

Pair rip hospital funding inaction

by: JIM MYERS World Washington Bureau
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WASHINGTON — Two members of Oklahoma's congressional delegation said Tuesday that because lawmakers haven't acted, state hospitals will have \$4 million less to provide care for the poor and uninsured.

Sen. Jim Inhofe and Rep. John Sullivan, both Republicans, had hoped that Congress would act to save states from the funding cuts before an Oct. 1 deadline.

Both said they were outraged by the lack of action.

A law enacted in 2003 boosted Medicaid funding for Oklahoma and other so-called low "disproportionate share hospital" (DSH) states each year by 16 percent.

That law expired Wednesday.

Because Congress failed to act, Inhofe said, Oklahoma's disproportionate share hospitals will lose \$4,093,146 during fiscal year 2009.

"DSH payments help to reduce the financial burden and decrease uncompensated care costs for Oklahoma hospitals and facilities providing health care services to the indigent and uninsured," he said.

Sullivan called the funding critical.

"Without this funding in place, hospitals in Oklahoma and 20 other states will be strained with uncompensated care costs, potentially limiting access to quality health care," he said.

Both Inhofe and Sullivan had joined with others to send letters to congressional leaders urging action.

Craig Jones, the president of the Oklahoma Hospital Association, said many of the state's "safety net" hospitals continue to experience increasing numbers of uninsured patients treated in their emergency departments. Others are admitted with chronic conditions that had gone untreated.

"The DSH program has been a critical source of payment for these providers while they also cope with chronic work force shortages," Jones said.

Val Schott, the director of Oklahoma State University Center for Health Sciences, said DSH payments are important for rural hospitals as well as those in urban areas.

"DSH payments provide much-needed funding for rural qualifying hospitals that are either too large to be a critical access hospital or are located in too close proximity to another hospital," Schott said.

"This funding should be increased, not decreased, until such time as we as a society find a method of providing insured health coverage for all our residents."