

*Remarks for the
Medicaid Press Conference
April 24, 2002*

Today, I am calling for the formation of a panel of health care providers and recipients, along with professionals from the Division of Medicaid, to assist with the restructuring of this vital health care program.

On April 9, I vetoed the Medicaid legislation because it did not adequately fund this vital health care program for our people and contained restrictions that would affect the delivery of health care services.

Since then, I have been fighting to make sure the Division of Medicaid has the funds and the flexibility to operate efficiently and effectively for the 650,000 Mississippians who depend on it.

The problems with Medicaid are very real, but now we have the opportunity to avert them.

With the affirmation by the attorney general of Rica Lewis-Payton's authority to manage the program, we can begin the work of making Medicaid work for the people.

This provides us with the opportunity to manage the program with the flexibility given to most other states.

I also requested an assurance from the legislative leadership that Medicaid funding would be provided, and that assurance has been given.

When I vetoed the Medicaid legislation, I did so because the people who rely on Medicaid needed someone to fight for them. They needed someone to help make sure the program was there for them.

The Division of Medicaid falls under the authority of the Governor's Office. Rica Lewis-Payton and I are both charged with the management of that program, and that's what we're going to do.

We are prepared to do whatever is necessary to ensure this program works for the people of Mississippi.

Because of the work we did to make it to this point today, services such as nursing homes, prescription drugs and free-standing dialysis are protected.

To make Medicaid as efficient and effective as possible, however, requires the removal of the quarterly provisions contained in House Bill 1794.

These provisions limit spending to 25 percent of the quarterly allotment, and restrict our ability to commit to medical services if spending goes beyond 25 percent.

This only hurts innocent people who need medical care, and I will call a special session to deal with this issue.

The flexibility to manage demands the flexibility to commit to medical services when they are needed, and I will not be satisfied until I know the people of this state can receive health care when they need it.

I asked for flexibility, and today it is here. This is the first step toward ensuring quality health care – as well as some peace of mind – for 650,000 Mississippians who expect me to help them.