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Weidenbaum Center Forum  
Medicaid Financing: Challenges for Missouri and the Nation

*Keynote Speaker: Medicaid in the United States*

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Thank you very much and good morning. Ladies and gentlemen, if we want to understand Medicaid, we must look at the overall picture. We can't do it in isolation. What I would really like to have you do is to think about how you could change the system because the system has got to be changed dramatically to survive.

Health care in America, I believe, is the best in the world. Now, you can find countries that do better in prenatal care. You can find a country that does better on longevity or on mental disease and defect. In any one area of health care, you can find a country that is probably doing something better than the United States. But overall, holistically, if you are going to become sick, you will want to receive care in a U.S. city such as St. Louis because you have got an outstanding, outstanding health care system here. You've got some of the best researchers, some of the most talented people in the world right here in St. Louis. So if you are going to get sick, no matter where you are in the country, you will want to get back to St. Louis to be taken care of. I think it is pretty common for Americans to feel this way. If our health care system is this good, we surely want to preserve it.

The health care system in America is under a great deal of stress and strain. It's not only Medicaid, it's the total system. Right now we are spending \$2 trillion on health care. You may want to take some of these figures down because I think they are really relevant. Two trillion dollars is what we expend now on health care. That's 16 percent of our gross domestic product (GDP). And

within seven years that's going to double to \$4 trillion and that's going to go to 21 percent of GDP in America. When you reach this level, you put a lot of companies in St. Louis and in the Midwest out of any kind of competitive advantage in the international arena, because health care costs for countries around the world are much smaller percentages of GDP than those in the United States.

For instance, Japan is the second largest economic power right now, soon to be overtaken by China. Right now, Japan is spending about 7 1/2 percent of GDP on health care and may reach 8 percent when we reach 21 percent here in the United States. If we are going to be competing against Japan, we are going to see what is already taking place in the automobile sector: At the beginning of this year, General Motors was the largest automobile manufacturer and seller of cars in the world. They pay \$1,725 per automobile to sustain their employee health care system. Toyota, a Japanese company, spends \$225 dollars per automobile. So every car that General Motors sells costs an extra \$1,500 for the company to produce.

We have seen the toll this has taken on General Motors and Ford. According to business projections, Toyota was not supposed to overtake Ford until the end of this year; they overtook Ford in January of this year. They were not supposed to overtake General Motors until the middle of next year; they overtook General Motors and became the largest automobile manufacturer in the world in April of this year. This is indicative of the challenges that the high price, high cost of health care will impose upon all manufacturers and firms that sell internationally— especially over the next seven years, with the doubling of our health care costs. If you are in business or if you are in the Federal Reserve System, you have got to be concerned about the terrible cost of health care and how you are going to be able to allow America to continue to compete internationally, especially with the Chinese. So it is an immediate problem.

The second immediate problem involves employer-provided health care coverage: During and after the second World War there was a law passed that enacted rules and regulations

preventing businesses from increasing wages. Companies, in order to keep their best employees and continue to recruit good employees, offered health insurance. A lot of companies started offering first-dollar coverage, which means that all of an employees health care was paid for by company health insurance, which was sponsor owned and negotiated by the employer. Over the years insurance costs have gone up and companies have started to withdraw from comprehensive employee coverage, especially in the past ten years. The 82 percent of employees who have historically been covered by company health care plans has been declining to about 60 percent. It's probably on its way down to 45 percent. For companies with 50 or fewer employees, it's already in the low 50s.

As coverage by employers decreases, there will be more pressure on Medicaid—more uninsured and more government control of health care. And because the cost of health care is going to continue to rise, the problems are going to get worse: Fewer people are going to be covered by employer-provided health insurance, and co-pays are going to increase. The good side of that is that there has been an upsurge of attention and interest across America in consumer health care. For the first time, higher co-pays and/or less employer contributions to health insurance are prompting health care questions: How much is this procedure going to cost? Do I need this patented drug or can I get a generic drug? For the first time in America we are starting to educate ourselves about health care and we are starting to ask questions, which I think is extremely positive. Even though the employers are backing off, the fact of the matter is that this employer withdrawal is starting to make employees and consumers much more knowledgeable about health care.

