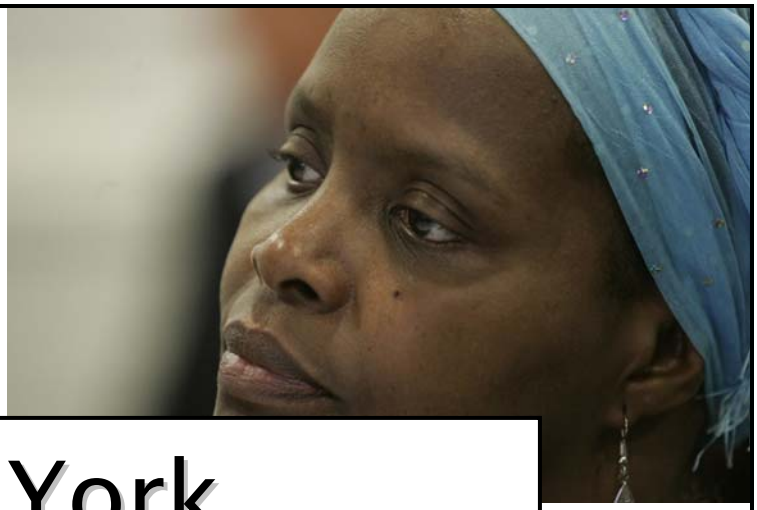
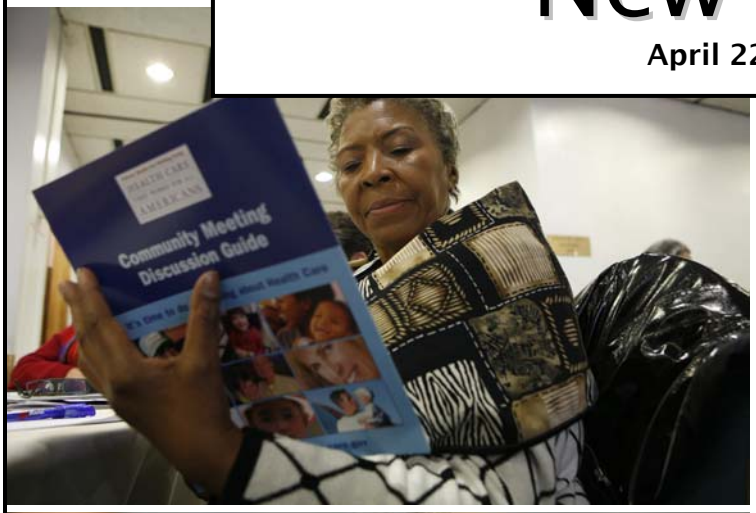


New York

April 22, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

New York City citizens who attended the Citizens' Health Care Working Group community meeting in Harlem on Saturday, April 22, 2006 were resolute in their call for action on health care and suggested several unambiguous messages for Washington.

This group of feisty, independent, passionate and generous individuals decreed universal health care, preferably financed by a single payer, is needed, NOW.

Many attendees agreed with the participant who stated, *"Health care is not a commodity."* Participants were also adamant that the consumers' voice needs to be a part of any ongoing oversight system developed and the for-profit motive is incompatible with what should drive sound health care services decisions.

A number of participants were clearly impatient with questions unrelated to moving efficiently toward broad coverage for all Americans. Those in attendance came to advocate as well as debate, to educate as much as to be informed about the issues and needs of the community and the nation surrounding the current conditions of the health care system.

Especially when expressing their trade-offs, participants made clear a social vision that included: ending tax breaks for the wealthy, ending Iraq war expenditures, nationalizing pharmaceutical research, exercising price control in order to eliminate drug profits, replacing the insurance industry with a national health care system, and applying restraint in spending on futile care for the dying. Although these same ideas have also been heard elsewhere, participants at this meeting were especially assertive.

Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Salt Lake City, Utah

SESSION FINDINGS

Values

"We should have a single, national system that provides accessible, necessary, quality, affordable, portable care for all."

"The national system should be the same from state to state."

