

2007 ‘State of the State’ Addresses: Health Care Looms Large

With so much attention to health issues at the state level, we offer these excerpts on the topic from recent “State of the State” speeches by 33 governors. All are from Stateline.org, an independent service of The Pew Charitable Trusts based in Washington, DC. Web link: www.stateline.org/live/issues/Govs%27+Speeches

Gov. Janet Napolitano (D) of Arizona

Delivered 1/8/07

“Only five states have a higher rate of children without health insurance. We owe it to our children to do better – we owe it to their future. Children with health insurance perform better in school. Children with health insurance are more likely to get regular check-ups and low-cost preventive care – which means they’re much less likely to visit an emergency room or end up in the hospital, which saves money. It’s a good investment, but more important, it’s the right thing to do.

“Here is my plan: this year, we will make sure that every Arizona child under the age of 19, and whose family makes less than \$60,000 per year has affordable health care through AHCCCS and our KidsCare program.

“There’s one problem: we have an estimated 100,000 children who are eligible for AHCCCS or KidsCare but have never been signed up because their parents simply don’t know about it. Even though one of the main places uninsured children are found is at school, we have an outdated law that keeps us from doing simple outreach there. That makes no sense. I call on you to repeal the gag rule. Let teachers talk to parents, so that our children get the health care they deserve.....

Gov. Arnold Schwarzenegger (R) of California

Delivered 1/9/2007

“...Here is the ironic thing about health care today. California’s medical care, its medical knowledge, its medical technology is as strong and vibrant as a bodybuilder. Yet our health care system itself is a sick old man.

“You know the reasons – it’s rising costs and lack of coverage—nearly 6.5 million Californians have no insurance at all. Recently I visited California Hospital Medical Center in downtown Los Angeles and they are doing a terrific job, fantastic. Last year, the uninsured people who came to the emergency room left behind 60 million dollars in unpaid bills. This is just in one hospital. Multiply that by the number of hospitals in California, and the amount runs into the billions of dollars. Guess who’s paying for all this? You and me and all of us who are lucky enough to have coverage. That’s who pays.

“The people with insurance pay a hidden tax through higher deductibles, higher costs, higher premiums, higher copays.

“This year we must take action on health care. Yesterday I announced my proposal. I know you also have your proposals and I love that. I have always said you can never have too many ideas. So I welcome all those ideas, regardless of origin, are still on the table. I do believe, however, that the ultimate answer will come from the principle of shared responsibility – shared responsibility by the government, by employers, by health plans, by doctors, by hospitals and by the individual.

“In the past, health care reform was always dead on arrival. But this year I can feel something different in the air. I can feel the energy, the momentum, the desire for action.”

Gov. Bill Ritter (D) of Colorado

Delivered 1/11/07

“Let’s turn now to health care, one of the biggest issues facing the people of Colorado. [Approximately] 770,000 Coloradans lack health insurance; 180,000 are children. It’s unacceptable that many of our businesses can no longer afford to offer health insurance. It’s morally unacceptable and it’s economically unacceptable.

“Fortunately, we can do something about it.

“My long-term vision is to establish a Colorado Health Plan that provides every Coloradan with access to some basic form of health insurance and health care by 2010. I look forward to solving this crisis with the legislature and the new “208” Health Commission.

“In the short term, we can make immediate progress by joining a multi-state drug-purchasing pool, and we can do it while still protecting vulnerable populations. This will be one of my first executive orders....

Gov. M. Jodi Rell (R) of Connecticut

Delivered 2/7/2007

“....We are fortunate to have one of the highest percentages of people who have health insurance.

“But at any given point in time, about 220,000 people are without insurance. In December, I proposed the Charter Oak Health Plan and enhancements to the HUSKY program to make sure that every adult and child in Connecticut has access to health insurance.

“The Charter Oak Plan will provide good, basic health care to uninsured adults for a premium of about 250 dollars a month. Since announcing my plan, I have heard from many people eager for the program to become available.

