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## **It's Not Just Your Health, It's Your Freedom**

*By Gregory Schneider*

This column's title—shamelessly borrowed from a Mr. Goodwrench ad campaign of a few years back—is indicative of where we should be headed in the health care debate as the end of the state legislative session draws to a close. Health care reform should be concerned with creating a system which promotes personal freedom, choice and fiscal sanity designed to improve health care for everyone.

Health care has been hotly debated the past month in Topeka and the compromise solution being proffered in both the House and the Senate, subject to the inevitable reconciliation between the two bodies which will be worked out in April, is not in the best interest of maintaining free choice and expansion of consumer-driven alternatives. Rather the Kansas legislature is on the verge of expanding the state's role in health care in a manner damaging to fiscal responsibility and consumer choice.

Last year the Kansas House agreed to a compromise bill—Senate Bill 11—which empowered the Kansas Health Policy Authority (KHPA) to explore a number of reform options and to report back to the Governor and Legislature by November 1, 2007. The KHPA was asked to consider consumer-driven alternatives as part of its package of reforms; however, it failed to consider any and failed to include leading advocates of such reforms in its deliberations.

The major stumbling block, aside from the smoking ban and increased taxes, was the idea of premium assistance. Premium assistance was a measure introduced as part of SB 11 by Senator Jim Barnett (R-Emporia) to assist in the purchase of private insurance for individuals under 100% of the Federal Poverty Line (around \$22,000 per year in income). It was to be phased in, beginning in 2009, to help those under 50% FPL (around \$11,000 income) to purchase private health insurance. At least that's what many legislators understood premium assistance to mean.

What it meant for the KHPA was something different—an expansion of Medicaid to cover those individuals under 100% FPL not currently covered by Kansas Medicaid (which only provides coverage to those 35% or less FPL). The fiscal note on the proposed expansion of premium assistance was too large for many legislators to consider; in the Senate, lawmakers stripped premium assistance from their bill (SB 541) in favor of an expansion of HealthWave to 250% FPL (to fund children whose parents make under \$44,000 yearly income). The problem with this is it does nothing to help low income Kansans and expands Medicaid for the middle class population.

The bills are not nearly considering enough of the consumer-driven alternatives to more government run health care. How can needy individuals purchase private insurance which is cost effective and allows for them to take control over their own health care spending? There are cost effective insurance products, such as Health Savings Accounts (HSAs) and Section 125 cafeteria plans which could do this without inevitably expanding the government's role in health care.

The original House bill (HB 2934) introduced in February by Rep. Jeff Colyer (R-Overland Park) contained many of these provisions and some are still alive in SB 81. But we need more action on these measures or the government's role in health care will expand; in the end that affects not only the health care of Kansans but their freedom as well.

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