



The Future of Employer-Sponsored Health Insurance

**The Commonwealth Fund and
The Century Foundation
Business and National Health Care Reform
September 14, 2007**

Chartpack is available at www.commonwealthfund.org

The Future of Employer-Based Health Insurance ² **Table of Contents**

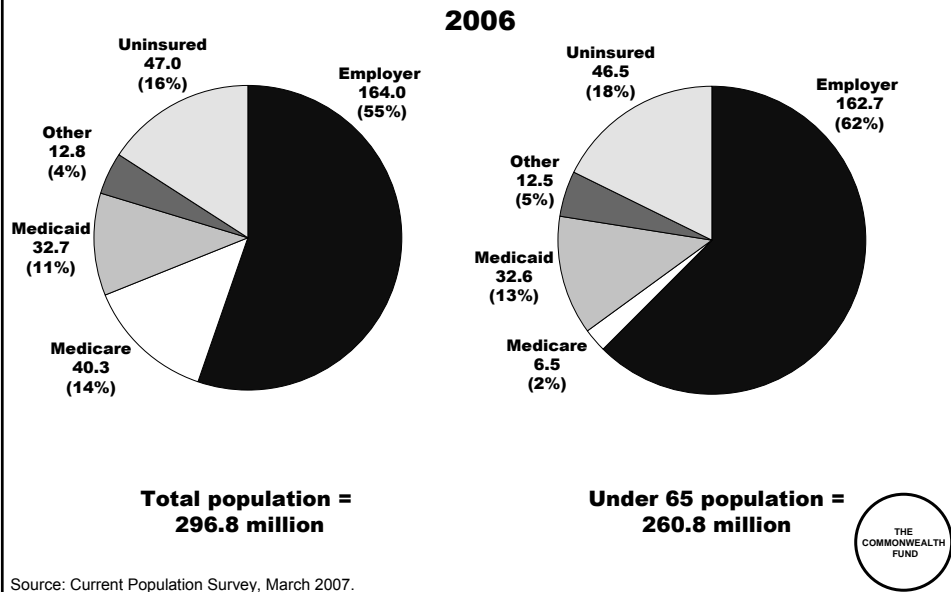
- **Employer-Based Coverage is the Backbone of the U.S. Health Insurance System**
- **Steady Growth in Health Care Costs is Placing Pressure on Employers' Ability to Provide Comprehensive Benefits**
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1. Employer-Based Coverage is the Backbone of the U.S. Health Insurance System



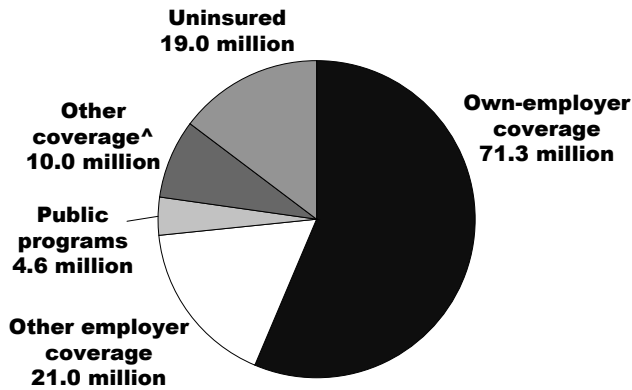
Figure 1. Employers Provide Health Benefits to More than 160 Million Working Americans and Family Members ⁴



Source: Current Population Survey, March 2007.

92 Million U.S. Workers* Ages 19–64 Have Coverage Through Their Own or Another Employer

5



*Includes full-time and part-time workers (including self-employed).

^Includes those with individual insurance and don't know responses.

Source: S. R. Collins, C. Schoen, D. Colasanto et al., On the Edge: Low-Wage Workers and Their Health Insurance Coverage, The Commonwealth Fund, March 2003. Updated with data from the The Commonwealth Fund Biennial Health Insurance Survey (2005).

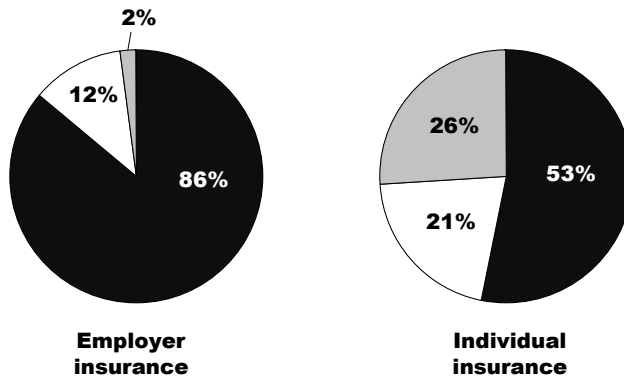


People With Employer Insurance Have More Stable Coverage Than Those with Individual Market Insurance

6

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

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



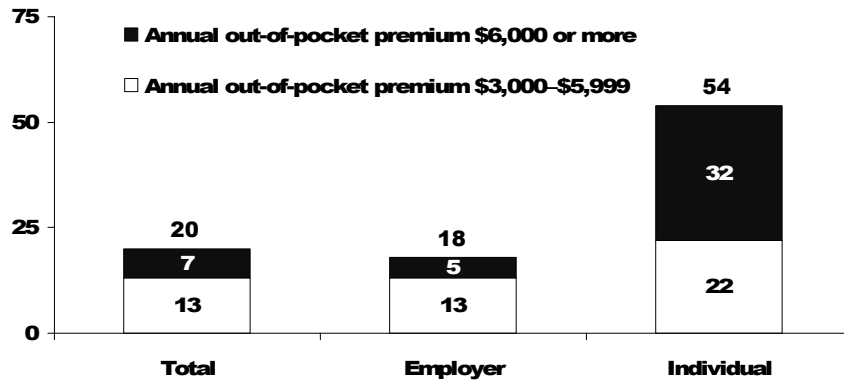
Source: K. Klein, S. A. Glied, and D. Ferry, Entrances and Exits: Health Insurance Churning, 1998–2000, The Commonwealth Fund, September 2005. Authors' analysis of the 1998–2000 Medical Expenditure Panel Survey.



Risk Pooling and Employer Premium Contributions Lower the Cost of Health Benefits for Adults with Employer Coverage Relative to Those with Individual Market Coverage

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Percent of adults ages 19–64 insured all year with private insurance



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, The Commonwealth Fund, September 2006.



2. Steady Growth in Health Care Costs is Placing Pressure on Employers' Ability to Provide Comprehensive Benefits

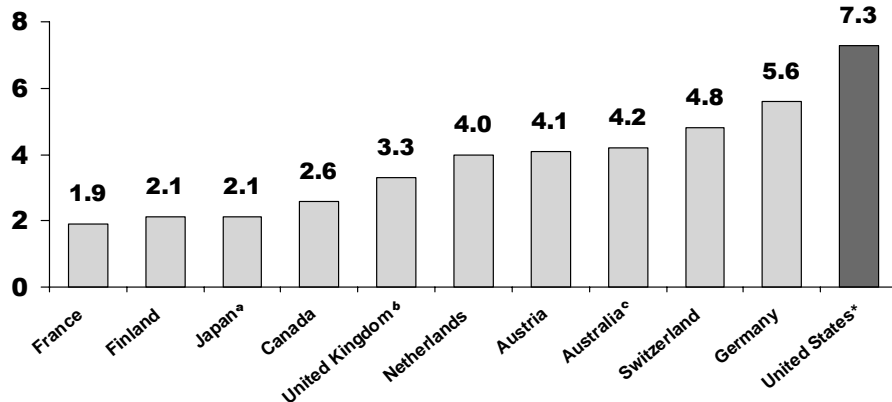
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Percentage of National Health Expenditures Spent on Insurance Administration and Overhead, 2003

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Net costs of health administration and health insurance as percent of national health expenditures



^a2002 ^b1999 ^c2001

*Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.

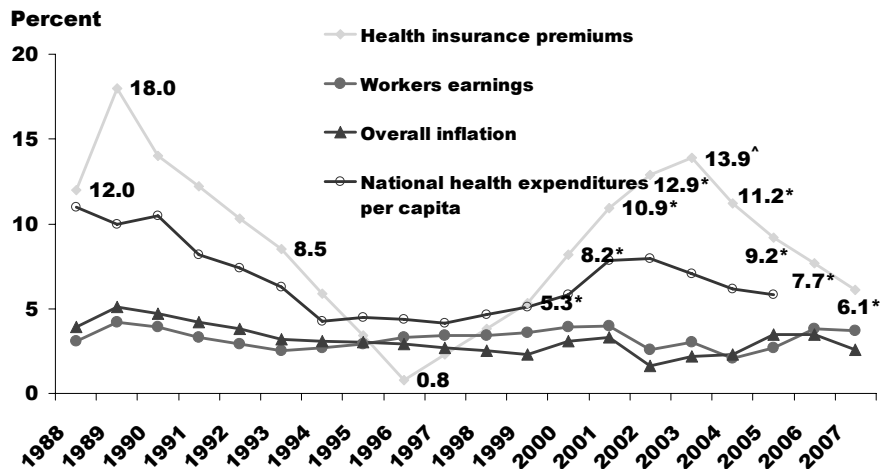
Data: OECD Health Data 2005.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.



Increases in Health Insurance Premiums Compared with Other Indicators, 1988–2006

10



Source: G. Claxton, J. Gabel et al., "Health Benefits in 2007: Premium Increases Fall To An Eight-Year Low, While Offer Rates And Enrollment Remain Stable," *Health Affairs*, September/October 2007 26(5):1407–1416. Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2007, and Commonwealth Fund analysis of National Health Expenditures data.

*Estimate is statistically different from the previous year shown at $p < 0.05$.

[^]Estimate is statistically different from the previous year shown at $p < 0.1$.

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four. Historical estimates of workers' earnings have been updated to reflect new industry classifications (NAICS).



Employer Coverage Continues to Be Major Source of Coverage for Employees of Larger Firms

11

Percent of firms offering health benefits



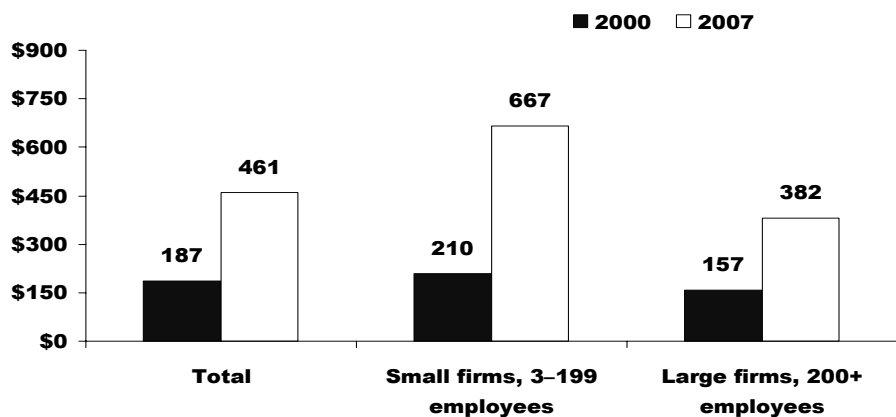
Source: The Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2007 Annual Surveys.



Deductibles Rise Sharply, Especially in Small Firms, Over 2000-2007

12

Mean deductible for single coverage (PPO, in-network)

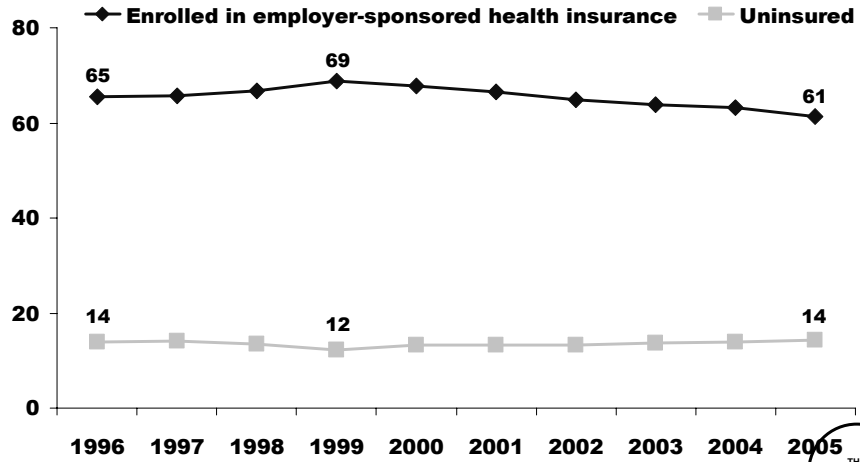


PPO = preferred provider organization. PPOs covered 57 percent of workers enrolled in an employer-sponsored health insurance plan in 2007.
 Source: The Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2007 Annual Surveys.



Percent of Nonelderly Population Enrolled in Employer-Sponsored Health Insurance or Uninsured, 1996–2005

Percent of nonelderly population



Note: Individuals were identified as enrolled in employer-sponsored health insurance if they were enrolled at any point during the year. Individuals were identified as uninsured if they were uninsured for the full year.

Source: Analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey, 1997–2006.



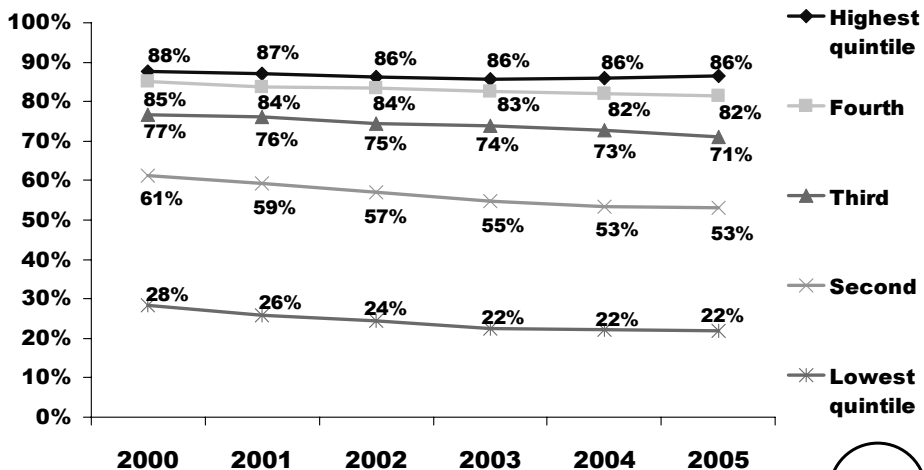
3. Many Americans Are Left Out of the Employer-Based System



Employer-Provided Health Insurance, By Household Income Quintile, 2000-2005

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Percent of population under age 65 with health benefits from employer



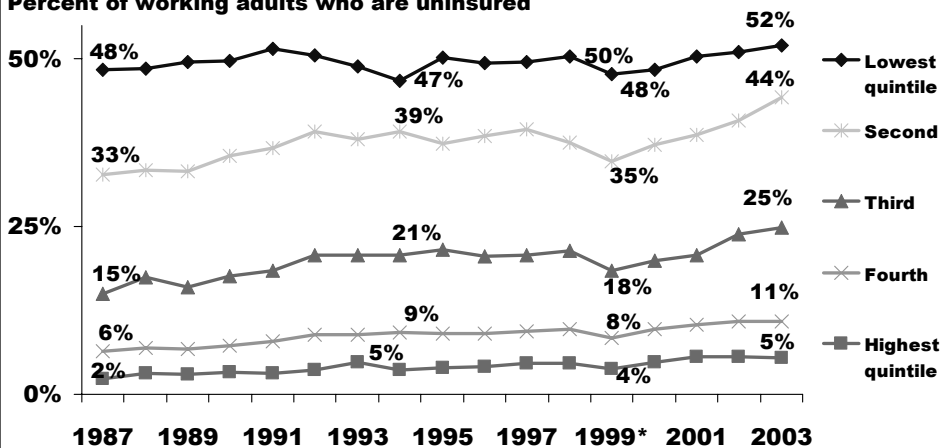
Source: E. Gould, Health Insurance Eroding for Working Families: Employer-Provided Coverage Declines for Fifth Consecutive Year, Economic Policy Institute, Sep. 28, 2006.



Uninsured Rates are Increasing Most for Working Middle Class Adults

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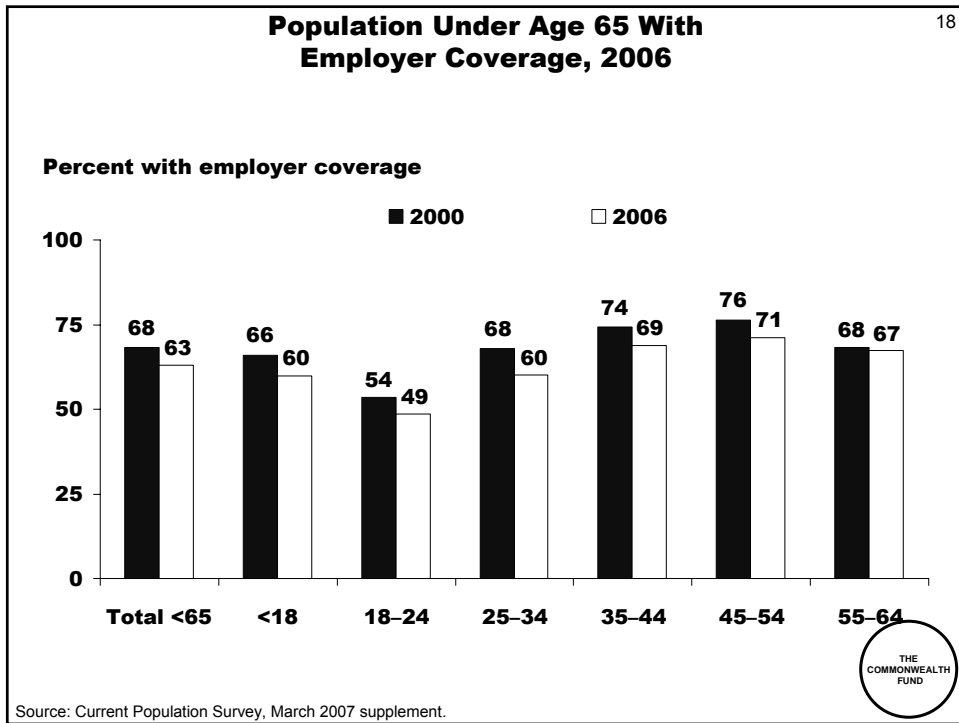
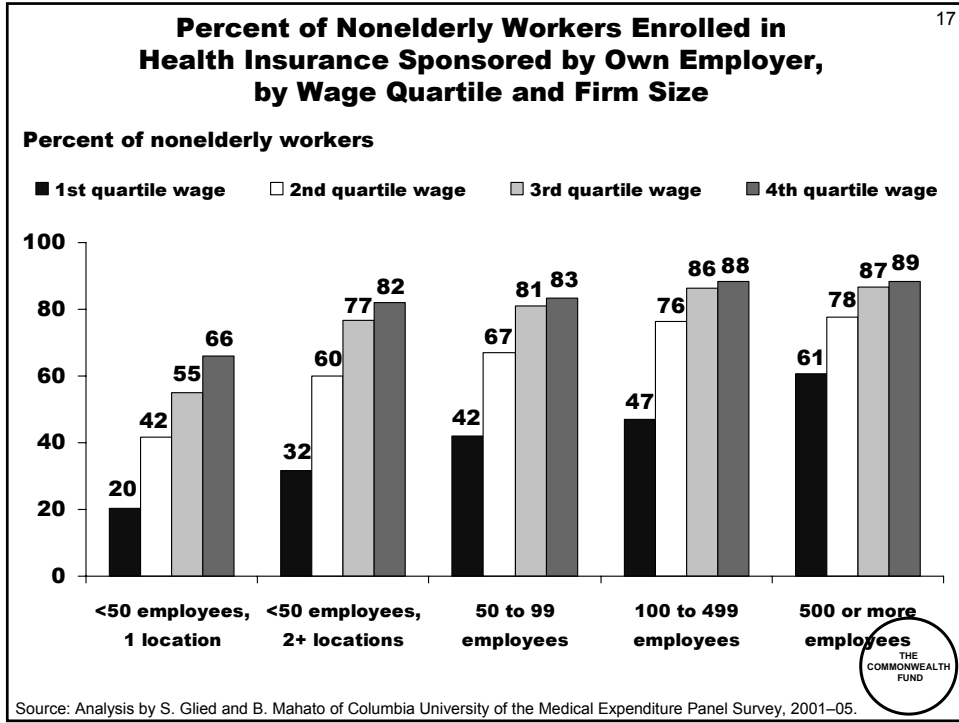
Percent of working adults who are uninsured



*In 1999, CPS added a follow-up verification question for health coverage.

Source: Analysis of the March 1988-2004 Current Population Surveys by D. Ferry, Columbia University, for The Commonwealth Fund.

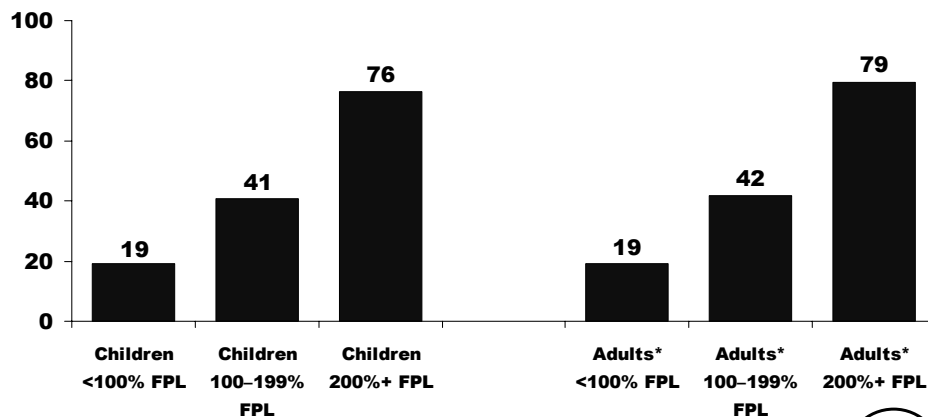




Percent of Children and Adults With Employer-Sponsored Coverage, by Poverty

19

Percent with coverage through their own or other employer



FPL = federal poverty level.

*Adults age 19 and over; children are age 18 and under.

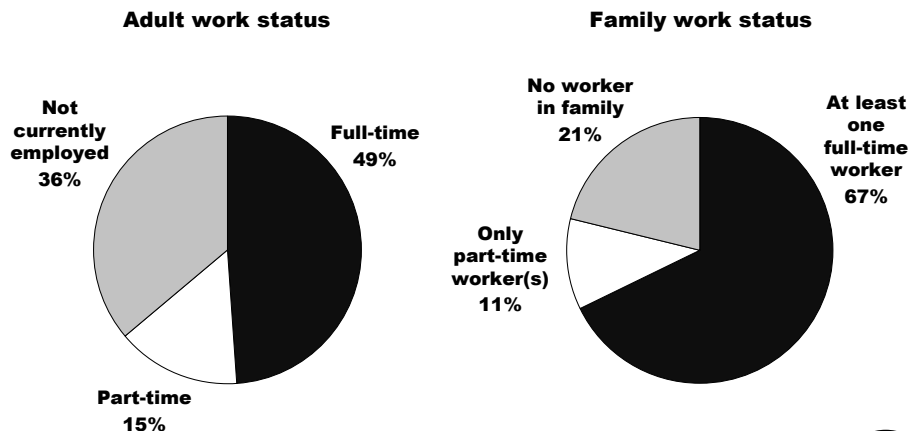
Source: Analysis by S. Glied and B. Mahato of Columbia University of the 2006 Current Population Survey.



The Majority of Uninsured Adults Are in Working Families

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Adults ages 19-64 with any time uninsured



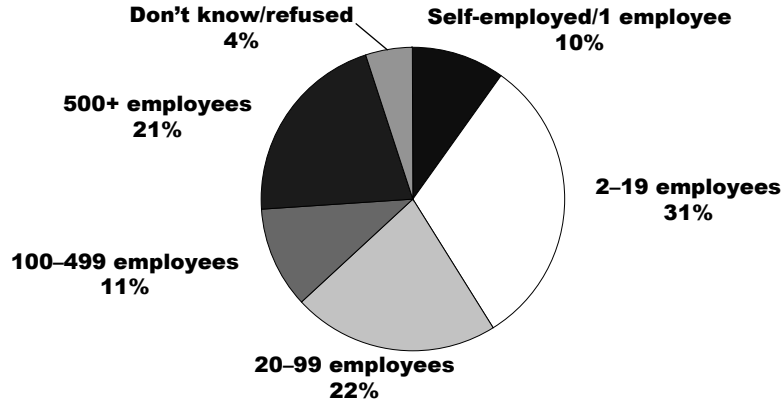
Note: Percentages may not sum to 100% because of rounding.

Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



More than Three of Five Working Adults with Any Time Uninsured Are Employed in Firms with Fewer than 100 Employees

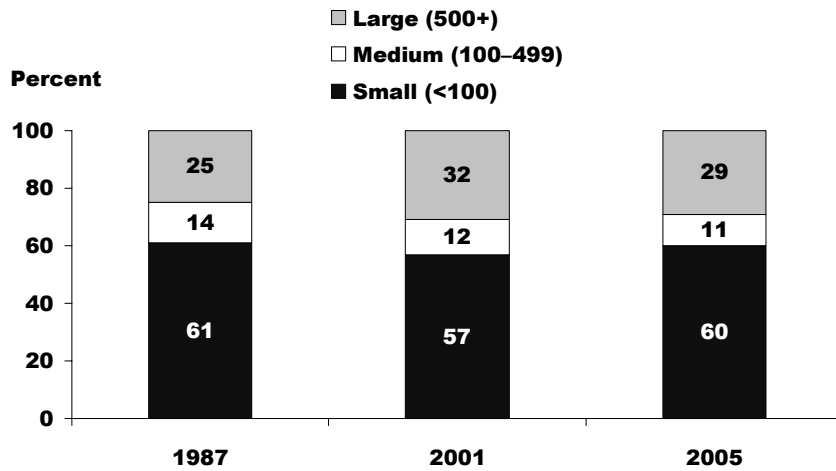
Percent of employed adults with any time uninsured, ages 19-64



Note: Percentages may not sum to 100% because of rounding.
 Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.

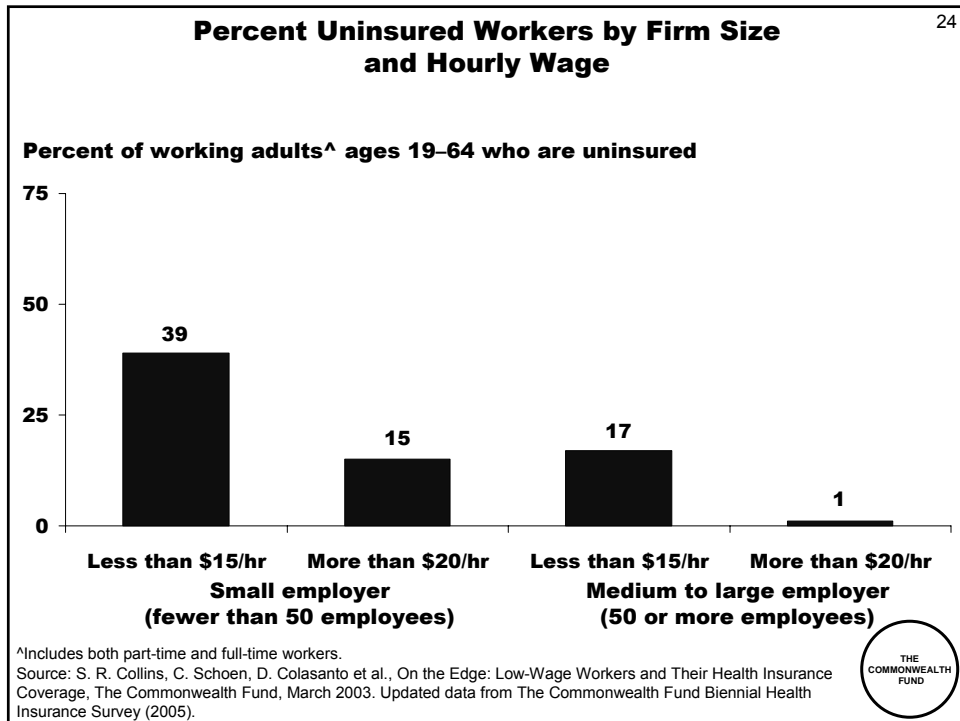
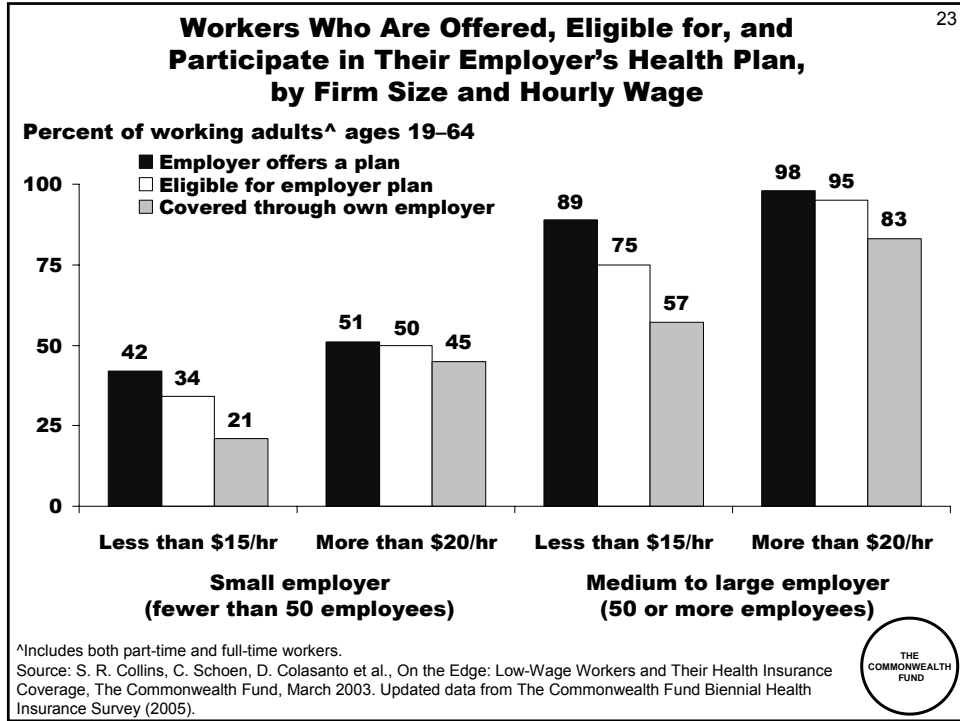


Uninsured Workers By Firm Size 1987-2005

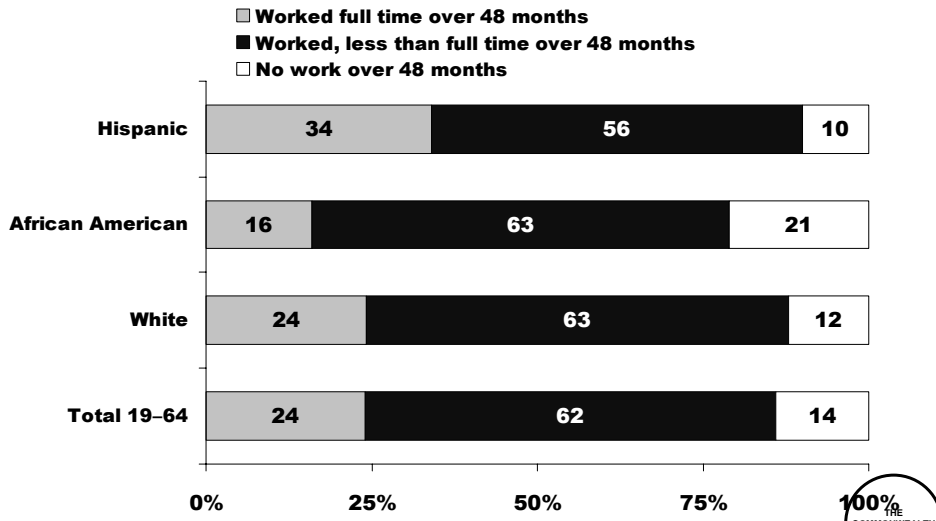


Source: S. Glied, et al., *The Growing Share of Uninsured Workers Employed by Large Firms*, The Commonwealth Fund, October 2003, Authors' analysis of March Current Population Survey, 1988-2002. 2005 data from analysis by S. Glied and B. Mahato of Columbia University of the Current Population Survey, 2006.





**The Majority of Low-Income* Adults Are in Working Families,²⁵
But Employment Is Unstable,
Employment Status of Head of Household Among
Low-Income Adults, 1996–1999**

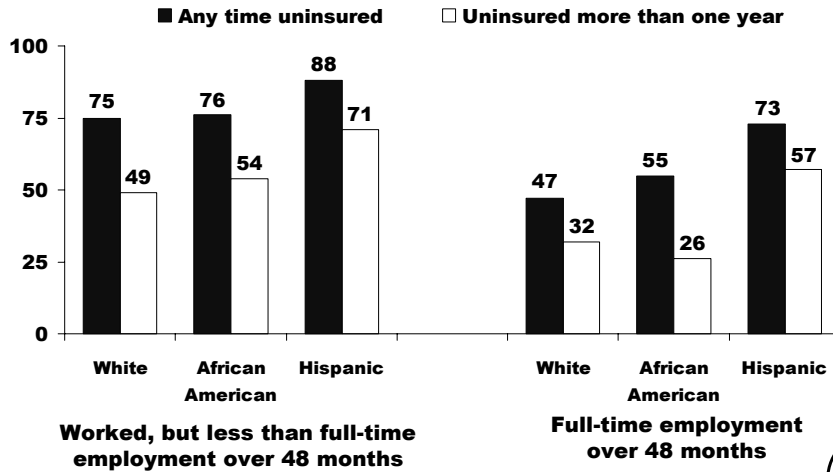


*Low-income defined as less than 200% of the federal poverty level.
Source: M. M. Doty and A. L. Holmgren, Unequal Access: Insurance Instability Among Low-Income Workers and Minorities, The Commonwealth Fund, April 2004.



**Low-Income* Hispanics Are Less Likely to Have Insurance—
Though More Likely to Be Steadily Employed²⁶**

Percent uninsured by employment of head of household among low-income adults (19–64), 1996–1999



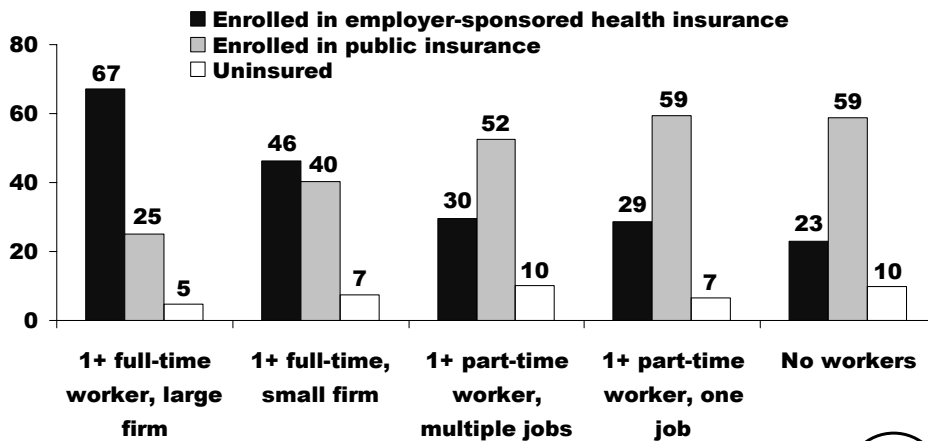
*Low-income defined as less than 200% of the federal poverty level.
Source: M. M. Doty and A. L. Holmgren, Unequal Access: Insurance Instability Among Low-Income Workers and Minorities, The Commonwealth Fund, April 2004.



Percent of Children in Employer-Sponsored Insurance or Uninsured, by Employment Status of Adults in Family

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Percent of children (ages 0–18)

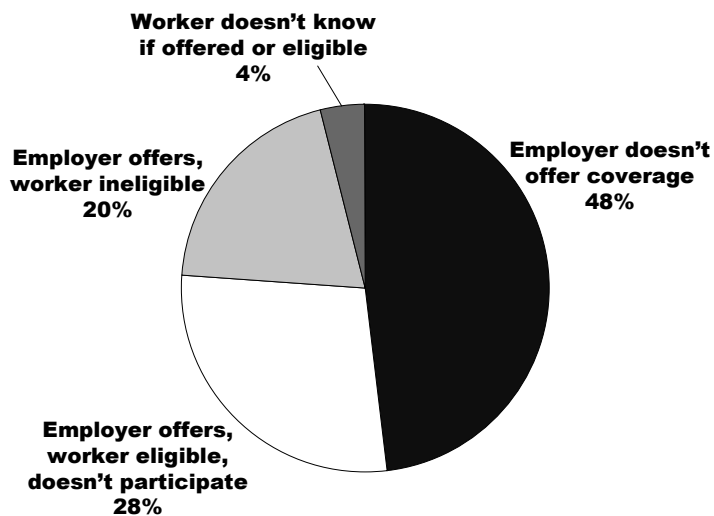


Source: Analysis by S. Glied and B. Mahato of Columbia University of the Medical Expenditure Panel Survey, 2005.
 Notes: Families are assigned to a unique employment status using the following hierarchy: one or more full-time adult workers employed by a large firm, one or more full-time adult workers employed by a small firm, one or more adult workers with multiple part-time jobs, one or more adult workers with one part-time job, no workers.



Uninsured Workers: Reasons for Lack of Insurance Coverage, Ages 19–64

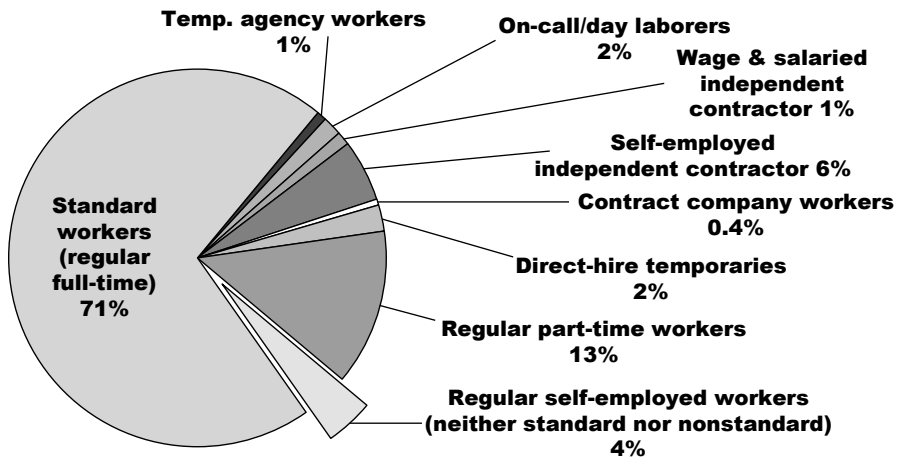
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Source: S. R. Collins, C. Schoen, D. Colasanto et al., On the Edge: Low-Wage Workers and Their Health Insurance Coverage, The Commonwealth Fund, March 2003. Updated data from The Commonwealth Fund Biennial Health Insurance Survey (2005).



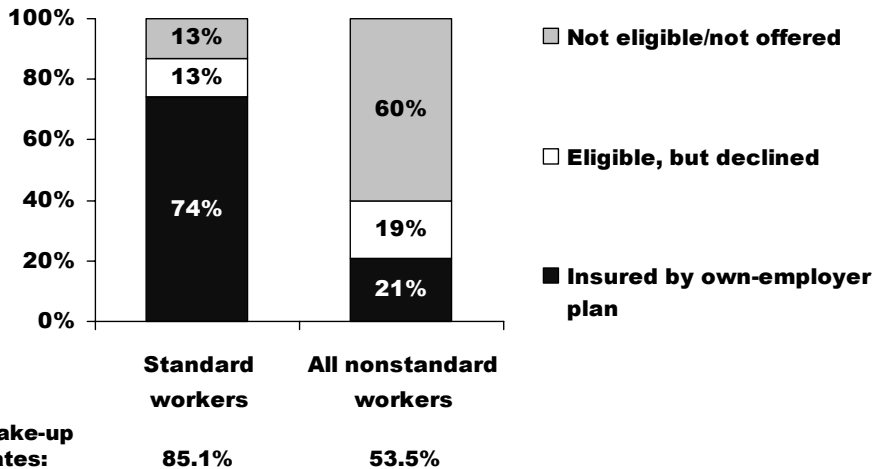
Nonstandard Workers as a Share of the Workforce



Source: E. Ditsler, P. Fisher, and C. Gordon, On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary, and Contract Jobs, The Commonwealth Fund, December 2005. Authors' analysis of the 2001 Contingent Work Supplement to the Current Population Survey.



Non-Standard Workers Are Less Likely to Have Access to Job-Based Health Insurance, 2001



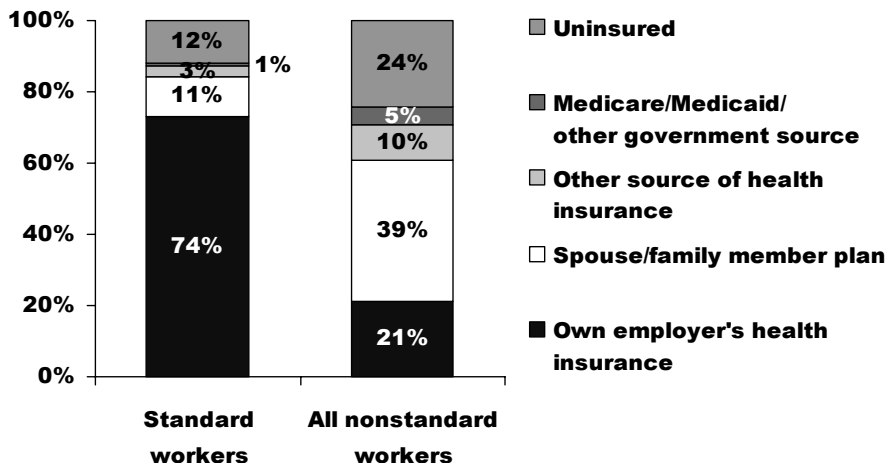
Notes: Self-employed independent contractors are excluded from this analysis. "Not eligible/Not offered" includes workers who are not eligible for the company plan as well as workers who are not offered coverage because their company does not sponsor a health insurance plan.

Source: E. Ditsler, P. Fisher, and C. Gordon, On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary, and Contract Jobs, The Commonwealth Fund, December 2005. Authors' analysis of the 2001 Contingent Work Supplement to the Current Population Survey.



Non-Standard Workers Are Less Likely to Have Health Insurance Coverage Through Their Own Job, 2001

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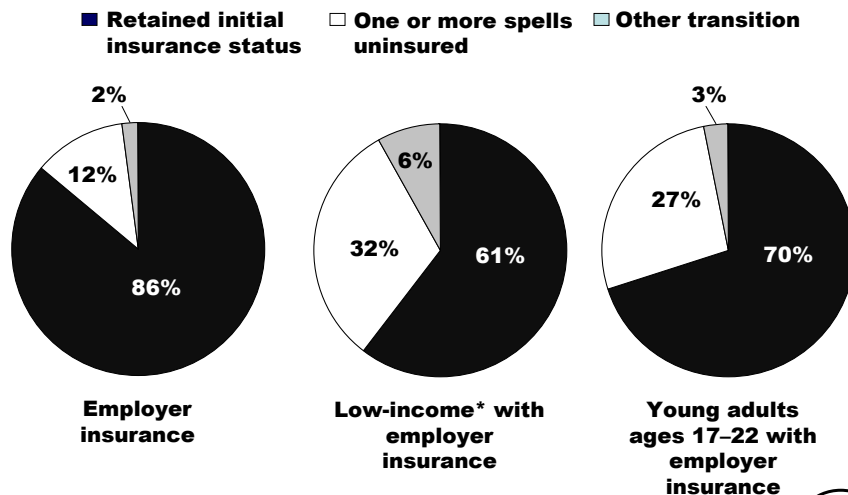
Notes: Self-employed independent contractors are excluded from this analysis. "Other source of health insurance" includes insurance from the individual market, from another job, from a previous job, or from an association, school, or other unidentified source.

Source: E. Ditsler, P. Fisher, and C. Gordon, On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary, and Contract Jobs, The Commonwealth Fund, December 2005. Authors' analysis of the 2001 Contingent Work Supplement to the Current Population Survey.



People with Lower Incomes and Young Adults Have Less Stable Employer Coverage

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*Low-income defined as less than 200% of the federal poverty level.

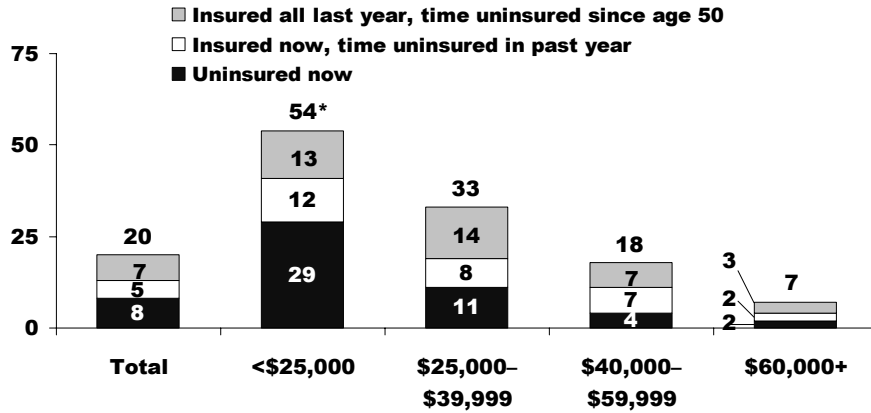
Note: Numbers may not sum to 100% due to rounding.

Source: K. Klein, S. A. Glied, and D. Ferry, Entrances and Exits: Health Insurance Churning, 1998-2000, The Commonwealth Fund, September 2005. Authors' analysis of the 1998-2000 Medical Expenditure Panel Survey.



Insurance Instability Among Older Adults in Working Families

Percent of adults 50–64 not on Medicare who are employed or whose spouse is employed

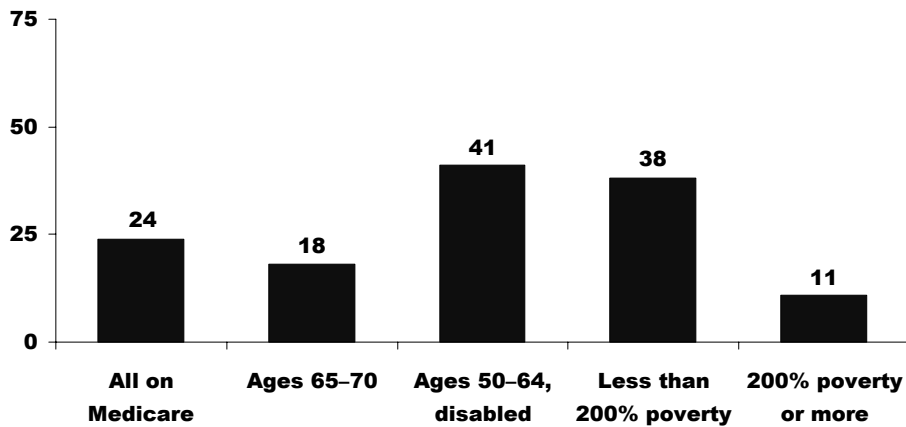


*Difference across income is statistically significant at $p \leq 0.05$ or better.
 Note: Income groups based on 2003 household income.
 Source: S. R. Collins et al., Health Coverage for Aging Baby Boomers: Findings from the Commonwealth Fund Survey of Older Adults, The Commonwealth Fund, January 2006.



Nearly One Quarter of Medicare Beneficiaries Were Uninsured Just Before Enrolling

Percent of Medicare beneficiaries ages 50–70



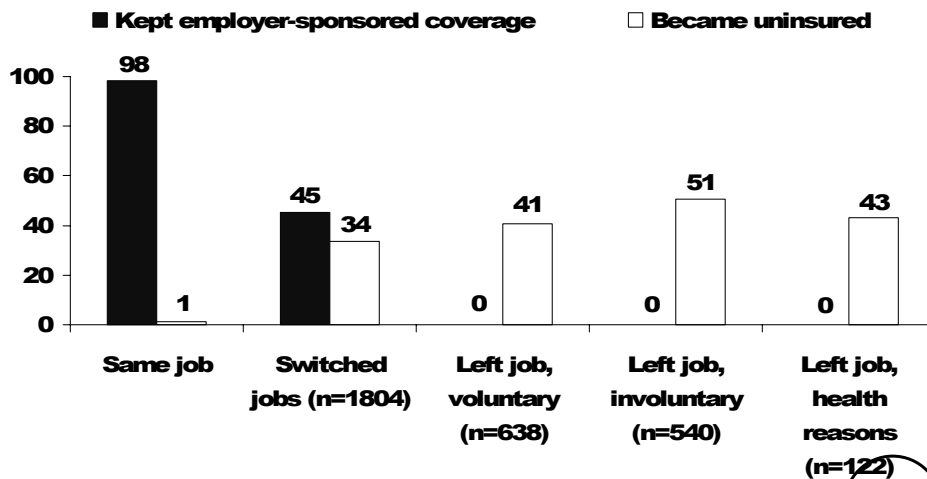
Source: S. R. Collins et al., Will You Still Need Me? The Health and Financial Security of Older Americans, The Commonwealth Fund, June 2005. Data from the Commonwealth Fund Survey of Older Adults, 2004.