“I have also heard the concern that this premium could still be difficult for some lower income individuals – and I agree. Therefore, I am proposing funding of 55 million dollars for premium assistance to help lower income individuals enroll in the Charter Oak Plan.

“For some, the monthly premium will start at just \$75 dollars and will move up the income scale. I am also proposing important enhancements to the state’s HUSKY program to ensure that every eligible uninsured newborn and school-aged child is enrolled.

“Over the past thirty months, nearly 2,800 newborns were identified as having no insurance coverage. That number should be zero.

“My proposal is to guarantee that every eligible newborn leaves the hospital with health insurance. Based on income, parents might not even have to pay a premium. But if a HUSKY premium is required, the state will waive the premium for the first two months. This will be our gift to Connecticut’s newborns. And it will be another way to ensure that all of our children get a healthy start in life.”

Gov. Ruth Ann Minner (D) of Delaware

Delivered 1/18/2007

“You have heard me speak quite a bit over the past six years about improving the health of our fellow Delawareans and this year those efforts will continue.

“I am also recommending that we raise the cigarette tax by 45 cents per pack to create the Delaware Healthy Life Fund. Statistics clearly show that this is the single most effective way to prevent smoking among our youth, but this fund will also be used to support a number of critical health initiatives, including coverage for the uninsured and underinsured, expansion of the Delaware Healthy Children Program (or CHIP) to an additional 975 families and additional funding to reduce infant mortality....

Gov. Sonny Perdue (R) of Georgia

Delivered 1/10/07

“I know medical access is a concern to many Georgians. And the cost of state-provided health coverage is a growing part of our budget. To deal with this challenge, we are asking for \$176 million to continue funding health insurance for our teachers and state employees. And at the same time we will continue to support Medicaid and PeachCare for uninsured children and people who need it.

“In fact, I call on the President and Congress to meet their obligation to the State Children’s Health Insurance Program – the program we all know as PeachCare.”

Gov. Mitchell E. Daniels, Jr. (R) of Indiana

Delivered 1/16/2007

“Another issue that knows no party lines is health care. No one can fail to care about those whose lives are blighted or even shortened by avoidable illness. No one can fail to care about those who will go to bed tonight without the peace of mind of knowing that they are protected against financial ruin from a misfortune related to their family's health.

“...[W]e can use the revenue from higher-cost tobacco products to bring peace of mind to thousands of Hoosier families. The health insurance plan I have proposed would provide full protection against financial hardship, the power to make personal health care choices, and free preventive care to promote wellness and lower future health costs. It is constructed to be as large as this Assembly chooses: the more you raise the cost of cigarettes, the more Hoosiers can be provided coverage. I hope you think big.”

Gov. Chet Culver (D) of Iowa

Delivered 1/30/2007

“Perhaps the biggest and most expensive challenge we face...is in the area of health care. [Approximately] 250,000 Iowans, including 50,000 kids, have no health care coverage. None. There is not one legislator in this chamber today who didn't promise to do something about this.

“So, in an attempt to deliver on our promises and significantly increase access to quality health care for all Iowans, I am proposing an additional \$140 million to meet our most immediate health care needs.

“And, I've identified, I believe, the only responsible way to pay for it. That's why I am asking you to increase Iowa's cigarette tax by one dollar per pack. This step will generate approximately 140 million dollars in new revenue the first year. By taking this important step we will be able to do the following:

- Save more than 17,000 lives;
- Create a powerful disincentive to start smoking and help others quit;
- Improve the quality of life for tens of thousands of Iowans by preventing illness and reducing the incidence of cancer, stroke, heart disease, and emphysema;
- Close the smoke-related budget deficit. Because we have the 9th lowest tobacco tax in the country, the state's costs of treating smoke related illnesses is greater than our cigarette tax revenue by more than \$50 million dollars annually. This simply isn't fair. Non-smoking Iowans shouldn't be expected to pay for health care costs of those who choose to smoke. It's time to close the gap;
- Expand coverage to the most vulnerable among us, including up to 50,000 Iowa kids who have no coverage today;
- Expand health care coverage to more than 6,000 Iowa parents living at or near the poverty level;

