

Alabama budget proposals threaten state Medicaid program

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A special legislative session intended to address Alabama's \$220 million budget shortfall has touched off a potentially deadly season of political theater in the state. On August 5, the state's House of Representatives first rejected, then passed, a budget that included an amendment that would slash the state's funding of Medicaid by \$156 million.

Such drastic cuts would effectively put an end to Medicaid in Alabama, as the program depends on matching funds from the federal government, which would be lost were the cuts to be implemented. The author of the amendment, Rep. Steve Clouse, a Republican, has stated that he proposed the drastic cuts in order to push a debate on the merits of Medicaid for the state.

As even Clouse predicted, the cuts failed to pass in the state's Senate. Despite this, on August 10, the Senate passed a budget that, while not as severe as the House's, was nevertheless austere and calls for \$200 million in cuts from Medicaid, law enforcement, mental health and other state programs.

Alabama already has some of the strictest eligibility requirements for Medicaid in the nation; barring disability, a low-income adult with no dependents is ineligible. The eligibility requirements for adults with dependents are severe: a household of four must make \$364 or less per month in order to qualify. Despite these strict criteria, at least 1 million Alabamians rely upon Medicaid for health care.

Tess and Michael McLarty of Mobile, Alabama, are among those 1 million. Their family first turned to Medicaid six years ago for their son Sage, then 4, when Blue Cross/Blue Shield of Alabama refused to cover the therapies he needed for his autism, stating that it was a preexisting condition. Speaking with the *World Socialist Web Site*, Tess explained, "Medicaid picked

him up and covered all of his therapy. Without that he never would have gotten that much needed therapy during those crucial developmental years."

The rest of the family began using Medicaid in October of 2014, when a cataclysmic health event deprived Michael of his job.

"My chest really started hurting," said Michael, "enough so that I left work and got an emergency meeting with my cardiologist. I didn't know it then, but it was to be my final day of work at the county. When my doctor said 'no more heavy lifting' I was let go. The county does not offer 'light duty' jobs."

Michael was put on Medicaid at that point, as were Tess and their remaining three children. Since then, Michael has been diagnosed with degenerative disk disease and must remain under the care of a cardiologist. He expressed gratitude that his heart specialist, Dr. Burnham, will take Medicaid, as many specialists do not.

Tess likewise requires medical care. "I am hypothyroid, which requires frequent blood work and daily medication," she said, "I would not be getting this without Medicaid right now. I can't even imagine how I would be able to function as a mother without this medication. No doubt my kids would suffer because I would be too ill to properly care for them."

The WSWWS also spoke to Dr. Khaleel Ashraf, who practices oncology and hematology in Birmingham, Alabama, and outlying rural areas. He estimates that 20 to 30 percent of his current patients rely on Medicaid for treatment of cancers and blood disorders. Without Medicaid, many of his patients would be forced to go to emergency rooms, and at that point the hospital may not be able to treat them.

"The hospital may not have enough beds," Dr. Ashraf explained. "A lot of people are already suffering

because Alabama did not expand Medicaid.” A new influx of complicated cases would thus overwhelm the state’s hospitals.

Dr. Ashraf points out other disastrous consequences of gutting the state’s Medicaid funding. “People think it would only affect the poor,” he says, “but overall costs for overall health care will increase.” He points out that many hospitals, such as Birmingham’s University Hospital or smaller rural hospitals, would not survive a drastic cut in Medicaid funding.

In a state that is already plagued by a shortage of physicians and hospitals, the effects would be nothing short of catastrophic, endangering the health of all Alabama citizens. Between 2011 and 2013, 10 Alabama hospitals were forced to close. Many of the remaining hospitals are not secure financially, and many, such as Children’s Hospital of Birmingham, receive 60 percent or more of their payments from Medicaid.

This would have a profound effect on Alabama’s economy, as well. “A lot of doctors, nurses, administrators, a lot of people are going to be out of jobs,” Dr. Ashraf said. “Alabama will lose doctors, and even if the legislature goes back and makes everything right, some of those doctors will never come back.”

Blaming the public, lawmakers insist that they would agree to higher taxes—such as a \$0.25 hike on cigarettes—if they felt that their constituents wanted it. “You heard very little in the way of people contacting their legislators over the past two months,” Senator Arthur Orr told the press. “I would predict we will be back here with this very same result, until this dynamic changes, [and] people realize the impact of the cuts on their daily lives.”

Rep. Clouse stated that he felt the public had no confidence in the Medicaid program. He went on to say that it was a “good time” to have a debate on Medicaid and its impact upon the budget—hinting that while the drastic cuts he proposed may not have passed, Alabama’s Medicaid program is still in danger.

Republican governor Robert Bentley is well aware of the crisis facing the state’s Medicaid system. In April of this year, he signed an executive order acknowledging the grim outlook on the state’s health care system. That did not prevent him from declaring, just one day after Clouse’s reckless budget passed the state House, that indigent Alabama women would no

longer have recourse to Planned Parenthood for Medicaid-funded contraception and gynecologic care.

Citing a video that Republicans claim shows a Planned Parenthood employee hawking fetal tissues, he issued a statement saying: “I respect human life, and I do not want Alabama to be associated with an organization that does not.” He thus followed Louisiana governor Bobby Jindal in depriving poor women of health care under the guise of “respect for human life.”

Bentley’s “respect for human life” flies in the face of the struggle faced by families like the McLartys. “When I heard about the proposed cuts to Medicaid, my heart sank,” Tess McLarty said. “All I could think about was my family’s well being—my husband’s life-saving medications and specialists, my children’s health, my autistic son’s much-needed therapy, my own medical needs being lost.”

Michael McLarty wonders what his quality of life would be should Medicaid be cut: “If Medicaid gets cut for me and my family, it would be beyond devastating. Who is going to hire a guy with a bad ticker, bad back, has to take painkillers, who can’t even ride in a car some days?” he asked. “No job means no insurance. No insurance means my family only has health care via the emergency room or a local charity, though I can tell you from experience there are long lines to get into one of those.... What kind of odds do you think I have without health care? How much time would you give me? A year? I don’t know if I would.”

Governor Bentley is expected to call another special session on the budget in September. In the meantime, 1 million people like the McLartys will be left to wonder how they will afford life-saving medicines should Medicaid be drastically cut. Physicians like Dr. Ashraf will be left to wonder whether or not their patients will still be able to turn to them for life-saving procedures and whether practicing medicine in the state of Alabama is even feasible.



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