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How Will Comprehensive Reform Improve Health Care for Americans?

A Resource for Journalists from The Commonwealth Fund

INTRODUCTION

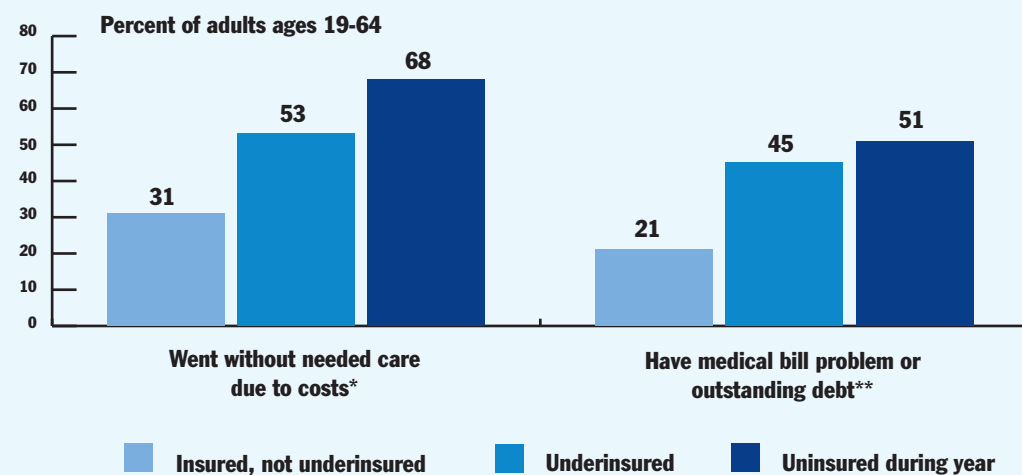
Serious flaws in the U.S. health care system affect every sector of society. Millions of Americans are unable to afford health care coverage, leaving them and their families without access to health care when they need it. Even people who have insurance often struggle to pay off large medical debts incurred because their policies did not provide adequate protection. The ever-increasing costs of medical care and insurance are also straining government budgets, squeezing businesses – particularly small employers – and reducing employment.

With the nation's economy in recession, the need for comprehensive health reform is more urgent than ever. Both houses of Congress are considering proposals that would achieve near-universal coverage through a combination of payment and system reforms. But with an estimated 10-year price tag of \$1 trillion, and disagreements about how best to structure a new U.S. health care system, the debate is far from over. What benefits would comprehensive reform bring to American families and businesses? Would such reform reduce health care spending? Would reform lead to a healthier America?

The work of the Commonwealth Fund Commission on a High Performance Health System indicates that expanding access to health insurance coverage is the single most important step the nation can take to move toward a better health care system. In its 2009 report, *The Path to a High Performance U.S. Health System*, the Commission describes a package of comprehensive, integrated reforms to make health care coverage accessible to everyone while bending the curve of rising health care costs.

This report draws largely on the Commission's work, as well as other research, to provide journalists and others with an evidence-based context for understanding how both lack of coverage and spiraling health care costs directly affect American families and businesses, and how comprehensive health reform can address these problems. While reforming health care will not be easy, the Commission's work suggests that allowing the system to continue on its current path will result in loss of coverage for millions more Americans and unrestrained increases in health care spending.

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



* 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.

1 WHY DO WE NEED COMPREHENSIVE HEALTH CARE REFORM RIGHT NOW?

Virtually everyone in America is affected by the crisis in our nation's health care system. Almost 50 million people have no health insurance at all. Many families and businesses are struggling to pay higher health insurance premiums - premiums that, on average, have doubled in the past decade. Still others face restrictive benefit packages that don't cover needed services, leaving them underinsured. Many people covered through their employers have little or no choice of health plans, and others have to change plans frequently because of their jobs.

But the burdens of our flawed health care system fall particularly hard on the following groups:

- 46 million Americans who were uninsured at the start of the current economic recession, and 55 million who were uninsured at some point during the past year. As the recession continues, these numbers are likely to grow.
- 25 million working-age adults who are underinsured, meaning that they have health care coverage but it does not protect them adequately from high medical expenses.

- 72 million working-age adults who have difficulty paying medical bills.
- 49 million small business employees who pay higher premiums for comparable benefits than workers in larger businesses.
- 4 million adults under age 65 with individual coverage who pay higher premiums for comparable benefits than people with group coverage.
- Medicaid beneficiaries, who have limited choice of providers and limited access to care.
- 13 million young adults without health care coverage.
- Women, who carry greater financial burdens than men from health care expenses.
- Older adults and early retirees, who have few affordable insurance options.

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

PERCENT OF ADULTS AGES 19-64		
In the past 12 months	2005	2007
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
Any of the above bill problems	28% 48 million	33% 59 million
Medical bills being paid off over time	21% 37 million	28% 49 million
Any bill problems or medical debt	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).