--Double the size of the state's nursing home ombudsman's office which advocates for quality long-term care on behalf of thousands of Iowa seniors who need it;
--Keep our commitment to fund the Senior Living Trust, which allows more Iowans to remain in an independent living setting for a longer period of time;
--Fund other important programs like: child and family health services mental health community services efforts to fight infectious disease child health specialty clinics and adoption services;
--And provide significant funding for worthy health care related ideas being brought forth by legislators like Sen. Hatch, and Reps. Foege and Heaton, who are helping to drive this important discussion."

Gov. Martin O'Malley (D) of Maryland

Delivered 1/30/072007

"In order to begin to turn around the alarming health care trend of rising costs and a rising number of uninsured Marylanders every year, I ask that you pass the Maryland Healthcare Act. Among other things the act will create a Health Insurance Exchange to help small businesses find more affordable coverage for their employees -- on a pretax basis. It will require insurance companies to allow younger adults up to age 25 to be covered under their parents' policies. And it will also provide health care coverage to more children in our state.

"I also ask for your support for several other initiatives in this year's proposed budget:

--\$25 million for stem cell research -- a 66 percent increase over last year's appropriation;
--The restoration of Medicaid health-care benefits to legal immigrant families, including 3,000 children;
--And over \$100 million to strengthen our provider systems by increasing reimbursement rates for doctors participating in our state's Medicaid Program.

Gov. Deval Patrick (D) of Massachusetts

Delivered 1/4/2007

"I know we can have more accessible and more affordable health care for ourselves and our families. But it will take transparency among clinicians and health insurers, a system of care that makes more use of community settings, simplified administrative systems, and government stewardship for the good of the whole. Let's reach for that."

Gov. Jennifer Granholm (D) of Michigan

Delivered 2/06/2007

"When I spoke in this chamber last year, I announced our plan for universal access to affordable health care for Michigan citizens -- the Michigan First Healthcare Plan. Since then, we have worked aggressively with the federal government to make this happen.

“We expect to have federal approval of our program this spring, insuring over half a million uninsured Michigan citizens and reducing insurance premiums for everyone else.”

Gov. Tim Pawlenty (R) of Minnesota

Delivered 1/17/2007

“We have other large challenges and opportunities in front of us. One of them is the need to fix our broken health care system. We have a historic opportunity to accomplish real reform. Let's take the journey together by passing my Minnesota Health Connections plan.

“Expanding access to health insurance is a priority. But expanding access to a broken system is not a complete solution. We need to have a comprehensive approach that simultaneously focuses on improving access, improving quality, and lowering cost.

“Let me start with access. We have a goal that all Minnesotans should be covered by health insurance. This does not mean a single-payer; it doesn't necessarily mean or shouldn't mean that the government takes over the system and pays for all of that coverage. There are many ways to achieve that goal.

“...[A]ccess to our state-subsidized health care programs will expand to cover an additional 45,000 Minnesotans this biennium. But we need to do more than that. Our first installment for additional access should consist of expanding coverage to all children under age 21, not just 18, with a household income of \$60,000 or less for a family of four.

“...[W]e will also reduce costs by creating the Minnesota Health Insurance Exchange, to allow uninsured individuals access to health insurance that will lower premium costs by roughly 30 percent.”

Gov. Matt Blunt (R) of Missouri

Delivered 1/24/2007

“Missourians are worried about those who lack insurance. This is my concern as well. Tonight I promise to deliver improved access to affordable health care for every Missourian and the guarantee that the sick and the poor will be well served....

“The Medicaid we inherited focused on rules and made recipients dependant on checklists and bureaucratic red tape. HealthNet will give Missourians meaningful choices. It will empower them to be participants rather than just recipients. The old Medicaid was about sickness. The new HealthNet will be about prevention and wellness. With MO HealthNet, for the first time in Missouri history we will guarantee that every participant has access to primary and preventative care.

