



**Consumers for  
AFFORDABLE  
Health Care**

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AT 12:00 NOON

*Advocating the right to quality, affordable  
health care for every man, woman, and child.*

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# A CALL TO ACTION ON HEALTH CARE REFORM IN 2009

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## **THE TRANSPARENCY IMPERATIVE**

A CONSUMER'S GUIDE TO PUBLIC POLICIES THAT WILL LOWER  
COSTS AND IMPROVE QUALITY

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Joseph P. Ditré, Esq., Executive Director

Mia Poliquin Pross, Esq., Director of Policy and Operations

Jill M. Conover, Health Policy Advocate

Cherilee Budrick, Communications Coordinator

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And, finally, we'd like to thank the Consumers for Affordable Health Care Foundation Board of Directors, Megan Hannan, Karen Pollitz, David White, Kolawole Bankole, M.D. M.S., Brent Churchill; the Consumers for Affordable Health Care Coalition Board of Directors, Sally Sutton, Roy Gedat, Jenny Rottman, and all of our member businesses and organizations and individual members for their constant support and advocacy for affordable, quality health care and coverage for all Mainers.



**Consumers for  
AFFORDABLE  
Health Care**

*Advocating the right to quality, affordable  
health care for every man, woman, and child.*

## OUR MISSION

Consumers for Affordable Health Care assists individuals and organizations, working together to advance the following goals:

Achieve a system of universal health care providing the full range of care for all Maine citizens, including preventive and primary care, acute and long-term care;

Achieve a system of health care and coverage financed from a broad variety of sources, both public and private, based on the income of businesses and individuals, which provides care

based not on ability to pay but only on the need for health services;

Moderate the rising costs of health care for all Maine citizens, while preserving quality;

Ensure the availability of coverage, which protects the individual's right to freely choose her or his provider and method of care.

Ensure a strong consumer voice in decision making at all levels and in all forums to provide for a consumer-oriented health system in Maine

## HOW WE ACCOMPLISH OUR MISSION

Since 1988, Consumers for Affordable Health Care (CAHC) has been a leader in efforts to expand access to health coverage, to lower costs, and to protect and represent the interests of health care consumers. CAHC engages in a sophisticated and powerful mix of activities to advance strategic health reform. Our staff members advocate, educate, communicate, litigate, and organize for social change.

CAHC operates a unique statewide toll-free HelpLine that takes over 2,000 calls per year. It assists people in need of affordable health coverage to complete MaineCare and other application forms

and helps them navigate our health system. CAHC's Outreach and Education Program travels to all 16 counties throughout the year and provides trainings and workshops on MaineCare and other coverage options and involves interested people in our reform efforts.

Consumers for Affordable Health Care's Coalition has 33 member organizations and small businesses representing the interests of over 200,000 Mainers. Our coalition members help us to extend our values, voice and vision into diverse communities throughout Maine.

## IMPACT OF OUR HEALTH CARE CRISIS

Costs are up. Jobs and wages are down. Even before the recent economic crisis, Maine's working families and small business owners were struggling to balance their checkbooks, making decisions between keeping food on the table, heating their homes, and paying for needed medical care and prescription drugs.

Then came the home mortgage crisis, instability on Wall Street, and the resulting blow to Main Streets across our state and nation as a result of the slowing economy and credit crunch.

Yet in trying times comes the opportunity and -- often the demand -- for solutions that work for the average Mainer and American -- solutions that confront the complex underlying causes of the crisis, which are not always apparent.

We have come to a moment in time in which our economic security and health security have become invariably tied.

In recent years, the expansion of MaineCare, along with the Dirigo Health program, has helped reduce the number of uninsured. Maine now ranks in the top six states in the country for health coverage and ninth in health determinants and outcomes. It is critical that coverage be preserved and expanded, and quality improved.

Yet skyrocketing increases in health insurance premiums, deductibles, and other out-of-pocket expenses have created an affordability issue for many people in our State, leaving nearly 125,000 Mainers still without any coverage at all. Of these, an estimated 86 percent live in working families. And the cost of providing access to health coverage

has become burdensome, if not prohibitive, for many Maine businesses.

The current situation is unsustainable economically, and causing harm to the health of Maine people and our quality of life. Failure to control costs is also undermining other vital social and economic priorities with which health care competes for scarce budget dollars, such as educating our children, investing in research and development, and other areas already squeezed by fiscal constraints.

