State Corporation Commission's Bureau of Insurance to implement and enforce the insurance market reforms and other applicable provisions of the ACA. The 2011 General Assembly adopted legislation to do this.<sup>65</sup>

With the valuable work of the VHRI, Virginia is well positioned to move forward. The VHRI Advisory Council will continue to serve through 2011 to act as a fact-finder and sounding board for the secretary as he works with the governor and the legislature to implement the recommended steps and develop additional proposals.

## Conclusion

In 1912, when Theodore Roosevelt was running for re-election, his party's platform advocated for national health insurance. Since then, significant steps have been taken to improve access to health care, and legislators from both political parties have presented ideas such as mandatory insurance for all individuals.<sup>66</sup> Yet, affordable coverage for all Americans remained elusive. With health insurance costs spiraling higher each year, the ranks of the uninsured growing, and the U.S. per capita costs for health care being higher than all other industrialized nations,<sup>67</sup> the need for the key provisions of the Affordable Care Act is compelling. While currently the subject of intense debate and controversy, the Affordable Care Act offers great promise in Virginia and throughout the United States. When fully **implemented and understood** by more people, the law will be accepted as an essential component of the country's health care system.

## ABOUT THE AUTHOR:

Jill Hanken is a staff attorney at the Virginia Poverty Law Center (VPLC), where she specializes in health issues. She earned a B.A. in urban studies at Georgia State University and a law degree from Boston College Law School. Jill worked with Legal Services in Charleston, South Carolina, before coming to Virginia and the Poverty

Law Center. During a hiatus from VPLC, she worked as an Administrative Law Judge for the Virginia Department of Medical Assistance Services. At VPLC, Jill provides technical assistance and training and also handles legislative and administrative advocacy. She has been one of the key advocates promoting the development and improvement of public health insurance programs for low-income Virginians. In 2006 she received the Virginia State Bar Legal Aid Award and in 2009 she received the Outstanding Partner Award from the Virginia Department of Medical Assistance Services "in recognition of outstanding service and contributions to Virginia's Medicaid and FAMIS programs."

## End Notes

Editor's note: When available, web links for sources are shown. At the time of publication all of the links worked. However, some links may be unstable and may not work with certain browsers or they may have been modified or withdrawn. If you cannot open a link with your default browser, then try another. For example, if you cannot open the link with Microsoft Internet Explorer, try Firefox, Chrome, or Safari.

1 Public Law 111-148, as amended by the Health Care and Education Reconciliation Act, Public Law 111-152.

2 Bureau of Economic Analysis, U.S. Department of Commerce, "State Personal Income 2010," News Release BEA 11-12 (March 23, 2011). <http://www.bea.gov/newsreleases/regional/spi/2011/pdf/spi0311.pdf>

3 The Henry J. Kaiser Family Foundation, *StateHealthFacts.org*. Note: the estimates are an average for 2008 and 2009. <http://www.state-healthfacts.org/profileglance.jsp?rgn=48>

4 The Commonwealth Institute, "Poverty Rises in Virginia, Nation." Press release issued September 16, 2010. <http://thecommonwealthinstitute.org/Portals/16/Labor%20and%20Wage/100916tcipoverityday.pdf>

5 U.S. Census Bureau, *Health Insurance Historical Tables*, Table HIA-6, <http://www.census.gov/hhes/www/hlthins/data/historical/index.html>

6 The Commonwealth Institute, *Aftershock: The State of Working Virginia* (Richmond: The Commonwealth Institute, November 2010), p. 26. [http://thecommonwealthinstitute.org/Portals/16/Labor%20and%20Wage/stateofworkingva10\\_web.pdf](http://thecommonwealthinstitute.org/Portals/16/Labor%20and%20Wage/stateofworkingva10_web.pdf)

7 *Ibid.*, p. 6.

8 *Ibid.*, p. 26.

9 Virginia Health Reform Initiative Advisory Council, *Report of the Virginia Health Reform Initiative Advisory Council*. (Richmond: Virginia Health Reform Initiative Advisory Council, December 20, 2011), p.4. <http://www.hhr.virginia.gov/Initiatives/HealthReform/docs/VHRIFINAL122010>

10 *Ibid.*

11 Allison Cook, Genevieve Kenney, and Emily Lawton, *Profile of Virginia's Uninsured and Trends in Health Insurance Coverage, 2000-2008*. (Prepared for the Virginia Health Care Foundation by the Urban Institute.) (Washington DC: Urban Institute, January 2010) p. 3. [http://www.vhcf.org/wp-content/uploads/2010/10/Profile-of-Uninsured-in-VA\\_final\\_Jan2010.pdf](http://www.vhcf.org/wp-content/uploads/2010/10/Profile-of-Uninsured-in-VA_final_Jan2010.pdf)

12 In 2011 the federal poverty line is \$22,350 per year for a family of four; 200 percent of that figure is \$44,700. <http://aspe.hhs.gov/poverty/11poverty.shtml>

*"With health insurance costs spiraling higher each year, the ranks of the uninsured growing, and the U.S. per capita costs for health care being higher than all other industrialized nations, the need for the key provisions of the Affordable Care Act is compelling."*

## This Month's Unit Meeting Locations

### Topic: How the New Health Care Law Affects Virginia

Members and visitors are encouraged to attend any meeting convenient for them, including the "At Large Meeting" and briefing on Saturdays when a briefing is listed. As of August 1, 2011, the locations were correct; please use phone numbers to verify sites and advise of your intent to attend. Some meetings at restaurants may need reservations.

