

This may be the year for meaningful health-care reform

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Cover the Uninsured Week rolls around each year with renewed calls to address the problem of the uninsured in our state. Have those words brought meaningful progress? It would be difficult to answer this question with a resounding "yes."

But we find ourselves in a new environment in 2009, and this may be our best chance to turn rhetoric into action that brings real results.

Yes, there are obstacles. A faltering economy, declining revenues, and layoffs may compound our already dismal statistics -- over 100,000 Utah children uninsured. But there are reasons for optimism: a new investment by the federal government in children's health programs and a sea change in how Utahns view this issue.

The Obama administration has made covering all kids its top health-reform priority, and the recently enacted Children's Health Insurance Program Reauthorization Act sets aside new money for Utah to expand coverage to more uninsured kids -- particularly those from four-person households making more than \$42,400 a year and to legal immigrants. A rich body of evidence shows that health insurance coverage has a profound effect on access to health care and overall health outcomes, particularly for children.

There is growing consensus among Utahns of all political persuasions that being uninsured is not a personal failing, but a consequence of a system run amok. A recent AARP poll found that two-thirds of Utahns believe it's extremely or very important for the state to reduce the ranks of uninsured residents, while three quarters believe just as ardently that Utah should make health care more affordable.

This groundswell for change stems from the health-care affordability crisis in our state; even middle-income insured families see their household budgets being swallowed by ballooning health costs. We recently analyzed data from a sample of families residing in the Western United States and found that privately insured families of four that earn between \$27,562 and \$44,100 are spending one quarter of their income on health care. The AARP poll showed that more than 50 percent of Utahns have difficulty paying monthly out-of-pocket medical bills.

This trend is clearly unsustainable, but we may finally be ready for meaningful change.

How can we lower costs to improve access for working families? There are several options that don't rely exclusively on introducing low-value insurance products that undermine the standards of basic coverage, which has been the preferred strategy of some of our legislators.

We must focus on a wide range of strategies that will squeeze waste out of our enormously wasteful system. For example, we can adopt payment structures that enhance disease management and coordination of care while encouraging prudent and efficient spending of health-care dollars.

Patients, too, must change their behavior. Educating and providing consumers incentives to reduce their reliance on unproven treatments and high-cost modes of care -- such as emergency rooms -- will also reduce costs. And we must leverage these new federal dollars targeted for expanding coverage to uninsured kids.

Cynics and proponents of the status quo often doubt our prospects for meaningful reform, even as our existing health-care system hobbles along a disastrous path, failing patients, doctors and taxpayers along the way.

But 2009 represents a unique opportunity to harness the public's readiness for change and the federal government's commitment to funding innovative and promising approaches. As Utah moves forward with reform, containing costs and leveraging federal dollars for efficient coverage programs will help Utah keep health insurance within families' economic reach, reduce our rate of uninsured, and improve the quality of the care we deliver and receive.

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