

HEALTH CARE | MAY 2010

What's In It for Me? 12 Benefits of the New Health Care Law for the Middle Class

By David B. Kendall and Anne Kim

For middle class Americans, recent passage of historic health reform legislation boils down to one question: “What’s in it for me?” And the success or failure of the new law may hinge on the answer. This memo describes 12 benefits of health reform for the largely-insured middle class that will provide them with more stability and security.

More than half of all working-age Americans—or about 88 million people—currently experience some kind of health care instability: a serious pre-existing condition such as cancer, diabetes or heart disease that can make coverage more expensive or difficult to get; a gap in their coverage; unusually high premiums or out-of-pocket costs that consume too much of their paychecks; or a skipped doctor’s visit purely because of costs.¹

While the vast majority of Americans have health insurance and are largely satisfied with it, these data show that behind their current satisfaction is concern that their coverage is something they cannot truly count on. Moreover, many Americans fear losing what they have. A poll by Third Way and Benenson Strategy Group found that 38% of currently insured Americans are worried about losing their coverage in the next five years, 42% have in fact switched plans in the last five years (the majority of them involuntarily) and 54% believe that their health insurance company “will keep raising premiums until you can no longer afford it.”

Middle-class Americans need more stability and security in their health care coverage—which the new health care law will deliver. Spelled out below are 12 specific benefits within reform that will bring stability and security to the middle class.²

Stability and Security for the Middle Class: 12 Benefits of Health Reform

BENEFIT # 1

Coverage you can count on that can't be taken away.

*You will always have choices for coverage even if your job doesn't provide it. If you or your spouse loses a job, hits a rough patch or falls sick, you will always have coverage options at a reasonable price. **(the exchange)***

Health care reform will create a health insurance "exchange" or "gateway" that will give people the option to select a health care plan from a menu of competing plans. The creation of a health exchange will bring more stability to health care coverage for middle-class Americans by offering an alternative source of coverage for those who lose job-based health insurance.

From 2003 to 2007, 36 percent of Americans either experienced gaps in their insurance or relied on government insurance for all or part of their coverage.² According to the Urban Institute, one in four uninsured adults is uninsured because of a change in or loss of a job.³

The exchange will be conceptually similar to what Members of Congress and federal workers get from the Federal Employees Health Benefits program, what Massachusetts residents now have through the "connector" created under the state's health reform in 2006 and what state employees in Wisconsin, California and other states now use for coverage. Under all of these schemes, participants are provided with a menu or gateway for selecting a coverage option.

Under the new law, every state must provide individuals and small businesses with access to a health insurance exchange by January 1, 2014. Each state will choose either to create its own exchange or to join a regional multi-state exchange. If a state decides to do nothing, then the Secretary of Health and Human Services will provide a federal exchange to that state's residents. Exchanges will make coverage more common and stable. In Massachusetts, state health care reform dramatically lowered the uninsured rate from 7.4 percent to 2.6 percent.⁴

The exchange will also offer a website and other services and materials to help people navigate their choices. People will select from different kinds of health insurance plans as well as from different levels of benefits (from basic to premium) and have the ability to enroll online in a matter of minutes. This simple process will be a dramatic improvement over the lengthy process that individu-

als and small businesses must undertake today in which applicants must fill out and submit forms, wait for a response, and repeat the process if they wish to seek a better option.

EXAMPLE: Jane Jones lost her health care coverage when her employer closed its doors. She was able to log on to a website that offered her a menu of 20 different health care plans in her state. With a few clicks of the mouse, she chose a policy that would fit her needs and budget. Because she was unemployed, she also qualified for a subsidy that kept her premiums affordable.

BENEFIT #2

No denials for a pre-existing condition.