If we succeed in achieving health care for all Maine people, it will be because we have also tackled cost drivers and spending. We need to be able to connect the money spent in our health care system with the outcomes of medical care so that we can make wise choices and get the very best value for our health care dollars. But right now we have a complex, fragmented system, which often does not provide high quality care and does not offer affordable insurance coverage that is there when we need it.

To fix our health care system, we *must* first know: What are we paying for?

And in order to answer that question, *transparency in our health care system is imperative.*

## TRANSPARENCY: KEY TO SOLUTIONS

### Shopping around for heart bypass surgery?

If you needed to, you might want to know exactly what the costs would be and what your health insurance plan would cover – or not cover. You might wonder what your local and regional hospitals' bypass-operation death rates are, how long you'd likely be in the hospital, and how long recovery might keep you out of work assuming all went well. And, following your recuperation from the physical trauma, you'd prefer to receive in the mail an easily understandable bill detailing your associated health care costs, and making it clear what portion of those costs you are to pay versus which will be covered by your insurance carrier.

You might be surprised, even angered, to discover that when facing a life-and-death procedure, you'd have to go without many of the answers you'd expect – the same answers you can get when purchasing things like a home or a car. For the same reason that you don't buy a car based solely on the color, you shouldn't have to buy medical care based on little or no information about its cost, quality and effectiveness. With a paramount concern such as one's health care, why is it not possible to look under the hood?

Transparency of the costs and quality of health care and insurance coverage is critical for consumers, purchasers, and providers to make more informed decisions about treatment options and, where able, to comparison shop. Having this sort of transparency in our health care system will also enable us to build health care payment models that will allow us to take the dollars we save and use them to increase access to care and improve its quality.

In doing so we must also guard against manipulation of such efforts that would lower quality of care such as excluding necessary medical care, reducing medical coverage benefits, or shifting greater costs onto patients with so-called "consumer driven" high-deductible plans that increase deductibles, co-pays and co-insurances, and exclude some needed services altogether.

We endorse fundamental changes in financial incentives to encourage both improved quality and reduced costs. They really are two sides of the same hard-earned coin that can lead to a high-value health delivery system, which provides the right care at the right time in the right place.

Creating a high-value health delivery system will require "shared responsibility" – responsibility that requires everyone – consumers, providers, employers, insurers, and government – to play a role in controlling costs. Genuine transparency of information collected by all of the above stakeholders will be a key to success. Without cost and quality information, consumers cannot make meaningful decisions about their health, health plan, or health care.

There are many positive uses for health cost and quality information. In addition to consumer use, employers and other purchasers would benefit from better-informed choices in selecting health plans or self-insured options. Hospitals and physicians and other providers would be able to benchmark performance measures and improve decision-making based on the most efficient and effective care options. Health plans could access

more complete information on the performance of hospitals and physicians in their networks. And, government and policymakers would have the information needed to carry out their watchdog and oversight responsibilities to ensure accountability in our health care system.

We are all in this together. If we succeed, we all

win. If we fail, however, we all lose. We call on Maine's health care consumers, our working families and businesses -- as well as other stakeholders -- to join us in this cause. Maine can't afford to fail.

## TRANSPARENCY POLICY PRIORITIES

Our overarching goal is to guarantee access to quality, affordable health care for every Mainer by 2011. Skyrocketing health care costs and the current fiscal situation in the State however, make it essential to first focus on cost containment. To start, we believe that addressing transparency in health care and health coverage is imperative. Transparency will guide the development and implementation of payment reform models that contain costs and capture a portion of the cost savings to expand coverage to the uninsured and

underinsured and further reduce costs to currently insured consumers and purchasers. We believe that a portion of the savings should be used for needed delivery system reforms.

Transparency in cost and quality of both insurance coverage and health care delivery will provide consumers with information to make meaningful choices, help save them money, and provide more information so that we know the best way to reform our health care system.

### *INSURANCE COVERAGE:*

### *COST AND QUALITY TRANSPARENCY GOALS*

People should be able to know exactly what they are paying for their health care services, insurance coverage, and the quality of care they can expect. Consumers and businesses should have the information they need to be able to comparison

shop for insurance plans and health care services. We don't need more choices, we need clear and meaningful choices.

