HEALTHCARE TOOLKIT

HOW TO USE THIS TOOLKIT

Dear Friends: Stronger NC is committed to making civic engagement easier. We know this is especially important for complicated issues such as healthcare. This toolkit will provide you with concise information about the Affordable Care Act (ACA), Medicaid Expansion, a primer on Single Payer and Options for Moving Forward, as well as equipping you with advocacy opportunities, key talking points and calls to action.

At Stronger NC we believe that caring for the health and well being of our citizens is a basic and universal right, not a privilege or prerogative, just as a good public education, and having clean air to breathe and water to drink are essential rights.

America is built on a free market economy, yet there is a time and a place for responsible and guaranteed protections. Our economy depends on it! Healthcare is something each and every one of us requires, and we need to ensure that as a world leader, we lead by example in taking care of our most valuable resource, our people.

We depend on you to utilize these messages in your communities. While there are different options and paths moving forward we hope to give you the information you need to decide which one makes sense to you.

For a little inspiration before digging in, check out this awesome video. We know that your passion is strong and that your voice will be loud. Now let's make some noise.

Sincerely,
The Stronger NC Communications Team

TABLE OF CONTENTS

BACKGROUND

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AFFORDABLE CARE ACT

In August 2008, about six months before debate began in Washington on what would become the Affordable Care Act, 82% of Americans were so dissatisfied with the U.S. health care system they wanted it overhauled, according to The Commonwealth Fund. Fifty million Americans were uninsured and our economy was suffering under the weight of healthcare expenses. Hundreds of thousands of people felt forced to remain in stagnant jobs in order to maintain their basic coverage. Trying to obtain new insurance with a pre-existing condition was a shortcut to bankruptcy.

After bi-partisan agreement and hundreds of hours of hearings and debate, we welcomed the Affordable Care Act, aka ObamaCare. Since then, the ACA has provided broad coverage to millions of Americans who were previously not insured, as well as increased essential healthcare benefits for a wide range of citizens. Does it have problems? Sure. As with any complex policy it needs to have continuous improvement analysis and revision in order to evolve into its full potential.

Since the ACA's passage and implementation, about 20 million people have gained insurance, reducing the uninsured rate in the US to an all-time low. People of color and low-income people were especially helped by the ACA, since these groups were less likely to have insurance pre-ACA. Evidence on the ACA's effects on health is still preliminary. However, studies have shown that people who got coverage under Medicaid expansion had improved health outcomes. The ACA also insulated hospitals from the cost of caring for uninsured patients, saving them millions of dollars in uncompensated care costs.

What is the Affordable Care Act?

The Patient Protection and Affordable Care Act, often called the Affordable Care Act (ACA) or "Obamacare", is a law passed in 2010 that expanded access to health insurance in several key ways. Read on for a brief overview of how it works, what is covered, and why it is vulnerable.

The ACA regulated the insurance market in order to make it affordable and accessible to everyone, especially for people with pre-existing conditions, women, and young adults.

- Dependents can stay on guardians' insurance until age 26
- Lifetime & annual spending limits were prohibited
- Charging higher premiums based on gender or health status was prohibited
- Coverage of essential health benefits (EHB's) was required for ALL marketplace plans:
    - Ambulatory patient services (outpatient care you get without hospital admission)
    - Emergency services
    - Hospitalization (like surgery and overnight stays)
    - Pregnancy, maternity, and newborn care (both before and after birth)
    - Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
    - Prescription drugs
    - Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
    - Laboratory services
    - Preventive and wellness services and chronic disease management
    - Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Plans must also include the following benefits:
    - Birth control coverage
    - Breastfeeding coverage

Federally funded Medicaid expansion extended Medicaid eligibility to more low-income adults and families in some states.

- Medicaid eligibility was expanded to include those with household income levels less than 133% of the federal poverty level. Learn about the Federal Poverty Levels (FPL) and qualifying for Medicaid here.
- Note: Expansion was meant to be nationwide, but the Supreme Court ruled that states should be able to decide whether to expand. In 2013, Governor Pat McCrory, and the North Carolina General Assembly chose not to expand Medicaid to those with incomes below 133% of the federal poverty line.

