Hank’s view: Getting serious about MU budget cuts

By HANK WATERS III

As University of Missouri managers go tooth and nail after budget savings you can tell they are serious. They are reversing some aggressive earlier investments heralded back then as exciting plays for the future. To reverse field now indicates earlier rationalizations must give way to current realities.

Notable is the decision to close the $10 million International Institute of Nano and Molecular Medicine, created with great fanfare in 2008 with the hiring of Frederick Hawthorne, known for his innovative work using nanotechnology to combat arthritis, cancer and other diseases. In 2012 Hawthorne received the national Medal of Science from President Barack Obama.

Hawthorn’s work was legitimately renown and UM counted on his research institute to bring acclaim and research money, but today university budget hawks say the data simply don’t warrant the continued expense. Some 17 employee slots will be affected. The university expects to save about $1.5 million annually.

Another aggressive move that did not work out was the investment by MU Health care in the Fulton Medical Center. The Center was formed when MU joined a company called Neuterra in buying the Callaway Community Hospital. The new owners apparently thought they could form a branch in Columbia to siphon off lucrative surgical business from Boone Hospital, but the idea laid an egg in 2015 when the state Health Facilities Review Committee refused to grant the necessary certificate of need.

Since then, MU and Neuterra have been stuck with a money-losing operation and MU now decides to sell its stake. Callaway County officials were surprised at the news. Presiding Commissioner Gary Jungermann said MU Health has “not communicated well with Callaway County.” The parties had discussed the possibility of a new tax, but now he is worried about losing the hospital. Fulton city officials also say they have heard nothing from MU Health.

The original investment by MU Health was ill advised and now must be undone for budget reasons. Callaway County officials are concerned about health care in their jurisdiction, but that was never the primary goal of MU Health. At the time the investment was made, University Hospital was under more aggressive management, bent on making money and beating the competition. A more realistic, collaborative mindset now seems prevalent. A sensible first-step toward the future is getting out of the misbegotten entanglement in Callaway County.

One can understand the worry felt over there, but even though the money-making scheme did not work out the effort is not the main reason Callaway’s hospital is in jeopardy. If anything, the
money spent by Neuterra and MU kept Callaway health care going a bit longer, but it was never destined to be a long-term fix. Along with hundreds of peers across the country, the plight of Callaway hospital depends on more fundamental problems with health care funding. Stand by for news from Washington.

Meanwhile, MU Health has spent $1.6 million on the Callaway hospital venture without seeing any return on the investment or prospect of improvement. The future of MU Health will not be enmeshed with that of Callaway County. Let us pray both sides can find a happy way forward.

HJW III

COLUMBIA DAILY TRIBUNE

Officials search for solution as Fulton Medical Center closure looms

By BRITTANY RUESS

The Fulton Medical Center is set to close its doors by Sept. 22, but local officials are searching for any solution to stop that from happening.

NueHealth, the for-profit company that owns the hospital, announced the decision in a news release Monday. The 158 Fulton Medical Center employees were told of the decision Monday morning.

Low patient volumes have made the hospital’s “financial sustainability impossible,” the release said. The hospital had 12 inpatients as of July 20. It has capacity for 37.

“Our first priority today, and in the next two months, will be ensuring continuity of care for our patients and supporting the employees of Fulton Medical Center,” Fulton Medical Center CEO Mike Powell said in a news release.

Powell had been meeting with Fulton and Callaway County officials about the possibility of a tax to offset the hospital’s uncompensated care costs, which totaled to $12.5 million from January 2015 to May 2017. Local officials have been mulling the idea.

Officials from the city of Fulton, Callaway County and the Callaway Chamber of Commerce met with Newpoint Health Advisors, a health care consulting firm, Monday to assess their options for saving the Fulton Medical Center.
Callaway County Presiding Commissioner Gary Jungermann said the consultants’ main message was not to give up hope in the hospital. Jungermann said he’s mostly concerned about saving jobs and local emergency services.

“We’re throwing everything on the table that may be an option because at the end of the day, the city and county want to protect those jobs and protect the citizens of this county by continuing to have some emergency-type health care,” he said.

University of Missouri Health Care and Nueterra, now NueHealth, purchased Fulton Medical Center, formerly Callaway Community Hospital, in 2014. MU Health paid $1.15 million in cash and provided a loan guarantee for $2.75 million for a 35 percent stake in the $6 million deal. NueHealth owns the remaining 65 percent stake in the hospital.

MU Health also cited low patient volumes in its decision to sell its stake in the hospital. The local health care provider last week notified NueHealth it would be selling its portion.

Fulton Medical Center financial records provided by MU Health show the hospital lost money every month between January 2015 and May 2017, except for three months — November and December 2015 and October 2016. From January to May this year, losses totaled to more than $1 million. Losses in 2015 and 2016 combined were more than $5.5 million.

Bruce Hackmann, economic development director for the Callaway Chamber of Commerce, said the Fulton hospital is one of the largest employers in the county.

