



Help Us PROTECT YOUR PACE SERVICES

THE CARE YOU OR YOUR LOVED ONE RECEIVES IS AT RISK

The State of California is considering cutting Medi-Cal (Medicaid) funding, which could reduce or change the services provided through St. Paul's PACE like:

- Doctor visits
- Transportation
- Meals and more
- Home care
- Medications



YOU CAN HELP!

Ask your state legislator to protect PACE and say NO to Medi-Cal cuts. Contact them via email, phone or write a letter.

- Pre-written letters are available
- Sample script for email or phone listed below
- Advocacy Day - more details to come



LOOK UP YOUR LEGISLATOR:
FindYourRep.legislature.ca.gov



Sample Script (email or phone):

"Hi, my name is [Your Name], and I am a [participant/family member] with St. Paul's PACE. Please protect PACE and oppose any Medi-Cal cuts. Seniors like [me/my loved one] depend on this medical program. Thank you."

Let's speak up together and protect the care you deserve.

TEMPLATE LETTER FOR STAFF

[Your Name]

[Your Title, if desired]

St. Paul's PACE

[Your Office Address]

[City, State, ZIP]

[Today's Date]

Dear [Assemblymember/Senator] [Last Name],

I am writing as an employee of St. Paul's Program of All-Inclusive Care for the Elderly (PACE) to respectfully urge you to oppose any proposed Medi-Cal cuts that could negatively impact the care of vulnerable seniors in our community.

St. Paul's PACE provides comprehensive medical and social services to frail older adults who wish to remain living safely in their homes. The seniors we serve rely on Medi-Cal funding to access the coordinated care they need to live independently with dignity.

Any reduction in Medi-Cal support threatens the stability and quality of care for these individuals. I respectfully ask that you support full funding for the PACE program to ensure we can continue to meet the needs of our aging population.

Thank you for your consideration and for your continued commitment to protecting California's most vulnerable residents.

Sincerely,

[Your Name]

[Your Title, if applicable]

St. Paul's PACE



You can help protect PACE and speak up for our participants. Write, email or call your state legislator and ask them to protect PACE and say "No" to Medi-Cal cuts.

STEPS TO FOLLOW:

OPTION 1: Write a Letter

1. Grab a pre-written letter.
2. Make sure you know who your legislator is, if not, scan the QR code below.
3. Fill out the letter using the available template.
4. Leave your completed letter in the clear bin, we'll mail it out for you!

OPTION 2: Send an Email

1. Make sure you know who your legislator is, if not, scan the QR code below.
2. Select their name, then click on **"Contact Me"**.
3. Choose **"Email Me"**.
4. Type the sample email we provided, OR write your own message.

OPTION 3: Make a Phone Call

- Make sure you know who your legislator is, if not, scan the QR code below.
- Select their name, then click on **"Contact Me"**.
- Call the provided number and read the sample script, or speak in your own words.

Employee Sample Script (email or phone):

"Hi, I'm an employee at St. Paul's PACE. I'm asking you to oppose any Medi-Cal cuts that could impact the care of vulnerable seniors in our community. Please support full funding for the PACE program. Thank you."

Participant/Family Member Sample Script (email or phone):

"Hi, my name is [Your Name], and I am a [participant/family member] with St. Paul's PACE. Please protect PACE and oppose any Medi-Cal cuts. Seniors like [me/my loved one] depend on this medical program. Thank you."



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