Workers With Employer-Sponsored Insurance Often Become Uninsured if They Leave or Switch Jobs

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Percent of non-elderly workers

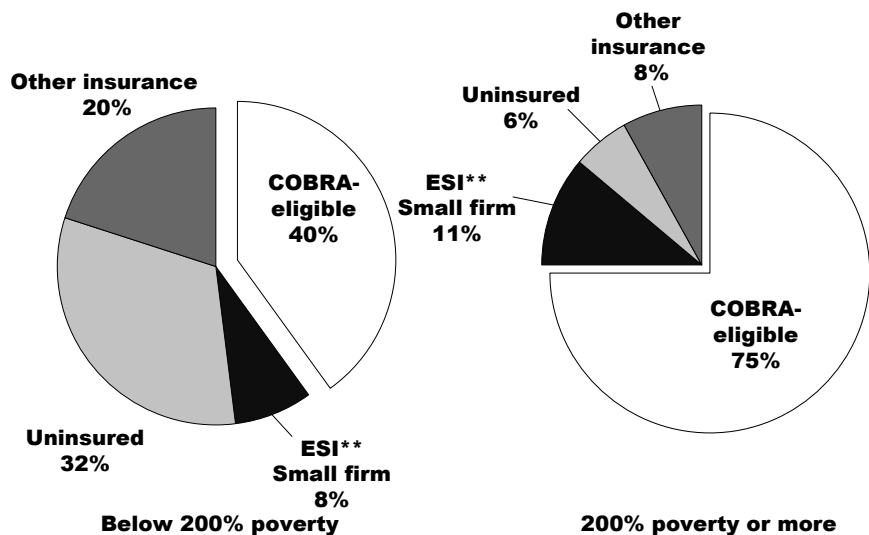


Source: Commonwealth Fund analysis of the 2001 through 2005 Medical Expenditure Panel Survey.
 Notes: Only includes workers age 19 to 64 who were initially enrolled in employer-sponsored insurance through their employer. Job changes were identified based on employment status reported in two survey rounds approximately four months apart.



Lower Income Workers Are Least Likely to Be Eligible for COBRA*

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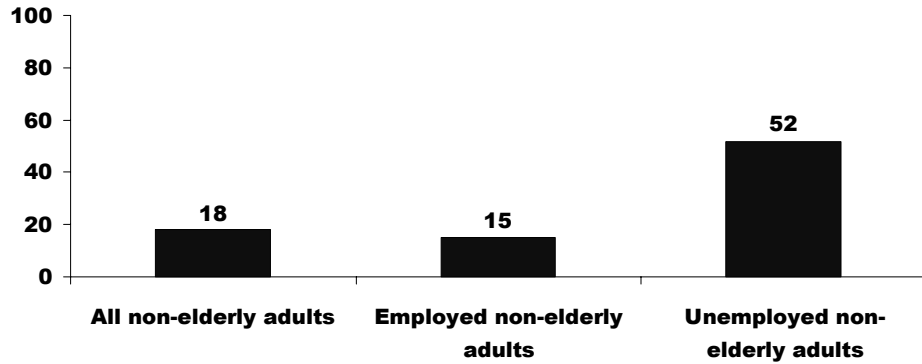
*The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers with 20 or more employees to offer continuation of health insurance coverage to former employees.
 **Employer-sponsored insurance coverage.
 Source: L. Duchon, C. Schoen, M. M. Doty et al., Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk, The Commonwealth Fund, December 2001.



More Than Half of Unemployed Adults are Uninsured

37

Percent uninsured, 2005



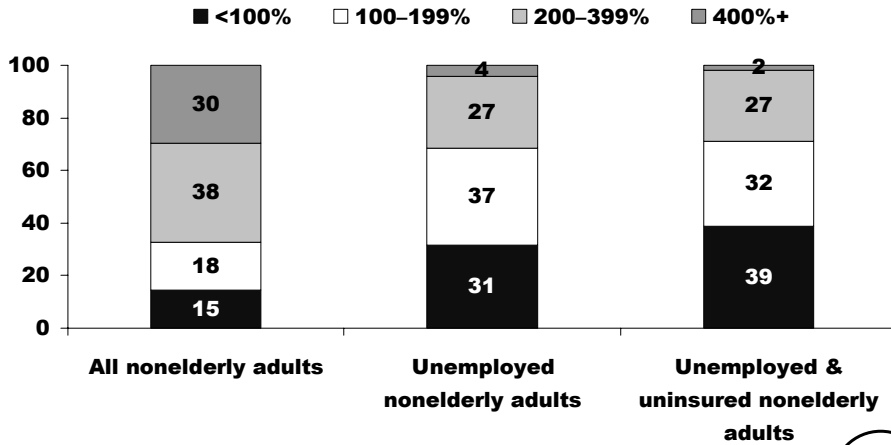
Source: J.L. Lambrew, How the Slowing U.S. Economy Threatens Employer-Based Health Insurance (New York: The Commonwealth Fund) November 2001. Updated with data from the Commonwealth Fund Biennial Health Insurance Survey (2005).



Unemployed Uninsured People Have Lower Incomes

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Distribution of adults 19-64 by income as percentage of poverty level



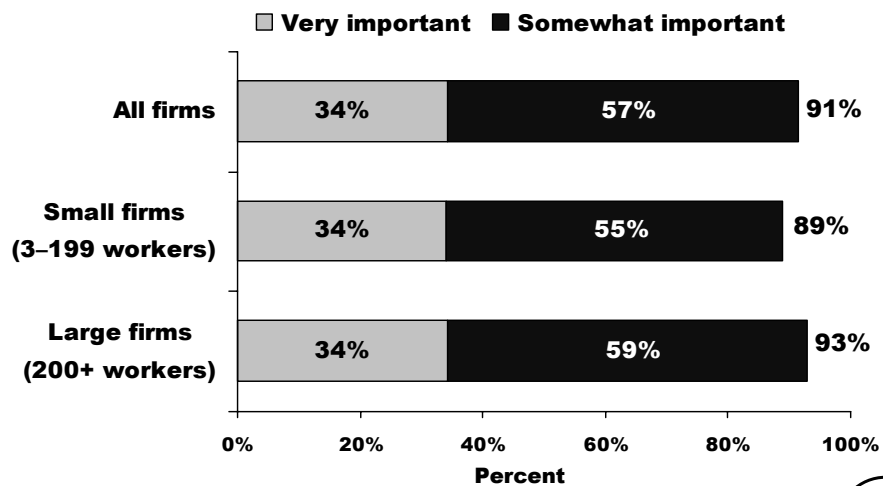
Source: J.L. Lambrew, How the Slowing U.S. Economy Threatens Employer-Based Health Insurance (New York: The Commonwealth Fund) November 2001. Updated with data from the Commonwealth Fund Biennial Health Insurance Survey (2005).



4. Employer Views of Employment-Based Coverage



Among Firms Offering Health Benefits, How Important Are Firms' Health Benefits in Attracting Highly Qualified Employees?*

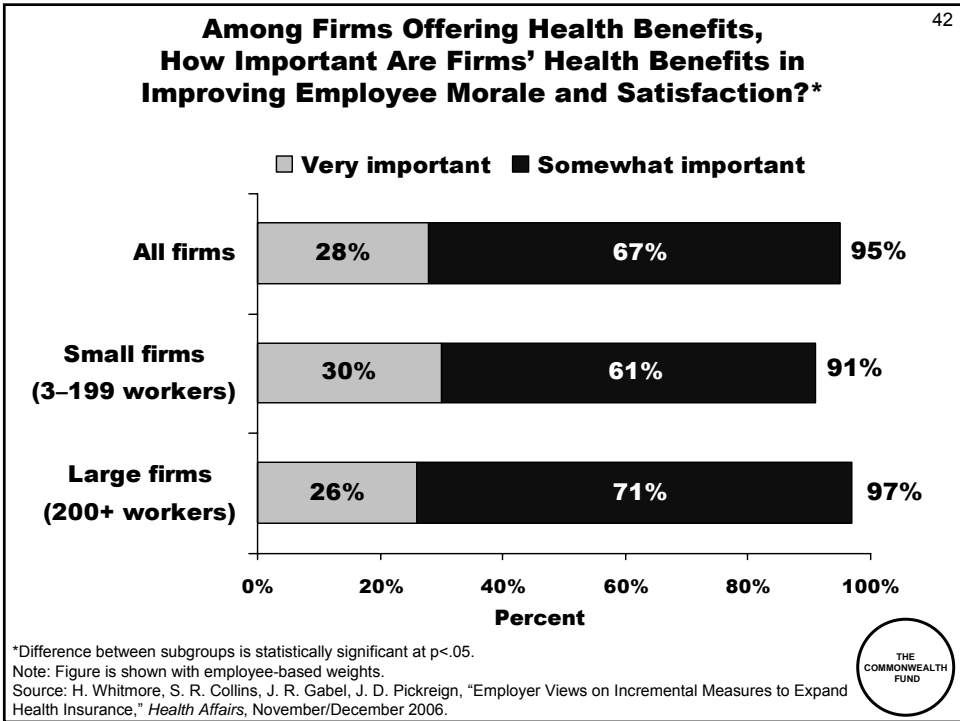
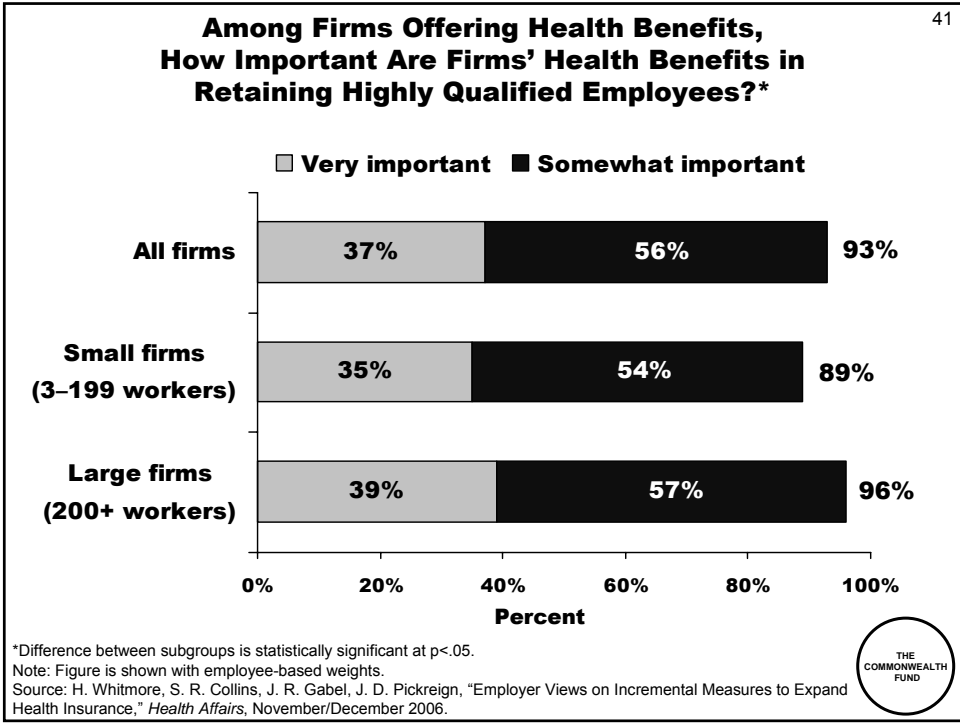


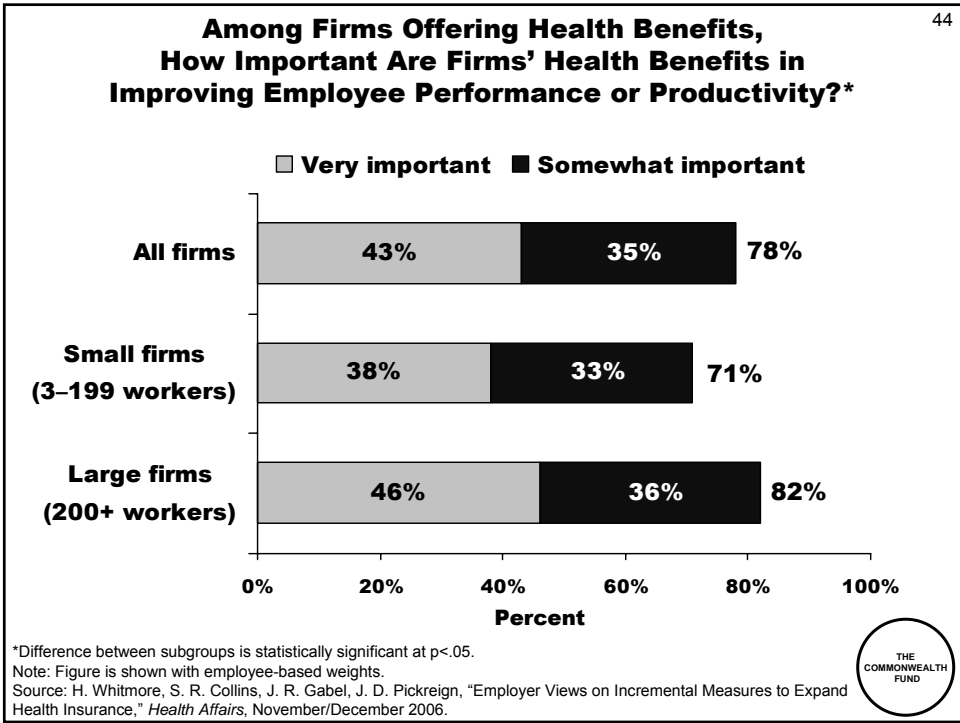
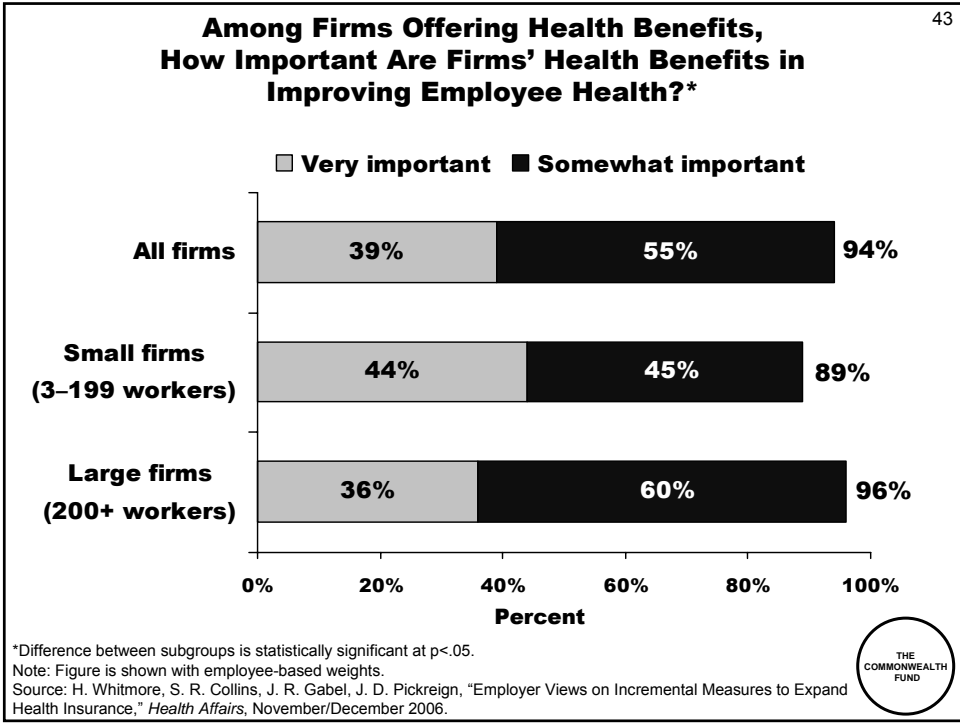
*Tests found no statistically different estimates between subgroups.

Note: Figure is shown with employee-based weights.

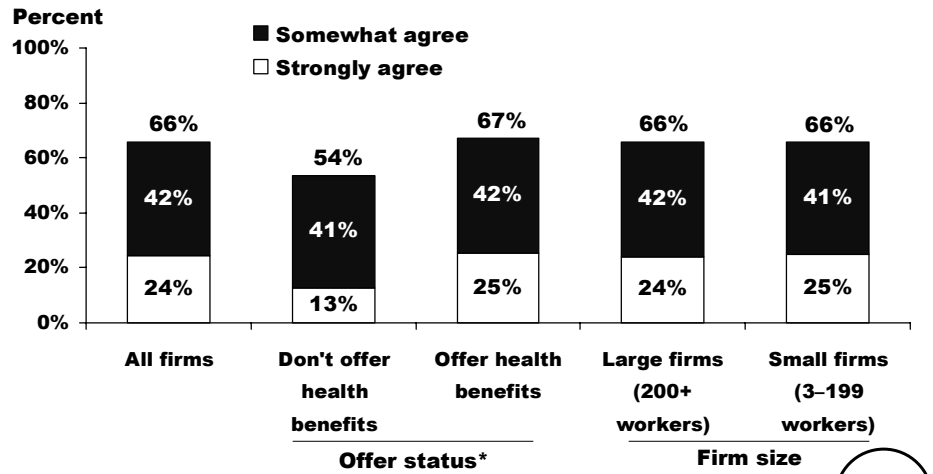
Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.







Firms' Agreement with Statement That All Employers Should Share in the Cost of Health Insurance for Employees by Either Providing Health Insurance or Contributing to a Fund to Cover the Uninsured* ⁴⁵

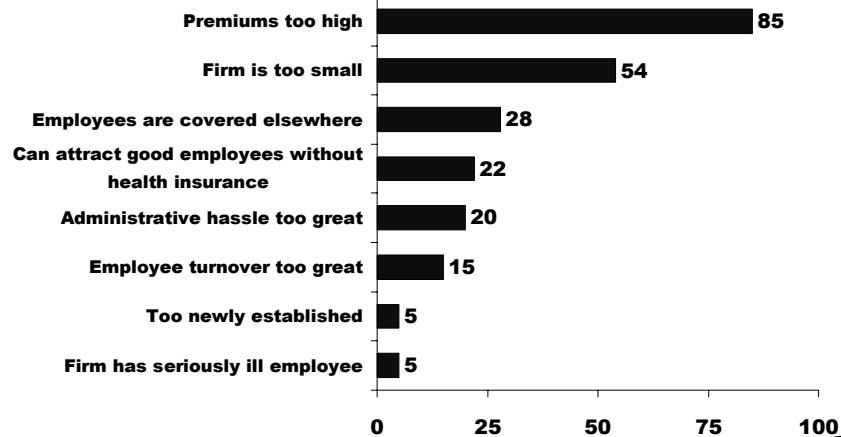


*Difference between subgroups is statistically significant at $p < .05$.
 Note: Figure is shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



Reasons Why New York Firms Did Not Offer Health Benefits, 2003 ⁴⁶

Percent of non-offering firms indicating reason was 'very important'



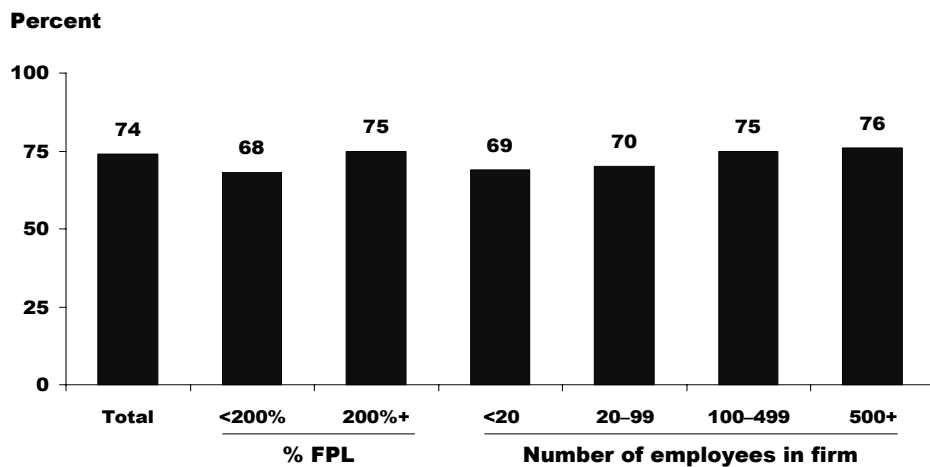
Source: J. N. Edwards, S. How, H. Whitmore et al., Employer-Sponsored Health Insurance in New York: Findings from the 2003 Commonwealth Fund/HRET Survey, The Commonwealth Fund, May 2004.



5. Employee Views of Employment-Based Coverage



Percent of People with ESI* Who Say That Employers Do a Good Job Selecting Quality Insurance Plans to Offer Their Workers



*ESI = employer-sponsored insurance. FPL = federal poverty level.

Note: Based on respondents age 19-64 who were covered all year by their own employer's insurance.

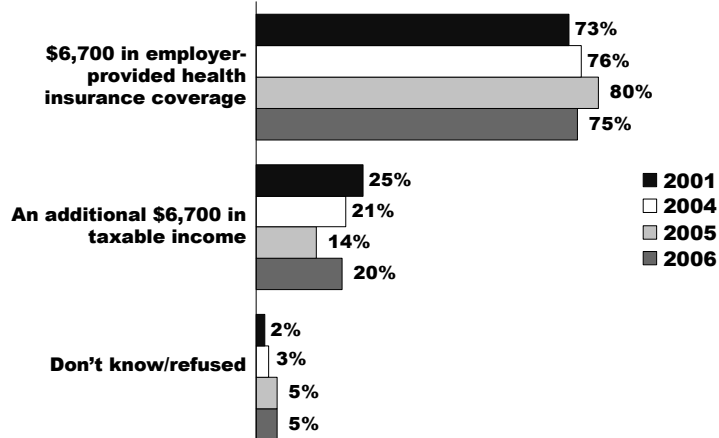
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, September 2006.



The High Cost of Coverage Makes Employee Health Benefits Very Valuable

Employers who provide health benefits now pay an average of \$6,700 per employee each year for that coverage, which is not counted as taxable income to employees. Would you rather have...?

*Among those employed full- or part-time (2006 n=572)



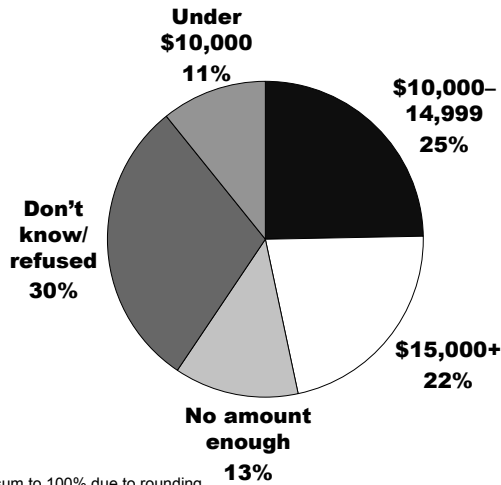
Note: The \$6,700 amount was used in the 2006 survey. Smaller dollar amounts were used in earlier years, based on average premiums in those years.
 Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, November 2006, and earlier publications based on the EBRI Health Confidence Survey.



Many Workers Value Their Employer-Provided Health Benefits Far Above Their Actual Cost

How much would an employer have to give you each year in taxable income for you to willingly give up your employer-provided coverage?

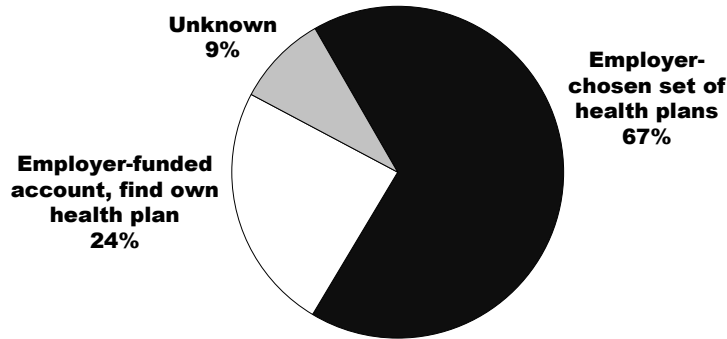
*Among those with employer-based coverage preferring employer-provided coverage to an additional \$6,700 in taxable income (n=400)



Note: Percentages may not sum to 100% due to rounding.
 Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, November 2006.