2 WHAT ARE THE CONSEQUENCES OF BEING UNINSURED OR UNDERINSURED AND LACKING ACCESS TO AFFORDABLE CARE?

According to the Institute of Medicine, an estimated 18,000 people die each year as a direct result of being uninsured. In addition, the 2007 Commonwealth Fund Biennial Health Insurance Survey shows that 68 percent of the uninsured went without needed care because of cost. The uninsured are also less likely to receive preventive care, including immunizations and cancer screening, and more likely to die from delays in early detection of life-threatening conditions. Because of rising health care costs and shrinking benefit packages, the underinsured often experience problems with timely access to needed care as well.

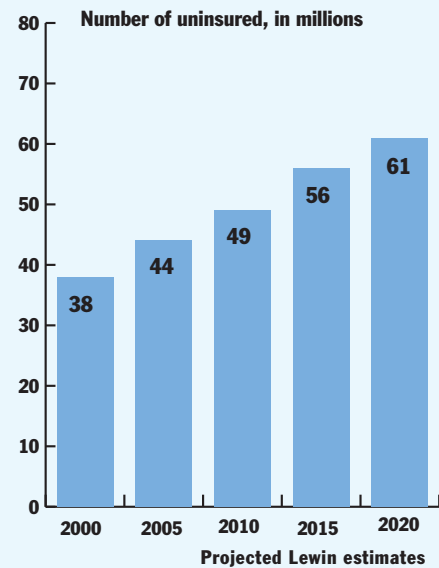
Finally, a growing number of individuals and families are struggling to pay for health care. The Commonwealth Fund survey shows that 72 million adults under age 65 have problems paying medical bills or are paying off accumulated medical debt; about 60 percent of these adults were insured at the time the expenses were incurred. People with medical bill problems face serious financial tradeoffs: 29 percent cannot pay for basic necessities - food, heat, and rent - because of their medical bills. Meanwhile, 39 percent use their savings to pay medical bills, and 30 percent take on credit card debt.

3 WHAT WILL HAPPEN TO THE NUMBERS OF THE UNINSURED WITHOUT COMPREHENSIVE HEALTH CARE REFORM?

Research by The Commonwealth Fund shows that, absent comprehensive reform, the numbers of the uninsured will continue to increase, reaching an estimated 61 million by 2020, not counting the underinsured or those who are uninsured at some point during the year. The projected rise in unemployment may make matters worse in the short term. Because employer-sponsored insurance is the major source of coverage for working families, losing a job often means losing insurance. A recent study found that, for every percentage point increase in the unemployment rate, the number of uninsured increases by approximately 1 million.

THE UNINSURED ARE LESS LIKELY TO RECEIVE PREVENTIVE CARE, AND MORE LIKELY TO DIE FROM DELAYS IN DETECTING LIFE-THREATENING CONDITIONS.

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



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.

4 WHAT WILL HAPPEN TO HEALTH CARE SPENDING WITHOUT COMPREHENSIVE REFORM?

Currently, health care spending consumes 17.6 percent of the U.S. Gross Domestic Product (GDP), a much higher percentage than in any other industrialized nation. By 2020, national spending on health care is expected to hit 21 percent of GDP. Per capita, the United States spends twice what other major industrialized countries spend on health care. Projected national health care spending for 2009 is \$2.5 trillion, which, under current trends, is expected to double by 2020 to \$5 trillion.

Many economists argue that reforming health care is key to restoring the U.S. economy. Left unchanged, health care spending is an enormous drain on government, businesses, and American families. Indeed, nearly 70 percent of health care leaders surveyed recently said that comprehensive health reform must be enacted this year. Another 21 percent called for a “down payment” this year on reform to cover society’s most vulnerable members. Respondents to this survey include experts from academia and research organizations; health care delivery; business, insurance, and other health industries; and government and advocacy groups.

5 WHAT ELEMENTS SHOULD A COMPREHENSIVE HEALTH REFORM STRATEGY INCLUDE?

The Commonwealth Fund Commission on a High Performance Health System has proposed a comprehensive, integrated strategy for health reform that includes the following elements.

- A new insurance exchange that would offer everyone a choice of private insurance plans and a new public health insurance option. The exchange would make it easy for people to compare plans and to enroll and keep insurance as their circumstances change.
- A health insurance standard with comprehensive benefits and financial protection that all insurance plans would have to meet.
- Affordable insurance relative to income and an individual mandate requiring everyone to carry health care coverage.
- Expansion of Medicaid and the Children’s Health Insurance Program (CHIP) to people with incomes below 150 percent of the poverty level, without premiums and with low-cost sharing, and raising Medicaid provider payment rates to Medicare levels.
- Shared responsibility for health care; all employers would either offer coverage or contribute to a national health insurance trust fund.
- Requirement that all health insurers offer coverage to anyone wishing to enroll and to charge the same premium, regardless of health status.

