The Fraud Myth and the Fight for Medicaid: Messaging Strategies for Advocates

NHeLP Communications Team

How Advocates Can Use This Messaging

- Fraud rhetoric is not new, but it is changing shape and being wielded in new ways; we should adapt our strategies
- Effective messaging can help counter misinformation, build confidence, and keep conversations focused on the purpose of Medicaid: ensuring that people can access the health care they need to live healthy, dignified lives
- Help advocates respond effectively in conversations with journalists, policymakers, coalition partners, clients, and the public

How Advocates Can Use This Messaging

- Not every message will be appropriate for every audience, organization, or political environment. We encourage advocates to review these materials and select the messages, framing, and examples that best fit their goals, values, and local context
- Use what works, adapt it to your audience, and leave the rest

Notes on Language and Framing

- Legally, fraud refers to a specific, provable act of intentional deception. In political discourse, however, the term is often used much more broadly to describe spending, programs, or populations that some policymakers oppose. Recognizing this distinction can help advocates avoid getting drawn into misleading debates and instead focus on the facts, values, and policy choices that truly matter
- Things to consider in drafting framing
  - These arguments are a distraction
  - Many of these conversations are not happening in good faith
  - It is critical to consider cross-movement solidarity and remain cognizant of how this rhetoric intersects with other efforts

Overview of the Rhetorical Landscape

- Funding freezes affecting California and Minnesota
- White House Task Force to Eliminate Fraud led by Vice President JD Vance
- CMS Administrator Dr. Mehmet Oz and other officials elevating fraud as a central explanation for rising program costs and a rationale for policy changes
- Possibility of a third reconciliation bill
- Anecdotal reports that some families are becoming hesitant to seek services or exercise their rights because they fear being accused of fraud
- Scrutiny of smaller community providers, many of whom are WoC and/or members of other targeted communities

Core Strategy

- Center the human impact
  - Stories are best, but even hypothetical examples carry more weight than abstract arguments or policy details
- Return to an affirmative vision of a health care system that works for everybody, even if it’s beyond what’s immediately attainable
- Avoid validating their framing of fraud as a widespread problem

Core Message

- Health care is a fundamental human need
- This is a distraction to turn attention away from the trillion dollars in cuts
- History shows that “fraud” has often been the first excuse used to justify sweeping benefit cuts, work requirements, and privatization without actual results. Depending on how things go this November, this framing will also be leveraged for more Medicaid cuts
- Attacks framed as accountability measures frequently lead to coverage losses, delayed care, surveillance, stigma, and worse health outcomes for families already struggling to make ends meet

Key Messaging Highlights

- Medicaid and other public programs are proven, essential programs with longstanding oversight mechanisms
  - These fraud allegations result in cuts and restrictions to these essential programs without saving money
  - For a more policy-savvy audience: try not to get too in the weeds on numbers, but this is a place where you can plug in stats if appropriate to the audience
- Fraud allegations are being used to make it harder for people to access long-term care, home care, and other services that save
  - Fraud allegations are cutting funding, increasing scrutiny of small providers, and denying service coverage for people who need home care
  - Return to the human impact

Key Messaging Highlights

- Medicaid is being used as a tool to unfairly target our communities
  - Medicaid should be a commitment to public well-being, not a competition between communities for artificially scarce resources
  - This is creating fear among folks who rely on Medicaid
  - This is one aspect of the broader attacks on immigrants, people of color, and people with disabilities
  - Helpful for building cross-movement solidarity with audiences who are already engaged with immigration and racial justice advocacy

Messaging Overview

- Our Vision: Health care is a fundamental human need
- Core Frame: Fraud claims are being used to deny people access to basic needs
- Additional points:
  - The administration is using fraud as a political weapon
  - Medicaid and other safety net programs are proven, essential programs
  - Broad data demands threaten privacy and civil rights
  - Excessive verification is the real waste
  - Fraud allegations are being used to undermine disability rights and caregiving
  - Communities are being unfairly targeted
  - Cutting or chilling Medicaid access makes fraud worse, not better
  - This is about the future of the safety net
  - The administration's fraud narrative lacks credibility
  - Safety net cuts are being used to fund enforcement and detention

Andy DiAntonio, diantonio@healthlaw.org
Charlie Blodnieks, blodnieks@healthlaw.org
NHeLP Communications Team, communications@healthlaw.org

Connect with National Health Law Program online:

www.healthlaw.org

@NHeLProgram

@NHeLP.bsky.social

WASHINGTON, DC OFFICE
1444 I Street NW, Suite 1105
Washington, DC 20005
ph: (202) 289-7661

LOS ANGELES OFFICE
3701 Wilshire Blvd, Suite 315
Los Angeles, CA 90010
ph: (310) 204-6010

NORTH CAROLINA OFFICE
1512 E. Franklin St., Suite 110
Chapel Hill, NC 27514
ph: (919) 968-6308

6/23/2026