PAYING TILL IT HURTS | A Case Study in High Costs

The $2.7 Trillion Medical Bill
Colonoscopies Explain Why U.S. Leads the World in Health Expenditures

By ELISABETH ROSENTHAL | Published: June 1, 2013

Source: 2012 Comparative Price Report by the International Federation of Health Plans. The average prices shown for colonoscopies do not include added fees for sedation by an anesthesiologist, a practice common in the United States, but unusual in the rest of the world. The additional charges can increase the cost significantly.

MERRICK, N.Y. — Deirdre Yapalater’s recent colonoscopy at a surgical center near her home on Long Island went smoothly: she was whisked from pre-op to an operating room where a gastroenterologist, assisted by an anesthesiologist and a nurse, performed the routine cancer screening procedure in less than an hour. The test, which found nothing worrisome, racked up what is likely her most expensive medical bill of the year: $6,385.

That is fairly typical: in Keene, N.H., Matt Meyer’s colonoscopy was billed at $7,563.56. Maggie Christ of Chappaqua, N.Y., received $9,142.84 in bills for the procedure. In Durham, N.C., the charges for Curtiss Devereux came to $19,438, which included a polyp...
removal. While their insurers negotiated down the price, the final tab for each test was more than $3,500.

“Could that be right?” said Ms. Yapalater, stunned by charges on the statement on her dining room table. Although her insurer covered the procedure and she paid nothing, her health care costs still bite: Her premium payments jumped 10 percent last year, and rising co-payments and deductibles are straining the finances of her middle-class family, with its mission-style house in the suburbs and two S.U.V.’s parked outside. “You keep thinking it’s free,” she said. “We call it free, but of course it’s not.”

In many other developed countries, a basic colonoscopy costs just a few hundred dollars and certainly well under $1,000. That chasm in price helps explain why the United States is far and away the world leader in medical spending, even though numerous studies have concluded that Americans do not get better care.

Whether directly from their wallets or through insurance policies, Americans pay more for almost every interaction with the medical system. They are typically prescribed more expensive procedures and tests than people in other countries, no matter if those nations operate a private or national health system. A list of drug, scan and procedure prices compiled by the International Federation of Health Plans, a global network of health insurers, found that the United States came out the most costly in all 21 categories — and often by a huge margin.

Americans pay, on average, about four times as much for a hip replacement as patients in Switzerland or France and more than three times as much for a Caesarean section as those in New Zealand or Britain. The average price for Nasonex, a common nasal spray for allergies, is $108 in the United States compared with $21 in Spain. The costs of hospital stays here are about triple those in other developed countries, even though they last no longer, according to a recent report by the Commonwealth Fund, a foundation that studies health policy.

While the United States medical system is famous for drugs costing hundreds of thousands of dollars and heroic care at the end of life, it turns out that a more significant factor in the nation’s $2.7 trillion annual health care bill may not be the use of extraordinary services, but the high price tag of ordinary ones. “The U.S. just pays providers of health care much more for everything,” said Tom Sackville, chief executive of the health plans federation and a former British health minister.

Colonoscopies offer a compelling case study. They are the most expensive screening test that healthy Americans routinely undergo — and often cost more than childbirth or an appendectomy in most other developed countries. Their numbers have increased manyfold over the last 15 years, with data from the Centers for Disease Control and Prevention suggesting that more than 10 million people get them each year, adding up to more than $10 billion in annual costs.
Largely an office procedure when widespread screening was first recommended, colonoscopies have moved into surgery centers — which were created as a step down from costly hospital care but are now often a lucrative step up from doctors’ examining rooms — where they are billed like a quasi operation. They are often prescribed and performed more frequently than medical guidelines recommend.

The high price paid for colonoscopies mostly results not from top-notch patient care, according to interviews with health care experts and economists, but from business plans seeking to maximize revenue; haggling between hospitals and insurers that have no relation to the actual costs of performing the procedure; and lobbying, marketing and turf battles among specialists that increase patient fees.

While several cheaper and less invasive tests to screen for colon cancer are recommended as equally effective by the federal government’s expert panel on preventive care — and are commonly used in other countries — colonoscopy has become the go-to procedure in the United States. “We've defaulted to by far the most expensive option, without much if any data to support it,” said Dr. H. Gilbert Welch, a professor of medicine at the Dartmouth Institute for Health Policy and Clinical Practice.