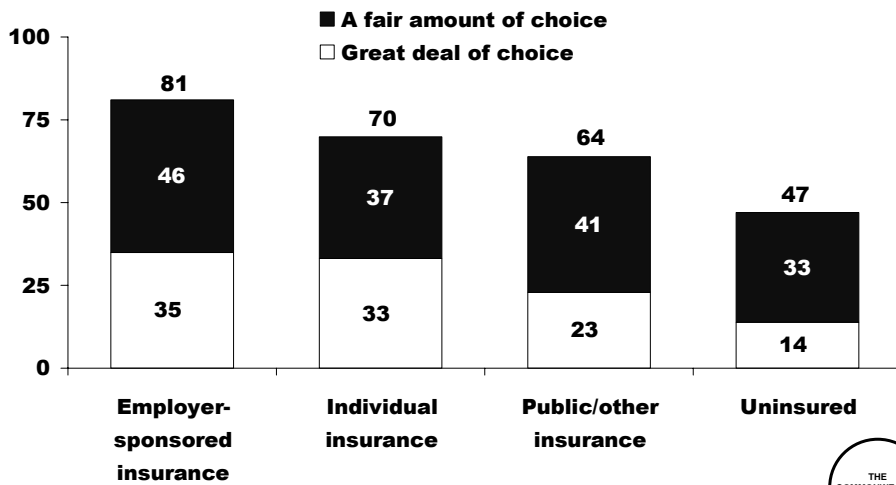
Employed Adults or Those with Employer-Sponsored Insurance Prefer Having an Employer-Chosen Set of Health Plan Options Over a Cash Account 51



Source: J. Lambrew, "Choice" in Health Care: What Do People Really Want?, The Commonwealth Fund, September 2005.

Four of Five Adults with Employer-Sponsored Insurance Report Having "A Great Deal" or "A Fair Amount" of Choice in Where To Go for Medical Care 52

Percent of adults 19-64

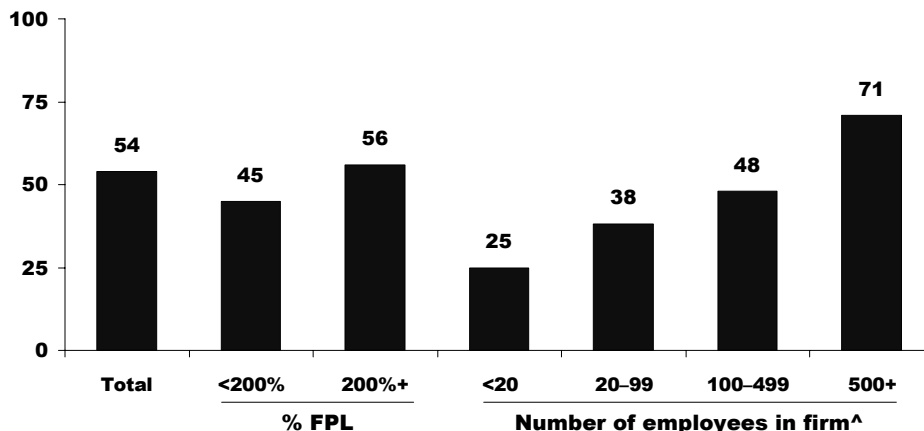


Source: J. Lambrew, "Choice" in Health Care: What Do People Really Want?, The Commonwealth Fund, September 2005.

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

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Percent of adults ages 19-64 insured all year with ESI*



*ESI = employer-sponsored insurance.

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

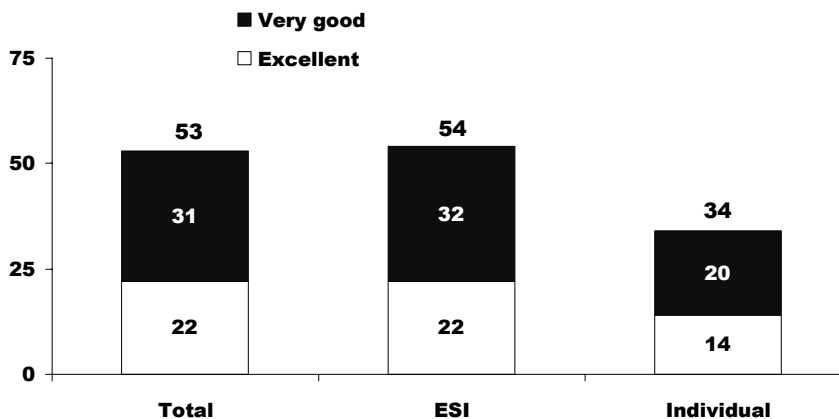
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, September 2006.



Adults With Employer Coverage Give Their Health Plans Higher Ratings Than Those in the Individual Market

54

Percent of adults ages 19-64 insured all year with private insurance



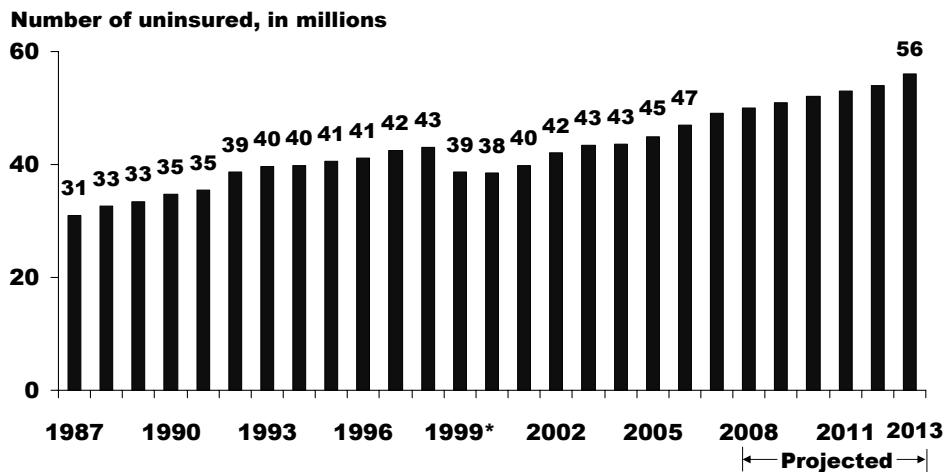
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, September 2006.



6. Few Options Outside of Employer-Based Coverage: Growing Numbers of Uninsured



47 Million Uninsured in 2006; Increase of 8.6 Million Since 2000



*1999–2006 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.

Note: Projected estimates for 2007–2013 are for nonelderly uninsured based on T. Gilmer and R. Kronick, "It's the Premiums, Stupid: Projections of the Uninsured Through 2013," *Health Affairs* Web Exclusive, April 5, 2005.

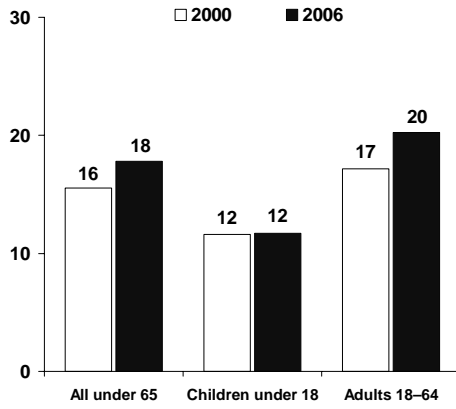
Source: U.S. Census Bureau, March Current Population Survey, 1988–2007.



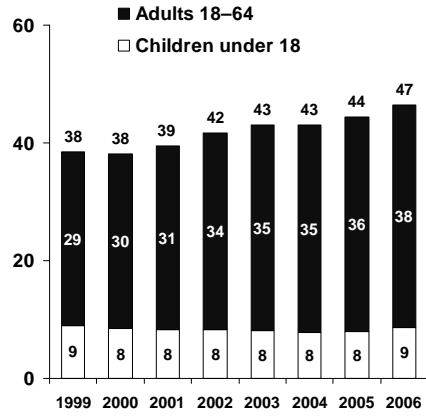
Population Under Age 65 Without Health Insurance

57

Percent uninsured



Millions uninsured

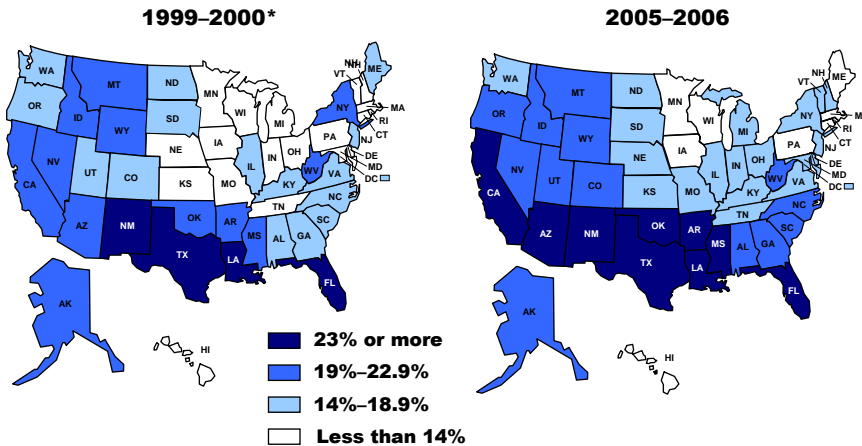


Source: The Commonwealth Fund Commission on a High Performance Health System, Why Not the Best? Results from a National Scorecard on U.S. Health System Performance, The Commonwealth Fund, September 2006. Analysis of Current Population Survey, March 1995-2007 supplements. Updated data from March 2007 CPS.



Uninsured Non-Elderly Adult Rate Increased from 17.8% to 20.0% in Last Five Years

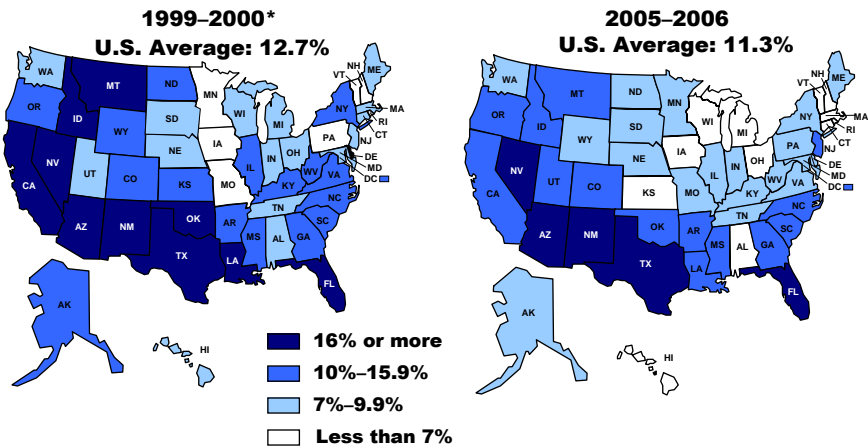
58



*1999-2000 numbers are not yet updated with August 2007 Current Population Survey revised data.
 Source: J. C. Cantor, C. Schoen, D. Belloff, S. K. H. How, and D. McCarthy, Aiming Higher: Results from a State Scorecard on Health System Performance, The Commonwealth Fund Commission on a High Performance Health System, June 2007.
 Updated Data: Two-year averages 1999-2000 and 2005-2006 from the Census Bureau's March 2000, 2001 and 2006, 2007 Current Population Surveys.

Percent of Uninsured Children Declined Since Implementation of SCHIP but Gaps Remain

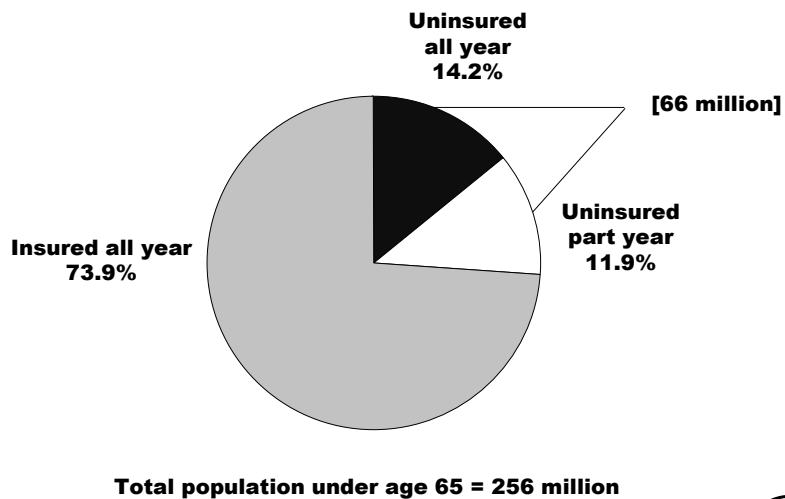
59



*1999–2000 numbers are not yet updated with August 2007 Current Population Survey revised data.
 Source: J. C. Cantor, C. Schoen, D. Belloff, S. K. H. How, and D. McCarthy, Aiming Higher: Results from a State Scorecard on Health System Performance, The Commonwealth Fund Commission on a High Performance Health System, June 2007.
 Updated Data: Two-year averages 1999–2000 and 2005–2006 from the Census Bureau's March 2000, 2001 and 2006, 2007 Current Population Surveys.

One of Four People Under Age 65 Was Uninsured During Part of 2005

60



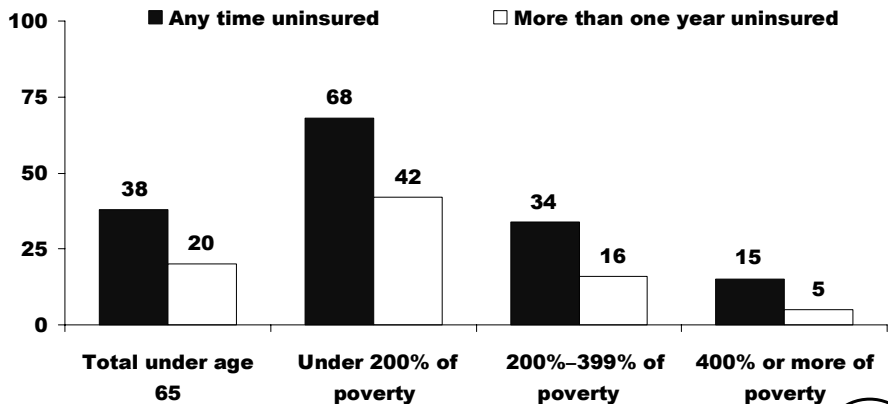
Source: J. A. Rhoades and M. C. Chu, The Uninsured in America, 1996–2006: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65, Agency for Healthcare Research and Quality, Statistical Brief #169, June 2007.



61

Insurance Instability and Churning 38 Percent of Nonelderly People – 85 Million – Were Uninsured over the Four-Year Period 1996–1999

Percent of population under age 65



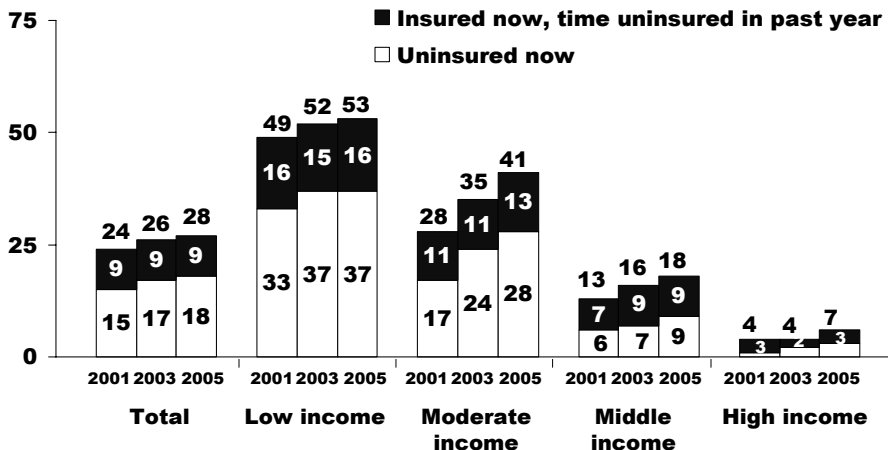
Source: P. F. Short, D. R. Graefe, and C. Schoen, Churn, Churn, Churn: How Instability of Health Insurance Shapes America's Uninsured Problem, The Commonwealth Fund, November 2003.



62

Uninsured Rates High Among Adults with Low and Moderate Incomes, 2001–2005

Percent of adults ages 19–64

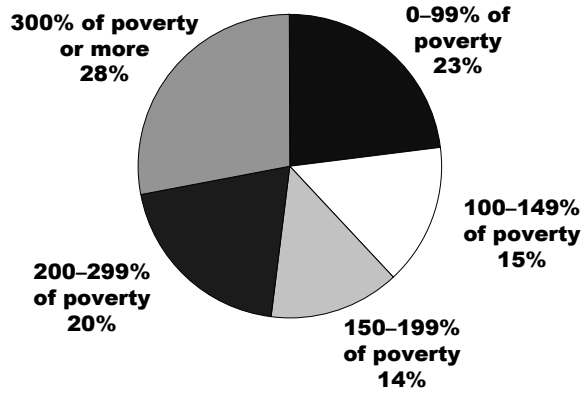


Note: Income refers to annual income. In 2001 and 2003, low income is <\$20,000, moderate income is \$20,000–\$34,999, middle income is \$35,000–\$59,999, and high income is \$60,000 or more. In 2005, low income is <\$20,000, moderate income is \$20,000–\$39,999, middle income is \$40,000–\$59,999, and high income is \$60,000 or more.
Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



Distribution of Uninsured Adults Ages 18–64 by Poverty, 2006

63

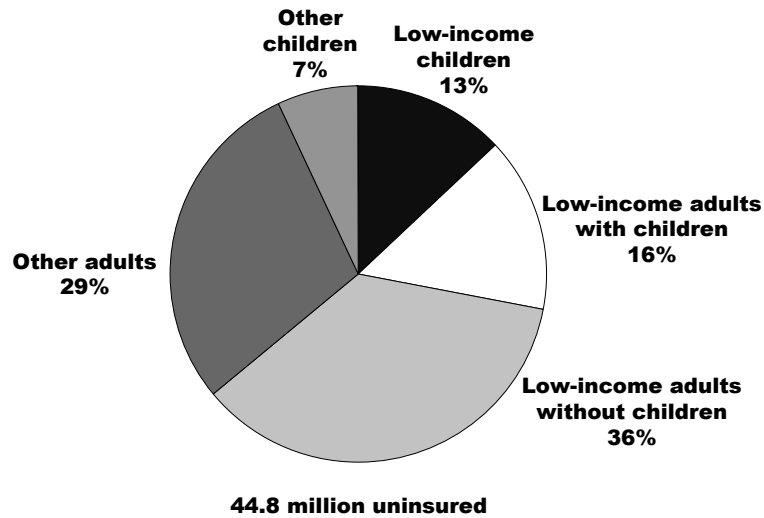


Source: Analysis by P. Fronstin of the Employee Benefit Research Institute of the Current Population Survey, March 2007.



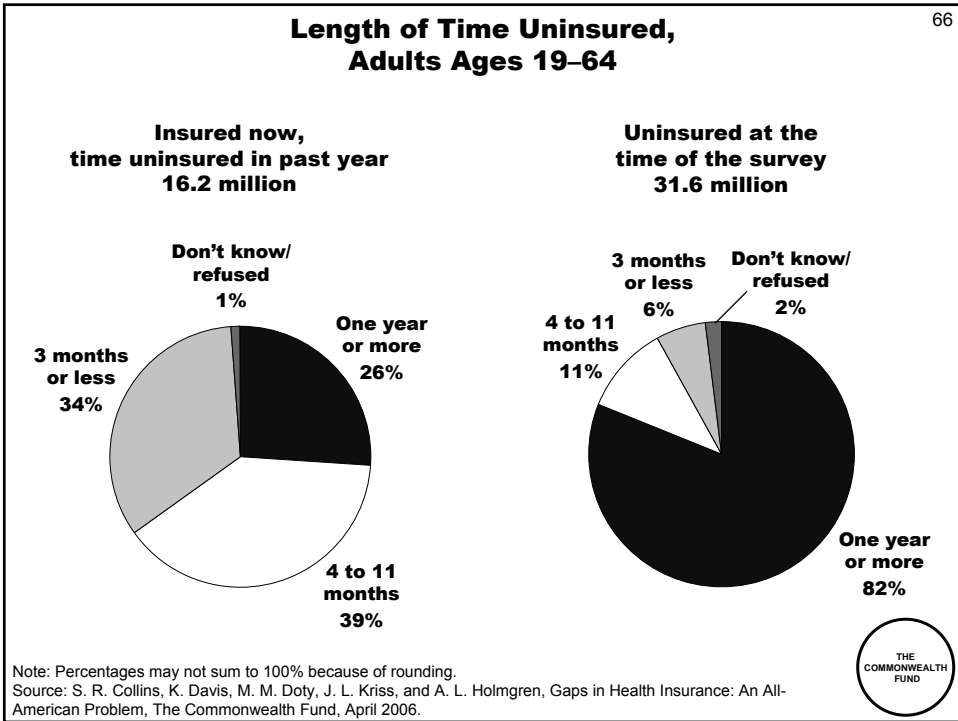
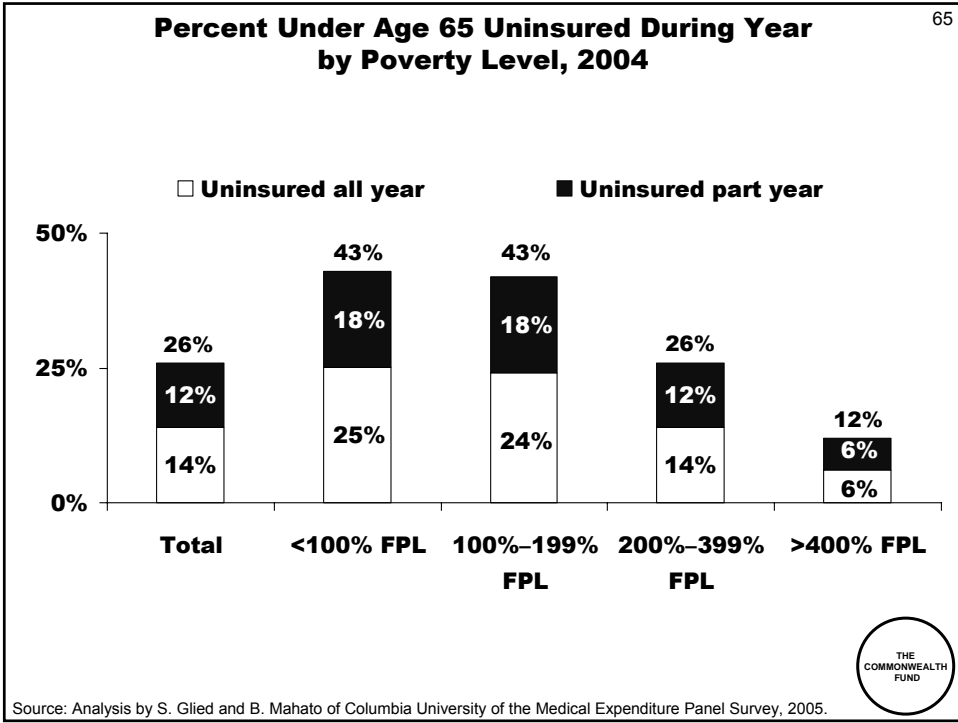
**Uninsured Population, 2005
Nearly Two-Thirds are Low Income***

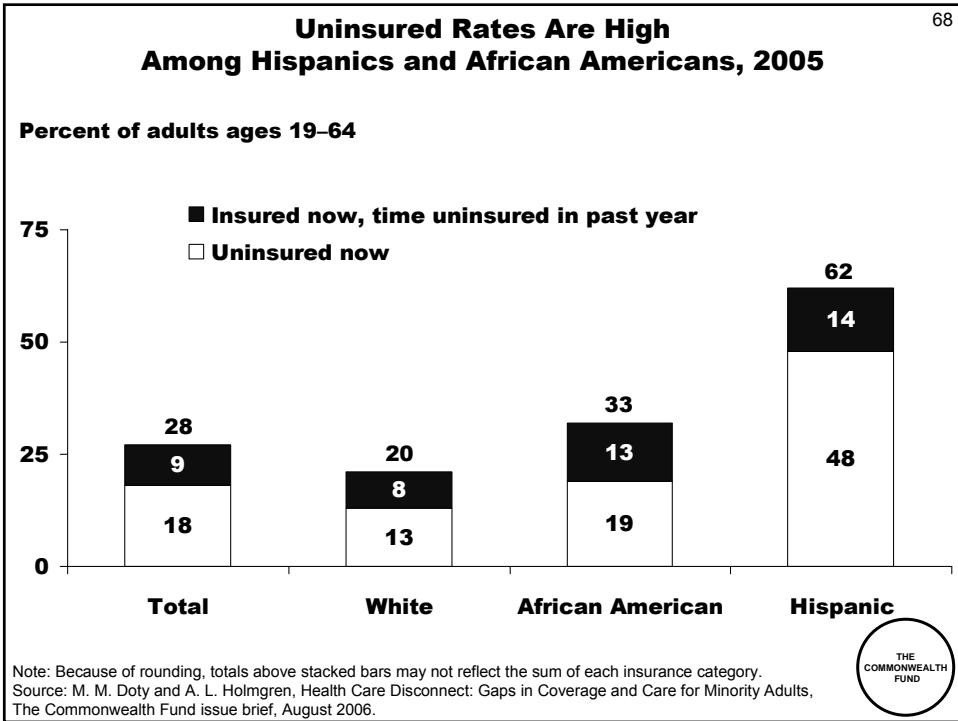
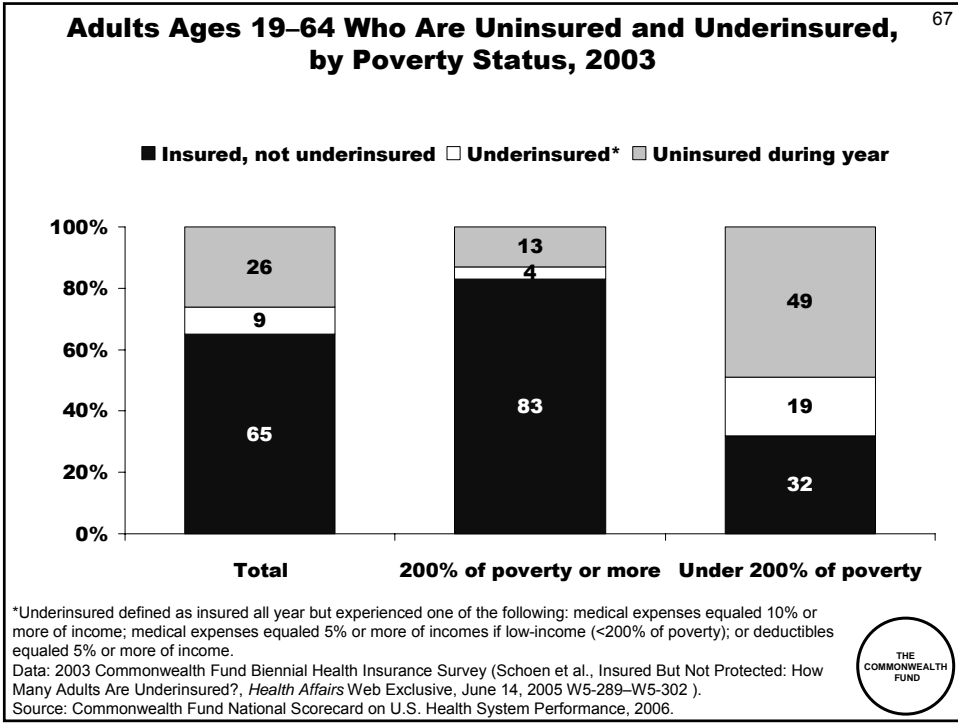
64



*Low-income defined as less than 200% of the federal poverty level.
Source: Analysis by S. Glied and B. Mahato of Columbia University of the 2006 Current Population Survey.