Individual insurance markets were created to make individual insurance plans more affordable and more robust

- Healthcare.gov and state-run insurance exchanges of private insurers (aka marketplaces) gave consumers a single place to buy non-group insurance, allowing for easy price comparisons and encouraging competition between plans
- Subsidies for non-group plans are available for those with incomes up to 400% of the federal poverty level
- Coverage of a standard package of benefits required

Employer mandate required larger employers to offer coverage meeting specific standards

- Employers with 50+ employees required to offer insurance or pay fine
- Employer-sponsored insurance was required to cover essential health benefits and prohibited from including lifetime and annual spending limits.

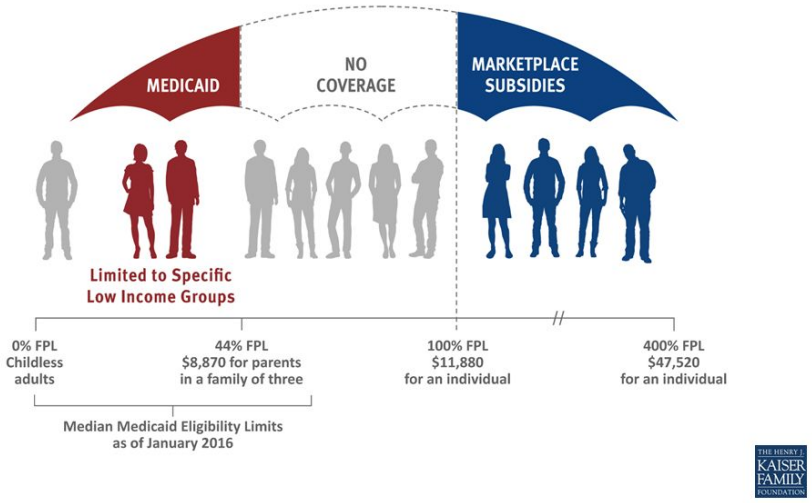
Making the ACA Work: The Three-Legged Stool

The ACA has three crucial, interdependent parts that make it work, which is why the ACA is often referred to as a "three-legged stool". All three elements must be present for the law to work:

Individual Insurance Mandate (Spreading the risk)	Guaranteed Issue (Ensuring Access)	Premium Subsidies (Ensuring Affordability)
Nearly all taxpaying US residents must have health insurance or face a tax penalty (although if the cheapest individual market plan in your area costs more than about 8% of your annual income, you are exempt). **This mandate ensures healthy people as well as sick people buy health insurance.** Like all insurance, health insurance spreads individuals' risk across a large group. Healthier insured people are needed to cover sicker people's costs, creating a so-called "favorable risk pool." However, the mandate only works if people can actually buy insurance in the first place.	Insurers are required to issue insurance plans to all consumers. Previously, insurers could refuse to sell plans to people with preexisting conditions or charge them exorbitantly high premiums. **This provision ensures that everyone can buy insurance as required by the mandate.** Guaranteed issue is only possible with an individual mandate because it spreads the risks to an acceptable level for all, ensuring a favorable risk pool for insurers.	While guaranteed issue provides access to insurance plans, it doesn't guarantee people can afford them. **The premium subsidies provided to individual market consumers making 100-400% of the federal poverty level help them afford the insurance required under the individual mandate.** Medicaid expansion was supposed to cover those with incomes between Medicaid ceiling limits and the subsidy qualifying incomes. However, because some states did not expand Medicaid, some adults land in a coverage gap because they are too wealthy for Medicaid but not wealthy enough to qualify for subsidies, as the below graphic from the Kaiser Family Foundation illustrates.

Figure 1

Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA



Why Is the ACA So Vulnerable?

