Paper Obamacare Application

A political scientist and pastor offers a positive, holistic vision that helps readers engage the cultural debate on sex and marriage in personal ethics and public policy.

The Affordable Care Act (ACA) increases access to health insurance beginning in 2014 through a coordinated system of "insurance affordability programs," including Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits for coverage provided through new Health Benefit Exchanges (Exchanges), and optional state-established Basic Health Programs. It also provides for coordinated, streamlined enrollment processes for these programs. On March 23, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a final rule to implement the ACA provisions relating to Medicaid eligibility, enrollment simplification, and coordination. This brief summarizes the major provisions of the rule, which is effective January 1, 2014.

NEW YORK TIMES BESTSELLER • A NEW YORK TIMES NOTABLE BOOK • “A tour de force . . . a comprehensive and suitably furious guide to the political landscape of American healthcare . . . persuasive, shocking.”—The New York Times America’s Bitter Pill is Steven Brill’s acclaimed book on how the Affordable Care Act, or Obamacare, was written, how it is being implemented, and, most important, how it is changing—and failing to change—the rampant abuses in the healthcare industry. It’s a fly-on-the-wall account of the titanic fight to pass a 961-page law aimed at fixing America’s largest, most dysfunctional industry. It’s a penetrating chronicle of how the profiteering that Brill first identified in his trailblazing Time magazine cover story continues, despite Obamacare. And it is the first complete, inside account of how President Obama persevered to push through the law, but then failed to deal with the staff incompetence and turf wars that crippled its implementation. But by chance America’s Bitter Pill ends up being much more—because as Brill was completing this book, he had to undergo urgent open-heart surgery. Thus, this also becomes the story of how one patient who thinks he knows everything about healthcare “policy” rethinks it from a hospital gurney—and combines that insight with his brilliant reporting. The result: a surprising new vision of how we can fix American healthcare so that it stops draining the bank accounts of our families and our businesses, and the federal treasury. Praise for America’s Bitter Pill “An energetic, picaresque, narrative explanation of much of what has happened in the last seven years of health policy . . . [Brill] has pulled off something extraordinary.”—The New York Times Book Review “A thunderous indictment of what Brill refers to as the ‘toxicity of our profiteer-dominated healthcare system.’ ”—Los Angeles Times “A sweeping and spirited new book [that] chronicles the surprisingly juicy tale of reform.”—The Daily Beast “One of the most important books of our time.”—Walter Isaacson “Superb . . . Brill has achieved the seemingly impossible—written an exciting book about the American health system.”—The New York Review of Books

North Lawndale, a neighborhood that lies in the shadows of Chicago’s Loop, is surrounded by some of the city’s finest medical facilities, Yet, it is one of the sickest, most medically underserved communities in the country. Mama Might Be Better Off Dead immerses readers in the lives of four generations of a poor, African-American family in the neighborhood, who are beset with the devastating illnesses that are all too common in America’s inner-cities. Headed by Jackie Banes, who oversees the care of a diabetic grandmother, a husband on kidney dialysis, an ailing father, and three children, the Banes family contends with countless medical crises. From visits to emergency rooms and dialysis units, to trials with home care, to struggles for Medicaid eligibility, Laurie Kaye Abraham chronicles their access—or more often, lack thereof—to medical care. Told sympathetically but without sentimentality, their story reveals an inadequate health care system that is further undermined by the direct and indirect effects of poverty. Both disturbing and illuminating, Mama Might Be Better Off Dead is an unsettling, profound look at the human face of health care in America. Published to great acclaim in 1993, the book in this new edition includes an incisive foreword by David Ansell, a physician who worked at Mt. Sinai Hospital, where much of the Banes family’s narrative unfolds.

The Consolidated Omnibus Budget Reconciliation Act

Social and Ethical Decision Making in Biomedicine

Tax Policy and the Economy

The Impacts of the Affordable Care Act on Preparedness Resources and Programs

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

Healthcare Not Handcuffs

The Failure of Health Care in Urban America

This paper is intended as a starting framework for criminal justice and drug policy advocates to navigate the ACA, and to take advantage of the conceptual and practical opportunities it offers for shifting the conversation and the landscape. Part One of this paper describes some of the major provisions of the ACA relevant to our work: the health insurance requirement; the places many people will buy insurance, called health exchanges; Medicaid expansion; insurance coverage requirements for substance use and mental health disorders; and opportunities for improved models of coordinated care ... Part Two of this paper outlines a series of practical recommendations, including program and policy examples and suggested action steps.