"Care should be determined by health professionals, not business executives."

"It is a waste of taxpayers' money for people to have indemnity coverage that results in the individual shopping for specialized care without regard to their legitimate health care needs that can be better brought about by having a more effective and comprehensive primary care system that serves everyone."

Participants unanimously agreed that the health care system was in serious trouble. While half (47 percent) thought that the main purpose of health insurance was to protect against high medical costs and one-third (35 percent) that it was to pay for everyday costs, several indicated that both reasons were valid. Participants made it clear that they felt that the inquiry ought to pursue *"how"* to establish a universal health care system, not *"whether"* such a system ought to be established.

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? *(Top 6 responses below)*

- Universal and publicly financed to guarantee equality of access
- National system providing appropriate care, accessible to all people
- Affordable, lifelong and a Constitutional right
- Accountable
- Fairness
- Public responsibility

Of the values participants identified, the one receiving the most support was that health care should be universal, publicly financed and able to guarantee equality of access. Almost everyone (97 percent) agreed that it should be a matter of public policy that all have affordable health care coverage. The mechanisms that participants most strongly supported for achieving national health insurance were creating a national/universal health insurance program financed by tax payers, opening up enrollment in existing federal programs, and expanding neighborhood health clinics.

Benefits

All individuals in the United States should get the same benefits as members of the U.S. House of Representatives and the Senate.

Benefits should include all necessary medical, dental, psychiatric and ophthalmic care. Optional and elective, non-medically necessary care--for example, cosmetic surgery and infertility treatments--should not be covered.

The VA gives veterans excellent care and should be used as a model.

We need to be able to obtain humane health care. My mother, age 99, was unable to obtain appropriate pain management and palliative care from a high profile teaching hospital in New York City. Instead, despite my passionate advocacy on her behalf,

they forced on her an aggressive, expensive and painful sequence of neglect and abuse.

Participants broadly supported (98 percent) covering everyone with a system of defined benefits as opposed to a system of categorical coverage. "The real value of having a system in which everyone has at least a shared level of services is that it stops pitting groups of people against one another." Participants indicated that they would want both the mechanism for reaching decisions and the terms defined in law. No group should be excluded from this process; however, employers should no longer have a voice in determining necessary services. The profit motive should be excluded from the essential considerations. Others expressed concern about possible rationing that would be used in a system of basic care for all, and wanted assurance that there would be a wide spectrum of services.

In order of preference, participants chose consumers, medical professionals and federal government (state government was the fourth choice) to decide the services to be included in a basic care system. They cautioned that merely extrapolating from the current "broken, inefficient system" would not result in real solutions; a new paradigm was needed. Regarding what services ought to be part of the basic system, at least one participant objected to "looking at a list of potential services that are predicated on being part of the current broken system." Some participants objected to being asked about particular services that should be covered because they felt the question assumed everyone would have to buy private insurance, which they viewed as unacceptable.

Getting Health Care

I was amazed to hear how many people here in New York City, one of the capitals of medical education and research, have had trouble accessing care – if it's bad here, what's it like in rural America?

Health care should be delivered through a single payer system, not through insurance companies whose primary goal is to maximize shareholder value.

I'm a therapist at a mental health clinic for children. We have closed our waiting list and have no local clinics that we can refer patients to. The clinic administrator does not think we'll have additional staff until 2007, if at all.

Care should be provided at the most local level possible. Why don't we have house calls and cheap transportation to where health care is available? Why should my 91-year-old neighbor have to wait two years to see her doctor because she is unable to climb onto a bus? Institutionalization for the elderly should be minimal; home care should be the norm.

