

Health care for all? Not likely

Heather May and Lesley Mitchell The Salt Lake Tribune

Forget mandating that all Utahns get health insurance and forcing insurance companies to cover all comers. The primary health care reform bill to be considered in the 2008 Legislature abandons any such demand on insurers, and postpones the debate about a mandate for consumers. Instead, the bill sponsored by Republican majority leader Rep. Dave Clark offers smaller immediate steps toward helping Utahns get private insurance, such as tax credits for some families and more subsidies for low-to-moderate income workers. It also calls for a future solution based on market forces: cheap insurance plans that state officials would help design, companies would agree to offer and Utahns would buy, some with state help.

His bill, developed with Gov. Jon Huntsman Jr.'s staff, is set to be publicly released Thursday. So far, it has been written, debated and altered behind closed doors as Clark has met with stakeholders - including insurance companies and brokers, doctors, low-income advocates and legislators. After insurance companies balked, Clark dropped a requirement that they eventually cover all Utahns regardless of their medical history. Clark acknowledges the bill has lost "some of its muscle," but chalks the changes up to the "art of compromise." The bill attempts to make insurance companies participate, he noted, by limiting what they can charge other policyholders if they don't offer the state-designed plans.

"It doesn't do me any good to have a bill out there that isn't going to be passable," he said in defending the closed-door negotiations. Cost, access, quality. The eventual goal of Clark's bill is to cut health care costs, improve access to insurance and enhance quality. At its heart: Economical insurance plans that are portable from job to job, provide incentives for people to stay healthy, and help them get preventive care. Employers would be encouraged to contribute toward employees' premiums.

By 2009, the state Departments of Health, Insurance, Workforce Services and the governor's Office of Economic Development would have to define:

- The minimum level of care offered by the plans. Immunizations and screenings would have to be covered. But other items now mandated could be dropped to save costs, such as mental health services.
- The "continuum of care" offered, from preventive services to elective surgeries. Policy holders would pay more for the latter.
- Whether insurers should be exempted from a state ban on incentives - like lower deductibles - for healthy behaviors.
- Whether health care providers should be shielded from malpractice lawsuits if they follow best medical practices.
- Whether hospitals, doctors and insurance companies should be taxed to subsidize people buying private insurance.

Make it a mandate?

The departments would also study whether the state should mandate Utahns get health insurance by 2010 and whether to punish those who don't. The Salt Lake Chamber is open to such a mandate.

"Everyone has to participate," said Natalie Gochnour, a chamber vice president. "You can't define a system where some are responsible and some are not" because the insured pay for the uninsured. Instead of a mandate, Clark hopes the market will develop "niche" plans that entice Utahns, and that more people who qualify for government insurance will sign up.

Low-income advocates will argue employers should be required to contribute toward premiums. Judi Hillman, who has been negotiating with Clark as executive director of **Utah Health Policy Project**, said the state must also define "affordable" - instead of letting the private market do that. The project contends insurance companies must be forced to cover everyone, and charge roughly the same rates regardless of their medical history, to get everyone covered. But opponents say those requirements wouldn't encourage Utahns to get healthy, since everyone would be charged the same. While Clark's bill does not require a study of the issue, he expects debate on the point.

Terri Holland, co-owner of Home Caregivers Home Health in Salt Lake City, has struggled to find good, affordable coverage for her small business. So far, she thinks Clark's plan will not work because it does not ask enough of insurers. "It's a boon to insurance companies," she said. ". . . I don't think it's going to in any way actually address the problems we have in this country."