

**Written Testimony of Aaron Smith  
Co-Founder & Executive Director  
Young Invincibles**

**Senate Committee  
On Commerce, Science and Transportation**

**Hearing on “Are Mini Med Policies Really Health Insurance?”  
December 1, 2010**

Chairman Rockefeller, Ranking Member Hutchinson, and other members of the Senate Commerce Committee: thank you for having me here today. My name is Aaron Smith and I am the Co-Founder & Executive Director of Young Invincibles.

**I. Young Invincibles**

Young Invincibles is a non-profit, non-partisan organization that advocates on behalf of young adults, ages 18 to 34. Founded by a group of students and young professionals during the health care reform debate, Young Invincibles sought to provide a voice for young adults in a process that too-often excluded young people.

Our name, “Young Invincibles,” comes from an insurance industry term illustrating a belief that so many young adults are uninsured because they perceive themselves as “invincible.” Our research and our own experiences tell us that, in fact, the opposite is true. Young people want and need coverage but are confronted by a broken system filled with obstacles to quality, affordable insurance. As we got involved in the fight for health care reform, we added a slogan to our name: “because no one is invincible without health care.”

During the health care reform debate, Young Invincibles joined in coalition with over twenty national youth-focused organizations, such as Rock the Vote and U.S. PIRG, with a combined membership of more than 1.5 million young adults. The coalition adopted a policy platform that sought to provide comprehensive, affordable coverage for young adults and to fix the broken system for all Americans. Those policies included staying on a parent’s plan up to age 26, a key provision that has already begun to help young people and families, and could provide coverage for over 2 million young adults.

Young Invincibles chose to support the Patient Protection and Affordable Care Act (“ACA”) because it would help provide coverage to the vast majority of uninsured young adults in the country, and provide both improved consumer protections and more

affordable, better quality health care for the millions who already have coverage.<sup>1</sup> The ACA provides insurance tax credits to individuals making up to 400 percent of FPL, thus making health care more affordable for millions of young Americans. Almost 9 million young adults ages 18 to 34 are limited-income, earning between 133 percent and 400 percent of FPL, and will qualify for tax credits.<sup>2</sup> The ACA also requires states to expand Medicaid coverage to all individuals making less than 133 percent of FPL, regardless of whether the individual has a child or a disability. Before the ACA, states generally only covered young adults with children. The expansion of Medicaid could cover nearly 7 million currently uninsured young adults.<sup>3</sup> Access to this coverage will allow young adults with chronic conditions to find treatment, give healthy young adults an option to maintain their health, and generally provide a health care backstop for a generation that is struggling in a tough economic recession.

Young Invincibles has continued its work to give young adults a voice in the legislative, regulatory and legal process by informing lawmakers, courts and relevant organizations about the unique needs of young adults, and by organizing grassroots campaigns to educate our generation. We strive to give young adults all the information and tools they need to get covered, get care, and get involved. The focus of this work is formed through interaction with thousands of young adult members around the country and extensive research on young adults and the health care system.

This summer, Young Invincibles launched *Getting Covered*, a national campaign promoting the dependent coverage provision in ACA that took effect on September 23<sup>rd</sup>, 2010. YI worked with over 20 national organizations, ranging from AARP to Small Business Majority, to provide information to young adults and parents. We developed a website, GettingCovered.org, that acts as a central hub where young adults, parents and employers can get comprehensive information about how dependent coverage works, personalized information about their coverage options and the capacity to easily share coverage information with family and friends. The site includes an “Employer Answer Center” to respond to questions from small businesses and local Chambers of Commerce. To spread the word about the dependent coverage provision, Young Invincibles co-hosted a webcast tele-town hall with AARP in California that drew over 11,500 participants. To mark the occasion of the provision taking effect in law on September 23, we helped coordinate more than 80 events in 25 states around the country.

Young Invincibles has also weighed in on the debate over health care reform now taking place in our federal courts. We submitted amicus briefs in the cases currently underway in the Eastern District of Virginia and the Northern District of Florida, offering a policy argument on behalf of our generation in defense of the law’s constitutionality. Additionally, Young Invincibles is an active participant in the ongoing process of

---

<sup>1</sup> See YI Want Change, *Comprehensive Insurance: Not Insurance In Name Only: YIWC Analysis of Catastrophic Plan and Dependent Coverage*, (December 2009).