6 HOW WOULD SUCH A REFORM STRATEGY IMPROVE HEALTH AND HEALTH CARE?

A comprehensive, integrated approach to reforming health care would save lives and extend needed care to millions of Americans. According to research conducted by The Commonwealth Fund:

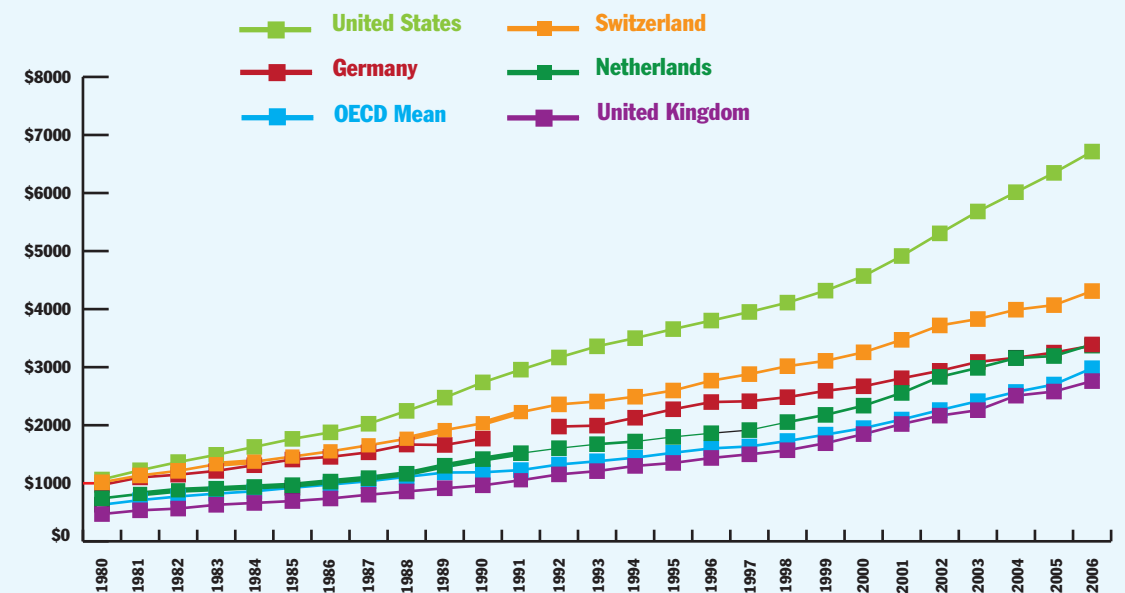
- An estimated 100,000 lives per year would be saved.
- 68 million more adults would receive recommended preventive care.
- 37 million more adults and 10 million more children would receive care from physician practices that ensure easy access to care and are accountable.
- Avoidable hospitalizations would decline each year:
 - 640,000 fewer Medicare beneficiaries would be hospitalized for ambulatory care-sensitive conditions and 180,000 fewer Medicare beneficiaries would be readmitted after discharge.
 - 70,000 fewer children would be hospitalized for asthma complications.
 - 250,000 fewer adults would be hospitalized for diabetes complications.

Affordable Coverage for All: Foundation for Reform Policies in Path Report

- Mixed public-private system
- New national insurance exchange
 - Choice of private plans and new public health insurance plan
 - Insurance market reforms
 - Equivalent rules for private plans and public plan
- Everyone required to have coverage, with provisions for affordability
 - Income-related premium assistance
 - Medicaid/CHIP expanded
 - Medicare disabled waiting period eliminated
- Shared responsibility for financing: employers offer coverage or contribute to health insurance trust fund
- Innovative provider payment and delivery system reforms incorporated in Medicare, Medicaid, and public health insurance plan reward better care, higher value care

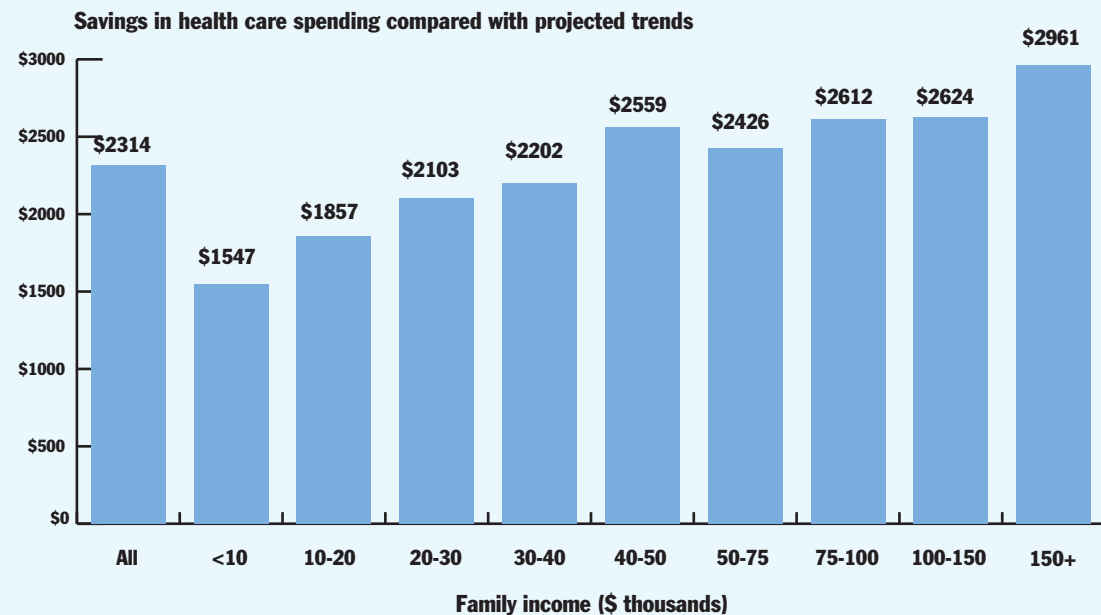
Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

