



## California's health care system is broken; but fundamental reform (SB 921) can fix it.

### 1. Working hard is no guarantee that you'll have health care when you need it.

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- Our current system leaves out 1 in 5 Californians, the vast majority of who belong to working families.
  - 6.5 million Californians don't have health insurance, larger than the entire population of all but 12 states (California Health Care Foundation).<sup>1</sup>
  - 83% of California's uninsured are from working families (Coalition on Human Needs).<sup>2</sup>
  - Employment-based insurance is declining (U.S. Census Bureau).<sup>3</sup>
  - California ranks 47<sup>th</sup> in the nation in percentage of non-elderly people who have insurance and 45<sup>th</sup> in its rate of insurance for children (The Urban Institute).<sup>4</sup>
  - Small businesses often can't afford to provide health insurance; among those employed in businesses with fewer than 10 employees, 41.6% don't have insurance. 29.3% of self-employed people don't have insurance (California Health Care Foundation).<sup>5</sup>
  
- Not having insurance can be catastrophic to families.
  - Uninsured people get sicker and die younger. Uninsured men are twice as likely to be diagnosed with a late stage of colon cancer (Institute of Medicine)<sup>6</sup>
  - Uninsured women who have breast cancer are twice as likely to die as women who have health insurance (New England Journal of Medicine).<sup>7</sup>
  - Lacking insurance means postponing care due to cost. The uninsured are 65 % more likely to put off or postpone seeking medical care (Kaiser Family Foundation).<sup>8</sup>
  - Uninsured people face a 25% higher mortality rate (Institute of Medicine).<sup>9</sup>
  - Uninsured families face financial ruin when illness strikes or accidents happen. 750,000 families go bankrupt every year as a result of medical bills. 1 out of every 2 families who file for bankruptcy does so in the aftermath of serious medical problems. 46% of uninsured patients have debts from previous medical care. (amednews.com).<sup>10</sup>

**2. You're insured – but are you *sure*? Having insurance is no guarantee that your coverage is secure or adequate, or that you'll be covered when you need it most. Emergency care may not be there when you – and your family – need it.**

In a changing economy, anyone can lose coverage. Most people can't afford individual private insurance. Even more frightening, our overstressed emergency care might not be there when you – and your family – need it. In addition, many people don't have *enough* coverage: having insurance doesn't guarantee access to health care if the coverage has high deductibles or requires high out-of-pocket expenses. Finally, under our current system, fewer and fewer Americans can count on peace of mind in retirement. Current retirement health benefits – and retirees' financial planning – are at risk. Future retirees are unlikely to have access to such benefits, if current trends hold.

- In a changing economy, anyone can lose their coverage.
  - In 2003, the average turnover rate in jobs was 3% (Bureau of Labor Statistics).<sup>11</sup>
  - California's unemployment rate in December 2003 was 6.5%; over 1.140 million Californians are unemployed (California Employment Development Department).<sup>12</sup>
  - Only 20% of families affected by unemployment can afford to use COBRA, which makes continued insurance available for 18 months at 102% of the rate previously paid by the employee and his or her employer. For a family plan, at over \$9,000 on average, the cost can be more than a person's entire unemployment benefit. (Consumers Union).<sup>13</sup>
  - Job outsourcing and migration of jobs from the manufacturing sector to the service sector create instability in employment-based health coverage. California has lost 304,800 manufacturing jobs since December of 2000 (California Manufacturers & Technology Association).<sup>14</sup>
  - The self-employed, younger workers, and part-time workers are all more likely to be without health insurance (California Health Care Foundation).<sup>15</sup>
  
- Most people can't afford individual private insurance.
  - Fewer than 5% of Californians with health insurance are covered by plans purchased individually (UCLA Center for Health Policy Research).<sup>16</sup>
  - "Pre-existing conditions" can price many out of the private health insurance market. A study by the Kaiser Family Foundation, which created individual profiles and submitted applications for health insurance, found that private insurance was, unsurprisingly, most affordable and available to the young and the healthy (Kaiser Family Foundation).<sup>17</sup>
  - Substantial age-related premium hikes start at the age of 35 and increase yearly (CNN/Money).<sup>18</sup>
  