The Affordable Care Act is a new, complicated and imperfect law. While it has increased health insurance access for millions, millions are still uninsured. Here are a few reasons why the ACA is insufficient to ensure universal healthcare coverage:

Many people still can't afford insurance. As explained above, the 19 states that refused the federally funded Medicaid expansion (100% of costs initially covered by federal funds, then 90% after three years) has left millions still unable to access either individual market plans or Medicaid coverage. As before, Medicaid expansion and other ACA provisions do not include undocumented people. There is also less government funding for cost-sharing subsidies to insurance companies due to budgetary constraints, leaving many to fall into the coverage gap.

Insurers have raised premiums on the individual market. 7% of US residents buy from non-group insurance exchanges. While those are stable overall, premiums have gone up significantly for some consumers for several reasons.

- Just like with Social Security, **the ACA is a shared risk, collective pool.** Originally insurers with lower-than-expected claims were required to pay into a fund that would redistribute the money to insurers with higher-than-expected claims, an arrangement known as "risk corridors." However, Republicans passed a rule that limited redistribution of money to plans spending more than expected. This in turn forced many cheaper plans to exit the individual market.

- **The ACA manages risk sharing by reimbursing insurance companies retrospectively for higher than expected claims, eliminating the need for insurers to identify high risk citizens upfront** through complex medical history forms and selective questioning. However Republicans have proposed returning to those old ways, by flagging enrollees upfront and placing them in a high risk pool, which would be paid for through federal subsidies. This is not a good solution as it creates unnecessary administrative requirements to determine who is or isn't high risk. This information would have to be collected before any progress could be made in placing people in a pool, delaying any immediate relief to the system. In addition, there is no good way to estimate the expenses for people who aren't high risk, but suffer an unexpected illness or accident that would create the same cost as someone in a high risk pool, without the available subsidy to the insurer to cover it. **Read more on this issue from Professor Mark Hall, of Wake Forest University.**

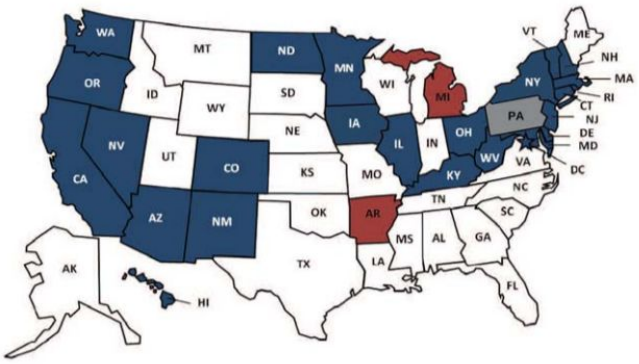
- **Some Republicans, and the President, have created insurer uncertainty by threatening to stop payment of cost-sharing reductions**, which provide federal funding to help insurers cover patient costs. Without these guaranteed payments, some insurers have indicated they will leave the non-group insurance market, increasing the risk for all consumers. **Stopping this sabotage of the ACA by Sept. 2017 is critical to ensure stability.**

- **The ACA's components are highly interdependent.** As discussed above, removing or changing one component of the ACA will have significant effects on the law's overall implementation. Republican attempts to sabotage the law, from trying to repeal the law outright to defunding the IRS' enforcement of the individual mandate (as House Republicans are trying to do through the 2017 appropriations process) further endanger the law and hurt those who have benefitted from it.

To preserve healthcare access in the United States, we must advocate for stabilization and preservation of the ACA while recognizing the law is no substitute for universal healthcare.

Medicaid Expansion in North Carolina

The 2013 decision by Gov. Pat McCrory and the NCGA not to accept Federal funding to cover the millions of North Carolinians stuck in the gap between Medicaid eligibility and premium subsidies has created a tremendous strain on the economy and stability of healthcare in NC.



STATUS OF MEDICAID EXPANSIONS

- Moving forward at this time (23 states and D.C.)
- Moving forward with a Section 1115 Waiver (2 states)
- Agreement not final (1 state)
- No action

SOURCES: State decisions on the Medicaid expansion as of February 2014. Based on data from the Centers for Medicare and Medicaid, Kaiser Family Foundation and state legislative scan.

Within each state, the folks impacted by not expanding may not be what you expect. In NC, the group most impacted is 35-54 year olds, and the majority of people (population, not percentage) in this gap are white, low-wage workers with young families.