In coming months, The New York Times will look at common procedures, drugs and medical encounters to examine how the economic incentives underlying the fragmented health care market in the United States have driven up costs, putting deep economic strains on consumers and the country.

Hospitals, drug companies, device makers, physicians and other providers can benefit by charging inflated prices, favoring the most costly treatment options and curbing competition that could give patients more, and cheaper, choices. And almost every interaction can be an opportunity to send multiple, often opaque bills with long lists of charges: $100 for the ice pack applied for 10 minutes after a physical therapy session, or $30,000 for the artificial joint implanted in surgery.

The United States spends about 18 percent of its gross domestic product on health care, nearly twice as much as most other developed countries. The Congressional Budget Office has said that if medical costs continue to grow unabated, “total spending on health care would eventually account for all of the country’s economic output.” And it identified federal spending on government health programs as a primary cause of long-term budget deficits.

While the rise in health care spending in the United States has slowed in the past four years — to about 4 percent annually from about 8 percent — it is still expected to rise faster than the gross domestic product. Aging baby boomers and tens of millions of patients newly insured under the Affordable Care Act are likely to add to the burden.

With health insurance premiums eating up ever more of her flat paycheck, Ms. Yapalater, a customer relations specialist for a small Long Island company, recently decided to forgo physical therapy for an injury sustained during Hurricane Sandy because of high out-of-pocket expenses. She refused a dermatology medication prescribed for her daughter when the pharmacist said the co-payment was $130. “I said, ‘That’s impossible, I have insurance,’ ” Ms. Yapalater recalled. “I called the dermatologist and asked for something cheaper, even if it’s not as good.”

The more than $35,000 annually that Ms. Yapalater and her
employer collectively pay in premiums — her share is $15,000 — for her family's Oxford Freedom Plan would be more than sufficient to cover their medical needs in most other countries. She and her husband, Jeff, 63, a sales and marketing consultant, have three children in their 20s. Everyone in the family exercises, and none has had a serious illness.

Like the Yapalaters, many other Americans have habits or traits that place them at the low end of the medical cost spectrum. Patients in the United States make fewer doctors' visits and have fewer hospital stays than citizens of other countries, according to the Commonwealth Fund report. People in Japan get more CT scans. People in Germany, Switzerland and Britain have more frequent hip replacements.

The American population is younger and has fewer smokers than those in most other developed countries. Pushing costs in the other direction, though, is that the United States has relatively high rates of obesity and limited access to routine care for the poor.

A major factor behind the high costs is that the United States, unique among industrialized nations, does not generally regulate or intervene in medical pricing, aside from setting payment rates for Medicare and Medicaid, the government programs for older people and the poor. Many other countries deliver health care on a private fee-for-service basis, as does much of the American health care system, but they set rates as if health care were a public utility or negotiate fees with providers and insurers nationwide, for example.

“In the U.S., we like to consider health care a free market,” said Dr. David Blumenthal, president of the Commonwealth Fund and a former adviser to President Obama. ”But it is a very weird market, riddled with market failures.”

Consider this:

Consumers, the patients, do not see prices until after a service is provided, if they see them at all. And there is little quality data on hospitals and doctors to help determine good value, aside from surveys conducted by popular Web sites and magazines. Patients with insurance pay a tiny fraction of the bill, providing scant disincentive for spending.

Even doctors often do not know the costs of the tests and procedures they prescribe. When Dr. Michael Collins, an internist in East Hartford, Conn., called the hospital that he is affiliated with to price lab tests and a colonoscopy, he could not get an answer. “It’s impossible for me to think about cost,” he said. “If you go to the supermarket and there are no prices, how can you make intelligent decisions?”

Instead, payments are often determined in countless negotiations between a doctor, hospital or pharmacy, and an insurer, with the result often depending on their relative negotiating power. Insurers have limited incentive to bargain forcefully, since they can raise premiums to cover costs.

“It all comes down to market share, and very rarely is anyone looking out for the patient,” said Dr. Jeffrey Rice, the chief executive of Healthcare Blue Book, which tracks commercial insurance payments. “People think it’s like other purchases: that if you pay more you get a better car. But in medicine, it’s not like that.”