- The emergency care system may not be there when you – and your family -- need it.
  - Treating the uninsured, who often have no other health care access, is the primary reason for emergency room overcrowding.
  - Emergency Departments in California provided \$540 million in uncompensated care in 2001 (California Medical Association).<sup>19</sup>
  - California has lost 60 emergency departments since 1990, nearly 15% of its total (California Medical Association).<sup>20</sup>

- Ambulance diversions – emergency rooms sending ambulances away in search of a bed at another hospital – are a growing trend. According to a special investigation conducted by Representative Henry Waxman in 2001, two-dozen emergency rooms in Los Angeles County were closed one third of the time in June 2001 (U.S. House of Representatives. Committee on Government Reform).<sup>21</sup>
- Increased wait times, ambulance diversions, and overcrowding can be fatal:
  - A 7-year-old boy died of spinal meningitis last year after waiting for hours in a crowded waiting room at Kaiser Walnut Creek (NurseWeek).<sup>22</sup>
  - A 39-year-old woman died in an ambulance after spending six hours in a standby ER in Richmond (NurseWeek).<sup>23</sup>
  - An 84-year-old man with shortness of breath died after waiting four hours for care (NurseWeek).<sup>24</sup>
- Not enough coverage: having insurance doesn't guarantee access to health care.
  - 38% of insured Americans reported that they or their families experienced problems gaining access to care, according to a Kaiser Family Foundation 2002 report on the problem of underinsurance (Kaiser Family Foundation).<sup>25</sup>
  - 51% of insured people are worried that they won't be able to afford coverage next year, and 50% are worried that their benefits will be cut (Kaiser Family Foundation).<sup>26</sup>
  - Nearly 1 in 5 of insured people reported postponing care as a result of access problems (Kaiser Family Foundation).<sup>27</sup>
  - 58% of the insured who postponed care because of access problems reported that someone in their family experienced barriers to care that significantly increased their stress; 36% reported that these barriers caused a "painful temporary disability," and 14% reported that these barriers caused a long-term disability (Kaiser Family Foundation).<sup>28</sup>
- Peace of mind in retirement? Not under the current system. Your retirement health benefits – and all of your financial planning – are at risk.
  - Companies are capping their contributions for current retirees; many have already hit their cap. 46% of all private firms surveyed in 2003 "cap" the total amount they plan to contribute each year to retirement health benefits. 52% of companies with caps for retirees 65 and older report they've already hit their caps, which means that retirees will be picking up more of the tab. (Kaiser Family Foundation).<sup>29</sup>
  - Fewer and fewer companies are offering retirement health benefits to supplement Medicare. From 1988 to 2003, the percentage of firms offering retirement health plans dropped from 66% to 38% (Kaiser Family Foundation).<sup>30</sup>
  - In 2003, 10% of companies terminated the retirement health benefit for new hires (Kaiser Family Foundation).<sup>31</sup>
  - Companies expect to keep cutting back. 86% of companies report that it's very likely or somewhat likely that they'll force retirees to contribute more to their health premiums in the next three years. 20% report that it's likely that they'll terminate this benefit for new hires. (Kaiser Family Foundation).<sup>32</sup>
  - Employers plan to cut health benefits for retirees. The Congressional Budget Office estimates that 23 percent of the nearly 12 million retirees with employer-provided drug coverage will lose it when the new Medicare Program goes into effect in 2006 (*The Seattle Times*).<sup>33</sup>

### **3. Runaway costs can only be shifted, not stopped, without fundamental change.**

After a brief pause, medical premiums are skyrocketing again – by double digits in each of the last three years. Actual health care costs are on the rise, but insurers are exploiting the opportunity to raise rates even faster than costs. One problem: health insurance administration (for providers and for insurers) is costly – and increasing. Pharmaceutical companies are racking up record profits. Employers know they can't sustain continued double-digit increases. The cost of insurance is being shifted more and more to employees. No wonder Americans are alarmed about health care costs – and worried about their future.

