

Grassroots Communications Tips & Tools

Explaining Why Medicaid Matters for People Living with HIV and AIDS
July 2011

This document contains the following resources to help you in your advocacy communications:

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Purpose/Goals:

Right now, Members of Congress are talking about making significant cuts and changes to the Medicaid program. These cuts mean that thousands of people who rely on Medicaid as a lifeline to essential medical care and treatment – including pregnant women, disabled and elderly adults, and low-income children – might lose coverage. Our goal is to make sure that lawmakers and the public understand the impact of Medicaid cuts to people living with HIV and AIDS. To do this, we need the HIV/AIDS community to submit as many letters to the editor as possible to newspapers in key congressional districts.

Tips:

The following tips might be helpful as you start writing your letter:

- **Use sample letters and op-eds** – we’ve provided some samples below to help get you started.
- **Reference a recent article if you can** – if applicable, begin your letter with a short reference to a recent article in that paper.
- **Make your letter state or district-specific** – explain how Medicaid cuts will affect you or people you know in your community. Use the information provided on pages 7-10 on how many people in your state or district are on Medicaid, the costs of the cuts to the state or district, and how your community or state is affected by HIV (e.g., how many people living with HIV there are in your state or whether your state has an ADAP waiting list).
- **Keep your letter short** – try to limit your letter to 150-200 words.
- **Include your name, address, and phone number** – some editors will call to confirm that you are the person who wrote the letter.
- **Have multiple people submit letters** – coordinate multiple letters to be sent during the same week (think about hosting a letter writing party!)

Sample Letters to the Editor

Below are three examples of what a letter to the editor could look like. You should also take a look at the state and district specific information included below to tailor your letter to your area.

SAMPLE 1:

To the editor,

[Reference relevant article]. Many people think that HIV is only a problem for other people, and that it's not in their community. But HIV affects every community. Even if you are not infected, it's likely that you or someone you care about is affected by the disease. That is true for me, so I understand how important it is to end HIV and why treatment – particularly through programs like Medicaid – matters. There are over 56,000 new HIV infections every year in the United States, and we know that treating HIV at an early stage greatly reduces a person's risk of passing the virus to another individual. We also know that Medicaid is the most common source of medical care for people living with HIV in the US. So, by providing access to HIV treatment, Medicaid is helping to end the HIV epidemic. That is why I am asking my legislators to reject Medicaid cuts and support the Medicaid Maintenance of Effort. We can end AIDS, but not if we cut the programs that provide essential prevention, care, and treatment.

Sincerely,

[Full Name]

[Street Address & City]

[Day & Evening Phone Number]

SAMPLE 2:

To the editor,

[Reference relevant article]. We can end AIDS. The recent HPTN 052 trial showed that early access to antiretroviral therapy (ART) not only improves quality of life for those living with HIV/AIDS, but also decreases the likelihood of virus transmission by 96%. Again, we can end the epidemic, but only if we make sure people can access care and treatment. Unfortunately, access to care and treatment, including ART, is diminishing. State AIDS Drug Assistance Program (ADAP) waiting lists are growing rapidly and eligibility restrictions are increasing. Medicaid is an essential lifeline to care for thousands of people living with HIV and AIDS, but it is a lifeline that is under attack in Congress. While tough budget decisions need to be made, massive cuts to Medicaid will contribute to a growing public health crisis and are not the answer. Any short-term financial gains will be dwarfed by the cost of losing an opportunity to end this devastating and costly epidemic.

Now more than ever, we need Medicaid in the fight against AIDS and we need Congress to protect this important program.

[Name, Affiliation]

SAMPLE 3:

To the editor,

[Reference relevant article]. As the debt ceiling debate continues, I am shocked every time I hear that lawmakers consider Medicare politically untouchable, but view Medicaid as an easy target. If Congress thinks Medicaid isn't a voters' issue, they should think again. Medicaid helps people in every community. Because of the high rates of unemployment and uninsurance during the recession, about half of Americans have a personal connection to Medicaid. And over half of Americans want Medicaid protected as is. Medicaid—not Medicare—is the biggest payer of nursing home services for American seniors and people with disabilities. It helps others stay in their communities by providing equipment like grab bars and ramps in their homes. Medicaid is also a key public health program—by providing access to antiretroviral treatment to people living with HIV, for instance, Medicaid is key prevention tool and is instrumental in curbing the HIV epidemic.