YOUR PERSPECTIVE

What is the impact of medical costs on you or your family?
A Market Is Born

As the cases of bottled water and energy drinks stacked in the corner of the Yapalaters’ dining room attest, the family is cost conscious — especially since a photography business long owned by the family succumbed eight years ago in the shift to digital imaging. They moved out of Manhattan. They rent out their summer home on Fire Island. They have put off restoring the wallpaper in their dining room.

And yet, Ms. Yapalater recalled, she did not ask her doctors about the cost of her colonoscopy because it was covered by insurance and because “if a doctor says you need it, you don’t ask.” In many other countries, price lists of common procedures are publicly available in every clinic and office. Here, it can be nearly impossible to find out.

The Cost of a Colonoscopy Varies Across the Country

The cost of a colonoscopy in the United States varies widely, from place to place, and even within a city. The map shows the highest amount paid for a colonoscopy in metropolitan areas, based on an analysis by Healthcare Blue Book.

Until the last decade or so, colonoscopies were mostly performed in doctors’ office suites and only on patients at high risk for colon cancer, or to seek a diagnosis for intestinal bleeding. But several highly publicized studies by gastroenterologists in 2000 and 2001 found that a colonoscopy detected early cancers and precancerous growths in healthy
people.

They did not directly compare screening colonoscopies with far less invasive and cheaper screening methods, including annual tests for blood in the stool or a sigmoidoscopy, which looks at the lower colon where most cancers occur, every five years.

“The idea wasn’t to say these growths would have been missed by the other methods, but people extrapolated to that,” said Dr. Douglas Robertson, of the Department of Veterans Affairs, which is beginning a large trial to compare the tests.

Experts agree that screening for colon cancer is crucial, and a colonoscopy is intuitively appealing because it looks directly at the entire colon and doctors can remove potentially precancerous lesions that might not yet be prone to bleeding. But studies have not clearly shown that a colonoscopy prevents colon cancer or death better than the other screening methods. Indeed, some recent papers suggest that it does not, in part because early lesions may be hard to see in some parts of the colon.

But in 2000, the American College of Gastroenterology anointed colonoscopy as “the preferred strategy” for colon cancer prevention — and America followed.

Katie Couric, who lost her husband to colorectal cancer, had a colonoscopy on television that year, giving rise to what medical journals called the “Katie Couric effect”: prompting patients to demand the test. Gastroenterology groups successfully lobbied Congress to have the procedure covered by Medicare for cancer screening every 10 years, effectively meaning that commercial insurance plans would also have to provide coverage.

Though Medicare negotiates for what are considered frugal prices, its database shows that it paid an average of $531 to gastroenterologists for a colonoscopy in 2011. But that does not include the payments for associated facility fees and to anesthesiologists, which could double the cost or more. “As long as it’s deemed medically necessary,” said Jonathan Blum, the deputy administrator at the Centers for Medicare and Medicaid Services, “we have to pay for it.”

If the American health care system were a true market, the increased volume of colonoscopies — numbers rose 50 percent from 2003 to 2009 for those with commercial insurance — might have brought down the costs because of economies of scale and more competition. Instead, it became a new business opportunity.

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**YOUR PERSPECTIVE**

How would it affect you as a patient if doctors provided price lists or estimates before medical visits and procedures?

Type your response.

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**Profits Climb**

Just as with real estate, location matters in medicine. Although many procedures can be
performed in either a doctor’s office or a separate surgery center, prices generally skyrocket at the special centers, as do profits. That is because insurers will pay an additional “facility fee” to ambulatory surgery centers and hospitals that is intended to cover their higher costs. And anesthesia, more monitoring, a wristband and sometimes preoperative testing, along with their extra costs, are more likely to be added on.

In Mount Kisco, N.Y., Maggie Christ had two colonoscopies two months apart, after her doctor decided it was best to remove a growth that had been discovered during the first procedure. They were performed by the same doctor, with the same sedation. The first, in an outpatient surgery department, was billed at $9,142.84 (insurance paid $5,742.67). The second, in the doctor’s office, was billed at $5,322.76 (insurance eventually paid $2,922.63) because there was no facility fee. “The location was about accommodating the doctor’s schedule,” Ms. Christ said. “Why would an insurance company approve this?”

