



HEALTH REFORM ACTION FORUMS

*Reducing Costs, Preserving Choice, and Assuring
Quality Affordable Health Care For All Americans*

*Member Guide For Recess
May 2009*

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MEMBER GUIDE FOR RECESS, MAY 2009

“I suffer no illusions that this will be an easy process. It will be hard. But I also know that nearly a century after Teddy Roosevelt first called for reform, the cost of our health care has weighed down our economy and the conscience of our nation long enough. So let there be no doubt: health care reform cannot wait, it must not wait, and it will not wait another year.”

– President Barack Obama, Address to Joint Session of Congress, February 24, 2009

<i>I. Top Line Message.....</i>	<i>1</i>
<i>II. Health Reform Talking Points.....</i>	<i>1</i>
<i>III. Overview and Goals.....</i>	<i>3</i>
<i>IV. Logistics and Health Reform Reports.....</i>	<i>3</i>
<i>V. Suggested Discussion Questions.....</i>	<i>5</i>
<i>VI. Overview of the Problem.....</i>	<i>6</i>

I. TOP LINE MESSAGE

- Reduce costs to make health care affordable
- Protect a patient's choice of doctor and insurance plan
- Assure quality affordable health care for all Americans

II. HEALTH REFORM TALKING POINTS

- Reform has been delayed for too long, and it cannot wait any longer.
- Every day in America, families are struggling with the crushing cost of health care that threatens their financial stability, leaves them exposed to higher premiums and deductibles, and puts them at risk for a possible loss of health insurance as employers struggle to provide adequate health care coverage.
- Americans value their relationship with their doctor and the care they receive, but as costs rise and insurance benefits erode, they are asking for reform that protects what works and fixes what's broken.
- Since 2000, employer-sponsored health insurance premiums have nearly doubled, and health care premiums have grown three times faster than wages. Even for people with health care, all it takes is one stroke of bad luck to become one of the nearly 46 million uninsured – or the millions who have health care, but can't afford it.
- Today, there are people who say we need to defer health care reform – that at a time of economic crisis, we'll have to accept the status quo because we cannot afford to fix our health care system. What these people fail to acknowledge is that the skyrocketing cost of health care – costs that are straining family budgets, crippling businesses, and consuming government budgets – is one of the greatest threats there is to America's fiscal health.
- That is why we cannot delay this discussion any longer. Health care reform is no longer just a moral imperative, it is a fiscal imperative. If we want to create jobs and rebuild our economy, then we must address the crushing cost of health care this year.
- While previous attempts at health care reform have failed, this time is different. This time, the call for reform is coming from the bottom up, from all across the spectrum – from doctors, nurses, and patients; unions and businesses; hospitals, health care providers, and community groups; mayors, governors, and legislatures; and Democrats and Republicans.
- In early May, many of these same stakeholders that led the charge to block reform in 1993 came together to say that reform can no longer wait. These industry groups – insurance companies and hospitals, drug companies and doctors, and labor – are coming together to do their part to reduce the annual health care spending growth rate. The same organization that brought us the famous Harry and Louise ads has now come together to acknowledge that even Harry and Louise want and need health care reform.

- Today's Health Reform Action Forum will further the process of determining how we can lower costs, guarantee choice of doctors and plans, and assure quality affordable health care for all Americans. Working together, our goal is to enact health care reform by the end of this year.
- In the past few months, Congress and the President have done more to advance the goal of providing quality, affordable health care to all Americans than has been done in the past decade. We've provided and protected coverage for eleven million children from working families, and for seven million Americans who have lost their jobs in this downturn. We've made the largest investment in history in preventive care and wellness; invested in computerized medical records that will save money, eliminate waste, ensure privacy, and save lives; and launched a new effort to find a cure for cancer in our time. Congress passed a budget that includes a historic commitment to health reform. This action is a key step forward, and it did not happen when we last attempted to reform health care 15 years ago.
- The President acknowledges that all parties won't always see eye to eye as the details of health care reform are determined. There are many areas of agreement that do exist, and these will serve as the starting point of this process.
- We can all agree that we need to eliminate fraud, waste, and abuse in government health programs and hold insurance and drug companies accountable by ensuring that people are not overcharged for prescription drugs, or discriminated against for pre-existing conditions. We can agree that if we want to bring down skyrocketing costs, we'll need to stress patient-centered care that invests in prevention and wellness so that we prevent the debilitating and costly treatments that increase costs.
- We can also agree that if we want to cover all Americans, we cannot make the mistake of trying to fix what is not broken. That is why if people have insurance and doctors they like, they will be able to keep them.
- Finally, we can agree that if we want to translate these goals into policies, we need a process that is as transparent and inclusive as possible. That is why we are here today, with representatives of organizations, interests, and parties from across the spectrum.
- In this effort, every voice must be heard. Every idea must be considered. Every option must be on the table. Everyone must accept that no one will get everything they want, and no proposal for reform will be perfect. But when it comes to addressing our health care challenge, we can no longer let the perfect be the enemy of the essential.