It is hard times like now when our communities need Medicaid the most. Lawmakers should remember their constituents during these budget debates and do all they can to protect this important program.

Sincerely,

[Full Name]

[Street Address & City]

[Day & Evening Phone Number]

Sample Op-Eds

SAMPLE 1 – The Debt Ceiling and Medicaid

Debt Ceiling Medicaid Defense Op-Ed Sample (507 words)

It's crunch time in Congress. According to the Treasury Secretary, Congress must act in August at the latest to raise the nation's debt ceiling lest the U.S. default on its loans for the first time in our history. In anticipation of a vote, partisan brinksmanship is at a fever pitch. Republican lawmakers say they won't vote to raise the debt ceiling absent a deal to reduce the deficit without raising taxes. Democrats, while supportive of deficit reduction, appear reluctant to take an all-cuts approach that would reduce the deficit at the expense of the beneficiaries of the biggest non-defense domestic spending programs—namely seniors, persons with disabilities, and low-income children and families who access their medical care through the Medicaid and/or Medicare health insurance programs.

With the stakes so high, it seems all but certain that Congress will vote to raise the debt ceiling. But it's anyone's guess which party will win this game of chicken when it comes to a strategy to reduce the deficit. As lawmakers consider when to fold, there are some key things they should know about Medicaid in particular, which many incorrectly see as “politically vulnerable.”

First, Medicaid is a voters' issue. A recent [poll by the Kaiser Family Foundation](#) found that over half of Americans support maintaining Medicaid with no cuts; and that about half have a personal connection to the program. With unemployment—and consequently, rates of uninsurance—so high, it should come as no surprise that Medicaid is seen as an important health care safety net for a large portion of American families.

Second, this is far from a “welfare queen” program. Medicaid—not Medicare—is the biggest payer of nursing home services for American seniors and people with disabilities. It helps others stay in their home communities by providing equipment like grab bars and ramps in their homes. And Medicaid helps millions of children and their parents go to the doctor.

But Medicaid isn't just helping individuals and families get the care they need. It's also a key public health program. By providing access to regular care and treatment for people living with HIV, Medicaid is one of the biggest weapons in the fight against AIDS. [A recent study](#) showed that anti-retroviral treatment reduces the likelihood of a person infecting another by 96%. In other words, treatment is prevention. And without a cure or vaccine on the horizon, prevention is our best chance of ending the HIV epidemic—which according to the [CDC](#) is growing in the U.S. at a rate of about 56,000 new infections each year. That's right—we can end AIDS. But we can't do it if Congress takes away access to essential prevention, care and treatment provided through programs like Medicaid.

Given the critical roles Medicaid fills—especially during economic downturns—lawmakers considering options to address the deficit should heed the bipartisan approach of their predecessors and protect Medicaid and the Americans who need it as they make tough decisions. To do otherwise would be to irresponsibly and unjustly burden the most vulnerable among us.

SAMPLE 2 – Protect the Maintenance of Effort Requirement

Medicaid Maintenance of Effort Requirement Defense Op-Ed Sample (516 words)

We have never been closer ending the AIDS epidemic—a recent study showed that consistent anti-retroviral treatment reduces the likelihood of a person infecting another by 96%. In other words, treatment is prevention. That’s right, we can end AIDS, but not if we weaken programs like Medicaid that provide essential prevention, care, and treatment. This is truly a Sputnik moment in the long fight to end the epidemic, but trying to fight HIV and AIDS without Medicaid is like trying to get to space in a hot air balloon.

Unfortunately, that’s just what **[Governor name]** would have us try to do. Earlier this year, **[she/he]** signed a letter to the President saying that **[she/he]** wants to be able to make it harder for people to qualify and stay enrolled in the state’s Medicaid program. In the letter, **[Governor name]** joined other governors in saying that they don’t want to comply with a provision of the Affordable Care Act called the Medicaid “Maintenance of Effort” (MOE) rule. It requires states to keep in place until 2104 whatever Medicaid eligibility and application rules for adults they had on the books when the Affordable Care Act passed in March 2010. Essentially, the MOE rule prevents states from dropping people from Medicaid, especially people who depend on long-term care services. That includes many people living with HIV/AIDS.