Ms. Yapalater, a trim woman who looks far younger than her 64 years, had two prior colonoscopies in doctor’s offices (one turned up a polyp that required a five-year follow-up instead of the usual 10 years). But for her routine colonoscopy this January, Ms. Yapalater was referred to Dr. Felice Mirsky of Gastroenterology Associates, a group practice in Garden City, N.Y., that performs the procedures at an ambulatory surgery center called the Long Island Center for Digestive Health. The doctors in the gastroenterology practice, which is just down the hall, are owners of the center.

“It was very fancy, with nurses and ORs,” Ms. Yapalater said. “It felt like you were in a hospital.”

That explains the fees. “If you work as a ‘facility,’ you can charge a lot more for the same procedure,” said Dr. Soeren Mattke, a senior scientist at the RAND Corporation. The bills to Ms. Yapalater’s insurer reflected these charges: $1,075 for the gastroenterologist, $2,400 for the anesthesia — and $2,910 for the facility fee.

When popularized in the 1980s, outpatient surgical centers were hailed as a cost-saving innovation because they cut down on expensive hospital stays for minor operations like knee arthroscopy. But the cost savings have been offset as procedures once done in a doctor’s office have filled up the centers, and bills have multiplied.

It is a lucrative migration. The Long Island center was set up with the help of a company based in Pennsylvania called Physicians Endoscopy. On its Web site, the business tells prospective physician partners that they can look forward to “distributions averaging over $1.4 million a year to all owners,” “typically 100 percent return on capital investment within 18 months” and “a return on investment of 500 percent to 2,000 percent over the initial seven years.”

Dr. Leonard Stein, the senior partner in Gastroenterology Associates and medical director of the surgery center, declined to discuss patient fees or the center’s profits, citing privacy issues. But he said the center contracted with insurance companies in the area to minimize patients’ out-of-pocket costs.

DEIRDRE YAPALATER’S COLONOSCOPY BILL WAS $6,385
In 2009, the last year for which such statistics are available, gastroenterologists performed more procedures in ambulatory surgery centers than specialists in any other field. Once they bought into a center, studies show, the number of procedures they performed rose 27 percent. The specialists earn an average of $433,000 a year, among the highest paid doctors, according to Merritt Hawkins & Associates, a medical staffing firm.

Hospitals and doctors say that critics should not take the high “rack rates” in bills as reflective of the cost of health care because insurers usually pay less. But those rates are the starting point for negotiations with Medicare and private insurers. Those without insurance or with high-deductible plans have little weight to reduce the charges and often face the highest bills. Nassau Anesthesia Associates — the group practice that handled Ms. Yapalater’s sedation — has sued dozens of patients for nonpayment, including Larry Chin, a businessman from Hicksville, N.Y., who said in court that he was then unemployed and uninsured. He was billed $8,675 for anesthesia during cardiac surgery.

For the same service, the anesthesia group accepted $6,970 from United Healthcare, $5,208.01 from Blue Cross and Blue Shield, $1,605.29 from Medicare and $797.50 from Medicaid. A judge ruled that Mr. Chin should pay $4,252.11.

Ms. Yapalater’s insurer paid $1,568 of the $2,400 anesthesiologist’s charge for her colonoscopy, but many medical experts question why anesthesiologists are involved at all. Colonoscopies do not require general anesthesia — a deep sleep that suppresses breathing and often requires a breathing tube. Instead, they require only “moderate sedation,” generally with a Valium-like drug or a low dose of propofol, an intravenous medicine that takes effect quickly and wears off within minutes. In other countries, such sedative mixes are administered in offices and hospitals by a wide range of doctors and nurses for countless minor procedures, including colonoscopies.

Nonetheless, between 2003 and 2009, the use of an anesthesiologist for colonoscopies in the United States doubled, according to a RAND Corporation study published last year. Payments to anesthesiologists for colonoscopies per patient quadrupled during that period, the researchers found, estimating that ending the practice for healthy patients could save $1.1 billion a year because “studies have shown no benefit” for them, Dr. Mattke said.

But turf battles and lobbying have helped keep anesthesiologists in the room. When propofol won the approval of the Food and Drug Administration in 1989 as an anesthesia drug, it carried a label advising that it “should be administered only by those who are trained in the administration of general anesthesia” because of concerns that too high a dose could depress breathing and blood pressure to a point requiring resuscitation.

Since 2005, the American College of Gastroenterology has repeatedly pressed the F.D.A. to remove or amend the restriction, arguing that gastroenterologists and their nurses are able to safely administer the drug in lower doses as a sedative. But the American Society of Anesthesiologists has aggressively lobbied for keeping the advisory, which so far the F.D.A. has done.

