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IN CONTRAST TO BUSH'S GIMMICK, KENNEDY PUTS FORTH REAL HEALTH CARE REFORM

"MEDICARE FOR ALL" WILL SAVE BILLIONS AND GIVE ALL AMERICANS THE CARE THEY NEED

Washington, DC: Today, as President Bush focuses on health care in his State of the Union address after ignoring it for five years, Senator Kennedy will put forward real health care reform that would give quality affordable health care for all Americans. America's health care system is the most economically inefficient in the industrial world. Kennedy's plan would fix our fractured system of care, by extending Medicare to all Americans, from birth to the end of life, while allowing any American who wishes to stay in their current employer-sponsored plan to do so. Under Kennedy's bill, employers can tailor their health plans to provide additional services to their employees that wrap around Medicare coverage.

Tonight, as he attempted to do last year with his Social Security privatization fiasco, President Bush will try to make the American people believe that the solution to rising health costs is to shift more and more of those costs to ordinary Americans, or to deny care to those in need. Kennedy believes that's the wrong prescription for health care.

"America's failure to guarantee the basic right to health care for all its citizens was one of the great public policy failures of the 20th century, and we must not allow that failure to continue in this new century," Senator Kennedy said. "Like his Social Security privatization fiasco, President Bush's health savings accounts are a gimmick that will only make a bad situation worse. Our goal should be an America where no citizen of any age fears the cost of health care, and no employer stops creating jobs because of the high cost of providing health insurance."

Below is a fact sheet on Senator Kennedy's plan, as well as remarks upon introducing the legislation:

**MEDICARE FOR ALL:
QUALITY, AFFORDABLE, HEALTH CARE
FOR ALL AMERICANS**

America faces a health care crisis. Too many Americans are uninsured, and the number of the uninsured is increasing at an accelerating rate. No American family is more than one pink slip or one employer decision to drop coverage away from being uninsured. Health care costs are too high and are rising at double-digit rates. Our dysfunctional health care financing system makes it harder for American businesses to compete in the global economy, creates incentives to outsource jobs abroad, has slowed job growth even as the economy recovers, and has been an especially heavy burden on manufacturing.

America's failure to assure the basic human right to health care to all its citizens was one of the great public policy failures of the 20th century. Recent data emphasizes the urgency of redressing this failure. Forty-six million Americans are uninsured, and the most recent Census Bureau figures show that the number of uninsured increased by nearly one million Americans in 2005 alone.[i] <#_edn1>

Even these figures understate the problem. Over a two year period, 82 million Americans—one out of every three non-elderly Americans--will be uninsured for a significant period of time.[ii] <#_edn2>

After a brief period of stability in the mid-90s, health care costs are rising at unacceptable rates far in excess of inflation. Health insurance premiums have risen at double-digit rates since 2000, and have increased a whopping 73% in the last five years.[iii] <#_edn3> Health care spending reached 16% of GDP, the highest level in our nation's history.[iv] <#_edn4>

The high level of American health care costs combined with a financing system that places the burden of paying for coverage on employers who voluntarily choose to offer health insurance puts American firms at a competitive disadvantage. As a proportion of GDP spent on health care, America is first in the world by a large margin. By that standard, we spend 49% more than the Swiss, the next highest spending country, 88% more than the Germans, 150% more than the British, and 160% more than the Japanese, according to the latest data from the OECD.[v] <#_edn5> Our extraordinary level of health spending, however, is not reflected in better health outcomes. Among the world's leading industrialized countries, the United States ranks 22nd in average life expectancy and 25th in infant mortality.[vi] <#_edn6>

Not only are our health care costs much higher than our trading competitors, but our system forces employers to finance a much higher proportion of costs than firms abroad, because foreign systems rely much more on broad-based public financing.[vii] <#_edn7> The heavy burden the health care financing system adds to labor costs in the United States also acts as a drain on hiring and provides an additional incentive for outsourcing jobs abroad.

