

Paper Application For Affordable Health Care

The Affordable Care Act (ACA) aimed to achieve nearly universal health insurance coverage in the United States through a combination of insurance market reforms, mandates, subsidies, health insurance exchanges, and Medicaid expansions, most of which took effect in 2014. This paper estimates the causal effects of the ACA on health insurance coverage using data from the American Community Survey. We utilize difference-in-difference-in-differences models that exploit cross-sectional variation in the intensity of treatment arising from state participation in the Medicaid expansion and local area pre-ACA uninsured rates. This strategy allows us to identify the effects of the ACA in both Medicaid expansion and non-expansion states. Our preferred specification suggests that, at the average pre-treatment uninsured rate, the full ACA increased the proportion of residents with insurance by 5.9 percentage points compared to 3.0 percentage points in states that did not expand Medicaid. Private insurance expansions from the ACA were due to increases in both employer-provided and non-group coverage. The coverage gains from the full ACA were largest for those with incomes below the Medicaid eligibility threshold, non-whites, young adults, and unmarried individuals. We find some evidence that the Medicaid expansion partially crowded out private coverage among low-income individuals.

This is the story of the Singapore healthcare system: how it works, how it is financed, its history, where it is going, and what lessons it may hold for national health systems around the world. Singapore ranks sixth in the world in healthcare outcomes, yet spends proportionally less on healthcare than any other high-income country. This is the first book to set out a comprehensive system-level description of healthcare in Singapore, with a view to understanding what can be learned from its unique system design and development path. The lessons from Singapore will be of interest to those currently planning the future of healthcare in emerging economies, as well as those engaged in the urgent debates on healthcare in the wealthier countries faced with serious long-term challenges in healthcare financing. Policymakers, legislators, public health officials responsible for healthcare systems planning, finance and operations, as well as those working on healthcare issues in universities and think tanks should understand how the Singapore system works to achieve affordable excellence.

This book presents an in-depth review on the role of health care financing in improving access for low-income populations to needed care, protecting them from the impoverishing effects of illness, and addressing the important issues of social exclusion in government financed programs.

The social determinants of health are relatively well-documented, considering that the academic and research concept of studying the non-clinical causes of health disparities is little more than twenty years old. The World Health Organization recognizes ten different social elements that are likely to influence health outcomes in both positive and negative ways: income and social protection, education, unemployment and job insecurity, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable services of decent quality. The United States healthcare system is one of few among the developing nations that centers health policy decisions upon favoring employer sponsored insurance, or ESI. Such a practice has deep roots in American history and policy. What is concerning about this focus, however, is that less than fifty percent of Americans actually access their primary insurance coverage through employer-sponsored plans. Lower-income families and workers are traditionally less likely to be covered by employer plans, meaning that those who qualify are all but forced to seek coverage through state and federal insurance programs, like Medicaid. As prices and overall spending continues to increase at concerning rates, the reliance upon insurance as a mechanism to facilitate affordability is nearly cemented. Overall health outcomes among the uninsured (or underinsured) tend to be worse than those who have insurance, as we know that in many cases, the uninsured end up delaying or avoiding care due to cost. States that consistently rank as having the worst health outcomes, tend to coincide with data that indicates that they also spend less on care per capita. There are a multitude of reasons why this could be - some research points to burdens in accessing public health care provisions (both insurance and clinical care), others point to high rates of uninsurance due to cost, while others examine the relationship between cultural and dietary habits and health maintenance. Many of these concentrations in poor health outcomes tend to reside in states that also have poor outcomes in education, poverty, and other social metrics that tend to be predictors of health outcomes. For these reasons, this paper will explore the access to affordable and quality services in the United States, specifically in the realm of Medicaid and state efforts to alter its accessibility and quality. Section 1115 Medicaid waivers have long been utilized by states to change health care policy in ways that the federal government does not. From expanding eligibility criteria, to imposing work requirements, it is often implied that state leaders use this tool for political posturing rather than program improvement. However, almost every state has applied for a waiver at some point in time, making irrelevant the argument that one party rather pulls this lever more than another. This paper seeks to quantify some of the assumptions about why states use this tool to alter Medicaid and its structure: by incorporating state demographic factors, I will examine the varying incentives that states have to apply for Medicaid demonstration waivers. I will investigate this question by using data from a combination of sources including for poverty and income levels, employment, state gross domestic product, Medicaid enrollment, state legislative leanings, and more. Due to the multi-faceted nature of these waivers, my research will examine waivers in all states, along with separate analyses for states that are re-applying for existing waivers, and further stratification for addressing the individual likelihoods of applying for "progressive" waivers (that seek to expand Medicaid access and enrollment) versus "regressive" waivers (or waivers that seek to restrict Medicaid access and enrollment). This research will provide valuable context for further discussion around political incentives, and whether state efforts to better manage (or better afford) Medicaid programs are really of merit.