A Food and Drug Administration spokeswoman said that the label did not necessarily require an anesthesiologist and that it was safe for the others to administer propofol if they had appropriate training. But many gastroenterologists fear lawsuits if something goes
wrong. If anything, that concern has grown since Michael Jackson died in 2010 after being given propofol, along with at least two other sedatives, without close monitoring.

‘Too Much for Too Little’

The Department of Veterans Affairs, which performs about a quarter-million colonoscopies annually, does not routinely use an anesthesiologist for screening colonoscopies. In Austria, where colonoscopies are also used widely for cancer screening, the procedure is performed, with sedation, in the office by a doctor and a nurse and “is very safe that way,” said Dr. Monika Ferlitsch, a gastroenterologist and professor at the Medical University of Vienna, who directs the national program on quality assurance.

But she noted that gastroenterologists in Austria do have their financial concerns. They are complaining to the government and insurers that they cannot afford to do the 30-minute procedure, with prep time, maintenance of equipment and anesthesia, for the current approved rate — between $200 and $300, all included. “I think the cheapest colonoscopy in the U.S. is about $950,” Dr. Ferlitsch said. “We’d love to get half of that.”

Dr. Cesare Hassan, an Italian gastroenterologist who is the chairman of the Guidelines Committee of the European Society of Gastrointestinal Endoscopy, noted that studies in Europe had estimated that the procedure cost about $400 to $800 to perform, including biopsies and sedation. “The U.S. is paying way too much for too little — it leads to opportunistic colonoscopies,” done for profit rather than health, he said.

Some doctors in the United States are campaigning against the overuse of the procedure, like Dr. James Goodwin, a geriatrician at the University of Texas. He estimates that about a quarter of Medicare patients undergo the screening test more often than recommended, even though the risks of complications, like long recovery times and poor tolerance of sedation, increase for older people. Routine screening is not recommended for all people over 75.

And some large employers have begun fighting back on costs. Three years ago, Safeway realized that it was paying between $848 and $5,984 for a colonoscopy in California and could find no link to the quality of service at those extremes. So the company established an all-inclusive “reference price” it was willing to pay, which it said was set at a level high enough to give employees access to a range of high-quality options. Above that price, employees would have to pay the difference. Safeway chose $1,250, one-third the amount paid for Ms. Yapalater’s procedure — and found plenty of doctors willing to accept the price.

Still, the United States health care industry is nimble at protecting profits. When Aetna
tried in 2007 to disallow payment for anesthesiologists delivering propofol during colonoscopies, the insurer backed down after a barrage of attacks from anesthesiologists and endoscopy groups. With Medicare contemplating lowering facility fees for ambulatory surgery centers, experts worry that physician-owners will sell the centers to hospitals, where fees remain higher.

And then there is aggressive marketing. People who do not have insurance or who are covered by Medicaid typically get far less colon cancer screening than they need. But those with insurance are appealing targets.

Nineteen months after Matt Meyer, who owns a saddle-fitting company near Keene, N.H., had his first colonoscopy, he received a certified letter from his gastroenterologist. It began, “Our records show that you are due for a repeat colonoscopy,” and it advised him to schedule an appointment or “allow us to note your reason for not scheduling.” Although his prior test had found a polyp, medical guidelines do not recommend such frequent screening.

“I have great doctors, but the economics is daunting,” Mr. Meyer said in an interview. “A computer-generated letter telling me to come in for a procedure that costs more than $5,000? It was the weirdest thing.”
Job changes require careful consideration. The business community needs to realize the labor market could be much more fluid with workers and businesses more likely to find good employment fits if family health care was removed from the equation.

Our insurance for a family of three costs nearly as much as our mortgage, and we have only "negotiated rates." Last month we received a bill for our son's routine checkup -- which is supposed to be covered 100% (the only thing that is on our plan). Apparently his doctor's rates are higher than insurance will pay even though she's a preferred provider. Plus, our rates have gone up at least 10% every year for the past five years.

Moderate at the moment but getting more serious every year. Premiums increase and co-pays increase. We have been able to save a little each year but if things continue, within 5 years that may not be possible. Of particular concern is the practice of "admission for observation" where the health insurance does not cover the cost.