The Burden of Being Uninsured:

- In any given year, 1/3 of the uninsured go without needed medical care.[viii] <#_edn8>
- Eight million uninsured Americans fail to take medication their doctors prescribe--because they cannot afford to fill the prescription.[ix] <#_edn9>
- Two hundred and seventy thousand children suffering from asthma never see a doctor. Three hundred and fifty thousand children with recurrent earaches never see a doctor. More than three hundred and fifty thousand children with severe sore throats never see a doctor.[x] <#_edn10>
- 27,000 uninsured women are diagnosed with breast cancer each year. They are twice as likely as insured women not to receive medical treatment until their cancer has already spread in their bodies. As a result, they are 50% more likely to die of the disease.[xi] <#_edn11>
- 32,000 Americans with heart disease go without life-saving and life-enhancing bypass surgery or angioplasty – because they are uninsured.[xii] <#_edn12>
- Whether the disease is AIDS or mental illness or cancer or heart disease or diabetes, the uninsured are left out and left behind. In hospital and out, young or old, black or white, they receive less care, suffer more, and are 25% more likely to die than those who are insured.[xiii] <#_edn13>

- Medical costs account for about half of all bankruptcies, affecting over 2 million people annually.[xiv] <#_edn14> More than 9 million families spend more than 1/5 of their total income on medical costs.[xv] <#_edn15>

Characteristics of the Uninsured:

- 81% of those without insurance are employees or family members of employees. Of these uninsured workers, most are members of families with at least one person working full-time.[xvi] <#_edn16>
- The uninsured are predominantly low and moderate income persons who cannot afford to buy coverage in the individual market. Approximately two thirds have incomes below 200% of poverty.[xvii] <#_edn17>
- 8.3 million children are uninsured, one-fifth of the total without coverage.[xviii] <#_edn18>
- Large numbers of people in all racial/ethnic groups are uninsured, but minorities suffer the most. One in ten non-Hispanic whites are uninsured, one in five African-Americans are uninsured, and one in three Hispanics are uninsured.[xix] <#_edn19>

Health Care Costs

- Excessive inflation in health care costs not only burdens the economy but is a major factor in increasing the number of the uninsured.
- After several years of low growth, health care costs are now rising very rapidly. Health insurance premiums increased 10.9 percent in 2001, 12.9% in 2002, 13.9% in 2003, 11.2% in 2004, and 9.2% in 2005. The cumulative increase over the five years was 73%, while the cumulative increase in the CPI was only 13.6% [xx] <#_edn20>
- National health expenditures are projected to reach \$3.6 trillion in 2014, growing at an average annual rate of 7.1 percent from 2003-2014. As a share of GDP, health spending is projected to reach 18.7 percent by 2014.[xxi] <#_edn21>
- Claims processing and other administrative functions cost the health care system \$600 billion per year – money that could be better spent on patient care.[xxii] <#_edn22> America's fragmented health financing system is a major driver of these high administrative costs. In Canada, where health insurance is publicly financed and providers bill the government for all services rather than having to deal with a multiplicity of insurance companies with different rules and payment formulas,

administrative costs are only about half as high as in the United States (16.7% of total health costs in Canada vs. 31% in the United States).[xxiii] <#_edn23>

- The administrative expense needed by the government to run the Medicare program accounts for only 3% of Medicare spending. By contrast, the amount of every premium dollar retained by private insurance companies for marketing, administration and profit is 14%.[xxiv] <#_edn24>
- Healthcare is one of the least efficient industries in America. Settling a single transaction in health care can cost as much as \$12 to \$25, whereas banks have cut their costs to less than a penny per transaction by using modern information technology.
- According to a study conducted by the RAND Corporation, by utilizing advanced information technology and adopting electronic medical records for every patient, America could save over \$160 billion a year by reducing duplicative care, lowering health care administrative costs, and improving quality.[xxv] <#_edn25>

Burden on U.S Competitiveness and Job Growth

- Government data, industry surveys, and interviews with employers indicate that many businesses remain reluctant to hire full-time employees because health insurance has become one of the fastest growing costs for companies.[xxvi] <#_edn26>
- A recent study found that employers have reduced hiring in response to rising health insurance premiums, and that industries with higher health care costs have had slower job growth. This has been especially true for the manufacturing sector.[xxvii] <#_edn27>
- U.S. employee benefit costs—of which health care is the largest component—for manufacturing firms are higher than most of its major competitors and the private share of overall health expenditures is much higher in the U.S. than it is for its major competitors.[xxviii] <#_edn28>
- Ten percent of the total cost of a ton of steel manufactured in the United States is consumed by retiree health benefits alone.[xxix] <#_edn29> Starbucks now spends more on health care than it does on coffee.[xxx] <#_edn30> The difference between the way health care is financed in Canada and the U.S. saves the Canadian auto industry \$4.00 an hour in worker compensation compared to the U.S. The Canadian branches of the big three automakers have released a joint letter with Canadian Auto Workers Union stating that the Canadian health care system is a “strategic advantage for Canada” and “has been an important ingredient” in the success of Canada’s “most important export industry.”[xxxi] <#_edn31>