Bioanalysis Through Patterning Low-Cost Substrates

Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2015: Oversight hearing: Public Health Emergency Medical Countermeasure Enterprise; U.S. Department of Health and Human Services; Budget hearing: future of biomedical research

Pearls, Pitfalls and Practical Business Advice for Doctors

Applying the Medicare Stars System to the Private Individual Health Insurance Market Under the Affordable Care Act

Obama's Health Care Reform 2010: From Change to Concession?

Current Status and Future Applications

With an emphasis on preparing and filing claims electronically, *Health Insurance Today, 4th Edition* features completely updated content on ICD-10 coding, ARRA, HI-TECH, Version 5010, electronic health records, the Health Insurance Reform Act, and more. The friendly writing style and clear learning objectives help you understand and retain important information, with review questions and activities that encourage critical thinking and practical application of key concepts. Clear, attainable learning objectives help you focus on the most important information. What Did You Learn? review questions allow you to ensure you understand the material already presented before moving on to the next section. Direct, conversational writing style makes reading fun and concepts easier to understand. Imagine This! scenarios help you understand how information in the book applies to real-life situations. Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question. HIPAA Tips emphasize the importance of privacy and following government rules and regulations. Chapter summaries relate to learning objectives, provide a thorough review of key content, and allow you to quickly find information for further review. Key coverage of new topics includes medical identity theft and prevention, National Quality Forum (NQF) patient safety measures, ACSX12 Version 5010 HIPAA transaction standards, EMS rule on mandatory electronic claims submission, and standards and implementation specifications for electronic health record technology. Increased emphasis on producing and submitting claims electronically gives you an edge in today's competitive job market. UPDATED! Additional ICD-10 coding content prepares you for the upcoming switch to the new coding system. NEW! Content on ARRA, HI-TECH, and the Health Insurance Reform Act ensures you are familiar with the latest health care legislation and how it impacts what you do on the job.

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. *The Future of the Public's Health in the 21st Century* reaffirms the vision of *Healthy People 2010*, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

This book is written for medical students, medical residents, and physicians in private practice, academia and research. The book is an excellent review of everything a doctor needs to know about the business of medicine from the moment he or she graduates medical school.

The application of proper ethical systems and education programs is a vital concern in the medical industry. When healthcare professionals are held to the highest moral and training standards, patient care is improved. *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications* is a comprehensive source of academic research material on methods and techniques for implementing ethical standards and effective education initiatives in clinical settings. Highlighting pivotal perspectives on topics such as e-health, organizational behavior, and patient rights, this multi-volume work is ideally designed for practitioners, upper-level students, professionals, researchers, and academics interested in the latest developments within the healthcare industry.

Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications

Health Insurance Changes Required by the Affordable Care Act

Internet of Things and Advanced Application in Healthcare

Medical and Dental Expenses

Affordable Health Care

A Practical Approach

The ubiquitous nature of the Internet of Things allows for enhanced connectivity between people in modern society. When applied to various industries, these current networking capabilities create opportunities for new applications. Internet of Things and A critical reference source for emerging research on the implementation of the latest networking and technological trends within the healthcare industry. Featuring in-depth coverage across the broad scope of the Internet of Things in specialized settings, such as and healthcare support systems, this publication is an ideal resource for professionals, researchers, upper-level students, practitioners, and technology developers seeking innovative material on the Internet of Things and its distinct applications.

