



Issue Brief

Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families

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ABSTRACT: Analysis of the 2007 Commonwealth Fund Biennial Health Insurance Survey finds the proportion of working-age Americans who struggled to pay medical bills and accumulated medical debt climbed from 34 percent to 41 percent, or 72 million people, between 2005 and 2007. In addition, 7 million adults age 65 and older had these problems, bringing the total to 79 million adults with medical debt or bill problems. All income groups reported an increase. Families with low or moderate incomes were particularly hard hit, as were adults who had gaps in health coverage or those underinsured. Because of medical bills or accumulated medical debt, an estimated 28 million adults reported they used up all their savings, 21 million incurred large credit card debt, and another 21 million were unable to pay for basic necessities. Sixty-one percent of those with medical debt or bill problems were insured at the time care was provided.

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OVERVIEW

As health care costs continue to rise and adequate health insurance becomes increasingly unaffordable, many families across the United States are having problems paying for their medical care.¹ High out-of-pocket health spending and sluggish growth in real incomes are contributing to the rise of medical debt² and personal bankruptcies, forcing many families to make hard choices among life's necessities. All too often, health insurance and health care are sacrificed along the way.³

Drawing from the Commonwealth Fund 2005 and 2007 Biennial Health Insurance Surveys, this study estimates the prevalence and recent growth of medical bill problems and accrued medical debt among nonelderly U.S. adults (ages 19 to 64).⁴ Our analysis finds that in 2007, 41 percent of this population—an estimated 72 million people—had problems with payment of medical bills, accrued debt, or both. This represents a significant increase since 2005.

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While families with low or moderate incomes were particularly hard hit, all income groups were affected. And while rates of medical bill problems and debt are highest among the uninsured, people with coverage hardly go unscathed. In fact, about 60 percent of adults who had coverage all year but were “underinsured”—that is, their out-of-pocket medical expenses or deductibles were high relative to their income⁵—reported medical bill problems, more than double the rate for those who had adequate coverage all year (26%).

Notably, adults age 65 or older were far less likely than working-age adults to report medical bill problems or debt (Table 1). Only 19 percent of seniors—half the rate for people under 65 (41%)—reported any medical bill problems or debt. Nearly all seniors have Medicare, which, combined with supplemental private coverage or Medicaid (for those with low income), provides substantial financial protection.

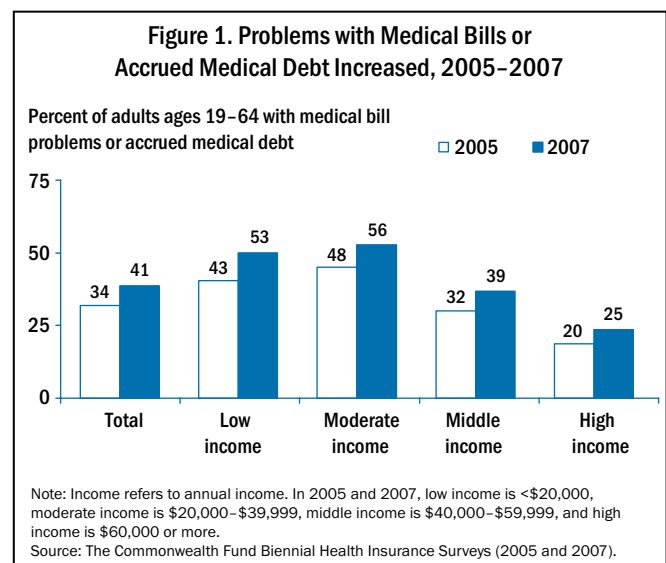
Overall, an estimated 79 million people over the age of 18, including 7 million elderly adults and 72 million adults ages 19 to 64, reported medical bill problems or accumulated medical debt. Given the link between being uninsured or underinsured and having financial problems related to medical bills, the remainder of this issue brief focuses on the 19-to-64 age group, the segment of the population that has been most affected by gaps in coverage and high levels of cost-sharing.

UNAFFORDABLE MEDICAL BILLS

Over the last two years, U.S. adults have become increasingly hard-pressed to pay their medical bills. The survey asked respondents whether they had experienced problems with medical bills over the past year, including if there were times when they had difficulty paying bills or were unable to pay them, whether they had been contacted by a collection agency concerning outstanding medical bills, or whether they had to change their lives significantly to pay their bills. The survey also asked respondents whether they were paying off medical debt over time. In 2007, more than two of five (41%) adults ages 19 to 64, or 72 million peo-

ple, reported any one of those problems—up from 34 percent in 2005 (Figure 1, Table 2). This increase occurred across all income groups but was sharpest for families with low or moderate incomes: more than half of adults with incomes below \$40,000 reported problems with their medical bills in 2007.

