



# Google Health Signing Off, Medicaid Funding And Planned Parenthood

By Andrew Villegas

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With the launch of our new blog, Capsules, we've also resurrected Blogwatch, where we'll track a variety of health policy blogs and give you the highlights in easy-to-swallow bites. I'm your new host, Andrew Villegas. Read your favorites or add to the conversation below:

This week, bloggers are sounding off about the demise of Google Health, the Internet behemoth's version of the personal health record. They're also talking about shifting state liabilities in Medicaid and the movement among some states to cut off funding for Planned Parenthood because of the abortions that group provides at its clinics.

In [The Health Care Blog](#), Matthew Holt laments the loss of Google Health and says that an independent system like it is needed in health care to help consumers track their health records. He says players in the health care system, the government itself or a non-profit foundation could take over the idea to keep it alive: "Rather than Google closing down Google Health could they give it (code & data) to an unimpeachable non-profit with enough money to keep it going for while? Other Foundations and the government could step in to fund it. I believe there's already a strong group of potential developers and more out there who could run it."

Katherine Hobson at [The Wall Street Journal Health Blog](#) says that the WSJ blog wrote when Google Health first launched in May 2008 that it could be a tough sell until more medical practices got their own electronic medical records going. Hobson quotes a Google release that explains: "There has been adoption among certain groups of users like tech-savvy patients and their caregivers, and more recently fitness and wellness enthusiasts. But we haven't found a way to translate that limited usage into widespread adoption in the daily health routines of millions of people."

In the meantime, [ThinkProgress Health](#)'s Marie Diamond talks about the ongoing fight in several states to cut funding for Planned Parenthood because of their funding for abortions. Wisconsin is the latest to do so, she says, and in doing so could be denying preventive care, not just abortions, to thousands of women: "The Department of Health [estimates](#) the BadgerCare family planning program saves Wisconsin nearly \$140 million per year and prevented 11,064 unplanned pregnancies in 2008. By denying so many residents access to preventive care, Wisconsin may see an increase in unintended pregnancies, the spread of STDs, and a rise in undetected and

untreated cervical and breast cancer cases — ‘all of which would then cost the state millions of dollars in future medical costs.’”

In the Georgetown University Center for Children and Families’ [Say Ahhh! Blog](#), Martha Heberlein and Jocelyn Guyer write in support of West Virginia Sen. Jay Rockefeller’s recent letter to Utah Sen. Orrin Hatch slamming Hatch’s proposed repeal of the maintenance-of-effort requirement in Medicaid and the Children’s Health Insurance Program: “If you’re a regular reader of Say Ahhh!, I’m sure we don’t have to tell you that we agree with Senator Rockefeller’s assessment that repealing the stability protections would create enormous issues for the nation’s children. As he put it, ‘By repealing these provisions, this bill could jeopardize the country’s remarkable progress in covering children and unravel one of the Congress’s most successful bipartisan initiatives.’”

As states struggle with Medicaid costs, others are latching onto the idea of using block grants to fund Medicaid. Daniel J. Mitchell, writing in the [Cato@Liberty](#) blog, says that block-granting Medicaid promotes federalism and good fiscal policy. “One of the key observations of the video is that Medicaid block grants would replicate the success of welfare reform. Getting rid of the federal welfare entitlement in the 1990s and shifting the program to the states was a very successful policy, saving billions of dollars for taxpayers and significantly reducing poverty. There is every reason to think ending the Medicaid entitlement will have similar positive results.”

Finally, John Goodman, in his [NCPA Health Policy Blog](#), provides a [graphic](#) on how much a Medicare beneficiary can expect to get out of the system per dollar they contributed. A slice: “A typical 85-year-old is going to get back \$2.69 in benefits for every dollar paid into the system in the form of premiums and taxes—a good deal by any measure.”