

## **Health care reform proposal hinges on personal responsibility**

Ace Stryker - Daily Herald

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Ideas for the system-wide health care overhaul prompted by the Utah Legislature earlier this year are taking shape, and they center around one actor: you.

Under House Bill 133, which passed during the 2008 session, the state established a task force to build a road map to reform. Part of the effort has been a series of workshops by the Utah Health Policy Project, a nonprofit group, to start a dialogue among employers, hospitals, insurance providers and the community. Central to the community group's discussions has been the notion of "individual mandate," meaning a possible legal requirement that every Utahn have health insurance as they must car insurance.

" 'Mandate' is one of those words in Utah that we really don't like to use," said Elizabeth Garbe, coordinator of the community group, to a gathering of students at Utah Valley University on Tuesday. "It's in our best interest to have healthy people, because healthy people make a vibrant community."

Garbe conceded that there is a lot of work to do before requiring every Utahn to carry insurance is reasonable -- not least among them re-engineering the entire private health insurance market. Health insurance is very much a seller's market, she said -- but it doesn't have to be.

"Right now, they're incentivized to avoid risk," she said. "We need to re-incentivize them to keep us healthy."

One idea UHPP has high hopes for is a "market facilitator" -- a portable tool, perhaps in the mold of airfare trackers like Expedia, that citizens can use to compare different health care plans and costs. Garbe said it would surprise her if the Legislature didn't move on that item during their next regular session.

"It's actually a one-stop shop," she said.

To design a long-term plan, an affordability study is needed to gauge the average family's financial demands, she said. From there, planners can come up with a reasonable target for health insurance costs. She said that's the first move toward convincing lawmakers to push for change.

"We might go out and do that study independently," she said. "We know the Legislature would be more likely to pay attention to the study if they did it on their own."

Another key tenet of the community group's proposal is "community rating," which involves a broader pooling of risk for determining insurance costs. Right now, your costs can go up if someone at your work develops cancer, for example -- but spreading that risk among more people means a lesser impact on your paycheck, she said.

Other key ideas in the discussion so far include mandating a baseline benefits package that every plan must include and offering incentives for healthy behavior.

"The Legislature is big on that," Garbe said.

Feedback from other groups has steered in different directions: The business group is pushing for a defined-contribution system in which employers don't offer insurance plans, but instead pay employees a certain amount to find their own; and the insurance group's talks have centered on product innovation and using technology to drive down costs.

Both of these approaches have their problems, Garbe said.

"Product innovation is not health care reform," said Garbe, echoing a sentiment from Gov. Jon Huntsman.

"Brokers don't have any incentive to change the system. They make a lot of money."

Still, she said, it's important that the discussions are taking place.

The Health System Reform Task Force has until Nov. 30 to present any proposed changes to the Legislature's Business and Labor Interim Committee.