# ICPJ Vote Caucus Candidate Healthcare Forum Questions

**June 2026**

*Candidate: Felicia Brabec — Michigan Senate District 15*

## Candidate Introductions

*Please share your name, the office you're seeking, and, in one sentence, why you're running.*

My name is Felicia Brabec, and I am running for Michigan State Senate in District 15. I am seeking this office because I'm excited to take my experience as a mom, psychologist, small business owner, and former County Commissioner and State Representative to the State Senate to serve more Michiganders!

## State Candidate Questions

*Many of the decisions that shape healthcare access are made in Lansing. State government plays a significant role in determining how healthcare is funded, regulated, and delivered across Michigan.*

*We'd now like to hear how our state candidates think about those responsibilities.*

### Question 1: Vaccination & Public Health

*Vaccination rates have been declining in recent years, and Washtenaw County recently experienced a measles outbreak. Some believe rebuilding trust through education and outreach should be the primary response. Others believe Michigan should also reconsider policies such as philosophical and religious exemptions, as some other states have done.*

***How do you think Michigan should approach this issue, and what principles guide your thinking?***

As a clinical psychologist, I have spent my career studying how people make decisions, and the research is consistent: top-down mandates alone do not rebuild trust in communities where that trust has been lost. Education, culturally competent outreach, and engagement through trusted community messengers are essential components of any effective public health response to declining vaccination rates.

At the same time, I do not believe the policy conversation ends there. Philosophical exemptions are relatively easy to obtain and have contributed to declining vaccination rates in ways that put immunocompromised individuals, infants, and others who cannot be

vaccinated at genuine risk. Michigan should examine seriously whether our current exemption policies strike the right balance between individual choice and the collective responsibility we bear to protect our most vulnerable community members.

My guiding principles on this issue are straightforward: public health policy should be grounded in scientific evidence, attentive to the social and psychological factors that shape health behavior, and designed first and foremost to protect those who are most at risk.

## Question 2: Immigration & Healthcare

*Some members of our immigrant communities delay or avoid seeking healthcare because they fear the consequences of interacting with public systems.*

***What responsibility, if any, does state government have to address that reality?***

When people avoid seeking medical care because they fear the consequences of interacting with a public institution, that is a public health failure with consequences that extend well beyond the individual. A community in which a significant portion of the population is disconnected from the healthcare system is a less healthy community for everyone.

The state government has both a moral and a practical responsibility to address this reality. Michigan should clearly communicate that state-funded healthcare programs and public health infrastructure are available to all residents regardless of immigration status, and should actively conduct that outreach through multilingual channels and trusted community organizations. I also support the Safe Communities legislation that limits where immigration enforcement can operate, because fear of enforcement in healthcare settings is a direct barrier to care that state policy can and should address. No person should delay treatment for a serious illness because they are afraid to walk into a clinic.

## Question 3: Priorities

*Every budget reflects priorities. Every policy benefits some communities more than others.*

***When you think about healthcare policy in Michigan, whose needs feel most urgent to you right now, and why?***

The communities whose healthcare needs feel most urgent to me right now are those that have historically been excluded from the systems designed to serve them: low-income, minority Michiganders navigating the intersection of inadequate coverage, high out-of-pocket costs, and limited provider availability; black residents who face documented disparities in maternal health outcomes, chronic disease management, and access to mental healthcare; immigrant communities who are disconnected from care by fear and language barriers; and people living with serious mental illness who cycle through emergency rooms and correctional facilities because community-based treatment is unavailable or unaffordable.

As Chair of the Washtenaw Community Mental Health Board and the only mental health practitioner during my tenure in the Michigan State House, I have seen these disparities up close. They are not inevitable. They are the product of policy choices, and they can be changed by different policy choices. That conviction guides every healthcare priority I will carry into the State Senate.

## Bonus Question: State Leadership

*Michigan doesn't control every part of our healthcare system, but it does make decisions that affect whether people can access care.*

***What do you believe is the state's most important responsibility when it comes to healthcare?***

Michigan's most important responsibility when it comes to healthcare is ensuring that access to care is not determined by income, geography, or identity. The state controls significant levers: Medicaid eligibility and coverage, reimbursement rates that determine whether providers can afford to serve low-income patients, regulation of insurance practices, investment in community mental health infrastructure, and the policy environment that either welcomes or excludes vulnerable populations from care.

I believe the state should use every one of those levers actively and intentionally. Healthcare is not a privilege that people earn through employment or income. It is a condition of human dignity, and the state government has both the authority and the obligation to treat it as such. My career as a clinician has shown me what happens when people cannot access care, and my career as a legislator has shown me that the state can make meaningful differences when it chooses to. I will keep making that case and fighting for those choices in the Senate.