

State Senator

Jack Goodman  
District 29



# THE HEALTH CARE REPORT



OCTOBER 2009 • HEALTH CARE ROUNDTABLE DISCUSSIONS • TRANSPARENCY • HEALTH CARE REFORM • SOLUTIONS

## SENATOR JACK GOODMAN HOLDS HEALTH CARE ROUNDTABLE MEETINGS

Last month, I conducted a series of roundtables around the 29<sup>th</sup> Senatorial District to discuss the ongoing debate on health care reform. Many constituents with different types of experience participated in these meetings, including providers, individuals in the insurance industry, local elected officials and others from the health care community. I held these meetings to talk about where we have been and where we are going in Missouri on the issue of health care, and, perhaps most ominously, what kind of effect the federal legislation could have on state government.



Whatever the effect of pending federal legislation, it is obvious the states are going to have a huge role as partners in implementing it. Because of this, I think it is extremely important for state officials to continue talking with constituents about the ways federal reform legislation could potentially impact the way their state government operates.

Like many Missourians, I am increasingly worried by the steady consolidation of power in Washington, D.C., these days. I become especially upset when this directly impacts our local and state governments by overturning laws and regulations that express the consensus of our voters. A few years ago, Missouri lawmakers wrestled with budget decisions that, frankly, kept many of us awake at night. We had a budget severely out of balance, and knew some of the anticipated cuts were going to have a real and discernible impact on people all over the state. Ultimately, we were forced to cut many programs to make ends meet. We

did this because the people of Missouri wanted us to make sure Medicaid and other services could continue to protect our most vulnerable citizens, and because they demanded that state government live within its means. Compassion and thrift are both solid Missouri values many of us grew up with, so when federal "health care reform" proposals mandate that states increase the minimum poverty requirements for Medicaid by 133 percent, it makes me very concerned. Not only can we ill-afford this credit card approach to government, but by making Medicaid unsustainable, it will ultimately imperil the people who need it most.

During the roundtable discussions, I was able to meet with people from a wide range of backgrounds and professional experience and get feedback from them about which proposals they think will work and which they think will not. Many suggestions were made, including removing government obstacles to local charitable efforts, addressing the huge cost of regulatory compliance, and increasing the transparency of large interstate insurance companies. As the meetings drew to a close, I was unable to escape the conclusion that what government really needs to do is get out of the way and let health care professionals do their jobs. We need to recognize and encourage local efforts that are already working, eliminate regulatory obstacles to local solutions and replicate these successes across the country.

No one denies there are issues in the current system we need to fix. We have to do something to ensure people with pre-existing conditions have access to affordable insurance. We need to facilitate interstate compacts that will allow small

businesses to pool together across state lines to buy insurance. We can, and must, reduce the crushing burden government and insurance bureaucracies place on the health care industry. It is unfortunate that some people are so willing to ignore or push aside these solutions in the rush to create a mammoth new bureaucracy to oversee government-run health care. America has the best health care in the world, but there are problems that need real solutions. We should focus on fixing what is broken rather than throwing out the good with the bad.

In the coming months, I will continue to meet with people to talk about health care reform. It is absolutely critical that elected officials not shy away from their obligation to meet with citizens and hear their concerns about this rapidly changing debate.

### MO HEALTHNET TRANSPARENCY

This year, the Missouri Legislature passed House Bill 577 to create the MO HealthNet (Medicaid) Data Transparency Program, which will help our state cut down on waste, fraud and abuse in the taxpayer-funded health care system. When House Bill 577 was signed into law, Missouri became the first state in the nation to require the online posting of all Medicaid payments made to providers, with recipients' information protected and de-identified. For the first time, anyone can see what providers charge for their services with just the click of a mouse. I supported this legislation because I believe consumers have a right to know the cost and quality of their care, and this first-of-its-kind web portal, which must be implemented by next year, will help them easily find this information. Posting this data online will also help Missouri crack down on fraud and abuse while guiding future public policy.

# PROVIDING EFFICIENT, EFFECTIVE HEALTH CARE

With the countless federal health care proposals floating around, it is easy to be confused as to where Congress is actually heading in terms of health care reform. Though we do not know how this will all play out, what I do know is that the so-called America's Affordable Health Care Choice Act of 2009 is neither affordable nor the right choice for most Americans.

Although this bill, with its more than 1,000 pages, is very complex, what it boils down to is more government control, less personal freedom and more spending that will somehow need to be paid for with more taxes. The most current versions of the health care bill could, among other things, establish a government-run health insurance plan to compete with private companies, heavily regulate private insurance companies, expand Medicaid eligibility through taxpayer-funded subsidies, impose an employer mandate for those who do not provide health insurance to their employees (including small businesses), and require all Americans to have health insurance.

Government should promote choice and competition rather than impose restrictions designed to contain costs that will ultimately lead to the rationing of health care. Policymakers need to identify solutions that empower patients to take an active role in their health and provide more choices, rather than advance a one-size-fits-all plan that will surely fail. These solutions should involve making sure that patients have accurate, advanced information about the quality of providers, the cost of treatment options and their health care needs. Patients should be empowered to choose the best quality provider for the best price and take responsibility for their own health. Taken together, more personal involvement and greater choices will lower health care costs. Most importantly, we must ensure that health decisions are made between doctors and patients. We need

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to strengthen that relationship—not destroy it. Any governmental intrusion in this relationship should be seen as an unwarranted interference in the private lives of citizens.

Here in Missouri, we are working on innovative solutions to provide low-income families with health care coverage. This session, the General Assembly considered Senate Bill 306, which was a proposal to cover approximately 35,000 working, low-income, uninsured Missourians through the private insurance market without burdening taxpayers. While the bill ultimately did not pass because lawmakers could not reach a consensus on some of the details before session ended, it would have saved taxpayers money by focusing on preventive, proactive health care. I foresee lawmakers once again considering this legislation in the upcoming 2010 legislative session.

There is little doubt that this country's health care delivery system is broken, and that innovative and bold solutions will be required to fix it. However, increasing taxes and allowing government to become involved in your personal health care decisions is not going to solve the problem. The American experience has always been focused on empowering individuals rather than government. While seeking to address this difficult and complicated issue, we must never lose sight of this bedrock truth.

## REAL MISSOURI SOLUTIONS

This session, I successfully advanced a measure that allows sole proprietors and the self-employed to become members of associations formed to secure group health care coverage policies.

House Bill 919, which I handled in the Senate, received wide bipartisan support in the Legislature and was signed into law by the governor. Our state and national economies are built on the foundation set by small business owners. Finding ways to bring health care affordability to Missouri's self-employed and sole proprietors goes a long way toward ensuring their future health—and the future health of Missouri.

Endorsed by the National Federation of Independent Business, the legislation is an expansion of a bill I successfully advanced in 2006 (HB 1827) that lowered from 100 to 50 the number of employers needed to form a group coverage association. This earlier initiative was the product of a pilot project conducted in Southwest Missouri showing that, when small and large employers joined as one entity to purchase health insurance, dramatic premium savings resulted.

The work done in 2006 has brought meaningful health insurance coverage expansion to employees, and the work done this year in the Capitol will be of equal help to sole proprietors and the self-employed for years to come.

*Senator Goodman discusses legislation on the Senate floor during the 2009 legislative session.*



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