PARREN MITCHELL

The Reagan health budget

By now, we all should be well informed about the atrocities of the Reagan - Stockman budget proposals.

In previous weeks, I have shared with you several key features of the administration's economic package. This week, the area of health deserves particular focus.

An overview shows us that the administration's health care budget would radically restructure federal health spending, reduce medical benefits to the poor, increase health care costs for the states and local communities, restrict veterans' access to federal health care, and reduce the number of doctors and other health professionals available to the public.

It is quite tragic that our society has reached a level where the general welfare of the major corporations has become a higher priority than that of millions of low and middle income Americans.

To look more specifically at the proposals in the health care area, the major restructuring of federal health spending will be seen in the use of Health Block Grants.

The prevailing proposal calls for the consolidation of 26 categorical health programs into two block grants, reduction of overall funding by 26 percent, and the assumption of sole state responsibility for the administration of vital health programs.

While I need not rehearse the dangers of the block grant component, I do believe that we should not be deluded into thinking that the proposed consolidation of such critical services might be acceptable.

Several major health organizations have pointed out the following:

1. Most states have little or no experience with the management of some health programs proposed for inclusion in the block grant. For example, already the administration has had to delete the immunization as well as the Maternal and Child Health programs from the health services block grant consolidation effort.

2. Most states say they will not be ready to assume management of these programs for several months, or even years. As we all know the continued strain on the fiscal conditions of most jurisdictions throughout the nation, just do not provide a healthy climate for additional administrative and funding mechanisms.

3. Some states have made clear their intention to immediately discontinue the services currently supported by some programs in the proposed block grant. This is frightening, but it does shock us into realizing that many states will refuse the burden of primary responsibility in this area even if their financial conditions might stand up under the strain.

The proposed reduction in medical benefits for the poor not only will result with the aforementioned restructuring, but is another major part of the administration's initial thrust.

As we know, two groups are eligible for Medicaid benefits. First, the categorically needy consists of people who receive cash assistance under the Aid to Families with Dependent Children (AFDC) program, or the Supplemental Security Income SSI) program for the aged, blind, or disabled.

The second group is the medically needy, the aged, blind, disabled, or members of families with children who do not receive cash assistance but who are too poor to afford medical care.

Generally, states must serve the first group, while service to the second group is optional.

It should be noted, however, that currently, 34 states do extend Medicaid benefits to the medically needy, with our own state of Maryland being among these.

For the health area, the honest picture is a grim one. The administration proposed to place a limit or cap on federal spending for Medicaid.

Specifically, this limitation would prevent the next fiscal year's spending monies from increasing by more than 5 percent over the current fiscal year amount.

For future years, it is proposed that the spending increases should remain under this limit.

Once the cap or limit is reached, the federal government would no longer be required to provide matching funds, and states would have to pick up remaining costs.

As another way to reduce costs, the administration will propose legislation to allow the states greater flexibility in determining who would receive services, what services would be provided, and who would be responsible for providing care.

While our own evaluations have continuously pointed to the grave dangers of allowing states such latitude, even the Reagan administration concedes that its Medicaid cuts would cause some states to withdraw needed services from the poor and excessively constrain reimbursements to providers.

The devastating result is that many beneficiaries will be forced out of the medicaid program, and private doctors and hospitals will drop out of the program because of revenue losses.

The cycle is vicious, states already find it very difficult to pay their share of Medicaid. The impact of the proposed 5 percent cap or limit on any Medicaid money increase in 1982 will be felt acutely during the same period when Medicaid costs are expected to increase by more than 15 percent!

Again, we do not have to dramatize or paint a dreary story. An example of the basic truth is that, under the Reagan proposal, about 400,000 current AFDC recipients, 70 percent of whom are children, would be double losers.

The adminstration's AFDC budget proposal removes them from the AFDC roll.

The result—Medicaid will shift them from the categorically needy group for whom states must provide Medicaid benefits, to the medically needy group, for whom benefits are optional.

They would, therefore, lose vital income and medical services. Even the categorically needy classification provides little hope for AFDC recipients, since these people may find their Medicaid benefits reduced as a result of the federal spending cap and proposed increased flexibility for the states in administering the program.

