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Executive Summary

Skyrocketing premiums and out-of-pocket medical costs are battering family budgets, eroding U.S. competitiveness in the global economy and threatening the American standard of living, once the envy of the world. As President Barack Obama and his economic advisers have repeatedly said, health costs are increasing at an unsustainable rate, and the national economy will not thrive unless they are reined in. Health care reform that guarantees quality, affordable care for everyone in the United States—and offers the choice of a public health insurance plan—can do what our private health insurance system has failed to do: provide economic security for families and the nation.

An overwhelming majority of Americans say they agree. A new survey sponsored by the independent, nonpartisan Employee Benefit Research Institute shows 83 percent of Americans support the public health insurance plan option—despite relentless, misleading attacks by a vocal minority in Congress who misrepresent the concept and the positive impact of a public health insurance system. Half-measures, such as those being proposed by self-interested opponents of authentic health reform, will not provide Americans with health security or enable them to afford the care they need.

This report documents the irrefutable conclusion that health care and health insurance are becoming increasingly unaffordable for a growing portion of the U.S. population.

Highlights:

- In the last nine years, the cost of health insurance has risen 120 percent while wages grew only 29 percent.
- Health insurance premiums have risen so high that experts forecast 52 million Americans will be uninsured next year.
- The lack of health insurance coverage causes 22,000 deaths each year in the U.S. People without health insurance are more likely to delay medical care, to get less care and to die when they get sick.
- Among the uninsured, 80 percent are employed.
- Total health insurance premium contributions and cash outlays for an average family of four climbed 7.4 percent this year to $16,771.
- The average combined cost of health insurance premiums paid by employers and workers climbed to $12,680 for family coverage in 2008.
- The number of Americans in families with problems paying medical bills in 2007 climbed to 57 million, or one in five, up from one in seven in 2003.
- Since 2004, employees have seen their cash outlays for health insurance copayments and deductibles climb by 40 percent. The monetary value of employer-based health benefits declined from 2004 to 2007 as American families were required to spend more of their own money.
- Health insurers have resorted to saving money by limiting benefits, using maneuvers such as imposing sharply higher copayments on expensive drugs needed to treat life-saving diseases.
• In bankruptcy courts, 62 percent of filers said medical bills contributed to their debts in 2007.
• About 45 percent of Americans say they are “very” worried about having to spend more on health insurance premiums and medical costs.
• Enrollment in low-premium, high-deductible health insurance products known as “consumer-directed health plans” rose to 8 million as more companies herded workers into the coverage whether they wanted it or not.

Health Care Reform Recommendations

To ensure health care reform guarantees everyone will have access to quality, affordable health care, Health Care for America Now (HCAN), a national coalition of more than 1,000 organizations, makes the following recommendations:

• For families purchasing health insurance, subsidies based on the federal poverty level must be regionally adjusted to account for drastic cost-of-living variations among urban and rural areas.
• Individuals, employers and government have a shared responsibility to contribute to the cost of extending affordable health coverage to everyone.
• The government should not tax employer-sponsored health insurance benefits.
• Benefit packages should be comprehensive and defined as a benchmark for all insurance plans.
• There should be no annual or lifetime caps on benefits payable by a health insurance plan.
Medical care has become too expensive and health insurance benefits too limited, leaving millions of Americans exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million U.S. jobs. As people lose jobs, they lose health coverage. Each 1 percent jump in unemployment results in 1.1 million people becoming uninsured. At the current rate of job loss, 14,000 people are losing coverage each day. More families are finding themselves without health benefits just as the cost of coverage on the open market has climbed to record levels. People without health insurance are more likely to delay care, to get less care, and to die when they fall ill. An estimated 137,000 people died from 2000 through 2006 because they lacked health insurance, including 22,000 people in 2006.

While those who have kept their jobs take comfort in their paychecks, four out of five people who are uninsured are in working families whose employers offer no health coverage or unaffordable coverage, or they are part-time or self-employed workers. Across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, many will have no choice but to remain uninsured or buy cheap policies with meager benefits.

In the last nine years, the cost of health insurance has risen 120 percent while wages grew only 29 percent. The average total cost of workplace health benefits for employers and workers has increased relentlessly for 10 years, reaching $12,680 for family coverage in 2008 and forcing some employers to slash benefits to stave off job cuts. The total cost of insurance and out-of-pocket medical costs for a typical American family of four in 2009 is $16,771, compared with the 2008 figure of $15,609, a 7.4 percent increase.

Skyrocketing premiums and out-of-pocket medical costs are battering family budgets, eroding U.S. competitiveness in the global economy and threatening the American standard of living, once the envy of the world. As President Barack Obama and his economic advisers have repeatedly said, health cost growth is unsustainable, and the national economy will not thrive if the growth of medical spending is not reined in. Health care reform...
that guarantees quality, affordable care for everyone in the United States—and provides the choice of a public health insurance plan—can do what our private health insurance system has failed to do: provide economic security for families and the nation. The Commonwealth Fund recently recommended the creation of a public health insurance plan to play “a central role in harnessing markets for positive change.”

An overwhelming majority of Americans say they agree. A new survey sponsored by the independent, nonpartisan Employee Benefit Research Institute shows 83 percent of Americans support the public health insurance plan option—despite relentless, misleading attacks by a vocal minority in Congress who misrepresent the concept and the positive impact of a public health insurance plan.

Powerful Special Interest Groups Fighting Change

Washington lawmakers have plunged into the debate over how to retool the $2.5 trillion-a-year U.S. health system by extending affordable coverage to everyone, improving the nation’s health, curbing the growth of medical costs and devising a way to pay for it all. Special interest groups, determined to preserve traditional revenue streams that have made them rich and powerful, are fiercely resisting many of these changes. Congress and President Obama will make a number of critical decisions about how best to structure health care reform.

They must decide the extent of subsidies to help low-income people buy coverage. Health Care for America Now (HCAN), a national coalition of more than 1,000 organizations, believes that if the program is to be effective, subsidies based on the federal poverty level must be regionally adjusted to account for drastic cost-of-living variations among urban and rural areas.

Congress will have to set employer responsibility standards for contributing to the costs of their workers’ health plans. HCAN believes individuals, employers and government have a shared responsibility to contribute to the cost of extending affordable health coverage to everyone. Legislators are considering whether to tax employer-sponsored health insurance benefits, a policy that increases the cost of insurance for people with employer coverage and that HCAN opposes.

Lawmakers must decide whether insurers should be permitted to keep selling inexpensive policies with flimsy benefits that run out long before major medical costs are covered. Washington-based lobbyists for the $800 billion-a-year health insurance industry want insurers to retain “flexibility” in designing their benefit packages—a euphemism for continuing to sell high-deductible plans with low premiums and shoddy coverage to people of modest means. HCAN has called on Congress to set a defined, comprehensive benefit package as a threshold for all insurance plans and to outlaw any annual or lifetime limit on benefits payable by the health insurance plan.

This report documents the irrefutable conclusion that health care and health insurance are becoming increasingly unaffordable for a growing portion of the U.S. population. HCAN believes that half-measures, such as those being proposed by self-interested opponents of authentic health reform, will not address the unsustainable growth in health care costs, provide Americans with health security or enable them to afford the care they need.

At the heart of the affordability problem lies the rapidly consolidating health insurance industry, which rigs the system to extract huge profits from customers who pay skyrocketing premiums for a shrinking array of benefits. Private insurers cannot or will not bargain as effectively as Medicare to hold down prices for medical services, according to the Medicare Payment Advisory Commission, an independent expert panel appointed by Congress. As a result, spending on member health benefits has grown substantially faster for private plans than it has for Medicare in the last decade. Private insurance outlays per enrollee grew an average of 7.6 percent a year between 1983 and 2006, compared with 5.9 percent growth for Medicare—a substantial 22 percent rate differential. That gap has become even bigger in recent years. Between 1997 and 2006, private health insurance spending per enrollee rose at an annual rate of 7.3 percent, compared with 4.6 percent under Medicare—a hefty 37 percent difference. Medicare more
### Growth in Health Insurance Premiums, Ranked by State

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### Growth in Health Insurance Premiums vs. Median Earnings, Ranked by State

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successfully restrained the spending growth rate; the rate of growth is also on a steeper downward trajectory under Medicare than under private insurance (Fig. 2).\textsuperscript{19}

It’s no coincidence that private insurers who abide by the code of paying providers significantly more than Medicare pays have been able to finance a mergers-and-acquisition binge for the past 15 years. Consolidation has enabled a small number of giant insurance companies to put hammerlocks on state and metropolitan area markets nationwide.\textsuperscript{20} A public health insurance plan would introduce competition on cost and quality, inject “a new competitive dynamic in insurance markets and provide a strong foundation for payment and system reforms,”\textsuperscript{21} Commonwealth said. A public health insurance plan option would force private insurers to compete—bringing down costs, guaranteeing quality, and setting benchmarks for coverage and accountability. It would break the near-monopoly power of the private insurance companies’ cartel, which is motivated by a single-minded focus on meeting or exceeding the profit expectations of their masters on Wall Street.

When genuine competition comes to the market, it won’t be soon enough for millions of Americans like Jim Knopeck, a farmer from Belgrade, Nebraska, who has trouble paying his medical bills. “Health insurance – just for my wife and I – is running over $15,000 a year… our income fluctuates, because we’re farmers… [but] that could be half of our income in most years.”\textsuperscript{22}

In 2003, nearly 50 million people, or 19 percent of the U.S. non-elderly population, lived in families that spent more than 10 percent of income on health care. That includes 19 million people in families paying more than 20 percent of household income on health care.\textsuperscript{23} The threshold over which financial pressures from medical bills increase sharply is 2.5 percent of family income, according to a new report by the Center for Studying Health System Change.\textsuperscript{24} In 2007, one in five Americans struggled to meet medical costs, up from one in seven only four years earlier.\textsuperscript{25} From 2003 to 2007 the percentage of Americans in families with problems paying medical bills increased from 15 to 19 percent—or 57 million Americans.\textsuperscript{26}

### Rising Out-of-Pocket Costs Rattle Nearly Half of Americans

Across the economic spectrum of families, the upward march of premiums and out-of-pocket costs has been unnerving. No less than 45 percent of Americans say they are “very” worried about having to pay more for their health insurance or medical care, the highest proportion measured in Kaiser Family Foundation polls since 2006. The most recent survey,\textsuperscript{27} reported in February, found 38 percent were very worried about being able to afford needed medical services. The “very worried” rate rose to 56 percent among those who expect someone in their household to lose a job. One-third of those with existing coverage are fearful about losing it. While these concerns are more prevalent in lower-income families, middle class Americans are also susceptible to health-insurance anxiety, Kaiser found. One-third of people in households making $30,000 to $75,000 a year fear they may lose their health benefits. Not surprisingly, angst is surging among the uninsured; seven in 10 are very worried about affording the medical care they need, Kaiser said.
The need for quality health coverage doesn’t go away during an economic crisis. Americans still get sick, still need treatment for expensive chronic diseases and still depend on insurance companies to pay for the care they need. But experts report that the temporary downturn is fomenting lasting structural changes in the health insurance marketplace. As financial pressures force businesses to reduce their share of benefit costs or to reduce benefits to save money, more on-the-job health plans are shifting costs and risks from employer to employee. Insurers have capitalized on this movement, maximizing their own profits by reconfiguring health plan offerings in the face of medical costs that have expanded faster than most other components of national spending. In the last year alone, employers increased U.S. workers’ premium contributions by 15 percent and raised out-of-pocket medical costs 5.4 percent. Since 2004, employees have seen their cash outlays for copayments and deductibles climb 40 percent, according to a survey by the benefits consulting firm Milliman Inc.28

A disturbing case in point involves the amounts patients must pay when their doctors prescribe expensive drugs to treat life-threatening diseases. In 2009, Medicare prescription drug plans are forcing people with cancer to pay more for their drugs and face increased restrictions on access to them, according to research from Avalere Health and the American Cancer Society Cancer Action Network. Their study found that the private health insurers who run Medicare drug plans increasingly have been shifting name-brand oral cancer drugs to higher formulary tiers over the last four years. Consumers have had to pay more for those drugs with each succeeding year.

In 2009, the large majority of Medicare drug plans placed name-brand oral oncology products—including Gleevec, Sutent, Tarceva, Thalomid, and Tykerb—on specialty tiers that require cost-sharing of 26 to 35 percent per prescription, Avalere found. For example, 84 percent of drug plan members are in plans that put Gleevec—a name-brand drug used to treat leukemia...
and other forms of cancer— in their most expensive tiers (fourth or higher) in 2009, up from 39 percent in 2006. “This pattern of shifting the costs of branded medications to patients needs to be scrutinized, especially in light of the economic difficulty being experienced by so many,” said Valerie Barton, an Avalere vice president, in a statement released by the firm.

The cancer society said the price increases are reducing financially strapped patients’ treatment options or halting treatment entirely.

