

Exhibit ES-1. A Health System That Works for People

- ✓ **Extends affordable health insurance coverage to everyone**
- ✓ **Prohibits exclusion and risk-rating based on health status or gender**
- ✓ **Covers preventive care**
- ✓ **Ensures that premiums are affordable and medical bills are manageable**
- ✓ **Allows individuals to keep the coverage they have while providing more insurance plan choices for all**
- ✓ **Eliminates the need to forgo coverage or switch plans as job or family circumstances change**
- ✓ **Gives every patient the option to enroll in a medical home, ensuring that they receive all recommended preventive care, help controlling chronic conditions, and assistance navigating the health care system**
- ✓ **Enables patients to get care when it is needed, including on nights and weekends, and to get questions answered promptly by doctors or nurses by phone or e-mail**
- ✓ **Reduces the hassle of filing insurance claims and getting bills paid**
- ✓ **Makes health information such as medical records and test results available to patients on a timely basis**



Exhibit 1. Affordable Coverage for All: Foundation for Reform Policies in Path Report

- **Builds on employer coverage and public programs**
- **New national insurance exchange**
 - **Offers private plans and new public health insurance option**
 - **Makes it easy to choose and stay covered**
 - **Public plan: comprehensive benefits and low administrative overhead**
- **All required to have coverage, with provisions for affordability**
 - **Low-income programs expanded**
 - **Income-related premium assistance to make coverage affordable**
- **Shared responsibility for financing: all employers share**
- **Insurance market reforms**
 - **Minimum national benefit standard**
 - **Guaranteed issue, renewal, and community rating (no underwriting)**
 - **Public comparisons; standardized format**
- **Insurers compete on basis of added value**

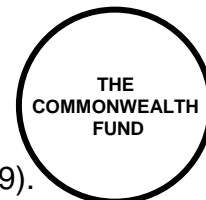
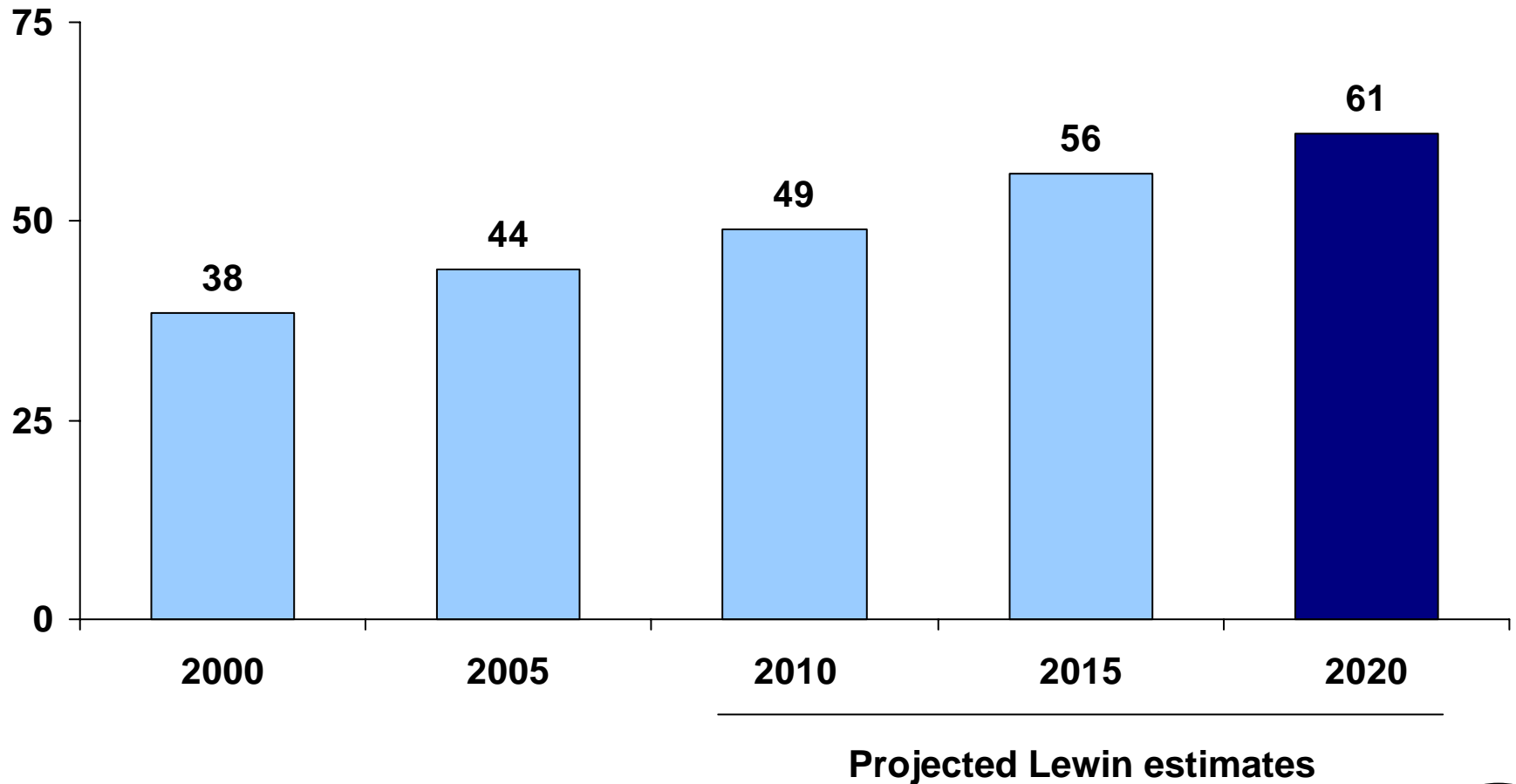


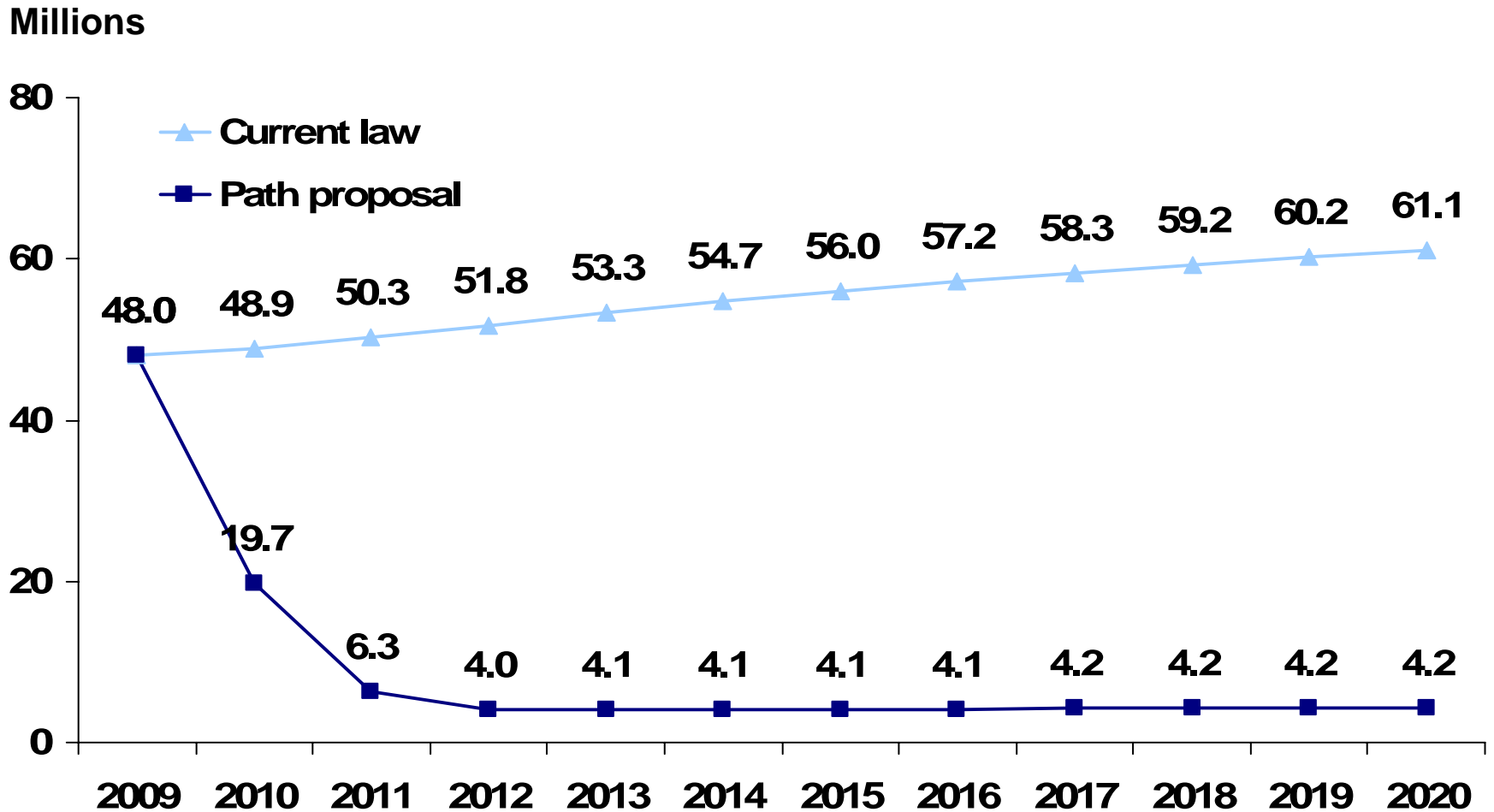
Exhibit 2. Uninsured Projected to Rise to 61 Million by 2020, Not Counting Underinsured or Part-Year Uninsured

