

Exhibit 1. National Health Expenditures per Capita, 1980–2007

Average spending on health per capita (\$US PPP)

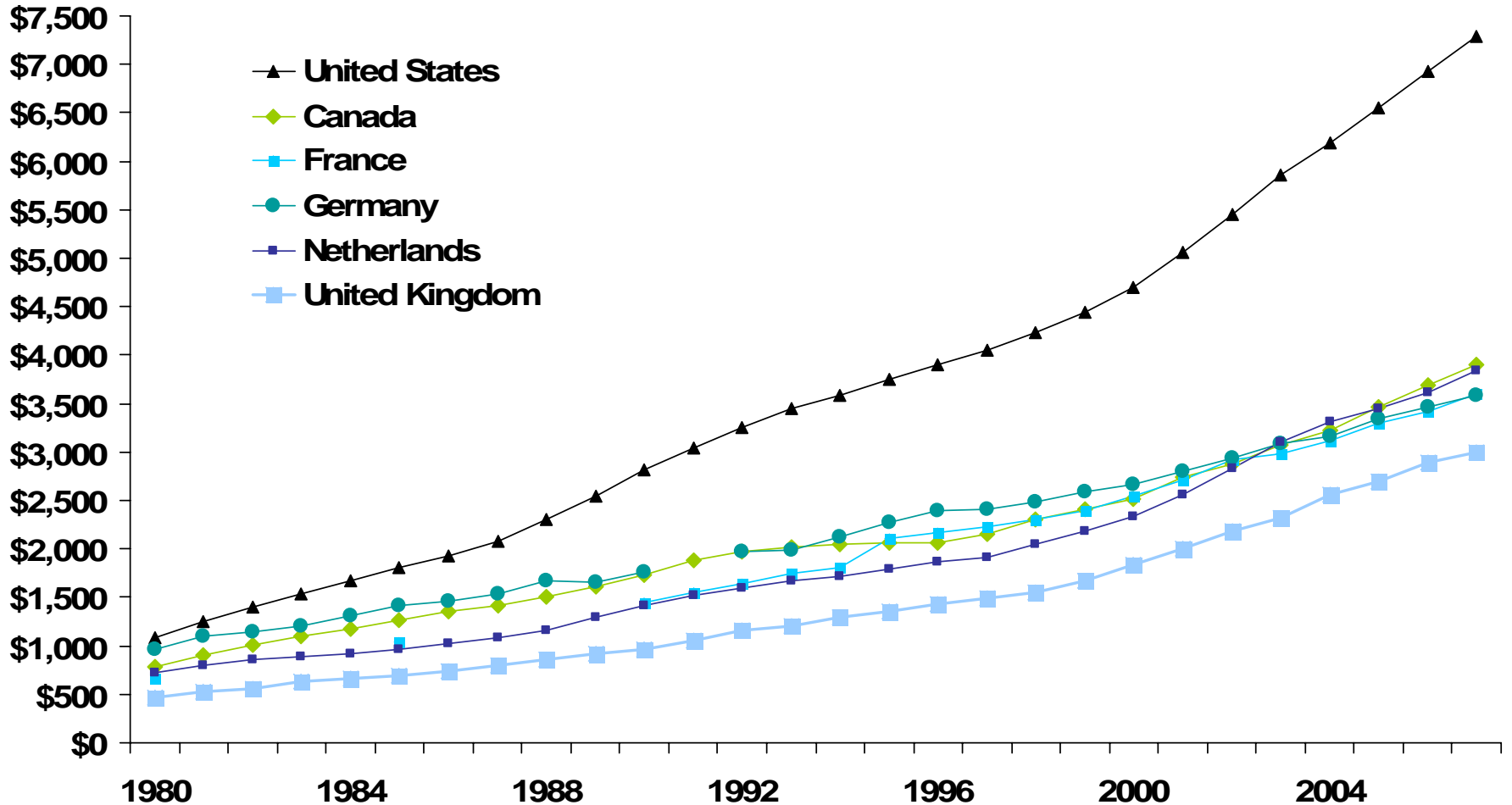
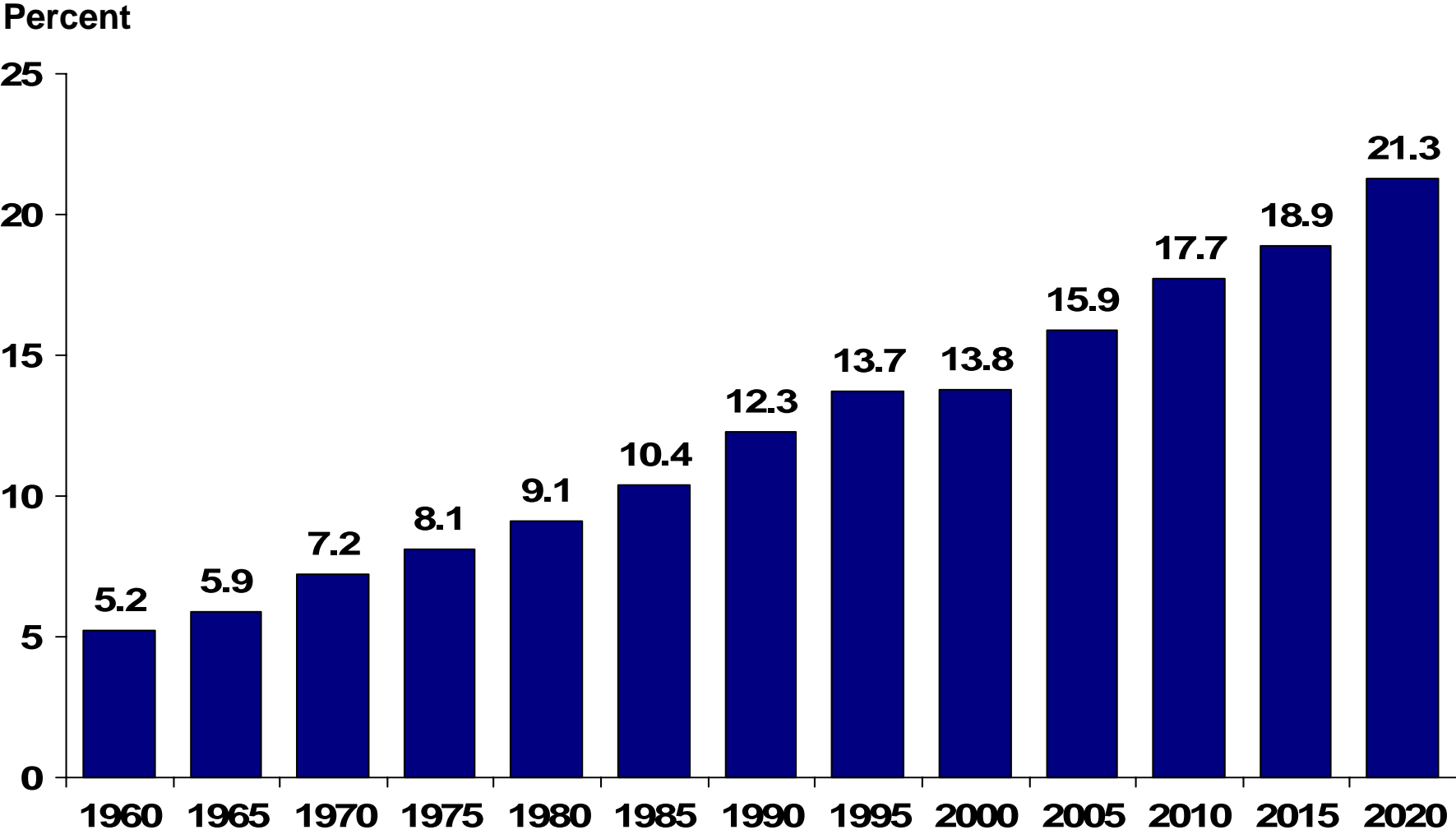


