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## **New Orleans Teaching Hospital That Would Replace Charity Will Require State Funds Medical News Today | 06.24.08**

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.medicalnewstoday.com/articles/112489.php>

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## **PAR report says session low on reform, high on pay**

**The Advocate | 06.25.08**

By WILL SENTELL

Despite earlier promises, the 2008 regular legislative session produced few reforms and even those were dwarfed by the pay raise lawmakers gave themselves, a report said Tuesday.

“The improvements that were made were overshadowed by the extravagant legislative pay raise members passed for themselves and the governor’s refusal to veto it,” the Public Affairs Research Council said in its post-session commentary.

PAR is a group that studies state government issues.

Lawmakers on Monday finished their first regular session since they and Gov. Bobby Jindal took office in January.

The legislative salary increase would boost the total pay package of lawmakers — including expense allowances — to about \$60,000 on July 1 from about \$38,000 now.

The report said that, during campaigns last year by Jindal and lawmakers, there was lots of talk about reform.

But no such sweeping changes came out of the session, especially in two key areas.

“The state’s monumental problems with health care and education were essentially left untouched,” the report says.

PAR said health-care changes were thought possible, especially since Jindal is former secretary of the state Department of Health and Hospitals. Jindal also is a former president of the University of Louisiana System.

**Despite modest gains in accessibility and health budgeting, “these measures didn’t even scratch the surface of the hard shell protecting the state’s antiquated and inefficient charity hospital system,” or the needs of 800,000 uninsured residents, the report says.**

PAR’s review also said that a \$10 million Jindal plan to allow up to 1,500 New Orleans public school students to attend private schools “may be effective but does nothing to improve the performance of public schools.”

The study said state spending plans will include nearly \$35 million for 599 local legislative priorities, generally known as pet projects.

A bill to make the Sazerac the official cocktail of New Orleans and a resolution aimed at requiring punished public school students to wear “hot pink jumpsuits” while doing custodial work are other time-consuming signs of politics as usual, PAR says.

The report also says ethics and transparency suffered as legislators tried to clarify laws they passed during an ethics laws special session earlier this year.

On the plus side, the report noted that lawmakers approved pay raises of \$1,019 for public school teachers and funded colleges and universities so they can keep pace with their peers. Changes in workforce training “could kick-start the state’s production of new workers to fill new jobs,” the report says.

<http://www.theadvocate.com/news/21023924.html>

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**Hospital, justice relief rejected****The Times-Picayune | 06.25.08**

By Bruce Alpert

WASHINGTON -- Senate leaders acceded Tuesday to the House and the Bush administration, agreeing to pass an emergency supplemental spending bill without money for hospitals and crime-prevention programs that proponents say are needed for hurricane recovery efforts in the New Orleans area.

Senate Majority Leader Harry Reid, D-Nev., said he would work with House Speaker Nancy Pelosi, D-Calif., to quickly develop a second emergency spending bill to include money for domestic programs, including hurricane recovery. Those items were dropped by the House from a Senate-passed version following negotiations with the Bush administration.

"We need to do more with Katrina," Reid said after predicting the Senate would pass the House-approved version this week. He also mentioned a need for increased financing for home heating and air-conditioning assistance and an expansion of the federally supported children's health insurance program.

Sen. Mary Landrieu, D-La., who had persuaded Senate Appropriations Committee colleagues to add \$2.9 billion in hurricane recovery money to the Senate emergency spending bill, also talked about working aggressively to enact another emergency supplemental.

But enactment of a second supplemental would be more difficult because it would not include the money for the wars in Iraq and Afghanistan that the Bush administration desperately wanted. Without that, Congress would seem to have far fewer bargaining chips with the president.

"I think they (congressional leaders) could well put together such a bill," Sen. David Vitter, R-La., said. "Whether it has a chance of being signed into law is the big question, and my guess would be no."

The emergency spending bill, which the Senate will take up today or Thursday, includes \$5.8 billion for levees in metro New Orleans and \$73 million for housing vouchers in the area to help low-income people who are homeless or at risk of becoming homeless.

Among the Senate provisions not included in the House version are \$157 million to help six local hospitals with cash-flow problems created after Hurricane Katrina and \$17 million to rebuild the criminal justice system in New Orleans. The money would go to rebuilding crime labs, hiring new assistant district attorneys and expanding a drug court program including expanded treatment options.

Also not included in the bill is a Senate provision that would have lowered the state share of levee costs from \$1.7 billion to \$1.5 billion and provided easier repayment terms, giving the state up to 30 years instead of three to pay off the debts.

Local hospital administrators warned of cutbacks because of the congressional failure to approve the financing.

