

OPINION

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READERS' VIEWS

Health-care cost claim denied

Louisiana Attorney General James D. “Buddy” Caldwell, while professing in a recent letter to the editor not to engage in “political opportunism or partisan politics,” cites Department of Health and Hospitals Secretary Alan Levine’s position that the recently enacted health-care reform imposes an “unfunded mandate” on the state.

That is not accurate.

The subsidies for non-Medicaid eligible people cost the state nothing. The increase in Medicaid enrollments is paid 100 percent by the federal government for the first few years, gradually reducing to a permanent 90 percent reimbursement rate in future years.

For a poor state such as Louisiana, with a charity hospital system that is teetering on financial collapse, the new federal legislation is a godsend that state officials should do everything in their power to support.

According to White House estimates, 894,000 Louisianians who do not currently have insurance and 214,000 residents who have nongroup insurance could get affordable coverage through the health insurance exchange. In addition, 558,000 residents could qualify for premium tax credits to help them purchase health coverage.

Rather than spending money on frivolous lawsuits, if the state would aggressively enroll those currently eligible for Medicaid but not on

the rolls — 123,000, according to a recent Urban Institute report — the state could dramatically reduce the number of medically uninsured.

By reducing the rolls of the medically uninsured, Louisiana could begin making progress on some issues that hold the state back.

For example, according to the Annie E. Casey Foundation’s 2009 Louisiana Kids Count report, Louisiana has the nation’s second-highest infant mortality rate, the second-highest rate of low birth-weight babies, and the third-highest rate of preterm births.

Black infant mortality was 2.5 times that of white infants. Infants born to black women are almost twice as likely as infants born to white women to be born at a low weight. The rate for black preterm births was 1.5 times that for white births.

These negative outcomes, affecting black people and white people alike, increase medical costs, increase problems in schools and increase costs in the criminal justice system.

By investing in policies that would reduce these negative outcomes, we create a healthier and better-educated populace that makes our state more attractive to businesses that provide the jobs we need to grow.

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