

Chapter 5:

Individual Health Coverage

Originally written by Karen Pollitz,
Georgetown University Health Policy Institute

In 2007, 17.9 million people were covered by health insurance they bought on their own, in the individual market, also called the non-group market.¹ (See chart, "Sources of Health Coverage 2007.") Most people turn to this market for short-term coverage when they don't qualify for job-based health benefits or public programs, while some - such as those who are self-employed - rely primarily on non-group coverage.

Although only about 5 percent of nonelderly people have individual health insurance in a given year, as many as one in four adults will seek coverage in this market over a three-year period.²

Young adults and the near-elderly participate disproportionately in this market.³ (See box, "Characteristics of Adults Ages 19-64 with Private Health Insurance, 2005.") In addition, because this coverage is medically underwritten in most states, people who buy individual health insurance tend to be in good health.⁴ ("Medical underwriting" means the insurer can deny or restrict coverage, or charge a higher premium, because of a person's medical history.)

COMPARISON TO JOB-BASED COVERAGE

Individual health insurance is different from job-based coverage in many respects - premiums and covered benefits, stability of cost and coverage over time, and the application of market rules and consumer protections.

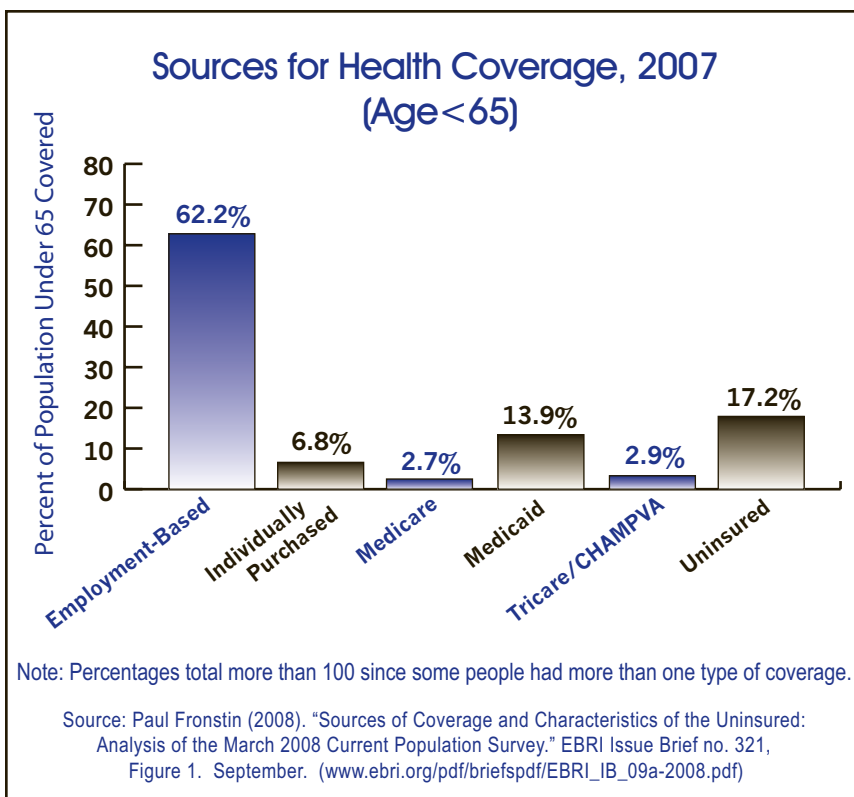
Individual policies tend to cover fewer services and expenses. One study comparing California policies found that individual market insurance policies paid for only 55 percent of the expenses for covered services in 2006, compared to 83 percent for small group health plans.⁵ This is one reason why premiums for individual health insurance tend to be lower than for job-based health plans on average. (However, workers with job-based coverage pay directly less than a third of the total premium, on average, while those purchasing individual coverage pay the full premium.)⁶

Another trend within individual health insurance is that deductibles tend to be higher.⁷ (See glossary for the definition of "deductibles.") Health savings accounts (HSAs) exist to help individuals save for these expenditures on a tax-free basis. (See chapter, "Employer-