WHO IS AFFECTED BY THE GAP IN NORTH CAROLINA'S COVERAGE?

North Carolinians of all ages and races are affected by the coverage gap. Young families are impacted: 20% of those in the gap are adults with dependent children. Many work in low-wage jobs that do not provide health benefits. 539,000 households in North Carolina had income below 133% of FPL.

SOURCES: "The Impact of the Coverage Gap in States not Expanding Medicaid by Race and Ethnicity", The Kaiser Family, Foundation, December 2013; Kenney, G et al. Opting into the Medicaid Expansion Under the ACA: Who are the Uninsured Adults Who Could Gain Health Insurance Coverage? Urban Institute, August 2012; "Characteristics of Poor Uninsured Adults who Fall in the Coverage Gap," The Kaiser Family Foundation, December 2013; U.S. Census. NOTE: A breakdown of Hispanic North Carolinians in the coverage gap is not available in the data as of publication.

MEDICAID EXPANSION AIDS ECONOMIC DEVELOPMENT

About half the jobs created by expansion would have been in the healthcare industry, but many more would have been in construction, retail and wholesale trade, caused by the ripple effect of billions of Federal funding dollars flowing into our state. Republican leaders in NC assumed the ACA would be gutted, leaving states that expanded on the hook for funding. Read more about their poor decision here.

If NC Had Approved the Medicaid Expansion:

- 500,000 more North Carolinians would be insured*
- 43,000 new jobs would have been created in NC by 2020*
- NC would have received $39 billion in federal funds, leaving the state to cover a $3B gap over 10 yrs that could be offset by increased revenue for hospitals.**

MOVING FORWARD

... NOT ONE STEP BACK!

OPPORTUNITIES FOR BIPARTISAN COLLABORATION

Some on the left have been angling for a single payer healthcare system for decades. (See primer on this in the next section) The ACA was actually a move towards the center to meet Republicans' demands that we maintain a for profit, free market, individual responsibility platform.

However, this more hybrid approach doesn't yield the same cost efficiency of other universal health care systems. Instead, the ACA was designed to subsidize the people who could not afford these skyrocketing costs, rather than controlling them.

Recent Republican bills would have allowed more people to opt out of coverage, thereby weakening the pool and increasing costs by excluding more people from the coverage base. This approach assumes that when people eventually need health care, they will not be denied, or seek treatment too late. Preventative health care is also much cheaper, with better outcomes, and also ensures a healthier population. All of which lead to greater savings for businesses and a greater economic output for our country.

We require auto insurance of all drivers and homeowners insurance to buy a home because we want to protect those high investments and our personal security. Isn't health insurance just as important?

To the right are 9 opportunities to stabilize and improve the current program as proposed by Steven Brill, author and healthcare consultant:

1. The rates charged for older people and those for the youngest adults should be a 5:1 ratio to encourage younger people to enroll.
2. Provide greater subsidies to the older population in order to keep coverage affordable.
3. Controlling prescription drug prices will help pay for the higher subsidies
4. Offer discounts to younger, new enrollees, of up to 50% off their first year of coverage to ensure a broader, lower risk pool.
5. Use funds from reinstated taxes on medical devices for marketing programs to reach young buyers with a message of "individual responsibility" to ensure personal coverage.
6. Allow Medicare to competitively bid on the use of medical equipment and devices, saving more money to be used on subsidies for the elderly.
7. Control the rate at which hospitals are merging through antitrust reform in order to maintain a level of competitiveness and negotiation capabilities for insurers. Having a small number of hospital systems which control availability of services and access to doctors and clinics is bad economics.
8. Reconsider the option for bundled payments for surgeries like joint replacements and cardiac surgery instead of paying for each and every service separately.
9. Include tort reform, curtailing malpractice suits to the extent that hospitals should not need to constantly test and re-test for liability rather than medical necessity.

NIMA

In addition to these options, there is a strong case to support HR676, National Improved Medicare For All (NIMA), introduced by Rep. John Conyers Jr.