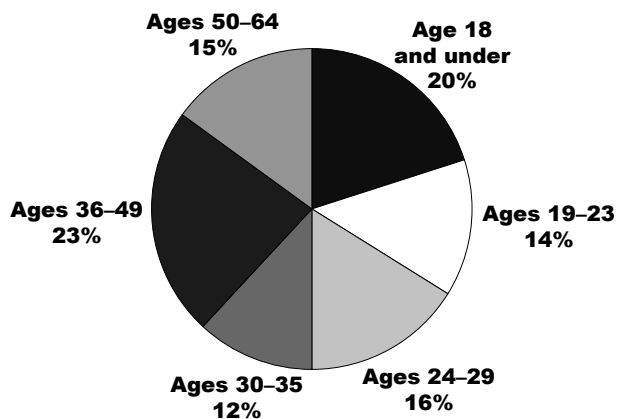






69

**There Are 13.3 Million
Uninsured Young Adults Ages 19–29,
30 Percent of Nonelderly Uninsured Adults, 2005**



Uninsured nonelderly adults = 44.4 million



Source: Analysis by S. Glied and B. Mahato of Columbia University of the March 2006 Current Population Survey .

70

**Rates of Uninsurance Rise Dramatically After
Age 19, Particularly Among Lower Income Young Adults, 2005**

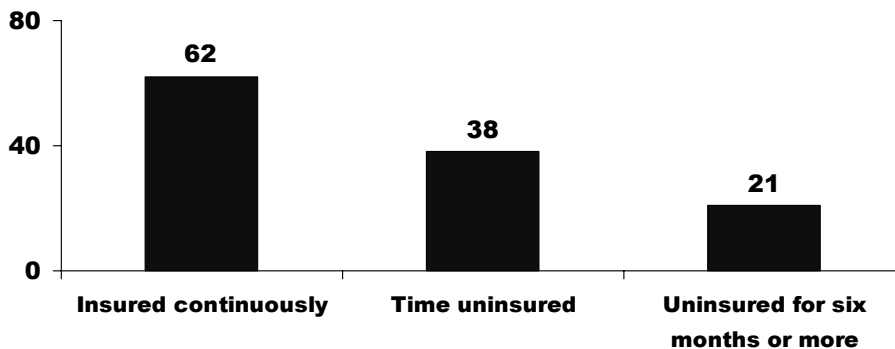
Percent Uninsured	Children Age 18 and Under	Young Adults Ages 19–29
Total	11%	30%
<100% FPL	20	51
100%–199% FPL	16	42
≥200% FPL	7	16



FPL = federal poverty level.
Source: S. R. Collins, C. Schoen, J. L. Kriss, M. M. Doty, and B. Mahato, Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, The Commonwealth Fund, Updated August 8, 2007.

Nearly Two of Five College Graduates Had Time Uninsured in Year Following Graduation, 1996–2000*

Percent of college graduates



*People who graduated from college during 1996–2000.

Source: S. R. Collins, C. Schoen, J. L. Kriss, M. M. Doty, and B. Mahato, Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, The Commonwealth Fund, Updated August 8, 2007; Analysis of the 1996 Panel of the Survey of Income and Program Participation by P. F. Short and D. Graefe for The Commonwealth Fund.



Uninsured Rates Remain High Over the Life Span Among People With Lower Incomes, 2005

Percent Uninsured	18 and Under	19–29	30–35	36–49	50–64
Total	11%	30%	22%	17%	12%
<100% FPL	20	51	47	43	32
100%–199% FPL	16	42	39	34	24
≥200% FPL	7	16	13	9	8

FPL = federal poverty level.

Source: S. R. Collins, C. Schoen, J. L. Kriss, M. M. Doty, and B. Mahato, Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, The Commonwealth Fund, Updated August 8, 2007.

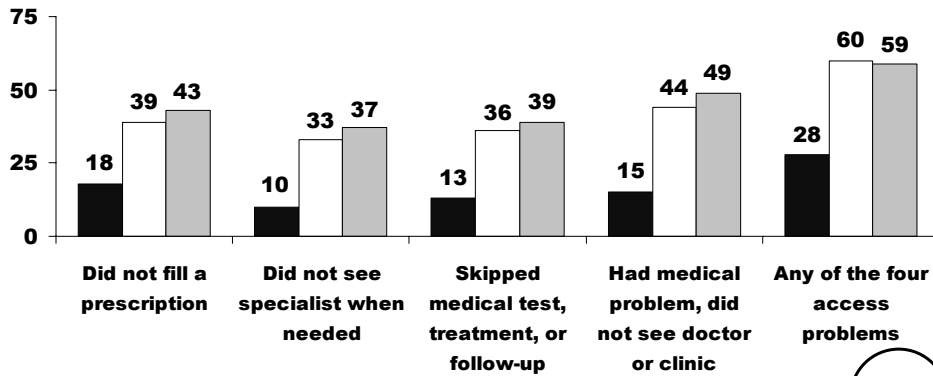


Lacking Health Insurance for Any Period Threatens Access to Care

73

Percent of adults ages 19-64 reporting the following problems in past year because of cost:

■ Insured all year □ Insured now, time uninsured in past year ▒ Uninsured now



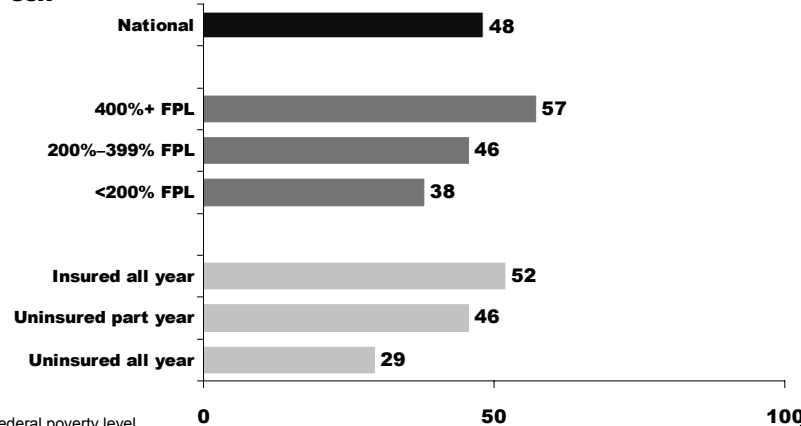
Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



Receipt of Recommended Screening and Preventive Care for Adults, by Family Income and Insurance Status, 2004

74

Percent of adults (ages 18+) who received all recommended screening and preventive care within a specific time frame given their age and sex*



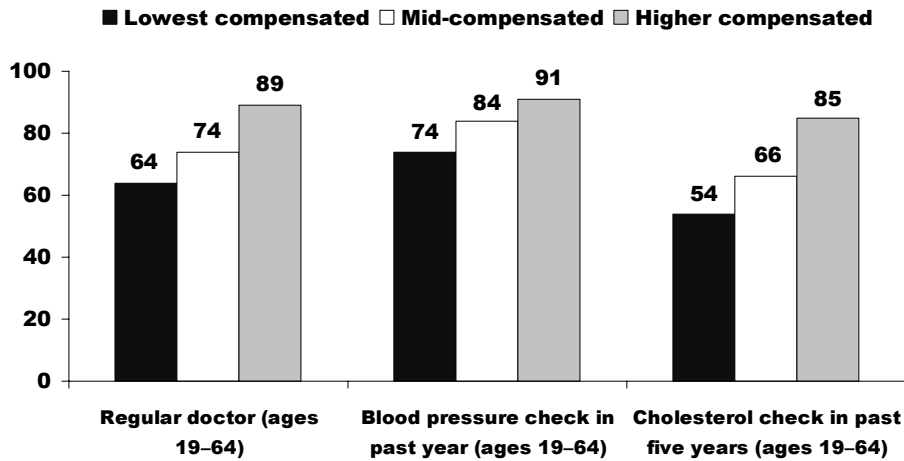
FPL = federal poverty level.

*Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot.
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006. Updated data from B. Mahato, Columbia University analysis of 2004 Medical Expenditure Panel Survey.



Preventive and Primary Care Varies by Workers' Job Compensation Levels

75



Note: Lowest compensated are all workers with wage rate <\$10/hr; mid-compensated are workers with wage rate \$10-\$15/hour and those >\$15/hour but no employer-sponsored insurance; higher compensated are workers with wage rate >\$15/hour and employer-sponsored insurance.

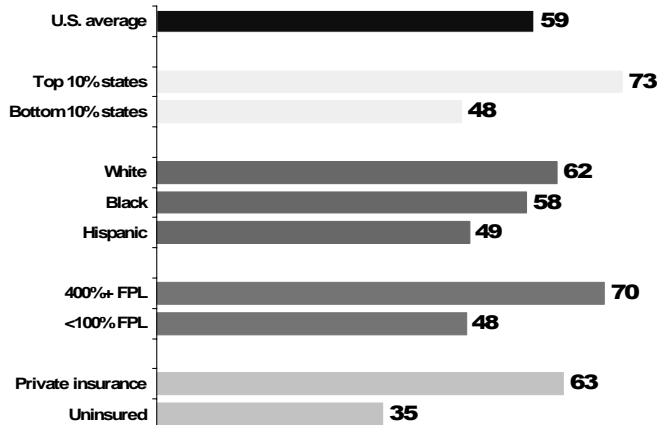
Source: S. R. Collins, K. Davis, M. M. Doty, and A. Ho, Wages, Health Benefits, and Workers' Health, The Commonwealth Fund, October 2004.



Preventive Care Visits for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

76

Percent of children (ages <18) who received BOTH a medical and dental preventive care visit in past year



FPL = federal poverty level.

Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

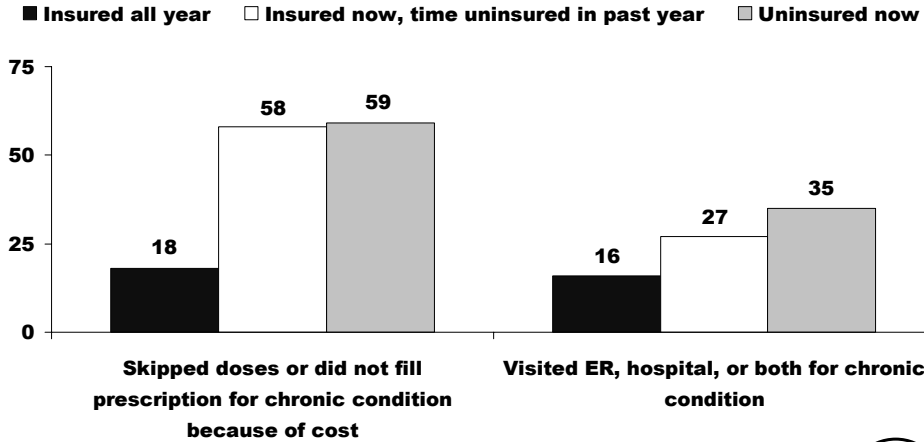
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.



Adults Without Insurance Are Less Likely to Be Able to Manage Chronic Conditions

77

Percent of adults ages 19–64 with at least one chronic condition*



*Hypertension, high blood pressure, or stroke; heart attack or heart disease; diabetes; asthma, emphysema, or lung disease.

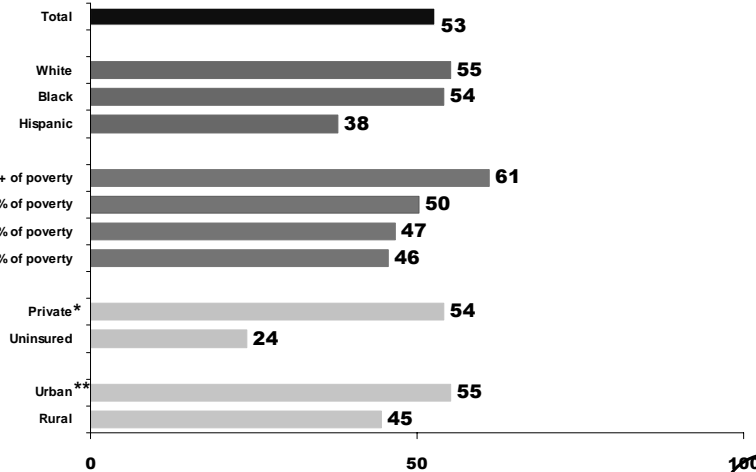
Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



Receipt of All Three Recommended Services for Diabetics, by Race/Ethnicity, Family Income, Insurance, and Residence, 2002

78

Percent of diabetics (ages 18+) who received HbA1c test, retinal exam, and foot exam in past year



*Insurance for people ages 18–64.

**Urban refers to metropolitan area ≥1 million inhabitants; Rural refers to noncore area <10,000 inhabitants.

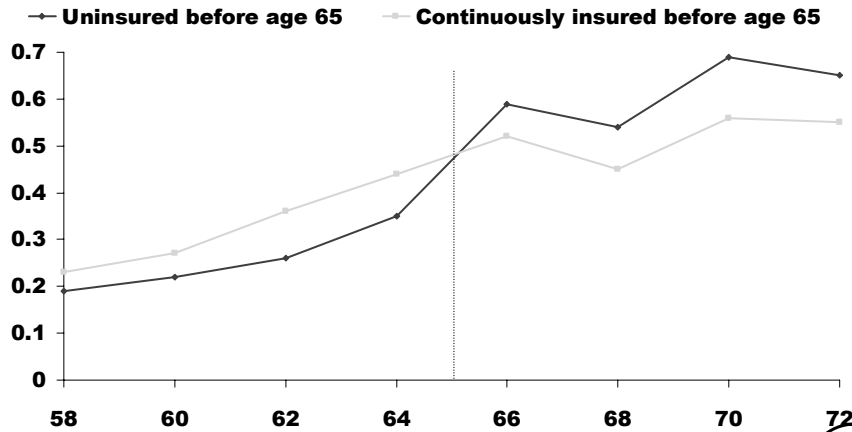
Data: 2002 Medical Expenditure Panel Survey (AHRQ 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.



Previously Uninsured Medicare Beneficiaries With History of Cardiovascular Disease or Diabetes Have Much Higher Self-Reported Hospital Admissions After Entering Medicare Than Previously Insured ⁷⁹

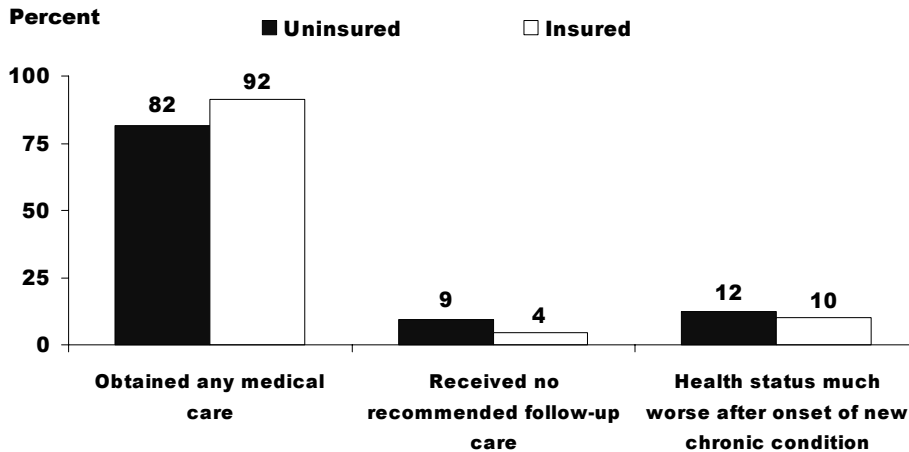
Number of hospital admissions per 2-year period



Source: J. M. McWilliams, et al., "Use of Health Services by Previously Uninsured Medicare Beneficiaries," NEJM 357:2, Jul 12 2007.



Among Adults with New Onset of Chronic Condition, Uninsured Receive Less Care, Health Status More Likely to Worsen* ⁸⁰



Notes: Analysis only includes nonelderly individuals who experienced the onset of a new chronic condition. *Differences between uninsured and insured in receipt of care and changes in health status are statistically significant at $p \leq 0.002$.

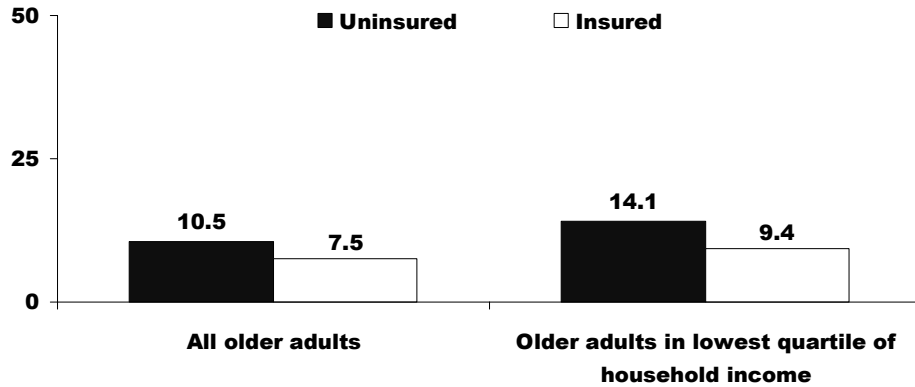
Source: J. Hadley, "Insurance Coverage, Medical Care Use, and Short-term Health Changes Following an Unintentional Injury or the Onset of a Chronic Condition," Journal of the American Medical Association, March 2007 297(10):1073-1084.



Among Older Adults, Uninsured Have Significantly Higher Mortality Rates*

81

Percent of 55–64 year olds dying over eight-year period



Notes: Analysis included adults age 55 to 64. Results are adjusted for individual characteristics using a propensity score matching technique.

*Differences in mortality rates between uninsured and insured are statistically significant at $p \leq 0.01$.

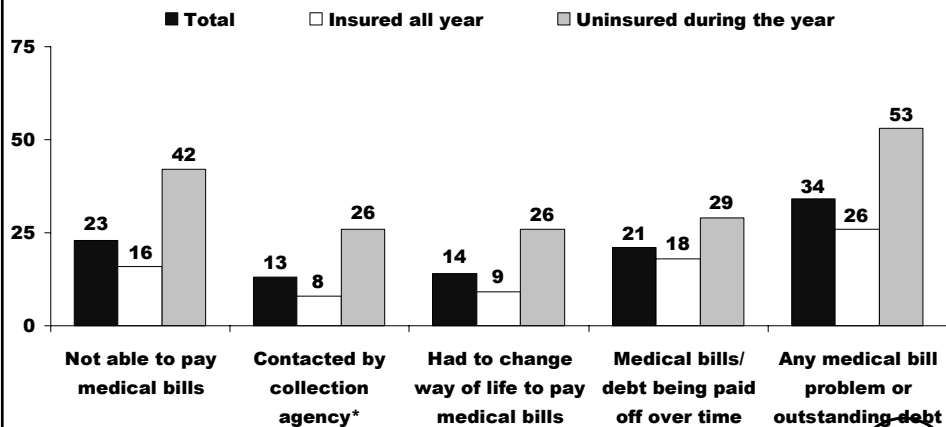
Source: J. M. McWilliams, A. M. Zaslavsky, E. Meara et al., "Health Insurance Coverage And Mortality Among The Near-Elderly," Health Affairs, July/August 2004 23(4):223–233.



More than Half of Uninsured Adults Reported Problems Paying Medical Bills or Are Paying Off Medical Debt

82

Percent of adults ages 19–64 who had the following problems in past year:



*Includes only those individuals who had a bill sent to a collection agency when they were unable to pay it.

Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



One-Quarter of Adults With Medical Bill Burdens and Debt Were Unable to Pay for Basic Necessities

83

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

Percent of adults reporting:	Total	Insured all year	Insured now, time uninsured during year	Uninsured now
Unable to pay for basic necessities (food, heat or rent) because of medical bills	26%	19%	28%	40%
Used up all of savings	39	33	42	49
Took out a mortgage against your home or took out a loan	11	10	12	11
Took on credit card debt	26	27	31	23

Source: S. R. Collins, K. Davis, M. M. Doty, J. L. Kriss, and A. L. Holmgren, Gaps in Health Insurance: An All-American Problem, The Commonwealth Fund, April 2006.



7. The Individual Insurance Market is Not an Affordable Option for Many People

84



Individual Market Is Not an Affordable Option for Many People

85

Adults ages 19–64 with individual coverage or who thought about or tried to buy it in past 3 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 pre-existing condition	21	33	12	26	18
Never bought a plan	89	92	86	93	86

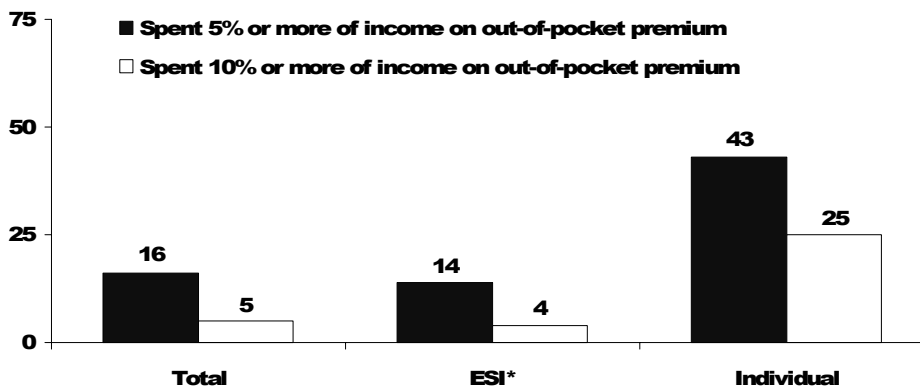
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Well-being of American Families, The Commonwealth Fund, Sept 2006.



