



POLICY BRIEF

A Snapshot of Health Insurance Costs in Washington State

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August 2006

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This paper provides information on part of Washington's health insurance market. It focuses on the cost of employer sponsored health insurance as it compares to the rest of the nation. It also looks at the cost of individually purchased insurance in Washington and nearby states.

Introduction

Accessing health care and being able to afford health insurance premiums are challenges facing many Americans and Washingtonians. Almost 85 percent of health care in the United States is purchased through health care insurance.¹ Health insurance has three separate markets: the large group market (employer based insurance for 51 or more employees, and association memberships); the small group market (employer based insurance for 50 or fewer employees); and the individual market (individual insurance purchased outside the workplace).² Nationally, the private health insurance market is composed of approximately 65 percent large group, 25 percent small group, and 10 percent individual. Each of these markets has a different type of product, with economic and legal distinctions.³

This document is not intended to be a comprehensive study of all insurance markets; rather, it provides some basic information on employer sponsored health insurance and a snapshot of individual insurance prices for given populations. One can not merely compare plans solely on cost since there are differences in benefits that must also be considered. Moreover, insurance prices are not static; they change over time. Premium prices and plan availability can vary from city to city within a state, making a comparison between states even more tenuous.

Employer Sponsored Health Insurance

Note that this section contains information related to all employer sponsored health insurance, regardless of the size of the employer. It does not differentiate between large and small employers.

Across the Nation

Employer based health care coverage dates from the period of wage controls imposed by the federal government during World War II. Employers could not legally

¹ Cogan, J.F., et al., "Making Markets Work: Five Steps To A Better Health Care System," *Health Affairs*, Vol. 24, No. 6, 2005.

² Mark A. Hall, "The Geography of Health Insurance Regulation," *Health Affairs*, Vol. 19, No. 2, 2000.

³ *Id.*

offer higher wages to attract workers, so they began offering non-monetary benefits such as health care coverage. Such benefits are a business expense and thus tax deductible for businesses. Moreover, such health insurance premiums are not taxable earnings for the employee.

Over the years, employer sponsored health insurance has become a significant part of employee compensation, along with paid leave and retirement. Many employers use such benefits as part of their recruitment and retention strategies. Because employer sponsored health insurance is an employee benefit, it is reasonable that the insurance plan benefits be generous. Other markets, such as the individual insurance market, may not be as generous as an employee benefit program.⁴

The U.S. Government Accountability Office recently reported that employer spending on benefits has grown faster than wages, largely because of health insurance costs. Between 1996 and 2003, the national percentage of employers offering health care coverage did not change significantly. And while employers continued to contribute the same percentage of the insurance premium, they saw their total dollar contribution rise. Employees also experienced this rise in absolute dollar contributions as they needed to contribute more dollars to meet their percentage of the premium, leading some employees to decline health care coverage.⁵

According to a study by Milliman Inc., the average annual medical costs for an American family of four covered by an employer sponsored preferred provider organization (PPO) health plan is \$13,382 for 2006.⁶ These medical costs include: physician services (36 percent); inpatient services (30 percent); outpatient services (16 percent); prescription drugs (14 percent); and other miscellaneous services (4 percent). Other miscellaneous services include ambulance transportation, durable medical equipment, private duty nursing, and home health.⁷

Based on a typical PPO plan design, it is estimated that out of the \$13,382 total, a family would pay \$5,020. The family cost would be paid by two means - payroll deductions and cost sharing. Payroll deductions for the family's share of the insurance premium would be \$2,810 per year. Cost sharing at the time the health care service is provided would be \$2,210, \$810 of which would be for physician services. The employee in this case, pays 38 percent (\$5,020) and the employer pays 62 percent (\$8,362) of the cost of health care.

Milliman's study found that the combined employer and employee total average cost increased 9.6 percent between 2005 and 2006.⁸ This cost increase is similar to that

⁴ Young, D.A., Wildsmith, T.F., "Individual Versus Employer Insurance Markets: Digging Deeper Into The Differences," *Health Affairs*, Web Exclusive, 17 April 2002.

⁵ "Employee Compensation, Employer Spending on Benefits Has Grown Faster Than Wages Due Largely to Rising Costs for Health Insurance and Retirement Benefits," United States Government Accountability Office, February 2006, GAO-06-285.