The Medicare for All proposal

The “Medicare for All” plan will make health care coverage available to every American by expanding the Medicare program to the under 65 population. To promote competition and choice, enrollees will also have the option of choosing any of the plans offered to members of Congress, the President, and Federal employees.

Costs will be reduced by administrative savings from moving to a Medicare-style financing system, by bringing modern information technology to health care, by improving quality of care, and by rewarding health care providers based on performance, not just on the number of procedures performed. International competitiveness and job creation will be enhanced by reduced costs and by shifting some of the burden of financing from business contributions to general revenues, as well as the healthier and more productive work-force that will result from universal health insurance coverage.

To ease the transition to the new system, coverage will be implemented in phases. In the first, coverage will be extended to individuals 55-65 and to children under 20 years old. In later phases, coverage will be extended to all other Americans not already covered under Medicare.

Benefits

Benefits available to the under 65 population under the expanded Medicare program will be the same as those provided under Medicare, with additional benefits appropriate to the wider age range served by the new program. These will include early and periodic screening, diagnosis and treatment, enhanced preventive care, home and community based care and other services deemed appropriate to meet the nation's health needs. This plan provides comprehensive medical benefits, including prescription drug coverage, without the damaging gaps in coverage and chaotic administrative features of the Republican Medicare drug law.

Enrollees may also choose any private insurance plan available to members of Congress under the Federal Employees Health Benefit Program. These plans all have comprehensive benefit packages, but differ in specifics like dental coverage, vision coverage, and co-payments. HMO and PPO options are available under FEHBP.

Freedom of choice

- Every enrollee in the expanded Medicare program is guaranteed the right to go to the doctor, hospital, or other health care provider of their choice, just as they are under the current Medicare program. This is a significant improvement over the current health financing system, under which insurers generally limit enrollees to providers chosen by the insurer or require them to pay high additional cost-sharing if they want to go to an "out-of-network" provider.

In addition, all enrollees have the right to choose one of the private health plans available to members of Congress, if that is their preference.

Private health care delivery system

- While the new program will be largely publicly financed, the health system itself will remain private. Just as under the current Medicare program, doctors, hospitals and other providers will continue to operate as independent, private entities. As under Medicare, the program will be largely be administered by private carriers and intermediaries.

Eligibility and enrollment

- Any individual with a social security number is eligible to participate in the plan and will be automatically enrolled in the extended Medicare plan unless they choose one of the private options. There will be the opportunity to switch plans annually, just as there is under the FEHBP program.

Cost reduction through improved quality of care

- Information technology can make a real difference in patient care. Computerized medical records, coupled with decision support software, can help avoid dangerous medical errors, assist in coordinating care for patients receiving services from multiple providers, help patients take responsibility for their own health, and improve the quality of care. Under Medicare for All, health care providers will be rewarded for improving the quality of care they give to patients. One measure of health care quality will be appropriate use of information technology systems that improve care quality and reduce costs.

Role of Medicaid

- Medicaid will continue to provide wraparound services and cost-sharing assistance to very low income and disabled individuals.

Medicare

- The current Medicare system will continue to provide insurance for the over-65 population and for eligible disabled individuals.

Cost of plan

- The plan will create large savings--\$380 billion a year--at the same time it provides quality, affordable care for all Americans. The Institute of Medicine has estimated that, with no other changes, there would be a savings of \$130 billion from extending coverage to all. Increased utilization of health care services by the currently uninsured will be offset by reductions in cost as the result of better prevention and earlier treatment of illness and by the economic benefits of a healthier population.[xxxii] <#_edn32>

In addition, the plan will save over \$160 billion a year as the result of universal adoption of an electronic medical record and advanced information technology, \$70 billion a year in reduced insurance overhead costs, and \$50 billion a year from reduced administrative costs to providers from dealing with a simpler, more uniform billing system.[xxxiii] <#_edn33>

While the plan will create large savings overall, there will be a significant cost-shift from individuals and businesses who now pay for the cost of health insurance to public financing sources. Preliminary estimates of the increase in federal spending are \$600 billion a year, more than offset by reductions in costs to individuals and firms. The cost increase to the government will be fully covered by payroll taxes and general revenues, and will not add to the deficit.