<sup>2</sup> U.S. Census. (2009-2010). *Current Population Survey: Annual Social and Economic Supplement*.

<sup>3</sup> *Id.*

implementation. We have submitted comments about dependent coverage and the insurance exchanges to Health and Human Services (HHS). At the state level, we have been asked to sit on the New York State Health Care Reform Advisory Committee. And we are hard at work developing a state implementation "blueprint" that will help all states implement reform in a way that best meets the needs of young adults.

## **II. The Challenges of Young Adults in the Health Care System**

About 21 million young adults are currently uninsured, the largest age group of uninsured in the country. Young adults make up 26 percent of the population under the age of 65, but account for 42 percent of the uninsured in that demographic.<sup>4</sup> Millions more remain underinsured, enrolling in barebones coverage that leaves them without access to everyday care.<sup>5</sup> The high rate of uninsured young adults does not reflect a free choice by young Americans to go without insurance, but rather the lack of affordable, worthwhile coverage options. Polling shows that majority of young Americans favor the ACA, in part because of the pervasiveness of coverage barriers for our generation and the possibility of new insurance options.<sup>6</sup>

### **A. The Myth of the Young Invincible**

The term "young invincible" is based on the false premise that young adults simply do not want to buy insurance coverage because they think that they do not need it. The reality is much more complicated. Numerous factors act as barriers to coverage for young adults, from low-incomes to the scarcity of entry-level jobs with benefits. In fact, evidence shows that young adults want and need health insurance and will buy it readily when given the opportunity.<sup>7</sup>

A major reason behind the high uninsurance rate for young adults is that they more often lack access to employer-sponsored health insurance, which is the source of insurance for the vast majority of Americans. Only 53 percent of young adults ages 19 to 29 have access to employer-sponsored insurance, as compared to 76 percent of adults over 30.<sup>8</sup> The lack of employer-sponsored insurance is partly due to the staggeringly high

---

<sup>4</sup> *Id.*

<sup>5</sup> Families USA, *Barebones Insurance Would Do Little to Help Uninsured Working Families*, May 4, 1999, available at <http://www.familiesusa.org/resources/newsroom/statements/1999-statements/press-statement-barebones-insurance-would-do-little-to-help-uninsured-working-families.html>.

<sup>6</sup> *Gallup*, June 22, 2010, available at <http://www.gallup.com/poll/140981/Verdict-Health-care-Reform-Bill-Divided.aspx>.

<sup>7</sup> See Jennifer Nicholson, et al., Commonwealth Fund, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help*, 2009 Update, 2009, at 6, available at [http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2009/Aug/1310\\_Nicholson\\_rite\\_of\\_passage\\_2009.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2009/Aug/1310_Nicholson_rite_of_passage_2009.pdf) ("Rite of Passage? 2009"); see also *Gallup, Income Trumps Health in Young Adults' Coverage*, February 26, 2010, available at <http://www.gallup.com/poll/126203/income-trumps-health-status-young-adults-coverage.aspx>.

<sup>8</sup> Nicholson, *supra* note 7.

unemployment rate for young adults. For 16 to 24 year-olds, the unemployment rate is currently about 18 percent, nearly twice the national average.<sup>9</sup> Another factor is that many young adults take low-paying entry-level jobs that do not offer benefits, particularly in the retail and restaurant industries. Finally, the current job market often requires young adults to seek internships and apprenticeships to gain experience and advancement, positions that rarely offer benefits.

For young adults who do not have access to employer-sponsored insurance, purchasing individual market insurance can be an option, but, given the cost, it is usually not tenable. The average young adult with no access to employer-sponsored insurance earns \$14,746 per year.<sup>10</sup> The average annual cost of an individual plan offered to a relatively healthy 27-year old is \$1,723.<sup>11</sup> In other words, an individual insurance plan would be well over 10 percent of the young adult's income, a significant burden for a low-income individual already struggling to make ends meet.

