



Brady Campaign
& Brady Center



To Prevent Gun Violence

SHOOTING COSTS: GOP HEALTHCARE PLAN WOULD SHIFT COSTS TO TAXPAYERS AND GUN VIOLENCE VICTIMS

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Executive Summary

The mass shooting targeting lawmakers in broad daylight on a baseball field in Alexandria shocked Americans. As the country reeled from news of House Majority Whip Steve Scalise's uncertain prognosis after a gunshot wound to the hip, Congress continued its debate on repealing critical components of the Affordable Care Act (ACA) that literally mean the difference between life and death for victims of shootings. An estimated 22 million people will lose their insurance under the Republican healthcare plan being debated. Coverage guarantees under the ACA but missing from the new proposal would leave many severely-wounded gunshot victims without the critical treatment necessary for a full recovery—recovery that in many cases costs in the range of hundreds of thousands if not millions of dollars per patient.

The cost of initial hospitalizations alone for victims of gunshots is more than \$700 million annually. Average initial hospitalization cost per patient is approximately \$24,000-32,000. For patients with complications, such as Rep. Scalise, the costs of treatment and recovery are many times that.

Initial hospitalizations and follow up care are covered under the ACA through individual insurance coverage, which cannot discriminate based on pre-existing conditions, nor increase in cost as a result of such conditions. They are also covered by the Medicaid and Medicare programs, which cover more than 40 percent of the costs associated with initial hospitalizations for gunshot wounds. (Medicaid covered \$2.3 billion of the \$6.6 billion in costs related to initial hospital stays for gunshot victims from 2006-2014, according to [a 2017 study](#)). But an estimated 15 million people will lose Medicaid coverage under the Republican plan.

The epidemic of gun violence should be treated as a public health threat and an issue of concern to all taxpayers, particularly in the context of the healthcare legislation now being debated. If Congress enacts this plan, the cost of much of this care will shift to taxpayers and consumers with private insurance. Emergency treatment centers will be forced to offset unpaid debts from uninsured patients previously covered by Medicare, Medicaid, or private insurance with higher sticker prices for paying patients, and through greater contributions from other taxpayer-funded programs at the local and state level, which will result in higher private insurance rates and higher taxes.

Where does this leave gunshot victims? The Brady Center's report offers a window into the struggles of victims to access and afford care before the ACA's protections were in place. **The report profiles a couple that amassed \$5 million in medical bills after they were shot in a drive by shooting; a young man wounded by celebratory gunfire when he was 11 whose care has cost well over \$15 million; a young boy who was shot in the head at 7 and whose mother lost her job because of her need to care for him; and a teen who uses a wheelchair after he was shot in the back while walking to the grocery store. The cost implications of their stories are not unique.**

For most Americans with complicated injuries due to gun violence, the journey to recovery is long and dependent on costly but life-saving care. The healthcare legislation being considered by Congress today would reduce access and increase prices for that critical care, and potentially cost gun violence victims their lives. And this report does not even begin to calculate the cost of related mental health services for victims, survivors, witnesses, or first responders related to the trauma and post-traumatic stress from such shooting incidents.

\$700M

Gun violence costs our nation more than \$700 million each year in medical bills for initial hospitalizations alone—not including follow-up care or other economic impacts.

With the Affordable Care Act in place, **insurance companies and the Medicare and Medicaid programs foot most of the bill** (ultimately negotiating for lower costs before paying the bill).

ACA

FINANCIAL RUIN

A new Republican healthcare plan would shift those full costs, without negotiated discounts, to patients and taxpayers, resulting in financial ruin **for gun violence victims and a tax increase for the rest of America.**

Real People, Real Impact: Tyrek Marquez



Tyrek was just seven years old when he was shot in the head at the West Indian Day parade in Hartford, CT. Six people were caught in crossfire during a gang turf war, and Tyrek's injuries put him in the hospital for three months. It took him another 10 weeks to walk without a cane. He had to be home schooled while recovering from skull replacement surgery due to the bullets' impact—forcing his mom to stay home with him.