"The hospitals put these numbers (\$157 million) in aggregate as losses following Hurricane Katrina, and if in fact this effort (to secure additional money) has failed, I think hard decisions will have to be made," said Dr. Mark Peters, president of East Jefferson Hospital. "Our own losses are not sustainable. We'll have to look how the numbers can be improved in the current marketplace, and that means looking at how many beds are in service and staffed, whether we continue our contract labor to staff the beds we have in service."

Gov. Bobby Jindal has suggested that one solution would be for the federal government to speed the adjustment of new Medicare rates, which are three years behind and based on lower pre-Katrina health-care costs. But Peters said that local hospitals have been looking for such relief for 2 1/2 years, without success, and haven't seen any signs of movement from the Bush administration.

Lawrence Van Hoose, senior vice president at Ochsner Health Systems, said his hospital also is considering "major cost reductions."

"As you know, our expenses have gone up much faster than our revenues, and we're implementing a variety of initiatives, including only hiring critical positions, not filling positions when people leave and putting capital expenditures on hold," said Van Hoose, who said he hopes to minimize disruptions to patients.

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-2/1214371261219130.xml&coll=1>

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**Analysts: New Orleans recovery a peripheral issue****The Times-Picayune | 06.25.08**By BECKY BOHRER  
The Associated Press

NEW ORLEANS (AP) — A city still struggling to rebuild nearly three years after Hurricane Katrina saw some victories during this year's legislative session, but political analysts said Tuesday that recovery became a peripheral issue.

New Orleans' struggling health care system got a jolt, and a bid to trade control of the commercial airport for rebuilding dollars stayed alive. But any progress was overshadowed by lawmakers pushing their own agendas, the analysts said.

"I just think that it's very, very clear that the politics have changed," Shreveport-based analyst Elliott Stonecipher said. It once seemed almost politically incorrect for projects to openly compete with New Orleans for money, but that's no longer the case, he said.

"This seemed to be a session that did not focus on recovery, and I think recovery and all the problems on the coast and hurricane protection and New Orleans really got short shrift," said Pearson Cross, a political scientist at the University of Louisiana at Lafayette.

A day after lawmakers completed their work during a session overshadowed by the raises they'd given themselves, local leaders were still taking stock of what it all meant for New Orleans. Mayor Ray Nagin's office did not return repeated calls for comment. Despite the assessment from analysts, not all officials saw the session as a bust.

Rep. Cedric Richmond said the session was fruitful, with legislation passed that he said would allow hurricane-affected homeowners to use the highest appraisal in seeking rebuilding aid through the state. But he also said the question for lawmakers when it comes to recovery was, "How much did we have left to do?"

Funds were previously set up to allow the city and Sewerage and Water Board to begin construction. When the funds are exhausted, discussions can be had on what work remains and who should fund it, he said.

Nagin didn't get the assault weapons ban he sought as the city continues to fight violent crime. **But he did score some wins: the state committed to build a \$1.2 billion teaching hospital if the necessary bond funds come through. It would replace the now-shuttered Charity Hospital.** And lawmakers passed a measure that would pave the way for inmate education to help create more skilled workers and curb recidivism.

Gov. Bobby Jindal was also sent legislation that would create an airport authority to determine the value of the state's largest commercial airport in suburban New Orleans. The authority would govern the facility if the state takes it over.

Regional business leaders see benefit in giving the state control of Louis Armstrong New Orleans International Airport in exchange for perhaps \$500 million or more. They say it could allow for investment in the facility that the city cannot afford while also allowing the city to invest in areas critical to helping diversify a now tourist-dependent economy.

That project "could be one of the most beneficial projects the city has seen, if it's done right," City Councilman Arnie Fielkow said.

Lawmakers voted to let 1,500 students from lower- to moderate-income families attend private schools, even as the city's long-troubled public school system undergoes a high-profile overhaul. And \$24 million in funding was set aside for new mental health programs, with most of those in New Orleans, state Health Secretary Alan Levine said.

Mental health has been a major concern in post-Katrina New Orleans, and Levine said Jindal wanted to make a "real and lasting impact" on the city's system.

But the funding is just a start, he said.

"We're talking about trying to fix 20 years of neglect, and that's not something that can be done in six months or even six years," Levine said. "It will be a long-term transformation that starts now."

<http://www.nola.com/newsflash/index.ssf?/base/news-40/1214345373209580.xml&storylist=louisiana>

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## **LSUHSC inventor awarded patent for new procedure to detect cancer spread**

### **Eurek Alert | 06.24.08**

New Orleans, LA – Eugene A. Woltering, MD, FACS, The James D. Rives Professor of Surgery and Chief of the Sections of Surgical Oncology & Endocrine Surgery at LSU Health Sciences Center New Orleans, has been awarded a US Patent for a one-step method to rapidly identify "sentinel nodes;" the lymph nodes most likely to contain early metastasis from a primary cancer. Preliminary research indicates that the procedure which consists of injection of a radiolabeled dye around a cancer can identify sentinel nodes that receive lymphatic drainage from the tumor within 10 minutes.

