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[FRIDAY, JUNE 22, 2007]

LSU Interim Hospital Opens 20-Bed Acute Detox Unit
LSU HCSD | 06.22.07

HUD OKs \$74 million for new hospital; no decision on \$226 million
The Associated Press | 06.21.07

Feds fault hospital proposal for N.O.
Times – Picayune | 06.22.07

HUD frees funds for land, design of VA hospital
The Advocate | 06.22.07

Letter: Waits are long at any emergency room
Houma Courier | 06.22.07

LSU supervisor considers Cerise plum pick for VP post
GBRBR Daily Report | 06.21.07

Med records could open up for attorneys
GBRBR Daily Report | 06.21.07

Notes and quotes from the Louisiana Legislature
The Associated Press | 06.21.07

Legislative Briefs for June 22, 2007
The Advocate | 06.22.07

BRIEFING BOOK
Times – Picayune | 06.22.07

Study Finds 1.8 Million Veterans Are Uninsured
Washington Post | 06.21.07

'Marketplace' Discussion Examines Efforts To Enroll Mass. in Health Ins. Plans
American Public Media | 06.19.07

What does a health crisis look like? See Houston
USA Today | 06.18.07

LSU Interim Hospital Opens 20-Bed Acute Detox Unit LSU HCSD | 06.22.07

Baton Rouge (June 22, 2007) – The LSU Interim Hospital is opening an acute medical inpatient detox unit with 20 beds.

“The opening of the detox unit is LSU’s first step in the process of restoring behavioral health services that existed before Hurricane Katrina,” said Dr. Michael Butler, acting CEO of the LSU Health Care Services Division. “In July, LSU Interim Hospital will open the Mental Health Emergency Room Extension, with ten bays, and later this summer it will open 33 mental health beds on the DePaul campus.”

The detox unit will provide acute medical and nursing care to the adult male or female patient eighteen years of age or older needing withdrawal from opiates, alcohol, and sedative hypnotics.

Patient admission must be through a parish substance abuse center. The unit can handle patients in acute and sub-acute phases of withdrawal.

“This unit exemplifies our dedication to the provision of all aspects of health care at the LSU Interim Hospital,” said Dr. Dwayne Thomas, hospital administrator for the LSU Interim Hospital.

Multidisciplinary care will include physicians, registered and licensed nurses, pharmacists, and social workers, and pastoral, respiratory, laboratory, and cardiology practitioners.

The case management staff will provide assistance with referrals and placement for ongoing care in a rehabilitation setting.

“We are committed to meeting all of the needs of our patients as we work with them to regain their optimal health,” said Dr. Cathi Fontenot, medical director for the LSU Interim Hospital.

The unit manager is Alesia Thompson, RN, MSN.

The LSU Health Care Services Division is the fifth largest public hospital system in the country and is the medical provider for almost 20% of Louisiana’s population. It has over 60,000 admissions, 350,000 patient days, 1 million outpatient visits, and over 350,000 emergency department visits. Each year 1700 residents from the LSU School of Medicine, Tulane School of Medicine, and Ochsner Health System and 4,000 nurses and allied health students from many colleges and universities are trained in LSU HCSD facilities.

LSU HCSD is the largest single provider of uncompensated inpatient care in Louisiana and provides over 95% of the health care for Louisiana’s prisoners. LSU hospitals have an economic impact of over \$1.6 billion in asset business activity, \$918 million in personal earnings, and support over 10,000 jobs.

For more information, contact Marvin McGraw, Director of Communications and Media Relations, LSU Health Care Services Division, 225.922.1424 or mmcgra@lsuhsc.edu.
<http://www.lsuhs hospitals.org/Media-Relations/PressReleases/2007/DetoxUnitOpening-PressRelease.v2.pdf?/base/news-5/1182409004176630.xml&coll=1>

[PDF]

[BACK TO TOP]

HUD OKs \$74 million for new hospital; no decision on \$226 million

The Associated Press | 06.21.07

By MELINDA DESLATTE

BATON ROUGE, La. (AP) — Louisiana can use \$74 million in federal recovery aid to buy land and continue design work for a new public hospital in New Orleans, but state officials must justify the size of the facility before getting another \$226 million for construction.

That was the decision issued Thursday by U.S. Department of Housing and Urban Development Secretary Alphonso Jackson, who controls the block grant dollars that LSU and Gov. Kathleen Blanco want to use to help pay for a new hospital — which will replace the LSU-run charity hospital facilities flooded by Hurricane Katrina.

Blanco is supporting plans to build a \$1.2 billion, 484-bed medical center, but Jackson questioned the size and price tag of the hospital and asked for further details before he decides whether the state can use all \$300 million in federal aid it is seeking for the hospital.

"Gov., I believe, as you do, that a top-flight academic medical center will contribute significantly to the recovery and revitalization of New Orleans and will help attract skilled workers to the area, which is why I am authorizing a partial release of \$74 million," Jackson wrote in a letter to Blanco.

U.S. Sen. David Vitter, R-Metairie, has asked HUD to reject the state's request to use the full \$300 million in recovery money on the hospital until the state has further discussions about ways to restructure health care for the uninsured.

Many Republican state lawmakers say rather than rebuild a hospital nearly as large as the one damaged by Katrina, the state should funnel more of its money for uninsured health care to private and community hospitals that have provided much of the care since the hurricane.

To support the hospital plans, LSU officials and the governor point to a report by a consultant hired by the Blanco administration. The consultant said the proposed hospital could attract enough paying patients to pay off the rest of its construction debt once the facility opens in 2012, rather than relying on the state to cover its costs.

The consultant said any smaller hospital wouldn't have enough space to bring in paying patients and would have to rely on constant state subsidies.

In an e-mailed statement, Blanco said the consultant's document and the plans for the LSU hospital — which were approved by state lawmakers — "answered these same questions to satisfaction."

"We will continue to work with all concerned parties to design and build a hospital that adequately meets our needs," Blanco said. Her press secretary wouldn't comment further.

LSU has restarted some of its services in a temporary hospital. It is planning to build the new hospital, which the university says will center on research, teaching and trauma care, as a joint medical center with the U.S. Department of Veterans Affairs.

[[BACK TO TOP](#)]

The university wants to use the \$300 million in federal block grants along with \$100 million in other federal recovery dollars to cover one-third of the new hospital's costs. To pay for the rest of the hospital, LSU plans to borrow money by selling bonds to investors and paying them off with the dollars generated by the hospital.

