

Kicked off the rolls: The consequences of Medicaid cuts

by [Scott Morris](#) in the [January 24, 2006](#) issue

Martha was blind until four years ago, when Medicaid paid for her to have a corneal transplant. For the first time in her life she could see. Now she has a job. But with recent cuts in funding, Martha has lost her Medicaid. She can no longer afford the antirejection medicine she must take daily because of her transplant. And without the medicine she will slowly go blind.

At the Church Health Center in Memphis, Tennessee, where I serve as executive director and one of a staff of six physicians, one nurse practitioner and a volunteer network of 600 doctors, dentists and other health-care providers, we see Martha and hundreds of others in similar situations every week. We opened in 1987 to provide health care for those who have no affordable resources—the working uninsured, their families, the elderly and the homeless. We take care of 45,000 people and rely not on government funding, but on the generosity of the members of our faith community.

Now the House has passed a budget bill that would make \$11.4 billion dollars worth of additional cuts to Medicaid. With one vote, our legislators have impacted 56 million Americans who rely on this health insurance program. What will be cut, and how will the cuts impact the health of the poor who depend upon Medicaid?

In 1965, when Medicare and Medicaid became federal law, millions of poor and elderly Americans were covered by health insurance for the first time. Thereafter, the ranks of the uninsured grew steadily until, by 1987, there were 27 million uninsured. Today there are 45 million; that number is projected to grow to 56 million in the next ten years. With the economic downturn over the past ten years, this number would be even higher if Medicaid had not expanded its role. Under the Clinton administration, states were allowed waivers to expand the Medicaid rolls beyond the historic categorical limits.

During the Clinton administration the expansion of Medicaid was seen as a way to slowly bring the country to universal health-care coverage, a Clinton goal. Under the Bush administration the goal is instead to find a way to manage the cost and limit the expansion of the rolls. With a record deficit, tax restructuring and a war in Iraq, there is little left over to meet rising costs.

Since 1965, Medicaid has been jointly funded by the federal government and the state governments as a 2 to 1 match: for every dollar the state puts in, Washington adds two dollars. There is no cap on the amount of federal funding. In 2003, launching a medical reform designed to restructure funding, the Bush administration proposed to alter the arrangement by using a predetermined formula and issuing block grants to each state. For the past two years this proposal has been hotly debated in Washington.

In the meantime each of the 50 states is struggling to find the state funding to continue its current level of health care. In Tennessee the effect of the budget crisis has been dramatic. Last summer TennCare, our expanded version of Medicaid, dropped 200,000 people. I have been told that this is the largest disenrollment from a federally mandated program in the history of our country. Every day now, people who once had Medicaid but now are uninsured appear at our door for help.

Hurricane Katrina has added another challenge. Many are pleading for Medicaid to cover the evacuees' health needs. But the victims of the storm are scattered across many states. How do we fund their health-care expenses? Should Tennessee pay its Medicaid share of the costs for Louisiana residents who are now in Tennessee? Louisiana is certainly in no position to reimburse Tennessee. At the same time, those who recently lost their TennCare are asking why hurricane victims should qualify for TennCare when 200,000 others have been dropped. The Bush administration is contending that the health-care needs of the evacuees can be managed without adding them to Medicaid, but it is not clear how this is to happen. There is no procedure for this situation.

At the Church Health Center, we struggle daily to care for our usual "uninsured" patient load. Now we have new patients, victims of the TennCare cuts and of Hurricane Katrina, and the stretch is almost too much for us. We are trying to hold steady on the front line in providing health care for the poor, but this crisis is a moral crisis, one that desperately needs strong advocacy from the faith community.

When Hurricane Katrina hit, churches all over the country were willing to do anything to help those who were suffering and in need of food, clothing and shelter. We opened our doors and invited our national brothers and sisters into our living rooms. Medicaid reform, as it is currently envisioned, will devastate the lives of 100 times the number of people who were affected by Katrina.

Rosemary, another of my patients, was hit by a drunk driver and had her right leg amputated above the knee. Recently, after being dropped from Medicaid, she fell and ruined her artificial leg. It will cost thousands of dollars to repair the prosthesis. In order to keep her job at a convenience store, she must complete assigned tasks that include mopping the store's floor at the end of the day. It takes her two hours to mop the floor because she is hopping around on one leg.

Martha and Rosemary are just two of the millions of Americans who work to make our lives more convenient and comfortable. But when they are sick, there is no help for them from the rest of us. Who will speak up for them and for those who serve them?