III. OVERVIEW AND GOALS

A Health Reform Action Forum is an opportunity for Members of Congress to engage in a discussion with constituents to emphasize the need for comprehensive health reform this year and to listen to constituents' health care concerns and suggestions. The role of Members of Congress holding a Health Reform Action Forum is: (1) to organize the event or work with a group to organize it; and (2) to moderate the discussion.

If you decide to host a Health Reform Action Forum, please e-mail event details to Rebecca Adelman as soon as possible at Rebecca.Adelman@hhs.gov. This information will be posted on www.HealthReform.gov for constituents to find local Health Reform Action Forums, will be shared with White House Media Affairs to help drive regional press to your Health Reform Action Forum, and will be used for blog posts on www.WhiteHouse.gov.

Goals of Health Reform Action Forums

- To listen to the voices and concerns of all Americans around the country and to advance Congress's and the President's understanding of the health care problems Americans face and the solutions they propose;
- To demonstrate an open, inclusive, and transparent process for reform that allows people around the country to have direct involvement in our country's health reform efforts; and
- To develop momentum and support for comprehensive health reform this year.

IV. LOGISTICS AND HEALTH REFORM REPORTS

Set Up and Timing

- **Venue**: A Health Reform Action Forum can be held at a variety of locations, including a university auditorium, hospital, local school, community health center, or even a meeting space at a local coffee shop.
- **Timing**: It should last an hour to an hour and a half.
- **Possible Handouts**: The Department of Health and Human Services and the Office of Health Reform have released several reports on the need for comprehensive health reform this year. These short reports, especially those most relevant to your constituents, could be great handouts for your health reform event. They are all available on www.HealthReform.gov and include:
 - *Executive Summary of "Americans Speak on Health Reform: Report on Health Care Community Discussions"*: This past December, the Health Policy Transition Team encouraged all Americans to host or attend a Health Care Community Discussion to "share their ideas about what's broken and how to fix it." Over 9,000 people in all 50

states and the District of Columbia signed up to host a Health Care Community Discussion, and the Health Policy Transition Team received 3,276 group reports as well as Participant Survey results from over 30,000 participants. This report summarizes what the Administration learned about the health care problems Americans face and the solutions they propose.

- *Report on the White House Forum on Health Reform:* On March 5, President Obama convened a White House Forum on Health Reform to bring together leaders – business and labor, doctors and insurers, Democrats and Republicans, and Americans from around the country – to discuss the urgent need to pass comprehensive health reform this year. This report summarizes the discussions at this event.
- *The Costs of Inaction: The Urgent Need for Health Reform:* This report highlights the flaws in the health care system and demonstrates the cost of maintaining the status quo. Organized into three sections – Escalating Health Care Costs, Diminishing Access to Care, and Persistent Gaps in Quality – the report shows how the current system has failed millions of Americans and why we must enact comprehensive health reform this year.
- *Helping the Bottom Line: Health Reform and Small Business:* This report discusses how the high cost of health care burdens small businesses, weakens our economy, and leaves millions of Americans without the affordable health care they need and deserve.
- *Hard Times in the Heartland: Health Care in Rural America:* Throughout rural America, there are nearly 50 million people who face challenges in accessing health care. *Hard Times in the Heartland* provides insight into the current state of health care in rural areas and the critical need for health care reform.
- *Roadblocks to Health Care: Why the Current Health Care System Does Not Work For Women:* Today there are 21 million uninsured women and girls, and the report discusses how our current system is leaving millions of women without the affordable, quality care they need.

During the Health Reform Action Forum

- Members should moderate the discussion, keeping the above goals in mind and using the below suggested questions as a guide.
- Members should encourage all attendees to visit www.HealthReform.gov to show their support for health reform this year by signing an online letter to the President.

Possible Submissions After the Health Reform Action Forum

- Summary of Health Reform Action Forum: Members can submit a summary of the event to post at www.HealthReform.gov. Attached to this guide is a suggested template, although any format is acceptable. Summaries can be e-mailed to Rebecca Adelman at Rebecca.Adelman@hhs.gov.
- Photograph: In addition, if a Member submits a group photo taken at the Health Reform Action Forum to Rebecca Adelman at Rebecca.Adelman@hhs.gov, it will be posted at www.HealthReform.gov.

