

Two groups eye ballot initiatives for health reform

Patience waning » Leaders say they're hoping the Legislature will act without being prodded.

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Fed up with the Utah Legislature's slow progress on health system reform, Joe Jarvis is considering putting the matter in your hands.

If lawmakers fail to produce a blueprint for real change by the end of the session, Jarvis said, he will aggressively pursue a statewide ballot proposition -- one that targets unsafe hospital practices and over-utilization of health care, and limits when private insurance companies can reject applicants.

"I've become persuaded we're not going to get the kind of health system reform we need, or should have, through the Legislature or Congress," said Jarvis, a Salt Lake City physician who ran unsuccessfully for a seat in the Utah House last year.

In the meantime, he's getting organized. Last month, Jarvis and Richard Passoth, a Utah psychotherapist, filed paperwork with the Lieutenant Governor's Office to form a political issues committee called the Utah Patient's Advocacy Council. Jarvis also has mailed letters to people he identifies only as "community leaders" to gauge their support for "an entirely new political endeavor."

The Legislature, he said, "has studied health system reform many, many times over. They studied it a lot during the Leavitt administration; it has been a constant issue during the Huntsman administration. We've had at least two major task forces on health system in Utah. They're showing us it's somehow not possible to do the job."

Jarvis isn't the only one kicking around the idea of an initiative. Judi Hilman, executive director of the Utah Health Policy Project (UHPP), said her board has discussed the possibility and, like Jarvis, is waiting out this legislative session to see what lawmakers -- and Congress -- do before it acts.

So far, however, Hilman isn't encouraged, saying the Legislature's Health System Reform Task Force bills -- which have not yet been debated -- don't reflect a political appetite for comprehensive reform.

"Health reform is really a house of cards," she said. "You can't pull one lever without pulling a bunch of other levers. If a ballot initiative is designed to help the public [express] its preference for truly bold, comprehensive health system reform, then that makes a lot of sense."

While Hilman is confident UHPP could fund a ballot initiative, "it is a big question for our board. It's also a question of political capital: Is that the kind of approach our Legislature is going to be able to handle?"

Just the logistics of getting together a statewide ballot proposition in time for the November 2010 election could prove difficult.

Jarvis' and Hilman's groups would have to hold public meetings on their initiatives around Utah before collecting the 95,000 or so signatures they would need to get them on the ballot, said Mark Thomas,

office administrator for the Lieutenant Governor's Office. Getting half that many would give them the opportunity to present their initiatives to the Legislature.

"We get a couple of applications a year, but they don't ever make it past the public hearings, to be honest with you. So in that sense, they're not very popular," said Thomas, noting that the last initiative to make the ballot -- Utah Clean Water, Quality Growth and Open Space -- was in 2004. And it failed.

If they're successful, however, their initiatives could prove useful tools for galvanizing Utahns' support and pressuring the Legislature to act, said Brian Rosman, research director for the Boston-based consumer health advocacy organization Health Care for All.

In 2005, as the Massachusetts Legislature debated its sweeping health reform bill, Rosman's group spearheaded a broad coalition of labor unions, religious institutions, health care advocates, business leaders, civic organizations and consumers called MassACT (short for Massachusetts Affordable Care Today.)

They called for, among other things, a sliding scale subsidy to help lower-income people afford coverage and a mechanism making it easier for people to sign up. MassACT volunteers canvassed city dumps, parks, parades and street rallies for two rounds of signatures, successfully collecting the 138,000 or so they needed.

"What we found was the enormous public hunger for doing something about health care -- and that, of course, was back in 2005," he said. "In 2009, the public demand for action is even greater."

In the end, MassACT didn't file its signatures to the Secretary of State's office to get its initiative on the November 2006 ballot. The state's Legislature, Rosman said, passed its own reform law that April -- one that met the coalition's major goals. But the threat of a ballot initiative, he believes, was instrumental in making it happen.

Jarvis said is hopeful Utah's lawmakers will start retooling the health system on their own terms this session. "If they don't, we'll be there saying: 'It's time for the people to have a chance.' "

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