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## Medicaid for the common good

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If you're fortunate enough to have health insurance through your employer or can afford it on your own, you probably don't spend a lot of time thinking about Medicare and Medicaid. Maybe you aren't even sure which is which and what they do.

The debt-ceiling debate in Washington has put Medicare and Medicaid in the spotlight just in time for the birthday they share this week.

The "twin" programs were established by federal law on July 30, 1965. Both programs provide health insurance to people at low or no cost, so they can get the treatment they need. Their names are confusingly similar, too, but they serve different groups of people and operate in different ways. More importantly for the present showdown, they carry vastly different political weight.

Medicare is funded and administered by the federal government for people 65 and older and certain younger people with disabilities. As the age qualification would suggest, most of the 48 million Americans (including 853,000 Alabamians) who receive Medicare benefits are retirees with a wealth of experience and opinions under their belts and a little extra time on their hands. In other words, they vote.

The older people are, the more likely they are to be active voters. Back in the spring, when the U.S. House passed the so-called Ryan budget proposal that would have doubled what a typical 65-year-old pays for Medicare, seniors voted with their feet, too, staging protests at congressional "town hall" meetings across the country. But not even the prospect of a massive senior revolt may be enough to prevent significant cuts to Medicare this time around.

Which makes the Medicaid predicament all the more dire. Funded and administered jointly by the federal government and the states, Medicaid serves people with low income and few resources. In Alabama, that means mostly children and people in nursing homes. Whole families are eligible only at the lowest incomes (below \$194 per month for a family of four), so not many parents qualify. About 58 million Americans, including 1 million Alabamians, receive some form of Medicaid coverage every year. But since children and many people in nursing homes can't vote, there's not a lot of pressure Medicaid recipients can muster to send their lawmakers a message.

That's where you and I come in, ordinary Alabamians who hold down jobs, pay our bills, participate in our communities and enjoy the luxury of never losing sleep over whether the pediatrician accepts Medicaid, or whether cuts to the program will affect our families.

We don't worry, but we should.

In a high-poverty state like Alabama, Medicaid is the backbone of the entire health-care infrastructure, regardless of who carries a Medicaid card. Many of the doctors' offices, pharmacies, hospitals, high-tech treatment centers and nursing homes our families and neighbors rely on every day depend on Medicaid funding to survive. Whether motivated by concern for "the least of these" or by pure self-interest, all Alabamians should be advocates for Medicaid funding.

In recent years, the "bare bones" condition of Alabama Medicaid has protected the program from state budget cuts that would put federal funding at risk. The chronic General Fund shortfall has made keeping a level Medicaid budget feel like a victory. At the same time, many Alabamians believe that having the lowest combined state and local taxes in the nation — and the skimpiest per-taxpayer budget for public services — is a point of pride. But the events at hand are putting that pride to the test.

Ironically, at the very same time the debt and deficit struggle threatens Medicaid's future, states are gearing up for a major Medicaid expansion set to begin in 2014 under the Affordable Care Act. On Jan. 1 of that year, all Alabamians in households earning less than 133 percent of the federal poverty level (which comes to about \$30,000 for a family of four in 2011) will become eligible for Medicaid. As many as 500,000 Alabamians could get coverage as a result, according to agency projections.

The health-reform law requires the federal government to pick up 100 percent of the cost for newly eligible enrollees for the first three years, with states assuming an increasing annual portion of the cost up to the maximum 10 percent by 2019.

In other words, we soon will be able to extend health coverage to hundreds of thousands of low-income Alabamians at a 90 percent discount. That means reliable health care for workers at the small businesses that can least afford to provide insurance. And as more people get coverage, fewer will rely on "free" emergency room services for their primary care, a practice that shifts the costs to the rest of us in the form of higher hospital charges and insurance premiums. It's a bargain we can't afford to pass up and ought to be preparing to pay for. Yet the present standoff could render it moot.

Just as the federal/state Medicaid partnership helps support our entire health-care system to the benefit of all Alabamians, getting uninsured workers covered will lead to a healthier, more productive Alabama for everyone.

As they mark 46 years of service this week, Medicare and Medicaid are more important than ever to our common good. Undercutting these vital programs in order to protect tax breaks for the wealthiest Americans would not only rob millions of vulnerable Americans of their basic health protections. It would close the doors of health-care facilities, cut jobs and give us all something to lose sleep over.

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