

# Your Money or Your Life?

Clarifying the Health Care Debate

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**Q:**  
How many doctors  
does it take to change  
a light bulb?

**A:**  
It depends on whether  
the bulb has insurance.

*This year, you'll hear nearly every candidate running for any kind of national office – president, senate or representative – talk about fixing the country's health care system. They'll comment on how important the issue is and how much they care about helping Americans get good care at affordable prices. Some of them will offer specific ideas for expanding insurance coverage and / or trying to reduce health care costs.*

*What they say will probably sound pretty good – they are politicians after all – but here's a little backgrounder that can help you think through just how much to trust what they have to say and to help you evaluate which one is most likely to tackle this problem in ways you think will work.*

*Here's what we have for you:*

#### **The Fix We're in Now**

The basic facts – the very least you need to know to get a grip on this issue

#### **So What's the Plan?**

Three different directions the country could go in, complete with important pros and cons for you to think about (and argue with someone else about if you like)

#### **Quotes to Consider**

Americans don't agree on much these days – certainly not how to fix the health care system. Here are what some influential Americans have to say on the topic – quick and to the point

#### **Starting Statistics (and Ones You Need to Know)**

You can let the numbers do the talking with our quick set of charts and graphs that will help you understand a lot more about what's at stake, what's possible and what's pie in the sky

# HERE'S THE FIX WE'RE IN NOW

“America’s health care system is second only to Japan, Canada, Sweden, Great Britain... well... all of Europe. But you can thank your lucky stars we don’t live in Paraguay!”

— Homer Simpson

**Some 47 million Americans**, 15.8% of the population, don’t have health insurance.

**There are mainly people in jobs that don’t offer benefits:** people between jobs, part-timers, the self-employed and lots of folks who work for small businesses.

**The U.S. government spends nearly \$700 billion each year on health care**, mainly for Medicare (which covers nearly all older Americans), Medicaid (which helps cover those who are very poor) and care for veterans.

**Meanwhile private health costs amount to about \$1.1 trillion every year.** About six in ten Americans get health insurance from their employer.

**And just in case you hadn’t noticed, individuals shell out for health care too.**

It’s usually for deductibles, co-pays, premiums and drugs that aren’t covered by insurance. For an unfortunate group of Americans, it’s what they have to pay when they have a very serious illness or injury and their insurance runs out.

**The U.S. health care system is incredibly complicated.** Essentially, it’s not a ‘system’ at all – it’s a patchwork of private insurance and government programs like Medicare. There are holes in the system – and there’s duplication as well.

**Health care costs have been rising faster than inflation for decades** (they went up 6.7 percent in 2006). This will probably get worse. Government experts project health spending could double in 10 years.

**This presents a huge burden for business and it’s a budget-buster for the government**, but frankly you’ll be on the line too. Business faced with spiraling health care costs sometimes cut benefits or raises or may even cut back their work force. Government needs to get the money from someone to cover health care costs. Guess who?

**Most experts say expensive new treatments, procedures and drugs, along with an aging population are the major reason health care costs are shooting upward**, but everyone agrees that there’s a lot of inefficiency in the system too.

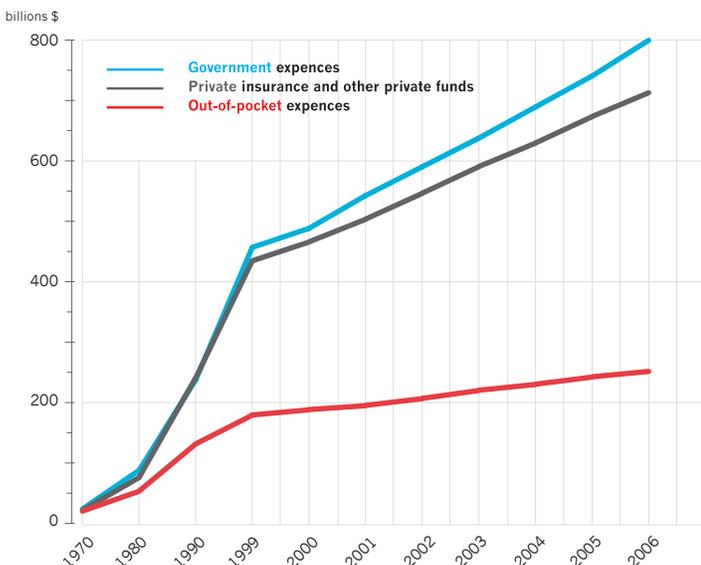
**Sources:** Census Bureau, Health Insurance 2006, [<http://www.census.gov/hhes/www/hlthins/hlthin06.html>]; Center for Medicare and Medicaid Services, National Health Expenditures Data [<http://www.cms.hhs.gov/NationalHealthExpendData/>]; Government Accountability Office, The Nation’s Long-Term Fiscal Outlook April 2008, [<http://www.gao.gov/new.items/d08783r.pdf>]; Kaiser Family Foundation, Trends and Indicators in the Changing Health Care Marketplace, [<http://www.kff.org/insurance/7031/index.cfm>]

## Government, private insurance costs increasing

Personal health care expenditures, 1970 – 2006

**Note:** Personal health care expenditures totaled \$1,762.0 billion in 2006.

**Source:** National Health Expenditures, January 2008, Centers for Medicare and Medicaid Services



# HOW WE GOT HERE

“What did I do? I did my job. I slashed benefits to the bone. I saved this company money. Was I too harsh? Maybe. I don’t believe in coddling people. In the wild, there is no health care. In the wild, health care is, ‘Ow, I hurt my leg. I can’t run. A lion eats me and I’m dead.’ Well, I’m not dead. I’m the lion. You’re dead.”

