OREM -- The United States needs drastic health care reform, lobbyists told about a half dozen Utah County residents Tuesday night.

Members of the Utah Health Policy Project talked about Medicaid, the public option, pre-existing conditions and money at the Orem Senior Friendship Center. Most of the discussion centered on money -- how to pay for the burgeoning enrollment in government programs, the cost of both the House and Senate health bills, how much people will be paying for health care premiums in the future and how there's not enough money, in state or federal coffers or in many people's paychecks, to pay for many of these.

Part of the focus was on what the government is already doing. Salem resident Larry Ballard wanted to know exactly who benefitted from Medicare and Medicaid and how necessary they really were. He and his wife had two children while they were in college, making little money. They paid the hospital $10 a month until the bill was paid off. Maybe, he suggested, personal responsibility needs to play more of a role in health care.

"There comes a breaking point where the taxing and the entitlement gets to a point where maybe the eyes need to look back at the individual," he said.

Lincoln Nehring, the Policy Project's attorney, said cutting out inefficiencies in Medicaid and Medicare would cut costs when health care reform was implemented, and having a better private market would better serve the government health care systems because fewer people would need them. He also said, however, that making cuts just isn't going to be enough.

"The personal responsibility answer is the health reform discussion that we're having," he said.

Utahns already are better off because premiums are lower, although they are rising faster than premiums in any other state, and because of projects like the Utah Health Exchange, which offers more options to individuals and small businesses that otherwise might not be able to afford coverage. That is similar to discussions being had at the federal level.

Federal health reform also would take on the pre-existing condition problem and require insurance companies to insure people regardless of how sick or healthy they are; only age would be a factor in the premiums. This doesn't, however, take into account
people who are higher risk because of choices they make, a concern Diana Ballard raised. She compared it to having homeowner's insurance from a national company and wanted to know how that additional risk would be spread.

"Is my premium higher because they cover everyone the same?" she asked. "Am I paying for that person who wants to live in Florida and is willing to take more risks, and I'm paying for their risks?"

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