Like so many other gun violence victims, his recovery will last a lifetime. Following the shooting, he had to re-learn daily tasks. He still has a limp and is partially paralyzed on his left side—a serious blow for a child who grew up playing basketball, football and baseball with his friends and classmates. Now a high schooler, Tyrek's family still struggles financially because his mother was fired for missing work after he was initially wounded. Tyrek's future earning potential could be limited by the ongoing care and rehabilitation to recover from his gunshot wound.

If Tyrek did not have the state health plan, Husky A insurance, his family would not have been able to afford the many thousands of dollars required for his rehabilitation. Tyrek is currently applying for his driver's permit and is again inhibited by the injuries he sustained as a child. He continues to play basketball, but has not been allowed on the school team due to the ongoing effects of his injuries.

A Public Health Crisis With a Human and Economic Toll

Gun violence in America is a public health crisis: 34,000 people die from gunshots each year. Another 81,000 survive, frequently with physical and emotional scars they will carry for the rest of their lives. **In addition to the human toll of those injuries, there is a massive financial toll—for gunshot victims, for hospitals, and for our healthcare system.**

American trauma centers treat 1,565 gunshot wounds each week, and a 2013 study found the average hospitalization for a gunshot wound costs \$23,500—a number that includes the cost of treating everything from flesh wounds that require a quick overnight stay to severe injuries that require multiple surgeries and months of inpatient care.

From 2006-2014, the United States spent a total of \$6.6 billion treating gunshot wounds—enough to send nearly a million students to two-year community colleges—and that only counts initial inpatient admissions. Researchers believe that number is only a fraction of the true cost of medical care for gunshot wounds, which also includes “emergency room visits—medical costs for patients who are treated and released or those who are treated but die before admission—or hospital readmissions,” according to [a 2017 Stanford University report](#).

Unknown Costs, Disastrous Consequences

Unfortunately, we don’t know the full economic toll of gun violence—including those additional medical costs, lost wages and productivity, and societal costs—in part because of strict limits on funding for public health research by the Center for

Disease Control and other public health researchers into gun violence. What we do know is that the medical bills don’t end when a survivor is released from the hospital.

Victims of gun violence often incur significant costs to treat the immediate and long-term effects of their wounds—costs that are largely covered by the Medicaid, Medicare, and private insurance programs, under the Affordable Care Act. **If enacted, healthcare legislation proposed by Republicans in Congress would shift part of the economic burden of treating gunshot victims to taxpayers and consumers.** Why? Emergency treatment centers will be forced to offset unpaid debts from uninsured patients previously covered by Medicare, Medicaid or private insurance with higher sticker prices for paying patients, and through greater contributions from other taxpayer-funded programs at the local and state level, which will result in higher private insurance rates and higher taxes. **Despite claims that this legislation will cut costs, in reality it shifts these costs to taxpayers, those with private insurance, and those who can least afford it.**

Emergency rooms are required to treat everyone, regardless of their insurance status or ability to pay. Emergency room treatment, however, is some of the most expensive healthcare available, and most uninsured victims are unable to pay. There will be 22 million more people without insurance under the Republican healthcare plan, according to the nonpartisan Congressional Budget Office (CBO). Under the ACA, the cost of treating uninsured patients is still shared across the healthcare system, but the number of uninsured patients has dropped.

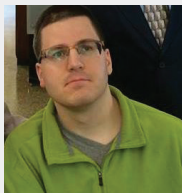
Moreover, the steep cuts to the Medicaid and Medicare programs under the Congressional proposal, would cause 15 million Americans to lose insurance coverage. With greater numbers of uninsured individuals seeking treatment in emergency rooms because of these cuts, hospitals will once again pass on costs for treating uninsured patients to consumers through higher sticker prices, and insurance companies will in turn pass on those price increases to consumers through higher premiums.

In addition, the proposed legislation may allow insurers to deny coverage for gun violence survivors simply because they've been shot. The consequences of gunshot wounds and aftercare will be considered preexisting conditions along with asthma, cancer, and dozens of other reasons insurers used before the ACA to avoid paying for expensive care. Today, because of the ACA, insurance companies are not allowed to deny coverage or payment for care because of any preexisting condition. Under the Republican plan, insurers may once again be allowed to opt out of paying for costly and potentially lifelong treatment that allows gun violence victims to lead productive lives—and in some cases to merely stay alive. This provision would also potentially exclude many

victims from the private insurance market entirely, because the cost of coverage will be unaffordable. Without coverage, the staggering costs of follow-up visits would bankrupt many survivors who have already suffered from their injuries.

