

**Pioneering reform or undermining progress: Utah's effort to forge a market-oriented path to healthcare reform after Massachusetts (2004-2011)**

**1. Introduction**

In 2004, Utah seemed like an unlikely candidate to pursue major health care reform. None of the factors that had led to health care reform in Massachusetts clearly applies to Utah. No charismatic liberal politician championed the cause of the uninsured and no broad and organized social movement sought substantial changes in the health care system. The state had no recent history of attempts to comprehensively reform health care, and an entrenched Republican majority dominated the state legislature without giving much lip service to health care in the 2004 election campaign.<sup>1</sup> Health care reform essentially took place in Utah as a top-down initiative at the impetus of Governor Huntsman, through the methodical mobilization of the state legislature, think tanks, and bureaucracy. Collaborating closely with the state's corporate and charitable sectors throughout the process, influential state politicians—including Jim Dunnigan (R-Taylorsville), Dave Clark (House Majority Leader, R-Santa Clara), Michael Morley (R-Spanish Fork), and Sheldon Killpack (Senate Majority Leader, R-Syracuse)—agreed that reform should be incremental, provoking designations like “unObamacare” from outside the state (Clark 2008; Economist 2012; Gehrke 2008). The series of reforms aimed to control future expenditures and facilitate access to the insurance market, all while moving indigent Utahns off of Medicaid. The dominant narrative of the Utah Health System Reform (UHSR) holds that competition in an open market can meet the health care needs of Utahns and reduce state health expenditures without government mandates to purchase or provide insurance, new public programs, or new subsidies to help low-income people purchase health insurance (Economist 2012; Utah 2008, 2010).

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<sup>1</sup> This is not to say that there were no grassroots citizens' groups fighting for health care reform in Utah. I acknowledge the hard work of the Utah Health Policy Project (UHPP) in advocacy, outreach, and citizen mobilization for equal access and improved quality in the health care system. I also recognize groups like The Coalition for Medicaid Consumers and the Medically Underserved, the People's Summit on Poverty, Voices for Utah Children, and Crossroads Urban Center. However, these initiatives, events, and movements are smaller and less coordinated than their counterparts in Massachusetts or Vermont and generally concentrated in Salt Lake City.

As the preliminary research to the third chapter of my dissertation, this paper examines newspaper media representations of the 2004 Utah elections and the debates preceding the seven laws that comprise the 2004-2011 UHSR. Specifically, I examine the two most broadly circulated Utah-based newspapers—the *Deseret News* (on the political right) and *The Salt Lake Tribune* (on the political left).<sup>2</sup> The final version of the chapter will include supplementary analysis—using Max QDA software to quantify the occurrence of health policy narratives and track the diffusion of language framing metaphors, including media representations of health care reform after the legislative passage of the seven laws and key state-led initiatives comprising the reform efforts, national coverage of the UHSR in the *New York Times*, *Wall Street Journal*, and *USA Today*. This paper focuses solely on the critical textual analysis of state-based newspaper coverage during the 2004 election campaign and state legislative debates before legislative ascent of each legal component of the reform from 2004-2011.

## **1.2 Critical textual analysis**

Critical textual analysis involves multiple thorough readings of each article, correcting any initial false impressions and interpreting the author's meaning in order to unveil particular narratives and issue frames (Garber and Abu-Laban 2005; Kellner 1997). My analysis includes news stories and editorials by political commentators, excluding some health-related articles from my analysis; for example, letters to the editor by non-professionals. I primarily concern myself with journalistic narratives about health care by the people who professionally interpret and frame news. This analysis seeks to identify the direction as well as the strength of judgements (favourable, unfavourable, or indifferent) concerning health care reform. For example, does the author make a wholesale criticism (rejecting health care reform in general) or does the article criticize aspects of an allegedly ill-conceived law? Is the critique a generalized rejection of government intervention in the free market?

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<sup>2</sup> Admittedly, one may question labeling the *Salt Lake Tribune* as a newspaper on the political left. It is true that, compared to national newspapers like the *New York Times* or state newspapers in Massachusetts and Vermont that I have analyzed for other chapters, the *Salt Lake Tribune* is a fairly conservative or at least centrist publication. However, designations are contextual and, in a conservative state with only two broadly circulated newspapers, Utahns generally consider the Salt Lake Tribune to be more left-leaning than the *Deseret News*. A quick search of the state's political blogs demonstrates this perception of the state's two major dailies. Furthermore, the *Salt Lake Tribune* endorsed Barack Obama for President in both 2008 and 2012, creating some surprise in the national media (Davidsen 2012).

These distinctions are not only theoretical; in one case, a commentator may disparage government intervention while acknowledging the need for health reform, while in other cases the authors may be content with the status quo and opposed to any health reform based on personal circumstances. Critics may find an enhanced role of the state positive whilst rejecting particular legislative features of the UHSR. Furthermore, two critics of health care reform may not target the same object and criticisms often coalesce with other policy debates, such as tort reform or gay marriage and civil unions. One finds judgements that are favourable to government intervention in health care, yet critical of the health insurance exchange proposals. Critics may also be uninformed about the details of the Utah Health System Reform, yet nonetheless engage in the debate because of opposition to particular political actors, such as President Obama or Republican state legislators. For these reasons, I structure the tentative analysis charts to encompass multiple analytical planes—(1) health care reform in general, (2) the UHSR specifically, (3) the UHSR approach to expand health insurance coverage, (4) the UHSR approach to reduce or control public health expenditures, (5) single-payer health care, and (6) health policy narratives that I uncover through critical textual analysis—in order to capture the nuances of favourable and unfavourable arguments. As new policy narratives emerge in the health reform debates, I refine the analysis charts to account for the new narratives (see the analysis charts in appendices 1-4 on pages 38-49).

### **1.3 Research questions and analytical approach:**

This paper takes inspiration from narrative policy analysis (NPA) and media frame analysis<sup>3</sup> literature to comprehensively examine newspaper media narratives and frames. Because the reduction of public health expenditures and the expansion of access to health insurance are important aspects of the UHSR debates, I focus especially—albeit not exclusively—on these reform dimensions. I respond to the following central research question: *What health care policy narratives and frames are deployed in the Utah newspaper media during the 2004 election and the legislative debates surrounding the Utah Health System Reform (UHSR)?*

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<sup>3</sup> NPA and media frame analysis are explained in section 2.1

Specifically, this paper examines newspaper content and discourses, differentiating the policy narratives of the UHSR debates according to substance, time, and partisanship variables. After responding to a series of content questions to differentiate between favourable, unfavourable, and indifferent<sup>4</sup> articles and establishing a tentative coding schema, I elucidate the early evolution of newspaper media representations in section 3.

With regards to time, I identify narratives at two distinct points for the reform debate: (1) the 2004 state election campaign before the reform (January 1-November 1, 2004) and (2) the months of state legislative and senatorial debates surrounding each element of the systemic reform—January 1, 2008-Mar 18, 2008 for House Bill 133, January 1, 2009-March 10, 2009 for House Bill 188, House Bill 331, House Bill 165, and for Senate Bill 79, January 1, 2010-March 21, 2010 for House Bill 294, and January 1, 2011-May 29, 2011 for House Bill 128. Through analysis of media reporting on these events, I determine when particular narratives arise and identify the narratives that survived across time.

#### **1.4 Hypothesis and sub-hypothesis:**

In the spirit of previous research concerning policy narratives, media narratives, media framing, and policy diffusion,<sup>5</sup> I formulate the following hypothesis: health policy narratives of the political right—emphasizing factors like individual responsibility and the relationship between health care, economic stability, and family stability—endure and diffuse more easily between the two major newspapers.

##### *1.31 Sub-hypothesis:*

I further hypothesize that the Utah newspaper media, as evidenced in health care narratives and framing, represented at least two particular dimensions of the Utah Health System Reform positively: expansion of access to insurance coverage and containment or reduction of public health expenditures.

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<sup>4</sup> By “indifferent,” I mean largely informative news stories that report events without clear preference or bias. Of course, policy narratives and preferential frames are often buried in seemingly banal news stories and I do seek to identify those articles.

<sup>5</sup> Research on newspaper media representations of the Utah Health System Reform presented in this paper will later be analyzed in comparison with data on the Massachusetts Health Reform Law, the federal Patient Protection and Affordable Care Act, and the Vermont Health reform to track health policy narrative diffusion across newspapers and political jurisdictions.

In order to test this hypothesis and sub-hypothesis, I conduct a critical textual analysis as the first step of narrative policy analysis, as outlined in section 2.1. I acknowledge that television, radio, and social media sources produce or transmit health care narratives and frames as well. Outlets such as Twitter and the political blogosphere have become important channels unto themselves; in spite of this, Tweets are too short to develop complex narratives and other media sources like blogs are less accessible and less discernable between professional and popular health care narratives. I limit this research to the narratives and frames of daily newspapers that remain important building blocks—albeit not the only ones—in the (re)structuring of public support or opposition to health care reform efforts in Utah.

## **2 Theory and Background**

### **2.1 Brief Overview of Narrative Policy Analysis (NPA), Media Framing, and Media Effects**

Traditional institutionalist theories, which focus primarily on the ways that institutional structures delineate reform options, and rational choice theory, which draws from neoclassical economics and classical liberalism in order to refocus health care reform debates on the role of self-interest, continue to dominate academic literature on American health care reform (Brown 2010; Pierson 1994; Tuohy 1999). Prior academic research affords inadequate attention to the health policy *narratives* and *frames*—the collection of assumptions, social constructions, symbols and stories (offering a moral and often containing heroes and villains) that simultaneously reinforce and are reified by power relations, targeting different referents and buttressing proposed policy reforms—that pervade newspaper media coverage (Abell 2004; Jones and McBeth 2010; McBeth, Shanahan, and Jones 2005; McComas and Shanahan 1999; Pitzer 2010; Roe 1994; Somers 1992; Verweij et al. 2006).

From a Narrative Policy Analysis (NPA) perspective, competitive framing and deliberation produce public policies, relying upon perpetually embattled narratives to retain public support. Narratives exist in competition with one another and with distracting “non-stories” or policy fictions—the circular arguments, red herrings, straw man fallacies, and deceptive accounts of events that play a key role in media framing and

obscure policy debates (Borins 2011; Dryzek and Berejikian 1993; Fischer 2003; Roe 1994). For example, Haltom and McCann (2004) explain the ways in which “tort tales” in the media shaped public support for tort law reform in the United States. In the case of American tort reform debates, the media has frequently misrepresented jury awards, incorrectly cited or exaggerated case facts. Tort tales are false or exaggerated “anecdotal narratives” of abuses in the legal system, often involving unscrupulous plaintiffs and attorneys, which “convey serious meaning and exercise pervasive interpretive power in modern American society” (Haltom and McCann 2004: 5-6). Journalists refine and reframe stories to increase public appeal. The enhanced and colourful—albeit less accurate—narrative of a lawsuit “may be the first draft of history but for most people assuredly is the first (and perhaps only) draft of case law, [supplying] all or most of the elements of an arresting story, which tort reformers may then encapsulate further into tort tales” (Haltom and McCann 2004: 158-159). Politicians incorporate these inaccurate accounts into their own discourses; knowingly or unknowingly they re-publicize them, further implanting the exaggerated and inaccurate narrative in the public’s perception (Haltom and McCann 2004).

In all policy debates, new policy narratives and policy fictions are deployed in the media either to strengthen or to overturn the status quo (Borins 2011; Bosticco and Thompson 2008). Through a process of “transportation,” media narratives bring observers of public debates into a particular policy narrative on a personal level, whereby they are persuaded to support some policy proposals and oppose others (Entman 2004; Green and Brock 2000; Robinson 2002; Wildavsky and Drake 1990). Narrative is particularly important in health and welfare debates, since narratives frame notions of deservedness, include some citizens and exclude others in what often amounts to life or death questions of access (Ingram and Schneider 2005).

Media framing is a foundational concept in both communications studies and social movement theory (Entman 2004; Scheufele and Tewksbury 2007; Snow et al. 1986, Snow and Benford 1988). Within both traditions, frames are understood to be a central part of policy narratives and a cornerstone of political and

social change (Shanahan et al 2011; Snow and Benford 1988; Snow et al.1986). Most recently, proponents of the Overton Window theory<sup>6</sup> affirmed that policy reform advocates could coordinate their media frames and narratives to emphasize their various “fringe” and “unthinkable” policy proposals, pushing their real reform objectives closer to the status of “common sense” assumptions in the public, potentially transforming health or other policies (Bolotsky 2012; Lehman 2010; Russell 2006).

However, debate persists on the effects of the media on policy change. Jones and McBeth (2010) and Shanahan et al. (2011) developed their own “Narrative Policy Framework” (NPF) to empirically test narratives, investigating how policy narratives influence elite and public opinion through media representations. NPF researchers continue to treat media influence as context dependent, examining specific cases. Others affirm that media representations act as “social images that serve as organizing frames of action...structuring images” (Gingras 2008:15). Structuring images frame public perceptions of government policies or political platforms (Gingras 2008). From this perspective, through repetition and supporting dichotomies, the media’s structuring images consistently impose a way of understanding health care reform; for example, the allegedly *socialist* narrative of the Clinton plan versus the supposedly *market-friendly* and *family friendly* Utah reform or the *fairness and equality* and *caring community* narratives that emerge in the Vermont reform debate.

Competing theories of media effects persist. According to Chomsky and Herman’s critical propaganda model of media effects, contemporary media frames and narratives do not challenge the political

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<sup>6</sup> The Overton Window theory holds that policy proposals range on a scale “from unthinkable, to fringe, to acceptable, to common sense, to policy” in the popular media and in the court of public opinion (Bolotsky 2012: 200; Lehman 2010). On the scale, the common sense proposals and existing policies fall squarely within a *window*, corresponding to present-day normative assumptions of the average voter, while the acceptable policy options include the mainstream—albeit more politically partisan—proposals of the political left and right, falling just within the interior frame of the window. This array of policy options is safe for politicians because endorsing them is unlikely to cause electoral defeat. Alternatively, policy proposals outside of the window—the fringe and unthinkable proposals—are radical for the time and involve political risk. Two types of politicians advance “fringe” or “unthinkable” policy proposals: those at risk of losing the next election or rare trailblazers who enlarge the “window of political possibility” (Lehman 2010: 3). Effective social movements, think tanks, or individual activist may broaden the window of political possibility through effective media narratives and framing (Bolotsky 2012; Russell 2006; Welner et al. 2010).

status quo. The propaganda model holds that the media uses tools such as agenda setting—prioritizing news stories that correspond to the social and political biases of editors, comparative generosity of advertisers, or what editors believe the audience wants to read, priming—for example, giving more attention to issues that editors and media elites want the public to prioritize in elections—and, perhaps most importantly, framing, to maintain the political order (Chomsky and Herman 1988; Scheufele and Tewksbury 2007). The profit motive, fear of political reprisal (such as denial of access to information and consequent loss of readership), and fear of lawsuits by powerful interest groups or politicians all restrain media activism (Chomsky and Herman 1988). Similarly, other critical media effects scholars have affirmed that the mainstream American media use narratives and framing to reinforce dominant conceptualizations of patriarchy, white privilege, heteronormativity, and market fundamentalism (Budd et al. 1999). Therefore, according to this view, the media perpetuates existing hierarchies and acts as a mere conduit for the preferred policy narratives and issue frames of political and corporate elites.