Surging insurance and medical costs have left millions of Americans uninsured and unable to afford preventive or nonemergency care. The growth in per-capita health care spending has outpaced personal income since 1979, and extensive research has linked that disparity to the decline in health coverage among workers. By 2007, about 49.5 million Americans were uninsured, according to an estimate by researchers who concluded that the U.S. Census Bureau has understated that population. Projections indicate that without meaningful reform, that number will grow to 52 million people by next year. Four in five uninsured people are in working families.

**Medical Bills Inflict Stress on Working Families**

One doesn’t have to be uninsured to experience economic disaster from the cost of medical care. In 2007, more than 57 million Americans of all ages had difficulty paying medical bills. They were in families that were contacted by a collection agency, struggling to pay for necessities, putting off purchases, dipping into savings, borrowing money, seeking bankruptcy protection or being denied medical care. That was an increase of more than 14 million people from 2003. According to a 2007 Health Tracking Household Survey of 18,000 respondents, 60 percent attributed these financial challenges to illnesses, 29 percent to accident or injury, and about 8 percent to the birth of a child. Three quarters of people with medical bill problems have health insurance.

Burdensome medical bills can prevent people from paying for necessities or force them into debt. The increase in problems paying for medical bills—especially among insured people—is the main reason why...
more people reported unmet medical needs because of cost in 2007 than in 2003. About one-third of respondents were saddled with medical debt for more than two years, and about 45 percent said they did not expect to be able to pay off the debt in the next year. In the most extreme scenarios, high medical bills drive both the insured and the uninsured into bankruptcy.

### Medical Debt and Bankruptcy

The problems associated with medical debt are squeezing families just as the economic recession limits their capacity to cope. This is especially worrisome since, “in 2007, before the current economic downturn, an American family filed for bankruptcy in the aftermath of illness every 90 seconds; three quarters of them were insured,” wrote Harvard Medical School Professor David Himmelstein in a peer-reviewed study. His national survey of 2,314 bankruptcy filers in 2007 found that 62 percent were forced to seek the court’s protection at least partly because of medical debt. In 2008 there were 1.07 million non-business bankruptcies filed across the United States. Most adults with medical debt had college degrees, owned homes, and had middle-class occupations; three quarters had health insurance. The rest fell into bankruptcy because they lost significant income due to illness or borrowed money against a home to pay medical bills. Himmelstein found that the share of bankruptcies attributable to medical problems rose by 50 percent from 2001 to 2007. Many of these people once considered themselves “protected” by health insurance in effect when they became ill.

### Side Effects of Medical Costs

The increasing cost of health insurance doesn’t merely affect people’s finances and lead to greater stress; being uninsured also makes them physically sick, according to the Institute of Medicine, an independent advisory body of the federally chartered National Academy of Sciences. People whose benefits don’t shield them from large out-of-pocket costs can experience the same problems

<table>
<thead>
<tr>
<th>Demographic Characteristics of 2,314 Bankruptcy Filers and Comparison of Medical and Non-medical Filers, 2007*</th>
<th>All Bankruptcies</th>
<th>Medical Bankruptcies</th>
<th>Non-medical Bankruptcies</th>
<th>P Value Medical vs. Non-medical Bankruptcies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>44.4 years</td>
<td>44.9 years</td>
<td>43.3 years</td>
<td>.01</td>
</tr>
<tr>
<td>Debtor or spouse/partner male</td>
<td>44.5%</td>
<td>44.9%</td>
<td>44.3%</td>
<td>NS</td>
</tr>
<tr>
<td>Married</td>
<td>43.9%</td>
<td>46.3%</td>
<td>40.1%</td>
<td>.02</td>
</tr>
<tr>
<td>Mean family size - debtors + dependents</td>
<td>2.71</td>
<td>2.79</td>
<td>2.63</td>
<td>.02</td>
</tr>
<tr>
<td>Attended college</td>
<td>61.9%</td>
<td>60.3%</td>
<td>65.8%</td>
<td>.02</td>
</tr>
<tr>
<td>Homeowner or lost home within 5 years</td>
<td>66.7%</td>
<td>66.4%</td>
<td>67.8%</td>
<td>NS</td>
</tr>
<tr>
<td>Current homeowner</td>
<td>52.3%</td>
<td>52.0%</td>
<td>53.2%</td>
<td>NS</td>
</tr>
<tr>
<td>Occupational prestige score&gt;20</td>
<td>87.3%</td>
<td>86.1%</td>
<td>89.8%</td>
<td>.01</td>
</tr>
<tr>
<td>Mean (median) monthly household income at time of bankruptcy filing</td>
<td>$2,676 ($2,299)</td>
<td>$2,586 ($2,225)</td>
<td>$2,851 ($2,478)</td>
<td>.002</td>
</tr>
<tr>
<td>Debtor or spouse/partner currently employed</td>
<td>79.2%</td>
<td>75.5%</td>
<td>85.0%</td>
<td>.001</td>
</tr>
<tr>
<td>Debtor or spouse/partner active duty military or veteran</td>
<td>19.4%</td>
<td>20.1%</td>
<td>18.4%</td>
<td>NS</td>
</tr>
<tr>
<td>Market value of home (mean)</td>
<td>$147,776</td>
<td>$141,861</td>
<td>$159,145</td>
<td>.03</td>
</tr>
<tr>
<td>Mean net worth (assets - debts)</td>
<td>-$41,474</td>
<td>-$44,622</td>
<td>-$37,650</td>
<td>NS</td>
</tr>
</tbody>
</table>

*Bankruptcies meeting at least one of the following criteria: illness, injury or medical bills listed as specific reason for filing OR uncovered medical bills >$5000 or > 10% of annual family income OR, lost ≥ 2 weeks of work-related income due to illness/injury, OR depleted home equity to pay medical bills.

getting needed care. Underinsured individuals are more likely to forgo needed medical services because of cost, according to the Commonwealth Fund. Among those with the greatest medical expenses and the flimsiest benefit plans, two-thirds went without necessary care because of cost. About half of those people have chronic conditions and attempted to save money by disregarding doctors’ orders. In a recent Kaiser Family Foundation survey, insured individuals reported that concerns about affording needed medical care led them to postpone or cancel a recommended medical visit or treatment, to leave prescriptions unfilled, or to skip doses or cut pills in half to extend their supply of pills.

High medical costs, decreased benefits, and rising costs have real effects on the quality of care available to families, who often face “overwhelming financial problems at the very point they are coping with overwhelming medical conditions,” health policy expert Judy Feder, of the Center for American Progress, testified to Congress this year. A recent report prepared by the Kaiser Family Foundation and the American Cancer Society illustrates how people are “spending to survive;” they are having trouble finding adequate and affordable health insurance or struggling to pay for health care despite being insured. Even patients with insurance coverage can pay more than $100,000 for treatment because of high deductibles, high cost-sharing, and limited lifetime spending caps as well as inadequate benefits that shift the financial risk to the individual. Adding insult to injury, health insurance underwriting and rating practices leave many individuals with cancer or other serious conditions unable to obtain insurance against future illness.

Employers Scale Back on Benefit Packages

A recent study found statistically significant declines in the monetary value of employer-based health insurance benefits from 2004 to 2007. People are paying more for less. A growing number of employers that once offered traditional health insurance plans—including major for-profit health insurers themselves—have herded their workers into so-called “consumer-directed” health plans, which are linked to tax-advantaged health savings accounts. Some of these plans purport to provide good benefits at relatively low premiums, but participants must satisfy annual deductibles as high as $10,000 before benefits kick in. The number of people with these consumer-directed plans rose to 8 million this year, a point of pride among publicly traded health insurance companies.54

Perhaps the most insidious sign that benefit costs are spiraling out of control is the insurance industry’s aggressive marketing of health plans that provide inadequate protections to members, particularly people with costly and complex health care needs. Many people end up buying “low-cost” limited-benefit plans and other inexpensive coverage, which pay little in health claims. Insurers use these relatively inexpensive programs to attract unwitting enrollees who don’t realize how restrictive the benefits are until they get sick.

Soon after Darlene Henderson of Penn Valley, Calif., was diagnosed with cancer, her husband David needed emergency surgery. They believed they were protected by a health plan with $1 million in catastrophic coverage, but they soon learned that it would cover only 20 percent of the bills, which topped $210,000. Because private insurers are not required to disclose how they make coverage or denial decisions, the only way to find out the actual extent of one’s benefits is to file claims. But by then it’s too late to switch.

“An insured person who becomes seriously ill might have to pay thousands, or tens of thousands, of dollars out-of-pocket for needed care,” wrote Karen Pollitz, a health insurance specialist at the Georgetown University Health Policy Institute, in a recent report. “For many consumers that range represents the difference between health security and financial catastrophe. Consumers compare the prices of health insurance policies, but cannot always reliably tell if they are comparing like products. The affordability of health insurance premiums cannot be considered independently of the adequacy of coverage health insurance provides. At a minimum, the difference in protection health insurance offers should be readily available for all to see.”

In recent testimony in Congress, Pollitz said the erosion of benefits inflicts severe financial pain on those with the misfortune of getting sick. “Coverage erosion
leaves the under-insured in circumstances very similar to the uninsured—they forgo or delay needed medical care due to costs, experience poorer quality care, and suffer financial burdens,” she said. For example, a study of the effect of doubling prescription drug co-pays from $6 to $12 for generic drugs and from $12 to $25 for brand-name medicines found that patients with diabetes, hypertension, and depression reduced use of their respective medications by nearly one-quarter. Failure to properly manage such chronic conditions often leads to the development of more serious and expensive medical complications.

Families are being forced to endure financial hardship or forgo needed medical care in a health system that seems to be stacked against them. Even opponents of President Obama’s policy prescriptions acknowledge that our current health care system is dysfunctional and no longer burdens only the sickest. With no guaranteed back-up coverage available, workers who are older or have common medical conditions often remain in jobs they would prefer to leave simply to retain access to employer-sponsored health benefits. American productivity suffers when experienced workers stay in jobs for the health coverage long after they wish to move on, perhaps to pursue entrepreneurial goals that might create jobs and expand the U.S. economy.

The herculean political efforts devoted to reforming the health system will be wasted unless Congress provides adequate health coverage to everyone based on each family’s ability to pay and without limits on payments for covered services.

**HCAN Recommendations to Ensure Affordable, Quality Health Care for Everyone**

The evidence cited in this report describes the heavy toll that unaffordable health care can have on a family’s health and financial security. Reforming our health care system through half-measures that leave the private insurance industry in control will not provide Americans with health security or enable them to afford the care they need.

HCAN urges Congress to adopt health reform legislation that gives people a choice of a public health insurance plan competing on a level playing field with private insurance companies.

A package of defined, comprehensive benefits for all should be created and funded by contributions from individuals, employers and government. Individuals and families should pay no more than a defined, maximum percent of income on total health care costs, with those having the lowest incomes paying a substantially lower share of income. An annual limit should be placed on total enrollee cost-sharing requirements (deductibles, co-insurance, and co-payments) for covered services. Only minimal deductibles should be permitted.

The federal poverty level (FPL) is currently $22,050 a year for a family of four. For such families who earn less than 200 percent of the FPL ($44,100), protections and standards should be no less than current Medicaid protections and standards that are applied to people with income below the poverty line. Those include barring premium contribution requirements and allowing only nominal cost-sharing requirements. Individuals who are in groups currently with cost-sharing exemptions or caps should maintain this protection.

Subsidies should be made available to assist lower- and middle-income individuals and families with paying for health care costs. Proposals that limit assistance to families at or below 400 percent of the FPL ($44,100) may not be adequate for families with higher incomes depending on considerations such as cost-sharing requirements, premiums, and employer contributions.

Subsidies should be administered without application of an assets test, and proven administrative mechanisms should be employed that ensure successful and efficient outreach and timely application of the affordability protections and subsidies (e.g., prior to premiums being due.) Affordability standards that are established (particularly those not expressed as a percent of income) should include mechanisms to ensure that the standards will continue to adequately protect individuals and families over time from rising health care costs.
**What a Family of Four Would Need to Earn in Selected Urban Areas to Have Purchasing Power Equal to 300% of the U.S. Federal Poverty Level ($63,600), 2008 (in dollars)**

<table>
<thead>
<tr>
<th>State</th>
<th>Lowest Cost Urban Area</th>
<th>Middle Cost Urban Area</th>
<th>Highest Cost Urban Area</th>
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</thead>
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<td>Alabama</td>
<td>$56,651</td>
<td>$57,638</td>
<td>$62,465</td>
</tr>
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<td>Alaska</td>
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<td>$67,998</td>
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<td>Arizona</td>
<td>$54,808</td>
<td>$56,202</td>
<td>$58,995</td>
</tr>
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<td>Arkansas</td>
<td>$67,458</td>
<td>$86,573</td>
<td>$101,411</td>
</tr>
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<td>$55,032</td>
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<td>$83,459</td>
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<td>$72,126</td>
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<td>Delaware</td>
<td>$62,137</td>
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<tr>
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<td>$65,988</td>
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<td>Washington</td>
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<td>West Virginia</td>
<td>$55,435</td>
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<td>Wisconsin</td>
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<tr>
<td>Wyoming</td>
<td>$65,054</td>
<td>NA</td>
<td>$66,081</td>
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</table>

Source: Kaiser Family Foundation, statehealthfacts.org, “What a Family of Four Would Need to Earn in Selected Urban Areas to Have Purchasing Power Equal to 300% of the U.S. Federal Poverty Level ($63,600), 2008”
No family should be required to pay more than it can afford. The defined benefit package should be paid for by individuals and families on a sliding scale based on income and with a regional adjustment factor that accounts for wide geographic variations in living costs. Adjustment is necessary because the federal poverty level is the main national benchmark for the United States. States and areas within states have different costs of living and purchasing power; this means that a subsidy calculated with the FPL would not have the same value in a low-cost area of the country, such as rural Alabama, and a high cost area such as New York City.

