



Talking Points Around Government Shutdown/Potential Default

Note on the use of these talking points: As you know, the situation on Capitol Hill is highly fluid; Speaker Boehner has, as of this writing, proposed a short-term increase in the debt limit, but circumstances are likely to change. These points are constructed to treat the shutdown of the Federal government and the debt ceiling separately, but double-check the current state of affairs in Washington before deploying these talking points.

Further, these talking points are generalized and we encourage you to tailor them to your plan's specific needs. For instance, in the District of Columbia, the ability of plans to deliver Medicaid benefits *is* impacted by the shutdown, contrary to what's stated below. You may also wish to use specific examples, where available.

ON THE FEDERAL GOVERNMENT SHUTDOWN:

- **The federal government shutdown is not impacting the direct ability of Safety Net Health Plans to deliver Medicare and Medicaid benefits.** Medicaid and Medicare funds are not “discretionary,” so health plans continue to be reimbursed for delivering health benefits.
- **However, the shutdown *does* affect services that support the health and well-being of the people who live in our communities.** Here are a few examples:
 - **Many of our provider partners rely on federal grant programs to fund a significant part of their operations.** These providers include community health centers, public health departments and some children's hospitals. We are concerned that a lack of funding owing to the shutdown could destabilize our provider networks, which may interfere with their ability to deliver care to people in our communities.
 - **Many of our plan members rely on assistance from shuttered government programs which are currently shuttered.** These programs include child and elder nutrition programs, HIV/AIDS programs and housing assistance--all of these programs help keep our members healthy. Shutting down these programs for an extended period will, in the long run, increase the health care costs in Medicaid and Medicare. They are the “ounce of prevention” that prevents a “pound of cure.”
 - **And while Medicare and Medicaid benefits themselves are unaffected, a government shutdown will shutter other services provided under these programs, such as:**
 - Medicare enrollment assistance: New enrollees who just turned 65 can't sign up for Medicare during the shutdown.
 - Quality measurement systems: A protracted shutdown will interfere with efforts to measure the return (in improved health) on the significant public investment in Medicaid and Medicare.



- Fraud and Abuse Strike Teams: The shutdown will temporarily sideline efforts to combat fraud in publicly-financed health programs.

ON THE (POTENTIAL) FAILURE TO INCREASE THE FEDERAL DEBT LIMIT:

- **A default on the Federal debt would be unprecedented.** We simply don't know what would happen should the debt ceiling not be raised. We are profoundly concerned about the potential impacts of a default on Medicare and Medicaid beneficiaries.