— Dwight Schrute, *The Office*

*We’ve all heard friends and coworkers say, ‘I can’t afford to get sick.’ For many, this isn’t just about meeting a deadline at work or school. Millions of Americans worry about whether they can pay their medical bills, or whether they can get care at all. Even those with good health insurance worry about the bureaucracy and complexity of the system.*

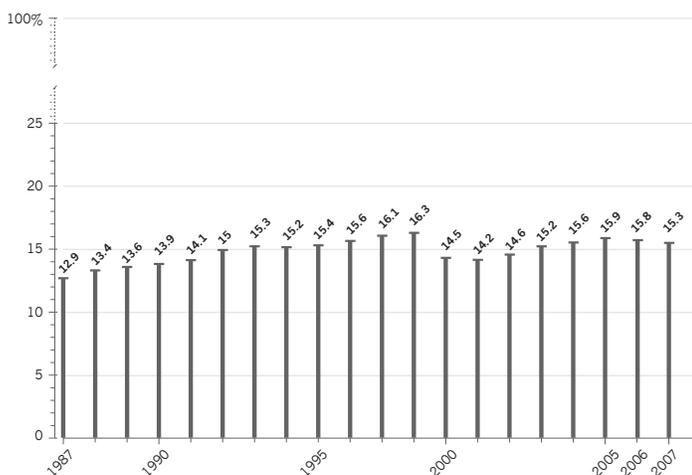
Consider these facts:

- What the average person pays for insurance premiums and out-of-pocket costs rose by 50 percent between 2000 and 2005, from an average of \$6,200 to \$9,100 per person.
- Some 47 million Americans, nearly 16 percent of the population, don’t have health insurance at all.
- Unpaid medical bills are the nation’s leading cause of personal bankruptcy.
- Our country’s total health care bill is projected to hit \$4.3 trillion by 2017 and account for about one-fifth of the total economy. That’s double the \$2.1 trillion we spent in 2006.

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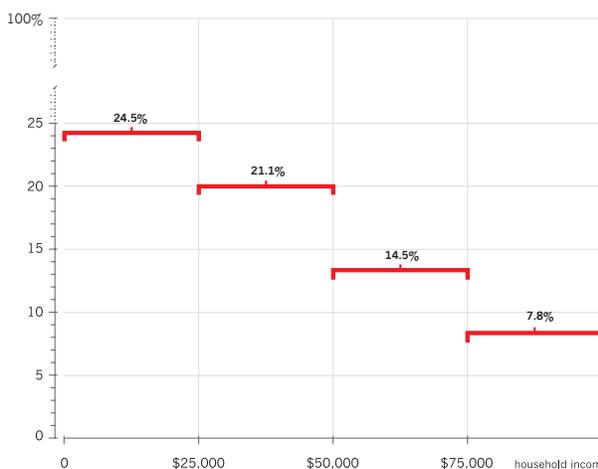
**Percentage of American without health insurance**  
Percentage of population without government or private health insurance, 1987–2007

Source: “Income, Poverty and Health Insurance Coverage in the United States: 2007,” August 2008, U.S. Census Bureau



**Lack of health insurance coverage, by income**  
Percentage of population without government or private health insurance, by household income, 2007

Source: “Income, Poverty and Health Insurance Coverage in the United States: 2007,” August 2008, U.S. Census Bureau



# HOW WE GOT HERE

Health care costs in the United States are hurting individuals, government and businesses. What makes this problem harder to solve is that there isn't just one cause behind it. There are a lot of reasons for these astronomical sums, including:

**Technological advances.** Science keeps coming up with new cures, which is wonderful – and expensive.

**An aging population.** As 78 million baby boomers hit retirement age, they're going to be subject to the extra medical needs everyone faces as they get older.

**It's hard for most people to tell how much their health care really costs.** Most people who have insurance only pay part of the cost through co-pays, deductibles or employee contributions – the insurance company pays the rest, and the patient may or may not ever see a bill. And since different insurance plans negotiate different deals with providers, the bills for two people

with the same illness could be quite different. Many experts say that since the patient isn't bearing the real cost, there's no incentive to control costs.

**General inefficiency.** Since the U.S. health care system isn't really a single system but a combination of private insurance plans and government programs, that means different forms and different rules for every situation. (The United States spends more than \$400 billion a year in health care paperwork, more than three times per capita what Canada spends.) Some experts blame factors like high compensation for health care companies and providers and medical malpractice lawsuits.

**Unhealthy lifestyles.** Americans may not be taking good enough care of themselves, with rising obesity rates and falling exercise levels.

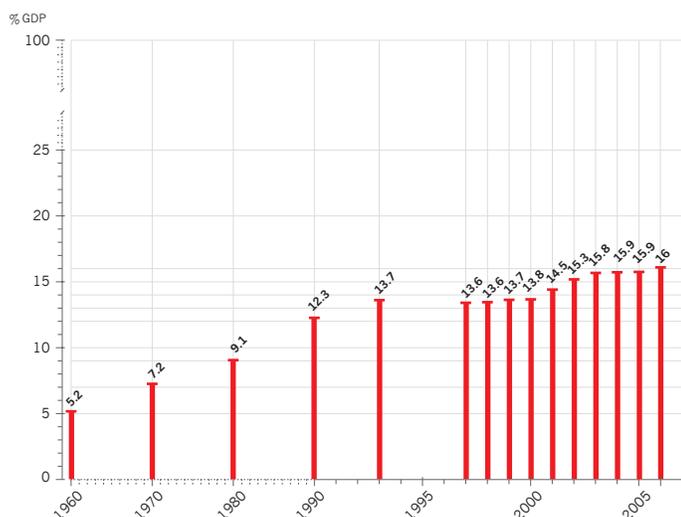
The United States spends far more per capita on health care than any other nation, and yet some critics argue Americans aren't getting their money's worth. Despite tremendous gains in health and average longevity, from 47 to 77 years since 1900, measures of U.S. medical well-being lag behind those of several dozen other nations. (Japanese life expectancy, for example, is nearly five years longer than Americans'.) A RAND Corporation study found that only half of the treatments that Americans receive are considered 'best practices.'