*No one can ever deny you coverage because you, your spouse, or your child falls sick or was ever once seriously ill. (**guaranteed issue**)*

Insurance companies deny patient coverage due to an existing health problem, also known as a pre-existing condition.⁵ For example, if someone has a heart attack or cancer, an insurance company can refuse to pay for medical expenses arising from that condition. This practice is called a “pre-existing condition exclusion.”⁶

As of January 1, 2014, insurers must issue a policy to anyone who applies so long as that person pays his or her premiums, and they can’t use a pre-existing condition to deny someone coverage, a regulation known as guaranteed issue. Until then, those individuals with pre-existing medical conditions and who have been uninsured for at least six months will be eligible to enroll in a high-risk pool and receive subsidized premiums. Dependent coverage will also be extended to children up to age 26. This reform will provide a great deal of stability to middle class Americans who have trouble getting insurance if they’ve had a serious illness or are switching insurers because of a change in jobs. Guaranteed issue will be one of the benefits of the personal coverage requirement under reform. This requirement needs to be strong in order to prevent people from waiting to buy insurance when they get sick.

EXAMPLE: Tom Smith is a 45-year-old man with diabetes who lost coverage when he lost his job with a small company. Prior to the new law taking effect in 2014, insurers could have refused to cover the cost of treatment related to his diabetes when he regains his insurance, which could have cost Tom Smith thousands of dollars a year. With health reform, Tom Smith is able to get coverage for his insulin shots and check-ups.

BENEFIT #3

No spikes in premiums if you fall ill.

You will never have to pay more for health insurance because of a pre-existing condition or if you fall ill. Your premiums won't spike because a co-worker gets sick. (community rating)

A person who develops a health condition such as cancer may have to pay more for coverage. This can happen if a person bought individual coverage and needs to change it, perhaps because of a change in jobs. In a practice called "experience rating," any insurer can charge individuals more for their coverage based on their health problems.

In many states, insurance companies can also charge higher insurance premiums to small businesses that have sicker employees. In states that don't already regulate in this area, insurance premiums can be as much as 25 percent higher than the average rate due to the health status of the covered employees.⁷

Starting January 1, 2014, a reform called "community rating" will prevent insurance companies from increasing premiums due to a health problem. Under community rating, premiums for individuals and small employers cannot vary because of an individual's or small group's health status. Instead, it spreads the cost of caring for the sick evenly across all of an insurance company's customers (the "community").

EXAMPLE: Mary Jones recently gave birth but suffered complications during delivery that required an emergency C-section. In addition, her baby boy spent three weeks in a neo-natal intensive care unit. Mary Jones works for a small business with only five employees. Her premiums and the premiums of her co-workers increased dramatically the next year, and her employer is considering dropping coverage. Under health reform, her premiums and that of her co-workers increased by only a small percentage, and her health status had no impact on her policy's premiums.

The community rating requirement will still allow younger people to pay less for coverage. That is a fair way to account for the fact that younger people have lower health care costs.⁸ In addition, employers will be able to give employees larger discounts on health insurance in order to encourage healthy habits.¹¹

BENEFIT #4

No lifetime or annual limits on coverage.

If you become seriously ill or have a grievous injury, you'll never leave the hospital with bills too big to pay because your benefits have run out. (ban on benefit caps)

Today, more than half of workers with coverage through a job have a lifetime cap on their benefits.¹⁰

For some patients with major diseases or severe injuries, such as Superman actor Christopher Reeves, health care expenses can exceed \$1 million. No one can be expected to bear the risk of such extraordinary costs. Even Christopher Reeves, with all his resources, would have faced a financial problem had he lived another 5 years, according to a spokesman for Reeves Foundation. Such caps today serve to limit the cost of coverage. But they come at the expense of true financial protection and access to care for patients with the greatest needs.¹¹

Starting in September, 2010, insurance policies will no longer have a limit on the benefits they will cover for a lifetime. In 2014, they will no longer have an annual cap either. This means that middle class families will no longer have to worry that health care expenses from a serious illness or accident will put them into bankruptcy.

BENEFIT #5

Guaranteed coverage if you fall sick.