⁶ "Milliman Medical Index 2006," available at www.milliman.com.

⁷ *Id.*

⁸ *Id.*

experienced in recent years: the rate of increase from 2004 to 2005 was 9.1 percent; from 2003 to 2004 was 10.1 percent, and from 2002 to 2003 was 10.1 percent.⁹

Eventually, as employees contribute more of their salary to satisfy their portion of the employer sponsored health insurance, the question will be whether this is the preferable use of their salary and whether employer based health insurance is worth the trade off in potential earnings.

*In Washington State*¹⁰

Washington State employers are not immune from increasing health insurance costs. Internal studies by a local company, the Ryzex Group, show that “by 2012 combined employee and employer cost for providing full health care for a family of four will exceed the cost of the employee’s salary.”¹¹ From 1993 to 2004, the number of Washingtonians who receive their health care coverage through an employer has steadily decreased from 71 percent to 66 percent.¹² According to the Washington State Employment Security Department (ESD), the three main factors that determine the likelihood of an employee being offered health insurance are: whether the employee is full or part-time, the size of the employer, and the employer’s average wage.¹³ ESD further states that each year “a higher percentage of firms report that they have had to change the health insurance coverage they offer due to increasing costs.”¹⁴ Moreover, while there has not been a statistically significant change in the percentage of firms offering health insurance, there has been a shift in who pays for it.¹⁵

Approximately 62 percent of Washington firms with two or more employees offer health care insurance to their full-time employees.¹⁶ Eighty-eight percent of all workers are employed in these firms; not all 88 percent are full-time workers, however, so not all are eligible for coverage.¹⁷ On average, 77 percent of employees in firms offering health insurance are eligible for coverage; of that 77 percent, 83 percent are actually enrolled in a health insurance plan.¹⁸ When all employees in firms with two or more employees are taken into consideration, regardless of whether the employer offers health insurance, 56 percent of all workers are enrolled in an employer sponsored health plan.¹⁹ Employees

⁹ *Id.*

¹⁰ Washington employer sponsored health insurance is not compared specifically to other states because of the difficulties in accessing comparable data.

¹¹ Jeff Angus, “The Calm Before the Storm,” *Washington CEO*, July 2006.

¹² “Talking Points About Washington’s Uninsured,” *Washington State Planning Grant on Access to Health Insurance*, August 2005, available at <http://www.ofm.wa.gov/healthcare/spg/profiles/0805talkingpoints.pdf>.

¹³ “Health Insurance for Washington Workers,” Economic Symposium, November 30, 2005, Rick Lockhart, Economist, State of Washington Employment Security Department.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Employer Health Insurance Data Book*, Office of Financial Management, State of Washington, October 2005.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

who are not enrolled in employer sponsored coverage may still be insured through a spouse's employer, a privately purchased plan, or public plans.

Figure 1 lists the premiums for employer provided health insurance in Washington for a single employee, an employee plus one other individual, and an employee plus their family. The costs are depicted over a three year average from 2001-2003, as well as the estimated costs for 2005.

Figure 1. Costs for Washington Employer Sponsored Health Insurance²⁰

	2001-2003 Average				2005 Estimates			
	Total Premium	Employer Contribution	Employee Contribution	Employee Share	Total Premium	Employer Contribution	Employee Contribution	Employee Share
Single	\$3,153	\$2,281	\$332	10%	\$4,189	\$3,727	\$462	11%
Employee plus one	\$6,037	\$4,831	\$1,206	20%	\$7,829	\$6,227	\$1,602	20%
Family	\$8,380	\$6,575	\$1,805	22%	\$11,054	\$8,749	\$2,305	21%

Individually Purchased Health Insurance

The individual market is unique in many ways. Enrollment is voluntary and chosen by the individual who is the purchaser and the consumer. The individual may select a plan with benefits that are most compatible with his or her preferences. Following is a brief snapshot of regional insurance costs for individuals. The appendix describes the methodology used to determine these data.

State Distinctions

Currently, state law primarily regulates individual health insurance plans.²¹ Thus, across the nation, there are 50 different legal frameworks, creating a complicated web of regulations, including mandates and rating restrictions, within which health insurance companies must operate.