"In 2005, the American College of Physicians (ACP) published *Redesigning Medicaid During a Time of Budget Deficits*. The paper was released at a time when the Bush Administration and Congress were seeking new ways to limit the accelerated growth of the states to have more discretion regarding cost-sharing and delivery system reform. Medicaid continues to be an enormous part of states' budgets, and when combined with the Medicare program, makes up 4% of the nation's gross domestic product. The Medicaid program is vulnerable to budget cuts, and the program is vulnerable to vulnerable populations, such as the poor and disabled, but like the health care system as a whole, Medicaid needs to be improved to emphasize preventive and primary care. Some of this is occurring now, as states like Vermont experiment with a medical attention to determining best practices. The need for the program is even more elevated as the country emerges from an economic recession and more people have turned to the Medicaid system for coverage. On March 23, 2010, President Obama signed the Affordable Care Act (PPACA) and a companion bill that provided further changes. Among other things, the landmark health care reform legislation would expand access to the Medicaid program regardless of categorical eligibility, potentially increasing program enrollment by 2019. Ten states may see Medicaid enrollment increase by 50%. The law will dramatically alter the landscape of health care coverage and delivery: while more uninsured Americans will have access to coverage under Medicaid, private insurance, and other services probably continue to face challenges involving financing, delivery system reform, and the provider workforce. ACP will continue to focus on analyzing and encouraging effective models to redesign how care is delivered, financed, and reimbursed under Medicaid services provided; 2) ensure access to physicians; 3) create a more viable long-term financing mechanism; and 4) address how long-term care should be improved and financed. The influx of Medicaid-covered patients into the health care system heightens the health care delivery, financing, and payment policies to sustain the program. Expanding Medicaid will be a daunting task as the program is poised to become one of the largest -- if not the largest -- payer of health care services. However, this daunting task will be addressed by program to emphasize primary care and prevention; transform the delivery system to strengthen evidence-based, patient-centered care; ensure physician participation; reform the long-term care system to allow people to live in their homes and communities; and promoting health information technology. This paper provides a brief update on changes to the program over the last 3-4 years and makes recommendations on how the Medicaid program can be improved to ensure access and sustainability in the future."

The Patient Protection and Affordable Care Act (ACA) was designed to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of healthcare overall. Along with sweeping change came a new era of health care reform. This book explores the pros and cons of the Affordable Care Act, and explains who benefits from the ACA. Readers will learn how the economy is affected by the ACA, and the impact of the ACA rollout.

An Obamacare book like no other, *Obamacare: Healthcare Apocalypse* not only lays out all of the core components of the Patient Protection and Affordable Care Act, but also provides a detailed analysis of the long-term impacts of this massive federal intrusion into the private insurance market. Whether intentional design or as the byproduct of bad law, Obamacare will literally and figuratively tax the current, and effective, predominantly employment-based third-party payor system to the breaking point, paving the way for full-scale government intervention. Obamacare will accomplish this feat under the guise of consumer protections but the real impact of Obamacare will be felt slowly over time as a series of delayed-implementation "time bombs" erupt with damaging consequences. The "recipe for financial disaster" slowly erode the private sector health insurance industry and tempt employers to pay the penalty instead of providing more costly qualified coverage for employees. All the while employees, individuals, insurers, and other businesses will feed the growing fed the private insurance sector fails. Obamacare drastically expands Medicaid, converting it from a last-resort, needs-based program to a clear entitlement program. The middle class and businesses will fund this expansion in the form of new taxes. All the while their own healthcare coverage vanish and be hit with a financial penalty simply because they cannot afford to purchase qualified coverage. Small businesses will quell their own growth to avoid the employer shared responsibility requirement while others will avoid the obligation. The middle class will emerge as the new class of uninsured in America and as the private healthcare insurance industry spirals downward the government will step in with its own plan knowing the majority will be left with no other choice. *Healthcare apocalypse!* This book provides a history of healthcare, focusing on the ever-increasing cost-ascend; a crash course on the insurance industry so that you will see precisely how Obamacare's drafters hit the easy target with the long-term goal of destroying the current healthcare system.