You will never have to worry about an insurance company cancelling your coverage because you or someone in your family falls seriously ill. (ban on rescissions)

Insurance companies can cancel policies for any discrepancies they might find on applications for coverage, such as if someone fails to disclose a medical condition that they could have or should have known about. For example, if a doctor does not tell a patient about a health problem—perhaps because it seemed unimportant at the time—an insurer can cancel the policy in a practice known as “rescission” if the problem turns out to be a serious and costly medical condition.¹²

Reform will bar insurance companies from canceling policies due to discrepancies on applications starting in September, 2010. The only exception will be in the case of fraud where there is clear and convincing evidence about the fraud.

Although rescissions are relatively rare today, reform will mean that no one will face the shock of losing one's coverage despite having paid for it.

BENEFIT # 6

Help with premiums if you hit a rough patch.

*If you lose a job or lose a spouse, you will get help with your premiums until you are back on your feet. If your workplace can't afford to buy you insurance, your employer will get help to buy you coverage. (**coverage subsidies**)*

Starting January 1, 2014, many Americans will be eligible to receive tax credits and cost-sharing subsidies to pay for all or part of a family's health insurance premium if they don't have access to coverage through a job or elsewhere. The subsidies and credits will be higher for low-income families and will phase-out at higher incomes.¹³ In addition, Medicaid will be expanded to cover more lower-income individuals under age 65. In exchange for the help, everyone receiving a subsidy will have a responsibility to obtain coverage through the exchange and pay his or her share of premiums. Employers will also be asked to do their share to provide affordable coverage to their workers. The new law includes a requirement that employers with more than 50 employees must either offer affordable insurance to their employees or pay a penalty that will help pay for workers to get coverage through the exchange.

The subsidies will be generous enough so that no family will have to spend more than a certain portion of their income on premiums. Under the new law, families that qualify for a premium credit will pay no more than 9.5 percent of their income on premiums.¹⁴ In practice, that amount will likely be even lower because of small business tax credits and the new requirement for employers. In addition, anyone receiving unemployment insurance whose family income has fallen to less than four times the poverty rate under will automatically qualify for coverage assistance.

The penalty for not providing affordable coverage will strongly encourage employers to provide health care benefits to their employees. Today, about 95 percent of medium-size employers and 99 percent of large employers already offer health benefits to their employees.¹⁵

Small employers, however, will be exempt from the penalties and will instead receive subsidies to help pay for coverage. If a small employer provides coverage, it will receive a tax credit of up to 35% of the employer's share of the cost of coverage from 2010-2013 and up to 50% in 2014 and later.¹⁶

EXAMPLE: Mary and Raul Lopez earn \$37,000 a year from their jobs. The Lopezes receive insurance from Raul's employer. The total cost of the premiums is \$12,700 a year, and the Lopezes now pay 50% of the premiums from Raul's paycheck, or \$529 a month for their family coverage.¹⁹ Raul's employer is a small company that opts to provide coverage through the exchange set up under health reform. Their premiums drop to no more than \$148 a month.

Family Income (family of four)	Maximum Monthly Share of Premiums for People Receiving Coverage from the Exchange
\$28,000	\$0
\$37,000	\$148
\$56,000	\$381
\$74,000	\$585
\$89,000 and above	no subsidy

Note: The income levels of \$28,000 and \$37,000 are the actual median incomes for the "Gappers" and "Never Insureds" as defined in Third Way's research on the coverage experience of working age adult Americans who would be the most likely to benefit from the exchange. The "Gappers" are those who experienced any loss in coverage between 2003 and 2007, and the "never Insureds" are those who had no coverage in that four-year period.

Data were calculated using the Kaiser Family Foundation Health Reform Subsidy Calculator. The age used for all calculations was 45 and the regional cost factor was "medium."

These provisions will provide the middle class with more stability and security by providing help with paying for coverage when people need it the most. Unemployed workers, for example, can sometimes keep their coverage through a federal law known as COBRA. But workers have to pay for it themselves at a time when they are least able to afford it. In 2009, the average cost of an individual plan was \$4,824, and for a family plan \$13,375.¹⁸ Health insurance reform will help ensure that no one loses their coverage if they lose a job.

BENEFIT #7

Free preventive care.

