Toward a Healthy Future

2018 ANNUAL REPORT
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DEAR FRIENDS,

United States of Care was founded on a vision that so many Americans share but that seems, to many, to be out of reach: affordable health care for every American.

Recently, Americans have seen their health care security become the subject of one of the longest political standoffs that the country has seen. For most Americans, their objectives are simple: to be able to afford to take care of their families, keep them healthy, and know that no one—no Congress, no insurance company, no politician—will take that away. That’s where United States of Care, completing its first year of operations, is focusing our work—affordable health care for every American that will be a durable legacy.

The question for the country will increasingly not be about whether Americans should have the important protections of health security that are fundamental to happiness and prosperity, but how and when.

United States of Care was founded on the vision that this can and will happen if millions get engaged and have a voice, if policymakers are given tools and support, and if people come together with their expertise around the best ideas that can unite us in these simple goals.

Policymakers need to get busy advancing ideas that keep more people healthier, connect them to primary care and mental health resources, make care more affordable, and get rid of the horrible choice too many Americans face, of having to choose between health care and some other expense in their lives. United States of Care will help by supporting policies that work for the people they are intended to serve, that won’t be easily overturned each election, and can be improved as more is learned.

A vital ingredient for United States of Care is to be sure that everyday Americans have their voices heard—so that elected representatives can be accountable to them for policies that provide affordable, hassle free health care—not special interests.

The best ideas for covering more people more affordably must win. United States of Care believes the states have the best near-term opportunities to create and implement new ideas that bring affordable care to more people. In 2019, like 2018, United States of Care will put the resources of the organization, including the knowhow of Founder’s Council members, to work, helping develop and pass big new ideas in states. Successful approaches can become better models for good policy in 2020 and beyond.

United States of Care represents a vision of a positive and more unified country that allows its residents to focus on better health and a better life by eliminating the insecurity and struggle of not being able to afford health care. The Founders and supporters have come together because we believe it’s time to do something that extends beyond the self-interest of any one participant and that health care does not need to remain politically divisive if the right building blocks are put in place.

For all the great science and medicine in the United States, there are too few Americans who believe they will be able to access those resources when they are most needed. United States of Care enters 2019 grateful to the many Americans who are working for a next generation health care system, one that must be centered on the lonely voice of the mom with the sick child, the small business owner with too big of a deductible, and the teenager with no source of care but an overcrowded emergency room.

On behalf of United States of Care, we are excited about 2019 and pledge to do our part to realize a future where the United States can become the healthiest and most secure country possible.

EMILY BARSON  
Executive Director  
United States of Care

ANDY SLAVITT  
Chair, Board of Directors  
United States of Care
Year One by the Numbers

A Pressing Issue

- 28 million Americans have no health coverage
- 3 in 10 Americans report problems paying medical bills
- only 36% of the public believe that government policies reflect the view of most Americans

A Growing Consensus

- 82% of people said health care was important to their vote in the 2018 midterm elections
- 52% of people believe that Medicaid expansion has positively impacted their state’s health care
- 78% of people believe that Medicaid buy-in should be a priority for their state legislature
- 88% of voters think that they and their neighbors should have an affordable, regular source of health care

United States of Care’s Impact

- 29 States Engaged With Founder’s Council Members
- 85
- 3.5M Impressions on Twitter
- 11.1K New Twitter Followers
United States of Care has developed a comprehensive, tailored approach to building relationships at the state level that combines technical expertise, strategic partnerships, and tactical and organizational support. In 2018, we conducted a “listening tour” with more than 20 states, and learned there is momentum for change. In the coming year, we look forward to deepening our engagement at the state level and expanding our strategy to additional areas.

Developments over the past year show the potential of state level approaches to expanding health coverage and limiting costs to patients, in both red and blue states.

- **14 states** are pursuing Medicaid buy-in through studies or legislation
- **at least 9 states** have a comprehensive law to protect consumers from surprise bills
- **4 states** moved to expand Medicaid in 2018
- **28 states** passed 45 laws to control prescription drug costs
“I believe that the voices of those directly affected by health care decisions should be the ones leading the conversation.”

