



Achieving a Culture of Health Coverage

Creating Seamless Insurance Coverage

Peter Harbage and Hilary Haycock August 2009

Center for American Progress Action Fund



Achieving a Culture of Health Coverage

Creating Seamless Insurance Coverage

Peter Harbage and Hilary Haycock August 2009

Executive summary

There is a broad agreement that all Americans will probably have to obtain health insurance under a reformed health system. This individual responsibility will make the system more efficient and help ensure health coverage for all. But implementing this system can only be done once insurance has been made affordable and accessible, as the Center for American Progress first wrote in 2005.

This means making insurance as easy as possible to acquire—and maintain. Yet it is often disenrollment that is automatic in today’s health insurance system, and there are many barriers for those seeking to enroll or stay enrolled in insurance. Indeed, the current system is far too costly and far too fragmented to truly enable individuals to take responsibility to purchase insurance—let alone create a culture where coverage is the norm.

For this reason, an individual responsibility for purchasing insurance must be coupled with shared responsibility—the equal participation of individuals, employers, industry and government in reforming the system. This would make the requirement to purchase insurance both a responsibility of individuals to obtain coverage, and a promise to individuals to create a working health insurance system.

The two most critical steps that the federal government needs to take for individual responsibility to work are making insurance affordable and making it accessible. This paper focuses on understanding the changes needed to make the health insurance system more accessible. The conversation around individual responsibility focuses too often on the penalties for being uninsured. This focus is misplaced. Individual responsibility is necessary to maximize enrollment and achieve universal coverage, but a well designed enrollment system will minimize the need for enforcement.

The vast majority of Americans want health insurance, but the designed system is against them. Consider, for example, primary school education where enrollment is easy, schools are accessible, and it is a requirement for parents to ensure that their children attend. Just as we have a culture of education for children, health reform should seek to create a culture of coverage, where being insured is the norm for everyone.

An insurance exchange, or gateway, is at the heart of a well-designed system. The exchange would connect Americans with the health coverage that meets their needs. The exchange

is an opportunity to remedy the failings of the current, fragmented health care system while building on what works in today's system. Reform plans under discussion today would limit the exchange to individuals and small businesses, while a more robust exchange would include all Americans.

Two auto-enrollment design characteristics will ensure that individuals are able to obtain and keep coverage. First, the exchange must create an open door to health insurance and provide the government resources to help families obtain coverage. Families should be able to submit a single application to the exchange and be enrolled in the coverage that best meets their needs whether that is private coverage, the public plan option, or public programs such as Medicaid. Second, the exchange must empower families to stay covered, even through job changes or loss of income.

Policymakers must keep several considerations in mind as they design an exchange to perform these functions. Americans must have the option to enroll in a public health insurance plan. Patient privacy must be strongly protected. And enrollment practices must be seamlessly linked with affordability reforms. These characteristics will help create an exchange system of seamless coverage that over time will develop a culture of coverage for America.

The current, fractured health insurance system

America's fractured health insurance system is inefficient and emphasizes denial of coverage and disenrollment over enrollment and stable coverage. Enrollment processes are inefficient, families seeking coverage encounter problems, and maintaining coverage is difficult.

Enrollment processes are inefficient

Enrolling in insurance comes with multiple administrative barriers, as families often have to navigate a separate eligibility and application process for each private insurer and public program. This creates overlap in the administration of insurance enrollment, and burdens employers, state governments, and families with excessive paperwork.

Individuals and families can get lost navigating the plurality of coverage options, which are dispersed among many payers—and even among government programs. These fragmented eligibility rules require some families to learn to navigate multiple systems at once. Consider the number of different enrollment processes that exist in the system today, each with a different set of rules, applications, and administrative support structures:

- Families access private insurance through brokers on the individual market or employers on the group market—even then employers themselves work through brokers.
- Seniors access Medicare through the Social Security Administration, although many of these same enrollees purchase private Medigap coverage through a broker. Accessing Medicare Advantage and Part D prescription drug plans entails working with private health plans directly.
- Families access Medicaid and the Children's Health Insurance Program (formerly called the State Children's Health Insurance Program) primarily through state governments, with each state using different procedures and rules for outreach and enrollment. Administrative barriers can include burdensome documentation requirements, mandatory face-to-face interviews to assess eligibility, and multiple renewal periods within a calendar year, which can trigger a new application process each time. States often simplify enrollment procedures when they can, but unravel these simplification strategies to restrict enrollment—and therefore program spending—when state budgets tighten.