In contrast to the critical propaganda model of media effects, other prominent communications scholars emphasize the role of the media in shaping both public opinion and public policy—sometimes in unexpected ways (Entman 2004, 2005, 2007; Robinson 2002). These scholars acknowledge the claims of critical researchers that the American media perpetuates liberal capitalist and social conservative normative assumptions; however, they focus instead on the role of the media in determining contests between mainstream liberal—either Republican or Democratic—policy preferences (Entman 2007). While the American media may not favour radical political change, the media may still affect policy outcomes in important areas like healthcare, welfare, or foreign military interventions, leading to substantial benefits or consequences for the American public (Cappella and Jamieson 1996; Hacker 1997; Huebner et al. 1997; Rhee 1997; Robinson 2002).

Recent scholarship continues to emphasize the importance of media narratives and framing to build public support for health care reforms (Golust et al. 2009). Keeping in mind the complexities of the



American political context, some media frame analysis scholars recommend that reformers advance narratives and frames that shift public focus to social and structural determinants of health—consistent with the liberal health care agenda—without neglecting attention to personal responsibility—a conservative *sine qua non* condition to supporting health reforms (Golust et al. 2009; Niederdeppe et al. 2008; Forde and Raine 2008; Robert Wood Johnson Commission to Build a Healthier America 2009). For example, governments may want to favour policies that guarantee universal access to health insurance and care, combined with a genre of individual mandate to purchase insurance, a public information campaign in the media and public school curriculum reform to promote healthier lifestyle choices. In this sense, identifying the right media frame is essential to advancing new health care policy ideas.

By deploying particular narratives and frames, the media represents an issue to the public, advancing specific understandings of debates and policies and distancing an audience from an issue or alternatively soliciting support for people affected. Media frames and narratives advance semantic representations and images that define the range of potential reforms, reduce complexity through deliberate inclusion or exclusion of information, define problems, propose solutions, and often favour one side in a policy debate against another. Therefore, in health care, media representations help shape public perceptions of critical matters such as cost and access (Beaudoin and Thorson 2002; Entman 1993, 2004, 2005, 2007; Gingras 2008; Mander 1999; Pelika et al. 2010; Putnam 2002; Robinson 2002; Tannen 1993).

## **2.2 Background and overview of the Utah case**

A preference for organized care and market-based health care solutions as well as emphasis on quality, cost control, and consumer choice and empowerment, became entrenched in Utah well before the UHSR debates began in 2004. Since the 1980s, Salt Lake City's Intermountain Health—the non-profit health system, representing over 20 hospitals, nearly 200 clinics, and over a thousand health care providers—has claimed that it achieves savings through increased consumer and provider accountability and focusing on quality through management of treatment deviation (James and Savitz, 2011). However, the UHSR sought to

standardize practices throughout the state, revolutionize public perceptions of healthcare, and export the new Utah model—with the Avenue H health exchange as a centerpiece—as an alternative to Romneycare/Obamacare across the United States.

The UHSR is best understood as a gradual and systematic initiative to individualize responsibility for all aspects of health, deploying discourses of consumer empowerment through choice and investment to justify government disinvestment from means-tested programs such as Medicaid and undermine narratives of collective responsibility in health care (Utah, Avenue H, May, July, September 2011; Thurston, 2011). Avenue H, the State of Utah’s exchange or “health insurance marketplace” is where Utah healthcare consumers and employers find information, compare plan offerings of private health insurance providers, and consumers electronically purchase health care plans. The underlying logic of the UHSR is that “the invisible hand of the marketplace, rather than the heavy hand of government, is the most effective means whereby reform may take place...Utah’s approach to health system reform is to move toward a consumer-based system, where individuals are responsible for their health, health care, and health care financing. A major step in that direction is the development of a workable defined contribution system....Utah’s approach to health system reform relies on the fundamental principles of personal responsibility, private markets, and competition. To promote competition in the health care system, consumers need three things – accurate and relevant information, real choice, and the opportunity to benefit from making good choices. The exchange model enhances private competition in the health care system by providing all three elements of increased competition” (Utah, Avenue H, May 2011). Under defined contribution systems, instead of employers providing and guaranteeing a particular level of health insurance coverage for employees, employers offer pre-determined financial contributions that individual consumers use to purchase private health insurance plans through the state health exchange. Individual consumers choose the insurance company and benefit packages and may change health insurance plans without the approval of their employers. The insurance plans follow consumers between employers and consumers can use pre-taxed medical savings accounts to

help pay for them (Utah, Avenue H, May, July, September 2011).

The UHSR spanned eight years of debate, including seven pieces of legislation—HB 133, HB 188, HB 331, HB 165, SB 79, HB 294, HB 128—that the Utah Legislature passed between 2008 and 2011. It included multiple events for state-wide citizen engagement, and legal wrangling between Utah and the federal governments. The various pieces of legislation aimed to steadily expand access to health insurance and reduce state health expenditures, building upon the existing system. Specifically, in 2008 HB 133 created the Utah Health Exchange, a new Health System Reform Task Force, and a pilot program. The legislation mandates that the Governor’s Office of Economic Development, the State Insurance Department, and the state Department of Health work in conjunction with the legislature to develop and implement a strategic plan for health care reform. In 2009, HB 188 created a “virtual store” for the health exchange and defined contribution health insurance. The law sought to expand access to the insurance market and make it more transparent. HB 331 required particular categories of private contractors to offer health insurance coverage while working with the state. Designed to protect patients’ personal medical information, HB 165 consisted of new privacy and information sharing rules for health care workers, patients, and private insurance companies. SB 79 provided new minimum standards for malpractice lawsuits related to emergency medical services. In 2010, HB 294 consisted of amendments to address perceived problems in the pilot program. HB 128 made further amendments, including expansion of access to the Utah Health Exchange to small businesses (Braun and Lord 2011; Utah 2008, 2010; Utah: Avenue H).

The Utah health exchange (Avenue H) is a pivotal part of the UHSR. The Avenue H website is a venue where consumers can find information on everything from the history of the UHSR to the variety of insurance plans available to them. It is a place for the state’s private insurance companies to compete for new customers. At the onset in 2004, when Governor Huntsman identified health reform as a priority and charged the state health department with the task of developing a strategic reform plan, the Governor and his key

supporters in the legislature wanted to develop a reform strategy that could serve as an alternative to the approach that Governor Romney had taken in Massachusetts. Norman Thurston, Utah Reform Implementation Coordinator, affirms that any state can imitate the Utah model of defined contribution health reform as long as it includes seven elements—(1) electronic application procedures, (2) electronic and publicly available risk assessment, underwriting, and rate setting, (3) broad choice and online shopping for individual consumers, (4) seamless electronic enrolment and information transfer, (5) enrolment flexibility and easy information updating for employers and individual consumers, (6) electronic and traceable financial transactions, (7) clearly delineated and logical customer service functions (ensuring that employers and consumers know who provides information and advice at all times) (Thurston 2011). Reforms should be based on “rational human behaviour,” that patients are consumers, health care is a commodity, and the best health and economic outcomes result in a free market context. The role of the state in this model is to facilitate access to the market and discourage participation in public programs like Medicaid that distort the market (Thurston, 2011; Utah, Avenue H, May, July, September, October 2011, Corlette et al. 2011).

Despite Thurston’s claims to the simple and universal application of the Utah model to meet America’s health care challenges, Utah’s approach does not appear to have succeeded as well as the Massachusetts model in expanding insurance coverage, failing in several of its key objectives. Small businesses in Utah have demonstrated persistent resistance to offering health insurance and low participation in Avenue H. As of 2011, insurance premium rates on Avenue H were not lower—and in some cases were higher—than in other states. Despite the reform architects’ emphasis on user-friendly technology, the Massachusetts Health Connector offers more features to narrow the search for insurance plans according to individual economic and demographic factors. Utah’s budget for the reform is so small that improving identified weaknesses in the system is slow. Without subsidies for low-income Utahns, substantially expanding access to health insurance has proven more difficult than the architects of the UHSR predicted (Buettgens et al. 2011; Corlette et al., 2011).

In addition to the seven related pieces of legislation, several events in 2011 were central to Utah's reform efforts. In May, the state held an invitational event to explain the reform process and seek input from healthcare professionals, citizens' groups, and other stakeholders. In July, the state's Medicaid Waiver Proposal sought to use Medicaid funds to help low-income Utahans purchase private health insurance through the state health insurance exchange. The waiver aimed to move low-income people from Medicaid onto the private insurance market. In September, the state organized and held the Governor's Health Summit, engaging hundreds of state politicians, public administrators, business leaders, and health care professionals. Finally, in October, the state published its comments in response to the new federal proposed rules on the implementation of health insurance exchanges under the Affordable Care Act (ACA). Utah's response to the federal ACA rules alleged that the federal legislation violated state sovereignty, did not offer adequate flexibility, forced states to participate in a new social program, and imposed contradictory and inconsistent regulations. The response further alleged that the Obama administration did not properly consult with the states during planning and implementation (Utah, Avenue H, October 2011).

The state newspaper media followed the evolution of the Utah health care reform effort with variable interest. After all, the reform spanned so many years that media attention was bound to wax and wane. Interestingly—though perhaps not surprisingly—health care reporting often focused more on the national debates after 2008 than the ongoing state debate, sometimes without linking the simultaneous efforts. The clear contradiction—both in ideological foundations and characteristics—of the UHSR and the federal ACA as well as the standoff between the state and federal governments nonetheless inspired noticeable media waves. The following section presents and analyzes representations of the UHSR and its relationship to other American health reform debates in the *Deseret News* and the *Salt Lake Tribune* between 2004 and 2011. This section demonstrates that the newspaper media favourably represents the UHSR, advancing narratives of gradual healthcare reform and individual responsibility for healthcare. In one of the best examples of this narrative, Brice Wallace quotes Scott Ideson, Chairman of the United Way of Salt Lake City Policy

Committee and CEO of Regent Blue Cross Blue Shield: "Meaningful reform of our health-care system will take several years to implement and must address the challenges of cost, access and quality together," [Ideson] said, adding that the United Way supports efforts to have a "conservative, market-driven framework for reform that will enhance individual responsibility and consumer choice, while improving overall quality and access" (Wallace 2008). The subsequent section demonstrates that *Deseret News* representations of the UHSR were more favourable than those of the *Salt Lake Tribune*, which revealed greater diversity of health policy narratives and more support for the federal ACA reform effort.

### **3. Critical Textual Analysis of Media Coverage**

#### **3.1. *Deseret News* Coverage During the 2004 State Election Campaign<sup>7</sup>**

*Deseret News* coverage of health care debates during the 2004 election period demonstrates some diversity of opinion about the American healthcare system before the state reform began. The majority of *Deseret News* articles are indifferent or neutral news stories, making no clear judgements and offering no apparent health policy narratives. Indifferent newspaper articles report events without clear preference or bias. Of course, policy narratives and preferential frames are often buried in seemingly banal news stories and I seek to differentiate those articles through critical textual analysis.

Among those articles that are not indifferent, expressing some support or opposition to health care reform, articles in favour of some health care reform vastly outnumber those opposed to it. Interestingly, in contrast to newspaper coverage in Massachusetts during the 2002 state election campaign, only two *Deseret News* articles mention single-payer healthcare, once unfavourably and once in an indifferent frame. Coverage predominantly focuses on healthcare as a policy and business sphere; in other words, as a private market or commodity. Only one article disparages proponents of healthcare reform as unpatriotic. Eleven articles linked

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<sup>7</sup> See Appendix 1 on pages 38-40 for analysis charts of *Deseret News* coverage during the 2004 state election campaign

health insurance with the national and state gay marriage debates, but none of these articles expresses favourable or unfavourable opinions of health care, focusing instead on the culture wars. These articles tend to frame access to health insurance as a motivating factor for gay marriage or civil union advocates. Titles and introductory paragraphs sometimes mislead; for instance, articles mentioning displaced workers who are at risk of losing their insurance may be classified as favourable, indifferent, or even unfavourable to health care reform, depending on how the issue is framed.

I exclude fifty articles from the initial search results (which produced 200 articles), either because they are letters to the editor or because they focus on health issues, but not health care reform debates. For example, I dismiss an October 31, 2004 article, describing the Veterans' Administration flu clinics schedule and an October 24, 2004 book review of a Florence Nightingale biography. This is not to say that all articles not directly related to the state and federal health care debates are excluded; on the contrary, powerful narratives are sometimes buried in seemingly banal health news stories. In an October 24, 2004 *Deseret News* article about state committee testimony on the need for government support for Utahns who suffer from severe blood disorders and face lifetime insurance limits, Republican State Representative Steve Mascaro, is quoted: "If you listen to these stories, it has been as emotionally draining as any committee I have ever sat on...In our desire to be nice, conservative legislators looking out for the tax dollar, as we are charged with doing, we also forget that the role of government is also to give a helping hand. Clearly this is one of those times" (Bryson 2004). Without a counter-argument in the news story, I interpret this genre of affirmation as favourable to health care reform in general and categorize the article accordingly.

On the whole, articles in favour of health care reform either focus on key statistics that reflect problems in the American system or appeal to sympathy. Some articles combine evidence-based and emotional appeals. Editorials and news stories generally focus on the national health care debates; in fact, none addresses healthcare as an issue in the state legislative or gubernatorial elections, even though many

seek to tie the national discussion to the Utah context. For example, an editorial in the *Deseret News* affirms: “In Utah, some 300,000 people either cannot afford health coverage, can't get it through their places of work or elect not to purchase it. Utah's uninsured includes about 73,000 children. The vast majority of Utah's uninsured hail from working families. Some of the consequences of not having insurance are obvious. People put off seeking health care. They live with illnesses and die younger than people who have health-care coverage. Uninsured women who develop breast cancer are twice as likely to die as women with breast cancer who have health coverage, according to some studies. Some people can pay as they go so long as they are not beset by a serious illness or injury” (*Deseret News*, May 10, 2004). In an article titled “Poor children suffering,” columnist Amy Joi Bryson affirms: “The downturn in Utah's economy has left many parents using a new kind of health insurance for their sick children: prayer. ‘Their only insurance is prayer, and they have to hope nothing bad happens,’ said Karen Crompton, executive director of Voices for Utah Children...They share medications. They have to decide which kid is sicker” (Bryson: January, 2004).

