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INTRODUCTION

The National Coalition on Health Care

The National Coalition on Health Care is the nation’s largest, most broadly representative nonpartisan alliance of organizations focused on health care. The Coalition is committed to advancing—through research and analysis, education, outreach, and informed advocacy—strategies and measures that will achieve an affordable, high-value health care system for patients and consumers, for employers and other payers, and for taxpayers.

The Coalition is an organization of organizations. Its members and supporters include nearly 90 of America’s largest and leading associations of health care providers; businesses and unions; consumer and patient advocacy groups; pension and health funds; religious denominations; and health plans. Our member organizations represent—as employees, members, congregants, or volunteers—more than 150 million Americans.

Because our member organizations range across so many sectors and segments of the nation’s economy and society, the Coalition can fairly be characterized as speaking not for a special interest, but for the national interest.

From its founding in 1990, the Coalition has been resolutely nonpartisan in its leadership and in its operations. This commitment has helped us to maintain credibility with decision-makers in the private and nonprofit sectors and gain access to and trust from leaders in both political parties.

The Coalition is an ongoing collaboration among partners. When we formulate and issue recommendations, the fact that they have won broad agreement from such a large and diverse set of organizations gives those recommendations a distinctive force and credibility.
Dear Colleagues,

Health care costs in the United States far exceed those in other advanced countries, yet according to a study by the Institute of Medicine, at least 30% of U.S. health care spending does not contribute to health and is therefore wasted. That unnecessary spending is a burden on individuals, employers, and government, and it draws resources away from other important investments, both within the health care sector and beyond it.

Health care costs are projected to jump from about $10,000 per person today to nearly $15,000 per capita in just eight years. These costs are increasing faster than our nation's ability to finance them. They are perhaps the largest threat to the future sustainability of our health care system, to the fiscal health of federal and state governments and agencies, and to our capacity as a society to address other pressing societal needs. The stakes—for the health of our people and of our economy—are enormous.

For these reasons, the National Coalition on Health Care (NCHC) has made healthcare affordability its mission. In the midst of significant advances in medicine and changes in population health, there is an urgent need to move toward higher-value health care arrangements, involving reforms in both financial incentives and health care delivery. We believe that with the right reforms, America can both restrain increases in health care costs and ensure high-quality health care we all can afford.

As the nation’s largest and most broadly representative alliance of organizations working on these issues, the Coalition is in a unique position to identify, design, and advance needed changes. The Coalition and our member organizations work together to develop consensus on constructive policy initiatives; to educate a wide range of audiences and decision-makers, including members of Congress, their staffs, and the media; and to make the case for effective policy solutions.

In 2014, our approach brought signal accomplishment on several of our priorities. And it was a year of growth—in our Coalition’s membership and in our reach. We invite others to join us in this vital work.

JOHN ROTHER
PRESIDENT AND CEO
NCHC’S PROGRAM OF WORK AND ITS RECORD OF ACHIEVEMENT

In 2014, the National Coalition on Health Care laid the foundation for the successful enactment of important reforms focused on reducing health care spending by improving the value and efficiency of care, including major changes in the reimbursement of physicians. The six areas of focus for the Coalition’s work are described in the following pages. In each, NCHC continued to employ a three-part strategy:

1. Policy development among NCHC member organizations through regular Policy Committee Meetings, which often featured presentations from and discussions with congressional staff members and other experts on the topics under consideration.

2. Regular educational forums directed at Hill staff and health leaders in Washington, at which leading health care researchers, practitioners, and executives presented and debated new findings and proposals.

3. In-person meetings with Congressional offices, especially the committees of jurisdiction, through which NCHC aimed to develop intelligence on legislative developments and advance policy alternatives that improve value rather than shifting costs or imposing blunt reimbursement cuts.

By the end of 2014, on issue after issue, as described below, NCHC had reaffirmed its reputation as a thought leader and forceful advocate for constructive health system change.
We sworn on the altar of God, eternalhostility...
PHYSICIAN PAYMENT REFORM

Health care and budget experts have long agreed that Medicare’s provider payment incentives for volume and complexity of services are key drivers of health care costs. As support grew in recent years for repeal of Medicare’s Sustainable Growth Rate formula, an opportunity arose to pair rollback of the SGR with potentially transformative payment reform.

