Lutheran
Services
in America®

Here We Stand

For People. For Care.
For Medicaid.

Lutheran Services in America: Op-Ed Guidance

Placing an op-ed in a national or local publication is a powerful way to demonstrate thought leadership and contribute to public conversation. It's worth noting that opinion sections are closely watched-- not just by readers but by journalists and news producers looking for credible voices and real-world expertise to highlight.

For community-based leaders, an op-ed is an opportunity to bring lived experience into the larger dialogue and bring understanding of how policies and decisions are playing out on the ground. For news outlets, op-eds help ensure that a wide range of perspectives is represented in conversations that shape communities.

Below, you'll find guidance on how to write and submit an op-ed, what editors look for when evaluating submissions, and examples of successfully published pieces.

Writing an Effective Op-Ed

Start with a clear point of view and offer a perspective only you can provide. The strongest op-eds are grounded in real experience.

- Lead with your perspective: Focus on what you see in your community and why it matters now.
- Make it human: Include a brief, real-world example that shows how policies like Medicaid affect people day to day.
- Localize your message: Reference your community, state, or region when possible, as this increases relevance and likelihood of placement with certain publications.
- Keep it accessible: Avoid jargon and technical language; write for a general audience, NOT policy experts.
- Include a clear call to action: Be specific about what you want lawmakers or community leaders to do.

Before submitting, confirm your draft aligns with the outlet's basic requirements (typically 600-800 words) and is free of spelling and grammatical errors.

What Editors Look For

Editors review a high volume of submissions and make quick decisions on which to publish. Strong op-eds tend to clearly answer a few questions:

- *Is this relevant right now?* Timeliness and connection to current news or debates are critical.
- *Is this a credible voice?* Editors prioritize authors with direct experience or a clear connection to the issue they're writing about, such as family members or people who receive care.
- *Is this locally relevant?* Local outlets often give preference to voices from within their community, such as faith leaders.
- *Does this add something new?* This means a fresh perspective and not just a restatement of widely known arguments.
- Is it well written and easy to follow? This means clear, concise, and free of errors.
- *Does it follow our guidelines?* Submissions that ignore basic requirements, such as word count or where to submit drafts, are often passed over.

How to Place an Op-Ed

1. <u>Identify your target outlet</u>: Start with your local or state newspaper, as these outlets are often most interested in community-based perspectives.
2. <u>Review submission guidelines carefully</u>: Each outlet has specific requirements for word count, format, and submission method. Following these closely increases the likelihood that your piece will be considered.
3. <u>Submit with a short and timely pitch</u>: When possible, send your op-ed with a brief note explaining who you are, why you're writing, and why the topic matters now. Keep it concise and tied to current news or policy discussions and refer to the outlet's coverage if possible. See the sample e-mail below.
4. <u>Follow up once, then move on</u>: Editors receive many submissions daily. Follow up once after ~2 days. If you haven't heard back within a week of submitting, submit your draft to another outlet.
5. <u>Consider alternative publishing options</u>: If your piece is not picked up, publish it on LinkedIn or your organization's website to ensure your perspective is still shared.
6. <u>Promote your op-ed</u>: Once published, amplify your op-ed by sharing it on social media and tagging relevant stakeholders, including elected officials, community partners and media outlets.

Sample Submission E-mail

Subject: Op-Ed Submission: [Title of Your Op-Ed]

Dear [Editor's Name],

Please find the op-ed draft below for your consideration on Medicaid, particularly as it relates to [timely news hook or policy development]. As [your title] at [your organization] in [city/state], I see firsthand how these issues are affecting individuals and families in our community.

In the piece, I highlight [very brief description of angle-- ex: a local example, impact on services, or perspective often missing from the larger debate] and outline why it matters for your readers now.

The op-ed is approximately [XXX] words and if helpful, I would be happy to provide any additional information.

Thank you for your time and consideration.

