Health care mosh pit

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Typically associated with aggressive music genres like hardcore punk or heavy metal, a mosh pit is when participants slam into each other to express their enjoyment of music. Though intentions are innocent, sometimes people get hurt. What are the consequences of the health care legislation “mosh pit” going to be for Utah?

With state reform moving into high gear with Rep. Jim Dunnigan’s HB144 and critical Medicaid payment and delivery system reforms just getting under way, we might expect less in the way of bold proposals, and more of a wait-and-see stance.

But just the opposite is happening on Capitol Hill this year. The number of bills with direct bearing on health and Medicaid reform is staggering. It can only be one thing: the seemingly impassable conflict between federal and Utah reform.

But Utah is already part of the legal challenges to the Affordable Care Act, to be decided by the Supreme Court in June. And the electorate will have its turn to weigh in on these issues this November. So why overturn Utah’s system now?

There aren’t enough fingers and toes to count the lawmakers who’ve said, “Look, I have to do something to make good on my promises to voters.” So how about this? Each of the bills sounds reasonable on its face (to some), but, taken as a package they are pure chaos — a mosh pit. Consider these:

• “Health Care Compact” (SB208 by Sen. Stuart Adams) would have Utah join the compact, a group of states seeking to opt out of any federal health care law. It is one thing to aggressively posture against the ACA, but this goes much further in asking for a block of all federal funds. Such compacts could drop seniors from Medicare, undermine Medicaid-financed care in nursing homes or in the community and invalidate laws protecting privacy. In states like Utah with lean Medicaid programs and inadequate provider rates, locking us in to current spending levels could have tragic consequences.
"Patient Access Reform" (HB134 by Rep. Mel Brown) says that hospitals cannot use discounts to limit patients' access to other facilities. Sounds like a good idea — after all, who can argue against patient access? But practically everyone involved in both state and federal reform has acknowledged that if we want to move towards accountable care, in which health plans compete for customers on the basis of how well they care for patients, we need to stop focusing on individual providers and instead move toward a teamwork approach to care, where insurers orchestrate the coordination of care across levels of care. To this end, hospital discounts are a valid tool. HB134 is a step back in time, which ignores everything that the reform process has taught us about approaching health care as a systemic process, not a series of individual transactions.

At last count, there are 12 bills pending. But maybe this isn’t the best approach. Mosh pits are known to trample folks.

Let’s take a step back and remember our goal of coordinated, systemic, meaningful, lasting change. The last thing we need is a bunch of bills, effectively canceling each other out, which serve primarily to score political points at the expense of Utahns’ health care.

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