“More than 5 million Missourians have health insurance, but 700,000 are yet to be covered. I believe that we can dramatically increase the numbers who have health insurance... We must work together to reduce the uninsured by employing the following principles:

“First, we should combine various resources—federal and state, public and private—to lower the price of insurance. Second, we should offer incentives to employers that provide health insurance.... Third, we should improve our laws so that Missourians can take their insurance with them when they switch jobs. Fourth, we should pool the purchasing power of the uninsured to help them buy insurance at the lowest possible cost. Fifth, we should allow employers and employees to pay insurance premiums with tax free dollars. And sixth, the state should invest money to launch a program taking all of these principles into account, and I commit 20 million dollars to launch this initiative.”

“These principles, combined with HealthNet will provide health coverage to more Missourians than ever before in our state’s history.”

Gov. Brian Schweitzer (D) of Montana

Delivered 1/24/2007

“We have a proposal during this legislative session to put enough money [forward] so that we can add a thousand more employees in small businesses to the Insure Montana Program and more families in Montana will be insured. We need to increase our home-based services and our community-based services so that we can provide these Medicaid dollars closer to home, so that people that we're treating we can treat with more dignity in their own community, in their own home -- and it's more efficient.

“...[S]enate Bill 22 [will] increase the child health insurance program of a compensation level from 150% of the federal poverty rate to 175%. That will increase by 3,000 children that we can insure in Montana.”

Gov. Jim Gibbons (R) of Nevada

Delivered 1/22/2007

“No budget discussion is complete without working through the thicket of Medicaid and health care issues. Nevada’s Medicaid program provides essential health care services to low-income families as well as the frail elderly and disabled. However, this entitlement program is increasingly consuming a larger share of the state budget. It is essential we reform Medicaid to assure it continues to provide health care services to so many in our community.

“Many Nevadans in our Medicaid program find it increasingly difficult to access physician services they need. Fewer physicians are taking new Medicaid patients. Declining access is directly tied to how much Medicaid pays its physicians. On the national level, Congress recognized that reductions to Medicare physician fees would result in fewer doctors seeing patients.

“Therefore, I am proposing to increase Nevada Medicaid physician payments up to the most recent federal Medicare fee schedule while also holding physicians responsible for the care they provide. At the same time, we need to encourage quality health care professionals and private health care providers to move to and stay in Nevada....

“I am providing \$7.5 million to assist in alleviating the ER crisis by opening an additional 22 acute care beds, bringing the total state funded beds in Clark County to 238. My budget also provides for the continued funding of \$2.8 million for triage centers in northern and southern Nevada. Triage centers reduce overcrowding and provide more efficient use of public and private resources.

Gov. John Lynch (D) of New Hampshire

Delivered 1/4/2007

“We all pay a high cost for the number of uninsured. When preventable illnesses turn into chronic diseases, or when an uninsured person is forced to seek emergency room care, we all see those costs in our health insurance premiums. We must work together to reduce costs and expand access to health care for all of our citizens.

“That starts with making sure every child has access to health insurance and quality health care. Children with access to health care do better in school and better later in life. Our children's health insurance program is one of the best investments we make as a state. It is the right thing to do for our children and the smart thing to do for our future. We must act to expand our children's health insurance program this year.”

Gov. John Corzine (D) of New Jersey

Published 1/9/2007

“I know we must increase health care access and affordability for the 1.3 million uninsured citizens of New Jersey – and the millions more that are under-insured.....

“More threatening, health benefits for active and retired workers remain totally unfunded. The system is a pay-as-you-go operation with costs rising nearly 10 percent a year – a problem unique neither to New Jersey nor state government. The amount of the combined unfunded liabilities for pensions and retiree health care may well be in excess of \$60 billion, and growing.”