Dr. Woltering's patent is based on linking a radioactive iodine molecule to the blue dye commonly used in these sentinel node procedures. One of the major ways to determining the prognosis of a cancer involves determining whether the cancer has metastasized into other areas of the body. As lymphatic fluid flows from the primary tumor, the lymph fluid flows through lymph channels and then into lymph nodes where it often begins to multiply and grow. The first lymph node that is reached by the lymphatic fluid as it drains from the tumor region is called the sentinel lymph node. The sentinel lymph nodes for breast tumors are usually found in the axilla, or armpit.. A tumor may have one or more sentinel lymph nodes.

In contrast to the current two-step sentinel node mapping process, Dr. Woltering's method involves injecting 125I-labeled methylene blue, mixed with an unlabeled dye to determine the location of the sentinel lymph nodes in or near the tumor or tumor site utilizing a hand held Geiger counter –like device. Within about 10 minutes, enough of the dye has accumulated in sentinel nodes to be visible with the naked eye, or detectable using a radiation- detecting device called a gamma probe.

A sentinel lymph node biopsy is used to determine whether all lymph nodes in the drainage area must be removed. This procedure depends upon an effective technique for identifying the sentinel lymph node. If the cancer has spread to the sentinel lymph nodes, the surgeon will then remove all lymph nodes in the region. If the sentinel lymph node is found to be cancer free; all other nodes of the same area are generally cancer-free. The accurate identification and biopsy of the sentinel lymph node (when pathologically negative) means that other nodes will not be removed. The retention of normal lymph nodes benefits the patient by preventing lymphatic fluid accumulation in the arm or other extremity.

Dr. Woltering's new method can be used with solid tumors from a number of cancers including melanoma, breast cancer, head and neck cancers, lung cancer, neuroendocrine cancers, squamous carcinoma and colorectal cancer. The current techniques for identifying the sentinel lymph node involve the use of a radioactive colloid compound, a vital dye, or both. When both a dye and a radiolabeled carrier are used, they have been injected separately. The radiolabeled carrier substance is injected either the afternoon prior to surgery or the morning of surgery while the patient is awake.

Dr. Woltering notes that "many patients consider the injection of the radiolabeled colloid carrier as painful as childbirth."

"This may be the most valuable part of our invention," says Woltering. "It prevents women from having a painful, scary procedure while they are awake and substitutes an equally effective injection performed while they are sedated or asleep."

The usual interval from radioactive injection until surgery is 2-4 hours and with the increasing demand for sentinel lymph node sampling, surgeons have been forced to deal with major delays in surgical schedules.

Next steps along the road to FDA approval of this novel radioactive drug include a Phase II clinical trial to be conducted at University Medical Center in Lafayette, LA.

[http://www.eurekalert.org/pub\\_releases/2008-06/lsuh-lia062408.php#](http://www.eurekalert.org/pub_releases/2008-06/lsuh-lia062408.php#)

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**State budget brims with dollars for Terrebonne, Lafourche****Houma Today.com | 06.24.08**Jeremy Alford  
Capitol Correspondent

BATON ROUGE -- Charity hospital patients will see services maintained, teachers will delight in extra pay, shrimpers will line up for monetary assistance and the region's colleges will get fully funded budgets.

It's all courtesy of the \$29.9 billion statewide spending plan adopted by the Legislature during the regular session that ended Monday.

Overall, spending grew by more than \$1 billion, or 12.4 percent, in the new budget adopted by lawmakers. Gov. Bobby Jindal is now in receipt of the budget and has the power of line-item veto.

This year, there's money slated for fishing tournaments, a hot air balloon foundation, high school alumni groups and much more. Public-school support workers in Terrebonne and Lafourche parishes, such as bus drivers, custodians and cafeteria employees, received an unexpected boost when lawmakers decided to grant a statewide bonus of \$1,000 per worker. An annual raise of \$1,019 for Louisiana's public-school teachers also survived legislative debates.

Nicholls State University in Thibodaux is looking at total financing of \$58.6 million and is expecting to receive another \$125,000 for its Center for Dyslexia and Related Learning Disorders. The Louisiana Universities Marine Consortium in Cocodrie, meanwhile, is scheduled to receive more than \$7 million.

L.E. Fletcher Technical Community College in Houma is slated for \$6.5 million in total financing. Rep. Joe Harrison, R-Napoleonville, sponsored an amendment to House Bill 1 that will also allow the college to keep and spend all of the money that was self-generated during the current fiscal year.