V. SUGGESTED DISCUSSION QUESTIONS FOR HEALTH REFORM ACTION FORUM

Overall Questions

- How can we reform our health care system at the national level to improve quality of care, lower costs for our families, and cover all Americans? What specific ideas do you have on this topic?
- What specific challenges are people/representatives facing on health care?
- Do you feel that this is an urgent problem requiring action this year?
- How can health care reform at the national level help support the work of our states to address the health care challenges our families are facing?
- What do you see as the highest priorities that we must address with health reform?

Cost

- How are rising health care costs impeding businesses and families?
- What steps would you recommend taking that can reduce costs and cost growth?
- How do you think health reform should be financed?

Quality/Coverage/Access

- What types of prevention and wellness programs do you recommend/support?
- What types of incentives are needed to support healthy behaviors and value consciousness?
- What kinds of things can the public sector and the private sector do together to make America healthier and to get more Americans access to coverage?
- In terms of expanding coverage – what do you think the role of the public and private sectors should be?

Process Questions

- How can Congress and the Administration better involve the American public in health reform?
- How do you think that circumstances surrounding health reform are different now as opposed to 1993?
- What steps are you going to take to help pass health reform?

VI. OVERVIEW OF THE PROBLEM (from “*The Costs of Inaction: The Urgent Need for Health Reform,*” available at www.HealthReform.gov)

1. ESCALATING HEALTH CARE COSTS

Families, business, and state and federal budgets are straining under skyrocketing health care costs.

- Employer-sponsored health insurance premiums have nearly doubled since 2000, a rate three times faster than cumulative wage increases.¹
- The United States spent approximately \$2.2 trillion on health care in 2007, or \$7,421 per person.² This comes to 16.2% of GDP, nearly twice the average of other developed nations.³
- Health care costs doubled from 1996 to 2006, and they are projected to rise to 25% of GDP in 2025 and 49% in 2082.⁴
- The proportion of spending attributable to Medicare and Medicaid in the health system is expected to rise from 4 percent of GDP in 2007 to 19 percent of GDP in 2082, making it the principle driving force behind rising federal spending in the decades to come.⁵
- Health care costs add \$1,525 to the price of every General Motors vehicle. The company spent \$4.6 billion on health care in 2007, more than the cost of steel.⁶
- As a result of these crushing health care costs, American businesses are losing their ability to compete in the global marketplace. Health care at General Motors puts the company at a \$5 billion disadvantage against Toyota, which spends \$1,400 less on health care per vehicle.^{7,8}
- The average cost of an employer-based family insurance policy in 2008 was \$12,680, which was nearly the annual earnings of a full-time minimum wage job.⁹
- Half of all personal bankruptcies are at least partly the result of medical expenses.¹⁰
- The typical elderly couple may have to save nearly \$300,000 to pay for health costs not covered by Medicare alone.¹¹
- Eight in ten Americans are dissatisfied with the total cost of health care,¹² and over half report paying for the cost of a major illness as a major problem.¹³

2. DIMINISHING ACCESS TO CARE

Millions of Americans do not have health coverage, or have inadequate coverage. As our economic challenges multiply, the problem of health care access grows.

- From 2000 to 2007, the proportion of non-elderly Americans covered by employer-based health insurance fell from 66% to 61%.¹⁴
- An estimated 87 million people – one in every three Americans under the age of 65 – were uninsured at some point in 2007 and 2008.¹⁵
- More than 80% of the uninsured are in working families.^{16,17}
- Children without insurance have decreased access to well-child care, immunizations, basic dental services, and prescription medication. Uninsured adults similarly have less access to needed preventive care, and when sick, they are more likely to experience poorer health outcomes.¹⁸
- This in turn leads to lost workplace productivity and greater risk of illness and death, at a cost of \$65 to \$135 billion per year.^{19,20,21}

- However, when the uninsured do obtain health care coverage, access to effective clinical services and health outcomes improve.²²
- In the current economic crisis, even people with insurance are forgoing needed medical care, including prescription medications and doctor visits, because of inability to pay copayments and deductibles.²³
- In the past 4 years, the number of people above 200% of the poverty line who spend more than 10% of their income on health care has more than tripled. About half of them report difficulty paying bills.²⁴
- People with insurance also report difficulty accessing care when they live in areas with high uninsurance rates, and physicians in these regions believe that they cannot make medical decisions in the best interest of their patients.²⁵

3. PERSISTENT GAPS IN QUALITY:

In spite of the vast resources invested, the health care system has not yet reached the goal of high-quality care.

