

John P. Garven, CLU, RHU

2004-2005 State Leg Chair

Illinois State Assoc. of Health Underwriters

***“Reframing the Debate...
Identifying the Truly Uninsured...
The Healthcare Matrix ”***

2005 DAHU Expo

April 5, 2005

Drury Lane Theater, Oakbrook Terrace, Illinois

What are we being told?

- Inaccurate information!
Enter the “Spin Zone”
- Over-simplified ‘solutions’!
- Political agenda?
- Use of high drama and anecdotes in lieu of facts



Recent Media Headlines

“State Health Care System Unraveling...
Patients in Peril...”

(front page, San Francisco Chronicle)

“Greed-Rotted Health Care System
Continues to Crumble”

(Molly Ivins, Nationally Syndicated Columnist)

“Health Care Costs’ Sickening Surge”

(Business Week Online)

More Recent Media Headlines

“Woman gets half her skull back - Wrangling over insurance had left her in limbo

(Alexandria Sage, The Associated Press, May 14, 2004)

SPIN - “Sonya Schwartz, a health policy analyst for Families USA, said insurance horror stories happen every day. But ‘this particular story is outlandish’.”

TRUTH – When one reads past the headline, buried later in the article is the revelation that the payer was the Utah state Medicaid program, NOT private insurance.

Hollywood's Healthcare System

Hollywood WANTS government-run healthcare, and is not too subtly promoting this agenda:

Recent examples:

John Q – 2002 release that decries the “evils” of the private health insurance system in America, and finishes with HRC (Hillary) speaking about the promise of universal (government-run) healthcare.

Sicko – Another Michael Moore “Mockumentary” coming soon to a theater near you.

Who are the uninsured?

- Indigent and working poor (under 200% FPL)
- Citizens who are ineligible for public programs, including workers who decline group health coverage offered to them at work
- People who can afford insurance but simply choose not to buy: **Self-Insurers**
- Persons temporarily without insurance, including those between jobs who do not elect COBRA or state continuation past the coverage continuation election period
- Undocumented immigrants
- Persons with religious (i.e., Amish) or holistic beliefs

Indigent and working poor (under 200% FPL)

2005 HHS Federal Poverty Level Guidelines

<u>Size of family unit</u>	<u>100% FPL</u>	<u>200% FPL</u>
1	\$9,570	\$19,140
2	\$12,830	\$25,660
3	\$16,090	\$32,180
4	\$19,350	\$38,700
5	\$22,610	\$45,220
6	\$25,870	\$51,740
7	\$29,130	\$58,260
8	\$32,390	\$64,780
For each additional person add	\$3,260	\$6,520

Source: U. S. Department of Health and Human Services, 2005

Indigent and working poor (under 200% FPL) - continued

About 1/3 of the uninsured (**15 million**) are reachable through public programs, such as Medicaid and the SCHIP program for children.

- According to the Congressional Budget Office, “eligible low-income people can apply for Medicaid when they require care, for example, and receive retroactive coverage for their expenses. For that reason, some policymakers believe such people should be viewed as insured.”
- The Census Bureau acknowledges that the 2004 CPS survey “underreports Medicare and Medicaid coverage compared with enrollment and participation data from the Centers for Medicare and Medicaid Services (CMS)”.

Sources: Congressional Budget Office <http://www.cbo.gov/showdoc.cfm?index=4210&sequence=1>
2004 Census Current Population Study (CPS) and Blue Cross Blue Shield Association

Indigent and working poor (under 200% FPL) - continued

“...The concept of insurance and its implications for access to health care are ambiguous in some respects. Some people who report being uninsured may be eligible for some type of government coverage but are not enrolled...”

Source: “How Many People Lack Health Insurance and For How Long?” (CBO Paper, May 2003)

Indigent and working poor (under 200% FPL) - continued

“...Others view such people as uninsured, because they do not use Medicaid for their routine medical care (perhaps because they are unaware that they are eligible).”

