



Massachusetts Needs Health Care Reform

Massachusetts citizens are losing health care every day.

In Massachusetts, 430 people are losing their health care every day during this economic crisis. Nationally, 14,000 people are losing their health insurance every day. [Center for American Progress Action Fund, 3/5/09]

Our broken health care system is hurting the Massachusetts economy.

The average family premium in Massachusetts costs \$500 more because our broken health care system fails to cover everyone. Nationally, the average family premium costs \$1,100 more. [Center for American Progress, 3/24/09]

Massachusetts consumers have little choice in health care.

Blue Cross and Blue Shield of Massachusetts holds 50 percent of the market. They control 67 percent of the market together with one other company, Tufts Health Plan. [Center for American Progress, 6/16/09]

Massachusetts doctors support health care reform.

Dr. Warren Ferguson of Shrewsbury, MA says, "What frustrates me the most is the waste and lack of efficiency in our delivery models. The payment system reinforces unneeded procedures, duplication of testing, continued treatment at the end of life, prescription of too many expensive medications with multiple formularies, etc." [Doctors for America, Voices of Physicians, <http://www.voicesofphysicians.org/>]

Reforming our health care system is key to economic recovery.

Half of all people filing for home foreclosure nationwide in 2008 cited medical problems as a cause. [Christopher T. Robertson, Richard Egelhof, and Michael Hoke, "Get Sick, Get Out: The Medical Causes of Home Foreclosures," *Health Matrix* 18 (2008): 65-105.]

Health care costs for small businesses have grown by 30 percent since 2000, and our manufacturers spend more per hour on health care than manufacturers in Canada, Japan, and the United Kingdom combined. [RAND, “Economic Burden of Health Insurance Increasing for Small Employers Providing Health Insurance,” 4/4/08]

Health system modernization can save \$600 billion over 10 years. [Center for American Progress Action Fund, 5/11/09]

The Coburn-Burr alternative unravels the employer-based system and keeps insurance companies in charge.

The Coburn-Burr plan does not provide sufficient protection for patients against abusive insurance company practices such as denying coverage to people with pre-existing conditions.

Insurance companies today use the flimsiest reasons to deny people coverage. For example, a woman in Los Angeles was denied coverage for her breast cancer because she failed to disclose that she had visited a dermatologist.

Under the Coburn plan, insurance companies could continue this practice—called “rescission”—which “has left thousands of Americans burdened with costly medical bills despite paying insurance premiums,” according to the *Los Angeles Times*.

The Coburn-Burr plan would also unravel the employer-based system and replace it with an insufficient tax credit that doesn’t even cover half of the average family’s medical costs.

The \$5,700 per-family tax subsidy proposed in the Coburn plan is less than half of the \$12,680 that the average American family paid for health care in 2008.