Exhibit 2. National Health Expenditures as a Percentage of Gross Domestic Product, 1960–2020

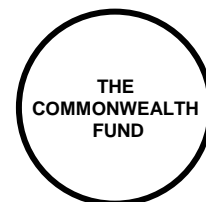
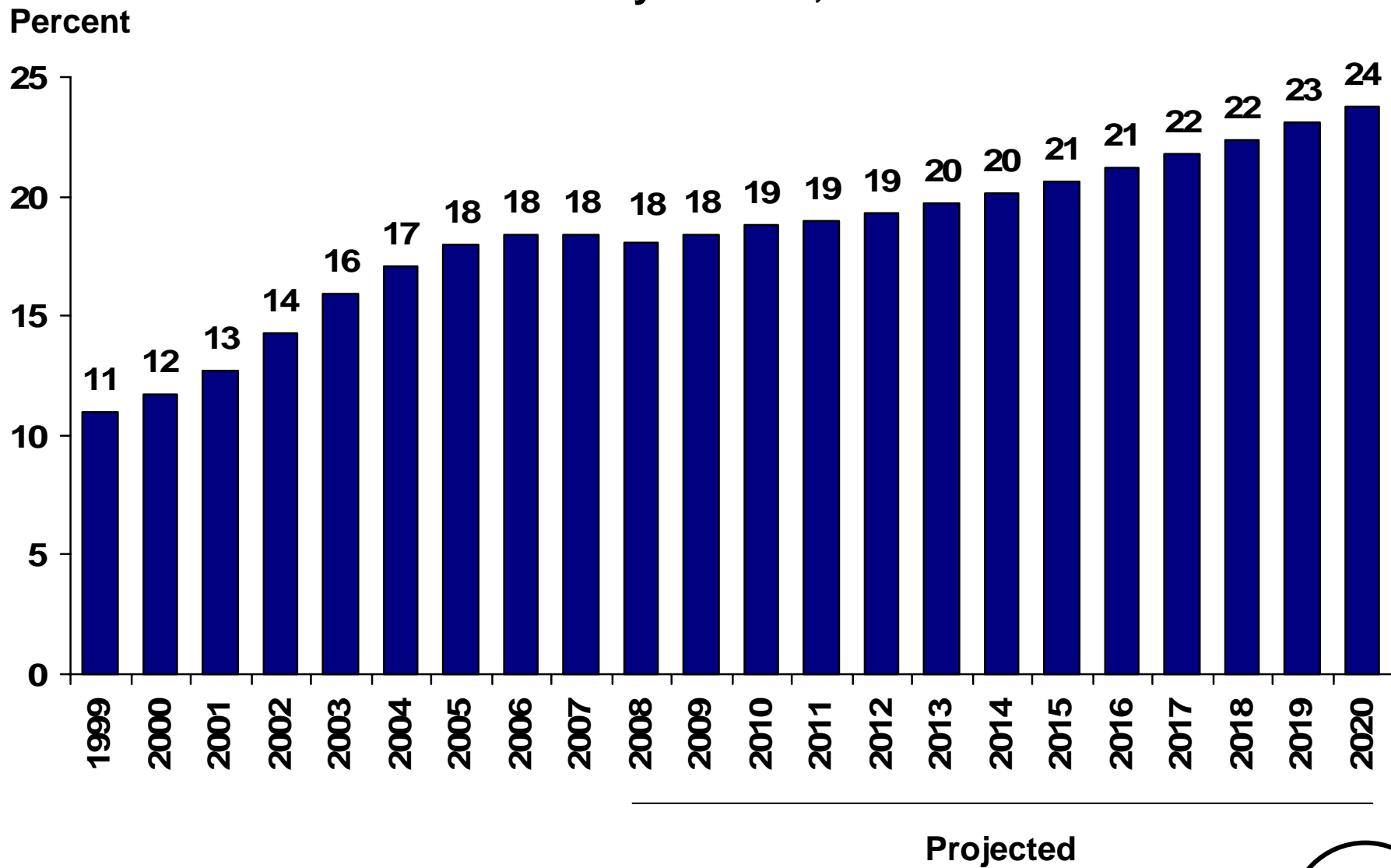


Projected



Data: Centers for Medicare and Medicaid Services, The Lewin Group.