Participants identified numerous problems and difficulties with the current health care system including: obtaining pre-approval from insurance companies, difficulty learning what providers cover, administrative and other "gatekeeper" hurdles, lack of co-location of necessary diagnostic and therapeutic services and non-availability of specialty care. There were several barriers associated with cost, especially of long term care, drugs or care that are part of the "doughnut hole,"and costs causing impoverishment (bankruptcy) or the need to become impoverished in order to qualify for public assistance. Participants were also concerned with the limited

availability of surgical procedures or organs (thereby resulting in death), inadequate transportation, reliance on communication technologies (e.g., internet) for patients that don't have access to them, institutional bias for care, turning away uninsured from non-emergency care and gaps in coverage (unemployed, recent college graduates, etc.). As one participant put it in graphic terms regarding young grads, "they are basically screwed" since, although young and generally healthy, unexpected medical catastrophes/accidents can "happen to anyone at any time."

Financing

Pay for health care through a progressive tax system on employers and high income (over $75,000) earners. I'll gladly pay more taxes if it will end this horrible problem (of the uninsured).

Overuse arises because hospitals and doctors too often prescribe all manner of tests and panels of treatment—to avoid liability rather than to discover or confirm a diagnosis. I'm a benefits manager—I see this all the time.

Eliminate direct-to-consumer advertising of prescription drugs, in order to limit health care costs. Reduce costs by putting more emphasis on preventive care.

Reduce administrative expenditures; eliminate insurance companies; establish a plan similar to Medicare, which uses only 4 percent of premiums on administrative costs.

Establish a system of shared risk. Pay for health care through taxes with everyone paying a percentage of their gross income.

I'm not sure we have the money to finance health care for the World. If we get total health care, will everyone undocumented have free health care?

Establish a single payer national health care insurance system, funded by payroll and employer taxes, creating a single pool, similar to Medicare.

Most participants engaged in debates about financing. At one table, discussants sought practical and global ways to control costs. Beginning with the consensus that "the resources are out there if the tax code is restructured to prevent corporate profits," participants recommended various ways to cover the costs of health care, including: cap costs of prescription medications; establish systems of revenue-sharing that put the drug profits back into a shared pool to help pay for health care; eliminate disparities of higher costs charged by some providers, reduce the complexity of reimbursement rules in order to prevent "gaming" the system (for instance, prohibiting providers from paying a lower cost fine rather than fulfilling requirements to see new members during the first 30 days of new coverage).

A participant pointed out that one major reason to support having a single payer system is that under the current method of private payers, the company that pays for preventive services likely does not reap the rewards. Rather, some other company, 20-30 years later, receives those benefits, so there is a disincentive for providers to spend the money now. Coupled with changing this structure, there needs to be more education about preventive care and how individuals can take greater responsibility for their own care.

Another participant described the difficulties faced both by a person dying and their family. "Isn't there a point in end-of-life care at which it is okay to say that some services aren't useful?" The family was not wealthy, but had insurance. As recounted, the dying relative, in this instance, knew all the doctors in the hospital where he had been admitted and "*they didn't want to let him go either,*" thereby resulting in the provision of more invasive death-extending, rather than life-enhancing, service/care.

Participants identified numerous ways to cut costs, including: emphasizing prevention and health education in first grade, removing the profit motive, establishing a single payer (which received spontaneous applause), assuring that there are well funded and well organized public health centers and making selective (efficient, price sensitive) use of technology. Other solutions to curb costs included: taking individual responsibility for staying healthy, curtailing pharmaceutical marketing, increasing the use of non-physicians, subsidizing health food stores in low-income neighborhoods, strengthening oversight of potential provider fraud, imitating the IT systems used by the Veterans Administration and applying quality oversight to provider care. As a practical matter, participants agreed that at least while the reform of the health care system was being designed and implemented, the government should create an oversight board to see what providers and insurance companies are doing with the money.

Participants' identification of the responsibilities *individuals* should bear for health care had a distinct edge. Their suggestions included: "demand a better health care system;" insist on transparency regarding insurance company practices; hold providers accountable for services and expenditures; challenge inappropriate charges for health care; "take responsibility to make sure we get health care coverage;" get involved politically (which received applause); get an adequate education; use care responsibly and appropriately; question "disingenuous health care services and insurance workers;" change self-destructive behaviors; make individual efforts to understand ones' health regimens; accept responsibility for ones' community; figure out when end-of-life care is futile or wasteful and prevent it; become educated about how the market delivers services to people and avoid disease-oriented care; seek wellness and prevention; and avoid the many messages about "quick fixes" directed at consumers.