- Other government programs exist for specific populations, such as Veteran’s Affairs, TRICARE, and the Indian Health Service. Eligibility and enrollment for these insurance options follow rules specific to each program.

Families encounter problems seeking coverage

The result of this fragmentation is a broken system where it is much more difficult for Americans to enroll in some types of coverage than others. For example, the market for individual or small business coverage is often much more difficult to access than for large employers. The burden is on individuals to seek out coverage, and every state has different rules governing who can be denied coverage on the basis of pre-existing conditions, and how much the costs can vary.

Eighty-nine percent of Americans who consider or attempt purchasing insurance on the individual market give up without purchasing it.¹ Public programs with automatic enrollment—such as Medicare Part A—see 99 percent participation from eligible individuals.² Enrollment is more difficult in other programs such as Medicaid and CHIP, where two-thirds of uninsured children are eligible for Medicaid or SCHIP but are not enrolled.³

Maintaining coverage is difficult

Maintaining coverage can also be daunting, particularly in public programs, which can require families to re-enroll multiple times a year. Loss of coverage can come from one late payment, an 18th birthday, a lost job, and many other common life changes. Approximately 25-to-45 percent of those who lose health insurance regain it within four months, but many who lose insurance for short periods of the year also tend to cycle in and out of coverage.⁴ Even short periods of uninsurance can lead to reduced health status and put people at risk of incurring medical debt.⁵

Reforming the fractured system

Policymakers are currently considering how an exchange system can solve the challenges of the fragmented health insurance system for just some populations—those seeking coverage on the individual insurance market and small businesses. These populations do face disproportionately large challenges in obtaining coverage and experience the attendant higher administrative costs, but everyone can benefit from a less fragmented system.

An even bigger improvement on the current system would be an exchange that provides an enrollment infrastructure for every type of health insurance—from public coverage programs such as Medicare and Medicaid to private coverage available to employers, employees, and individuals. The health system is drowning in paperwork: Employers have to manage employee coverage systems, individuals struggle to fill out multiple applications for multiple programs, and state governments try to find the best way to identify and enroll those eligible for public programs.

There is no reason that every health insurance option should have a separate enrollment infrastructure. An exchange can offer the wide variety of insurance choices that Americans need and deserve, but streamline and simplify the enrollment process to create a single conduit for insurance. A successful exchange system would include:

- **Streamlined insurance enrollment:** A single point of entry to coverage will ensure that a family can apply for insurance once and at one location, and be connected with the coverage options that are best for them—from public programs to private coverage to premium subsidies. Families will never be turned away from coverage or have to give up on obtaining coverage because the process is too difficult.
- **Mechanisms for maintaining coverage:** Life transitions—a new job, a child’s birth, or a college graduation—should trigger an automatic enrollment within the exchange, which can work with families to identify the best coverage program for them.⁶ Reaching universal coverage will require a system where families have to actively opt out of the system.

Design concept 1

Connecting people to insurance through streamlined enrollment

Health reform is the opportunity to create a streamlined insurance enrollment system to replace the fragmented entry points that define the current system. The exchange can serve as the entity responsible for managing enrollment into all types of health insurance. The exchange will connect families with the type of coverage that works best for them—whether it is public or private or subsidized.

To create this streamlined enrollment system, the exchange should help consumers find the right insurance, screen and enroll families in insurance, determine subsidies, enroll consumers in the community, and protect privacy.

Expand and navigate consumer choice

Health care reform should allow families to keep their insurance if they want to, or have access to better insurance options through the exchange. This means both making good health insurance plans available through the exchange and helping consumers make educated choices. Individuals and families need tools to compare plans and choose the one that works best for them—whether they are enrolling online, through a broker, or through community-based partner. It is important for these brokers and partners to be financially responsible to the individual or the exchange—not insurers.

There are precedents for this approach, but they need improvement. The Federal Employees Health Benefits Program is the most oft-cited example of a system that helps individuals understand and access a range of health plans. FEHBP offers a user-friendly website for federal employees to browse and compare a wide range of public health plans.

But this is not always easy to accomplish. Medicare operates online tools to help seniors choose Medicare Part D prescription drug plans by comparing the potential costs of their current medications under each plan. But recent research has shown that most seniors are not choosing the lowest cost plan available to them.⁷ It's true that individuals choose health plans based on more than just cost, but a recent study directed by Karen Pollitz for the Center for American Progress Action Fund indicates that individuals need clear information to assist in choosing insurance plans.⁸ That study suggests that the federal government create “coverage labels” on health insurance plans similar to nutrition labels on groceries to give consumers a full understanding of what their coverage does or does not cover, and the associated costs.