Number of uninsured, in millions



Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2001 and 2006; Projections to 2020 based on estimates by The Lewin Group.

Exhibit 3. Trend in the Number of Uninsured, 2009–2020, Under Current Law and with Insurance Reforms and Exchange



Note: Assumes insurance exchange opens in 2010 and take-up by uninsured occurs over two years.

Remaining uninsured are mainly those who do not file taxes.

Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

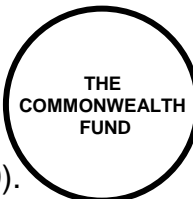


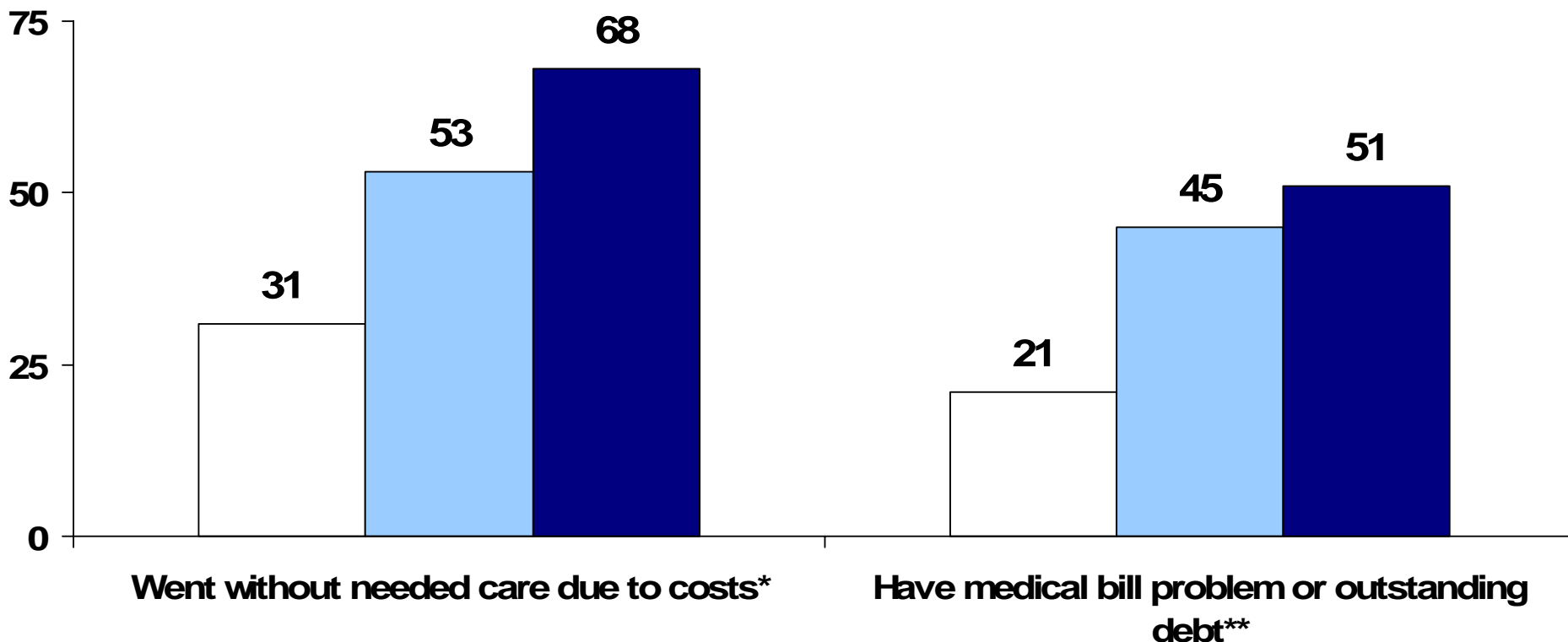
Exhibit 4. Underinsured and Uninsured Adults at High Risk of Going Without Needed Care and Financial Stress

Percent of adults (ages 19–64)

□ Insured, not underinsured

■ Underinsured

■ Uninsured during year



* Did not fill prescription; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor; or did not get needed specialist care because of costs. **Had problems paying medical bills; changed way of life to pay medical bills; or contacted by a collection agency for inability to pay medical bills.
Source: C. Schoen, S. Collins, J. Kriss, M. Doty, "How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007," *Health Affairs* Web Exclusive, June 10, 2008. Data: 2007 Commonwealth Fund Biennial Health Insurance Survey.

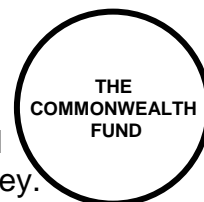


Exhibit 5. Seventy-Two Million Americans Have Problems with Medical Bills or Accrued Medical Debt, 2007

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: M. M. Doty, S. R. Collins, S. D. Rustgi, and J. L. Kriss, *Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families* (New York: The Commonwealth Fund, Aug. 2008).