FAST FACTS

- 17.9 million non-elderly people were covered by an individual health insurance policy in 2007, according to an analysis of U.S. Census Bureau data by the Employee Benefit Research Institute.^a
- Individual health insurance is different from job-based coverage. It is regulated differently and those who have it lack subsidies enjoyed by those with job-based coverage.
- The individual, or non-group, insurance market is characterized by high turnover; most people hold policies for less than two years. A smaller number, including many self-employed people, rely on individual coverage for longer periods.^b
- Most individual policies are medically underwritten, meaning insurers can deny or restrict coverage, or charge higher premiums because of a person's medical history.^c Rules governing medical underwriting differ from state to state.
- Individual policies often cost less than group health plans. However, individual policies tend to provide less coverage.
- High deductibles are the norm with individual policies and some key benefits, such as maternity care, often are not covered.
- 34 states sponsor high-risk pools, mostly to offer an alternative source of coverage for people who have trouble buying health insurance in the individual market.^d

For story ideas on individual health coverage, see page 59. A list of experts and websites begins on page 60.



Sponsored Coverage," for more on HSAs.)

Premiums for individual coverage can also vary dramatically by age and gender.⁸ (See chart, "Effect of Age and Gender on Individual Health Insurance Premiums.")

REGULATION OF INDIVIDUAL HEALTH INSURANCE

Individual insurance policies in most states come with fewer consumer protections than do job-based health plans.⁹ With job-based plans, federal "nondiscrimination" rules apply. Employers may not base eligibility or contributions for health benefits on a person's health status. Exclusions of coverage because of a person's pre-existing condition can only be temporary and applied only in limited circumstances. In most states, such protections within the individual market don't exist.¹⁰

Regulation of medical underwriting in the individual market varies by state. In some states, "guaranteed issue" requirements make some or all policies available to some or all residents, regardless of health status. "Community rating" rules in some states mean premiums cannot vary based on health

status.

Most states, but not all, allow individual market insurers to permanently exclude coverage for pre-existing conditions. Only in five states - Maine, Massachusetts, New Jersey, New York and Vermont - are applicants protected against all underwriting actions.¹¹

State rules governing renewal practices in the individual market can also vary. All states have a general requirement of guaranteed renewability; this means insurers cannot refuse to renew coverage simply because the policyholder made claims.

However, in states that don't require guaranteed issue and community rating, insurers might employ a variety of rating and marketing practices to effectively

raise the price of coverage for policyholders who get sick. There are also differences in state regulation of insurance company "rescission" practices. (An insurer may try to rescind, or "take back" an individual policy because important health information was not discovered when the applicant first applied.) Some states require a strict standard of proof of fraud on the part of an applicant, while in other states, an insurer might only have to show that information was omitted, even inadvertently.

In 34 states, high-risk pools have been established as an alternative source of coverage for people who are uninsurable. (See box, "States with High-Risk Pools as of January 2009.") In 2006, about 190,000 people were enrolled in state high-risk pools.¹²

SUBSIDIES

For the most part, individual health insurance is not highly subsidized. Families must pay the entire premium, without benefit of employer contributions or income tax breaks that subsidize job-based coverage. However, some exceptions apply. Four states - Massachusetts, Maine, Vermont, and New York - provide premium subsidies for individual policies.¹³

Characteristics of Adults Ages 19-64 with Private Health Insurance, 2005

Characteristic	All Private Health Insurance	Employer-Based Health Insurance	Individual Health Insurance
Percent distribution	100%	92%	8%
Age			
- 19-29	15%	14%	19%
- 30-49	50%	51%	35%
- 50-64	36%	35%	46%
Income			
- Less than \$20,000	8%	7%	13%
- \$20,000-\$39,999	18%	17%	21%
- \$40,000-\$59,999	22%	22%	14%
- \$60,000 or more	43%	44%	35%
Family Work Status			
- At least one full time worker	88%	89%	78%
- Only part-time worker(s)	4%	4%	5%
- No worker in family	8%	7%	16%
Health Status			
- Excellent/very good	63%	62%	68%
- Good	27%	27%	26%
- Fair or poor	11%	11%	6%
Have Chronic Condition?			
- Yes	28%	29%	19%
- No	72%	71%	81%

Source: Sara Collins, Jennifer L. Kriss, Karen Davis and others (2006). "Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families." The Commonwealth Fund, September, Table 1. (www.commonwealthfund.org/usr_doc/Collins_squeezedrisinghlcarecosts_953.pdf?section=4039)