“This is a major blow to the community, I don’t think there’s any other way to put it,” he said. “We need to find a sustainable solution going forward.”

Though NueHealth did not cite lack of Medicaid expansion as a reason for shutting down the hospital, Fulton Mayor LeRoy Benton said Fulton Medical Center executives expressed in conversations that they hoped the state legislature would pass Medicaid expansion to relieve some of the hospital’s financial burden.

“That was one of the things they were hanging their hat onto to stop the bleeding and of course, that did not happen,” he said.

Dan Tasset, chairman of NueHealth, said in a news release that the difficult decision to close the Fulton Medical Center will “open a new dialogue between private and public entities about the future of rural healthcare and how we work together to ensure that healthcare services are available to rural communities.”

NueHealth also cited the Missouri Health Facilities Review Committee’s denial of a certificate of need for a new 10-bed, $40 million hospital in south Columbia as a reason for the Fulton Medical Center’s demise. The new hospital, which would have included two operating rooms and an emergency room, was intended to generate enough revenue to sustain it and Fulton Medical Center, but the state panel voted 5-2 against granting the certificate during a July 2015 hearing.

Extensive repairs are also cited by NueHealth in shutting down the hospital.
Of the hospital’s 158 employees, 124 are full-time and 34 are part-time.

“During this transition, it is our goal to help all employees find employment,” Tasset said. “We have partnered internally to provide priority consideration for open positions within NueHealth facilities.”

A NueHealth spokeswoman did not respond to a request for comment.

MU Health and Capital Region Medical Center will hold a job fair for Fulton Medical Center staff from 9 a.m. to 1 p.m. Friday at the Country Hearth Inn, 556 Amerihost Drive in Fulton.

The NueHealth/MU Health partnership has invested $1.8 million in capital improvements to the hospital, including the addition of updated surgical equipment. The hospital brought in multiple orthopedic surgeons, a hand surgeon and two general surgeons since NueHealth and MU Health took it over. It also added sports medicine, an alcohol and drug withdrawal program and a family practice physician specializing in women’s health.

**Local officials seek alternatives**

Fulton and Callaway County officials were hit with the possibility of the Fulton Medical Center closing during a meeting with Powell and a NueHealth representative nearly two weeks ago, Jungermann said.

That’s when officials went into a rush trying to research public financing options, such as a property tax, sales tax or hospital district to cover the hospital’s uncompensated care.

Now, Jungermann said he hopes NueHealth will work with local officials to find a new buyer that will address the hospital’s short-term money issues and bring it to long-term financial health.

“Our hope is that we can somehow convince a major player in the health care industry that we definitely have a value,” he said.

NueHealth has offered to sell the hospital to local officials for $6 million, Jungermann said, but the county can’t afford the price tag.

Though local officials want to keep the hospital open primarily for emergency care, most patients served by the Callaway County Ambulance District go outside the county for that service.
COLUMBIA — The only hospital serving Callaway County will close by Sept. 22 due to financial strains caused by low patient numbers and a deteriorating facility, according to a press release from the Fulton Medical Center.

After finding out about a week and a half ago that closure was a possibility, city of Fulton and county officials had been working on ways to financially help the hospital, Callaway County Commissioner Gary Jungermann said. But, on Monday, they learned about the decision to close from the hospital’s owner, NueHealth.

"We were kind of put on notice that time was of the essence, and that any day if they didn’t like what they were hearing, they could close the hospital," he said.

However, the burden NueHealth wanted the city and county to pick up was hefty, Jungermann said. They wanted about $200,000 a month to cover losses, he said.

"It’s tough for local government to try to come up with that kind of money on a monthly basis to save a company that basically two weeks ago said even if we resolve a short-term situation they might not even be here in six months,” Jungermann said. "That is a pretty tough pill to swallow."

Additionally, NueHealth owns the hospital building, which has a price tag of $6 million, Jungermann said.
With more than 44,000 people in Callaway County, officials now have two months to find a solution that will let them keep a hospital in the rural area, he said.

Health care isn't the only factor city officials are worried about. Businesses may shy away from the community, and the 158 jobs at the hospital will be lost, Jungermann said.

"We have a community with people who have a lot of different opinions, but at the end of the day, most of them agree we need a hospital in this community," he said.

Officials have been looking at hiring a consulting firm to help find a solution, he said.

The hospital is aging, and despite $1.8 million put toward remodeling and updating surgical equipment and practices, patient volume hasn’t increased, according to the news release.

While the hospital had 37 beds, as of July 20 only 12 were being used. Due to low volume, extensive upkeep and repairs could not be made, according to the release.

In efforts to cover the losses, the hospital tried expanding surgical revenue and its clinical footprint but was unable to do either.

**In 2014, MU Health Care joined NueHealth, previously Nueterra, in sustaining the hospital financially with the goal of improving access and quality of care.**

But, earlier this month, MU Health Care announced that it would be selling its 35 percent stake in the hospital, according to previous Missourian reporting. It also cited low patient numbers as a reason for the decision to sell.