Some Members of Congress also want to get rid of the MOE rule, claiming that states need to be able to cut people from Medicaid to address state budget shortfalls. It’s true that most states are facing incredibly tough economic situations, and that there are hard decisions to make to find greater efficiencies and cost-effectiveness in public programs. But balancing the state budget by dropping vulnerable populations off of health care coverage isn’t the answer. Congress shouldn’t repeal provisions meant to protect vulnerable Americans—but if it does, our state should lead the way in voluntarily continuing to provide care and treatment for our neighbors in need.

Even if **[Governor name]** isn’t interested in turning the tide on the HIV epidemic in our state for reasons of compassion or public health protection, there are financial reasons to keep people’s HIV care and treatment covered under Medicaid. Gaps in HIV treatment and late entry to care lead to more infections and worse health outcomes, which mean expensive emergency room visits and hospitalizations. The state ends up paying for these expensive medical interventions for uninsured patients, but without the federal matching dollars that attach to services for Medicaid enrollees. So ultimately, when it keeps people out of Medicaid, the state ends up paying more with less federal assistance for the same population. Our state simply cannot afford such a short-sighted approach to budget balancing.

The MOE requirement protects Medicaid at a time when communities need it most. Our Governor and members of Congress should consider the harmful effects of repealing this provision on people living with HIV and AIDS and on those at risk for infection, as well as on our state coffers. Let’s not turn our backs on this opportunity to end the epidemic.

Sample Action Alert

Thursday, July 7th: NATIONAL CALL-IN DAY TO SUPPORT HIV/AIDS PROGRAMS!

Tell Congressional Leadership and President Obama that cutting programs vital to people with HIV/AIDS is no way to reduce the deficit!

BACKGROUND:

- Last week, Congressional negotiations to reduce the federal deficit hit a roadblock, **putting at risk critical services upon which millions of Americans rely, including persons living with HIV/AIDS.**
- **The Ryan White Program, Medicaid, housing, prevention and other programs** that make up the social safety net for vulnerable Americans with HIV/AIDS are on the line.
- Congressional leadership **is negotiating an agreement to reduce the deficit and set new spending limits now.** It is scheduled to vote on this issue sometime before August 2nd.

ACTION NEEDED:

Please **call Congressional Leadership and President Obama** and tell them to prevent harmful cuts and caps to health care and low-income programs, including those that impact persons with HIV/AIDS, in negotiations to reduce the deficit. Please help make these critical calls now!

- **Senate Majority Leader Harry Reid (D-NV), 202-224-3542**
- **House Speaker John Boehner (R-OH), 202-225-0600**
- **President Barack Obama, 202-456-1111** (Please note that it may take a few minutes to be connected to a live operator with whom you can leave a message. **These calls MUST be placed before 5:00PM Eastern** – the White House comment line closes for the day at that time.)

MESSAGE:

Please call the offices listed above with this message: I am calling to ask Senator Reid/Speaker Boehner/President Obama **to prevent harmful cuts and caps to health care and low-income programs, including those that impact persons living with HIV/AIDS, such as the Ryan White Program, Medicaid, housing and prevention programs!**

- **Balancing the budget on the backs of vulnerable Americans, including those living with HIV, is wrong, will potentially cost lives, and will cut jobs in the health care and human needs sectors.**
- Early and reliable access to HIV care, treatment, and support helps people with HIV **live healthy and productive lives and is cost effective.** Investing in HIV prevention today translates into **greater health and less spending in the future.**
- In my state/district, such programs are greatly needed, because **(insert local details or tell personal story).**

If you have questions, please contact _____, thank you!

How Will Medicaid Cuts Affect My State or District?