— ELENA HUNG, PARENT ADVOCATE, PRESIDENT AND CO-FOUNDER OF LITTLE LOBBYISTS
United States of Care's first strategic engagement in a state is a partnership with advocates in New Mexico to expand affordable coverage via a Medicaid buy-in proposal. We hope New Mexico can serve as a model to inform the dozen other states looking at Medicaid buy-in as a possible route to expanding affordable coverage.

United States of Care's involvement is bringing needed coordination and a campaign-like-mindset and urgency to the project that has the potential to provide tens of thousands of New Mexicans with truly affordable coverage. In addition to our existing offerings of policy development assistance, stakeholder support, strategic guidance, and access to our network of experts, United States of Care hired a project manager on the ground, and conducted state-based public opinion research to better understand how New Mexicans respond to the proposal. Our initial focus groups offered promising feedback on the buy-in idea, suggesting that the issue has not yet hardened along partisan lines.

Special thanks to founding champions of United States of Care New Mexico, J. Mario Molina, M.D. and John C. Molina.

“‘It’s so helpful not to be alone in this process.’”

— BARBARA WEBBER, EXECUTIVE DIRECTOR OF HEALTH ACTION NEW MEXICO
Minnesota has been a national leader in health care policy and innovation, ranking consistently as one of the top ten healthiest states in the country. Yet this strong performance obscures serious inequities in outcomes, among people of color, Native Americans, people with disabilities, people with low socioeconomic status, and members of the LGBTQ+ community, as these populations experience worse health outcomes than their socially-advantaged peers. While increasing access to medical services is critical to closing these gaps, we now understand that most of our health is determined outside of the doctor’s office.

To address these issues, United States of Care is spearheading an ambitious effort to help Minnesota become the first state to eliminate gaps in health outcomes due to social disadvantages by 2030.

United States of Care will utilize Minnesota’s existing abundance of expertise, resources, and initiatives on health equity to close these health gaps, by creating a shared strategy and unifying goal.

United States of Care has already convened numerous organizations and leaders that are working to address social factors that contribute to health inequities. Bringing together all the expertise in Minnesota behind a shared goal of eliminating health gaps in a decade will make this audacious vision achievable. The first step to this vision is a feasibility study and environmental scan of Minnesota’s existing efforts to address the social determinants of health.

United States of Care is working with The Amherst H. Wilder Foundation’s divisions of Wilder Research and Wilder Center for Communities, as well as a steering committee and advisory committee to conduct this study.

“As a former state legislator, I can attest firsthand that there is a need for resources and expertise to help states tackle complex policy issues. United States of Care is responding to this need by following the lead of folks on the ground, identifying existing gaps and forming strategic connections to help states make meaningful progress on health policy initiatives.”

— HON. JOE HOPPE, STRATEGIC ADVISOR FOR STATE AFFAIRS AT UNITED STATES OF CARE AND FORMER MEMBER OF THE MINNESOTA HOUSE OF REPRESENTATIVES.
United States of Care is committed to identifying and developing new solutions that expand access to affordable care. Our policy resources serve as a guide for policymakers and health care stakeholders, providing actionable and sustainable approaches for improving the health and well-being of Americans. Our policy resources are available in full on our website: usofcare.org.

Medicaid Buy-In: State of Play
Many states are considering Medicaid buy-in as a potential step to control insurance costs, stabilize their insurance markets and provide consumers with more options. Our brief provides an overview of how Medicaid buy-in works, why it is an attractive policy option for states, and current state movement on this issue.

“Surprise” Medical Bills: State Opportunities to Protect Patients
“Surprise” medical bills have emerged as a growing complaint and source of fear for many Americans. United States of Care’s brief explores how states can take action to protect patients from these unexpected health care costs.

Prescription Drug Prices: Problems, Solutions, and What States Can Do
Prescription drug pricing is an issue that is important on both sides of the aisle. This brief identifies drivers of rising prescription drug costs and reviews ways that states can address them.

Health Policy Resource Guide
The Health Care Policy Resource Guide serves as a resource for current and potential policymakers, both federal and in our home state of Minnesota, to familiarize themselves with the evolving health care landscape.

“Policymakers, especially when promising seemingly easy solutions that they claim will make health care more affordable for everyone, should think first about the conversations that go on around kitchen tables, and whether their proposed solutions will help the people who need it.”