- Across 37 performance indicators, the United States achieved an overall score of 65 out of a possible 100.²⁶
- Only 60% of obese adults were given advice on exercise, and just over half of children received advice on healthy eating.²⁷
- Hospitals, on average, have still not met recommended targets for treating heart attacks in a timely manner.²⁸
- If all states improved diabetes control to the level of the top four best performing states, at least 39,000 fewer patients would have been admitted for uncontrolled diabetes in 2004, potentially saving \$216.7 million.²⁹

Patient safety initiatives have the potential to save thousands of lives.

- Up to 98,000 Americans die each year as a result of medical errors, more than motor vehicle accidents, breast cancer, and AIDS.³⁰
- The United States also lags behind other nations in the use of error-reducing techniques, such as health information technology.³¹

Disparities in care among different subpopulations must be addressed.

- Ethnic and racial minorities are often less likely to receive recommended care, as are people with lower income or lower educational status.³²
- They are also more likely to be uninsured, more likely to leave the emergency room without being seen, and more likely to experience poor communication with their physicians.³³

**HEALTH INSURANCE COVERAGE OF THE TOTAL POPULATION,
STATES (2006-2007), U.S. (2007)**

	Percent Uninsured	Uninsured	Employer	Individual	Medicaid	Medicare	Other Public Insurance	Total Population
United States	15.3%	45,657,193	159,311,384	14,541,782	39,296,423	36,155,452	3,253,122	298,215,356
Alabama	13.6%	618,913	2,495,543	171,898	592,260	621,825	41,597	4,542,036
Alaska	17.7%	115,824	353,556	24,822	78,798	42,926	36,920	652,846
Arizona	19.6%	1,237,322	3,006,581	258,341	1,007,333	729,679	68,883	6,308,138
Arkansas	17.5%	485,849	1,294,972	127,632	440,675	380,969	46,820	2,776,917
California	18.5%	6,701,890	17,772,178	2,420,619	5,793,999	3,200,361	274,296	36,163,342
Colorado	16.9%	813,188	2,737,376	334,677	408,037	433,325	97,111	4,823,714
Connecticut	9.4%	325,516	2,113,966	139,521	396,535	458,715	24,549	3,458,802
Delaware	11.7%	100,560	510,142	25,358	93,589	119,306	8,630	857,585
District of Columbia	10.6%	60,803	302,773	32,667	118,630	56,767	3,487	575,128
Florida	20.7%	3,738,230	8,500,588	950,809	1,727,980	2,889,417	222,872	18,029,897
Georgia	17.7%	1,660,156	5,165,605	340,362	1,143,260	925,891	137,426	9,372,700
Hawaii	8.3%	103,025	763,405	42,851	136,415	154,028	35,746	1,235,471
Idaho	14.7%	217,759	804,937	95,190	160,530	189,631	16,127	1,484,175
Illinois	13.7%	1,737,876	7,381,685	565,817	1,452,029	1,437,483	67,254	12,642,143
Indiana	11.6%	732,256	3,832,574	241,215	685,776	774,590	27,811	6,294,222
Iowa	9.9%	291,009	1,722,416	167,032	371,479	376,990	10,528	2,939,454
Kansas	12.6%	340,373	1,486,043	174,793	315,874	349,542	42,776	2,709,402
Kentucky	14.6%	604,929	2,130,397	171,941	637,491	560,977	45,793	4,151,528
Louisiana	20.2%	848,463	1,924,791	193,756	661,582	541,974	25,967	4,196,532
Maine	9.1%	118,935	687,310	63,175	246,605	176,773	17,166	1,309,964
Maryland	13.8%	769,007	3,394,077	219,516	489,195	644,463	49,543	5,565,801
Massachusetts	7.9%	498,451	3,777,434	280,693	979,539	786,682	12,756	6,335,555
Michigan	11.0%	1,096,821	5,761,698	379,262	1,279,096	1,378,958	44,400	9,940,235
Minnesota	8.8%	453,544	3,154,070	325,149	581,320	626,320	24,515	5,164,919
Mississippi	19.8%	572,555	1,293,798	130,481	550,649	300,617	41,011	2,889,110
Missouri	13.0%	750,218	3,122,307	321,795	722,692	828,154	45,025	5,790,191
Montana	16.4%	153,006	447,965	75,774	116,615	124,316	13,511	931,186
Nebraska	12.8%	224,689	1,015,327	128,522	158,499	196,497	29,041	1,752,575
Nevada	18.4%	468,808	1,463,174	109,964	171,322	305,448	28,359	2,547,075
New Hampshire	11.0%	143,754	846,833	59,065	82,576	167,552	8,669	1,308,450
New Jersey	15.6%	1,344,323	5,176,338	290,752	701,556	1,054,727	27,746	8,595,443
New Mexico	22.8%	441,351	819,437	95,016	306,512	235,428	40,349	1,938,093
New York	13.6%	2,590,364	9,915,597	672,495	3,641,829	2,166,402	59,349	19,046,037
North Carolina	17.2%	1,547,212	4,510,282	435,781	1,185,291	1,138,071	153,565	8,970,201
North Dakota	11.2%	68,412	343,475	62,847	53,523	76,622	8,032	612,912
Ohio	10.9%	1,229,769	6,580,161	484,430	1,457,308	1,422,018	112,076	11,285,761
Oklahoma	18.5%	646,363	1,672,318	142,019	470,767	461,432	98,994	3,491,892
Oregon	17.4%	648,169	1,943,329	231,049	410,084	457,012	39,072	3,728,717
Pennsylvania	9.8%	1,206,115	7,089,670	648,477	1,486,994	1,853,004	32,155	12,316,416
Rhode Island	9.7%	101,869	589,274	43,493	187,363	114,510	9,058	1,045,567