Gov. Bill Richardson (D) of New Mexico

Published 1/16/2007

“Last year we dedicated our session to New Mexico’s children. We agreed that every child should be healthy, and no child should be without quality health care. And we acted boldly by making health care available to all children five years old and younger.

“This year, we are taking the next step toward our goal of expanding access to quality, affordable health care to every New Mexican. We’ve successfully enrolled nearly 10,000

New Mexicans in affordable state health insurance plans through their small employers. But more than 400,000 New Mexicans still don't have health care coverage.

"I am proposing two important steps toward closing the uninsured gap. First, for those who have the least, I want to raise Medicaid eligibility to 100% of the federal poverty level to help low income adults get health care. Second, for the hardworking New Mexicans who simply can't afford insurance, we should expand our State Coverage program to thousands more middle-class working adults. Combined these initiatives will help cover an additional 34,000 New Mexicans.

Gov. Elliot Spitzer (D) of New York

Published 1/3/2007

"We will introduce a budget that, in the very first year, guarantees access to health insurance for all of New York's 500,000 uninsured children. And within four years, we will further cut the number of uninsured. Using a new streamlined enrollment process that guards against fraud, we will enroll the 900,000 uninsured Medicaid-eligible adults.

"Expanding access to health care will reduce state spending significantly in the long run, because seeing a primary care doctor costs far less than providing charity care for the same patient in an emergency room – and it leads to far better care."

Gov. Brad Henry (D) of Oklahoma

Delivered 2/5/2007

"...[O]ur children must be our priority. Together, let's make sure that Oklahoma's Medicaid coverage includes every child who can be covered under the federally-imposed guidelines. By increasing eligibility to the maximum allowed, we can ensure health care coverage for 42,000 more Oklahoma children -- and our federal partner will pay for more than two-thirds of it.

"We must also help our small businesses and hard-working families cope with the rising costs of health insurance. The Insure Oklahoma program has been an innovative tool in providing health coverage to eligible workers. Under this first-of-its-kind program, the state pays 60 percent of the insurance costs, the employer pays 25 percent and the employee pays the remaining 15 percent. Insure Oklahoma has won national accolades and just recently was recognized by the Bush Administration as an example of the type of creative initiative needed to increase health insurance coverage.

"This session, I propose that we increase Insure Oklahoma's eligibility to the maximum limit allowed by the federal government. That change means as many as 118,000 uninsured Oklahomans could make use of this exciting program to obtain health insurance."

Gov. Ed Rendell (D) of Pennsylvania

Delivered 2/6/2007

“Thanks to our collective effort last fall, every child in this state is eligible for health insurance and every parent in this state can purchase that insurance affordably....Our approach differs from most of the states embarking to solve the health care crisis. We not only address the need for universal access to coverage, we also address the major cost drivers that are making health insurance less affordable for all of our residents and our businesses.

“The Prescription for Pennsylvania seeks to improve the competitiveness of businesses throughout the state by reducing the crushing burden of skyrocketing employee health care costs. In fact, the Prescription for Pennsylvania is both a health care and an economic development initiative. If we can successfully reduce employee health costs, we can greatly improve the bottom line for companies throughout the state.

“Consider these facts: Over the last six years, the cost of health insurance premiums increased by 75.6 percent. Inflation in the same period rose by 17 percent, and median wages rose by 13.3 percent. In other words, health care premiums rose nearly five times higher than wages and the overall rate of inflation....

“The cost of inaction is far too great, and the Prescription for Pennsylvania charts a long-term course for reform that promises greater affordability, greater access, and improved levels of care for all of us, while improving the competitiveness of Pennsylvania businesses.”

Gov. Donald Carcieri (R) of Rhode Island

Delivered 1/30/2007

“On health care, I proposed and the General Assembly last year approved a major reform for small businesses and self-employed individuals. The new Well Care insurance product that will be offered by Blue Cross and United will reduce the cost of health insurance by 20 percent.

