



Why New York Needs Health Reform: By the Numbers

Our broken health care system forces families and businesses to struggle with skyrocketing costs and puts millions of Americans at risk of losing the insurance they have now. Here is how our broken health care system affects people in New York.

- 1,190 residents of New York are losing health insurance every day, and 14,000 Americans nationwide lose insurance daily.
- The average family premium in New York costs \$800 more because our system fails to cover everyone—and \$1,100 more nationally.
- Our broken health insurance system will cost the New York economy as much as \$14.7 billion this year in productivity losses due to the uninsured—and up to \$248 billion nationally.
- In New York there has been a 10 percent increase in the uninsured rate since 2007.
- 3,090,000 are uninsured today in New York.
- In New York the combined market share of the top two insurers is 47 percent, limiting employers' and families' health insurance options as well as the care they receive.
- The average family premium will rise from \$13,952 to \$23,808 by 2019 in New York without health care reform.
- In New York, without health care reform, 385,750 will have lost coverage from January 2008 to December 2010.
- In New York, 1,286,000 people would gain coverage as a result of the House health care reform bill by 2013, and 2,069,000 would gain coverage by 2019.
- A typical New York family will pay \$23,808 for health coverage in 2019 without health care reform.

In their own words

I am a second-year Internal Medicine resident, and my daily routine includes checking on 24 patients, and discussing their diagnosis plan of care with the nurses, medical students, interns and, of course, with the patients and their families. These patients too often lack a primary care physician, which is often why patients with minor, treatable conditions end up admitted to a hospital in a critical situation and come under my care. Treating patients who lack regular care means that we not only deal with the acute issues at hand, but also with underlying untreated chronic diseases. For patients nearing the end of the hospitalization, we will arrange follow-up care, assist patients in finding the lowest priced drugs to be filled after discharge and then finally move on to complete the plethora of paperwork associated with care and prescribed aftercare. Despite the extra work and costs which are required to assist these patients, I can tell you my sacrifices are worth it through the story of one my patients. Mr. Jones was admitted for respiratory failure and eventually required a ventilator. He was morbidly obese, he had developed a dangerous lung disease from sleep apnea, and, sadly, was only 33. As our team of physicians in the Intensive Care unit tended for this stranger—suffering from pneumonia and lacking a primary care physician—it became clear his future was in our hands. We ran through a list of his needs: remove the breathing and feeding tubes, address his hypertension and newly diagnosed heart disease, prepare for rehabilitation, and hopefully prepare him to return home. Mr. Jones was one of the lucky ones. Not only did he obtain the care he urgently required, but to prevent further problems he finally had a primary care physician: Me. Since then we've worked hand-in-hand, and he is well on his way to recovery and substantial weight loss. I believe Mr. Jones would have been a healthier man if he had dependable access to a primary care physician prior to his bout with pneumonia and likely could have avoided the prolonged and costly hospitalization and ICU admission. I also believe that with a public plan which publicizes best medical practices, it will be much easier to bill and track patient utility. As long as Americans are doing without regular preventative care, our emergency rooms and hospitals will forever be playing 'catch-up' in order to provide patients with quality care. This costly, dangerous practice could be eliminated, but only if everyone in America has access to quality, affordable healthcare.

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Additional national statistics

- 128,000 small business jobs and \$84 billion per year can be saved with health reform.
- At least 62.1 percent of bankruptcies in 2007 were medical bankruptcies.
- The typical household will pay \$15,000 for health care this year—and they'll pay \$18,000 next year.
- The typical household will be paying \$36,000 for health care by 2020.
- We can save \$600 billion by modernizing our health care system.
- Twenty-five million Americans are underinsured, meaning that out-of-pocket health care costs absorbed 10 percent or more of a family's income or 5 percent of an adult's income.
- Almost 52 million Americans are uninsured.
- Approximately 87 million people—one in three Americans—went without health insurance for some period during 2007 and 2008.