Care at Fulton Medical Center will continue until the hospital closes in about two months, according to the release.

"Our first priority today, and in the next two months, will be ensuring continuity of care for our patients and supporting the employees of Fulton Medical Center," Mike Powell, the Fulton Medical Center CEO, said in a statement.
Dan Tasset, chairman of NueHealth, said in a statement the hospital's 158 employees will be able to apply for open positions at other NueHealth facilities, where they will be a priority.

MU Health Care will be holding a job fair for the employees on July 28 from 9 a.m. to 1 p.m., according to a news release. Recruiters at the event will help them apply for open positions.

"We welcome applications from the talented professionals at Fulton Medical Center and urge them to apply for positions at MU Health Care and Capital Region Medical Center," said Sue Kopfle, chief human resources officer at MU Health Care in a statement. "We will do everything we can to make the application process as smooth as possible."

But county and city officials aren't ready to let the hospital go, Jungermann said.

"We are still in the game, even after the announcement," he said. "We are still trying to figure out how to potentially save what we have, whether that’s with Nuehealth, which is highly unlikely, or with someone else."

**Fulton Medical Center to close by Sept. 22**

By Samantha Liss St. Louis Post-Dispatch 17 hrs ago

Fulton Medical Center will close its doors by Sept. 22.

The 37-bed hospital’s 158 employees were notified of the closing Monday. The hospital was purchased in 2014 by FMC LLC, a partnership between Kansas-based Nueterra and University of Missouri Health Care.
“After careful consideration and in light of the challenges facing rural hospitals in today’s healthcare environment, we have made the difficult decision to close Fulton Medical Center, no later than September 22th, 2017,” said Chief Executive Mike Powell in a statement.

Among the reasons cited for the closing were low patient volumes, extensive repairs and the denial it received to build a new 10-bed facility in Columbia, resulting in a loss of additional revenue. Fulton Medical Center is located in Callaway County, which has a population of about 45,000.

Last week, MU Health told NueHealth, formerly Nueterra, that it planned to sell its interest in the hospital, according to the Columbia Daily Tribune. The hospital had lost millions in recent years and had experienced a significant amount of uncompensated care, or care that was provided but not paid for, according to the Columbia Daily Tribune report.

Fulton Medical Center closes after MU Health pulls out

By: Sydney Kalich

FULTON - Fulton Medical Center announced the hospital will be closing no later than September 22 and the announcement comes just days after MU Health decided to sell its 35 percent stake in the hospital.
According to Fulton Medical Center, the decision to close FMC stemmed from a variety of factors, including low patient volume; an old physical building in Fulton that could not be repaired due to financial reasons; and inability to meet a new care delivery model due to a denial of a Certificate of Need application.

Mike Powell, the center's executive chief officer, said in a news release, "Our first priority today, and in the next two months, will be ensuring continuity of care for our patients and supporting the employees of Fulton Medical Center."

MU Health decided to sell its 35 percent stake in Fulton Medical Center after a two month discussion period. MU Health originally joined NueHealth to purchase the center with a goal of increasing health care accessibility in the Callaway County area and invested $1.6 million.

Fulton Medical Center is the only hospital in Fulton and Callaway County.

The hospital's 158 employees, 124 full-time employees and 34 part-time were notified of the closing Monday in meetings.

MU Health announced Monday afternoon that it will hold a job fair along with its affiliate, Capital Region Medical Center, from 9 a.m. to 1 p.m. Friday at Country Hearth Inn, 556 Amerihost Drive in Fulton.
The company said the decision to close Fulton Medical Center was based on a number of factors, including:

- Low patient volumes that made financial sustainability impossible, despite $1.8 million in capital improvements;
- A very old physical plant in Fulton that needs extensive and expensive repairs and upkeep that we cannot justify based on low patient volumes;
- The inability to expand FMC to provide additional operating revenues; and
- The inability to provide a new care delivery model due to the denial of a Certificate of Need application by the Missouri Health Facilities Review Committee necessary to expand the FMC clinical footprint.

“After careful consideration and in light of the challenges facing rural hospitals in today’s healthcare environment, we have made the difficult decision to close Fulton Medical Center, no later than September 22th, 2017,” said Mike Powell, chief executive officer of FMC, “We are deeply grateful for the dedicated efforts of Mayor LeRoy Benton and the Fulton City Council, as well as Presiding Commissioner Gary Jungermann and the County Commission, who for several months have worked tirelessly with us to pursue every possible path in an effort to make the hospital sustainable.”

“Our first priority today, and in the next two months, will be ensuring continuity of care for our patients and supporting the employees of Fulton Medical Center,” Powell said.

NueHealth said as of July 20, only 12 patients were at Fulton Medical Clinic and the center will continue to provide quality care to them as well as continue to accept patients until further notice.

