

Talking Points

Top Line Messaging:

- Info on your facility/system: # of hospitals, LTC facilities, clinics, etc.; # and % of Medicaid patients
- We support addressing waste, fraud and abuse in the Medicaid program, however
- Cutting nearly \$800 billion from Medicaid is not sustainable, regardless of the policy proposals.
 - Would strip access to health care from some of the most vulnerable populations and destabilize our hospitals and health systems, (add example), leading to loss of services that would impact our communities.
 - Medicaid already pays hospitals less than the cost hospitals incur to provide care to Medicaid patients. (Add Medicaid losses). (Nationally in 2023, the difference between Medicaid payments and costs—the Medicaid shortfall—was \$27.5 billion.
 - The impact of cuts would not be limited to just Medicaid beneficiaries; it would affect the availability of health care services for everyone by forcing hospitals that serve disproportionately high rates of Medicaid and other public-payer patients to terminate services or close entirely. (Add example)
 - Provider tax changes will not just affect enrollment or services for working adults. Children, the disabled and the elderly also would be negatively impacted. (local example of restricting provider taxes and increasing health care costs over the next 10 yrs.)
 - Hospitals and health care facilities, particularly rural hospitals and those serving low-income communities, routinely operate with negative margins. Dramatically increasing the number of people without health care coverage will shift the cost of coverage to these providers and further exacerbate their financial pressures. (example)

Additional Medicaid Talking Points:

Potential Impacts of Restricting States' Use of Provider Taxes

- **States would almost certainly need to make significant cuts to Medicaid to close the financing gap created by restricting provider taxes and to balance their budgets.** Medicaid cuts could include reducing eligibility, eliminating or limiting benefits, and reducing provider rates. These cuts would impact all Medicaid populations, including seniors and people with disabilities who rely on Medicaid for nursing facility, home health and home care services. In many cases, these individuals will not have alternative sources of coverage for these often costly services, increasing the financial burden on families and other caretakers, as well as the Catholic providers who will continue caring for them.
- **Some states might raise taxes on their residents to close financing gaps.** States would need to look to other sources if Congress limited their ability to use provider taxes. This means that some states would have to consider increasing other taxes, including income and sales tax, levied on all state residents.
- **Loss of health care services would be widespread across communities.** Medicaid is a critical revenue source for hospitals and nursing facilities. Loss of federal Medicaid funds would pull resources away from essential services, including emergency, maternal, and behavioral health care services, impacting care for everyone in a community.

The Bottom Line

- **Even small adjustments in the use of provider taxes would result in negative consequences for Medicaid beneficiaries as well as the broader health care system, including Catholic hospitals, nursing facilities, and health systems.** With more than one in every seven patients being seen at a Catholic hospital, restrictions to provider taxes would significantly impact low-income and vulnerable individuals who rely on Medicaid and the providers who care for them.¹
- Restricting states' ability to use provider taxes to finance their non-federal share of the Medicaid program would force cuts that would impede access to care for low-income and vulnerable individuals.

Defending Against Work Requirements

Lawmakers are trying to limit access to Medicaid and it's critical to define these efforts as an attempt to take away access and punish the people who need Medicaid the most—people with disabilities and chronic health conditions, as well as people with low incomes and seniors.