South Carolina	16.2%	696,484	2,197,541	178,889	593,484	560,653	72,549	4,299,599
South Dakota	11.0%	85,566	421,830	63,647	77,433	111,964	16,731	777,171
Tennessee	14.1%	845,728	3,004,975	306,748	886,699	821,009	140,469	6,005,629
Texas	24.9%	5,832,884	10,918,949	1,043,274	2,902,073	2,426,647	282,240	23,406,068
Utah	15.1%	391,392	1,542,039	181,458	243,067	218,913	16,926	2,593,795
Vermont	10.7%	66,140	331,851	22,454	114,255	76,646	4,703	616,049
Virginia	14.2%	1,070,636	4,404,621	299,998	595,747	890,563	252,464	7,514,029
Washington	11.7%	741,450	3,636,450	328,871	800,480	717,922	134,592	6,359,764
West Virginia	13.8%	249,384	915,965	36,304	295,357	283,410	21,501	1,801,922
Wisconsin	8.5%	465,762	3,349,515	292,561	654,387	665,968	39,608	5,467,801
Wyoming	14.2%	72,811	279,398	35,251	48,066	69,566	9,046	514,138

Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements).

Notes:

- Percentages may not sum to 100% due to rounding effects.
- For current Medicaid and Medicare enrollment figures, please refer to the Medicaid & CHIP and "Medicare" sections, respectively, which report enrollment data from the Centers for Medicare and Medicaid Services (CMS).
- CHIP and individuals eligible for both Medicare and Medicaid (dual eligibles) are included in Medicaid.
- Other Public (Federal) includes individuals covered through the military or Veterans Administration in federally-funded programs such as TRICARE (formerly CHAMPUS) as well as some non-elderly Medicare enrollees.

¹ Kaiser Family Foundation & Health Research and Educational Trust, *Employer Health Benefits 2008 Annual Survey*. (Menlo Park, CA: Kaiser Family Foundation, 2008). <http://ehbs.kff.org/?page=abstract&id=1>

² Office of the Actuary, Centers for Medicare and Medicaid Services, *National Health Expenditure Data for 2007*. U.S. Department of Health and Human Services.

http://www.cms.hhs.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage

³ Organisation for Economic Cooperation and Development. OECD Health Data 2008.

⁴ P.R. Orszag, *Growth in Health Care Costs: Statement Before the Committee on the Budget, United States Senate*, (Washington, DC: Congressional Budget Office, Jan 31 2008). <http://www.cbo.gov/doc.cfm?index=8948>

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⁶ R. Wagoner, Testimony before the House Financial Services Committee, December 5, 2008.

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⁸ G.F. Will. There's more health care than steel in GM price tag. *Deseret News*, May 1, 2005.

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⁹ Kaiser Family Foundation & Health Research and Educational Trust, *Employer Health Benefits 2008 Annual Survey*. (Menlo Park, CA: Kaiser Family Foundation, 2008). <http://ehbs.kff.org/?page=abstract&id=1>

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¹¹ Employee Benefit Research Institute, *Savings Needed to Fund Health Insurance and Health Care Expenses in Retirement*, (Washington, DC: EBRI Issue Brief #295, July 2006).

¹² Gallup Poll. Nov. 11-14, 2007. <http://www.pollingreport.com/health3.htm>

¹³ Pew Research Center for the People & the Press survey. March 8-12, 2006.

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- ²⁰ S. Dorn, "Uninsured and Dying Because of It: Updating the Institute of Medicine Analysis on the Impact of Uninsurance on Mortality" (Washington, DC: The Urban Institute, 2008).
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