**Leonard J. Chabert Medical Center in Houma should receive an increase of \$4.2 million in state money in addition to a \$250,000 earmark, or NGO, sponsored by Rep. Gordon Dove, R-Houma, to help with flood protection needs.**

Harrison has a \$500,000 earmark for the South Louisiana Economic Council, a business-advocacy group in Thibodaux. He said the money would help develop a large tract of land that stretches across Terrebonne and St. Mary parishes, which could be marketed to large manufacturers.

Harrison likewise has \$576,640 in the budget for the South Central Industrial Association in Houma, another business group. The money is needed, he said, to create new positions to bolster long-range planning efforts for local infrastructure needs, such as roads and housing.

The cultural economy is key to \$250,000 worth of earmarks by Sen. Reggie Dupre, D-Bourg, and Rep. Damon Baldone, D-Houma. The cash would help the Terrebonne Parish Veterans' Memorial District purchase the Regional Military Museum on Barrow Street in Houma. The Lafourche Parish Veteran's Memorial District of Ward 10 will receive \$10,000 to improve its own infrastructure.

Facing hardships on and off the water, shrimpers will find a special surprise in the state's spending plan as well.

Lawmakers approved \$15,000 for a shrimpers' assistance fund that would be under the control of the Terrebonne Parish Council.

[http://www.houmatoday.com/article/20080624/ARTICLES/806240305/1211/news01&title=State\\_budget\\_brimms\\_with\\_dollars\\_for\\_Terrebonne\\_Lafourche](http://www.houmatoday.com/article/20080624/ARTICLES/806240305/1211/news01&title=State_budget_brimms_with_dollars_for_Terrebonne_Lafourche)

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## **Bill lets doctors stay on hospital panel**

**The Times-Picayune | 06.25.08**

By Mary Elise DeCoursey

A bill passed by the state Senate on Monday will allow two doctors to remain on St. Bernard Parish's hospital commission while also being employed by the Franciscan Mission, which is competing with Ochsner to operate a still-to-be-built hospital in the parish.

However, while Drs. Bryan Bertucci and Paul Verrette can serve on the St. Bernard Hospital Service District Commission, they will not be allowed to vote on any issue involving the Franciscan group.

The bill authored by Rep. Reed Henderson, D-Violet, passed in the House of Representatives without opposition earlier in the session. The Senate vote was 23-9. The other members of the parish's legislative delegation were split, with Rep. Nita Hutter, R-Chalmette, supporting it and Sen. A.G. Crowe, R-Slidell, opposed.

The bill now heads to Gov. Bobby Jindal, who can sign it into law, veto it or take no action, in which case it would become law.

"It's a relief that now we can concentrate on business and spend less time on the political maneuvering that has occurred since some of these questions have arisen," Verrette said.

Bertucci said, "I don't think anything's been done unethically from the very beginning. This has caused a huge delay."

But some St. Bernard Parish officials are unhappy with the version of the bill that made it through the Legislature.

In order to win the support of the St. Bernard Parish Council, Henderson had agreed to set an expiration date of Aug. 15, 2008. However, in a legislative conference committee, of which Henderson was a part, that date was removed.

"I've never had to deal with a situation where you have an agreement and they just blatantly disregard it," St. Bernard Parish Councilman Ray Lauga said. "If he was going to do what he wanted to do, why waste two hours of the council's time?"

Henderson said that at the time he agreed to the expiration date, he was unaware of a two-year "curative period" for ethics violations, and that including the August expiration date could have put the doctors at ethical risk again. Henderson also felt the so-called "sunset clause" was unnecessary given that the doctors would not be able to vote.

Henderson's bill originally had a 2010 expiration date.

"I made an agreement in the spirit of working with the council," Henderson said Tuesday. "But I was told by the staff (in Baton Rouge) that it destroyed the protection of the doctors."

<http://www.nola.com/timespic/stories/index.ssf?/base/news-3/1214371417219130.xml&coll=1>

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## Wireless hospitals systems can disrupt med devices

**The Advocate | 06.24.08**

By LINDSEY TANNER  
AP Medical Writer

Wireless systems used by many hospitals to keep track of medical equipment can cause potentially deadly breakdowns in lifesaving devices such as breathing and dialysis machines, researchers reported Tuesday in a study that warned hospitals to conduct safety tests.

Some of the microchip-based "smart" systems are touted as improving patient safety, but a Dutch study of equipment — without the patients — suggests the systems could actually cause harm.

A U.S. patient-safety expert said the study "is of urgent significance" and said hospitals should respond immediately to the "disturbing" results.

The wireless systems send out radio waves that can interfere with equipment such as respirators, external pacemakers and kidney dialysis machines, according to the study.

Researchers discovered the problem in 123 tests they performed in an intensive-care unit at an Amsterdam hospital. Patients were not using the equipment at the time.

Electromagnetic glitches occurred in almost 30 percent of the tests when microchip devices similar to those in many types of wireless medical equipment were placed within about one foot of the lifesaving machines.