Over the two-year period, people experienced increases in all the types of bill payment problems that were examined. In 2007, 27 percent of adults said they had problems paying or were unable to pay their bills, up from 23 percent in 2005, and 18 percent said they had to change their way of life in order to pay their bills, up from 14 percent in 2005. In 2007, 16 percent also reported they had been contacted by a collection agency about bills that had not been paid, compared with 13 percent in 2005 (Figure 2).⁶



MEDICAL DEBT: A GROWING PROBLEM

Between 2005 and 2007, the share of adults who said that they were paying off medical bills over time rose significantly. Twenty-eight percent of adults, or 49 million people, said they were paying off medical debt in 2007, up from 21 percent, or 37 million, in 2005 (Figure 2). As a result, an estimated 12 million more working-age adults were grappling with medical debt in 2007 than in 2005.

Many individuals who are paying off their medical bills over time carry substantial debt loads.

Figure 2. Medical Bill Problems and Accrued Medical Debt, 2005–2007

Percent of adults ages 19–64		
	2005	2007
In the past 12 months:		
Had problems paying or unable to pay medical bills	23% 39 million	27% 48 million
Contacted by collection agency for unpaid medical bills	13% 22 million	16% 28 million
Had to change way of life to pay bills	14% 24 million	18% 32 million
<i>Any of the above bill problems</i>	28% 48 million	33% 59 million
Medical bills being paid off over time	21% 37 million	28% 49 million
<i>Any bill problems or medical debt</i>	34% 58 million	41% 72 million

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2005 and 2007).

One-quarter (24%) of adults who were paying off medical bills reported that they were carrying more than \$4,000 in debt, and 12 percent had \$8,000 or more (Figure 3). Adults who were uninsured for any time during the year had the highest debt loads: more than one-third (34%) of those who were uninsured at the time of the survey and one-quarter (24%) of those who were uninsured for a time in the past year reported debt of \$4,000 or more, and 20 percent and 13 percent, respectively, had \$8,000 or more in debt. In addition, many people are carrying debt incurred over multiple years: more than one-third (37%) of adults with medical debt had overdue bills from care received more than one year ago, and 8 percent were paying bills from both the previous year and earlier years.

Figure 3. Uninsured Adults Are More Likely to Be Paying Off Large Amounts of Medical Debt Over Time

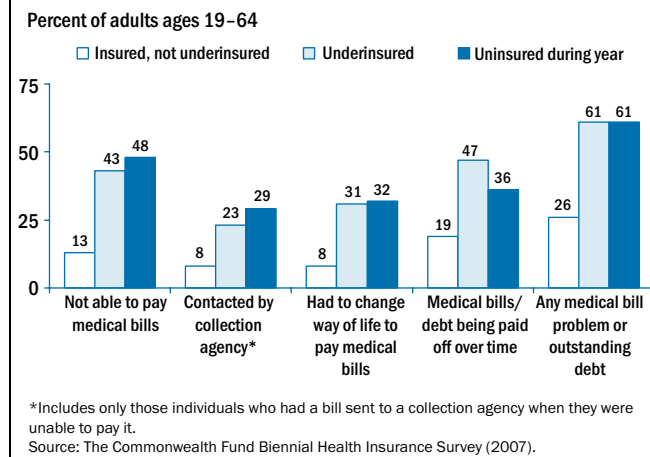
	Percent of adults ages 19–64 who are paying off medical bills over time			
	Total	Insured all year	Insured now, time uninsured in past year	Uninsured now
How much are the medical bills that are being paid off over time?				
Less than \$2,000	51%	57%	46%	38%
\$2,000–\$3,999	21	20	25	22
\$4,000–\$7,999	12	11	11	14
\$8,000 or more	12	9	13	20
Was this for care received in past year or earlier?				
Past year	54	57	53	43
Earlier year	37	38	37	44
Both	8	7	9	12

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2007).

THE UNINSURED AND UNDERINSURED ARE BURDENED MOST BY MEDICAL DEBT

Adults who were uninsured for any part of the year reported higher rates of medical bill problems and debt than those who were insured all year long. However, people who had coverage all year but were *underinsured*—meaning they were insured but reported high out-of-pocket medical expenses or deductibles relative to their income⁷—reported medical bill problems at similar rates to those who were uninsured for any part of the year (Figure 4). In 2007, three of five adults who were uninsured or underinsured reported medical bill problems or accrued medical debt—more than double the rate of those who had adequate insurance all year (26%).