Cost-sharing rules should be designed to foster prevention, primary care and effective treatment of chronic conditions, with no cost-sharing for preventive care services and for chronic disease-management services. No annual or lifetime limits should be allowed on payments for covered services.

Employers should be responsible for paying a meaningful portion of their employees' health care costs. Contribution levels should be at least proportional to the number of hours worked and not based on the immigration status of the worker. Large employers should be responsible for funding at least 80 percent of the cost of individual coverage and 75 percent of family coverage for the defined benefit. These rates reflect current average employer premium contribution levels for employer-based health insurance. Contribution requirements for small and medium employers should be scaled based on size of payroll, wage levels, and number of workers.

Insurers should be responsible for tracking enrollee out-of-pocket expenditures for covered services and automatically applying affordability protections for enrollees. A final evaluation of the affordability provisions of a legislative proposal must be considered within the overall context of the legislative proposal, especially as to the comprehensiveness of the benefit package.

Insurers should be barred from continuing to discriminate against women, older adults and people with chronic or “pre-existing” health conditions. Health plans must not be permitted to deny coverage, limit benefits or charge higher rates based on health status, age or any other demographic or personal characteristic, or on definitions of the word “family” that are not inclusive.

**Regulatory Reforms Inadequate to Guarantee Affordable Health Care**

The health insurance industry and its friends in Congress have argued strenuously that regulatory reforms are sufficient to solve the nation's health cost and guarantee quality, affordable health care for everyone. Families USA surveyed state insurance regulators and compiled information on the laws that each state has in place to protect consumers. It found that protections “vary greatly across the country, and in many states, because of a lack of consumer protections, insurance companies can deny people coverage, raise premiums significantly, refuse to cover treatment for certain conditions, and even revoke the coverage of policyholders who have been paying premiums for years.”

The disappointing reality is that even the most diligent state insurance regulators have failed to keep insurers in check so that they stop denying medical care inappropriately to boost their bottom lines. For example, when insurers in California were wrongfully canceling people’s coverage because they got sick, regulators fined several plans for the infraction. But California regulators who imposed a $1 million fine against one large insurer did not follow through with legal proceedings to actually collect the money because the insurer was “too powerful to take on.” Regulation is not enough to curb the private health insurance industry. The only way to make private insurance companies accountable to the public is to have a public health insurance plan competing with them on a level playing field. Americans should be given the choice of keeping their private plan and doctor, choosing a different private plan, or opting for a quality public health insurance plan.

Even before the economic crisis began, it was apparent that health insurers are more interested in protecting profits and executive pay than in improving the health of customers or making it easier for people to...
afford coverage. Without comprehensive health reform, including a public health insurance option, private insurers will continue to exert their near-monopoly power and game the system to bolster profits and protect the status quo.

“Private insurance and public insurance have distinct strengths and weaknesses, and thus should be encouraged to compete side by side to attract enrollees on a level playing field that rewards plans that deliver better value and health to their enrollees,” said political scientist Jacob Hacker, of the University of California at Berkeley, in a paper for the Institute for America’s Future. “Public insurance can be a benchmark for private plans and a source of stability for enrollees, especially those with substantial health needs. Private plans can provide an alternative for those who feel that public insurance does not serve their needs and a source of continuing pressure for innovation in benefit design and care management strategies. Both should have a chance to prove their strengths and improve their weaknesses in a competitive partnership. If, as many critics of public plan choice contend, the private sector can provide greater value than the public sector, then private plans should have nothing to fear from competing on a level playing field with a new public plan. The alarm bells ringing among private insurers suggest that they recognize some of the key advantages of public insurance too.”

A competing public plan will neither destroy the private insurance market nor lead to a government takeover, as the health insurance industry asserts, according to a recent report by the Urban Institute. Private insurers will thrive because of their ability to be responsive to consumer demands for choice and innovations arising from the profit motive and the desire to attract more customers, the report concluded. A public plan will offer better access to necessary care for diverse populations, reduce administrative costs, and function as a large-scale purchaser with a strong negotiating position with providers, wrote authors John Holahan and Linda Blumberg.

“The presence of a well-run public plan would constrain private spending, as the plans would have to compete on price, which does not frequently occur today,” they wrote. “Private insurers who are not adding much value and lack clout are likely to disappear in the face of public competition. But at the same time, those that are able to offer a superior product through high levels of efficiency, satisfaction in consumer preferences and ease of access to quality medical services will survive in a reformed market. Incentives for them to innovate in the areas of cost containment and service delivery will be enhanced by the presence of a well-run and effective public plan.”
Endnotes

16 Ibid.
19 Ibid.
21 Ibid.
26 Ibid.

64 Ibid.

Medical care has become too expensive in Alabama, leaving 618,913 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Alabama unemployment rate to 9 percent from 3.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Alabama and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Alabama Data Points**

- Health insurance premiums for Alabama working families have skyrocketed, increasing 79 percent from 2000 to 2007.
- For family health coverage in Alabama during that time, the average annual combined premium for employers and employees rose from $6,262 to $11,216.
- The full cost of employer-sponsored insurance in Alabama equals 28 percent of the median family income.
- Without meaningful health reform, that number will grow to 56 percent in 2016.
- The full cost of employer-sponsored health insurance in Alabama is projected to grow at an annual rate of 8.2 percent, compared to a 0.3 percent growth rate for income.
- About 270,000 working non-elderly adults in Alabama do not have health insurance. That comprises 59 percent of the total non-elderly uninsured population.
- In Alabama 9.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 40 percent increase from three years earlier.
- For family health coverage in Alabama, the average employer’s portion of annual premiums rose 78 percent from 2000 to 2007, while the average worker’s share grew by 83 percent.
- During the same time, the median earnings of Alabama workers increased 17 percent, from $21,627 to $25,298. During that time health insurance premiums for Alabama working families rose 4.7 times faster than median earnings.
- In Alabama 618,913 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 9 percent of Alabama’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Alabama there were 28,997 non-business bankruptcies in 2008.
Alabama Premiums vs. Income
Cost of Alabama employer sponsored insurance (ESI) compared to median household income - 2006 and projected 2016 (assuming no meaningful health reforms)

| Year   | Median Income | ESI Cost | Premiums
|--------|---------------|----------|----------
| 2006   | $38,160       | $10,571  |          |
| 2016   | $41,656       | $23,171  |          |


<table>
<thead>
<tr>
<th>Year</th>
<th>Premiums</th>
<th>Individual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>79%</td>
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Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Alaska, leaving 115,824 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Alaska unemployment rate to 8 percent from 6.3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Alaska and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Alaska Data Points**

- Health insurance premiums for Alaska working families have skyrocketed, increasing 74 percent from 2000 to 2007.
- For family health coverage in Alaska during that time, the average annual combined premium for employers and workers with a family of four rose from $7,456 to $12,942.
- The combined cost to employers and workers in Alaska of health insurance for a family of four is equal to 21 percent of the state’s median family income. Given current trends, that share will grow to 43 percent in 2016.
- The full cost of employer-sponsored health insurance is projected to grow at an annual rate of 7.3 percent, compared to a negative 0.5 percent growth rate for income.
- About 70,000 working non-elderly adults do not have health insurance. That comprises 64 percent of the total non-elderly uninsured population.
- In Alaska 7.5 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 150 percent increase from three years earlier.
- For family health coverage in Alaska, the average employer’s portion of annual premiums rose 81 percent from 2000 to 2007, while the average worker’s share grew by 54 percent.
- During the same time the median earnings of Alaska workers increased 13 percent, from $27,373 to $30,931. Health insurance premiums for Alaska working families rose 5.7 times faster than median earnings.
- In Alaska 115,824 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 8 percent of Alaska’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Alaska there were 810 non-business bankruptcies in 2008.
### Endnotes

7. Ibid.
9. Ibid.
13. Ibid.
Medical care has become too expensive in Arizona, leaving 1.2 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Arizona unemployment rate to 7.7 percent from 4.3 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Arizona and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Arizona Data Points**

- Health insurance premiums for Arizona working families have skyrocketed, increasing 81 percent from 2000 to 2007.⁶
- For family health coverage in Arizona during that time, the average annual combined premium for employers and employees rose from $6,767 to $12,253.⁷
- The combined cost to employers and workers of health insurance for an Arizona family of four is equal to 25 percent of the state’s median family income. Given current trends, that share will grow to 46 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Arizona is projected to grow at an annual rate of 8 percent, compared to a 1.4 percent growth rate for income.⁹
- About 560,000 working non-elderly adults in Arizona lack health insurance. That comprises 62 percent of the non-elderly uninsured population.¹⁰
- In Arizona 7.3 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 70 percent increase from three years earlier.¹¹
- For family health coverage in Arizona, the average employer’s portion of annual premiums rose 83 percent from 2000 to 2007, while the average worker’s share grew by 76 percent.¹²
- During that time, the median earnings of Arizona workers increased 23 percent, from $22,961 to $28,283. Health insurance premiums for Arizona working families rose 3.5 times faster than median earnings.¹³
- In Arizona 1,237,322 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 7.7 percent of Arizona’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Arizona there were 18,416 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Arkansas, leaving 485,849 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.\textsuperscript{1} The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Arkansas unemployment rate to 6.5 percent from 4.9 percent.\textsuperscript{2} More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.\textsuperscript{3}

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Arkansas and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.\textsuperscript{4} Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.\textsuperscript{5} Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Arkansas Data Points**

- Health insurance premiums for Arkansas working families have skyrocketed, increasing 66 percent from 2000 to 2007.\textsuperscript{6}
- For family health coverage in Arkansas during that time, the average annual combined premium for employers and employees rose from $6,355 to $10,534.\textsuperscript{7}
- The combined cost to employers and workers of health insurance for a family of four is equal to 27 percent of the Arkansas median family income. Given current trends, that share will grow to 48 percent in 2016.\textsuperscript{8}
- The full cost of employer-sponsored health insurance in Arkansas is projected to grow at an annual rate of 8.1 percent, compared to a 1.4 percent growth rate for income.\textsuperscript{9}
- About 260,000 working non-elderly adults in Arkansas do not have health insurance. That makes up 64 percent of the total non-elderly uninsured population.\textsuperscript{10}
- In Arkansas 9.5 percent of working adults spent 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 40 percent increase from three years earlier.\textsuperscript{11}
- For family health coverage in Arkansas, the average employer’s portion of annual premiums rose 56 percent, and the average worker’s share grew by 91 percent.\textsuperscript{12}
- From 2000 to 2007, the median earnings of Arkansas workers increased 12 percent, from $20,328 to $22,692. During that time health insurance premiums for Arkansas working families rose 5.7 times faster than median earnings.\textsuperscript{13}
- In Arkansas 485,849 people were uninsured in 2007.\textsuperscript{14}
- The Bureau of Labor Statistics estimates that 6.5 percent of Arkansas’s labor force was unemployed in April 2009.\textsuperscript{15}
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Arkansas there were 13,489 non-business bankruptcies in 2008.\textsuperscript{16,17}
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.