Among the articles in favour of health care reform in general, two clear health reform narratives emerge. First, the *crisis of the uninsured/underinsured narrative* holds that too many Americans—sometimes specifically Utahns—lack access to health insurance and subsequently cannot obtain quality health care. This narrative often includes notions of deservedness, emphasizing particular groups who deserve care, especially children and veterans. Second, the *looming economic crisis narrative* holds that inefficiencies in the American health care system create economic disadvantages for the state or country. According to this narrative, health care reforms are necessary to control rising public health expenditures.

Opponents of health care reform at the state or federal level in the *Deseret News* frequently advance the *narrative of health care debates as a politically manufactured crisis*. They affirm that the American system works well and reform is unnecessary. According to this view, liberals and socialists are trying to undermine American values and secretly impose a government takeover of the health care system. Proponents of this narrative downplay the health care crisis. For example, in an October 2004 *Deseret News*



editorial, syndicated columnist and well-known polemicist Walter Williams affirms: “So what does the absence of health insurance mean? Among the things that it might mean is that you don't receive medical treatment on the same terms as a person with health insurance. You might spend a day waiting for treatment at a clinic instead of having an appointment at a chosen time at a physician's office. It might also mean that you'll receive a smaller quantity and lower quality of medical care such as hospitalization in a ward instead of a private room, interns rather than specialists, and treatment at voluntary clinics and free hospitals such as Shriners...Let's face it: People who can buy insurance get benefits that those who cannot afford it don't. Those with lots of money get things that those with little money don't. Whether we like it or not, these are facts of life. By the way, a healthy young person might opt for self-insurance and not purchase health insurance because he believes that the money could be better spent elsewhere” (Williams 2004). Others similarly see government intervention in health care as nonsensical and disconnected from the American historical experience. For example, libertarian columnist David Boaz writes: “National health insurance, a more centralized educational system, government regulation for our most dynamic industries -- in every case ignores the historical triumph of competition and freedom” (Boaz 2004). Finally, other opponents of healthcare reform frame health care in an *individual responsibility narrative*, advocating personal, tax-free “health savings accounts.” I categorize articles that advance the individual responsibility narrative as unfavourable to healthcare reform, since they advocate changes in individual behaviour instead of systemic change. Thus, before the state even embarked on its own reform effort, the national debates had already rallied a portion of the media against any substantial change to the existing system, deploying a variety of narratives against reform. In contrast, other state and syndicated journalists favoured competing interpretations of the crisis and approaches to reform.

### 3.2 Salt Lake Tribune Coverage During the 2004 State Election Campaign<sup>8</sup>

Coverage in the *Salt Lake Tribune* during the 2004 election campaign largely resembles *Deseret News* reporting; yet, it differs in several important respects. Advocates of single-payer systems are absent from the health care dialogue. There are no personal attacks against opponents or proponents of health care reform. Only one article mentions the failure of the 1994 federal Health Security Act (HSA), linking it to the 2004 national health care debates. As in the *Deseret News*, the crisis of the uninsured/underinsured narrative slightly outweighs the looming economic crisis narrative in favour of health care reform. In contrast, fewer articles link health care reform to the gay marriage debates than in the *Deseret News* coverage, staying clear of the culture wars or attempting to reduce the motivations of gay marriage or civil union advocates to a desire for access to health insurance. The manufactured crisis narrative in opposition to health care reform is far less present—only one article as opposed to nine in the *Deseret News*. Instead of stalwartly affirming that healthcare reform is unnecessary, a few opponents advance the individual responsibility narrative, advocating greater personal responsibility in all health care matters in lieu of systemic changes.

*Salt Lake Tribune* coverage includes a number of strong statements, advocating health care reform. One editorial affirms: “America's health-insurance system is sick...the health problems of uninsured Americans are not going away, and as the ranks of the uninsurables swell to include even well-to-do professionals, the impetus for reform is growing” (Salt Lake Tribune, May 16, 2004). Many articles refer to Utahns’ struggles to afford quality healthcare—insurance premiums and prescription drugs, in particular—even with health insurance. Columnist Lesley Mitchell writes: “Health insurance premiums paid by workers in Utah have risen over the past four years five times faster than incomes in the state, according to a study prepared for Families USA, a health-care coverage advocacy group. According to the report, premiums paid by Utah workers rose 66.3 percent from 2000 to 2004, much higher than the national average increase over

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<sup>8</sup> See Appendix 2 on pages 41-43 for analysis charts of *Salt lake Tribune Coverage* during the 2004 state election campaign.

the same time period of 35.9 percent. Average worker earnings in Utah rose only 13.2 percent during the same time period compared with 12.4 percent nationally, leaving many Utah workers with less take-home pay today than four years ago” (Mitchell 2004). Some reform advocates highlight unorthodox suggestions from the business community. For example: “If prescription costs have got you down, ask your doctor about upping the strength of your medication. That's the advice of Utah's second largest health insurance company...Regence claims its voluntary "half-tablet" program could reduce co-payments by up to \$5 million per year” (Fantin 2004). Pieces in favour of health care reform often advance particular notions of deservedness; for instance, one *Salt Lake Tribune* editorial declared: “However, if a parent doesn't have a full-time job, chances are she doesn't have health insurance, and neither do her children. This suggests that the state should concentrate policy efforts on things like expanding health coverage for the working poor” (Salt Lake Tribune, June 5, 2004). The feminization of the “working poor” is noteworthy and not limited to a single article. Finally, other authors cite the state’s high rate of insurance fraud as evidence of a flawed health care system that does not work in Utah’s predominantly Mormon context, where people get married much younger, forcing more young people to choose between defrauding insurance companies or joining the ranks of the uninsured after marriage (*Salt Lake Tribune*, March 27, 2004).

In terms of opposition to health care reform in the *Salt Lake Tribune*, the individual responsibility narrative is present, affirming that the onus of change falls to health care consumers instead of the government or insurance providers. Most of the articles representing the individual responsibility narrative amount to favourable references to health savings accounts; however, some writers more unabashedly advance the perspective that health is an individual and family concern. Scott Ideson, President and CEO of Regents Blue Cross Blue Shield declares: “Many of us demand that all existing services and technology be made available to us because the true costs are hidden. Consumers can help slow the rising cost of health care by using generic drugs, using the emergency room only for true emergencies, and not engaging in unhealthy lifestyle choices such as smoking, poor diet, lack of exercise, etc. Remember, the more each of us use the

health-care system the more we all have to pay. We are in this together and together we can find a solution” (*Salt Lake Tribune*, February 23, 2004). Before the Utah reform even began, it appears that the individual responsibility narrative poised to underpin the efforts of those working against major systemic reform, or at least anything but market-based proposals.

### **3.3 *Deseret News* Coverage During the State Legislative Debates (2004-2011)**<sup>9</sup>

*Deseret News* coverage of the debates preceding Utah’s HB 133, HB 188, HB 331, HB 165, SB 79, HB 294, and HB 128 demonstrates a decline in some trends and several new narratives. The tendency to link healthcare reform and gay marriage debates declines. Gay marriage was a substantial national controversy during the 2004 election and state media returned attention to the issue in 2008, when Salt Lake City was debating a civil unions ordinance that included health care and hospital visitation rights for unmarried partners of city workers. However, the media link between gay marriage or civil unions and access to health insurance ceased in subsequent years.

A new *litigation crisis narrative*, opposing broad health system reform and blaming the challenges of the health care system on a medical malpractice litigation crisis, emerged during the legislative debates. Columnists sometimes deploy the litigation crisis narrative on its own, but it is often combined with the looming economic crisis or the individual responsibility narrative. In its most simplistic manifestation, proponents of the litigation crisis narrative treat tort reform as a panacea to America’s health care challenges. References to the 1994 HSA (Hillarycare) and the 2006 MHRL (Romneycare) occur, but comparisons between the UHSR and the simultaneous federal ACA (Obamacare) debates are more frequent. When the UHSR and the ACA are mentioned in the same article, writers are unanimously critical of the ACA and supportive of the UHSR (or any state-led health reform initiative) as an alternative to federal reform. Finally,

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<sup>9</sup> See Appendix 3 on pages 44-46 for analysis charts of *Deseret News* coverage during the UHSR legislative debates

personal attacks against proponents of health care reform, charging that they are somehow corrupt or unpatriotic, also emerge in this period.

*Deseret News* coverage largely supports the UHSR both on moral and economic grounds. According to one morning news section piece: “Perhaps one of the most important issues handled by lawmakers was HB133, which sets in motion a task force process to reform Utah's health-care system. The underlying goals are to improve quality, ensure every Utahn has coverage and reduce costs. House Majority Leader David Clark, R-Santa Clara, has led thoughtful debate of these highly complex issues” (*Deseret News*, March 7, 2008). Similarly, one columnist writes: “Lawmakers must continue down the road to health-care reform, aimed at getting health care for Utah's 300,000 uninsured” and another affirms: “Whether by fate or by choice, the state can no longer put off a revolution in the health-care system that, if left to its own devices, would account for every dollar in the state economy in about 30 years” (Bernick, 2008; Thalman, 2008). Throughout the reform effort, *Deseret News* reporting defends the government’s chosen approach and pace of reform.

With regard to the government’s market-oriented approach, health reform proponents write: “Utah has the best chance of any state in the country to find real solutions for a consumer-driven, market-based system that places responsibility on individuals empowered with good information and choice. But it's going to require a few years of hard study and implementation. Anyone who thinks otherwise is terribly naïve” (Pignanelli and Webb, 2008). Media support frequently celebrates the state reforms as an alternative to Obamacare. A January, 2009 editorial affirms: “The Legislature has other pressing issues before it, such as health-care reform...With a new federal administration in place, it is possible that Utah's health-care reform efforts could be overtaken by federal policy. In many respects, it makes more sense for Utah to craft its own programs and reforms. House Speaker Dave Clark, who has led Utah's reform efforts, must continue to make this a front-burner issue, continuing to involve all the major stakeholders. Somehow, the state must find a

means to contain health-care costs, maintain quality care, provide access and create mechanisms that allow as many people as possible to obtain health-care coverage” (*Deseret News*, January 25, 2009). Similarly, a piece in February, 2010 affirms: “[the] bill contains no mandates on consumers or small businesses to change their health care plans as the state shifts the system toward being more transparent and open to the 380,000 Utahns who have no medical care coverage now. The language directed at insurance carriers is not some kind of government "hammer" but a "firm hand in the back" that says the state trusts that insurance risk pools are shared as equitably as possible, but the state is going to verify that companies follow through on their commitment to do so” (Thalman, 2010). On the whole, media representations favour state-based healthcare reform to any national plan.

Opposition to healthcare reform in the *Deseret News* focuses predominantly on the national debates and either defends or ignores the UHSR. Only a few articles continue to advance the manufactured crisis narrative, stubbornly insisting that change is unnecessary. These authors generally defend the high number of uninsured Americans as economically logical. For example, in a February 2010 editorial, syndicated conservative columnist Thomas Sowell declares: “Contrary to what politicians expect us to do, let's stop and think. Why aren't insurance companies already insuring the people and the conditions that they are now going to be forced to cover? Because that means additional costs — and because the insurance companies don't think their customers are willing to pay those particular costs for those particular coverages. It costs politicians nothing to mandate more insurance coverage for more people. But that doesn't mean that the costs vanish into thin air. It simply means that both buyers and sellers of insurance are forced to pay costs that neither of them wants to pay” (Sowell, 2010). Some opponents combine aspects of the manufactured crisis narrative—like the affirmation that healthcare reform is a socialist scheme—with the individual responsibility narrative. For example, conservative political activist and syndicated columnist Star Parker writes: “Suppose I tell you that the government will design a product and make you buy it. If you say no thanks, that's too bad. The government will decide what you need and what you will buy. If you say you can't

afford it, we'll send in government investigators to check, and if they conclude, indeed, you can't afford it, we'll tax your neighbours and make them subsidize you so you can pay for it. We'll set up a government bureaucracy to monitor and make sure you're cooperating. If they discover you haven't made the purchase, they'll go to your employer and have your wages garnisheed. Let's assume further that total spending for this government-designed-and-mandated product accounts for about a fifth of the nation's total economy. The former Soviet Union? Communist China? No, this is the new Hillarycare” (Parker 2008). Alternatively, some critics on the political left charge that the UHSR reforms do not go far enough. For example, citing Medicaid subscribers in a protest at the Capitol building during the HB 133 debates: “A letter from the group given to House and Senate leadership states that whatever reform initiatives are approved, "if basic healthcare services like Medicaid vision and dental are cut then this year's healthcare reform efforts will have been a failure" (Thalman 2008).

### **Salt Lake Tribune Coverage During the State Legislative Debates (2004-2011)**<sup>10</sup>

*Salt Lake Tribune* coverage of the debates preceding HB 133, HB 188, HB 331, HB 165, SB 79, HB 294, and HB 128 offers more criticism and diversity of opinion than *Deseret News* coverage. It is noteworthy that the manufactured crisis narrative is entirely absent from *Tribune* reporting. Analysis is often poignant and, contrary to *Deseret News* reporting that regularly defends the UHSR in relation to Obamacare, the *Salt Lake Tribune* more frequently brings to light shortcomings in the UHSR through comparison to other reforms. A February 2010 editorial affirms: “With all the political noise about health care reform coming out of Washington, D.C., you may have overlooked that Utah has its own reform plan, including a Web-based health insurance market for small employers. Trouble is, that Utah Health Insurance Exchange, as the market is called, hasn't worked very well. The policies offered on it were so expensive that there weren't many takers” (*Salt Lake Tribune*, February 2010). Similarly, according to a February 2009 piece: “They want to

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<sup>10</sup> See Appendix 4 on pages 47-49 for analysis charts of Salt Lake Tribune coverage during the UHSR legislative debates

try to fix Utah's health-care system with market principles and personal responsibility. Fair enough. We like markets, too, especially when they contain costs and reward innovation. Trouble is, health care is a broken market, or a captive one, its facets are mind-numbingly complex, and Utah legislators are trying to re-invent it incrementally. If this effort works, great. If not, Utah leaders will have to try something else, such as the Massachusetts model that mandates that everyone buy coverage, or a single-payer plan. We believe either of these is more likely to achieve universal coverage than the Utah plan” (*Salt Lake Tribune*, February 21, 2009). Even criticism of Obamacare is more varied in the *Salt Lake Tribune*, emanating from both the political left and the right. One columnist writes: “The best thing that could happen to Obama (and America) is for the Congress to fail at passing any health legislation. That would give Obama the chance to do now what he should (and could) have done at the beginning. That will give everyone the chance to say "OK, we now know that the system is beyond any rational attempt to repair it. We are starting from scratch" (Newhall 2010).

