



Rhode Island Needs Health Care Reform

Rhode Island citizens are losing health care every day.

In Rhode Island, 50 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]

Rhode Island has seen a 22 percent increase in the number of uninsured since 2007. [Center for American Progress, 5/4/09]

Our broken health care system is hurting the Rhode Island economy.

The Rhode Island economy loses between \$0.31 billion and \$0.62 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 Rhode Island costs \$100 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]

Rhode Island consumers have little choice in health care.

Blue Cross and Blue Shield of Rhode Island holds 79 percent of the market. They control 95 percent of the market together with one other company, UnitedHealth Group Inc. [Center for American Progress, 6/16/09]

Rhode Island doctors support health care reform.

Dr. Sarah Bagley of Providence, RI says, “In the current system, what frustrates me the most is the focus on treating when individuals are sick ... not [addressing] why are they sick in the first place. I think that we are capable if having the best health care in the world, but we [must] commit to a model that is willing to treat the social and economic environments that commonly are the root of disease.” [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.