*Vaccinations, cholesterol tests and other preventive treatments to keep you well will be free. **(no copayments for preventive services)***

Reform will establish standards for benefits that will make key preventive services free starting in 2010. Some preventive care such as vaccines and smoking cessation counseling save money.¹⁹ Making these services free can save every-

one money because they are not widely used. For example, smoking cessation counseling reaches only 37 percent of those who can benefit.²⁰

Today, it is hard enough to keep up with the right ways to take care of yourself let alone do a better job of it. For example, six out ten people who could benefit from low-dosage aspirin to prevent heart disease are not taking it. Other preventive services such as cancer screening are relatively cheap ways to save lives. Eliminating cost barriers to proven preventive services will make it easier for people take advantage of them.²¹

Under reform, everyone will have access to a “health risk appraisal,” or a personalized prevention checklist much like a maintenance schedule for taking care of your car. It is similar to web-based tools like RealAge.com. The way these tools work is that individuals answer several questions about health status, personal habits, and health history. Then, they recommend ways that patients can prevent disease or injury based on their specific needs and circumstances. For example, a health risk appraisal can help sort out whether taking a low-dosage aspirin daily can help prevent a heart attack.

BENEFIT # 8

Discounts on premiums for healthy behaviors.

You may qualify for up to a 30% reward off your insurance premiums if you enroll in a program to quit smoking, control your weight or other healthy behaviors. (wellness incentives)

Americans will be able to save themselves and their health plans money by making efforts to keep themselves fit. Companies such as Safeway have pioneered ways to reward employees for healthy habits.²² They have found that incentives and counseling can help people break bad habits such as smoking, poor diets and no exercise.

Prior to reform, employers could provide discounts or rebates of premiums or reduce cost-sharing requirements if employees participated in programs that require them to meet certain goals. The new law increases the amount of these discounts that employers can provide from 20 percent to 30 percent of an employee’s share of premiums.

Reform will also prevent these kinds of financial incentives from discriminating against people who are unable to achieve healthy behavior goals. A doctor could certify that an employee could not achieve the program’s goals or should not try for medical reasons. In that case, an employer must offer the employee an alternative way to receive the rewards.

Finally, employers will be free to offer rewards without limit to employees for simply participating in preventive programs such as cholesterol screenings.

BENEFIT #9

Cutting-edge care wherever you live.

New electronic databases and record-keeping will help your doctors have the best and most up-to-date research at their fingertips so they can give you the best and most up-to-date care. (comparative effectiveness and health IT)

Today's process for generating and adopting new medical knowledge is not only haphazard, it also leads to conflicts over what treatments insurance should cover. For example, in the 1990's, doctors began to experiment with high-dose chemotherapy and bone marrow transplants to treat breast cancer. When insurance companies denied coverage for these treatments because of their experimental nature, a public backlash against the denials forced them to pay for these high-cost treatments. Several years later, however, researchers determined that this treatment was no more effective than existing treatments. In another classic study, 135 doctors were given the exact same patient case-study and the result was 82 different treatment opinions.²³

These types of incidents happen because it is virtually impossible under the current system for patients to choose the best treatment or for doctors to stay current.²⁶ Reform will help to solve this problem by funding "comparative effectiveness" research and improved information technology to give doctors a stronger, more accessible scientific foundation.

Comparative effectiveness research will compare promising new treatments with existing treatments to discover what works best for patients. This research will help ensure that patients get the right care at the right time and reduce the uncertainty over effectiveness that leads to conflicts over what health insurance plans should cover. The law includes a new Center for Quality Improvement that will spread the adoption of best practices developed from effectiveness research and other sources. It will translate research about best care into best practices and develop ways to turn best practices into everyday practices. No matter where patients live, their doctors will have access to the same cutting-edge research and best practices. Reform will provide a permanent source of financing for this research through a tax on a small fraction of insurance premiums, in addition to funding from Medicare and federal appropriations. This permanent solution builds from the funding provided in the stimulus bill for comparative effectiveness research.