My mother is in assisted living. This costs us $5500 per month. Don't all people get old and need assistance? Surely there must be a way we can do this better as a society. I would do it myself, but I cannot leave her alone for the day and also work; I have no siblings or children. So the conservative argument that the family should do it, does not work for me.

Even though we are insured through work, we still do not seek medical care when we should, because the co-pay is too high. The insurance company gets the premium, but we go lacking. I pay over 6$ an hour for coverage and work 2000 hours a year. This country needs a Canadian style healthcare system!

I am 63 and could financially retire now if I had reasonable access to health coverage. Instead, I will continue working until 65 when I can enroll in Medicare. My wife is only 52 and would like to stop work when I do, but we are confounded by obtaining coverage for her. We are hoping that the ACA may provide access to individually-purchased coverage for her. Otherwise, Ecuador is looking good.

My wife and I struggled to obtain health insurance because of pre-existing conditions. We finally found $5,000 deductible policies for a combined total of around $1,200 per month. I will be old enough for Medicare in October, but she faces several years of high premiums. As she says, "Health insurance in America has nothing to do with health. It's really bankruptcy insurance."

I almost never go to the doctor. My wife recently broke her wrist at the gym and it cost $7,500. That is still cheaper than health insurance. Ironically, I am a mental health clinician, paid by my clients' health insurances at an average of $58 per client session for approximately 20
sessions per week, less my operating expenses. I can’t afford to buy health insurance. I won’t even be able to afford Obamacare.

Anonymous  Canada  16 hours ago

I am American but each year am more and more thankful that I have chosen to live in Canada. I pay my fair share of taxes and receive excellent medical care. It is so nice to know that friends, family, and complete strangers will not be devasted financially by a medical problem. Regardless of what people do for a living, we are all able to receive proper care. I like knowing that collectively we all care for each other.

LM  Los Angeles  Uninsured  16 hours ago

We simply cannot afford medical care, period. We live in fear of an accident or serious illness.

Anonymous  New York state  Uninsured  16 hours ago

Medical costs are so oppressive that I forego care and treatment when I can -- including many, many times when I should not.

Don  Beltsville, MD  Insured  16 hours ago

It’s the second largest expense for my family, after housing. It had been rising for about 10% a year for the first couple of years. In December 2012, I was notified by my insurer, CareFirst BlueCross BlueShield, that my premiums would increase by 19.4%. My family’s primary use of health care is annual physicals for my wife and myself, plus vaccination shots for my daughter her first two years of life. The government doesn’t need to run healthcare, but it probably should regulate healthcare pricing because it threatens to undermine the economy in the name of capitalism.

Rick Gilbert  Lake Arrowhead, CA  Insured  16 hours ago

I am healthy and don’t go to the doctor very often. Yet I pay $5K in premiums to my HMO. It seems that I pay more for health insurance every year and get less service.

Anonymous  Oakland, CA (Sutter PPO)  Insured  16 hours ago

The impact is such that I’m afraid to use medical services at all. Each time I wonder: is the financial damage done by the bill going to be worse than leaving the medical problem untreated? Of course, it’s hard to say when they won’t tell you costs up front. Republicans want us to be rational consumers in a free market, but it’s hard to be rational when you’re in pain and worried you may be seriously ill – and you don’t have time to shop around when you’re bleeding to death.

Anonymous  Miami FL  Insured  16 hours ago

At this time, I can afford it. I read all the whinning and complaints but every time I see canadians flocking to this country to get an elective procedure done that it will take one year or more in Canada to get scheduled, I think that we have something worth keeping and that there is room for improvement.

Anonymous  Minneapolis, MN  Insured  17 hours ago

My wife and I are self employed and we can no longer afford health insurance for our family of four, we are now on Minnesota Care which allows us to pay a small monthly fee for health insurance. If this option was not available we would not be taking our prescriptions because
medications such as Flomax, even generic substitutes would not be affordable.

Anonymous  Wisconsin  17 hours ago
We are currently uninsured, paying off med. bills from when we were. Had been on Badgercare, but I finally got a job with health ins. which ended after 5 months. Now we don't qualify for Badgercare until we've been uninsured for a year. But, our ideologue of a Governor is not accepting Medicaid expansion under the ACA; he doesn't want my wife and I "depending" on it. I wish he could walk in my shoes.

Anonymous  Detroit area  Insured  17 hours ago
Virtually insurmountable. Scary doesn't even begin to describe it.