Implement a simple screen and enroll system

Health reform needs a streamlined enrollment process where there is no wrong door to health insurance. No matter where individuals enter the system, they should be able to fill out one application—creating efficiency and reducing costs. This application should serve multiple programs. It should collect all necessary information to enroll the family into private coverage operated by the exchange, the public plan option, or any public program or subsidy for which they are eligible. In addition, if based on this information it appears that the family could be eligible for other public programs, then the exchange could follow-up to determine eligibility for those programs, such as Medicaid or the Children’s Health Insurance Program.

It will be important to ensure that new eligibility determinations for subsidies seamlessly fit with existing Medicaid and Children’s Health Insurance Program processes. In the likely case that there is a hardship waiver that will exempt individuals from the individual responsibility to have health insurance if that coverage is unaffordable, that should also be determined when an individual first encounters the system.

This idea builds on certain practices in existence today. Under federal law, states use screen and enroll to expand in the number of people covered by Medicaid and CHIP. For example, they screen children applying for SCHIP for their eligibility in Medicaid, and then direct them to the appropriate program.

Some states have developed innovative approaches to this process. For example, local Children’s Health Initiatives in California provide coverage to children with family incomes too high to qualify for Medicaid or CHIP, but also actively screen and enroll children in all three programs according to their eligibility.

Determine subsidy qualification as part of the screening process

Maintaining affordability for all families is important for insurance to have the intended effect of improving access to care and protecting people from the financial stress of high medical costs. Individuals should therefore be screened for eligibility for premium subsidies as they enter the system and as life changes happen. Even if an exchange is not responsible for administering the subsidies that make coverage affordable, it must facilitate that process so families can seamlessly enroll in the right coverage with the correct subsidy level.

There should be minimal documentation requirements for individuals, while ensuring accuracy of the information. The federal Medicaid program allows for extensive documentation requirements; some states require individuals to go through a process akin to a mortgage application and demonstrate their level of assets, including the value of any burial plots they own. This in-depth process is burdensome for both individuals and the states in question. A better approach is the one used for means-testing in Medicare

Part B, where the previous year's income data is accessed to determine subsidies.⁹ If the individual believes there is an error, then they have the opportunity to offer documentation to increase the subsidy.

Support simplified enrollment through community partnerships

Partnerships will be needed with other government agencies and community organizations to extend outreach efforts and identify those who may benefit from the exchange, including the uninsured. Outreach that is targeted and conducted by community-based care managers is particularly effective for underserved populations.¹⁰

The exchange could help bring individuals and families into the system by providing technical assistance, leadership, and financial support where appropriate to expand and improve practices that facilitate enrollment. It can empower community partners to determine eligibility for subsidies and public programs, help educate individuals and families about their options, and then enroll them in the best option available. States have seen success in such efforts, including allowing medical providers to make presumptive eligibility determinations for Medicaid, and asking schools to conduct Medicaid and SCHIP outreach.

Entities that can help promote health insurance enrollment

State health program agencies: States are developing a number of innovative auto-enrollment policies, such as express-lane policies that make children in free school lunch programs presumptively eligible for Medicaid.

Medical providers: The federal government could develop programs to support in-hospital access to the exchange. Providers and hospitals could refer or simply enroll into coverage the uninsured who are seeking care. Providers can help monitor insurance status of patients and refer patients to the exchange if they report losing, or being at risk of losing, coverage. Several states require that newborns only leave the hospital in a car safety seat. Hospitals could similarly be required to ensure that newborns leave the hospital only after they have insurance.

Private brokers: Insurance brokers can play an important role in helping consumers understand their options in the exchange, but the brokers will need to have financial incentives that drive them to protect individuals' best interests. Today, insurers are the ones who give brokers incentives, which put those interests first.¹¹

Employers: Employers could contribute by informing new employees of their options if employment-sponsored insurance is not available. Employers also could help build the database of insurance status by report-

ing those currently covered. Employers should continue to help maintain database accuracy by reporting changes in employee insurance status.

State partners: Individuals should have access to information about their new health insurance options through the exchange when they visit a state or local agency. This could be modeled on the successful National Voter Registration Act, otherwise known as the "Motor Voter" law, which requires information on voter registration to be available at public assistance agencies.¹² Those registering a vehicle or applying for a driver's license would be informed of insurance options and possibly given access to applications or next steps in the enrollment process.