Mandates are state laws, listing benefits for specific conditions or services that every health insurance policy sold in the state must cover. Currently, Washington has 50 mandates, Oregon has 31, Idaho has 13, and California has 49.²² The differences in state mandates make it difficult to directly compare insurance prices across state lines. For instance, Washington mandates coverage for services provided by all of the state's licensed categories of health care providers, including chiropractors, acupuncturists,

²⁰ Data adapted from *Employer Health Insurance Data Book*, Office of Financial Management, State of Washington, October 2005, p21,24,27.

²¹ Federal law does have some impact on the individual market through the Health Insurance Portability and Accountability Act (HIPAA) which requires insurers to offer coverage to those individuals leaving group coverage.

²² *Health Insurance Mandates in the States, 2006*, Council for Affordable Health Insurance.

naturopaths, and massage therapists. Oregon mandates coverage for services provided by acupuncturists, but not for chiropractors, naturopaths, or massage therapists. These differences become noticeable when comparing plans. For example, LifeWise of Washington covers 12 visits per calendar year for spinal and other manipulations plus 12 visits per calendar year for acupuncture. LifeWise of Oregon provides 12 visits per calendar year for all alternative care.

Mandates add to the cost of insurance policies, although it is unclear by what magnitude. One study, by the Council for Affordable Health Insurance, estimates that mandates can increase the cost of health coverage 20 – 50 percent, depending on the state.²³ Another report, by The Heritage Foundation, found that each mandated benefit increased monthly premiums by \$0.75. For Washington, this would mean a monthly cost of \$37.50 and a yearly cost of \$450.²⁴ Regardless of the precise cost associated with each mandate, cumulatively they increase costs, which are passed on to the purchasers.

States also have different regulations governing insurance companies' business practices, including guarantee issue and community rating regulations. Generally, guaranteed issue means that insurers must sell policies to consumers without regard for their health status. In Washington, insurers in the individual health insurance market must guarantee issue of all products to those applicants achieving a minimum score on a state mandated health status questionnaire. Those applicants, not eligible for guaranteed issue plans, are referred to the state's high risk pool. In Idaho, insurers must guarantee issue at least three products (basic, standard, and catastrophic) to all individual market consumers with one year of creditable coverage.²⁵

Community rating means that insurers must set premiums without regard to the insured's health status. In Washington, insurance companies use a modified community rating method for individuals with adjustments limited to geography, family size, age, tenure in the plan, and wellness activities.²⁶ Oregon requires insurance companies to use a modified community rating method for individuals with adjustments limited to geography, benefit design, family composition, and age.²⁷ These regulations limit an insurer's ability to deny coverage to potential or existing customers.

Furthermore, states have varying numbers of health insurance companies selling individual health insurance plans. A website of the nation's largest independent health insurance agent, ehealthinsurance.com, indicates that it sells plans from six health insurance companies in both Washington and Oregon, from three companies in Idaho and, and from seven companies in California.²⁸ State insurance agencies list a larger number of major insurance companies selling individual plans in their state: 8 in

²³ *Id.*

²⁴ Michael J. New, Ph.D., "The Effect of State Regulations on Health Insurance Premiums: A Revised Analysis," available at <http://www.heritage.org/Research/HealthCare/cda06-04.cfm>, July 25, 2006, p 5.

²⁵ Idaho Information Directory, National Association of Health Underwriters. www.nahu.org/consumer/healthcare/infodirectory.cfm?state=ID.

²⁶ RCW 48.20.028 (2006).

²⁷ ORS 743.767 (2005).

²⁸ "Health Insurance Companies by State," www.ehealthinsurance.com.

Washington²⁹; 12 in Oregon³⁰; and 6 in Idaho.^{31,32} One must look beyond the number of insurance companies, however, to the number of plans offered by each company, to get a clearer picture of the insurance market in each state.

Overall, the cost of insurance can differ depending on the state and the degree of insurance market competition in the state. Each state has different laws, regulations, political history, consumer culture, prevailing wages and professional fees, and medical practice patterns. All of these factors make a direct comparison across state lines difficult. Moreover, the cost of an insurance plan depends on who is covered (i.e., single individual, family) and what benefits are covered and there is tremendous variety among plans. General trends and distinctions, however, can still be gleaned from the following data.