Per Capita Spending, U.S. Dollar Purchasing Power Parity, 1980-2006



Source: OECD 2008 Health Data (June 2008).

Average Annual Savings per Family Under Path Reforms, 2020



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).

7 HOW WOULD COMPREHENSIVE REFORM CONTAIN HEALTH CARE COSTS?

Implementation of a comprehensive, integrated reform strategy such as that outlined by the Commission on a High Performance Health System would make health care more affordable – and more accessible – to everyone. Many sources of waste in our current system would be eliminated. For example, rules requiring insurers to cover everyone regardless of health status would eliminate the costs of underwriting to hedge against health risks. New administrative efficiencies would achieve some \$265 billion in savings over 10 years. Better, more coordinated, and more efficient care would result in fewer complications requiring hospitalization or emergency use – further reducing costs.

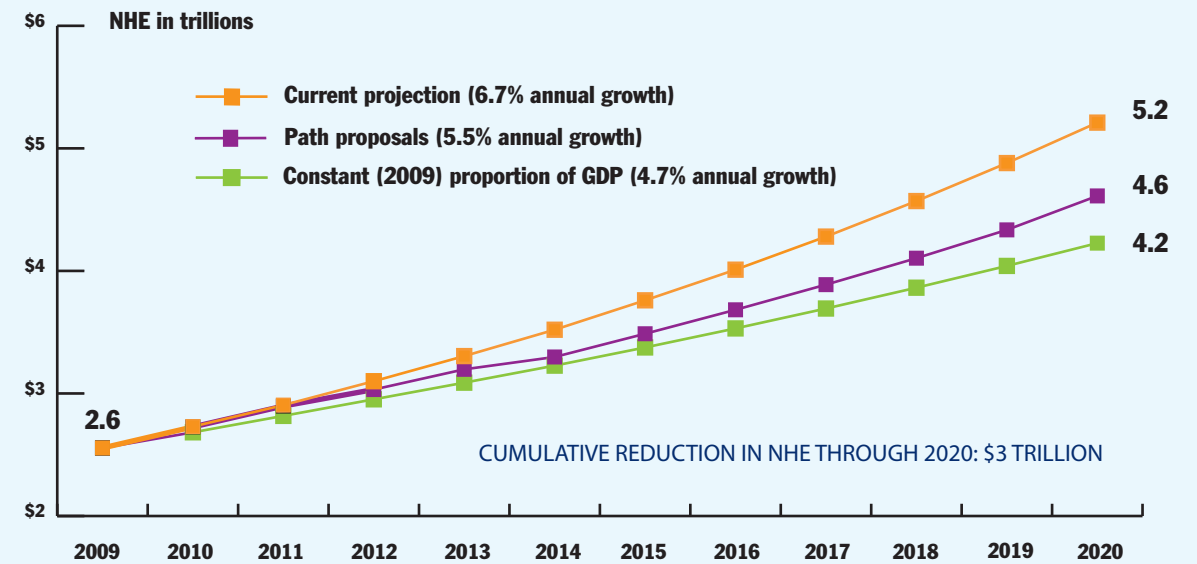
These savings would be shared with families and employers. If enacted soon, employers would save an estimated \$231 billion from 2010 to 2020, and the average house-

hold would save \$2,314 by 2020, compared with current projections. Premiums would be an estimated 20 percent to 30 percent lower than current premiums in the individual and small business markets.

UNDER COMPREHENSIVE REFORM, THE AVERAGE U.S. HOUSEHOLD WOULD SAVE \$2,314 BY 2020.

Slowing the growth in health care outlays from a projected 6.7 percent annually to 5.5 percent annually would result in savings to all health care payers and a total cumulative savings between 2010 and 2020 of \$3 trillion. Although

Total National Health Expenditures (NHE), 2009–2020 Current Projection and Alternative Scenarios



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).

the federal government would need to make upfront investments in an improved coverage and care system, the benefits and savings would accrue over time to all those who currently help finance the health system.