Furthermore, the Republican healthcare proposal ends prohibitions on annual and lifetime caps on coverage, which would allow insurers to cap the treatments they cover at a certain dollar amount. Reinstating annual and lifetime caps would be devastating for gun violence victims with the most serious injuries, like Joe Jaskolka, who was hit in the head by celebratory gunfire on New Year's Eve when he was 11. (Read more about Joe below.) Joe has undergone **53 surgeries**. His medical bills over the last decade have topped \$15 million. Prior to the ACA, 91 million Americans were enrolled in private insurance plans that capped payments, often at \$1 million or \$2 million, an arbitrary number that meant those with serious or long-term illnesses or injuries had to pay for their own care beyond the cap. Others simply went without care until they were forced to go to the ER, where the costs of care were absorbed by our nation's hospitals and, ultimately, by taxpayers. Reinstating these caps would be devastating for gun violence victims, and would no doubt financially ruin many seriously injured victims.

Real People, Real Impact: Joe Jaskolka



Joe was an 11-year-old boy when he gathered with his extended family for a New Year's Eve party at his grandmother's home in Philadelphia in 1998. Less than a half block away, his skull was pierced by celebratory gunfire shot to "ring in" the new year. The cost of that gunfire? "A life in decline," Joe says, and more than \$15 million in medical care. With every brain operation, Joe loses more mobility. Today, the 30-year-old goes through life in a wheelchair, and has lost the ability to play football, a passion of his when he was growing up. Despite this adversity, he's currently a student, pursuing a degree in Criminal Justice at Delaware Technical Community College.

After Terror, Top-Notch Care with a Steep Price Tag

When House Majority Leader Steve Scalise was shot on an Alexandria baseball diamond earlier this month, a single bullet shattered a bone in his right hip, causing massive internal damage and severe internal bleeding. Scalise was transported via a medical helicopter to the Washington Hospital Center, where he underwent three surgeries in four days, and was treated in intensive care for the week after. The pelvic region is among the most dangerous places a bullet can land; in addition to multiple bones, the area is home to two major arteries, the bladder, and the colon. A single bullet can do serious damage. Thankfully, doctors expect Scalise to make a full recovery. But two weeks after his shooting, he still remained in the hospital. And like the Brady Center's namesake and long-time leader Jim Brady, who was shot in the head during an assassination attempt on President Ronald Reagan, Scalise's recovery won't end when he is released. He will need weeks, if not months or years, of further rehabilitation.

Scalise received lifesaving trauma care at a top regional medical facility and may have significant out-of-pocket costs from his ongoing recovery. The cost of the flight that delivered Scalise to the trauma center at the Washington Hospital Center alone could cost up to \$25,000. Scalise's medical bills will probably creep into the six figures; fortunately, he will probably only have to pay a small fraction of that cost. Scalise also has more resources than the average American to defray those expenses. Although Scalise's choice of insurance coverage is confidential, it's safe to assume that he is insured, since members of Congress have access to some of the best health

plans available today subsidized by their employer (taxpayers). Scalise's \$174,000 salary is also nearly triple the median U.S. household income of approximately \$54,000. So it's also safe to hope these costs will not cripple his family financially. For an uninsured patient, the care needed to save his/her life alone can force him/her into bankruptcy, before even considering his/her ongoing rehabilitation.

On top of the issues of immediate care coverage in the aftermath of the shooting, like all other gunshot victims in America, Scalise's wounds will now constitute a preexisting condition. Without the ACA's guarantee of coverage for preexisting conditions, Scalise could be left footing the entire future bill for his ongoing recovery if he ever changed jobs or insurance providers. Before the ACA was enacted, millions of Americans were stuck without insurance because they could not afford it. For many lucky enough to have insurance coverage through their employer, they were stuck in their current jobs because they would be denied coverage due to preexisting conditions if they ever changed insurance providers. This stifled entrepreneurship and contributed to people failing to seek more fulfilling careers. The health care bill that passed the U.S. House of Representatives in May would eliminate coverage for preexisting conditions, while the Senate version currently under discussion would allow states to waive the list of basic services insurers are required to cover, as well as remove caps on costs to patients. This could lead to astronomical fees for survivors of gun violence, many of whom will simply not be able to afford the sticker price of the critical coverage they need.

