



CALIFORNIA

California lags behind other states in making hospital infection rates public.

- A California law passed in 2006 requires hospitals to have policies in place to prevent infections, which will be checked by the Department of Health Services once every three years after 2009. The public will not know whether the hospitals are actually following their procedures. It requires public reporting based on the CDC “Guidance to Public Reporting,” but only includes prevention process measures, not outcome measures such as hospital infection rates.¹
- In February 2008, the Department of Public Health announced it would require California health care providers to report severe community acquired staph infections, including MRSA to local health departments, which would then report to the state. It doesn’t require reporting of hospital acquired infections. According to the CDC, staph infections, including MRSA, occur most frequently in hospitals and healthcare settings.²

Too many patients in California are injured by unsafe care.

- Lower percentages of heart attack patients are given necessary treatments and procedures that improve heart condition than elsewhere nationally.³
- A lower percentage of patients undergoing surgery in California hospitals receive appropriately timed antibiotic treatment than the national average, which puts them at risk of contracting an infection (66% of patients in California compared to 76% nationally).⁴
- Also, a lower percentage of pneumonia patients in California hospitals receive antibiotic treatment within four hours compared to the average nationally (73% of patients in California compared to 76% in other states).⁵
- In 2003, the California Department of Health Services estimated that 7,200 to 9,600 preventable deaths occur annually due to hospital acquired infections.⁶
- In California hospitals alone, hospital acquired infections cost the state \$3.1 billion annually to treat.⁷
- Although the true number of patients harmed by medical errors in each state is neither collected nor reported to the public, the Institute of Medicine estimates as many as 98,000 Americans die from these preventable mistakes each year. These errors range from doing surgery on the wrong part of the body to serious bed sores to getting the wrong dose of medication.⁸
- Potentially preventable medical errors that occur during or after surgery cause 10 percent of surgery-related deaths and may cost employers nearly \$1.5 billion a year.⁹

Cover America Tour, a project of Consumers Union, August 8, 2008

www.CoverAmericaTour.org

Media contact: Michael McCauley 415-431-6747

California spends billions on health care and the bill keeps going up.

- California spent \$166.2 billion on health care in 2004. California's health care bill keeps going up, at a 6% average annual increase between 1991 and 2004.¹⁰
- California spent \$4,638 (in 2004) per capita on health care, more than twice the nation's average per capita spending on food (\$2,207).¹¹
- Yet nearly one in five Californians (19%) or 6.8 million remain uninsured, higher than the average in other states (16%).¹²
- Approximately 252,000 of California's uninsured population are children and adults living in the Sacramento area.¹³
- Family health insurance premiums in California cost employees more (\$3,103 out-of-pocket compared to \$2,845 on average nationally).¹⁴
- Between 2001 and 2005, family premiums in California increased 33.6%, while median earnings of people purchasing family coverage only increased by 9.45%.¹⁵
- People who buy health insurance through their small business (between two and fifty employees) cannot be excluded due to health condition and the state has issued some cost protections for premium rates.¹⁶
- The self-employed and people who must buy individual policies have few protections. They may pay very high rates or be permanently denied coverage due to health status or other factors.¹⁷
- The state has a high risk pool program for people who can't afford individual coverage or who are denied coverage – California Major Risk Medical Insurance Program (MRMIP) – but there is a long waiting list for coverage, premiums are high and individuals may pay up to \$2,500 out-of-pocket per year and families may pay as high as \$4,000 per year.¹⁸
- California has financial assistance programs to help low-income Californians pay for insurance coverage. However, proposed budget cuts (2008-2009 fiscal year) estimated to begin in September 2008, would drop coverage for over one million Californians, increasing the number of uninsured to 7.5 million, while reducing health benefits or access to another 3.6 million low-income Californians. If fully implemented, the cuts are likely to result in a higher burden on health care safety nets, higher premiums, and poorer health.¹⁹

California faces health care challenges.