8 WHAT ARE THE PROBLEMS OF SMALL BUSINESSES AND THEIR EMPLOYEES, AND HOW WOULD COMPREHENSIVE REFORM HELP THEM?

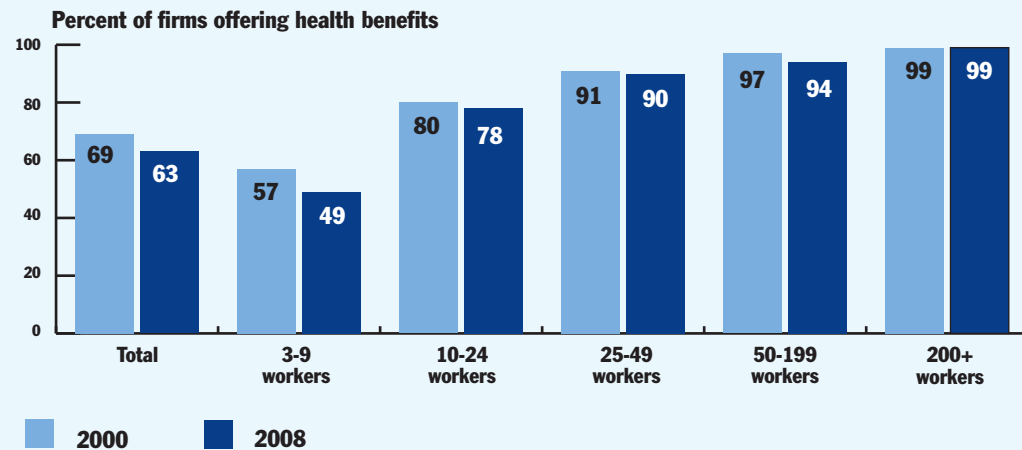
The problem of uninsured workers is almost totally a problem of small businesses being unable to afford to provide coverage for their workers. Consequently, low-wage workers and those employed by small businesses often are uninsured. Twenty-eight percent of workers in smaller businesses (less than 50 employees) were uninsured in 2007, compared with just 6 percent of workers employed by firms with 50 or more employees. The downturn in the economy

is certain to make it more difficult for small employers to offer coverage and could lead to rising numbers of uninsured workers in these firms.

Small businesses that do provide job-based insurance often have no choice but to offer plans that have fewer benefits, charge higher premiums, and require larger out-of-pocket spending. A Commonwealth Fund study found that employees in the nation's smallest firms pay, on average, 18 percent more in health insurance premiums for the same benefits than do those in the largest firms.

Comprehensive reform would make health care coverage more equitable and more affordable by pooling risk across large and small employers and improving market efficiency. The Lewin Group estimated that average administrative cost as a share of claims costs for small employers would fall from a range of 22 percent to 36 percent under the current system to 12 percent to 13 percent. These cost savings would help extend coverage to millions of small business employees.

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



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

The Individual Insurance Market Is Not an Affordable Option for Many People

Adults ages 19-64 with individual coverage or who tried to buy it in past three years who had:

	Total	Health problem	No health problem	<200% FPL*	200%+ FPL*
Found it very difficult or impossible to find coverage they needed	47%	60%	35%	52%	40%
Found it very difficult or impossible to find affordable coverage	57%	70%	45%	63%	53%
Were turned down, charged a higher price, or excluded because of a preexisting condition	36%	47%	26%	39%	34%
Never bought a plan	73%	79%	66%	85%	62%

* FPL = federal poverty level.

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

9 WHAT ARE THE PROBLEMS OF PEOPLE WHO NEED INDIVIDUAL INSURANCE, AND HOW WOULD COMPREHENSIVE REFORM HELP THEM?

Most people seeking individual insurance find it very difficult or impossible to obtain affordable coverage: Nearly three-quarters who tried to purchase individual coverage within the past three years never bought a plan. They could not find the coverage they needed, could not afford the coverage they needed, or were turned down or charged a higher price because of a preexisting condition. Typically, the costs of individual plan premiums climb steeply with age. Benefits are limited and cost-sharing generally is higher than in group markets.

Establishment of a national health insurance exchange offering a variety of private and public plans would ensure that everyone has access to affordable coverage. Pooling risk among millions of individuals would achieve substantial economies. Eliminating medical underwriting, establishing open enrollment, and allowing consumers to compare plans online would reduce administrative costs substantially. Nearly everyone who currently holds private, non-employer coverage could get better, more affordable insurance under comprehensive reform.