Premiums for those young adults with a pre-existing medical condition are even higher.<sup>12</sup> The "offer rate" on the individual market for a young adult between 18 and 34 with a pre-existing condition (the frequency with which the consumer is offered coverage by an individual market insurer) is roughly equal to someone with a preexisting condition between the ages of 35 and 49.<sup>13</sup> But the 35 to 49 year old is 15 percent more likely to have employer-sponsored coverage, meaning that young adults with pre-existing conditions have fewer options than their older counterparts.<sup>14</sup> Given the average wages of young adults without employer-sponsored coverage, these individuals, who need care, will be among the least able to afford it.

By contrast, studies show that when health insurance is made affordable and available, young adults eagerly enroll. When young adults between the ages of 19 to 29 are offered affordable health insurance through their employers, 78 percent enroll, compared to 84 percent of adults over age thirty.<sup>15</sup> These similar enrollment rates demonstrate that uninsurance among young adults reflects the lack of affordable options, not a cultural opposition to coverage.

Moreover, young adults with higher income levels are far more likely to have insurance. The uninsured rate is just 14 percent for young adults living over 400 percent

---

<sup>9</sup> Rory O'Sullivan and Barbara Ray, *Economy Hammers Already Vulnerable Young Adults*, Young Invincibles, 2010 available at [http://www.younginvincibles.org/News/Releases/20101105\\_Unemployment\\_Issue\\_Brief.pdf](http://www.younginvincibles.org/News/Releases/20101105_Unemployment_Issue_Brief.pdf).

<sup>10</sup> U.S. Census.

<sup>11</sup> AHIP Center for Policy Research, *Individual Health Insurance 2009: A Comprehensive Survey of Premiums, Availability and Benefits* (October 2009).

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*; U.S. Census, *supra* note 2.

<sup>15</sup> Nicholson, *supra* note 7.

of the federal poverty line (“FPL”), but rises to 46 percent for young adults making less than 200 percent of the FPL.<sup>16</sup> With about 37 percent of young adults living below 200 percent of the FPL, it is no surprise that young adults have the highest uninsurance rate of any age group.<sup>17</sup>

The simple facts show that when insurance is made available to young adults, either by providing it through employers or by providing an individual option within their economic means, they get covered. With ACA promising to cover millions more uninsured young Americans and improve options for the already insured, it is therefore not surprising that young adults are the age group most supportive of the health care reform law.<sup>18</sup>

### **III. Mini-Med Plans and Young Adults**

Estimates of the number of enrollees in mini-meds vary, but insurers state that it could be over 2 million consumers. It is difficult to determine exactly how many of those enrollees are young adults, but a basic understanding of the industries using mini-meds make it clear that young adults are disproportionately impacted. Mini-meds are typical of the restaurant industry, and in particular fast food chains, as well as temporary staffing agencies. Young adults under 30 make up over half of restaurant industry employees.<sup>19</sup> More broadly, young adults under age 35 make up 41 percent of the employment services industry, but only 35 percent of workers as a whole.<sup>20</sup>

A quick look at Aetna mini-med plans underscores this point. About 39 percent of enrollees on Aetna mini-meds are under age 30, though young adults under age 30 make up only about 25 percent of the labor market as a whole.<sup>21</sup> While mini-meds do affect Americans of all ages, the impact is particularly great for young workers.

#### **A. A Young Adult on a Mini-Med Plan**

Young Invincibles often receives stories from young adults and families around the country who have had troubles with the current health care system, including with mini-med plans. Here is one (names removed at request of the person):

---

<sup>16</sup> U.S. Census, *supra* note 2; see also Gallup, *Income Trumps Health in Young Adults’ Coverage*, February 26, 2010, available at <http://www.gallup.com/poll/126203/income-trumps-health-status-young-adults-coverage.aspx>.

<sup>17</sup> U.S. Census, *supra* note 2.

<sup>18</sup> Gallup, June 22, 2010, available at <http://www.gallup.com/poll/140981/Verdict-Health-care-Reform-Bill-Divided.aspx>.

<sup>19</sup> Restaurant Industry, Small Business and Technology Development Center, 2005, available at <http://www.sbtde.org/pdf/restaurant.pdf>.

<sup>20</sup> Career Guide to Industries, 2010-11 Edition, Bureau of Labor Statistics, available at <http://www.bls.gov/oco/cg/cgs039.htm>.

<sup>21</sup> Background Of Aetna Affordable Health Choices® Limited Benefit Plans, *Loss Of Health Coverage For Persons In Employer-Sponsored Group Limited Benefit Plans*, May 3, 2010; U.S. Census.

