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**Guest Columns**

February 23, 2010

**States are the answer to health care reform**

Arlene Wohlgemuth

— Proposals for the federal takeover of health care are reported to be on life support. But even if the congressional leadership opts to pull the plug, that does not mean the very real problems with health care should go unresolved.

Now is the time for our best laboratories of innovation, the 50 states, to take the lead. There is much that can be done in Texas without federal action to lower costs and improve access.

While Texas has added 18,000 physicians in the six years since voters approved comprehensive medical liability reform, more needs to be done to increase the pool of providers, particularly in primary care.

Texas laws place more restrictions than most other states on the services that can be provided by non-M.D. professionals such as advanced practice nurses, podiatrists, optometrists and audiologists. This limits the options patients have in selecting providers that may be less expensive, more accessible, or simply meet their personal preference.

The recent trend toward retail clinics, conveniently located in pharmacies and discount stores, allows for such convenient, low-cost, primary care with proven and safe outcomes. Allowing these medical providers to practice according to their education and training would immediately give many Texans increased access to care at no cost to the state.

If the goal is truly to lower the cost of health care, it is mystifying that Congress sought to further restrict health savings accounts (HSAs) instead of pushing the system toward HSAs and other forms of consumer-driven health plans (CDHPs).

The American Academy of Actuaries summarized that HSAs lowered costs 12 percent in the first year and cut in half the rate of inflation in subsequent years. The Texas Legislature should lead the way by creating an HSA option in all state employee and teacher plans, allowing the savings accounts built up under HSAs to be carried over into retirees' supplemental plans. The result would be an immediate savings for active employee coverage and a gradual but steady reduction in the unfunded liability for retiree coverage.

Free-market reformers have long been calling for states to rein in the number of mandates on private insurance pointing to the added costs. Allowing individuals to purchase health insurance across state lines would be an effective way for consumers to bypass state mandates and decide which coverage suits them best. In fact, a University of Minnesota study estimated that allowing New Jersey residents to purchase in other states could mean 49 percent of their uninsured would have coverage.

Texas should also prod the federal government to transform Medicaid into a block grant, fairly apportioned and without strings attached. Medicaid costs are suffocating state budgets to the point where even liberal governors have chafed at federal plans to expand Medicaid eligibility. In Texas, the growth in Medicaid costs will demand an additional \$4 billion when the legislature meets next year.

Federal micromanagement has created an incredibly complex and expensive entitlement program in Medicaid. Absent reform, this unsustainable program will become markedly worse as the states' aging populations increase the already high cost of long-term care.

States could consider a sliding-scale, voucher program for the poor who are uninsured or uninsurable to purchase individual or employer-provided insurance. By putting recipients into the private insurance pool, access to care would be greatly improved because doctors would again be willing to see patients currently on Medicaid.

Washington's penchant for one-size-fits-all policies is at the core of the congressional stalemate over health care, as well as the public's intensifying frustration with national politicians on a spending spree. This opens yet another opportunity for Texas to show leadership and provide a superior alternative. The solutions that expand access to health care at more affordable costs come by empowering individuals rather than the federal government.

Arlene Wohlgemuth is the executive director and director of the Center for Health Care Policy at the Texas Public Policy Foundation, a non-profit, free-market research institute based in Austin.

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Proposals for the federal takeover of health care are reported to be on life support.

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1910 IH-35 South  
San Marcos, Tx  
78666

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