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Essays in Public Finance and Industrial Organization Jones & Bartlett Publishers This User ' s Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry.

Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User ' s Guide was created by researchers affiliated with AHRQ ' s Effective Health Care Program, particularly those who participated in AHRQ ' s DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

Essential Health Benefits

American Bar Association

"This book presents readers with a comprehensive overview of the U.S. health care delivery system. The third edition has been significantly revised throughout to explain the Patient Protection and Health Care Affordability Act as it unfolds. Other key updates include more detailed discussions of health insurance, expanded information on health systems in other countries, and new case studies"--Provided by publisher.

Background, Coverage and Rising

Costs National Academies Press In this dissertation, I study three related topics regarding the economics of health care in the United States. I begin with a broad look at the recent U.S. health care reform law in Chapter 1. In Chapters 2 and 3, I narrow my focus to study the impact of changing either demand-side incentives (Chapter 2) or supply-side incentives (Chapter 3) on the utilization of medical services. In Chapter 1, Wichsinee Wibulpolprasert and I study changes in firms' asset prices around the passage of the ACA by the House of Representatives to identify the long-run expected impact of the reform for a given firm, including general equilibrium effects (e.g., price changes). The ACA includes a wide-reaching set of reforms to ensure more universal and comprehensive health insurance benefits. The bill has the potential to impact U.S. firms through regulations on employer-sponsored insurance (ESI) and general equilibrium

effects. Among 321 publicly traded firms from 19 sectors (defined by the 2-digit North American Industry Classification System code), we find that firms experienced heterogeneous effects on their asset prices that are consis- tent with predictions from a partial equilibrium analysis of labor market equilibria. Shareholders of firms with a relatively higher proportion of uninsured employees or employees with ESI prior to the reform experienced a negative impact on their asset prices, while shareholders of firms with a relatively higher proportion of employees who would qualify for the Medicaid expansion or who would qualify for premium subsidies on the health insurance exchanges experienced a positive impact on their asset prices. Our results suggest that the ACA's incidence lies partly on shareholders, but that coverage through public insurance or publicly-supported insurance markets is incident on

taxpayers or possibly on the employees of the affected firms. In Chapter 2, Mark Cullen and I study the impact of changing demand-side in- centives on the use of generic drugs during an era of slowing prescription drug ex- penditures. We examine the interaction of two factors that have contributed to this trend change: cost-sharing and generic entry. Specifically, we examine a case in which a large, self-insured company introduced prescription drug plans that increased the difference in the marginal price of brand-name and generic drugs between 2004 and 2006. Using prescription drug claims data, we estimate an elasticity of substitution of -0.03. At the same time, we find that approximately 90% of individuals substitute to generics within two years of first-time generic entry, and that the switching decision is not affected by the change in cost-sharing. We discuss potential policy implications of

these two divergent substitution patterns. Finally, in Chapter 3, Robin S. Lee, Kyna Fong and I study the effect of changing the price differential for cesarean versus vaginal deliveries paid by commercial insurers to hospitals and physicians on cesarean rates. Using eight years of claims data containing negotiated prices, we exploit within-hospital-physician-group price variation arising from contract renegotiations over time. We find that increasing the physician price differential by $100 yields a 0.55 percentage point (1.9%) increase. Increas- ing the hospital price differential by $1000 for births delivered by hospital-exclusive physician groups yields a 1.1 percentage point (3.7%) increase. Our findings have implications for understanding hospital-physician principal-agent problems and for the future of accountable care organizations.

Theory and Practice

Elsevier Health Sciences

Second in a series of publications from the

Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

Private Health Insurance and the European Union

Jones & Bartlett Publishers

#1 NEW YORK TIMES BESTSELLER • "The story of modern medicine and bioethics—and, indeed, race relations—is refracted

beautifully, and movingly."—Entertainment Weekly NOW A MAJOR MOTION PICTURE FROM HBO® STARRING OPRAH WINFREY AND ROSE BYRNE • ONE OF THE "MOST INFLUENTIAL" (CNN), "DEFINING" (LITHUB), AND "BEST" (THE PHILADELPHIA INQUIRER) BOOKS OF THE DECADE • ONE OF ESSENCE'S 50 MOST IMPACTFUL BLACK BOOKS OF THE PAST 50 YEARS • WINNER OF THE CHICAGO TRIBUNE HEARTLAND PRIZE FOR NONFICTION NAMED ONE OF THE BEST BOOKS OF THE YEAR BY The New York Times Book Review • Entertainment Weekly • O: The Oprah Magazine • NPR • Financial Times • New York • Independent (U.K.) • Times (U.K.) • Publishers Weekly • Library Journal • Kirkus Reviews • Booklist • Globe and Mail Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells—taken without her knowledge—became one of the most important tools in medicine: The first "immortal" human cells grown in culture, which are still alive today, though she has been dead for more than sixty years. HeLa cells were vital for developing the polio vaccine; uncovered secrets of cancer, viruses, and the atom bomb's effects; helped lead to important advances like in vitro fertilization, cloning, and gene mapping; and have been bought and sold by the billions. Yet Henrietta Lacks remains virtually unknown, buried in an unmarked grave. Henrietta's family did not learn of her "immortality" until more than twenty years after her death, when scientists investigating HeLa began using her husband and children in research without informed consent. And though the cells had launched a multimillion-dollar industry that sells human biological

materials, her family never saw any of the profits. As Rebecca Skloot so brilliantly shows, the story of the Lacks family—past and present—is inextricably connected to the dark history of experimentation on African Americans, the birth of bioethics, and the legal battles over whether we control the stuff we are made of. Over the decade it took to uncover this story, Rebecca became enmeshed in the lives of the Lacks family—especially Henrietta's daughter Deborah. Deborah was consumed with questions: Had scientists cloned her mother? Had they killed her to harvest her cells? And if her mother was so important to medicine, why couldn't her children afford health insurance? Intimate in feeling, astonishing in scope, and impossible to put down, The Immortal Life of Henrietta Lacks captures the beauty and drama of scientific discovery, as well as its human consequences.