Since the purchase, $1.8 million in capital improvements have been made to the hospital in an effort to revitalize it. The hospital remodeled its operating rooms with updated equipment for new surgery cases and brought in multiple orthopedic surgeons, a hand surgeon, and two general surgeons. In addition, the hospital added Sports Medicine, created a new program to medically supervise alcohol and drug withdrawal, and welcomed a family practice physician specializing in women’s health.
Mizzou’s Policy May Disadvantage Low-Income Students

by Ernest Ezeugo

In an effort to curb student debt, the University of Missouri (Mizzou) has taken a controversial step: placing limits on what students can charge on their university accounts.

Earlier this month, the university announced a new policy that will bar students from using a financing option known as “student charge” to make non-academic purchases. The restrictions, which are set to begin in August, are supposed to promote better spending habits, increase retention, and support students in making progress towards their degrees, according to a statement from Jim Spain, vice provost for undergraduate studies at Mizzou, in the Kansas City Star.

While well intentioned, Mizzou’s new policy may actually have the reverse effect for the most vulnerable student populations. Student charge works like a credit card that has a $1,250 limit and doesn’t charge interest. Using their university ID, students can pay for purchases at on-campus stores and restaurants. Those charges are added to a student’s institutional account at the end of the semester.

Banned “non-academic” purchases include services at Mizzou’s recreation center, food at campus restaurants, and some items from the Mizzou general store such as clothing and cosmetics.

For students from wealthier backgrounds, Mizzou’s decision will be, at worst, inconvenient. But for students from low-income backgrounds, the ability to use student charge to buy a meal between classes or toiletries in an emergency when funds are low can create stability and reduce stress, which research shows can be critical to retention. Even the ability to buy university branded clothing can mean the difference between fitting in and feeling out of place, which also plays a role in student success.

To be sure, payment options that open a line-of-credit like student charge are not ideal for students who may not have good spending habits, especially not when outstanding balances are tied to enrollment eligibility and can even be sent to collection agencies. And there is something to be said for teaching students how to manage their finances in college, or protecting students from incurring too much debt.

But policies like Mizzou’s are put in place by colleges’ [administrators] who think—or would have us believe—that they have less influence over financial circumstances of their students than they actually do.
For example, if Mizzou intends to teach students better spending habits, it can and should use its capacity as a university to actually teach its students better spending habits. By incorporating lessons about finance management into enrollment and orientation, or requiring students to learn about good spending habits before they can use student charge, Mizzou can encourage students to be better with their money without putting student populations in jeopardy.

If Mizzou wants to increase retention, it should examine solutions that address the retention issues at their root. If overuse of student charge as a payment option is enough of a problem that it requires a policy solution, then it is also likely to be a symptom of a larger problem. Why are students unable to pay off outstanding student charge balances, which cannot be higher than $1,250, with remaining aid? A New America report suggests it could be because the aid is not there to begin with, citing Mizzou as a leader in the field when it comes to using merit to attract students from out-of-state instead of need-based aid to support low-income students.

And why are these balances creating holds that prevent students from enrolling?

If concern over enrollment holds promoted Mizzou to restrict what students can buy with student charge, it would make more sense to reclassify outstanding balances on student charge as debt that doesn’t produce financial holds, and find another way to encourage students to resolve debt other than locking them out of completing their degrees.

Any genuine attempt at increasing retention and promoting good financial stewardship to keep students eligible for enrollment and curb student debt must start with an exploration of why those problems exist to begin with, and must be centered around doing no further harm first. Anything less will result in bad policy and limited perspective, no matter how well-intentioned.

Ernest Ezeugo is a program assistant in the Education Policy Program at New America, a non-partisan think tank.

Director of Truman School of Public Affairs appointed, will start in September

KELLYN ALISE NETTLES, 15 hrs ago

COLUMBIA — The interim dean of the MU College of Arts and Science announced the new director of the Harry S Truman School of Public Affairs on Monday.
Lael Keiser, professor of public policy and administration at MU, will begin in the position on Sept. 1, the same day the school will be incorporated into the College of Arts and Science, according to a news release. Keiser’s annual salary for the position will be $139,333, according to Sheena Rice, operations manager of the MU News Bureau.

In her role as director, Keiser will manage the operations of the Truman School while simultaneously coordinating a strategic plan to create opportunities for research, education and outreach in public affairs, according to the release.

“Dr. Keiser is uniquely qualified to lead the Truman School of Public Affairs as it transitions into the College of Arts and Science,” interim Dean of the College of Arts and Science Patricia Okker said in the release. “She is committed to building on the Truman School’s tradition of interdisciplinary work by building new collaborations both on and off campus.”

Keiser has been on faculty at MU since 1996 when she was hired as an assistant professor of political science. In 2003, she began serving a dual appointment between political science and the Truman School.

Now, her primary research interests focus on administrative politics, public management and policy process. She serves on editorial boards of the Public Administration Review and the Journal of Public Administration: Research and Theory.