Anonymous  Canada  17 hours ago
Well, I pay my taxes and I get the medical attention I need. Not everything is excellent, but it usually is easy to get the services. Oh, I forgot to tell you, I live in Canada.

Moe1138  95066  10 hours ago
Why it's so expensive? Easy...we survive.

Anonymous  San Francisco  Insured  10 hours ago
Fortunately the insurance provided by my wife's insurance is very inexpensive for us. It covers every procedure we have encountered.

Anonymous  New York  Insured  10 hours ago
For both me and my family medical bills are always the last ones to be paid if they get paid at all. Due to high medical costs I have skipped going to the doctors office and I have ordered meds online. I try and cut corners because regardless of the high premiums my family pays for insurance each individual needs to shell out $1,500 before the cost is picked up by the insurance company. I thought that having insurance meant that I could finally visit the doctor at will and get prescriptions filled when needed but I have been sorely mistaken.

Anonymous  Omaha, NE  10 hours ago
I personally, as a physician, was very upset to learn, I could not learn, see or know what my foot surgery costs were. My son, age 33yo, has had difficult buying cost effective health insurance due to prior injuries and surgery for them. We try to spend medical money cautiously and effectively. We are not afraid of generic meds either.

Anonymous  California  Uninsured  10 hours ago
difficult, however CoverCalifornia health exchange has a good price on insurance, still expensive but far short of extortion.

Anonymous  Tallahassee, Fl  Insured  10 hours ago
I pay more for low deductible/co-pay. While initial outlay effects personal economy, since I am in mid-50s, believe it will be cost effective in long run.

Anonymous  Baltimore  Uninsured  10 hours ago
I am currently underemployed and have no health insurance. I’m in my mid-fifties. Vision care and dental care are just dreams. Preventive screenings are not even close to being affordable for me. I live a pretty healthy lifestyle, and just hope that I stay well. We’ll see what happens when it’s time for me to get insurance under the new system. Things are so bad right now I may even qualify for the Medicaid expansion. It’s kind of embarrassing; I am, after all, a college graduate who has earned very decent money at various times during my life.

**Vinton E. Heuck** Lancaster, Ca. Insured 10 hours ago

With Medicare and Senior Advantage my wife an I are pretty OK but one doesn’t have to be a genius to understand that healthcare costs for my children border on the unaffordable now and will only get more expensive without major structural reforms. Obama was forced to make so many concessions to the corporations that healthcare is unlikely to be less expensive come January first.

**Alex** Los Angeles Uninsured 10 hours ago

My father is on Medicare, and had to have two surgeries to remove some small cancer on his prostate and kidney. He went to UCLA medical center and had state of the art robotic surgery, costing well over $100,000 for both. Me being in my 20’s I don’t have the money or incentive to get medical insurance. I’ve been getting books at the library about medicinal herbs and remedies.

**Anonymous** Silver Spring, MD Insured 10 hours ago

We have really good health insurance and with employer covered premiums, so we’re lucky we don’t have to worry about it

**Dianne Walsh** Miami,FL Insured 10 hours ago

I am very lucky that my employer pays 95% of the cost of my medical insurance and I am in pretty good health for 60. When I had an unexplained fainting incident a while ago though and went to the ER for tests (as advised to do by my doctor) my out of pocket deductible and co-pay was over $3,000! I wasn’t admitted to the hospital and ultimately never received a diagnosis or treatment for the incident. But it took a long time for me to pay off that bill from the hospital.

**Anonymous** California 10 hours ago

It limits my ability to choose which medical provider to visit. All are too expensive, so we visit the least expensive one as infrequently as possible.

**Ashley** Ontario, Canada Insured 10 hours ago

Nil. I live in Canada and have full coverage for the extras (drugs, physio, dental, glasses) through my own and my husband’s employer (which require a miniscule $15 monthly copay) in addition to free basic health care. We are so lucky. I can’t imagine the stress of living with your (the American) health care system, even for the healthy.

**Anonymous** Texas 10 hours ago

Yes, my colonoscopy was expensive, but in the process of performing it my doctor found a neuroendocrine tumor in my small intestine. Worth every penny.
Our medical costs are very high, with unreimbursed costs that really add up, in addition to copays and deductibles.