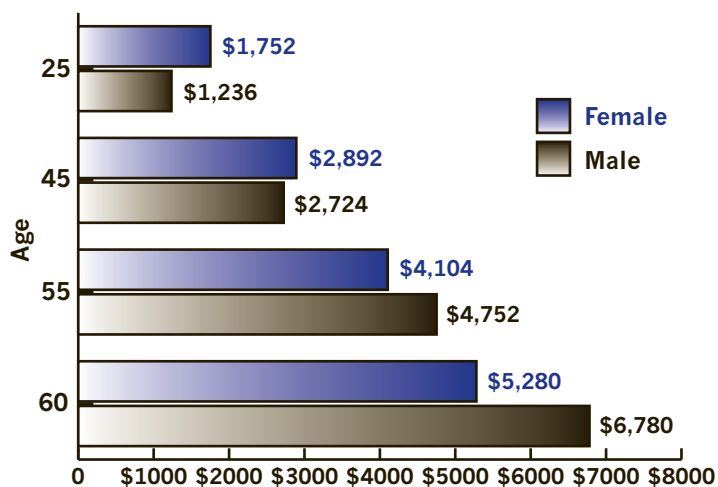
The federal government also provides a health coverage tax credit to subsidize individual coverage for several thousand eligible early retirees and certain workers who lose their jobs because of foreign competition.¹⁴

LIKELY POLICY DEBATES

SELLING COVERAGE ACROSS STATE LINES

In the past, Congress has considered legislation to permit the sale of health insurance across state lines. According to proponents, this would create a national marketplace for individual health insurance,

Effect of Age and Gender on Individual Health Insurance Premiums



Note: Quotes for non-smoking individuals for the same preferred provider organization policy with a \$2,500 deductible and 20% coinsurance in Nashville, TN.
Source: www.ehealthinsurance.com on December 2, 2008.

giving consumers more choices. It would allow a health insurer to designate one state, a "primary" state, whose laws would govern the individual insurance coverage by that insurer in all states. The insurer would be exempt from regulation by secondary states but would continue to be subject to administrative rules, such as requirements that the insurer register with the insurance commissioner.

Critics worry insurers would seek licensure in states with the fewest consumer protections, leaving coverage effectively deregulated. Premiums would likely be lower for people when they are healthy, but would rise when they get sick or pregnant and need more health care.¹⁵

REGULATION THROUGH "CONNECTORS"

Massachusetts has adopted a different approach to regulation of health insurance. It has created the Health Connector - an organized marketplace making available different health plan options. A connector can also be referred to as a "purchasing pool." As a candidate, President Barack Obama proposed to create a national health insurance "exchange" similar to the Massachusetts Connector. (For more information about connectors, see chapter, "Health Reform.")

Critics worry connectors may duplicate the work of

existing agencies such as state insurance departments, may limit consumer choice of health plans and may cause premiums to rise.¹⁶

CHANGING THE TAX TREATMENT OF HEALTH INSURANCE

One approach to reforming the individual insurance market would eliminate the tax break that workers get for health coverage they receive on the job, and instead give people a tax credit they could use to buy insurance anywhere in the country. Advocates say insurers would compete for business, offering a variety of plans that would meet people's needs and bring down costs. HSAs, linked to high-deductible insurance policies, are prominent in this model. (See the chapter, "Employer-Sponsored Coverage," for more about the tax treatment of health coverage and more about HSAs.)

Critics say this approach would mean insurance would likely be more affordable for relatively young and healthy people, but very expensive (if available at all) for people who are older or have pre-existing health conditions. Some versions of this plan call for a government-subsidized high risk pool for the "uninsurable."¹⁷

TIPS FOR REPORTERS

- Keep in mind differences between individual and group health coverage. If you haven't reviewed the employer-sponsored coverage chapter of this sourcebook, you will find that useful.
- Probe averages. The sickest 5 percent of the population accounts for half of health care spending.¹⁸ Averages or per capita statistics can mask the experience of the small proportion of policyholders who make large claims in any given year. How does health insurance work for consumers, not just most of the time, but when they get sick?
- Expand time horizons. Snapshots reveal interesting differences in health insurance products and prices at a point in time, but this can change. Are the low premiums offered for some policies

stable, or do they increase over time? Do covered benefits and deductibles change?