Keiser has received the Herbert Simon Award from the Midwest Political Science Association; the Rita Mae Kelly Award from the American Society for Public Administration and the Wilder School Award for Scholarship in Social Equity and Public Policy Analysis for her research contributions.

“I am excited to serve the Truman School during this period of transition,” Keiser said in the news release. “This program is committed to preparing students for professional excellence and leadership in public policy, public management and public service. I look forward to serving the students, faculty and staff of the University of Missouri in this role.”
Basler no longer with MU Student Life

COLUMBIA, Mo. - The associate dean of MU Student Life is no longer working at the University of Missouri.

On Monday, university officials confirmed Janna Basler was no longer employed at MU.

Basler attracted attention after video showed her with students in the November 2015 campus protests.

The move comes during new budget cuts and more firings at the university.

ABC 17 News reported in early July that the university's Division of Student Affairs was going to make several changes to its organization in hopes of saving more than $1 million.

Soon after, Basler's name was removed from the Student Life website.

On July 7, Basler did not confirm she had been let go, but sent a text to a reporter saying she was "trying to sort things out right now and provide a perspective that will be honest and insightful."

Teen Body Image Perception

Generated by MU News Bureau release: Perceptions about Body Image Linked to Increased Alcohol, Tobacco Use for Teens

Body image can be a troubling topic for teens. In today's Academic Minute, the University of Missouri's Virginia Ramseyer Winter explores how bad body image can lead to unhealthy behaviors, Ramseyer Winter is an assistant professor in Missouri's school of social work. A transcript of this podcast can be found here.
Promising drug treats syndrome common in cancer patients

Generated from News Bureau press release: Promising New Drug Development Could Help Treat Cachexia

COLUMBIA – The University of Missouri is partnering with a Columbia-based company to fight a familiar condition in cancer patients.

The university's Veterinary Center is teaming up with biotechnical company Tensive Controls to test its drug that treats the effects of a syndrome called cachexia.

“Cachexia anorexia syndrome is a devastating end-stage of many different disease processes,” MU Associate Veterinary Professor Sandra Bechtel said. “What it leads to is a decline in appetite, then leading to lethargy, weight loss, and a decrease in muscle mass and an overall decline in quality of life.”

“Our drug acts to counteract those affects by enhancing weight and increasing appetite,” Tensive Controls President Ken Gruber said.

Bechtel said about 50 percent of people in late-stage cancer experience these symptoms of cachexia. She also said dogs develop diseases very similarly to humans, which is why Tensive Controls is currently testing the drug on canines.

“We have dogs that are sick and we want to make them feel better,” Bechtel said. “And we have a clinical trial that can not only make them feel better, but can help us make people feel better in the future.”

Tensive Controls Lab Director Brittany Angle put her dog, Bubba, in the drug trial in August of 2016 when he started to show signs of cachexia.
Two Minutes Of Darkness With 20,000 Strangers

By Diane A. Kelly, Published Jul. 24, 2017

A historic astronomical phenomenon is bearing down on the United States, and towns in its path are hustling to get ready. For a few hours on Aug. 21, 2017, the moon will move in front of the sun and cast its shadow over the United States. It’s the first coast-to-coast solar eclipse since 1918. Technically, it will be visible across the entire country, but in most areas, the moon won’t block enough of the sun to really dim its light, and you’ll need special equipment to watch the moon’s march across the disc. “The sun is so bright, you’d have to be really observant to notice that something was happening,” said Charles Fulco, who does educational outreach for the American Astronomical Society’s eclipse task force. “If you really want to see the eclipse, you’ve got to get on the path.”

He means the path of totality: a 60- to 70-mile-wide ribbon of territory from Oregon through South Carolina where the moon will completely cover the sun in a total solar eclipse. Eclipse-chasing astronomers, amateur and professional alike, have been scoping out viewing spots on the path for years. But much of the public is just finding out about it, sparking a steady increase in Google searches on solar eclipses. No one knows exactly how many people will decide to hop in the car at the last minute and speed down the interstate to the path of totality. But for much of the country, a prime observing spot is no more than a day’s drive away.

That’s creating huge logistical challenges for towns along that several-thousand-mile route. Hundreds of small municipalities will be in the crosshairs of what could be an enormous one-day
population boom, creating significant challenges for traffic management, sanitation and emergency services.

According to Michael Zeiler, a geographic information systems expert who operates the website GreatAmericanEclipse.com, about 75 million people live within a 200-mile drive of the path of totality (about 12 million live on the path). Even if only a fraction of the outsiders decide to see the eclipse, their travel could have outsized effects. “Only 4 percent of the population of the U.S. has to travel to the path of totality to double the population there,” said Angela Speck, a professor of astronomy at the University of Missouri. That kind of population spike would probably barely be noticeable if eclipse seekers were to spread evenly across the path. But where you are on the path matters — the closer you get to the central strip of that ribbon of land, the longer the sky show will be. It’s the difference between a few seconds of darkness at the edge of the path and a full two minutes at its center. Because visitors get the longest show on the path’s centerline, they’re likely to converge on the towns there.