Second, reform will build on investments in health information technology included in the economic recovery package passed by Congress earlier this year. These investments will be critical to improving patient care by accelerating the shift from paper to electronic health records. Electronic records have numerous advantages over paper. They can ensure accurate record-keeping, especially when it comes to prescription medications, and relieve the burden on patients of having to recite their medical history accurately from memory. When coupled with comparative effectiveness research, improvements in health IT will also mean that doctors will have access to electronic alerts that can inform and remind them about applying the latest research to a patient's specific problems.

BENEFIT #10

Less red tape and paperwork.

Your health care premiums will no longer pay for piles of unnecessary paperwork and red tape. (administrative standards)

Today, each doctor's office has to deal with separate billing and administrative procedures for receiving payments from insurers, Medicare, Medicaid or CHIP. These procedures include a variety of tasks: confirming patients' insurance benefits, submitting claims for payments, checking on the status of claims, receiving payments, and reconciling the payments with the claims. Only one of these processes—claims submission—is currently performed electronically on a regular basis.²⁷ Even then, however, the electronic process breaks down. "A claim has to jump through so many hoops, you can end up with a paper claim even when you initially sent an electronic claim," explains Anurag Sinha, director of a Cerner subsidiary in a white paper on eliminating paperwork.²⁶

Nearly two-thirds of doctors report that such paperwork means they have less time to spend with their patients.²⁷

This "hassle-factor" spills over on patients when disputes arise between providers and insurers over paying a claim. Patients and doctors are not only frustrated with the paperwork, they are paying an enormous financial price. The money wasted across the country totals \$500 billion to \$700 billion over ten years.²⁸

By January 1, 2014, the Administration will establish a process under which all key stakeholders will work out a common platform for similar administrative activities. Doctors and hospitals will no longer have to waste time and resources dealing with complex and variable procedures for basic administrative functions. The Administration will also have the authority to require that all stakeholders use this common platform in order to ensure widespread savings.

BENEFIT # 1 1

More time with your family doctor.

You will have a doctor and a team of professionals to look out for you and your family. Your primary doctor will have more time to coordinate your care, help you get the right specialty care, and advise you on tough medical decisions.

Access to high quality primary care is associated with lower health care costs in the U.S. and throughout the world. Today, however, these services often fall through the cracks. Doctors don't earn much money from communicating with patients or other doctors. They are paid mostly to do tests and procedures within their own area of specialty. This has led to fragmented silos of care where a doctor can easily lose track of patients' needs.

Reform will create a "medical home base," which is the place where a patient's health care begins and ends. For example, doctors could receive a fixed payment for delivering primary care services (such as a monthly payment for each patient).²⁹ This would free up primary care physicians to find the best ways to work with patients including more telephone use and email. Physicians would also report on the health of the patients, so patients can compare which doctors deliver the best results.

Once the new payments are firmly established, a medical home will make care more convenient for patients. It will also reduce costs for everyone by nipping problems in the bud before they get out of control and require expensive treatment.³⁰

A primary care doctor or a specialist delivering primary care services will make sure that each patient receives all of the health care he or she needs and is directly accountable for that person's overall health. These services involve checking to make sure that patients receive appropriate preventive care, making sure patients know how to manage any chronic diseases they may have, and coordinating care with other health professionals.

BENEFIT # 1 2

Lower premiums for older Americans.

Older Americans can pay as much as six or seven times as much in premiums as younger people for exactly the same coverage. Reform will put strict limits on how much more insurance companies can charge you simply because of your age. (age band)

Previously, insurance companies were allowed to charge people the full amount of the extra cost of their health care as they age. While some states had put limitations on discounts for the cost of insurance for younger people, most states had not.³¹ As a consequence, the age-related component of an insurance premium for an older person could have been six or seven times more expensive (or even more) than for a younger person.³²

Starting January 1, 2014, the new law will limit the age-related variation in insurance premiums for older Americans to no more than three times what younger people pay (a “3-to-1 age band”). In combination with other reforms, such as guaranteed issue and community rating, this reform will deliver benefits to many older Americans.