Source: “How Many People Lack Health Insurance and For How Long?” (CBO Paper, May 2003)

Emergency Medical Treatment and Active Labor Act (EMTALA)

“Community centers are obligated to provide care regardless of patients’ ability to pay...and...The federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to treat and stabilize patients in an emergency.”

Source: California HealthCare Foundation

Citizens ineligible for public programs

- 21.9 million uninsured earn less than \$50,000 annually, but are not eligible for government assistance.
- Of these 21.9 million...
 - 87% are in working families;
 - 47% work for small firms, or are their dependents;
 - 51% make less than \$10 per hour;
 - More than ½ are in minority groups
- This population segment goes without insurance for various reasons...
 - As many as 25% (5.5 million) are between jobs or are recent college graduates, can actually afford insurance, but choose to go without.
 - Others are unemployed or don't make enough to afford insurance without the benefit of an employer subsidy.
 - According to the Congressional Budget Office, 25 percent of the uninsured in working families (4.7 million) have insurance available to them through work, but they decline such coverage.

Sources: 2004 Census Current Population Study (CPS) and Blue Cross Blue Shield Association
Congressional Budget Office. "How Many People Lack Health Insurance and For How Long?" May 2003.
<http://www.cbo.gov/showdoc.cfm?index=4210>

Self-insurers making more than \$50k/yr.

- 1/5 (**9.3 million**) earn \$50,000 or more and may be able to afford coverage.
- More than ½ of this group (**4.8 million**) earn \$75,000 or more.
- Of those earning more than \$50,000...
 - 40% are young adults under the age of 35
 - 13% are self-employed
 - 48% are workers or dependents in small firms

Source: 2004 Census Current Population Study (CPS) and Blue Cross Blue Shield Association

Self-insurers' healthcare...

- 88% report being in good, very good or excellent health

During 2003...

- 90% of health bills incurred were paid in full or paid in installments
- 89% were satisfied with the care they received
- 75% spent less than \$300 on medical services
- 42% used no medical services
- 8% used medical services but were not charged

Being uninsured for most is a temporary situation

Just as many people spend some time during their lives as unemployed, many people go without health insurance for a short period.

- Approximately 45 percent of uninsured Americans go without coverage for 4 months or less.
- Seventy-one percent of Americans obtain health insurance coverage within 12 months of being uninsured.
- 84 percent have health insurance coverage within 24 months.
- Only 16 percent (9 million) of the uninsured population goes without coverage for more than 24 months.

- Source: Congressional Budget Office. "How Many People Lack Health Insurance and For How Long?" May 2003.
<http://www.cbo.gov/showdoc.cfm?index=4210>

How Many Uninsured in the U.S.?

45,000,000

“Uninsured” (Aug., 2004 Census Bureau report)

- 15,000,000

“Public Program-Insured” (But not signed-up)

- 9,300,000

“Self-Insurers” making > \$50k/yr.

- 5,500,000

Temporarily uninsured (But can reasonably afford insurance)

- 1,200,000

Decline to insure for noneconomic reasons

= 14,000,000

Chronically Uninsured Americans

Sources: National Institute for Health Care Management for Robert Wood Johnson sponsored project.
U.S. Census Bureau, 2002; BCBSA analysis

Current federal healthcare initiatives

- Federal government spends upwards of \$99 billion per year to provide care for the uninsured
- Federal law mandates that providers treat all individuals that enter hospital emergency rooms, regardless of health insurance status
- The federal Medicare program provides comprehensive health coverage to all Americans over the age of 65
- Medicaid is a state-federal partnership program that provides a safety net of coverage to low-income pregnant women, children, teenagers, senior citizens, and blind and disabled individuals.
- The State Children's Health Insurance Program (SCHIP – KidCare in Illinois) provides federal and state funding to extend health coverage to pregnant women and children up to age eighteen with family incomes of up to 185% FPL.
- The new federal Health Care Tax Credit Program is available to provide direct private health insurance purchasing assistance to hundreds of thousands of displaced U.S. workers.