Arkansas Premiums vs. Income
Cost of Arkansas employer sponsored insurance (ESI) compared to median household income - 2006 and projected 2016 (assuming no meaningful health reforms)

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Income</th>
<th>ESI Cost</th>
<th>ESI Cost as % of Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$37,458</td>
<td>$9,928</td>
<td>26%</td>
</tr>
<tr>
<td>2016 (projected)</td>
<td>$44,839</td>
<td>$21,715</td>
<td>48%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Year</th>
<th>Premiums Increase</th>
<th>Individual Income Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2007</td>
<td>66%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Medical care has become too expensive in California, leaving 6.7 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the California unemployment rate to 11 percent from 5.9 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in California and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**California Data Points**

- Health insurance premiums for California working families have skyrocketed, increasing 96 percent from 2000 to 2007.
- For family health coverage in California during that time, the average annual combined premium for employers and employees rose from $6,227 to $12,194.
- The combined cost to employers and workers of health insurance for a California family of four is equal to 21 percent of the state’s median family income. Given current trends, that share will grow to 41 percent in 2016.
- The full cost of employer-sponsored health insurance is projected to grow at an annual rate of 8.4 percent, compared to a 1.1 percent growth rate for income.
- About 3.6 million working non-elderly adults in California do not have health insurance. They comprise 65 percent of the non-elderly uninsured population.
- In California 7.4 percent of working adults reported spending 20 percent or more of income on out-of-pocket health care expenses in 2004, a 68 percent increase from three years before.
- For family health coverage in California, the average employer’s portion of annual premiums rose 91 percent from 2000 to 2007, while the average worker’s share grew by 111 percent.
- From 2000 to 2007, the median earnings of California workers increased 19 percent, from $25,740 to $30,702. During that time health insurance premiums for California working families rose five times faster than median earnings.
- In California 6,701,890 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 11 percent of California’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in California there were 126,603 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Colorado, leaving 813,188 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Colorado unemployment rate to 7.4 percent from 4.1 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of employees of small businesses in Colorado and millions at small businesses nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Colorado Data Points**

- Health insurance premiums for Colorado working families have skyrocketed, increasing 75 percent from 2000 to 2007.
- For family health coverage in Colorado during that time, the average annual combined premium for employers and employees rose from $6,797 to $11,878.
- The combined cost to employers and workers of health insurance for a Colorado family of four is equal to 21 percent of the state’s median family income. Given current trends, that share will grow to 39 percent in 2016.
- The full cost of employer-sponsored health insurance in Colorado is projected to grow at an annual rate of 8.4 percent, compared to a 1 percent growth rate for income.
- About 450,000 working non-elderly adults do not have health insurance in Colorado. That comprises 71 percent of the total non-elderly uninsured population.
- In Colorado 6.1 percent of working adults reported spending 20 percent or more of income on out-of-pocket health care expenses in 2004, a 110 percent increase from three years earlier.
- For family health coverage in Colorado, the average employer’s portion of annual premiums rose 68 percent, while the average worker’s share grew by 97 percent from 2000 to 2007.
- In the same time, median earnings of Colorado workers increased 16 percent from $26,390 to $30,476, while health insurance premiums for Colorado working families rose 4.8 times faster than median earnings.
- In Colorado 813,188 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 7.4 percent of Colorado’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Colorado there were 20,166 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Connecticut, leaving 325,516 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Connecticut unemployment rate to 7.9 percent from 4.9 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Connecticut and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Connecticut Data Points**

- Health insurance premiums for Connecticut working families have skyrocketed, increasing 81 percent from 2000 to 2007.6
- For family health coverage in Connecticut during that time, the average annual combined premium for employers and employees rose from $7,292 to $13,173.7
- The combined cost to employers and workers of health insurance for a family of four is equal to 21 percent of Connecticut’s median family income. Given current trends, that share will grow to 34 percent in 2016.8
- The full cost of employer-sponsored health insurance is projected to grow at an annual rate of 7.3 percent in Connecticut, compared to a 1.5 percent growth rate for income.9
- About 190,000 working non-elderly adults in Connecticut do not have health insurance. That comprises 66 percent of the total non-elderly uninsured population.10
- In Connecticut 7.9 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 119 percent increase from three years earlier.11
- For family health coverage in Connecticut, the average employer’s portion of annual premiums rose 75 percent, while the average worker’s share grew by 104 percent.12
- From 2000 to 2007, wages for Connecticut workers increased 10 percent, from $32,106 to $35,281. During that time health insurance premiums for Connecticut working families rose 8.2 times faster than median earnings.13
- In Connecticut 325,516 people were uninsured in 2007.14
- The Bureau of Labor Statistics estimates that 7.9 percent of Connecticut’s labor force was unemployed in April 2009.15
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Connecticut there were 7,826 non-business bankruptcies in 2008.16,17
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Delaware, leaving 100,560 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Delaware unemployment rate to 7.5 percent from 3.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of employees of small businesses in Delaware and millions of workers at small businesses nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts are forecasting 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Delaware Data Points**

- Health insurance premiums for Delaware working families have skyrocketed, increasing 77 percent from 2000 to 2007.
- For family health coverage in Delaware during that time, the average annual combined premium for employers and employees rose from $7,553 to $13,370.
- The combined cost to employers and workers of health insurance for a family of four is equal to 26 percent of the state's median family income. Given current trends, that share will grow to 48 percent in 2016.
- The full cost of employer-sponsored health insurance is projected to grow at an annual rate of 8.6 percent, compared to 0.4 percent growth rate for income.
- About 50,000 working nonelderly adults do not have health insurance. That makes up 66 percent of the total nonelderly uninsured population.
- 7.9 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 114 percent increase from three years earlier.
- For family health coverage in Delaware, the average employer's portion of annual premiums rose 81 percent, while the average worker's share grew by 62 percent.
- From 2000 to 2007, the median earnings of Delaware workers increased 15 percent, from $27,717 to $31,837. During that time health insurance premiums for Delaware working families rose 5.2 times faster than median earnings.
- 100,560 people were uninsured in the state of Delaware in 2007.
- The Bureau of Labor estimates that 7.5 percent of Delaware’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Delaware there were 2,284 nonbusiness bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Florida, leaving 3.7 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Florida unemployment rate to 9.6 percent from 4.8 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Florida and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Florida Data Points**

- Health insurance premiums for Florida working families have skyrocketed, increasing 72 percent from 2000 to 2007.⁶
- For family health coverage in Florida during that time, the average annual combined premium for employers and employees rose from $6,812 to $11,720.⁷
- The combined cost to employers and workers in Florida of health insurance for a family of four is equal to 25 percent of the state’s median family income. Given current trends, that share will grow to 43 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Florida is projected to grow at an annual rate of 7.3 percent, compared to a 1.4 percent growth rate for income.⁹
- About 1.9 million working non-elderly adults in Florida lack health insurance. That comprises 67 percent of the total non-elderly uninsured population.¹⁰
- In Florida 9.1 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 44 percent increase from three years earlier.¹¹
- For family health coverage in Florida, the average employer’s portion of annual premiums rose 63 percent from 2000 to 2007, while the average worker’s share grew by 94 percent.¹²
- During that time, median earnings of Florida workers increased 20 percent from $22,753 to $27,353. Health insurance premiums for Florida working families rose 3.6 times faster than median earnings.¹³
- In Florida 3,738,230 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 9.6 percent of Florida’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Florida there were 63,671 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7. Ibid.
9. Ibid.
13. Ibid.
Medical care has become too expensive in Georgia, leaving 1.7 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Georgia unemployment rate to 9.3 percent from 5.1 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Georgia and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Georgia Data Points

- Health insurance premiums for Georgia working families have skyrocketed, increasing 73 percent from 2000 to 2007.
- For family health coverage in Georgia during that time, the average annual combined premium for employers and employees rose from $6,637 to $11,451.
- The combined cost to employers and workers in Georgia of health insurance for a family of four is equal to 22 percent of the state’s median family income. Given current trends, that share will grow to 41 percent in 2016.
- The full cost of employer-sponsored health insurance in Georgia is projected to grow at an annual rate of 7.8 percent, compared to a 1.2 percent growth rate for income.
- About 880,000 working non-elderly adults in Georgia do not have health insurance. That comprises 65 percent of the total non-elderly uninsured population.
- About Georgia 8.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 57 percent increase from three years earlier.
- For family health coverage in Georgia, the average employer’s portion of annual premiums rose 68 percent, while the average worker’s share grew by 85 percent.
- Between 2000 and 2007, the median earnings of Georgia workers increased 10 percent, from $25,525 to $28,178. During that time health insurance premiums for Georgia working families rose seven times faster than median earnings.
- In Georgia 1,660,156 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 9.3 percent of Georgia’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Georgia there were 59,259 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Hawaii, leaving 103,025 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Hawaii unemployment rate to 6.9 percent from 3.1 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Hawaii and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Hawaii Data Points**

- Health insurance premiums for Hawaii working families have skyrocketed, increasing 65 percent from 2000 to 2007.
- For family health coverage in Hawaii during that time, the average annual combined premium for employers and employees rose from $6,047 to $10,001.
- The combined cost to employers and workers of health insurance for a Hawaii family of four is equal to 15 percent of the state’s median family income. Given current trends, that share will grow to 23 percent in 2016.
- The full cost of employer-sponsored health insurance in Hawaii is projected to grow at an annual rate of 5.9 percent, compared to a 1.7 percent growth rate for income.
- About 50,000 working non-elderly adults in Hawaii lack health insurance. That comprises 68 percent of the total non-elderly uninsured population.
- In Hawaii 5.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 15 percent increase from three years earlier.
- For family health coverage in Hawaii, the average employer’s portion of annual premiums rose 56 percent, while the average worker’s share grew 101 percent.
- From 2000 to 2007, the median earnings of Hawaii workers increased 19 percent, from $26,180 to $31,252. During that time health insurance premiums for Hawaii working families rose 3.4 times faster than median earnings.
- In Hawaii 103,025 people were uninsured in 2007.
- The Bureau of Labor estimates that 6.9 percent of Hawaii’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Hawaii there were 1,999 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Idaho, leaving 217,759 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Idaho unemployment rate to 7 percent from 3.6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Idaho and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Idaho Data Points

- Health insurance premiums for Idaho working families have skyrocketed, increasing 122 percent from 2000 to 2007.
- For family health coverage in Idaho from 2000 to 2007, the average annual combined premium for employers and employees rose from $5,160 to $11,432.
- The combined cost to employers and workers of health insurance for an Idaho family of four is equal to 23 percent of the state’s median family income. Given current trends, that share will grow to 46 percent in 2016.
- The full cost of employer-sponsored health insurance in Idaho is projected to grow at an annual rate of 8.6 percent, compared to an annual income growth rate of 1.1 percent.
- About 120,000 working non-elderly adults in Idaho do not have health insurance. That makes up 72 percent of the total nonelderly uninsured population.
- About 6.4 percent of working adults in Idaho reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 113.3 percent increase from three years earlier.
- For family health coverage in Idaho, the average employer’s portion of annual premiums rose 160 percent, while the average worker’s share increased 40 percent.
- Between 2000 and 2007, the median earnings of Idaho workers increased 31 percent, from $19,004 to $24,798. During that time health insurance premiums for Idaho working families rose four times faster than median earnings.
- In Idaho 217,759 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 7 percent of Idaho’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Idaho there were 5,079 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Illinois, leaving 1.7 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Illinois unemployment rate to 9.4 percent from 5.6 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Illinois and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Illinois Data Points**

- Health insurance premiums for Illinois working families have skyrocketed, increasing 73 percent from 2000 to 2007.⁶
- For family health coverage in Illinois from 2000 to 2007, the average annual combined premium for employers and employees rose from $7,220 to $12,500.⁷
- The combined cost to employers and workers in Illinois of health insurance for a family of four is equal to 24 percent of the state’s median family income. Given current trends, that share will grow to 49 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Illinois is projected to grow at an annual rate of 8 percent, compared to an annual income growth rate of 0.02 percent.⁹
- About 950,000 working non-elderly adults in Illinois lack health insurance. That comprises 65 percent of the total non-elderly uninsured population.¹⁰
- In Illinois 6.9 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 92 percent increase from three years earlier.¹¹
- For family health coverage in Illinois, the average employer’s portion of annual premiums rose 72 percent from 2000 to 2007, while the average worker’s share increased 78 percent.¹²
- Between 2000 and 2007, the median earnings of Illinois workers increased 13 percent, from $26,806 to $30,322. During that time health insurance premiums for Illinois working families rose 5.6 times faster than median earnings.¹³
- In Illinois 1,737,876 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 9.4 percent of Illinois’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Illinois there were 54,534 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Indiana, leaving 732,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Indiana unemployment rate to 9.9 from 4.5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Indiana and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Indiana Data Points**

- Health insurance premiums for Indiana working families have skyrocketed, increasing 83 percent from 2000 to 2007.
- For family health coverage in Indiana during that time, the average annual combined premium for employers and employees rose from $6,628 to $12,153.
- The full cost of employer-sponsored insurance in Indiana now equals 26 percent of the median family income. Without meaningful health reform, that share will grow to 56 percent in 2016.
- The full cost of employer-sponsored health insurance in Indiana is projected to grow at an annual rate of 8.7 percent, compared to an annual income growth rate of 0.04 percent.
- About 370,000 working non-elderly adults in Indiana lack health insurance. That comprises 59 percent of the total non-elderly uninsured population.
- In Indiana 7.2 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 118 percent increase from three years earlier.
- For family health coverage in Indiana from 2000 to 2007, the average employer’s portion of annual premiums rose 75 percent, while the average worker’s share grew by 116 percent.
- From 2000 to 2007, the median earnings of Indiana workers increased 11 percent, from $24,531 to $27,330. During that time health insurance premiums for Indiana working families rose 7.3 times faster than median earnings.
- Indiana’s uninsured population rose to 732,256 in 2007.
- The Bureau of Labor Statistics estimates that 9.9 percent of Indiana’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Indiana there were 38,457 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Iowa, leaving 291,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Iowa unemployment rate to 5.1 percent from 3.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Iowa and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Iowa Data Points**