Jackson said his staff is reviewing the entire hospital proposal to determine its viability. Jackson sent Blanco a list of 25 questions, covering three pages, about assumptions used in the consultant's report — and issues beyond the hospital plan itself. Jackson said HUD wants to ensure the hospital can be self-sustaining.

"We have a number of issues regarding the facility's proposed size and scope given how hospitals in comparable cities are structured and function," Jackson said in his letter.

He questions population and usage assumptions, financial projections, the state's plans for uninsured health care, plans to attract medical staff to the city and state spending on the hospital. He asks about how the departure of the LSU charity hospital chief may impact the hospital plans, and he asks about how a new U.S. Army Corps of Engineers risk assessment of New Orleans affects population projections in the city.

Jackson said he will use the standards HUD uses when hospitals apply for federally backed mortgage insurance — even though that's not the approval LSU and Blanco were seeking for the hospital. The HUD secretary said that standard was in the best interest of taxpayers.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-32/1182471847191160.xml&storylist=louisiana>

[BACK TO TOP]

Feds fault hospital proposal for N.O.**Times – Picayune | 06.22.07**

By Bill Walsh and Jan Moller

WASHINGTON -- The Bush administration made it clear Thursday that it has serious problems with Louisiana's plan for a 484-bed teaching and research hospital in downtown New Orleans, sending Gov. Kathleen Blanco and state lawmakers scrambling to defend the project they hope will help revitalize the hurricane-worn city.

The long-awaited evaluation by Department of Housing and Urban Development Secretary Alphonso Jackson could force the state to dramatically overhaul its hospital plan or look elsewhere for the \$226 million in federal grant money it had hoped the Bush administration would deliver.

In a letter to Blanco, Jackson first offered some good news: His agency is releasing \$74 million to buy land and design a new health-care facility to replace the public Charity Hospital that has been closed since Hurricane Katrina in August 2005.

At the same time, Jackson took aim at virtually every aspect of the proposed teaching and research facility, including its size, cost, scope and long-term viability. He called state estimates of local demand for hospital beds "inflated" and raised concerns about an "escalating price tag" that rose from a ballpark estimate of \$630 million in October to \$1.2 billion in a consultant's business plan presented to state officials in April.

In an attached list of 24 questions, Jackson even wondered about the "implications" of the recent departure of CEO Donald Smithburg from the Louisiana State University Health Science Center. The hospital, like others in the charity system, would be run by LSU.

'Aura of uncertainty'

The list apparently is only a start. Jackson noted that the exhaustive list of queries were his "initial questions."

"These factors -- financial assumptions made about the size and scope of the facility and about the overall market needs, a continued reliance on state and federal funding, and vast increases in the cost estimates -- create an aura of uncertainty surrounding the project's ultimate viability," Jackson wrote.

Jackson said the agency usually reserves such a level of scrutiny for hospitals seeking mortgage insurance through HUD's Federal Housing Administration, but that this project deserved special attention. He didn't explain why.

"While the Medical Center of Louisiana -- New Orleans -- is not applying for federally backed mortgage insurance, we believe it is in the best interest of the United States taxpayers to use the same test as we would for an FHA-insured facility," Jackson wrote.

The letter sparked anger and consternation at the Capitol in Baton Rouge, where just over a week ago lawmakers overwhelmingly approved the hospital business plan and seemed to provide momentum for a project that had been mired for months in debate about what the public health landscape in post-Katrina Louisiana should look like.

[[BACK TO TOP](#)]

A statement issued by Blanco said the Legislature "has approved the business plan for this LSU teaching and research hospital and has answered these same questions to satisfaction. We will continue to work with all concerned parties to design and build a hospital that adequately meets our needs."

Other officials predicted that HUD's resistance would delay a project they hoped to have finished by 2012 to anchor the state's post-Katrina public health-care system, serve as a hub for a regional medical research economy and provide the training ground for the LSU and Tulane medical schools. Some suggested that Jackson's concerns are more political than substantive.

"It is obvious that Secretary Jackson and his staff are looking for any small reason, any large reason, any in-between reason to deny or delay the rest of the action plan that was overwhelmingly approved by both chambers of the Louisiana Legislature," said Charles Zewe, spokesman for the LSU System. "This can only result in a further, lengthy delay, and one has to wonder whether there is a partisan political agenda at work here to victimize people who cannot speak for themselves and who are suffering because of a lack of services."

Effect on VA

A delay also could endanger the partnership formed between LSU and the Department of Veterans Affairs, which signed an agreement last year to build its new hospital on the same campus in downtown New Orleans. In the face of financing delays and questions about the size of the available property, the VA announced this year that it was still interested in the partnership but would begin looking at other locations.

That possibility was evidently on the mind of Norman Francis, chairman of the Louisiana Recovery Authority.

"We request that (VA) Secretary James Nicholson announce the Veteran Administration's recommitment to building its new medical center in its partnership with LSU," Francis said in a statement. "The state of Louisiana has been unwavering in its commitment to rebuild its teaching hospital in downtown New Orleans. Now it's time for the VA to make good on its word."

The Bush administration's reservations have been known for a long time. Health and Human Services Secretary Michael Leavitt has called for the state to move away from a Charity Hospital System model for treating the uninsured in favor of government-subsidized health insurance for some low-income people.

Sen. David Vitter, R-La., voiced those same concerns and has actively lobbied against the hospital in its proposed configuration. He declined to comment Thursday, but Jackson reiterated the point in his letter saying, "The plan appears to follow an inpatient-intensive model, contrary to state and national trends toward more primary and outpatient care."

State Sen. Joe McPherson, D-Woodworth, a key backer of the project and chairman of the Senate Health and Welfare Committee, said the state would move forward regardless of how much money is made available from Washington.

"We're still hoping that the feds will come through with the money," McPherson said. "If that's not the case, the state will continue with this capital outlay process without federal funds. It simply means the Louisiana taxpayers will pick up" more of the cost.

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-8/118249219931940.xml&coll=1>

[BACK TO TOP]

HUD frees funds for land, design of VA hospital

The Advocate | 06.22.07

By GERARD SHIELDS

WASHINGTON — The U.S. Department of Housing and Urban Development formally released \$74 million for the land purchase and design of a new LSU-VA Charity Hospital in New Orleans.

But the money comes with 25 questions raised by HUD Secretary Alphonso Jackson about the size and scope of the hospital and the state's proposed health-care delivery system.

The HUD concerns will have to be addressed before the agency releases the remaining \$226 million to build the facility. Jackson revealed the agency's intent Thursday in a letter to Gov. Kathleen Blanco.

By releasing the initial funds, Jackson said, the state can move forward with its plan to design a modern teaching hospital that can serve as a hub for medical education and academic research and serve as an economic driver for downtown New Orleans.