- Notice the difference in premiums charged for individual coverage for males vs. females, for high deductibles vs. lower deductibles, and in different parts of your state and around the country. You can compare at www.ehealthinsurance.com
- You will find a good overview of state regulation of health insurance, including individual coverage, at this Alliance for Health Reform site - www.allhealth.org/briefing_detail.asp?bi=138
- For personal stories of people who have had problems with their health insurance, try the Families USA Consumer Story Bank. Call 202-628-3030, or e-mail storybank@familiesusa.org. The Alliance for Health Reform's Find-an-Expert service also can help reporters find such individuals (www.allhealth.org/reporter_enroll.asp or 202-789-2300).

STORY IDEAS

- What is the experience of self-employed people in your area who rely on individual health insurance? What is coverage like and what does it cost when first purchased? Does this change over time?
- *Early retirees* - This is another group that relies disproportionately on individual health insurance. What are coverage options for people when they retire before age 65, when Medicare is available? How do premiums for early retirees compare to those paid by younger people? How does medical underwriting work for early retirees? How does individual health insurance compare to employer-based coverage that retirees recently left?
- *Renewal practices* - What happens when it's time to renew individual insurance policies? Do insurers in your market use "durational rating?" That is, does the same policy cost more for a consumer renewing coverage compared to a consumer purchasing it initially? What steps do policyholders take to moderate their renewal rate increases? Do they increase deductibles? Drop

States with High-Risk Pools as of January 2009*

Alabama	Montana
Alaska	Nebraska
Arkansas	New Hampshire
California	New Mexico
Colorado	North Carolina
Connecticut	North Dakota
Florida**	Oklahoma
Illinois	Oregon
Indiana	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Texas
Louisiana	Utah
Maryland	Washington
Minnesota	West Virginia
Mississippi	Wisconsin
Missouri	Wyoming

* Idaho requires insurers to sell guaranteed issue policies called "high-risk pool policies" and so is often included in the list of high-risk pool states.

** Florida's pool has been closed to new enrollment since 1991.

Source: Comprehensive Health Insurance for High-Risk Individuals: A State-by-State Analysis, 2007/2008 edition. Published by National Association of State Comprehensive Health Insurance Plans.

optional coverage? How often do insurers introduce new policies? How easy is it for existing policyholders to switch to these new policies?

- *Rescissions* - If a new policyholder makes a large claim (e.g., for cancer) within a year of purchase, what happens? Will insurers investigate the claim to see if it is for a pre-existing condition? What are local insurers' track records regarding such post-claims investigations? How many first year policyholders who make large claims have

their condition excluded as pre-existing? How many have their policies cancelled or rescinded? How does that compare to the national experience?

- *Explore medical underwriting practices* - Ask insurers/agents about conditions that are "uninsurable." Are policies routinely offered to applicants who are pregnant? Cancer survivors? Depressed? 20 pounds overweight?
- *Explore coverage adequacy* - How well do different policies pay for medical bills of policyholders who become sick, injured, or pregnant? Ask doctors or hospital administrators in your community if they notice differences in how individual health insurance reimburses care compared to job-based coverage. Is it harder to collect from patients with high-deductible policies? What do providers do when a patient's insurance doesn't cover a needed service?
- *Probe transparency* - Can you obtain a copy of a health insurance policy (not just the brochure, but the contract)? If you can, can you understand it? Talk to somebody who has been through a major illness or who has a chronic condition. What were their health care needs in a year? How would the policy cover it? How long has this policy been on the market? How have premiums for this policy changed over time? Do insurance regulators have this information?
- *Consumer-directed health plans* - Who buys these policies in your community? Does satisfaction with these policies differ for consumers depending on how much medical care they need?
- *Regulatory capacity* - Who is your state insurance commissioner? Is s/he elected or appointed? How many staff work for her/him to regulate health insurance? What's involved when they audit a health insurer or respond to a consumer complaint? How would (or could) they respond to complaints from consumers calling from another state?