- Health insurance premiums for Iowa working families have skyrocketed, increasing 73 percent from 2000 to 2007.
- For family health coverage in Iowa, the average annual combined premium for employers and employees rose from $6,487 to $11,194 from 2000 to 2007.
- The full cost of employer-sponsored insurance in Iowa equals 22 percent of median family income. Without meaningful health reform, that number will grow to 39 percent in 2016.
- The full cost of employer-sponsored health insurance in Iowa is projected to grow at an annual rate of 7.4 percent, compared to an annual income growth rate of 1.4 percent.
- About 170,000 working non-elderly adults in Iowa lack health insurance. That comprises 69 percent of the total non-elderly uninsured population.
- In Iowa 5.6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 107 percent increase from three years earlier.
- For family health coverage in Iowa, the average employer’s portion of annual premiums rose 68 percent, while the average worker’s share increased 87 percent from 2000 to 2007.
- During that time, the median earnings of Iowa workers increased 19 percent, from $22,147 to $26,247. Health insurance premiums for Iowa working families rose 3.9 times faster than median earnings.
- Iowa’s uninsured population rose to 291,009 in 2007.
- The Bureau of Labor Statistics estimates that 5.1 percent of Iowa’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Iowa there were 7,783 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Kansas, leaving 340,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Kansas unemployment rate to 6.4 percent from 4.1 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Kansas and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Kansas Data Points

- Health insurance premiums for Kansas working families have skyrocketed, increasing 88 percent from 2000 to 2007.
- For family health coverage in Kansas during that time, the average annual combined premium for employers and employees rose from $6,237 to $11,722.
- The full cost of employer-sponsored insurance in Kansas now equals 25 percent of the median family income. Without meaningful health reform, that number will grow to 48 percent in 2016.
- The full cost of employer-sponsored health insurance in Kansas is projected to grow at an annual rate of 8.2 percent, compared to an annual income growth rate of 0.8 percent.
- About 210,000 working nonelderly adults in Kansas do not have health insurance. That makes up 75 percent of the total nonelderly uninsured population.
- In Kansas 6.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 78 percent increase from three years earlier.
- For family health coverage in Kansas, the average employer’s portion of annual premiums rose 98 percent from 2000 to 2007, while the average worker’s share grew by 65 percent.
- Between 2000 and 2007, the median earnings of Kansas workers increased 18 percent, from $22,351 to $26,307. During that time health insurance premiums for Kansas working families rose five times faster than median earnings.
- The Kansas uninsured population rose to 340,373 in 2007.
- The Bureau of Labor Statistics estimates that 6.4 percent of Kansas’ labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Kansas there were 8,647 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Kentucky, leaving 605,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Kentucky unemployment rate to 9.8 percent from 5.5 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Kentucky and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Kentucky Data Points

- Health insurance premiums for Kentucky working families have skyrocketed, increasing 48 percent from 2000 to 2007.⁶
- For family health coverage in Kentucky during that time, the average annual combined premium for employers and employees rose from $7,096 to $10,466.⁷
- The full cost of employer-sponsored insurance in Kentucky now equals 25 percent of median family income. Without meaningful health reform, that number will grow to 48 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Kentucky is projected to grow at an annual rate of 6.6 percent, compared to a negative 0.4 percent growth rate for income.⁹
- In Kentucky about 260,000 working non-elderly adults lack health insurance. That comprises 55 percent of the total non-elderly uninsured population.¹⁰
- In Kentucky 11.3 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 69 percent increase from three years earlier.¹¹
- For family health coverage in Kentucky, the average employer’s portion of annual premiums rose 44 percent, while the average worker’s share grew 58 percent from 2000 to 2007.¹²
- During that time, the median earnings of Kentucky workers increased 17 percent, from $21,512 to $25,134. Health insurance premiums for Kentucky working families rose 2.8 times faster than median earnings.¹³
- Kentucky’s uninsured population rose to 604,929 in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 9.8 percent of Kentucky’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Kentucky there were 20,950 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Louisiana, leaving 848,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Louisiana unemployment rate to 6.2 percent from 3.9 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Louisiana and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Louisiana Data Points**

- Health insurance premiums for Louisiana working families have skyrocketed, increasing 75 percent from 2000 to 2007.⁶
- For family health coverage in Louisiana during that time, the average annual combined premium for employers and employees rose from $6,536 to $11,455.⁷
- The full cost of employer-sponsored insurance in Louisiana now equals 29 percent of median family income. Without meaningful health reform, that number will grow to 60 percent in 2016.⁸
- The full cost of employer-sponsored health insurance is projected to grow at an annual rate of 7.9 percent, compared to a negative 0.2 percent growth rate for income.⁹
- About 390,000 working non-elderly adults in Louisiana lack health insurance. That makes up 61 percent of the total non-elderly uninsured population.¹⁰
- In Louisiana 10.5 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 33 percent increase from three years earlier.¹¹
- For family health coverage in Louisiana, the average employer’s portion of annual premiums rose 76 percent from 2000 to 2007, while the average worker’s share increased 74 percent.¹²
- From 2000 to 2007, the median earnings of Louisiana workers increased 23 percent, from $20,467 to $25,147. During that time health insurance premiums for Louisiana working families rose 3.3 times faster than median earnings.¹³
- Louisiana’s uninsured population rose to 848,463 in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 6.2 percent of Louisiana’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Louisiana there were 14,945 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Maine, leaving 119,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Maine unemployment rate to 7.9 percent from 4.7 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Maine and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Maine Data Points

- Health insurance premiums for Maine working families have skyrocketed, increasing 90 percent from 2000 to 2007.
- For family health coverage in Maine during that time, the average annual combined premium for employers and employees rose from $6,915 to $13,117.
- The full cost of employer-sponsored insurance in Maine equals 27 percent of median family income.

Without meaningful health reform, that number will grow to 58 percent in 2016.
- The full cost of employer-sponsored health insurance in Maine is projected to grow at an annual rate of 9.3 percent, compared to 1 percent growth rate for income.
- In Maine about 70,000 working non-elderly adults lack health insurance. That makes up 72 percent of the total non-elderly uninsured population.
- In Maine 8.9 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 62 percent increase from three years earlier.
- For family health coverage in Maine from 2000 to 2007, the average employer’s portion of annual premiums rose 87 percent, while the average worker’s share grew by 96 percent.
- From 2000 to 2007, the median earnings of Maine workers increased 17 percent, from $22,163 to $25,876. During that time health insurance premiums for Maine working families rose 5.4 times faster than median earnings.
- Maine’s uninsured population rose to 118,935 in 2007.
- The Bureau of Labor Statistics estimates that 7.9 percent of Maine’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Maine there were 2,853 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Maryland, leaving 769,007 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.\(^1\) The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Maryland unemployment rate to 6.8 percent from 3.6 percent.\(^2\) More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.\(^3\)

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Maryland and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.\(^4\) Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.\(^5\) Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Maryland Data Points**

- Health insurance premiums for Maryland working families have skyrocketed, increasing 64 percent from 2000 to 2007.\(^6\)
- For family health coverage in Maryland during that time, the average annual combined premium for employers and employees rose from $7,287 to $11,960.\(^7\)
- The full cost of employer-sponsored insurance in Maryland now equals 18 percent of median family income. Without meaningful health reform, that number will grow to 32 percent in 2016.\(^8\)
- The full cost of employer-sponsored health insurance in Maryland is projected to grow at an annual rate of 7.7 percent, compared to an annual income growth rate of 1.2 percent.\(^9\)
- About 390,000 working non-elderly adults in Maryland lack health insurance. That comprises 64 percent of the total non-elderly uninsured population.\(^10\)
- In Maryland 7.2 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 85 percent increase from three years earlier.\(^11\)
- For family health coverage in Maryland, the average employer’s portion of annual premiums rose 65 percent from 2000 to 2007, while the average worker’s share grew 63 percent.\(^12\)
- From 2000 to 2007, the median earnings of Maryland workers increased 21 percent, from $30,252 to $36,723. During that time health insurance premiums for Maryland working families rose three times faster than median earnings.\(^13\)
- Maryland’s uninsured population rose to 769,007 in 2007.\(^14\)
- The Bureau of Labor Statistics estimates that 6.8 percent of Maryland’s labor force was unemployed in April 2009.\(^15\)
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Maryland there were 17,322 non-business bankruptcies in 2008.\(^16,17\)
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Massachusetts, leaving 498,451 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Massachusetts unemployment rate to 8 percent from 4.5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Massachusetts and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Massachusetts Data Points

- Health insurance premiums for Massachusetts working families have skyrocketed, increasing 78 percent from 2000 to 2007.
- For family health coverage in Massachusetts during that period, the average annual combined premium for employers and employees rose from $7,341 to $13,040.
- The full cost of employer-sponsored insurance in Massachusetts equals 22 percent of the median family income. Without meaningful federal health reform, that number will grow to 41 percent in 2016.
- The full cost of employer-sponsored health insurance in Massachusetts is projected to grow at an annual rate of 7.8 percent, compared to a 1 percent growth rate for income.
- About 170,000 working non-elderly adults in Massachusetts do not have health insurance. That comprises 59 percent of the total nonelderly uninsured population.
- In Massachusetts 8.6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 126 percent increase from three years earlier.
- For family health coverage in Massachusetts, the average employer's portion of annual premiums rose 67 percent from 2000 to 2007, while the average worker's share grew by 119 percent.
- During that time the median earnings of Massachusetts workers increased 12 percent, from $30,964 to $34,542. Health insurance premiums for Massachusetts working families rose 6.7 times faster than median earnings.
- After Massachusetts adopted a health reform program that includes subsidies for low-income families, the uninsured population fell to 498,451 in 2007.
- The Bureau of Labor Statistics estimates that 8 percent of the Massachusetts labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Massachusetts there were 16,075 non-business bankruptcies in 2008.


7 Ibid.


9 Ibid.


13 Ibid.


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**Massachusetts Premiums vs. Income**

Cost of Massachusetts employer sponsored insurance (ESI) compared to median household income - 2006 and projected 2016 (assuming no meaningful health reforms).

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Income</th>
<th>ESI Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$56,592</td>
<td>$12,290</td>
</tr>
<tr>
<td>2016 (projected)</td>
<td>$63,200</td>
<td>$26,069</td>
</tr>
</tbody>
</table>


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**Percent Increase in Premiums Versus Income in Massachusetts 2000-2007**

![Graph showing percent increase in premiums versus income in Massachusetts 2000-2007]

Medical care has become too expensive in Michigan, leaving 1.1 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Michigan unemployment rate to 12.9 percent from 7.3 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Michigan and millions nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Michigan Data Points**

- Health insurance premiums for Michigan working families have skyrocketed, increasing 78 percent from 2000 to 2007.⁶
- For family health coverage in Michigan during this time, the average annual combined premium for employers and employees rose from $6,817 to $12,151.⁷
- The full cost of employer-sponsored insurance in Michigan now equals 24 percent of median family income. Without meaningful health reform, that number will grow to 52 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Michigan is projected to grow at an annual rate of 8.6 percent, compared to a 0.1 percent growth rate for income.⁹
- About 560,000 working non-elderly adults in Michigan do not have health insurance. That comprises 58 percent of the total non-elderly uninsured population.¹⁰
- In Michigan 7.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 95 percent increase from three years earlier.¹¹
- For family health coverage in Michigan from 2000 to 2007, the average employer’s portion of annual premiums rose 63 percent, while the average worker’s share grew by 171 percent.¹²
- From 2000 to 2007, the median earnings of Michigan workers increased 5 percent, from $25,910 to $27,096. During that time health insurance premiums for Michigan working families rose 17 times faster than median earnings.¹³
- Michigan’s uninsured population rose to 1,096,821 in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 12.9 percent of Michigan’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Michigan there were 53,641 non-business bankruptcies in 2008.¹⁶,¹⁷
7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Minnesota, leaving 453,544 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Minnesota unemployment rate to 8.1 percent from 4.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Minnesota and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.

Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Minnesota Data Points**

- Health insurance premiums for Minnesota working families have skyrocketed, increasing 74 percent from 2000 to 2007.
- For family health coverage in Minnesota during that time, the average annual combined premium for employers and employees rose from $6,957 to $12,090.
- The full cost of employer-sponsored insurance in Minnesota equals 20 percent of the median family income. Without meaningful health reform, that number will grow to 41 percent in 2016.
- The full cost of employer-sponsored health insurance in Minnesota is projected to grow at an annual rate of 8.5 percent, compared to a 0.8 percent growth rate for income.
- About 240,000 working non-elderly adults in Minnesota lack health insurance. That comprises 67 percent of the total non-elderly uninsured population.
- In Minnesota 5 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 108 percent increase from three years earlier.
- For family health coverage in Minnesota, the average employer’s portion of annual premiums rose 77 percent from 2000 to 2007, while the average worker’s share of the cost grew by 66 percent.
- From 2000 to 2007, the median earnings of Minnesota workers increased 17 percent, from $26,433 to $30,963. Health insurance premiums for Minnesota working families rose 4.3 times faster than median earnings.
- In Minnesota the uninsured population was 453,544 in 2007.
- The Bureau of Labor Statistics estimates that 8.1 percent of Minnesota’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Minnesota there were 15,742 non-business bankruptcies in 2008.
7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Mississippi, leaving 572,555 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Mississippi unemployment rate to 9.1 percent from 6.1 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Mississippi and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Mississippi Data Points**

- Health insurance premiums for Mississippi working families have skyrocketed, increasing 73.2 percent from 2000 to 2007.⁶
- For family health coverage in Mississippi during that time, the average annual combined premium for employers and employees rose from $5,983 to $10,365.⁷
- The full cost of employer-sponsored insurance now takes up 28 percent of median family income in Mississippi. Without meaningful health reform, that number will grow to 55 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Mississippi is projected to grow at an annual rate of 7.9 percent, compared to a 0.4 percent growth rate for income.⁹
- About 240,000 working non-elderly adults do not have health insurance. That comprises 55 percent of the total nonelderly uninsured population.¹⁰
- In Mississippi 9 percent of working adults spent 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 20 percent increase from three years earlier.¹¹
- For family health coverage in Mississippi, the average employer’s portion of annual premiums rose 62 percent, while the average worker’s share grew by 107 percent.¹²
- Between 2000 and 2007, wages of Mississippi workers increased 10 percent, from $20,439 to $22,566. During that time health insurance premiums for Mississippi working families rose seven times faster than median earnings.¹³
- In Mississippi 572,555 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 9.1 percent of Mississippi’s labor force is unemployed.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Mississippi there were 11,992 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Missouri, leaving 750,218 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Missouri unemployment rate to 8.1 percent from 5.3 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Missouri and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Without meaningful health reform, that number will grow to 55 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Missouri is projected to grow at an annual rate of 8.7 percent, compared a 0.2 percent growth rate for income.⁹
- About 380,000 working non-elderly adults do not have health insurance in Missouri. That makes up 66 percent of the total non-elderly uninsured population.¹⁰
- In Missouri 7.7 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 88 percent increase from three years earlier.¹¹
- For family health coverage in Missouri from 2000 to 2007, the average employer’s portion of annual premiums rose 72 percent, while the average worker’s share of the cost grew by 91 percent.¹²
- Between 2000 and 2007, the median earnings of Missouri workers increased 17 percent, from $22,201 to $26,037. During that time health insurance premiums for Missouri working families rose 4.4 times faster than median earnings.¹³
- In Missouri 750,218 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 8.1 percent of Missouri’s work force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Missouri there were 24,718 non-business bankruptcies in 2008.¹⁶,¹⁷

**Missouri Data Points**

- Health insurance premiums for Missouri working families have skyrocketed, increasing 76 percent from 2000 to 2007.⁶
- For family health coverage in Missouri during this period, the average annual combined premium for employers and employees rose from $6,731 to $11,852.⁷
- The full cost of employer-sponsored insurance in Missouri equals 25 percent of median family income.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Montana, leaving 153,000 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Montana unemployment rate to 6 percent from 3.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Montana and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Montana Data Points

- Health insurance premiums for Montana working families have skyrocketed, increasing 89 percent from 2000 to 2007.
- For family health coverage in Montana during that time, the average annual combined premium for employers and employees rose from $6,220 to $11,743.
- The full cost of employer-sponsored insurance in Montana takes up 28 percent of the median family income. Without meaningful health reform, that number will grow to 52 percent in 2016.
- The full cost of employer-sponsored health insurance in Montana is projected to grow at an annual rate of 8.7 percent, compared to a 1.5 percent growth rate for income.
- About 90,000 working non-elderly adults in Montana do not have health insurance. That comprises 71 percent of the total nonelderly uninsured population.
- In Montana 8.4 percent of working adults spent 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 91 percent increase from three years earlier.
- For family health coverage in Montana from 2000 to 2007, the employer portion of annual premiums rose 78 percent, while the worker share grew 133 percent.
- Between 2000 and 2007, the median earnings of Montana workers increased 16 percent, from $19,073 to $22,170. During that time health insurance premiums for Montana working families rose 5.5 times faster than median earnings.
- In Montana 153,006 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 6 percent of Montana’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Montana there were 1,878 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Nebraska, leaving 224,689 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Nebraska unemployment rate to 4.4 percent from 2.7 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Nebraska and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Nebraska Data Points

- Health insurance premiums for Nebraska working families have skyrocketed, increasing 69 percent from 2000 to 2007.
- For family health coverage in Nebraska during that time, the average annual combined premium for employers and employees rose from $6,760 to $11,434.
- The full cost of employer-sponsored insurance now takes up 22 percent of median family income in Nebraska. Without meaningful health reform, that number will grow to 42 percent in 2016.
- The full cost of employer-sponsored health insurance in Nebraska is projected to rise at an annual rate of 7.9 percent, compared to a 1.2 percent growth rate for wages.
- About 130,000 working non-elderly adults do not have health insurance in Nebraska. That comprises 71 percent of the total non-elderly uninsured population.
- In Nebraska 5.6 percent of working adults reported spending 20 percent or more of income on out-of-pocket health care expenses in 2004, a 124 percent increase from three years earlier.
- From 2000 to 2007, the median wages of Nebraska workers increased 21 percent, from $21,255 to $25,802. During that time health insurance premiums for Nebraska working families rose 3.2 times faster than median earnings.
- In Nebraska 224,689 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 4.4 percent of Nebraska’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Nebraska there were 6,447 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
Medical care has become too expensive in Nevada, leaving 468,808 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.\(^1\) The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Nevada unemployment rate to 10.6 percent from 5.2 percent.\(^2\) More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.\(^3\)

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Nevada and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.\(^4\) Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.\(^5\) Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Nevada Data Points**

- Health insurance premiums for Nevada working families have skyrocketed, increasing 55 percent from 2000 to 2007.\(^6\)
- For family health coverage in Nevada during that period, the average annual combined premium for employers and employees rose from $6,688 to $10,341.\(^7\)
- The full cost of employer-sponsored insurance now equals 19 percent of median family income in Nevada. Without meaningful health reform, that number will grow to 32 percent in 2016.\(^8\)
- The full cost of employer-sponsored health insurance in Nevada is projected to grow at an annual rate of 6.8 percent, compared to a 0.9 percent growth rate for income.\(^9\)
- About 220,000 working non-elderly adults lack health insurance in Nevada. That comprises 65 percent of the total non-elderly uninsured population.\(^10\)
- In Nevada 6.6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 120 percent increase from three years earlier.\(^11\)
- For family health coverage in Nevada, the average employer’s portion of annual premiums rose 41 percent, while the average worker’s share grew 135 percent.\(^12\)
- From 2000 to 2007, median earnings of Nevada workers increased 21 percent, from $25,411 to $30,859. During that time health insurance premiums for Nevada working families rose 2.5 times faster than median earnings.\(^13\)
- In Nevada 468,808 people were uninsured in 2007.\(^14\)
- The Bureau of Labor Statistics estimates that 10.6 percent of Nevada’s labor force was unemployed in April 2009.\(^15\)
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Nevada there were 18,197 non-business bankruptcies in 2008.\(^16,17\)
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in New Hampshire, leaving 143,754 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the New Hampshire unemployment rate to 6.3 percent from 3.5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in New Hampshire and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**New Hampshire Data Points**

- Health insurance premiums for New Hampshire working families have skyrocketed, increasing 79 percent from 2000 to 2007.
- For family health coverage in New Hampshire during that time, the average annual combined premium for employers and employees rose from $7,525 to $13,460.
- The full cost of employer-sponsored insurance now equals 21 percent of the median family income in New Hampshire. Without meaningful health reform, that number will grow to 35 percent in 2016.
- The full cost of employer-sponsored health insurance in New Hampshire is projected to grow at an annual rate of 8.3 percent, compared to a 2.3 percent growth rate for income.
- About 90,000 working non-elderly adults do not have health insurance in New Hampshire. That comprises 74 percent of the total non-elderly uninsured population.
- In New Hampshire 6.1 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 85 percent increase from three years earlier.
- For family health coverage in New Hampshire from 2000 to 2007, the average employer’s portion of annual premiums rose 72 percent, while the average worker’s share grew by 101 percent.
- From 2000 to 2007, the median earnings of New Hampshire workers increased 16 percent, from $27,226 to $31,596. During that time health insurance premiums for New Hampshire working families rose 4.9 times faster than median earnings.
- In New Hampshire 143,754 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 6.3 percent of New Hampshire’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in New Hampshire there were 3,532 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in New Jersey, leaving 1.3 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the New Jersey unemployment rate to 8.4 percent from 4.5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in New Jersey and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

New Jersey Data Points

- Health insurance premiums for New Jersey working families have skyrocketed, increasing 71 percent from 2000 to 2007.
- For family health coverage in New Jersey during that time, the average annual combined premium for employers and employees rose from $7,592 to $12,979.
- The full cost of employer-sponsored insurance now equals 18 percent of the median family income in New Jersey. Without meaningful health reform, that number will grow to 35 percent in 2016.
- The full cost of employer-sponsored health insurance in New Jersey is projected to grow at an annual rate of 7 percent, compared to a 0.7 percent growth rate for income.
- About 720,000 working non-elderly adults lack health insurance in New Jersey. That comprises 68 percent of the total non-elderly uninsured population.
- In New Jersey, 7 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 56 percent increase from three years earlier.
- For family health coverage in New Jersey from 2000 to 2007, the average employer’s portion of annual premiums rose 64 percent, while the average worker’s share grew by 97 percent.
- Between 2000 and 2007, the median earnings of New Jersey workers increased 15 percent, from $31,923 to $36,700. During that time health insurance premiums for New Jersey working families rose 4.7 times faster than median earnings.
- In New Jersey 1,344,323 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 8.4 percent of New Jersey’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in New Jersey there were 25,725 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in New Mexico, leaving 441,351 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the New Mexico unemployment rate to 5.8 percent from 3.6 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in New Mexico and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**New Mexico Data Points**

- Health insurance premiums for New Mexico working families have skyrocketed, increasing 92 percent from 2000 to 2007.⁶
- For family health coverage in New Mexico during that time, the average annual combined premium for employers and employees rose from $6,222 to $11,967.⁷
- The full cost of employer-sponsored insurance now takes up 28 percent of median family income in New Mexico. Without meaningful health reform, that number will grow to 57 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in New Mexico is projected to grow at an annual rate of 9.7 percent, compared to a 1.9 percent growth rate for income.⁹
- About 230,000 working nonelderly adults do not have health insurance in New Mexico. That comprises 63 percent of the total nonelderly uninsured population.¹⁰
- In New Mexico 7.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 39 percent increase from three years earlier.¹¹
- For family health coverage in New Mexico, the average employer’s portion of annual premiums rose 114 percent, while the average worker’s share grew by 50 percent.¹²
- Between 2000 and 2007, the median earnings of New Mexico workers increased 20 percent from $19,631 to $23,565. During that time health insurance premiums for New Mexico working families rose 4.6 times faster than median earnings.¹³
- In New Mexico 441,351 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics reported that 5.8 percent of New Mexico’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in New Mexico there were 4,359 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in New York, leaving 2.6 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the New York unemployment rate to 7.7 percent from 4.6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in New York and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

New York Data Points

- Health insurance premiums for New York working families have skyrocketed, increasing 81 percent from 2000 to 2007.
- For family health coverage in New York during this period, the average annual combined premium for employers and employees rose from $7,090 to $12,812.
- The full cost of employer-sponsored insurance now equals 25 percent of median family income in New York. Without meaningful health reform, that number will grow to 47 percent in 2016.
- The full cost of employer-sponsored health insurance in New York is projected to grow at an annual rate of 7.4 percent, compared to a 0.8 percent growth rate for income.
- About 1.3 million working non-elderly adults do not have health insurance in New York. That comprises 64 percent of the total non-elderly uninsured population.
- In New York 9 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 45 percent increase from three years earlier.
- For family health coverage in New York from 2000 to 2007, the average employer’s portion of annual premiums rose 79 percent, while the average worker’s share increased 88 percent.
- From 2000 to 2007, the median earnings of New York workers increased 11 percent, from $28,153 to $31,263. During that time health insurance premiums for New York working families rose 7.3 times faster than median earnings.
- In New York 2,590,364 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 7.7 percent of New York’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in New York there were 45,237 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in North Carolina, leaving 1.5 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the North Carolina unemployment rate to 10.8 percent from 5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in North Carolina and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**North Carolina Data Points**

- Health insurance premiums for North Carolina working families have skyrocketed, increasing 75 percent from 2000 to 2007.
- For family health coverage in North Carolina during that time, the average annual combined premium for employers and employees rose from $6,649 to $11,618.
- The full cost of employer-sponsored insurance now equals 26 percent of the median family income in North Carolina. Without meaningful health reform, that number will grow to 53 percent in 2016.
- The full cost of employer-sponsored health insurance in North Carolina is projected to grow at an annual rate of 6.9 percent, compared to a negative 0.6 percent growth rate income.
- In North Carolina about 790,000 working non-elderly adults lack health insurance. That comprises 65 percent of the total non-elderly uninsured population.
- In North Carolina 8.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 47 percent increase from three years earlier.
- For family health coverage in North Carolina from 2000 to 2007, the average employer’s portion of annual premiums rose 76 percent, while the average worker’s share grew by 71 percent.
- From 2000 to 2007, the median earnings of North Carolina workers increased 14 percent, from $23,080 to $26,316. During that time health insurance premiums for North Carolina working families rose 5.3 times faster than median earnings.
- In North Carolina 1,547,212 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 10.8 percent of North Carolina’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in North Carolina there were 21,808 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in North Dakota, leaving 68,412 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the North Dakota unemployment rate to 4 percent from 3.1 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in North Dakota and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

