



Pennsylvania Needs Health Care Reform

Pennsylvania citizens are losing health care every day.

In Pennsylvania, 510 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]

Pennsylvania has seen a 17 percent increase in the number of uninsured since 2007. [Center for American Progress, 5/4/09]

Our broken health care system is hurting the Pennsylvania economy.

The Pennsylvania economy loses between \$3.44 billion and \$6.86 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 Pennsylvania costs \$900 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]

Pennsylvania consumers have little choice in health care.

Highmark Blue Cross and Blue Shield of Pennsylvania holds 27 percent of the market—together with one other company, Independence Blue Cross, they control 53 percent of the market. [Health Care for America Now, State Reports - Lack of Competition in Health Insurance Market]

Pennsylvania doctors support health care reform.

Dr. Beth Prairie of Pittsburgh, PA says, “In the current system, what frustrates me most is the misalignment of incentives in the reimbursement system. All of my incentives are to provide more intensive, more expensive care in order to increase reimbursement to my institution. High intensity care not only offers no medical advantage in outcomes, it drives costs up and may actually produce worse patient outcomes.” [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.