10 HOW WOULD COMPREHENSIVE REFORM HELP MEDICAID BENEFICIARIES?

Some 42 million Medicaid beneficiaries lack stable health care coverage. Administrative barriers to Medicaid enrollment and re-enrollment often interrupt coverage for society's most vulnerable members. These interruptions are widespread and can have serious consequences. According to a 2008 study published in the *Annals of Internal Medicine*, more than 60 percent of Medicaid enrollees reported gaps in coverage, putting them at risk for complications that result in preventable admissions to hospitals or emergency care. Because Medicaid pays providers substantially less than other payers, fewer providers accept Medicaid patients, thus limiting access to needed care for low-income people.

In addition, Medicaid eligibility varies widely from state to state, with 14 states covering parents only if their incomes are below 50 percent of the poverty level. In most states, an adult who works full time at the minimum wage is ineligible for Medicaid coverage.

Comprehensive, integrated reform would ensure continuous, stable coverage for low-income people by opening up Medicaid and CHIP to people with incomes below 150 percent of the federal poverty level, providing full premium

subsidies and low cost-sharing, and raising Medicaid payment rates to Medicare levels. By coupling ambitious payment and system reforms with enhanced federal funding, comprehensive reform could save state and local governments an estimated \$1 trillion by 2020.

11 WHAT PROBLEMS DO YOUNG ADULTS FACE IN OBTAINING COVERAGE, AND HOW WOULD COMPREHENSIVE HEALTH REFORM HELP THEM?

More than 13 million adults ages 19 to 29 lacked insurance coverage in 2007. Commonwealth Fund analysis shows that even though young adults are only 17 percent of the under-65 population, they comprise nearly 30 percent of the nonelderly uninsured.

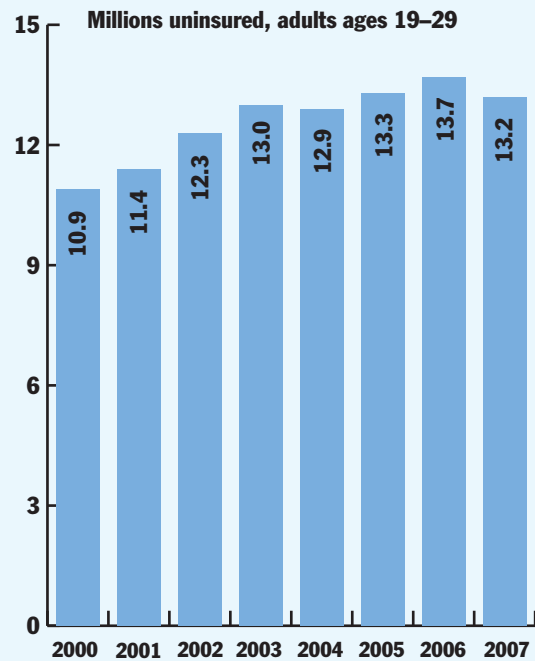
HEALTH REFORM COULD EXTEND COVERAGE TO 13 MILLION UNINSURED YOUNG ADULTS AND MILLIONS MORE WHO HAVE COVERAGE TRANSITIONS.

Many young people become uninsured when they turn 19 and are no longer covered under their parents' insurance. By far, the young adults most at risk of lacking coverage are those from low-income households. About 22 percent of adults ages 19 to 29 live in households with incomes below 100 percent of the federal poverty level, but almost two-fifths (39%) of the 13.2 million young adults who are uninsured live in households with incomes below the poverty level.

For the many young adults who hold low-wage or temporary jobs that don't include benefits, affordable coverage is not easily available. During their early working years, young people frequently go without coverage until they get jobs with better benefits. Yet Commonwealth Fund research shows that gaps in coverage can have important health and economic consequences for young adults and their families.

Comprehensive health reform could extend affordable coverage not only to the 13 million young adults who currently are uninsured but also to the millions more who undergo coverage transitions during their early working years. Young adults could remain covered under their parents' policies until age 26. Those with incomes up to 150 percent of poverty level could receive coverage under Medicaid or CHIP. A portable public health insurance plan within a national health insurance exchange would provide a continuous source of coverage for young people who make frequent job changes.

13.2 Million Uninsured Young Adults in 2007, Up by 2.3 Million in Last Eight Years



Source: Analysis of the 2001-2008 Current Population Surveys by S. Glied and B. Mahato of Columbia University for The Commonwealth Fund.

12 WHAT OBSTACLES DO WOMEN FACE IN GETTING COVERAGE AND CARE, AND HOW WOULD COMPREHENSIVE HEALTH REFORM HELP THEM?

Women face particular problems in securing affordable health coverage and care. Compared with men, they are less likely to have access to their own employer-sponsored insurance and are more likely to purchase individual coverage, which is more expensive than the group market. In addition, underwriting by gender, health status, and age in the individual market makes it even harder for women to get affordable coverage.

Women are also higher users of health care services than men across their lifetimes; thus they are more exposed to the fragmentation and failings of the current health care system. In 2007, more than half of women reported problems getting needed care because of cost. Women also are

more likely to have higher out-of-pocket costs as a share of income and to have medical bill and debt problems.

