

# Some GOP States Want To Abandon Medicaid Expansion

DAVID A. LIEB  
Associated Press

JEFFERSON CITY, Mo. — Republicans in at least four states want to abandon an expansion of Medicaid in President Barack Obama's health care overhaul, and more than a dozen other states are considering it in the wake of the Supreme Court decision removing the threat of federal penalties.

The high court upheld most of Obama's law, but the justices said the federal government could not take away states' existing federal Medicaid dollars if they refused to widen eligibility to include adults who are only slightly above the poverty line. Some Republican governors and lawmakers quickly declared that they would not carry out the expansion.

The states considering whether to withdraw from the expansion include presidential battlegrounds Florida, Ohio, Pennsylvania and Colorado.

"One thing is clear, state legislatures will play a big role in the future of Obamacare," said Republican state Rep. Todd Richardson of Missouri.

For elected officials, the high court decision presented a stark choice: agree to accept an ambitious expansion of Medicaid or leave behind a vast pile of federal money that could provide health care to millions of poor constituents.

The law signed by Obama in 2010 was projected to provide coverage to more than 30 million Americans, reducing by more than half the number of uninsured people. Of those, about 17 million were supposed to be added to Medicaid, the joint federal and state health care program for the poor. The rest were to be covered by a strengthened and subsidized private insurance market.

The federal government agreed to pay the full tab for the Medicaid expansion when it begins in 2014. But after three years, states must pay a gradually increasing share that tops out at 10 percent of the cost. That may not sound like much, but it translates to a commitment of billions of dollars at a time when many local officials are still anxious about the slow economic recovery.

In Texas alone, where one quarter of the population is uninsured, the Medicaid expansion is projected to provide coverage to 2 million people in the first two years alone. Over a decade, the Texas Health and Human Services Commission estimates the expansion would cost the state an estimated \$27 billion. Lawmakers will weigh their options when they return to work in 2013.

But other states aren't waiting to announce their intentions.

Mississippi, which is one of the poorest states in the nation and has more than 640,000 people on Medicaid, could cover an additional 400,000 people if it chose to expand Medicaid. But doing so would cost about \$1.7 billion over 10 years and force deep cuts to education and transportation, state officials said.

"Mississippi taxpayers simply cannot afford that cost, so our state is not inclined to drastically expand Medicaid," Republican Lt. Gov. Tate Reeves said.

Republican Nebraska Gov. Dave Heineman promised to block any effort to expand Medicaid, which he said would require tax increases or education cuts. And Indiana Senate President Pro Tem David Long, also a Republican, asserted that his state "will certainly" opt out of the Medicaid expansion.

The expansion was also quickly nixed by GOP legislative leaders in Missouri, where 255,000 of the state's roughly 835,000 uninsured residents stood to be added to the program. In 2005, Missouri slashed its Medicaid eligibility for parents to the lowest levels allowed by the federal government in order to help balance the budget. The expansion in Obama's health care law would restore coverage to those people and add many more. The cost: \$2 billion annually, of which Missouri would pay about \$100 million beginning in 2017, with its share rising above \$150 million by 2019.

"The federal government always does this — they put something out there that looks good on the front end, but on the back end the states have to figure out how to pay for this," said Missouri House Majority Leader Tim Jones, a Republican. "In this current economic time, we're not going to consider going down that path."

# For Mitt Romney, There's No Escaping Health Care

BY KASIE HUNT  
AND STEVE PEOPLES  
Associated Press

WASHINGTON — So much for Mitt Romney escaping health care. Reminders of the Republican presidential candidate's signature achievement as Massachusetts governor — a sweeping state health care overhaul — now are everywhere. And Democrats and liberals — from Justice Ruth Bader Ginsburg to President Barack Obama to party faithful in Congress — are making sure everyone knows that Romney's requirement that all people have health insurance was the basis of the federal mandate that the Supreme Court just upheld as a tax.