Most Americans (about six in 10) get their health coverage as an employee benefit. As a result, the number of uninsured people tends to swing up and down with the economy, as employers lay off or cut back in hard times. Low-income people and young adults are most likely to be uninsured. Those without insurance are 25 percent more likely to die during any given year than those with insurance. And of course, even though people with employer-provided

## Health care spending rising

National health care expenditures as a percentage of gross domestic product, 1960 – 2006

Source: National Health Expenditures, January 2008, Centers for Medicare and Medicaid Services

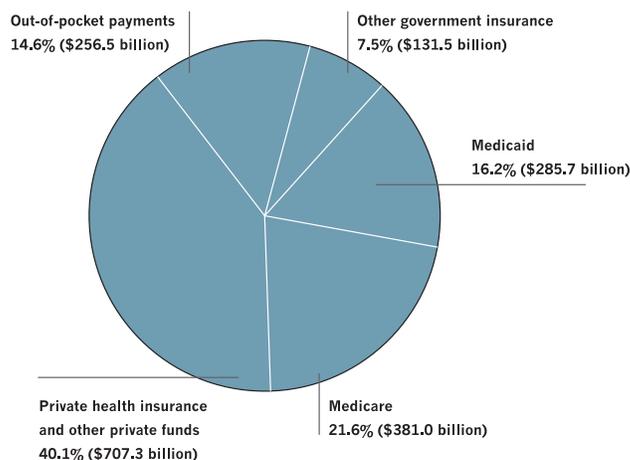


## Private vs. public expenditures on health care

Personal health care spending by source of funds, 2006

Note: Personal health care expenditures totaled \$1,762.0 billion in 2006.

Source: National Health Expenditures, January 2008, Centers for Medicare and Medicaid Services



# HOW WE GOT HERE

insurance only pay a fraction of their health costs, it's far from free – the Kaiser Family Foundation reports the average family premium is more than \$12,000 per year, of which employees pay roughly one-quarter. The government does play a major role in providing health care, through programs for the elderly (Medicare), the poor (Medicaid) and low-income children, as well as through veterans benefits and insurance for federal employees and their families.

In fact, the federal government currently pays for about 45 percent of the nation's health care bills. The government also provides substantial tax breaks (\$225 billion total) for employers who provide insurance. People who aren't covered by an employer or the government can still buy health coverage from an insurance company on their own – but relatively few do. Individuals end up paying the highest rates, because businesses usually negotiate a cheaper group rate.

So this makes the rising cost of health care a challenge for government, business and families alike. Businesses are increasingly worried about the cost to their bottom line. General Motors, for example, says it spent \$5.6 billion covering its 1.1 million employees in 2006, and claims health costs added \$1,500 to the sticker price of every car it makes. While very few businesses said they intended to drop health benefits in 2008, one in five said they were likely to raise employee premiums, according to a Kaiser Family Foundation survey.

For the government, health care costs may become a budget-buster. The combination of the aging baby boom generation and rising costs makes Medicare the most worrisome part of the federal budget. Medicare spending will be about \$400 billion in 2008. Medicaid and children's health spending will be around \$216 billion, and state Medicaid costs are likely to be about \$160 billion. All of these numbers are projected

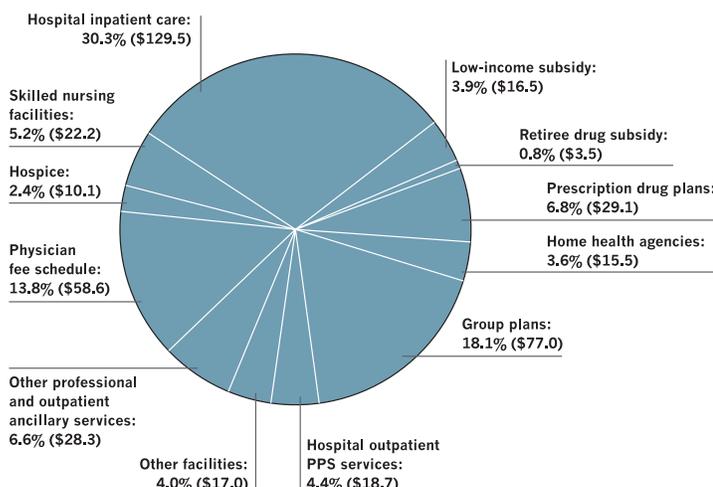
to double within a decade. But controlling costs brings up fundamental questions of fairness. Few topics are as potentially controversial as setting limits on health care. When managed care companies became popular in the 1990s, there was intense debate over their attempts to control costs and approve procedures. Yet some limits may well be needed if we're going to control costs.

## Where Medicare dollars go

Projected distribution of Medicare benefit payments by type of service, 2007

**Note:** Medicare benefits totaled \$426.0 billion in 2007.

**Source:** "CBO's March 2008 Baseline: Medicare," March 2008, Congressional Budget Office

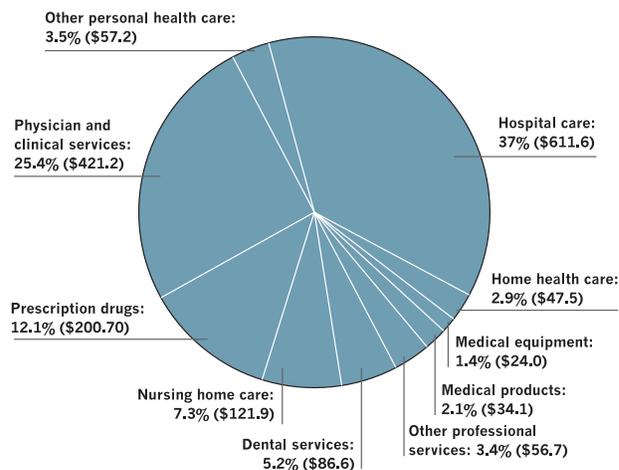


## Where health dollars go

Personal health care expenditures by type of service, in billions, 2006

**Note:** Personal health care expenditures totaled \$1,762.0 billion in 2006. Medical equipment includes eyeglasses, hearing aids and surgical supplies. Medical products include over-the-counter drugs and medical sundries.