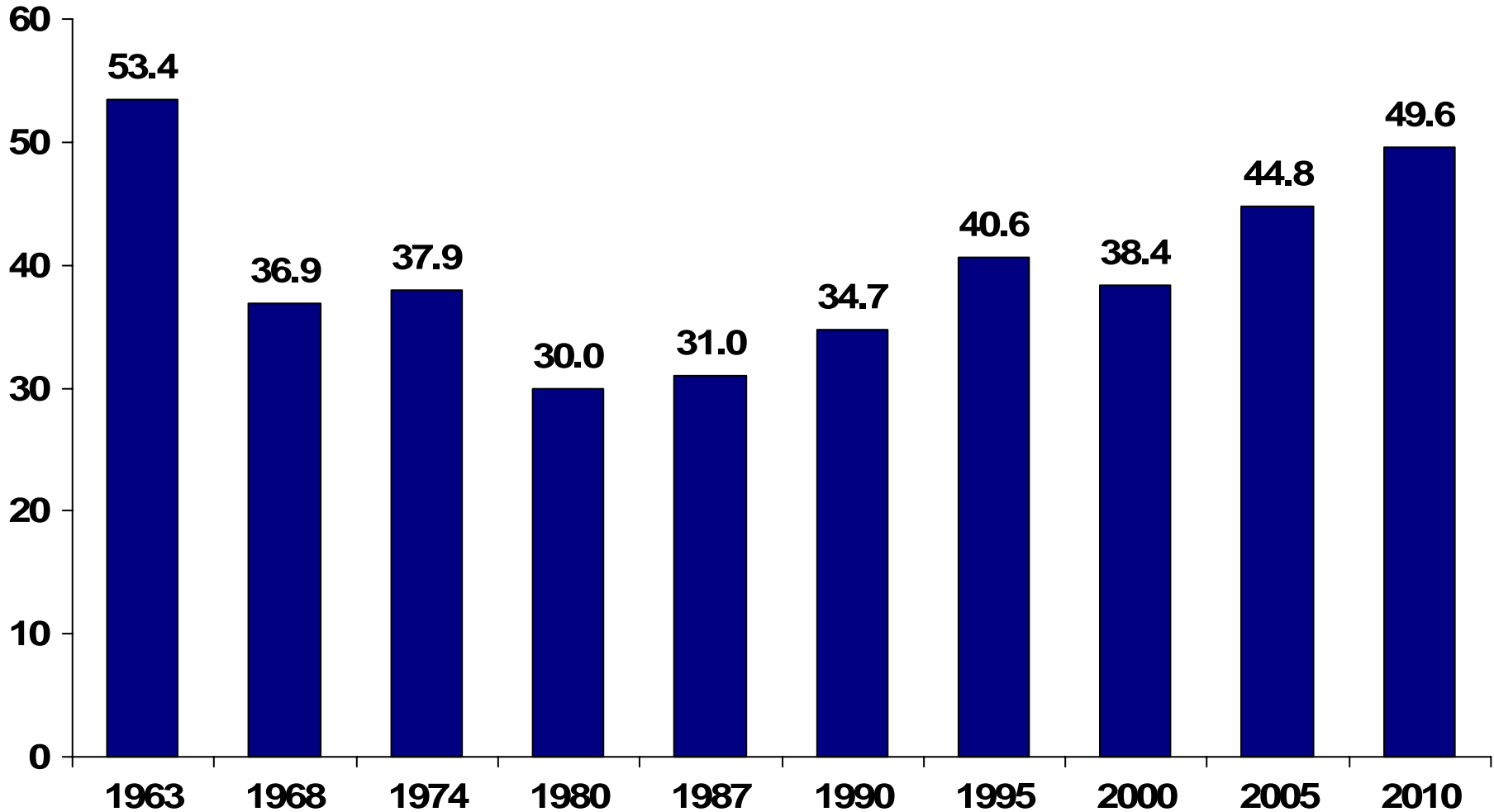
Exhibit 3. Average Family Premium as a Percentage of Median Family Income, 1999–2020



Data: Commonwealth Fund calculations based on Kaiser/HRET, 1999-2008; 2008 MEPS-IC; U.S. Census Bureau, Current Population Survey; Congressional Budget Office.