"Congress followed Massachusetts' lead," Ginsburg wrote in the landmark decision. By design or not, she ended up giving Democrats ammunition against Romney.

Romney has spent much of the presidential campaign shying away from talking about the law he signed as governor and that Obama used as a blueprint for his national health care plan. Both measures require individuals to have health insurance, mandate that businesses offer healthcare to their employees and provide subsidies or exemptions for people who can't afford it. Both laws also impose penalties on people who can afford health insurance but decide not to buy coverage.

The Supreme Court's ruling Thursday highlighted those similarities.

Mindful of them, Romney long has sought to justify his position: He defends the Massachusetts law but says he would repeal Obama's national version. The Republican also has tried to explain away comparisons between the two measures by telling audiences he would have been happy to help the president write a better law.

Obama "does me great favor by saying I was the inspiration," Romney has said. "If that was the case, why didn't you call me? Why didn't you ask me what was wrong?"

Since the court's ruling, the Republican has taken care not to mention his state law. He left it out of his statement Thursday in response to the Supreme Court ruling and didn't bring it up when he talked about health care at a private fundraiser Friday in New York.

"What happened yesterday calls for greater urgency, I believe, in the

election," Romney told donors. "I think people recognize that if you want to replace Obamacare you've got to replace President Obama."

In the day since the ruling, GOP officials have criticized Obama by pointing out the Supreme Court's determination that the requirement that all individuals carry health insurance is a tax. But in using that to cast Obama as a tax-raiser, Republicans risk turning the focus on their candidate. The state law Romney signed includes a similar penalty for people who don't buy insurance.

Democrats have been hammering him on this point, citing a 2009 opinion piece in which Romney wrote that Massachusetts "established incentives for those who were uninsured to buy insurance." In the piece, he acknowledged that the requirement amounted to a tax: "Using tax penalties, as we did, encourages 'free riders' to take responsibility for themselves."

Perhaps past statements like that are why Romney has been careful not to emphasize the court's characterization of Obama's mandate as a tax. Instead, Romney notes that the federal health law includes roughly \$500 billion in new tax revenue — an argument he has been making for months.

That number, a campaign spokeswoman said, comes from Congressional Budget Office testimony from March 2011. It refers to a figure that doesn't include the \$54 billion that the government expects to collect from people who pay the penalty instead of complying with the requirement to purchase health insurance over the next 10 years.



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# ASK THE EXPERTS

## Comfort Care

At Autumn Winds Comfort Care, we strive to provide our patients, families, and caregivers with the best possible care. This covers not only physical pain and discomfort, but mental and spiritual as well.

Our care does not end when a loved one has passed. Quite often it begins before then, with patients, families, caregivers, and our spiritual care and bereavement coordinators working to provide comfort and support through the difficult process of grief. It is absolutely vital that the family members have a healthy mourning experience, so the Autumn Winds Comfort Care team remains available to insure that experience for those family members and caregivers.

Our Bereavement Team assists families by telephone visits, personal visits, grief counseling, or connecting them to a support group that is available in the area. Cards, letters, and reading material are also provided to give comfort and encouragement along this journey. Our team members and resources are available to the community as well.

Here are a few resources we recommend to provide understanding and encouragement on your journey.

- **Internet**  
• [www.centerforloss.com](http://www.centerforloss.com)  
The Web site for the services of Dr. Alan Wolfelt and the Center For Loss in Fort Collins, Colorado. On this site, articles on grief can be read, materials can be ordered, and they can be contacted for further assistance.
- [www.griefshare.org](http://www.griefshare.org) A national grief recovery support group program
- **Books**  
• **Understanding Your Grief**  
Ten Essential Touchstones for Finding Hope and Healing Your Heart by Alan Wolfelt, Ph.D. Companion Press. ISBN 1-879651
- **A Grief Observed**  
C. S. Lewis Harper Collins Publishers ISBN 0-06-065273-X

