Chilly reception for recommendation to rework charity system
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BATON ROUGE, La. (AP) - A report that calls for LSU to shrink its role in the charity hospital system as a way to improve Louisiana's ailing health care delivery system got a cool reception from a panel of the Louisiana Recovery Authority.

Several members of the recovery authority's health care committee, which has been meeting since the fall to come up with ways to redesign Louisiana's health system, moved to distance themselves Thursday from the report by PricewaterhouseCoopers.

Among other things, the 244-page document suggests that LSU relinquish its role in managing the seven state-owned hospitals that don't focus on teaching and research and calls for allowing private and nonprofit hospitals to tap into the indigent care dollars that finance the charity hospital system.

"Make no mistake about it, these recommendations propose ending the current charity safety net as it's known today," said Dr. David Levy of PricewaterhouseCoopers, one of the chief authors of the study.

The committee voted to send the report to the full LRA without a formal endorsement. Instead, the committee agreed to a request to meet again next month to consider each of the report's 15 recommendations separately, which suggests there is sharp resistance.

Rep. Cheryl Gray, D-New Orleans, said she wanted to make sure the LRA board doesn't view the panel's vote as an endorsement.

"I don't want there to be some confusion about what we're doing," Gray said.

Several of the recommendations are not controversial, such as providing money for the Louisiana Emergency Response Network to coordinate medical care during an emergency. But others are likely to cause heartburn among legislators and in the governor's office.

William Jenkins, president of the LSU system, told the committee that the university's twin missions of educating doctors and treating the poor would be compromised by the report's recommendations.

"We believe that the removal of LSU from the management of nonteaching hospitals could adversely affect funding for the essential teaching hospitals," Jenkins said. "More importantly, we believe this move could jeopardize the delivery of quality health care for under- and uninsured patients at those nonteaching hospitals, especially in rural areas of the state."
The report was financed through private donations to the LRA Support Foundation. John Spain, a member of the health care committee who also sits on the foundation, said he wasn't surprised by the panel's reaction.

"I would have hoped we'd have done something stronger in endorsing the findings, because I think they're correct," Spain said.

If anything, the committee's reaction demonstrates the uphill climb for legislators, state officials and interest groups as they try to forge consensus on a system that just about everyone agrees is broken but that few people agree on how best to fix.

Gov. Kathleen Blanco promised to preserve the charity hospital system during her 2003 campaign for governor. The unique statewide network of public hospitals also enjoys strong political support in the Legislature, especially among black and rural lawmakers.