During 2013 and the first quarter of 2014, the Coalition helped secure support for seizing that opportunity from stakeholders and thought leaders across the political spectrum. In February 2014, the bipartisan leadership of the Senate Finance, House Ways and Means, and House Energy and Commerce Committees jointly introduced S. 2000/H.R. 4015, the SGR Reform and Medicare Provider Payment Modernization Act of 2014.

The tri-committee effort represented an unprecedented show of cooperation and broad policy consensus. Unfortunately, the full House and Senate ultimately balked at resolving challenging offset and extender issues during an election year, and instead passed another temporary SGR patch. Despite this initial setback, NCHC continued to press for action.

Following the 2014 elections, NCHC released its first Congressional Report Card, evaluating Congress on progress in physician payment, transparency, and bipartisan Medicare reforms. In each subject, the report card concluded that the 113th Congress had so far failed to make the grade, but acknowledged that those poor marks could be improved should Congress finish the job of SGR reform. Then, as 2014 drew to a close, NCHC helped marshal support for prompt enactment of SGR reform from 67 other organizations ranging from the U.S. Chamber of Commerce and the Healthcare Leadership Council to AARP and the American Academy of Family Physicians.

NCHC’s efforts failed to achieve SGR reform in 2014, but soon bore fruit with the enactment of SGR reform early the next year.
CHILDREN’S COVERAGE

With the authorization for the bipartisan Children’s Health Insurance Program set to expire at the end of September 2015, millions of American kids were soon to face disruption or loss of health care coverage. Throughout 2014, the Coalition worked with a coalition of diverse stakeholders (including NCHC members American Academy of Pediatrics and the Georgetown Center for Children and Families) to ensure that children and pregnant mothers could maintain access to the affordable high-quality care that they need and deserve.

NCHC strongly believes that there is no better way to address our long-term health care cost challenges than by investing in the health of the next generation. Our efforts helped to achieve a two-year full extension of CHIP early in 2015.

PRICE AND QUALITY TRANSPARENCY

As employers increasingly embrace consumer-directed health plans and new state health insurance marketplaces lead many health plans toward limited and tiered networks, better price and quality information on health services has become essential for health care consumers.

In 2014, the Coalition continued to collaborate with the Council on Affordable Health Coverage (CAHC) to leverage a unique array of purchasers, payers, and consumer groups advocating for federal policies that improve transparency and competition. After extensive dialogue, NCHC, CAHC, and NCHC member groups, Pacific Business Group on Health and Blue Shield of California, crafted a joint response to a Request for Information on Data Transparency from Senator Ron Wyden (D-OR) and Senator Chuck Grassley (R-IA). Following the initial failure to enact transparency reforms as part of a permanent SGR bill, Representatives Paul Ryan (R-WI) and Ron Kind (D-WI) introduced important data transparency legislation, the Expanding the Availability of Medicare Data Act. NCHC joined with members of this working group on a letter endorsing this bill, which ultimately was also enacted as part of 2015 SGR reform legislation.
CONSUMER ENGAGEMENT

In the Coalition’s view, engaging consumers and patients in their own care and coverage choices is vital. Although we oppose the use of consumer engagement as a mere justification for shifting costs to consumers, benefit designs that align consumers’ incentives with value can help improve health care outcomes and affordability.

In partnership with NCHC member organization Best Doctors, the Coalition convened a Capitol Hill forum featuring consumer engagement strategies used by public and union payers in California. NCHC also endorsed the bipartisan VBID for Better Care Act, which calls for testing of value-based insurance designs in Medicare Advantage.

POST-ACUTE CARE

The outcome of any hospital stay is often profoundly affected by the quality of the post-acute care, including the medical and rehabilitative care provided by nursing homes, rehabilitation hospitals, and home health agencies. Within Medicare, unfortunately, researchers have long documented enormous variation in the cost and quality of those services.