Warm regards,
[Your Name]
[Your Title]
[Organization Name]
[City, State]
[Phone]
[Email]

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[Title and draft of your op-ed cut and pasted here]

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Op-Ed Examples

From last year's Here We Stand Campaign

Portland Business Journal: Viewpoint: An Oregon VC, small biz owner share personal stories of Medicaid cut impact

July 11, 2025
By: Tiffany George, Owner of Future Folk Supply Co. and Melanie Strong, Managing Partner at Next Ventures
Original Link:
https://www.bizjournals.com/portland/news/2025/07/11/medicaid-cuts-oregon-melanie-strong-tiffany-george.html?utm_content=338491739&utm_medium=social&utm_source=linkedin&hss_channel=lcp-3659312

Congress just passed a federal budget that cuts Medicaid and adds new barriers to care. On paper, it looks like fiscal policy. But in the real world, these cuts fall hardest on women.

Nearly two-thirds of unpaid family caregivers in the United States are women. We are the ones most likely to care for children with complex medical needs, aging parents, or loved ones with disabilities. Medicaid doesn't take over those responsibilities, but it's often the critical support that helps families manage. Without it, many of us will be forced to leave the workforce, lose income, or burn out trying to hold it all together.

We know this because we've lived it.

Tiffany's story

I live in Hood River, Oregon, and I'm the mother of a six-year-old daughter named Wylie. She was born at just four pounds and later diagnosed with CLPB deficiency, a rare mitochondrial disease that affects her white blood cells and immune system, making her susceptible to infections and causing other developmental issues. She's thriving but only because of a combination of medical care, school support, and a community that loves her.

There have been several times over the years when Wylie has gotten a respiratory infection, and her oxygen drops fast. We live just a few blocks from our small local hospital, which can stabilize her while we wait for transport to Randall Children's Hospital in Portland. Our community's rural hospital survives in part because of Medicaid. If those reimbursements disappear, as this budget allows, it may not be there the next time a child in our town needs urgent care. In many rural parts of Oregon, there is no backup.

I also own a small business. Medicaid doesn't remove my caregiving role, but it helps me stay in it. With support for Wylie's treatments and therapies, I can keep working, earning, and participating in the economy. Without it, I'd have to give up all of that.

Melanie's story
My younger sister, Marilyn, is 45. She lives with cerebral palsy and intellectual disabilities. She also lives in a group home, grocery shops with staff support, and volunteers in her community. I'm her legal guardian, and I'm also a partner at a Portland-based venture capital firm.

Marilyn's care is made possible by a Medicaid waiver that helps people with developmental disabilities live outside of institutions. It funds her housing, medical care, and 24-hour professional support. These services aren't extras. They are the foundation of the community-based care system.

And they aren't something families can replicate on their own. Group homes, staffing, coordination, and oversight can't be replaced with personal savings or private insurance. If Medicaid funding is gutted, the system collapses, and families are left with impossible choices.

And when that happens, it's women who step in to fill the gaps, often at the expense of their own work, income, and well-being.

Why this matters
Oregon has built one of the strongest Medicaid systems in the country. But no state, no matter how efficient, can absorb the blow of deep federal cuts. These changes will quietly unravel the systems that keep people healthy, employed, and housed through rural hospitals, disability services, school-based care, and long-term support.

A decade from now, after a trillion dollars has been gutted from Medicaid, what will be left for children like Wylie who will need lifelong care? Will there even be group homes or home support? Instead of dismantling the system, we should be expanding it to protect the next generation.

We are small business owners and caregivers. We've seen what happens when Medicaid works in partnership with families. That kind of support allows women to stay in the workforce and continue contributing to their communities.

The budget may be passed, but implementation is still taking shape. Oregon's business leaders and civic institutions need to speak up now before the damage becomes irreversible.

Women shouldn't have to choose between caregiving and a paycheck. But as these cuts move forward, more and more of us will.

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Additional Examples

New York Amsterdam News: OP-ED New Yorkers are paying the price for Medicaid cuts, despite warnings

April 16, 2026
By: Anthony Randolph, Peer Worker and Board of Directors Program and Quality Chair, Harlem United
Original Link:
https://amsterdamnews.com/news/2026/04/16/new-yorkers-are-paying-the-price-for-medicaid-cuts-opinion/

There was a time when I was sleeping on subway cars and struggling to survive with HIV, diabetes, and high blood pressure, unsure if I would live to see the next year. I cycled in and out of treatment. I didn't trust the healthcare system. I was battling depression and suicidal thoughts, and for a long time, I felt like I had nowhere to turn.

Access to consistent care changed everything. It is the reason I am alive today — and why I spoke out last year in these pages, warning about the devastating harm that proposed federal Medicaid cuts would cause for Black New Yorkers like me. I warned that these cuts would strip coverage, destabilize care, and deepen racial health disparities.

Unfortunately, too many members of Congress, including seven from New York's delegation, did not heed those warnings. Now, we are beginning to see the consequences — and unless Congress acts, things are about to get much worse.

The federal budget law passed last year — a massive transfer of wealth from working people to the richest Americans, paid for by slashing healthcare and food assistance — is already undermining Medicaid in New York. The state stands to lose an estimated $8.4 billion in federal funding each year. That loss doesn't just exist on paper — it means fewer people covered, fewer services provided, and more barriers to care.

We are already seeing the early warning signs.

More than 1 million New Yorkers are at risk of losing affordable coverage due to changes to the Essential Plan, long a critical pathway to care for low- and moderate-income residents. Many of those pushed off will be forced into private insurance they simply cannot afford, as premiums continue to rise, leaving people to choose between paying for coverage or going without care altogether. Others will lose coverage entirely, while new red tape makes it harder just to sign up or stay enrolled. Lawfully residing immigrants — people who are part of our communities and workforce — are now being shut out of coverage altogether.

These are not minor policy tweaks. They are structural changes that will push people out of the healthcare system.

When people lose access to preventive care, they do not stop getting sick. They end up in emergency rooms, sicker and in crisis, driving up costs and straining an already burdened system. Hospitals and clinics that serve Medicaid patients — especially in Black communities — will face impossible financial choices, leading to layoffs, service cuts, or closures.

We have seen this before. We know how this story goes.

Black Americans already face higher rates of chronic illness and shorter life expectancies due to systemic inequities in access to care. Medicaid has been one of the most effective tools we have to close those gaps. Cutting it now will reverse years of progress and widen disparities that should have been eliminated long ago.

It will also undermine New York's leadership in the fight against HIV. Medicaid is the largest source of coverage for people living with HIV in this country. It funds the medications, preventive care, and support services that have helped reduce new infections and keep people like me healthy and alive. Rolling back that support will not just harm individuals — it will set back public health across the state.

None of this was inevitable. It was a choice. However, it is not too late to make a different one.

While President Trump may be doubling down on domestic cuts and increased military spending in his proposed 2027 budget, Congress must stand up. They should act now to reverse the enacted cuts to Medicaid, restore funding, and protect access to care before more people lose coverage and more lives are put at risk. New York's leaders must also do everything in their power to mitigate the damage and ensure that no one falls through the cracks.

When I was finally able to access care through Medicaid, I began to rebuild my life. With consistent coverage and the right support, I stayed in treatment, managed my conditions, and regained stability and dignity.

My story is not unique. Across New York and the country, millions rely on Medicaid for lifesaving care — for HIV, chronic illness, mental health, and more. It allows people to get healthy, stay healthy, and live full lives.

Without it, many would fall through the cracks, ending up in crisis, in emergency rooms, or worse. For countless Americans, Medicaid is not just coverage. It is the difference between surviving and truly living.

That is what is at stake.

Last year, I asked: How much is my life worth? Today, we are seeing the answer reflected in policy decisions already costing people their care — and, soon, their lives.

We cannot afford more warnings ignored. The damage is here. The question now is whether our leaders will act before it is too late.

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The Hill: Fraud reform must target criminals, not cut off disability care

April 17, 2026
By: Rachel Barkley, Director of the Able Americans project, National Center for Public Policy Research
Original Link:
https://thehill.com/opinion/congress-blog/5835221-trump-fraud-reform-safety-net/

President Trump has made rooting out fraud in the social safety net a top priority this year, putting Vice President JD Vance in charge of a new "war on fraud." That focus is overdue. Fraud in public benefits doesn't just waste taxpayer dollars — it corrodes trust in the very programs designed to help people in crisis and diverts resources from those who truly need them.

But there's a quieter danger: When government responds to fraud with blunt instruments, the people who rely on these programs can become collateral damage. In disability services, the human toll can be worse than the budget impact.

Minnesota has offered a painful case study. Take Janelle "Sky" Hansen, a young woman with autism. She lived in an apartment through a Medicaid-funded program called Integrated Community Supports), meant to help adults with disabilities live independently with daily, one-on-one assistance. Hansen's provider, American Home Health Care, was paid Medicaid dollars intended to support her housing and services. Yet the company stopped paying her rent, even as it continued to collect Medicaid funds from the state. Hansen, who did nothing wrong, was evicted and has spent months homeless.

According to KARE11's investigation, Hansen's records reflected a daily billing rate of roughly $421 for about 12 hours of services per day — services Hansen says she rarely received. State Medicaid billing data showed the provider has been paid more than $2.2 million in public funds since 2022. Whatever the final legal outcome, the outcome for Hansen is already catastrophic: She lost the critical stability Medicaid was supposed to secure.

Jennifer Larson, the mother of a son with autism and the founder of the Holland Center for Autism in Minnesota, testified before the U.S. House Judiciary Committee in January about what happens when fraud is allowed to metastasize. Her testimony captured the double-bind families face:

> "This week, Holland and other autism programs all over Minnesota are collapsing," she said. "Not because we committed fraud, but because a crime ring was allowed to operate inside Minnesota's autism services system, and the government's clumsy response is now destroying legitimate longstanding providers and devastating the families we serve."

Larson has described payment holds that forced her organization to take on debt just to make payroll. When states freeze payments broadly — rather than surgically targeting bad actors — they don't just punish criminals. They punish children and adults whose care depends on continuity, and they punish legitimate providers who are often the last lifeline before families spiral into crisis.

This should be the core principle as anti-fraud efforts ramp up nationally: People with disabilities cannot become collateral damage in the fight against fraud.

Across the country, Home and Community-Based Services Medicaid waivers support the daily activities that make community life possible for people with disabilities: therapies to prevent decline, personal care for tasks like showering and eating, supported employment, and the stability of living at home rather than in an institution. Even a brief interruption can trigger crisis — medical decline, job loss and housing instability — leading to months or years of setbacks.

So what should “fraud reform that protects the vulnerable” actually look like?

First: Target the criminals, not the care.

States should audit and investigate providers aggressively, but enforcement must be precise. When credible evidence suggests fraud, suspend the specific provider and the specific billing streams under suspicion — not entire categories of care. Pair any suspension with an immediate continuity-of-care plan so individuals are not left without services, housing, staffing or therapy.

Second: Build beneficiary safeguards into every fraud action. If a provider is under investigation, affected beneficiaries should have rapid reassignment options through the state or managed care organization — an expedited pathway to a new provider, temporary bridge services, and a clear point of contact. When housing is tied to a provider arrangement, states should have emergency mechanisms to pay rent directly and prevent eviction while investigations proceed.

Third: Fix the information asymmetry that lets bad actors hide. Fraud thrives where families can’t easily compare providers, verify services, or see patterns of abuse. Transparency isn’t a “nice to have” in disability services — it’s protection. Families should be able to identify reputable providers, understand available benefits, and report concerns without retaliation.

Congress has taken an important step by enacting the Think Differently Database Act, directing the federal government to create a searchable national clearinghouse of disability resources, including Medicaid community-based services. Now implementation matters. The Department of Health and Human Services should move quickly to make the database comprehensive, user-friendly, and genuinely helpful to families navigating complex systems.

Fourth: Measure success by outcomes, not headlines. A serious fraud crackdown should be judged by three metrics: fraud dollars recovered, prosecutions achieved and whether eligible people kept getting the services they needed without disruption. If fraud recoveries rise and homelessness and crisis rise too, the system is still failing.

The Trump administration is right to pursue fraud. The country needs integrity in public benefits. But integrity requires more than enforcement — it requires competence and care. If we want taxpayers to trust the safety net and vulnerable Americans to rely on it, we must design fraud reform that protects the very people these programs exist to serve.

Fraud should be rooted out. Families and people with disabilities should not be uprooted with it.

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