A single-payer Medicare-for-all system would not be "socialized medicine," since many physicians and other providers would remain in private practice. Only the financing would change. It would not introduce "government rationing" (as opposed to the rationing we have now based on ability to pay), but would restore the doctor-patient relationship by removing meddlesome private insurer bureaucrats. It would be transparent and publicly accountable, fair and efficient. It would be humane.

Benefits of HR676:

1. Simple enrollment in the plan
2. Provide comprehensive services covering all medically necessary care and drugs
3. Allow free choice of doctor and hospital
4. Eliminate Co-Pays and Deductibles
5. Create a public, non-profit agency to simplify administration and pay all bills
6. Paid for through progressive taxation, with total costs being less than current premium and out of pocket payments
7. Reduce the burden on businesses to offer healthcare, boost job growth and the economy
8. An estimated annual savings of $400 billion from administrative costs alone
9. Controls costs through bulk purchasing and global budgeting for more savings

The barrier to universal healthcare is not economic but political. Is profligate spending on health care really a conservative value? And what kind of market incentives are working anyway–it's an odd kind of market transaction in which the buyer is stopped from negotiating the price, but that is exactly what Medicare Part D statutorily requires: The government is not allowed to haggle the prices of prescription drugs with major pharmaceutical companies, unlike in nearly every other rich country.

Find more info on NIMA and 5 Minute Actions from our friends at Together We Will.

- *Compared to ten other wealthy countries (http://bit.ly/2v03Mhu), the U.S. ranks dead last for life expectancy and access to care." http://bit.ly/2v91oYO*
- *Bernie Sanders continues to voice support Medicare For All legislation." http://bit.ly/2uKF8Ub*
- *The Conservative Case for Universal Healthcare. "The barrier to universal healthcare is not economic, but political. Is profligate spending on health care really a conservative value?" http://bit.ly/2tBcKAG*

Hopefully the move towards bi-partisan discussion in Congress beginning Sept 2017 will include discussions on ALL options, including universal healthcare for all. Ask your congressman to support this.

SINGLE PAYER PRIMER

Of the all the different kinds of health insurance, we're hearing a lot more about Single Payer than ever before. In a nutshell, single-payer national health insurance is a system in which a single public or quasi-public agency organizes health financing, but delivery of care remains largely private. In the US we often think of "single payer" as a synonym for "universal health care" but there are some differences between the five types. All but one of the following are forms of universal health care. Here's a very brief explanation of the five basic forms of health insurance.

Socialist	The government owns the hospitals and directly employs the doctors.	Britain's NHS is the best known example. In the United States, VA healthcare works on this model.
Multi Payer	Doctors and hospitals are paid by multiple sources: the government, regulated sickness funds, regulated insurers, etc. This is the most common form of universal health care, and its advantage over single-payer is that it offers a little more flexibility in coverage.	There's a continuum in multi-payer systems, from those that are almost single payer (France) to those where other payers play larger roles (Germany, Belgium, the Netherlands, etc.). In the US, Medicare Advantage is basically multi-payer.
Subsidized Private	People are required to be covered by private insurance, but the government provides subsidies to make coverage affordable.	Switzerland uses this system. In the US, this is the ACA model.
Private	Almost entirely private, but government is involved indirectly via the tax code, which allows employees to receive health coverage free of taxes.	Of the wealthy industrialized nations, this model has only been used in the United States.
Single Payer	Doctors and hospitals are mostly private entities, but are paid exclusively by the government.	Canada is single-payer, with each province acting as the sole source of payment to doctors and hospitals. In the US, Medicaid and traditional Medicare are single-payer.

KEY FEATURES OF SINGLE PAYER

01 | Universal, comprehensive coverage

02 | Avoids a two-class system and minimizes expense

03 | No out-of-pocket payments

04 | Ends payments and deductibles

05 | Ends a wasteful payment system

06 | Mirror Cap-ex and Op-Ex funds in the business world, not individual patient billing

07 | Free Choice of Providers, no In and Out of Network

08 | Public accountability, not corporate dictates

09 | The public has an absolute right to democratically set overall health policies and priorities, but medical decisions must be made by patients and providers rather than dictated from afar.