State Health Insurance Exchanges

Staying the Course

The Effects of Health Insurance Eligibility Policies on Maternal Care Access and Childbirth Outcomes

Third MICCAI Workshop, DART 2021, and First MICCAI Workshop, FAIR 2021, Held in Conjunction with MICCAI 2021, Strasbourg, France, September 27 and October 1, 2021, Proceedings

Medicaid and Health Care Reform

Scaling Up Affordable Health Insurance

Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital-based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million -- one in seven--working--age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

Technological advancements in the last few decades have significantly revolutionized the healthcare industry, resulting in life expectancy improvement in human beings. The use of automated machines in healthcare has reduced human errors and has notably improved disease diagnosis efficiency. Design and Development of Affordable Healthcare Technologies provides emerging research on biomedical instrumentation, bio-signal processing, and device development within the healthcare industry. This book provides insight into various subjects including patient monitoring, medical imaging, and disease classification. This book is a vital reference source for medical professionals, biomedical engineers, scientists, researchers, and medical students interested in the comprehensive research on the advancements in healthcare technologies.

This book constitutes the refereed proceedings of the Third MICCAI Workshop on Domain Adaptation and Representation Transfer, DART 2021, and the First MICCAI Workshop on Affordable Healthcare and AI for Resource Diverse Global Health, FAIR 2021, held in conjunction with MICCAI 2021, in September/October 2021. The workshops were planned to take place in Strasbourg, France, but were held virtually due to the COVID-19 pandemic. DART 2021 accepted 13 papers from the 21 submissions received. The workshop aims at creating a discussion forum to compare, evaluate, and discuss methodological advancements and ideas that can improve the applicability of machine learning (ML)/deep learning (DL) approaches to clinical setting by making them robust and consistent across different domains. For FAIR 2021, 10 papers from 17 submissions were accepted for publication. They focus on Image-to-Image Translation particularly for low-dose or low-resolution settings; Model Compactness and Compression; Domain Adaptation and Transfer Learning; Active, Continual and Meta-Learning.

Navigating Health Insurance examines health insurance from the perspective of the consumer. Students are introduced to basic health insurance principles and terminology as well as types of insurance such as Medicaid, Medicare, Medigap, Exchanges, and others. The impacts of the ACA on health insurance are explored as well as essential services and coverage decisions, long term care, workers compensation, administration/paper work, filing claims and more. Students will also be challenged to consider market and social justice philosophies, for example the impact on health insurance and access to health care services, international comparisons, and advantages and disadvantages of the U.S. system.

Who are the Navigators? : Hearing Before the Committee on Oversight and Government Reform, House of Representatives, One Hundred Thirteenth Congress, First Session, December 16, 2013

The Medical Entrepreneur Digital Version

Concepts, Methodologies, Tools, and Applications

Care Without Coverage

Evidence from the Affordable Care Act Early Medicaid Expansion in Connecticut

The Affordable Care Act

Expanded health insurance coverage under the Affordable Care Act (ACA) provides alternative channels to obtain health insurance coverage outside employment, which in theory may affect whether people want to work, how much they work, and the sorting of individuals into jobs. Although health insurance exchanges are available in all states, ACA Medicaid expansion is only available in states that chose to expand Medicaid coverage. The state-level variation in timing of Medicaid expansion provides a quasi-experiment setting that can be used to examine how health insurance coverage affected labor supply. In this paper, I study how Medicaid expansion affects the labor supply and re-employment outcomes of displaced (involuntarily unemployed) workers who are near-elderly, low-income, non-married, childless, and non-disabled. Data from 2011–2016 waves of monthly Current Population Survey (CPS) as well as 2010–2016 waves of Displaced Workers Survey (DWS) are used. Results from a discrete-choice model using the CPS suggest that, some displaced workers in expansion states became less likely to exit unemployment to employment while some other became more likely to exit unemployment to not-in-labor-force immediately following Medicaid expansion. While robustness tests suggest this may partly be attributed to state-level idiosyncrasies, my results reject large and persistent effect of Medicaid expansion on unemployment exits. The DWS does not have enough statistical power to identify the difference in reemployment outcomes between displaced workers in expansion and non-expansion states.

This book focuses on state-of-the-art microfluidic research in medical and biological applications. The top-level researchers in this research field explain carefully and clearly what can be done by using microfluidic devices. Beginners in the field—undergraduates, engineers, biologists, medical researchers—will easily learn to understand microfluidic-based medical and biological applications. Because a wide range of topics is summarized here, it also helps experts to learn more about fields outside their own specialties. The book covers many interesting subjects, including cell separation, protein crystallization, single-cell analysis, cell diagnosis, point-of-care testing, immunoassay, embryos/worms on a chip and organ-on-a-chip. Readers will be convinced that microfluidic devices have great potential for medical and biological applications.