A 24 year-old young man lives in Michigan. He has autism. For the past few years, he was fortunate to have a job with a big-box retail chain store making \$8/hr and working 20-30 hours per week. When he took the job, the young man was told about an inexpensive health insurance option for employees that would cost only \$100/month. It was a significant part of his paycheck but he and his parents thought having insurance was worth it. The coverage was advertised as normal health insurance so the young man assumed it would cover his basic needs. He signed up for the option, and had the \$100 taken out of his paycheck each month. Unfortunately, last year the young man had a seizure as a result of his condition. He and his parents expected his insurance to cover his condition. They were wrong. His insurance plan did not cover the ambulance ride, the CT scan, an EEG and other tests, the emergency room visit or the prescriptions to treat the young man following his emergency. He did not have the money to pay for all his care so his family was forced to pay over \$3,000 out-of-pocket for this one incident, despite the fact that he was supposed to have coverage. The young man and his mother feel that if they had known that his insurance covered so little, then they would have at least tried to buy private insurance to protect themselves.

Fortunately, the young man was able to go back on his father's plan this year due to the provision in the Affordable Care Act that allows young adults to stay on their parent's insurance up to age 26. While he will still struggle with his condition, at least he and his family can worry a little bit less about his insurance.

### **A. The Problem with Mini-Med Plans for Young Adults**

The current recession has exacerbated long-term labor market trends impacting young adults. Over the past 30 years, jobs for young adults have become more unstable, and wages have stagnated. The types of jobs and benefits available to young adults have also changed. Many entry-level positions, the kind available to most young adults after high school or college do not provide comprehensive insurance coverage. This type of low-wage, low-benefit labor market in part has led to the rise of mini-meds, which are advertised by insurance companies as an inexpensive way to retain and attract low-wage employees. In many of these plans, the employer provides no contribution, as they typically do for more comprehensive employer-based insurance. Employees can only afford mini-med plans because the coverage is so minimal, with benefit caps often below \$10,000.<sup>22</sup> As a result, workers who get sick or injured and truly need insurance may end up paying thousands of dollars out-of-pocket.

The problems associated with mini-meds, however, are compounded when marketed to consumers who are less experienced and less knowledgeable about health

---

<sup>22</sup> Background Of Aetna Affordable Health Choices® Limited Benefit Plans, *Loss Of Health Coverage For Persons In Employer-Sponsored Group Limited Benefit Plans*, May 3, 2010; U.S. Census.

insurance and the health care system overall. Most young adults are completely new to insurance, and the choice of a mini-med plan may be their first insurance decision. Many struggle to understand the common industry terms used in mini-med promotional materials. For example, a recent survey of college students done by eHealthInsurance.com, one of the largest online brokers, found that less than half of young adults surveyed could confidently define basic health insurance terminology, only 29 percent understood the meaning of a “premium,” and only 30 percent knew what a “life-time coverage limit” meant.<sup>23</sup> The problems are certainly not limited to college students. A recent survey of insured adults found that 52 percent thought that reading Shakespeare was easier than reading their health insurance policy.<sup>24</sup>

Yet, the fine print on mini-med insurance policies is particularly confusing. For example, a mini-med plan will often have a totally different benefit cap for annual expenses, inpatient services, outpatient services, emergency room visits, and preventive care.<sup>25</sup> With so many different benefit caps, it becomes increasingly difficult for even the most experienced consumer to judge how much coverage they are actually receiving, let alone a young adult who is new to the market. Even professionals in the health insurance industry acknowledge that these plans can be extremely confusing for workers.<sup>26</sup>

In sum, young adults are disproportionately likely to be on mini-med plans, but disproportionately likely to be less informed about how insurance operates or how mini-meds actually work. That makes young adults more susceptible to insurance plans that are sold as “real” coverage but are actually far from comprehensive.