Two of Five Adults with Individual Coverage Spent 5 Percent or More of Income on Premium Costs

86

Percent of adults ages 19–64 insured all year with private insurance



*ESI = employer-sponsored insurance.

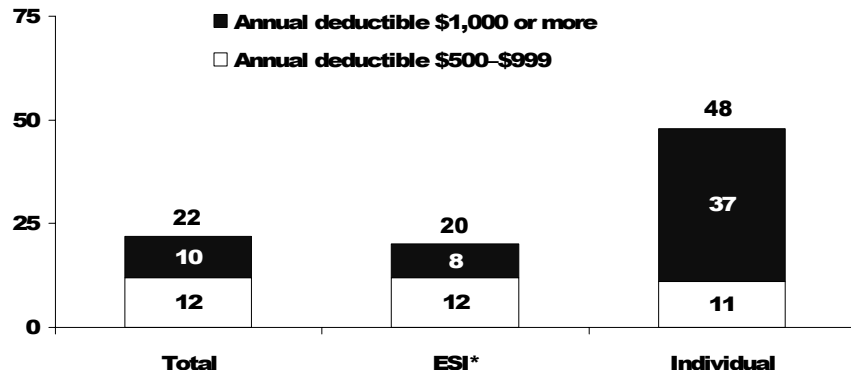
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, Sept 2006.



More than One-Third of Adults with Individual Coverage Have Annual Deductibles of \$1,000 or More

87

Percent of adults ages 19-64 insured all year with private insurance



*ESI = employer-sponsored insurance.

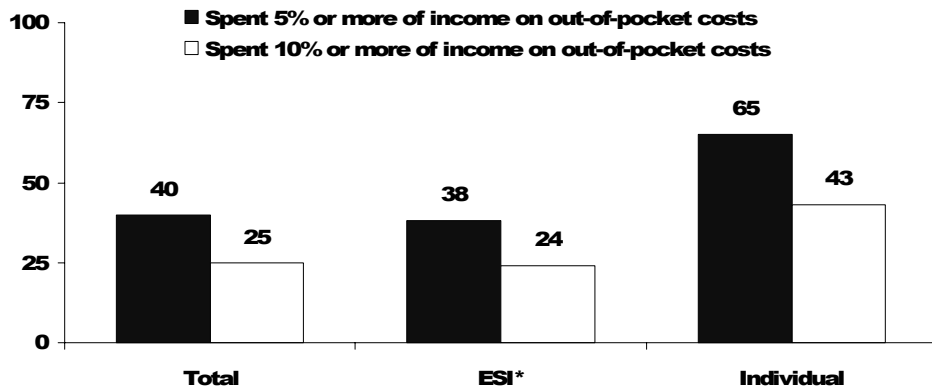
Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, Sept 2006.



More than 2 in 5 Adults with Individual Coverage Spent 10 Percent or More of Their Household Income Annually on Family Out-of-Pocket Expenses and Premiums

88

Percent of adults ages 19-64 insured all year with private insurance



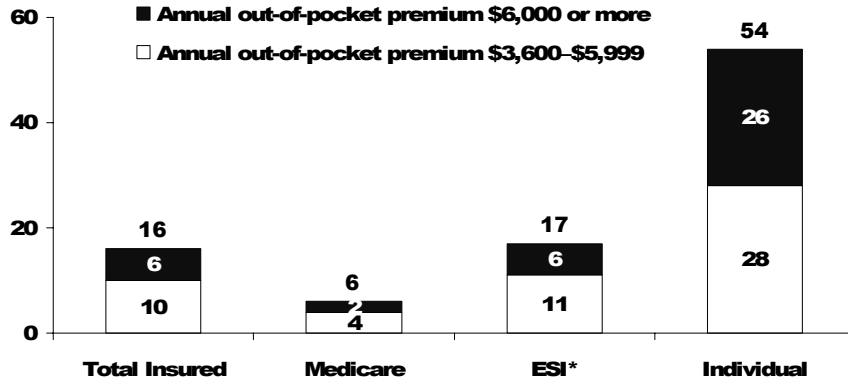
*ESI= employer-sponsored insurance.

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, The Commonwealth Fund, Sept 2006.



More than Half of Older Adults with Individual Coverage Spend \$3,600 or More Annually on Premiums

Percent of insured adults ages 50–70

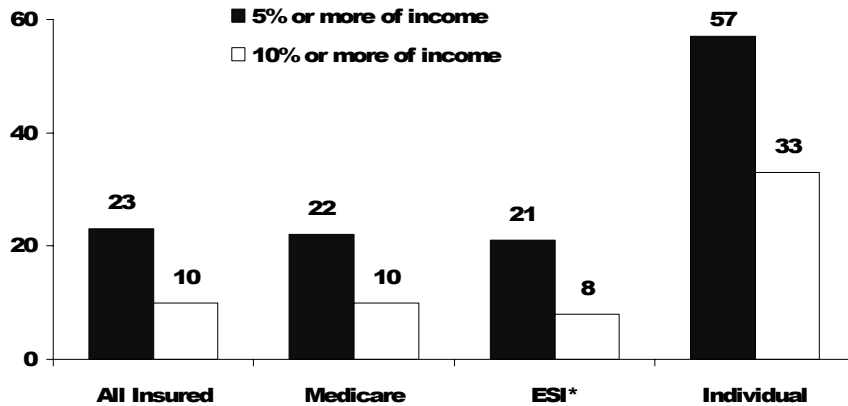


*ESI= employer-sponsored insurance.
 Source: S. R. Collins, C. Schoen, M. M. Doty, A. L. Holmgren, and S. K. How, Paying More for Less: Older Adults in the Individual Insurance Market, The Commonwealth Fund, June 2005.



Percent of Older Adults Spending 5% or 10% of Income on Out-of-Pocket Premiums, by Insurance Coverage⁹⁰

Percent of insured adults ages 50–70

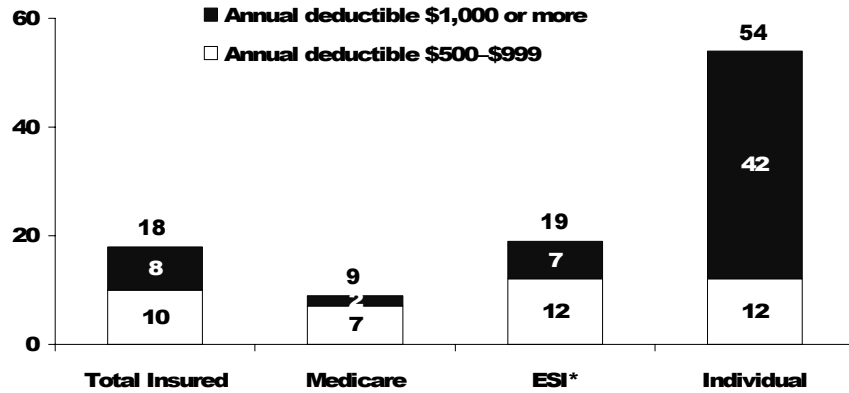


*ESI= employer-sponsored insurance.
 Source: S. R. Collins, C. Schoen, M. M. Doty, A. L. Holmgren, and S. K. How, Paying More for Less: Older Adults in the Individual Insurance Market, The Commonwealth Fund, June 2005.



**More than Two of Five Older Adults with Individual Coverage⁹¹
Have Annual Deductibles of \$1,000 or More**

Percent of insured adults ages 50-70



*ESI= employer-sponsored insurance.

Source: S. R. Collins, C. Schoen, M. M. Doty, A. L. Holmgren, and S. K. How, Paying More for Less: Older Adults in the Individual Insurance Market, The Commonwealth Fund, June 2005.



92

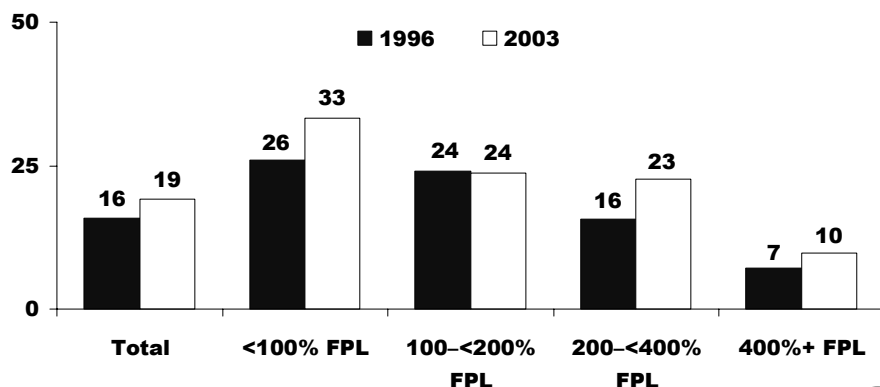
**8. Rising Health Care Costs Relative to
Income**



Financial Burden for Low- and Middle-Income Families Is Increasing

93

Percent of nonelderly adults who spend >10% of disposable household income on out-of-pocket premiums and expenditures on health care services



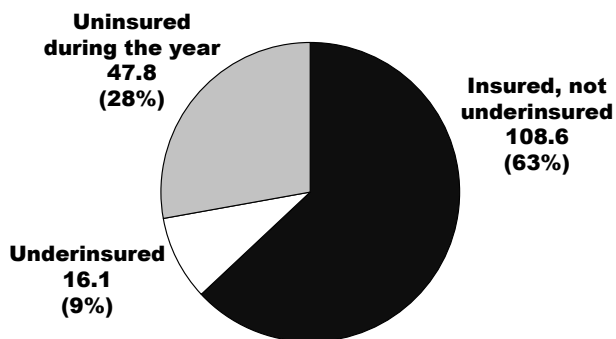
Note: Financial burden includes out-of-pocket expenditures on premiums for private insurance and other health care services.

Source: J. S. Balthin and D. M. Bernard, "Changes in Financial Burdens for Health Care: National Estimates for the Population Younger Than 65 Years, 1996 to 2003," *JAMA* 296(22):2712-19, Dec. 13, 2006.



16 Million Adults Under Age 65 Were Underinsured in 2005

94



Adults 19-64

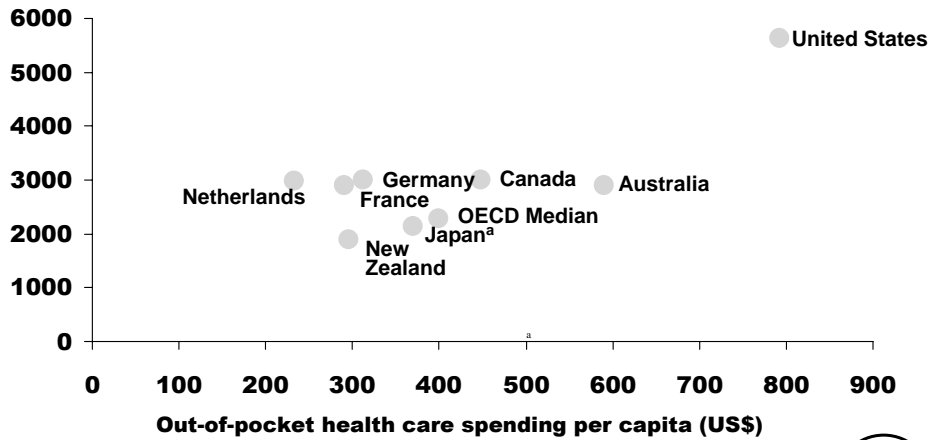
Note: Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of incomes if low-income (<200% of poverty); or deductibles equaled 5% or more of income.

Source: M. M. Doty, Analysis of the Commonwealth Fund Biennial Health Insurance Survey (2005).



Americans Spend More Out-of-Pocket on Health Care Expenses Than Citizens in Other Industrialized Countries 95

National health expenditures per capita (US\$)



^a2002

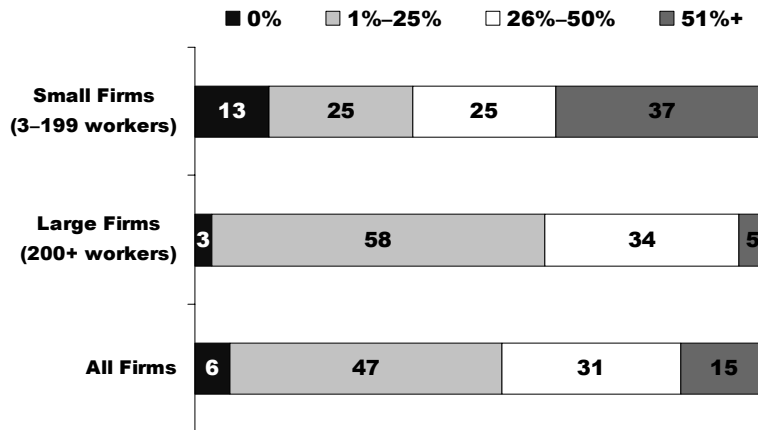
Note: Adjusted for differences in the cost of living, 2003.

Source: B. K. Frogner and G. F. Anderson, Multinational Comparisons of Health Systems Data, 2005, The Commonwealth Fund, April 2006.



Small-Firm Workers More Likely than Large-Firm Workers to Contribute Large Share of Premium 96

Percentage of premium contributed by covered workers for family coverage, by firm size, 2007

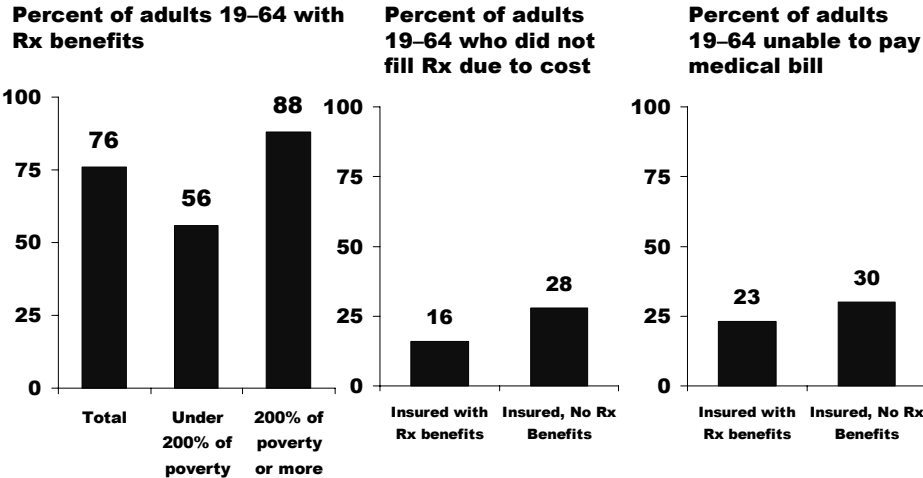


Source: The Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2007 Annual Survey.



Low Income Adults are Less Likely to Have Rx Benefits, Those without Rx Benefits Less Likely to Fill Rx, And More Likely to Report Problems Paying Medical Bill

97



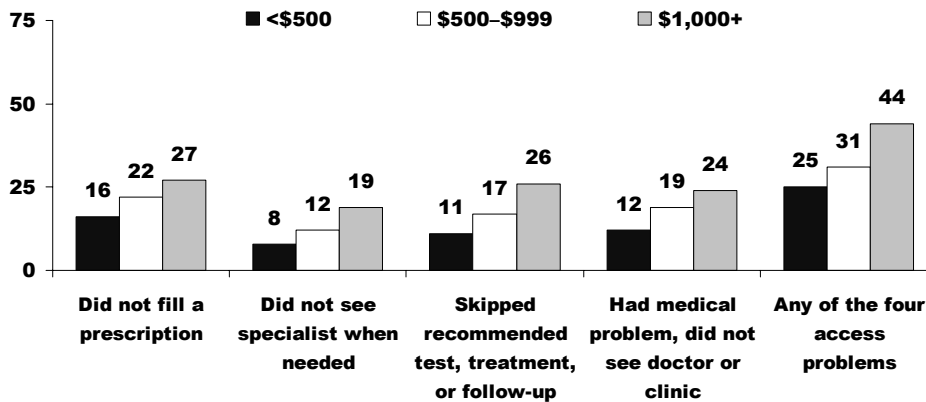
Source: C. L. Schur, M. M. Doty and M. L. Berk, Lack of Prescription Coverage Among the Under 65: A Symptom of Underinsurance, The Commonwealth Fund, February 2004.



Adults with High Deductibles Are More Likely to Avoid Needed Health Care Because of Cost

98

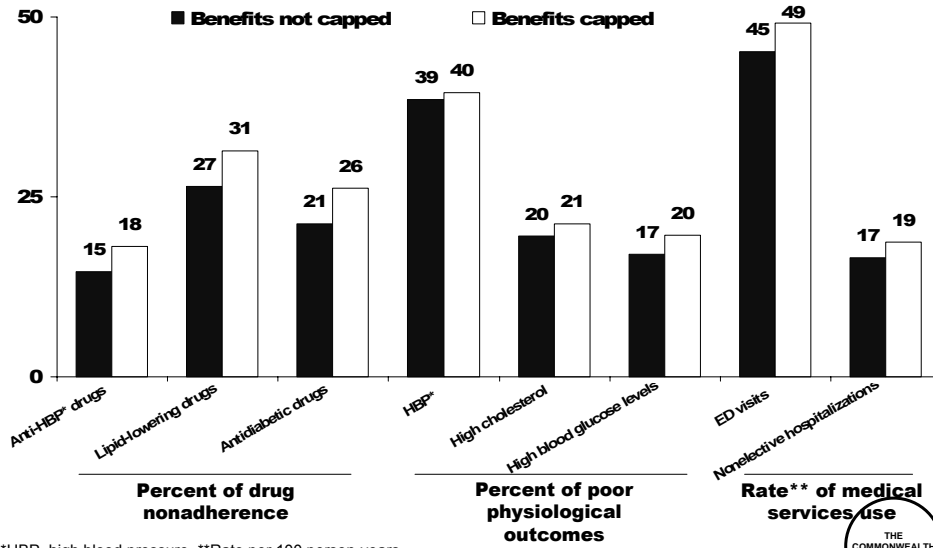
Percent of adults ages 19-64 insured all year with private insurance



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, The Commonwealth Fund, Sept 2006.



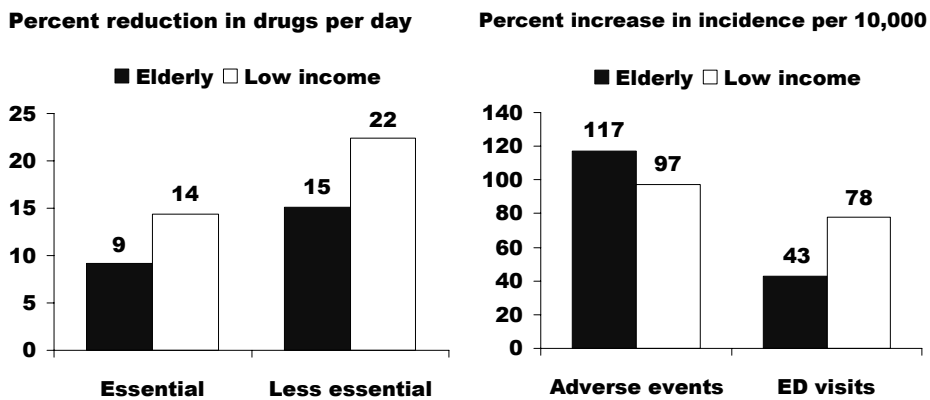
People With Capped Drug Benefits Have Lower Drug Utilization, Worse Control of Chronic Conditions; Cost Savings From Cap Are Offset by Increases in Hospitalization and Emergency Room Use ⁹⁹



*HBP=high blood pressure. **Rate per 100 person-years.
 Source: J. Hsu et al., "Unintended Consequences of Caps on Medicare Drug Benefits," *New England Journal of Medicine* 354, 22 (June 1, 2006):2349-2386.



Cost-Sharing Reduces Use of Both Essential and Less Essential Drugs and Increases Risk of Adverse Events ¹⁰⁰



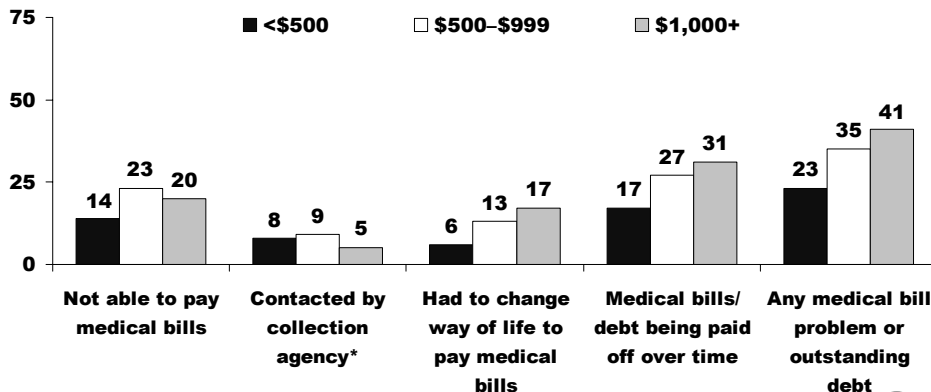
Source: R. Tamblin et al., "Adverse Events Associated with Prescription Drug Cost-Sharing Among Poor and Elderly Persons," *JAMA*, Jan. 24/31, 2001 285(4):421-29.



Adults with High Deductibles Have Problems Paying Medical Bills or Are Paying Off Medical Debt

101

Percent of adults ages 19–64 insured all year with private insurance



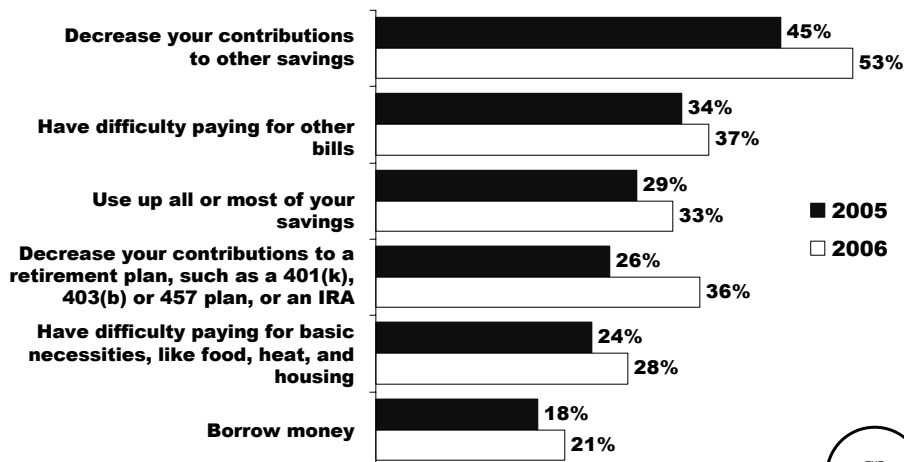
*Includes only those individuals who had a bill sent to a collection agency when they were unable to pay it.
 Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families, The Commonwealth Fund, Sept 2006.



Increased Health Care Costs Associated with Reduced Savings

102

Has increased spending on health care expenses in the past year caused you to do any of the following? Among those with health insurance coverage who had increases in health care costs in the last year (percentage saying yes)



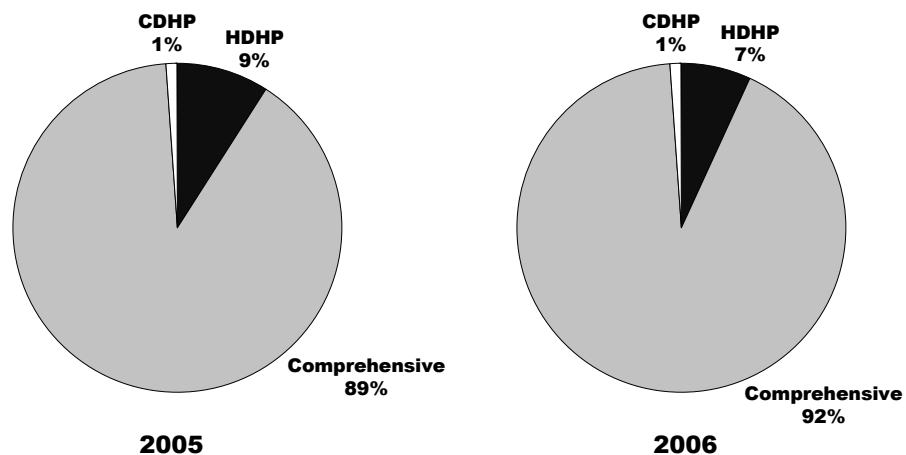
Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, November 2006.