Nearly 20 percent of the cases involved hazardous malfunctions that would probably harm patients. These included breathing machines that switched off; mechanical syringe pumps that stopped delivering medication; and external pacemakers, which regulate the heart, that malfunctioned.

The wireless systems are used to tag and keep track of medical equipment like heart-testing machines, joint replacements and surgical staplers. They can help quickly locate devices that are elsewhere in the hospital and help prevent theft.

The technology also is viewed as a way to prevent drug counterfeiting, by embedding microchips in drug containers, and to prevent harmful medical errors by keeping tabs on devices used during surgery.

The results show that it's crucial for hospitals to test their wireless items before using them around equipment essential for keeping patients alive, said Dr. Erik Jan van Lieshout, a study co-author and critical care specialist at the University of Amsterdam's Academic Medical Center.

His study appears in Wednesday's Journal of the American Medical Association.

"Attention must be paid to these disturbing findings," Dr. Donald Berwick, president of the Institute for Healthcare Improvement, said in an editorial in the journal.

"It seems that hospitals, regulators, and manufacturers certainly have some immediate work to do," including examining whether similar problems are occurring in hospital critical care units, Berwick said.

Peper Long, a spokeswoman for the Food and Drug Administration, said the agency is aware of the potential problem but has not received any reports of injuries directly caused by electronic interference with hospital medical devices.

She said the FDA is testing some medical devices to "determine their vulnerability and to what extent such vulnerability may be a public health concern."

Previous studies have shown that pacemakers and implanted heart defibrillators are susceptible to interference from cell phones and metal detectors outside hospital settings, according to the FDA's Web site. The Dutch study focused only on devices and equipment used in hospitals.

"It is absolutely an issue, but you have to manage around it," said Dr. John Halamka, chief information officer at Beth Israel Deaconess Medical Center in Boston.

Beth Israel uses the technology for identification and tracking purposes, including microchips embedded in intravenous pumps and ventilators.

Halamka said the devices are compatible with the hospital's wireless network and that all new machines are evaluated before being used near other electronic medical devices. He said there have been no examples of harmful interference at Beth Israel.

The JAMA editorial said hospitals should consider surveillance for interference problems that employees haven't noticed or reported. Regulatory agencies also should determine if new safety guidance is needed, the editorial recommended.

ClearCount Medical Solutions of Pittsburgh is marketing its new microchip-embedded surgical "smart" sponges. They respond to scanning wands to help doctors make sure sponges aren't left inside patients.

Co-founder Steven Fleck said the sponges were designed not to interfere with other hospital equipment and were approved by FDA last year.

David Palmer, ClearCount's chief executive officer, said these systems can improve patient safety and that for hospitals to reject such technology because of the new study report "would be shortsighted."

[http://hosted.ap.org/dynamic/stories/M/MED\\_MICROCHIP\\_DANGERS?SITE=LABAT&SECTION=HOME&TEMPLATE=DEFAULT&CTIME=2008-06-24-17-49-52](http://hosted.ap.org/dynamic/stories/M/MED_MICROCHIP_DANGERS?SITE=LABAT&SECTION=HOME&TEMPLATE=DEFAULT&CTIME=2008-06-24-17-49-52)

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## Louisiana Watchdog Group Critical of Legislative Session

Bayou Buzz.com | 06.24.08

BayouBuzz Staff

What did the Louisiana legislative session accomplish?

According to the legislature and Governor Jindal—a lot.

Not so, says the Public Affairs Research Council or PAR.

Yesterday, after the session, Governor Jindal released this statement:

"It's a great victory for the people of Louisiana that we have had so many successes with our legislative agenda in this session. We passed our comprehensive workforce development package to eliminate the Department of Labor and create a Workforce Commission to fill the nearly 100,000 existing job vacancies in our state and work to make our workers the most highly trained in the nation. We passed an agenda to overhaul our mental health care services, increase access to a quality education for all Louisiana children, impose stricter penalties on those sex offenders who prey on our kids, increase children's access to health care, increase teacher pay, and much more. Our key reforms were enacted in this session and all the credit goes to the people of our state who demanded change so that Louisiana would become the best place in the world to raise a family and pursue a great career."

Today, PAR had its own thoughts and said:

Session Yielded Little Reform, PAR Says

For all the reform talk and promises made by the governor and legislators when they were candidates, the first regular session of this Legislature has closed with little in the way of substantial reform. The improvements that were made were overshadowed by the extravagant legislative pay raise members passed for themselves and the governor's refusal to veto it.

The theme for this session was workforce development reform, and a few bills were passed that could kick-start the state's production of new workers to fill new jobs. A mega-fund for economic development incentives was expanded to lure new jobs to the state. The Department of Labor was renamed and reorganized to build stronger links between workers and jobs (HB 1104), and a \$10 million rapid response fund for worker training was established (HB 1018).