State Specific Information

Specific prices and coverage elements for insurance plans are depicted in figures 2 and 3. The populations for which insurance prices are compared are: a 24-year-old male; a 40-year-old male; and a family of four, with both parents age 35. (See the appendix for more details.) The prices listed are for individually purchased insurance plans, assuming that all individuals are nonsmokers and will be using preferred providers. Figure 2 depicts PPO plans while figure 3 depicts health saving account (HSA) qualified plans.

As displayed in figure 2, if price alone is considered for a family of four, regardless of plan structure or benefits, Washington (\$527/\$600) appears to have a higher priced PPO plan than Idaho (\$232), but less expensive than California (\$897). Depending on which Washington plan is considered, Washington is either more expensive or less expensive than Oregon (\$542). If a similar price-only comparison is made for individually purchased HSA-qualified plans, Washington plans appear to be the least expensive for a family of four. Of the plans compared in figure 3, Oregon costs \$557, California costs \$386, Idaho costs \$331, and Washington costs \$255/\$275 per month for a family of four.

Such a pure price comparison, however, does not address differences in plan benefits. For example, of the PPO plans compared, the Washington and Idaho plans have more limitations on their prescription drug benefits than the Oregon and California plans.

²⁹ *Consumers Guide to Individual Health Care Coverage*, Washington State Office of the Insurance Commissioner, available at:

http://www.insurance.wa.gov/publications/health/Navigating_Individual_Health_Care.pdf.

³⁰ *Insurance Companies Selling Individual Plans in Oregon*, Oregon Department of Consumer & Business Services, available at: <http://insurance.oregon.gov/consumer/health-insurance/individual-plans.html>.

³¹ *List of Individual Health Benefit Companies*, Idaho Department of Insurance, available at: http://www.doi.state.id.us/health/individual_list.aspx.

³² Similar information was not found for California. No list of health insurers operating in California is available through California's Department of Insurance web site at this time.

[http://interactive.web.insurance.ca.gov/webuser/ncdw_alpha_co_line\\$.startup](http://interactive.web.insurance.ca.gov/webuser/ncdw_alpha_co_line$.startup).

The Oregon and California plans also have a substantially higher lifetime maximum than the Washington and Idaho plans.

Figure 2. Individual PPO Health Insurance Plans

	Washington		Oregon	Idaho	California
Plan	Regence Breakthru 70	LifeWise Passport 20	LifeWise Preferred	BlueCross of Idaho Essential Blue Plus PPO 1000	PacifiCare Signature Options (PPO) Plan 70-50/1000 with maternity
Annual Deductible	\$1,000/indiv. \$3,000/family	\$1,000/indiv. \$1,500/family	\$1,000/indiv. \$3,000/family	\$1,000/indiv. \$2,000/family	\$1,000/indiv. \$2,000/family
Lifetime Maximum	\$2 million	\$2 million	\$4 million	\$1 million	\$5 million
Annual Out-of-Pocket Maximum	\$5,000/indiv. \$15,000/family	\$3,500/indiv. \$4,000/family	\$5,000/indiv. \$7,000/family	\$3,000/indiv.	\$3,500/indiv. \$7,000/family
Office Visits (Percent covered by plan)	100% with a \$30 copay	80% (deductible waived on first 3 visits)	80%	\$30 copay	70%, deductible waived
Prescription Drugs (Percent covered by plan)	Generic: 100% after \$10 copay; Brandname 70% with \$3,000 maximum/year	Generic: 80%, unlimited, with no deductible; Brandname: 50% with \$500 deductible and \$5,000 max/year	Generic: 100% with \$20 copay; Brandname 50% with 50% coinsurance	50% coinsurance with no deductible and with \$1,200 annual limit	100% after copayment of \$10 for generic, \$35 for brandname; \$250 (brand) deductible/year
Preventive Care (Not subject to deductible)	70% with a \$200 maximum/year (exams and immunizations)	100% with a \$300 max/year (exams); 100% unlimited immunizations	\$20 copay for exams; routine immunizations covered at 100%	100% coverage for immunizations with many not requiring a copay	70%, deductible waived, with \$300 maximum benefit/year
Maternity Benefits	70%	80%	80%	80% after separate \$5,000 deductible	70%
Cost per Month (per year) for a 24-year-old Male	\$107 (\$1,440)	\$125 (\$1,500)	\$120 (\$1,440)	\$47 (\$564)³³	\$187 (\$2,244)
Cost per Month (per year) for a 40-year-old Male	\$201 (\$2,412)	\$230 (\$2,760)	\$216 (\$2,592)	\$73 (\$876)	\$304 (\$3,648)
Cost per Month (per year) for a Family of Four	\$527 (\$6,324)	\$600 (\$7,200)	\$542 (\$6,504)	\$232 (\$2,772)	\$897 (\$10,764)