The *inadequate reform narrative*—the story whereby the Utah Health System Reform does not go far enough, claiming that government must play a more active role in addressing the health care crisis—appears far more often in *Salt Lake Tribune* coverage than in the *Deseret News*. According to columnist Paul Rolly: “The original plan was to insure all Utahns through a clearinghouse based in the Governor's Office of Economic Development. By the time Clark introduced his bill, that had deteriorated into a baby-step measure to help more Utahns get private insurance through tax credits and/or subsidies. But now even those proposals will be delayed” (Rolly 2008). The original plan that Governor Huntsman allegedly preferred would have included an individual mandate, much like Romneycare or Obamacare, but the mandate lacked legislative support (Gehrke 2011). A March 2008 editorial affirms: “So where does all this leave us? We like the idea of making health insurance more affordable to individuals who must buy their own coverage. It is a very small down payment on health-care reform, although without major structural overhauls, it's not very meaningful” (*Salt Lake Tribune*, March 3, 2008). Similarly, a February 2008 editorial declares: “But the language of



HB133 makes any real change unlikely. Twenty-three of the 35 pages of the bill represent no (or very little) change in current statutes dealing with health insurance rating, the tax code, and the workings of the small group and individual health insurance markets. In the remaining few pages of the bill, the departments of health, insurance, workforce services and the Governor's Office of Economic Development are given various tasks related to health-system reform, but with no real force of intent" (*Salt Lake Tribune*, February 18, 2008). Other articles indicate that the UHSR may have been even more ambitious at the outset, but the resistance of powerful insurance and pharmaceutical lobbies reframed the issue: "In an early draft, HB133 would have required every Utahn to have health insurance by 2010 and called for new insurance plans to cover everyone without charging higher premiums based on medical history. But those ideas met resistance from lawmakers opposed to mandates and insurers who believe health reform first should zero in on wasteful spending, not improved access" (Rosetta 2008). As late as 2011, the *Tribune* continued to report that the UHSR was not living up to its expectations with regards to expanding access to health insurance (Stewart 2011).

Of course, many *Salt Lake Tribune* contributors support the UHSR, deploying both the *gradual reform narrative*, claiming that the complexity of the health care system requires a series of cautious minor changes to achieve systemic reform, and the individual responsibility narrative. For example: "In short, we have a long road ahead of us in achieving meaningful health-care reform, but the bills currently under consideration in the Legislature make important strides by going after the waste in the current system. Transparency is the necessary force to drive effective competition" (Baker 2009). Support of the insurance industry for the UHSR in the *Tribune* is forthright (as it is in the *Deseret News*). For example, Scott Ideson, CEO of Regence Blue Cross Blue Shield of Utah states: "Regence BlueCross BlueShield of Utah is committed to transforming health care. We support the work of Utah House Speaker Dave Clark, Sen. Sheldon Killpack, R-Syracuse, and others who are advancing reform efforts" (Ideson 2009).

Judging from much of the media coverage in both the *Salt Lake Tribune* and the *Deseret News*, one could argue that the UHSR case is an example of health care reform of the health care insurance industry, by the health insurance industry, and for the health insurance industry. It is a reform effort wherein profit is guaranteed for the few and access remains inadequate for the many. Despite this, critical voices are present in the media—especially in the *Salt Lake Tribune*, trying to advance a diversity of views throughout the UHSR debates.

#### **4 Implications and Next Steps:**

My initial critical textual analysis has identified a number of consistent, interwoven narratives of healthcare reform. First, many affirm that the number of uninsured/underinsured constitutes a worsening problem that must become the primary focus of reform efforts. While proponents of this narrative may differ on the best strategy to insure more people, they agree that uninsurance/under-insurance comprises the central social and economic challenge to the stability of Utah's healthcare system. This narrative is stronger in the *Salt Lake Tribune*, yet resilient across time in both newspapers and across the partisan spectrum.

Second, another common narrative holds that healthcare spending is spiralling out of control and an economic crisis looms. According to this view, spending is the real problem and uninsurance/under-insurance only explains part of the crisis. This perspective frequently intersects with the individual responsibility narrative, affirming that we must change the behaviour of individual health care consumers and their relationship to the health care system to solve the crisis. Advocates of this perspective sometimes evoke the litigation crisis narrative and emphasize tort reform or changing the way that Americans think of medical malpractice as a society. They also are more likely to praise the UHSR within a gradual reform narrative that opposes any radical changes to the health care system. Narratives that combine these priorities—controlling public spending, changing individual behaviour, gradual change, and reforming the culture of litigation—arise in both the *Salt Lake Tribune* and the *Deseret News*; however, they are more frequent in *Deseret News*

reporting.

While it declines in frequency over time, the manufactured crisis narrative consistently emerges in the Utah newspaper media as a minority interpretation. According to this view, the health care debates are a sort of socialist Trojan Horse, seeking to undermine traditional American values like individualism and states' rights. Proponents of the manufactured crisis narrative claim that the United States has an excellent health care system and reform is unnecessary or dangerous. This perspective is more common in the *Deseret News*.

Finally, the inadequate reform narrative stands in direct contrast to the gradual reform narrative. It holds that the UHSR does not do enough to truly rectify the shortcomings of Utah's healthcare system. Appeals in favour of single-payer healthcare occasionally emerge as part of this narrative. It holds that the slow progress of investigative task forces and brokerage politics puts people's lives and livelihoods at risk. This narrative arises in both newspapers, but it is more common in the *Salt Lake Tribune*.

It appears that health policy narratives of the political right—emphasizing factors like individual responsibility and the relationship between health care, economic stability, and family stability—endure and diffuse easily between the two major newspapers; however, perhaps the most enduring and consistent health policy narrative between the 2004 election and the UHSR legislative debates is the crisis of the uninsured/underinsured narrative, which is more commonly associated with the political left. Media representations in both the *Deseret News* and the *Salt Lake Tribune* largely support expansion of access to insurance coverage and containment or reduction of public health expenditures.

Subsequent work for this chapter will re-evaluate the tentative coding system and analysis charts, more closely examining partisanship as a key variable. Using Max QDA software to quantify the occurrence of health policy narratives and track the diffusion of language framing metaphors, I will include newspaper media representations of health care reform after the legislative passage of the seven laws and key state-led

initiatives that comprise the UHSR from 2004-2011. I will subsequently compare newspaper media representations of the Utah Health System Reform with those of the 2006 Massachusetts Health Reform Law (Romneycare), the 2011 Vermont Health Reform, and the federal 2010 Affordable Care Act (Obamacare), tracking health policy narrative diffusion.

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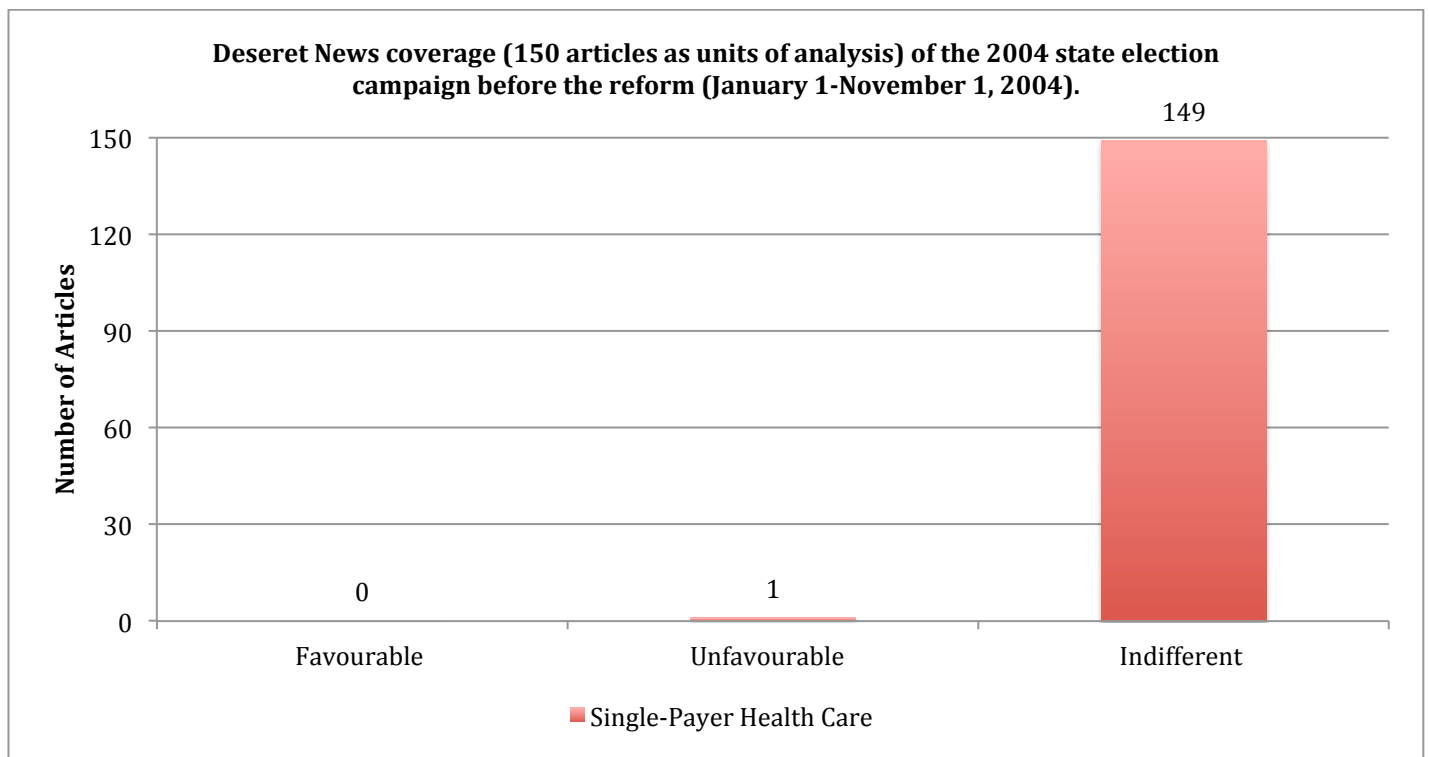
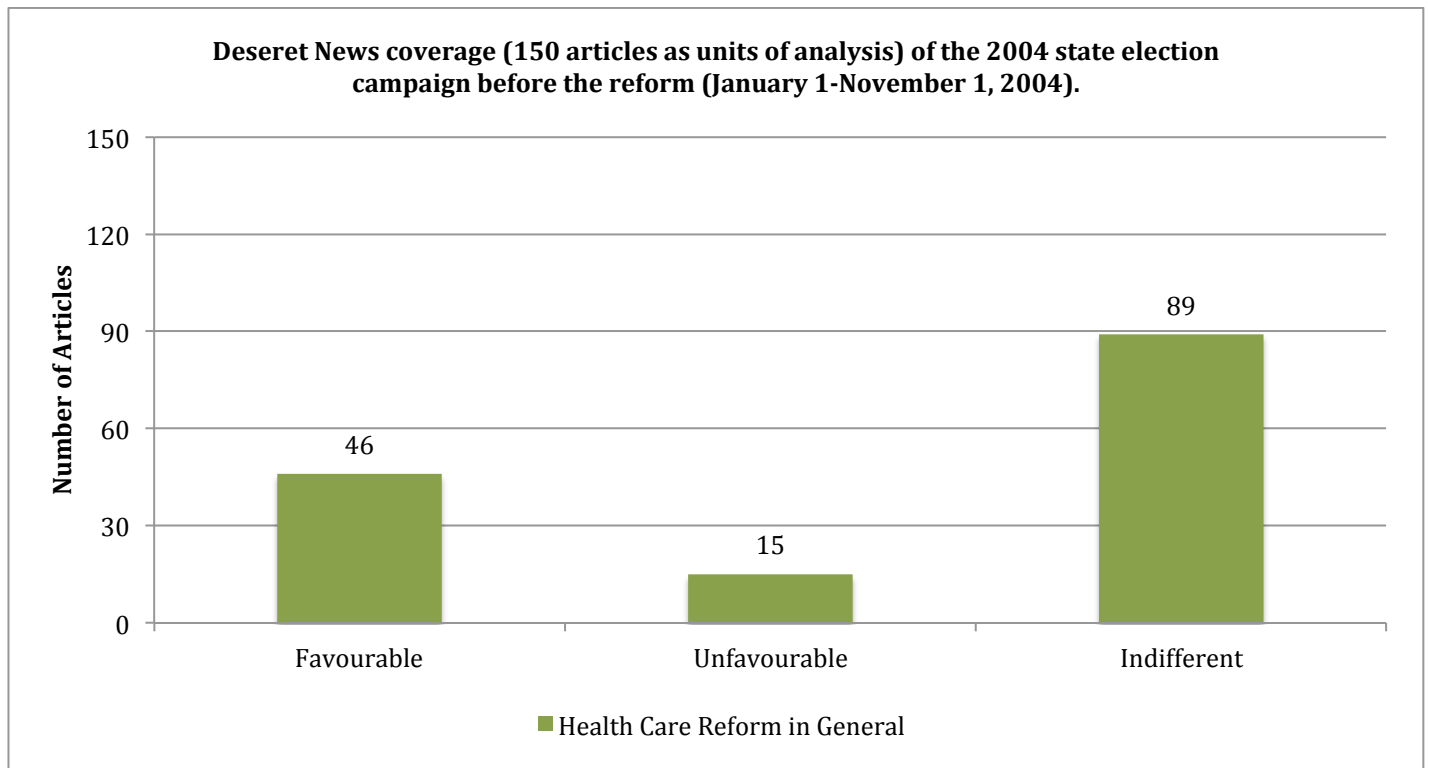
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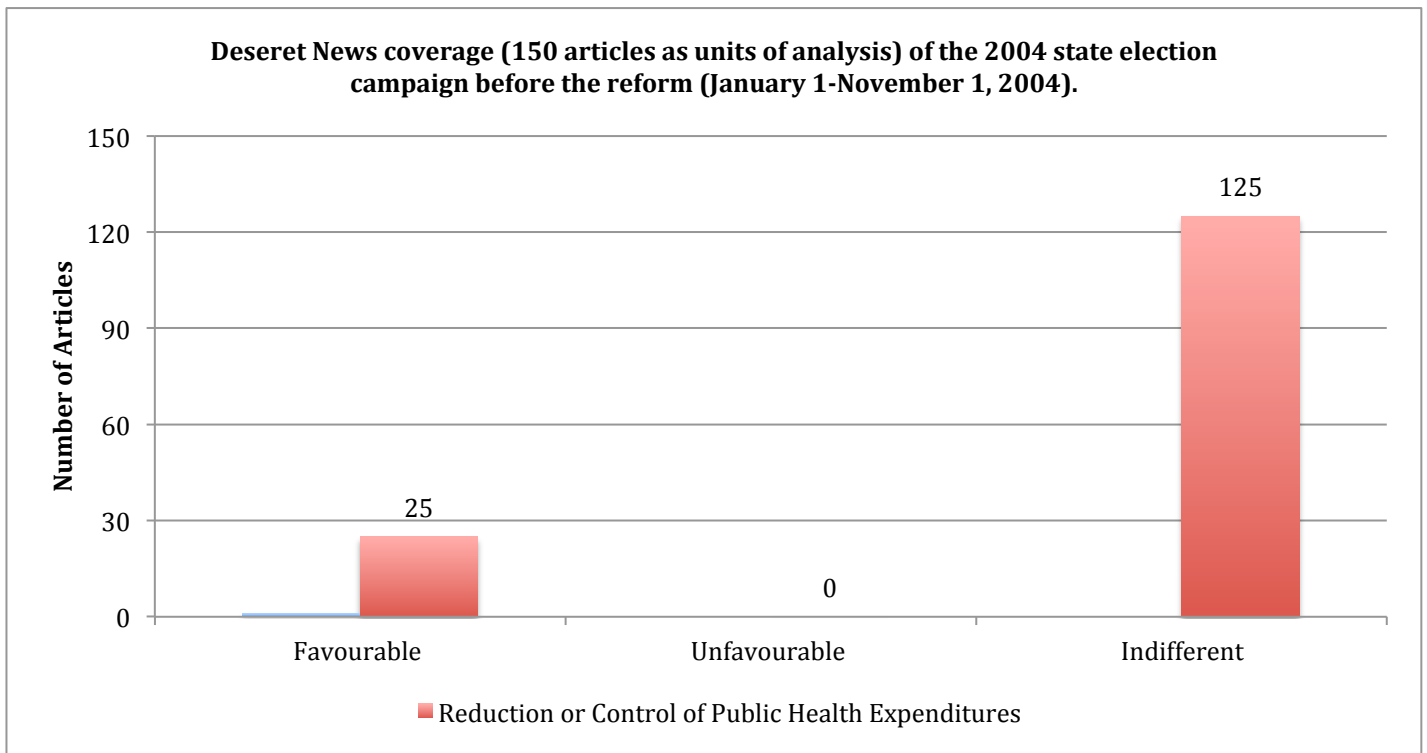
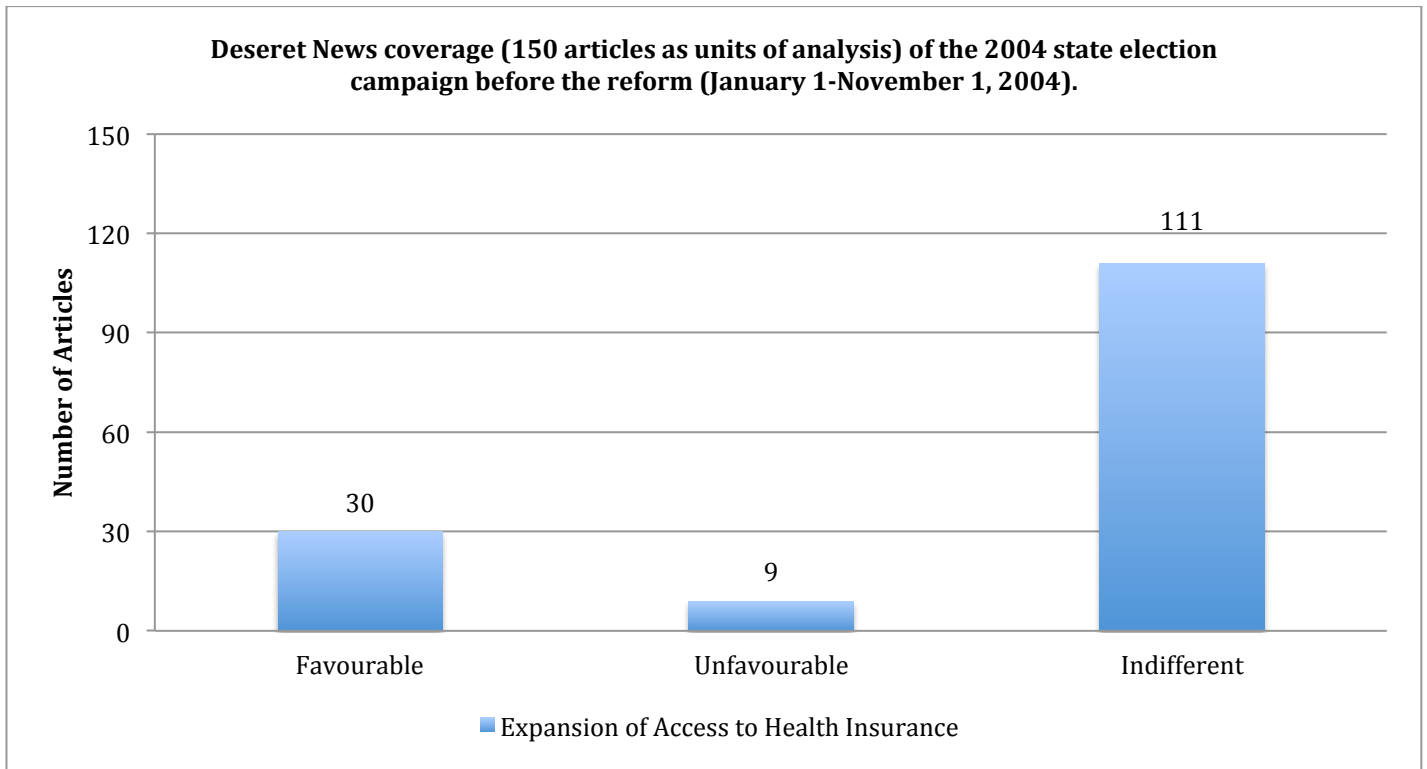
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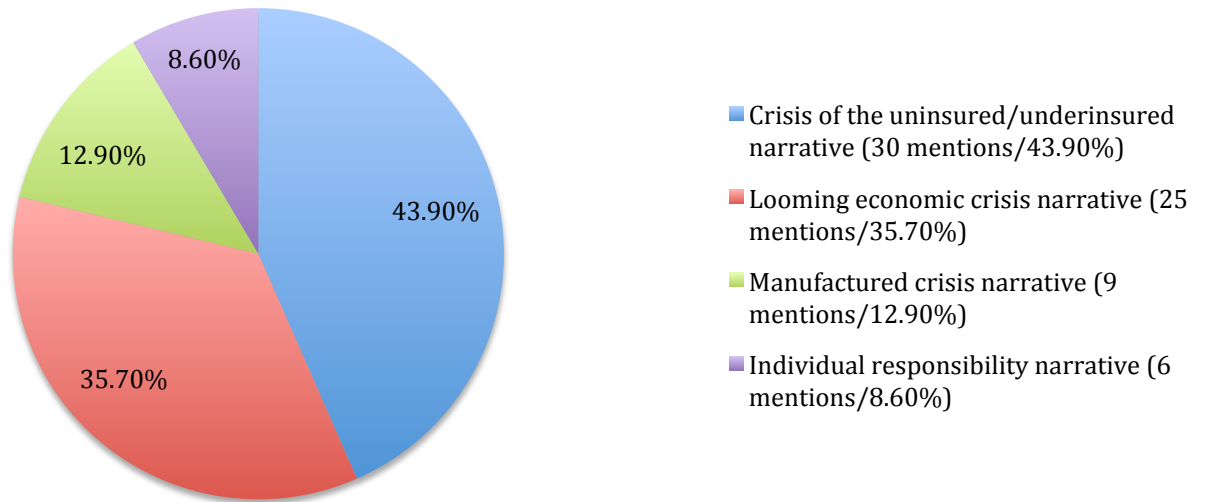
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**Appendix 1: Deseret News Coverage During the 2004 Utah State Election Campaign**