- ULCA Center for Health Policy Research reports that 45.2% of adults (11.5 million) in California live with one or more chronic health conditions, including heart disease, hypertension, diabetes, asthma and/or self-assessed fair or poor health status. Rural counties have higher percentages of adults with chronic disease with the lowest share in the San Francisco Bay Area.²⁰
- Chronic diseases account for over 1.7 million deaths in the U.S. and more than three quarters of our nation's health care costs each year.²¹

-
- ¹ http://info.sen.ca.gov/pub/05-06/bill/sen/sb_0701-0750/sb_739_bill_20060928_chaptered.html;
<http://www.consumersunion.org/campaigns/CU%20Summ%20HA1%20state%20rpting%20laws%20as%20of%201-08.pdf>
- ² <http://www.cdph.ca.gov/HealthInfo/news/Pages/PH08-06.aspx>;
<http://www.cdph.ca.gov/HealthInfo/news/Pages/Update%2003-08.aspx>;
http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html
- ³ http://statesnapshots.ahrq.gov/snaps07/meter_metrics.jsp?menuId=4&state=CA&level=5®ion=0&compGroup=N Reflects 2005 data. 93% of heart attack patients in California are prescribed a beta-blocker at discharge compared to 95% on a national average.
- ⁴ Ibid 3.
- ⁵ Ibid 3.
- ⁶ <http://www.lhc.ca.gov/lhcdlr/170/report170.pdf> pp.57.
- ⁷ <http://www.immunizecaadults.org/naiaw/documents2007/AFL%2007-06.pdf>
- ⁸ Institute of Medicine, *To Err is Human*, Kohn, Linda, Corrigan and Donaldson, 2000, pp.26, 35.
- ⁹ <http://www.ahrq.gov/news/press/pr2008/surgerrpr.htm> AHRQ July 2008 study based on a nationwide sample of more than 161,000 patients age 18 to 64 in employer-based health plans who underwent surgery between 2001 and 2002.
- ¹⁰ <http://www.statehealthfacts.org/profileind.jsp?ind=592&cat=5&rgn=6>;
<http://www.statehealthfacts.org/profileind.jsp?ind=595&cat=5&rgn=6>
- ¹¹ <http://www.statehealthfacts.org/profileind.jsp?ind=596&cat=5&rgn=6>;
<http://www.ers.usda.gov/publications/eib23/eib23fm.pdf> Average yearly expenditure on food in U.S. urban households in 2004.
- ¹² <http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=39&rgn=6> Reflects 2005-2006 data.
- ¹³ http://www.healthpolicy.ucla.edu/pubs/files/shic07_rsacramentoarea.pdf Reflects 2005 California Health Interview Survey data. Includes Sacramento, Placer, Yolo, and El Dorado Counties.
- ¹⁴ <http://www.statehealthfacts.org/profileind.jsp?cat=5&sub=67&rgn=6> Reflects 2006 data.
- ¹⁵ <http://www.rwjf.org/files/research/042508ctuwfinalembargoed.pdf>
- ¹⁶ <http://www.statehealthfacts.org/profileind.jsp?cat=7&sub=86&rgn=6>
- ¹⁷ <http://www.statehealthfacts.org/profileind.jsp?cat=7&sub=87&rgn=6>;
<http://healthinsuranceinfo.net/getinsured/california/individual-health-plans/individual-health-insurance-sold-by-private-insurers/>
- ¹⁸ <http://www.statehealthfacts.org/profileind.jsp?cat=7&sub=89&rgn=6>;
<http://www.mrmib.ca.gov/MRMIB/MRMIB4.html>; <http://www.mrmib.ca.gov/MRMIB/MRMIPBRO.pdf> pp.3.
- ¹⁹ <http://www.dhcs.ca.gov/services/Pages/AllServices.aspx>; <http://www.health-access.org/preserving/Docs/HACoverageImpactReporto6-25Final.pdf>
- ²⁰ http://www.healthpolicy.ucla.edu/pubs/files/chron_cond05_report.pdf pp.4, 7. Reflects 2003 data.
- ²¹ <http://www.cdc.gov/NCCdphp/overview.htm>