**Source:** National Health Expenditures, January 2008, Centers for Medicare and Medicaid Services



# SO WHAT'S THE PLAN?

There are many ideas about how to improve the American health care system – and frankly it's going to take a while to really make sense of the situation and fix all the problems Americans complain about. But here are three different directions a lot of politicians talk about, directions the country might move in.

**Choice One:** It's time for a single national health insurance system – basically let's have Medicare for everyone

**The big plus** is that everyone would have insurance and the money now going to insurance companies and their profits could actually be spent on health care.

**The big risk** is that this would be monumentally expensive and give a big government agency the power to say what kind of care will be covered and what won't.

**Choice Two:** It's time to use competition and the power of the marketplace to bring down costs and give people more choices

**The big plus** is that people would have many more choices for the kinds of insurance they want and competition among insurers for your business would make the policies more affordable.

**The big risks** are that insurers would take advantage of the situation and that most people really need help deciding which policies will be best.

**Choice Three:** The best thing to do is to have all employers provide health insurance for their workers and to have government help people who aren't working buy it on their own

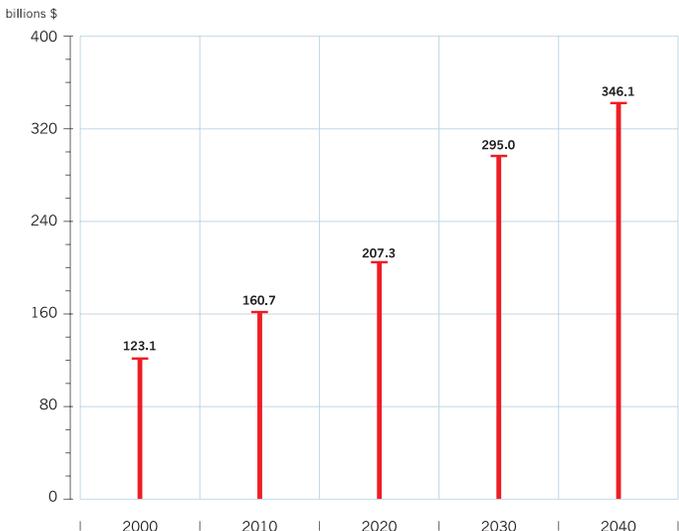
**The big plus** is that this builds on our current system and keeps most of the health care system in the private sector – not in the hands of government.

**The big risk** is that this basically expands a system that is astronomically expensive and confusing – it does very little to squeeze the duplication and excess out of the system.

## Long-term care needs

Projected long-term care expenditures, in billions of 2000 dollars

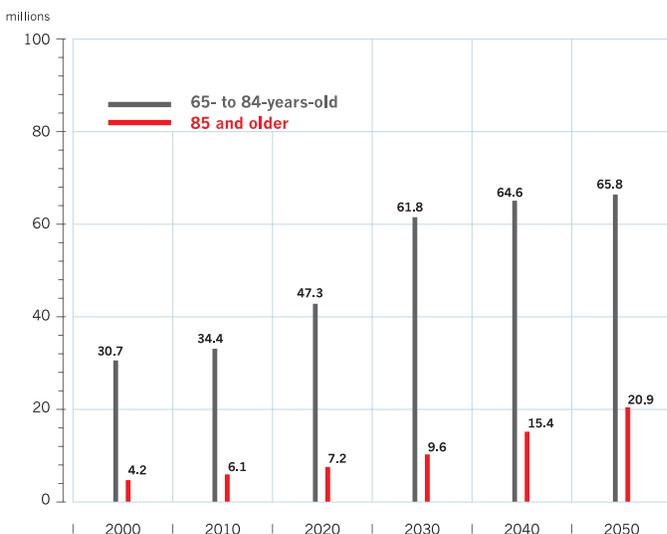
Source: "Long-Term Care: Understanding Medicaid's Role for the Elderly and Disabled," November 2005, Kaiser Family Foundation



## Long-term care needs

Projected growth of the elderly population, 65- to 84-years-old and aged 85 and older

Source: "Long-Term Care: Understanding Medicaid's Role for the Elderly and Disabled," November 2005, Kaiser Family Foundation



# CHOICE 1: CREATE A NATIONAL HEALTH CARE SYSTEM

*Decent health care ought to be a basic right, not something that depends on the job you hold. Our patchwork health care system of private insurance and government programs simply isn't working. It's time to try what Canada and most European countries already have: a national, government-run health care system. The system would work much like Medicare, except that everyone would be entitled to coverage, regardless of age, income or job status. Like Medicare, you'd still pick your own doctor, but the government would get the bill.*

*We've debated what to do about health care for years, but nothing else has solved the problem. This is the only way to solve the problem of the uninsured, once and for all.*

## What Should Be Done?

- Create a Medicare-style 'single payer' system, where the government provides health insurance for everyone.
- Allow patients to get a standard list of covered health services from any doctor or hospital in the program.
- Raise taxes or repeal existing tax cuts to fund the program.
- Tie the new health insurance system into existing government programs to promote good nutrition, mental health awareness and exercise.