³³ The rates for Idaho are estimates because the actual rate is based on health status.

Figure 3. Individual HSA-qualified Insurance Plans

	Washington		Oregon	Idaho	California
Plan	Regence HSA-qualified Preferred Catastrophic	LifeWise HSA	LifeWise HSA Choice	BlueCross of Idaho HSA Blue	PacifiCare Signature Options 35/80-50/2700 (HDHP)
Annual Deductible	\$2,500/indiv. \$5,000/family	\$2,500/indiv. \$5,000/family	\$2,500/indiv. \$5,000/family	\$2,000/indiv. \$4,000/family	\$2,700/indiv. \$5,400/family
Lifetime Maximum	\$1 million	\$2 million	\$4 million	\$1 million	\$5 million
Annual Out-of-Pocket Maximum	\$5,000/indiv. \$10,000/family	80%	\$3,500/indiv. \$7,000/family	\$4,000/indiv. \$8,000/family	\$5,000/indiv. \$10,000/family
Office Visits (after deductible is met)	80%	Not covered	80%	80%	80%
Prescription Drugs	Not covered	Not covered	Deductible, then 20% coinsurance	50% coinsurance after deductible with \$1,200 annual maximum	Generic and brandname: 80% after deductible
Preventive Care	80% with \$300 maximum/year (not subject to deductible)	100% w/\$300 max./year (exams); 100% (immunizations)	80% of exams (not subject to deductible); Immunizations not covered	\$30 copay	100% with \$35 copay and \$400 maximum/year
Cost per Month (per year) for a 24-year-old Male	\$67 (\$804)	\$75 (\$900)	\$123 (\$1,476)	\$67 (\$804)	\$76 (\$912)
Cost per Month (per year) for a 40-year-old Male	\$125 (\$1,500)	\$139 (\$1,668)	\$222 (\$2,664)	\$106 (\$1,272)	\$174 (\$2,088)
Cost per Month (per year) for a Family of Four	\$255 (\$3,060)	\$274 (\$3,288)	\$557 (\$6,684)	\$331 (\$3,972)	\$386 (\$4,632)

The following graphs show the range of available plans and prices for individual health insurance available through ehealthinsurance.com. This information, however, could vary depending on where the insurance purchaser lived in a given state. For example, a 24-year-old male living in Portland would have 18 plans to choose from through ehealthinsurance.com while the same individual living in Salem would have a choice of 81 plans.³⁴ Figures 4, 5, and 6 provide snapshots of the price range available to an individual shopping for a health insurance plan. These ranges include PPO and HSA-qualified plans. Finally, different plans provide different coverage benefits and the least expensive plan may be more affordable but may not provide the benefits the consumer was seeking. Insurance is a broad term and can mean different things to different people depending on their purpose for purchasing health insurance and their level of risk adversity. In each of the following figures, Washington State prices begin at a higher rate than in Oregon or Idaho.

³⁴ Quotes generated for a 24-year-old male living in Zip code 97200 (Portland) and Zip code 97309 (Salem) Oregon on July 18, 2006. www.ehealthinsurance.com.

