



# WEEKLY REPORT

State Senator Gary Nodler  
District 32



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**Week of March 5, 2007**

## Improving Public Healthcare Delivery

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Missouri's Medicaid program has raised considerable challenges over the last several years for policymakers like me, and for those providing and seeking state-sponsored healthcare. While Medicaid's underlying goal since its inception in the 1960s has been to provide the best publicly-funded healthcare to as many deserving people as possible, important checks and balances in the system had been left untended by past executive and legislative leaders for much of the 1990s and into the beginning years of this decade. This costly lack of oversight sent the program spiraling toward certain unsustainability. By 2005, nearly one of every four taxpayer dollars in state revenue was being expended on Medicaid. At the same time, Medicaid had ballooned to serve almost one of every five Missourians.

Recognizing significant changes needed to be made to the way Missouri delivered taxpayer supported healthcare, my legislative colleagues and I laid the groundwork for restructuring the system with the establishment of the Medicaid Reform Commission. The commission's work over the last few years has led to a completely new model for state-funded healthcare that will allow for the care of Missouri's most vulnerable while better managing the program's operations to ensure Missouri's taxpayers are fairly treated as well.

The *Missouri Health Improvement Act of 2007* (Senate Bill 577) will replace the current Medicaid program, which is set to sunset June 30, 2008, with an entirely new system called MO HealthNet. The overarching tenet of MO HealthNet is the significant and vital shifting of focus from reactive treatment to proactive prevention. A primary vehicle for doing this is the establishment of healthcare advocates for all enrolled in the program. As qualified healthcare professionals, advocates will serve as the prime contact for patients in developing prevention strategies and setting action plans for seeking medical attention when needed. Among numerous benefits, this advocate/patient partnership will ensure that people aren't seeking out emergency rooms to treat the flu.

MO HealthNet recipients can also earn health improvement points for making medical appointments, getting screenings and reaching healthy goals set with their healthcare advocate. These points would accrue on debit cards for use in paying health-related expenses such as doctor visit co-pays and prescription drugs.

The MO HealthNet plan was presented this week to a Senate committee and is expected to soon go to the Senate floor for debate by the full body. Joint Senate and House approval sends the plan to the desk of the governor, who is a strident supporter of the healthcare delivery reformation initiative. With MO HealthNet reforming and streamlining the delivery model for taxpayer-funded healthcare, companion legislation shaping how many people may be enrolled in MO HealthNet at any given time is also advancing through the lawmaking process.

Shifting away from the current fee-for-service plans, where the state simply pays claims for (primarily reactive) medical bills, will reduce the number of people who become urgent care patients. Fewer urgent care patients equates to a less costly state-funded healthcare program and, more importantly, means there will be that many more healthy Missourians.

*Senator Gary Nodler represents the people of Newton, Jasper  
and Dade counties in the Missouri Senate.*