"Because we recognize the value of this hospital to the city and the recovery effort, we are providing a partial release of funds," Jackson wrote.

But the money will not come without strings attached. HUD's Department of Health Care Facilities will determine the need and financial feasibility of the hospital project. Jackson expressed concern that the Charity proposal is larger than similar hospitals in comparable cities.

State consultants are recommending the construction of a \$1.2 billion hurricane-proof LSU teaching hospital, trauma center and medical research facility.

The proposed 484-bed center would be part of a joint development with the U.S. Department of Veterans Affairs.

Jackson is concerned that the size of the facility may be inflated due to a low projection of beds available at other hospitals, he said. The proposal also appears to be driven by an inpatient model that runs counter to the "medical home" and outpatient care clinic format the state said it will adopt, Jackson said. He also expressed worry over the cost estimate, noting that projections have almost doubled from the \$630 million estimate in October 2006.

"The current estimate represents a cost per bed well above the national average," Jackson said.

Though the downtown hospital is not going to be backed by mortgage insurance from the Federal Housing Administration, Jackson said, it is in the "best interest of United States taxpayers" that the hospital meet the same financial test.

Jackson also questioned whether the state has a backup plan should the VA drop out of the proposal.

The state has targeted a 66-acre site bordered by Canal Street, South Claiborne Avenue, Tulane Avenue and South Rocheblave Street for the proposed hospital.

State Sen. William "Joe" McPherson, D-Woodworth, said Thursday he believes the state will be able to address the HUD concerns.

"We had a complete study done by national consultants that we can make available to them," said McPherson, who authored the legislation to revamp Louisiana's health-care system for the poor and uninsured.

<http://www.2theadvocate.com/news/politics/8124477.html>

[BACK TO TOP]

Letter: Waits are long at any emergency room
Houma Courier | 06.22.07

I would like to respond to Trudy Fanguy's letter about the emergency-room visit to Leonard J. Chabert Medical Center. I, too, found myself waiting in the emergency room with my husband a couple of months ago. He went in for chest pains, numbness in his arm and a racing heart rate. The emergency room didn't look too busy that night and our wait was six hours before being seen. We made another trip to the emergency room recently and upon sitting at the desk to fill out paperwork, we saw an 8-by-10-inch framed sign that stated "Your minimum waiting time is 4 hours." By the way, I failed to mention that all this took place at Terrebonne General Medical Center's emergency room. I have insurance that takes a big chunk of my paycheck, and we had to wait as long as you did. This is a typical situation at any emergency room you go to. Try going to TGMC without insurance and see how long your wait will be. People who depend on Chabert for their medical needs should be glad that the hospital is there for them and should stop complaining about the waiting time or the parking issues and be thankful of the care they are given.

Debbie Blanchard, employee of Chabert Medical Center; Houma
<http://www.houmatoday.com/article/20070621/OPINION/706210301/1031/OPINION03>

Emergency room not treating emergencies
Houma Courier | 06.16.07

I thought I had a real emergency. On Monday, I was going get my tire fixed when something strange happened to me. After I got to where I was going and came home, I was feeling bad again and I was sure I had a mini-stroke. The left side of my face felt different from the right. I also had tingling in the arms and legs, and I even had the sweats. My temperature was a little high, but it usually is. All of a sudden, something happened again and I felt like my head had a big rush and it went through my whole body. Well, my sister was here and I asked her to call me an ambulance. I didn't have insurance and I didn't have ambulance insurance either, but I needed medical attention. I was taken to Leonard J. Chabert Medical Center figuring I was going to be seen right away. I was wrong. I was asked by the drivers of the ambulance to get off the stretcher and go sit in the emergency room and had to register. I did so and I got there between 11:30 a.m. and noon. I was not called until 3 p.m. Isn't that a shame? I will have to pay an ambulance bill just to be asked to sit in the emergency room. If I would have known that, I could have gotten someone to take me there and not cost me anything. The ambulance drivers were great. It is the emergency room that is the disappointment. What would have happened if I would have had another attack in the waiting room? Would I have been treated right away, or been forced to continue to sit there and wait? Oh, by the way, the reason for me having to sit in the emergency room was because they said they had no room available. That is very hard to believe. There should be a separate department for emergency patients who come there in an ambulance and a department for patients who walk in for other pains and aches. I'm not trying to say they are not important, because they are. But if you're going to spend that much money calling an ambulance, don't you think you would have needed help right away? I was hospitalized for two days, and I did have a mild stroke. It really is a shame that we have a hospital like that in this town.

Trudy Fanguy, Houma
<http://www.houmatoday.com/article/20070616/OPINION/706160303/1031/OPINION03>

[BACK TO TOP]

LSU supervisor considers Cerise plum pick for VP post GBRBR Daily Report | 06.21.07

As far as longtime LSU supervisor Jack Andonie is concerned, DHH Secretary Fred Cerise would be a great fit for the newly created position of vice president for Health Affairs and Medical Education inside the LSU System. "He's a very intelligent young man," Andonie says. "He listens to reason. He listens to all sides of the story. He's very fair. I'm a great fan of his. I think he would be a superb guy for the job."

Cerise, who was administrator of Earl K. Long Medical Center when he was appointed to head DHH by Gov. Kathleen Blanco in 2004, is said to be weighing his options since Blanco announced she would not run for reelection. Cerise, meanwhile, is well-respected and considered a hot prospect. Andonie says Cerise's name was mentioned as a possible candidate at Wednesday's meeting of the LSU Board of Supervisors health care committee, which Andonie chairs. "I hope LSU does fit into his plans and those of his family," Andonie says.

Cerise was unavailable for comment this morning. To read the current Business Report cover story about the LSU health care system, click here. (Steve Clark)
<http://www.businessreport.com/archives/daily-report/2007/jun/21/174/>

Med records could open up for attorneys GBRBR Daily Report | 06.21.07

A Senate panel endorsed a health care policy proposal last week that would allow attorneys to access a wide range of medical records under limited circumstances. Right now, many health care providers only release such records directly to patients, which is their interpretation of the existing law, says Rep. Damon Baldone, a Houma Democrat, while others choose to charge a higher fee for attorneys than what is set in statute. That's why Baldone wants to specifically include legal representatives or agents with "written authorization" in the law. "If (an attorney) requests medical records and they're denied, right now the only thing they can do is go to court," he says. "I think they have right to get the claimant's information for them on their behalf."