Financing

- The plan will be financed by a combination of payroll taxes and general revenues. Eighty-five percent of the financing will come from payroll taxes and 15% from general revenues. A preliminary estimate of the payroll tax financing necessary will be a payment of 7% of payroll by businesses and 1.7% by workers. By comparison, businesses providing coverage today spend an average of 13% of payroll to cover their workers.

Statement by Senator Edward M. Kennedy

In this century of the life sciences, medical miracles have the potential to improve the health and extend the lives of millions of Americans and millions more across the world.

But for too many of our citizens, quality affordable health care is a distant dream, and the promise of the century of the life sciences rings hollow.

Forty-six million Americans have no health insurance. Under the current Administration, the number has climbed every year of this Administration, from 40 million in 2000 to 46 million today. That's equivalent to the population of 24 states and the District of Columbia – combined.

That's 46 million Americans who wonder whether a cough or fever will turn into a serious illness that brings financial ruin, and 46 million Americans who have to make the impossible choice between paying for a visit to the doctor or paying the rent to keep a roof over their heads.

Even these figures understate the problem. Over a two year period, 82 million Americans, one out of every three Americans under 65, will be uninsured for a period of at least two months.

The burden of lack of health insurance falls most heavily on minority populations. Less than 13 percent of white Americans are uninsured, but over 20% of African Americans lack health insurance. For Hispanic Americans, the figure is even more appalling – over a third of Hispanic Americans lack coverage.

Over 80 percent of the uninsured are members of working families. They work 40 hours a week, fifty-two weeks a year - but all their hard work can't buy them the health insurance they need to protect themselves and their families – because they can't afford it and their employers don't provide it.

In any given year, one third of the uninsured go without needed medical care. Eight million uninsured Americans fail to take the drugs their doctors prescribe--because they can't afford to fill the prescription. 270,000 children suffering from asthma never see a doctor. 27,000 uninsured women are diagnosed with breast cancer each year. They are twice as likely as insured women not to receive medical treatment until their cancer has spread. As a result, they are 50% more likely to die of the disease.

The list of grim examples goes on and on.

Some argue that despite the lack of health care coverage, the uninsured get the care they need. But that's a myth. The facts prove otherwise.

Thirty five percent of the uninsured – over 15 million Americans – skip recommended treatment because of cost. Over a third of the uninsured need care but do not get it, and nearly half postpone care because of its cost. Millions of Americans are at risk of ignoring serious illnesses, because they can't afford to see a doctor for a needed test.

Whether the disease is AIDS or mental illness or cancer or heart disease or diabetes, the uninsured are left out and left behind. In hospital and out, young or old, black or white, they receive less care, suffer more, and are 25% more likely to die than those who are insured.

But the large and growing number of the uninsured is only part of the health care crisis. Costs are rising out of control, making health care coverage less affordable for businesses and individuals, and undercutting American industry in the global marketplace.

There is no doubt that America has the finest health care professionals, the best hospitals and the most creative medical researchers in the world. But having the best components is no guarantee of success for the health care system as a whole.

In the amount of money spent on health care per person, America is first in the world by a large margin. By that standard, we spend 49% more than the Swiss, 88% more than the Germans, 150% more than the British, and 160% more than the Japanese. Despite this enormous expenditure, America's health care system fails all too often to deliver quality health care. Among the world's leading industrialized countries, the United States ranks only 22nd in average life expectancy and 25th in infant mortality.

The most significant difference between the American health care system and those of our economic competitors is that these other nations regard health as a right, not a privilege. They make certain that their citizens have access to good health care. By establishing a national system of care, they have been able to hold down costs and keep quality high.

In the United States, we have refused to commit to quality health care for all Americans. As a result, those who can afford the best care receive it, but millions of other Americans are left by the wayside.

Because of our fractured system of care, America's health care system is the most economically inefficient in the industrial world. The administrative costs alone of our system are nearly double those of Canada. Reducing our administrative costs to the low level of the Canadian system would save about \$250 billion every year.