Figure 4. Range of Individual Health Insurance Plans / 24-year-old Male

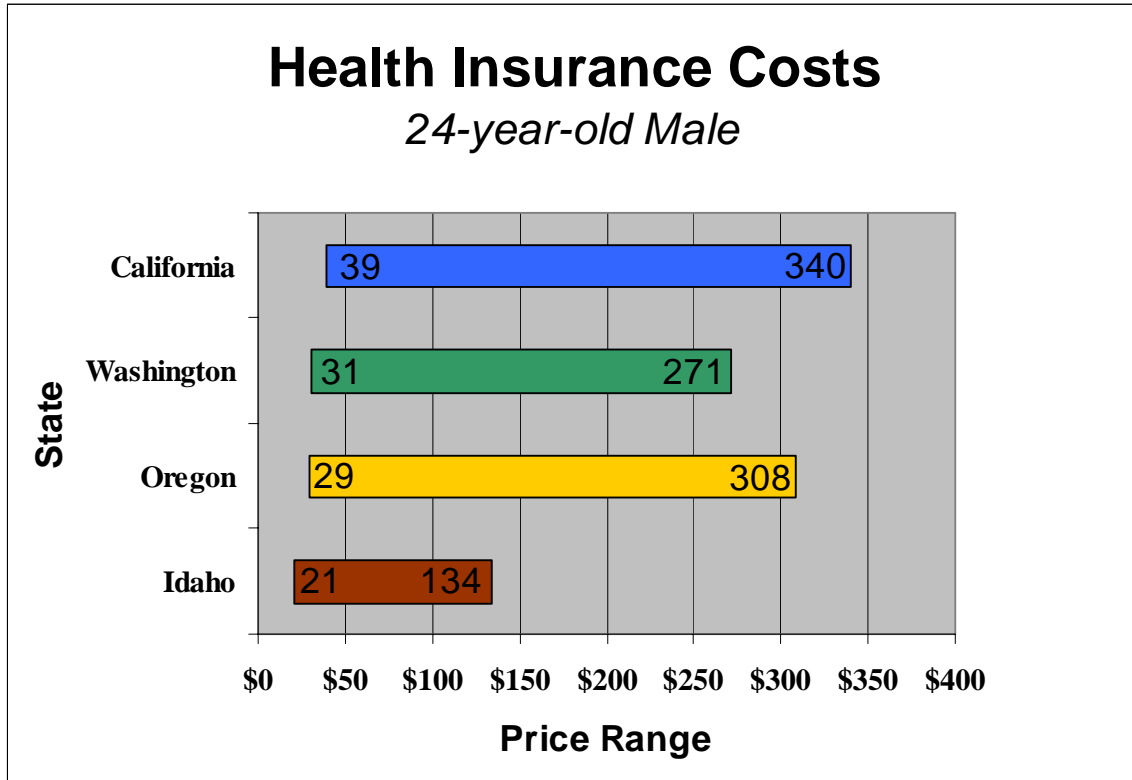


Figure 5. Range of