The third big driver that you have to take into consideration is going to directly impact Medicaid because so many states and so many policymakers are expecting the federal government to take over Medicaid. What I am going to tell you is going to point out that Medicaid is

not going to be helped by the federal government. The reason being is that by the year 2014, seven years from now, Medicare starts to go broke. Medicare right now takes up 2 1/2 to 3 percent of GDP. In 75 years that's going to jump to 15 percent, and the unfunded liabilities of Medicare in 75 years are going to be \$68 trillion dollars. To put this number in it's proper perspective, the entire GDP in America right now is a little under \$13 trillion. So this surge in costs is huge, and Medicare is going to start going bankrupt in the year 2013 or 2014.

Congress has been taking the money out of Medicare. And, likely until 2013 or 2014, Medicare will continue to shed an excess of funds. That excess money has gone into the United States Treasury. Do you know what happens to money that goes into the United States Treasury? It's spent. Congress has spent this money and continues to do so. Come 2014 there will be no more excess money coming in, and Medicare is going to come over and say, "Pay us: Those IOUs that you have been giving out for 28 years...Write us a check." Congress will say, first off, that they don't have any excess money coming in. Moreover, the Medicare surpluses were being used to fund other government programs. The first thing Congress will have to do is to take other taxpayer monies to supplant the money that Medicare was funding in those programs. Secondly, on those IOUs to Medicaid, they won't have any money to pay them. The Iraq War has cost us \$8.5 billion per month and that's not going to be paid off for many years, even if we stop the war this year. Medicare has got the first draw on those IOUs that the government has set and Congress doesn't have the money.

In 2014, Congress is going to be faced with three objectives, I believe. They are going to have to first come up with the money, and there are several ways to do this: They could go to a complete price control system and a rationing of health care on elective surgeries, on elective appointments to your doctor—which they can do—and ratchet down the cost. But Washington University in St. Louis, for instance, is going to be adversely impacted because there will be no

money coming in. Or they could go to a government-controlled, nationalized system, which some of you in this room support. I don't. The reason I don't support it is because it will stifle innovation completely. I want to find a cure for breast cancer because my mother-in-law died from it, my wife had it, and my younger daughter had it. I want to find a cure for breast cancer, and I don't want to stifle innovation so I'm not for a nationalized health care system.

Another option is to raise huge amounts of taxes. Congress could roll back all of those tax breaks we've been given. If they were to reinstate those taxes and then double them, that would stabilize Medicare. That's the background. Those governors and state legislators that believe that Washington is going to fix Medicaid by coming in with new dollars—well, it's not in the cards.

I ask you now to put your hat on and say you are a governor. You're the governor of Missouri, and you want to be able to fix Medicaid and take care of the uninsured and underinsured in this state. Let's take a look at Medicaid. Medicaid is a combination program. It was instituted as a result of Medicare, to follow it and supplement it. To fill in the gaps. It was sort of a strange phenomenon. The federal government pays about 55 percent on average of state Medicaid costs. But that percentage varies by state. Some states get 70 percent, other states get 50 percent, but on average it's 55 or 45 percent. The federal government pays 55 percent and for that payment they say there are 32 programs or policies that states can add on and have complete discretion over and we will fund 55 percent; but there are some mandatory programs for children and mothers that we are going to require every state to have and we are going to set those rules.

Medicaid is a partnership between the federal and state government in which states have the option of putting in voluntary programs, which every state has a portion of. My home state of Wisconsin has got the maximum. Other states do, too. Missouri does not. Anyway, you can put in these voluntary programs, which the federal government will fund at 55 percent on average, and you have to fund all the mandatory programs put out by the federal government as well. With that

as a background, then, how do we fix the system and how do we change health care and at the same time specifically fix Medicaid?

I tell governors, *think boldly*. Be bold and courageous. Because, just stop and think practically, if you have an entity and you are in business and somebody comes up to you and says I will give you 55 percent of your cost and all you have to do is come up with 45 percent, how much of that money will you take? Me, I would take as much as I could get. I would put every voluntary program in. I would put in as courageous and as aggressive a program as I could have for my state because the federal government is going to pay 55 percent.

