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## **EDITORIAL: Building the biomed corridor The Times-Picayune | 06.24.08**

The Jindal administration's backing of a new teaching hospital in downtown New Orleans is a welcome development that is critical to creating a biomedical corridor in the city.

That corridor, anchored by the Louisiana State University teaching hospital and a smaller Veteran's Administration hospital will do more than treat sick patients. It will aid the economic health of this recovering city, creating a place where new doctors will be trained and new discoveries will be made.

Gov. Bobby Jindal has consistently supported New Orleans as the right place to build the new hospital, and that's to his credit. Louisiana cannot disinvest in New Orleans after Hurricane Katrina. While some opportunists pushed for a relocation after the storm forced the closure of Charity Hospital, they did not succeed.

The Jindal administration did have some concerns about the size and cost of the facility, however, and spent several months reviewing a business plan that was done under Gov. Kathleen Blanco.

Those are important factors to get right, and what emerged from the new analysis is a slightly smaller facility with 364 acute-care beds and 60 psychiatric beds, compared to the 484-bed hospital that had been proposed under the previous plan. The latest review also predicts that the new hospital will treat 73 percent of the region's uninsured patients, down from the 84 percent that was assumed by Gov. Blanco's analysis.

The Jindal administration does not expect the \$1.2 billion facility to turn a profit. To the contrary, Health and Hospitals Secretary Alan Levine told the state Legislature last week that he expects the hospital to need \$105 million from the state general fund its first year, an amount that will decrease over time.

That drew criticism from some lawmakers who don't think that New Orleans should get a larger share of health care money than the rest of the state. Baton Rouge Sen. Bill Cassidy complained that the plan will preserve inequities. He had sponsored a bill that sought to redistribute indigent-care money from the New Orleans region to other state hospitals in South Louisiana. The House defeated that legislation.

Critics need to understand, however, that the educational mission of the New Orleans hospital is part of what drives the disparity. A teaching hospital is going to tackle more complicated cases than a smaller hospital that isn't geared toward training new doctors.

But if investing in the training of new doctors is a cost to the state, it's also a benefit to the state. A thriving biomedical research corridor that draws top physicians and researchers to New Orleans and Louisiana could be, too.

<http://www.nola.com/news/t-p/editorials/index.ssf?/base/news-4/1214284867231260.xml&coll=1>

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## **Kaiser Daily Health Policy Report**

### **Kaiser Network | 06.23.08**

#### New Orleans Teaching Hospital That Would Replace Charity Will Require State Funds

Louisiana Department of Health and Hospitals Secretary Alan Levine on Thursday said that a 424-bed \$1.2 billion teaching hospital planned to replace Charity Hospital in New Orleans will not turn a profit, as the original plan had stated, and that it would require state money to become sustainable, the New Orleans Times-Picayune reports (Moller, New Orleans Times-Picayune, 6/20). Gov. Bobby Jindal (R) endorsed the hospital plan on Wednesday, which would provide care for 70% of the region's uninsured residents, less than a plan that had been proposed by former Gov. Kathleen Blanco (D). Charity, which was shuttered after Hurricane Katrina, provided care for 63% of the region's uninsured residents (Johnson, Baton Rouge Advocate, 6/19).

According to a revised plan released on Wednesday, the hospital will require \$105 million in state general fund support when it opens in 2012, with the amount of money gradually decreasing over time. If the state does not build the facility, subsidies needed to maintain operations at the Louisiana State University Interim Hospital would grow to \$184 million annually by 2016 (New Orleans Times-Picayune, 6/20).

State Sen. Bill Cassidy (R) said the new plan would require more money for uninsured care to be diverted from other areas of the state. The New Orleans area has 22% of the state's uninsured residents but gets 43% of the funding, according to Cassidy. Cassidy has proposed legislation to change the way funds are allocated.

Levine noted that a new analysis reduces the uninsured dollars required for the new charity hospital from \$316 million to \$189 million. He said, "We tried to mitigate what I think would have been a terrible fight over those dollars." However, Levine said that additional state financial support could be required if revenue bonds are sought to finance the hospital and that those backing the borrowing could request access to uninsured funds (Shuler, Baton Rouge Advocate, 6/20).

Levine said he expects construction to begin within one year and be complete in three to four years (Baton Rouge Advocate, 6/19).

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=52902](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=52902)

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**Letter: Find a vacant site for hospital**

**The Times-Picayune | 06.24.08**

Wendy King

Yes, Tulane-Gravier residents are being kept in the dark on the fate of their neighborhood while the LSU Health Sciences Center and Veterans Affairs plan a giant "state-of-the-art" hospital.