Bush Administration FY06 budget proposal for healthcare

- **\$129.825 billion** proposed in health spending FY 2006:
 - \$74 billion over 10 years for health-insurance tax credits for low-income individuals and families designed to help 15 million families purchase affordable health insurance.
 - \$4 billion in grants to States to establish health insurance purchasing pools, through which people who qualify for the tax credit and others may obtain coverage.
 - \$28.5 billion over 10 years for tax deductions for premiums for high deductible insurance, designed to help six million Americans save for their health care costs in tax-free health savings accounts (HSAs).
 - \$19.2 billion over 10 years for tax rebates for small businesses that contribute to their employees' health savings accounts as an incentive to small business to offer health benefits.

More on the Bush Administration FY06 budget proposal for healthcare

- \$2.0 billion for Health Centers in medically underserved areas, to create or expand 1,200 center sites by 2006 and work toward establishing a health center in every high-poverty county that can support one.
- \$1 billion in grants over two years for Cover the Kids, a new campaign to enroll millions more low-income children in Medicaid and SCHIP.
- \$125 million for Health Information Technology to help achieve the President's goal that most Americans have electronic health records by 2014.
- The lion's share of the Administration's health expenditure proposal (\$121.7 billion) is comprised of three things:
 - Refundable tax credits for purchasing health insurance (\$74 billion),
 - An above-the-line deduction for the purchase of high deductible health insurance (\$28.5 billion), and
 - Tax rebates for small business that contribute to their employees' HSAs (\$19.2 billion).

By the way, HSAs are WORKING...

- More than 40 percent of singles and 53 percent of families who purchased an HSA plan from e-HealthInsurance in 2004 had household incomes of \$50,000 or less. Clearly, it is not just high earners who are applying for HSA plans.
- Nationally, 43 percent of applicants lacked health coverage at the time they applied. HSA plans appear to be bringing more people into insurance than many other traditional health insurance products.
- HSA plans support preventive care, too, even though opponents of HSA plans claim that the short-term gains will be more than offset by a longer-term cost.
- It is clear that delaying preventive care visits may worsen certain health problems, making medical care more complex and expensive later. There is no evidence that HSA subscribers delay visits. Again, the data are compelling: People enrolled in medical savings accounts - the predecessor to HSAs - had 31 percent higher use of preventive care office visits. Involving people in their care decisions seems to inspire greater use of preventive care, not less.

One carrier's recent experience with HSAs

Washington, DC, Mar. 31 (UPI) -- Aetna head Jack Rowe told the Smith Barney CitiGroup conference and later a Lehman Brothers event the healthcare marketplace was stable -- but still packed a few surprises.

Rowe said health savings accounts are turning out to be far more successful than first envisioned, with strong interest among small employers and individuals, and a growing interest among large companies that got into the game late because of the timing of industry HSA guidances.

About **33 percent** of people signing up for HSAs in 2004 did not have prior health insurance -- encompassing both individuals and those whose employers did not offer the benefit.

"If this persists, this will identify HSAs as one of approaches to helping the problem of the uninsured," he told the Smith Barney audience. "It's turning out to be a mechanism that many of us did not fully appreciate."

Illinois healthcare initiatives

- The state health risk pool, the Illinois Comprehensive Health Insurance Plan (ICHIP), offers health insurance coverage to uninsurable citizens, as well as to individuals who lose their COBRA coverage (HIPAA group-to-individual portability).
- FamilyCare expands on Illinois KidCare, and offers health care coverage to parents living with their children 18 years old or younger.
- Examples of other Illinois healthcare initiatives:
 - Illinois All Our Kids—Birth to Age Three Network - Ensures that all children under the age of three years and their families have the opportunity to receive the services they need, from prenatal care to well-baby checkups to parenting education to specialized services, such as speech therapy, physical therapy or home visits.
 - Illinois AIDS Drug Assistance Program, which provides prescription drugs to nearly 3,000 clients each month.
 - Illinois Breast and Cervical Cancer Program offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women.
- County and city health departments, as well as private organizations like the Red Cross provide outreach and care to countless residents in their areas on a regular basis.