Baldone's House Bill 452 is narrowly drawn and applies only to cases where patients are filing for Social Security benefits. Marla Herndon, president of the Mandeville-based MedSouth Record Management, which maintains medical records for more than 400 facilities in Louisiana and Mississippi, commented during an earlier House hearing that the proposal allows attorneys to circumvent pricing guidelines, which are typically higher on the corporate end. "This is meant to benefit lawyers," she says, "who litigate at a profit." According to the current law, the "cost of each photocopy shall not exceed 50 cents per page for the first five pages and 25 cents for each additional page," but it does not clearly define which party should be charged under the fee schedule. While no amendments have made it on the bill yet, Baldone says he would prefer to eliminate the fee altogether. "Texas doesn't charge anything at all," he says. HB 452 is now pending final legislative approval on the Senate floor. (Jeremy Alford)
<http://www.businessreport.com/archives/daily-report/2007/jun/21/174/>

[BACK TO TOP]

Notes and quotes from the Louisiana Legislature

The Associated Press | 06.21.07

BATON ROUGE, La. (AP) — A bid to pour more money into repairs and construction at the state's technical and community colleges is headed to the full House for debate, nearing final legislative passage.

The bill by Sen. Robert Adley, D-Benton, would tap into part of the state's oil and gas tax income to pay off borrowing for the college repairs and construction. The measure could cost the state \$14.6 million a year in debt payments over 20 years, according to a financial analysis.

The Senate-backed bill was approved Thursday by the House Appropriations Committee and sent to the House floor.

House-approved budget plans for the state's court system and for legislative agencies next year sailed through the Senate Finance Committee Thursday.

The judicial system would receive a nearly \$139 million budget in the fiscal year that begins July 1, under the bill (House Bill 931), a nearly \$11 million growth over this year.

The state's legislative agencies would have an \$80 million budget next year, under the bill (House Bill 920), which would grow \$8 million over current year spending. The Senate committee added another \$750,000 to the budget bill to cover what Senate President Don Hines said were the costs associated with an organizational legislative session when the new terms begin in January.

The bills head next to the full Senate for debate.

The Senate Finance Committee agreed without objection to bills that would continue to bump up pay for judges and assistant district attorneys around the state. The measures head next to the full Senate for debate and have already received approval from the House.

Judges would continue receiveing pay raises of more than 4 percent each year through 2010, under the bill (House Bill 974) by Rep. Rick Farrar, D-Pineville. The pay raises would range from 13.5 percent over three years for Supreme Court justices to 14.7 percent over three years for district and city court judges.

Once the final part of the proposed pay raise takes effect on July 1, 2010, Louisiana Supreme Court justices would earn \$149,572, courts of appeal judges would earn \$142,448 and district court judges would earn \$136,545.

Local sheriffs' pay is tied to the salaries of judges, so their income would also grow.

Assistant district attorney would get a \$5,000 state salary increase in 2008, under a bill by Farrar (House Bill 148). It would boost state pay for assistant DAs from \$40,000 a year to \$45,000 a year and would cost the state \$2.8 million a year. Some assistant DAs also receive salaries from their local districts.

The \$1 fee tacked onto the cost of renewing a driver's license to raise money for litter abatement programs should continue, the full Legislature has agreed.

[[BACK TO TOP](#)]

The fee raises \$800,000 a year for public service announcements and other programs to fight litter. It was set to expire this year, but would continue until 2011 under the bill (House Bill 407) by Rep. Karen Carter, D-New Orleans. The Senate gave the bill final legislative passage with a 31-7 vote. It heads next to the governor's desk.

The Senate agreed in a 36-0 vote to a bill that would require people buying new boats to register a title with the state and pay \$26 to the state Department of Wildlife and Fisheries.

The titling would be similar to the required registration of a car or truck with the state. It would apply to new boats bought after July 1, 2008, if the boat cost more than \$2,500. The fee for a title would be \$18, and the department would add an \$8 handling fee.

The House has approved the bill (House Bill 524) by Rep. Jack Smith, D-Stephensville, but at the time, it didn't include the fees. Those were added in the Senate and must go back for approval to the House, which defeated a similar fee bill last year.

In other legislative action:

_A bill nearing final passage in the Legislature would lengthen expulsion periods and change other penalties for offenses committed by public school students. The measure (Senate Bill 265) by Sen. Chris Ullo, D-Harvey, would increase from 12 months to four semesters, including the summer term, the mandatory suspension length for a student found guilty of possessing a firearm on school property or a school bus or at a school event. It heads to the full House for debate.

"I was trying to save you from yourself, but that's impossible."
-- Sen. Joe McPherson, D-Woodworth, speaking to state Treasurer John Kennedy.

"Let's have some short questions and some short answers, OK?"
-- House Speaker Joe Salter, D-Florien, during lengthy debate of insurance bills on the House floor.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-32/1182473126226270.xml&storylist=louisiana>

[BACK TO TOP]

Legislative Briefs for June 22, 2007

The Advocate | 06.22.07

Legislative calendar for June 22

Advocate Capitol News Bureau

Published: Jun 22, 2007 - Page: 5A

House convenes at 10 a.m. Senate convenes at 1 p.m.

House committee hearings: None scheduled.

Senate committee hearings:

Education: 8:30 a.m. in Hainkel Room. Agenda includes: HB634 regarding TOPS awards for certain home study students.

Retirement: 12:45 p.m., Room A-B. Agenda includes: HB845 provides for higher benefit accrual rate for certain adult probation and parole officers and for actuarial funding for the benefit.

Joint committee hearings

Joint Legislative Committee on the Budget: 9 a.m. in Room 5, Agenda includes: The Road Home program update, receipt of legislative auditor's report on travel procedures for ICF International, performance audit on Road Home approval process.

ON THE INTERNET: Copies of the bills, complete committee agendas and view meetings via the Internet, available at <http://www.legis.state.la.us/>

State pension rate increase approved

Some 38,000 retired state employee will get a 3 percent cost-of-living raise in their pension checks starting July 1. The average monthly increase in pension checks is \$42, according to the Louisiana State Employees Retirement System. The Legislature signed off on the raise and Gov. Kathleen Blanco's office announced Thursday she concurred. LASERS director Cindy Rougou said earlier this week there are sufficient funds in a special "experience account" to cover the much-needed cost-of-living increase.

University tax break rejected

A House panel on Thursday rejected legislation to create a tax break for financial contributions to universities and colleges. Senate Bill 68 by Sen. Bill Cassidy, R-Baton Rouge, would offer a 70 percent tax credit on up to \$100,000 in donations to academic programs. "In these years of plenty, we are supporting higher ed at a fantastic degree. This bill is for those lean years ... when we have to cut higher ed," Cassidy told the House Committee on Ways and Means. Rep. Cedric Richmond, D-New Orleans, told Cassidy that the bill is a good idea. However, Richmond said he is concerned about the number of tax breaks that are advancing through the Legislature.