As a first step toward reform, policymakers have long sought to standardize quality metrics and patient assessment across Medicare post-acute care. So when bipartisan, bicameral cooperation by the House Ways and Means and Senate Finance Committees yielded a legislative draft that would accomplish this aim, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 (S. 2553/H.R. 4994), NCHC offered its strong support.

The Coalition held a Capitol Hill forum on the topic, met with committees of jurisdiction along with a range of NCHC member groups, and suggested changes to the draft bill that were ultimately reflected in the enacted law. The IMPACT Act passed the House by a voice vote, cleared the Senate by unanimous consent, and was signed into law by President Obama—a rare achievement in today’s often divided legislative branch. In acknowledgement of the role NCHC played, House Ways and Means Health Subcommittee Chairman Kevin Brady (R-TX) recognized NCHC on the House floor, quoting our letter in support of the legislation.
CAMPAIGN FOR SUSTAINABLE RX PRICING

2014 saw the return of rapid growth in pharmaceutical costs—sparked by the introduction of a new $1000 a day Hepatitis C biologic medication named Sovaldi. This powerful new drug represented a real clinical advance for the 3-5 million Americans suffering from this blood disorder—but at $84,000 for an eight-week course of treatment, it stood to drive up costs both for taxpayers financing public programs and consumers paying health insurance premiums. Even more concerning, Sovaldi appeared to be only the first in a tsunami of drugs intended for broad patient populations, but priced at rare disease prices. This emerging trend posed a clear threat to health care affordability across our health system.

In response, NCHC launched the Campaign for Sustainable Rx Pricing (CSRxP) as a special project of the Coalition. By leveraging NCHC’s respected stature in the health policy community and our relationships with leading provider, consumer, and payer organizations, the Campaign has helped catalyze and shape a national conversation about the pricing of new prescription drugs.

The Coalition has been at the forefront of that debate and has had remarkable success in raising the visibility of these issues through extensive media coverage and the forging of new partnerships with stakeholders, including some that have become full members of the Coalition.

As 2014 drew to a close, NCHC crafted a plan to broaden CSRxP’s focus from Hepatitis C drugs to excessive pricing throughout the specialty pharmaceutical sector. And as the debate evolves, the Coalition plans to work with a diverse range of stakeholders to develop sustainable alternatives to today’s pricing practices.
2014 NCHC CAPITOL HILL FORUMS

FEBRUARY 26
Episodic Bundled Payment: A Critical Next Step in Health Care Payment Reform

SPEAKERS
• Eric Berger, President and CEO, Partnership for Quality Home Healthcare
• Blair Childs, Senior Vice President, Premier Healthcare Alliance
• Topher Spiro, Vice President for Health Policy, Center for American Progress

MARCH 6
A Prescription for Savings: Medication Management and Improved Adherence

SPEAKERS
• Anita Allemand, Vice President for Product Innovation and Management, CVS Caremark
• John McGlew, Assistant Director of Government Affairs, American College of Clinical Pharmacy
• John O’Brien, Vice President of Public Policy, CareFirst BlueCross BlueShield

APRIL 24
Integrating Medical Care, Behavioral Health, and LTSS: Finding a Path Toward Sustainability

SPEAKERS
• Carol Raphael, Senior Advisor, Manatt Health Solutions and Chairman of the Board, Long-Term Quality Alliance
• Paul Saucier, Director of Integrated Care Systems, Truven Health Analytics
• Lois Simon, President, Commonwealth Care Alliance

JUNE 23
Improving Medicare Post-Acute Care Transformation (IMPACT) through Standardized Assessment Data

SPEAKERS
• David Gifford, Senior Vice President of Quality and Regulatory Affairs, American Health Care Association
• Judith Tobin, Managing Director, Engelberg Center for Health Care Reform, Brookings Institution
• Lisa Grabert, Professional Staff Member, U.S. House of Representatives Committee on Ways and Means

