

Key Messages to Defend Medicaid in State Budgets

We know that many state legislatures are debating cuts to Medicaid eligibility or services as a means of tackling shortfalls in state budgets. Even as specific cuts (like eligibility for pregnant women or reductions in critical cancer screenings) are put on the table, it's important to remember how to frame the program and the residents it helps. Based on years of defending Medicaid at both the state and federal levels, we wanted to provide some core messages about who Medicaid supports and how that helps your state's economy.

It is important for advocates to continually reinforce the benefits of Medicaid to consumers, instead of repeating the oppositions messaging. When advocates respond to attacks on Medicaid, pivot back to one of the core messages below. Storytelling is also an effective tool to combat these attacks, so when appropriate, reference a consumer that personally benefits from Medicaid.

- **Medicaid provides critical protections to hardworking [STATE]ians, cares for expectant mothers, ensures that our children can access health care when they're sick, helps residents with disabilities live independent lives and supports our seniors.**
- Our budget should not be cutting a program that brings peace of mind and financial stability to hardworking families in our state. Politicians are giving us a false choice. We need leaders who have the best interest of our families and our budget at heart.
- **Medicaid cuts would be bad for [STATE]'s economy.** Medicaid acts as an economic stimulus, funding job creation and supporting spending by hospitals, physicians, and various health services. Medicaid provides approximately one-third of revenue at public hospitals, and it is the largest payer for community health centers. These health care centers in turn are a reliable source of jobs, even in a weak economy.
- **Medicaid cuts are an ineffective approach to balancing budgets.** The federal government matches at least half of all state Medicaid spending—so states need to cut at least \$2 to save \$1. Many states receive higher federal matching rates, and need to cut even more to see savings. The actual net savings of the cuts is not likely to balance state budgets or outweigh the long-term harm.
- **Cutting Medicaid doesn't mean fewer people get sick.** Instead of paying for their care in a cost-effective way, [STATE] will pay for it by seeing escalating rates of uncompensated care. This causes economic stress for hospitals and providers who would normally be paid by Medicaid dollars.

Responding to Attacks on Medicaid

It seems that whenever reductions to Medicaid are debated the same tired and inaccurate assertions are made about the program and the population it serves. Below are some responses to use against these common Medicaid attacks.

- Economic Attacks/Priorities

- **RESPONSE:** Our state should prioritize working families and a healthy state budget.
 - Providing coverage through Medicaid brings in guaranteed revenue to [STATE], making our economy stronger.
 - Politicians are giving us a false choice. We need leaders who have the best interest of our families and our budget at heart.

- Attacks on Medicaid
 - **RESPONSE:** Every day we hear stories from [STATE]ians that have personally benefitted from Medicaid.
 - Recent studies have confirmed that Medicaid coverage improves beneficiaries’ access to primary care physicians, prescription drugs and preventive care.
 - It also improves their general health, reduces depression rates by 30 percent and virtually eliminates crippling medical expenses that can lead families to foreclosure and bankruptcy.
 - Working families deserve to have access to quality health care that they can afford.
 - *[Tell a consumer story.]*

 - **RESPONSE:** We need to educate people about where they should go when it’s not an emergency and make sure those medical services are available to them when they need it.
 - Often, people with Medicaid coverage don’t work a traditional 9 to 5 job, don’t get sick leave and can’t get to a primary care doctor during regular hours. That’s why we must work with community clinics and providers to increase hours so that people who are working two and three jobs can get access to primary and preventive care after hours and during the weekend.
 - A 2012 study examining the effect of insurance on emergency room visits in Massachusetts found that while visits increased immediately after the state enacted universal coverage, reform ultimately “reduced ER usage by between 5 and 8 percent, nearly all of which is accounted for by a reduction in non-urgent visits that could be treated in alternative settings.”
 - Health insurance is about more than just reducing visits to the ER. Our health system is transforming from one where consumers’ health care options were limited by fear of crippling medical bills to one where having coverage makes it possible to receive consistent access to care.

 - **RESPONSE:** Medicaid is working for millions of Americans.

- Recent studies show that adults getting coverage through Medicaid did as well as, or better than, privately insured adults on key access measures, including having a usual source of care, and having had a routine check-up, a general doctor visit, a specialist visit, a mammogram, or a flu vaccination.
- *[Tell a consumer story.]*
- **RESPONSE:** Medicaid operates more efficiently than private insurance and is providing valuable care for families in [STATE].
 - Medicaid's administrative costs, for example, account for only 5 percent of Medicaid spending, or under half the rate that's typically seen in the private sector.
 - Despite covering sicker and lower-income people than private insurance, Medicaid costs less per enrollee and its costs grow at a slower yearly rate.