Major public programs in Illinois

Illinois Comprehensive Health Insurance Plan (CHIP) 217-782-6333, TTD 217-782-6410 www.chip.state.il.us	Department of Public Aid of Illinois 217-782-2570, TTD 800-526-5812 www.dpailinois.com
Illinois Department of Human Services 217-557-1601, 800-843-6154 TTD 800-447-6404 www.dhs.state.il.us	Illinois KidCare - 1-866-468-7543 www.kidcareillinois.com
Illinois FamilyCare Program 866-4-OUR-KIDS TTD 877-204-1012 www.familycareillinois.com	Senior Health Insurance Program of Illinois 800-548-9034, TTD 217-524-4872 http://www.ins.state.il.us/Ship/ship_help.asp
Illinois SeniorCare 800-226-0768 www.seniorcareillinois.com	Circuit Breaker and Pharmaceutical Assistance www.cbrx.il.gov Senior helpline 800-252-8966
Health Benefits for Workers with Disabilities 800-226-0768 (TTY 1-866-675-8440) http://www.hbwdillinois.com/	I

Other public programs in Illinois

Illinois - Chicago MCH Block Grant 217-785-5900 www.dhs.state.il.us/chp/ofh/MIH/ChiMCH.asp	Illinois Doula Project 217-782-6495 www.dhs.state.il.us/chp/ofh/MIH/Doula.asp
Illinois Family Planning Program 217-782-4527 www.dhs.state.il.us/chp/ofh/MIH/FamPlan.asp	HealthWorks of Illinois 217-557-3105 www.dhs.state.il.us/chp/ofh/MIH/HealthWorks.asp
Illinois - Chicago Healthy Start Initiative 312-793-4651 www.dhs.state.il.us/chp/ofh/MIH/HealthyStart.asp	Illinois High Risk Infant Follow-up 217-785-4526 www.dhs.state.il.us/chp/ofh/MIH/Highriskinf.asp
Illinois Perinatal Care Program 217-785-5900 www.dhs.state.il.us/chp/ofh/MIH/Perinatal.asp	Illinois All Our Kids (AOK) Birth to Three Network 217-524-8612 www.dhs.state.il.us/chp/ofh/SPU/AOK.asp
Illinois Universal Newborn Hearing Screening Program 800-843-6154 www.dhs.state.il.us/chp/ofh/SPU/Newbornhear.asp	Illinois Healthy Women 800-226-0768 www.illinoishealthywomen.com
Illinois Breast and Cervical Cancer Program 888- 522-1282 www.idph.state.il.us/about/womenshealth/owhbccp.htm	Illinois AIDS Drug Assistance Program 217-782-4977 www.idph.state.il.us/health/aids/adap.htm
Illinois Mental Health Services 800-843-6154 www.dhs.state.il.us/mhdd/mh/	Illinois Asthma Initiative Partnership 217-782-3300 www.dhs.state.il.us/chp/ofh/CHN/A

HB 2268 – Health Care Justice Act

- Signed into law by Governor Blagojevich on August 20th of 2004. Public Act 93-0973 calls for the following:
 - provides that it is a policy goal of the State to ensure that all residents have access to quality health care at costs that are affordable;
 - provides that the State is strongly encouraged to implement a health care access plan of some kind;
 - provides for the formation of an Adequate Health Care Task Force to seek public input on the development of the State's health care access plan;
 - requires a final report by March 15, 2006; and
 - provides that by no later than December 31, 2006, the General Assembly is “strongly encouraged” to vote on legislation that either enacts the Task Force's recommendations or provides for another health care access plan of some kind.

HB 2268 – Health Care Justice Act

- After starting out during the 2003 spring legislative session as clearly an effort by some interest groups to implement government-run healthcare in our state, the best way now to characterize the HCJA is it is a study that has been commissioned by the General Assembly.
- Structure of the Adequate Health Care Task Force - Each of the 4 legislative leaders shall appoint 6 of the task force members, and the Governor shall appoint 5 of its members (total of 29).
- Further, the Directors of the Departments of Public Health, Aging, Public Aid, and Insurance, and the Secretary of Human Services or their designees shall represent their respective departments and shall be invited to attend Task Force meetings, but shall not be members of it.