What responsibilities of individuals and families in the health care system would you support?

- Get involved politically
- Be active advocates
- Make good choices on information available
- Use available care responsibly and appropriately
- Get informed on how to access the system to receive the appropriate care
- Get preventive care and avoid costly ER visits
- Get help in changing self-destructing patterns/behaviors
- Utilize available health literacy to better understand health regiments
- Educate themselves how the market is delivered to the population
- Evaluate when medical care is futile to reduce end-of-life costs

Tradeoffs and Options

The questions about trade-offs are inflammatory, narrow-minded and insulting. Eliminate profits in the health care system to pay for universal coverage.

Spend less on futile end-of-life care; spend more on comfort for the dying.

Trade this broken system for a single payer, universal care; you can capture inefficiency and redirect toward health care and benefits.

It is difficult to know whether there would be more or less benefits in a single payer system.

Restore the federally supported health facilities planning process (health systems agencies) to guard against (capital investment in health technology) redundancies.

Limit access to high-cost, questionable or unproven treatments. We can't all have everything all the time. A national health system could limit the number of costly tests doctors prescribe due to fear of being sued. In turn, malpractice insurance will decline."

Participants' objections to questions about trade-offs they were willing to make were revealing. Regarding the hypothetical trade-off of end of life care that is of questionable value in exchange for more at-home and comfort care, a participant responded, "shame on you" for posing such a question at all. Another participant asked, "Who will decide what is of questionable value?" Another expressed the opinion that "it's not the doctors and patients that are able to make the trade-offs; it's the pharmaceutical and insurance companies, since it's their profits." The participant indicated that his "dying father was treated needlessly and they got paid anyway."

Another participant indicated that he was "willing to pay for retraining laid off insurance and pharmaceutical company employees" in order to switch to a system that eliminated much of the for-profit portion of those industries." It was suggested that polluting companies should be paying more of the money for their actions and doctors should receive better training on how to share information with the families of the ill or dying so that the families may make decisions that doctors are uncomfortable with.

Another commented that "trade-off implies equal partners; if we had a universal health care system we would have to make difficult decisions regarding quality; today these decisions are made 'at us'. I'd love to be in the position to make trade-off decisions; we need to have a universal system in order to be able to engage in trade-offs; we are not yet traders." Again, others indicated funds for health care could come by spending less on defense. Another commented that rationing already exists but that once we have a universal system, those decisions won't be based on how much money a person has.

Many of the participants at the meeting strongly endorsed the idea that the most important trade off was to trade the current categorical system for a universal system organized around a single payer. They considered it a "cruel illusion" that they would arrive at a single payer only by "giving up what we have now" because they were suspicious of the likely result of legislative actions. Participants were

concerned that the failure to have already enacted broader health care coverage might be due to the lack of a consensus on the importance of a health care system that embodies greater equality rather than merely seeking marginal change. Government expenditures need to be shifted to more spending in the country rather than internationally. It was expressed that the current system "breeds racism; minorities can't get health insurance because they don't earn enough money. Unless you demolish the structure, you fortify the current circumstances that are a vicious cycle."

Others indicated that we have a system and a tradition of public health and financing that is something to build on rather than seeking solutions through health savings accounts. Several participants said, and wrote on their worksheets, that they wanted a single payer system in which the government was the payer; at the same time, they indicated their skepticism that change would come because the decisions "are being determined by the pharmaceutical and insurance companies and the other for-profit organizations. I hope this (the community meeting) isn't being used as validation for some piece of garbage that comes out of Congress after they meet in a back room." On the other hand, some participants expressed optimism that the political will is on the rise for a national health care system and they were glad Congress authorized the Citizens' Health Care Working Group to travel around the country to hear from the people.

METHODOLOGY

Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys of the full group, and interactions at the table and full group levels. Key points raised to the full group were displayed on a screen. Participants answered questions using key pads and results were displayed as received. Findings from these instant polls formed the basis for full group discussion. Complete polling data from this meeting is available at http://www.citizenshealthcare.gov.