The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree

to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

"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 Medicaid program by permitting 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 system provides vital health services 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 home pilot project and others heighten 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 into law the Patient Protection and 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 over 16-18 million 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 means, the health care system will 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 to 1) provide more value for the 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 need for fundamental changes in 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 provides an opportunity to reform the 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 reduce administrative barriers by 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."--Executive summary.

The federal government provides an uncapped reimbursement of state Medicaid spending. In theory, states can use the federal Medicaid funds as a replacement for state funds or the federal funds, which take the form of a matching grant that reduces the relative price of Medicaid, can increase (or stimulate) spending on Medicaid with state-raised tax revenue. In the first dissertation paper, Subsidizing Medicaid Growth: The Impact of the Federal Reimbursement on State Medicaid Programs, I use a state panel data set from 1992 to 2006 to assess the impact of the federal reimbursement on the size of state Medicaid programs. I find that a one point increase in a state's Medicaid reimbursement percentage increases state per capita Medicaid spending between $5 and $16 and increases the percentage of the state's population receiving Medicaid benefits by 0.04 percent to 0.29 percent. The first paper also utilizes a case study that shows significant growth in Alaska's Medicaid program after its effective federal Medicaid reimbursement increased 50 percent between 1998 and 1999. The large growth in Alaska's Medicaid program after this increase provides evidence that states respond to large increases in the federal Medicaid subsidy in a stimulative manner by increasing spending with state-raised revenue. Overall, the results in the first paper are consistent with the hypothesis that decentralization in the form of intergovernmental matching grants increases the size of government. I also find that states with wealthier and more liberal populations tend to have larger Medicaid programs and that states with Democratic legislatures tend to have more Medicaid beneficiaries than states with Republican legislatures all else equal. Since 2008, states have experienced significant budgetary pressure; in large part, because of rising Medicaid enrollment due to the recession and weak recovery. Between 2009 and 2011, many states enacted health care provider taxes as a way to bring in additional revenue through the federal Medicaid reimbursement. Provider taxes are generally supported by health care providers since states often give providers an implicit or explicit guarantee of a return of at least as much funding through higher payment rates or supplemental payments. In the second dissertation paper, Impact of Hospital and Nursing Home Taxes on State Medicaid Spending, I assess the impact of the two largest provider taxes, the hospital tax and the nursing home tax, on state Medicaid expenditures using a panel dataset of 42 states from between 2007 and 2011. I find significantly larger Medicaid spending growth for hospitals in states that added hospital taxes and significantly larger Medicaid spending growth for nursing homes in states that added nursing home taxes within the first two years of the enactment of the tax. I also find some evidence that states with hospital taxes were able to increase their total Medicaid spending more than states without hospital taxes during the economic downturn and initial recovery period. This paper also contains evidence that nursing home taxes diverted Medicaid spending from home and community based services to nursing homes. In the third dissertation paper, Statewide Health Impact of Tennessee's Medicaid Expansion, I utilize a quasi-experimental approach to assess the impact of a large statewide public health insurance expansion on access to health care services, health care utilization, and health outcomes. In 1994, Tennessee expanded its state Medicaid program, called TennCare, by about ten percent of the state's population. Along with a major Medicaid expansion, Tennessee increased government subsidies for individuals to purchase health insurance coverage and emphasized managed care. Using a difference-in-difference methodology with Tennessee's neighboring states as controls, I found that TennCare's impact on

utilization was mixed as blood pressure and cholesterol checks increased but regular physician check-ups decreased relative to the surrounding region. Surprisingly, both self-reported health and mortality rates were less favorable in Tennessee relative to the control states after TennCare. Ultimately, the evidence in this paper suggests that health reform built around a significant public insurance expansion is likely to result in minimal, if any, overall health gains measured in the entire population, at least in the short run. The final dissertation section summarizes the findings from the three dissertation papers, discusses the economic efficiency of the uncapped federal Medicaid reimbursement and state provider taxes, and makes several predictions related to the Medicaid expansion in the Patient Protection and Affordable Care Act.

