

Patients Suffer as Too Many Insurance Companies Pad Their Bottom Lines

Thousands of Californians left stranded in hospitals due to insurers whose focus is profits rather than patients

Insurance company barriers strand thousands in hospitals every day

On any given day

Across the state you'll find **4,500 patients** whose discharge is delayed

2,250
general acute patients

(9% of all general acute visits)

550
psychiatric patients

(12% of all general inpatient psychiatric visits)

1,750
emergency patients

(4% of all emergency visits)

Average length of discharge delays

14
days

27
days

11
hours

Care that is delayed is care that is denied

When patients are forced to stay in hospitals longer than necessary it means:

- Medical decisions are being made by insurance companies instead of doctors.
- Patients are not getting the right care in the right setting.
- Patients who need emergency care must sit even longer in waiting rooms, facing delayed treatment and slowing EMS responders throughout the state.

WHAT'S NEEDED

- Insurers must live up to their legal responsibilities of ensuring access to timely and affordable care.
- State regulators must hold insurers accountable by enforcing existing state laws.

\$47 Billion

Profits recorded in 2023 by the nation's six largest insurance companies



DISCHARGE DELAYS = unnecessary care and higher health care costs

~1 million inpatient days of unnecessary and uncompensated hospital care

General acute
800,000

Acute psychiatric
200,000

(5% of all days)

(20% of all days)

~7.5 million hours of unnecessary and uncompensated emergency department care