The Affordable Care Act (ACA) includes several provisions designed to expand insurance coverage that also alter the tie between employment and health insurance. In this paper, we exploit variation across geographic areas in the potential impact of the ACA to estimate its effect on health insurance coverage and labor market outcomes in the first two years after the implementation of its main features. Our measures of potential ACA impact come from pre-existing population shares of uninsured individuals within income groups that were targeted by Medicaid expansions and federal subsidies for private health insurance, interacted with each state's Medicaid expansion status. Our findings indicate that the majority of the increase in health insurance coverage since 2013 is due to the ACA and that areas in which the potential Medicaid and exchange enrollments were higher saw substantially larger increases in coverage. While labor market outcomes in the aggregate were not significantly affected, our results indicate that labor force participation reductions in areas with higher potential exchange enrollment were offset by increases in labor force participation in areas with higher potential Medicaid enrollment.

Following the implementation of the Affordable Care Act (ACA), millions of Americans have gained coverage, many for the first time in their lives. The law has created more options for affordable coverage and put millions into the driver seat when it comes to selecting their coverage and enrolling in a health plan. The individual health insurance market has undergone significant changes under the ACA, including the creation of state-based and federally facilitated marketplaces where individuals in all states can go to shop for and enroll in potentially subsidized individual market coverage. This dissertation seeks to improve our understanding of consumer decision-making in this new health insurance landscape. Through three sets of analyses of consumer behavior during the insurance decision-making process, this dissertation will provide needed updates to the literature on this topic. It also highlights key considerations for policymakers and agencies to weigh when evaluating how consumers might respond to policies that change their available coverage options. The first paper examines two key components of health plans that individuals weigh when making enrollment decisions – cost and quality. The ACA requires both federally facilitated and state-based marketplaces to provide easy to understand plan quality information to customers shopping for coverage. Through two hypothetical choice experiments, this paper examines how consumers weighed health plan costs and quality in different choice environments and explored the consumer characteristics associated with a preference for high quality plans as well as with the selection of inferior plans. In each experiment, participants responded to a series of choice scenarios that asked them to choose between five health plans that differed only in their costs and quality ratings, represented by stars. Overall, between scenarios individuals were willing to pay more for higher quality plans when the quality ratings of all available plans were

lower, when the higher quality plan's rating was two stars higher rather than one star higher than other plans, and when the price differential was lower. More risk averse participants had higher predicted probabilities of consistently choosing the higher quality, more expensive plan. However, a significant portion of the study population made poor decisions: more than a third of participants chose a dominated plan at least once. The less numerate, those with higher risk-seeking tendencies, and those with low health insurance literacy had the highest predicted probabilities of choosing poorly. The second experiment also found that individuals are more likely to choose a dominated plan when the quality star ratings are similar across plans. The second and third papers use data from California's health insurance marketplace, Covered California, to examine consumer behavior following the implementation of silver loading in 2018. Silver loading is a policy California and other states put into place after the cancellation of federal funding for a set of subsidies included in the ACA that reduce the amount of cost-sharing required by low-income enrollees in silver tier marketplace plans, known as cost-sharing reductions (CSRs). Silver loading placed the cost of providing CSRs in the absence of federal funding onto the premiums of silver plans, subsequently raising premium subsidies which are tied to the cost of silver coverage. The second paper focuses on enrollment in silver plans that became dominated because of silver loading. This paper looks at enrollment in these plans over time (both before and after they became dominated) and by enrollees' prior year enrollment decisions to examine differences in enrollment by pre-existing biases regarding metal tier labeling and the potential role of status quo bias. Overall, more than 60,000 Californians enrolled in a dominated plan in 2018 and, on average, households enrolled in dominated plans in 2018 spent an additional \$38.87 per month in premiums. Households that were enrolled in silver coverage in the year before the examined silver plans became dominated had the highest predicted probability of enrolling in a dominated plan in 2018. The third paper examines Covered California consumers' decisions to switch health plans during open enrollment over the first four open enrollment periods where individuals could renew their coverage (2015–2018). Under the ACA, switching rates in the individual market have been much higher than those previously seen in other markets. Looking at re-enrollees in Covered California, this paper provides data on consumer switching behavior over time and identifies the consumer, plan, and choice environment characteristics associated with consumers' decisions to change their coverage during open enrollment. The percentage of re-enrollees in Covered California who made changes to their coverage steadily increased between the 2014–15 and 2017–18 open enrollment periods. Following the implementation of silver loading the proportion of consumers who moved into gold plans during the 2017–18 open enrollment period drastically increased, compared to previous years. Among bronze or silver plan enrollees who switched metal tiers during open enrollment, those who could enroll in gold plans that were no more than \$49 per month more expensive than their initial bronze or silver plan had a significantly higher probability of switching into gold coverage than those who faced larger premium differences. The results of this dissertation identify several consumer, health plan, and choice environment characteristics that can influence consumer health insurance decision-making. Policymakers and marketplace regulators can use this work to help inform the decisions they make around marketplace choice architecture, policies aimed at retaining enrollees and recruiting new consumers, and decisions about re-enrollment for consumers who do not actively renew their coverage during annual re-enrollment periods.