Money, Politics, Backroom Deals, and the Fight to Fix Our Broken Healthcare System

Mama Might Be Better Off Dead

America's Bitter Pill

Breaking Point

Affordable Care Act

What It Is, Why It's Necessary, How It Works

The Impact of the ACA Medicaid Expansion on Disability Program Applications

There have always been homeless people in the United States, but their plight has only recently stirred widespread public reaction and concern. Part of this new recognition stems from the problem's prevalence: the number of homeless individuals, while hard to pin down exactly, is rising. In light of this, Congress asked the Institute of Medicine to find out whether existing health care programs were ignoring the homeless or delivering care to them inefficiently. This book is the report prepared by a committee of experts who examined these problems through visits to city slums and impoverished rural areas, and through an analysis of papers written by leading scholars in the field.

"Many of the elements of the Affordable Care Act (ACA) went into effect in 2014, and with the establishment of many new rules and regulations, there will continue to be significant changes to the United States health care system. It is not clear what impact these changes will have on medical and public health preparedness programs around the country. Although there has been tremendous progress since 2005 and Hurricane Katrina, there is still a long way to go to ensure the health security of the Country. There is a commonly held notion that preparedness is separate and distinct from everyday operations, and that it only affects emergency departments. But time and time again, catastrophic events challenge the entire health care system, from acute care and emergency medical services down to the public health and community clinic level, and the lack of preparedness of one part of the system places preventable stress on other components. The implementation of the ACA provides the opportunity to consider how to incorporate preparedness into all aspects of the health care system. The Impacts of the Affordable Care Act on Preparedness Resources and Programs is the summary of a workshop convened by the Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events in November 2013 to discuss how changes to the health system as a result of the ACA might impact medical and public health preparedness programs across the nation. This report discusses challenges and benefits of the Affordable Care Act to disaster preparedness and response efforts around the country and considers how changes to payment and reimbursement models will present opportunities and challenges to strengthen disaster preparedness and response capacities."--Publisher's description.

Our political system in America is broken, right? Wrong. The truth is, the American political system is working exactly how it is designed to work, and it isn't designed or optimized today to work for us—for ordinary citizens. Most people believe that our political system is a public institution with high-minded principles and impartial rules derived from the Constitution. In reality, it has become a private industry dominated by a textbook duopoly—the Democrats and the Republicans—and plagued and perverted by unhealthy competition between the players. Tragically, it has therefore become incapable of delivering solutions to America's key economic and social challenges. In fact, there's virtually no connection between our political leaders solving problems and getting reelected. In The Politics Industry, business leader and path-breaking political innovator Katherine Gehl and world-renowned business strategist Michael Porter take a radical new approach. They ingeniously apply the tools of business analysis—and Porter's distinctive Five Forces framework—to show how the political system functions just as every other competitive industry does, and how the duopoly has led to the devastating outcomes we see today. Using this competition lens, Gehl and Porter identify the most powerful lever for change—a strategy comprised of a clear set of choices in two key areas: how our elections work and how we make our laws. Their bracing assessment and practical recommendations cut through the endless debate about various proposed fixes, such as term limits and campaign finance reform. The result: true political innovation. The Politics Industry is an original and completely nonpartisan guide that will open your eyes to the true dynamics and profound challenges of the American political system and provide real solutions for reshaping the system for the benefit of all. THE INSTITUTE FOR POLITICAL INNOVATION The authors will donate all royalties from the sale of this book to the Institute for Political Innovation.

The papers in Volume 29 of Tax Policy and the Economy illustrate the depth and breadth of the taxation-related research by NBER research associates, both in terms of methodological approach and in terms of topics. In the first paper, former NBER President Martin Feldstein estimates how much revenue the federal government could raise by limiting tax expenditures in various ways, such as capping deductions and exclusions. The second paper, by George Bulman and Caroline Hoxby, makes use of a substantial expansion in the availability of education tax credits in 2009 to study whether tax credits have a significant causal effect on college attendance and related outcomes. In the third paper, Casey Mulligan discusses how the Affordable Care Act (ACA) introduces or expands taxes on income and on full-time employment. In the fourth paper, Bradley Heim, Ithai Lurie, and Kosali Simon focus on the “ young adult ” provision of the ACA that allows young adults to be covered by their parents ’ insurance policies. They find no meaningful effects of this provision on labor market outcomes. The fifth paper, by Louis Kaplow, identifies some of the key conceptual challenges to analyzing social insurance policies, such as Social Security, in a context where shortsighted individuals fail to save adequately for their retirement.