EXPERTS AND WEBSITES

Analysts/Advocates

Stuart Altman, *Professor of National Health Policy*, Brandeis University, 781/736-3804, altman@brandeis.edu

Drew Altman, *President and CEO*, Kaiser Family Foundation, 650/854-9400

Joseph Antos, *Wilson H. Taylor Scholar in Health Care and Retirement Policy*, American Enterprise Institute, 202/862-5938, jantos@aei.org

Katherine Baicker, *Professor of health economics*, Department of Health Policy and Management, Harvard University School of Public Health, 617/432-5209

Brian Biles, *Professor, Department of Health Policy*, George Washington University, 202/416-0066

Linda Blumberg, *Principal Research Associate*, Urban Institute, 202/261-5769

Michael Cannon, *Director of Health Policy Studies*, Cato Institute, 202/789-5200, mcannon@cato.org

Deborah Chollet, *Senior Fellow*, Mathematica Policy Research, 202/554-7528, dchollet@mathematica-mpr.com

Gary Claxton, *Vice President/Director*, Health Care Marketplace Project, Kaiser Family Foundation, 202/347-5270

Sarah Collins, *Assistant Vice President*, The Commonwealth Fund, 212-606-3838, src@cmwf.com

Richard Curtis, *President*, Institute for Health Policy Solutions, 202/789-1491, rcurtis@ihps.org

Michelle Doty, *Associate Director of Research*, The Commonwealth Fund, 212/606-3800, mmd@cmwf.com

Jon Gabel, *Senior Fellow*, National Opinion Research Center, 301-634-9313, Gabel-Jon@norc.org

John Goodman, *President*, National Center for Policy Analysis, 972/308-6472, ronda.mccullough@ncpa.org

Edmund Haislmaier, *Research Fellow*, The Heritage Foundation, 202/546-4400

Robert Helms, *Resident Scholar*, American Enterprise Institute, 202/862-5877, rhelms@aei.org

Robert Laszewski, *President*, Health Policy and Strategy Associates, 703/727-9517

Barbara Lyons, *Deputy Director*, Commission on Medicaid and the Uninsured, Kaiser Family Foundation, 202-347-5270, blyons@kff.org

Jack Meyer, *Principal*, Health Management Associates, (202)785-3669, jmeyer@healthmanagement.com

Tom Miller, *Resident Fellow*, American Enterprise Institute, 202/862-5886, tmiller@aei.org

Robert Moffit, *Director*, Center for Health Policy Studies, The Heritage Foundation, 202/546-4400

Len Nichols, *Director*, Health Policy Program, New America Foundation, 202/986-2700, nichols@newamerica.net

Edwin Park, *Senior Health Policy Analyst*, Center on Budget and Policy Priorities, 510/524-8033

Ron Pollack, *Executive Director*, Families USA, 202/628-3030, Communications director David Lemmon: dlemmon@familiesusa.org

Karen Pollitz, *Project Director*, Health Policy Institute, Georgetown University, 202/687-3003

Uwe Reinhardt, *James Madison Professor of Political Economy*, Princeton University, 609/258-4781

Jack Rodgers, *Director*, Economic Policy Analysis Group, PricewaterhouseCoopers, 202/414-1646

Diane Rowland, *Executive Vice President*, Kaiser Family Foundation, 202/347-5270, drowland@kff.org

Greg Scandlen, *President and CEO*, Consumers for Health Care Choices, 301/606-7364

William Scanlon, *Senior Policy Advisor*, Health Policy R & D, 202/624-3975

Cathy Schoen, *Senior Vice President*, Research and Evaluation, The Commonwealth Fund, 212/606-3800, cs@cmwf.com

Ken Thorpe, *Professor and Chair, Rollins School of Public Health*; Executive Director, Partnership to Fight Chronic Disease Advisory Board, Emory University, 404/727-3373

Grace-Marie Turner, *President*, Galen Institute, 703/299-8900

Judy Waxman, *Vice President for Health and Reproductive Rights*, National Women's Law Center, 202/588-5180, jwaxman@nwlc.org

Government

John Dicken, *Director*, Health Care, Government Accountability Office, 202/512-7043, dickenj@gao.gov

Jean Hearne, *Specialist in Social Legislation*, Congressional Research Service, 202/707-7362

Mila Kofman, *Superintendent of Insurance*, Maine Bureau of Insurance, 207/624-8550, mila.kofman@maine.gov