Individual Health Insurance Plans / 40-year-old Male

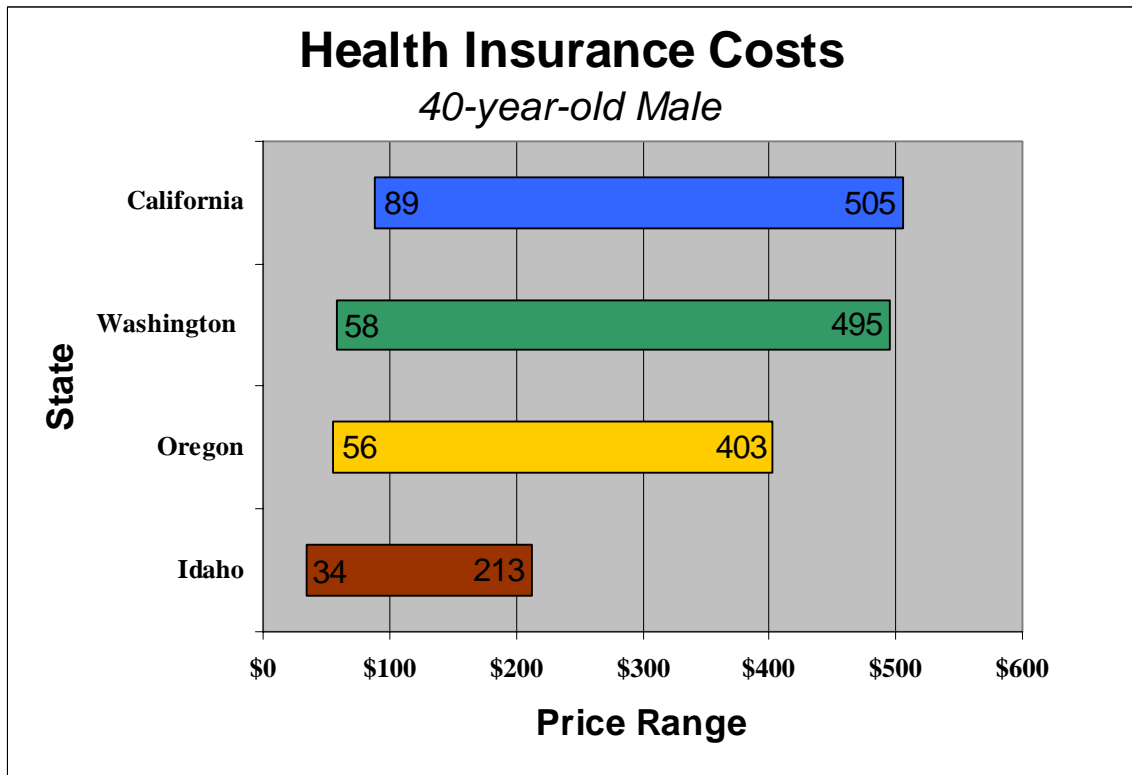
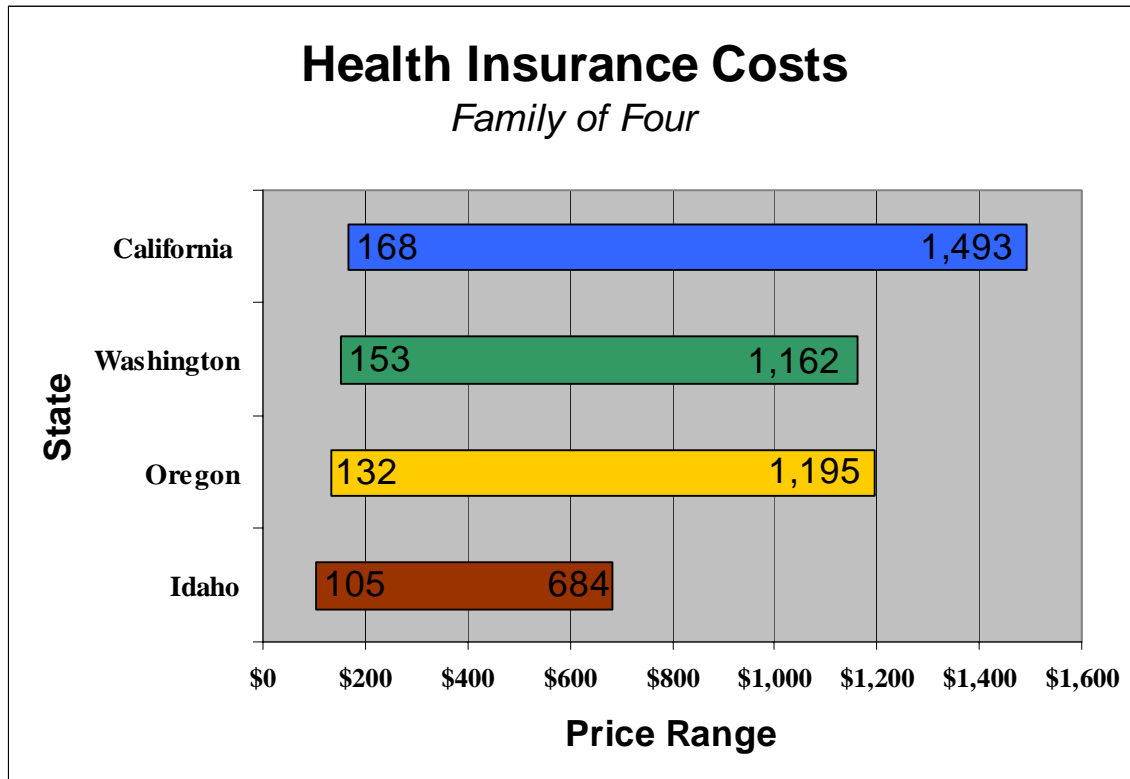