PARTICIPATION

The Citizens' Health Care Working Group New York City Community Meeting was held Saturday, April 22, 2006 from 1:00 pm -5:00 pm at the Adam Clayton Powell Jr. State Office Building with over 150 in attendance. The participants represented a diverse range of circumstances and backgrounds. A third of the participants were men and two-thirds women with half ages 45-64, a fifth (22 percent) over that age and the rest (29 percent) younger. Most had college degrees (33 percent) or graduate/professional degrees (52 percent). Both Hispanics (10 percent) and African American/Blacks (12 percent) were represented. Although most of the participants were employed, one-third (36 percent) indicated they were employed only part time or unemployed while 21 percent indicated "other." One-third (36 percent) indicated that their health care coverage was either Medicaid (21 percent), "other" or "none."

Several of the personal stories reported by participants during the meeting were particularly heart rending.

Richard Frank, Ph.D. represented the Working Group at the meeting. In his opening remarks, Dr. Frank emphasized that the three dimensions of concern in the health care system were cost, quality, and access. United States House of Representatives member Charles Rangel made a brief appearance during the meeting and expressed his pleasure at the turn out for a meeting. He mentioned, among other remarks, the importance of prevention as a way of keeping people out of hospitals and therefore generating savings for the health care system.

New York's Medicaid program is the largest in the country. In 2005, it consumed 35 percent of the state's General Fund, up from 14 percent in 1990. New York is the state with the highest Medicaid expenditures, accounting for almost 15 percent of the United States' expenditures. New York also has the highest Medicaid expenditures per enrollee and the highest expenditures per blind and disabled Medicaid enrollee.

DATA

Are you male or female?

36.3%	1	Male
63.7%	2	Female

How old are you?

4.0%	1	Under 25
24.8%	2	25 to 44
49.5%	3	45 to 64
21.8%	4	Over 65

Are you Hispanic or Latino?

9.8%	1	Yes
79.4%	2	No
10.8%	3	No Response

Which of these groups best represents your race?

70.7%	1	White
12.1%	2	Black or African American
1.0%	3	Asian
0.0%	4	Native Hawaiian or Pacific Islander
1.0%	5	American Indian or Alaska Native
5.1%	6	Other
10.1%	7	Decline to answer

What is the highest grade or year of school you completed?

1.0%	1	Elementary (grades 1 to 8)
0.0%	2	Some high school
1.9%	3	High school graduate or GED
5.8%	4	Some college
5.8%	5	Associate Degree
32.7%	6	Bachelor's Degree
51.9%	7	Graduate or professional degree
1.0%	8	Decline to answer

What is your primary source of health care coverage?

45.2%	1	Employer-based insurance
13.5%	2	Self-purchased insurance
1.9%	3	Veterans'
21.2%	4	Medicare
2.9%	5	Medicaid
4.8%	6	Other
9.6%	7	None
1.0%	8	Not sure

What is your employment status?

20.8%	1	Self-employed
43.4%	2	Employed - working full time
10.4%	3	Employed - working part-time
4.7%	4	Not employed / currently looking for work
0.0%	5	Homemaker
20.8%	6	Other

Which one of these statements do you think best describes the U.S. health care system today?

74.3%	1	It is in a state of crisis
25.7%	2	It has major problems
0.0%	3	It has minor problems
0.0%	4	It does not have any problems
0.0%	5	No opinion

Which one of the following do you think is the MOST important reason to have health insurance?

35.2%	1	To pay for everyday medical expenses
46.6%	2	To protect against high medical costs
18.2%	3	No opinion

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?

30.1%	1	Universal and publicly financed to guarantee equality of Access
25.3%	2	National System providing appropriate care accessible to all people
14.5%	3	Accountable equal access to high-quality care
2.4%	4	Fairness
0.0%	5	Not based upon moral or political values
1.2%	6	Educated and informed consumer who can access the health care system
2.4%	7	Public responsibility
1.2%	8	Comprehensive of all categories of care
22.9%	9	Affordable, lifelong, and a Constitutional right
0.0%	10	Quality

Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]

97.1%	1	Yes
2.9%	2	No

Which of the following statements most accurately represents your views?