Exhibit 4. Total Number of Uninsured, 1963–2010

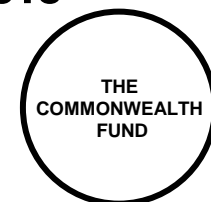
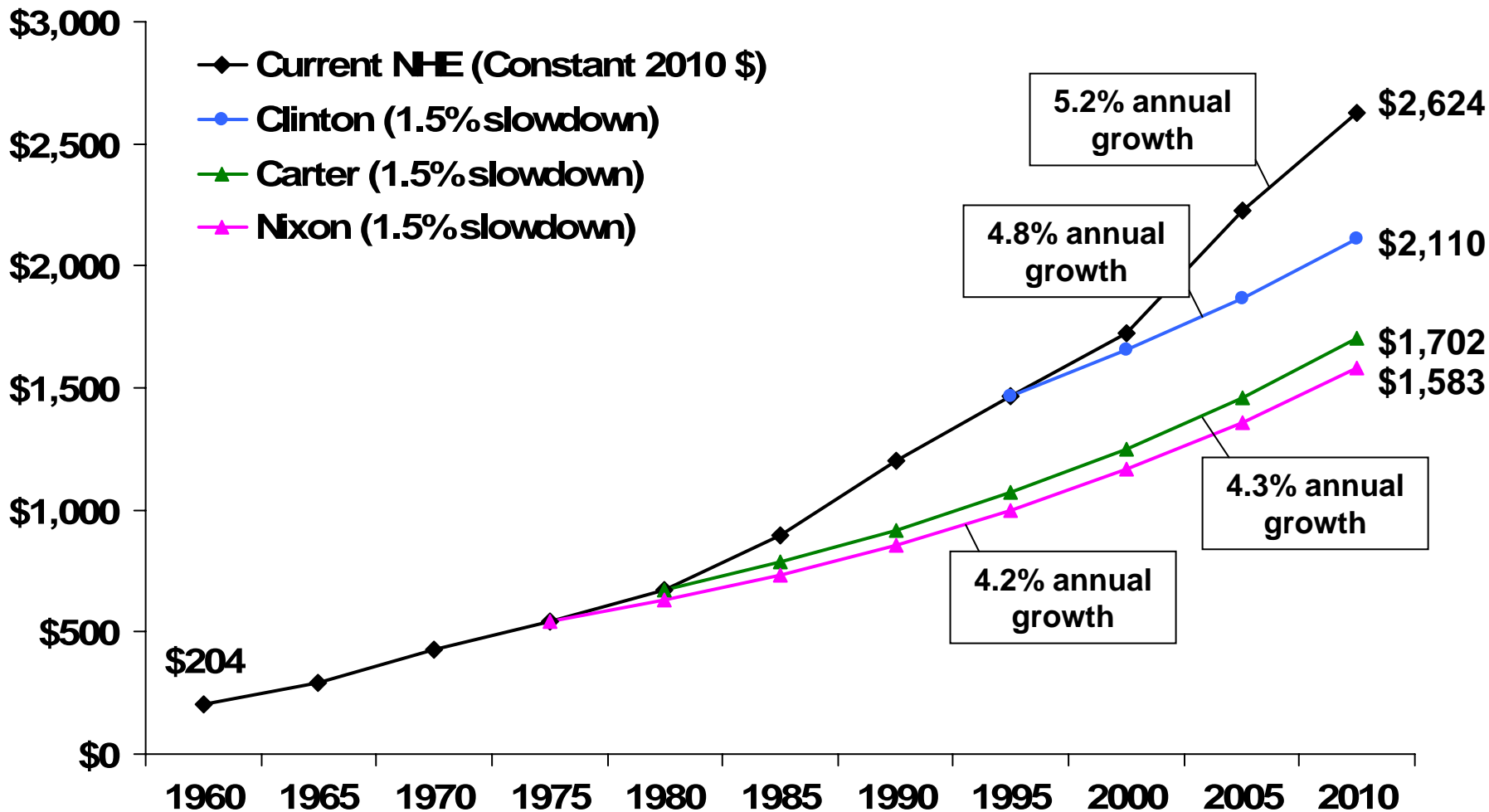
Millions uninsured



Note: Figures for 1963-1974 are U.S. residents without hospital insurance.
Data: National Health Interview Survey, Current Population Survey, The Lewin Group.

Exhibit 5. National Health Expenditures (NHE) Under Alternative Scenarios, U.S. Constant 2010 Dollars, 1960–2010

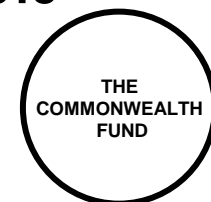
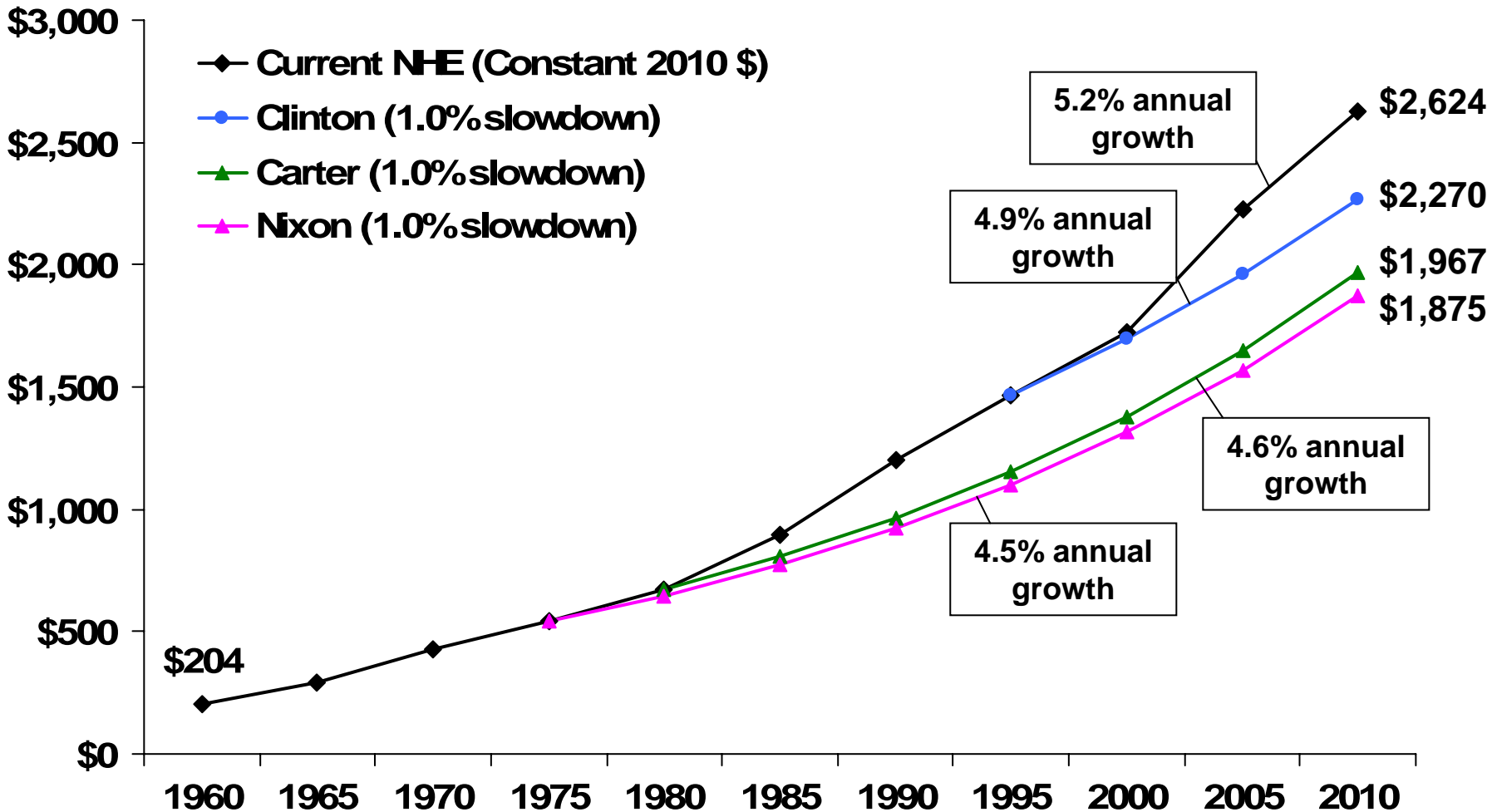
NHE in billions



Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.

Exhibit 6. National Health Expenditures (NHE) Under Alternative Scenarios, U.S. Constant 2010 Dollars, 1960–2010

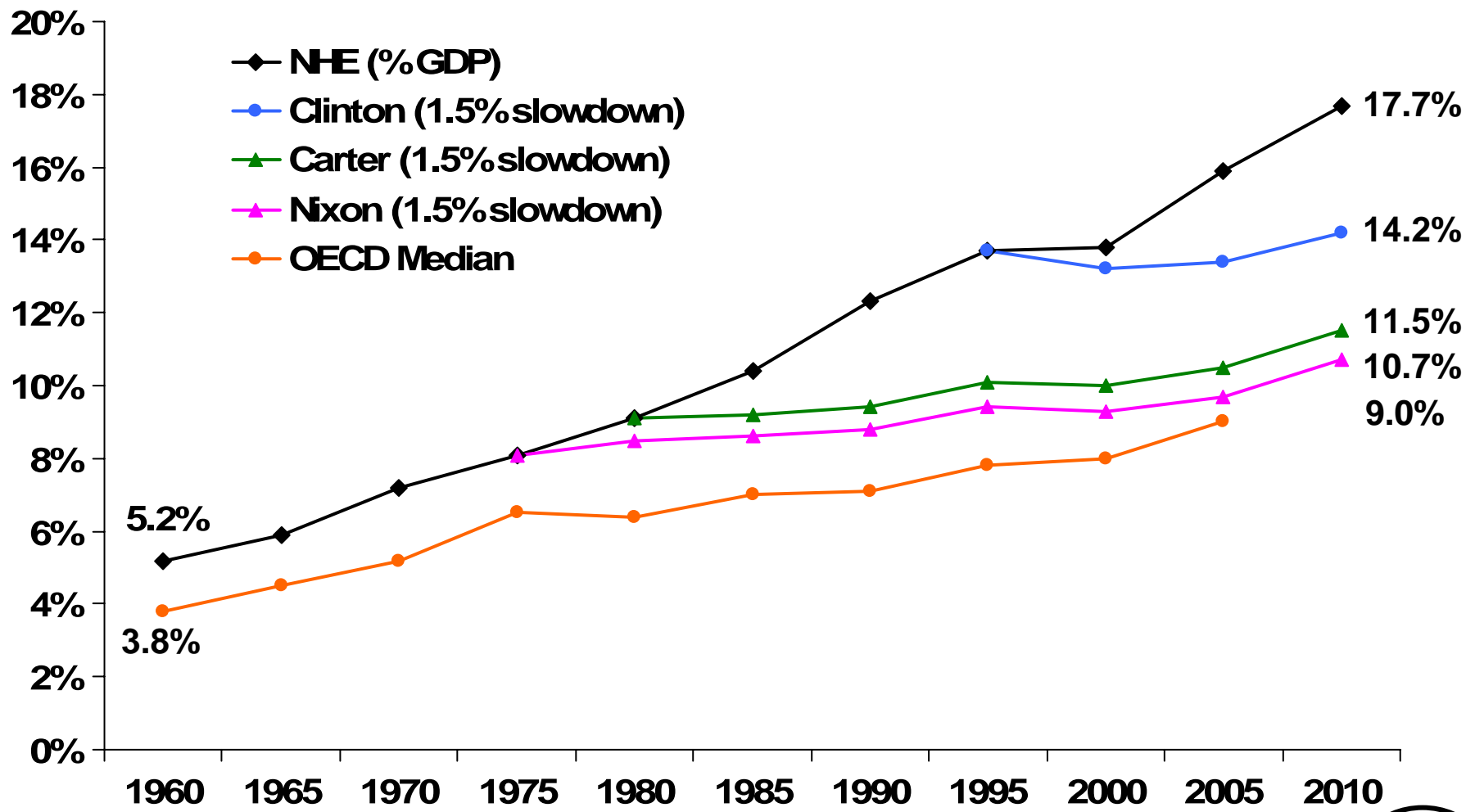
NHE in billions



Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.

Exhibit 7. National Health Expenditures (NHE) Under Alternative Scenarios, Percentage of Gross Domestic Product, 1960–2010

NHE (% GDP)

