

## **Guv signs health care reform, but says more needs doing**

*Heather May - The Salt Lake Tribune*

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The same day Gov. Jon Huntsman Jr. signed a bill aimed at eventually overhauling health care in Utah, new data showed the number of uninsured state residents has dropped for the first time since 2001.

But the dip, credited to last year's strong economy, isn't big enough to warrant relaxing, health officials and politicians said, particularly in light of the economy's current downturn.

About 287,200 Utahns, or 10.6 percent of the population, were uninsured last year. That's 19,300 fewer uninsured than 2006. But several groups remain hardest hit: poor adults, Latinos, people without a high school diploma.

And there were 87,800 children without insurance, as well as 101,900 adults who had full-time jobs.

Calling the drop "still woefully inadequate," Gov. Huntsman lauded and then signed HB133, which creates a legislative task force to develop a plan by the end of November to rein in costs, make health care more affordable and boost access to insurance. The plan may take several years to implement.

"Please understand the totality of what we're trying to do," the governor said, responding to what he called media criticism that the Legislature didn't reform the system this year. "We as a state are at the very forefront of health-system reform. It is multifaceted, it is complex, it is politically sensitive."

The work begins next month, when 11 lawmakers will start meeting at least once a month. The members haven't been named - they will be picked by Republican leaders Rep. Greg Curtis and Sen. John Valentine - but about 40 representatives have requested a seat.

With all House members and half the Senate up for re-election this year, the pressure is on for real reform, said Rep. Dave Clark, R-Santa Clara, the bill's author and co-chairman of the committee, along with Sen. Sheldon Killpack, R-Syracuse.

Utahns "expect us to come up with something concrete and substantial," Clark said.

Huntsman still holds out the option of calling a special session for a "spot check" on the task force's progress.

Some work has already started, with the state looking at hiring an actuary to analyze the impact of potential changes. Clark is also creating a handful of subcommittees of stakeholders - hospital and insurance company executives, doctors, business owners and low-income advocates - who will devise proposals to present to lawmakers. Those meetings, as well as task force meetings, will be open to the public.

The task force will address 16 items, including: considering mandates on individuals to get insurance; using Medicaid money and possible taxes on hospitals, doctors and insurance companies to subsidize private insurance; ways to encourage people to be healthy; expanding government programs and changing benefit levels in programs like Medicaid.

The main thrust of the task force is creating legislation to allow insurance companies to offer new plans that are "affordable," are based on to-be-determined minimum levels of coverage and are portable from job to job.

Stakeholders already know what they want to see.

The Utah Hospitals and Health Systems Association supports requiring every Utahn to have insurance and it would be willing to be taxed to help pay for subsidies for the poor, as long as others are, too.

The Utah Health Insurance Association wants to look at higher co-payments or deductibles to deter patients from seeking care the association says they don't need, like treatment for the incurable common cold. It also wants to see hospitals seek a "certificate of need" to add new, specialized technology, which drives up costs.

The association's executive director Kelly Atkinson said there could instead be "centers of excellence" for, say, premature babies or cardiology. That already happens for burn patients in Utah and surrounding states, who are referred to the University of Utah.

And the association wants a panel of doctors, with insurance input, to define "best practices" of medicine to decide what care should be covered. Insurance companies that follow the findings could be protected from some lawsuits.

Atkinson acknowledges insurance companies could implement such changes without the task force. But they don't, he said, fearing public outcry.

Judi Hilman, executive director of Utah Health Policy Project, which advocates for low-income Utahns, is recruiting task-force members who will balance the interests of health-insurance companies and the public.

"I don't want us to think this is just about [the industry]. Ultimately, it's about all of us," she said. "We would hope the most important constituent . . . to represent is that of the uninsured themselves and just what it will take for them to get into the system."