Exhibit 6. Switching Health Plans Is a Common Experience Across Incomes, 2007

Percent of adults reported changing health insurance or plan in past 3 years

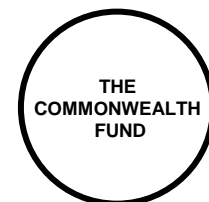
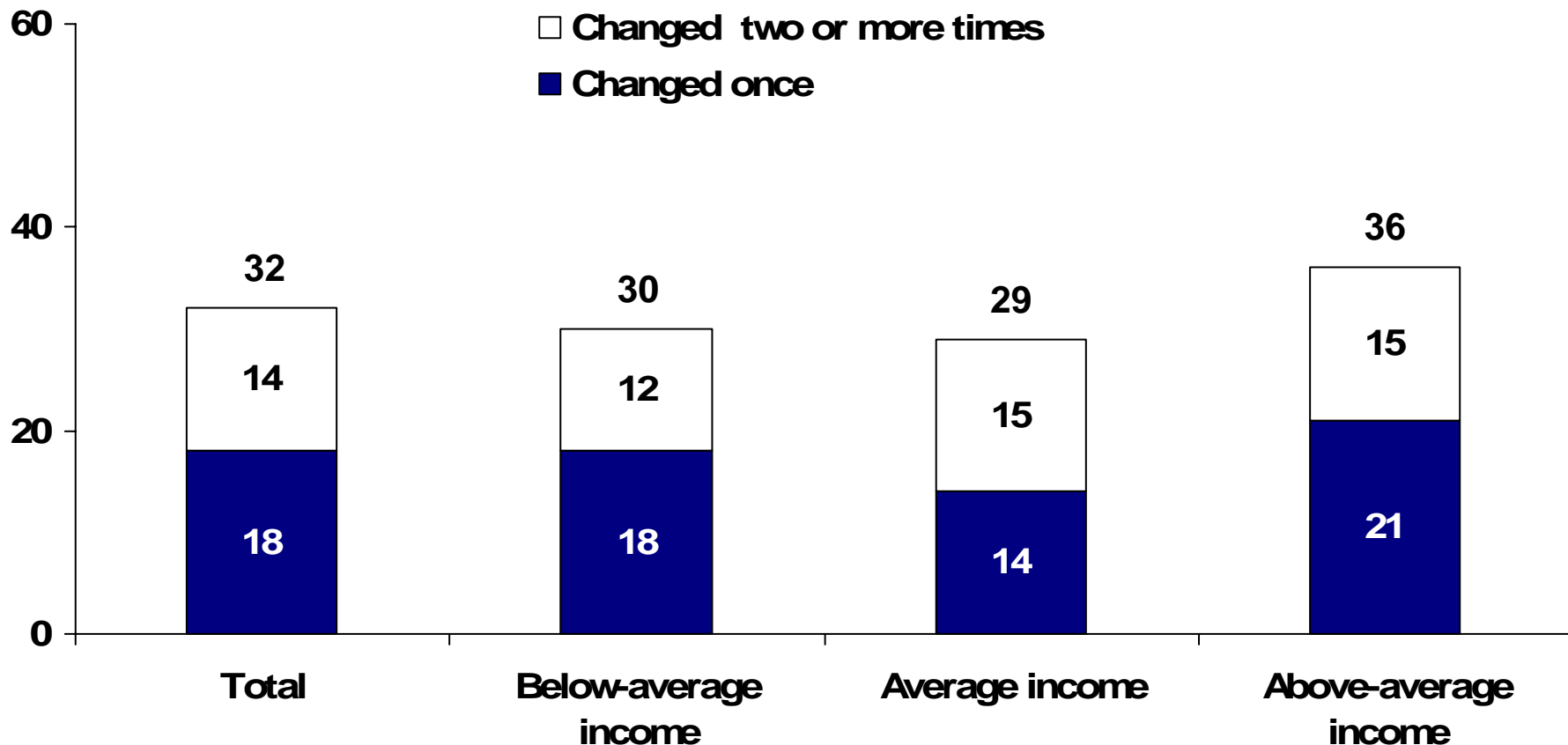
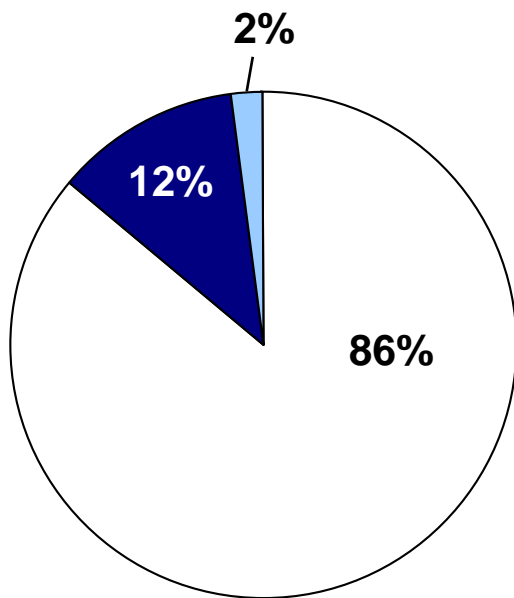


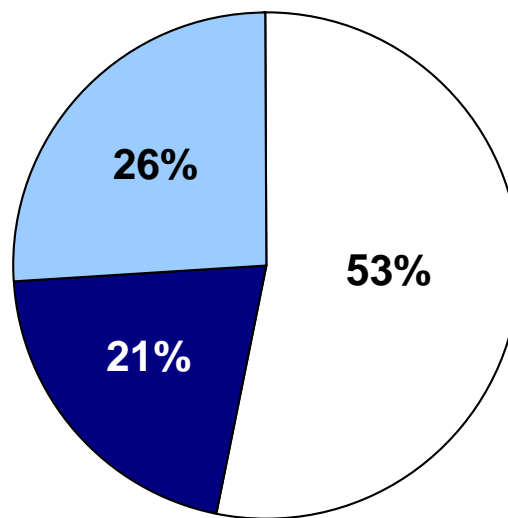
Exhibit 7. People with Employer Insurance Have More-Stable Coverage Than Those with Individual Market Insurance

Retention of initial insurance over a two-year period, 1998–2000

□ Retained initial insurance status ■ One or more spells uninsured □ Other transition



Employer insurance



Individual insurance

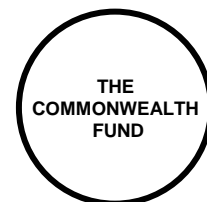
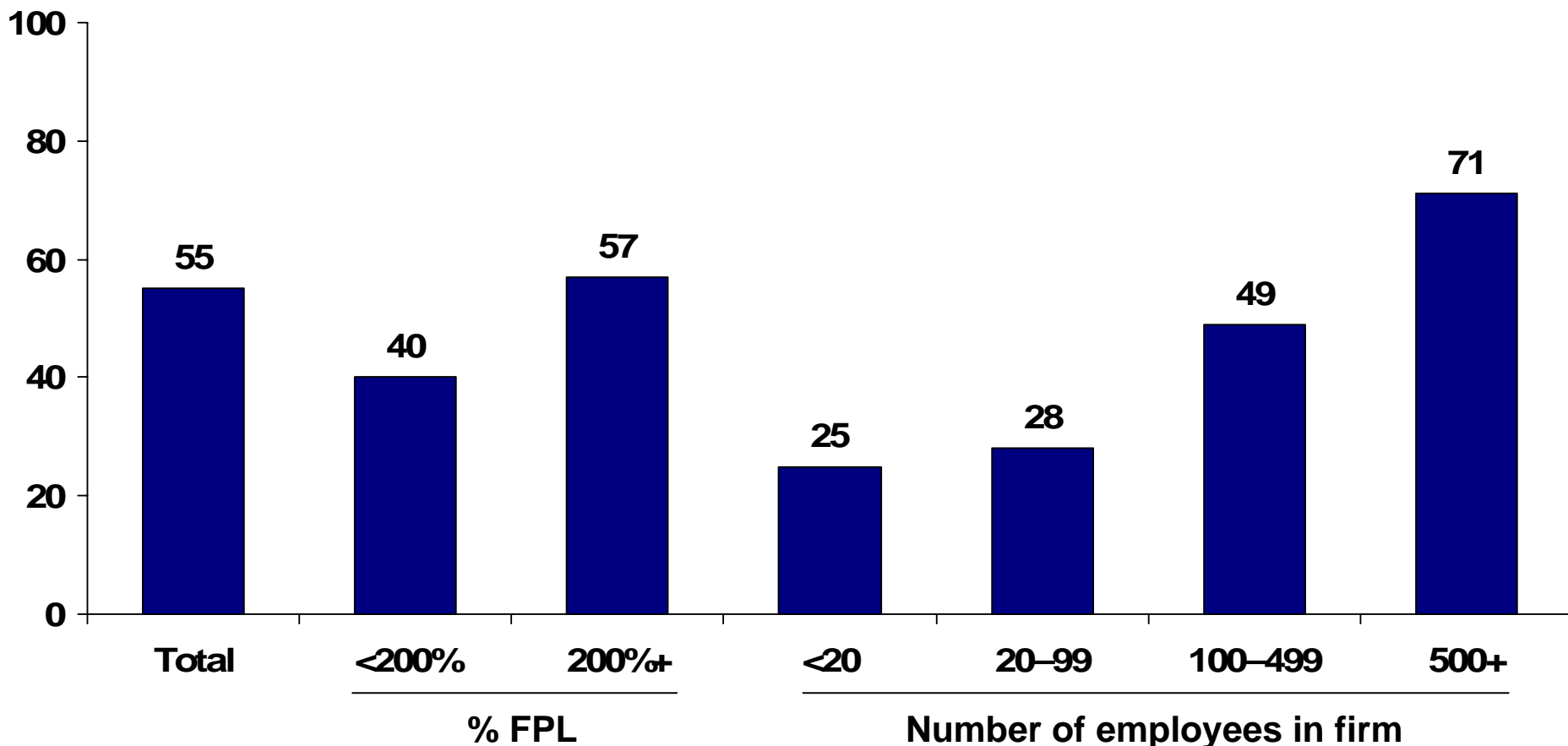


Exhibit 8. Employees in Large Firms Are Most Likely to Have Two or More Health Plan Choices

Percent of adults ages 19–64 insured all year with ESI* and choice of plans



* ESI = employer-sponsored insurance.