— KRISTIN WIKELIUS, SENIOR POLICY DIRECTOR, UNITED STATES OF CARE
"If we can get Americans to stop having to worry about affording health care, we can move the country to start talking about how we can make the country healthier.”

— ANDY SLAVITT, UNITED STATES OF CARE BOARD CHAIR
In our inaugural year, United States of Care focused much of our public opinion research on understanding national knowledge levels and attitudes regarding Medicaid buy-in, and gathering evidence to support our premise that Americans agree more than they disagree when it comes to their health care.

As United States of Care moves into the next phase of our public opinion research, we will continue to focus on both of these areas of study. We also plan to use public opinion research as a tactical tool to help educate policymakers about the choices they are facing.

Understanding Medicaid Buy-In
Medicaid buy-in is an innovative approach that would allow individuals to purchase state-sponsored coverage similar to Medicaid. Policies could be tailored to suit the unique needs of different states.

Big Picture: The complexity and cost of accessing health care feels like a threat to individual security

Our research found that the complexity and cost of accessing health care feels like a threat to individual security.

Medicaid buy-in would address these issues by expanding access to a health care program that has a proven track-record of containing costs.

78% of all Americans support Medicaid buy-in and believe it should be a priority for state governments.

Medicaid buy-in is supported by 74% of New Mexicans who were informed about the idea.

FEELING HELPLESS
"The word is not gratitude; it's fear."
—DEMOCRAT

"I am not smart enough"
"You need a tutor to get you through it."
—INDEPENDENT

Limited access
"[Health care] is inaccessible."
—DEMOCRAT

Financial concerns
"It's anxiety-producing; it's expensive."
—REPUBLICAN

Can't navigate the system
"I don't have a good picture of the system."
—DEMOCRAT

Don't understand coverage
"It's very complicated."
—INDEPENDENT

Can't get appointments with their doctors
"No doctor or dermatologist would take us."
—REPUBLICAN

Health care is too expensive
"There's a lot of people who can't afford health care."
—INDEPENDENT

Health care costs are unpredictable
"Co-pays, deductibles...we never know from year to year."
—REPUBLICAN
“Regardless of the politics of the moment, people want to know that if they are sick or injured they can see a doctor and afford their treatment. This research confirms that voters value predictability and security when it comes to health care and that they support policies, like Medicaid buy-in, that increase access to affordable care.”

— DR. J. MARIO MOLINA, UNITED STATES OF CARE FOUNDER’S COUNCIL MEMBER AND PRESIDENT OF GOLDEN SHORE MEDICAL GROUP

Finding Common Ground

Regardless of party, Americans agree that health care costs are too high and should be a priority for states.

81% of Republicans and 85% of Democrats agree that the cost of quality medical care is a big problem, suggesting a possibility for bipartisan cooperation.

87% of Republicans and 95% of Democrats rated affordable prescription drugs as a top or significant priority for their state legislatures.

88% of Republicans and 94% of Democrats agree that surprise medical bills should be a top or significant priority for their state legislatures.

United States of Care’s Public Opinion Research

States should make health care coverage more affordable by allowing every resident of their state the opportunity to buy insurance through their state’s Medicaid program.

How much of a priority should Medicaid buy-in be?

78% Priority
45% Not A Priority

Who is best suited to enact a Medicaid buy-in program?

56% Your State Government
37% Congress
16% The President

Of registered voters said that health care was a very or somewhat important issue to them in how they voted in 2018.

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87% of Republicans and 95% of Democrats rated affordable prescription drugs as a top or significant priority for their state legislatures.

88% of Republicans and 94% of Democrats agree that surprise medical bills should be a top or significant priority for their state legislatures.

“Regardless of the politics of the moment, people want to know that if they are sick or injured they can see a doctor and afford their treatment. This research confirms that voters value predictability and security when it comes to health care and that they support policies, like Medicaid buy-in, that increase access to affordable care.”

— DR. J. MARIO MOLINA, UNITED STATES OF CARE FOUNDER’S COUNCIL MEMBER AND PRESIDENT OF GOLDEN SHORE MEDICAL GROUP
"Tangible action to improve health care for all Americans is already happening at the state level, where politics is less polarized and closer to the people these policies affect."