SEPTEMBER 23
Health Care Quality and Efficiency: The Role of Consumer Engagement and Improved Diagnostic and Therapeutic Accuracy

SPEAKERS
• Lewis Levy, Vice President of Corporate Medical Quality, Best Doctors
• George McGregor, President and CEO, McGregor & Associates, Inc.
• Ken Stuart, Administrative Manager, San Diego Electrical Health and Welfare and Pensions Trust
2014 was a year of continued organizational growth for NCHC. We welcomed a range of new members and supporters, including:

AIDS HEALTHCARE FOUNDATION
Los Angeles-based AIDS Healthcare Foundation (AHF) is a global organization providing cutting-edge medicine and advocacy to more than 200,000 patients in 28 countries. Since 1987, AHF has cared for thousands of people living with HIV and AIDS worldwide, and is currently the largest provider of HIV/AIDS medical care in the U.S.

ALLIANCE FOR COMMUNITY HEALTH PLANS (ACHP)
The Alliance of Community Health Plans (ACHP) is a national leadership organization bringing together innovative health plans and provider groups, such as Geisinger, Group Health Cooperative, and the Rocky Mountain Health Plan, that are among America’s best at delivering affordable, high-quality coverage and care.

ACHP’s member health plans provide coverage and care for more than 18 million Americans. These 23 organizations focus on improving the health of the communities they serve and are on the leading edge of innovations in affordability and quality of care, including primary care redesign, payment reforms, accountable health care delivery, and use of information technology.

AMERICAN COLLEGE OF PHYSICIANS
The American College of Physicians (ACP) is a national organization of internists. One of the leading physician organizations, ACP’s 143,000 members are physician specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.
BOARD OF DIRECTORS

PRESIDENT & CEO
John Rother
President and CEO
NATIONAL COALITION ON HEALTH CARE

BOARD CHAIRMAN
Jack Lewin
President and CEO
CARDIOVASCULAR RESEARCH FOUNDATION

* denotes a member of the NCHC Board of Directors elected in April 2014
^ denotes a member of the NCHC Board of Directors elected in June 2015
+ denotes a former member of the NCHC Board of Directors

BOARD MEMBERS

Blair Childs
Senior Vice President, Public Affairs
PREMIER

Evan Falchuk
Vice Chairman
BEST DOCTORS, INC.

Ralph Neas

Don Crane*
President and CEO
CAPG

Lt. Colonel Ardis Fuge
National Social Services Secretary
SALVATION ARMY

John Seffrin*
CEO
AMERICAN CANCER SOCIETY

Chris Dawe*
Managing Director
EVOLENT HEALTH

Christopher W. Hansen*
President
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

Damon A. Silvers*
Director of Policy and Special Counsel
AFL-CIO

George Diehr*
Member
CALPERS BOARD OF ADMINISTRATION

Michael Maccoby
President
THE MACCObY GROUP

John Sweeney*
Former President
AFL-CIO

David Dobbins
Chief Operating Officer
AMERICAN LEGACY FOUNDATION

Doug McKeever*
Deputy Executive Officer, Benefits Programs Policy and Planning
CALPERS

Susan Turney
Chief Executive Officer
MARSHFIELD CLINICAL HEALTH SYSTEM

The Honorable David Durenberger
Former U.S. Senator

Sonia Millsom
Vice President of Payer Strategy
BEST DOCTORS, INC.

Debra Whitman
Executive Vice President, Policy, Strategy and International Affairs
AARP
# FINANCIALS 2014

## STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2014

<table>
<thead>
<tr>
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<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
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<td>Contributions</td>
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<td>Other Income</td>
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<td><strong>Net Assets released from restrictions:</strong></td>
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<td>Satisfaction of donor restrictions</td>
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<td>$(53,172.00)</td>
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<td>$886,503.00</td>
<td>$(53,172.00)</td>
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<th>UNRESTRICTED</th>
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<td>Program services</td>
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<td>Support services</td>
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</tr>
<tr>
<td>Management and general</td>
<td>$197,513.00</td>
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<td>$197,513.00</td>
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<tr>
<td>Fundraising</td>
<td>$29,362.00</td>
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<td>$29,362.00</td>
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<tr>
<td><strong>Total support services</strong></td>
<td>$226,875.00</td>
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<td>$226,875.00</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>$756,285.00</td>
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<td>$756,285.00</td>
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<table>
<thead>
<tr>
<th></th>
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<th>TEMPORARILY RESTRICTED</th>
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<td><strong>CHANGE IN NET ASSETS</strong></td>
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<td><strong>NET (DEFICIT) ASSETS, JAN 1, 2014</strong></td>
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<td><strong>NET ASSETS END OF YEAR</strong></td>
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### STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2014

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<tr>
<th>Description</th>
<th>Program Services</th>
<th>Management and General</th>
<th>Fundraising</th>
<th>Total Support Services</th>
<th>Total Expenses</th>
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<td>Professional fees</td>
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<td>$1,199.00</td>
<td>$1,199.00</td>
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<tr>
<td>Total expenses</td>
<td>$294,111.00</td>
<td>$197,513.00</td>
<td>$29,362.00</td>
<td>$226,875.00</td>
<td>$756,285.00</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

The National Coalition on Health Care is America’s oldest and most diverse group working to achieve comprehensive health system reform. Founded in 1990, NCHC is a 501(c)(3) tax exempt organization representing more than 85 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities, and persons with disabilities. Our member organizations collectively represent—as employees, members, or congregants—over 100 million Americans.

AARP
Actors’ Equity Association
Adrian Dominican Sisters
AFL-CIO
AIDS Healthcare Foundation
Alliance of Community Health Plans
America’s Health Insurance Plans
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Association of Birth Centers
American College of Cardiology
American College of Clinical Pharmacy (ACCP)
American College of Emergency Physicians
American College of Nurse-Midwives
American College of Physicians
American College of Surgeons
American Dental Education Association
American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO
American Federation of Teachers
American Hospital Association
American Legacy Foundation
American Library Association
Asian & Pacific Islander American Health Forum
Association for Community Affiliated Plans (ACAP)
Best Doctors, Inc.
Blue Cross Blue Shield Association
Blue Shield of California
C-Change
California Public Employees’ Retirement System (CalPERS)
California State Teachers’ Retirement System (CalSTRS)
CAPG
Cardiovascular Research Foundation (CRF)
Catholic Health Association of the United States
Childbirth Connection
Children’s Defense Fund
CodeBlueNow!
Colorado Public Employees’ Retirement Association
Committee for Economic Development
Common Cause
Communication Workers of America
Consortium for Citizens with Disabilities
CVS Health
Evangelical Lutheran Church in America
Georgetown University Center for Children and Families
Gross Electric, Inc.
International Brotherhood of Electrical Workers
International Brotherhood of Teamsters
International Federation of Professional & Technical Engineers
International Foundation of Employee Benefit Plans
Japanese American Citizens League
League of Women Voters
Medical Group Management Association (MGMA)
Midwest Business Group on Health
National Association for the Advancement of Colored People (NAACP)
National Association of Community Health Centers
National Community Action Foundation
National Committee for Quality Assurance (NCQA)
National Conference on Public Employee Retirement Systems
National Consumers League
National Coordinating Committee for Multiemployer Plans
National Council of La Raza
National Council of the Churches of Christ in the USA
National Council on Teacher Retirement
National Multiple Sclerosis Society
National Quality Forum
National Rural Health Association
New York State Teachers’ Retirement System
Pacific Business Group on Health
Premier
Presbyterian Church, USA
Religious Action Center of Reform Judaism
Safety Net Hospitals for Pharmaceutical Access
SAG-AFTRA
SCAN Health Plan
Sheet Metal Workers’ International Association, AFL-CIO
Small Business Majority
The Episcopal Church
The Salvation Army
UAW Retiree Medical Benefits Trust
U.S. PIRG
Union for Reform Judaism
United Food and Commercial Workers International Union
United Methodist Church, General Board of Church and Society
Verizon
Wisconsin Medical Society