Based on adults 19–64 who were who were insured all year through their own employer.

Source: 2007 Commonwealth Fund Biennial Health Insurance Survey.

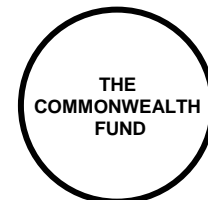
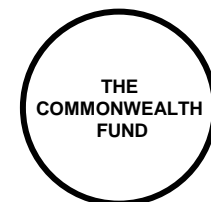
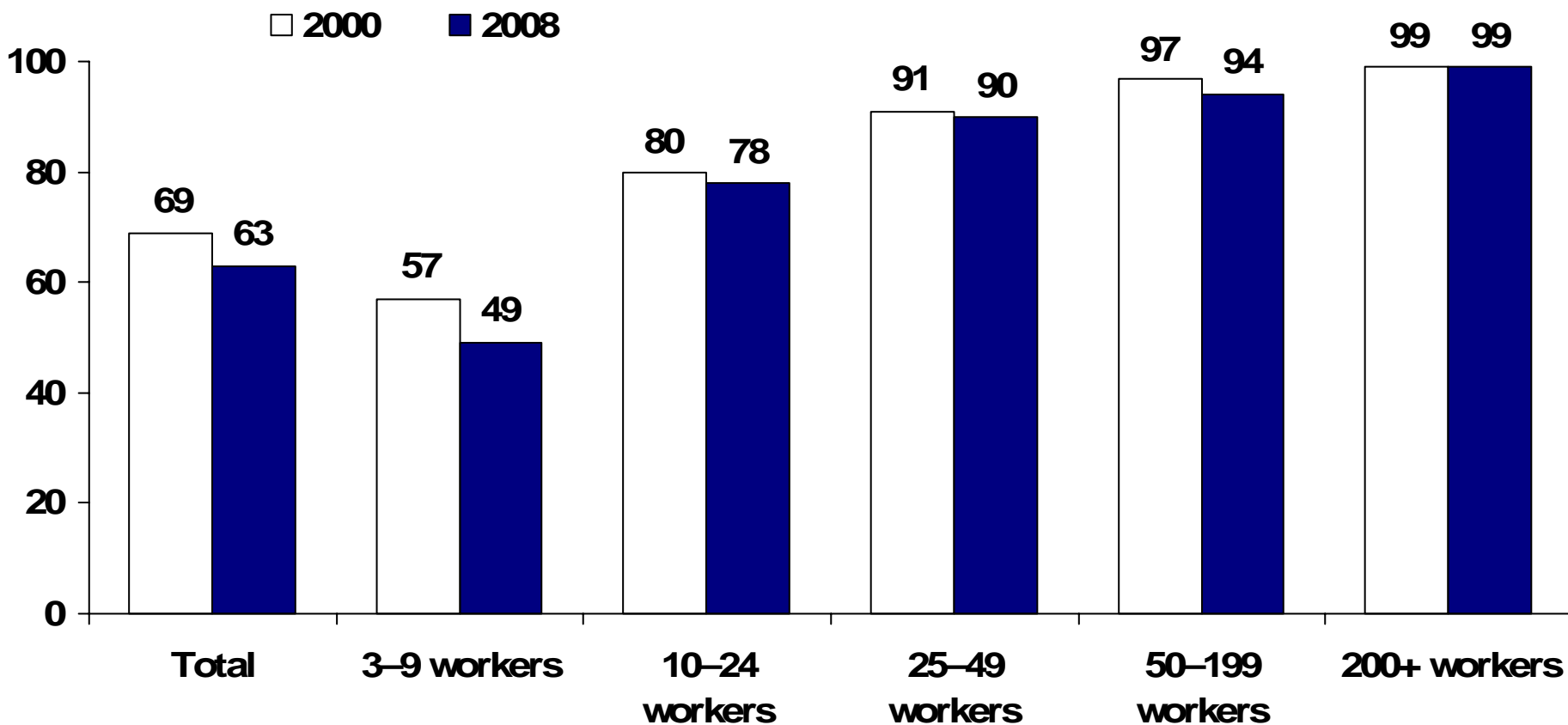


Exhibit 9. Employer Coverage Continues to Be Major Source of Coverage for Employees of Larger Firms But Has Declined Among Small Firms

Percent of firms offering health benefits



Source: Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2008 Annual Surveys.

Exhibit 10. Individual Market Is Unaffordable for Many Adults

Adults ages 19–64 with individual coverage or who thought about/tried to buy it in past three years who:	Total	Health problem	No health problem	<200% poverty	200%+ poverty
Found it very difficult or impossible to find coverage they needed	34%	48%	24%	43%	29%
Found it very difficult or impossible to find affordable coverage	58	71	48	72	50
Were turned down or charged a higher price because of a preexisting condition	21	33	12	26	18
Never bought a plan	89	92	86	93	86

Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, *Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families* (New York: The Commonwealth Fund, Sept. 2006).

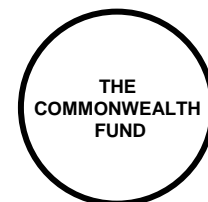
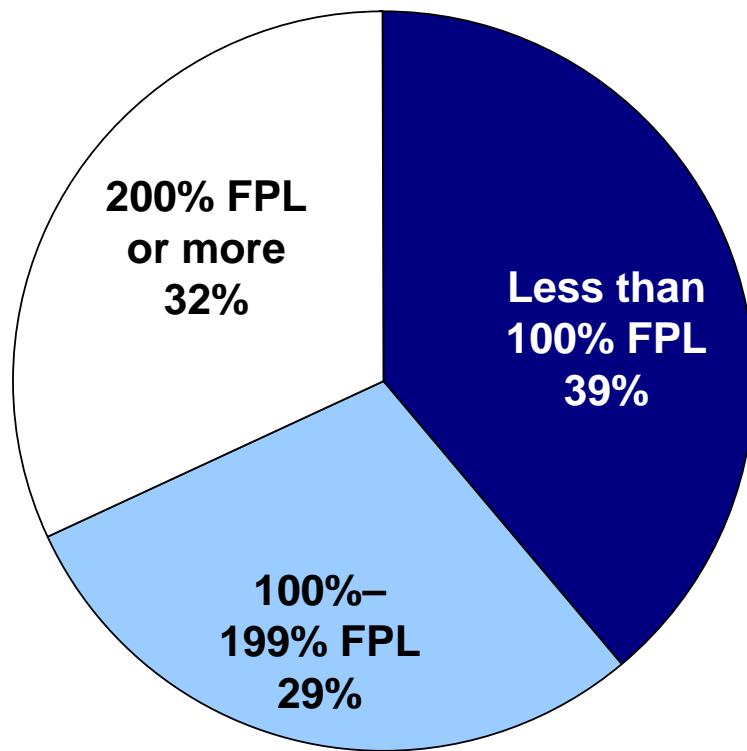
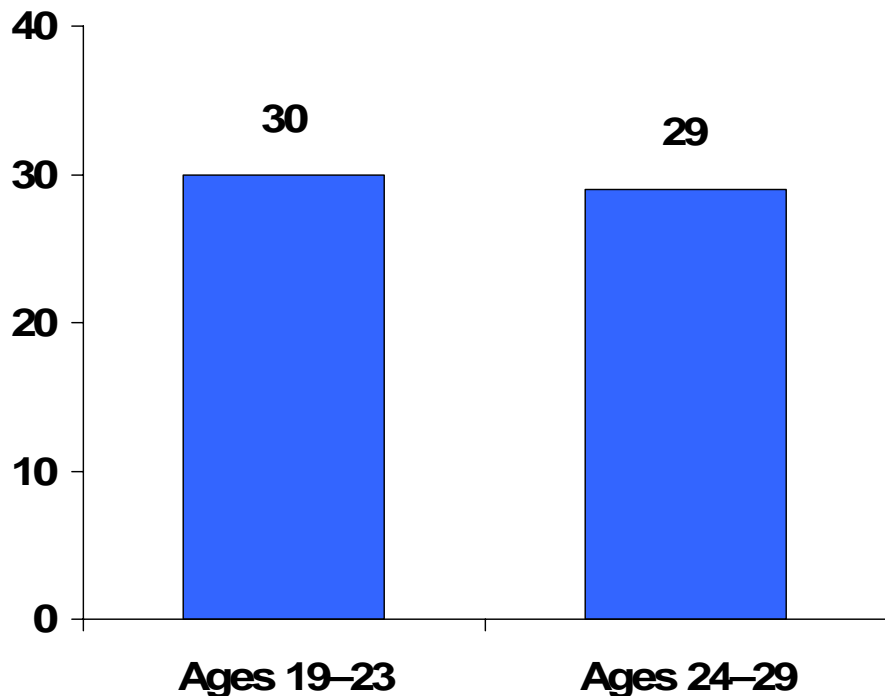


Exhibit 11. Uninsured Young Adults Ages 19–29 by Poverty Status and Race/Ethnicity, 2007

Percent uninsured



Uninsured young adults = 13.2 million

Data: Analysis of the March 2008 Current Population Survey by S. Glied and B. Mahato of Columbia University for The Commonwealth Fund.