Anonymous Irvine, CA Insured 10 hours ago

This fall, I will have to find a new healthcare provider. On my own for over one year, I have five more months of COBRA coverage. Then? The good news is it looks like California’s exchange will be almost ready to take applicants... For several years I have tracked the rise in healthcare costs with increasing alarm. Since Congress is largely funded by the insurance industry, I have despaired of anything ever changing. Inflation is down, but still higher than any other sector of the economy. We are pretty much doomed.

Anonymous California Insured 10 hours ago

I have a high deductible insurance plan which I pay for out of my own pocket. So I avoid medical treatments at all cost, and self diagnose. I haven’t been to a doctor in 8 years.

Lin Tampa Bay area Florida Uninsured 10 hours ago

I don’t have an employer to subsidize my health insurance and don’t earn enough to afford it. I don’t use Western medicine much anyway. However, there are times when I would like too and simply can’t, because I couldn’t pay the bill and would have to declare bankruptcy. I was middle-class and am now poor. I’m a college-educated woman, a journalist who is at that age where no one will hire me for anything. I haven’t had money to see a dermatologist in years and must wait until age 65 and Medicare now to have my moles removed and biopsied.

Chipley Trombley Sebastopol, CA Insured 10 hours ago

I don’t have a family, but I notice the increases every year through higher copays, less services offered... in short more of the burden being placed on the employee, who, if he or she’s lucky enough to have a job with health-care, has had to endure in the face a stagnant wages, and increased costs, it seems everywhere else - gas prices, day care, food and on...and I feel fortunate. Thank you.

Margie Determan Nevada City, CA Insured 10 hours ago

We are both self employed, so our insurance costs run $2000/mo, and our out of pocket costs for therapies not covered (physiotherapy, chiropractic, acupuncture) run about $400, and then you add drug copays, deductibles, etc, and on a good year, we spend $40k. On a bad year, like last, we spent close to $80k out of our pocket. And we had to switch insurers in Jan, as blue cross of Ca increased our rates 13%, at the same time significantly reducing our coverage. We are counting the days till we can get on Medicare.

kumarappan India Uninsured 10 hours ago

so far very minimal and manageable; but it scares me if I or my family members are to undergo costly operations or procedures; I will go broke in no time; I guess I will have to turn to government hospitals. my two children were born by cesarean section in government hospitals only;

Anonymous New York Insured 10 hours ago

Medical debt and constant healthcare expenses promoted the concept of "getting well and staying well"
Anonymous  Alexandria, VA  10 hours ago

If I meet my deductible for the year, then I try to schedule everything else I need to have done within that year so that I don’t have to pay out of pocket. I am becoming increasingly concerned about the cost of medical care.

Anonymous  NJ  Uninsured  10 hours ago

It’s impossible. We cannot afford insurance, we cannot get Medicare. Yet paying for our own bills so far has been simple (we pay OOP for a family doctor and have needed no specialists, knock on wood).

Anonymous  Lee County, Florida  Insured  10 hours ago

I own a small business with just one employee. My employee has coverage under her parent’s policy. I have an individual policy with a high deductible of $3,500 annually. The monthly premium is $423, and I use a HSA through my credit union. The typical doctor’s visit costs about $85-100 out of pocket. As a result, I only go to the doctor when absolutely necessary, which may be a good or bad thing depending on perspective. I am interested to see if my state’s health exchange will reduce my costs. Florida has elected not to run its own exchange.

Anonymous  New York  10 hours ago

I go to Alternative practitioners and take good care of my health.

Anonymous  Columbus, OH  Uninsured  10 hours ago

Because of chronic and acute auto-immune disease I had to go on disability, or medical bills would have bankrupted me. Now I have a choice, work, or health care.

Anonymous  Texas  Uninsured  10 hours ago

I am 62 and uninsured. I have researched medical travel should I need it.

Felix  Switzerland  10 hours ago

Last November, I got a colonoscopy for USD 400 in the specialist’s office (carried out by him and an assistant). 2 years ago I got a hip resurfacing (metal on metal) in a first class Swiss hospital, which cost roughly USD 5000 (included a 5 days stay and initial physiotherapy). I got worried reading the about problems patients elsewhere face with metal-metal implants. The Swiss doctors said the problems mainly come if the geometry is not good (resulting in increased load and abrasion). So, in Switzerland we get better quality for the money (see report on web on "Americans have shorter lives than 17 nations).
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