Figure 6. Range of Individual Health Insurance Plans / Family of Four



What This Means for Washington State

In Washington, between eight and 12 percent of individuals aged 19 to 64 buy their own health insurance coverage.³⁵ This number varies little depending on income.³⁶ In Washington, people report that one of the reasons they do not have health care insurance is because it is unaffordable.³⁷ In California, however, price has only a small effect on a purchaser's decision to buy an insurance plan, but it has a larger impact on a purchaser's decision about which insurance plan to buy.³⁸

Barriers unrelated to cost may also hinder an individual's entry into the individual insurance market. Lack of information regarding the significance of the differences among health care plans is one barrier. The time and frustration spent searching for information and analyzing it is another barrier. The mere complexity of shopping for an individual health insurance plan may delay or inhibit an individual's decision to purchase

³⁵ "Health Insurance by Work Characteristics: 2004," *Washington State Population Survey, Research Brief No. 34*, April 2005, Washington State Office of Financial Management.

³⁶ *Id.*

³⁷ "Talking Points About Washington's Uninsured," *Washington State Planning Grant on Access to Health Insurance*, August 2005.

³⁸ Marquis, M.S., Buntin, M.B., "Consumer Decision Making In The Individual Health Insurance Market," *Health Affairs*, Web Exclusive, 2 May 2006, W230.

a plan.³⁹ Finally, the application process for an individual insurance policy may be a barrier to some individuals.

The individual health insurance market has generally been considered to be a residual market for a small number of people not insured through their employer, yet it has the potential to become a large market.⁴⁰ If more individuals choose not to participate in employer based coverage, or are not eligible for such coverage, and the state's Medicaid budget is tightened, the potential market for individual insurance is likely to increase.⁴¹ Whether individuals choose to participate in the individual health insurance market may depend not only on cost but ease of access.

Conclusion

This paper provides information on some of the costs of health insurance coverage in Washington State. It describes the cost of employer sponsored health insurance and the amount of employer and employee contributions. It also looks at the cost of individually purchased insurance in Washington and nearby states. Detailed information regarding both PPO insurance plans and HSA-qualified insurance plans is provided. More general information is also provided for a broader range of plans.

³⁹ *Id.*

⁴⁰ Buntin, M.B., et al.; "The Role Of The Individual Health Insurance Market And Prospects For Change," *Health Affairs*, Vol. 23, No. 6, 2004.

⁴¹ *Id.*

Appendix

Health insurance premium costs were determined for the following categories of individuals: a 24 year old male; a 40 year old male; and a family of four with parents age 35, a 5 year old boy, and a 10 year old girl. It was assumed that all individuals were nonsmokers and would use a preferred provider if available. The cities chosen were: Seattle, WA 98115; Salem, OR 97309; Boise, ID 83715; and San Francisco, CA 94115.

Two types of individual plans were considered, a preferred provider organization (PPO) plan and an HSA-qualified plan. Because Washington Policy Center is based in Washington State, two individual plans for each category were included. With the exception of California, the benefit description for these plans came from the insurers' websites. These websites are:

<http://www.wa.regence.com/>

<http://www.lifewisewa.com/>

<https://www.lifewiseor.com/LWOR/groups/public/documents/xcpproject/default.asp>

<http://www.bcidaho.com/>

<https://www.ehealthinsurance.com/ehi/Quote.fs>

For the PPO plan category, plans were sought that had an annual deductible of \$1,000/individual, 20 to 30 percent coinsurance, and some prescription drug and maternity coverage. Because identical plans are not offered in each state there are additional variances in the plans. For the HSA-qualified plan category, plans offered by the same companies compared regarding PPO plans were sought with an annual deductible of approximately \$2,500/individual and \$5,000/family, and 20 percent coinsurance.

A broader range of prices for individual health plans and number of plans available in a given Zip code were gathered using the eHealthInsurance website. The same ages and Zip codes were used for the eHealthInsurance information as for the more plan specific information.

This report is not intended to be a comprehensive study of insurance costs in our region; rather, it is a snapshot of insurance prices for given populations. One can not merely compare plans solely on cost since there are differences in benefits that must also be considered. Moreover, insurance prices are not static; they change over time. Premium prices and plan availability can vary from city to city within a state, making a comparison between states even more tenuous. This report is intended to provide basic information on insurance costs and highlight that different plans provide different benefits.

About the Author



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