Appointments to the Adequate Health Care Task Force

- **Governor Blagojevich (3 of 5 so far):**
 - Jim Duffett, Campaign for Better Health Care, Urbana
 - Jan Daker, United Congregations of Metro-East, Belleville
 - Tim Carrigan, staff nurse at University of Illinois Medical Center, Chicago
- **Senate Pres. Emil Jones:**
 - Sen. Donne Trotter, Chicago;
 - Sen. Iris Martinez, Chicago;
 - Margaret Davis, Health Care Consortium of Illinois, Chicago;
 - Colleen Kennedy, St. Francis Blue Island Hospital, Blue Island;
 - Dr. Quentin Young, Health and Medicine Research Group and Physicians for a National Health Program, Chicago; and
 - Robyn Gabel, Illinois Maternal and Child Health Coalition, Chicago.
- **Senate Minority Leader Frank Watson:**
 - Gregory S. Smith, Group Marketing Services Inc., Lincoln;
 - Catherine Bresler, Morton Grove;
 - James M. Moore, OSG Healthcare System, Peoria;
 - Pamela D. Mitroff, Wheaton;
 - Kenneth Smithmier, Decatur Memorial Hospital; and
 - Wayne Lerner, Rehabilitation Institute of Chicago
- **House Speaker Michael Madigan (3 of 6 so far):**
 - Dr. Arthur G. Jones, Lawndale Christian Health Center; Chicago; Dr. Anthony Barbato, River Forest; and
 - Dr. Joseph Orthoefer, Rockford
- **House Minority Leader Tom Cross:**
 - Ken Robbins, Illinois Hospital Association, Naperville;
 - Joe Roberts, insurance representative/agent, Sandwich;
 - Mike Murphy, Unicare, Springfield;
 - Representative Elizabeth Coulson, Glenview;
 - Andrew Melczer, Illinois State Medical Society, Chicago; and
 - Dr. Craig Bakes, Illinois State Medical Society

HB 2268 – Health Care Justice Act

- Public hearings will be held in each of the 19 congressional districts between now and November 30, 2005.
- A web-page will be created to inform the public concerning the progress of the task force and its meetings.
- An independent research firm will be retained, subject to appropriation or the availability of funds, to assess the different options and models being debated.
- The Task Force's final report (by March 15, 2006) - will recommend a set of recommendations that:
 - ensures access to a range of preventive, acute and long-term health care services;
 - maintains and improves the quality of health care services;
 - provides portability of coverage, regardless of employment;
 - provides core benefits for all Illinois residents;
 - contains cost containment measures and has a cost analysis for the plan; and
 - promotes affordable coverage options for small businesses.

What about health insurance
affordability?

What is “affordable?”

Sample Monthly Premiums

(Basic PPO \$1,000 deductible, 80/60 coinsurance)

	<u>Per Month</u>
Single male age 29	\$90
Single female age 39 & 1 child	\$215
Couple age 44 & 2 children	\$476
Couple age 59	\$574

Oakbrook Terrace, IL 60181, DuPage County, IL

Assumed effective date – April 28, 2005

Carrier's rates quoted – Blue Cross Blue Shield of Illinois

What is “affordable?”

Sample Monthly Premiums

(HSA-compatible PPO \$2,250 self-only deductible,
\$4,500 family deductible, 100/80 coinsurance)

	<u>Per month</u>
Single male age 29	\$84
Single female age 39 & 1 child	\$204
Couple age 44 & 2 children	\$455
Couple age 59	\$536