10 | Ban on For-Profit Health Care Providers

11 | Protection of the rights of healthcare and insurance workers

KEY POINTS ON HEALTHCARE IN THE US

We spend more and get less than the rest of the world with a patchwork system of for-profit payers.

01 | The US spends more than twice as much as the rest of the industrialized nations ($8,160 per capita) on health care

02 | Yet, the United States has poorer ratings on life expectancy, infant mortality and immunization rates.

03 | The other advanced nations provide comprehensive coverage to their entire populations, while the U.S. leaves 51 million completely uninsured and millions more inadequately covered.

04 | One third of our health care dollars goes to Administrative Overhead

TALKING POINTS

There are many myths and misinformation that have been spread over the years about the different types of healthcare plans. Below you'll find resources from Physicians for a National Health Program that will help you separate fact from fiction.

Single Payer Overviews

Beyond the Affordable Care Act: A Physicians' Proposal for Single-Payer Health Care Reform

First published in the *American Journal of Public Health*, June 2016, Vol 106, No. 6

Key Features of Single-Payer

A useful handout detailing the main features of single-payer.

Statement of Dr. Marcia Angell introducing the U.S. National Health Insurance Act

A great overview of the need for and logic of a single-payer system. Perfect as an introductory handout.

Liberal Benefits, Conservative Spending

Another great introductory handout.

The case for eliminating the private health insurance industry

By Don McCanne, MD and Leonard Rodberg, PhD

Single Payer—Fifty Players? Alternative Payers for Universal Health Insurance

By Thomas Bodenheimer, MD

Public Citizen's Response to the Citizens' Health Care Working Groups Interim Recommendations (En Español)

A great overview on the benefits of a single-payer system by Public Citizen.

Rep. Dennis Kucinich Tackles Health Care

Rep. Kucinich talks with Truthdig about the health care crisis in America.

Myth Vs Reality

Single Payer FAQ

An extensive, frequently-updated catalog of the most-asked questions about single-payer. Alternatively, you can view our two-page FAQ handout.

Myths as Barriers to Health Care Reform

A paper refuting many of the myths associated with single-payer.

"Mythbusters" by the Canadian Health Services Research Foundation

A series of brief papers debunking the common misconceptions about the Canadian health system.

"Moral Hazard:" The Myth of the Need for Rationing

Rasell, E "Cost Sharing in Health Insurance – A Reexamination," New Eng J Med., 332(7) 1995

Roos, et al "Does Comprehensive Insurance Encourage Unnecessary Use?" Can. Med. Assoc. J 170(2) Jan. 20, 2004

Gladwell, M. "The Moral Hazard Myth," New Yorker Aug. 29, 2005

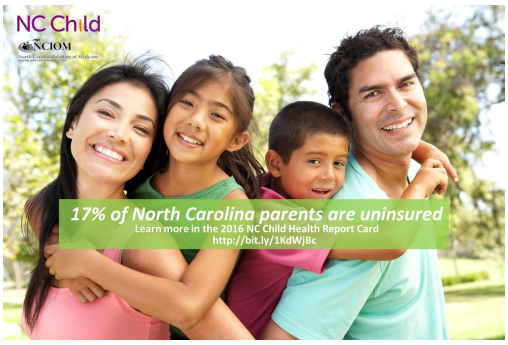
Myths and Memes About Single-Payer Health Insurance in the United State: A Rebuttal to Conservative Claims

Geyman, John; International Journal of Health Services, Volume 35, Number 1, Pages 63–90, 2005

Two-thirds of Americans support Medicare for all

CALLS TO ACTION

SPOTLIGHT ON NC CHILD



IMPROVING CHILDREN'S HEALTH IN NC

NC Child is a nonpartisan organization based in Raleigh whose mission is to advance public policies that improve the lives of North Carolina's children. The organization works statewide to ensure all children are healthy, safe, well-educated, and economically secure by engaging communities, and informing and influencing decision-makers. Find out more at www.ncchild.org.

