



Advocacy

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HOT TOPICS FOR ADVOCACY IN THIS ISSUE

THIS ISSUE of the Advocacy Advisory will focus on topics of current interest to health care, including ongoing federal and state issues related to patient access, covering the uninsured, and reimbursements. The CHRISTUS position is consistent that health care dollars must be preserved in programs such as Medicare and Medicaid, as both of these programs these serve a vital function as part of the health care safety net for the uninsured and underserved population.

NOTE: Congress is on summer recess until after Labor Day.

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NEW FEDERAL RULE PROTECTS ANTI-ABORTION PHYSICIANS AND HEALTHCARE WORKERS

Federal health officials announced tougher steps last week to protect doctors and other health care professionals from being fired or discriminated against for refusing to provide abortions for conscience or religious reasons. A proposed rule, which is open for public comment for the next 30 days, reads that no one receiving federal funds can discriminate against employees who refuse to undergo training for abortions or provide referrals for abortions. Institutions also cannot discriminate against physicians' programs that do not train for the procedure, insurance companies for not providing abortion coverage and several other instances in which individuals or health care organizations may refuse to do abortions or sterilizations. The wide-ranging regulation, which also covers training programs and research activities, restates three existing federal conscience statutes, Health and Human Services Secretary Michael O. Leavitt said last Thursday. "People should not be forced to say or do things they believe are morally wrong," Mr. Leavitt said in a telephone press conference from China, where he is part of a U.S. delegation to the Beijing Olympics. "Health professionals should not be forced to provide services against their consciences."

An HHS statement said an "intolerant" health care field "may discourage individuals from diverse backgrounds from entering health care professions." The agency was "concerned" that the public as well as many health care providers are "largely uninformed" about existing protections and criticized the American College of Obstetricians and Gynecologists as "appearing to disregard these laws" in a recent ethics opinion. HHS also accused the American Board of Obstetrics and Gynecology (ABOG) of taking a similar tack, acting "to force physicians to either violate their conscience by referring patients for abortions (or taking other objectionable actions) or risk losing their board certification." A statement from ABOG President Dr. Norman Gant said the organization does not decertify doctors based on their abortion stances. But Dr. Joxel Garcia, assistant secretary of HHS, said discrimination is common.

"Many health care providers routinely face pressure to change their medical practice - often in direct opposition to their personal convictions," he said. "During my practice as an OB-GYN, I witnessed this firsthand. But health care providers shouldn't have to check their conscience at the hospital door. This proposed rule will help ensure that doesn't happen." However, the regulation, which defined several terms such as "workforce" and "individual," did not define "abortion." Despite questions from five reporters asking why, Mr. Leavitt simply said the procedure already had been defined in federal law. "Nothing changes the patient's right to any legal procedure," he said. "This specifically applies to abortion and conscience. It does not seek to resolve any ambiguity in that area," referring to birth control pills. But many pharmacists believe that certain contraceptives - including the pill - are abortifacients.

The new regulations are being proposed at a time when abortion is heating up as a political issue in the presidential campaign. Democratic attempts to peel away pro-life voters from the Republicans have ignited a furor over the voting record of the presumptive Democratic nominee, Sen. Barack Obama. Pro-life groups have hounded Mr. Obama over his opposition in the Illinois legislature to a bill that would have required hospitals to give medical care to premature babies who survived abortions. Mr. Obama has also promised Planned Parenthood that his first act as president would be to sign the Freedom of Choice Act, which would remove all state and local restrictions on abortion. A Planned Parenthood statement called the proposed regulation "a serious threat to women's health care by limiting the rights of patients to receive complete and accurate health information and services."

The U.S. Conference of Catholic Bishops praised the proposed rule, as Catholic hospitals are mandated to refuse to perform abortions and sterilizations and give out birth control. "This is not just about Catholic health care," church spokeswoman Deirdre A. McQuade said. "Catholics do not stand alone in opposition to the deliberate destruction of nascent human life."