Figure 4. Sixty Percent of Underinsured or Uninsured Adults Reported Medical Bill Problems or Debt



CONSEQUENCES OF UNPAID MEDICAL BILLS AND DEBT

Confronted with medical bills and debt, many people are forced to make tradeoffs in their spending and saving priorities. The survey asked respondents whether they had to make certain adjustments or sacrifices in the past two years because of medical bills. A significant number of adults with medical debt and unpaid bills—an estimated 28 million—said they used up all their savings because of medical bills (Table 2). Meanwhile, an estimated 21 million adults incurred large credit card debt, and another 21 million were unable to pay for basic necessities like food, heat, or rent because of medical bills. Close to 8 million adults

reported that medical bills caused them to take out a mortgage against their home or take out a loan.

Such tradeoffs were especially common among adults who were uninsured for any time or were underinsured (Figure 5). Nearly half of working-age adults with bill problems or debt who had spent any time without coverage had used up all their savings to pay for medical bills, and two of five were unable to pay for food, heat, or rent. Underinsured adults made similar tradeoffs: 46 percent said they had used all their savings, 33 percent took on credit card debt, and 29 percent were unable to pay for basic necessities.

Figure 5. More Than One-Quarter of Adults Under Age 65 with Medical Bill Burdens and Debt Were Unable to Pay for Basic Necessities

Percent of adults ages 19–64 with medical bill problems or accrued medical debt

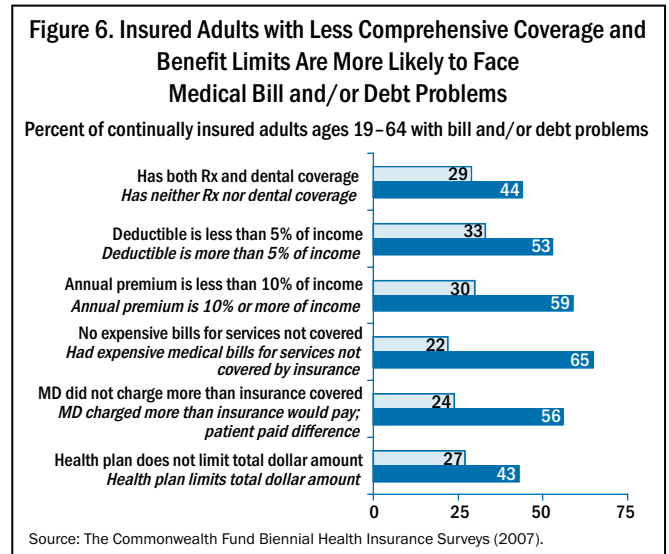
Percent of adults reporting:	Total	Insured All Year		Uninsured Anytime During Year	
		No underinsured indicators	Underinsured	Insured now, time uninsured in past year	Uninsured now
Unable to pay for basic necessities (food, heat, or rent) because of medical bills	29%	16%	29%	42%	40%
Used up all of savings	39	26	46	46	47
Took out a mortgage against your home or took out a loan	10	9	12	11	11
Took on credit card debt	30	28	33	34	26
Insured at time care was provided	61	80	82	46	24

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2007).

INSURANCE DOES NOT GUARANTEE PROTECTION

The fact that American families can have health insurance year-round and still experience financial stress related to medical bills highlights the important role of insurance benefit design in ensuring financial protection. Gaps in benefits and substantial cost-sharing can undermine family finances in ways similar to having no insurance.⁸ Indeed, the study finds an association between having medical bill problems or accrued debt and having a health insurance plan that lacks prescription drug or dental care coverage, or a plan that fea-

tures high deductibles. Forty-four percent of working-age adults without prescription and dental coverage reported medical bill and debt problems, compared with 29 percent who had both of these benefits (Figure 6, Table 3). And more than half (53%) of adults who had deductibles that equaled or exceeded 5 percent of their income, compared with one-third (33%) of adults with lower deductibles, incurred medical bill burdens and debt.



Substantial cost-sharing relative to income can also erode family finances. Nearly six of 10 working-age adults (59%) whose insurance premiums consumed 10 percent or more of their household income reported medical bill problems or debt. These kinds of difficulties occurred half as often (30%) among adults who spent a lower percentage of their income on premiums.