Health care reform as an example for structural resistance of the American political system to needed change

The Effects of the Affordable Care Act on Health Insurance Coverage and Labor Market Outcomes

Understanding Consumer Health Insurance Decision-Making Under the Affordable Care Act

Two Weeks Until Enrollment

Healthcare Apocalypse

ObamaCare

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

During 2012, many states took steps to form state-based health insurance exchanges (also referred to as marketplaces) provided for in the Patient Protection and Affordable Care Act (ACA), either through legislation or executive order. The purpose of the new exchanges is to ease the process of purchasing and enrolling in health plans, and to increase access to affordable health insurance for individuals, households, and small employers. These will be the exchanges through which low-income households can purchase individual/family insurance and gain access to tax credits to subsidize premiums. States establishing the Small Business Health Options Program will be managing the market for small firms to select health plans and for those who are eligible to receive tax credits toward premium costs. In early 2013 nine states (Arkansas, Delaware, Illinois, New Hampshire, Iowa, Michigan, Ohio, South Dakota, and Virginia) applied to participate as partners in federally facilitated exchanges. This paper examines the elements of state-based exchanges using the rubric established by a previous RUPRI Center paper and the implications of those elements for rural health care markets. When we began analyzing state plans for this paper, 15 states (and the District of Columbia) had taken the initial steps to set up a state-based marketplace. Subsequently (on January 3, 2013), the Center for Consumer Information & Insurance Oversight in the Centers for Medicare & Medicaid Services (CMS) announced that 17 states were conditionally approved to operate health insurance exchanges, including the states used in this analysis. West Virginia enacted a statute in 2011 but has not chosen to create a state exchange, so we did not include that state in this analysis, leaving the 14 states listed in the appended tables. Minnesota and New Mexico are not included in our analysis because they had not yet established the exchange by statute or executive order. Given the rural interests of this paper, we excluded the District of Columbia from the analysis.