A COMPARISON OF THE PRESIDENTIAL CANDIDATES ON HEALTH REFORM

The two major presidential candidates agree on at least one thing: health care reform must be a high priority for the next administration. But when it comes to the details, much of the common ground between Republican Sen. John McCain and Democratic Sen. Barack Obama falls away. In their 2007 document on political responsibility, "*Faithful Citizenship*," the U.S. Catholic bishops said any efforts to reform the health care system must respect human dignity and protect human life; meet the needs of the poor and uninsured, including pregnant women, unborn children, immigrants and other vulnerable populations; protect the conscience rights of Catholics and Catholic institutions; and provide effective, compassionate care for those with HIV and AIDS. "All people have a right to health care regardless of where they work, where they come from or how much money they have," said Kathy Saile, director of the Office of Domestic Social Development in the bishops' Department of Justice, Peace and Human Development, in a commentary on health care and "*Faithful Citizenship*." "Quality health care should be accessible to every person as a part of basic respect for human life and dignity," she added.

Obama and McCain both say the health care reform plans outlined on their campaign Web sites and in speeches would reduce the number of uninsured Americans, rein in escalating costs, improve health care quality and performance, keep those with pre-existing conditions from being dropped by their health plans, and encourage some degree of state flexibility. Obama's plan would require employers to either offer "meaningful coverage" to their workers or pay a percentage of their payroll into a new public program. Every child in the U.S. would be covered and health insurers would be required to keep young adults up to age 25 on their parents' plan through family coverage. The centerpiece of the proposal advanced by McCain is a health care tax credit for families and individuals, paired with the removal of favorable tax treatment for employer-financed health insurance. Anyone who does not use the entire tax credit amount to purchase health insurance could deposit the remaining funds into a health savings account for use in another year.

The Catholic Health Association, whose member hospitals and other health care institutions often serve as a safety net for the poor and uninsured, has offered its own "Vision for U.S. Health Care," against which any health reform plan can be measured. Any proposal in line with Catholic social teaching must be available and accessible to everyone; health- and prevention-oriented; sufficiently and fairly financed; transparent and consensus-driven; cost-effective; patient-centered; designed to address health needs at all stages of life; and safe, effective and high-quality, the vision document says. "None of the reform plans as they currently stand meet our principles for reform," said Lisa Smith, senior director for government relations at the Catholic Health Association in Washington. "I'm not saying the plans can't get there, but they're not there yet." Both the McCain and Obama plans are currently "in outline form," with "not enough details to know it will make a substantial difference" in reducing the number of uninsured Americans from the current 47 million. "We'll just have to wait and see," she told Catholic News Service Aug. 14. Clarke E. Cochran, co-author of "*The Catholic Vote: A Guide for the Perplexed*," recently published by Orbis Books, said neither Obama's nor McCain's plan fully meets the criteria set by "Faithful Citizenship" and the CHA vision document for health care reform. The Obama proposal is more in line with the bishops' focus on the needs of the poor, uninsured and vulnerable populations and their call to strengthen Medicaid and Medicare, Cochran told CNS in an Aug. 14 telephone interview. But it is "unlikely that any Obama plan would have any protection for the unborn," he added.

Source: *Catholic News Service*, 8/21/08.

RESEARCHERS NOW QUESTION WIDE USE OF HPV VACCINE

Two vaccines against cervical cancer are being widely used without sufficient evidence about whether they are worth their high cost or even whether they will effectively stop women from getting the disease, two articles in last week's *New England Journal of Medicine* conclude. Both vaccines target the human papillomavirus, a common sexually transmitted virus that usually causes no symptoms and is cleared by the immune system, but which can in very rare cases become chronic and cause cervical cancer.

The two vaccines, Gardasil by Merck Sharp & Dohme and Cervarix by GlaxoSmithKline, target two strains of the virus that together cause an estimated 70 percent of cervical cancers. Gardasil also prevents infection with two other strains that cause some proportion of genital warts. Both vaccines have become quick best sellers since they were licensed two years ago in the United States and Europe, given to tens of millions of girls and women. “Despite great expectations and promising results of clinical trials, we still lack sufficient evidence of an effective vaccine against cervical cancer,” Dr. Charlotte J. Haug, editor of *The Journal of the Norwegian Medical Association*, wrote in an editorial in Thursday’s issue of *The New England Journal*. “With so many essential questions still unanswered, there is good reason to be cautious.”

