

Health care reform vital to businesses

by Becky Ginos
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KAYSVILLE — Imagine having the skills and experience to start a small business but having to stop short because of health insurance.

That was the scenario in a video clip presented by Jessica Kendrick of the Utah Health Policy Project at last Thursday's Davis Chamber Legislative Affairs Committee meeting. The family in the video couldn't get health coverage for the company they wanted to start because of a pre-existing health condition.

Kendrick said the clip was just one of many stories of small business owners whose dreams were stifled due to the high cost of health care.

"You are all acutely aware as business people of the burden of health care," Kendrick told the committee. "Businesses are facing ever-escalating health care costs. The state has been embarking on reform and has made some good progress, but it's incremental."

Nationally, Kendrick said, there are a lot of people trying to make changes but there is no cohesive plan yet.

"Now is an exciting time because policy is still in the works," she said. "We want to make sure small businesses are being represented. Utah can do well on its own, but needs some national standards as well."

The Utah Health Policy Project is a nonprofit, nonpartisan group attempting to make a difference on the health care reform landscape. Kendrick's presentation was an effort to ask for the committee's support.

"One of the biggest burdens small business faces is pre-existing conditions," said Kendrick. "We want to get rid of that so that small businesses aren't saddled with the high cost of health care."

Kendrick suggested that insurance reforms would "do away with the built-in disadvantages of small groups and individuals by requiring insurers to cover everyone without penalties for pre-existing conditions or health status. With this change, small businesses would be protected against unsustainable premium increases should one of its employees have an accident or illness.

"Nationally small businesses would be combined in a pool to share the risk instead of one little company being alone," said Kendrick. "These would be called 'exchanges' and would give the business more purchasing power. It would be spread out over more people, lowering costs."

Kendrick said changing the current health care system is hard and messy, but the idea behind the exchange is that everyone takes responsibility.

Although the committee agreed changes must be made, some were skeptical whether reform is really possible.

"Hospitals are retreating to protect themselves from people who come in but don't pay," said DATC

President Mike Bouwhuis. “Who is going to pay? It’s a vicious circle because everybody is retreating.”

Vaughn Jacobsen, from the Ogden Standard Examiner, suggested there needs to be more accountability to make reform work.

“Everybody wants some kind of policy change but where is the personal responsibility?” he said. “Someone needs to say ‘you’re too fat’ or ‘you eat too much bacon.’ Where is that coming up?”

Kendrick agreed personal health choices would need to be addressed. “If we want to find a sustainable solution there will have to be ways to incentivize losing weight, etc.,” she said. “There is a tax on sugary drinks in the proposal. Personal changes need to be included. The ultimate goal of reform is a combination of shared responsibility between individuals, insurers and government. It has to be a team effort.”

Those members from the health care industry expressed frustration over the complexity of reform.

“We could spend three years on this and not make a difference,” said Mike Jensen from Davis Hospital and Medical Center. “We are so regulated (hospitals). Everybody who comes in must be treated. The question is, is health care a right or a market system?”