It should not shock anyone that a \$1,000, \$5,000 or \$50,000 cap on coverage does not provide adequate coverage to young adults. A biking accident, a kidney stone or a pregnancy all cost more than the \$2,000 annual benefit cap in the basic McDonald’s mini-med plan. While young adults are comparatively healthy, they still incur significant health costs each year. Approximately 8.6 percent of young adults between the ages of 18 and 30 had medical claims between \$5,000 and \$50,000 in 2010, or about 4.6 million young adults. In contrast, only .15 percent of that age cohort had annual costs between \$50,000 and \$100,000.<sup>27</sup> This data shows first that the current benefit caps found in many mini-med plans are not sufficient to meet the health needs of young people who can

---

<sup>23</sup> eHealth, *eHealthInsurance 2010 College Graduates Survey: No Work, No Health Insurance, No Clue*, Marketwire, May 19, 2010, available at <http://www.marketwire.com/press-release/eHealthInsurance-2010-College-Graduates-Survey-No-Work-No-Health-Insurance-No-Clue-NASDAQ-EHTH-1263012.htm>

<sup>24</sup> Business Wire, Inc., *New Consumer Education Website Helps Simplify Health Benefits Decisions in Era of Health Care Reform*, Insurancenewsnet.com, Oct. 13, 2010, available at <http://insurancenewsnet.com/article.aspx?id=230225&type=newswires>.

<sup>25</sup> Background Of Aetna Affordable Health Choices® Limited Benefit Plans, *Loss Of Health Coverage For Persons In Employer-Sponsored Group Limited Benefit Plans*, May 3, 2010; U.S. Census.

<sup>26</sup> HR.BLR.com, *Can't Afford Insurance? Try a Mini-Med Plan*, May 9, 2007, available at <http://hr.blr.com/whitepapers/Benefits-Leave/Healthcare-Insurance/Cant-Afford-Insurance-Try-a-Mini-Med-Plan/>.

<sup>27</sup> Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), available at <http://www.meps.ahrq.gov/mepsweb/>.

easily have thousands of dollars in medical costs. Second, the data suggests that the hundred thousand dollar accidents and illnesses that drive up premiums and spur employers to avoid more comprehensive coverage is not typical of this population and therefore is less of a financial risk for insurers. This is also in line with what we have found in other types of limited benefit plans offered to young adults, where raising or eliminating benefit caps has a relatively small impact on premiums. In other words, providing comprehensive insurance that covers the health needs of young workers is both necessary and affordable.

This niche of the health insurance market has exploded in large part because young adults – and low- and moderate-income adults – want some form of coverage. Many young adults understand that it is their responsibility to themselves and to society as a whole to get covered. The danger of mini-med plans is that they take advantage of consumers who want to do the right thing, but may not have enough knowledge or experience to know that the coverage they are getting can be, in practice, barely more than no coverage at all.

## **B. The Impact of Not Having Decent Insurance**

Having a mini-med plan or any substandard insurance policy can have negative health and financial consequences for young adults. Young adults do suffer from chronic illnesses, catastrophic accidents and more unpredictable health crises: they are not invincible. They also need preventive care. And given their lower-incomes, young adults often face serious financial troubles when forced to pay out-of-pocket for health expenses. In short, a lack of quality, affordable insurance has long-lasting consequences to the health and economic opportunity of young adults.

### **a. The Need for Care**

Young adults need medical care to treat chronic conditions, care for sudden accidents or illnesses, and provide critical preventive services. Approximately 15 percent of young adults live with a chronic health condition such as asthma, diabetes, or cancer that requires ongoing care.<sup>28</sup> Another 9 percent grapple with depression or anxiety disorders.<sup>29</sup> These conditions worsen without treatment, resulting in higher health care costs later. Moreover, almost 16 percent of young adults, ages 18 to 24, and 21 percent of young adults, ages 25 to 34, have what is classified as a “pre-existing condition” and are often excluded from the individual market altogether.<sup>30</sup>

Preventive care is critical to protect the future health of both the healthy and

---

<sup>28</sup> Nicholson, *supra* note 7.

<sup>29</sup> *Id.*

<sup>30</sup> Families USA, *Health Reform: Help for Americans with Preexisting Conditions*, at 3, available at <http://www.familiesusa.org/assets/pdfs/health-reform/preexisting-conditions.pdf>.



chronically ill. While some mini-med plans may cover basic vaccines or primary care visits, they often do not cover the full range of preventive care that even young adults need, particularly if they have a chronic condition that needs ongoing care.