The federal government quakes when I say this because they don't want states to think that way. But if you stop to think about it, if you are a banker or in a business and somebody comes in and says if you want to expand your business I'll give you 55 percent and all you have to come up with is 45 percent, wouldn't you take as much as you could get? It's an open-end proposition on Medicaid, and that's why I don't understand the timidity of governors. It's a blank check, and if you consider health programs for children, it's even a better deal. The federal government will give you 70 percent for those, and all you have come up with is 30 percent. If you want to go into technology, there are some programs for which the federal government will give you 90 percent and all you have to come up with is 10 percent. I, for the life of me, do not understand why states don't completely bankrupt the federal government. It's a wide-open thing.

I tell you this as a background, and then I look at welfare reform because I started welfare reform in this country. What I did is I brought welfare mothers into the governor's residence in Madison and I asked them why they didn't work. They said, "If we go to work we lose our health insurance." I said, "If I give you health insurance will you go to work?" They said, "Yes, but if I go to work who is going to take care of my children?" I said, "If I provide you with day care will you go to work?" They said, "Yes, but I dropped out of school when I was thirteen and I have no job skills." I

said, "If I give you job skills, day care, and health care, will you go to work?" They said, "Yes, but most of the jobs are in the suburbs and I live in the central city." I said, "I'll provide you transportation. Will you go to work then?" They said, "Yes."

And welfare reform was born. When I started welfare reform, governors and policymakers in this country said it couldn't be done: "Welfare reform cannot take place. It's a way of life and you are just going to get hurt, Tommy." I said, "No, I'm going to try it because I want to give people a chance to get out of poverty, and the only way to get out of poverty is by working." I didn't want to be cruel. I wanted to be compassionate and give people the assistance to help themselves. It was born at the dinner table at the mansion in Madison with the welfare mothers.

Once I started, the governors who originally told me not to do it saw that I was getting some success and they started copying me. John Engler said, I'm smarter than Tommy Thompson. If he can do it, I can do a better job. Then Arnie Carlson, then Terry Bradson, and it spread across the country. Then the federal government noticed the states were getting good recognition and reducing welfare and decided they had better get into the act. They would have never done it except for the fact that the states had done it.

Why do I tell you that story? I tell you that story because when I was secretary of health and human services, Mitt Romney came to me from the state of Massachusetts, and Ted Kennedy, too, and said if you could give us a waiver, Tommy, so that we could use our disproportionate share money, the federal dollars that come back to the federal government, we can set up a health insurance program that will cover under Medicaid all of the uninsured in Massachusetts. I jumped at it. I didn't know he was going to be my opponent. I jumped at giving him the waiver, so that he could try something, because in the back of my mind I knew what was going to happen. It was the last waiver that I handed out. Then I went on the speaking circuit on health care.

I always put this out as a bet. I bet anybody in the audience \$100 to \$5 that there will be 25 states this year that are going to offer some kind of solution on health care on the uninsured and Medicaid. The reason I was so sure on this is because of my experience on welfare. I knew that once a governor does something and gets some good public recognition and publicity, others are going to copy it. Governors love to go to conferences. I did the same thing. I was a governor for 14 years. You go to a conference, you find out what's the best program out there that's working, and then you run back to your home state, change a couple of things, and take credit for it. I knew that's what happened on welfare. I knew that's what would happen in health care, and that's exactly what's happening across America: Massachusetts, Vermont, New Hampshire, California, Missouri, Wisconsin, Michigan, Illinois, Minnesota—you name it—Iowa—they are all trying something new. Because one state started it, it's starting to spread.

Ladies and gentlemen, the beauty of this is that great opportunities exist. Come 2008, the presidential election is going to take place. Democratic candidates are talking about a single-payer nationalized system. Republicans, except for me, are talking about putting a tourniquet on health care. I'm talking about a complete transfusion and transformation, and that's where you come in today. We are here today to talk about Medicaid. I'm trying to set the stage for you so that you do know now that we have problems facing us in 2014. The federal government is not going to fix it, but the federal government's got a piggy bank and there is no limit to what you can do innovatively in your state to pull in federal dollars to help you fix your problems in Missouri.

