



Why Florida 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 Florida.

- 850 residents of Florida are losing health insurance every day, and 14,000 Americans nationwide lose insurance daily.
- The average family premium in Florida costs \$1,400 more because our system fails to cover everyone—and \$1,100 more nationally.
- Our broken health insurance system will cost the Florida economy as much as \$19 billion this year in productivity losses due to the uninsured—and up to \$248 billion nationally.
- In Florida, the uninsured rate grew from 17 percent in 2000 to 20 percent today.
- 3,619,000 are uninsured today in Florida.
- In Florida the combined market share of the top two insurers is 45 percent, limiting employers' and families' health insurance options as well as the care they receive.
- The average family premium will rise from \$12,763 to \$21,779 by 2019 in Florida without health care reform.
- In Florida, without health care reform, 556,070 will have lost coverage from January 2008 to December 2010.
- In Florida, 1,854,000 people would gain coverage as a result of the House health care reform bill by 2013, and 2,982,000 would gain coverage by 2019.
- A typical Florida family will pay \$21,779 for health coverage in 2019 without health care reform.

In their own words

My name is Janetta Cureton. As a physician and as a patient, I have seen how shortsighted our current health care system can be. Constant attempts to save money now hurt patients and often ended up costing providers and insurance companies more in the long run. I remember one patient who came into the Emergency Room when I was doing my ER Rotation. She had no health insurance, but needed an antibiotic to prevent infection. It would have cost the hospital \$5.00 to \$10.00 for a two-week supply of the medicine, but they refused to give it to her. About two and a half weeks later the patient came back to the ER. The infection was much worse and the patient was now septic. She has to be admitted to the Medical Intensive Care Unit. If the hospital had spent \$10 to give her the medication she needed when she needed it, it would have helped prevent a very expensive hospital stay. I have had my own experience with the constant attempts to avoid costs. Recently, I was under the

care of a physician for a number of symptoms. We had ruled out many possible causes and determined that we needed to rule out a growth in my brain. My primary care doctor ordered an MRI imaging study and presented all the information to the insurance company. The insurance company refused the treatment saying they did not have enough information. My physician went back to them with more information; this time they refused because they said I did not meet the criteria for an MRI. The third time we went back to them, they continued to argue and delay. One of my mentors is a physician and the chief of staff of the Veterans Affairs Hospital in Miami. I was talking him about all this stalling and he said “You really need that study.” He got on the phone with the insurance company and they immediately authorized the study. I was lucky. It turned out nothing was wrong, and I had the connections to make sure I got the treatment I needed. Most people are not that lucky. We should not have a healthcare system that is based on connections. It’s just plain wrong.

*Janetta Cureton, Miami, FL
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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.

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