

Ehrlich Pressed to Cancel Cuts in Medicaid

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Body

Maryland Gov. Robert L. **Ehrlich** Jr. (R) is facing renewed pressure to restore state money for immigrant health care, including a plea from a frequent ally, Comptroller William Donald Schaefer.

Schaefer (D), who has a close working relationship with **Ehrlich**, said in an interview that he is a "strong advocate" of restoring money next year that **Ehrlich cut** for **Medicaid** coverage for newly arrived legal immigrants and pregnant women in Maryland.

"I believe if you can prevent disease before you have problems, you should do that," said Schaefer, who drew fire last year for complaining about a Spanish-speaking McDonald's clerk and often speaks disparagingly of other effects of immigration. "They're going to be here, so you've got to prevent problems before they occur."

That view has been echoed in recent weeks by a panel that advises **Ehrlich**'s health secretary, as well as by a legislative committee that reviews state regulations.

Ehrlich cut \$7 million in **Medicaid** funding this year for coverage of newly arrived immigrant children and pregnant women, citing spiraling spending on the program for the poor. An estimated 4,000 women and children were affected, a disproportionate number of them in Montgomery County.

In July, a day after announcing the state had a surplus of more than \$1 billion, **Ehrlich** restored \$1.5 million for coverage of pregnant women already enrolled in the program. The state is not serving new applicants, however, and immigrant children are no longer eligible for coverage until five years after obtaining legal status.

That posture is "shortsighted at best," according to Kevin C. Lindamood, chairman of a panel that advises **Ehrlich**'s health secretary, S. Anthony McCann, on **Medicaid** policy.

"Left without access to care, low-income legal immigrants will go without routine access to less costly primary and preventive services and will instead seek costly care in Maryland's hospitals and emergency rooms," Lindamood wrote in a letter to McCann last month. "Furthermore, once legal immigrants satisfy the five-year residency requirement and return to the **Medicaid** rolls, they are more likely to require costlier treatment for more complicated medical conditions due directly to their lack of access to care."

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Lindamood urged a "prompt and permanent reversal" of the budget cut, arguing that "the livelihood of vulnerable women and children hang in the balance."

A legislative committee, meanwhile, voted last week against permanently barring immigrant children and pregnant women from the Medicaid program during their first five years of legal status. The 8 to 3 vote by the Administrative, Executive and Legislative Review Committee has no bearing on this year but would require Ehrlich to make a similar cut next year if he does not want the state to cover the population.

Ehrlich spokesman Henry Fawell said yesterday that Ehrlich had received "many suggestions from many sources" about how to spend the state's surplus but that no final decisions have been made regarding next year's budget.

"The governor looks forward to proposing a compassionate and fiscally responsible budget in January," Fawell said.

This year's decision to drop pregnant women and children, in effect, brought Maryland in line with federal policy. The federal government stopped providing its share of Medicaid funding for newly arrived immigrants in 1996, but until this year Maryland had used state dollars to keep them in the program.

Ehrlich's proposed cuts drew criticism in January from immigrant advocates and heavier flak in June as they were about to take effect. Among the most vocal critics this summer were Montgomery County Executive Douglas M. Duncan (D), who is gearing up to run for governor, and other county officials.

Montgomery Health Officer Ulder J. Tillman said yesterday that local children who have lost coverage have been enrolled in a county-funded health program and that pregnant women are being steered to a partnership with Holy Cross Hospital that provides prenatal care.

"Right now, we have been able to absorb all those who have come to us, but there is a limit to what we can do," Tillman said, suggesting that children could be placed on waiting lists starting next month.

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