So let's get started. Now we look at health care and at the fact that you have a responsibility as the governor of Missouri to make your health care system effective, efficient, and expanded to cover the underinsured and uninsured. Look at that \$2 trillion in Medicaid, which is 20 percent of your Missouri budget. You've got to realize that, for every \$1 in Medicaid costs, as a governor you pay only 45 cents. A governor has to think, I have a real opportunity here. You look

at health care and you find out that 93 percent of that \$2 trillion is spent on patients who go to their doctor or the hospital *after* they're already sick. It is called a curative system. The money is spent to get you well after you get sick. That isn't health care. Consider your car: After so many miles, you take it in for an oil change, grease job, etc. But you don't take your own body in for maintenance. You wait until it collapses and go to the hospital; you've got cancer and then it costs a heck of a lot more money to get you well. There's hardly any money, only 7 percent of that \$2 trillion that is used to *keep you well*. So don't you think the first thing we should do is have a transformation and put the emphasis on wellness? Let's see if we can keep some individuals out of the hospital.

So, after transforming the system, after trying to transform the curative system to a wellness and prevention system, you look at the next big challenge. And the biggest area, especially for poor people, is chronic illness. Seventy-five percent of the cost of health care, including costs for Medicaid (in fact, *especially* costs for Medicaid) is for chronic illnesses. When Willie Sutton and Jessie James were asked why they robbed banks, they said, because that's where the money is. So if we want to fix Medicaid, we want to be able to put the emphasis on wellness but most importantly on education and getting people to understand chronic illnesses because that's where the big money is. You want to change that. You want to have the best system and the healthiest people in Missouri so you can go brag about it.

The first thing you want to do is address the biggest health care issue, which is tobacco. People don't understand this, that tobacco is *still* the biggest problem related to chronic illnesses in America. Four hundred and forty-three thousand Americans died last year of tobacco-related illnesses. Just as I did when I was secretary, when I was governor of Wisconsin I went around in the morning and took cigarettes out of my employees' mouths as they were smoking outside the door. Sometimes I got slapped. Sometimes I got cussed. One day I walked around and an elderly

gentleman was taking a drag and didn't know what to do with his cigarette when he saw me coming. So he put it in his pocket. It caught his shirt on fire, but he stopped smoking. Then I got so irritated that I banned all the smoking on all of the property owned or leased by HHS. I made any employee who wanted to smoke go over to EPA and smoke. A complete embarrassment.

Let's return to our imagined role as governors now. Here's what I would do if I were governor of Missouri. I would put a dollar tax on every pack of cigarettes sold, and I'm a Republican. That's a tax, ladies and gentlemen, but I wouldn't let the government have the money because 70 percent of smokers want to quit. Which is a tremendous opportunity, ladies and gentlemen, to put that dollar-a-pack tax into a fund only for smokers to draw down to quit. Can you imagine the change, the transformation of public health if you did that, for patches, for counseling, for doctors? And you would be able to have a huge impact. On the federal government level, I would require nicotine to be regulated by the FDA. Baby aspirins: How many of you take a baby aspirin every day? I do. Baby aspirins have to be regulated by the FDA, and baby aspirins are used to improve your health and circulation system, while nicotine isn't regulated and it killed 443,000 Americans last year. Does that make any sense to any rational person in the public arena? So then we take care of tobacco.

The next big health issue is diabetes. Diabetes is just huge. Eighteen million Americans last year had type II diabetes, a lot of those in the Medicaid arena. This year, 21 million. One year later and it's 21 million Americans. Costs went from \$135 billion to \$145 billion in both direct and indirect cost for the health care system. There are 41 million more Americans, ladies and gentlemen, some in this room that are walking around that are pre-diabetic and within five years will be diabetics, and then the cost will go to \$400 billion. One out of every five dollars going into the health care system will be needed for diabetes if we don't make changes.

Dr. Peck has spoken about the National Institutes of Health (NIH). The NIH is a great research engine for the world, and we should double its funding again, which would achieve significantly better results than some of the other programs funded by federal government expenditures. But the NIH did a study that says, if you walk 30 minutes per day and loose 5 to 10 percent of your body weight, you reduce the incidence of type II diabetes by 60 percent. We can walk and we can watch our body weight, which leads us then to a third big challenge: obesity. Obesity and diabetes are epidemic among minorities.

We need to look at obesity. We can look at the mirror and say chunky is good, but slim is better. I tell my business clients that have cafeterias, and you should do it here on the campus of Washington University, give away salads or subsidize salads, vegetables, and fruits for a buck a serving. Charge \$5 for hamburgers, \$10 for cheeseburgers, and 20 cents per french fry and you will change the eating habits of your employees. Let's face it, if you are able to bring a nutritionist in and start teaching nutrition at the medical schools and make it a detailed subject—and especially counsel minorities—you have a tremendous chance to change Medicaid and health care for the better.