Private school tax deduction bill clears House

Parents would get a tax deduction for a portion of private school tuition under a bill that cleared a House committee Thursday. Senate Bill 45 by Sen. Rob Marionneaux, D-Grosse Tete, began as a tax credit and evolved into a tax deduction for the tuition that parents pay to private and parochial schools. LSU's University Lab School would be included in the tax break. "These breaks put (money) directly back into the hands of mom and dad at home rather than specialized interest groups," Marionneaux said. The House Committee on Ways and Means changed the deduction to 50 percent of the total amount of tuition paid up to \$5,000.

Pay raise bill for prosecutors, judges and sheriffs advances

A Senate committee advanced pay raises Thursday for prosecutors, judges and sheriffs.

[BACK TO TOP]

The Senate Committee on Finance approved:

- House Bill 148 by Rep. Rick Farrar, D-Pineville, to give assistant district attorneys a \$5,000 annual pay raise beginning July 1, 2008.

The salary increase would set prosecutors' base pay at \$45,000. The bill would reduce state revenue by \$2.7 million a year, according to the Legislative Fiscal Office.

- House Bill 974 by Farrar to give judges across the state a three-year pay raise.

The raises would range from an increase of 4.5 percent a year for three years for state Supreme Court justices to 4.9 percent a year for three years for state district and city court judges. The Legislative Fiscal Office estimates the bill would reduce state revenue by \$7 million. Sheriff's also would get a pay raise since their compensation is tied to judges' pay.

Bill to move Visitors Bureau heads to Blanco

Legislation that clears the way for the Baton Rouge Convention and Visitors Bureau to move from its North Boulevard headquarters is on its way to the governor's desk for signing into law. The Senate voted 35-0 on Thursday to give House Bill 750 final legislative passage. HB750, by Rep. Avon Honey, D-Baton Rouge, changed the wording of state law to allow the bureau to close its headquarters and move to large facilities. The bureau proposed the legislation to avoid any legal change to the move. The bureau is paying \$6,700 per month in rent for its 6,000-square-foot headquarters at 730 North Boulevard. That lease expires at the end of 2008. Convention bureau officials have said the bureau needs more room for its operations because it is taking on more projects and adding staff. The bureau plans to move somewhere else in the downtown area.

Community college building fund bill advances

A House panel on Thursday advanced legislation aimed at setting up a community and technical college building fund. The Appropriations Committee altered then approved, without objection, Senate Bill 337, which would set up a fund to fuel a building program using some state severance tax proceeds. "We have to build our economic development around these students," said Sen. Robert Adley, D-Benton, the bill's sponsor. "Today, we don't have the facilities to meet the needs of the jobs that are there." Appropriations Chairman Rep. John Alario, D-Westwego, said all campuses should be evaluated "to make them up to date." He called Adley's bill and the \$150 million program proposed "a start." The measure could cost the state \$14.6 million a year in debt payments over 20 years, according to a financial analysis. The committee amended the bill to create an authority that would oversee the borrowing program. And the panel decided that no debt should be incurred until July 1, 2008. The bill now heads to the House floor for action.

Zoning ordinances for East Feliciana Parish approved

The Louisiana Senate gave final legislative approval Thursday to legislation allowing East Feliciana Parish to adopt and enforce zoning ordinances. The Senate voted 37-0 for House Bill 264 by Rep. Tom McVea, R-St. Francisville. It now goes to the governor's desk for signing into law. Under HB264, the parish police jury would have the authority to appoint a zoning commission, which would enforce zoning ordinances it enacts. The regulations would restrict the erection, construction, alteration or use of buildings, structures or land. The regulations would have to be made "with reasonable consideration of the character of a district and its particular suitability for particular uses and with a view to conserving the values of buildings and encouraging the most appropriate use of land throughout the parish."

License fee for litter abatement to continue

The \$1 fee tacked onto the cost of renewing a driver's license to raise money for litter abatement programs should continue, the full Legislature agreed. The fee raises \$800,000 a year for public service announcements and other programs to fight litter. It was set to expire this year, but would continue until 2011 under the House Bill 407 by Rep. Karen Carter, D-New Orleans. The Senate gave the bill final legislative passage with a 31-7 vote. It heads next to the governor's desk.

[BACK TO TOP]

New boat registration steps headed back to House

The Senate agreed in a 36-0 vote to a bill that would require people buying new boats to register a title with the state and pay \$26 to the state Department of Wildlife and Fisheries.

The titling would be similar to the required registration of a car or truck with the state. It would apply to new boats bought after July 1, 2008, if the boat cost more than \$2,500. The fee for a title would be \$18 with an \$8 handling fee.

The House has approved the House Bill 524 by Rep. Jack Smith, D-Stephensville, but at the time, it didn't include the fees. Those were added in the Senate and must go back for approval to the House, which defeated a similar fee bill last year.

Harder expulsion penalties for public school students heads to full House

A bill nearing final passage in the Legislature would lengthen expulsion periods and change other penalties for offenses committed by public school students. Senate Bill 265 by Sen. Chris Ullo, D-Harvey, would increase from 12 months to four semesters, including the summer term, the mandatory suspension length for a student found guilty of possessing a firearm on school property or a school bus or at a school event. It heads to the full House for debate.

Judicial budget increase bill goes to full Senate

House-approved budget plans for the state's court system and for legislative agencies next year sailed through the Senate Finance Committee Thursday. The judicial system would receive a nearly \$139 million budget in the fiscal year that begins July 1, under House Bill 931, a nearly \$11 million growth over this year. The state's legislative agencies would have an \$80 million budget next year, under House Bill 920, which would grow \$8 million over current year spending. The Senate committee added another \$750,000 to the budget bill to cover what Senate President Don Hines said were the costs associated with an organizational legislative session when the new terms begin in January. The bills head next to the full Senate for debate.

Compiled by the Capitol news bureau and the Associated Press

<http://www.2theadvocate.com/news/politics/8122922.html?showAll=y&c=y>

[BACK TO TOP]

BRIEFING BOOK**Times – Picayune | 06.22.07****College bill heads to House**

A bid to pour more money into repairs and construction at the state's technical and community colleges is headed to the full House for debate, nearing final legislative passage. The bill by Sen. Robert Adley, D-Benton, would tap into part of the state's oil and gas tax income to pay off borrowing for the college repairs and construction. Senate Bill 337 could cost the state \$14.6 million a year in debt payments over 20 years, according to a financial analysis. The Senate-backed bill was approved Thursday by the House Appropriations Committee and sent to the House floor.