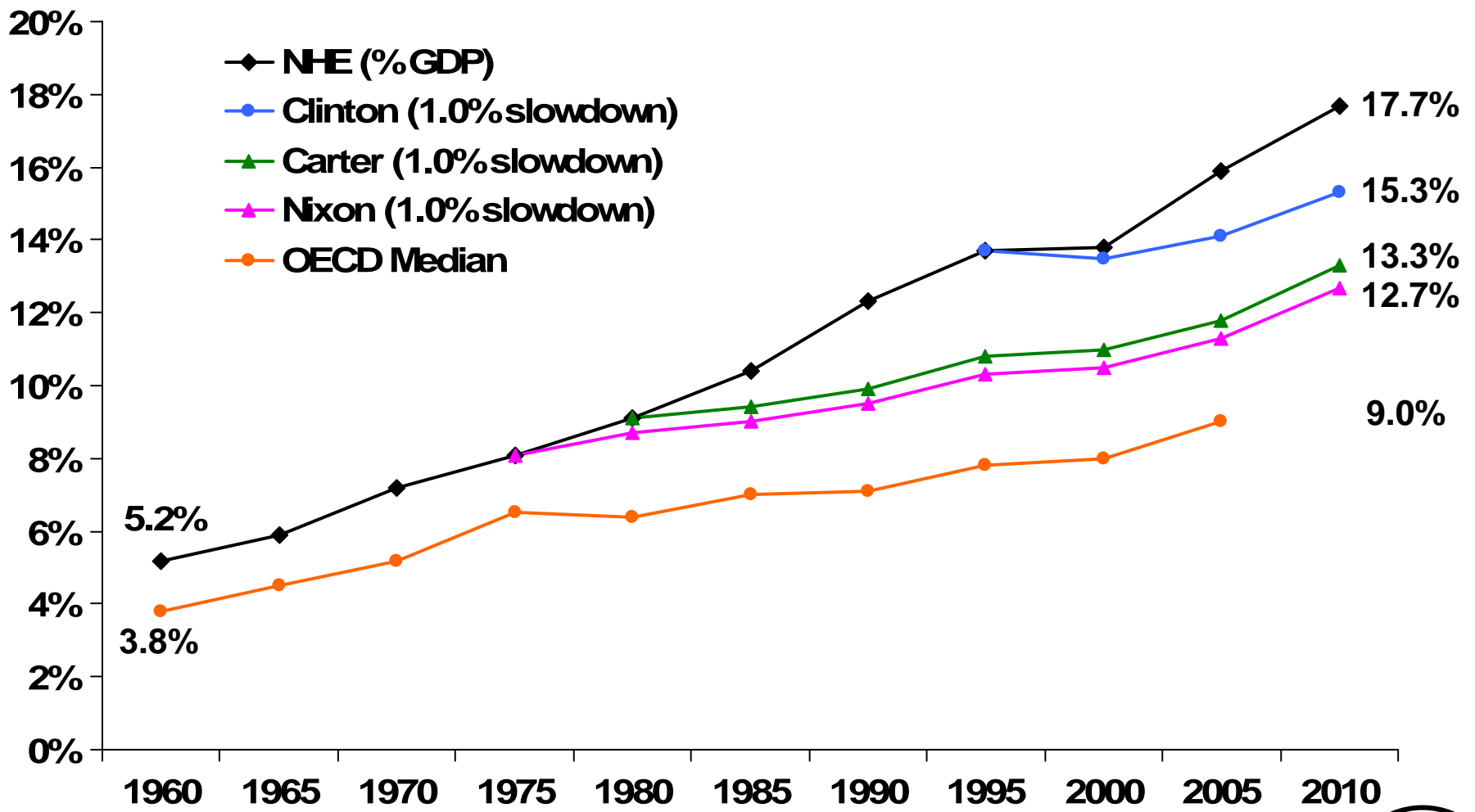


Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.



Exhibit 8. National Health Expenditures (NHE) Under Alternative Scenarios, Percentage of Gross Domestic Product, 1960–2010

NHE (% GDP)