Restricting age bands too far, on the other hand, which the Administration can do under the new law, will raise costs for everyone. If the age band is further squeezed (e.g., 2-to-1), younger Americans’ premiums would have to increase significantly to subsidize the reduction in premiums for older Americans.³³

* * *

THE AUTHORS

David B. Kendall is Senior Fellow for Health Policy at Third Way and can be reached at dkendall@thirdway.org. Anne Kim is the Director of the Third Way Economic Program and can be reached at akim@thirdway.org. The authors would like to thank Anna Kalbarczyk for her research assistance and editing.

ABOUT THIRD WAY

Third Way is the leading think tank of the moderate wing of the progressive movement. We work with elected officials, candidates, and advocates to develop and advance the next generation of moderate policy ideas.

For more information about Third Way please visit www.thirdway.org.

■ ENDNOTES

1 David B. Kendall, Stephen J. Rose, and Anne Kim, "The Health Care Insecurity Index," Third Way, September 9, 2009: Available at: http://content.thirdway.org/publications/188/Third_Way_Report_-_The_Health_Care_Insecurity_Index.pdf.

2 Anne Kim, Stephen J. Rose and David B. Kendall, Checking Up on Harry and Louise: The Health Care Coverage Experiences of the Middle Class, Third Way, May 2009: Available at: http://content.thirdway.org/publications/159/Third_Way_Report_-_Checking-Up_on_Harry_and_Louise.pdf. See also Arloc Sherman, Matt Broaddus and January Angeles, "Private Health Coverage Unstable for Middle Class," Center for Budget and Policy Priorities, March 18, 2010.

3 John A. Graves and Sharon K. Long, Urban Institute, "Why Do People Lack Health Insurance?" May 2006. Available at: <http://www.urban.org/publications/411317.html>.

4 "Health Care in Massachusetts: Key Indicators," Division of Health Care Finance and Policy, May 2009.

5 Under the Health Insurance Portability and Accountability Act (HIPAA), enacted in 1996, employers cannot impose a pre-existing condition exclusion on anyone they cover as long as that person has continuous coverage. In addition, states must ensure access to coverage for individuals with pre-existing conditions who have lost their job and exhausted COBRA. Individuals who purchase their own coverage, however, do not have federal protections from pre-existing condition exclusions should they change insurance companies. Many states provide such protection, but significant gaps in access to coverage remain.

6 Prior to the new law, pre-existing condition exclusions were necessary because without them, some people might have delayed buying insurance until they needed expensive care. It would have been the same as a homeowner trying to buy insurance on a house while it's burning. Insurers agreed to a ban on the use of pre-existing condition exclusions because under reform, everyone will be required to have coverage before they get sick. Thus, insurers will no longer have to worry about patients waiting to buy insurance after they discover they have a health care problem.

7 Deborah J. Chollet et al., "The Impact of Access Regulation on Health Insurance Market Structure," US Department of Health and Human Services, Oct. 20, 2000. Available at: <http://aspe.hhs.gov/health/Reports/impact/index.html>; See also: "Healthy Access Database: Small Employer Groups," National Association of Health Underwriters. Available at: <http://www.nahu.org/consumer/healthcare/topic.cfm?catID=24>.

8 David B. Kendall and Anne Kim, "An Individual Mandate With More Teeth But Less Bite," Third Way, October 2009. Available at: http://content.thirdway.org/publications/194/Third_Way_Policy_Memo_-_Individual_Mandate_With_More_Teeth_and_Less_Bite.pdf.

9 Prior to the new health care law, employers could give employees an incentive for taking steps to prevent disease by varying cost sharing requirements. The new law will permit employers to give employees a reward of up to 30% of the employee's share of the cost of coverage for participating in a wellness program. For example, see: Kim Krisberg, "Employers Making Room for Health Promotion in Workplace: Incentives, Support Yield Health Results," Nation's Health, American Public Health Association, 37(7), 2007. Available at: <http://www.medscape.com/viewarticle/567706>.

10 "Employer Health Benefits: 2007 Annual Survey," Kaiser Family Foundation & Health Education and Research Trust, 2007. Available at: <http://www.kff.org/insurance/7672/index.cfm>.