— EMILY BARSON, EXECUTIVE DIRECTOR AND TOM KISE, SENIOR DIRECTOR OF PUBLIC AFFAIRS
Forget ‘Repeal and Replace.’ The One Issue Unifying Americans Is Affordable Health Care

HALLEY SWEETLAND EDWARDS, 11/1/18, TIME

The States Tackle Health Care Reform

SUSAN MILLIGAN, 8/10/18, US NEWS AND WORLD REPORTS

Healthcare after the 2018 midterm election: As control shifts, certainty settles in

11/18, PWC

‘Troubling and shocking’: Americans are increasingly crowdfunding medical costs

ADRIANA BELMONTE, 8/18/18, YAHOO FINANCE

Medicaid ‘Buy-In’ Could Be a New Health Care Option for the Uninsured

MICHAEL OLOOVE, 1/10/19, STATELINE

‘Strange Bedfellows? Group Unites Old Foes in Hunt for Health Fix

ZACHARY TRACER, 2/6/18, BLOOMBERG

New Mexico Could Become First State To Pass Medicaid Buy-In

ARIEL COHEN, 10/16/18, INSIDE HEALTH POLICY

CMS’ Boehler, NC Health Chief Cohen Talk Strategies at United States of Care Panel

ALLISON INSERRO, 12/03/18, AMERICAN JOURNAL OF MANAGED CARE
When United States of Care launched on February 6, 2018 it added a much-needed voice to the health care conversation, highlighting bipartisan, state-driven, common sense solutions. Throughout our first year, United States of Care’s activities helped re-energize media coverage around Medicaid buy-in and other pathways to accessible, affordable care.

The Launch of United States of Care Was a Major Topic of Health Care Coverage During Launch Week

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Coverage of United States of Care Launch Was Overwhelmingly Positive

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“As states look for opportunities to control insurance costs, stabilize their insurance markets and provide consumers with more options, Medicaid buy-in is emerging as a potential solution under consideration in many states. Medicaid buy-in proposals can be structured to help state policymakers achieve a range of goals and address varying priorities.”

— KRISTIN WIKELIUS, SENIOR POLICY DIRECTOR AND ALLISON O’TOOLE, SENIOR DIRECTOR OF STATE AFFAIRS
“Government should make it easier, not harder, to get access to affordable health care. As the mother of a child who has had complex medical needs since she was born, I’ve seen first-hand how difficult it can be to get access to the health services my daughter needed to stay alive. United States of Care will work to deliver all Americans a better system.”

—NATALIE WEAVER

United States of Care’s inaugural convening took place on December 3, 2018. The Path Ahead: A Road Map for American Health Care, brought together more than 100 patients, advocates, policymakers, influencers, and researchers from across the country to discuss the future of health care in the United States. The day-long event featured panel discussions exploring a wide variety of topics, ranging from public opinion, to innovative work currently underway in states, to long-term prospects for federal reform. The convening was a wonderful opportunity to reflect on our first year as an organization, and to strategize with attendees about priorities moving forward.
STAFF

In our first year, United States of Care has grown to include 13 full-time staff members, who share a commitment to ensuring that Americans have access to quality, affordable health care. We look forward to continuing to expand our Minnesota and DC offices in the coming year.

FELLOWS

The United States of Care Fellowship Program aims to connect health care experts with policymakers and advocates. As United States of Care’s inaugural policy fellows, Jason Helgerson and John B. McCarthy leverage their specialized knowledge and on the ground experience to help United States of Care develop and refine policies that ensure a regular source of care and better health for more Americans. Helgerson and McCarthy are two well-regarded leaders with deep expertise in state-based health policy, having served as Medicaid directors for Governors Cuomo of New York and Kasich of Ohio, respectively.
“A new national dialogue on health care should reflect this reality: health care is personal, it’s tangible, it’s human. It’s an issue that deserves solutions, not slogans.”

—WILLIAM FRIST OP-ED, “I’M HELPING FOUND A NATIONAL HEALTH CARE MOVEMENT. LET ME TELL YOU WHY,” FORBES, 2/6/18

“Folks in your states, in your district, actually want bipartisanship. Good work builds on good work. I believe that we can push back on the torrent of partisanship by coming together.”