The health and well-being of the human population in the developing world has become an important global issue which attracts lots of attention from many governments in the developed world. Intensive research efforts have been made by the developed countries to address human health in developing countries. Some major diseases, such as malaria, HIV/AIDS, tuberculosis, etc. threaten the health and the productivity of the human population in developing countries, severely restricting the development of those countries. For some diseases, effective clinical treatments are now available and can be delivered to patients in those countries. However, the lack of robust and low-cost screening technologies still prevents the screening of those diseases among the large human population in developing countries. To overcome these problems, cheap materials such as paper and thread are utilized to fabricate low-cost microfluidic devices, bioactive paper and bioactive thread. It is feasible to use these cheap platforms to provide affordable healthcare and environmental monitoring in developing countries. These novel applications strongly drive the continuous development of low-cost diagnostics. The work in this thesis focuses on both novel fabrication concepts and detection mechanism designs to improve low-cost diagnostics by using simple patterning methods. Throughout this work, printing is used as a versatile and cost-effective approach for fabricating low-cost and simple diagnostic devices. Printing technologies are exploited in three ways. Firstly, printing is a simple fabrication method. With the necessary modifications, printing processes can create patterns of a variety of physical and chemical properties on a substrate to form a testing device. Secondly, printing can be used as a convenient delivery method for material delivery and transfer. Samples and detection reagents can be delivered to the desired position of the device to form the sensor. Thirdly, printing is a simple analytical method. Based on different contact printing mechanisms, printing can be employed to either transfer bio-inks or bio-effects onto bioactive paper. In one print, different kinds of biochemical reactions are triggered, which turn bioactive reagents into visible patterns appearing on a paper substrate at the same time. The user friendliness of a sensor critically determines the performance of the sensor under field conditions. This thesis also presents a novel concept for paper-based diagnostics, aiming to increase the clarity of assay results reported by the paper device to the user. This work, for the first time, designs a paper-based blood typing device that reports patient's blood type in written text, enabling non-professional users to understand the testing results. This work further addresses a practical issue related to the sensor fabrication process. Work in this thesis proposes a new method of increasing the hydrophilicity of bioactive paper using plasma treatment while retaining the bioactivity of the paper. New concepts presented in this thesis further demonstrate the huge promise of low-cost and bioactive diagnostics in improving world health. Low-cost sensors enable a range of biological and environmental tests to be performed for purposes of health care, disease screening and environmental monitoring.

With the increased importance of health insurance for individuals under the Individual Mandate of the Affordable Care Act, this research applies a system used in Medicare in order to improve the current system for this type of insurance. The Affordable Care Act introduced a plan rating system that assesses Medicare Advantage plans on their quality of care and management of chronic conditions, to help push the idea of improved quality of care for patients. These ratings link directly with the financial payments from the government in order to incentivize companies to improve their health care services and achieve higher ratings. By using the Medicare system as a case study, this paper will examine the effectiveness of this system over the past five years for Medicare, and will determine if a similar system would be applicable and beneficial for the private individual health insurance market.

Too Little, Too Late

E-Health and Telemedicine: Concepts, Methodologies, Tools, and Applications

Paper-based Diagnostics

Applications of Microfluidic Systems in Biology and Medicine

Federal Register

Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-expansion States

Seminar paper from the year 2011 in the subject Politics - International Politics - Region: USA, grade: 1,0, Maastricht University, language: English, abstract: Regarding Obama's health care reform 2010, this paper aims to examine a supposed incongruence of the social democratic ideal of an affordable health care system with the US political system. It tries to shed light into the paradox of an unequal and ineffective health care system on the one hand and strong resistance against any type of reform on the other. Major obstacles in the legislative process, such as the Republican Party and the impact of interest groups, are examined. It should become clear that the neo-liberal ideal of a free market coined by many Republicans, was an important obstacle to Obama's health care reform. However, much more important was the enormous impact of interest groups, which can be regarded as the main driving forces in hindering smooth legislation.

This paper examines how health insurance affects labor supply by exploiting a quasi-experimental change in health insurance provision under the Affordable Care Act (ACA) early Medicaid expansion in Connecticut implemented in 2010. Applying an instrumental variables approach to a difference-in-differences-in-differences strategy, I find remarkable labor supply impacts of the ACA early Medicaid expansion in Connecticut. I show evidence that Connecticut's Medicaid expansion increased Medicaid coverage for low-income childless adults by 5.9 percentage points, and as a result reduced the employment rate by 3.8 to 4.5 percentage points among those low-income childless adults.

The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

Research Paper (postgraduate) from the year 2016 in the subject Medicine - Public Health, grade: 1, Egerton University, language: English, abstract: Healthcare reforms in the United States have always been faced with challenges, ranging from the drafting of the concerned policies to their implementation. This is probably the reason as to why the U.S healthcare system has never attained remarkable sustainability, especially through the elimination of health inequalities with the population. However, ObamaCare has attracted unprecedented political criticism, owing to its cost consequences. Therefore, this paper will provide an overview of the U.S context, in which the Affordable Care Act has attracted political criticism. It will also present the methods used to analyze different perspectives of the issue in regard to political narrative strategies, in which the dominant perspective will discuss the concept on universal healthcare as a reliable public policy.