That also leads into cardiovascular disease, which is the number one killer of both men and women today in America. Here's an idea: It is not radical, but it is common sense. I've started a diet and you don't have to pay any royalties for using it. I want you to know that there are no food police in St. Louis. Although your mother and father and grandma and grandpa said you have to eat everything on your plate, no law says you have to do that. Take whatever you want and eat only half and you will lose weight. This is Tommy Thompson, I've lost 15 pounds doing that. I know it hasn't improved my looks any but it has improved my strength and my ability to work harder. So we must take care of chronic illness.

This is where governors like you, policymakers, and businesses like the Centene Corporation come in. Now, I don't want you to think that I'm up here promoting Centene, but I like Centene and it's a great company. I want you to know that Centene manages diseases for Medicaid, and I'm not saying that just for you to hire Centene. That is not the thing I'm saying. You, as a governor, look at your Medicaid population. Twenty-five percent of your Medicaid population is using anywhere from two-thirds to three-quarters of your Medicaid budget. These are the individuals that are severely mentally and physically disabled, your diabetes population, people with severe asthma and they are using up two-thirds to three-fourths of your Medicaid budget. Don't you think it would be smart for you to address that problem?

The best way to do it is to manage those diseases. Hire disease managers. Do it yourself. Find out if individual people on Medicaid are taking their medicines. I'm going to give you a fact. This is a Pfizer study, which absolutely amazes me. Thirteen percent of Americans go in to see a doctor for a sickness and get a prescription and never take it to a drug store, never take it to a pharmacist. Another 14 percent take the prescription to the pharmacist and never pick it up. Can you believe that? Twenty-seven percent of people see a doctor for an illness and never go pick up the medicine. Another 60 percent, after five months, discontinue the regular use of medicines. They take it maybe day after day, for a few weeks, but then stop.

If in fact you were able to manage just the medicines and to find out whether people are actually complying with what the doctor said, you would have a tremendous reduction in cost, especially for that 25 percent who are severely ill. You have got to realize that you are going to get 55 percent of the cost of hiring disease managers paid for by the federal government; so, it only makes common sense, I would think, if you are a reasonable, visionary governor, that this is a great way to improve the quality of health, the quality of life of my citizens while also holding down cost.

The next thing, ladies and gentlemen, in Medicaid is the huge problem in information technology. Doctors at Washington University, you would not allow a student to enroll in your school unless they had straight As. You will not allow a slacker like me, a C+ student, to get into medical school. Students attending this school must have excellent grades. You want the best. You want Dr. Peck to operate on you or Dr. Shapiro. They're smart. They're brilliant. But there is one subject that those individuals don't have to get an A in to be admitted into this wonderful medical school.

Do you know what that subject is? Handwriting. And I'll tell you, Dr. Peck, I don't know how you write but I would bet that your handwriting hasn't improved a bit in the past 50 years. Ninety-two percent of doctors still write out prescriptions, and one out of five of those prescriptions has to be corrected at the pharmacist: one out of five. That's 20 percent. Ninety-eight thousand Americans died last year—not my figure, but the Institute of Medicine's and doctors' own studies—as a result of medical mistakes. Fifty percent of those deaths were caused by the wrong medicine, the wrong amount, at the wrong time, to the wrong person.

If we had e-prescribing, you could input a patient's name and other characteristics into an electronic system and send and retrieve information. And I know you know what palm pilots are because I see so many of you looking at them as I'm speaking. Put your name in, Dr. William Peck (great guy, a little arrogant) and your whole medical history could be retrieved, including prescriptions you're taking. Let's say he comes in with a common cold and Dr. Shapiro examines him and he types in "common cold," or the cold that's going around in St. Louis now. It immediately comes up with the 3 to 5 drugs that will take care of that, and immediately any contraindicators will come up with the medicines he is already taking. Dr. Shapiro then will press another button and the bill goes to Centene: no handwriting, just a button. Then he presses another button and the script automatically goes down to the pharmacist. For the 13 percent of patients who don't take the script

down there, it automatically goes down there. That's the technology of today, and you would reduce 50 percent of those error-related deaths overnight. Medicaid can help pay for that for your doctors, and your patients will be able to get better quality of care and therefore better quality of life.