Residents of this working-class, historic neighborhood are now busy restoring their homes and trying to restore some normalcy to their lives. Where is the City Council's leadership in standing up for this community and its residents in the face of LSUHSC's refusal to consider other, more available sites in this city?

There are many vacant areas in New Orleans which can surely support a teaching hospital. Why destroy a neighborhood?

While this region does need a new hospital system, it should not support the destruction of a neighborhood or stand idly by while LSUHSC and its board of administrators argue that such destruction is an acceptable price to pay for progress.

Wendy King  
New Orleans

<http://www.nola.com/news/t-p/letterstoeditor/index.ssf?/base/news-11/1214284921231260.xml&coll=1>

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**EDITORIAL: A state of emergency**  
**The Times-Picayune | 06.24.08**

Louisiana needs every bit of assistance called for in the Senate version of an emergency war spending bill, but some of that money is threatened by a compromise between the Bush administration and the House.

Both houses of Congress recognize the need for \$5.8 billion for New Orleans area levees, and that money, thankfully, seems safe. So does funding for housing vouchers for the homeless and those in danger of becoming so.

But our state also needs repayment terms for its share of the levee costs that it can meet. Those more favorable terms are in jeopardy. So is help for hospitals that have been treating uninsured patients since the storm shuttered Charity Hospital and money to bolster our ailing criminal justice system.

House Republican Leader John Boehner said that the compromise with the White House hinges on eliminating billions "in unrelated wasteful Washington pork" that was added by Senate Democrats.

But this is about promises, not pork. After Katrina, President Bush pledged to do whatever it takes to restore this community. Levees to protect us from floods are an absolutely vital part of that restoration. But they alone will not ensure our recovery.

<http://www.nola.com/news/t-p/editorials/index.ssf?/base/news-4/1214284821231260.xml&coll=1>

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## **Construction of mausoleums for Katrina victims moves forward Louisiana Weekly | 06.23.08**

A long-term lease has been created by the Louisiana State University Board of Supervisors with the New Orleans Katrina Memorial Corporation, allowing for the Construction of multi-tiered mausoleums where the remains of unclaimed and unknown victims of Katrina will be permanently interred.

The burial units will be placed on the grounds of the old Charity Hospital Cemetery on Canal Street where, for decades, remains of unknown or unclaimed deceased from the State's Charity Hospital in New Orleans had been buried.

John V. Lombardi, president of the LSU University System, and Dr. Frank Minyard, Coroner of Orleans Parish and president of the Board of Directors of the New Orleans Katrina Memorial Corporation, were joint signatories to the lease.

"We are thrilled that we have reached this critical point in making the mausoleums a reality," Minyard said Thursday. "We are deeply grateful to Dr. Lombardi and to the Board of Supervisors for their dedication and concern. The unclaimed and/or unidentified victims of the tragedy of Katrina need to be given a rightful burial. This action by the LSU Board assures that we can now bring blessed finality to their remains."

"As the third anniversary of Hurricane Katrina approaches," Dr. Lombardi stated, "LSU is pleased to have played a small role in facilitating construction of a final resting place for dozens of storm victims. LSU believes this memorial will serve as a lasting monument to the terrible toll Katrina inflicted on the people of New Orleans."

The mausoleums will be constructed by the firm of Matthews International Corporation. Funding has been made possible by donors from across Greater New Orleans and beyond. The Matthews firm is currently establishing the construction schedule with their subcontractors.

<http://www.louisianaweekly.com/weekly/news/articlegate.pl?20080623c>

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## **Chaotic session comes to an end**

**The Times-Picayune | 06.24.08**

By Jan Moller

BATON ROUGE -- The Legislature wrapped up a freewheeling three-month session Monday that saw legislators more than double their own pay, approve a historic income-tax cut and end the political honeymoon for Gov. Bobby Jindal.

Lawmakers provided new money for education and health care, overhauled the state's worker-training system, bolstered the state's mental health safety net and steered tax dollars to a private school voucher program for poor children in New Orleans.

But the session is likely to be best remembered for two items that were not part of the governor's plan: an increase of legislative salaries from \$16,800 to \$37,500 a year, and a \$300-million-a-year tax cut that the administration initially opposed but ultimately embraced.

The public fury that erupted over the pay raise -- and Jindal's refusal to use his veto power to stop it -- saw the governor's political standing begin to ebb after two successful special sessions on ethics and business tax cuts. Jindal is expected to remain on the hot seat with a July 8 deadline to veto the unpopular raise.