Survey respondents who reported limitations in their health plan benefits experienced medical bill and debt problems at a rate double that experienced by those without such limitations. For example, two-thirds (65%) of continuously insured adults who had incurred expensive medical bills for services that their plan did not cover reported that they had problems paying these bill or had resulting debt; in contrast, 22 percent of adults who did not have uncovered services

experienced these same problems. Also, more than half (56%) of adults who indicated that their doctor charged more than what their insurance would pay for their care reported medical bill burdens and debt. Finally, 43 percent of continuously insured adults whose health plans limited the total amount they could spend incurred medical bill problems and unpaid debt, compared with 27 percent of adults who did not have total-dollar limits. Even after adjusting for other important factors (such as poverty status, health status, race/ethnicity, age, and gender), having insurance benefits that are less-than-comprehensive remains a significant predictor of medical bill problems and medical debt (data not shown).

A CHALLENGE TO POLICYMAKERS

During a period when average incomes barely budged in the U.S. and working families took on record amounts of household debt relative to income, gaps and inadequacies in the nation's health insurance system further strained family budgets.⁹ In 2007, 72 million adults under age 65, or 41 percent of that population, reported a problem paying their medical bills or had accrued medical debt, up from 58 million, or 34 percent, in 2005. This increase occurred across all income groups, but families with low or moderate incomes were particularly hard hit: more than half of adults with incomes below \$40,000 reported problems paying their medical bills or medical debt in 2007. An estimated 49 million adults said they were paying off medical bills over time, of whom 24 percent were carrying medical debt balances of \$4,000 or more.

The financial consequences of medical bill burdens are often dire. Because of medical bills or accumulated medical debt, an estimated 28 million adults used up all their savings; 21 million incurred large

credit card debt; 21 million were unable to pay for basic necessities like food, heat, or rent; and 8 million took out a mortgage against their home or took out another loan as a result of medical debt. Medical debt is affecting the lives of working Americans, and pushing more families to the edge of financial crisis.

The people most at risk are the uninsured, but even those who have insurance reported problems with medical bills and accrued debt. Sixty-one percent of those with medical bill problems or accumulated medical debt reported being insured at the time care was provided. For millions of U.S. families, the trend toward greater cost-sharing in employer-based health plans—particularly in the form of higher deductibles, which have more than doubled since 2000—has broadened their exposure to health care costs. Combined with sluggish income growth, this exposure to high out-of-pocket costs relative to income means many Americans are effectively underinsured. Twenty-five million adults under age 65 were underinsured in 2007, up from 16 million in 2003.¹⁰ Three of five underinsured adults reported medical bill problems in the study, the same rate as adults who were without coverage during the year. In addition, people who identified limitations or coverage gaps in their health plans reported medical bill problems and accrued debt at higher rates than those whose plans did not have limits.

The findings of this study underscore the urgent need for policymakers to expand health insurance coverage to everyone in America. But the fact that millions of Americans are insured but have nonetheless fallen deeply into medical debt is a vivid reminder that the content, cost-sharing, and financial protection of health insurance must also be addressed in any health reform plan.