State institutions: Persons moving out of state institutions could be default enrolled into health insurance through the exchange. For example, children moving out of foster care could be enrolled by default into an exchange or Medicaid as appropriate.

Schools: Schools can ask new students about their insurance status and refer the uninsured to the exchange. Schools can verify on an ongoing basis the insurance status of each enrolled child each semester, or upon reenrollment. Insurance status could also be verified as children apply for the school lunch program.

Use health IT for enrollment while protecting privacy

There is currently no national data that automatically identifies individuals and families in the United States by insurance status. Records on the health insurance status of the insured are as scattered and varied as payers in the United States—and there is not even a record of the uninsured.

Moving toward auto-enrollment and seamless coverage will require a sea change in the use of health insurance information. The exchange should develop a data exchange system with health insurers in order to understand who is enrolled in insurance. Personal, medical, and insurance information must be protected, while allowing the exchange to assist in tracking insurance status and helping families maintain seamless enrollment.

The exchange may also need to be able to share data with the Internal Revenue Service in real time to determine eligibility for public programs and subsidies. Some strategies for protecting privacy include investing resources in maintaining the high level of privacy that individuals and families deserve, as well as using the minimum data necessary to perform the tasks of the exchange. The current paper-based system creates a false sense of security, and attention will be needed to convince the public that an electronic tracking system is both safer and more efficient even as protections are put in place.

There are a number of national databases containing confidential personal information that can serve as models for how to protect privacy while using data efficiently to administer public programs and private services for consumers. This includes existing systems for credit reporting, SSA's State Data Exchange file, state Medicaid files, Medicare enrollment data, and the IRS. Policymakers could create a powerful tool for tracking insurance status and assisting with enrollment by combining these different sources of information.

Design concept 2

Empowering people to keep the coverage that is best for them

Enrolling a family in health insurance is only one step. Today's system generally places the burden on the individual to identify the appropriate next steps and to complete forms and paperwork when changing from one insurance plan to another, or from one type of coverage to another—for example, moving from an employer plan to an individual policy, or from an employer plan as an active worker to employer-based coverage as a COBRA enrollee. Health reform needs to find a means of keeping people enrolled, and supporting them in continuing to meet their responsibility for having health coverage. The exchange should take several actions to achieve this goal, including proactively assisting families, allowing automated payments, providing bridge assistance, and allowing families to opt out of coverage.

Provide proactive assistance

Individuals should only be able to exit their current coverage if proof of new insurance is provided under a system of individual responsibility. Insurance companies could be required to provide regular updates of insurance and premium payment status that could trigger a real-time response from the exchange to keep people in coverage. If an insurance company reports that an individual may be about to change insurance status, the exchange can step in order to help the individual or family find new insurance options. If an individual's circumstances have changed because of a job loss or other major life change, the exchange will help them find the appropriate public program or subsidy. The goal would be for individuals and families to never experience a disruption in coverage, even as they change jobs, move in or out of public coverage, or purchase policies on their own.

Health insurance experts should look to auto insurance for the best example of this work. Many states already proactively track auto insurance requirements to help people stay insured. California, for example, passed a law in 2006 requiring insurers to send the Department of Motor Vehicles electronic lists of the insured so that the state knows who has enrolled or disenrolled from insurance within 30-to-45 days. Two-thirds of car owners in the state were able to come into compliance with the law after the state sent warning notices during the first five months of the program.¹³ Georgia has also had success with this effort, and in less than two years reduced the rate of uninsurance among drivers from 20 percent to 2 percent.¹⁴

Enable automated payments

Payment automation is an obvious means of helping families maintain insurance. Individual health insurance plans could be required to offer automated payment as a condition of participating in the system. Or, the exchange or IRS could operate an automated payment system to collect premiums from individuals and families and channel them to insurance companies. Families could choose to pay premiums through automatic deductions from their bank accounts or recurring credit card charges, or even have premiums deducted from their paychecks. The exchange could also help ease the current health insurance administrative burden on employers by managing those premium payments.

Just some public coverage programs currently use automated payment systems; this practice should become the norm. For example, Medicare Part D allows enrollees to pay by bank account deductions or credit card payments in addition to Social Security payment deductions. But the Health Coverage Tax Credit program for displaced workers uses cumbersome payment procedures that limit enrollment.¹⁵ Enrollees and the government share premium costs in this program, but individuals must send a check and their insurance premium bill to the IRS each and every month, and must do so in a timely manner in order for the IRS to forward the complete premium payment onto the insurance company. This and other administrative complexities have led to lower than expected enrollment in the program.

