

I believe the measure of our society is found in how we treat those who need our help the most. With this in mind, the commitment we make to meet the health care needs of our people may be the highest standard by which our society is remembered.

It's been more than a year now since a plan to make Mississippi's Medicaid program the most effective and efficient program in the country was unveiled. In that time, we've worked hard to make sure our citizens had access to quality health care – no matter where they lived, no matter their income level, no matter what.

During the 2002 legislative session, we fought to make sure Medicaid was adequately funded, so critical services such as nursing homes, dialysis and other services could continue.

The request was simple. Fund Medicaid at a level of \$425 million and provide the flexibility to manage the program, and we'll run the program for the next two years without asking for any increase in funding.

We needed to find some common ground, and in the end, we did just that.

Assurance was given by the legislative leadership that funding would be there for the program, and Rica Lewis Payton's authority to manage the program was affirmed. These changes are vitally important, especially given the growth of the program to its current levels.

To date, there are 709,000 Mississippians on the Medicaid rolls, representing about 25 percent of our population. The increase has nothing to do with the management of the program or mandates from state government. Rather, it is a result of the national recession and its effect on our own state economy.

The level of those considered as the “poorest of poor” enrolled in Medicaid has remained relatively stable. We are seeing more working poor on the rolls because of the recession, and children represent the largest area of growth in enrollment.

With the growth in the number of people on the Medicaid rolls, however, we have been able to reduce the shortfall in the program by \$45 million.

This is strong evidence of how we can make a difference when given the opportunity. With the flexibility to make changes in Medicaid, we have implemented cost control measures with great results.

We continue to study the recommendations of the Governor’s Health Care Commission, along with other cost containment initiatives, and their potential for further reducing the shortfall. In particular, we are looking at ways to reduce the costs associated with prescription drugs, which at present account for more than 20 percent of the Medicaid budget.

The budget for the 2004 fiscal year has been submitted, for funding at a level of \$425 million. With the cost-cutting changes already made and the potential for more, this budget is reasonable when considered in light of the national economy. And, as a percentage of our overall budget, it ranks significantly below the national average.

We have the opportunity now to determine the measure of our society. It’s an opportunity we can’t afford to miss.