



Nebraska Needs Health Care Reform

Nebraska citizens are losing health care every day.

In Nebraska, 40 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]

Nebraska has seen a 10 percent increase in the number of uninsured since 2007. [Center for American Progress, 5/4/09]

Our broken health care system is hurting the Nebraska economy.

The Nebraska economy loses between \$0.5 billion and \$1 billion every year due to lost productivity stemming from the uninsured. And we are losing between \$124 billion and \$248 billion nationwide every year. [Center for American Progress, 5/29/09]

The average family premium in Nebraska costs \$1,000 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]

Nebraska consumers have little choice in health care.

Wellmark Blue Cross and Blue Shield Nebraska 44 percent of the market. They control 69 percent of the market together with one other company, UnitedHealth Group Inc. [Center for American Progress, 6/16/09]

Nebraska doctors support health care reform.

Dr. Cassandra Foss of Bellevue, NE says, “In the current system, what frustrates me most is that outside parties dictate the way doctors can treat their patients. I want a system in which a patient may receive the medical treatment they need, despite their ability to pay. I want health reform that covers all Americans and focuses on prevention. Health care is a human right and necessity.” [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.