In her article, Dr. Haug points out the vaccines have been studied for a relatively short period — both were licensed in 2006 and have been studied in clinical trials for at most six and a half years. Researchers have not yet demonstrated how long the immunity will last or whether eliminating some strains of cancer-causing virus will decrease the body’s natural immunity to other strains. More to the point, because cervical cancer develops only after years of chronic infection with HPV, Dr. Haug said there was not yet absolute proof that protection against these two strains of the virus would ultimately reduce rates of cervical cancer — although in theory it should do so. Dr. Richard Haupt, medical director of Merck, called these concerns “very theoretical,” noting that continuing research and monitoring suggested that immunity would be long-lasting and that the vaccine would not lead to problems with other strains. He added that cervical cancer was “just the tip of the iceberg” and that HPV caused a huge amount of expensive and stressful testing in developed nations that could be avoided with vaccination.

The vaccines, which require three shots for a complete series, cost about \$400 to about \$1,000, depending on the country and the fees for doctors’ visits. Unlike older vaccines that save money by preventing costly disease, these vaccines cost health systems money. The second paper published this week, a study by Jane J. Kim and Dr. Sue Goldie of Harvard, looks at the issue of costs and concludes that the vaccines will be cost effective only if used in certain ways. In particular, the researchers say the vaccines will be worth the cost only if they prove to protect girls for a lifetime, and if current methods for screening for cervical cancer using Pap smears can be safely adjusted to reduce costs there. Further research is required in both areas. “I believe the vaccine is a great advance, but we have to implement it properly to get the benefits, and that hasn’t happened,” said Dr. Philip Davies of the European Cervical Cancer Association.

In developed countries, Pap smear screening and treatment have effectively reduced cervical cancer death rates to very low levels already. There are 3,600 deaths annually from cervical cancer in the United States, 1,000 in France and 400 in Britain. Cervical cancer, like skin cancer, can generally be caught at precancerous or non-invasive stages and treated. Because the vaccine prevents infection with only some of the cancer-causing strains, Pap smear screening must continue even in those who are vaccinated. The Harvard study concluded that giving the vaccine to 12-year-olds would cost \$43,600 for every “quality adjusted year of life” it saved by preventing a cancer death; that price would often be considered acceptable by health officials in wealthy countries, experts say. Dr. Haupt said the study proved that it was best to vaccinate early. “It underscores the value of vaccinating pre-adolescent girls,” since the vaccine works fully only in girls who have not been exposed to HPV.

But if the vaccine were given to all girls and women up to age 21, the cost per year of life saved would be far higher — \$120,400, the Harvard study concluded. And if the vaccines prove to require a booster shot, as many critics believe, that cost rises to \$140,000. In such cases it might make more economic sense to rely on Pap smear screening alone, the researchers said.

Source: The Associated Press, the New England Journal of Medicine, 8/21/08.

MORE AMERICANS THAN EVER IN ECONOMIC BIND; CHOOSING OTHER NECESSITIES OVER HEALTHCARE

Americans are struggling to pay medical bills and are accumulating medical debt at an increasing rate, according to a survey released last week by the Commonwealth Fund, a private foundation that supports independent research on healthcare. According to the study, “A perfect storm of negative economic trends is battering working families across the United States.” “Health-care costs are climbing much more rapidly than incomes or the growth in the overall economy,” said Sara R. Collins, assistant vice president of the foundation and one of the authors of the study. As gas and food prices have soared and real estate values have fallen, the federal

minimum wage is now \$3 an hour lower, in real terms, than it was 40 years ago, the study said. "What is notable is how these problems are spreading up the income scale," Collins said. Two-thirds of the working-age population was uninsured, underinsured, reported a medical bill problem or did not get needed health care because of cost in 2007. More than two in five adults in the 19-to-64 age group reported problems paying medical bills or had accumulated medical debt in 2007, up from one in three in 2005. Their difficulties included not being able to afford medical attention when needed, running up medical debts, dealing with collection agencies about unpaid bills, or having to change their lifestyle to repay medical debts. Health-care costs are limiting expenditure on daily necessities. Of those facing mounting medical bills, 39 percent used all their savings, 30 percent incurred large credit card debt, and 29 percent said medical bills left them unable to pay for basic necessities such as food, heat or rent.