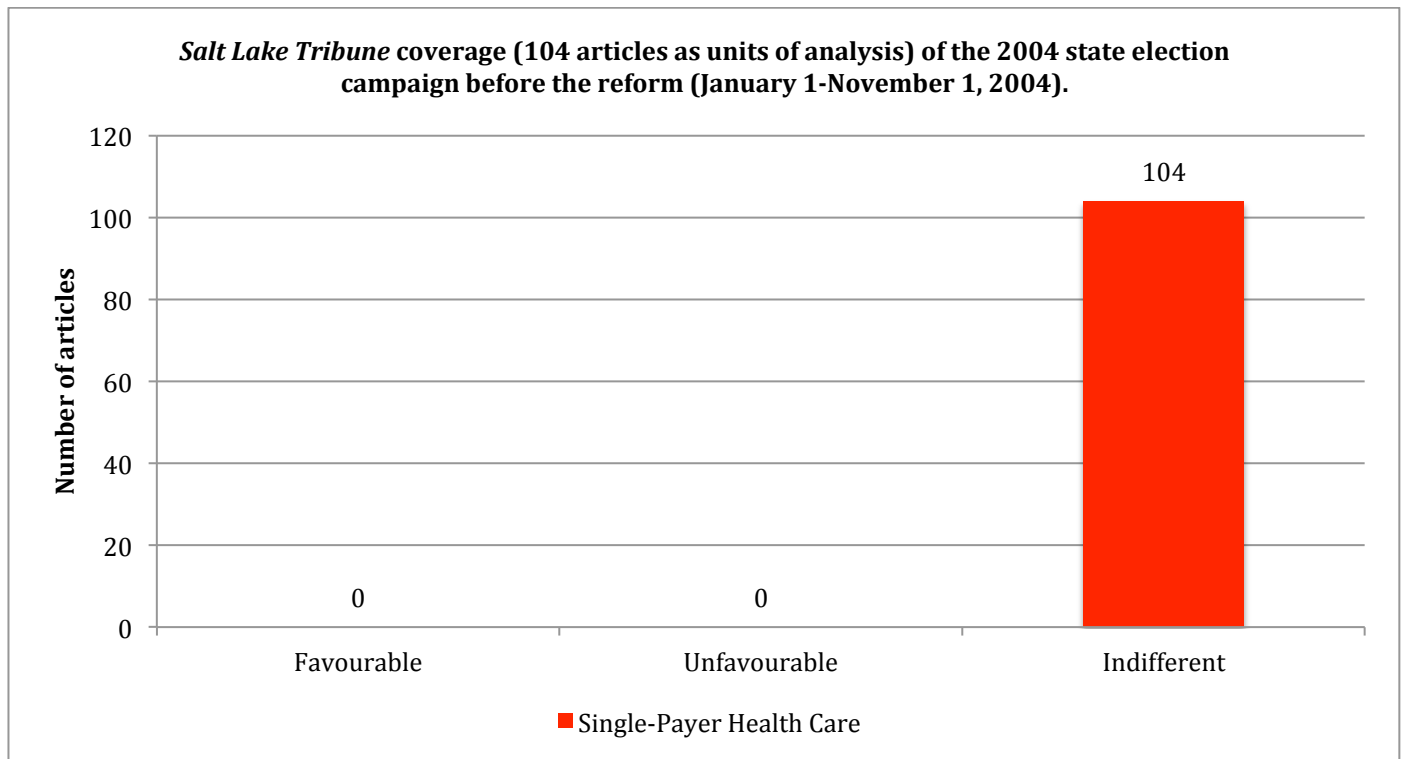
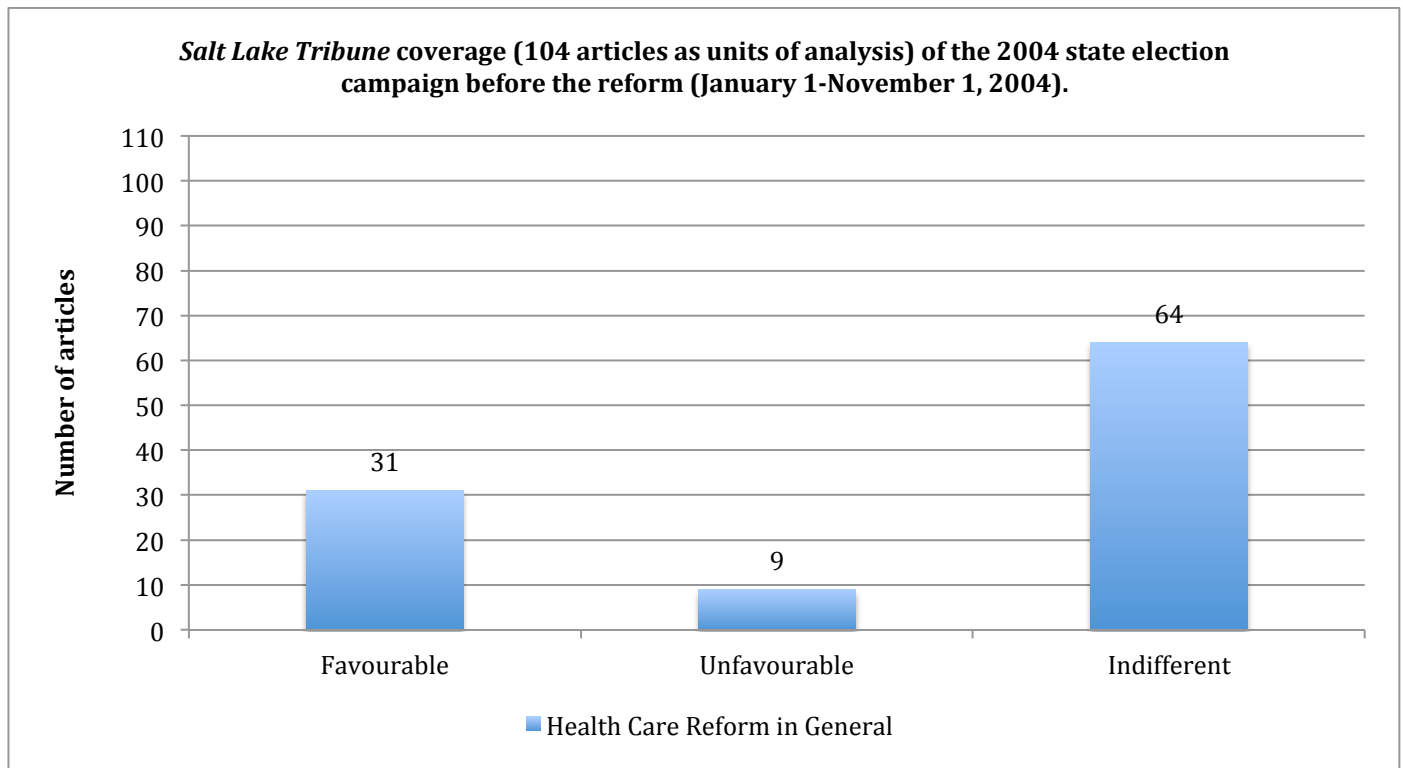


