

Utahns concerned about health reform

by Melinda Williams
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FARMINGTON — Woods Cross resident Donna McCormick has multiple sclerosis, is on Medicaid, and has decent secondary health insurance, but if she tries to earn a little money to supplement her income, it jeopardizes that insurance.

McCormick was among several people who attended one of seven meetings statewide to discuss national health reform last week. The meeting, which linked the seven sites together, was hosted by the Utah Health Policy Project, a health advocacy organization.

McCormick made her comments to the group meeting in Farmington, saying it was unfair that when she tried to do something to take care of herself, she was penalized.

The linked meeting featured personal, sometimes heart-wrenching stories from three Utahns living in different areas of the state who struggle because they either have no health insurance, or are underinsured.

Catherine Smith told of a friend, a 51-year-old woman who made her living sewing clothes. Because she was self-employed, she had no health insurance and was diagnosed with cancer in January.

Smith said her friend was eligible for a program, but had to wait to sign up until the enrollment period in April. Her friend died in May.

And Layton resident Carol Bellmon said that while her family has been blessed with good health insurance, she's tired of seeing working people who must hold bake sales and other fundraisers to pay for expensive health procedures. "We're (the nation) bigger than that," she said.

Some of the concerns shared among those at the seven sites include the practice of making health care coverage difficult to get for older Americans, and increasingly higher premiums for older people; families in which one or two members can get health insurance while others can't; and caps on benefits.

Jessica Kendrick, community engagement director for the Utah Health Policy Project, said there are currently five committees in the U.S. Congress — two in the Senate and three in the House looking at legislation to reform health care in America.

She said what the project staff is hearing from Utahns is that they want health care reform "that is uniquely American" which will allow people to keep their doctors and hospitals, but gives them more choices in terms of quality, affordable health insurance.

Included in some of the proposed legislation is a sliding scale, which would subsidize insurance offered in small businesses, and expanding Medicaid to include people living at 100-133 percent of the federal poverty level. Another idea being floated is that low income adults could use a voucher to purchase private health insurance.

Congress has a timeline which would put a health reform bill before President Barak Obama in November. If that happens, implementing the bill would still take time, Kendrick said.

Any bill will cost the American people, with some bills costing more than others. Jessica Christopher with Sen. Bob Bennett's office said the Congressional Budget Office has estimated that a bill being put forth by Sen. Ted Kennedy will cost \$1.3 trillion and will still leave millions uninsured.

She said Bennett absolutely believes the health care system must be reformed, and that any package passed must give the American people choice in their policy, be portable, and must include incentives for healthy behaviors.

And Linda Gibbons, constituent services specialist with Sen. Orrin Hatch's office, said Hatch believes health care reform will happen this year.

She said Americans are spending too much on health care, while insurance plans cover too few people, and Americans aren't getting their money's worth. She said Hatch will fight to find a plan which provides affordable health care and offers access to health insurance for Utahns building on employer-based insurance — and while focusing on the family, not Washington.