Assist in bridging coverage gaps

Individuals and families in the current health care system are constantly moving in and out of health insurance, as well as between health plans. This means that the number of people who experience even a brief period of uninsurance at some point over the course of a year is much higher than the total number of uninsured reported by government statisticians. Even brief periods of uninsurance have been correlated with reduced quality of care and increased financial stress.¹⁶

The fundamental purpose of a system of individual responsibility is to ensure that an individual has insurance. Policymakers should consider assisting families by paying missed premiums or guaranteeing premium payments to insurance companies to ensure continuity of coverage. This is a logical way for the exchange to ensure that every family maintains coverage. Individuals and families could be required to pay back premiums for the period covered or guaranteed by the exchange. If there is not individual responsibility, only families that actively choose to reenroll in insurance could be held liable for back premiums.

Offer opt-out and waiver provisions

The emphasis on auto-enrollment in the new system will make it important for people who don't want health insurance to have a way to opt out. Some may wish to opt-out on the basis of their religious beliefs, for example. Setting a periodicity for enrollment would be one approach, so families opting out could be re-enrolled only once every six months or 12 months.

Likewise, if there is an individual responsibility for coverage, those who are unable to afford coverage even in the reformed system should be allowed to "waive" out of coverage. This essentially means one thing: low- and moderate-income families will be more likely to remain uninsured post-reform. Yet by facilitating enrollment and making subsidies easy to obtain, an effective global door will minimize the need for such waivers, thereby making insurance widely available.

Conclusion

Moving to a culture of seamless coverage

Reaching universal coverage will require the United States to create a “culture of coverage,” where everyone has both the opportunity and responsibility to have health coverage. This will require a shift in cultural norms, but such a shift is not without precedent.

The United States already has a system where most parents voluntarily send their children to school, but that was not always the case. Creating a system in which everyone has access to affordable insurance through auto-enrollment in an exchange can help drive this cultural change. Specifically, health reform should build an exchange which performs the following functions:

- **Creates a streamlined enrollment process to all types of coverage.** Centralizing enrollment procedures in the exchange will ensure that families always know where to turn for health insurance, and that no one will ever be turned away.
- **Helps consumers find the right insurance.** Providing individuals and families with meaningful health insurance options is important, but the exchange must also give those consumers the tools they need to compare those options and choose the coverage that best meets their needs.
- **Screens and enrolls families in insurance.** The exchange should be able to determine coverage eligibility for all applicants. American families should no longer have to navigate multiple enrollment procedures to determine if they are eligible for public or private coverage.
- **Determines subsidies.** Even if the exchange does not administrate insurance subsidies, it should be able to enroll families in any subsidy program as a part of connecting them with the right coverage option.
- **Enrolls consumers in the community.** The exchange should facilitate enrollment by building partnerships with community organizations and other government agencies.

- **Protects privacy.** The exchange will need to fully leverage information technology to be truly effective. For example, real time access to IRS databases can facilitate eligibility determinations. Yet personal information must also be rigorously protected.

Health reform also must empowers people to keep the coverage that is best for them. Enrolling people in insurance is not enough to reach universal coverage. The exchange must also keep people enrolled throughout their lives, including transition periods that today might result in uninsurance. Specifically, the health insurance exchange must:

- **Assist families proactively.** If individuals are about to change insurance status, the exchange should proactively reach out to them and determine if a new type of coverage makes sense. For example, the exchange could automatically enroll a family in a subsidy program if the head of the household loses their job and income.
- **Automate payments.** The exchange should embrace anything that makes insurance easier to keep, including offering automated payments.
- **Provide bridging assistance.** Uninsurance is a temporary problem for most Americans. The exchange can keep families from churning in and out of insurance by guaranteeing premium repayment for families who temporarily can't afford coverage.
- **Allow families to opt out of coverage.** Even in a reformed system, there may be some who continue to be unable to afford coverage and others who don't want coverage for religious and other reasons. Those individuals should be able to opt out of the system.

A system where having health insurance is not just easy and affordable, but is the default status for most will eventually create a stigma for those who chose not to participate. A system of automated and seamless coverage, and a culture of coverage, will minimize free riders and support a system of individual responsibility.