Source: J. L. Kriss, S. R. Collins, B. Mahato, E. Gould, and C. Schoen, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2009 Update* (New York: The Commonwealth Fund, forthcoming).

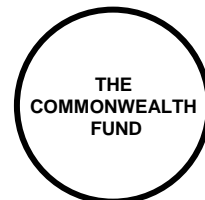
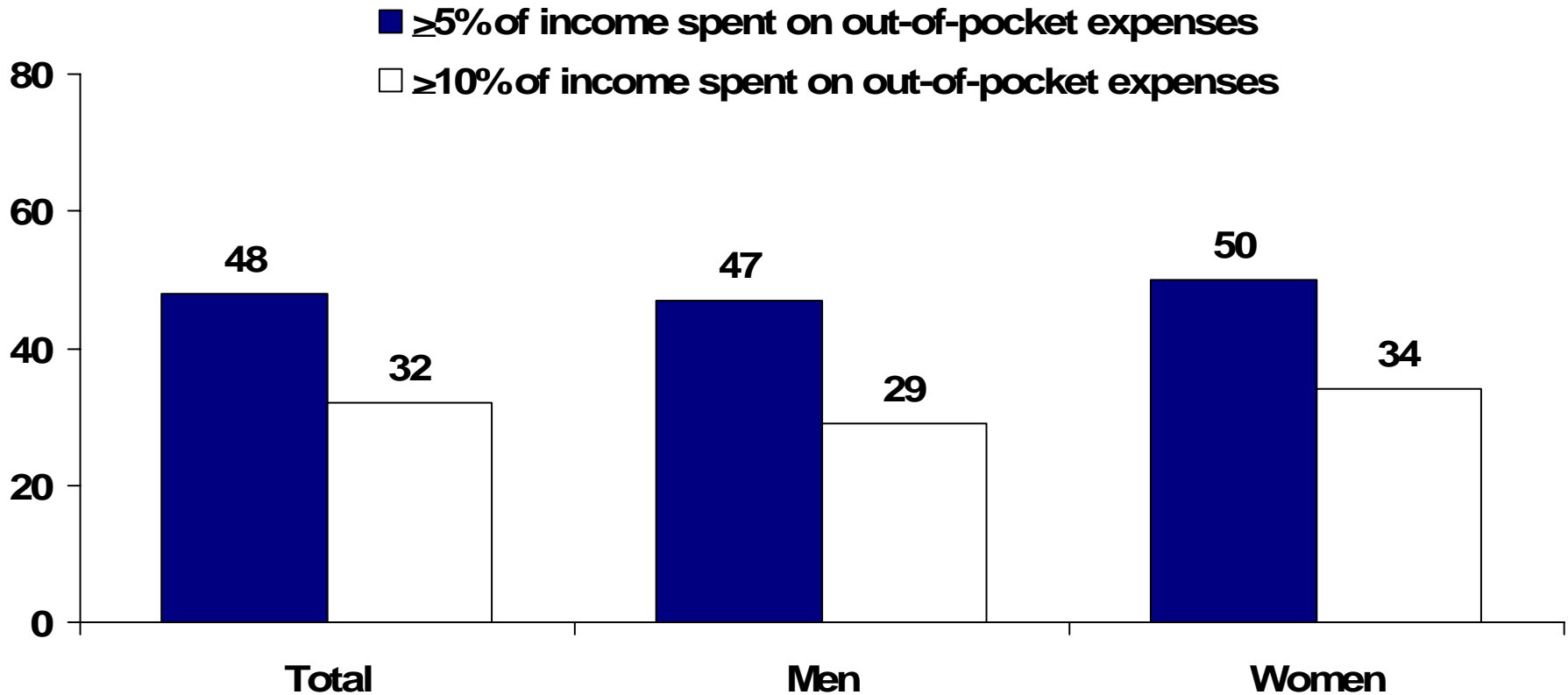


Exhibit 12. Percent of Income Spent on Family Out-of-Pocket Costs and Premiums

Percent of adults ages 19–64 who are privately insured*



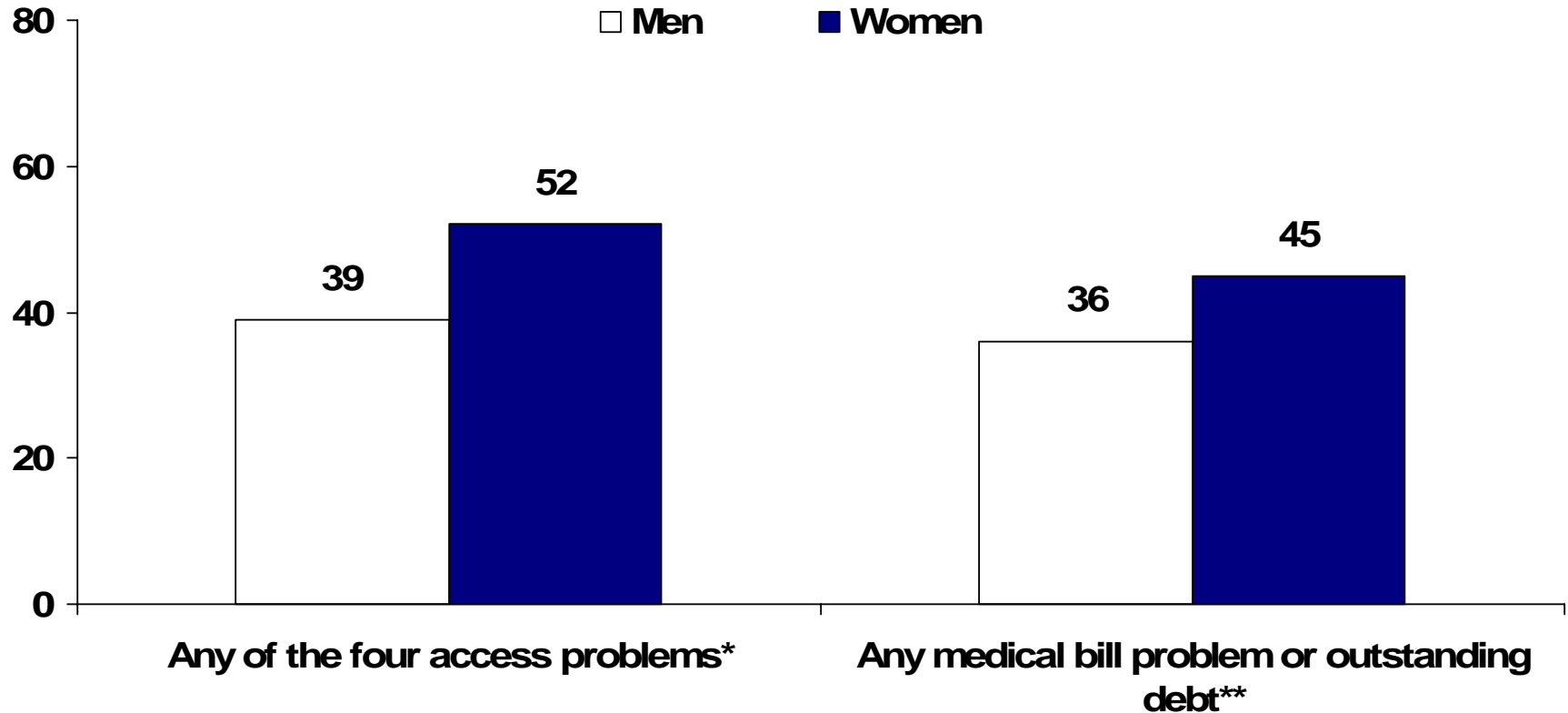
* Employer-sponsored or individual insurance.