## POLICY INITIATIVE EXAMPLES

- **Require posting of all certificates of coverage on insurance carrier websites as well as Bureau of Insurance website for purposes of comparison.** Impact: Most of us have found out the hard way that not all insurance plans are the same. Often when it comes to health insurance, you don't always get what you pay for. With some plans you may find yourself paying a lot more and getting much less coverage. If detailed descriptions of what different plans cover, called "certificates of coverage," were posted publicly online at the Bureau of Insurance website and made available to the public upon request, then we could finally see in one place which plans offer the coverage we need at the best price.
- **Require insurance carriers to spend at least 85 cents of every premium dollar on actual medical care for each line of business.** Impact: In order to get better value for our hard earned dollar, we want more of our health care premium dollar to be spent on actual medical care. Carriers can achieve this requirement by spending more of our premium dollar on actual medical care or by reducing the amount they spend on non-medical care. How much a carrier spends on actual medical care is a measure of how efficient and effective the carrier is. Public insurance programs typically spend between 95 cents to 98 cents of each dollar in revenues collected on actual medical care. Nationally, private-sector insurance companies report that they spend on average about 87 cents of every dollar. That means that at least 13 cents of every dollar does not go to medical care. In Maine, the share of a premium dollar spent on actual medical care varies. Some carriers spend more, and some spend less. At a time when people are struggling to keep the coverage they have, and employers are struggling to retain good coverage that does not shift more and more costs onto the worker, spending a greater share on actual medical care or reducing the share spent on non-medical care will benefit the consumer. It will help to free up scarce dollars to enhance our health care delivery system and improve its quality.
- **Require posting of comparative information on administrative costs, reserves, profits, lobbying costs, commissions, marketing, for all insurance companies.** Impact: As consumers of health care, we are paying all of the bills for insurance companies. We should know what our money is getting us. In one side-by-side table of all insurers, we should be able to compare how much of our money is being used toward our care, and how much is being used for non-medical care costs such as administrative overhead, broker commissions, profits, marketing and advertising, and other things like lobbying legislators.
- **Increase transparency in insurance company rate requests, require public reporting of their medical and pharmaceutical cost trends, and reform rate review standards.** Impact: Are the annual double-digit rate increases of insurance companies necessary, or rather aimed to increase already excessive profits of some companies? What things do insurance

companies include to calculate their trend when asking for rate increases? Do insurers use profits to offset losses between lines of business? With increased transparency, we will know whether rate hikes are truly necessary and justifiable, and will be empowered to hold them accountable.

- **Tie cost data to rate setting.** Impact: Our insurance premiums should closely reflect the cost of health care services. But, that isn't always the case. If an insurance company raises its rates, we should be able to know why. Greater scrutiny is needed to determine what efforts insurance companies took to keep rates down and what justifies their rates. Rate increases should parallel the growth rate of the actual cost of care. And if rates are raised more than that, consumers – as the end payer of all the bills – have the right to know what their money is paying for.
- **Require standardized benefit packages for small group plans, and improve existing standardization for individual plans.** Impact: We already have a set standard for benefits packages for individuals who buy their own insurance, but there is no set standard for small group insurance plans. It only seems right to help small businesses as we are helping others. If a standard is set in place, then we can more readily determine what is included and what's not included and whether the insurance plan meets minimum standards. It will help us choose our plans more wisely, which, in turn, will help all of

us save money across the health care system.

- **Standardize insurance claim forms and explanation of benefit forms.** Impact: Paperwork required by insurance carriers is among the time-consuming and confusing steps of getting needed health care for you and your family. Sometimes providers spend entire days going through insurance forms. If there were one standardized claim form used by all insurance companies, it would save considerable time and effort for providers, their office staff, and health care consumers, thus saving us all money. One unified claim form requiring the same information flowing from providers to carriers would enable consistent reporting that could help link costs to outcomes. Additionally, a standardized explanation of benefits form would help consumers understand who provided the service(s), when, where, how much was charged, how much of the charge was paid, how much is the consumer's obligation, and why a service was not covered. The form should provide a toll-free number and get a prompt, reliable response when called. These simple changes would enable consumers to be more actively involved in monitoring the costs of their care and coverage.