And while House Speaker Jim Tucker, R-Algiers, is a subject of derision on radio talk show and Internet chat boards, his stewardship of the pay-raise bill earned him bipartisan acclaim from his colleagues, who saw him as standing up to the administration.

"This is the closest we have come to being an independent body from the fourth floor, and that bodes well for this body," Rep. Roy Burrell, D-Shreveport, said as lawmakers prepared to leave the Capitol.

Rep. Karen St. Germain, D-Pierre Part, who led the House Democratic Caucus, praised Tucker for crafting compromise in a body that often divided along partisan lines under Gov. Kathleen Blanco. "I don't think there's one of us here that would not say today he has an overwhelming consensus," St. Germain said.

--- Laissez-faire governor ---

Jindal said from the outset that he planned a more hands-off approach with the Legislature this spring than in the two special sessions that preceded it. In the special sessions, the governor dominated the agenda as he persuaded lawmakers to rewrite the state's ethics laws, spend a \$1 billion surplus and cut a variety of business taxes.

But Pearson Cross, who heads the political science department at the University of Louisiana-Lafayette, said the governor's laissez-faire approach still came as a surprise.

"His leadership style seems to be a little more detached than I think anyone expected," Cross said. "He had been so forthright about what he wanted and directing the Legislature in special sessions one and two that I think the public and the legislators alike expected a great deal more direction from the executive branch than they actually received. As a result, this session was somewhat more chaotic and had quite a few more hiccups."

Sen. John Alario, D-Westwego, said Jindal and his team took a hands-on approach to issues that they had identified as their top priorities, such as the worker-training bills and a controversial measure to create private school scholarships in New Orleans.

"On other things, he tends to let the Legislature tend to its own prerogatives," Alario said. The approach was a sharp departure from that of previous governors.

Alario, whose legislative service started in 1972, said he wasn't sure if the change "was deliberate or accidental, but it was refreshing."

Sen. Lydia Jackson, D-Shreveport, said Jindal brought "a limited agenda" into the session, with little on his plate that was controversial. That, in turn, left lawmakers with plenty of time to pursue their own goals. "The jury is still out on whether the governor and his staff are nurturing our independence or if they just want plausible deniability," Jackson said.

Jindal declined to comment. Louisiana governors traditionally have held news conferences at the end of sessions to tout their accomplishments. Jindal eschewed that and instead plans to address the media at the Governor's Mansion this afternoon, after legislators have gone home.

His press secretary, Melissa Sellers, said in an e-mail message that the governor had "an important economic development meeting" that prevented him from speaking publicly after the session.

--- Pay raise dominates ---

Barry Erwin, president of the nonpartisan Council for a Better Louisiana, said the pay-raise imbroglio will obscure achievements, such as keeping teacher salaries at the Southern average and making new investments in higher education and health care.

But it remains to be seen whether the public pillorying of Jindal and the Legislature over pay raises will damage their ability to work together on issues such as health care that will dominate future sessions.

"To do the hard things, you need public confidence. You need the public behind you," Erwin said.

Tucker said people should remember the session chiefly for "the largest tax cut in Louisiana history" -- the \$300 million a year elimination of the "Stelly plan" income tax increase that voters approved in 2002.

Although pay raises and tax cuts grabbed headlines and air time on talk radio, Tucker said the work-force bills that Jindal pushed will have far-reaching effects in helping align the state's training programs in ways that help fill an estimated 100,000 job vacancies.

"I think you can look at the work-force development bill being the least sexy and most important bill that got passed this session," Tucker said.

The speaker continued to defend the pay-raise bill, saying it will allow more people to seek public office who cannot do so now because of the financial sacrifices involved.

"For all of its bad press, it was the right thing to do," Tucker said. "We need everybody in this state to be able to serve in the Legislature."

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-11/1214286033286180.xml&coll=1&thispage=3>

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**Prevention, Management, And Treatment Strategies For The Treatment Of Obesity - New Informa Healthcare Book  
Medical News Today | 06.24.08**

Informa Healthcare, one of the world's premier medical scientific publishers, is introducing Handbook of Obesity: Clinical Applications, Third edition, an in-depth examination of all the clinical aspects relating to obesity.

Society's view of obesity has changed throughout history. In the past, obesity was perceived as a symbol indicative of strength and wealth; nowadays, it is identified as a rising threat to our collective well-being.