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## State-by-state health insurance coverage rates

Percentage of state populations without government or private health insurance, three-year average 2005 – 2007

Source: "Income, Poverty and Health Insurance Coverage in the United States: 2007," August 2008, U.S. Census Bureau

Alabama	13.9%	Illinois	13.7	Montana	16.1%	Rhode Island	10.3%
Alaska	17.3	Indiana	12.3	Nebraska	12.0	South Carolina	16.5
Arizona	19.6	Iowa	9.4	Nevada	17.9	South Dakota	11.2
Arkansas	17.5	Kansas	11.8	New Hampshire	10.5	Tennessee	13.9
California	18.6	Kentucky	13.8	New Jersey	15.2	Texas	24.4
Colorado	16.7	Louisiana	19.4	New Mexico	21.9	Utah	15.6
Connecticut	9.9	Maine	9.5	New York	13.4	Vermont	11.0
Delaware	11.8	Maryland	13.6	North Carolina	16.6	Virginia	13.6
District of Columbia	11.4	Massachusetts	8.3	North Dakota	11.1	Washington	12.1
Florida	20.5	Michigan	10.8	Ohio	11.0	West Virginia	14.9
Georgia	17.8	Minnesota	8.5	Oklahoma	18.2	Wisconsin	8.8
Hawaii	8.3	Mississippi	18.8	Oregon	16.8	Wyoming	14.3
Idaho	14.7	Missouri	12.5	Pennsylvania	9.8	U.S. TOTAL	15.4

# CHOICE 1: CREATE A NATIONAL HEALTH CARE SYSTEM

## Arguments For This Approach

- Health care should be a right, not a privilege for those lucky enough to have a good job, or to be over a certain age. This approach is the only way to guarantee that everyone gets medical care.
- Countries with national health care systems often have good health care at a lower cost because the government can make bulk purchases of drugs and control costs.
- This will actually reduce paperwork. Doctors and hospitals will only have to deal with one set of forms and one government agency, rather than dozens of private companies and government agencies, all with different rules.
- Any new taxes will be offset by the savings earned when employers and workers no longer have to pay insurance premiums.

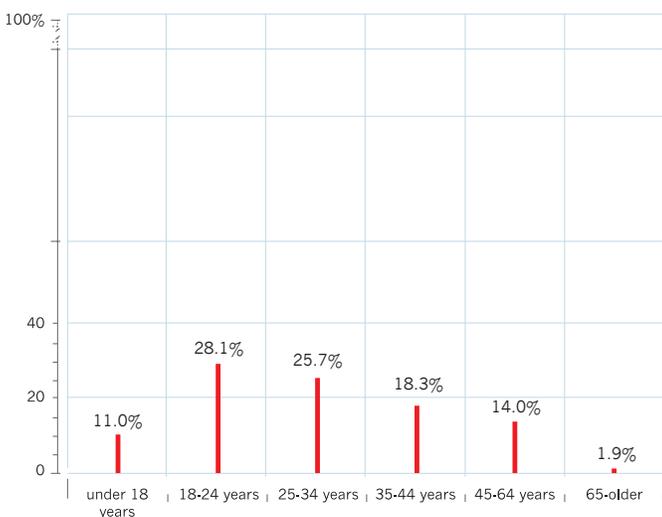
## Arguments Against This Approach

- Under this plan, a government bureaucracy tells you what health care you can have.
- In Canada and other countries it's common to wait months for elective treatments or surgery.
- This will require steep tax increases. All the health care costs now paid by private industry would be taken on by taxpayers.
- The Canadian and European health care systems are expensive and those nations struggle to cover their costs without breaking the budget.
- Health costs will still be a burden to businesses, which will trade a health insurance plan they can control for a health care tax they can't.

### Lack of health insurance coverage, by age

Percentage of population without government or private health insurance, by household income, 2007

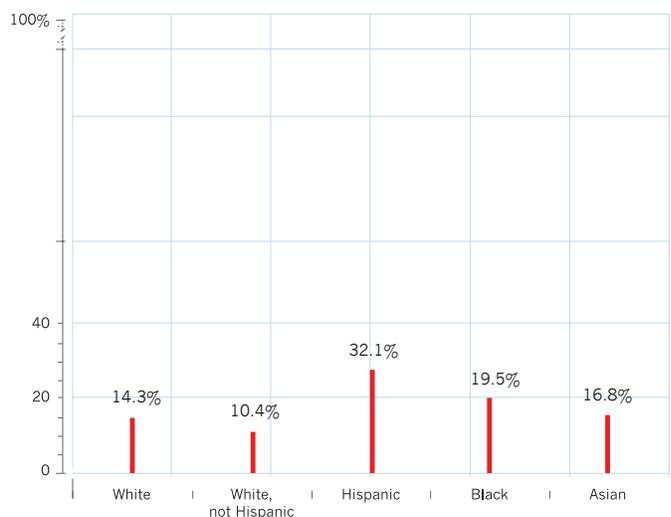
Source: "Income, Poverty and Health Insurance Coverage in the United States: 2007," August 2008, U.S. Census Bureau



### Lack of health insurance coverage, by race

Percentage of population without government or private health insurance, by household income, 2007

Source: "Income, Poverty and Health Insurance Coverage in the United States: 2007," August 2008, U.S. Census Bureau



# CHOICE 2: USE COMPETITION TO MAKE THE SYSTEM MORE EFFICIENT

The main problem with the health care system is that costs keep going up. All the other problems in the health care system stem from this and won't be solved until we give everyone real choices and the ability to take responsibility for what they spend on care. That means reducing regulation and using free market competition to allow insurers to offer a wider range of plans. We should also embrace managed care, which watches expenses carefully and has already slowed down the rise in health care costs. By moving further in the direction of managed care and adopting medical savings accounts, which encourage individuals to save and shop around for health care, we'll be able to bring down costs and cover more people.