#### Saturday, September 3

##### **11:30 a.m. At-Large Unit and Briefing**

Sully District Gov. Center  
4900 Stonecroft Blvd.  
Chantilly, 20151  
Contact: Lois, 703-690-0908

##### **7:45 p.m. Mt. Vernon Evening (MVE)**

Mt. Vernon Gov. Center  
2511 Parkers Lane  
Alexandria  
Contact: Susan, 703-780-3902

##### **10 a.m. McLean (MCL)**

Star Nut Gourmet  
1445 Laughlin Ave.  
McLean, 22101  
Contact: Peggy, 703-532-4417  
or Sharone, 703-734-1048

#### Thursday, September 8

##### **9 a.m. Reston Day (RD)**

11624 Sourwood Lane  
Reston, 20171  
Contact: Margo, 703-620-9054

#### Monday, September 12

##### **1:30 p.m. Greenspring (GSP)**

Hunters Crossing Classroom  
Spring Village Drive  
Springfield  
Contact: Kay, 703-644-2670

##### **10 a.m. Fairfax Station (FXS)**

7902 Bracksford Court  
Fairfax Station, 22039  
Contact: Lois, 703-690-0908

##### **6:15 p.m. Dinner Unit (DU)**

Yen Cheng Restaurant  
Main Street Center  
9992 Main Street,  
Fairfax  
Contact: Tin, 703-207-4669

##### **9:30 a.m. Springfield (SPF)**

6009 Benton Ct.  
Springfield  
Contact: Karole 703-451-1165  
or Peg, 703-256-9420

#### Tuesday, Sept. 13

##### **10 a.m. Centreville- Chantilly (CC)**

Sully District Gov. Center  
4900 Stonecroft Blvd.  
Chantilly, 20151  
Contact: Susan, 703-391-0666

##### **7:30 p.m. Reston Evening (RE)**

Reston Art Gallery at Heron House  
Lake Anne Village Center  
Reston, 20190  
Contact: Lucy, 703-757-5893

##### **1 p.m. Fairfax City/ Vienna (FX-V)**

Oakton Regional Library  
10304 Lynnhaven Pl. Oakton  
Contact: Anne, 703-938 -7304  
or Liz, 703-281-3380

#### Wednesday, Sept. 14

##### **9:30 a.m. Mt. Vernon Day (MVD)**

Mt. Vernon Gov. Center  
2511 Parkers Lane  
Alexandria, 22306  
Contact: Lois, 703-960-0073

## October Meetings:

### Local and National Program Planning



The League of Women Voters of the Fairfax Area (LWVFA)  
4026 Hummer Road, Suite #214 Annandale, VA 22003-2403  
703-658-9150. Web address: [www.lwv-fairfax.org](http://www.lwv-fairfax.org)

Non-Profit Org.  
U.S. Postage Paid  
Merrifield, VA  
Permit No. 1202

## Time Sensitive Materials

The LWVFA Fairfax VOTER ©  
September, 2011

Jane E. George, President  
Ron Page, Editor  
Liz Brooke, Coordinator

The League of Women Voters is a nonpartisan political organization that encourages the public to play an informed and active role in government. At the local, state, regional and national levels, the League works to influence public policy through education and advocacy. Any citizen of voting age, male or female, may become a member.

## LWVFA MEMBERSHIP APPLICATION

(Dues year is July 1 through June 30. Current dues year ends June 30, 2012.)

**Membership Category:** Individual \$65 \_\_\_\_; Household (2 persons–1 *VOTER*) \$90 \_\_\_\_; Donation \$ \_\_\_\_  
Student \$32.50 \_\_\_\_; (Coll. Attending \_\_\_\_)

**Membership is:** New \_\_\_\_; Renewal \_\_\_\_; Reinstate \_\_\_\_; Subsidy Requested \_\_\_\_

**We value membership. A subsidy fund is available, check block above and include whatever you can afford.**

**Dues are not tax deductible.** Tax-deductible donations must be written on a separate check payable to LWVFA Ed. Fund.

**Please Print Clearly!**

**Name** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip + 4** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Thank you for checking off your interests:**

<input type="checkbox"/> County Govt	<input type="checkbox"/> Voting Procedures	<input type="checkbox"/> Health Care	<input type="checkbox"/> Schools
<input type="checkbox"/> Fiscal	<input type="checkbox"/> Environmental Quality	<input type="checkbox"/> Human Services	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Public Libraries	<input type="checkbox"/> Land Use Planning	<input type="checkbox"/> Judicial Systems	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Water	<input type="checkbox"/> Juvenile Problems	

Mail to: LWVFA, 4026 Hummer Road, Suite 214, Annandale, VA 22003