MEQC Manual

ObamaCare

Improving Medicaid Enrollment and Population Health

Rethinking Relationship Beyond an Age of Individualism

Investing in the Health and Well-Being of Young Adults

Sex and the IWorld

Moral Hazard in Health Insurance

One key component of the Affordable Care Act is the creation of integrated and coordinated eligibility processes for Medicaid, CHIP, and Exchange coverage that are supported by technology. As part of these processes, states will be required to provide a single application that individuals can use to apply for these programs that is available in multiple formats, including online. Online applications offer a number of potential advantages relative to paper applications. They can minimize burdens on individuals and lead to increased enrollment by making the application available on a 24/7 basis, enabling faster or real-time eligibility

determinations, and streamlining and simplifying the application process. States can also benefit from online applications through reduced administrative burdens and increased accuracy and efficiency. However, the extent to which an online application realizes these advantages depends on its structure and capabilities. This analysis provides an overview of current online applications for Medicaid and/or CHIP and examines the extent to which they incorporate features that streamline and simplify the enrollment process for individuals.

The Affordable Care Act (ACA) increases access to health insurance beginning in 2014 through a coordinated system of "insurance affordability programs," including Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits for coverage provided through new Affordable Insurance Exchanges (Exchanges), and optional state-established Basic Health Programs. On August 17, 2011, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to implement the ACA provisions relating to Medicaid eligibility, enrollment simplification, and coordination. This brief summarizes the major provisions of CMS's proposed rule.

The Affordable Care Act (ACA) expanded the availability of public health insurance, decreasing the relative benefit of participating in disability programs but also lowering the cost of exiting the labor market to apply for disability program benefits. In this paper, we explore the impact of expanded access to Medicaid through the ACA on applications to the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) programs. Using the fact that the Supreme Court decision of June 2012 made the Medicaid expansion optional for the states, we compare changes in county-level SSI and SSDI caseloads in contiguous county pairs across a state border. We find no significant effects of the Medicaid expansion on applications or awards to either SSI or SSDI, and can reject economically meaningful impacts of Medicaid expansions on applications to disability programs.

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.

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

A Position Paper of the American College of Physicians

A Summary of CMS's August 17, 2011 Proposed Rule and Key Issues to Consider

Medicaid and Health Care Reform

The Politics Industry

Society's Choices

Workshop Summary : Forum on Medical and Public Health Preparedness for Catastrophic Events

The Affordable Care Act debate was one of the most important and most public examinations of the Constitution in our history. At the forefront of that debate were the bloggers of the Volokh Conspiracy who, from before the law was even passed, engaged in a spirited, erudite, and accessible discussion of the legal issues involved in the case.

I Obamacare about you, girl: Cute Funny Notebook for Partner A5 (6 x 9 in) to write in with 120 pages White Paper Journal / Planner / Notepad / Diary / Doodling Pad White paper large 6" x 9" (A5 sized) notebook for writing in. 120 pages of blank lined paper Matte finish paperback cover. Ideal as a gift for valentines day or for personal use. Filled with spacious pages Professional design Ways you can use this Notebook: Taking Notes In Class, Work or Business Meetings Journal, Diary, Planner or Bullet Journal Idea Book for Brainstorming / Mind Mapping For Poetry And Short Stories Place To Keep Up With Important Information (Passwords, Addresses, Confirmation Numbers, etc.) Recipe Book / Grocery Lists Notepad for Calligraphy & Hand Lettering Please leave a review to help us improve the products to learn how to better suit you. We value all feedback. Thank you.

The purpose of this book is to address a popular debate in America right now. Imagine that youre political candidate running for office and you have an upcoming debate in which you will be defending your position on Obamacare. Your argument broadsheets are due two days from now, one week from now, and two months from now. What are the necessary steps you need to take in order to effectively prepare for the debate repeals and replaces for the health care? This book will debate the issues surrounding Obamacare. The Obamacare was first implemented in 2010, but new US president Donald Trump is going to repeal and replace. What for? However, US president Trump advises has been steering ruthless thoroughfare players game in Americans administration system. The first time the Democratic Party proposed a new health care system was in 1963. However, the Republican Party said Medicade and Medicare were better than health care. However, in 2010, the majority of the house, which was from the Democratic Party, reformed health-care policies for the first time since 1963, but they did not make as great an impact as they had originally thought. Author James Stacey Taylor, in 2012 in the Journal of Law, makes a case for the purpose of the free market. Stipulation of health care was in cooperation with the free market and welfare. It should also be regulated with honesty and resonance in Americas national government and the state governments. Health care under the free market will create better quality service for all Americans. It will be directed toward the quality and condition of people rather than

determined by the political demographics of each state in America.

