



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

Lutheran Services in America: Letters to the Editor Templates and Guidance

Letters to the Editor (LTEs) are short responses (typically 150–300 words) to a recent news article or opinion piece. For community-based leaders, they offer a timely way to weigh in on issues in the headlines and contribute to the public conversation in your state.

Below are sample templates for Here We Stand letters to the editor, focused on state budget negotiations, work requirements, and home- and community-based services.

Letter to the Editor Writing Tips

- **Be Timely:** Aim to submit your letter within 1-3 days of an article or op-ed's publication. The quicker you respond to a story, the better your chances of placement.
- **Be Focused:** Make one clear point tied directly to the article or topic at hand. Avoid trying to cover too much in the limited space.
- **Be Concise:** Stay within the outlet's word limit and keep sentences tight.
- **Be Accurate:** Double-check all facts, statistics and names before submitting.
- **Be Strategic:** Editors tend to prioritize letters that reference a specific article (by title and date) and include a clear stance in the first sentence, so make sure to include both. If you don't hear back within 3 days, consider revising slightly and submitting to another outlet. A brief follow-up is appropriate, but given the volume of submissions, unfortunately, it's common not to receive a response.

LTE Submission and Amplifying Tips

Review submission guidelines: As with op-eds, requirements vary by outlet, so be sure to review and follow each publication's specific instructions before submitting (Example: [The Washington Post](#)).



Include a brief bio: Most outlets require your full name, title, organization (if applicable), and location. Keep this to one line and ensure it clearly reflects your connection to the issue.

Consider alternative publishing options: If your letter isn't selected, you can still share your perspective by posting it on LinkedIn or your organization's website.

Promote your LTE: If your letter is published, amplify it by sharing the link on social media and tagging relevant stakeholders, including elected officials, community partners, and media outlets.

Here We Stand LTE Templates

State Budget Negotiations

In response to “[Title of Article],” (Date Published): As [State] leaders weigh difficult budget decisions, some choices carry far greater consequences than others. Scaling back Medicaid is one of them.

Across our state, [State Medicaid] supports [[Insert State Data](#): number of residents, %, key populations], helping people access care, stay healthy, and remain part of their communities. Reducing this program means fewer [State residents] can get care when they need it, often forcing them to delay treatment until conditions become more severe and more costly.

At a time of economic pressure and a shrinking healthcare and direct service workforce, cuts to [State Medicaid] would deepen existing strains on [State] families and our broader health system.

There are no easy budget choices, but reducing access to care is among the most harmful. Medicaid is more than a budget line: it's a commitment to the health and stability of our communities.

Work Requirements

In response to “[Title of Article],” (Date Published): As [State] leaders implement federal work requirements under the One Big Beautiful Bill Act, how those policies are designed will determine whether eligible residents keep their health coverage.

Work requirements can only function as intended if they reflect how people actually live and work. That means accessible reporting options, clear communication, and reasonable timelines, especially for those managing ongoing health needs or relying on long-term services and supports.

Without this flexibility, eligible individuals risk losing coverage not because they fail to meet requirements, but because of unnecessary administrative burdens. We've seen how gaps in coverage lead people to delay care until conditions worsen, increasing costs and strain on families and the broader health system.

If done right, [State] can meet federal requirements while protecting access to care. If done poorly, they risk undermining the very purpose of [State Medicaid].

Home- and Community-based Services

In response to “[Title of Article],” (Date Published), Home- and community-based services (HCBS) are one of the smartest and most effective investments [State] can make.

These services make it possible for older adults and people with disabilities to live at home, stay connected to their communities, and make choices about their daily lives. The growth of these services also reflects decades of bipartisan effort to expand community-based care that promotes independence, freedom, and strong outcomes.

As our state leaders navigate new federal requirements and budget pressures, it's critical to ground decisions in facts. HCBS providers operate within longstanding oversight systems designed to prevent fraud, waste, and abuse while ensuring care reaches those who need it.

It's worth noting that cutting these services won't eliminate costs. It will shift them to [State] families and hospitals under strain. Protecting HCBS means protecting both our communities' health and financial well-being.

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