There was little resistance to or controversy over these changes, so while the effort was laudable, it was also quiet and failed to fulfill widely held hopes for a new era in Louisiana government where some major, longstanding problems would finally be tackled. The state's monumental problems with health care and education were essentially left untouched.

Elected officials not only failed to live up to high hopes, but they also managed to incite outrage with passage of a legislative pay raise that doubles current salaries. The Legislature justified the pay increase as being appropriate full-time pay for a full-time job – in spite of the fact the Louisiana Constitution calls for a part-time legislature. To further pour salt in the wound, the governor broke a campaign promise by insisting he would not veto the pay raise, which he called completely unreasonable. At the close of the session he still had two weeks to change his mind and follow through on his pledge to "prohibit" legislators from voting themselves a pay raise that would take effect this year, but that seemed unlikely.

### Health Care

Expectations were high that this governor – with his expertise in health care administration – would set the stage for a shake-up of the way the state provides health care for the uninsured. A set of reform bills did finally pass that would improve budgeting practices for spending federal uncompensated care dollars (SB 337) and provide better access to care for the mentally ill (SB 182). **While commendable, these measures don't even scratch the surface of the hard shell protecting the state's antiquated and inefficient charity hospital system, nor do they address the needs of the state's 600,000 uninsured residents.**

A long-awaited analysis of the LSU business plan for a new hospital in New Orleans was released by the Department of Health and Hospitals a few days prior to the end of the session. It outlines several measures that could improve financial sustainability for the new hospital. However, the DHH plan focuses on brick-and-mortar concerns for New Orleans and does not address related fundamental statewide health policy issues, such as reorganization of Louisiana's system of care for the uninsured, as well as the need for long-term development of medical schools and academic medical centers competitive with the best that other southern states have to offer.

The DHH budget was partially rescued by the Senate from a \$170 million budget cut (including federal funds) imposed by House amendments, but the level of funding is still a concern at \$47 million (state and federal) below departmental needs. Final approval of the DHH plan for reducing that spending will be made by the Joint Legislative Committee on the Budget. A major sticking point in budget negotiations could be whether institutional care for the elderly and disabled will be ranked ahead of in-home care for those populations.

#### Education

On the education front, the governor's "reform" plan was to fund a pilot program to provide private school tuition for children in failing schools in New Orleans. As a short-term remedy for a sub-group of public school students, this \$10 million voucher program (HB 1347) may be effective, but it does nothing to improve the performance of public schools.

Teachers got an across-the-board raise of around \$1,000 and school support workers got a \$1,000 bonus. While research generally does not find a link between salaries and student performance, it does link pre-K education to success. A bill to phase in universal access to pre-K (SB 286) finally passed but was initially opposed by the administration on the basis of cost – which will be around \$11 million in FY 2010 and will rise to around \$80 million over the next six years. To oppose a proven reform and support dubious ones demonstrates a disturbing contradiction.

#### Budgeting

Another disturbing trend is the continued call to trim budget fat that no one can find and to add fat that no one will trim. Following all the government-bloat campaign rhetoric repeated throughout the campaign season, the 2008-2009 executive budget submitted was \$551 million in state general fund expenditures higher than this year's budget. Try as they might, House Appropriations committee members could only find \$120 million in cuts they were willing to make. That willingness was not shared by the Senate, however, which restored most of the cuts. A \$30 billion budget was finally passed.

Both the House and Senate added 599 line items for local and non-governmental entities to one section of the operations budget. Those member amendments add up to nearly \$35 million – \$1 million more than last year. More local line items were scattered throughout the rest of the budget and added to the supplemental budget, bringing the member-amendment total to at least \$55 million. This year, however, after being rejected as a stand-alone bill for the third year in a row, language was added to HB 1182 that will require more transparency and accountability for those budget items in the future.

The most grievous and shortsighted move, however, was to pass the personal income tax break (SB 87) that repealed part of a tax reform plan passed by voters in 2003 to make the state's tax structure more progressive and able to grow with personal income levels. The Stelly tax plan granted a break on sales taxes for everyone and raised income taxes for those in the upper tax brackets. Continued public outrage over the tax increase made the passage of this partial Stelly tax repeal a popular cause in spite of the projected \$360 million loss in state income tax revenues in FY 2010 and the higher reliance the state will now have to place on oil and gas revenues. Louisiana's fiscal outlook is precarious.

It is remarkable that the administration was able to significantly reduce the amount of non-recurring revenues supporting recurring expenses in the budget. Also, the state's construction spending budget process – capital outlay – was made somewhat more rational and accountable. But, again on this issue, the reform was touted as being much more robust than it actually was.