Story continues: https://fivethirtyeight.com/features/eclipse-towns-planning/

COLUMBIA DAILY TRIBUNE

City bus route cuts would save $500,000

By BRITTANY RUSS

The city of Columbia hopes to save about $500,000 in the coming fiscal year by shedding three of its worst-performing bus routes.

City Manager Mike Matthes’ proposed fiscal 2018 budget includes removing the city’s routes 6, 7 and 8, also known as the pink, dark green and light green routes, respectively.

The routes run throughout parts of southern Columbia and if cut, represent the majority of the $558,000 of expense reductions the city manager’s office requested COMO Connect make to its budget.
COMO Connect’s fixed route fund is proposed to be more than $5.2 million for fiscal 2018. The estimated spending on the bus system was more than $6.4 million in the current fiscal year, which ends Sept. 30. The bus service will also be rebranded GoCOMO.

Cutting the three routes is expected to save COMO Connect more than $505,000 with $127,000 of that coming from reducing temporary positions. No full-time employees will be laid off and drivers will be assigned to new routes.

Fuel oil and lubricants account for nearly $64,000 of the cost savings. Another $50,000 in savings is anticipated from maintenance expenses.

The expense and low ridership of routes 6, 7 and 8 prompted COMO Connect to suggest cutting them, said Shay Jasper, spokeswoman for COMO Connect.

Route 7, or dark green, which runs from Old Plank Road to Green Meadows Road, has the lowest number of weekday average passengers per hour of service at 4.4, according to COMO Connect. Route 8, which hits Scott and Forum boulevards, has the second lowest with 5.2 passengers. Route 9, running from Grindstone Parkway to I-70 Drive S.E.0, has 7.4.

The highest number of riders are using Route 1, or the black route, traveling from Blue Ridge Road to Nifong Boulevard, with weekday average passengers per hour of service at 25.3.

As a whole, the fixed route system’s weekday average number of passengers per service hour is 14.4.

Jasper said the city has made efforts to increase ridership, including offering ridership programs or events free to riders that allow them to see if they want to use public transit regularly. The transit division’s staff also assists in route planning, addressing concerns and promoting the bus service at community events, she said.

“Unfortunately, decreasing ridership is a national trend for many reasons: Low gas prices, ride-hailing services and decreasing transportation budgets are just a few of those reasons,” Jasper said.

Ridership on the city’s bus service for University of Missouri students, Tiger Line, ranges from nearly 27 average passengers per hour using the Campus Loop route to 224 passengers on the Trowbridge Loop, which runs to the MU Student Center.

Student fees pay for Tiger Line, but the bus service is open to the public. Tiger Line only operates during MU’s fall and spring semesters.

COMO Connect is also reducing overtime costs for special events by $20,000.

An increased ParaTransit fee from $2 to $3 is expected to bring in $50,000 worth of additional revenue. Jasper said Federal Transit Administration regulations allow the city to set the ParaTransit fee at a maximum of twice the COMO Connect fee, which is $1.50. The ParaTransit fee was not increased with the last bus fee increase in 2011.
Chuck Graham, chairman of the city’s disabilities commission, said he prefers the fee increase over any potential of limiting ParaTransit hours or other declines in service. The increased fee “is going to be a difficult for some people who are on a fixed income, at the same time ParaTransit is an expensive service for the city to run,” he said.

The total ParaTransit fund is nearly $1.1 million in the proposed fiscal year 2018 budget.

**Mizzou International Composers Festival kicks off eighth annual showcase**

COLUMBIA- The Mizzou International Composers Festival began its series of concerts **Monday night with a free show at Whitmore Recital Hall**.

The festival features the music of eight resident composers, as well as two distinguished guest artists: Dan Visconti and Georg Friedrich Haas.

Festival director Jacob Gotlib said the composers selected for the lineup keep the tradition of classical music alive.

"This festival represents the broadest spectrum of the music practices that are being done today," Gotlib said. "From the younger composers who are just on the cusp of entering their professional careers to the two internationally renowned composers, these guys are doing their craft justice."

More artists applied to be a part of this year's resident composers octet than in years past.

Gotlib said 260 composers in all submitted to the festival, requiring some difficult cuts in order to get the number down to eight.

These composers will share their craft with listeners in a series of seminars that are also a part of the festival.
Gotlib said these seminars are a highlight of his festival.

"I think it's so important to know where these artists are coming from when they're performing their music, so allowing listeners to have that context is a really nice feature," Gotlib said.

There are three concerts still to come for the festival, with shows on Thursday, Friday, and Saturday nights. All remaining shows will be held at the Missouri Theatre.

A full schedule of the Mizzou International Composers Festival can be found on its website.