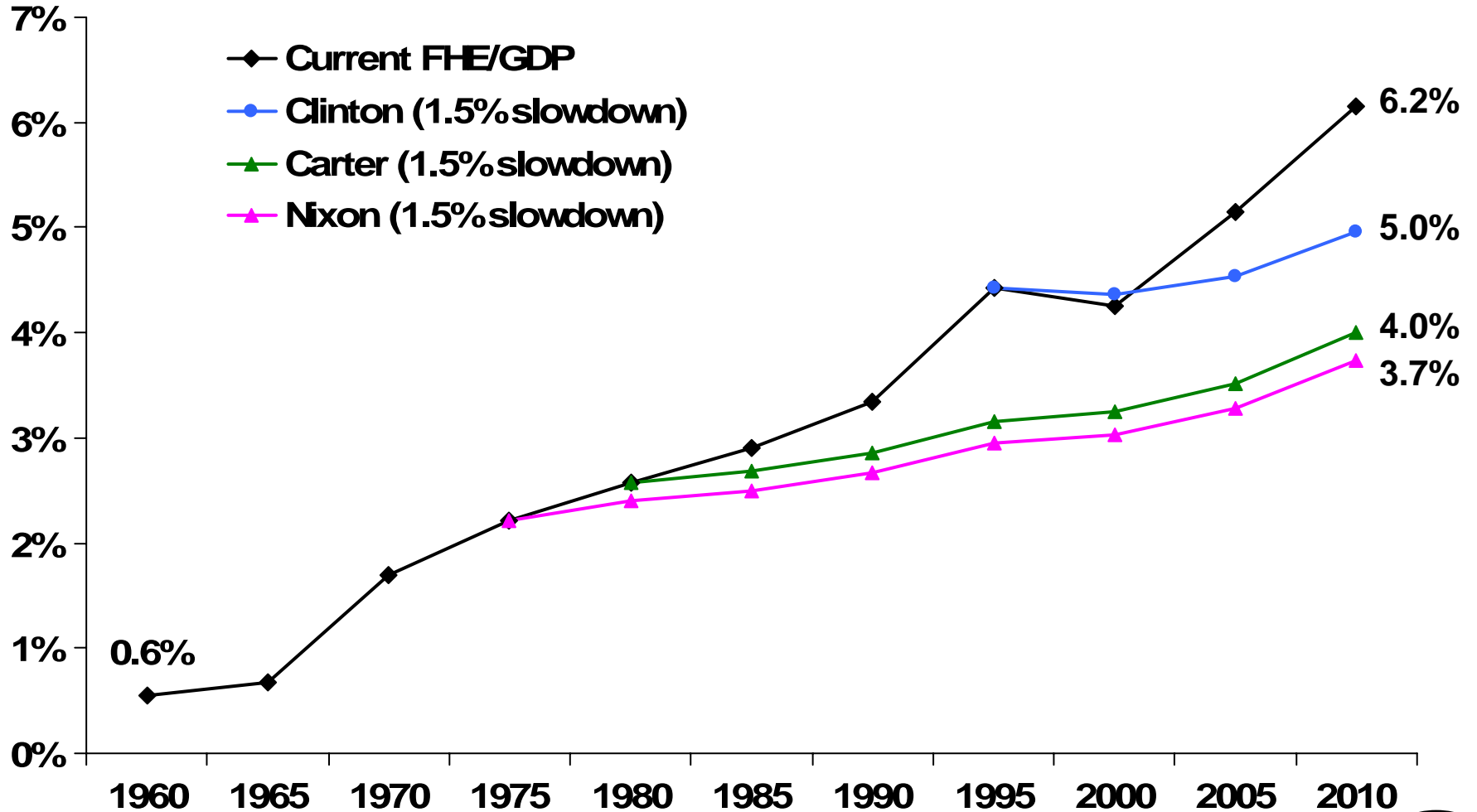


Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.



Exhibit 9. Federal Health Expenditures (FHE) Under Alternative Scenarios, Percentage of Gross Domestic Product, 1960–2010

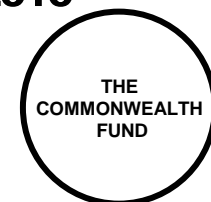
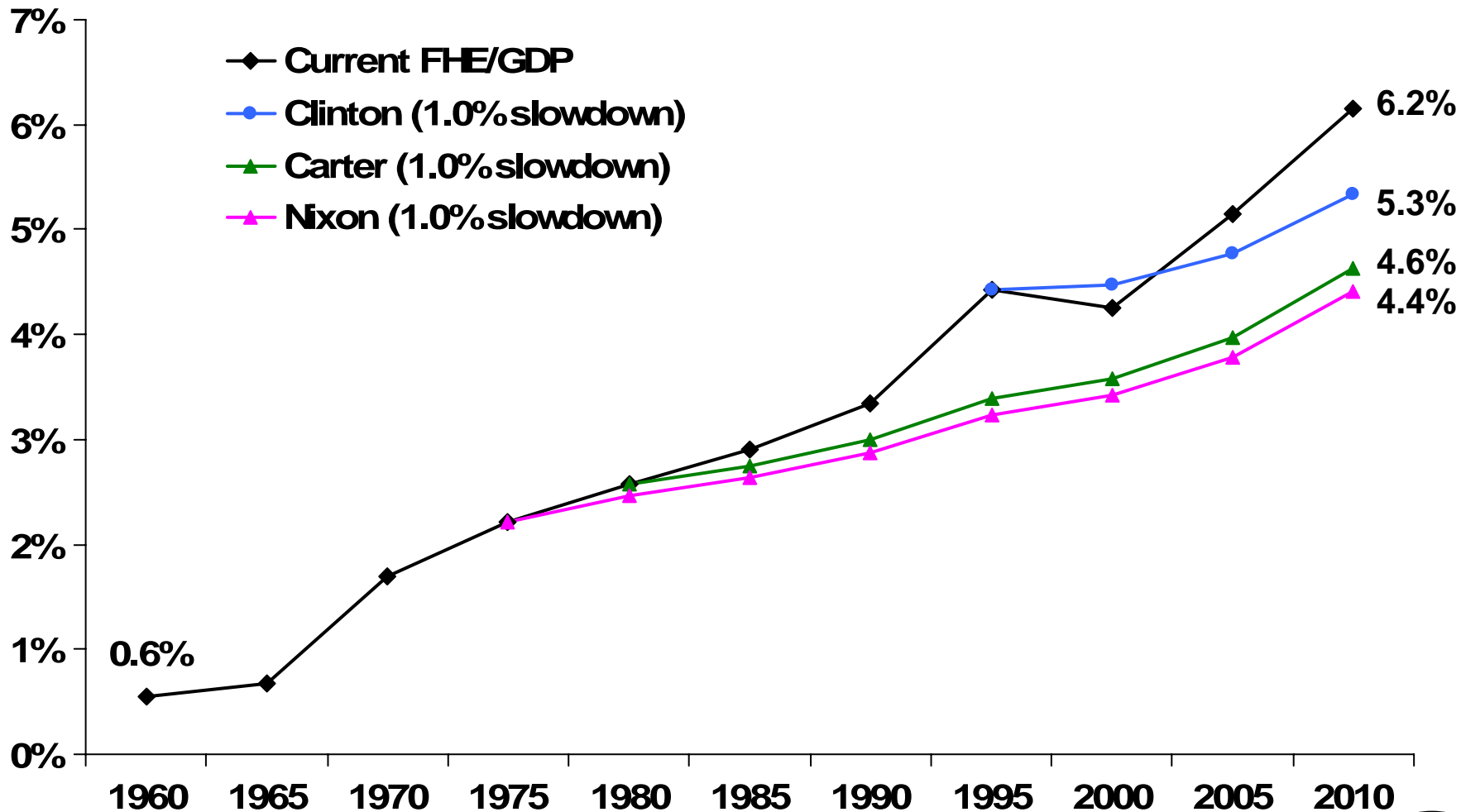
FHE (% GDP)



Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.

Exhibit 10. Federal Health Expenditures (FHE) Under Alternative Scenarios, Percentage of Gross Domestic Product, 1960–2010

FHE (%GDP)



Data: The Centers for Medicare and Medicaid Services; Bureau of Labor Statistics, Office of Management and Budget, Congressional Budget Office.