Senate backs boat titling fee

The Senate agreed in a 36-0 vote to a bill that would require people buying new boats to register a title with the state and pay \$26 to the state Department of Wildlife and Fisheries. The titling would be similar to the required registration of a car or truck with the state. It would apply to new boats bought after July 1, 2008, if the boat cost more than \$2,500. The fee for a title would be \$18, and the department would add an \$8 handling fee. The House had approved House Bill 524 by Rep. Jack Smith, D-Patterson, but at the time, it didn't include the fees. Those were added in the Senate and must go back for approval to the House, which defeated a similar fee bill last year.

Higher-ed tax credit isn't endorsed

A bill to grant tax credits for certain contributions to higher education institutions was one of several tax-break measures that the House Ways and Means Committee refused to endorse Thursday. But freshman Sen. Bill Cassidy, R-Baton Rouge, didn't go down without a fight, offering each questioning representative a point-by-point retort on why they were wrong not to support his idea. Senate Bill 68 would have granted a 70 percent tax credit for most contributions between \$250 and \$100,000 to four-year colleges and associated not-for-profit organizations, such as foundations and alumni associations. That means tax filers could reduce their obligation to the state by an amount that is 70 percent of any eligible contribution. Gifts to athletics and for construction projects would not have been included. Cassidy said his bill would encourage more giving to Louisiana colleges, which he said have suffered financially compared with colleges around the region. Rep. Damon Baldone, D-Houma, told Cassidy he was making an effective argument for Louisiana to invest more in education, but not to reduce state coffers by granting tax breaks to residents and businesses that can afford to make contributions. Members also noted that the IRS already allows federal deductions for the kinds of gifts Cassidy said his bill would elicit.

Lawmakers keep litter fee

The \$1 fee tacked onto the cost of renewing a driver's license to raise money for litter abatement programs should continue, the Legislature has agreed. The fee raises \$800,000 a year for public service announcements and other programs to fight litter. It was set to expire this year, but would continue until 2011 under House Bill 407 by Rep. Karen Carter, D-New Orleans. The Senate gave the bill final legislative passage with a 31-7 vote. It heads next to the governor's desk.

Teachers union opposes bill

A Senate bill that would give parents a state income tax deduction for private school tuition passed a House committee Thursday, but some public school advocates are determined to stop it from going any further. As amended in the House Ways & Means Committee, Senate Bill 45 would let taxpayers deduct from their state income as much as \$5,000 annually in tuition they pay for each child in elementary or secondary schools. The break could be as much as \$300 per child, depending on the taxpayer's income level. It would take effect next year. The bill is sponsored by Sen. Rob Marionneaux, D-Livonia. Louisiana Federation of Teachers President Steve Monaghan, who opposes the measure, said he had submitted a request to the committee to speak against the bill but was not given a chance to testify. He said his teachers union would lobby against the measure.

[\[BACK TO TOP\]](#)

Panels OK satellite precincts

A joint legislative committee Thursday authorized Secretary of State Jay Dardenne to launch a pilot program with satellite voting precincts for early balloting in two selected cities. The House Committee on House and Governmental Affairs and the Senate Committee on Senate and Governmental Affairs approved Dardenne's plan to use the State Archives Building in Baton Rouge as an alternative site to the East Baton Rouge Parish Registrar of Voters office to cast early ballots in the local elections July 21. Elections Commissioner Angie LaPlace told the joint committee that for the statewide races in October, both the Archives Building in Baton Rouge and Sulphur City Hall in Calcasieu Parish will be used as alternative sites to the registrars' offices to make it more convenient for voters to cast early ballots. Early voting runs from about two weeks before an election to a week before it. Sen. Charles Jones, D-Monroe, chairman of the Senate panel, asked LaPlace and Dardenne to try to find a location in north Louisiana, possibly in Monroe or Shreveport. LaPlace said her office will check into it. Legislation for the alternative sites for early voting was approved last year, but the number of locations and where they are set up had to be approved by the two committees.

STAYING IN TOUCH

To contact lawmakers:

- Senate: (225) 342-2040; fax: (225) 342-0617
- House: (225) 342-6945; fax: (225) 342-8336

TRACKING BILLS

Citizens can find the Louisiana legislative home page on the Internet at www.legis.state.la.us. Information on legislators, committee assignments, schedules and bills is available, as well as information on services for people with disabilities. The Public Update Legislative Services Line or PULS Line, is available toll-free (Louisiana only) at (800) 256-3793 outside Baton Rouge. Legislative staff will answer questions about bills, direct callers to committee information and explain aspects of the legislative process.

TODAY'S SCHEDULE

House convenes at 10 a.m.

House committees:

- None scheduled today

Senate convenes at 1 p.m.

Senate committees:

- Education, 8:30 a.m.

Joint committees:

- Joint Legislative Committee on the Budget, 9 a.m.

QUOTABLE

"We are trying to make an Edsel look good."

Sen. KEN HOLLIS, R-Metairie, on an unsuccessful attempt to kill a bill that would allow Texas hold 'em poker tournaments in bars, lounges and restaurants.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-5/118249257431940.xml&coll=1>

[BACK TO TOP]

Study Finds 1.8 Million Veterans Are Uninsured

Washington Post | 06.21.07

By Christopher Lee

As the nation struggles to improve medical and mental health care for military personnel returning from Afghanistan and Iraq, about 1.8 million U.S. veterans under age 65 lack even basic health insurance or access to care at Veterans Affairs hospitals, a new study has found. The ranks of uninsured veterans have increased by 290,000 since 2000, said Stephanie J. Woolhandler, the Harvard Medical School professor who presented her findings yesterday before the House Committee on Veterans Affairs. About 12.7 percent of non-elderly veterans -- or one in eight -- lacked health coverage in 2004, the most recent year for which figures are available, she said, up from 9.9 percent in 2000. Veterans 65 and older are eligible for Medicare. About 45 million Americans, or 15 percent of the population, were uninsured in 2005, the Census Bureau reports.

"The data is showing that many veterans have no coverage and they're sick and need care and can't get it," Woolhandler said.

Woolhandler's findings are based on data from two national surveys -- the Current Population Survey administered by the Census Bureau and the National Health Interview Survey administered by the Department of Health and Human Services. Veterans who said they had neither health insurance nor veterans or military health care were counted as uninsured. Woolhandler is a well-known advocate of guaranteeing access to health care for all Americans through a government-run national health insurance program. Republican lawmakers seized on that association to question whether she was trying to advance that goal with her study.

