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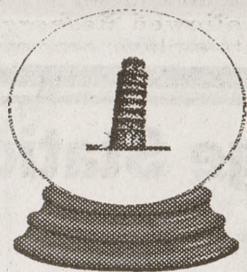
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CANDYMAN •R  
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\* In Dolby Stereo

**Losing  
Isaiah**

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**OUTBREAK**  
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**Senate passes Medicaid reform package**

□ The reform is intended to save taxpayers money and provide better services.

AUSTIN (AP) — The Texas Senate approved Medicaid reform legislation Thursday that is meant to save taxpayer money and provide better services to more people in the safety-net health care system for the poor.

"We believe that by passing this legislation ... that we will increase access to health care for Medicaid clients and that we will cut costs in doing so," said Sen. Judith Zaffirini, D-Laredo, lead sponsor of the legislation.

The 13-measure package, which now goes to the House for consideration, would require a federal waiver of some current regulations, said Mrs. Zaffirini,

who heads the Senate Health and Human Services Committee.

Senators voted 30-0 for the main reform bill, and also unanimously approved other measures in the package on which record votes were taken.

They split on amendments to a bill concerning how health care providers who currently serve Medicaid patients would be treated.

It is estimated that the proposed restructuring of the program would save the state \$6.7 billion over the next five years and expand Medicaid services to 500,000 more Texans, said Mrs. Zaffirini. That's on top of the approximately 2.3 million who are currently eligible.

The additional Texans now may be served by local indigent health care programs. Joining the local program money, and the Texans they serve, with the statewide system is meant to

pull down more federal matching dollars.

Those additional federal dollars are included in the estimated savings to the state, along with expected cost containment by putting more of a focus on prevention.

Texas' present two-year Medicaid budget is \$18.7 billion, including \$6.8 billion in state money and \$11.9 billion in federal matching funds.

It is estimated that about \$1.2 billion is needed in new state money to cover the Medicaid caseload in the upcoming two-year budget period, according to Therese Ruffing of the state Medicaid office.

A major provision of the proposed package is a phased-in managed care system, Mrs. Zaffirini said.

In such a system, patients go to a primary care doctor who oversees their health needs and

decides whether they require a specialist.

The change is meant to cut down on expensive emergency room visits by Medicaid patients who now either have nowhere else to go for routine medical care or wait until a medical problem is severe to seek help.

It also would restrict Medicaid patients' choice of physicians to those who agree to managed care standards and fees.

Under the package, local groups could be formed to oversee the delivery of Medicaid services in their areas, with managed care programs being encouraged.

Public or private entities could apply to provide managed care services for a particular price to all or a portion of the Medicaid recipients in the area. Backers said local areas could design service delivery programs to fit their needs.

**Conference: Big 12 schools gather in Kansas**

Continued from Page 1

some of the ideas we brought back were put on my platform for student body president."

Texas A&M, the University of Texas, Texas Tech and Baylor also met before the conference.

Zach Brady, Texas Tech University student body president, said that during this meeting, strong bonds were made between the schools.

"The bond that A&M, Tech and UT have made is incredible," Brady said. "We have definitely built a unique relationship and a

closeness that has allowed us to work together and that was evident at the conference."

Brady said that the move into the Big 12 will benefit all four Texas schools.

"I think this move will have a positive impact on all of our athletic programs," he said. "I'm looking forward to the increased level of competition it will bring to our basketball games and hopefully an increase in the crowds attending these games."

"As far as the impact on Texas Tech, I think it will bring in needed revenue to solidify our women's sports program and improve all sports in general."

**Health Care: Gingrich rallies for support**

Continued from Page 1

Medicare to give our senior citizens better choices in a more entrepreneurial, market-oriented environment where we save money while they get improvements at a more rapid rate with less bureaucracy and less red tape."

The House is setting up a task force to study changes to Medicare, including giving senior citizens 10 or more options in choosing plans, Gingrich said. Those could include keeping the current system, managed care, medical savings accounts and fees for special services, he said.

Gingrich also advocated antitrust exemptions for hospitals so they could work together on buying new technologies and

sharing information.

"We think there are a lot of step-by-step building blocks that we can do to make health care more affordable and to allow the rate of change to increase, and to allow you to work in an entrepreneurial manner using new technologies," he said.

Thomas Scully, president of the Federation of American Health Systems, said the organization recognizes that money for deficit reduction and tax cuts will come from the massive Medicare and Medicaid programs. However, Scully said the system will be hurt if lawmakers make cuts without considering its structure.

"Our argument, which (Gingrich) — thank God — preached up there today, was instead of just taking money out of the current system, let's redesign the system and

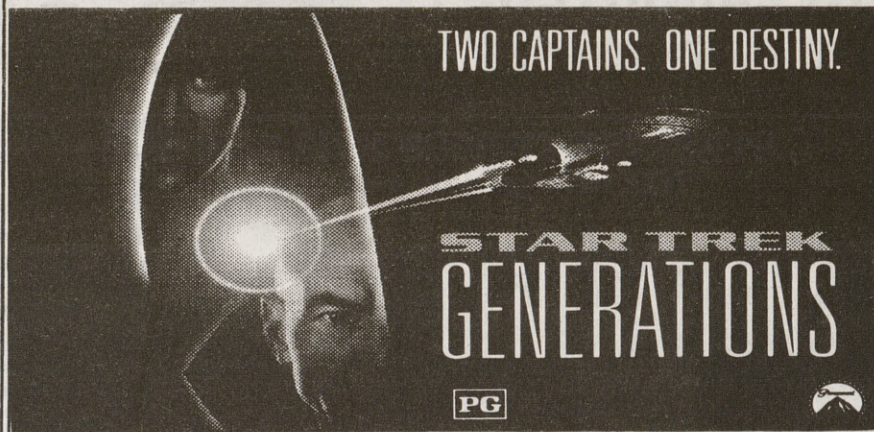
make it grow slower," he said.

"It would be a big squeeze on the health care system unless you do it right," Scully said. "The changes in Medicare — unless (lawmakers) want seniors to shoot them, unless they want hospitals to shoot them — the changes in Medicare need to be driven by good policy, not by dollars."

Scully said the conference offers a chance to discuss ways to adapt to the health industry's rapid changes.

"The money that's coming into the health care system is 50 percent from the private sector, which is being turned upside-down by managed care, and 50 percent in the public sector, in Medicare and Medicaid, which is being turned upside-down by changes in the government," he said. "They're both in great turmoil right now."

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