NOTES

- 1 S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, [*Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families, Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007*](#) (New York: The Commonwealth Fund, Aug. 2008); C. Schoen, S. R. Collins, J. L. Kriss, and M. M. Doty, [“How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007,”](#) *Health Affairs* Web Exclusive (June 10, 2008):w289–w309; C. Schoen, M. M. Doty, S. R. Collins, and A. L. Holmgren, [“Insured But Not Protected: How Many Adults Are Underinsured?,”](#) *Health Affairs* Web Exclusive (June 14, 2005):w5-289–w5-302; S. Heffler, S. Smith, S. Keehan et al., “U.S. Health Spending Projections for 2004–2014,” *Health Affairs* Web Exclusive (Feb. 23, 2005):w5-74–w5-85.
- 2 H. T. Tu, *Rising Health Costs, Medical Debt, and Chronic Conditions*, Issue Brief No. 88 (Washington, D.C.: Center for Studying Health System Change, Sept. 2004); J. H. May and P. J. Cunningham, *Tough Trade-Offs: Medical Bills, Family Finances and Access to Care*, Issue Brief No. 85 (Washington, D.C.: Center for Studying Health System Change, June 2004); D. U. Himmelstein, E. Warren, D. Thorne et al., “Illness and Injury as Contributors to Bankruptcy,” *Health Affairs* Web Exclusive (Feb. 2, 2005):w5-63–w5-73; T. P. O’Toole, J. J. Arbelaez, R. S. Lawrence et al., “Medical Debt and Aggressive Debt Restitution Practices: Predatory Billing Among the Urban Poor,” *Journal of General Internal Medicine*, July 2004 19(7):772–78; S. R. Collins, M. M. Doty, K. Davis, C. Schoen, A. L. Holmgren, and A. Ho, [*The Affordability Crisis in U.S. Health Care: Findings from the Commonwealth Fund Biennial Health Insurance Survey*](#) (New York: The Commonwealth Fund, Mar. 2004).
- 3 D. Dranove and M. L. Millenson, “Medical Bankruptcy: Myth Versus Fact,” *Health Affairs* Web Exclusive (Feb. 28, 2006):w74–w83; Himmelstein et al., “Illness and Injury,” 2005; O’Toole et al., “Medical Debt,” 2004; M. B. Jacoby, testimony at U.S. House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, hearing, “A Review of Hospital Billing and Collection Practices,” June 24, 2004.
- 4 This analysis is based on a 2005 Commonwealth Fund study that used data from the 2003 Commonwealth Fund Biennial Health Insurance Survey; see M. M. Doty, J. N. Edwards, and A. L. Holmgren, [*Seeing Red: Americans Driven Into Debt by Medical Bills*](#) (New York: The Commonwealth Fund, Aug. 2005). The ways in which the medical bill questions and debt were asked in 2003, however, differ from the 2005 and 2007 surveys and thus prevent comparison of two of the four questions as well as the composite statistic. In 2003, the survey asked only adults who reported a medical bill problem whether they were paying off debt over time. In 2005 and 2007, we asked the full sample whether they were paying off debt over time. In addition, in 2003, the survey did not distinguish between whether someone had been contacted by a collection agency because of a bill that had not been paid or because there was a billing error. In 2005 and 2007, the survey asks respondents to distinguish between those two reasons for the contact by a collection agency. The composite statistic in 2005 and 2007 includes only adults who were contacted by a collection agency because of a bill that had not been paid. In 2003, 71 million adults ages 19 to 64 and 6 million adults 65 and over reported a medical bill problem or accrued medical debt, for an estimated total of 77 million adults.
- 5 Schoen et al., “How Many Are Underinsured?” 2008. Underinsured adults are individuals who are insured all year but report at least one of three indicators of financial exposure relative to income: 1) out-of-pocket medical expenses equal 10 percent or more of income; 2) among low-income adults (below 200% of the federal poverty level), medical expenses amount to at least 5 percent of income; or 3) deductibles equal or exceed 5 percent of income.
- 6 All increases between 2005 and 2007 are statistically significant ($p < .001$), except for the percent reporting they had been contacted by a collection agency about unpaid bills ($p < .10$).
- 7 See note 5.
- 8 Schoen et al., “How Many Are Underinsured?” 2008.
- 9 The Federal Reserve Board, Household Debt Service and Financial Obligations Ratios; <http://www.federalreserve.gov/releases/housedebt>
- 10 Schoen et al., “How Many Are Underinsured?” 2008.

Table 1. Prevalence of Medical Bill and Medical Debt Problems Among Adults Age 19 and Older, by Insurance Status and Age

	Adults 19–64			Adults 65+
	Total (n=2616)	Uninsured Anytime (n=747)	Insured All Year (n=1869)	Total (n=840)
Total (millions)	177.0	49.5	127.5	36.1
Medical Bill Problems in Past Year				
Had problems paying or unable to pay medical bills	27%	48%	19%	11%
Contacted by collection agency for unpaid medical bills	16	29	11	6
Had to change way of life to pay bills	18	32	12	12
<i>Any of the above bill problems</i>	33	56	25	16
Medical debt or bills being paid off over time	28	36	24	10
<i>Any bill problems or medical debt</i>	41	61	33	19
Base: Any Medical Bills Being Paid Off Over Time				
How much are the medical bills that are being paid off over time?				
Less than \$2,000	51	41	57	61
\$2,000 to less than \$4,000	21	24	20	11
\$4,000 to less than \$8,000	12	13	11	12
\$8,000 to less than \$10,000	2	2	2	2
\$10,000 or more	10	16	7	3
Was this for care received in past year or earlier?				
Past year	54	47	57	54
Earlier year	37	41	35	35
Both	8	11	7	5
Base: Any Bill Problem or Medical Debt				
Percent reporting that the following happened in the past 2 years because of medical bills:				
Unable to pay for basic necessities (food, heat, or rent)	29	41	20	34
Used up all of savings	39	47	33	37
Took out a mortgage against your home or took out a loan	10	11	10	8
Took on credit card debt	30	29	30	22
Insurance status of person/s at time care was provided				
Insured at time care was provided	61	32	81	71
Uninsured at time care was provided	32	59	13	23
Other insurance combination	3	3	3	2