North Dakota Data Points

- Health insurance premiums for North Dakota working families have skyrocketed, increasing 74 percent from 2000 to 2007.
- For family health coverage in North Dakota during this period, the average annual combined premium for employers and employees rose from $6,124 to $10,674.
- The full cost of employer-sponsored insurance in North Dakota now takes up 24 percent of the median family income. Without meaningful health reform, that number will grow to 42 percent in 2016.
- The full cost of employer-sponsored health insurance in North Dakota is projected to grow at an annual rate of 7.4 percent, compared to a 1 percent growth rate for income.
- In North Dakota about 40,000 working non-elderly adults lack health insurance. That comprises 73 percent of the total non-elderly uninsured population.
- More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.
- In North Dakota 5.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 53 percent increase from three years earlier.
- For family health coverage in North Dakota from 2000 to 2007, the average employer’s portion of annual premiums rose 70 percent, while the average worker’s share grew by 86 percent.
- From 2000 to 2007, the median earnings of North Dakota workers increased 26 percent, from $19,196 to $24,255. During that time health insurance premiums for North Dakota working families rose 2.8 times faster than median earnings.
- North Dakota’s uninsured population reached 68,412 in 2007.
- The Bureau of Labor Statistics estimates that 4 percent of North Dakota’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in North Dakota there were 1,307 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Ohio, leaving 1.2 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Ohio unemployment rate to 10.2 percent from 5.8 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Ohio and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Ohio Data Points**

- Health insurance premiums for Ohio working families have skyrocketed, increasing 76 percent from 2000 to 2007.⁶
- For family health coverage in Ohio during this period, the average annual combined premium for employers and employees rose from $6,596 to $11,636.⁷
- The combined cost to employers and workers of health insurance for a family of four is equal to 24 percent of Ohio’s median family income. Given current trends, that share will grow to 45 percent in 2016.⁸
- The cost of employer-sponsored health insurance in Ohio is growing at an annual rate of 7.8 percent, compared with an 0.7 percent growth rate for income.⁹
- About 650,000 non-elderly adults in Ohio hold jobs that don’t offer health insurance benefits. That comprises 60 percent of all non-elderly uninsured people in the state.¹⁰
- In Ohio 7.7 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 108 percent increase from three years earlier.¹¹
- For family health coverage in Ohio, the average employer’s portion of annual premiums rose 75 percent, while the average worker’s share grew by 80 percent.¹²
- Between 2000 and 2007, the median earnings of Ohio workers increased 9 percent, from $25,017 to $27,255. During that time health insurance premiums for Ohio working families rose 8.5 times faster than median earnings.¹³
- In Ohio 1,229,769 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 10.2 percent of Ohio’s labor force was unemployed in April 2009.¹⁵
- Recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Ohio there were 56,711 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Oklahoma, leaving 646,363 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Oklahoma unemployment rate to 6.2 percent from 3.6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Oklahoma and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.

Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Oklahoma Data Points**

- Health insurance premiums for Oklahoma working families have skyrocketed, increasing 62 percent from 2000 to 2007.
- For family health coverage in Oklahoma during this period, the average annual combined premium for employers and employees rose from $6,937 to $11,238.
- The combined cost to employers and workers of health insurance for an Oklahoma family of four is equal to 27 percent of the state’s median family income. Given current trends, that share will grow to 49 percent in 2016.
- The cost of employer-sponsored health insurance in Oklahoma is growing at an annual rate of 7.8 percent, compared with a 1 percent growth rate for income.
- In Oklahoma about 320,000 nonelderly adults hold jobs that don’t offer health insurance benefits. That comprises 62 percent of all non-elderly uninsured people.
- In Oklahoma 9 percent of working adults reported spending 20 percent or more of their wages on out-of-pocket health care expenses in 2004, a 43 percent increase from three years earlier.
- For family health coverage in Oklahoma, the average employer’s portion of annual premiums rose 57 percent, while the average worker’s share grew by 77 percent.
- Between 2000 and 2007, the median earnings of Oklahoma workers increased 19 percent, from $20,791 to $24,710. During that time health insurance premiums for Oklahoma working families rose 3.3 times faster than median earnings.
- In Oklahoma 646,363 residents were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 6.2 percent of Oklahoma’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Oklahoma there were 10,761 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Oregon, leaving 648,169 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Oregon unemployment rate to 12 percent from 5.3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Oregon and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Oregon Data Points

- Health insurance premiums for Oregon working families have skyrocketed, increasing 85 percent from 2000 to 2007.
- For family health coverage in Oregon during this time, the average annual combined premium for employers and employees rose from $6,654 to $12,321.
- The combined cost to employers and workers of health insurance in Oregon for a family of four is equal to 25 percent of the state’s median family income. Given current trends, that share will grow to 52 percent in 2016.
- The cost of employer-sponsored health insurance in Oregon is growing at an annual rate of 8.8 percent, compared with a 0.6 percent growth rate for income.
- About 360,000 non-elderly adults in Oregon hold jobs that don’t offer health insurance benefits. That comprises 68 percent of all nonelderly uninsured people.
- In Oregon 7.7 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 88 percent increase from three years earlier.
- For family health coverage in Oregon, the average employer’s portion of annual premiums rose 77 percent, while the average worker’s share grew by 111 percent.
- Between 2000 and 2007, the median earnings of Oregon workers increased 18 percent, from $22,401 to $26,444. During that time health insurance premiums for Oregon working families rose 4.7 times faster than median earnings.
- In Oregon 648,169 were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 12 percent of Oregon’s labor force was unemployed in April 2009.
- Recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Oregon there were 12,368 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Pennsylvania, leaving 1.2 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Pennsylvania unemployment rate to 7.8 percent from 4.6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Pennsylvania and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Pennsylvania Data Points

- Health insurance premiums for Pennsylvania working families have skyrocketed, increasing 86 percent from 2000 to 2007.
- For family health coverage in Pennsylvania during that time, the average annual combined premium for employers and employees rose from $6,721 to $12,513.
- The combined cost to employers and workers of health insurance for a Pennsylvania family of four is equal to 24 percent of the state’s median family income. Given current trends, that share will grow to 52 percent in 2016.
- The cost of employer-sponsored health insurance in Pennsylvania is growing at an annual rate of 8.6 percent, compared with a 0.6 percent growth rate for income.
- About 580,000 non-elderly adults in Pennsylvania hold jobs that don’t offer health insurance benefits. That comprises 61 percent of all non-elderly uninsured people.
- In Pennsylvania 8.1 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 72 percent increase from three years earlier.
- For family health coverage in Pennsylvania, the average employer’s portion of annual premiums rose 76 percent, while the average worker’s share grew by 128 percent.
- Between 2000 and 2007, the median earnings of Pennsylvania workers increased 13 percent, from $24,834 to $28,155. During that time health insurance premiums for Pennsylvania working families rose 6.4 times faster than median earnings.
- Approximately 1.2 million Pennsylvanians - 11 percent of residents under age 65 - were uninsured at some point during 2006 and 2007.
- The Bureau of Labor Statistics estimates that 7.8 percent of Pennsylvania’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Pennsylvania there were 31,936 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Rhode Island, leaving 101,869 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Rhode Island unemployment rate to 11.1 percent from 6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Rhode Island and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Rhode Island Data Points

- Health insurance premiums for Rhode Island working families have skyrocketed, increasing 83 percent from 2000 to 2007.
- For family health coverage in Rhode Island during that time, the average annual combined premium for employers and employees rose from $6,904 to $12,662.
- The combined cost to employers and workers of health insurance for a Rhode Island family of four is equal to 23 percent of the state’s median family income. Given current trends, that share will grow to 41 percent in 2016.
- The cost of employer-sponsored health insurance in Rhode Island is growing at an annual rate of 8.3 percent, compared with a 1.7 percent growth rate for income.
- About 60,000 non-elderly adults in Rhode Island hold jobs that don’t offer health insurance benefits. That comprises 62 percent of all non-elderly uninsured people.
- In Rhode Island 7.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 81 percent increase from three years earlier.
- For family health coverage in Rhode Island, the average employer’s portion of annual premiums rose 91 percent, while the average worker’s share grew by 58 percent.
- Between 2000 and 2007, the median earnings of Rhode Island workers increased 17 percent, from $26,164 to $30,566. During that time health insurance premiums for Rhode Island working families rose five times faster than median earnings.
- In Rhode Island 101,869 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 11.1 percent of Rhode Island’s labor force was unemployed in April 2009.
- Recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Rhode Island there were 4,156 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in South Carolina, leaving 696,484 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the South Carolina unemployment rate to 11.5 percent from 5.8 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in South Carolina and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**South Carolina Data Points**

- Health insurance premiums for South Carolina working families have skyrocketed, increasing 76 percent from 2000 to 2007.
- For family health coverage in South Carolina during that time, the average annual combined premium for employers and employees rose from $6,600 to $11,624.
- The combined cost to employers and workers of health insurance for a South Carolina family of four is equal to 27 percent of the state’s median family income. Given current trends, that share will grow to 62 percent in 2016.
- The cost of employer-sponsored health insurance in South Carolina is growing at an annual rate of 9 percent, compared to a negative 0.2 percent growth rate for income.
- About 380,000 non-elderly adults in South Carolina hold jobs that don’t offer health insurance benefits. That comprises 67 percent of all non-elderly uninsured people.
- In South Carolina 9.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 47 percent increase from three years earlier.
- For family health coverage in South Carolina, the average employer’s portion of annual premiums rose 74 percent, while the average worker’s share grew by 82 percent.
- Between 2000 and 2007, the median earnings of South Carolina workers increased 13 percent, from $23,057 to $26,140. During that time health insurance premiums for South Carolina working families rose 5.7 times faster than median earnings.
- In South Carolina 696,484 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 11.5 percent of South Carolina’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in South Carolina there were 8,216 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in South Dakota, leaving 85,566 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the South Dakota unemployment rate to 4.8 percent from 2.7 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in South Dakota and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**South Dakota Data Points**

- Health insurance premiums for South Dakota working families have skyrocketed, increasing 55 percent from 2000 to 2007.⁶
- For family health coverage in South Dakota during that time, the average annual combined premium for employers and employees rose from $6,760 to $10,477.⁷
- The combined cost to employers and workers of health insurance for a family of four in South Dakota is equal to 22 percent of the state’s median family income. Given current trends, that share will grow to 31 percent in 2016.⁸
- The cost of employer-sponsored health insurance is growing at an annual rate of 5.6 percent, compared to a 2 percent rate of growth for income.⁹
- About 50,000 non-elderly adults in South Dakota hold jobs that don’t offer health insurance benefits. That comprises 72 percent of all non-elderly uninsured people.¹⁰
- In South Dakota 6.3 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 110 percent increase from three years earlier.¹¹
- For family health coverage in South Dakota, the average employer’s portion of annual premiums rose 58 percent, while the average worker’s share grew by 46 percent.¹²
- Between 2000 and 2007, the median earnings of South Dakota workers increased 17 percent, from $20,299 to $23,699. During that time health insurance premiums for South Dakota working families rose 3.3 times faster than median earnings.¹³
- In South Dakota 85,566 people were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 4.8 percent of South Dakota’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in South Dakota there were 1,382 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Tennessee, leaving 845,728 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Tennessee unemployment rate to 9.9 percent from 5.3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Tennessee and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Tennessee Data Points**

- Health insurance premiums for Tennessee working families have skyrocketed, increasing 62 percent from 2000 to 2007.
- For family health coverage in Tennessee during that time, the average annual combined premium for employers and workers rose from $6,550 to $10,606.
- The combined cost to employers and workers of health insurance for a Tennessee family of four is equal to 25 percent of the state’s median family income. Given current trends, that share will grow to 44 percent in 2016.
- The cost of employer-sponsored health insurance in Tennessee is growing at an annual rate of 6.9 percent, compared to a 0.6 percent rate of growth for income.
- About 430,000 non-elderly adults in Tennessee hold jobs that don’t offer health insurance benefits. That comprises 58 percent of all non-elderly uninsured people.
- In Tennessee 10.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 76 percent increase from three years earlier.
- For family health coverage in Tennessee, the average employer’s portion of annual premiums rose 58 percent, while the average worker’s share grew by 73 percent.
- Between 2000 and 2007, the median earnings of Tennessee workers increased 12 percent, from $22,863 to $25,639. During that time health insurance premiums for Tennessee working families rose 5.1 times faster than median earnings.
- In Tennessee 845,728 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 9.9 percent of Tennessee’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Tennessee there were 46,641 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in Texas, leaving 5.8 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Texas unemployment rate to 6.7 percent from 4.4 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Texas and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Texas Data Points**

- Health insurance premiums for Texas working families have skyrocketed, increasing 87 percent from 2000 to 2007.⁶
- For family health coverage in Texas during that time, the average annual combined premium for employers and employees rose from $6,638 to $12,403.⁷
- The combined cost to employers and workers of health insurance for a Texas family of four is equal to 27 percent of the state’s median family income. Given current trends, that share will grow to 51 percent in 2016.⁸
- The cost of employer-sponsored health insurance in Texas is growing at an annual rate of 7.5 percent, compared to a 0.5 percent growth rate for income.⁹
- About 3 million non-elderly adults hold jobs that don’t offer health insurance benefits. That comprises 68 percent of all non-elderly uninsured people.¹⁰
- In Texas 8.4 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 40 percent increase from three years earlier.¹¹
- For family health coverage in Texas, the average employer’s portion of annual premiums rose 88 percent, while the average worker’s share grew by 83 percent.¹²
- Between 2000 and 2007, the median earnings of Texas workers increased 15 percent, from $23,032 to $26,484. During that time health insurance premiums for Texas working families rose 5.8 times faster than median earnings.¹³
- In Texas 5,832,884 residents were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 6.7 percent of the Texas labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Texas there were 41,095 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Utah, leaving 391,392 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Utah unemployment rate to 5.2 percent from 3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Utah and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.