The survey found a sharp rise in the number of people spending more than 10 percent of their income on health care. Among people with annual income below \$20,000, the figure more than doubled to 53 percent from 26 percent in 2001. The survey found that 28 percent of working-age adults in 2007 were without insurance at some time during the previous year, up from 24 percent in 2001. The insured also are facing increasing woes: 61 percent of those with medical debt or bill problems were insured at the time they needed medical attention. Those without adequate insurance increased to 14 percent of the population in 2007 from 9 percent in 2003.

Furthermore, the survey showed that the health-care gap between poor and moderate-income families is narrowing, and that even middle- and high-income groups are going without medical insurance at some time during the year. Half of those with incomes below \$20,000 went without insurance during 2007, up one percentage point from 2001. But the figure among moderate-income (\$20,000 to \$40,000) families increased to 41 percent from 28 percent. Among middle-income (\$40,000 to \$60,000) families, the figure rose to 18 percent from 13 percent. And among those with incomes above \$60,000, it rose to 8 percent from 4 percent. Universal health-care insurance, the foundation argued, is key to improving health care, and its design would dictate its effectiveness. President Karen Davis said the foundation has been conducting annual surveys of health-care experience in other countries since 1998, including Australia, Canada, the Netherlands, Germany, New Zealand and Britain. "The U.S. stands out for being the only country . . . that reports significant fractions of the population not getting needed care," Davis said.

Source: The Washington Post, 8/21/08.

MEDICARE ANTI-FRAUD CLAIMS MISLEADING, ACCORDING TO INSPECTOR GENERAL REPORT

A 2006 claim by the Centers for Medicare and Medicaid Services (CMS) that it had reduced Medicare durable medical equipment fraud to about \$700 million were based on improper auditing and fell short of the actual amount of fraud, according to a draft report by the HHS Office of Inspector General. According to the report, at issue is the auditing on which CMS based its fraud reduction claims. CMS hired AdvanceMed, a subsidiary of Computer Sciences Corporation, to audit Medicare DME spending. The report states that CMS officials told AdvanceMed to ignore an auditing program -- called Comprehensive Error Rate Testing, or CERT -- which is required by law. Under CERT, claims are randomly selected and auditors compare invoices to physicians' records to ensure the spending was justified. The report says that AdvanceMed was told by CMS officials to only examine the invoices from DME suppliers. The report found that in fiscal year 2006, CMS failed to detect that more than one-third of spending on DME was fraudulent. Using data from other Medicare reports, the undiscovered fraud would equal about \$2.8 billion. The report also found that AdvanceMed auditing revealed 7.5% of Medicare DME claims were not supported by documentation. The OIG report states that AdvanceMed would have discovered that 31.5% of claims were not supported by documentation had it used CERT. According to some news reports, CMS has been lobbying the inspector to play down the report's conclusions. CMS spokesperson Jeff Nelligan said, "Allegations of manipulation of this error rate are preposterous," adding, "The agency has aggressively targeted fraud and improper payments in the DME program." A CMS spokesperson said that the fraud figures should have been higher than \$700 million, but agency officials say the \$2.8 billion figure is unsupported.

Source: Kaiser Daily Health Policy Report, 8/21/08.