"The difficulty would be that because of your desire for universal health care, that could influence how you felt about veterans," Rep. Cliff Stearns (R-Fla.) said. Woolhandler said the data are sound. She has firsthand experience with the issue as well, she said, because as a physician she has seen uninsured veterans with untreated high blood pressure, diabetes and other conditions.

"It breaks my heart," she said. "The VA should be an important safety net for my patients, and it's not."

Nearly 8 million veterans were enrolled in the VA health system in 2006. The focus of the hearing was whether to open VA hospitals' doors to so-called Priority 8 veterans, who have no service-connected disabilities and whose earnings generally are above 80 percent of the median income where they live. Doing so would add significantly to VA's caseload and costs -- estimates range from \$366 million to \$3.3 billion annually -- and some veterans groups and lawmakers are concerned that it would make it harder for veterans with serious service-related health problems to get timely care. Only about half of the 1.8 million uninsured veterans are classified Priority 8, Woolhandler said. The rest may technically be eligible for some VA care but live too far from its facilities for it to be a real option, she said.

Rep. Steve Buyer (Ind.), the committee's ranking Republican, said Veterans Affairs should focus on its "core constituency" -- veterans with service-related health problems, the indigent and those with "catastrophic" disabilities. "Some say the government is obliged to provide essentially free health care for life to anyone who served even a year or two," he said. "I intend to protect the core constituency first."

But Rep. Bob Filner (D-Calif.), the committee's chairman, said taking care of veterans is a continuing cost of war. "All veterans should have access to 'their' health-care system," he said. "This is rationing health care to veterans, those who have served our nation. And I think it's unacceptable for a nation of our wealth and our ability."

<http://www.washingtonpost.com/wp-dyn/content/article/2007/06/20/AR2007062002161.html>

[BACK TO TOP]

'Marketplace' Discussion Examines Efforts To Enroll Mass. in Health Ins. Plans American Public Media | 06.19.07

American Public Media's "Marketplace" on Tuesday included a discussion with "Marketplace" correspondent Helen Palmer about the Massachusetts health insurance law that requires residents to obtain health insurance by July 1 or face penalties. According to "Marketplace," the first enrollment phase -- which launched in January and included state residents with annual incomes up to 300% of the federal poverty level -- has resulted in 130,000 previously uninsured Massachusetts residents obtaining health insurance. However, the most recent state figures show that uninsured residents with higher incomes are enrolling in health plans at a rate of about 100 per week.

The state has launched television advertisements and mail campaigns to help encourage residents to sign up, and officials expect enrollment to increase as the July 1 deadline approaches. Residents can face tax penalties if they do not obtain health insurance. The penalty for the first year amounts to about \$218 for an individual, but in the second year, penalties will increase to about \$1,200 for an individual, "Marketplace" reports (Ryssdal, "Marketplace," American Public Media, 6/19).

Audio and a transcript of the segment are available online.

<http://marketplace.publicradio.org/shows/2007/06/19/PM200706196.html>

[BACK TO TOP]

What does a health crisis look like? See Houston USA Today | 06.18.07

By Richard Wolf

HOUSTON — Ijeoma Onye awoke one day last month short of breath, her head pounding. Her daughter, Ebere Hawkins, drove her 45 minutes from Katy, Texas, to Ben Taub General Hospital, where people without health insurance pay little or nothing for treatment. Onye, 62, waited four hours to be seen. Still, going to the emergency room was faster than getting an appointment. For that, "you have to wait months," Hawkins says.

Ben Taub is the hub of the Harris County Hospital District, a network of hospitals and care centers serving the Houston area's 1.1 million uninsured residents and hundreds of thousands more with little coverage. Here, the national statistic of 45 million uninsured people is more than a number. It's a crisis.

Nationally, more than 15% are uninsured. In Texas it's nearly 24%, the Census Bureau says, the highest percentage among the states. Here in Harris County, it's 30%, according to state figures, the highest rate among the nation's top 10 metropolitan areas.

As the Houston area struggles to deal with a rising tide of uninsured, it offers a lesson for the nation: Let the problem get out of hand — to a point where nearly 1 in 3 people have no coverage — and you won't just have a less healthy population. You'll have an overwhelmed health care system.

"Texas is the case study for system implosion," says neurosurgeon Guy Clifton, founder of the Houston-area group Save Our ERs.

The problems here, as elsewhere, are many. Small employers are dropping health coverage. Federal and state subsidies don't make up the difference. Illegal immigrants represent 21% of the county's public caseload, even though they represent only about 6% of the area's population.

Compounding the problem, insurers are slashing hospitals' reimbursement rates, often leading the hospitals to reduce unprofitable services such as emergency rooms.

The huge number of uninsured residents here means that health officials must make tough decisions every day about who gets treated and when. "Does this mean rationing? You bet it does," says Kenneth Mattox, chief of staff at Ben Taub, the Houston area's pre-eminent trauma care facility.

Some states are trying to tackle the problem. The broadest solutions have been advanced in Massachusetts, Vermont and Maine. California, Illinois and Pennsylvania may not be far behind. Still more states are trying to insure all children as a first step toward insuring all residents. In most of those states, proposals range from increasing government subsidies to mandating that either employers offer or consumers buy coverage.

Then there's Texas, where the insurance crisis has multiple causes:

- Small businesses dominate the economy, but only 31% of those with 50 or fewer employees offer insurance in Texas, compared with 43% nationally. As a result, 48% of Texans are covered by employers, compared with 53% nationally.
- Income limits to qualify for Medicaid, the federal-state health insurance program for the poor and disabled, are among the lowest in the nation here. Texas has set a limit of \$4,822 per year for a family of three, compared with nearly \$10,000 in Florida, \$18,000 in California and \$25,000 in New York. Texas has no subsidized health insurance program for childless adults; 19 states and the District of Columbia offer some coverage.

[BACK TO TOP]

•The state has forfeited more than \$900 million in federal money under the Children's Health Insurance Program (CHIP) during the past six years because it wouldn't put up 28 cents for each 72 cents in federal aid. Restrictions put in place in 2003 cut about 200,000 children from the program in a state with the highest percentage of uninsured children, nearly twice the national average. "It's a horrible scandal," says Jeffrey Starke, chief of pediatrics at Ben Taub.

State officials say the biggest problem in Texas is a surging population: about 23.5 million in 2006, up 12.7% from 2000, about twice the national growth rate. Texas' increase has continued to be fueled by immigrants who cross the nation's longest border with Mexico.