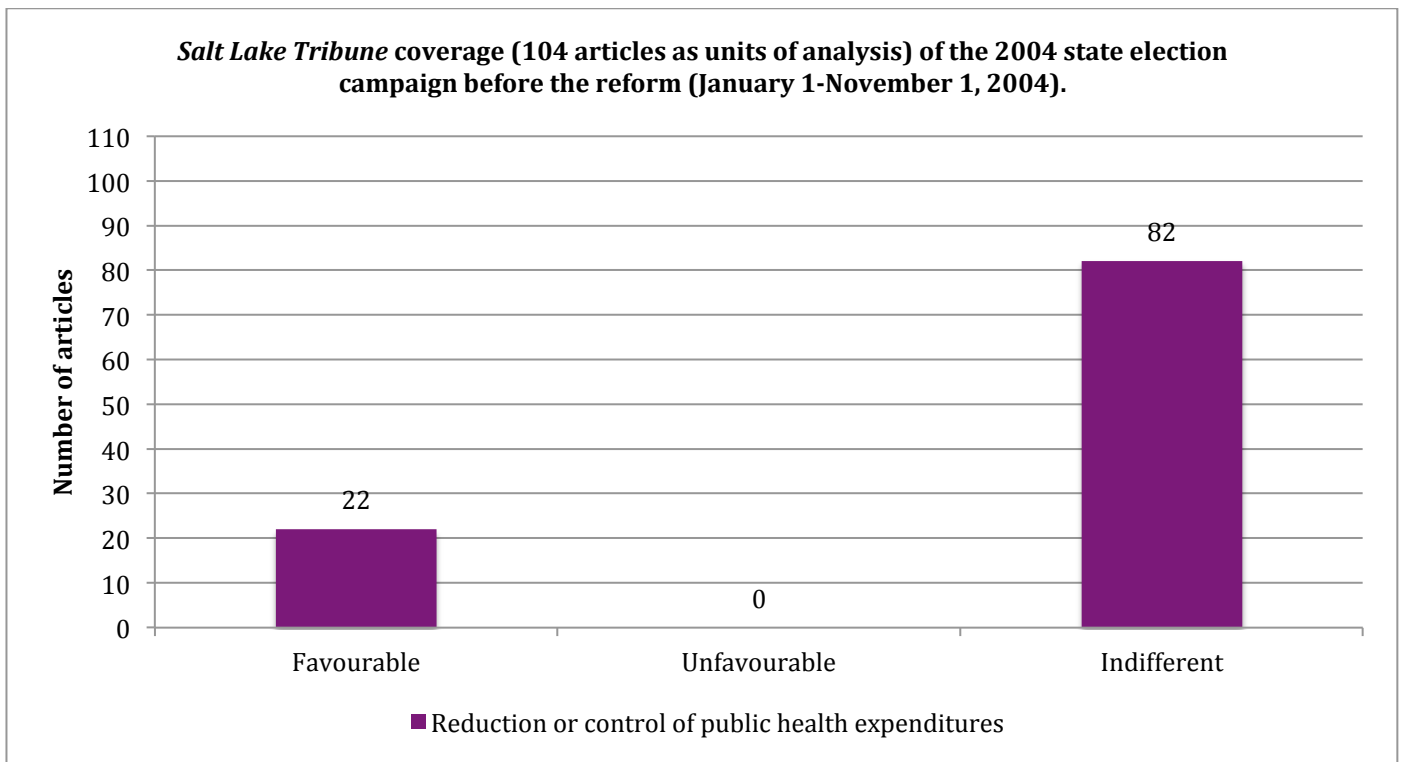
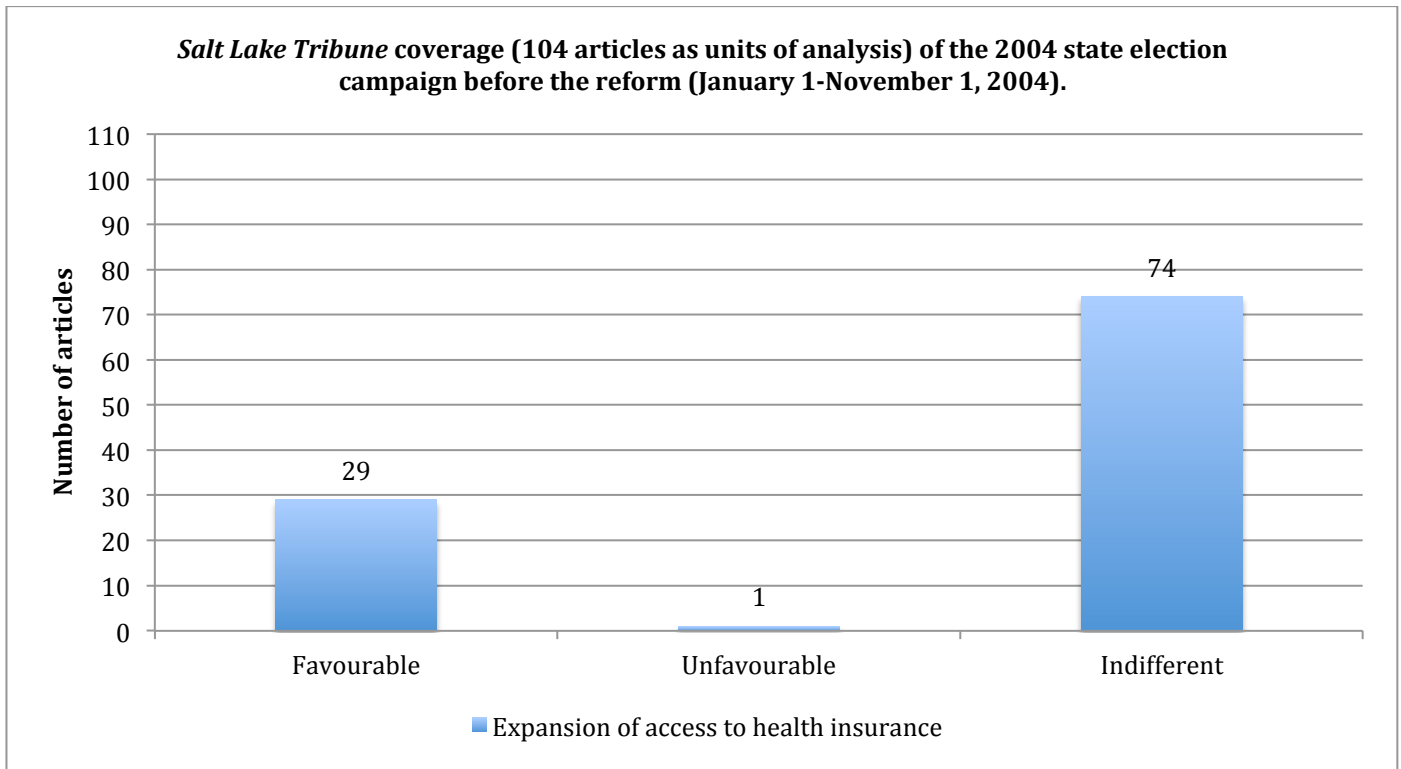
***Deseret News* coverage of the 2004 state election campaign before the reform (January 1-  
November 1, 2004)—Percentage of mentions of each health care narrative (one article may  
contain more than one narrative)**



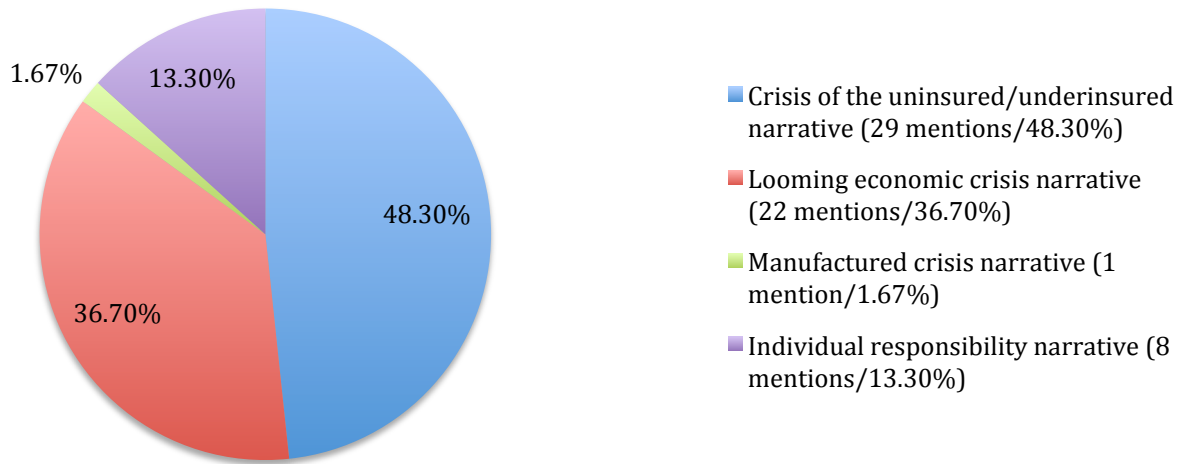


Appendix 2: *Salt Lake Tribune* Coverage During the 2004 State Election Campaign:

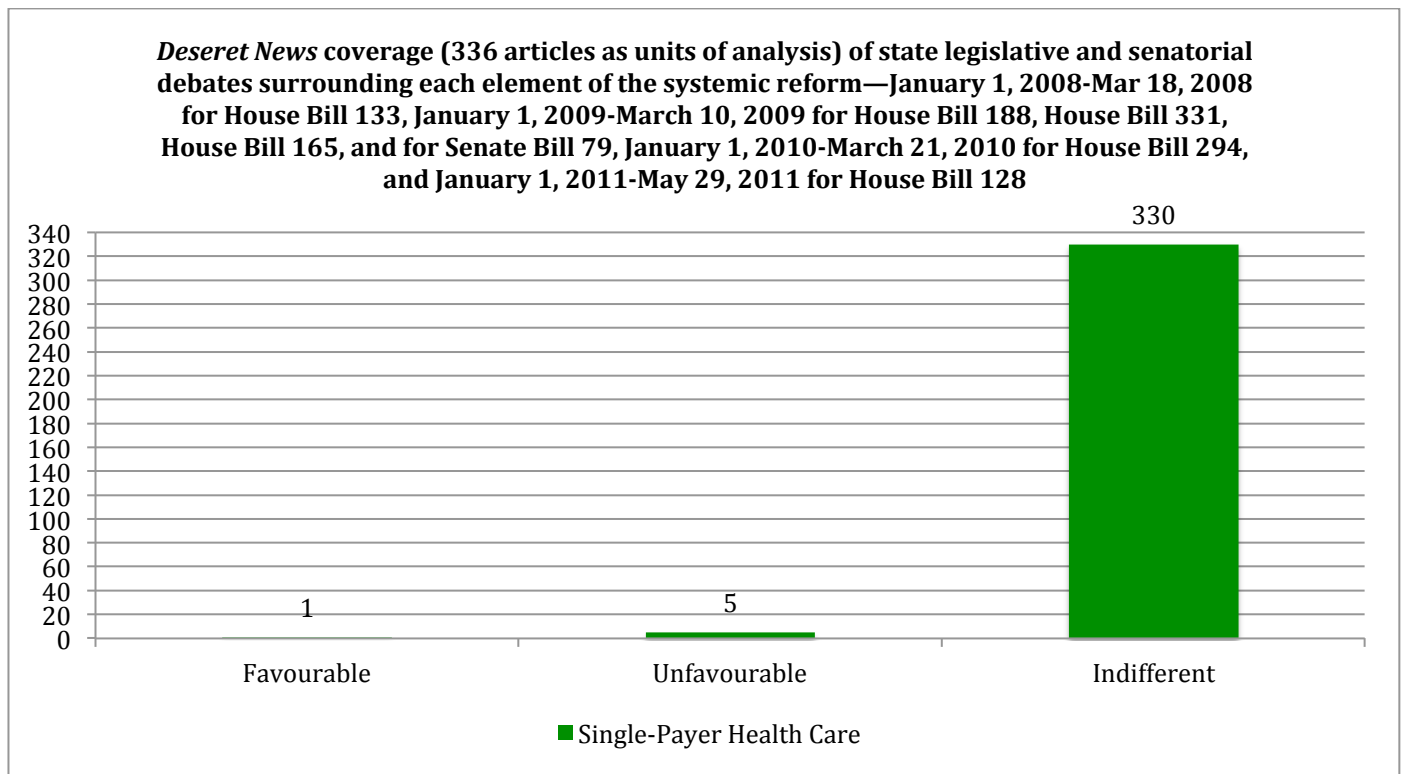
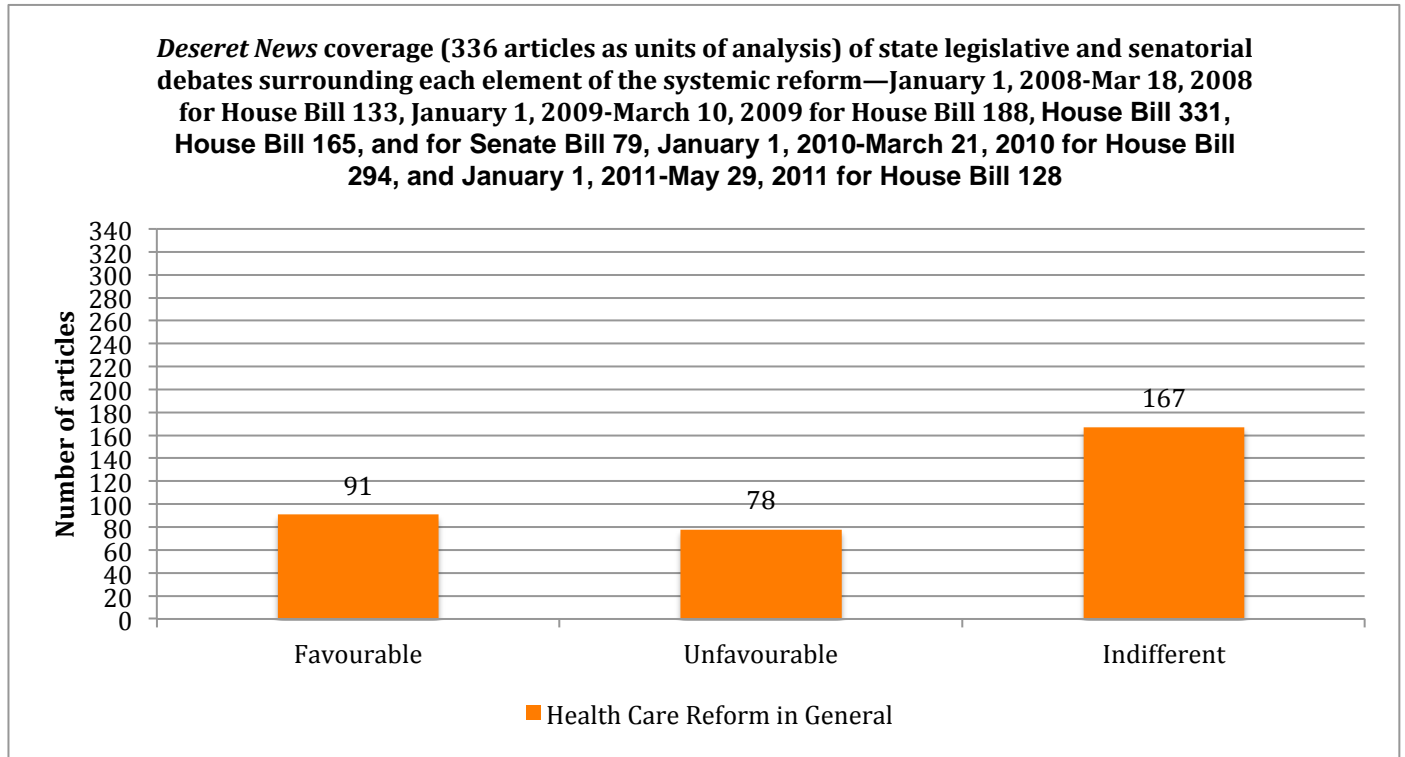