Source: S. D. Rustgi, M. M. Doty, S. R. Collins, *Women at Risk: Why Many Women Are Forgoing Needed Health Care* (New York: The Commonwealth Fund, May 2009).



Exhibit 13. Women Are More Likely to Have Access Problems and Medical Bill Problems in Past Year, 2007

Percent of adults ages 19–64 reporting the following problems in past year



* Includes those individuals who did not fill a prescription because of cost, did not see a specialist when needed, skipped a medical test, treatment, or follow-up, or had a medical problem but did not see a doctor or go to a clinic.

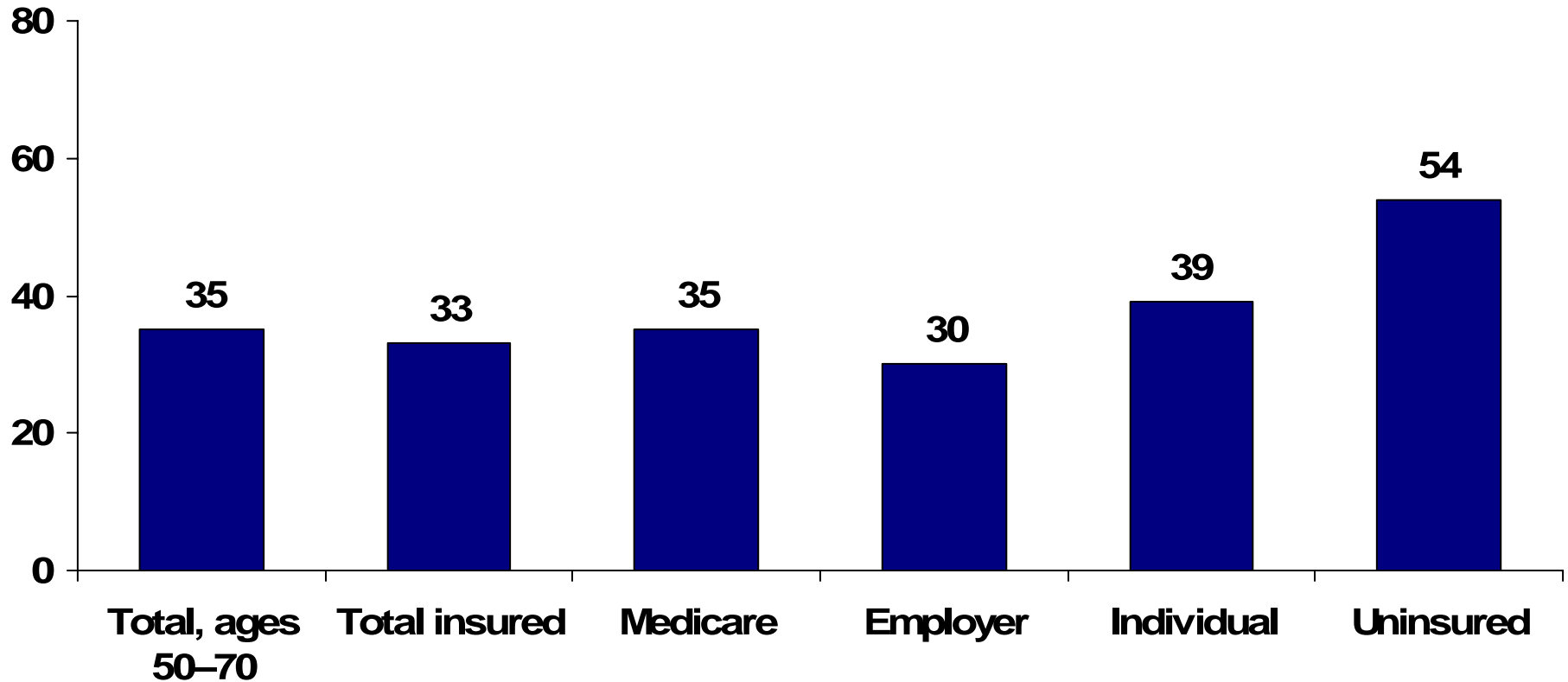
** Includes those individuals not able to pay medical bills, having a bill sent to a collection agency when they were unable to pay it, changing way to life to pay medical bills, and having medical bills or medical debt being paid off over time.

Source: S. D. Rustgi, M. M. Doty, S. R. Collins, *Women at Risk: Why Many Women Are Forgoing Needed Health Care* (New York: The Commonwealth Fund, May 2009).



Exhibit 14. More Than One-Third of Older Adults Report Medical Bill Problems

Percent of adults ages 50–70 with any medical bill problems or outstanding medical debt*



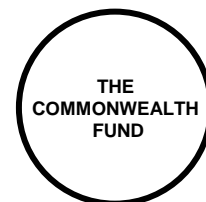
* Problems paying/not able to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.

Source: S. R. Collins, K. Davis, C. Schoen, M. M. Doty, S. K. H. How, and A. L. Holmgren, *Will You Still Need Me? The Health and Financial Security of Older Americans* (New York: The Commonwealth Fund, June 2005).



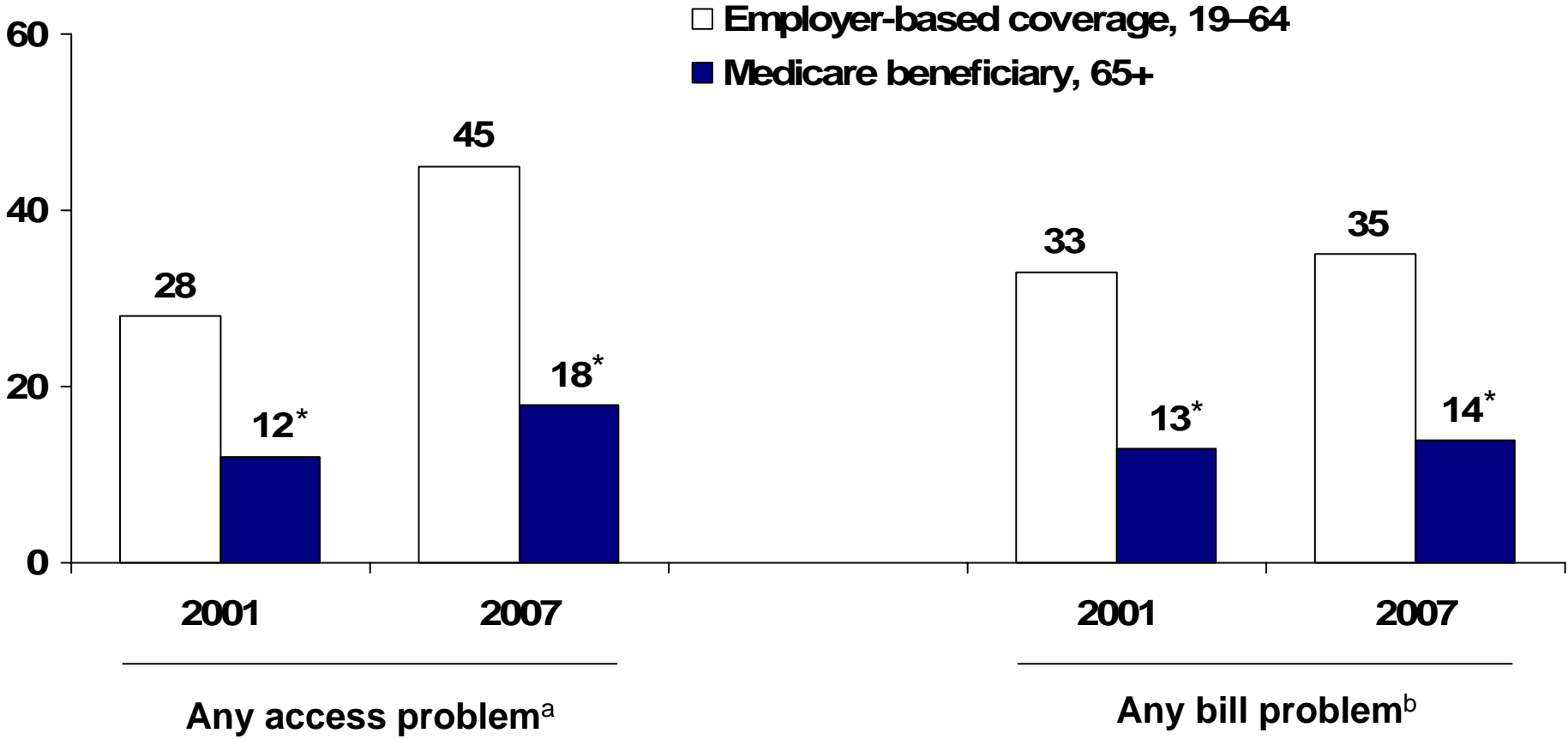
Exhibit 15. Sick, Disabled, and Waiting for Medicare: Source of Insurance During the Long Wait