The final aspect of information technology is a paperless working environment. Do you know what a 1040 is? Do you know what a W2 is? Large and small employers all fill out the same form, a W2, one form. How many forms does it take to file for Medicaid? How many forms must be filled out to go see a doctor when you are on Medicaid? How many forms must be filled out when you go into the hospital and apply for reimbursement? And how many of you can even understand what those forms say once you fill them out? And Medicare is even worse. If we are smart enough to have the most complex tax system in the world with one form and the most complex employment system with one form, don't you think we should be smart enough to have one medical form or go completely paperless? We could save 10 percent of the cost of health care and more than that in Medicaid if we went paperless.

The final thing on Medicaid is that it is absolutely appalling to me that we walk around in this country with 47 million Americans that don't have insurance, and that's going to go up to 50 million unless something happens. You are in the role of governor now, and you look at this situation, and you look at the number of uninsured in Missouri, which is around 1 million. You look at that and first off you ask where they are going to go for their health care. Well, they are going to go to the emergency room. And what's the most expensive health care cost in the country? Emergency room visits, right?

We have 47 million Americans whose first stop for health care is the emergency room, the most expensive. Does any rational Missourian think that that is a smart system? If we go back to what I originally started with about prevention, wouldn't it be nice to have somebody not wait until

they have to go to the emergency room but to be able to go to a community health clinic in the city of Missouri and get their mastectomy, get their test done, their cervical and breast examinations? So let's take a look at it. Let's fix this problem.

First let's make an assessment of the many uninsured that we have in the state, and a good share of that percentage of that 1 million are eligible for Medicaid. Instead of sending them to the emergency room, we can give them a card and the federal government is going to pay for 55 percent of the cost. Don't you think you should go out and enroll as many of those people that are uninsured or underinsured that are eligible for Medicaid and get them on your Medicaid rolls? Governors think just the opposite. Let's find ways to get them off, so let's send them to the emergency room where its going to cost more money. Who pays for people to go to the emergency room? Hospitals, the University, and everybody that has an insurance policy because everybody pays part of the uninsured through their health insurance.

Let's be smart. We are governors now. Let's make an assessment and put those people in Medicaid wherever we can, and then let's go out and do something really revolutionary. Let's put all of the uninsured into a class. One third of the individuals that are uninsured are individuals between the ages of 18 and 33. It's a good class, they just don't want to bother. I'm not going to get sick, I'm 18 years of age, I'm 21 years of age. I'm strong. I'm tough. I don't want to pay a bill. So one third of them don't have health insurance. Thirty percent make over \$60,000 per year. Insurance companies like Centene would salivate over the fact that they can get a million more subscribers in Missouri under a managed care system.

Let's be smart. Let's tear down all the barriers on health insurance, and anybody that is licensed like Centene in Missouri can bid on any group, require the states to put them up for an insurable class, and allow the Centenes of the world to bid on them. Don't allow the state legislature, your state legislature, or Congress to put any mandates on what has to be in that

policy. Let the private sector bid on it and you would be absolutely amazed, ladies and gentlemen, to see how many insurance companies would come into Missouri, bid against Centene to cover a million people, like we found in part D for Medicare. You would be able then to start covering the uninsured. And I think the uninsured should be required to have health insurance in the same way we're required to have automobile insurance. You would be able to cover the uninsured in this way. I would also put a cap on costs so you could attract small companies to come back and offer health insurance, which, in this case, should be put out for re-insurance.

What I'm telling you, ladies and gentlemen, is that health care is exciting. It is exciting because of what we can do. It needs the best minds and the best ideas for Medicaid and for the total health care system to have it survive and expand and continue. But if you use my logic and if you use your own innovative ideas on these types of programs, we can cover the people in Missouri and we can make sure they are covered and that they get the best health care possible. It can be affordable and accessible for all of your citizens. That's what we have to do to save the system and make it better.

Ladies and gentlemen, I want to take your questions and I've already talked longer than I was supposed to but I just get pumped up and I'm passionate about the subject. I just want you to know that it is exciting to be in health care right now, and the chances with the new innovations, the revolutions that are taking place in health care, are so stimulating and exciting that I can't imagine that more people are not involved.

Thank you very much.

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Tommy Thompson is a senior partner at Akin Gump Strauss Hauer & Feld LLP and is former governor of Wisconsin and former U.S. secretary of health and human services.

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