The free market can deliver a better health care solution

BY AARON HEDLUND

Special to The Star

JULY 24, 2017 8:30 PM

Aaron Hedlund is an assistant professor of economics at the University of Missouri and a visiting scholar at the Federal Reserve Bank of St. Louis.

For more than seven years, Republicans have barnstormed the country promising to repeal Obamacare and to replace it with a low-cost, high-quality, patient-centered system. Yet with each passing day, the Republican promise to repeal and replace seems as believable as President Barack Obama’s promise that Americans could keep their health care plans. While the diagnosis for Obamacare is poor, the free-market remedy is more possible than Washington, D.C., politicians would have us believe.

The case against Obamacare is an easy one to make. All across the nation, health insurance premiums are rising dramatically higher than they would have without Obamacare. Here in Missouri, insurers are leaving the state faster than people are fleeing Illinois. The result is tens of thousands of Missourians left at the mercy of a single insurance company monopoly or with no insurance options whatsoever.
This slow-motion death spiral was all too predictable, but Democrats, including Sen. Claire McCaskill, barreled ahead anyway — perhaps hoping to use Obamacare’s inevitable failure as the steppingstone to a government-controlled single-payer system. McCaskill — like many of her colleagues now — has admitted to Obamacare’s troubles yet continues to resort to her erstwhile role as chief Senate obstructionist and Elizabeth Warren cheerleader.

During McCaskill’s 2012 tour around Missouri, before the state exchanges had opened, she blamed rising premiums on who she called “freeloaders,” such as those who buy new motorcycles instead of insurance.

I’m sorry, Senator, but the only freeloaders are the politicians who are busy prepping talking points in front of the mirror instead of solving problems.

The driving force behind Obamacare was the effort to cover individuals with pre-existing conditions. Unfortunately, instead of doing it transparently through a targeted safety net, Obamacare constructed a web of convoluted mandates, regulations and subsidies that acts as a hidden tax on the young and healthy. However, many of them have decided to go without insurance and pay the IRS fine rather than struggle under the astronomical premiums created by Obamacare and enabled by McCaskill. As the insurance pool becomes sicker, premiums rise, losses mount and insurance companies flee.

The solution is to kick the lobbyists out of the room and remove the government mandates that dictate what insurance products people must buy. Robust competition in the marketplace — something that was held back by government even before Obamacare — should take the place of bureaucrats setting prices. For the vast majority of people, premiums would plummet and insurance options would bloom.

For those with a history of cancer and for those facing tragic health challenges, a free-market safety-net insurance option that protects against medical bankruptcy can easily take the place of Obamacare’s complicated subsidy scheme and at a fraction of the current system’s cost. It is unacceptable for people with pre-existing conditions to fend for themselves.

Missourians must insist on delivery system reforms to bring down the cost of actual care, not just insurance. Outdated Medicare billing practices, shortages in medical residency slots and out-of-control occupational licensing laws that act more as barriers to entry than patient protections all drive up costs while creating doctor shortages.

A combination of robust competition, a targeted safety net, and health care delivery reforms have the potential to cover more people at a lower cost than Obamacare. It’s about time that Congress and the Senate stopped the shouting match and started to take action. Our physical and financial
Laurence Bowers is a good man to follow.

I learned this on one of the worst days of Bowers’ life. It was October 4, 2011, and the lanky forward had just received confirmation from doctors that the knee injury he suffered during a pickup basketball game was indeed a torn ACL. He would need surgery. He would have to watch what was supposed to be his senior season from the sideline.

That same day, Bowers was scheduled to read to children at the Columbia Public Library. The person who arranged the visit had heard the injury news. She figured Bowers wouldn’t show. She didn’t know Bowers.

He came, on crutches. He folded his 6-foot-8 frame into a too-small chair. He read “If You Give a Mouse a Cookie.”

I can’t help but recall this story every time I see Bowers, and it came rushing back Saturday, because there was Bowers leading by example once again. He wasn’t alone. Twenty-two former Mizzou football and basketball players ran (some more gracefully than others) up and down Norm Stewart Court for a charity alumni game organized by Bowers and his former Mizzou teammate, DeMarre Carroll. And I’m not kidding when I tell you the size and passion of the crowd beat what was witnessed in some actual games here last year.

“The University of Missouri just won,” Bowers said after his team lost to Carroll’s team 137-116. “And Columbia just won, with us being able to bring back all these people and create a positive event.”

Positivity is Bowers’ thing. It’s why he and Carroll decided to do something about the lack of it in Columbia. Their idea started stirring as the football and basketball teams struggled. On top of that, racial unrest on campus had resulted in protests, the football team’s threat of a boycotted game, the toppling of university leaders, the fierce and tiresome debate about who should be blamed for it all.

“As a black male, all the stuff that happened, it kind of hits hard,” Bowers said. “It was disappointing, what happened, the racial slurs and all that stuff. We don’t need that. And I’m not turning a blind eye to it. Because I know that it happens.

