DAN HAWKINS
STATEMENT BEFORE MEDICAID COMMISSION MEETING
August 17, 2005

Governor Sunquist, Governor King, Members of the Medicaid Commission, thank you for the opportunity to offer public comment. My name is Dan Hawkins and I am with the National Association of Community Health Centers. But today, I appear before you on behalf of the Partnership for Medicaid, a non-partisan, nationwide coalition of safety net providers, including public and children's hospitals, community health centers, physicians, dentists, state and county health care workers, health plans and other providers dedicated to protecting and improving the Medicaid program.

Our mission is simple, yet critically important: we want to help strengthen Medicaid's long-term financial health and assure that it continues its crucial role as a safety net for our nation's most vulnerable populations.

Yes, we recognize that Medicaid is growing faster than almost any other federal program. But we also recognize that it faces the same spiraling costs that bedevil the entire health care system, which have caused millions of Americans to lose their employer-based coverage, leaving ~~them~~ many with no other affordable private coverage options.

Yes, we recognize that Medicaid is far from perfect. But we also recognize that, even though Medicaid enrollment has grown substantially in the last 5 years, that growth has failed to slow down – much less reverse – the rise in the number of uninsured Americans, whose numbers now exceed 48 million.

Medicaid isn't a program in decline; it is a program under perpetual stress. It does more, covers more and therefore is bound to have its difficulties. But with the right ideas and proposals, we can make this program even better.

That is precisely why the Partnership for Medicaid came together. As providers of care to Medicaid and other low-income populations, we understand that we have both a special opportunity and a vital responsibility to put forth viable, realistic, politically feasible alternatives that can help slow the growth of Medicaid spending without throwing people off the rolls, or cutting benefits or provider payment rates.

For example, ensuring that more Medicaid beneficiaries have a regular medical home, or family doctor, could help to both improve health care and reduce hospital emergency room use significantly; and newly-evolving systems for managing the care of individuals with chronic and other conditions – often called 'disease management' strategies – also hold the potential to improve care and substantially lower costs. We have developed policy recommendations in these areas that we hope to make public and share with policymakers soon.

In addition, some of the suggested reform proposals currently being discussed – notably those calling for controlling pharmaceutical costs and developing home-and-community-based alternatives to nursing home care for elderly and disabled Medicaid recipients – also hold particular promise, but only if they are carefully implemented.

So we clearly can do better to deliver improved health care to America's neediest children and families while lowering Medicaid's costs. But to do this successfully we must make sure first to protect what's important: the federal guarantee of Medicaid coverage, services and protections, as well as its close relationship with safety net providers – those who care for disproportionately high numbers of Medicaid and uninsured individuals.

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Medicaid's costs. But to do this successfully we must make sure first to protect what's important: the federal guarantee of Medicaid coverage, services and protections, as well as its close and beneficial relationship with providers who care for disproportionately high numbers of Medicaid and uninsured individuals.

In this regard, many in the Partnership are deeply troubled by proposals put forth that seek to change cost-sharing rules and benefits coverage for even the poorest current beneficiaries, and by other proposals that would dramatically alter the federal-state partnership by withdrawing federal funds to the states, without apparent consideration for the policy implications of such a shift.

At a time when Medicaid desperately needs leaders who will pro-actively work to strengthen it, such proposals instead sound a disheartening retreat from responsibility, seeking

only – under the guise of "personal responsibility" – to shift the cost of failure on to those who can least afford it.

We urge the Commission, in its efforts, to be guided by our Partnership's Core Principles – previously submitted to you – to ensure that, even as you seek to improve Medicaid, you also preserve its crucial role as a safety net for low-income individuals in the future.

Thank you.