- After a brief pause, medical premiums are skyrocketing again.
  - In 2001, 2002, and 2003, premiums increased at double-digit rates. 2003's 13.9% increase is the largest increase since the benchmark measure was established in 1987 (Kaiser Family Foundation).<sup>34</sup>
  - The Consumer Price Index increased by 1.9% in 2003 (Bureau of Labor Statistics).<sup>35</sup> The rate of increase for health coverage was 13.9% – 700% higher than the CPI (Kaiser Family Foundation).<sup>36</sup>
  
- Health insurance administration is costly – and increasing.
  - California's system is tangled and confusing. With 10,000-20,000 separate health care plans, requiring providers must expend an extraordinary amount of money on administration and billing.
  - Insurance companies' administrative costs per person covered increased by 380% from 1987 to 2000 (Kaiser Family Foundation).<sup>37</sup>
  - In the United, 31% of health care dollars go toward administration (New England Journal of Medicine).<sup>38</sup>
  - More than 1 in 4 (27%) of people working in the health care sector are now doing administrative work, up from 18% in 1969 (New England Journal of Medicine).<sup>39</sup>
  
- As health care costs rise, insurers exploit the opportunity.
  - Premium increases outpaced increases in the cost of claims by more than 2% a year since 2000 (Kaiser Family Foundation).<sup>40</sup>
  
- Pharmaceutical companies are racking up record profits
  - Pharmaceutical companies are the highest profit sector of the Fortune 500 (Kaiser Family Foundation).<sup>41</sup>
  - Pharmaceutical companies have a median profit rate of nearly 19%, over 5 times greater than the average for all Fortune 500 firms (Kaiser Family Foundation).<sup>42</sup>
  
- Employers know they can't sustain continued increases.
  - Companies anticipate higher rate increases than they can afford. According to a new poll by Hewitt of 650 major U.S. corporations, CEO's anticipated health increases of 14% in 2004 but can only afford to pay 9% (Hewitt Associates).<sup>43</sup>
  - 59% of employers in 2001 – before two subsequent years of increases – reported that their health insurance costs are out of control (Harris Interactive).<sup>44</sup>

- The cost of insurance is being shifted more and more to employees.
  - Over the last 10 years, the average employee premium contribution has increased 75% (Healthcare Informatics).<sup>45</sup>
  - In the last 3 years alone, the annual premium paid by employees has increased by 49% (CNN/Money).<sup>46</sup>
  - High deductible, catastrophic coverage plans are increasing, and recent changes in the law, which allows for tax-free medical create savings accounts if an individual has a deductible of \$1,000 or a family has a deductible of \$2,000 or more, will accelerate the high deductible trend, according to the Center for Studying Health System Change. (*USA Today*).<sup>47</sup>
  - Employers plan to keep shifting the cost burden to employees. According to the Harris Interactive poll, 75% planned to increase employee premium contributions, 70% wanted to increase employee cost sharing, and 68% planned to increase contributions for spouse/dependent coverage (Harris Interactive).<sup>48</sup>
  - 65% of all large firms surveyed in 2003 said they intend to increase employees' costs for coverage, up from 38% who said they would do so in 2002 (Kaiser Family Foundation).<sup>49</sup>
  
- No wonder Americans are alarmed about health care costs – and worried about their future.
  - 59% of insured Americans worry about being able to continue to afford health insurance (ABCNEWS/*Washington Post* Poll Results)<sup>50</sup>
  - 17% of those who are insured are “very worried” that they will lose their health insurance coverage (Kaiser Family Foundation).<sup>51</sup>
  - The percentage of insured who are confident their employer will continue to offer insurance has declined to 61% (Employee Benefit Research Institute).<sup>52</sup>
  - Respondents ranked health care as the number two most critical issue for the nation, surpassing education, crime, and national security (only the economy scored higher). (Employee Benefit Research Institute).<sup>53</sup>

#### **4. California’s health care crisis has reached a state of emergency – and it’s not getting better**

A fragmented and confusing health care system currently excludes thousands of eligible children and adults from receiving care. What’s more, California has lost more than 30 hospitals over the past ten years. But the worst is yet to come. Potential budget cuts may deny coverage to thousands, and increase costs for millions more.