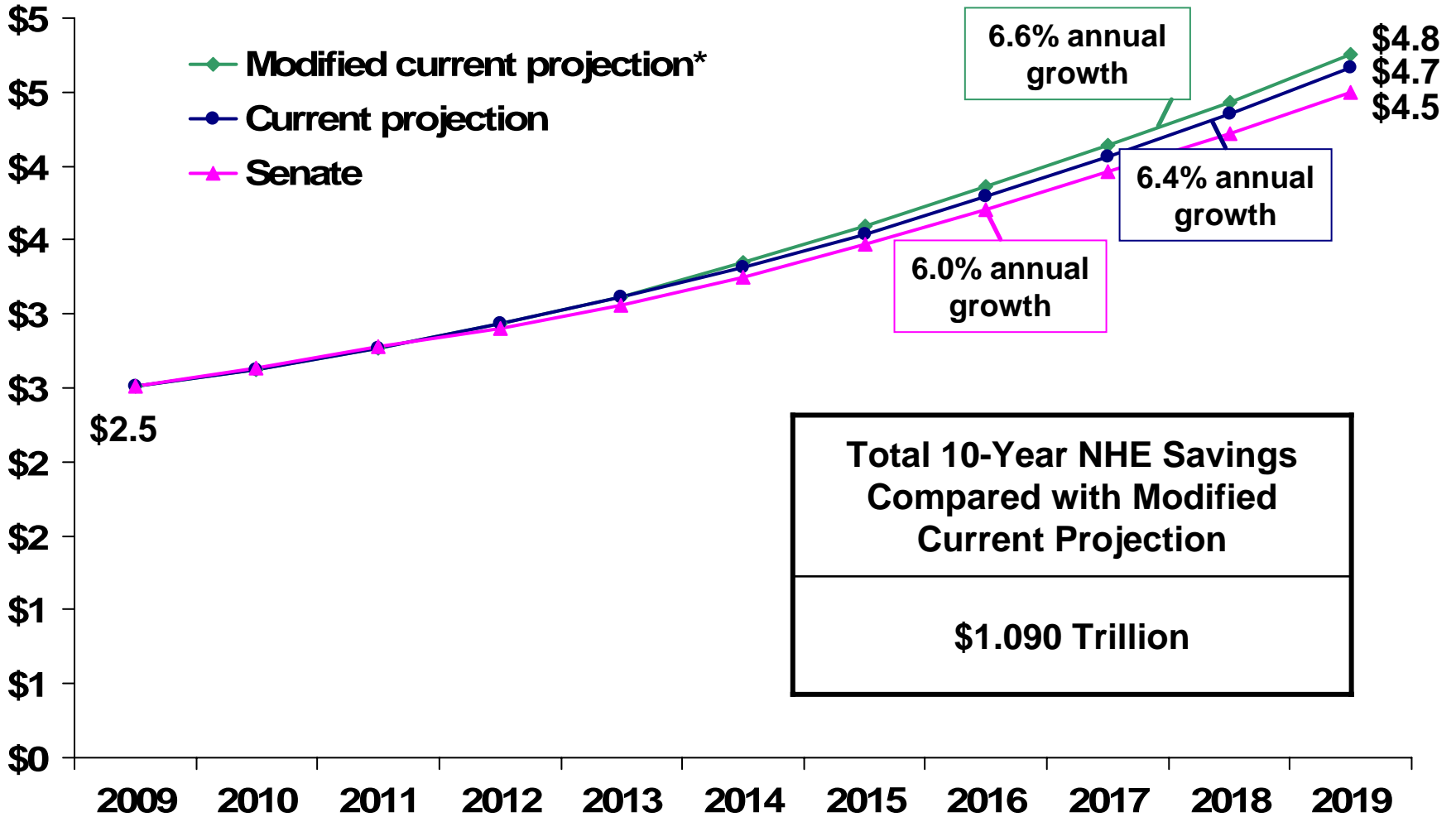
Exhibit 11. System Improvement Provisions of National Health Reform Proposals, 2009

	House of Representatives 11/05/09	Senate 11/18/09
Exchange Standards and Plans	National or state exchanges; private, public, or co-op plans offered; essential health benefits 70%–95% actuarial value, four tiers; insurers must meet specified medical loss ratio of 85 percent	State or regional exchanges; private and co-op plans offered; public plan with state opt-out; essential health benefits 60%–90% actuarial value, four tiers plus young adults policy; insurers must report medical loss ratio
Innovative Payment Pilots: Medical Homes, Accountable Care Organizations, Bundled Hospital and Post-Acute Care	Adopt medical homes, ACOs, and bundled payments on large scale if pilot programs prove successful; Center for Payment Innovation	Allow Medicaid beneficiaries to designate medical home; ACOs to share savings in Medicare; CMS Innovations Center
Productivity Improvements	Modify market-basket updates to account for productivity improvements	Modify market-basket updates to account for productivity improvements
Primary Care	Increase Medicare payments for PCPs by 5%; bring Medicaid PCPs up to Medicare level	10% bonus payments for 5 years; half of the costs offset by across-the-board reduction in all other services
Prevention and Wellness	Develop a national prevention and wellness strategy; establish a Prevention and Wellness Trust Fund; remove cost-sharing for proven preventive services; grants to support employer wellness programs	Provide annual wellness visit and/or health risk assessment for Medicare beneficiaries; strengthen state and employer wellness programs; remove cost-sharing for proven preventive services
Comparative Effectiveness	Establish Center for Comparative Effectiveness Research within AHRQ	Create Patient-Centered Outcomes Research Institute
Quality Improvement	Establish the Center for Quality Improvement to identify, develop, evaluate, disseminate, and implement best practices; develop national priorities for performance improvement and quality measures	Direct HHS to develop national quality strategy, public reporting

Source: K. Davis, S. Guterman, S. R. Collins et al., *Starting on the Path to a High Performance Health System: Analysis of Health System Reform Provisions of Reform Bills in the House of Representatives and Senate* (New York: The Commonwealth Fund, Dec. 2009).

Exhibit 12. Total National Health Expenditures (NHE), 2009–2019, Current Projection and Alternative Scenarios

NHE in trillions



**Total 10-Year NHE Savings
Compared with Modified
Current Projection**

\$1.090 Trillion

* Modified current projection estimates national health spending when corrected to reflect underutilization of services by previously uninsured.

Source: D. M. Cutler, K. Davis, and K. Stremikis, *Why Health Reform Will Bend the Cost Curve* (Washington and New York: Center for American Progress and The Commonwealth Fund, Dec. 2009).

