Report: 58K Utahns will lose insurance by 2010
Health » Families USA study says health care crisis is deepening and suggests reform.

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Congress needs to pass sweeping health reform legislation -- and fast, a new report suggests.

The health care crisis is deepening across the nation, according to the first state-by-state projection of the number of people who have lost or will lose health insurance between January 2008 -- when the last Census Bureau report was published -- and December 2010, the end of the 111th Congress.

Some 58,450 Utahns -- about 370 each week -- will join the ranks of the uninsured during that time period, according to a report released Wednesday by Families USA, a nonpartisan health advocacy organization.

"There is a cost for delaying health care reform," said Ron Pollock, Families USA's executive director, "and that cost is real."

While the foundering U.S. economy is partly to blame, he said, the most significant factor driving the loss of health insurance coverage is skyrocketing premiums.

Between 1999 and 2008, the average annual family premium more than doubled to $12,680 from $5,791 -- an increase of 119 percent -- and premiums continue to have the greatest impact on family and employer health care costs, he said. The Consumer Price Index, in comparison, rose by 29.2 percent in the same period.

Rising premiums are affecting employers, who are diminishing the coverage they offer and passing on more of the cost to workers in higher premiums, deductibles and co-payments. Still others are dropping coverage altogether. Between 1999 and 2008, Families USA found, the percentage of Americans getting health insurance through their jobs dropped to 59.3 percent from 64.2 percent.

Melini Roettger and her husband, Adam, were among them. The St. George couple lost their coverage when Adam, an electrician, was laid off in 2007. Now doctor's visits get put off for as long as possible -- usually until Melini, who struggles with kidney stones, feels a labor-like pain in her lower back that is so deep and strong it makes her vomit.

"I have to [delay care,]" said the 29-year-old mother of two, who has accumulated more than $20,000 in medical debt. "I cannot afford otherwise."

In Utah, a recent survey of 300 randomly selected small businesses showed only 40 percent are able to offer their employees health insurance. And most of those, or 79 percent, are struggling to pay for it. Of the companies that don't provide coverage, 88 percent say it's because they can't afford it.

"If we want our small businesses to create the jobs that will take us through to better times, then they must have dramatic and lasting relief from rising health care costs -- now," said Judi Hilman, executive
director of the Utah Health Policy Project. "That's exactly where the national reform process is headed, and our congressional delegation needs to be at that table."

Even those families fortunate enough to have -- and keep -- their health insurance are at financial risk. In 2009, nearly one in four nonelderly Americans with insurance -- 53.2 million people -- will spend more than 10 percent of their pre-tax income on health care, the report states. The problem is even worse for an estimated 14.3 million nonelderly Americans with insurance who will spend more than a quarter of their pre-tax income on health care in 2009.

"With each passing week, more Americans are losing their health coverage," Pollock said. "Even thousands of people who have not lost their insurance are beginning to understand this rising tide of premiums threaten them and their families."

Families USA's state-by-state numbers are based on national estimates published in the peer-reviewed policy journal Health Affairs in May 2009. These estimates project that 6.9 million more Americans, primarily people in working families, will lose health coverage by the end of 2010.

The Health Affairs model assumes there will not be health care policy changes during this time, and that income growth and per capita health spending among insured adults will follow the latest projections from the Congressional Budget Office and the Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS).

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