9. Consumer Driven Health Plans Not Attractive to Workers



Very Few Americans Are Enrolled in Consumer Driven Health Plans



Comprehensive = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).
 HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
 CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

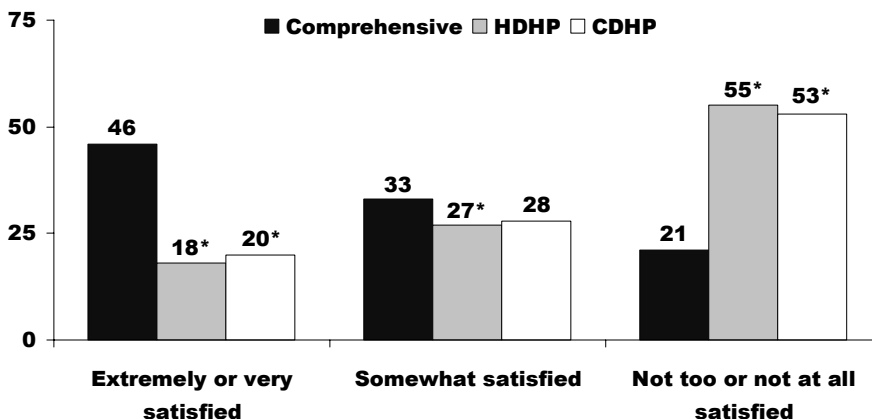
Note: Percentages may not sum to 100% due to rounding.
 Source: P. Fronstin and S. R. Collins, The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



Satisfaction with Out-of-Pocket Costs for Health Care, by Type of Health Plan, 2006

105

Percent of privately insured adults 21-64



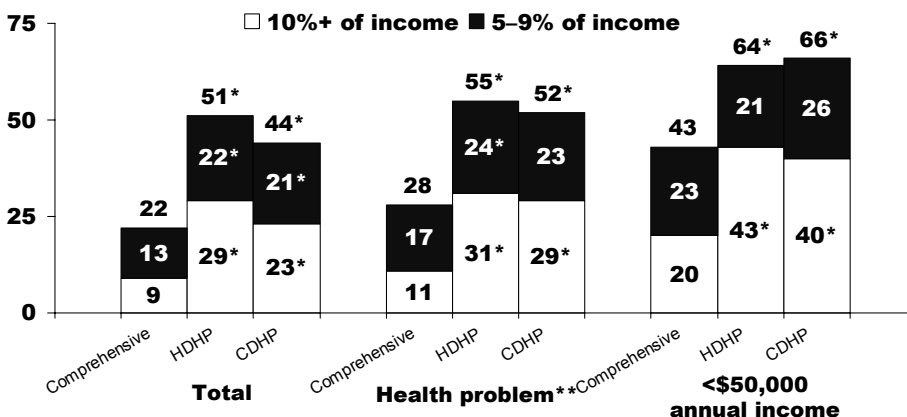
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 HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
 CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
 *Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.
 Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; P. Fronstin and S. R. Collins, The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



More Enrollees in Consumer Driven and High Deductible Health Plans Spend Large Share of Income on Out-of-Pocket Medical Expenses and Premiums

106

Percent of privately insured adults 21-64 spending ≥ 5% of income



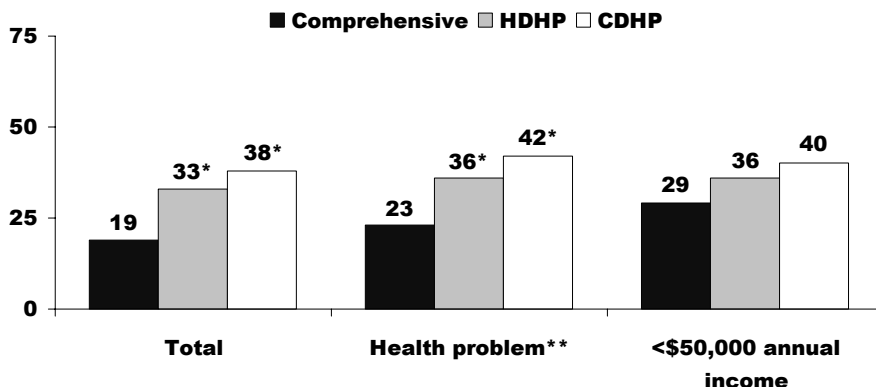
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 CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
 *Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.
 **Health problem defined as fair or poor health or one of eight chronic health conditions.
 Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; P. Fronstin and S. R. Collins, The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



Enrollees in Consumer Driven and High Deductible Health Plans More Likely to Delay or Avoid Health Care When Sick Due to Cost

107

Percent of privately insured adults 21-64



Comprehensive = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; P. Fronstin and S. R. Collins, The 2nd Annual

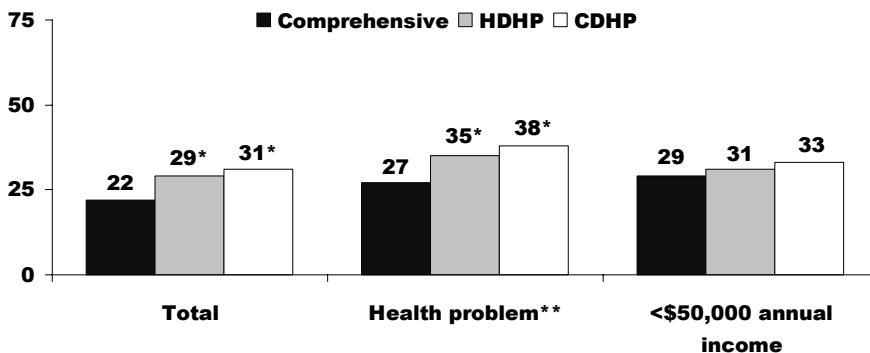
EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



Enrollees in Consumer Driven and High Deductible Health Plans More Likely To Report Not Filling a Prescription Due to Cost or Skipping Doses to Make a Medication Last Longer

108

Percent of privately insured adults 21-64



Comprehensive = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

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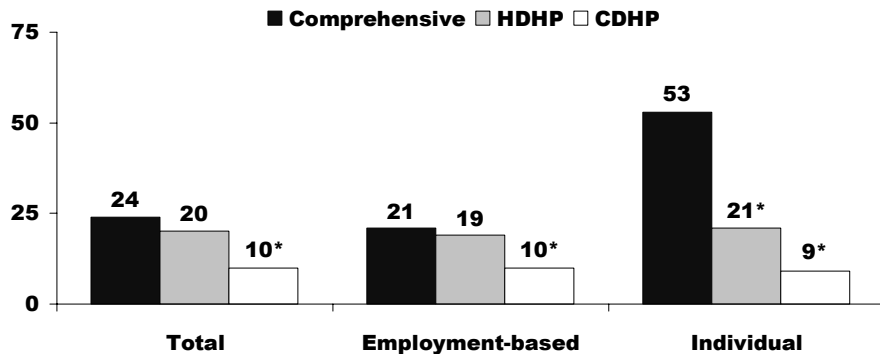
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; P. Fronstin and S. R. Collins, The 2nd Annual

EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



Consumer Driven Health Plans (CDHPs) Unlikely to Solve Uninsured Problem – Few in CDHPs Uninsured Prior to Enrolling 109

Percent of privately insured adults 21–64 without health insurance prior to enrolling in their current plan

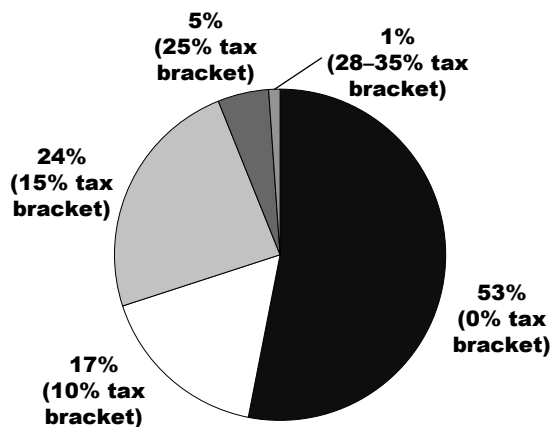


Comprehensive = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).
 HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
 CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
 *Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.
 Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; P. Fronstin and S. R. Collins, The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006; Early Experience With High-Deductible and Consumer-Driven Health Plans, EBRI and The Commonwealth Fund, December 2006.



The Tax Benefits Of Health Savings Accounts Will Not Benefit Most Uninsured Adults 110

Income Tax Distribution of Uninsured

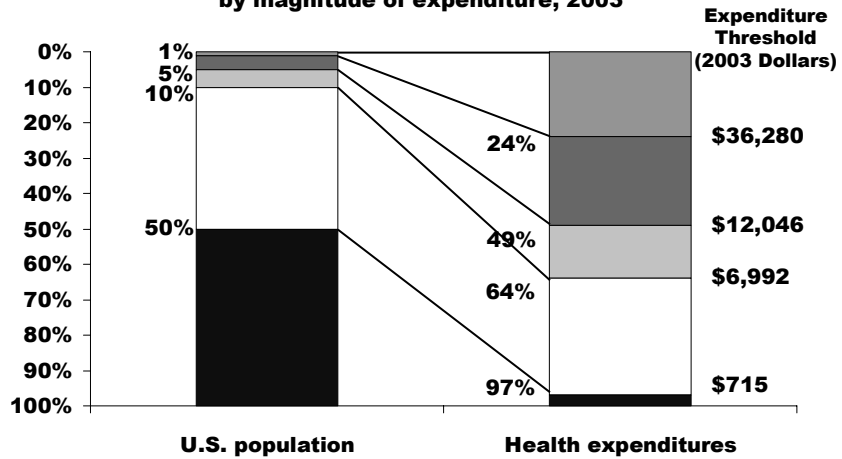


Source: Glied and Remler, The Effect of Health Savings Accounts on Health Insurance Coverage, The Commonwealth Fund, April 2005. Updated with analysis of the Current Population Survey, 2006, by S. Glied and B. Mahato of Columbia University



Health Care Costs Concentrated in Sick Few Sickest 10% Account for 64% of Expenses

Distribution of health expenditures for the U.S. population,
by magnitude of expenditure, 2003



Source: S. H. Zuvekas and J. W. Cohen, "Prescription Drugs and the Changing Concentration of Health Care Expenditures," *Health Affairs*, Jan/Feb 2007 26(1): 249-257.



10. Universal Health Insurance Is Essential to a High Performance Health System

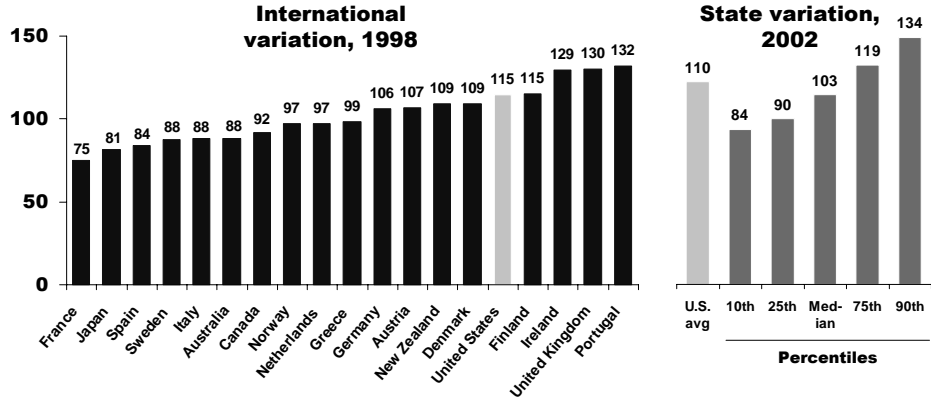


Mortality Amenable to Health Care

113

Mortality from causes considered amenable to health care (deaths before age 75 that are potentially preventable with timely and appropriate medical care)

Deaths per 100,000 population*



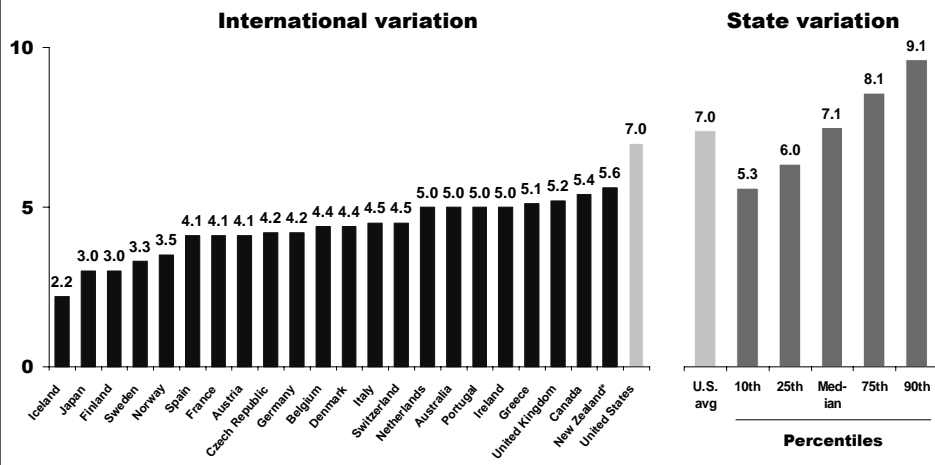
*Countries' age-standardized death rates, ages 0-74; includes ischemic heart disease. See Technical Appendix for list of conditions considered amenable to health care in the analysis.
 Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003); State estimates—K. Hempstead, Rutgers University using Nolte and McKee methodology.
 Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.



Infant Mortality Rate, 2002

114

Infant deaths per 1,000 live births



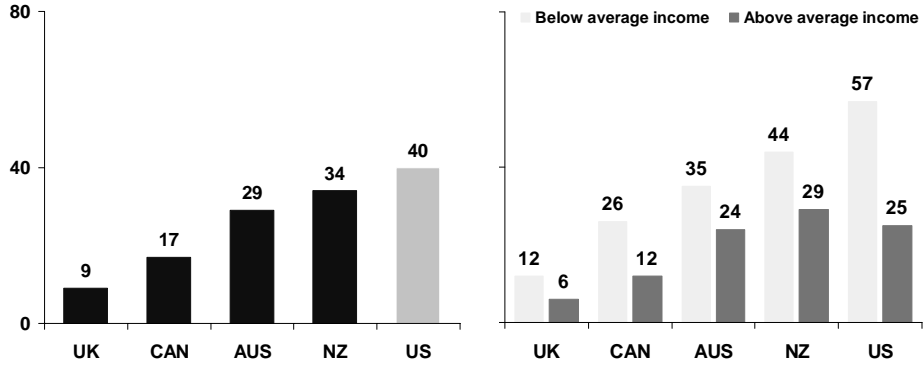
*2001.
 Data: International estimates—OECD Health Data 2005; State estimates—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2005a).
 Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.



Access Problems Because of Costs in Five Countries, Total and by Income, 2004

115

Percent of adults who had any of three access problems* in past year because of costs



*Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill prescription or skipped doses because of cost.

UK=United Kingdom; CAN=Canada; AUS=Australia; NZ=New Zealand; US=United States.

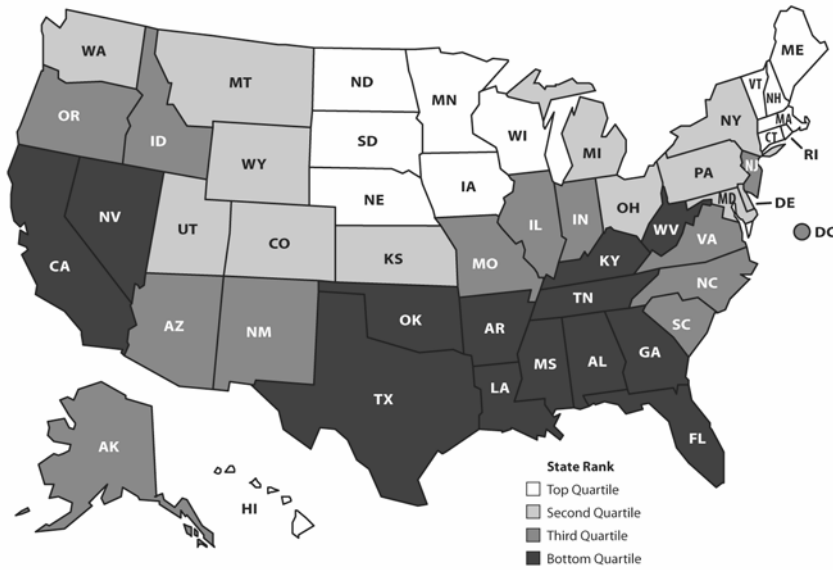
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.

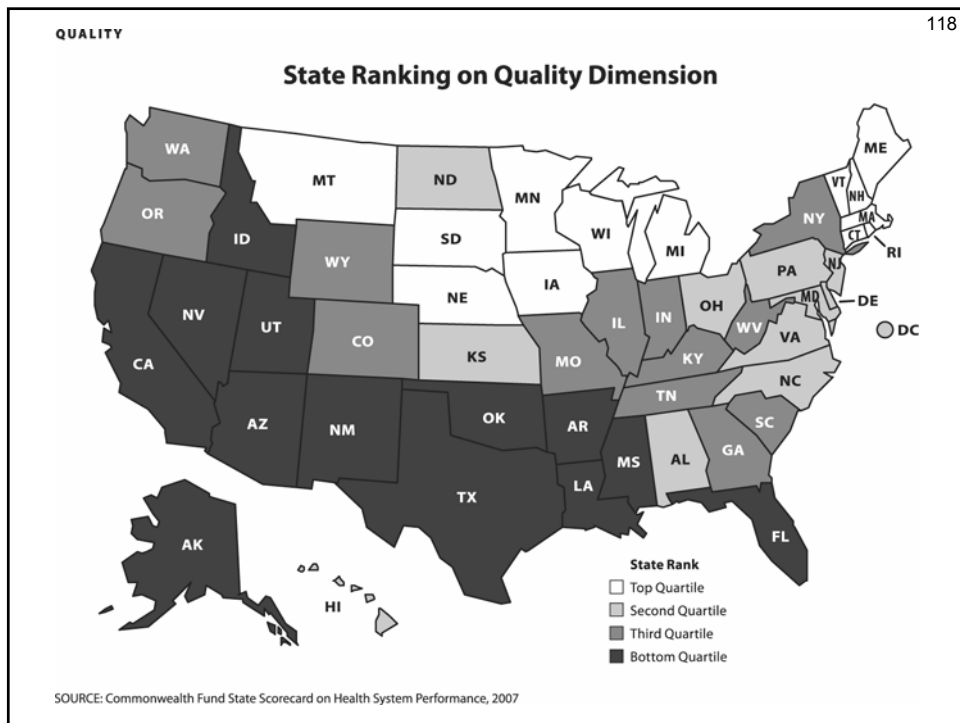
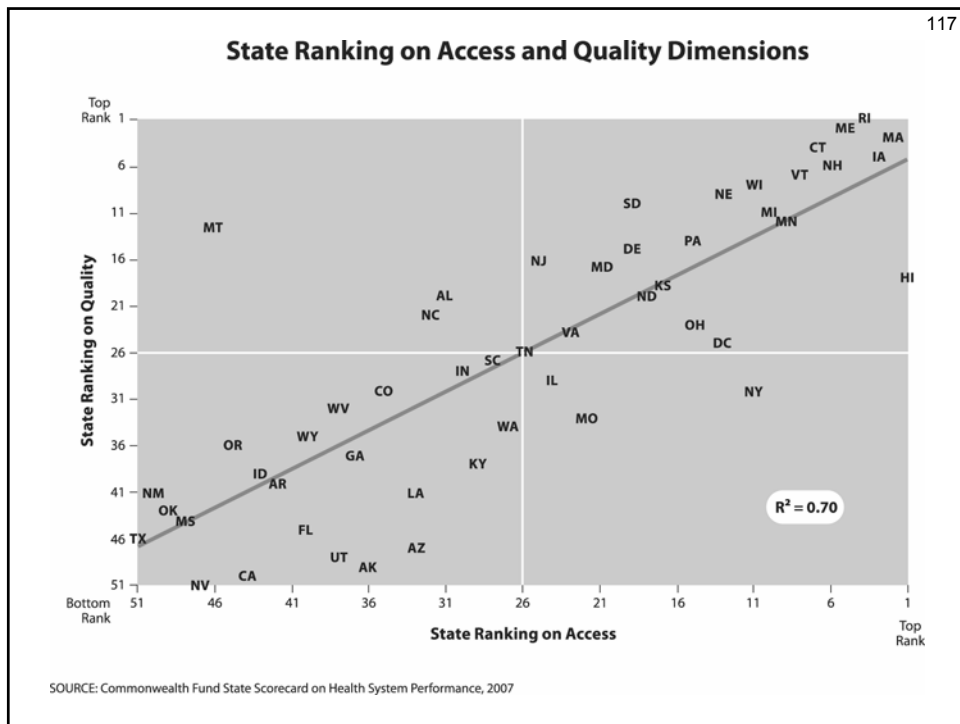


State Ranking on Overall Health System Performance

116



SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

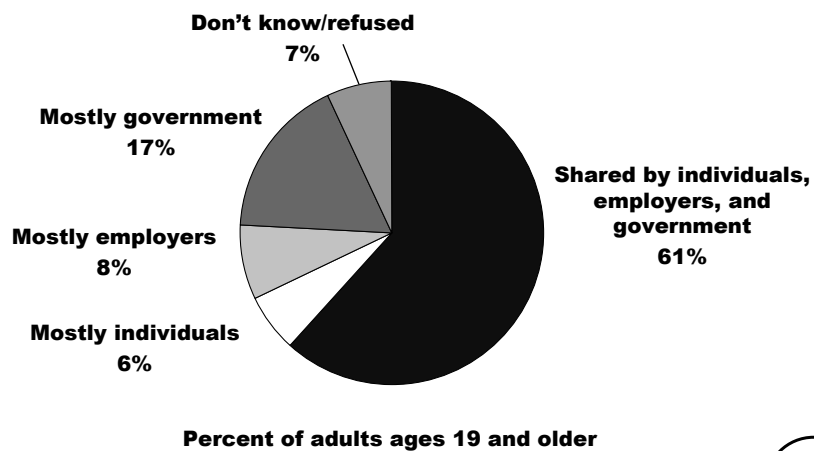


11. What is the Employer Role in Achieving Universal Coverage?



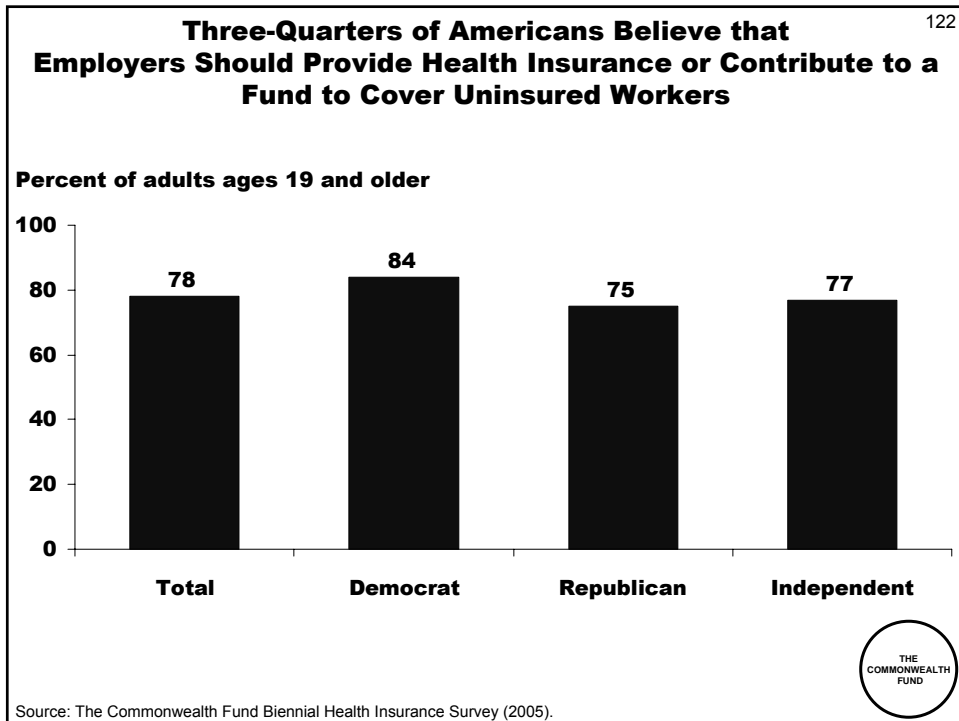
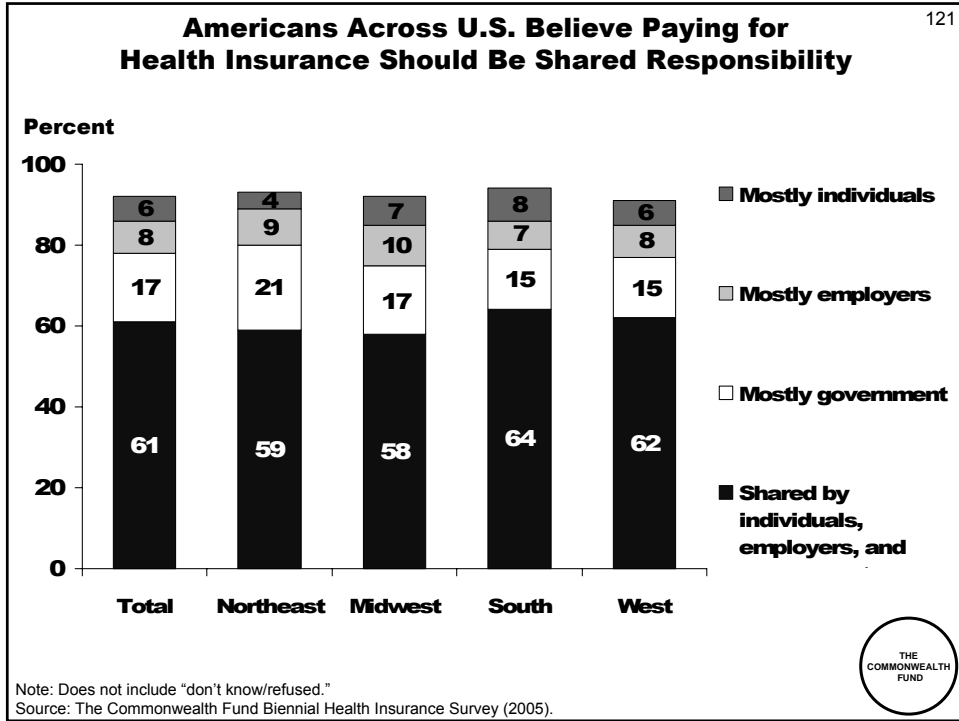
Majority of Americans Believe Paying for Health Insurance Should Be a Shared Responsibility

Who do you think should pay for health insurance?



