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Medicaid — Defining needy at core of debate: Some politicians wary of too much government help with health care

By James Carlson

President Bush strode into a White House press room on Sept. 20 to address reporters about a proposed expansion of the State Children's Health Insurance Program.

The program helps cover low-income kids who don't qualify for Medicaid, and Democrats were calling for changes to allow people with higher incomes to qualify.

During his opening remarks, Bush said the Democrats' plan was "an incremental step toward the goal of government-run health care for every American" and he wanted to instead "put more power in the hands of individuals."

"What I'm describing here is a philosophical divide that exists in Washington over the best approach for health care," he said.

Bush could have been describing the divide in Kansas as well.

The president's characterization speaks to core differences in ideology that affect how politicians, both in Washington and Kansas, come to the health care debate.

"Are we our brother's keeper or are we for less government?" asked Sen. Roger Reitz, R-Manhattan, a physician.

It would be an oversimplification to say Democrats want to help the needy while Republicans want to promote independence. In reality, both parties say they want to ensure health care for the needy, but they differ on the definition of needy.

Greg Schneider, senior fellow at the conservative Flint Hills Center for Public Policy, said one of Medicaid's original purposes was to help the disabled.

"And we need that," he said. "But it should be a last resort for those who can't get into private insurance."

For conservatives, much of the ideology that forms their opinions on health reform centers on responsibility. Are people responsible for their behavior or is the government, asked House Speaker Melvin Neufeld, R-Ingalls.

"Government should help people become independent, while government-run solutions make people dependent," he said.

On the other side, Reitz described liberals as believing we are our brother's keeper, to quote the Old Testament.

"It's the approach to the common good," said Sen. David Haley, D-Kansas City. "How do we provide for

the common good? That's the biggest question."

Lee Wolf, chief executive officer of the Konza Prairie Community Health Center in Junction City, said he used to be a lot more conservative, believing "people could just pick themselves up by the bootstraps."

Working in the safety net clinic has changed his mind.

"If you're working a \$7-an-hour job, raising two kids with Medicaid, then you move up to a \$10-an-hour job but now without Medicaid?" he said. "How do you make it?"

Rep. Brenda Landwehr, R-Wichita, knows what that is like. She has been a single parent scraping by but says she made it through.

"I've always wondered where I would have been if people around me had not pushed me to pick myself up," she said.

House Minority Leader Dennis McKinney, D-Greensburg, said he doesn't see too much difference between the parties in Kansas.

"I think everyone, both the D's and the R's, are looking to integrate the private market," he said.

Rep. Ann Mah and Sen. Laura Kelly, both Topeka Democrats, said injecting competition into the Medicaid market is desirable. And private market solutions are the darling of legislative conservatives, such as Rep. Jeff Colyer, R-Overland Park, a surgeon.

"I think a little more competition can help bring down some of the costs," he said.

In the end, McKinney said, the health of Kansans should be the priority. If someone comes into the hospital without money, "they don't care about Democrats or Republicans. They just care about getting their bills paid."

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