“But I do think that some things are blown out of proportion. We can’t fix that. We can’t change that. That’s in the past. All we can do now is just move forward and try to do things like this to put that behind us.
“If we have the football program and the basketball program pick it up, that’s definitely going to help. We are trying to create a positive image. We are trying to help out our city and our school.”

Bowers and Carroll aimed to change the tune. The buzz created by new basketball coach Cuonzo Martin’s signing of star recruit Michael Porter Jr. beat them to it. Even better.

“We just wanted to aid that, support that,” Bowers said. “Getting the football guys involved, that was good.”

Saturday’s game wasn’t just about raising money for worthy charities. It was also about reminding Mizzou what it can be.

“We wanted to come back and try to help build this community back up,” Carroll said.

They needed help, and they got it. How about some of these names?

There was Brian Grawer hitting his first 3-pointer in Mizzou Arena, and Jimmy McKinney without his signature facemask. Pro linebacker Sean Weatherspoon showed a nice touch from behind the arc, which is a sentence I never thought I would type. Rickey Paulding can still slam. Ricardo Ratliffe dropped a game-high 39 points. Jerrell Jackson dropped jaws with a 360-degree slam dunk.

And kids, that guy your folks screamed like crazy for during pregame introductions was the one and only Melvin Booker. The former All-American and Big Eight player of the year opened the game with a swish and finished with 13 points.

“I had a great time seeing old fans — and hearing how old I am,” Booker said with a smile.

The man who sits seventh on the Tigers’ all-time scoring list (1,697 points) echoed a sentiment shared by many of the former players. It’s time to turn the page, and Martin’s new-look basketball program might be the next chapter.

“You can see the fans are thirsty to get back to where they used to be,” Booker said. “Everyone is excited about the upcoming season. I know I am really excited to see Cuonzo and Porter Jr. You will probably see my face in here more now.”

Oh yeah, Porter Jr. was watching from the stands with his team. And his younger brother, Jontay, was sitting with the Tigers, too. I will eat this column if the talented big man doesn’t reclassify and play for the Tigers this season.

But pressing refresh on a university’s image is bigger than the Porter brothers, and bigger than Barry Odom’s record in year two. These guys know that.

They also know football and basketball are the university’s doorstep, that improvements in these areas can have a significant and measurable ripple effect. Sports unite. Especially when teams win.

Weatherspoon hit this point harder than a running back.

“We need to be focused on being brothers and showing people how to love each other, regardless of where we came from,” he said. “Ball is what brought us all here. We are not ball. It is not who I am. It’s not who these guys are. But it is a part of us. It put us here. That’s why I was here today. Because of a football. A basketball brought all those guys together. It intertwined us all. We show that we can coexist. We love each other. That’s what we have to teach our kids. That’s
the example that we have to send to the younger generation. We have to show them it’s all about love.”

Thanks to Bowers and Carroll, Saturday was a step in the right direction for Mizzou. Those interested in restoring the university would be wise to follow.

Columbia College to build new multi-million dollar facility

No MU Mention

COLUMBIA - Columbia College has seen drastic growth in enrollment and will spend $20 million to expand its campus. Columbia College grew by 13 percent this past school year.

Director of Public Relations Sam Fleury said it will break ground in 2018 and the expansion will be completed in August 2019.

"We're excited about that," Fleury said. "It's a $20 million dollar project. So it's going to be a big undertaking, about 60,000 square foot. So we're excited about that facility. We'll also be doing some expansion to our dining facility because we have some increased enrollment on campus, so we need to be able to feed and to house the new students."

Fleury said Columbia College will continue to see growth this school year.

"Obviously we still have a month until everybody comes on campus and then we'll have a better idea," Fluery said. "But we're expecting additional growth. It will be coming through for the 2017-2018 school year."

Fluery said the new sports have contributed to the schools growth.
"I think that a lot of our growth is organic growth," Fluery said. "Our admissions team does a great job, and they have some unique tactics they use. Then also you look at the addition of sports, we've added four new sports the last two years. That's definitely the reason for the growth we've seen."

The new facility will house the business school and serve as a residence hall for students.

"So the first floor will be our school of business," Fluery said. "It continues to grow and flourish. It's one of our more popular degrees, departments on campus, which houses our entrepreneurship center. Entrepreneurship is definitely growing, a major we have on campus. So the building is really going to be a gem here on campus."

The residence hall will have 150 beds for students.

"That's where we'll house our Dean of business administration school," Fleury said. "So there's going to be a lot of things going on in that building. There will also be an event center that will hold about 150 people. So it's going to be a really nice facility."

Fleury said the funding for the construction will come from fund raising and money from the school.

"The growth has been really, we've had great energy on campus," Fluery said. "I mean when you're seeing growth and seeing more students around campus it really just makes it more vibrant. It makes it exciting. I'm looking forward to the process of building the new building because it's always a huge undertaking but to watch it kind of from the ground up is really cool."