

**Protect Our Care CT (POCCT) wants to know which issues YOU think we should prioritize in 2018 and beyond. The following options have been submitted by POCCT members/supporters. When completing this survey, please answer based on what you think POCCT - as a coalition - should prioritize, not necessarily what you or your organization will prioritize.**

**We will consider the results of this survey in setting a direction for POCCT work in 2018 and beyond.**

**As a reminder, POCCT seeks to:**

- **Preserve and strengthen the gains made by the Affordable Care Act, and**
- **Defend Medicaid, Medicare and women's health programs.**

# Protect Our Care CT Issues and Participation Survey

1. **STATE-LEVEL ISSUES:** Please choose, from the 11 issues listed below, what you or your organization consider the **three (3) most important issues for POCCT to work on** tell us which have impacted or might benefit you or your family; tell us which impacted or might benefit your organization or members of your organization (if you are affiliated with an organization). For some issues, you may have check-marks in all three columns.

	Check here if you think this is one of the three (3) most important issues for POCCT	Check here if this issue has or would affect you or your family positively or negatively	Check here if this issue has or would affect your organization or members positively or negatively
a. Protect Medicaid/ HUSKY FUNDING on the state level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Protect INCOME LIMITS for Medicaid/ HUSKY, including those for people also on Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Expand INCOME LIMITS for Medicaid/ HUSKY, including those for people also on Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoid Medicaid/ HUSKY COST-SHARING (eg, copays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Protect Medicaid/ HUSKY SERVICES (eg, dental, behavioral health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Establish a PUBLIC INSURANCE PLAN to be sold on Access Health CT and/or an option to BUY INTO MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Establish a public insurance plan for UNDOCUMENTED IMMIGRANTS, including those on DACA (Deferred Action for Childhood Arrival or "Dreamers")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if you think this is one of the three (3) most important issues for POCCT

Check here if this issue has or would affect you or your family positively or negatively

Check here if this issue has or would affect your organization or members positively or negatively

h. Require EMPLOYERS to provide health insurance to employees (or pay a fine)

i. Set up a CT REINSURANCE POOL to stabilize insurance rates

j. Codify AFFORDABLE CARE ACT (ACA, Obamacare) PROTECTIONS in CT law (eg, coverage of essential health benefits, access to women's preventive health care, coverage for people with pre-existing conditions, elimination of lifetime caps on benefits, maintaining community health needs assessment requirements)

k. Ensure AFFORDABILITY of prescription drugs and insurance

**2. FEDERAL-LEVEL ISSUES:** Please choose what you or your organization consider the **two (2) most important issues for POCCT to work on**; tell us which have impacted or might benefit you or your family and tell us which have impacted or might benefit your organization or members of your organization (if you are affiliated with an organization). For some issues, you may have check-marks in all three columns.

	Check here if you think this is one of the two (2) most important issues for POCCT	Check here if this issue has or would affect you or your family positively or negatively	Check here if this issue has or would affect your organization or members positively or negatively
a. Protect MEDICAID funding and structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Protect MEDICARE funding and structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reauthorize CHIP (HUSKY B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reauthorize COMMUNITY HEALTH CENTER funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stabilize "health insurance exchanges", such as ACCESS HEALTH CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Establish PUBLIC OPTIONS, such as "Medicare for All"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cover documented IMMIGRANTS in federal health care programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cover ALL IMMIGRANTS, including undocumented and DACA participants, in federal health care programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Prohibit discriminatory religious exemptions against REPRODUCTIVE RIGHTS and LGBTQ people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have any stories to share about any of these issues? Please share here:

4. If you did not feel limited by fiscal or political realities, what would you include as your top priority at the STATE LEVEL?

5. If you did not feel limited by fiscal or political realities, what would you include as your top priority at the FEDERAL LEVEL?

6. As an **organization** (if applicable), what resources/expertise can you bring to POCCT's work on these issues?

- Financial support
- Lobbying
- Mobilization of members for activities
- Issues research
- Media contacts/expertise
- Other (please specify)

7. As an **individual**, what resources/expertise can you bring to POCCT's work on these issues?

- Post information/alerts to social media
- Write letters to the editor, op-eds
- Contact legislators
- Organize local meeting
- Attend POCCT meetings
- Attend hearings, rallies, other events
- Testify at hearings
- Share personal health care story
- Donate
- Other (please specify)

8. Do you have any other thoughts or comments to share:

**\* 9. Name and Contact information (Name, City/Town and Email required)**

**Name**

**Organization, if any**

**Address**

**Address 2**

**City/Town**

**ZIP/Postal Code**

**Email Address**

**Phone Number**