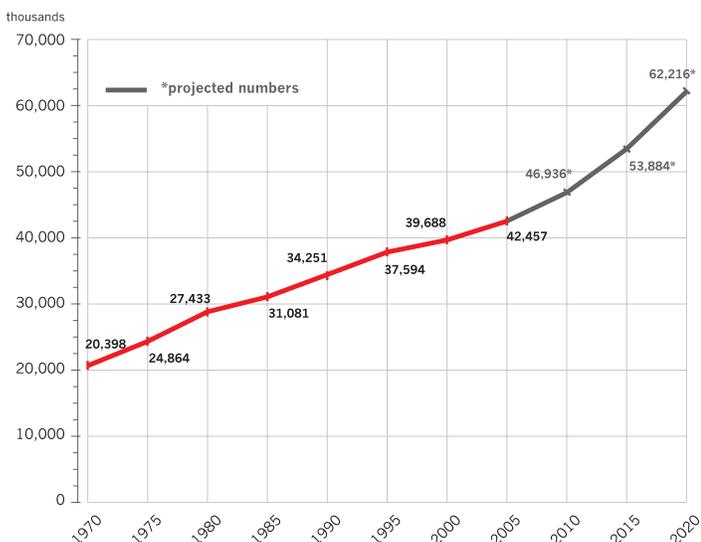
## What Should Be Done?

- Offer tax credits and tax-free medical savings accounts to make it easier for people to buy individual coverage.
- Make your insurance 'portable' so people can keep the same policy if they change jobs and not be totally dependent on what their employer provides.
- Encourage more employers to provide coverage through HMOs and other forms of managed care to ensure competition.
- Encourage small businesses to join together in insurance pools to negotiate for better rates.
- Encourage the use of lower-cost generic drugs and allow people to buy approved drugs from Canada and Europe. Charge patients more if they insist on brand-name drugs.
- Allow private insurers to create basic policies that would cover the most common problems and make coverage affordable for small businesses and individuals.

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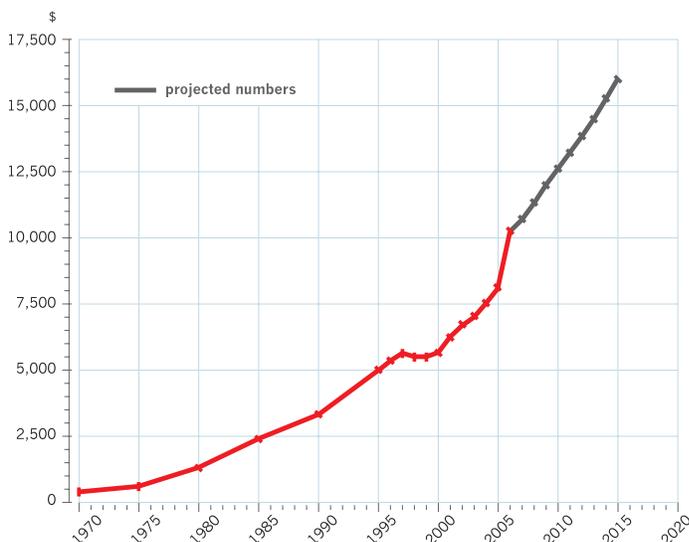
**Growing number of Medicare beneficiaries**  
Hospital Insurance (HI) and / or Supplementary Medical Insurance (SMI) enrollees, in thousands, 1970 – 2020

Source: 'The 2007 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds,' April 2007, Centers for Medicare and Medicaid Services



**Medicare costs per person**  
Average per beneficiary costs of Hospital Insurance and Supplementary Medical Insurance, 1970 – 2015

Source: 'The 2007 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds,' April 2007, Centers for Medicare and Medicaid Services



# CHOICE 2: USE COMPETITION TO MAKE THE SYSTEM MORE EFFICIENT

## Arguments For This Approach

- If the health care system becomes more efficient, we can provide more services for more people, without spending more money.
- The constant rise in health care costs hurts everybody – it burdens business and government and makes insurance too expensive for low-income people.
- The only way to control costs is for insurers, health care professionals and patients to make decisions about what they really want and need. That means empowering patients to set aside money tax-free for medical care and allowing them to seek out cheaper alternatives, like drugs from other countries.
- HMOs and other forms of managed care control costs by relying on competition, rather than heavy-handed government programs.

## Arguments Against This Approach

- This approach will do little to expand health care to the millions of Americans who don't have insurance.
- This will mean patients will have to face a lot more red tape and may even be turned down for treatment an insurance company decides is too expensive.
- Under managed care, decisions about treatment are often made based on what's cheapest, not necessarily the best.
- The real reason health care costs are going up is new, expensive treatments and the aging population.
- This will require people to make critical, complicated choices when they're sick and at their most vulnerable.

### Medicare spending: a larger part of the federal budget

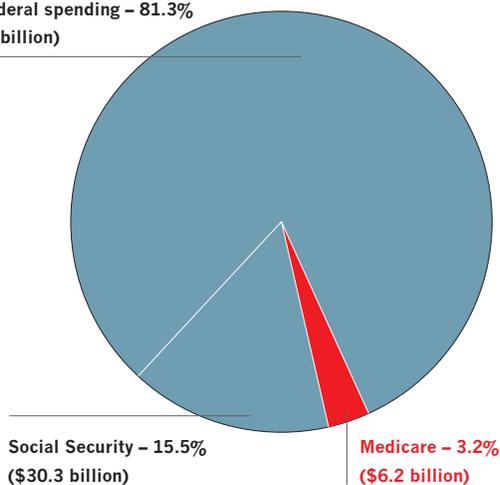
Federal government outlays, in billions, 1970 and 2007