## HEALTH STORIES OF CONSUMERS IMPACTED BY HEALTH INSURANCE CHALLENGES

Consumers for Affordable Health Care’s HelpLine staff regularly hear heart-wrenching stories from individuals and small businesses who have called our toll-free HelpLine and are affected by inefficiencies and other failures of private health insurance coverage. Below are a few typical examples:

Quality Transparency – A new mother called the HelpLine recently, hoping for help with a medical bill. She and her spouse had very carefully selected an insurance product, anticipating the pregnancy. The insurance company provided her with a summary of the plan before they purchased, but they only received the details after they enrolled in the plan. They were verbally assured that “pregnancy related services” would be covered. What they discovered after the birth was that in the details of the plan, which they had been given only after purchasing the plan, was that the actual birth was not considered a “pregnancy related service.” The actual birth would not be covered. Since they did not qualify for MaineCare, they were stuck with the full bill. There is currently no law that prevents health insurance companies from withholding the details of a plan before it is purchased. *This family that had purchased what they believed to be a “quality” insurance product was left with a bill for \$11,000. If this family had access to the complete details of the plan, they would have read through and purchased a different plan that would have met their needs.*

Cost Transparency – It is typical for the HelpLine to receive calls from people when their insurance company increases rates. One particular caller wanted to know how he could inform himself enough to “vote with his feet.” He had recently

heard in the news that health insurance company CEOs were receiving millions of dollars in bonuses alone, and that the companies themselves were making huge profits. He then received in the mail, a letter from his health insurance company, explaining that his rates would soon increase due to “increased utilization of services” and implying that the company really didn’t want to raise rates but had to because their budget was being affected by this increase in utilization. He wanted to know whether this perceived implication was true, or whether his additional payment would simply be increasing the already substantial profits of the company. *As things currently stand, there is no public information available to him to determine what the company included in its rate increase and whether he was actually paying for company inefficiencies and excessive profits. He wanted to be an informed consumer, and he wanted to spend his hard-earned money wisely, but there was no public information for him to make such determinations.*

## *HEALTH CARE DELIVERY: COST AND QUALITY TRANSPARENCY GOALS*

People should be told how much health care services cost, the quality and effectiveness of those services, and be able to compare the costs and quality of care between providers so they can make the best, most affordable choices for themselves.

We must achieve transparency that supports high-value health care by providing the right care at the right time in the right setting.

### POLICY INITIATIVE EXAMPLES

- **Require reporting of total price for episode of care or for all services related to a certain diagnosis, including doctor services.** Impact: If hospitals and doctors reported publicly the cost of care for an entire episode or for all services related to a particular diagnosis, then health care consumers would be able to see how wisely providers are spending our money when ordering multiple tests and procedures. Consumers would know what to expect for the entire course of care and use only those providers who produce the highest quality for the best price. We'd be able to make better decisions for our families and save money that might otherwise have been spent on ineffective, unnecessary, or duplicative health care.
- **Require expansive price transparency, listing prices and negotiated prices by service, by provider and by payer.** Impact: When we get a bill for health care, we should know what we are paying for—like a phone bill or car repair bill. But often there is just a grand total on the bill with little or no explanation. Our phone bill breaks down exactly what we are paying for: the phone numbers of long distance calls listed, local calling service, and taxes and other fees. Our health care bills should do likewise. With transparency, we would be able to see an itemized list of what our money got us.
- **Require public reporting that tie cost and quality data together in order to improve value purchasing.** Impact: We should be able to know if we are getting our money's worth when it comes to our health care. We are paying the bills; we deserve public reporting of prices of health care services to see if the quality of care lines up with what we are being asked to pay for it. Transparency will enable us to compare how providers perform versus the cost of that care, enabling us to make informed choices around financial incentives to encourage high-value health delivery.

## HEALTH STORIES OF CONSUMERS IMPACTED BY ESCALATING HEALTH DELIVERY COSTS

Consumers for Affordable Health Care HelpLine staff regularly hear from consumers and business owners faced with very difficult choices due to the unaffordable costs of health care. Health care costs also contribute to insurance premiums, deductibles, co-pays and other out-of-pocket expenses.

Too often people who are uninsured or underinsured avoid, delay or forego needed medical care, preventive care or chronic disease management. Doing so can increase the likelihood of emergency care and costly hospitalization. When medical bills cannot be paid, it feeds the cycle of escalating costs to the overall health care system and all consumers. Here are a couple of examples of what consumers are facing:

- Cost Transparency - A gentleman called the HelpLine recently, asking if there was some way to compare the cost of a certain kind of blood work at different hospitals. His wife had recently had this blood work done, and they were charged \$800 for the procedure. Their insurance paid only \$100 of that bill, and they were left with a \$700 bill. That is a huge bill for someone already struggling to pay a monthly premium, and keep up with other costs of living. He felt that \$800 was an incredibly high cost for blood work and wanted some way to see if they were being overcharged and if they should go to a different hospital in the future. Some hospitals are willing to provide consumers with the average price for certain procedures, and some are not. *Since this*