HHS RESOLVES MAJORITY OF HIPAA COMPLAINTS WITHOUT INVESTIGATION

An HHS office has resolved more than half of complaints about possible violations of the medical privacy rule issued after the passage of the Health Insurance Portability and Accountability Act without investigation, according to review of state and federal records. Since the rule took effect in 2003, 38,000 U.S. residents have filed complaints with the HHS Office for Civil Rights (OCR), and the office has resolved 56% of those complaints without investigation, the review found. The review also found that OCR has referred only 437 complaints, less than 2% of the total, to federal prosecutors. Abner Weintraub of the HIPAA Group said, "There are no HIPAA cops out there looking for violations," adding, "Enforcement at the Office for Civil Rights is virtually nonexistent. Technically, they've still not issued a single fine -- not even down to the \$100 level, and they could toss those around like candy, if only to wake people up about the seriousness of compliance." According to Weintraub, one of the main problems with enforcement of the rule is that health care providers do not have to report internal violations. "This is a tremendous loophole," he said, adding, "Enforcement is left to the health care community to sort of self-police itself, and to the Office of Civil Rights, which has done virtually nothing." Deborah Peel, head of Patient Privacy Rights, also said that the rule does not include adequate restrictions on cases in which providers can share the medical records of patients without their consent. Under the rule, "there is no real privacy right to be violated," she said, adding, "That's why we're not seeing any prosecutions." According to Susan McAndrew, deputy director of health information privacy at OCR, the office has resolved 6,800 complaints through corrective action orders. She said, "We have found that this is the most effective way to obtain industry compliance with the privacy rule." In addition, McAndrew said, "OCR has investigated complaints against many different types of entities, including national pharmacy chains, major medical centers, group health plans, hospital chains and small-provider offices."

Source: Kaiser Daily Health Policy Report, 8/19/08.

Of Physician Interest

AMA TO URGE ACTION ON UNINSURED CRISIS AT PRESIDENTIAL CONVENTIONS

The American Medical Association urges action to cover the uninsured through outdoor advertisements at the presidential conventions in Denver and Minneapolis. The ads are part of the AMA's Voice for the Uninsured Campaign and can be seen on taxi tops, in transit stations and on billboards. They will also be seen in airports, on rail transportation, and buses, hopefully visible enough to attract attention to this crucial issue at the presidential nominating conventions. The ads feature physicians and uninsured patients, and focus on the AMA's efforts to find a solution. American Medical Association President Nancy Nielson said, "We encourage presidential candidates and other political leaders to engage in a debate about health care reform to help these uninsured patients in need." The advertisements represent yet another phase in a multi-million dollar uninsured advertising campaign that began last fall in the early primary states and will continue through 2009 as the AMA works with Congress and the new administration to pass meaningful health care reform legislation.

Source: The American Medical Association, 8/20/08.

Of Regional Interest

ARKANSAS

Lawmakers Discuss Healthcare Agenda for Next General Assembly. Arkansas lawmakers will focus on health issues, including access to care, emergency care, childhood obesity and Medicaid, in the 87th General Assembly, state Surgeon General Joe Thompson said last at the second annual Arkansas Health Summit. The meeting of about 150 state lawmakers, physicians and health officials was an opportunity for policymakers and others to learn about the state's health care issues before the start of the legislative session in January. Arkansas Department of Health Director Paul Halverson said the state Legislature also will examine injury prevention, strategies to lower the infant mortality rate, improving oral health and developing a statewide coordination system for trauma and emergency care personnel. Thompson said, "We've got to start thinking of our health like an investment." State Rep. Eddie Hawkins (D) said it would be better for the state to promote healthier lifestyles and behaviors through marketing than through mandates. Hawkins said.

Source: *Arkansas Democrat-Gazette*, 8/21/08.

LOUISIANA

Twelfth Annual Healthcare Conference to be Held. The 12th annual Health Care Conference, sponsored by the Louisiana Department of Insurance, will bring together national experts, state legislators and state and federal regulators to discuss a variety of health care topics. The Conference will be held on Wednesday, September 3, at the Hilton Baton Rouge Capitol Center, according to a news release by the Louisiana Department of Insurance. Registration begins at 7:30 a.m., and Insurance Commissioner Jim Donelon and DHH Secretary Alan Levine will open the conference at 8:30 a.m. Commissioner Donelon will also make closing remarks at 3:30 p.m., the release states. John Maginnis with *LaPolitics Weekly*, is the keynote luncheon speaker. Senator Donald Cravins, Jr. and Representative Charles Kleckley will speak in the morning on insurance legislation that passed in the 2008 Regular Legislative Session. Agenda topics include panels on:

- Consumer Driven Health Care: The Plan of the Future;
- Health Care Options and Challenges for Baby Boomers;
- Health Insurance Coverage Mandates: How Costly Are They to Consumers?
- What Does the Future Hold for Louisiana's Private Insurance Market?

