



Democratic Health Reform Legislation Will Save Millions of Dollars for Hospitals in Utah's 2nd Congressional District

Currently, hospitals in the 2nd congressional district of Utah, a district represented by Congressman Jim Matheson, do not get paid for millions of dollars worth of care they provide to the uninsured. About 16 percent of the district's residents have no health insurance coverage today.¹ That erodes hospitals' profit margins, making it harder for them to operate. The Democratic health reform legislation pending before Congress² would change this.

Passage of the Democratic proposal means most people will be insured. It also means millions more dollars in revenue and greater stability for hospitals.

- Hospitals that serve the 2nd congressional district of Utah and report uncompensated care listed \$138.1 million in annual uncompensated care costs in recent years.³
 - This level of uncompensated care represents an average of 13.9 percent of net patient service revenue, compared with an average of 5.8 percent for hospitals nationally.⁴
 - The hospitals in recent years had a combined operating margin of 12.5 percent, compared with the national aggregate total hospital margin of 6.9 percent in 2007.⁵ (Hospitals in this district that have not reported uncompensated care costs are not included in these figures.)
- **Under the Democratic health reform legislation, the Congressional Budget Office (CBO) projects that when fully implemented the number of uninsured nationwide will fall to between 18 million and 23 million, 54 percent fewer than the 50 million there would be without health reform.⁶ In the 2nd congressional district, the number of uninsured is projected to drop from 122,000 to 46,000.⁷**
 - The reduction in uninsured – and the corresponding increase in paying patients – will improve significantly the financial health of hospitals, particularly those serving the greatest share of the uninsured in the 2nd congressional district of Utah.
 - Assuming conservatively that hospitals will get paid for half of the uncompensated care they now provide,⁸ **hospitals in the 2nd congressional district will receive \$69 million more per year, reducing uncompensated care to 6.9 percent of revenues from 13.9 percent today.⁹**
- Statewide in Utah, 59.5 percent of residents are covered through employer plans, 7 percent through the individual market, 9.4 percent through Medicaid, 8.4 percent through Medicare and 0.7 percent through other public insurance programs, leaving 15.1 percent of residents uninsured.¹⁰
 - Except for coverage of the uninsured, the distribution of insurance coverage is projected to remain largely unchanged under Democratic health reform legislation.¹¹

Democratic Health Reform Legislation Enhances Hospital Stability In Utah's 2nd Congressional District

Under the health reform plan before Congress, the number of uninsured in the 2nd District is projected to plunge to as low as 46,000 from 122,000, a 62 percent decline.¹² As a result, a large portion of uncompensated care costs will be eliminated, as shown in Table 1 below. Based on the conservative assumption that hospitals would be paid for 50 percent of current uncompensated care costs, hospitals throughout the district would gain at least \$69.0 million per year from health reform.

Table 1: Estimated Impact on Hospitals in Utah's 2nd Congressional District From Reduced Uncompensated Care Costs (Under Democratic Health Reform Bill)

Conservative Estimate of a 50 Percent Decline in Uncompensated Care Expenses

Hospital	Net Patient Service Revenue (in millions)	Net Income (in millions)	Uncompensated Care (in millions)	Operating Margin	Reduction in Uncompensated Costs Under Democratic Bill (in millions)
Alta View Hospital	\$96.1	\$17.7	\$4.1	18.4%	\$2.1
American Fork Hospital	\$87.0	\$18.2	\$5.6	20.9%	\$2.8
Ashley Valley Medical Center	\$33.5	\$7.5	\$1.2	22.4%	\$0.6
Castleview Hospital	\$44.5	\$10.7	\$2.9	24.0%	\$1.4
Dixie Regional Medical Center	\$234.0	\$17.7	\$18.7	7.6%	\$9.3
Garfield Memorial Hospital	\$6.9	\$-0.2	\$1.4	-2.2%	\$0.7
Heber Valley Medical Center	\$19.3	\$3.7	\$0.8	18.9%	\$0.4
Kane County Hospital	\$9.6	\$1.3	\$1.7	13.3%	\$0.9
Primary Children's Medical Center	\$315.6	\$33.1	\$88.4	10.5%	\$44.2
San Juan Health Services District	\$6.3	\$-0.4	\$1.5	-7.1%	\$0.8
The Orthopedic Specialty Hospital	\$41.9	\$4.8	\$0.4	11.5%	\$0.2
Uintah Basin Medical Center	\$52.0	\$4.2	\$5.7	8.1%	\$2.8
Valley View Medical Center	\$46.5	\$5.9	\$5.8	12.7%	\$2.9
TOTAL	\$ 993.3	\$124.2	\$138.1	12.50%	\$69.0