In the past, weight gain was traditionally associated with the normal aging process. Nowadays; however - thanks in part to our increasingly sedentary lifestyles - weight gain has become a growing trend among children. Obesity is an issue of particular interest in developed nations where its proliferation has reached almost epidemic proportions.

Handbook of Obesity: Clinical Applications delves into all the critical aspects of evaluation, prevention, medical management and treatment alternatives - delivering a comprehensive resource that aims to answer all clinical questions related to adult and pediatric obesity.

Edited by Drs. George Bray and Claude Bouchard - leading a team of world-recognized experts - Handbook of Obesity: Clinical Applications is an academic tour-de-force which features all the latest information in the field.

Pharmacological alternatives are thoroughly explored with individual chapters on sibutramine and orlistat (both FDA approved) and pramlintide (currently approved in Europe). The roles of culture and economic factors, as well as the evolving role of governments, are also amply discussed. With seventeen chapters - out of a total of forty - exclusively focused on the medical management of obesity including, among others, behavioral approaches, diets, exercise, neurohormonal issues, and gene therapy Handbook of Obesity: Clinical Applications is a must-have resource for endocrinologists, cardiologists, internal medicine clinicians, and other professionals working in the field.

This book is available from wholesalers, online retailers, book stores, as well as directly from Informa Healthcare through [www.informahealthcare.com](http://www.informahealthcare.com).

About the Editors

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Claude Bouchard is the Executive Director of the Pennington Biomedical Research Center in Baton Rouge, Louisiana and holder of the George A. Bray Chair in Nutrition. Prior to joining Pennington, Dr. Bouchard held the Donald B. Brown Research Chair on Obesity at Laval University where he was the Director of the Physical Activity Sciences Laboratory for almost 20 years. He holds a B.Ped. from Laval University in Quebec Canada; a M.Sc. in exercise physiology from the University of Oregon, in Eugene, Oregon; and a Ph.D. in population genetics from the University of Texas in Austin, Texas.

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## **Demonstrators protest health insurers at AHIP Institute 2008**

### **HealthCare Finance News | 06.20.08**

By Patty Enrado, Contributing Editor

AHIP Protestors More than 1,000 protesters calling for a single-payer healthcare system converged Thursday outside the Moscone Convention Center, where the America's Health Insurance Plans annual conference is being held.

Demonstrators were advocating for a single-payer healthcare system and against private insurance profiteering.

Representatives of various groups, including the California Nurses Association and Physicians for a National Health Program, showed support for California State Sen. Sheila Kuehl's (D-Santa Monica) SB840, the California Universal Healthcare Act, and U.S. Rep. John Conyers' (D-Mich. ) HR 676, Expanded and Improved Medicare for All Act, which calls for the creation of a publicly financed, privately delivered healthcare program modeled on the Medicare program but covering all U.S. residents.

Dan Hodges, chairman of Health Care for All California, one of the event's organizers, said the existing healthcare insurance system is bankrupting families and can't control cost nor ensure quality.

Inside the convention center keynote speakers said a single-payer system would not be feasible.

No presidential candidate today supports such a system, whether it be Canadian or European style, said former Senate Majority Leader William Frist, a Republican from Tennessee.

"You can reach equity without a single-payer system," said John Breaux, a former U.S. senator (D-La. ).

Tommy Thompson, former Secretary of Health and Human Services, stressed that a single-payer system would eliminate innovation, citing that 78 percent of new drugs introduced into the market are the result of free enterprise.

Hodges disagreed, noting that Germany and France's big pharmaceutical companies produce new drugs. He said that U.S. consumers are paying U.S. drug companies higher drug costs to subsidize U.S. drugs sold more cheaply in other countries.

"If everyone had insurance, money would be put into a national program to pay for durable medical goods and pharmaceuticals," he said.

Frist emphasized that a single-payer program would drive healthcare costs even higher than it is today, but Hodges said that a study conducted by The Lewin Group in the fall of 2001 for the California Health and Human Services Agency concluded that a single-payer system would reap the highest benefits for quality, coverage and cost control.

The Lewin Group analyzed and compared the cost and coverage impacts of nine health coverage proposals, and AZA Consulting analyzed the quality and access impacts of the proposals.

Hodges said the lack of coverage and ability to pay for services is creating an unnecessary debt for families, which makes the issue more urgent now than ever.

One physician attending the conference said he supported universal healthcare coverage, noting that it was a shame that an industrialized nation did not provide healthcare coverage for all its citizens.

<http://www.healthcarefinancenews.com/story.cms?id=8217>

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