*blood work did not fall under the “20 most common surgical and diagnostic procedures” for which hospitals are required by statute to provide a price list, there was no reliable way for him to get this information and no rational way to “shop around” or determine whether the cost was fair and just.*

- Quality Transparency - A woman called the HelpLine recently, looking for guidance. Her last interaction with a medical provider had been personally offensive to her. She described the care she had received and paid for as ineffective and inappropriate to her needs. She wanted to see some sort of quality measure before making her next appointment. The HelpLine was able to tell her how to file a complaint against a medical professional should she choose to, and how to find out whether a medical professional had received disciplinary or non-disciplinary actions as a result of complaints. That didn't solve the problem for her though. The provider had not performed so poorly as to warrant “an official complaint” – she rather described it was “just a waste of money to go there.” *Unfortunately, there was no way for her to evaluate where her hard-earned money would best be spent and where she could most reasonably expect a certain level of quality for the services that she was purchasing essentially for a second time.*

## MAKING IT HAPPEN: A CALL TO ACTION!

We invite you to join **Maine Voices for Coverage**, a statewide campaign to bring the views and ideas of “every day people” to policymakers to ensure that all Mainers have access to quality, affordable health care that is there when they need it.

Consumers need to play a critical role in shaping health care reform initiatives. It is vital that consumers have a seat at the table alongside insurers, drug companies, hospitals, doctors and other providers, and businesses that currently affect health policy as necessary reforms such as those on transparency and cost-containment move forward. The well-funded and well-organized voices of insurers, hospitals and big business must be balanced by the active participation of consumer advocates, who represent the needs of those using the health insurance system as well as those who are currently shut out of it. Having the participation of health providers, who want to provide high quality, affordable care to their patients is key to our success too.

**Maine Voices for Coverage** is formed around the principles that health care and coverage must be:

- Guaranteed to all.
- Affordable and available for everyone.
- Comprehensive and high-quality to meet people’s needs.
- Simple to use for the consumer and provider.
- Flexible, providing the patient with choice of provider.
- Paid for with shared responsibility from individuals and businesses.
- Transparent and accountable to Maine people.

The following organizations are leading **Maine Voices for Coverage**: Consumers for Affordable Health Care, Maine Equal Justice Partners, Maine People's Resource Center, Maine Center for Economic Policy, American Cancer Society, Maine Council of Churches, and the Maine AFL-CIO.

Transforming our health system will only happen when consumers are engaged and have an organized and coordinated voice. Speaking with a unified and amplified voice will enable consumers to harness their collective power, build momentum and keep health reform high on the political agenda.

Efforts to expand health care access require compromise and consensus among key stakeholders, including providers, government, business and consumers. We need to work *together* to find solutions that benefit *all* Maine people. Efforts without a consumer voice, insight, and actual experience will only continue to develop and promote a system that is business-centered rather than patient-centered. To achieve meaningful reform that will truly benefit Maine people, solutions must be created with the input of those who navigate the health care system.

At the end of the day, we are all consumers and we all ultimately foot the bill for our health care system. We sit at the table to represent different interests, however, whatever is in the best interest of the consumer is in the best interest of us all.



## I AM A “MAINE VOICE FOR COVERAGE”

JOIN US TODAY—WE CAN’T SUCCEED WITHOUT YOU!

We invite individuals, organizations and businesses to join us in our work toward solutions. Please respond to our call for action today by submitting the form below so that we know how you’d like to participate.

✓ Please check all activities you are willing to do to help us win health coverage for all Mainers!

	Write a letter to the editor or Op-Ed (we can help you draft one!)		Make phone calls to Mainers to identify their positions on health care
	Distribute materials at fairs or other gatherings		Attend free trainings to learn more about how to talk about health care clearly
	Share your health care story- we want to hear the hurdles you have encountered with regard to getting health care services or insurance		Share your health care story with legislators or the media to help educate and spread word about this campaign
	Host a neighborhood meeting with your state legislators		Volunteer to participate in public forums (we’ll tell you when they happen)
	Contact your state legislators (we can help you identify your state Rep or Senator)		Assist with data entry and other Maine Voices for Coverage activities
	Recruit other volunteers		Other:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

***Please return to:***

Consumers for Affordable Health Care

P.O. Box 2490, Augusta, ME 04338

Fax: 207-622-7077

For more information, visit: [www.maine cahc.org](http://www.maine cahc.org)

or [www.voicesforcoverage.org](http://www.voicesforcoverage.org).