Sources: Center for Medicare & Medicaid Services, Hospital Cost Reports & U.S. House Energy and Commerce Committee District-by-District Analysis of Democratic health reform legislation. See endnotes 2, 6, & 8 for explanations and links to sources.

Notes: Four hospitals with an additional \$79.8 million in annual revenues serve the 2nd congressional district of Utah but did not report figures for uncompensated care. These hospitals are not included in this table.

Hospitals in the 2nd District of Utah

Allen Memorial Hospital	Dixie Regional Medical Center	San Juan Health Services District
Alta View Hospital	Garfield Memorial Hospital	The Orthopedic Specialty Hospital
American Fork Hospital	HealthSouth Rehabilitation Hospital	Uintah Basin Medical Center
Ashley Valley Medical Center	of Utah	University of Utah Neuropsychiatric
Castleview Hospital	Heber Valley Medical Center	Institute
CHRISTUS Marian Center at	Kane County Hospital	Valley View Medical Center
CHRISTUS St. Joseph Villa+	Primary Children's Medical Center	

[†]This hospital is outside the district but serves some of its residents.

¹ U.S. House Energy and Commerce Committee. Accessed at http://energycommerce.house.gov/index.php?option=com_content&view=article&id=1802:hr-3962-the-affordable-health-care-for-america-act-district-by-district-impact&catid=169:legislation&Itemid=55.

² H.R. 3590 and a companion reconciliation bill.

³ Center for Medicare & Medicaid Services, "Hospital Cost Reports," 2006-2008. Accessed at <http://www.cms.hhs.gov/CostReports/CostReportsFY/>. Figures are taken for most recent year for which hospital reported in 2006, 2007, or 2008. Not all hospitals report uncompensated care costs. Only those hospitals reporting uncompensated care costs are included in the figures provided here.

⁴ American Hospital Association, "Uncompensated Hospital Care Cost Fact sheet," November 2008. Accessed at <http://www.aha.org/aha/content/2008/pdf/08-uncompensated-care.pdf>.

⁵ American Hospital Association, "Trends Affecting Hospital and Health Systems, Appendix 4: Supplementary Data Tables 4.1 - 4.5" 2009. Accessed at <http://www.aha.org/aha/research-and-trends/chartbook/ch4.html>.

⁶ Congressional Budget Office, Preliminary Analysis of HR3962, October 29, 2009. Accessed at <http://cbo.gov/ftpdocs/106xx/doc10688/hr3962Rangel.pdf>.

⁷ U.S. House Energy and Commerce Committee. Accessed at http://energycommerce.house.gov/index.php?option=com_content&view=article&id=1802:hr-3962-the-affordable-health-care-for-america-act-district-by-district-impact&catid=169:legislation&Itemid=55.

⁸ Given the projection of a 62% decline in the number of uninsured persons, uncompensated care could decline by even more than the amount cited here.

⁹ The following figures are calculated for only those hospitals within the district that report on uncompensated care. Total current uncompensated care costs and reduction after reform would likely be much higher if all hospitals reported these data.

¹⁰ Kaiser Family Foundation, State Health Facts, "Health Insurance Coverage of the Total Population, states (2006-2007), U.S. (2007)." Accessed at <http://statehealthfacts.org/comparebar.jsp?typ=2&ind=125&cat=3&sub=39>.

¹¹ Congressional Budget Office, Preliminary Analysis of HR3962, October 29, 2009. Accessed at <http://cbo.gov/ftpdocs/106xx/doc10688/hr3962Rangel.pdf>.

¹² U.S. House Energy and Commerce Committee. Accessed at http://energycommerce.house.gov/index.php?option=com_content&view=article&id=1802:hr-3962-the-affordable-health-care-for-america-act-district-by-district-impact&catid=169:legislation&Itemid=55.