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.

Three Papers on the Factors that Influence State and Individual-level Policy Support for Medicaid

Putting the Affordable Care Act to Work for Criminal Justice and Drug Policy Reform

A Summary of CMS's March 23, 2012 Final Rule

The Impacts of the Affordable Care Act: How Reasonable Are the Projections?.

Medicaid Eligibility Quality Control

Medical and Dental Expenses

Three Papers Toward a Better Understanding of State Medicaid Programs and Program Efficiency

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.

Breakthroughs in biomedicine often lead to new life-giving treatments but may also raise troubling, even life-and-death, quandaries. Society's Choices discusses ways for people to handle today's bioethics issues in the context of America's unique history and culture--and from the perspectives of various interest groups. The book explores how Americans have grappled with specific aspects of bioethics through commission deliberations, programs by organizations, and other mechanisms and identifies criteria for evaluating the outcomes of these efforts. The committee offers recommendations on the role of government and professional societies, the function of commissions and institutional review boards, and bioethics in health professional education and research. The volume includes a series of 12 superb background papers on public moral discourse, mechanisms for handling social and ethical dilemmas, and other specific areas of controversy by well-known experts Ronald Bayer, Martin Benjamin, Dan W. Brock, Baruch A. Brody, H. Alta Charo, Lawrence Gostin, Bradford H. Gray, Kathi E. Hanna, Elizabeth Heitman, Thomas Nagel, Steven Shapin, and Charles M. Swezey.

This dissertation consists of three research studies designed to assist states with improving the health of their populations. Due to states' greatly-increased responsibilities for promoting, providing, and regulating their residents' health insurance; their continuing responsibilities for public health promotion, prevention, and surveillance; and their growing understanding of the relationship between individual health and the well-being of communities, many states now see themselves as stewards of their populations' health. Yet, states struggle to ensure that eligible individuals receive insurance. Plus, they lack robust systems to monitor the health of their populations. In addition, they face ongoing fiscal and staffing challenges that will make it difficult to satisfy these responsibilities in the foreseeable future. The first two studies utilize quantitative and data visualization techniques to describe state-level Medicaid and Children's Health Insurance Program (CHIP) enrollment patterns and dynamics between 2000 and 2011 for the purposes of identifying policies and procedures to expedite eligibility determinations, renewals, and transfers and thereby improve program participation. Specifically, study one utilizes state administrative data and dummy variables representing eligibility policies and procedures to estimate the relationship between unemployment and enrollment during a period of significant economic and policy change. It finds that the Medicaid participation rate increases with the unemployment rate and with large expansions of eligibility criteria, such as an expansion to childless adults like that authorized under the Affordable Care Act (ACA). Study two, the first to demonstrate Medicaid enrollment seasonality, draws from a robust set of state-level administrative data to analyze month-to-month changes by eligibility category. The four eligibility categories-children, parents, aged, and disabled- show distinct and consistent enrollment patterns. Insights into these patterns can inform outreach efforts, as well as the development of eligibility policies and management strategies for preventing backlogs. The third study, which received Fulbright program support, draws lessons and recommendations for states for monitoring population health from a case study of population health monitoring in the Canadian province of Saskatchewan, a federal substate that shares many socioeconomic characteristics with its American counterparts and which has provided universal health insurance for over fifty years.

What explains the substantial variation that exists within the Medicaid program? Eligibility and service provision is highly dependent on where an individual resides. Early studies of Medicaid focused almost exclusively on socioeconomic factors as an explanation; however, this research overlooked the extent to which political dynamics affect commitment to the program. In three stand-alone papers, I study the factors that influence state and individual-level policy support for Medicaid. In the first paper, I explore state-level Medicaid generosity through a time-series cross-sectional analysis of program expenditures in the post-welfare reform era. I