Gunshot victims, including Rep. Scalise, should be able to focus on making a full recovery and leading full and productive lives, not on whether the medical bills for their care will force them into bankruptcy or limit their prospects in life.

As an organization once led by a devoted public servant who, like Scalise, was a victim of gun violence, The Brady Campaign & Center is keenly aware of the human toll of gun violence, as are other organizations in our movement. Gun

violence prevention organization Americans for Responsible Solutions is led by Gabby Giffords, a former member of Congress who was shot in 2011 while meeting with constituents, and her husband, Capt. Mark Kelly. Jim Brady's recovery from a gunshot wound to the head was nothing short of miraculous, but his life was forever changed. Brady, a Republican, became a fierce advocate for gun violence prevention after he was shot, an effort supported by his former boss, Republican President Ronald Reagan.

Real People, Real Impact: Jennifer Longdon



Jennifer and her fiancé were living the dream. They'd just returned from vacation and were in the midst of planning their wedding. But their perfect life changed in a matter of seconds. As they pulled into a drive-thru Mexican restaurant in town, Jennifer and David's truck was sideswiped by another car; then someone in the car started shooting. Five gunshots rang out—one went into David's shoulder, another transected his wrist and lodged in his brain. The fifth bullet damaged Jennifer's spine. Both survived with extensive injuries. David needed intensive, around-the-clock care due to brain damage, and the bullet that hit Jennifer in the back rendered her a T-4 paraplegic, unable to move from the middle of her chest.

Jennifer spent five months in the hospital and underwent multiple surgeries and rehabilitation therapy. Her medical costs, already spiraling out of control, became worse when her insurance company found a way to drop her for a preexisting condition. The bills continued to rack up: more than \$1 million in the first year alone. In the 10 years following her shooting, she was hospitalized twenty times for complications resulting from her injury—infections, falls, and broken bones among them. Today, Medicare and Medicaid cover most of her medical costs, but it's not just doctors' invoices she has to worry about. Renovations to accommodate her wheelchair for her home and vehicle cost more than \$75,000 combined. The total cost of being shot in America? More than \$5 million dollars. And that dollar figure does nothing to account for the pain and loss of tranquility she's suffered, she says.

The Cost of Gun Violence in America

Newspapers across the country chronicled the stories of Jim Brady, Gabrielle Giffords, and Steve Scalise, three high-profile Americans. But the stories of the hundreds of Americans who are injured or killed by guns every day rarely get that kind of attention. That's because they are not famous or well known; they are just going about their daily lives when they're shot accidentally in the home, caught in the crossfire walking down the street, ambushed in a classroom, attacked while on a movie date, or targeted for their race, gender, ethnicity, or sexual orientation. Even when these stories make the news, the reporting frequently ends when the victim's recovery process is only just beginning. That recovery process can differ significantly from patient to patient. After entering hospitals, some

patients are given a shot of anesthetic and treated in a trauma bay, whereas others are immediately admitted for life-saving trauma care. Days, weeks, or even months later, the "lucky" survivors are released. But that's also far from the end of their stories: patients may be sent home with a bullet still lodged in bone or muscle, with nerve damage, or suffering from post traumatic stress disorder, anxiety, or depression. Most survivors suffer physical ailments or mental scars for the rest of their lives. Despite this, for years, hospitals—especially those in urban areas that treat a disproportionate amount of gunshot injuries—were forced to release patients knowing that approximately half were uninsured and would be unable to access the critical care they'd need in the future.