The difference between the way health care is financed in Canada and the U.S. saves the Canadian auto industry \$4.00 an hour in worker compensation compared to the U.S. The Canadian branches of the big three automakers have released a joint letter with the Canadian Auto Workers Union stating that the Canadian system is a "strategic advantage for Canada" and "has been an important ingredient" in the success of Canada's "most important export industry."

Wise investments have helped contain health care costs here at home too. Since 1996, costs per patient in the Veterans medical system have actually decreased 7%, while private sector costs per patient have increased by 62%. The VA system did not achieve these savings by stinting on patient care or denying needed services. The VA has been widely praised for improving its quality of care through investments in information technology and a strong commitment to quality for all.

As a result of America's failure to focus on comprehensive care and cost reduction, costs are soaring out of control. Health care premiums have gone up over 70 percent in the last five years – over 5 times the overall rate of inflation in the economy. More and more small businesses can't afford to offer health care to their employees.

Health care costs mean that working Americans who have health coverage through their job are increasingly worried that their employer will eliminate the coverage on which they rely. Those who obtain coverage on the individual market must often pay huge premiums and accept large gaps in their coverage if they have any history of illness, no matter how slight. Many cannot obtain coverage at any price.

Even those who have health insurance have little security. Millions of Americans have seen health

care costs eat away their savings and cut into their paychecks more and more every year.

Since the year 2000, the average cost of a family health insurance policy has increased by over \$4,500, so that it now costs the average family nearly \$11,000 for a health care policy. Family earnings have not kept pace. According to the Kaiser Family Foundation, health insurance premiums climbed by 73 percent over the last five years – but earnings increased only 15 percent.

The costs keep climbing higher and higher. Almost one in five working families have seen their premiums go up over 15 percent – and one in ten have faced increases over 20 percent.

These out-of-control costs are devastating for both individuals and businesses. Working families often face the agonizing choice between paying for health insurance and paying rent or buying groceries. Or they compromise by buying a meager insurance policy that provides little refuge when big danger strikes.

It's no wonder that unpaid medical bills cause nearly half the bankruptcies in America.

It's no wonder that practically every business leader in America cites rising health care costs as a top concern. When General Motors has to spend more on health care than it does on steel, it's time for a change. When ten percent of the total cost of a ton of steel manufactured in the United States is consumed by retiree health benefits alone, it's time for a change. When Starbucks spends more on health care than it does on *coffee*, it's time for a change.

In world markets, American businesses have to compete with foreign firms whose health costs are heavily subsidized by the government. American workers are the best in the world, but we give other nations an unfair advantage, because we refuse to enact long overdue policies to reduce health costs and ease the heavy burden of health care for American employees.

To say that this Administration and its Republican allies in Congress have stood idly by as this crisis has worsened would be untrue. To say they have taken no action as 3,000 more Americans have become uninsured during every single day of the Bush Administration would be inaccurate. They *have* taken action – by making the health care crisis worse.

Tomorrow, the House of Representatives will vote on a budget bill that will make the health care crisis worse for the 50 million Americans for whom Medicaid is literally the difference between life or death. The Republican bill makes them pay more and more for the health care on which their lives depend. I urge the House to reject these distorted priorities.

Currently, communities across the nation are struggling to cope with the disaster caused by the Republican Medicare drug "plan". Millions of seniors have faced a baffling array of choices, instead of the certainty of Medicare in getting the medications they need. Millions of persons with disabilities, or those facing the challenge of HIV/AIDS or living with mental illnesses have been denied the prescriptions they require, or have been told to pay exorbitant fees by the insurance companies that Republicans put in charge of the drug benefit. Try telling those who have been denied their medicines that they are in charge of their health care.

Tonight, the President will try to make the American people believe that the solution to rising health costs is to shift more and more of those costs to patients, or to deny care to those in need. That's the wrong prescription for health care.

The President's proposal will let the wealthiest Americans rack up billions of dollars in tax giveaways, while shifting the costs of health care to working families and those least able to pay.

Our people deserve true health care reform – not gimmicks and giveaways that worsen the crisis. They deserve a guarantee that when they get sick, they’ll be able to obtain decent health care at a price they can afford.

Medicare has meant quality health care for millions of senior citizens for forty years. The time has come to make Medicare available to every American who wants to enroll in it. It’s the best way to bring the enormous promise of this new century of the life sciences to every American.