Two competing approaches to capital outlay reform were offered – an administration bill proposed ceding some decision-making power to the Legislature and several other bills would have shifted even more

power to the Legislature. With passage of SB 808, little reform was achieved. Very limited opportunity for additional legislative input was inserted, leaving the governor still firmly in control of the process.

In the end, budget makers were able to fit it all in – the fat, the tax breaks and the continuation of current service levels – without “busting the cap” on spending that restricts budget growth to a rate established by the state’s growth in personal income.

### Higher Education

Initial budget cuts by the House threatened to undo recent gains in higher education funding that will enable colleges and universities to keep pace with their peers in other states, but most of the cuts were restored in the Senate. State appropriations were increased and the authority to increase tuition and fees was granted (HB 734). But, some key funding needs were ignored. No additional funding was allocated for deferred maintenance, and a \$15 million performance incentive fund was cut from the budget. The unfunded performance incentive program would have set aside a reward pool for institutions that meet measurable goals to improve student outcomes. This link between quality and funding is an important next step for improving the state’s higher education system.

### Ethics and Transparency

Ethics and transparency were shortchanged as lawmakers struggled to clarify the administration’s 2008 ethics agenda. Efforts to strike balance between broad language that creates unintended consequences and narrow language that leaves potential loopholes in the law resulted in missed opportunities and an overall loss for open and honest government.

While the Legislature did appropriate \$4 million to the Board of Ethics as requested (HB 1), the code of ethics and the board’s ability to enforce those laws took big hits. In the 2008 “ethics” session, lawmakers stripped the board’s authority to adjudicate ethics complaints and handed it off to administrative law judges. Additionally, the burden of proof by which the board must prove ethics violations was made more stringent. The opportunity to correct those issues was passed over in this session. Conversely, blows to the board’s power continued. SB 53 eliminates the board’s ability to accept or investigate anonymous complaints. And although the governor vetoed similar legislation in the first special session, the Legislature passed HB 906 in this session, which dictates that the accused receive a copy of an ethics complaint lodged against them, with the complainant’s name included. Both measures likely will result in fewer alleged ethics violations because of fears of retribution.

In terms of receiving freebies and perks, the code of ethics was weakened significantly. The bill designed to clean up errors and oversights in the ethics laws passed during the special session was amended to create new loopholes and exceptions – several of which the governor had already vetoed in separate legislation. SB 769 allows public servants to accept complimentary admission to certain civic, nonprofit, educational, fundraising or political events, as well as complimentary admission, lodging and transportation to certain educational or professional development seminars. The bill also creates an exception for one legislator’s wife to continue working as his legislative assistant. Exceptions such as these were the very loopholes citizens expected the new administration to close. However, plenty of room remains for special interests to wine and dine public servants with no meaningful boundaries.

Legislation regarding financial disclosure produced mixed results. In response to widespread threats of resignation from volunteers, SB 718 creates a fourth tier of disclosure for most board and commission members. Those persons will be required to disclose their own and their spouse’s name, address, occupation and sources of income. Additionally, they will have to disclose the amount of each source of income received from the state or local government or gaming interests. However, the administration defeated HB 678, which would have required the governor to disclose the source and expenditure of contributions made related to his or her transition into office.

Lawmakers did tighten ethics provisions regarding conflicts of interest. HB 918 prohibits those who create bid or solicitation documents for a proposed project from later competing for that project. Additionally, a host of bills creates new circumstances for recusal from voting and/or debate for members of the judiciary (HB 1386), Legislature (HB 762) or certain boards and commissions (SB 56) who feel they have a potential conflict. However, small wins like these hardly make up for the setbacks in ethics and transparency reform.

More money was poured into the state's new mega-project development fund (HB 926). More than \$300 million was added for the Department of Economic Development to create or retain jobs in the state. Negotiations for the incentive deals can be deemed confidential by the department secretary and kept from the public for up to 24 months. This secrecy creates the potential for misspending and means that controversial projects may be well underway before citizens learn of them or are able to voice concerns.

A final major setback for government transparency was the rejection of HB 1100, which would have limited the extraordinarily broad public records exception for the office of the governor. A provision in SB 363 that is being cited as a win for government transparency actually does little to make more records in the governor's office subject to the public records law. The vague language was added as a late amendment and leaves considerable discretion regarding which documents continue to be protected from sunshine laws.

### Recovery

A major shift of power was made with the passage of HB 622, which reorganized the Louisiana Recovery Authority (LRA) and added to its duties the implementation of recovery programs – like the Road Home. The LRA's lack of authority over the programs it created has been a major stumbling block to the recovery. This "reform" is late in coming, but the work of the recovery is still ongoing and the change is likely to shorten rebuilding timelines and make the administration of federal disaster aid programs more seamless at the state level.