**Note:** Federal outlays totaled \$195.6 billion in 1970 and \$2.7 trillion in 2007.

**Source:** "Budget of the United States Government: Fiscal Year 2009," February 2008, U.S. Government Printing Office

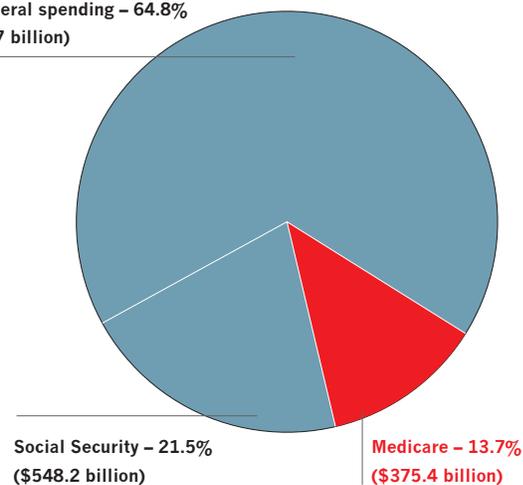
Other federal spending – 81.3%  
(\$159.1 billion)

1970



Other federal spending – 64.8%  
(\$1,768.7 billion)

2007



# CHOICE 3: EXPAND THE CURRENT SYSTEM TO COVER MORE PEOPLE

We don't need to rip up the existing health care system and start over. We already have the best, high-tech medical centers in the world and insurance programs in place that cover 85 percent of Americans. We can just extend those proven programs, public and private, to cover more people. We can require employers and individuals to have health insurance and offer them financial incentives to make it affordable. The federal government already has effective health programs for the elderly (Medicare), the poor (Medicaid), low-income children (CHIP) and its own employees. If we expand the eligibility for those plans and require employers to offer coverage, we'll be able to cover more uninsured people with the least disruption to those who already have insurance. Gradually expanding the current system is the most practical way to cover more people without breaking the budget.

## What Should Be Done?

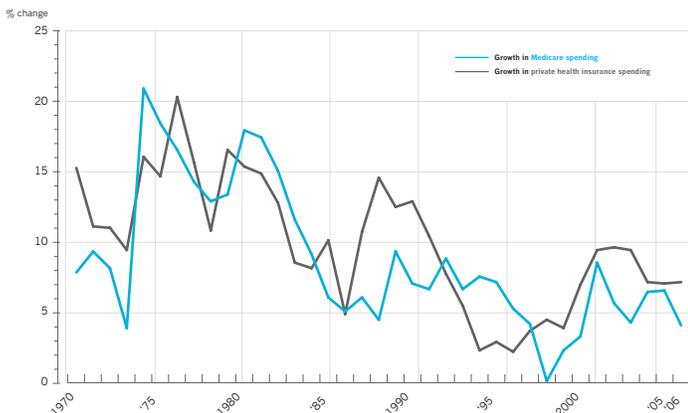
- Require employers to offer health coverage to all their workers, even low-wage or part-timers. Offer tax incentives to business to cover the cost.
- Lower the Medicare eligibility age to 55.
- Extend the Children's Health Insurance Program cutoff age to 25.
- Increase Medicaid funding and raise the income cutoff to cover the working poor.
- Open up the federal employee health insurance program to allow individuals without insurance to buy coverage at favorable rates.

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### Medicare spending vs. private health insurance spending

Annual percentage change in Medicare spending and private health insurance premiums per enrollee, 1970 – 2006

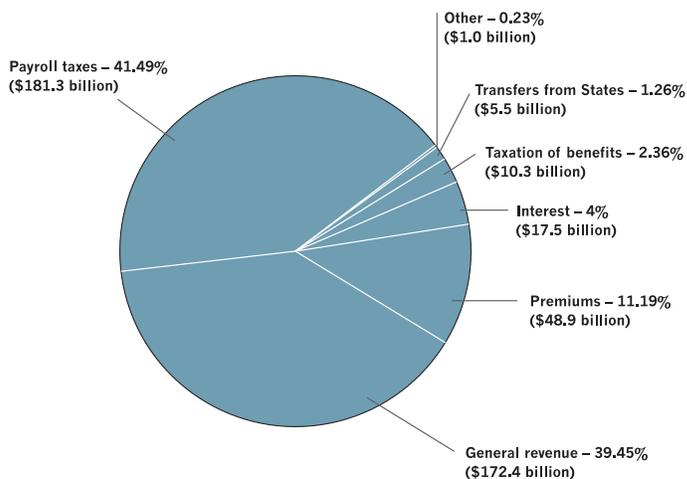
Source: National Health Expenditures, January 2008, Centers for Medicare and Medicaid Services



### Medicare revenue sources

Income of the Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) trust funds, in billions, 2006

Source: "The 2007 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds," April 2007, Centers for Medicare and Medicaid Services



# CHOICE 3: EXPAND THE CURRENT SYSTEM TO COVER MORE PEOPLE

## Arguments For This Approach

- By expanding existing programs and employer-provided insurance we can cover most of the uninsured.
- This is the least disruptive way of attacking the problem – it won't require massive changes in how the health care system operates or how people get their insurance.
- People will still be able to pick their own doctors and health plans and get the same quality of care.

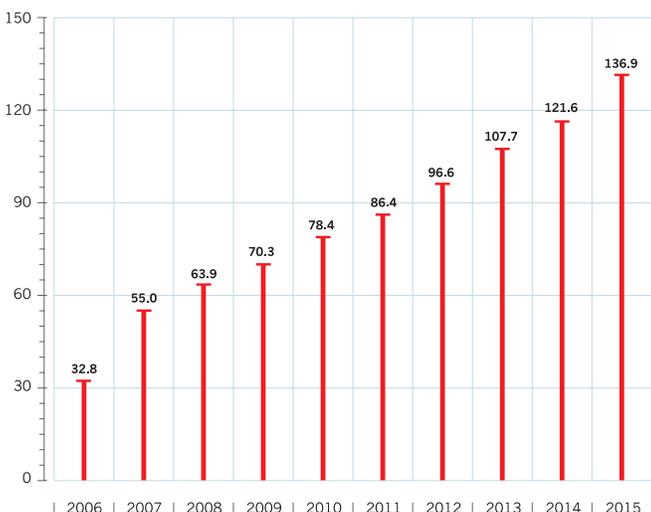
## Arguments Against This Approach

- This will be an expensive expansion at a time when the federal government already has a budget deficit, and we still may end up with some people uninsured.
- The Medicare program is already at risk and will likely go broke as it deals with aging baby boomers. Adding more people to Medicare will just cause the program to collapse more quickly.
- This will do nothing to control health care costs, which are rising at an outrageous rate.
- Requiring employers to provide coverage will be expensive, and even if the government helps with the cost, we'll still impose a huge paperwork burden on business.

