

Expand Medicaid

New lawmakers have the opportunity to do right by the state's poor and uninsured.

It's hard to think of a more costly example of ideological rigidity than the unwillingness of Texas elected officials to find some way to expand Medicaid.

Texas could collect \$100 billion in federal funds over 10 years to cover people with incomes one-third higher than the poverty level (about \$31,322 for a family of four), but the state's ideologue-in-chief, Gov. Rick Perry, has fought off every effort to reach some kind of compromise with the federal government that would make the money available.

The Lone Star State has more than 6 million uninsured residents; one in three of the uninsured live in Houston. Many of these people are the working poor — Texans with incomes too high to qualify for Medicaid but too low to qualify for subsidized coverage under the Affordable Care Act.

It's a pretty good bet that families trying to get by on \$30,000 a year aren't prepared for unexpected medical expenses. They're likely to postpone treatment, which means their medical needs get even more costly. When a crisis hits, they end up in the emergency rooms of hospitals, and taxpayers pick up the tab.

Perry and other expansion opponents don't seem to care. They contend that the state would have to spend too much of its own revenue and shouldn't participate in a flawed system. Flawed or not, 27 other states, including some led by GOP governors who oppose Obamacare, have found ways to expand coverage by customizing their individual approaches. Texas has insisted on a block-grant approach.

With Perry leaving office in a few weeks, a board of medical professionals he appointed has found the fortitude to stand up and say the governor is wrong. The 15-member Texas Institute of Health Care Quality and Efficiency recommended authorizing the state's health commissioner to negotiate a customized Texas plan with the federal government to expand health coverage to the poor, "using available federal funds."

The Texas Hospitals Association also has pushed in recent years for a Texas solution to the coverage gap, a solution similar to what Arkansas and other states have managed to negotiate with the feds.

State Rep. John Zerwas, a Republican physician from Simonton, sponsored legislation in the last legislative session that would expand health-care coverage for an estimated 1.5 million Texans. But he couldn't get it passed, in large part because Perry's veto threat scared off lawmakers inclined to support the bill.

With a new governor and lieutenant governor taking office, our hope is that compassion and good sense get more of a hearing when the Legislature convenes in January.