2.1%	1	Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
97.9%	2	Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

3rd	5.218	Federal government
4th	4.107	State and/or local government
2nd	6.687	Medical professionals
6th	1.425	Insurance companies
5th	2.143	Employers
1st	7.744	Consumers

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

--	1	Not knowing what providers cover what procedures
--	2	Difficulty getting pre-approval from insurance companies
--	3	Transgender care not available
--	4	Trouble negotiating administrative hurdles to get care
--	5	Too many different procedures and players (non-centralized care) - primarily insurance-related issues as the cause
--	6	The doughnut-hole
--	7	Lack of access to specialists
--	8	Problems getting approval for transplant surgery resulting in long-waits (and at times, death
--	9	Transportation
--	10	Proximity to facilities (esp. in rural areas & small towns)
--	11	Obstruction of access to comprehensive services by managed care
--	12	Affordability (esp. long term care)
--	13	Lack of availability of facilities
--	14	Difficulty getting past gatekeepers to get referrals
--	15	Lack of access to technology keeping some out of the system
--	16	Bias towards institutional care instead of home-based care
--	17	Difficulty in getting insurance when employer cannot afford paying for it
--	18	Lack of access to adequate / proper mental health care

What responsibilities of individuals and families in the health care system would you support most?

--	1	Get involved politically
--	2	Be active advocates
--	3	Make good choices on information available
--	4	Use available care responsibly and appropriately
--	5	Get informed on how to access the system to receive the appropriate care
--	6	Get preventive care and avoid costly ER visits
--	7	Get help in changing self-destructing patterns/behaviors
--	8	Utilize available health literacy to better understand health regiments
--	9	Evaluate when medical care is futile to reduce end-of-life costs
--	10	Educate themselves how the market is delivered to the population

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

--	n/a	Allocation of funds to more preventive care and health education programs to reduce costs
--	n/a	Total elimination of the profit motive (including private insurance)
--	n/a	Single-payer plan

--	n/a	Eliminate conflict of interest -- groups of salaried physicians
--	n/a	Begin health education in 1st grade
--	n/a	Well-funded and well-staffed community health centers to provide care at the local level
--	n/a	Selected use of low-tech technology
--	n/a	Stay healthy
--	n/a	Curtailing pharmaceutical marketing
--	n/a	Increase use of non-physician providers
--	n/a	Reduce investments in the reasons not to provide services
--	n/a	Subsidized health food stores in low-income neighborhoods (changing the culture)
--	n/a	Better oversight over provider fraud
--	n/a	Electronic system to eliminate fragmentation
--	n/a	Price cap on prescription drugs
--	n/a	Eliminate unnecessary testing and procedures
--	n/a	Balance reimbursement to providers that aren't delivering the same care
--	n/a	Interim: create an oversight board to look at where the money goes

How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?

25.4%	1	$0
3.0%	2	$1 - $100
6.0%	3	$100 - $299
13.4%	4	$300 - $999
35.8%	5	$1,000 or more
16.4%	6	Don't know

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate your support for each of the following proposals on a scale from 1 (low) to 10 (high).

2nd	5.833	A - Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).

9th	2.052	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
4th	4.638	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10th	1.421	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
2nd	6.545	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
8th	2.807	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
6th	3.722	Require businesses to offer health insurance to their employees
3rd	5.612	Expand neighborhood health clinics

1st	8.588	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
5th	3.864	Require that all Americans enroll in basic health care coverage, either private or public
7th	2.956	Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a ***Community Meeting Kit*** to plan a meeting for your family, friends, neighbors and co-workers.
  www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
  www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
  www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
  www.citizenshealthcare.gov
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
  www.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
  www.citizenshealthcare.gov
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
  www.citizenshealthcare.gov/community/mtng_files/complete.php
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
  www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
  www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.