Comprehensive reform would limit health insurance rating by gender, age, and health status, helping make individual and group coverage more affordable for working-age women. In addition, Medicaid expansion would help provide coverage for low-income women.

13 WHAT ARE THE PROBLEMS OF OLDER ADULTS, AND HOW WOULD COMPREHENSIVE REFORM HELP THEM?

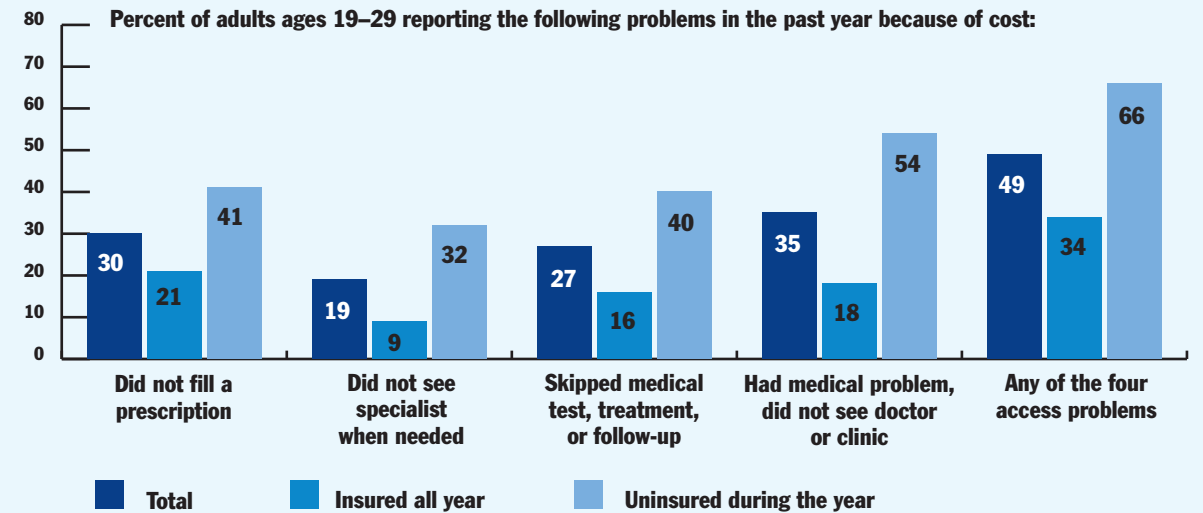
For older adults, health insurance coverage can be prohibitively expensive. A 2005 Commonwealth Fund survey showed that more than half of older adult respondents ages 50 to 70 who secured individual coverage spent \$3,600 or more annually on their premiums and a quarter spent \$6,000 or more. Meanwhile, 42 percent of older adults with individual coverage had deductibles higher than \$1,000. These individual plans often include troubling exclusions. As a result, significant numbers of older adults go without needed health care services. In addition, more than one-third reported problems paying their medical bills in the last 12 months or were paying off medical debt accrued over the past three years.

Under comprehensive health reform, insurers could no longer turn people away or charge exorbitant premiums and deductibles because people have an existing medical condition or are considered to be at high risk for developing one. In addition, a public health insurance plan would give older Americans access to coverage and care, lowering costs to Medicare in the long run as well. Premium caps would provide financial protection to low-income Medicare beneficiaries.

Even people in Medicare sometimes have difficulty affording health care if they have low incomes or lack supplemental coverage for services and expenses not covered by Medicare. Elderly Medicare beneficiaries spend an average of 22 percent of their incomes on premiums and out-of-pocket health care costs. This is expected to grow to 30 percent by 2025.