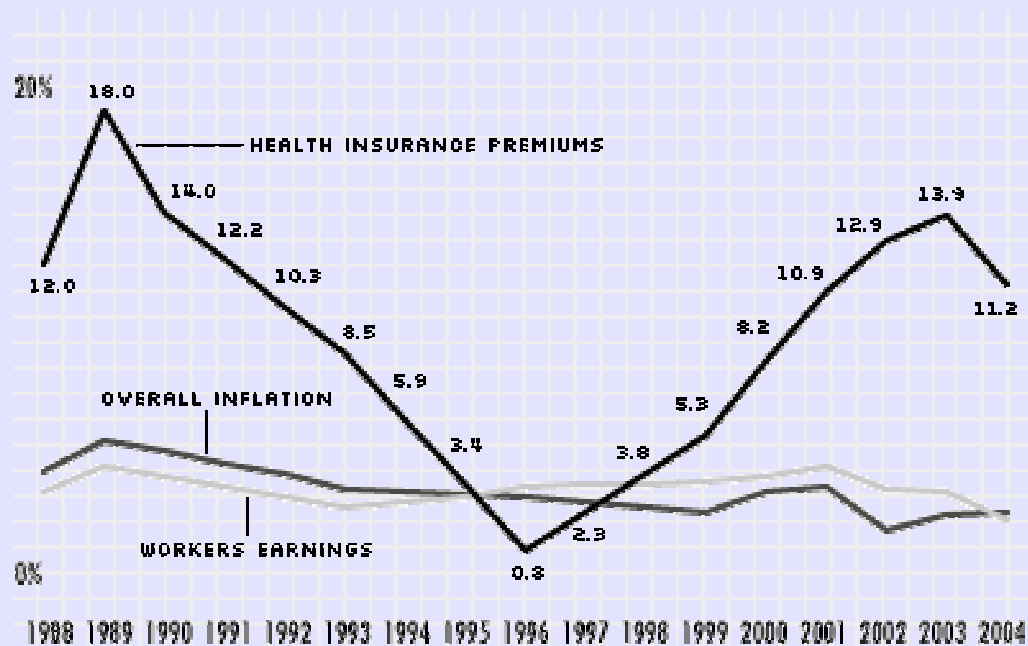
Oakbrook Terrace, IL 60181, DuPage County, IL

Assumed effective date – April 28, 2005

Carrier's rates quoted – Blue Cross Blue Shield of Illinois

We REALLY HAVE to do something, as an industry, about affordability!

Annual Growth Rates for Health Insurance Premiums, Workers Earnings, and Overall Inflation, 1988-2004



Source: Kaiser Family Foundation/Health Research and Educational Trust

*“To Buy or Not to Buy:
A Profile of California’s
Non-Poor Uninsured”*

By The California Healthcare Foundation and The Field Research Corporation

Who are they?

First...

- They have a household income of at least 200% of the FPL and represent 40% of the uninsured.
- 90% are U.S. citizens
- 85% are workers or worker family members
- 69% are single and 62% are below age 40

Insurance...

- 78% have previously had health insurance
- 10% are eligible for employer based health insurance and decline

Source: California HealthCare Foundation

Income and Spending

- 40% have a household income above \$40,000 a year
- 17% earn \$50,000-\$74,999 per year or more
- 10% earn \$75,000 per year or more
- 40% own a home
- 56% own a personal computer
- 90% have purchased auto insurance, 46% homeowners'/renters' and 37% life

Source: California HealthCare Foundation

Questions To Help Someone Find Health Coverage

- Are you a part of a special population? (American Indians, refugees etc.)
- Do you and your dependents living in the household have an income below 300% of the Federal Poverty Level?
- Are you a single adult with less than \$2,000 in assets, not counting a home or car, and unable to qualify for Medicaid?
- Do you need family planning or reproductive care?
- Are either you or your spouse a veteran?
- Have you recently been covered by group health insurance or COBRA?
- Have you ever been denied health insurance due to a pre-existing health condition?

More Questions To Help Someone Find Health Coverage

- Is someone in your household self-employed or do you own a business?
- Are you pregnant or do you have an infant?
- Do you have breast or cervical cancer, AIDS, hyperalimentation, MS, kidney dialysis, or TB?
- Are you disabled?
- Do you have a health condition as a result of being a crime victim?
- Are you in need of emergency care?

