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Don't confuse Medicaid with jobs program

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The Louisiana Budget Project, a generally progressive-leaning advocacy group, kicked over a political anthill recently with a report on Medicaid. The point: Louisiana continues to face state budget difficulties, which may tempt Gov. Bobby Jindal to impose more cuts in government health care programs such as Medicaid. So it's important to remember, the organization says, the program is an important job-provider in Louisiana.

Department of Health and Hospitals Secretary Bruce Greenstein fired back: "The liberal Louisiana Budget Project is simply making the same tired case for raising taxes and maintaining the status quo that

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has gotten us 49th in health outcomes.

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"The reality is that we have seen growth in the health-care sector across the state, including significant capital investments, even as we have taken steps to rein in the uncontrolled growth we had been seeing in the Medicaid program," the DHH secretary said.

The Louisiana Budget Project is right to point out that Medicaid is a vital program, particularly in this state and in our own region. But Greenstein is right, too, when he says changes are needed. It doesn't make sense to

rely on Medicaid funding as a source of job creation because, if Louisiana and the rest of the nation ever get it right, health-care spending will be reduced and outcomes will be better.

The importance of the Medicaid program in particular cannot be denied. About a quarter of the state's population relies on the state-

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federal program for coverage. In the area from Evangeline Parish south to the coast and from Acadia to St. Martin, more than 162,000 people are enrolled in Medicaid. We think of the program as being for the benefit of the poor, but it also protects older people who need nursing home care and the disabled.

It costs a lot. The Medicaid tab in Louisiana is about \$6.6 billion.

There is magic in cost reductions in such programs, if they're executed properly. In Europe, health care tends to be nationalized, to be provided through a heavily regulated private insurance industry or to rely on some combination of the two. The federal health-care reform passed here in 2010 relies on mandates that require most of us to have health insurance and require many employers to offer their workers coverage. Gov. Jindal's administration is implementing changes in Medicaid that will have the state offering enrollees a choice of privately operated health-care networks in hopes of providing the follow-up care and personal contact that low-income people must too often do without.

Ideologically, vast gulfs separate these approaches. But they all have something in common: They're based on the idea that we can shift the focus of health-care spending, to some degree at least, toward prevention and wellness. So we not only save money, but we make the lives of health-care consumers better in the process.

Our best outcome here is a higher level of public health and lower government health-care spending. Throwing job creation into the mix only obscures the vision. That's not what Medicaid is for.

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