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Table 2. Estimated Number of Adults with Medical Bill Problems and Accrued Medical Debt, 2007

	Adults 19–64			Adults 65+
	Total (in millions)	Uninsured Anytime (in millions)	Insured All Year (in millions)	Total (in millions)
Total	177.0	49.5	127.5	36.1
Medical Bill Problems in Past Year				
Had problems paying or unable to pay medical bills	48.2	23.9	24.3	3.9
Contacted by collection agency for unpaid medical bills	27.7	14.2	13.5	2.2
Had to change way of life to pay bills	31.7	15.8	15.9	4.2
<i>Any of the above bill problems</i>	59.0	27.5	31.5	5.9
Medical debt or bills being paid off over time	48.9	18.0	30.9	3.6
<i>Any bill problems or medical debt</i>	72.1	30.0	42.1	7.0
Base: Any Bill Problem or Medical Debt				
Number reporting that the following happened in the past 2 years because of medical bills:				
Unable to pay for basic necessities (food, heat, or rent)	20.9	12.3	8.6	2.4
Used up all of savings	27.9	14.0	14.0	2.6
Took out a mortgage against your home or took out a loan	7.5	3.4	4.2	0.5
Took on credit card debt	21.3	8.7	12.6	1.6

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Table 3. Relationship Between Insurance Benefits and Medical Bill Problems and Debt Among Continuously Insured Adults Ages 19–64

Characteristics of Respondents	Total	Any Medical Bill Problem^a	Any Medical Bill or Debt
Adults Insured All Year (in millions)	127.5	31.5	42.1
Percent insured all year	72%	25%	33%
Characteristics of Insurance Plan			
Has neither prescription nor dental coverage	27%	36%	44%
Has prescription and dental coverage	73	21	29
Deductible is 5 percent or more of household income	5 ^b	43	53
Deductible is less than 5 percent of household income	71	25	33
Annual premium is 10 percent or more of household income	16	49	59
Annual premium is less than 10 percent of household income	84	21	30
Insurance Plan Difficulties and Limits			
Had expensive medical bills for services not covered by insurance	26	53	65
No expensive medical bills	73	15	22
Doctor charged more than insurance would pay; individual had to pay the difference	28	45	56
Doctor did not charge more than insurance would pay	71	17	24
Health plan limits the total dollar amount it will pay for medical care	38 ^c	33	43
Health plan does not limit total dollar amount	41	19	27

Notes: ^a Problems paying or unable to pay medical bills, contacted by collection agency for inability to pay medical bills, or had to change way of life significantly in order to pay medical bills; ^b Values do not add to 100% because a number of respondents did not report income or a deductible amount; ^c Values do not add to 100% because 21 percent of respondents did not know whether their health plan limits the total dollar amount it will pay for medical care.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

STUDY METHODOLOGY

Data for this study were drawn from the Commonwealth Fund Biennial Health Insurance Survey (2007), a national telephone survey conducted June 6 through October 24, 2007, among a nationally representative sample of 3,501 adults age 19 and older living in the continental United States. The 25-minute telephone interviews were completed in both English and Spanish, according to the preference of the respondent. The survey achieved a 45 percent response rate (calculated according to the standards of the American Association for Public Opinion Research).

The survey sample was drawn using standard list-assisted random-digit-dialing methodology, which selected telephone numbers disproportionately from area-code/exchange combinations with higher-than-average density of low-income households. Using this stratified sampling design, this study obtained an oversample of low-income, African American, and Hispanic adults. To correct for the disproportionate sample design and to make the final total sample results representative of all adults age 19 and older living in the continental U.S., the data are weighted by age, sex, race/ethnicity, education, household size, and geographic region, using the U.S. Census Bureau's 2006 Annual Social and Economic Supplement (ASEC). The margin of sampling error for the weighted data is +/- 2.2 percent.

We classified respondents by age and by whether they were insured all year or had any lapse in coverage during the year. There were 45 respondents who did not provide their age and were excluded from the analysis. This report includes 840 adults age 65 and older and 2,616 adults ages 19 to 64, of whom 747 were uninsured during the year and 1,869 were insured all year.

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