## BRIEFING SHEET: MEDICAID IMPACTS IN ALABAMA UNDER H. R. 1

**Prepared for:** North Alabama Mental Health Coalition (NAMHC)

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Contributors: Daniel Adamek, PhD and Krista Moulton, MSW, LICSW, PI

## **Key Legislative Changes to Medicaid**

Section	Provision	Alabama Impact
44131 &	Convert Medicaid to Per Capita	Caps federal funding at FY2022 levels, limiting ability to
44135	Allotments (Block Grant Model)	respond to rising mental health needs
44131	Repeal Enhanced FMAP for Expansion	Removes incentive for Alabama to adopt expansion;
	Populations	deepens coverage gap for 101,000 Alabamians
44135	Waiver Requirement for MH/SUD	Threatens services like mobile crisis, peer support, MAT
	Services	unless Alabama receives federal waivers
44141	Work Requirements (20 hrs/wk for	Risks disenrollment for those in mental health recovery,
	eligibility)	housing crisis, or job insecurity
306	Repeal Enhanced FMAP for Mobile	Cuts federal funding for mobile crisis teams; rural
	Crisis Services	deployment threatened
309	Ban Emergency Medicaid for Non-	ER mental health access for undocumented immigrants
	Citizens	eliminated; safety net clinics burdened
410	Cap Medicaid Administrative Spending at	Reduces capacity for program oversight, audits, waiver
	5%	administration, and innovation
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## **Behavioral Health Impact Summary**

- Mobile Crisis Teams: Vulnerable to funding cuts and reduced geographic coverage, especially in rural counties.
- Community Mental Health Centers (CMHCs): Expansion projects and crisis programs may stall or shrink.
- **Peer Support & MAT Services**: Increased regulatory barriers via waiver requirements threaten service continuity.
- Coverage Gap: 101,000 individuals in Alabama left with fewer pathways to coverage—risking untreated conditions.
- Emergency Mental Health Care: Non-citizens facing life-threatening crises may be denied access, raising ethical and cost concerns.

## **Fiscal & Equity Considerations**

- Non-Expansion States Like Alabama hit hardest, receiving reduced federal funding with fewer local revenue options.
- Administrative Constraints risk weakening quality controls and data infrastructure across the state's Medicaid system.
- Service Churn due to work requirements could increase ER visits, police interventions, and institutional stays.