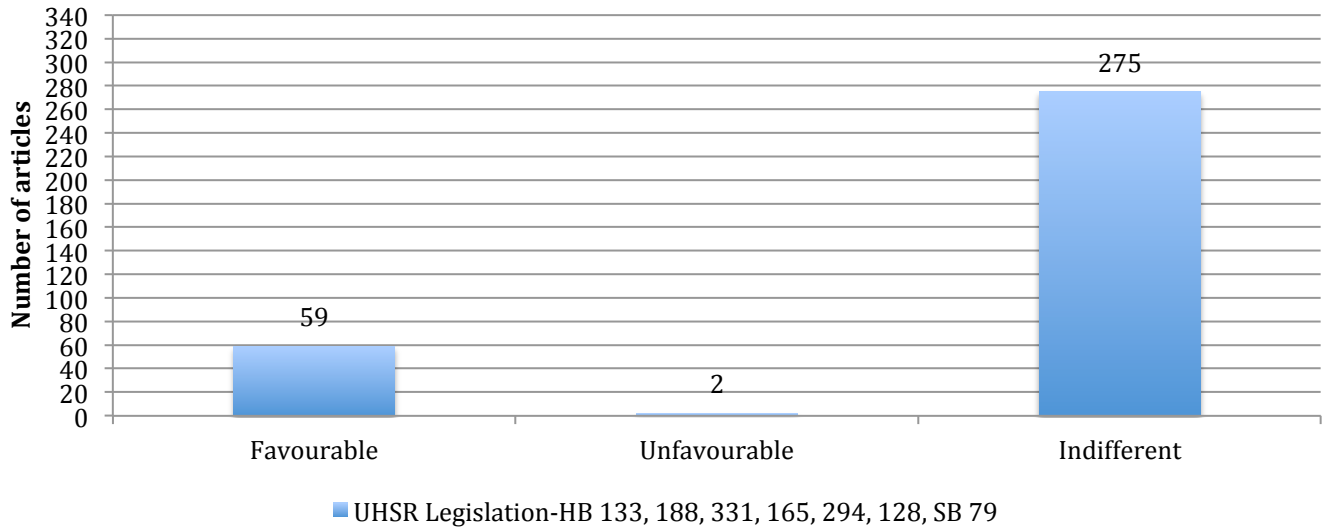
***Salt Lake Tribune* coverage of the 2004 state election campaign before the reform (January 1-November 1, 2004). Percentage of mentions of each health care narrative (one article may contain more than one narrative)**



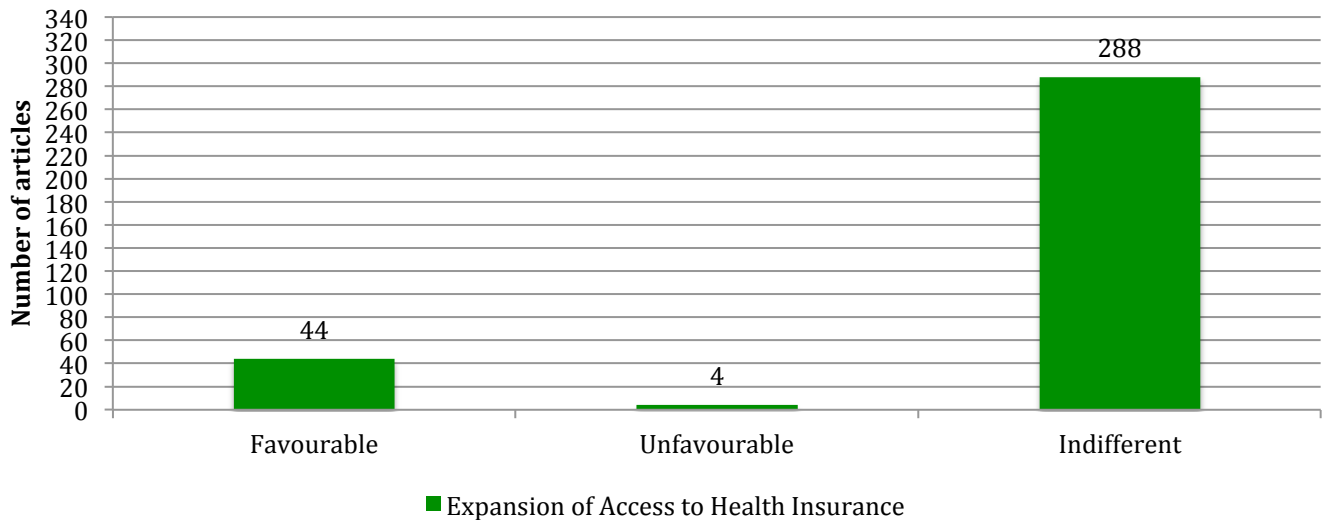
**Appendix 3: Deseret News Coverage During the State Legislative and Senatorial Debates:**



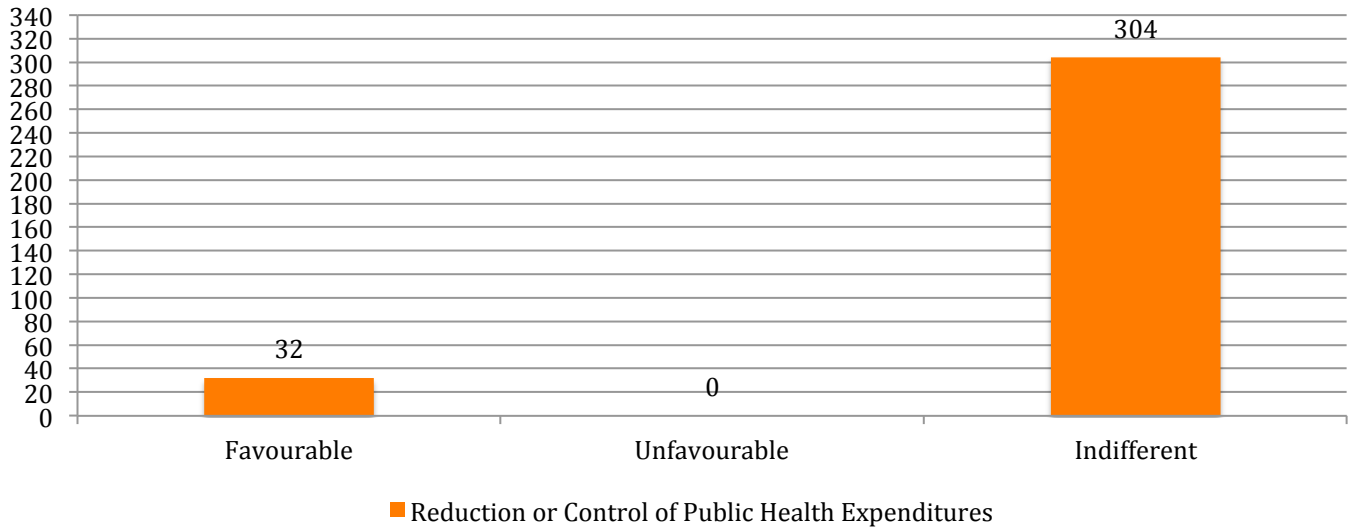
**Deseret News coverage (336 articles as units of analysis) of state legislative and senatorial debates surrounding each element of the systemic reform—January 1, 2008-Mar 18, 2008 for House Bill 133, January 1, 2009-March 10, 2009 for House Bill 188, House Bill 331, House Bill 165, and for Senate Bill 79, January 1, 2010-March 21, 2010 for House Bill 294, and January 1, 2011-May 29, 2011 for House Bill 128**



