



Here We Stand For People. For Care. For Medicaid.

Lutheran Services In America HERE WE STAND (Core) States Messaging and Communications Guidance

Here We Stand Principles in Action

- Medicaid is a critical lifeline that keeps people connected to care, work, and stability.
- Medicaid is a core pillar of the U.S. healthcare system, keeping people healthier and preventing higher costs for everyone.
- Lutheran Services in America members support strong program integrity and believe every dollar should go to eligible people receiving covered, medically necessary services.
- Policymakers can draw on established partnerships with our members who are deeply rooted in their communities, accountable to stakeholders, and have been delivering care for decades, some for centuries, to advance and safeguard Medicaid integrity.
- Medicaid must be strengthened to ensure consistent access to quality care - including through smart investments like home- and community-based services (HCBS) - for older adults, people with disabilities, and children and families across our communities.

Medicaid: What It Is And Why Is It Important

Medicaid is more than policy. It is at the core of health in this country:

Health is foundational to everything we do. Medicaid supports millions of people through real challenges, from illness to caring for loved ones with complex needs, to disability and helps children grow up with the security of consistent care. It also helps seniors access long-term services that Medicare doesn't cover, like nursing home care and in-home assistance. We see it every day: Medicaid keeps families together, protects dignity, and strengthens lives and communities.

- **Behind every Medicaid statistic is a real person with a real story.**
 - In our communities, Medicaid is a child getting mental health support. A grandparent safely staying in their home. A caregiver finding stability.
 - The consequences of cutting Medicaid are real: missed treatments for those who need it most, preventable emergencies, and families pushed to the financial brink.
- **Medicaid works: it helps people stay healthy, strengthens families, and supports more resilient communities.**
 - The biggest beneficiaries of Medicaid are children, giving them access to medical care they otherwise wouldn't have.

- Lutheran Services in America members see the real-world consequences of funding cuts on access to care. They take the form of unnecessary hospital admissions, school absences, and lost wages.
- **Medicaid is more than just a health insurance program: it's a lifeline that keeps people connected to care, work, and stability.**

Medicaid keeps people healthier and prevents higher costs for everyone:

Medicaid connects people to care that protects dignity and improves health and well-being. It means a person can get treatment before a condition becomes an emergency and that a child has the chance to grow up healthy and stay in school. It means families can manage health needs without constant crisis and without placing undue and costly burden on hospitals and taxpayers.

- **Lutheran Services in America members reduce costly emergency care by delivering community-based services that prevent health crises before they occur.**
 - When people can access things like preventive care, behavioral health services, and in-home care supported by Medicaid, they are better able to stay healthy and remain part of their communities.
 - These services don't just reduce costs for taxpayers; they help us all build toward a stronger future.
- **Medicaid isn't just health coverage; it's the front line of crisis prevention for communities across the country.**
 - When supports such as home- and community-based services (HCBS) are reduced, lower-cost care is replaced by the most expensive options—emergency services and out-of-state placements.
 - Every dollar taken from Medicaid pulls care from those who need it and weakens community stability.
- **Better health outcomes and reducing costs come from better approaches, not more administrative burdens.**
 - In addition to the Centers for Medicare & Medicaid Services (CMS), state and federal watchdogs, including the U.S. Inspector General and Government Accountability Office (GAO), continuously audit Medicaid to root out fraud, waste and abuse and have never called for cuts at the scale we see today.
 - We can fix real problems with better oversight without harming people on Medicaid. Cutting coverage doesn't solve waste or fraud-- it just shifts costs and leads to worse outcomes for everyone.
 - Real reforms focus on improving data collection, care coordination and reducing avoidable ER visits.
- **Medicaid supports everyday health, preventing the kinds of crises that are hardest on families and most expensive for states.**

What's At Stake

The effects of reducing Medicaid come quickly and will be felt for years to come:

When coverage of services is reduced, people delay care until their health issues become more severe and more costly, driving pressure back onto state health systems. Federal cuts are already deepening the care shortage, destabilizing providers, and leaving families and entire communities without the support they need to stay healthy and financially secure.

- **Millions rely on Medicaid for care, and millions more depend on the stability it brings to families, providers, and local economies.**
 - Medicaid supports 1 in 4 people in the U.S., including children, older adults, and people with disabilities.
 - Nearly half of all births and over 60 percent of nursing home residents are covered by Medicaid. It's foundational care, and our members help deliver it.
- **Medicaid works best when paired with essentials like housing, transportation, and nutrition— the building blocks of long-term stability for children, seniors, and communities.**
 - The health of a community is shaped by whether its residents can access stable housing, reliable transportation, and adequate food. When these needs are met, individuals and families experience fewer health crises, which in turn eases pressure on hospitals, emergency services, and local resources.
- **Home- and community-based services (HCBS) are one of the smartest investments states can make.**
 - HCBS allow seniors and people with disabilities to live safely at home.
 - Limiting HCBS doesn't make costs disappear; instead, it pushes the burden onto families and communities already stretched thin as everyday expenses rise.
 - HCBS growth reflects decades of bipartisan federal and state efforts towards community-based care that provides options for independence and choice.
- **The stakes are high: inadequate Medicaid funding means interrupted treatments, lost stability, and greater strain on families and communities.**

What Is Happening

State budgets require tough tradeoffs, but some choices do far more harm than others:

Policymakers are being asked to make difficult state budget tradeoffs: scaling back Medicaid means fewer people can access care when they need it most. With a growing aging population and a shrinking caregiver workforce, now is the worst time to pull support from Medicaid.