INFORMATION ON IMPACT OF MEDICAID CUTS ON SELECT HOUSE OF REPRESENTATIVES DISTRICTS

State	Representative (Party)	People Enrolled in Medicaid ¹	Projected Loss of federal Medicaid funding over 10 years ¹	Number of People Living with HIV and AIDS by State ²
Alabama 1 st District	Rep. Jo Bonner (R)	113,000 (in district)	\$1.5 billion (in district)	10,366 (statewide)
Alabama 4 th District	Rep. Robert Aderholt (R)	112,000 (in district)	\$1.5 billion (in district)	10,366 (statewide)
Arkansas 3 rd District	Rep. Steve Womack (R)	123,000 (in district)	\$1.6 billion (in district)	4,896 (statewide)
California 8 th District	Rep. Nancy Pelosi (D)	111,000 (in district)	\$1.5 billion (in district)	103,073 (statewide)
California 17 th District	Rep. Sam Farr (D)	145,000 (in district)	\$1.9 billion (in district)	103,073 (statewide)
California 29 th District	Rep. Adam Schiff (D)	135,000 (in district)	\$1.8 billion (in district)	103,073 (statewide)
California 30 th District	Rep. Henry Waxman (D)	54,000 (in district)	\$.7 billion (in district)	103,073 (statewide)
California 44 th District	Rep. Ken Calvert (R)	130,000 (in district)	\$1.7 billion (in district)	103,073 (statewide)
Georgia 2 nd District	Rep. Sanford Bishop (D)	145,000 (in district)	\$1.9 billion (in district)	33,282 (statewide)
Georgia 9 th District	Rep. Tom Graves (R)	111,000 (in district)	\$1.5 billion (in district)	33,282 (statewide)
Illinois 9 th District	Rep. Jan Schakowsky (D)	88,000 (in district)	\$1.2 billion (in district)	31,889 (statewide)
Indiana 1 st District	Rep. Pete Visclosky (D)	124,000 (in district)	\$1.6 billion (in district)	8,279 (statewide)
Kansas 3 rd District	Rep. Kevin Yoder (R)	62,000 (in district)	\$.8 billion (in district)	2,596 (statewide)

Mississippi 1 st District	Rep. Alan Nunnelee (R)	152,000 (in district)	\$2 billion (in district)	7,864 (statewide)
New Jersey 6 th District	Rep. Frank Pallone (D)	76,000 (in district)	\$ 1 billion (in district)	35,176 (statewide)
New Jersey 11 th District	Rep. Rodney Frelinghuysen (R)	26,000 (in district)	\$.3 billion (in district)	35,176 (statewide)
New York 17 th District	Rep. Elliot Engel (D)	186,000 (in district)	\$2.5 billion (in district)	128,143 (statewide)
Ohio 7 th District	Rep. Steve Austria (R)	113,000 (in district)	\$1.5 billion (in district)	16,081 (statewide)
Ohio 14 th District	Rep. Steve LaTourette (R)	62,000 (in district)	\$.8 billion (in district)	16,081 (statewide)
Oklahoma 4 th District	Rep. Tom Cole (R)	111,000 (in district)	\$1.5 billion (in district)	4,683 (statewide)
Pennsylvania 2 nd District	Rep. Chaka Fattah (D)	221,000 (in district)	\$2.9 billion (in district)	31,773 (statewide)
Texas 7 th District	Rep. John Culberson (R)	57,000 (in district)	\$.8 billion (in district)	61,872 (statewide)
Texas 31 st District	Rep. John Carter (R)	81,000 (in district)	\$1.1 billion (in district)	61,872 (statewide)
Washington 6 th District	Rep. Norman Dicks (D)	125,000 (in district)	\$1.7 billion (in district)	10,127 (statewide)
Wisconsin 2 nd District	Rep. Tammy Baldwin (D)	88,000 (in district)	\$1.2 billion (in district)	4,871 (statewide)

1. District by District Impact of Republican Medicare Plan and Medicaid Cuts, at <http://democrats.energycommerce.house.gov/index.php?q=page/district-by-district-impact-of-republican-medicare-plan-and-medicaid-cuts>

2. Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009, at <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table21.pdf>. This number does not include the approximately 20% of people with HIV who are not aware of their status.

NOTE: Data does not correspond perfectly to the equivalent columns in Senate list because different sources provide the relevant data for each.