—KRISTIE CANEGALLO, UNITED STATES OF CARE INAUGURAL CONVENING
Founder’s Council

Drew Altman—President & CEO, Kaiser Family Foundation

Peter B. Bach, M.D.—Director, Memorial Sloan Kettering’s Center for Health Policy and Outcomes

Max Baucus—Former U.S. Senator from Montana

Melanie Bella—Former Director of the CMS Medicare-Medicaid Coordination Office; Chief of New Business and Policy, Cityblock Health

Donald M. Berwick, M.D.—President Emeritus and Senior Fellow, Institute for Healthcare Improvement; former Administrator, Centers for Medicare & Medicaid Services under President Obama

Tom Betlach—Former Director of the Arizona Health Care Cost Containment System

David Brailer, M.D., Ph.D.—Chairman, Health Evolution; National Coordinator for Health Information Technology under President George W. Bush

Lanhee Chen—David And Diane Steffy Research Fellow, Hoover Institution; Director of Domestic Policy Studies in Public Policy, Stanford University

Esther Choo, M.D., M.P.H.—Emergency Medicine Physician and Associate Professor, Oregon Health & Science University

Rebecca Colkey—Former Executive Director of The National Council On Disability; Director for Disability Policy, Center For American Progress

Patrick Conway, M.D.—Former Deputy Administrator, Centers For Medicare and Medicaid Services, President & CEO of Blue Cross North Carolina

Matthew Cortland—Lawyer, Author, Chronically-ill Patient, Patient Advocate

Molly Coyle, M.D.—Former Commissioner of health for the state of New Jersey and Director of the California State Department of Health Services

Mark Cuban—Investor and Entrepreneur

Tom Daschle—Former U.S. Senate Majority Leader from South Dakota

Pete Davidson—Comedian and Mental Health Advocate

Lloyd Dean—President & CEO, Dignity Health

Charlie Dent—Former U.S. Representative from Pennsylvania

Jon Favreau—Former Head Speechwriter, President Obama; Founder of Crooked Media and Co-host of Pod Save America

Trevor Fetter—Sr. Lecturer, Harvard Business School; Former Chairman & CEO, Tenet Healthcare Corp.

Atul Gawande, M.D.—Surgeon, Public Health Researcher, Writer; CEO, Amazon, JP Morgan Chase, Berkshire Hathaway nonprofit health venture

Gabby Giffords—Former Congresswoman from Arizona

Rick Gilfillan, M.D.—CEO, Trinity Health

Darin Gordon—Former Director of Tennessee Medicaid - TennCare

Charles Grím, D.D.S.—Executive Director, Cherokee Nation Health Services, Former Director, Indian Health Service under President George W. Bush

Jim Haveman—Former Director, Michigan Department of Community Health

Sandra Hernández, M.D.—President & CEO, California Health Care Foundation

Rod Hochman, M.D.—President & CEO, Providence St. Joseph Health

Douglas Holtz-Eakin—President, American Action Forum; Former Director of the Congressional Budget Office, Chief Economist to President George W. Bush, and Commissioner on Medicare Payment Advisory Commission

Elena Hung—Parent Advocate, President & Co-founder of Little Lobbyists

Chris Jennings—Senior Health Care Advisor to Presidents Obama and Clinton

Dean Kamen—Inventor and Philanthropist

Bob Kocher, M.D.—Partner, Venrock; former Special Assistant to the President for Healthcare and Economic Policy on the National Economic Council

Bill Kramer, M.B.A.—Executive Director for Health Policy, Pacific Business Group on Health

Sarah Krevans—President & CEO, Sutter Health

Leonard Lance—Former U.S. Representative from New Jersey

Curtis Lane—Chair, Executive Advisory Board of the Leonard Davis Institute of Health Economics; Investor and Entrepreneur

Margaret Lawless—President & CEO, Hopelab

Mike Leavitt—Former Governor of Utah and Secretary of the US Department of Health and Human Services

Alan Levine—Executive Chairman, President & CEO, Ballad Health

Abel Maldonado—California’s 47th Lieutenant Governor

Beverly Malone, PhD, R.N.—CEO, National League for Nursing; Past President, American Nurses Association

Abner Mason—CEO, ConsejoSano; Member of President George W. Bush’s Advisory Council on HIV/AIDS

Mark McClellan, M.D., Ph.D.—Former Administrator of CMS and Commissioner of the FDA, Director of the Duke-Margolis Center for Health Policy