11 Kristen Gerencher, "Check How Far Health Insurance Goes," MarketWatch, June 14, 2006. Available at: <http://www.marketwatch.com/story/will-your-lifetime-health-plan-caps-be-high-enough>.

12 See "Terminations of Health Policies by Insurance Companies: State Perspectives and Legislative Solutions: Hearings," Energy and Commerce Subcommittee on Oversight and Investigations, July 27, 2009.

- 13 The new law provides for subsidies for families with incomes up to 400 percent of poverty with no more than 9.5 percent of income going to premiums.
- 14 See previous note.
- 15 "Employer Health Benefits: 2009 Annual Survey," Kaiser Family Foundation & Health Education and Research Trust, 2009. Available at: <http://ehbs.kff.org/pdf/2009/7936.pdf>.
- 16 The intent of the tax credit is to stimulate small businesses to contribute to their employees' coverage, especially among very small businesses with low wage workers. For 2010 through 2013, the tax credit will be worth 35% of the employer's contribution toward employees' coverage. Starting in 2014, it will be worth 50 percent, but it will be limited to two years for any individual business. The full value of the tax credit will be fully available for employers with 10 or fewer employees and average wages of \$25,000 or less. It will phase out for businesses between 10 and 25 employees and average wages between \$25,000 and \$45,000.
- 17 According to the Kaiser 2009 Employer Health Benefits Survey, employees in small, low wage firms pay an average of 46 percent of the cost of family coverage. The average cost of family cover in small firms is \$12,696.
- 18 "Employer Health Benefits: 2009 Annual Survey."
- 19 Steven Woolf et al, "The Economic Argument for Disease Prevention: Distinguishing between Value and Savings," Partnership for Prevention, 2009. Available at: <http://www.prevent.org/images/stories/PolicyPapers/prevention%20cost-effectiveness.pdf>.
- 20 Ibid.
- 21 "U.S. Could Save 100,000 Lives a Year with Five Basic Preventive Services" June 8, 2009. Available at: http://www.prevent.org/images/stories/2009/100k%20lives%20press%20release%20_2_.pdf.
- 22 Steven A. Burd, "How Safeway Is Cutting Health-Care Costs," Wall Street Journal, June 12, 2009: <http://online.wsj.com/article/SB124476804026308603.html>.
- 23 George Halvorson and George Isham, Epidemic of Care: A Call for Safer, Better, and More Accountable Health Care, (San Francisco, CA: Jossey-Basse, 2003), p. 23-25.
- 24 Shannon Brownlee, Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer, (New York, NY: Bloomsbury), p. 117-120.
- 25 U.S. Healthcare Efficiency Index, Emdeon Business Services. Available at: <http://www.ushealthcareindex.com>.
- 26 "Taking the Paper out of Paperwork: How Electronic Administration can Save the U.S. Health System Billions," Center for Health Transformation, 2009. Available at: <http://www.emdeon.com/pdfs/TakingPaperOutofPaperwork.pdf>.
- 27 "The Physicians' Perspective: Medical Practice in 2008," Physicians Foundation, October, 2008. Available at: http://www.physiciansfoundations.org/uploadedFiles/PF_Survey_Report_Nov08.pdf.
- 28 Letter to President Obama from health care industry leaders, June 1, 2009. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/31/stakeholders-to-obama.pdf>.
- 29 These payments will not, however, be strict "capitation" payments because doctors will still have the latitude to incur costs for needed patient care.
- 30 "How is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?: A Comprehensive Review of the Evidence," American College of Physicians, 2008. Available at: http://www.acponline.org/advocacy/where_we_stand/policy/primary_shortage.pdf.
- 31 "Individual Market Rate Restrictions," StateHealthFacts.org, Kaiser Family Foundation, accessed October 6, 2009. Available at: <http://www.statehealthfacts.org/comparetable.jsp?ind=354&cat=7>.
- 32 Ibid.
- 33 "Impact of Changing Age Rating Bands in "America's Healthy Future Act of 2009,"" Oliver Wyman, September 28, 2009.