Richard Rimkunas, Head, *Health Insurance and Financing*, Congressional Research Service, 202/707-7334

Stakeholders

David Abernethy, *Senior Vice President*, HIP Health Plans, 202/393-0660, DAbernethy@EmblemHealth.com

Brenda Craine, *Director*, Washington Media Relations, American Medical Association, 202/789-7447, brenda.craine@ama-assn.org

Alissa Fox, *Senior Vice President*, Office of Policy and Representation, Blue Cross Blue Shield Association, 202/626-8681, alissa.fox@bsbsa.com

George Halvorson, *Chairman and CEO*, Kaiser Permanente, 510/271-5660

Angela Hunter, *Director of Federal Affairs*, Council for Affordable Health Insurance, 703/836-6200x387, anghunter@cahi.org

Karen Ignagni, *President and CEO*, America's Health Insurance Plans, 202/778-3200, kignagni@ahip.org

Charles Kahn, *President*, Federation of American Hospitals, 202/624-1500

Jeff Lemieux, *Senior Vice President*, Center for Policy and Research, America's Health Insurance Plans, 202/778-3200, jlemieux@ahip.org

Frank McArdle, *Principal*, Hewitt Associates LLC, 202/331-2034

Janet Trautwein, *Executive Vice President and CEO*, National Association of Health Underwriters, 703/276-3806

Reed Tuckson, *Senior Vice President*, UnitedHealth Group, 952-936-1253, reed_v_tuckson@uhc.com

Brian Webb, *Manager*, Health Policy and Legislation, National Association of Insurance Commissioners, 202/471-3990, bwebb@naic.org

Websites

Alliance for Health Reform
www.allhealth.org

Alliance of Community Health Plans
www.achp.org

American Enterprise Institute
www.aei.org

American Medical Association
www.ama-assn.org

America's Health Insurance Plans
www.ahip.org

Blue Cross Blue Shield Association
www.bcbs.com

Cato Institute
www.cato.org

Center for Studying Health System Change
www.hschange.org

Center on Budget and Policy Priorities
www.cbpp.org

Commonwealth Fund, The
www.commonwealthfund.org

Consumers for Health Care Choice
www.chcchoices.org

Council for Affordable Health Insurance
www.cahi.org

Employee Benefit Research Institute
www.ebri.org

Families USA
www.familiesusa.org

Federation of American Hospitals
www.fah.org

Galen Institute
www.galen.org

George Washington University Department of Health Policy
www.gwhealthpolicy.org

Georgetown University Health Policy Institute
http://ihcrp.georgetown.edu/

Georgia State University Department of Risk Management and Insurance
http://www.rmi.gsu.edu/

Government Accountability Office
www.gao.gov

Health Policy and Strategy Associates
www.healthpol.com

Health Policy R & D
www.hprd.net

Health Research and Educational Trust
www.hret.org

Heritage Foundation
www.heritage.org

Institute for Health Policy Solutions
www.ihps.org

Kaiser Family Foundation
www.kff.org

Kaiser Foundation Health Plan Inc.
www.kaiserpermanente.org

Mathematica Policy Research
www.mathematica-mpr.com

National Association of Health Underwriters
www.nahu.org

National Association of Insurance Commissioners
www.naic.org

National Center for Policy Analysis
www.ncpa.org

National Coalition on Health Care
www.nchc.org

National Women's Law Center
www.nwlc.org

New America Foundation
www.newamerica.net

Rollins School of Public Health, Emory University
www.sph.emory.edu

UnitedHealth Group
www.unitedhealthgroup.com

Urban Institute
www.urban.org

US Census Bureau, Health Insurance Data
<http://www.census.gov/hhes/www/hlthins/hlthins.html>