**Consumers for  
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COALITION**

## CONSUMERS FOR AFFORDABLE HEALTH CARE COALITION MEMBERS

Avalon Group	National MS Society—Maine Chapter	David P. Frasz, MD
Community Concepts, Inc.	New England Hemophilia Association	Deb Klane
Direct Care Alliance, Inc.	New England Regional Council of Carpenters	Denise Brautigam
Disability Rights Center	Penquis	Douglas J. Rooks
Family Planning Association of Maine	Planned Parenthood of Northern New England	Dr. Susan Cook, PA
Kennebec Valley Organization	Roman Catholic Diocese of Portland	Elizabeth Hart, MD
M.A.I.N., Ability Maine	WCAP	Martha J. Morrison
Mabel Wadsworth Women's Health Center	Western Maine Community Action, Inc.	Fred Pease
Maine AFL/CIO	Chase's Home Furnishings, Inc.	Gary & Ann Keilty
Maine Alliance for the Prevention of Substance Abuse	Hummingbird Home Care, Inc.	Georgine Butman
Maine Center for Economic Policy	Law Office of Alice E. Knapp	Janet S. Houghton
Maine Council of Churches	The Pond	John Beauchamp
Maine Council of Senior Citizens	Anne C. Patenaude	John Henderson
Maine Equal Justice Partners, Inc.	Becky Martins	John S. O'Brien
Maine PASA	Brian Atchinson	Lars Rydell
Maine People's Alliance	Clifford Ginn	Lisa Littlejohn
MSEA—SEIU Local 1989	David & Barbara Weiss	Mark Battista
Maine Women's Lobby	David M. Johnson, D.O.	Mary Ann Larson
National Alliance for the Mentally Ill		Rosemary Fecteau
National Association of Social Workers—ME Chapter		Roy Gedat
		Sally Sutton

## RESOURCES ON THE WEB

Consumers for Affordable Health Care: <http://www.maine cahc.org>

Bureau of Insurance, State of Maine: <http://www.maine.gov/pfr/insurance/>

Governor's Office of Health Policy and Finance  
[http://www.maine.gov/governor/baldacci/cabinet/health\\_policy.html](http://www.maine.gov/governor/baldacci/cabinet/health_policy.html)

Maine Quality Forum: <http://www.mainequalityforum.gov/>

Dirigo Choice: [http://www.dirigohealth.maine.gov/Pages/dirigo\\_choice.html](http://www.dirigohealth.maine.gov/Pages/dirigo_choice.html)

Maine Health Data Organization: <http://mhdo.maine.gov/>

Community Catalyst: Building Consumer and Community Participation in Shaping our  
Health System  
<http://www.communitycatalyst.org>

Robert Wood Johnson Foundation: <http://www.rwjf.org>

Cost Containment and Coverage Expansion - RWJF  
<http://www.rwjf.org/pr/product.jsp?id=36371>

Accounting for the Cost of U.S. Health Care: A New Look at Why Americans Spend  
More –  
McKinsey Global Institute  
[http://www.mckinsey.it/idee/mckinsey\\_global\\_institute/accounting-for-the-cost-of-us-health-care-a-new-look-at-why-americans-spend-more.view](http://www.mckinsey.it/idee/mckinsey_global_institute/accounting-for-the-cost-of-us-health-care-a-new-look-at-why-americans-spend-more.view)

The Henry J. Kaiser Family Foundation: <http://www.kff.org/>

Health Care Costs: A Primer – Kaiser Family Foundation  
<http://www.kff.org/insurance/7670.cfm>

## MORE RESOURCES ON THE WEB

Snapshots: Health Care Costs - Kaiser Family Foundation

<http://www.kff.org/insurance/snapshot/index.cfm>

The Commonwealth Fund: <http://www.commonwealthfund.org>

Organizing the U.S. Health Care Delivery System for High Performance

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=698139](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=698139)

Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=692682](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=692682)

*Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, The Commonwealth Fund: [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=620087](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=620087)

Families USA: <http://www.familiesusa.org>

Premiums Versus Paychecks: A Growing Burden for Maine Workers – Families USA

<http://www.familiesusa.org/assets/pdfs/premiums-vs-paychecks-2008/maine.pdf>

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**Consumers for  
AFFORDABLE  
Health Care**

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*Advocating the right to quality, affordable  
health care for every man, woman, and child.*

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