Real People, Real Impact: Ronald Turner

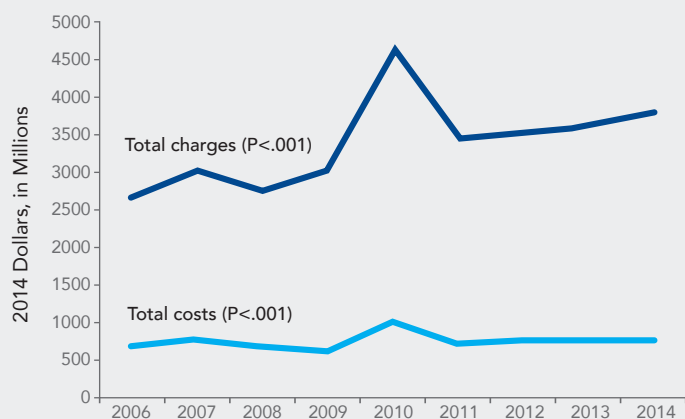


Ronald is a typical 14-year-old boy in many ways. But unlike most 14-year-olds, Ronald is in a wheelchair. Ronald was walking to a grocery store in the Austin neighborhood of Chicago, where he lives, when he was shot in the back. Last year, Chicago logged more gun violence deaths than any other major city, and Austin is considered a particularly violent neighborhood. The city is on pace to top the list of cities affected by gun violence again this year. The bullet that hit Ronald injured his spine and paralyzed him from the waist down. After spending only a few days in the hospital, Ronald was released into the care of his mother, Shaketa, his primary caretaker.

Shaketa does not work so she can care for her son around the clock. Ronald requires both physical and occupational therapy, and will for the rest of his life. His insurance, Allina, covers nearly all of the cost of his care, but if he lost his insurance his condition would be an expensive preexisting condition that could go completely untreated because of his family's financial situation.

A Game Changer for Gun Violence Victims

The care needed is as unique as the circumstances of the shootings themselves—it's not uncommon for patients to need multiple surgeries, or some form of assisted care for the rest of their lives due to extensive or incapacitating injuries. The weight of this burden is heavy enough for those who are insured. About 41 percent of initial hospitalization costs for gunshot wounds (\$2.70 billion) from 2006-2014 were for patients covered under Medicare or Medicaid. Nearly \$1.56 billion of initial hospitalization costs during that time period were accounted for by people without insurance—many of whom were never able to pay. A Health and Human Services Study found that only 12 percent of uninsured families were able to pay their hospitalization bills in full. Even those with annual



Medicaid, Medicare, and private insurers pay at or just above the cost of care, but the average patient pays up to 5 times more (and closer to total charges). If coverage via Medicare/Medicaid or private insurance is taken away, patients may be left with bills they cannot pay, and thus much higher charges will be absorbed by hospitals and taxpayers.

Credit: Costs and Financial Burden of Initial Hospitalizations for Firearm Injuries in the United States, 2006-2014. American Journal of Public Health, May 2017 Vol. 107 No.5

"I do a lot of violence prevention work. Before the ACA, 80 percent of gunshot victims were either uninsured or got some sort of public insurance, so I know all of my patients, for the most part, are just going to lose insurance. And that's just unacceptable."

—Kyle Fischer, MD, MPH, Adjunct Assistant Professor of Emergency Medicine, University of Maryland School of Medicine

incomes 400 percent above the Federal Poverty Level could pay for their hospital bills in full less than 40 percent of the time.

For many gun violence victims, however, things changed in January 2014, when the Affordable Care Act gave states an option to expand traditional Medicaid programs to include most adults whose income was less than \$16,000 annually. To date, 31 states and the District of Columbia have done exactly that—enrolling more than 14 million new participants in the program. Medicaid coverage can literally be life-changing for a gunshot victim; it's the difference between receiving the follow-up care, including access to hospitals, specialists, and medical equipment, that enables a survivor to live a healthy and productive life or being plagued by the effects of their wounds. Expanding Medicaid to millions more low-income individuals, including many who live in communities disproportionately impacted by gun violence, can mean a vastly different future from their uninsured counterparts.

Losing this coverage will have dire consequences; uninsured patients are not only less likely to be admitted to hospitals for their injuries than those who are insured, but their visits to emergency rooms for follow-up care are the most expensive on average. Even more concerning, inpatient costs for uninsured patients are lower, suggesting they may not be receiving the same quality of care as those whose private or public insurance will foot the bill.

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