Additionally, young adults often experience accidents or unexpected illnesses. Rates of motor vehicle accidents, sexually transmitted diseases, and substance abuse are at their highest in young adulthood.<sup>31</sup> As a result of the higher accident rate, young adults ages 19 to 29 find themselves in the emergency room more than any other age group under the age of 75.<sup>32</sup> Even the healthiest young adult, then, is never more than an instant away from entering the health care market where they will need insurance to afford proper care. Unfortunately, the low benefit caps on mini-med plans mean that a trip to the emergency room can quickly equal thousands of dollars in out-of-pocket expenses for a young adult.

### **b. Medical Bankruptcies**

Young adults generally find it more difficult to pay medical costs when they do access care. Of those uninsured young adults who sought medical attention, 60 percent reported difficulty paying for their treatment, compared to just 27 percent of insured young adults.<sup>33</sup> About two-thirds of young adults earn below 400 percent of the FPL, or approximately \$43,320.<sup>34</sup> This limited-income population has little opportunity to build up savings. As a result, when they do face a medical crisis, they often face medical bankruptcies at much higher rates than their older counterparts.<sup>35</sup> While data is limited as far as the number of mini-med enrollees who enter bankruptcy due to medical bills, we expect that given the low benefit caps in mini-med plans, young adults on these plans would be more susceptible to medical bankruptcy than young adults with comprehensive insurance.

## **IV. Conclusion**

Despite the myths, young adults have serious health needs and require quality, affordable health insurance to pay for medical care. They are also a population that *wants* to enroll in the kind of comprehensive coverage that provides such care. Because of their relative lack of economic power and options and because they are typically less sophisticated consumers, young adults too often find themselves with substandard

---

<sup>31</sup> Robert Fortuna and Brett Robbins, *Dependence on Emergency Contracts among Young Adults in the United States*, (2010), available at <http://resources.metapress.com/pdf-preview.axd?code=ww58867474626077&size=largest>.

<sup>32</sup> M. Jane Park, et al., *The Health Status of Young Adults in the United States*, *Journal of Adolescent Health*, 39, (2006), available at <http://download.journals.elsevierhealth.com/pdfs/journals/>.

<sup>33</sup> *Id.*

<sup>34</sup> U.S. Census.

<sup>35</sup> Michelle Doty, et al., Commonwealth Fund, *Seeing Red: Americans Driven Into Debt By Medical Bills*, August 2005 Issue Brief (2005), at 2, available at [http://www.commonwealthfund.org/usr\\_doc/837\\_Doty\\_seeing\\_red\\_medical\\_debt.pdf](http://www.commonwealthfund.org/usr_doc/837_Doty_seeing_red_medical_debt.pdf).

insurance products they do not understand. Mini-med plans are a prime example of this problem. The low benefit caps means that many – perhaps even most – young adults on these plans face significant financial risk should a medical emergency arise, defeating the whole purpose of insurance. Moreover, these plans are too-often marketed in a deceptive way that gives less experienced consumers of health insurance the false impression that they have a decent level of coverage.

The reality for a young person on a mini-med plan who has to go to the emergency room or who has a more sustained health condition is that they do not have adequate coverage. Sadly, many of these young workers find themselves saddled with medical debt and simultaneously become a burden on their families and the rest of the health care system. Young adults need quality, affordable insurance to maintain good health and encourage earlier, more consistent treatment that is both more effective and better for the health insurance system overall.

Despite the obvious flaws in mini-med plans, it is an encouraging sign that employers see providing insurance as a valuable and necessary benefit for their employees. Young Invincibles would gladly work with employers transitioning from mini-med plans to more quality, affordable health insurance. The profits made by insurance companies on mini-med plans suggest that a transition toward better value is both realistic and desirable. Such a move will not only be welcomed by workers, young and old, but could have positive effects on productivity and worker satisfaction. Thankfully, young adults will have many more options in 2014 with the full implementation of ACA, with millions likely to get affordable, comprehensive insurance through subsidies in the exchange or Medicaid. That is a very good thing. Mini-med plans by that point should be a thing of the past. Yet, employers can help now to transition to a system where all Americans have a decent standard of coverage. Bringing young workers into the health insurance system, to pay their fair share for affordable medical care that will keep them healthy and ready for the future, should be a goal that we can all get behind.