Source: *The Advocate*, 8/21/08.

NEW MEXICO

Special Session Adjourns. New Mexico lawmakers fretting about state finances gave Democratic Gov. Bill Richardson a fraction of what he wanted for tax relief and health care but a big chunk of highway funding before adjourning a special legislative session. "The most important thing that happened here is that we didn't spend near as much as was requested," Senate Republican Leader Stuart Ingle of Portales said Tuesday as lawmakers headed home after five days at the Capitol. Richardson called it a "modest" effort from which children and working families would benefit. Legislators scaled back the governor's health coverage proposal for children, refusing to make insurance mandatory and providing \$20 million for Medicaid expansion rather than the \$58 million he requested. The \$120 million tax rebate the governor proposed ended up at \$56 million. Some 641,000 low- and

middle-income taxpayers will get one-time rebate checks by Thanksgiving averaging \$87. New Mexicans with adjusted gross incomes over \$70,000 won't qualify. Lawmakers also beefed up an existing tax credit for working families and provided money for child care, home heating, school bus fuel, and bridge and road repairs for flood-stricken areas in Lincoln and Otero counties. "I think the governor was exactly right in trying to get us in here and return a lot of that ... surplus money back to the taxpayers," said House Speaker Ben Lujan, a Santa Fe area Democrat. Lawmakers kept a close eye on daily fluctuations in oil and gas prices as they made their decisions. As an oil- and gas-producing state, New Mexico's budget counts heavily on the taxes and royalties from wells. In just the last month, the state's projected windfall from oil and gas revenues dwindled from some \$400 million to just above \$200 million. "We're apprehensive about the revenues. ... So much of the special session hinged on natural gas prices and oil prices, and they're trending down," said Senate Finance Chairman John Arthur Smith, D-Deming. "It's very, very difficult to do long-term planning when you're bouncing up and down like a rubber ball," he said.

The Legislature did, however, agree to Richardson's proposal to earmark \$200 million for highway projects that were approved five years ago but have been stalled by rising construction prices. Lawmakers authorized \$50 million from the surplus and another \$150 million in severance tax bond revenue to be put into highways. Highways turned out to be "the big-ticket item of this health care session," said Sen. John Grubestic, D-Santa Fe, a frequent critic of Richardson. Grubestic added that "all these nice roads are going to give our citizens access to health care." In addition to the \$20 million to expand Medicaid to an estimated 17,000 more already-eligible children, the health bill provided \$10 million for services to the developmentally disabled. That could reach about 430 people currently on a waiting list, according to an analysis done for legislators. The same bill provided \$2.5 million for behavioral health services for children. It was Richardson who called the special session, and some lawmakers criticized it as unnecessary except to boost the governor's image as he heads to the Democratic National Convention in Denver next week.

The other measures:

- A \$7.6 million bill permanently increasing the state's "working families tax credit for about 200,000 families. It provides an average increase in benefits of \$38 for families earning less than about \$42,000 a year.
- \$1.9 million to help pay heating and cooling bills for low-income New Mexicans.
- \$5 million in emergency assistance for flood damage in Lincoln and Otero counties and the Ruidoso area.
- \$4 million for school districts for bus fuel.
- \$1.6 million for the secretary of state for the November 4 general election.
- \$7.2 million to a child care assistance program.

Source: The Associated Press, 8/20/08.

OKLAHOMA

Online Plan Cuts Medicaid Enrollment Time. A pilot online system has drastically cut the time it takes to get Oklahoma newborns enrolled in the Medicaid program, resulting in quicker access to medical care for infants and faster reimbursements for hospitals and physicians. The Oklahoma Health Care Authority launched the pilot project in April to help speed claims processing for the state's hospitals and to provide the baby a separate Medicaid number under the mother's existing case. Oklahoma's Medicaid program is known as SoonerCare. By late July, the authority opened the system to all hospitals, of which 49 have signed on to date. Before the pilot project, the process of getting newborns assigned their own SoonerCare identification number could take up to three weeks. Since April, 4,261 infants have been added to SoonerCare through the new online system, according to the automated eligibility data managers for the system. Not only have enrollment times apparently been reduced dramatically, the system also allows mothers to choose their infant's primary care physician right away. Each mom gets temporary identification for her infant immediately and a permanent identification card within three to five days.