Note: Percentages may not sum to 100% because of rounding.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).





What Are the Most Important Health Care Issues for Presidential and Congressional Action?

123

Percent listing issue as first or second priority:	Total	Republican	Democrat	Independent
Ensure that all Americans have adequate, reliable health insurance	52	38	64	51
Control the rising cost of medical care	37	36	36	38
Lower the cost of prescription drugs	31	29	31	31
Ensure that Medicare remains financially sound in the long term	29	28	30	30
Improve the quality of nursing homes and long-term care	14	17	14	11
Reform the medical malpractice system	14	24	6	16
Reduce the complexity of insurance	12	13	10	13

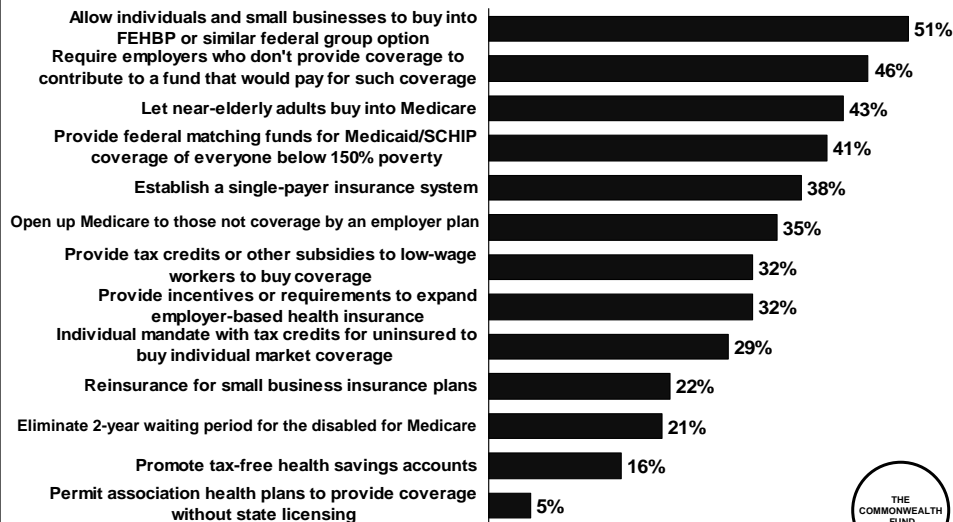
Source: C. Schoen, S. K. H. How, I. Weinbaum, J. E. Craig, Jr., and K. Davis, Public Views on Shaping the Future of the U.S. Health System, The Commonwealth Fund, August 2006.



Health Care Opinion Leaders: Views on Health Insurance and Expansion

124

"Which of the following should be top priorities for action?"



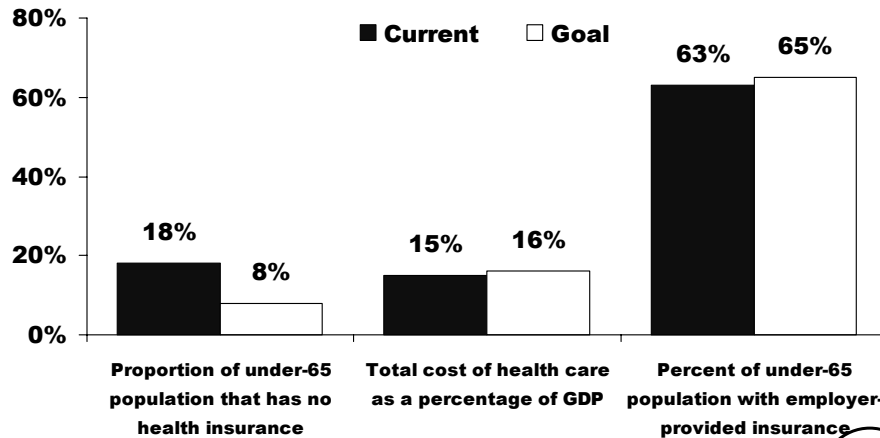
Source: The Commonwealth Fund Health Care Opinion Leaders Survey, March 2006.



125

Achievable and Desirable Goals for Health Insurance Coverage in Next 10 Years According to Health Care Opinion Leaders

“What you would see as both an achievable and a desirable target or goal for policy action for the next 10 years?”



Note: Goal percentages represent median responses.
Source: The Commonwealth Fund Health Care Opinion Leaders Survey, February 2005.



126

Americans, Regardless of Political Affiliation, Support Providing Health Insurance Coverage to Uninsured Adults

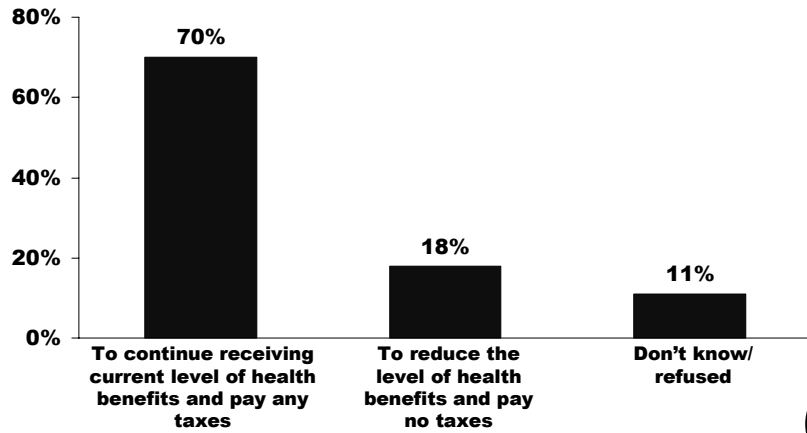
Percent of adults in favor of:	Total	Democrat	Republican	Independent
Letting uninsured adults participate in state government insurance programs like Medicaid or SCHIP	77%	84%	67%	78%
Letting uninsured adults participate in Medicare	76	81	70	74
Offering tax credits/other assistance to help people buy health insurance on their own	75	77	77	79
Requiring all businesses to contribute to the cost of health insurance for their employees	79	87	70	76

Source: S. R. Collins, M. M. Doty, K. Davis et al., The Affordability Crisis in U.S. Health Care: Findings from the Commonwealth Fund Biennial Health Insurance Survey, The Commonwealth Fund, March 2004. The Commonwealth Fund Biennial Health Insurance Survey (2003).



**Seven in Ten People Say They Would Prefer to Continue With¹²⁷
Their Current Level of Health Benefits Even If Premium Is Taxed**

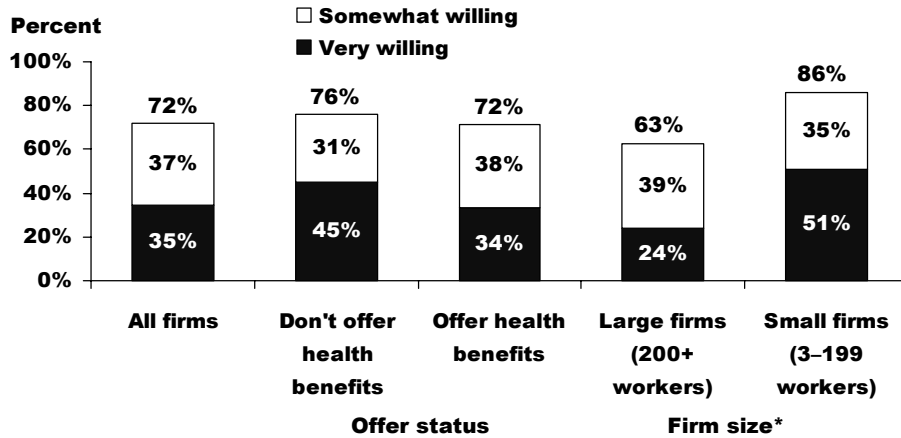
The amount of money employers currently spend on your health insurance premium is not counted toward your taxable income. If Congress were to pass a law so that part of your premium was taxed, which would you prefer? *Among those with employer-provided coverage (n=582)



Source: R. Helman and P. Fronstin, 2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998, EBRI Notes, Vol. 27, No. 11, November 2006.



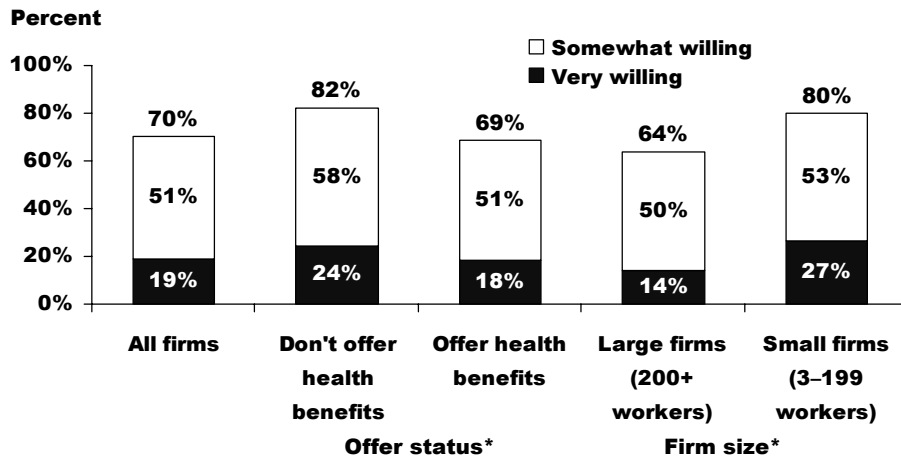
**How Willing Would Firms Be to Assist
Employee Enrollment in Government Administered
Health Programs by Making Payroll Deductions on
Their Behalf to the State for the Premium Amount?**



*Difference between subgroups is statistically significant at p<.05.
Note: All figures are shown with employee-based weights.
Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



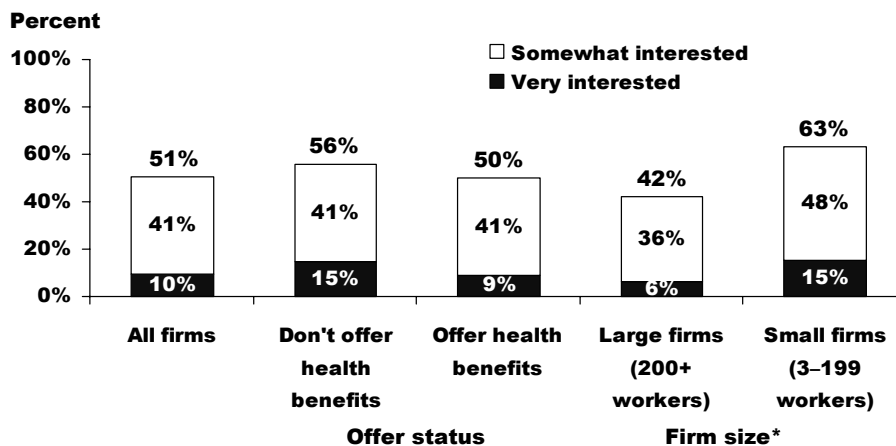
If A Tax Credit Were Available to Help Low-Income Workers Pay for Health Insurance, How Willing Would Firms Be to Collect Credit and Apply to Employee Share of Premium? ¹²⁹



*Difference between subgroups is statistically significant at $p < .05$.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



How Interested Would Firms Be in Providing an Option to Employees That Would Allow Employees and Their Dependents to Participate in Public Health Insurance Programs, with Firms Paying Part of the Monthly Premium Cost? ¹³⁰

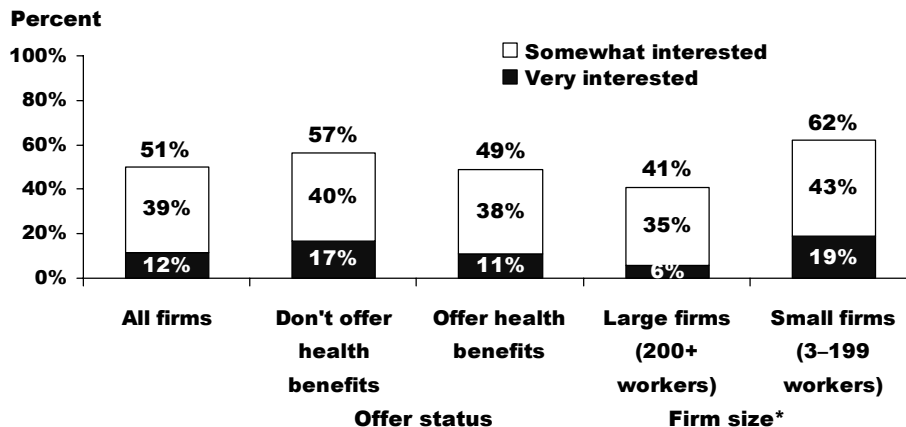


*Difference between subgroups is statistically significant at $p < .05$.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



How Interested Would Firms Be in Covering Employees Through the Same Insurance Program That Covers State Public Employees or the Federal Insurance Program That Covers the United States Congress, with Firms Paying at Least Part of the Monthly Premiums?

131

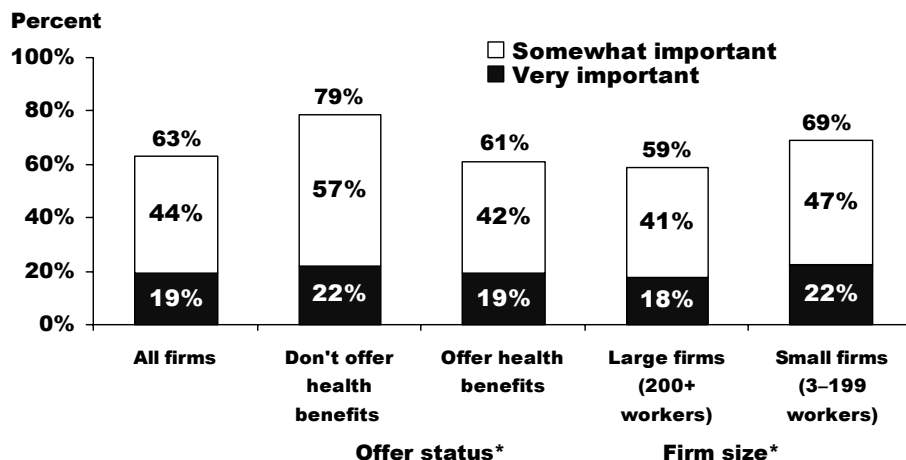


*Difference between subgroups is statistically significant at $p < .05$.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



What Are Firms' Views of the Importance of the Government Offering Reinsurance to Protect Employers Against Catastrophic Health Care Costs, Even if Employers Had to Pay Part of the Cost?

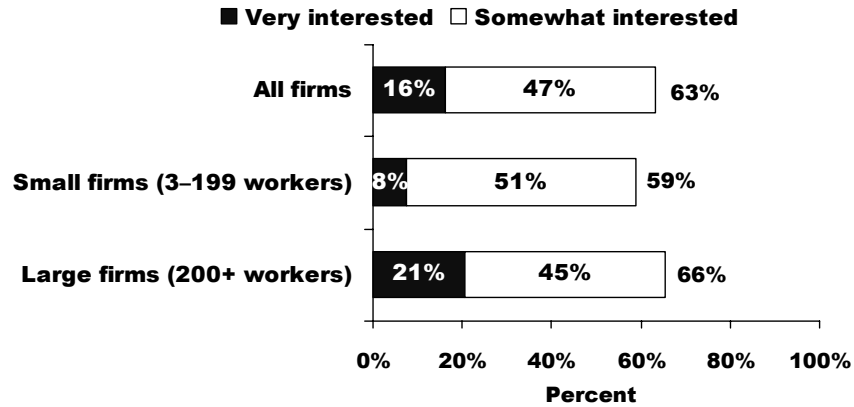
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*Difference between subgroups is statistically significant at $p < .05$.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



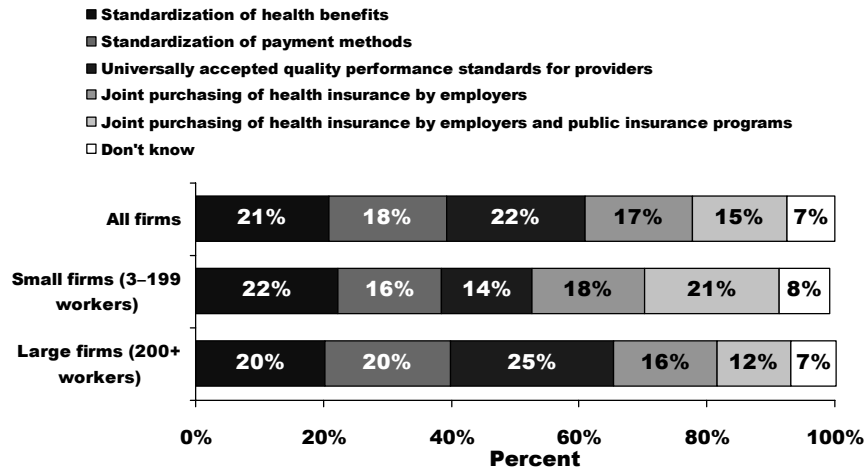
How Interested Are Firms in Offering a High Performance Provider Network to Employees, Even if It Means They Might Have a Smaller Number of Providers to Choose From?*



*Difference between subgroups is statistically significant at p<.05.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



To Best of Firms' Knowledge, Which of the Following Five Measures Would Be the Most Beneficial in Reducing Administrative Costs for Employers, Insurers, and Providers?*



*Difference between subgroups is statistically significant at p<.05.
 Note: All figures are shown with employee-based weights.
 Source: H. Whitmore, S. R. Collins, J. R. Gabel, J. D. Pickreign, "Employer Views on Incremental Measures to Expand Health Insurance," *Health Affairs*, November/December 2006.



17 States Have Passed Laws That Increase the Age Up to Which Young Adults Are Considered Dependents for Insurance Purposes

135

State	Year law passed or implemented	Limiting age of dependency status	Applies to non-students?
Colorado	2006	25	Yes
Delaware	2006	24	Yes
Idaho	2007	25	No
Indiana	2007	24	Yes
Maine	2007	25	Yes
Maryland	2007	25	Yes
Massachusetts	2006	25	Yes
Minnesota	2007	25	Yes
New Hampshire	2007	26	Yes
New Jersey	2006	30	Yes
New Mexico	2005	25	Yes
Rhode Island	2006	25	No
South Dakota	2005	24	No
Texas	2003	25	Yes
Utah	1994	26	Yes
Washington	2007	25	Yes
West Virginia	2007	25	Yes

Source: S. R. Collins, C. Schoen, J. L. Kriss, M. M. Doty, and B. Mahato, Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, The Commonwealth Fund, Updated August 8, 2007.



Some Reform Proposals Achieve Near-Universal Coverage While Reducing Total Health System Spending (Change in Health Spending by Stakeholder Group, Billions of Dollars, 2007)

136

	President Bush's Proposal	Healthy Americans Act ² (Wyden)	Federal/State Partnership 15 States	AmeriCare (Stark)
Total Uninsured Covered, Millions	9.0	45.3	20.3	47.8
Federal Government	\$70.4	\$24.3	\$22.0	\$154.5
State and Local Government	(\$0.3)	(\$10.2)	\$13.4	(\$57.4)
Private Employers	(\$50.8)	\$60.2	\$5.7	(\$15.2)
Households	(\$31.0)	(\$78.8)	(\$18.4)	(\$142.6)
Net Health System Cost in 2007 (in billions)	(\$11.7)	(\$4.5)	\$22.7	(\$60.7)
Total Uninsured Not Covered¹, Millions	38.8	2.5	27.5	0

¹Out of an estimated total uninsured in 2007 of 47.8 million.

²Estimates reflect a mandatory cash-out of benefits on the part of employers that currently offer coverage.

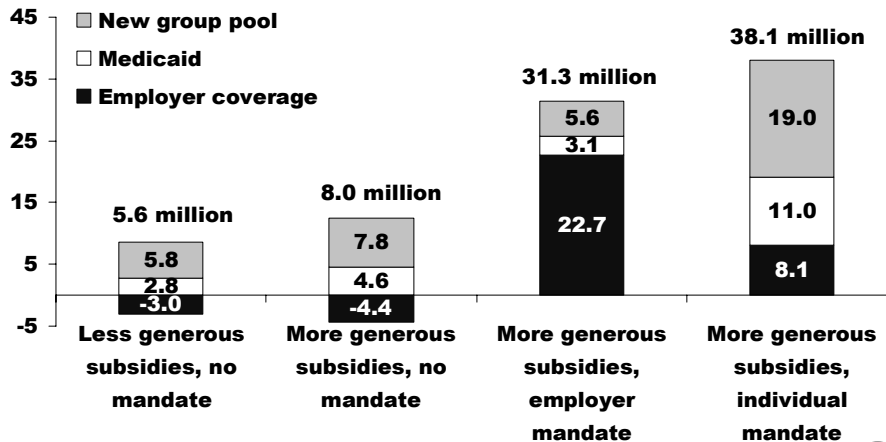
Source: S. R. Collins, K. Davis, and J. L. Kriss, An Analysis of Leading Congressional Health Care Bills, 2005-2007: Part 1, Insurance Coverage, The Commonwealth Fund, March 2007.



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Employer and Individual Mandates are Critical Elements in Achieving Universal Coverage in Mixed Private-Public Reform Proposals Like the New Massachusetts Law

Net changes in sources of coverage (millions of nonelderly)



Source: J. M. Lambrew and J. Gruber, "Money and Mandates: Relative Effects of Key Policy Levers in Expanding Health Insurance Coverage to All Americans," *Inquiry* 43: 333-344 (Winter 2006/2007).



Survey Data

138

Current Population Survey, March 1988-2007

Medical Expenditure Panel Survey, 1997-2005

Panel of the Survey of Income and Program Participation (SIPP), 1996

The Commonwealth Fund Biennial Health Insurance Survey, 2001, 2003, 2005

The Commonwealth Fund Health Care Opinion Leaders Survey, 2005, 2006

The Commonwealth Fund Survey of Older Adults, 2004

The Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006

Employee Benefits Research Institute/Commonwealth Fund Consumerism in Health Care Survey, 2005, 2006

Employee Benefits Research Institute Health Confidence Survey, 2001-2006

Kaiser/HRET Employer Health Benefits, Annual Survey, 2000-2007



Sources

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