Messages: Defending Against Work Requirements

- The unemployment rate is the lowest it's been in more than 50 years— 3.3%. Proposals to institute work requirements for Medicaid are pretending to solve a problem that doesn't exist. It's more important to focus on how we can keep our workforce healthy and employed—and that means making sure workers can get important screenings and see a doctor when they're sick.
 - Work requirements for Medicaid are just a way to cut an essential program that helps lower-income families, people with disabilities and seniors get the care they need. Taking away access to health care for thousands of people who do shift work or care for children or aging parents is too extreme and out of step with reality.
 - Taking health care away from people who don't meet work requirements causes harm. Those barely making ends meet won't be able to afford the basics they need and also leaves individuals and families without healthcare.
 - ***PROOF POINT: The uninsured rate fell dramatically specifically among low-wage workers, from 38% to 17% in expansion states. Making Medicaid more accessible gave low-income workers an option to get affordable health insurance, and this heavily contributed to the sharp decline in the uninsured rate.***
 - In today's economy, it can be difficult for some people to find steady, good-paying jobs to meet a work requirement. This is especially true for those who have health conditions or disabilities, those in rural areas, single parents, Black and Latino workers, other workers of color and older people who face discrimination in the job market.
 - Most people who need help affording food or health coverage **DO** work. But these proposals will cause many working people to lose the assistance they need because they will struggle to complete burdensome paperwork or because their low-paying jobs typically have unsteady hours and no sick or caregiving leave. This policy is out of touch with what today's families are actually going through.
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- **PROOF POINT:** An [analysis](#) from 2021 found that more than 6 in 10 (61%) non-elderly adults with Medicaid were working full- or part-time. The leading reasons for not working among remaining Medicaid adults were caregiving responsibilities, an illness or disability, or school attendance.
- Adding these new regulations to Medicaid will create more government bureaucracy and force our state governments to spend millions of taxpayer dollars just to implement them. All Medicaid members will be required to fill out burdensome paperwork multiple times a year, which is costly to process and leaves too many people at risk of losing their coverage by mistake. In the end, adding regulations means spending all of this money and adding all of this red tape with little to show for it.
- **PROOF POINT:** Work requirements often lead to losses in health coverage instead of gains. Arkansas is an [example](#) of this, where more than 18,000—or 1 in 4 people who were subject to the requirement—lost their coverage in the first seven months of the policy. Along with people losing coverage, it's estimated that Arkansas spent more than [26 million dollars](#) on administrative costs and initial expenditures to implement their work requirement.
- People who are recovering from or living with serious diseases like cancer, or those who have chronic illnesses, often fit a state's definition of who "should" work when they actually aren't able to. If work requirements are introduced, they will lose their health insurance through Medicaid at a time when they need it most.
- Work requirements **do not** actually help people get and stay healthy enough to work. A person needs to be healthy to look for and keep a job. Punishing people who have lost a job—or even a few shifts at their job— by taking away their access to medications and medical care will only make them sicker and less able to work in the future.
- By proposing work requirements for Medicaid, politicians are trying to flip the script to focus on who is deserving and who is not. The vast majority of people who get their health insurance through Medicaid are caregivers, working or attending school, or have an illness or injury that legitimately prevents them from working.

Promoting the Value of Medicaid

Though Medicaid and Medicaid expansion remains popular among a majority of the public, many legislators and their staff don't know much about the Medicaid program so it's important to continue to proactively promote the value of Medicaid by defining what it is, who it serves and the impact that access to affordable health insurance has at every level, from individuals and families to communities and the state. Describe Medicaid as health insurance for those who don't get coverage through their employer and can't afford private health insurance. This helps break down any stigma associated with getting coverage through Medicaid.

Messages: The Value of Medicaid

- Medicaid is a health insurance program for children and adults with low incomes, pregnant people, seniors and people with disabilities. It allows them to get the health

care they need to get and stay healthy.

- When more people have access to affordable coverage, they are able to catch and treat things early instead of waiting until they need emergency care. Medicaid allows people to get regular checkups to stay healthy, see a doctor when they're sick and access the medications they need—all without breaking the bank.
- For far too many the cost of health care is out of reach, leading them to delay needed care or avoid seeking care at all. Medicaid removes barriers to accessing the affordable health care people need.
- No one should have to choose between getting the health care they need and paying for rent, gas, or groceries because of high costs. Medicaid provides peace of mind to individuals and families and allows them to get the care they need without the fear of catastrophic bills and medical debt.
- For workers who don't get health insurance through their job and can't afford private insurance—or for those who were just laid off and who live in Medicaid expansion states—Medicaid provides access to affordable health care for themselves and their families.