As part of its mission, NC Child has taken a lead role fighting against proposed cuts to Medicaid and other threats to children's health coverage at both the federal and state levels.

CHIP: ON THE HORIZON

When Congress reconvenes in September, one issue of particular importance to children's health here in NC and throughout the US is the much-needed reauthorization of the State **Child Health Insurance Program** (CHIP). CHIP is a federal-state partnership program that provides health coverage options for children whose families earn too much to qualify for Medicaid but too little to afford marketplace or other coverage.

- Current Federal Funding for CHIP Ends September 30, 2017
- Nearly 80,000 Children are on CHIP in NC (NC Health Choice)
- Has Bi-Partisan Support in DC
- Crucial that State Funding is Re-Authorized
- Find out more about CHIP

NC CHILD CALL TO ACTION

In the next week or two, NC Child will have an action alert ready that can be shared with others that directs people to take action in support of CHIP. In the meantime, and as a first child health action for the month, we urge you to join the NC Coalition to Protect Child and Family Health, a collaboration among several groups and individuals across the state.

CALLS TO ACTION

Healthcare Calls To Action from 5Calls.org

1. Pressure Congress to allocate funding to the IRS to enforce the individual mandate (current appropriations bill draft ends this funding- https://www.nytimes.com/2017/07/03/us/politics/congress-moves-to-stop-irs-from-enforcing-health-law-mandate.html?mcubz=0

Call script at https://5calls.org/issue/recgHtWhnP7P6tdTM)

2. Pressure CMS/HHS to reinstate ACA enrollment support programs and reverse the decision to cut the Healthcare.gov enrollment period from 90 to 45 days. Tell Trump to stop sabotaging the ACA!

3. Pressure Congress and HHS to continue providing cost-sharing reduction payments to individual market insurers to ensure reasonable individual market rates (they've been paid this month but their future is uncertain), see http://www.modernhealthcare.com/article/20170719/NEWS/170719885

Call script at https://5calls.org/issue/rec5i3b5mezyY0PhH

4. Encourage senators to participate in bipartisan efforts to fix the individual markets. Sen. Lamar Alexander, a Republican, is already pushing for hearings on this issue; see http://www.cnn.com/2017/08/02/politics/senate-health-care-hearing-bipartisan/index.htm

CALLS TO ACTION

Support National Improved Medicare For All

NIMA (HR676) Calls To Action from Together We Will NC

Actions:

- Sign this Credo petition to Democrats to stand up for NIMA: http://bit.ly/2vVBQvR
- Contact Senators Burr (http://bit.ly/2ggj1if) and Tillis (http://bit.ly/2fVuXSk) EVERY DAY you can. Suggested script:
- *"Hello, my name is ___ and I am calling from ___. I expect you to support actions to stabilize the ACA while working toward transitioning to the only solution to the issues with healthcare in the US – National Improved Medicare for All, HR 676. I find it unacceptable that more than half of a million families endure bankruptcy every year due to medical bills, and the majority of them have health insurance. Private health insurance is not protecting our retirement savings from a medical crisis" http://bit.ly/2uaifG5*
- Read and encourage your representative AND senators to read the Sanders Institute White Paper. "The second and crucial point is that the private insurance business model, which seeks to limit claims paid on policies, conflicts with the very reason most people have for purchasing health insurance, the need for healthcare. Insurers' biggest costs are what they term medical loss, or the costs of paying for policyholders' covered healthcare services. Thus, insurers strive to limit how much they pay out in claims for care provided to their enrollees." http://bit.ly/2vct2nY
- Show your support for NIMA – Visit http://bit.ly/2sN3rzS for templates for yard or window signs and postcards. Ask Katrina or Wendy how to get a NIMA car decal and postcards sponsored by HPTA.

Finally, thank you for reading this toolkit and being an engaged and informed citizen. With your help, we can all work together to bring positive and beneficial change to North Carolina and our country.

Change starts with you. Being willing to talk to your friends, neighbors and family about these issues is the most important action step you can make. Share this toolkit and its message broadly!

And follow us for more ways to engage: