

## Guidelines for talking about Medicaid

- **Make it real.** It's not about the program, it is about people. Talking about "cuts to Medicaid" won't engage the public. It's better to talk about who the program helps: seniors, people with disabilities, and children in particular – but the BEST approach goes a step further. It's VERY specific and explains not just who gets help, but what kind of help they get. *We must protect long-term care for millions of seniors, assistance that helps people with disabilities live independently, and health coverage that ensures children can see a doctor when they get sick.*
- **Overcome the barriers.** We need to overcome the views that people hold that prevent them from agreeing with us. Here, that means acknowledging that we need to reduce the deficit and even that there will be cuts. But, we then want to come back to the point that there's a right way to reduce the deficit. *Reducing the deficit is important, but we need to take a balanced approach that doesn't put the burden on the people who can least bear it.*
- **Present an alternate vision.** This is related to the point above. We need to show that there's a better way to achieve a common goal. *Our leaders should only support proposals to reduce the deficit that reflect our priorities and ensure seniors, people with disabilities and children get the care and support they need to be active members of our community.*
- **Make the tradeoffs clear.** Any deficit reduction agreement is going to have "winners" and "losers." We can frame this debate and motivate *people to take action by highlighting those tradeoffs. Is it right for kids, seniors, and people with disabilities to bear the brunt of deficit reduction while asking nothing of big corporations and millionaires?*
- **Beware wolves in sheep's clothing.** Help people understand that some proposals don't sound like Medicaid cuts but are just that. There are lots of proposals floating around that don't even mention Medicaid, and instead use vague budget mechanisms that sound harmless but still lead to deep Medicaid cuts. Risks come in different packages and we need to be on guard against all of them. *Congress is considering radical cuts to Medicaid. Some proposals call for slashing Medicaid, others are vague attempts to conceal wolves in sheep's clothing. But both lead to the same result: jeopardizing the health and economic security of seniors, people living with disabilities and low-income families by simply shifting costs onto individuals, families and states.*

## Defensive Medicaid Messaging

People who want to cut Medicaid are working hard to undermine the program's image in order to soften up support for the program. We need to be ready to respond to their attacks, but then to quickly pivot back to our positive messages. Here are some common attacks, short responses, and links to more resources on each topic.

### 1. Claim: *Having Medicaid is worse than being uninsured.*

Response: **People have much better access to health care when they have Medicaid than when they are uninsured. They're much more likely to have a regular source of health care and to have seen a doctor in the last six months.**

**Medicaid provides long-term care for millions of seniors, assistance that helps people with disabilities live independently, and health coverage that ensures children can see a doctor when they get sick.**

Resources:

CBPP blog post: [Misguided Attack on Medicaid](#)

CCF blog post: [Senators Stand Shoulder-to-Shoulder to Defend Medicaid](#)

George Washington University report: [Medicaid Works: A Review of How Public Insurance Protects the Health and Finances of Children and Other Vulnerable Populations](#)

### 2. Claim: *Medicaid costs are out of control.*

Response: **It costs Medicaid much less than private insurance to cover people with similar health issues. Slashing a program that's already efficient would simply put at risk long-term care for millions of seniors, assistance that helps people with disabilities live independently, and health coverage that ensures children can see a doctor when they get sick.**

Resources:

CBPP blog post: [Ryan's Rx for Medicaid Means Millions More Uninsured or Underinsured Seniors, People with Disabilities, and Children](#)

CCF blog post: [Medicaid is the MVP of Children's Health](#)

### 3. Claim: *Our state spends more on Medicaid than on anything else. We can't afford it anymore.*

Response: **On average, states spend twice as much on education than they do on Medicaid. [Substitute numbers for your state.]**

**What we really can't afford is to slash long-term care for millions of seniors, assistance that helps people with disabilities live independently, and health coverage that ensures children can see a doctor when they get sick. Medicaid does all of these things. And there's a better way. Reducing the deficit and helping our state get back on solid financial footing are both important goals. But, we need to take a balanced approach that doesn't put the burden on the <Staters> who can least bear it.**

Resources:

CBPP Policy Basics: [Where Do Our State Tax Dollars Go?](#)

CCF paper on state budgets: [Medicaid and State Budgets: Looking at the Facts](#)