Endnotes

- 1 Sara Collins, "Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families" (New York: The Commonwealth Fund, 2006)
- 2 Cindy Mann and others, "Reaching Uninsured Children through Medicaid: If You Build It Right, They Will Come" (Washington: Kaiser Commission on Medicaid and the Uninsured, 2002)
- 3 Kaiser Commission on Medicaid and the Uninsured, "Medicaid: A Primer" (2009)
- 4 Congressional Budget Office, "How Many People Lack Health Insurance and For How Long?" (2003) available at <http://www.cbo.gov/ftpdocs/42xx/doc4211/05-12-03-UninsuredBrief.pdf>; Also see Pamela Farley Short, Deborah R. Graede and Cathy Schoen, "Churn, Churn, Churn: How Instability of Health Insurance Shapes America's Uninsured Problem" (New York: The Commonwealth Fund, 2003) available at http://www.commonwealthfund.org/usr_doc/Short_churn_688.pdf?section=4039.
- 5 Gerry Fairbrother and Arfana Haidery, "How Health Insurance Stability Impacts the Quality of Care" (Washington: New America Foundation, 2005); See also Sheila D Rustgi, Michelle M. Doty, Ph.D., and Sara R. Collins, Ph.D., "Women at Risk: Why Many Women are Forgoing Needed Health Care" (New York: The Commonwealth Fund, 2009)
- 6 Lynn Etheredge, "Health Insurance Coverage At Transitions: What Works, What Doesn't Work" (Washington: Health Insurance Reform Project of George Washington University, prepared for Maryland State Planning Grant, Health Care Coverage Workgroup, 2003) available at <http://www.dhmf.state.md.us/hrsa/pdf/LynnEtheredge.pdf>. Available at <http://www.dhmf.state.md.us/hrsa/pdf/LynnEtheredge.pdf>.
- 7 John Gruber, "Choosing a Medicare Part D Plan: Are Medicare Beneficiaries Choosing Low-Cost Plans?" (Washington: Kaiser Family Foundation, 2009) available at <http://www.kff.org/medicare/upload/7864.pdf>
- 8 Center for American Progress, "Truth in Labeling Event: Transparency and Health Insurance," May 8, 2009, available at <http://www.americanprogress.org/events/2009/05/healthinsurance.html>
- 9 *Federal Register*, Vol. 71, No. 208, October 27, 2006.
- 10 Glenn Flores and others, "Randomized, Controlled Trial of the Effectiveness of Community-Based Case Management in Insuring Uninsured Latino Children," *Pediatrics* 116 (6) (2005): 1433-1441
- 11 Melinda Beuwkes Buntin, M. Susan Marquis, and Jill Yegian, "The Role of the Individual Health Insurance Market and Prospects for Change," *Health Affairs* 23 (6) (2004): 79-90; See also, Deborah W. Garnick, Katherine Schwartz, and Kathleen Carley Skwara, "Insurance Agents: Ignored Players in Health Insurance Reform," *Health Affairs*, 17 (2) (1998): 137.
- 12 Scott Novakowski, "Toward an Equal Electorate," (New York: Demos, 2008)
- 13 Peter Harbage, "What Your Car Can Teach You About Health Reform," (Washington: New America Foundation, 2007)
- 14 Marc Lifsher, "State starts crackdown on uninsured drivers: Hundreds of thousands of car owners must buy coverage or face losing their registration." *Los Angeles Times*. Dec. 6, 2006; See also: Andy Opsahl, "No more hiding." *Government Technology*. June 2, 2006.
- 15 Government Accountability Office, "Health Coverage Tax Credit," September 2004. <http://www.gao.gov/new.items/d041029.pdf>
- 16 Gerry Fairbrother and Arfana Haidery, "How Health Insurance Stability Impacts the Quality of Care," (Washington: New America Foundation, 2005).

About the authors

Peter Harbage is a senior fellow at the Center for American Progress, and president of Harbage Consulting. Peter has more than a decade of experience working to improve health policy at the federal, state, and local level.

Hilary Haycock is a director at Harbage Consulting, and has a background in health care policy and public affairs.

Acknowledgements

We would like to thank The Commonwealth Fund for providing funding for aspects of this project.

The Center for American Progress Action Fund transforms progressive ideas into policy through rapid response communications, legislative action, grassroots organizing and advocacy, and partnerships with other progressive leaders throughout the country and the world. The Action Fund is also the home of the Progress Report and ThinkProgress.

Center for American Progress Action Fund