America’s failure to guarantee the basic right to health care for all its citizens was one of the great public policy failures of the 20th century, and we must not allow that failure to continue in this new century.

There is a better way. Our goal should be an America where no citizen of any age fears the cost of health care, and no employer stops creating jobs because of the high cost of providing health insurance.

We should build on the tried and true and trusted model of Medicare. Administrative costs are low, patient satisfaction is high, and patients have the right to choose any doctor and hospital they think is best—not the one an insurance company thinks is best for them.

Today I am introducing legislation to extend Medicare to all Americans, from birth to the end of life. Those who prefer private insurance can choose any of the plans offered to members of Congress and the President. I call this approach Medicare for All, because it will free all Americans from the fear of medical expenses and enable them to seek the best possible care when illness strikes. Nothing is more cynical than a Member of Congress who gives a speech denouncing health care for all, then goes off to see his doctor for a visit paid for by the Federal Employees Health Benefit Plan.

To ease the transition, Medicare for All will be phased in by age group, starting with those 55-65 years old and children up to the age of 20.

The plan contains a number of provisions to reduce costs and improve quality, including more effective use of health information technology. It also puts new emphasis on preventive care, because preventing illness before it occurs is always better and less expensive than treating patients after they become ill.

My proposal will be entirely voluntary. Any American who wishes to stay in their current employer-sponsored plan can do so, and employers can tailor their health plans to provide additional services to their employees that wrap around Medicare coverage.

As we implement this reform, financing must be a shared responsibility. All will benefit, and all should contribute. Payroll taxes should be part of the financing, but so should general revenues, to make the financing as progressive as possible.

We can offset a large part of the expense by a single giant step – bringing health care into the modern age of information technology. By moving to electronic medical records for all Americans when they go to the hospital or their doctor, we can save hundreds of billions of dollars a year in administrative costs while improving the quality of care. Equally important, we should pay for health care based on value and results, not just the number of procedures performed or days in a hospital bed.

We all know that Medicare is one

of the most successful social programs ever enacted. It makes no sense to make it available only to senior citizens. I have no doubt that if we were enacting Medicare today, we would not limit its benefits to seniors. The need for good health coverage is as urgent today for all Americans as it was for senior citizens 40 years ago, when Medicare was first enacted.

The battle to achieve Medicare for All will not be easy. Powerful interests will strongly oppose it, because they profit immensely from the status quo. But no battle worth fighting is easy – and the struggle to fulfill the promise of this century of the life sciences for all our citizens is as worthy as any in American history.

I urge my colleagues to make good on the promise of America, and see that all our citizens receive the quality health care that should be their birthright. I urge the Senate to support Medicare for All.

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[iii] <#_ednref3> Kaiser Family Fund and Health Research and Education Trust, Employer Health Benefits 2005 Annual Survey

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[v] <#_ednref5> OECD, *OECD Health Data 2005*

[vi] <#_ednref6> Ibid.

[vii] <#_ednref7> National Association of Manufacturers and Manufacturers Alliance, “How Structural Costs Imposed on U.S. Manufacturers Harm Workers and Threaten Competitiveness,” December, 2003.

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[xix] <#_ednref19> . *Ibid.*

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[xxii] <#_ednref22> . Woolhandler, Campbell, and Himmelstein, “Costs of Health Care Administration in the United States and Canada,” *New England Journal of Medicine*, 2003, 349: 768-75.

[xxiii] <#_ednref23> *Ibid.*

[xxiv] <#_ednref24> CMS, Office of the Actuary, National Health Expenditures, Table 12

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[xxv]. Hillestad et al. “Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, And Costs” *Health Affairs*. Vol. 24 No. 5; pp. 1103-1117; September/October 2005.

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[xxviii] <#_ednref28> National Association of Manufacturers and Manufacturers Alliance, “How Structural Cost Imposed on U.S. Manufacturers Harm Workers and Threaten Competitiveness,” December, 2003.

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[xxx] <#_ednref30> *Forbes* “Starbucks' Schultz Bemoans Health Care Costs” September 15, 2005.

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<#_ednref33> 34 Hillestad et al. “Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, And Costs” *Health Affairs*. Vol. 24 No. 5; pp. 1103-1117; September/October 2005, for information technology savings; Professor Ken Thorpe, Emory University for savings in insurance overhead; staff estimate for administrative savings to providers.