**Cost of Medicare prescription drug program**  
 Estimated spending for the Medicare Modernization Act, in billions, 2006 – 2015

**Note:** Total estimated cost is \$849.6 billion.

**Source:** "Updated Estimates of Spending for the Medicare Prescription Drug Program," March 2005, Congressional Budget Office



# QUOTES TO CONSIDER

Think everyone agrees on the problem and what to do about it? Here's a sampling of what some very different Americans have to say about the issue:



'This country's health care system is completely dysfunctional. I am proud of the fact that I was the first person to come out with a specific, truly universal health care plan... My plan costs \$90 billion to \$120 billion a year. I'd pay for it by getting rid of Bush's tax cuts for people who make over \$200,000 a year.'

— **Senator John Edwards**  
June 2007



'The good news is, Americans know firsthand the benefits of a free market – more choices, lower prices, higher quality – and there is no reason why we cannot help them see these same benefits in health care...'

— **Representative John Shadegg  
and Senator Jim DeMint**  
May 2006



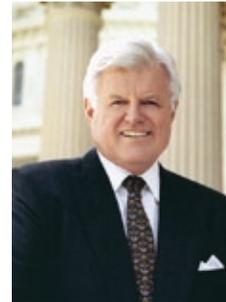
'The American consumer values his freedom to shop around for the best prices. Price transparency will help consumers make more informed health care decisions and will introduce price competition into the health care market, which encourages efficiency and competition.'

— **Senator Sam Brownback**  
April, 2006



'Our health care system is based on the premise that health care is a commodity like VCRs or computers and that it should be distributed according to the ability to pay in the same way that consumer goods are. That's not what health care should be. Health care is a need; it's not a commodity, and it should be distributed according to need. If you're very sick, you should have a lot of it. If you're not sick, you shouldn't have a lot of it.'

— **Dr. Marcia Angell**  
former editor-in-chief of the  
New England Journal of Medicine'



'Children should not be denied the opportunity for a healthy start in life because their parents cannot afford insurance. Families should not have to worry about paying medical bills at the same time they are struggling to cope with all the other strains that serious illness brings. Older couples should not see the savings of a lifetime swept away by a tidal wave of medical debt. And no Americans should find that the quality of their medical care is determined by the quantity of their wealth. But that fundamental wrong occurs every day in America, over, and over, and over again.'

— **Senator Edward M. Kennedy**  
April 2002



'The reality is that we need a free market. We need 100 million Americans making different decisions. It will bring down the cost of health insurance. It will bring down the cost of prescription medicines. Free-market principles are the only things that reduce costs and improve quality. Socialized medicine will ruin medicine in the United States.'

— **Former New York Mayor  
Rudolph Giuliani**  
June 2007

The Voter's Survival Kit was written by Scott Bittle and Jean Johnson of Public Agenda, co-authors of "Where Does the Money Go: Your Guided Tour to the Federal Budget Crisis" HarperCollins, 2008. We had invaluable help from Andrew Yarrow, Jenny Choi, Francie Grace, Aviva Gutnick, Peiting Chen and David White.

Public Agenda is a nonprofit, nonpartisan organization working to strengthen our democracy's capacity to tackle tough issues. We want to ensure the public's views are represented in decision-making and that citizens have the tools and information they need to grapple with the critical challenges of the day. We conduct public opinion research, we run public engagement programs around the country, and we run this Web site to give both citizens and leaders the information they need to know.

Our voter guides are designed to help you make sense of what politicians are saying, at least when it comes to the critical issues facing our country. We lay out some key facts along with different points of view about how to address the issue. Each comes with some potential costs and tradeoffs – because every plan has both pros and cons, and a voter should face both honestly. Public Agenda isn't pushing a particular solution, so whatever you decide is okay with us. But it'll be easier to judge the candidates once you've considered where you want the country to go in the next four years – and what you're willing to do to get there.

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You can find out more about Public Agenda at [www.publicagenda.org](http://www.publicagenda.org).



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Some of the key sources for Your Money or Your Life are:

**Budget of the United States Government, Fiscal Year 2009**

Every number you could possibly want regarding the federal budget  
<http://www.gpoaccess.gov/usbudget/fy09/hist.html>

**Health Insurance Coverage 2006, from the U.S. Census Bureau**

Tracks how many Americans have health insurance and where they get it from  
<http://www.census.gov/hhes/www/hlthins/hlthin06.html>

**National Health Expenditures, from the Centers for Medicare and Medicaid Services**

The best available data about health care spending, both government and private  
<http://www.cms.hhs.gov/NationalHealthExpendData/>

**Fast Facts from the Kaiser Family Foundation**

A private foundation that tracks health care issues and conducts research  
<http://facts.kff.org/>

**"The Moral Hazard Myth," by Malcolm Gladwell**

A New Yorker magazine article that examines the nation's health care system  
[http://www.newyorker.com/archive/2005/08/29/050829fa\\_fact](http://www.newyorker.com/archive/2005/08/29/050829fa_fact)

**"Health Care Costs and U.S. Competitiveness," Council on Foreign Relations**

A look at how health costs affect the U.S. economy and compares to other countries  
[http://www.cfr.org/publication/13325/healthcare\\_costs\\_and\\_us\\_competitiveness.html](http://www.cfr.org/publication/13325/healthcare_costs_and_us_competitiveness.html)



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