*Autumn Winds Comfort Care*

605-689-0382 Yankton, SD

## Family Medicine

**Q What is Bio-identical Hormones role in helping menopausal symptoms?**

**A.** Natural or bio-identical hormones are synthesized from natural plant substances to be identical in structure and function to those our bodies produce naturally before menopause. When hormone production starts to drop below normal levels in the years leading to menopause, natural hormones are the safest way for women to supplement. Bio-identical hormones are available via prescription and tailor-made to meet an individual's needs by a compounding pharmacist. Saliva testing can easily test for imbalances in each of the major hormones, particularly testosterone, progesterone, estrogen, DHEA and cortisol.

For more information, please attend the "lunch and learn" on this topic on July 12. Call Jill at 664-5300 to register. To schedule an appointment with Brandi Pravecsek CNP at Lewis & Clark Family Medicine call 260-2100.

**Jeffrey Johnson, M.D.**

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## Ear, Nose & Throat

**Q Dr. Rumsey, last week I lost hearing in my right ear. What can or should I do?**

**A.** Well sir, this doesn't happen very often, but when it does the only thing you can do is see your physician as soon as possible. Studies indicate beginning treatment within 10 days of the loss is your best chance to see the greatest recovery. Roughly 4,000 Americans suffer sudden onset sensorineural hearing loss. The loss typically occurs over a period of several hours to 3 days. Spontaneous recovery can occur within two weeks, but is only experienced by 30 to 60 percent of patients. Patients who begin a treatment of oral corticosteroids within 10 days of the loss have shown to have increased percentage of full recovery within a month. So don't delay. See your physician right away. I wish you the best and pray for your full recovery.

**Jeffrey J. Liudahl, M.D.**  
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**Avera Medical Group**  
Ear, Nose & Throat  
Yankton

## Podiatry

**Q Does my child have gout?**

**A.** We have been told that he has growth plate pain in his heel, but it's not getting better. His father has gout.

Gout can be diagnosed in the pediatric population. It is not very common, and usually is associated with mild renal insufficiency. The hyperuricemia is much greater than would be expected from the degree of renal insufficiency.

Gout is caused by hyperuricemia, which is increased uric acid from metabolism. Either too much uric acid is produced, or the uric acid is not excreted from the kidney. The increased uric acid can precipitate from the blood and causes certain joints to become red, painful, and swollen.

Most gout is characterized by acute painful flare-ups that are sudden. However, gout can also cause generalized aches and pains that may come and go. Gout is most common in the big toe joint, but can also affect other joints including the ankle, knee, and upper extremity. Gout can even cause discomfort in other anatomical areas, including the heel.

If the growth plate pain is not responding to conventional and conservative treatment, certainly blood work can be collected. Specifically, the doctor usually draws blood work and orders a uric acid. You may also check the urine called a "24 hour urine test."

Blood work may be misleading, and another way to diagnose gout is to draw fluid from the affected joint and look for urate crystals within the joint fluid.

**Terence Pedersen, D.P.M.**  
**Scott Torness, D.P.M.**

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## Orthopedics

**Q Are there non-surgical options for treatment of the hand deformity called "Dupuytren's Contracture"?**

**A.** Dupuytren's (du-pwe-TRANZ) Contracture affects the connective tissue of the palm causing the painless, slow development of thick nodules and cords that can eventually pull the fingers into a bent position. It is relatively common in this area since it is usually found in people of Northern European and Scandinavian ancestry.

Mild cases need no treatment but gentle stretching. Traditional treatment of more disabling Dupuytren's contracture is by meticulous surgical removal of the taut cords and nodules that check-rein normal finger motion.

Some cases may lend themselves to newer, no-incision techniques. "Needling" means to perforate the tight cord multiple times with a small needle to weaken it enough that it can be stretched and mobilized. Another method is to inject a dissolving enzyme into the cord and then manipulate the finger the next day, rupturing the weakened cord. Both of these needle techniques have quicker recovery times than open surgery but if the offending cord is too close to nerves, blood vessels or joints, then surgery may still be the safest and most successful option.