**INFORMATION FOR SELECTED SENATORS
ON HOW MEDICAID CUTS WILL IMPACT YOUR STATE**

State	Senator	People Enrolled in Medicaid in State¹	Projected Loss of federal Medicaid funding over 10 years in State²	Number of People Living with HIV and AIDS by State³
Alabama	Jeff Sessions (R)	909,000	\$9.3 billion	10,366
Alabama	Richard Shelby (R)	909,000	\$9.3 billion	10,366
Alaska	Lisa Murkowski (R)	113,000	\$2.3 billion	615
Arkansas	Mark Pryor (D)	685,000	\$7.3 billion	4,976
California	Barbara Boxer (D)	10,590,000	\$87.7 billion	103,073
Colorado	Michael Bennet (D)	572,000	\$7.5 billion	10,650
Colorado	Mark Udall (D)	572,000	\$7.5 billion	10,650
Connecticut	Joseph Lieberman (I)	553,000	\$12.7 billion	10,365
Delaware	Thomas Carper (D)	192,000	\$2.5 billion	2,938
Florida	Bill Nelson (D)	3,021,000	\$31.7 billion	92,149
Hawaii	Daniel Inouye (D)	219,000	\$2.8 billion	2,188
Illinois	Mark Kirk (R)	2,390,000	\$27.6 billion	31,889
Indiana	Dan Coats (R)	1,049,000	\$12.4 billion	8,279
Iowa	Chuck Grassley (R)	475,000	\$6.2 billion	1,554
Iowa	Tom Harkin (D)	475,000	\$6.2 billion	1,554
Kansas	Jerry Moran (R)	355,000	\$5.1 billion	2,596
Kentucky	Mitch McConnell (R)	841,000	\$11.4 billion	4,416
Louisiana	Mary Landrieu (D)	1,055,000	\$13.7 billion	16,262
Maine	Susan Collins (R)	344,000	\$5.3 billion	1,024
Maine	Olympia Snowe (R)	344,000	\$5.3 billion	1,024
Maryland	Barbara Mikulski (D)	753,000	\$13.7 billion	28,448
Massachusetts	Scott Brown (R)	1,489,000	\$26.3 billion	13,739
Minnesota	Amy Klobuchar (D)	808,000	\$15.5 billion	6,094
Mississippi	Thad Cochran (R)	737,000	\$8.3 billion	7,864
Missouri	Roy Blunt (R)	988,000	\$16.3 billion	11,189
Missouri	Claire McCaskill (D)	988,000	\$16.3 billion	11,189
Montana	Max Baucus (D)	110,000	\$1.8 billion	335

Montana	Jon Tester (D)	110,000	\$1.8 billion	335
Nebraska	Ben Nelson (D)	227,000	\$3.4 billion	1,548
Nevada	Harry Reid (D)	260,000	\$2.9 billion	6,759
New Mexico	Jeff Bingaman (D)	506,000	\$6.9 billion	2,272
New York	Kristen Gillibrand (D)	4,937,000	\$103.9 billion	128,143
New York	Chuck Schumer (D)	4,937,000	\$103.9 billion	128,143
North Carolina	Kay Hagan (D)	1,684,000	\$24.2 billion	22,746
North Dakota	Kent Conrad (D)	71,000	\$1.2 billion	167
North Dakota	John Hoeven (R)	71,000	\$1.2 billion	167
Rhode Island	Jack Reed (D)	186,000	\$4.0 billion	1,770
South Dakota	Tim Johnson (D)	120,000	\$1.5 billion	390
Texas	Kay Bailey Hutchinson (R)	4,278,000	\$50.0 billion	61,782
Vermont	Patrick Leahy (D)	168,000	\$2.1 billion	403
Virginia	Mark Warner (D)	866,000	\$12.1 billion	19,896
Virginia	Jim Webb (D)	866,000	\$12.1 billion	19,896
West Virginia	Joe Manchin (D)	402,000	\$5.1 billion	1,423
Wisconsin	Ron Johnson (R)	974,000	\$14.1 billion	4,871
Wisconsin	Herb Kohl (D)	974,000	\$14.1 billion	4,871

1. Medicaid Enrollment FY 2008, <http://www.macpac.gov/reports>
2. House Republicans Propose to Slash Funding For Medicaid, Medicare, and Other Health Coverage Programs, at <http://www.familiesusa.org/budget-battle/House-Republicans-Slash-Health-Coverage-Funding.pdf>
3. Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009, at <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table21.pdf>. This number does not include the approximately 20% of people with HIV who are not aware of their status.

NOTE: Data does not correspond perfectly to the equivalent columns in House list because different sources provide the relevant data for each.

To Find out who your Representative or Senator is...

- Find your US Representative's contact information and individual website here: http://clerk.house.gov/member_info/index.aspx
- Find contact information and individual websites for your two US Senators here: http://www.senate.gov/general/contact_information/senators_cfm.cfm
- *Tip:*
Find contact information for your Members' local offices on their individual websites