- California’s health care crisis has reached a state of emergency
  - California’s health safety net programs are fragmented and confusing, excluding more than 656,000 uninsured children and 465,000 uninsured adults who are eligible for Medi-Cal and Healthy Families benefits (UCLA Center for Health Policy Research).<sup>54</sup>
  - California leads the nation in hospital closures, closing an average of three hospitals every year for the past 10 years (NurseWeek).<sup>55</sup>
  - Despite a growing population, state spending on health care dropped by 5% last year, with more than \$424 million coming from county programs providing health care to low-income adults (*San Francisco Business Times*).<sup>56</sup>

- Last fiscal year, \$58 million was cut from Medi-Cal, California's primary public health program providing care to more than 5 million people (Health Access).<sup>57</sup>
- Emergency budget cuts have intensified the health care crisis
  - 300,000 working parents in California were deprived health insurance in 2002 due to delays in implementing the federally approved parent expansion of the Health Families Program during the state's fiscal crisis (Children Now).<sup>58</sup>
  - In May 2003, 800,000 uninsured residents of Los Angeles County (approximately one third of the states population) lost access to neighborhood medical care with the closure of 16 community clinics due to budget cuts (World Socialist).<sup>59</sup>
  - 2 clinics serving 25,000 patients suffering from chronic diseases, such as diabetes and HIV, were eliminated in Alameda County in 2003 due to budget cuts (World Socialist).<sup>60</sup>
- And that's not all. Planned 2004 – 2005 budget cuts may deny coverage to thousands and increase costs for millions
  - Proposed 2004-2005 budget cuts may prevent over a million Californians from accessing basic health care, with over half a million persons in low-income working families directly denied Medi-Cal coverage (League of Women Voters).<sup>61</sup>
  - Medi-Cal provider rates may be cut by 10% resulting in even fewer doctors and providers accepting Medi-Cal patients (Health Access).<sup>62</sup>
  - Proposed enrollment caps placed on Medi-Cal, Healthy Families, and other programs will mean thousands of children, immigrants, and people with disabilities will be ineligible for health benefits (Health Access).<sup>63</sup> Capping enrollment will result in the loss of \$63 million in matching federal funds (U.S. Senator Diane Feinstein).<sup>64</sup>
  - Proposed cost increases to Medi-Cal and Healthy Families programs will force low and moderate-income families to pay higher co-pays, deductibles and other costs (Health Access).<sup>65</sup>
  - Planned changes in Medi-Cal eligibility and enrollment requirements will reduce benefits for millions of seniors and working families (U.S. Senator Diane Feinstein).<sup>66</sup>

## **5. Fundamental reform will make California healthier and use our resources more wisely.**

A universal health coverage system in California with the state acting as the insurer relies on four principles to deliver more and better care, even as it keeps costs under control: 1). Universality. SB 921 covers all Californians. Californians will be healthier and more secure, and emergency rooms will be able to focus on emergency care. 2). Smart use of resources. With SB 921, we can get more for our money. 3). Accountability. SB 921 puts health care decisions back in the hands of patients and providers. 4). Competition. SB 921 allows patients to choose the provider they want, increasing real competition and pressuring providers to offer better service.

- Universality. SB 921 covers all Californians. Californians will be healthier and more secure, and emergency rooms will be able to focus on emergency care.
  - No one will be without insurance. SB 921 establishes universal health care by putting everyone in California into one risk pool and providing insurance through the state of California.

- No one will have gaps in coverage. SB 921 provides for continuous coverage for California residents. Losing a job, changing a job, going into business for yourself, or graduating from college will no longer entail worrying about continued health care coverage.
- Our emergency care system will have more resources and more time to focus on providing emergency care. Universal coverage in California will save \$3 billion in unnecessary emergency room visits (The Lewin Group).<sup>67</sup>
- Smart use of resources. With SB 921, we can get more for our money.
  - By harnessing increased purchasing power, we'll save \$4 billion on purchasing drugs and durable medical equipment (The Lewin Group).<sup>68</sup>
  - By consolidating administration, we can cut \$14 billion dollars of redundant and unnecessary administrative fat from our health care spending – so that resources can go to care, not paper pushing. Under a universal system with the state of California replacing insurance companies, we'll keep administrative costs to between 5 and 10% of health care spending, instead of the current 31% (The Lewin Group).<sup>69</sup>
- Accountability. SB 921 puts health care decisions back in the hands of patients and providers.
  - Instead of insurance companies deciding what providers you can visit, you will choose.
  - Decisions about controlling costs won't be in the hands of unaccountable executives. Providers and California residents will make decisions about care and costs. Californians will elect a State Commissioner of Health, a Chief Medical Officer, and a Consumer Advocate.
- SB 921 will result in more competition among providers, harnessing the power of the free market to improve customer service and increase the quality of care.

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