Discussing the pros and cons of each method with an experienced hand surgeon will help you arrive at your most appropriate treatment plan.

**Dr. Dan Johnson, M.D.**  
Board Certified  
Orthopedic Surgeon

**ORTHOPEDIC INSTITUTE**

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## Urological

**Q What are the benefits of testosterone replacement?**

**A.** In a recent study of 261 patients treated for low testosterone and symptoms of erectile dysfunction, decreased libido and tiredness, the following benefits of testosterone replacement therapy were noted:

1. Improvement in weight control, tiredness and improved energy level
2. Improvement in patients triglycerides and blood sugar levels
3. Improvement in blood pressure control
4. An increase in HDL (the good cholesterol)
5. Reduced the risk of heart disease
6. Lower incidence of Type II diabetes
7. Improvement in erectile dysfunction and energy levels
8. It did not make symptoms from an enlarged prostate worse and there was no increase in prostate cancer risk

So if men have spots of tiredness, reduced urge to have intercourse or erectile dysfunction, ask to have your testosterone level checked.

**Dr. Joseph Boudreau MD, F.R.C.S.**

## Yankton Urological Surgery, Prof., L.L.C.

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## Chiropractic

**Q Can chiropractic help my back during my pregnancy?**

**A.** It is not unusual to experience back pain during some stage of pregnancy. Chiropractic is a great option for treatment. Treatment is drugless and safe for both the mother and baby. Treatment can start at any stage of pregnancy. Treatment includes techniques that are easy to apply and comfortable for the mother. Due to the nature of how the pregnancy can affect the spine, chiropractic will address both the mechanics of movement and the function of the body through its neurology. This approach has been quite successful and our patients go on to enjoy the rest of their pregnancy.

**Sheila Fitzgerald, DC**

**first chiropractic CENTER**

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Yankton, SD, 665-8073

## Fitness/Health

**Q I am considering running a half-marathon. Is there anything I should be aware of before I commit?**

**A.** I've heard it said that the 26.2 miles of a marathon is the average person's Mt. Everest. It is a huge accomplishment to cover that distance but it's an opportunity that is available to almost everyone these days. Marathonizing has become so common in fact that to someone who has never done either it seems the 13.1 miles of a half-marathon should be a piece of cake. If you are a healthy adult either can most likely be accomplished but before you send in your registration dues, know that you have a big commitment ahead of you. Depending on your current fitness level, training begins months ahead of time. Weekly distances, both short and long runs need to be covered regardless of what might try to pull you away from training. Good shoes are critical as well, without them at the end of 13.1 miles you will feel pain in places you didn't know you had. Good nutrition and hydration are always important but when you complete long distances they are extremely important. These things need to be thought out and planned ahead of time. It is a great idea to talk to a fitness professional about proper training and your doctor to ensure you are healthy enough before you officially commit. Speaking from experience crossing the finish line at the end of a long race is well worth all the work!

**Angie O'Connor**  
Clinical Exercise Specialist

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## Pharmacy/Nutrition

**Q Probiotics**

**A.** More doctors are recommending the use of probiotics to prevent antibiotic-associated diarrhea. Replacing some of the beneficial GI flora that's been killed by the antibiotic may help prevent some GI adverse events, such as diarrhea.

Lactobacillus (Culturelle, DanActive, and Florajen) or Saccharomyces boulardii (Florastor) have the best evidence to be the most effective in helping with diarrhea. Patients should not take probiotics within 2 hours of taking their antibiotic, otherwise the probiotic will be wiped out. The probiotics should be taken for the entire duration of the antibiotic and for up to a week afterward. Most patient's can tolerate probiotics without any problems, but patient's on immunosuppressive medications should avoid probiotics due to a rare risk of infection.

**Leah Rempher Pharm. D.**

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