A “yes” answer to any of these questions may indicate eligibility for certain public and private health insurance programs.

What else can we do to fix the problem of the uninsured?

NAHU's "prescription":

- Refundable, advanceable federal income-tax credits to be used for the purchase of private health insurance coverage, either in the private individual or employer-based health insurance markets.
- Health Savings Accounts, which combine low-cost high-deductible health plans with tax-exempt savings accounts to pay for routine medical care, and can help make health insurance a more affordable option for small business owners, the self-employed and low-income individuals.
- Measures designed to make private state health insurance markets more competitive and vibrant, such as high-risk health insurance pools, the use of medical underwriting in the individual and small-group health insurance markets, and reductions in the number of mandated benefit laws, since competition in any marketplace helps to reduce cost and improve consumer choice.

More on NAHU's "prescription"

- Encourage use of state income tax incentives to help low-income individuals purchase private health insurance coverage.
- Measures to encourage private health insurance options targeted to people with incomes below 200 percent of the federal poverty level (FPL), such as the federal Health Insurance Flexibility and Accountability waiver program. Under this program, states are encouraged to think creatively about how Medicaid and State Children's Health Insurance Program (SCHIP) funding can be used to maintain and encourage coverage in the group health plan market.
- Increased public education about the availability of the myriad of already existing federal, state and local healthcare access and affordability programs, and the official use of health insurance producers to promote participation in existing public healthcare programs, in order to increase the effectiveness of outreach efforts.

Illinois Health Care Options Matrix

As an education outreach to the public at large, ISAHU has developed a consumer-oriented brochure that it calls the “Illinois Health Care Options Matrix”. This brochure may be viewed at

http://www.isahu.com/Illinois_Health_Care_Options_Matrix.pdf.

The purpose of the Matrix brochure is to educate, inform, and hopefully enlighten the public about our current health care financing system and provide a fairly easy-to-grasp overview as to how the numerous public/private programs relate to each other.

Producers are encouraged to make use of these brochures with their clients, friends, neighbors, legislators, community leaders, anyone whom they have influence with. All the local Health Underwriters chapters in Illinois have received a supply of these brochures for their members.

We need to “Reframe the Debate”

- Communicate with clients and colleagues about the value of the private health insurance market within our country’s current public/private healthcare financing system.
- Recommend innovative ways to improve access and affordability (a la some of the elements of NAHU’s prescription).
- Send letters or emails to local and state officials, meet with them in their district offices when the legislature is not in session
- Email feedback to news reporters who tend to sensationalize their healthcare coverage and provide them with well-substantiated facts!

Now is the time to . . .

- Increase participation in both Public/Private insurance
- Use tax policy to create new incentives
- Continue role of high risk pools and incorporate this mechanism into the mainstream
- Encourage product innovation (HSAs, CDHPs, etc.)
- Address cost drivers to increase affordability and improve quality

Universal Healthcare Advocates

Be sure to get to know both sides of the debate concerning the uninsured, access, and affordability...

- General National Coalition on Health Care www.nchc.org
- Families USA www.familiesusa.org
- Public Citizen www.citizen.org
- Universal Health Care Action Network www.uhcan.org
- Everybody In Nobody Out www.everybodyinnobodyout.org and www.righttohealthcare.org
- Illinois organizations:
 - Campaign for Better Healthcare www.cbhconline.org
 - Citizen Action Illinois www.citizenaction-il.org

Recommended Websites

- Cover the Uninsured Week
<http://covertheuninsuredweek.org/>
- Foundation for Health Coverage Education
<http://www.coverageforall.org/>
- Economic Research Initiative on the Uninsured
<http://www.umich.edu/~eriu/>
- Kaiser Commission on Medicaid and the Uninsured
<http://www.kff.org/about/kcmu.cfm>
- Covering Kids and Families
<http://coveringkidsandfamilies.org/>
- Kaiser Foundation State Health Facts
<http://www.statehealthfacts.org/>
- Health Policy Fact Checkers
<http://www.factcheckers.org/>