demonstrate that political control has a significant influence over levels of generosity, with Democrats spending more per capita, but Republicans spending more per beneficiary. This extent of political influence has not been demonstrated previously. In the second paper, I analyze state-level decisions to expand Medicaid as part of the Affordable Care Act. I show that public opinion, often disregarded as an independent factor, has significant influence in mediating expansion decisions by Republicans. When opposition is comparatively lower among higher income constituents, states with Republican leaders are more likely to expand their programs. This dynamic leads to differences in policy congruence with state majority opinion, and the results indicate that partisan leaders are more likely to enact policies supported by their core constituencies. In the third paper, I examine public opinion at the individual-level, an understudied aspect of Medicaid support. Individuals are often misinformed about Medicaid or have misinformation leading to confusion with Medicare, I use a survey experiment to test whether exposure to additional information about the program has an influence on individual-level policy support. I find that public opinion is largely driven by partisan affiliation, and that the exposure to information has only limited effect at the individual level for Democrats. However, the effect is substantively small and does not lead to significant aggregate change in opinion. Taken together, these results are important for understanding the potential policy effects should national leaders devolve additional control over Medicaid to the states.

Obamacare Implementation
The Affordable Care Act
Life, Death, and Social Policy
Understanding Consumer Health Insurance Decision-Making Under the Affordable Care Act
Leading Change, Advancing Health
Online Applications for Medicaid And/or CHIP
Beyond Obamacare

The Affordable Care ActGreenhaven Publishing LLC

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

Our market-based, profit-driven health care system in the United States has put necessary care increasingly beyond the reach of ordinary Americans. Primary health care, the fundamental foundation of all high-performing health care systems in the world, is a critical but ignored casualty of the current system. Unfortunately, primary care is often poorly understood, even within the health professions. This book describes what has become a crisis in primary care, defines its central role, analyzes the reasons for its decline, and assesses its impacts on patients and families. A constructive approach is presented to rebuild and transform U.S. primary care with the urgent goal to address the nation's problems of access, cost, quality and equity of health care for all Americans.

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 sweeping criticisms and issues. 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.

A Conspiracy Against Obamacare
How the Primary Care Crisis Endangers the Lives of Americans
Health Benefits Coverage Under Federal Law--.
How Political Innovation Can Break Partisan Gridlock and Save Our Democracy
Health Care Reform
The Future of Nursing
Cute Funny Notebook for Partner A5 (6 X 9 In) to Write in with 120 Pages White Paper Journal / Planner / Notepad / Diary / Doodling Pad

Addressing the challenge of covering heath care expenses–while minimizing economic risks. Moral hazard–the tendency to change behavior when the cost of that behavior will be borne by others–is a particularly tricky question when considering health care. Kenneth J. Arrow ' s seminal 1963 paper on this topic (included in this volume) was one of the first to explore the implication of moral hazard for health care, and Amy Finkelstein–recognized as one of the world ' s foremost experts on the topic–here examines this issue in the context of contemporary American health care policy. Drawing on research from both the original RAND Health Insurance Experiment and her own research, including a 2008 Health Insurance Experiment in Oregon, Finkelstein presents compelling evidence that health insurance does indeed affect medical spending and encourages policy solutions that acknowledge and account for this. The volume also features commentaries and insights from other renowned economists, including an introduction by Joseph P. Newhouse that provides context for the discussion, a commentary from Jonathan Gruber that considers provider-side moral hazard, and reflections from Joseph E. Stiglitz and Kenneth J. Arrow. " Reads like a fireside chat among a group of distinguished, articulate health economists. " –Choice

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.

Health care spending in the United States today is approaching 20 percent of GDP, yet levels of U.S. population health have been declining for decades relative to other wealthy and even some developing nations. How is it possible that the United States, which spends more than any other nation on health care and insurance, now has a population markedly less healthy than those of many other nations? Sociologist and public health expert James S. House analyzes this paradoxical crisis, offering surprising new explanations for how and why the United States has fallen into this trap. In Beyond Obamacare, House shows that health care reforms, including the Affordable Care Act, cannot resolve this crisis because they do not focus on the underlying causes for the nation ' s poor health outcomes, which are largely social, economic, environmental, psychological, and behavioral. House demonstrates that the problems of our broken health care and insurance system are interconnected with our large and growing social disparities in education, income, and other conditions of life and work, and calls for a complete reorientation of how we think about health. He concludes that we need to move away from our misguided and almost exclusive focus on biomedical determinants of health, and to place more emphasis on addressing social, economic, and other inequalities. House ' s review of the evidence suggests that the landmark Affordable Care Act of 2010, and even universal access to health care, are likely to yield only marginal improvements in population health or in reducing health care expenditures. In order to rein in spending and improve population health, we need to refocus health policy from the supply side–which makes more and presumably better health care available to more citizens–to the demand side–which would improve population health though means other than health care and insurance, thereby reducing need and spending for health care. House shows how policies that provide expanded educational opportunities, more and better jobs and income, reduced racial-ethnic discrimination and segregation, and improved neighborhood quality enhance population health and quality of life as well as help curb health spending. He recommends redirecting funds from inefficient supply-side health care measures toward broader social initiatives focused on education, income support, civil rights, housing and neighborhoods, and other reforms, which can be paid for from savings in expenditures for health care and insurance. A provocative reconceptualization of health in America, Beyond Obamacare looks past partisan debates to show how cost-efficient and effective health policies begin with more comprehensive social policy reforms.