- **Reducing access to Medicaid creates lasting damage that ripples through every part of society.**
 - When Medicaid is stripped away, it interrupts learning, work, access to care and our everyday lives -- all of which rely on good health supported by access to care.

- Once community care infrastructure is lost, from local clinics to in-home support programs, it takes years to rebuild. Some services never return.
- **Reducing Medicaid comes with clear costs.**
 - We've seen it before: when funding is pulled back, people lose access, providers lose staff, and communities lose the stability that care makes possible.
 - Fewer Medicaid dollars mean fewer nurses, aides, case managers, and behavioral health staff, intensifying an already critical workforce crisis.
- **There are no easy budget choices in a challenging economy but reducing access to care is among the most harmful.**

Federal Medicaid Cuts Are Already Undermining Access to Care:

H.R. 1, also known as the One Big Beautiful Bill Act, and passed in July 2025, is already reducing access to healthcare by limiting Medicaid resources and increasing administrative burdens on states through costly, resource-intensive requirements that strain systems and risk health care coverage losses. This includes:

- **Broad funding deferrals and blanket moratoria** that delay critical care for those who rely on it most and are already meeting program requirements.
- **Eligibility redetermination requirements every 6 months**, which will double current staffing efforts and increase costs.
- **Work reporting requirements and related documentation needs that require the state to create an entirely new administrative oversight mechanism, which will be burdensome and costly.**
 - Work reporting requirements can increase “churn” as individuals struggle to submit new documentation and lose coverage, even if they are experienced with Medicaid eligibility requirements.
 - Such gaps in coverage drive up costs as individuals seek care at emergency departments rather than in primary care settings.
- **Rapid or blunt measures that change services and/or benefits are costly and disruptive.**
 - Such measures are already interrupting or risk interrupting delivery of medications, personal care hours, or durable medical equipment (DME) for eligible people.
 - Such interruptions also raise costs due to deferred care and avoidable hospitalizations.

What's The Answer

States must protect access to care while complying with federal requirements and restrictions:

Using flexibility from CMS, states can meet federal work requirements while also addressing tax changes in ways that reinforce Medicaid integrity and sustain access to care for residents, especially those who rely on long-term and community-based services.

- **Well-designed work requirements that are grounded in flexibility, reasonable exemptions, and clear communication can support compliance with federal laws while helping eligible residents maintain coverage.**
 - Creating processes that reflect how people actually live and work, such as accessible reporting options and reasonable timelines, helps ensure residents managing ongoing health needs and/or relying on long-term services and supports can successfully meet requirements.
- **At the same time, we urge state leaders to pursue compliant, common-sense strategies to make up for provider tax limitations that promote long-term budget stability and help those eligible maintain access to high-quality care.**
 - Careful calibration and well-designed approaches are especially important for sustaining access in rural and underserved areas where provider capacity may already be limited.
- **Lutheran Services in America members stand ready to work alongside state leaders to develop workable, federally aligned approaches that keep care within reach for all residents.**

States can strengthen Medicaid by drawing on established partnerships with Lutheran Services in America members:

As nonprofit providers, we lead programs that are trusted, community-centered and accountable to stakeholders, building on decades and in some cases, a century or more of care. Partnerships with Lutheran Services in America members help states stretch limited dollars further while maintaining continuity of care. Given that health affects everything in communities from school attendance to workforce participation, ensuring access to care isn't just the right thing to do, it's a shared responsibility and a smart investment in community well-being.

- **Our nonprofit model ensures that resources are continually reinvested into care, staff, and services that respond to the needs of the community.**
 - This approach creates greater accountability and long-term impact, with care that is tailored, consistent, and grounded in local realities.
- **Nonprofit providers, like Lutheran Services in America members, are consistently recognized for high-quality outcomes, strong community partnerships, and the ability to adapt services to local needs.**
 - Lutheran Services in America members go even further by raising charitable funds to close gaps in care, creating public-private partnerships that expand access and deliver better results.
- **Medicaid supports many of the people our members serve and employ.**
 - Families juggling low-wage jobs, older adults trying to age in place, and frontline caregivers all rely on Medicaid for stability and health. In some communities, it is the only point of access to care.
 - Many direct care workers who serve others every day rely on Medicaid themselves, and cutting the program undermines the very workforce that keeps care systems running.

- **Medicaid is more than just a budget line: it's a shared responsibility to ensure that care is available to those who need it most.**

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ADDITIONAL COMMUNICATIONS GUIDANCE

- Speak in nonpartisan terms and avoid partisan bait. Frame Medicaid and access to care as an issue that affects everyone, regardless of politics.
- Keep your message laser-focused on the shared importance of program integrity. Find common ground in ways to improve Medicaid's efficiency, impact, and readiness to serve eligible beneficiaries.
- Do not raise tangential observations about other shortcomings in the healthcare and social service delivery system.