“But redesigning health insurance products to lower prices is only the first step. We also began taking the steps necessary to reduce the underlying costs of health care.

“I have a vision of...a Rhode Island that is a national leader in high-quality, affordable health care, that is available to all our citizens, and a model for innovative design. Where community health care providers are all linked electronically to save time and money, and to provide better care....

Gov. Mark Sanford (R) of South Carolina

Delivered 1/17/2007

“...[S]mall businesses need help in offering health care plans to their workers. This is important both in addressing the number of uninsured in South Carolina and in addressing a small business’s ability to compete.

“Currently, small businesses are not allowed to band together as big businesses can to find the most affordable health care. They are also saddled with over 30 well-intentioned mandates that make the health care they can offer less affordable. We believe reform that brings flexibility on both fronts is vital and I ask you to join us in advancing reform.”

Gov. M. Michael Rounds (R) of South Dakota

Published 1/9/07

“The risk pool is doing a good job of helping people who have lost insurance through no fault of their own. But what about the rest of the uninsured—especially young adults?”

“A 2004 Department of Health survey indicates that young adults in the 19- to 34-year-old age group account for 33.9 percent of all of our uninsured. Current law requires dependent coverage of individuals who are enrolled as full-time students to the age of 24 years. This new bill would allow the continuation of coverage for these young adults until they are done with all of their schooling or the age of 30.”

Gov. Jon M. Huntsman, Jr. (R) of Utah

Delivered 1/16/2007

“...It is an irony that we live in a country which mandates insurance for our cars, but not for our children's health. For too long, the lament over the large number of those without health insurance has been fragmented and unproductive....The large number of those without health insurance nationally and in our own state highlights a dilemma in defining the proper role of government and a critical challenge to the exercise of individual responsibility. I am recommending more than \$4 million to lift the cap on the Children's Health Insurance Program (CHIP) which will allow more than 14,000 additional Utah children access to the health care they so desperately need.

“In addition to the children, there are hundreds of thousands of uninsured adults. We must stop kidding ourselves that those who are uninsured are simply not receiving health care.

“They are receiving care, but they are receiving too little, too late - and typically in settings such as emergency rooms where the care is much more expensive than if it had been provided elsewhere. And who is paying for this care? In rare cases it is the uninsured themselves, but in the overwhelming number of cases it is government - which, of course, means taxpayers -- and, the hospitals -- which, of course, means the business

community -- in the form of higher and higher and higher premiums for those who are buying and providing health insurance.

“Tonight, I call on leaders of the business community to actively engage with advocates for the working poor as well as with health care providers and insurers to craft a solution for this growing crisis. We are fortunate in Utah to have some of the finest doctors, nurses, technicians and hospitals in the world. Let us work together to craft a solution for the uninsured which is equally impressive.”

Gov. James Douglas (R) of Vermont

Delivered 1/4/2007

“We must fully implement Catamount Health, reforms already regarded as the most far-reaching of their kind anywhere in the country. This will require flexibility and a continued commitment to our common goals, but I'm confident that we can make these landmark health care reforms a resounding success. Catamount Health will change the lives of thousands of Vermonters by insuring the uninsured and offering affordable premiums to those who otherwise couldn't purchase their own insurance. Together, we faced the health care challenge head on, we put Vermonters ahead of politics and delivered on our promise, and for that we can all be proud.”

Gov. Christine Gregoire (D) of Washington

Published 1/9/2007

“I know that many of the solutions to the health care crisis facing our nation must involve the federal government. But we have to step forward and find innovative solutions for Washingtonians.

“Join me again this session and invest in kids' health care so we can continue our steady progress toward our goal of all children having access to health care by 2010. I propose covering an additional 32,000 children.

“Children's health insurance without access to a doctor is unacceptable. Raising the reimbursement rates for pediatricians can make health care real for our children. And we will protect kids in our state from preventable diseases by spending \$26 million to increase childhood immunizations, making our state one of the few in the nation providing vaccines to all children.