Chirlane McCray—First Lady of New York City, Founder of Cities Thrive

Benjamin F. Miller, Psy.D.—Chief Strategy Officer, Well Being Trust

J. Mario Molina, M.D.—President of Golden Shore Medical Group and former CEO of Molina Healthcare

Ian Morrison—Author, Consultant, and Healthcare Futurist

Cecilia Muñoz—Former Director of the White House Domestic Policy Council under President Obama; VP, New America

Janice Nevin, M.D., M.P.H.—President & CEO, Christiana Care Health System

Peter Orszag—Former Director of the Office of Management and Budget under President Obama; Global Co-Head of Healthcare at Lazard

Todd Park—Former Chief Technology Officer of the United States; Entrepreneur

Peter W.T. Pisters, M.D.—President, The University of Texas MD Anderson Cancer Center

Ron Pollack—Former Founding Executive Director, now Chair Emeritus, of Families USA

Thomas M. Priselac—President & CEO, Cedars-Sinai Health System

Judy Rich, R.N.—President & CEO, TMC Healthcare

Andy Richter—Actor and Activist

Steven Salfer, M.D.—President & CEO, Montefiore Medicine

Nina Saunders—President & CEO, Navient Health

Mina Schultz, M.P.H.—Patient, Advocate, and Outreach Specialist with GetCoveredNYC

Lan Sene—Community Leader, Health Care Advocate, and Cancer Patient

Meena Seshamani, M.D., Ph.D.—Director of Clinical Performance Improvement, MedStar Health; Former Director, Office of Health Reform at the Department of Health and Human Services

Josh Sharfstein, M.D.—Vice Dean for Public Health Practice and Community Engagement at Johns Hopkins Bloomberg School of Public Health

Randi Mayem Singer—Screenwriter, Producer, and Showrunner; Alzheimer’s Advocate

David Smith—Founder, Third Horizon Strategies

Mark Smith, M.D.—Founding President & CEO, California Health Care Foundation

Tony Tersigni—President & CEO, Ascension

David Torchiana—President & CEO, Partners Healthcare

Nick Turkal—President & CEO, Advocate Aurora Health

Bernard Tyson—Chairman & CEO, Kaiser Permanente

Vikki Wachino—Principal, Viaduct Consulting, LLC; former Deputy Administrator and Director of the Center for Medicaid and CHIP Services at CMS

Natalie Weaver—Parent Advocate, Co-founder of Advocates for Medically Fragile Kids NC

Jim Weinstein, D.O.—Former CEO & President of Dartmouth-Hitchcock and Dartmouth-Hitchcock Health

Gary Werth—President, Minnesota Farmers Union

Penny Wheeler, M.D.—President & CEO, Allina Health

Bradley Whitford—Actor and Activist

Cail Wilensky—Former Administrator of the Health Care Financing Administration under President George H.W. Bush

Cindy Zeldin—Consumer Advocate, Former Executive Director of Georgians for a Healthy Future
SUPPORT
SPECIAL THANKS TO ALL THOSE WHO MADE OUR FIRST YEAR POSSIBLE

United States of Care is supported by individuals and non-profit health care organizations, including not-for-profit charity hospitals and foundations. We do not accept funding from trade associations, PACs, insurance companies, or for-profit corporations.

It is only with the investment and generosity of our partners that we are able to make progress toward our mission. Thank you to our supporters, who have stood up for the millions of Americans without access to quality, affordable health care.

Sources of Support—Inception Through 2018

- **65%** Individual Supporters
- **31%** Non-Profit Health Care Organizations
- **4%** Foundations

Non-Profit Health Care Organizations

With special appreciation to our United States of Care Hospital Affinity Group members, who provide invaluable support and guidance to our work

- Advocate Aurora Health
- Allina Health
- Ascension
- Ballad Health
- Cedars-Sinai Health System
- Christiana Care Health System
- Dignity Health
- MD Anderson Cancer Center
- Montefiore Health System
- Partners HealthCare
- Providence St. Joseph Health
- Sutter Health
- Trinity Health

Partners

- The Commonwealth Fund
- Fulfilling the Future of Healthcare
- Well Being Trust
- The Leonard Davis Institute of Health Economics
- Amherst H. Wilder Foundation
- Health Oregon