"A graphic explanation of the PPACA act"--Provided by publisher.

Three Papers for States

Health-Care Utilization as a Proxy in Disability Determination

I Obamacare about You, Girl

Hearing Before the Committee on Oversight and Government Reform, House of Representatives, One Hundred Thirteenth Congress, Second Session, September 18, 2014

Examining Obamacare's Failures in Security, Accountability, and Transparency

The Volokh Conspiracy and the Health Care Case

This paper focuses on the significant differences between high and low risks surgical procedures and health conditions in the hospital readmissions reduction program. The research in the literature demonstrates the various conditions, high and low risk surgical procedures, and readmission rates. The paper explains the methods of conducting the research. In the method section, this study involves a qualitative analysis of archival research data. I used the following keywords to search for peer-reviewed journal articles "surgical readmissions", "Hospital Readmission Reduction Program", "Affordable Care Act", and "surgical procedures". Databases used include California State University Northridge (CSUN) Oviatt Library Database, ScienceDirect (Elsevier), SAGE Journals Online, JSTOR, and PMC databases. I also used the Google Scholar search engine to find secondary articles on The Hospital Readmission Reduction Program and The Affordable Care Act. Out of the articles found, I typed in the keywords and selected the type of journals associated with my criteria. First I scanned the list of articles given in the results and selected the ones connecting with my research topic. I read the abstracts then the full text before selecting my twenty articles for the extensive literature review. Second this paper takes an overview of the background issues containing the Hospital Readmission Reduction Program, its relation to the Affordable Care Act and surgical costs. Third, this paper analyzes the summarization of the findings in the literature review chosen to observe the significant differences between high and low risks surgical procedures and health conditions in the hospital readmission reduction program. Based on the findings directed in the literature review, the majority of the articles found that complications and infections were main attributes in the various procedures discussed in this paper. Also, the findings suggested that costs, gaps in research, and readmissions were secondary attributes in the various procedures.

Young adulthood - ages approximately 18 to 26 - is a critical period of development with long-lasting implications for a person's economic security, health and well-being. Young adults are key contributors to the nation's workforce and military services and, since many are parents, to the healthy development of the next generation. Although 'millennials' have received attention in the popular media in recent years, young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the nation is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today's young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large. Investing in The Health and Well-Being of Young Adults describes what is meant by the term young adulthood, who young

adults are, what they are doing, and what they need. This study recommends actions that nonprofit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults. Investing in The Health and Well-Being of Young Adults makes the case that increased efforts to improve high school and college graduate rates and education and workforce development systems that are more closely tied to high-demand economic sectors will help this age group achieve greater opportunity and success. The report also discusses the health status of young adults and makes recommendations to develop evidence-based practices for young adults for medical and behavioral health, including preventions. What happens during the young adult years has profound implications for the rest of the life course, and the stability and progress of society at large depends on how any cohort of young adults fares as a whole. Investing in The Health and Well-Being of Young Adults will provide a roadmap to improving outcomes for this age group as they transition from adolescence to adulthood.

First, U.S. President Signed Health-Care Reform Since 1963

Medicaid Eligibility, Enrollment Simplification, and Coordination Under the Affordable Care Act

Significant Differences Between High and Low Risk Surgical Procedures and Health Conditions in the Hospital Readmission Reduction Program

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

Homelessness, Health, and Human Needs

An Employee's Guide to Health Benefits Under COBRA

An Overview of Current Capabilities and Opportunity for Improvement