On another note, the access to medical care for veterans will be curtailed severely by the enactment of the administration's proposed budget cuts. The massive figure of a $231 million reduction translates simply into such realities as: 1) the cancellation of construction monies for two Veterans Administration (VA) hospitals, one of which was planned for our own city of Baltimore; 2) the elimination of thousands of VA medical personnel who provide medical services to veterans; 3) the reduction of VA medical assistance to Vietnam veterans; and 4) an increase in the demand for medical care from community medical facilities supported by state and local taxes.

These are not exaggerated stories to frighten us; they are part of the basic realities which will result if we allow the enactment of the Reagan proposals!

In addition to negative impacts on public health hospitals and clinics, health planning, black lung benefits; health maintenance organizations (HMOs), and others, our concerted efforts to combat this madness must also include a focus on the proposed elimination of the National Health Service Corps (NHSC).

As we know, the recipients of NHSC scholarships serve approximately 12 million people living in areas with shortages of health manpower. Rural areas, inner cities, prisons, and mental institutions are served by these recipients, and I shudder to think what their gradual elimination will mean when added to the proposed overall cuts in health care service in these areas.

Yes, I must commend you, the readers of the AFRO-AMERICAN, the residents of the seventh district, and others who refuse to accept a shift in out national priorities away from the human element and labor force.

I do not believe such efforts will be wasted, and I personally will continue to join such groups as the Congressional Black Caucus in our fight to provide more viable and equitable alternatives.

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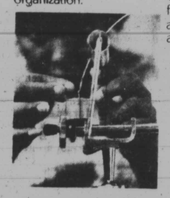

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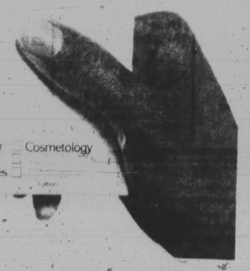

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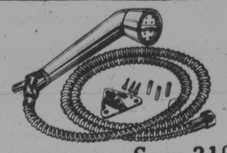

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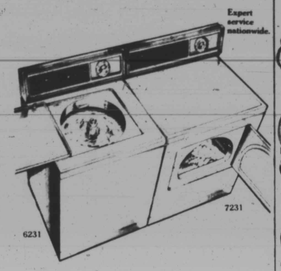

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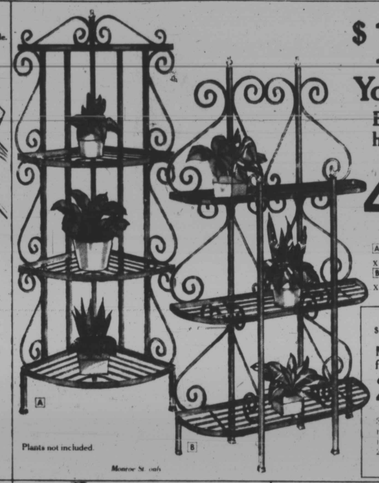

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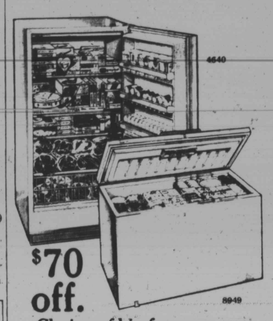

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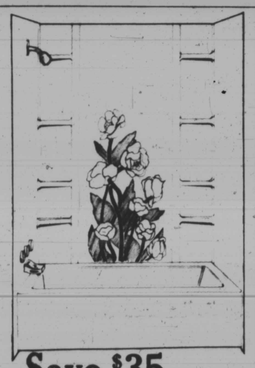

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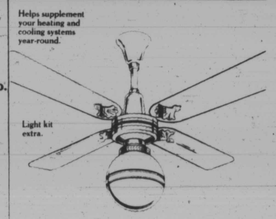

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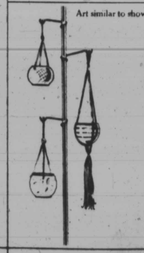

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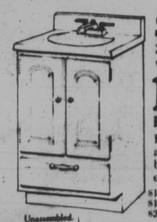

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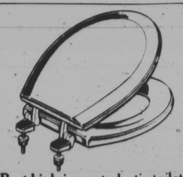

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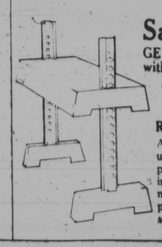

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