Affordable Excellence

Form Filing, Approval and Notice Requirements

A White Paper

Domain Adaptation and Representation Transfer, and Affordable Healthcare and AI for Resource Diverse Global Health

The Future of the Public's Health in the 21st Century

Pathways to Health Equity

This book explores the status of paper-based diagnostic solutions, or Microfluidics 2.0. The contributors explore: how paper-based tests can be widely distributed and utilized by semi-skilled personnel; how close to commercial applications the technology has become, and what is still required to make paper-based diagnostics the game-changer it can be. The technology is examined through the lens of the World Health Organization's ASSURED criteria for low-resource countries (Affordable, Sensitive, Specific, User-friendly, Rapid and robust, Equipment-free, and Deliverable to end-users). Its applications have to include: health technology, environmental technology, food safety, and more. This book is appropriate for researchers in these areas, as well as those interested in microfluidics, and includes chapters dedicated to principles such as theory of flow and surface treatments; components such as biomarkers and detection; and current methods of manufacturing. Discusses how paper-based diagnostics can be used in developing countries by comparing current diagnostic tests with the World Health Organization's ASSURED criteria Examines how paper-based diagnostics could be integrated with other technologies, such as printed electronics, and the Internet of Things. Outlines how semi-skilled personnel across a variety of fields can implement paper-based diagnostics

Advances in medical technology increase both the efficacy and efficiency of medical practice, and mobile technologies enable modern doctors and nurses to treat patients remotely from anywhere in the world. This technology raises issues of quality of care and medical ethics, which must be addressed. E-Health and Telemedicine: Concepts, Methodologies, Tools, and Applications explores recent advances in mobile medicine and how this technology impacts modern medical care. Three volumes of comprehensive coverage on crucial topics in wireless technologies for enhanced medical care make this multi-volume publication a critical reference source for doctors, nurse practitioners, hospital administrators, and researchers and academics in all areas of the medical field. This seminal publication features comprehensive chapters on all aspects of e-health and telemedicine, including implementation strategies; use cases in cardiology, infectious diseases, and cytology, among others; care of individuals with autism spectrum disorders; and medical image analysis.

This dissertation examines three health insurance eligibility policies and their impact on reproductive health outcomes for low-income women of reproductive age. The first paper examines the effects of expanded eligibility for Medicaid under the Affordable Care Act (ACA), on fertility among low-income women of childbearing age. The second paper explores the effect of presumptive eligibility policies in Medicaid for pregnant women on access to prenatal care and health insurance coverage. Finally, the third paper exploits state-level differences in eligibility for public versus private insurance under the ACA, and the effects on perinatal coverage patterns, childbirth outcomes, and access to care.

Research Paper (undergraduate) from the year 2012 in the subject Politics - International Politics - Region: USA, grade: 98.00, language: English, abstract: The following report explains how Hispanic families, mainly the children, are affected by being uninsured and how the Patient Protection and Affordable Health Care Act will affect them. The Hispanic population has consistently grown in the United States for the past several decades. With the unexpected rapid growth of the minority, several issues have risen including Hispanic families and children being uninsured or underinsured for healthcare. Statistics show millions of children are underinsured, an alarming 31 percent of those being Hispanic (Flores, Olson, Tomany-Korman, 2004). To correct the problem, along with many other concerns, President Obama signed the Patient Protection and Affordable Care Act of 2010. The law was put into place to correct the health care system that the United States previously had. It is a health care reform that requires every individual to carry some form of insurance by 2014. The report will list my recommendations on how to make the Patient Protection and Affordable Health Care Act a perfect fit for Hispanic families and children that are below the poverty line in America. The recommendations will have a description, rationale, information on how to implement the program, and an evaluation of the Affordable Care Act as a whole. Some of the recommendations include: building a community based agency to ensure that Hispanics understand and utilize every service available to them to obtain insurance, to provide a program for individuals with pre-existing conditions that were denied medical coverage before the Affordable Care Act passed, and an emergency room visit cap for those who tend to abuse the system. The final evaluation will sum up the entire paper, and mention why I feel the Patient Protection and Affordable Care Act is a suitable choice for the United States healthcare system reform.

The Singapore Healthcare Story

Affordable Care Act

The Affordable Health Care Act (ObamaCare) and the Concept of Universal Healthcare

Navigating Health Insurance

A Position Paper of the American College of Physicians

Obamacare Implementation