Gov. Joe Manchin (D) of West Virginia

Delivered 1/10/2007

“...[T]onight I am proposing two new public/private health initiatives to help these West Virginians get the affordable health care they need.

“The first is a pilot project that will provide doctor visits, basic testing and reduced prices on prescriptions at a very affordable price. The Preventive Care Clinic-Based Plan will

set up sites around the state at primary care clinics or private doctors' offices. Up to eight providers can participate, and have up to three sites each. The program will allow subscribers access to primary care services such as checkups, sick visits, x-rays and lab tests at the participating clinic or doctors office for one monthly fee. This is not insurance and does not cover specialists or hospital costs, but it does provide basic preventive care at a very low price - starting at some clinics for as low as \$1 dollar a day.

“The second proposal is called the Affordable Insurance Initiative. This effort provides for affordable insurance plans for individuals who want, and can afford, more in-depth coverage than the Clinic-Based plan. While it is not the Cadillac of health care programs, it is a form of meaningful, and portable, insurance that will provide the crucial primary and preventive services individuals and families need to meet the majority of their healthcare concerns. Once approved by the Legislature, this plan will be offered by commercial insurance carriers starting at a low cost of \$99 per month.

“Both of these new healthcare initiatives are affordable, cost effective and require no state subsidies. Make no mistake -- these are bold steps. They serve as an example of how government and the private sector can work together to provide basic health services to the vast majority of West Virginians without health coverage.

“Put the Preventive Care and Affordable Insurance plans together, and I believe we will be taking one of the most important actions towards improving the health and well being of our state's citizens and workforce for many years to come and setting a new standard for the rest of the country to follow. The sooner we can provide preventive care to our workers, the better off we all will be and the more lives we can save.”

Gov. Jim Doyle (D) of Wisconsin

Delivered 1/30/2007

“The simple truth is, the time has come for the wealthiest nation in the world to provide access to affordable, comprehensive health insurance for its citizens – and Wisconsin can lead the way. I propose a bold effort to make Wisconsin America's health care leader. It represents a comprehensive strategy to reduce cost, improve quality and expand access to affordable health care coverage.

“At the heart of this effort is BadgerCare Plus, which begins with a simple premise: in Wisconsin, no child should go without health care. First, through BadgerCare Plus, starting next January, we'll offer every Wisconsin family – regardless of their income -- the chance to buy coverage for their kids, starting at about \$10 a month. No family will be denied coverage for their child just because their income goes up.

“Second, I meet working people all over this state who fit the income requirements for BadgerCare, but are denied access because they don't have children. So tonight, I am proposing a major expansion to cover these people as well...helping more than 71,000 hardworking men and women get the health care they need. Many of them are working two and three jobs to get by... and they deserve affordable health care. Here in

Wisconsin, the number of people with health coverage from their employer fell by 10 percent from 2001 to 2004. And unless we take action now, the situation will only get worse.

“Under my plan, an individual making about \$20,000 a year will have access to coverage whether or not they have a child...and pregnant mothers making up to \$30,000 will be covered as well.

“...[W]e’ll simplify and streamline the eligibility process for BadgerCare and Medical Assistance. And we’ll partner with private organizations to identify eligible kids and sign them up for insurance.

“...[F]ollowing the recommendations of my Healthy Wisconsin council, we’ll create a purchasing pool to help businesses – particularly small businesses – afford catastrophic health coverage for employees. And we will provide resources to help doctors and hospitals use computer technology to greatly reduce medical errors that cost thousands of lives and billions of dollars every year.

“Finally, I believe health care reform doesn’t have to be complicated and bureaucratic. My plan is straightforward, and easy to navigate. One application form. One piece of paper. No cumbersome bureaucracy.

“Because of the way we are structuring the program, the federal government will pay most of the cost – bringing us an additional \$60 million from Washington. The state’s share will be paid for in my budget...including money we’ll save by streamlining the program and taking greater advantage of managed care.”