ENDNOTES

- ^a Fronstin, Paul (2008). "Sources of Coverage and Characteristics of the Uninsured: Analysis of the March 2008 Current Population Survey." EBRI Issue Brief no. 321, Figure 1. Washington, DC: Employee Benefit Research Institute, September. (www.ebri.org/pdf/briefspdf/EBRI_IB_09a-2008.pdf). Most researchers believe Census data overstate the number of individual market participants, for example, by including in the count people with multiple sources of coverage. Others estimate the individual market to cover only about 14 million people. See, for example, "How Private Health Coverage Works: A Primer, 2008 Update" by the Kaiser Family Foundation at www.kff.org/insurance/upload/7766.pdf.
- ^b Kaiser Family Foundation (2004). Update on Individual Health Insurance, Kaiser Family Foundation, 2004. (<http://www.kff.org/insurance/upload/Update-on-Individual-Health-Insurance.pdf>).
- ^c Medical underwriting is the process by which insurers assess the health and risk status of applicants. Applicants for a medically underwritten individual health insurance policy might be turned down, charged more, or offered a policy that permanently excludes coverage for their pre-existing condition.
- ^d National Association of State Comprehensive Health Insurance Plans (2007/2008). "Comprehensive Health Insurance for High-Risk Individuals: A State-by-State Analysis." (www.naschip.org).
- ¹ Fronstin, Paul (2008). "Sources of Coverage and Characteristics of the Uninsured: Analysis of the March 2008 Current Population Survey." EBRI Issue Brief no. 321, Figure 1. Washington, DC: Employee Benefit Research Institute, September. (www.ebri.org/pdf/briefspdf/EBRI_IB_09a-2008.pdf).
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- ⁶ Kaiser Family Foundation and Health Research and Educational Trust (2008). "Employer Health Benefits: 2008 Annual Survey." Exhibit 6.1. (<http://ehbs.kff.org/pdf/7790.pdf>).
- ⁷ Blumberg, Linda; Clemans-Cope, Lisa (2009). "Health Savings Accounts and High-Deductible Health Insurance Plans: Implications for Those with High Medical Costs, Low Incomes, and the Uninsured." Urban Institute. (<http://www.urban.org/publications/411833.html>).
- ⁸ For instance, the individual coverage premium for a 55-year-old non-smoking male in Nashville, Tenn., is 74 percent more expensive than the same policy would cost a 45-year-old non-smoking male. Determined by a search of www.ehealthinsurance.org.
- ⁹ Kaiser Family Foundation (2007). "Individual Market Guaranteed Issue." <http://www.statehealthfacts.org/comparetable.jsp?cat=7&ind=353>.
- ¹⁰ Kaiser Family Foundation (2007). "Individual Market Guaranteed Issue." <http://www.statehealthfacts.org/comparetable.jsp?cat=7&ind=353>.
- ¹¹ Kaiser Family Foundation (2007). "Individual Market Guaranteed Issue." <http://www.statehealthfacts.org/comparetable.jsp?cat=7&ind=353>.
- ¹² National Association of State Comprehensive Health Insurance Plans (2007/2008). "Comprehensive Health Insurance for High-Risk Individuals: A State-by-State Analysis." (www.naschip.org).

- 13 For more information about subsidized individual policies in Massachusetts, sold through a program called Commonwealth Care, see <http://www.mahealthconnector.org>. For more information about subsidized policies in Vermont, see <http://www.catamounthealth.org>. For more information about subsidized policies in Maine, see <http://www.dirigohealth.maine.gov>. For more information about subsidized policies in New York, see <http://www.healthyny.com>.
- 14 The early retirees are those age 55 to 64 who receive pension payments from the federal Pension Benefit Guaranty Corporation because their former employers went bankrupt or for other reasons can no longer pay these pensions. The trade-dislocated workers are those certified by the U.S. Department of Labor as having lost their jobs because of competition by foreign firms and who either receive Trade Adjustment Assistance cash payments or would qualify for such payments were it not for their receipt of unemployment insurance payments. See <http://www.irs.gov/>. See also: Dorn, Stan (2008). "Health Coverage Tax Credits: A Small Program Offering Large Policy Lessons," the Urban Institute, February. (<http://www.urban.org/publications/411608.html>).
- 15 Carpenter, Elizabeth; Nichols, Len; and Bertko, John (2008). "Across State Lines Explained." New America Foundation, October. (http://www.newamerica.net/publications/policy/across_state_lines_explained). See also Congressional Budget Office Analysis of HR 2355, Health Care Choice Act of 2005, September 12, 2005. (<http://cbo.gov/doc.cfm?index=6639>).
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- 18 Berk, Marc; and Monheit, Alan (2001). "The Concentration of Health Care Expenses, Revisited." Health Affairs, March/April, Exhibit 1. (www.healthaffairs.org).