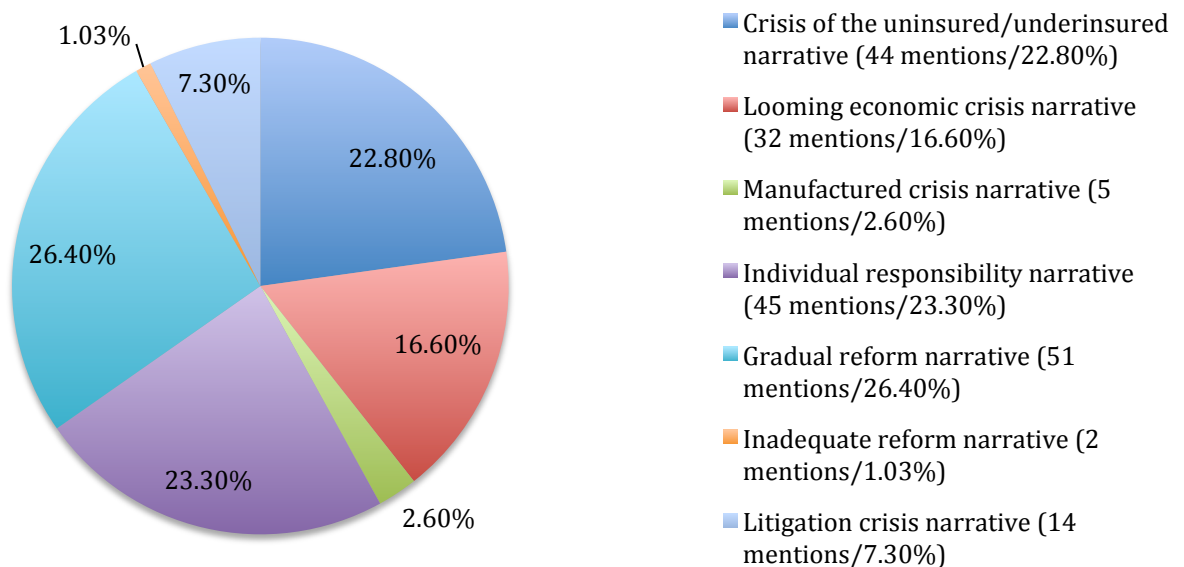
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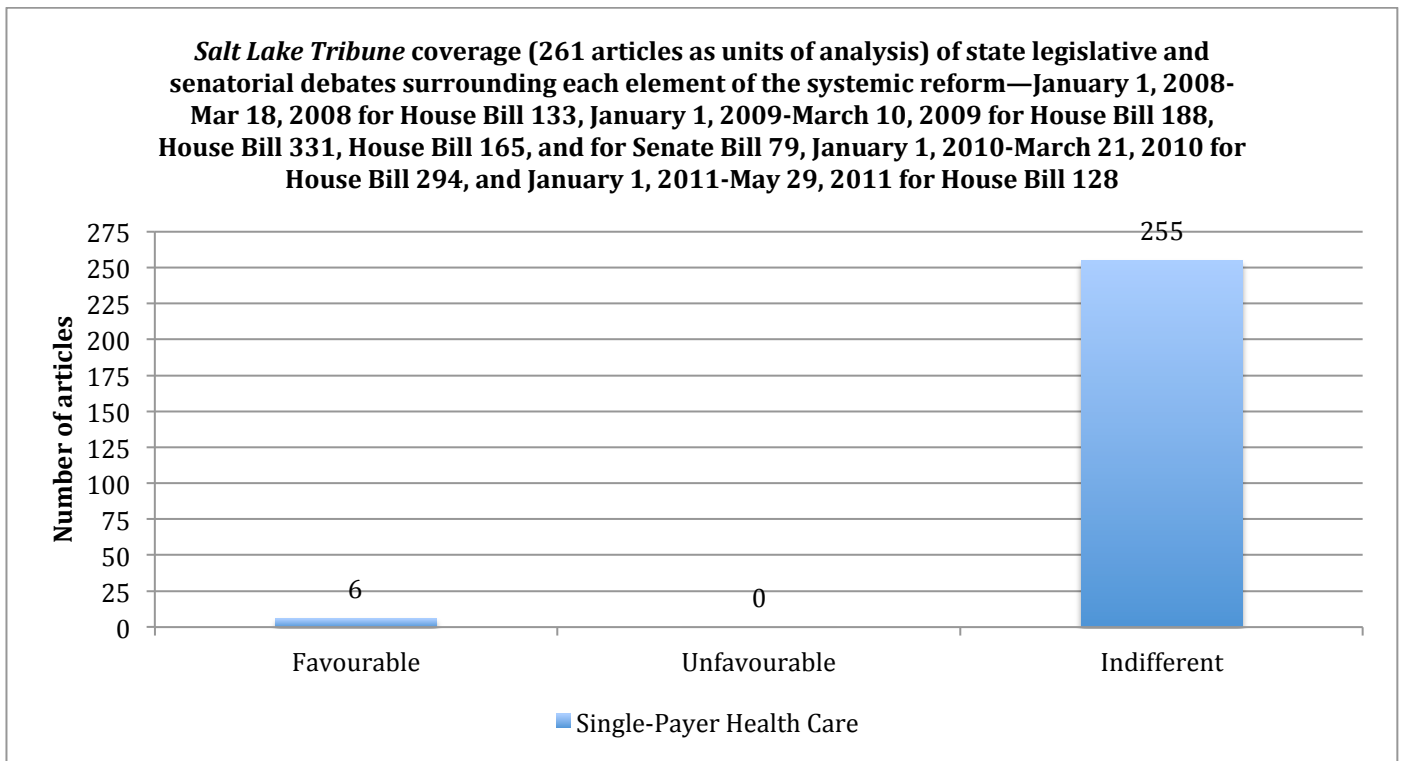
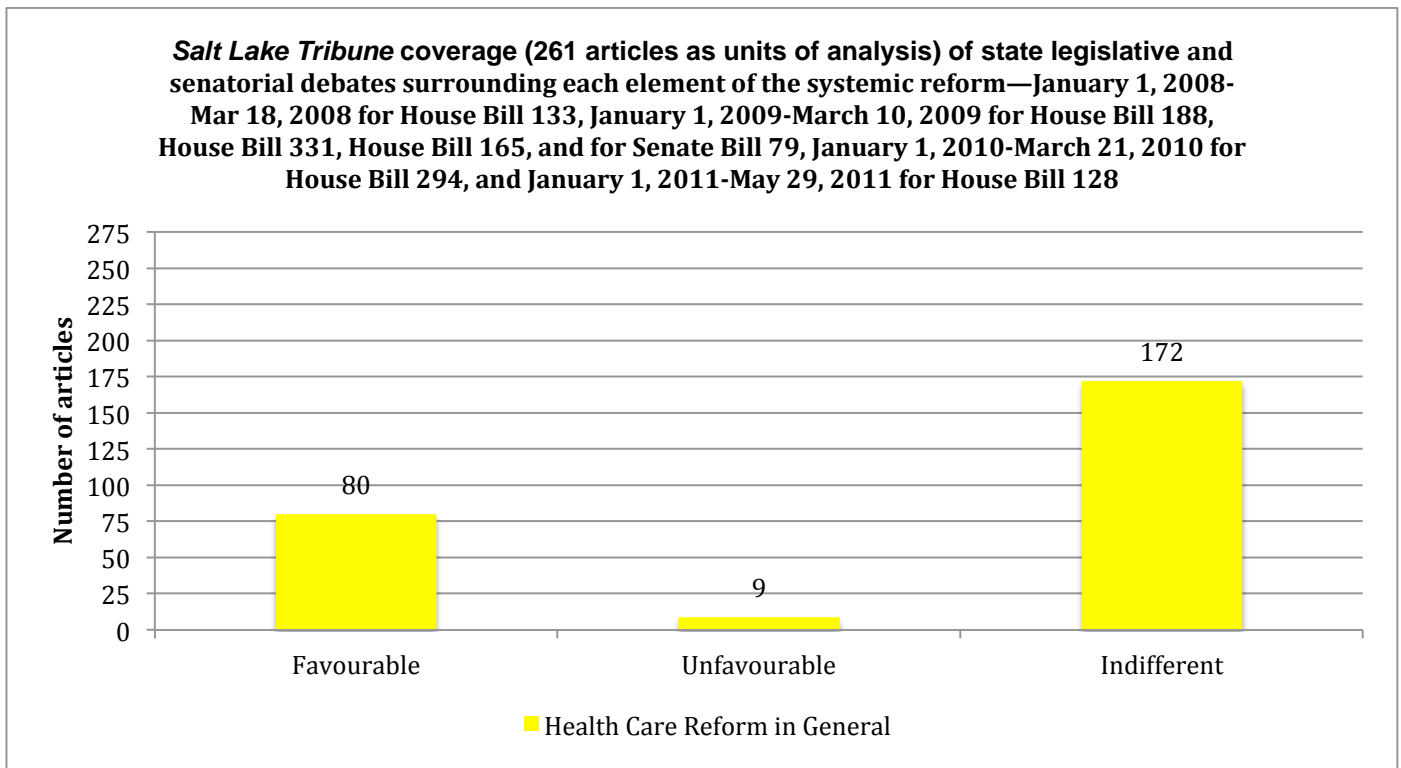
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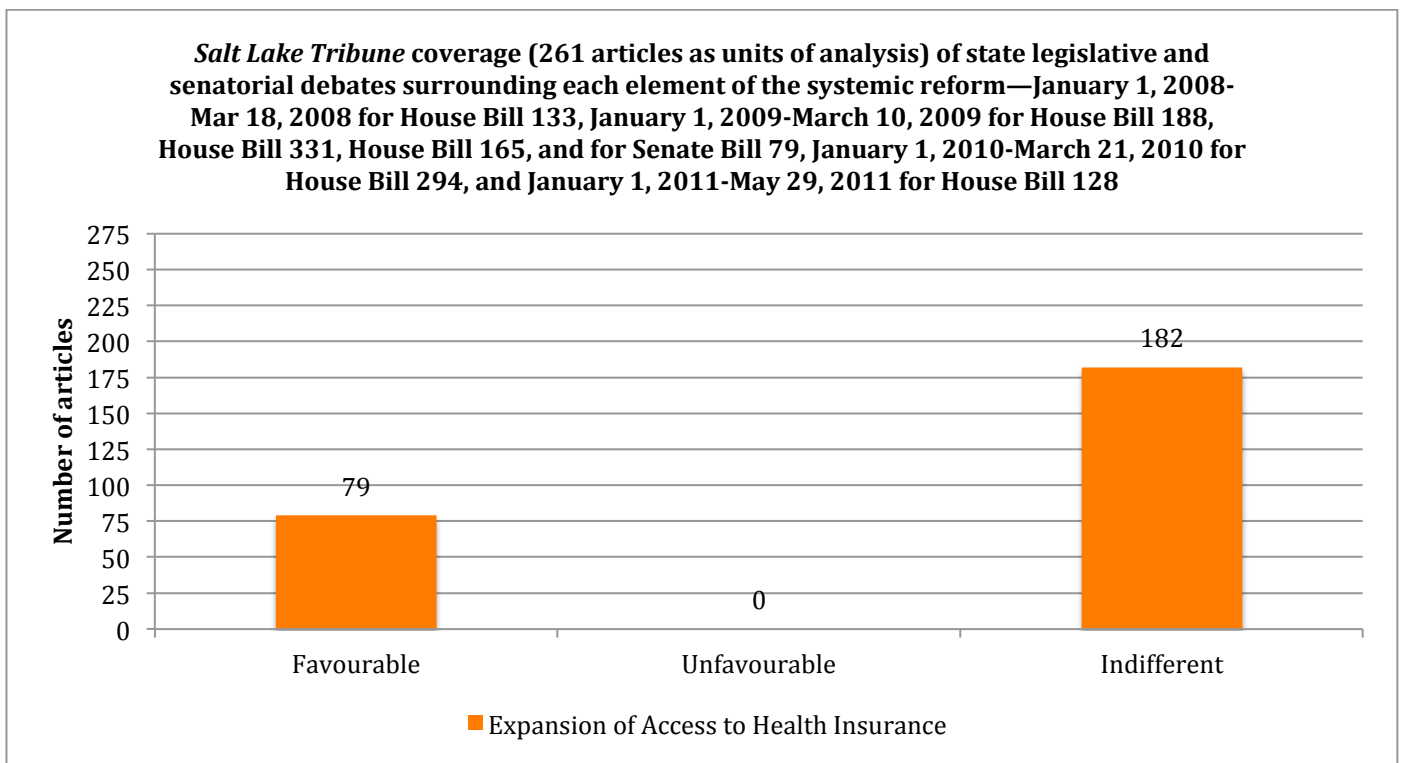
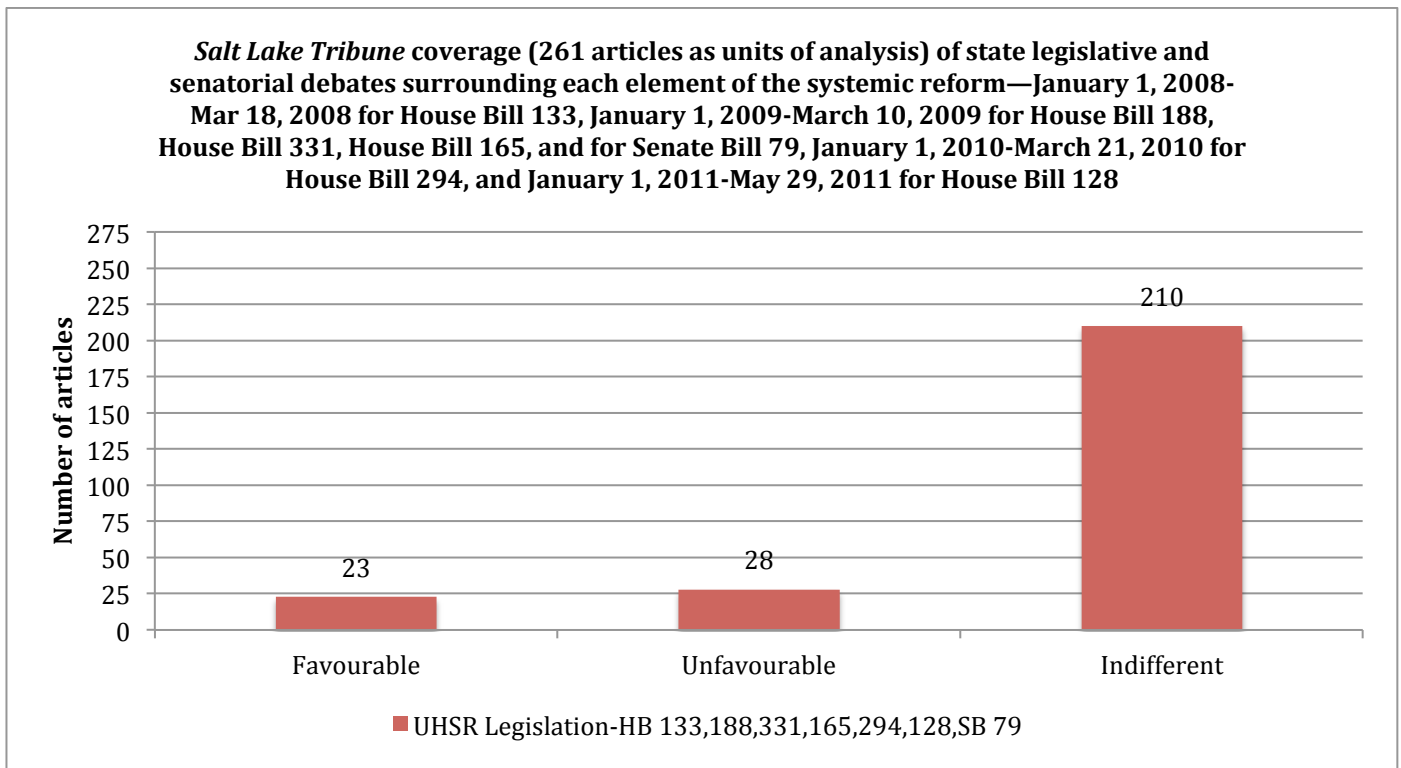


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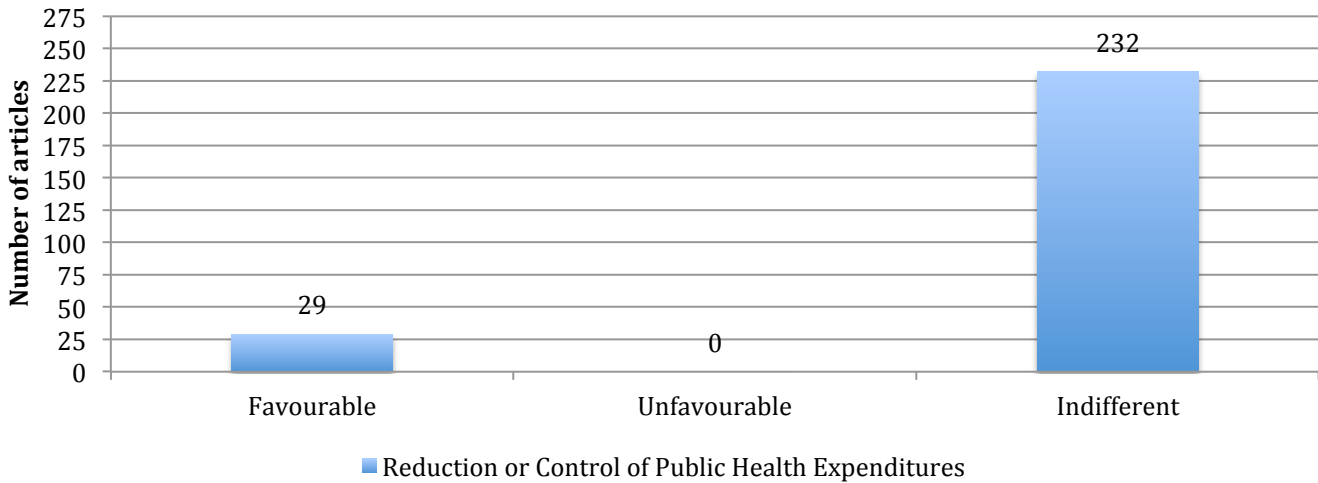
**Appendix 4: Salt Lake Tribune Coverage During State Legislative and Senatorial Debates**



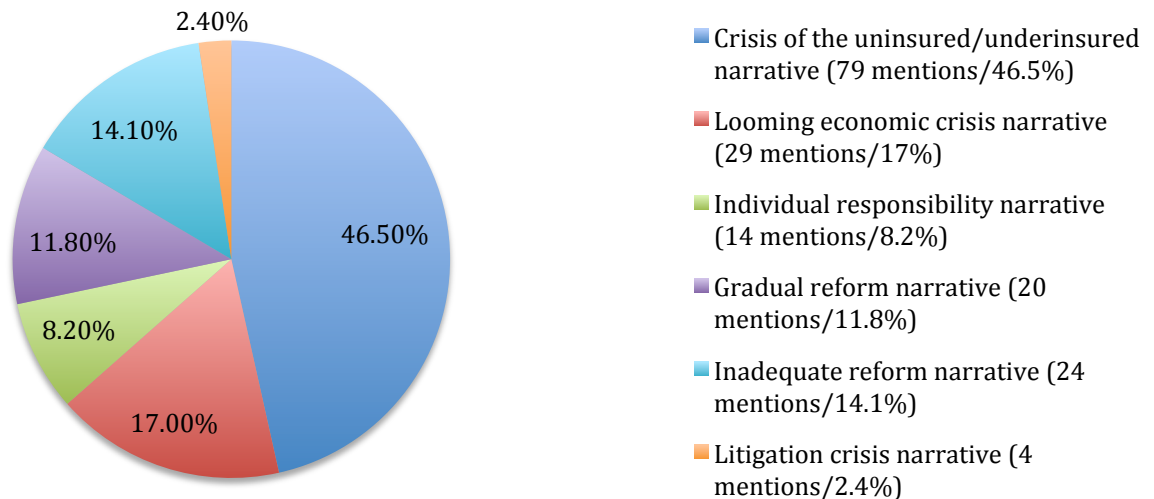




**Salt Lake Tribune coverage (261 articles as units of analysis) of state legislative and senatorial debates surrounding each element of the systemic reform—January 1, 2008-Mar 18, 2008 for House Bill 133, January 1, 2009-March 10, 2009 for House Bill 188, House Bill 331, House Bill 165, and for Senate Bill 79, January 1, 2010-March 21, 2010 for House Bill 294, and January 1, 2011-May 29, 2011 for House Bill 128**



**Salt Lake Tribune coverage (261 articles) of state legislative and senatorial debates surrounding each element of the systemic reform—January 1, 2008-Mar 18, 2008 for House Bill 133, January 1, 2009-March 10, 2009 for House Bill 188, House Bill 331, House Bill 165, and for Senate Bill 79, January 1, 2010-March 21, 2010 for House Bill 294, and January 1, 2011-May 29, 2011 for House Bill 128**



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