Health insurance premiums have skyrocketed, increasing 85 percent from 2000 to 2007. For family health coverage in Utah during that time, the average annual combined premium for employers and employees rose from $6,305 to $11,644. The combined cost to employers and workers of health insurance for a Utah family of four is equal to 20 percent of the state’s median family income. Given current trends, that share will grow to 36 percent in 2016.

- The cost of employer-sponsored health insurance in Utah is growing at an annual rate of 6.9 percent, compared to a 0.8 percent growth rate for income.
- About 170,000 non-elderly adults in Utah hold jobs that don’t offer health insurance benefits. That comprises 69 percent of all non-elderly uninsured people.
- In Utah, 5.6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004. That was 93 percent higher than three years earlier.
- For family health coverage in Utah, the average employer’s portion of annual premiums rose 83 percent, while the average worker’s share grew by 92 percent.
- Between 2000 and 2007, the median earnings of Utah workers increased 17 percent, from $21,497 to $25,205. During that time health insurance premiums for Utah working families rose 4.9 times faster than median earnings.
- In Utah 391,392 people were uninsured in 2007. The Bureau of Labor Statistics estimates that 5.2 percent of Utah’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Utah there were 9,027 non-business bankruptcies in 2008.

**Utah Data Points**

- Health insurance premiums for Utah working families have skyrocketed, increasing 85 percent from 2000 to 2007.
- For family health coverage in Utah during that time, the average annual combined premium for employers and employees rose from $6,305 to $11,644.
- The combined cost to employers and workers of health insurance for a Utah family of four is equal to 20 percent of the state’s median family income.

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**Health Insurance Coverage in Utah Keeps Shrinking as Premiums, Family Costs Continue Climbing**

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Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Vermont, leaving 66,140 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Vermont unemployment rate to 7.1 percent from 4 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Vermont and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Vermont Data Points**

- Health insurance premiums for Vermont working families have skyrocketed, increasing 75 percent from 2000 to 2007.⁶
- For family health coverage in Vermont during that time, the average annual combined premium for employers and employees rose from $7,054 to $12,340.⁷
- The combined cost to employers and workers of health insurance for a Vermont family of four is equal to 22 percent of the state’s median family income. Given current trends, that share will grow to 43 percent in 2016.⁸
- The cost of employer-sponsored health insurance in Vermont is growing at an annual rate of 7.8 percent, compared to a 1.5 percent growth rate for income.⁹
- About 40,000 non-elderly adults in Vermont hold jobs that don't offer health insurance benefits. That comprises 67 percent of all non-elderly uninsured people.¹⁰
- In Vermont 7.6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, an 85 percent increase from three years earlier.¹¹
- For family health coverage in Vermont, the average employer's portion of annual premiums rose 66 percent, while the average worker's share grew by 115 percent.¹²
- Between 2000 and 2007, the median earnings of Vermont workers increased 20 percent, from $22,155 to $26,585. During that time health insurance premiums for Vermont working families rose 3.7 times faster than median earnings.¹³
- In Vermont 66,140 were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 7.1 percent of Vermont’s labor force was unemployed in April 2009.¹⁵
- Recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Vermont there were 1,225 non-business bankruptcies in 2008.¹⁶,¹⁷
Vermont Premiums vs. Income
Cost of Vermont employer sponsored insurance (ESI) compared to median household income - 2006 and projected 2016 (assuming no meaningful health reforms)

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<tr>
<th>Year</th>
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<table>
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<tr>
<th>Year</th>
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<th>Individual Income Increase</th>
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<td>20%</td>
</tr>
</tbody>
</table>


Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Virginia, leaving 1.1 million state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Virginia unemployment rate to 6.8 percent from 3.3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Virginia and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**Virginia Data Points**

- Health insurance premiums for Virginia working families have skyrocketed, increasing 83 percent from 2000 to 2007.
- For family health coverage in Virginia during that time, the average annual combined premium for employers and employees rose from $6,684 to $12,198.
- The combined cost to employers and workers of health insurance for a Virginia family of four is equal to 21 percent of the state’s median family income. Given current trends, that share will grow to 38 percent in 2016.
- The cost of employer-sponsored health insurance in Virginia is growing at an annual rate of 8.1 percent, compared to a negative 1.2 percent growth rate for income.
- About 640,000 nonelderly adults in Virginia hold jobs that don’t offer health insurance benefits. That comprises 70 percent of all nonelderly uninsured people.
- In Virginia 7.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 77 percent increase from three years earlier.
- For family health coverage in Virginia, the average employer’s portion of annual premiums rose 81 percent, while the average worker’s share grew by 85 percent.
- Between 2000 and 2007, the median earnings of Virginia workers increased 20 percent, from $26,459 to $31,800. During that time health insurance premiums for Virginia working families rose 4.1 times faster than median earnings.
- In Virginia 1,070,636 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 6.8 percent of Virginia’s labor force was unemployed in April 2009.
- Recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Virginia there were 27,554 non-business bankruptcies in 2008.
Virginia Premiums vs. Income
Cost of Virginia employer sponsored insurance (ESI) compared to median household income - 2006 and projected 2016 (assuming no meaningful health reforms)

2006

Median Income $55,368
ESI Cost $11,497

2016 (projected)

Median Income $65,333
ESI Cost $24,938


83%

20%

Premiums
Individual Income


Endnotes

7 Ibid.
9 Ibid.
13 Ibid.
Medical care has become too expensive in Washington, leaving 741,450 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Washington unemployment rate to 9.1 percent from 4.6 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Washington and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

Washington Data Points

- Health insurance premiums for Washington working families have skyrocketed, increasing 87 percent from 2000 to 2007.
- For family health coverage in Washington during that time, the average annual combined premium for employers and employees rose from $6,496 to $12,120.
- The combined cost to employers and workers of health insurance for a Washington family of four is equal to 21 percent of the state’s median family income. Given current trends, that share will grow to 42 percent in 2016.
- The cost of employer-sponsored health insurance in Washington is growing at an annual rate of 8.6 percent, compared to a 1 percent growth rate for income.
- About 410,000 non-elderly adults in Washington hold jobs that don’t offer health insurance benefits. That comprises 67 percent of all non-elderly uninsured people.
- In Washington 6.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 70 percent increase from three years earlier.
- For family health coverage in Washington, the average employer’s portion of annual premiums rose 98 percent, while the average worker’s share grew by 60 percent.
- Between 2000 and 2007, the median earnings of Washington workers increased 16 percent, from $26,761 to $31,143. During that time health insurance premiums for Washington working families rose 5.3 times faster than median earnings.
- In Washington 741,450 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 9.1 percent of Washington’s labor force was unemployed in April 2009.5
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Washington there were 21,098 non-business bankruptcies in 2008.
Endnotes


7 Ibid.


9 Ibid.


13 Ibid.


Medical care has become too expensive in West Virginia, leaving 249,384 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the West Virginia unemployment rate to 7.5 percent from 4.3 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in West Virginia and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

**West Virginia Data Points**

- Health insurance premiums for West Virginia working families have skyrocketed, increasing 75 percent from 2000 to 2007.
- For family health coverage in West Virginia during that time, the average annual combined premium for employers and employees rose from $6,844 to $11,970.
- The combined cost to employers and workers of health insurance for a West Virginia family of four is equal to 30 percent of the state’s median family income. Given current trends, that share will grow to 53 percent in 2016.
- The cost of employer-sponsored health insurance in West Virginia is growing at an annual rate of 8.5 percent, compared with a 1.8 percent growth rate for income.
- About 140,000 non-elderly adults in West Virginia hold jobs that don’t offer health insurance benefits. That comprises 61 percent of all non-elderly uninsured people.
- In West Virginia 13.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 48.4 percent increase from three years earlier.
- Between 2000 and 2007, the median earnings of West Virginia workers increased 19 percent, from $19,876 to $23,599. During that time health insurance premiums for West Virginia working families rose four times faster than median earnings.
- In West Virginia 249,384 were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 7.5 percent of West Virginia’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in West Virginia there were 5,133 non-business bankruptcies in 2008.
Endnotes

7 Ibid.
9 Ibid.
12 Ibid.
Medical care has become too expensive in Wisconsin, leaving 465,762 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses. The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Wisconsin unemployment rate to 8.6 percent from 4.5 percent. More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Wisconsin and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression. Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year. Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

### Wisconsin Data Points

- Health insurance premiums for Wisconsin working families have skyrocketed, increasing 74 percent from 2000 to 2007.
- For family health coverage in Wisconsin during that time, the average annual combined premium for employers and employees rose from $7,112 to $12,369.
- The full cost of employer-sponsored insurance now takes up 24 percent of the median family income in Wisconsin. Without meaningful health reform, that number will grow to 46 percent in 2016.
- The full cost of employer-sponsored health insurance in Wisconsin is projected to grow at an annual rate of 7.9 percent, compared to a 0.3 percent growth rate for income.
- About 250,000 working non-elderly adults in Wisconsin do not have health insurance. That comprises 68 percent of the total non-elderly uninsured population.
- In Wisconsin 6.8 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 152 percent increase from three years earlier.
- For family health coverage in Wisconsin, the average employer’s portion of annual premiums rose 73 percent, while the average worker’s share grew by 77 percent.
- From 2000 to 2007, the median earnings of Wisconsin workers increased 16 percent, from $24,421 to $28,202. During that time health insurance premiums for Wisconsin working families rose 4.8 times faster than median earnings.
- In Wisconsin 465,762 people were uninsured in 2007.
- The Bureau of Labor Statistics estimates that 8.6 percent of Wisconsin’s labor force was unemployed in April 2009.
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Wisconsin there were 20,790 non-business bankruptcies in 2008.
Endnotes


6 Ibid.


8 Ibid.


12 Ibid.


Medical care has become too expensive in Wyoming, leaving 72,821 state residents uninsured and exposed to the catastrophic costs of accidents and illnesses.¹ The economic downturn that began 19 months ago has vaporized 7 million jobs across the U.S. and driven the Wyoming unemployment rate to 4.5 percent from 2.9 percent.² More families are finding themselves without health benefits just as the cost of buying coverage on the open market has climbed to record levels.³

While the employed take comfort in holding on to their jobs, thousands of workers at small businesses in Wyoming and millions more nationwide remain uninsured because the price of comprehensive health insurance has soared out of reach. And across the nation more than half of Americans whose jobs and benefits are intact nonetheless live in fear of becoming sudden casualties of the worst economic crisis since the Great Depression.⁴ Health insurance premiums have risen so high that experts forecast 52 million Americans will be without coverage next year.⁵ Left alone to purchase coverage directly from private health insurance companies, families often have no choice but to remain uninsured or buy policies with meager benefits.

### Wyoming Data Points

- Health insurance premiums for Wyoming working families have skyrocketed, increasing 129 percent from 2000 to 2007.⁶
- For family health coverage in Wyoming during that time, the average annual combined premium for employers and employees rose from $5,605 to $12,824.⁷
- The full cost of employer-sponsored insurance in Wyoming now takes up 26 percent of the median family income. Without meaningful health reform, that number will grow to 47 percent in 2016.⁸
- The full cost of employer-sponsored health insurance in Wyoming is projected to grow at an annual rate of 8.1 percent, compared to a 1.6 percent growth rate for income.⁹
- About 40,000 working non-elderly adults in Wyoming do not have health insurance. That comprises 72 percent of the total nonelderly uninsured population.¹⁰
- In Wyoming 6 percent of working adults reported spending 20 percent or more of their income on out-of-pocket health care expenses in 2004, a 94 percent increase from three years earlier.¹¹
- For family health coverage in Wyoming, the average employer’s portion of annual premiums rose 121 percent, while the average worker’s share increased 167 percent.¹²
- From 2000 to 2007, the median earnings of Wyoming workers increased 28 percent, from $20,765 to $26,561. During that time health insurance premiums for Wyoming working families rose 4.6 times faster than median earnings.¹³
- In Wyoming 72,811 residents were uninsured in 2007.¹⁴
- The Bureau of Labor Statistics estimates that 4.5 percent of Wyoming’s labor force was unemployed in April 2009.¹⁵
- A recent report estimated that 62 percent of bankruptcies were directly related to medical bills; in Wyoming there were 785 non-business bankruptcies in 2008.¹⁶,¹⁷
Endnotes

7 Ibid.
9 Ibid.
13 Ibid.