"We have tremendous population growth, and we have to try to keep up with that," says Nora Belcher, senior health adviser to Gov. Rick Perry.

The state's Medicaid program has doubled in cost in 10 years despite its low income limits, Belcher says. CHIP money was left on the table because the program started late and could not be fully funded during a 2003 budget shortfall.

"Others would call us cheap," she says. "We think we're prudent."

'This system is broken'

The growth of the nation's uninsured population has stretched hospital emergency departments to the breaking point.

Nationally, ER visits rose from 93 million to 110 million from 1994 to 2004, an 18% jump, according to the Centers for Disease Control and Prevention. Texas experienced a 33% increase; in the Houston area, it was more than 50%, according to the Texas Hospital Association. The number of hospital emergency departments dropped by more than 12% in the USA in the same period.

Emergency rooms here are routinely overcrowded. "When I came in this morning, there were people waiting from yesterday," says Kellie Manger, a triage nurse at Ben Taub, on a recent weekday.

About half of the people going to emergency rooms here just need primary care, a percentage that's similar elsewhere. "We see lots of patients here who haven't seen a doctor in years," says Katherine King-Casas, an emergency room physician at Ben Taub.

Packed emergency rooms also are caused by overcrowded hospitals in general. At Ben Taub, Mattox gets calls from area business leaders and politicians seeking to "sneak in the back door a maid, a nanny." Doctors, frustrated by long delays for surgeries, try getting patients admitted to the hospital to move them ahead in line.

"Safety-net facilities were never designed to handle one-third of a population," says George Masi, Ben Taub's chief operating officer. "I don't think this is unique to Texas. Something's got to be done. This system is broken."

Crowding leads hospitals to send patients elsewhere.

In the Houston area, hospitals divert patients about 20% of the time, says Charles Begley of the University of Texas School of Public Health. Ambulances pile up outside emergency rooms, often waiting an hour or two to get their patients in for treatment. David Persse, the Houston Fire Department's medical director, says the area record is six hours. The situation is so bad that patients have called 911 from one ER to get to another.

Doctors here cite horror stories, such as the patient who died after being diverted by helicopter from a Houston hospital to one in Austin. "Diversion kills you," Clifton says.

[BACK TO TOP]

Long waits, packed corridors

The greatest demand for health care isn't in emergency rooms. It's at the clinics and health centers designed to relieve them.

Maria Gutierrez came to Ben Taub's orthopedics clinic one day last month to have her ankle checked after surgery and to fill some prescriptions. The visit took 8½ hours. A week later she was back, in a corridor where as many as 350 people with specialty clinic appointments wait for hours. "Sometimes you don't want to be in the hospital all day," she says.

Bartolome Martinez arrived at the Strawberry Health Center in Pasadena, just outside Houston, at 4 one recent morning to be first in line for the few walk-in slots allotted. The 70-year-old native of Cuba waited outside until the center opened at 7:30 and was still waiting inside at 9 to have the pain in his side analyzed. Still, he says, that was better than waiting three months for an appointment.

Joyce Heifner, 54, discovered the San Jose Clinic, the nation's oldest charity care clinic, five years ago after struggling for about 15 years with the effects of polio she contracted as a child. The clinic, booked like all the others, is a 70-mile drive for her from Livingston, Texas, which has no public hospitals or clinics for the uninsured.

San Jose tries to fill the gap between primary and hospital care with its own specialists, but the wait can take months. "We have one rheumatologist who comes here," says Rosanne Popp, a primary care physician. "There's not an appointment until next year."

For the working poor, waiting for treatment means less time on the job. Angel Martinez, 20, broke his ankle last month and was taken to a private hospital, which put on a cast and billed him \$4,500. "That's money that I don't have," he says. He had surgery at Ben Taub and is eager to get his stitches out so he can go back to work as a driver. "This is the foot I use for the gas and the brakes," he says.

The large numbers of uninsured and overburdened health care system have consequences: Studies done during the past 25 years indicate that being uninsured is hazardous to your health.

The uninsured are more likely to have high infant mortality rates. They are more likely to develop high blood pressure and hypertension. They are less likely to get treatment for trauma. They are less likely to receive timely cancer diagnoses. They are more likely to die from heart attacks.

'They die sooner'

Among the states, Texas has the highest percentage of uninsured adults — 27.6% — who say they are in poor or fair health, rather than good or excellent health, the American Hospital Association says.

Even when the uninsured see doctors, they often can't afford drugs. "You prescribe, you send them home, they don't get well," says Efrain Garcia, a cardiologist who volunteers at San Jose. "They die sooner. They have more complications. They are more disabled."

Cora Sylvester, 50, of La Porte, about 25 miles east of Houston, waited about a year after noticing a lump on her breast because she was poor, uninsured — and busy. Eventually she came to The Rose, a women's diagnostic center. She has since had chemotherapy, surgery and radiation, but her long-term prognosis is questionable.

"It's always an issue to not have any type of insurance," she says. "You feel like you just fell in a hole."

Faced with the onslaught of uninsured patients, Texas is taking steps to rework some of its policies.

[BACK TO TOP]

Late last month, the Legislature changed its rules to add more than 127,000 children to the 300,000 now covered by the Children's Health Insurance Program. Asset tests were eased, enrollment periods extended and waiting periods eliminated for many clients. The Legislature also paved the way for a new program that will subsidize insurance for 200,000 adults.

'We make a little dent'

Still, there is nothing being proposed on the scale of Massachusetts' fledgling program to insure all residents. "There is not going to be a Massachusetts-mandate, one-size-fits-all solution for Texas. We're just too big," Belcher says. To do that here, says Camille Miller, president of the Texas Health Institute, would cost \$6 billion.

In the meantime, Houston's health care system is doing what it can. The Harris County Hospital District is educating patients about when to use clinics, not emergency rooms. The Harris County health care Alliance is trying to develop less costly insurance products, especially for small employers.

"Gateway to Care" navigators help uninsured people find primary or specialty care at area clinics. "We're touching thousands of people, but there are a million people without insurance," says Sandy Steigerwald, patient care coordination manager for Gateway to Care.

An "Ask Your Nurse" program offers phone advice to ease the burden on emergency rooms. "We make a little dent," says the nursing program's Titiana Grossley-Brown.

For all their efforts, Houston-area health officials have been unable to reduce the numbers of uninsured.

"Our problems are horrible and embarrassing, but everybody's aware of them," Begley says. "What we're struggling with is what can we do about them."

http://www.usatoday.com/news/nation/2007-06-18-texas-health-care_N.htm?loc=interstitialskip&POE=click-refer

[BACK TO TOP]