

Group presents health-care reform plan

Co-chairman says the principles parallel those of House legislation

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Access to quality, affordable health care is the basic tenet of what should be bold and comprehensive health-care reform in Utah, some of the state's community leaders said Thursday.

One of five work groups formed to give input into the Legislature's Health System Reform Task Force, the Community Workgroup presented a proposal for reform that calls for cost containment and quality-improvement strategies. Financing health coverage, their plan says, should be distributed among the government, private market and individuals.

"I think the principles laid out are very much the principles laid out in [House Bill] 133," said Bruce Reese, the work group's co-chairman. "We haven't moved very far from that."

Even so, said Judi Hilman, executive director of the Utah Health Policy Project, it was important to get a consensus on the pillars of the reform plan before the work group moves forward and refines its policy recommendations.

"I was terrified to do this [hold the meeting] because I know how important it is to have something solid for the task force," she said.

Largely made up of advocates, physicians and nonprofit workers, the work group did approve the plan, but asked that other elements - such as quality health systems designed to cut back on inefficiencies, tort reform, the inclusion of vision and dental benefits into health plans, as well as quality and standards for health care - be incorporated into it. They also asked for more collaboration with the other work groups.

"I don't think people are looking at this as incremental change," Reese said.

The work group also produced a lengthy list of preliminary policy proposals.

Among the possibilities:

- * Every resident must have coverage either through an employer, public program or through a policy purchased on the individual market.

- * Insurers can no longer charge higher premiums based on health status or other factors.

- * Wellness initiative should be built into every insurance plan, including Medicaid and CHIP. Such initiatives should be structured to reward specific, positive changes in behavior.

- * This should be a percentage of income based on established standards.

- * Ideally a public-private sector partnership that helps consumers compare plans, collects premiums from employers and perhaps functions as a pool through which individuals can buy a health plan. The Community Workgroup will meet again Tuesday.

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