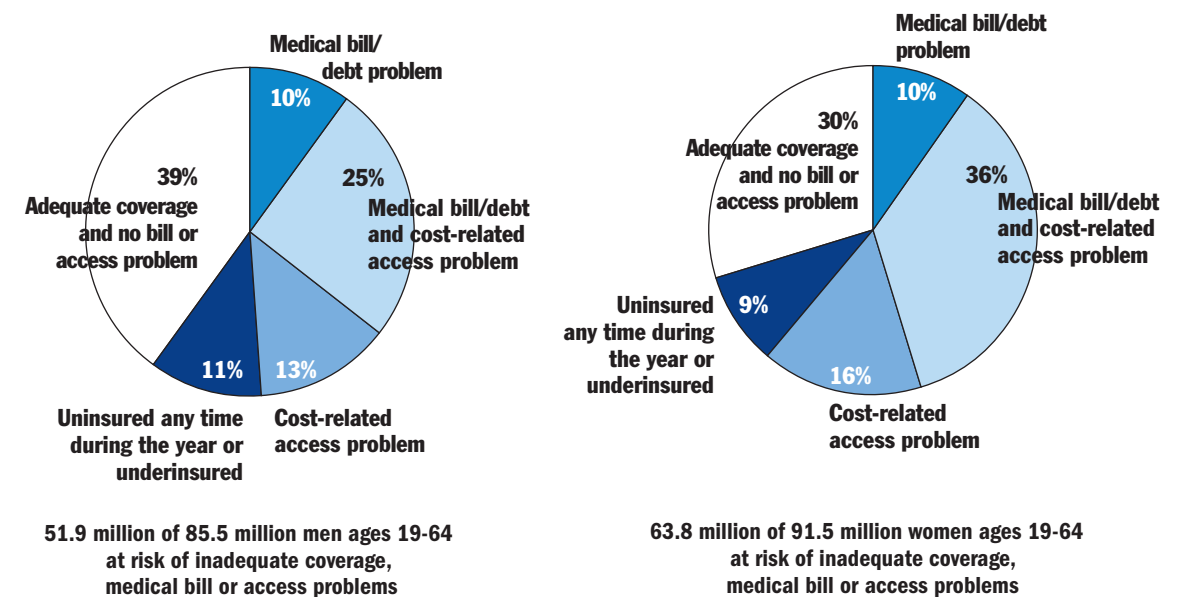
MORE THAN HALF OF WOMEN REPORT PROBLEMS GETTING NEEDED CARE BECAUSE OF COST. REFORM WOULD LIMIT INSURANCE RATING BY GENDER, AGE, AND HEALTH STATUS, MAKING COVERAGE MORE AFFORDABLE.

Two-Thirds of Uninsured Young Adults Had Cost-Related Access Problems in the Past Year, Compared with One-Third of Those Who Were Insured All Year



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

Seventy Percent of Adult Women Under Age 65 Were Uninsured, Underinsured, Reported a Medical Bill Problem, or Did Not Access Needed Care in 2007



Subgroups may not sum to 100% because of rounding. Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

SOURCES

The following Commonwealth Fund publications are available at www.commonwealthfund.org.

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Fork in the Road: Alternative Paths to a High Performance U.S. Health System (June 2009)

Health Care Opinion Leaders' Views on Health Reform (July 2009)

Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families (July 2009)

Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families—Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007 (August 2008)

Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families (August 2008)

Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2009 Update (August 2009)

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Paying More for Less: Older Adults in the Individual Insurance Market (June 2005)

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CONCLUSION

Leaders in Congress are currently considering health reform proposals that contain many of the elements discussed in this report, including creation of a new insurance exchange that offers a public plan to compete with private plans, an individual mandate, shared financial responsibility, an end to insurance underwriting and denial of coverage based on preexisting conditions, and expansion of Medicaid and CHIP. But despite the urgency of the issue, health reform continues to present enormous difficulties, as members of Congress struggle to achieve consensus on the details – particularly the financing – of reform.

Still, most would agree that allowing the U.S. health system to continue on its current path is neither desirable nor viable in the long run. This report describes the impacts of the current system's deficiencies for American families and businesses. With more than 70 million Americans uninsured or underinsured and health care spending on a course to consume 21 percent of the U.S. GDP, the stakes for reform are high. Ultimately, we hope that leaders in Washington and across the country will implement reforms that will help the U.S. move toward a high performance health system for all Americans. ■

COMMONWEALTH FUND EXPERTS

Karen Davis, Ph.D., President

kd@cmwf.org
(212) 606-3825
Health Care Reform, Health Insurance,
International Comparisons of Health Care



Sara Collins, Ph.D., Vice President

Affordable Health Insurance
src@cmwf.org
(212) 606-3838
Health Care Reform, Health Insurance

Rachel Nuzum Senior Policy Director

rn@cmwf.org
(202) 292-6722
Federal and State Health Policy

Stuart Guterman, Assistant Vice President

Payment System Reform
srg@cmwf.org
(202) 292-6735
Payment Reform, Health Care Delivery System

Cathy Schoen, M.S. Senior V.P. and Research Director, Commission on a High Performance Health System

cs@cmwf.org
(212) 606-3864
International Comparisons of Health Care,
Health Insurance Coverage, Underinsured

James J. Mongan, M.D.

Chair, Commission on a
High Performance Health System
Commonwealth Fund Commission on a
High Performance Health System
Contact: Rich Copp, Director of
Communications, Partners HealthCare
rcopp@partners.org
(617) 278-1031

Stephen C. Schoenbaum, M.D. Executive Vice President for Programs

sos@cmwf.org
(212) 606-3505
Commonwealth Fund Commission on
a High Performance Health System,
Health Care Quality

Commonwealth Fund: www.commonwealthfund.org, (212) 606-3800

Communications contacts:

Barry Scholl, Senior V.P., Communications and Publishing, (212) 606-3841, bas@cmwf.org

Mary Mahon, Senior Public Information Officer, (212) 606-3853, mm@cmwf.org

Amanda Jo Greep, Communications Associate, (212) 606-3826, ajg@cmwf.org