Source: Tulsa World, 8/20/08.

TEXAS

State's Medicaid Plan May Not be Broad Enough. Texas' ambitious plan to subsidize private health coverage for working-poor adults has hit a snag. Federal health officials have questioned whether the state's proposal to overhaul Medicaid moves quickly enough to cover uninsured workers and is sweeping enough to justify bending federal rules. A federal official outlined the reservations in a recent letter to state social services czar Albert Hawkins. Some health-care lobbyists said last week that the letter's tone suggests state leaders may not be able to get federal approval before President Bush leaves office. However, Texas Health and Human Services Commission spokeswoman Stephanie Goodman said the letter isn't a setback. "It's good that the negotiation process is starting," she said. In April, Mr. Hawkins formally proposed to siphon federal matching money from safety-net hospitals to help 2.1 million uninsured adults buy coverage, starting in the plan's third year. An earlier draft had proposed some subsidies this fall. "It appears that significant, comprehensive reform would not begin until September 2010," wrote Dianne E. Heffron of the Centers for Medicare and Medicaid Services in the Aug. 7 letter to Mr. Hawkins. Ms. Heffron also questioned whether Texas' plan is "a broad health-care reform package" that qualifies to have federal rules suspended.

Source: Dallas Morning News, 8/22/08.

UTAH

Uninsured Children Not Getting Vital Care, According to Study. Chronically ill children in Utah enrolled in either of the two state insurance program have access to medical care equal to kids covered through plans at their parents' workplace, but sick kids who aren't insured generally only see a doctor if their illness becomes an emergency. That is the finding of a new report released recently by the child welfare advocacy group the Robert Wood Johnson Foundation in an effort to encourage parents to enroll children in available health insurance programs before they enroll them in the new school year. About 15,000 children — about 19 percent of all kids in the state — with chronic conditions such as asthma or diabetes are covered by the state's Children's Health Insurance Program or Medicaid, the joint state/federal insurance program for low-income Utahns. The report supports claims and survey findings by child advocates in Utah that having health insurance makes an enormous difference in whether kids receive the care they need, especially if they are chronically ill. Findings by researchers at the University of Minnesota show that insured children are three times more likely to visit a doctor's office in the course of a year than are uninsured children. In addition, insured kids are also far more likely to have had a regular or back-to-school checkup to keep them healthy. It underscores how vital Medicaid and the State Children's Health Insurance Program are in keeping kids with chronic illnesses well and out of the hospital. More than one in three chronically ill children nationwide is enrolled in one of these programs and has consistent access to needed care because of them. The report kicks off the foundation's annual Cover the Uninsured Back-to-School Campaign, a nationwide effort to enroll eligible children in public health coverage programs during the back-to-school season. Findings include:

- 31 percent of all uninsured kids in America did not visit a doctor's office last year, compared to just 9 percent of children with insurance.
- 77 percent of insured children received a "well child" checkup in the past year, compared to 45 percent of those without insurance.
- 10 percent of children in Utah and nationwide with chronic health needs who are enrolled in public programs postpone or skip needed care, compared to 41 percent of uninsured kids who have chronic health needs.
- 7 percent of children enrolled in CHIP or Medicaid in Utah do not have a personal physician, compared to about 21 percent of uninsured kids.

Despite the success of the two public programs across the country, 9 million children nationwide remain uninsured, according to the latest U.S. Census Bureau data. That's more than the total number of kids enrolled in the first and second grades in U.S. public schools. In Utah, about 70,000 children don't have insurance. Most come from families in which at least one parent works full-time. Utah lawmakers this past session ensured enough funds that CHIP can remove an enrollment cap that has prevented eligible families from enrolling. That combined with families believing they probably earn too much to enroll has kept the 70,000 or so Utah children who qualify for the plan from signing up. About 35,000 are currently enrolled. The report meshes with an effort currently under way by CHIP administrators and child advocates to promote the plan statewide.

Source: Deseret News, 8/14/08.

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