### Ridiculous

Another sign of politics as usual around the capitol was the passage of bills ranging from the laughable to the embarrassing. New Orleans now has an official cocktail, the sazerac (SB 6), the state has another official symbol, the fleur-de-lis (HB 455), and sex offenders are prohibited from wearing Halloween costumes (SB 143). Even more absurd is the Senate resolution (SR 117) requesting the state Board of Elementary and Secondary Education to require local school boards to punish students by having them perform custodial duties while wearing hot pink jumpsuits. Indeed, the resolution identified hot pink as the color of choice.

While it is unlikely anyone outside of the state will take notice of those bills, passage of shortsighted, fear-motivated legislation like the ban on using public funds for stem cell research and human cloning (HB 370) threatens to discourage outside investment in the state's economy. Similarly, the Louisiana Science Education Act (SB 733) – a.k.a. the Louisiana Academic Freedom Act – which would allow the teaching of creationism in public school classrooms, threatens to undermine any hope the state had for overcoming its backwater image and is likely to lead to costly litigation.

### Constitutional Amendment Proposals

There were seven bills passed that will require amendments to the Constitution if they are also passed by a majority of voters in the fall election. They are:

- HB 183 – Requires the Legislature to provide temporary successors for legislators ordered to active military duty
- HB 420 – Increases general severance tax allocation to parishes
- HB 461 – Provides for transfer of special assessment level to new property purchased to replace expropriated property
- HB 584 – Provides that funding reserved for post-employment benefits, other than pensions, may be invested in equities
- SB 232 – Provides for a three-consecutive term limit for certain constitutionally provided boards/commissions
- SB 295 – Removes certain restrictions on disposition of expropriated property

- SB 296 – Requires at least five days to elapse between a call being made for a special session and the start of the session

#### Conclusion

The governor has defended his refusal to veto the legislative pay raise by saying that he wouldn't want the veto to cause a derailment of the clear path to reform laid out by his agenda this session. That path is not so clear, actually. There are a few promising, modest reforms sprinkled throughout a range of policy areas, but this session was short on big reform.

Rather than sparking a new era for Louisiana's economic progress, this session instead served to establish a new order of power struggles between the executive and legislative branches of government. The Legislature put up a surprising fight on several fronts long considered protected by gubernatorial power: capital outlay, budget making, pay raises, tax cuts. Equally surprising, this growing rebelliousness was often met by the Jindal administration with disengagement and detachment. The governor lost control of the two most important bills of the session, the Stelly tax cut and the legislative pay raise. Perhaps having these early power struggles out of the way, Louisiana's newly elected leaders can now get on with the business of planning for substantial reforms that overhaul the tired way things are done. Health care and education would be the place to start.

The Public Affairs Research Council (PAR) is a nonprofit, non-partisan public policy research organization. Founded in 1950, PAR is dedicated to pointing the way toward a more efficient, effective, transparent and accountable Louisiana government.

[http://www.bayoubuzz.com/News/Business/Louisiana\\_Watchdog\\_Group\\_Critical\\_of\\_Legislative\\_Session\\_6650.asp](http://www.bayoubuzz.com/News/Business/Louisiana_Watchdog_Group_Critical_of_Legislative_Session_6650.asp)

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## **MRSA Rates Tied to Hospital Understaffing** **Washington Post | 06.24.08**

TUESDAY, June 24 (HealthDay News) -- Overcrowding and understaffing can cause a breakdown in the control of methicillin-resistant *Staphylococcus aureus* (MRSA) in hospitals, Australian researchers report.

The team at the School of Population Health, University of Queensland, noted that hospitals in many high-income countries such as Australia, Canada and the United States have reduced the number of available beds but have increased the number of people being treated as outpatients.

"The drive toward greater efficiency by reducing the number of hospital beds and increasing patient throughput has led to highly stressed health-care systems with unwelcome side effects," the researchers wrote.

In addition, many countries are seeing fewer people choosing nursing as a career, resulting in a smaller health-care workforce.

"Understaffing is both an ongoing and long-term future problem with severe consequences for hospital patients," wrote the researchers, who noted there's a significant association between health-care worker-to-patient ratios and infection rates.

For example, overworked doctors, nurses and other hospital staff are less likely to wash their hands, which is an essential component of MRSA control.

"Overcrowding and understaffing have had a negative effect on patient safety and quality of care, evidenced by the flourishing of health-care-acquired MRSA infections in many countries, despite efforts to control and prevent these infections occurring... There is an urgent need for detailed study of the relative effects of acute short-term and chronic long-term resource constraints on the dynamics of MRSA infection and a concurrent requirement for developing resource allocation strategies that minimize MRSA transmission without compromising the quality and level of patient care," the researchers concluded.

The review was published in the July issue of the *The Lancet Infectious Diseases*.

More information

The U.S. Centers for Disease Control and Prevention has more about MRSA.

<http://www.washingtonpost.com/wp-dyn/content/article/2008/06/24/AR2008062400604.html>

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