	13–24 mo. before SSDI	1–12 mo. before SSDI	1–12 mo. after SSDI	13–24 mo. after SSDI	25–36 mo. after SSDI
Uninsured (%)	21	23	23	17	4
Private – own employer (%)	41	37	26	21	16
Private – family member employer (%)	37	33	30	35	31
Medicaid (%)	7	8	17	21	29
Medicare (%) (respondent)	3	2	4	11	61



Source: G. Livermore, D. Stapleton, and H. Claypool, *Health Insurance and Health Care Access Before and After SSDI Entry* (New York: The Commonwealth Fund, May 2009).

Exhibit 16. Access and Bill Problems for Elderly Medicare Beneficiaries and Nonelderly Adults Covered by Employer-Based Insurance, 2001–2007



Note: * Differences from employer-based insurance statistically significant, $p < .001$, after adjusting for health status, poverty, and prescription drug coverage.

^a Any access problem includes: did not fill prescription, get needed specialist care, skipped recommended test or follow-up, had medical problems but did not visit doctor.

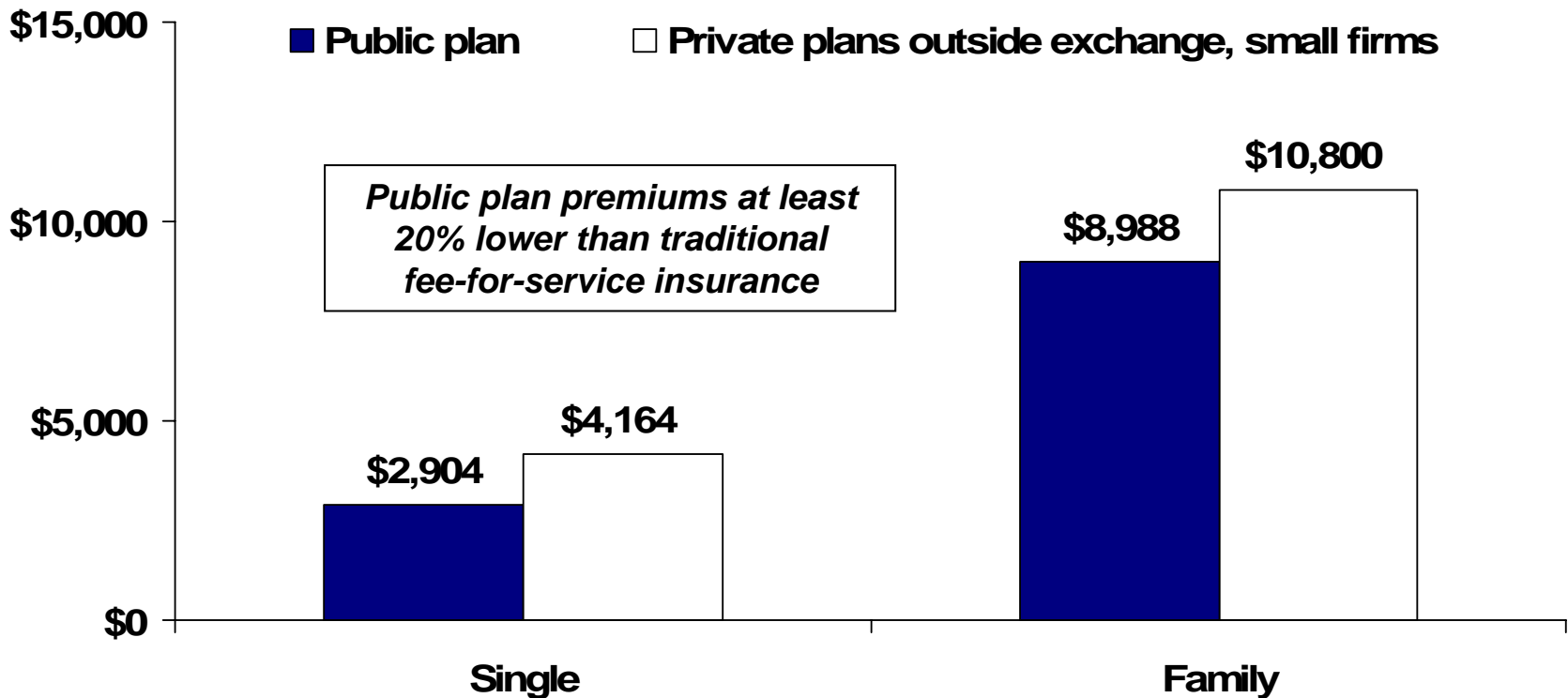
^b Any medical bill problem includes: not able to pay bills, contacted by a collection agency for any medical bill, or had to change way of life significantly because of medical bills. To make 2001 and 2007 data comparable, any bill problem in 2007 includes being contacted by a collection agency about a medical bill regardless if it was for a billing error or unpaid bill.

Source: K. Davis, S. Guterman, M. M. Doty, and K. Stremikis, "Meeting Enrollees' Needs: How Do Medicare and Employer Coverage Stack Up?" *Health Affairs* Web Exclusive, May 12, 2009:w521–w532.



Exhibit 17. Estimated Premiums for New Public Plan Compared with Average Current Premiums, Individual/Small Employer Private Market, 2010

Average annual premium for equivalent benefits at community rate*



* Benefits used for modeling include full scope of acute care medical benefits; \$250 individual/\$500 family deductible; 10% coinsurance for physician service; 25% coinsurance and no deductible for prescription drugs; reduced for high-value medications; full coverage checkups/preventive care. \$5,000 individual/\$7,000 family out-of-pocket limit.

Note: Premiums include administrative load.

Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

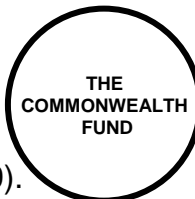
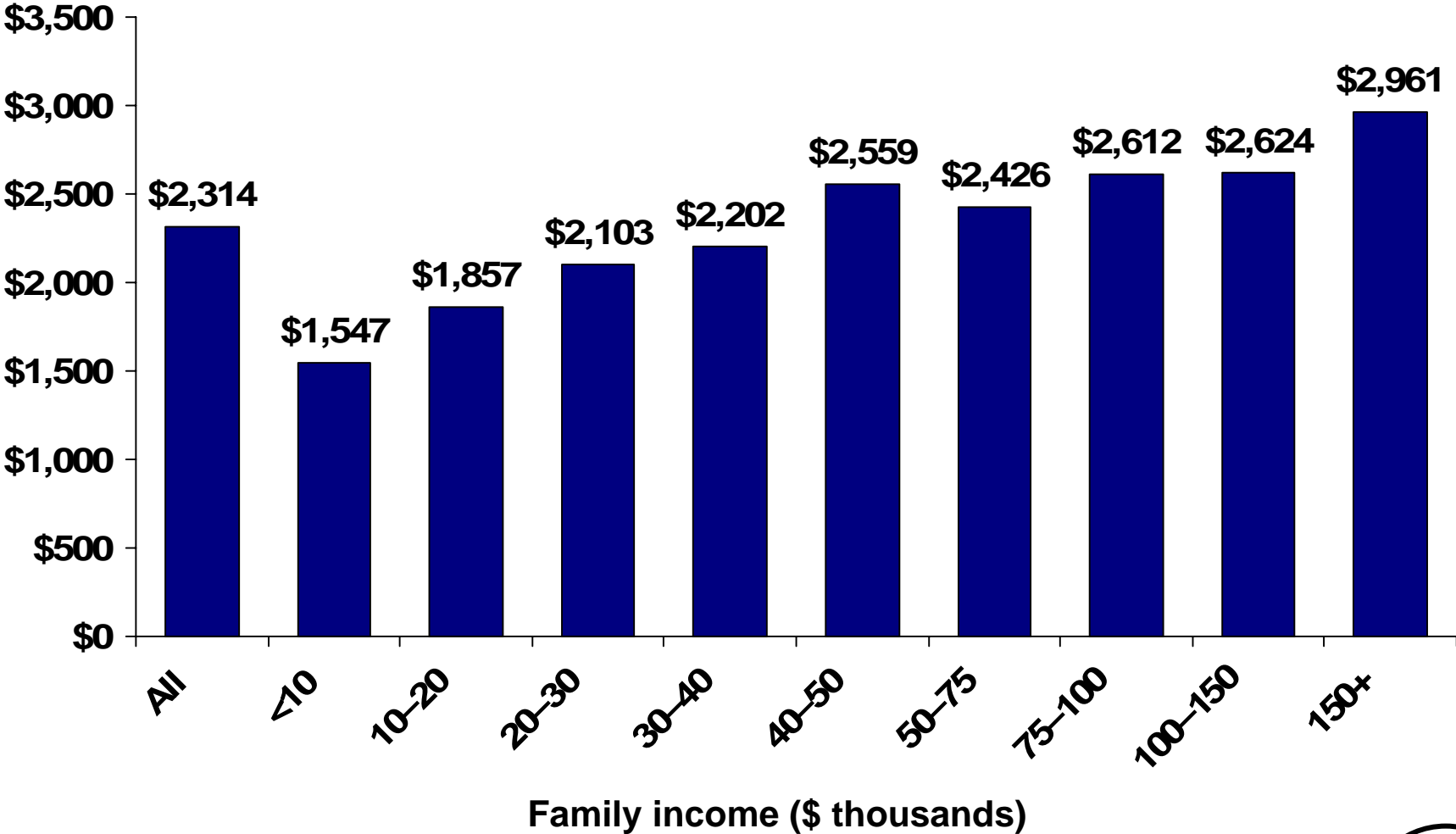


Exhibit 18. Average Annual Savings per Family Under Path Reforms, 2020

Savings in health care spending compared with projected trends



Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

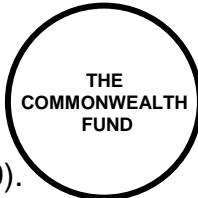
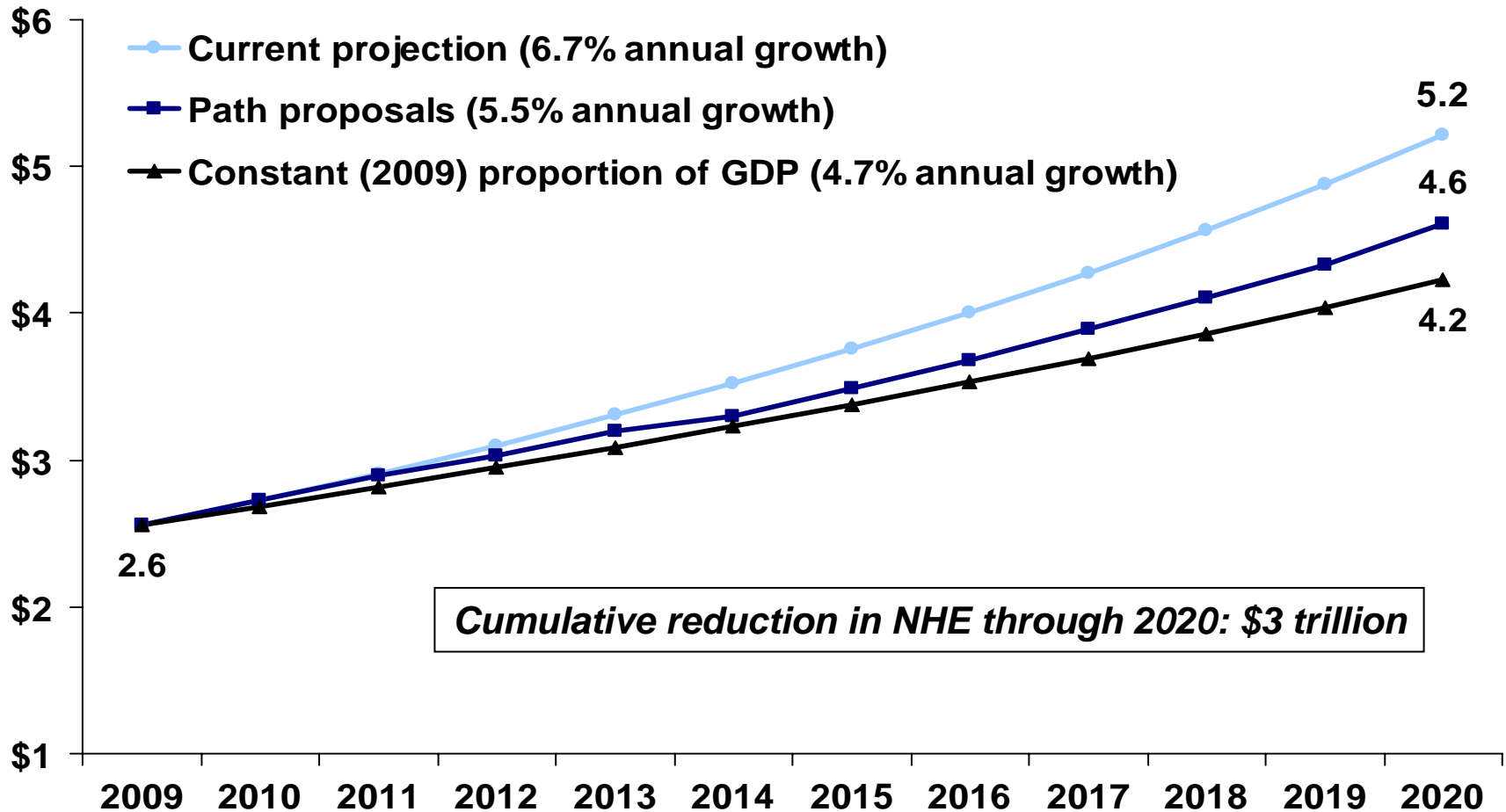


Exhibit 19. Total National Health Expenditures (NHE), 2009–2020

Current Projection and Alternative Scenarios

NHE in trillions



Cumulative reduction in NHE through 2020: \$3 trillion

Note: GDP = Gross Domestic Product. Data: Estimates by The Lewin Group for The Commonwealth Fund.
 Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

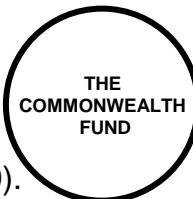


Exhibit 20. Potential Impact on Patients if the United States Improved National Performance to Benchmark Levels

	Current national average	2020 target*	Impact on number of people
Percent of adults (ages 19–64) insured, not underinsured	58%	99%	73 million increase
Percent of adults (age 18 and older) receiving all recommended preventive care	50%	80%	68 million increase
Percent of adults (ages 19–64) with an accessible primary care provider	65%	85%	37 million increase
Percent of children (ages 0–17) with a medical home	46%	60%	10 million increase
Percent of adult hospital stays (age 18 and older) in which hospital staff always explained medicines and side effects	58%	70%	5 million increase
Percent of Medicare beneficiaries (age 65 and older) readmitted to hospital within 30 days	18%	14%	180,000 decrease
Admissions to hospital for diabetes complications, per 100,000 adults (age 18 and older)	240	126	250,000 decrease
Pediatric admissions to hospital for asthma, per 100,000 children (ages 2–17)	156	49	70,000 decrease
Medicare admissions to hospital for ambulatory care–sensitive conditions, per 100,000 beneficiaries (age 65 and older)	700	465	640,000 decrease
Deaths before age 75 from conditions amenable to health care, per 100,000 population	110	69	100,000 decrease
Percent of primary care doctors with electronic medical records	28%	98%	180,000 increase

* Targets are benchmarks of top 10% performance within the U.S. or top countries.

Source: Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008* (New York: The Commonwealth Fund, July 2008).

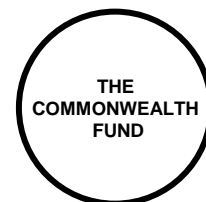


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