Intact but Endangered

National Academies Press

Risk Adjustment, Risk Sharing and Premium Regulation in Health Insurance Markets: Theory and Practice describes the goals, design and evaluation of health plan payment systems. Part I contains 5 chapters discussing the role of health plan payment in regulated health insurance markets, key aspects of payment design (i.e. risk adjustment, risk sharing and premium regulation), and evaluation methods using administrative data on medical spending. Part II contains 14 chapters describing the health plan payment system in 14 countries and sectors around the world, including Australia, Belgium, Chile, China, Columbia, Germany, Ireland, Israel, the Netherlands, Russia, Switzerland and the United

States. Authors discuss the evolution of these payment schemes, along with ongoing reforms and key lessons on the design of health plan payment. Provides a conceptual toolkit that describes the goals, design and evaluation of health plan payment systems in the context of policy paradigms, such as efficiency, affordability, fairness and avoidance of risk selection Brings together international experience from many different countries that apply regulated competition in different ways Delivers a practical toolkit for the evaluation of health plan payment modalities from the standpoint of efficiency and fairness

The Immortal Life of Henrietta Lacks World Scientific

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.

A New Health System for the 21st Century

Bloomsbury Publishing USA

This dissertation studies the impact of Medicaid expansion on the liability insurance industry. Within the three chapters, the first two chapters focus on the medical liability insurance industry, and the third chapter focuses on the auto insurance industry. Chapter 1, "Medicaid Expansion and Medical Liability Costs", examines the impact of health insurance expansion on medical liability costs using the case of the Affordable Care Act's (ACA) Medicaid expansion. Medicaid expansion has increased the demand for medical services, but in doing so it may also have increased physicians' liability in medical practice. By studying malpractice costs to insurers, medical practitioners, and hospitals in the U.S. for the period 2010-2018, we find insurers operating in states with Medicaid expansion experienced

significantly higher medical liability costs than those in non-expansion states. While insurers in expansion states did increase premiums, the increase was not enough to fully offset rising costs. Moreover, we find that tort reforms did not mitigate ACA-induced malpractice liability costs. We show this is because Medicaid expansion increased malpractice costs mainly by increasing claim frequency while tort reforms generally focus on reducing claim severity. We further find little evidence that hospitals paid higher malpractice insurance premiums, self-insurance, or incurred higher out-of-pocket medical liability losses after Medicaid expansion. Taken together, our results imply that it is medical practitioners and malpractice insurers who bear the rising medical liability costs. Chapter 2, "Medicaid Expansion and Medical Liability Insurance Prices" extends the first chapter to study the impact of Medicaid expansion on medical liability insurance prices for three specialties, internal medicine, general surgery, and obstetrics-gynecology (OB-GYN). As Medicaid expansion increased medical liability costs to insurers, they may react by increasing medical malpractice insurance prices. By studying counties in expansion states and non-expansion states and bordering counties with different Medicaid

expansion status over the years from 2010-2018, we find that Medicaid expansion leads to significantly higher medical liability insurance prices two years after the expansion on average and the impact is strongest for internal medicine and general medicine but less so for OB-GYN. Our finding suggests that the expansion of health insurance could increase liability costs to medical practitioners. Auto insurance provides coverage of healthcare for injured drivers even for those without traditional health insurance coverage. The expansion of public health insurance provides low-income injured drivers with an additional source of coverage for medical bills. This may change drivers' incentives for using auto insurance and the ultimate payments made by auto insurers. In Chapter 3, "Public Health Insurance Expansion and Auto Insurance: The Case of Medicaid Expansion", we first use a simple theoretical model to illustrate how obtaining public health insurance mitigates the incentive of insured drivers to engage in claims buildup. We then empirically test how the Affordable Care Act (ACA)'s Medicaid expansion changed the medical costs covered by auto insurance. By studying private passenger auto insurers in expansion states and non-expansion states between 2010 and 2018,

we find that Medicaid expansion led to significantly lower auto insurance losses and premiums. We further show that the results were driven by the decreasing losses and premiums for third-party liability insurers but not in the states with no-fault insurance.

Federalism and Health Policy Jones & Bartlett Learning

Corresponding to the chapters in Health Insurance Today, 6th Edition, this workbook lets you practice the skills you will need to succeed as a health insurance professional. Practical assignments reinforce the information in the text, and learning activities and exercises challenge you to apply your knowledge to real-world situations. This new edition incorporates the latest information surrounding ICD-10, the Patient Protection and Affordable Care Act, and other timely federal influencers. Additionally, application exercises, critical thinking activities, and case studies allow you to apply critical thinking skills to solve a problem or answer a question. Performance objectives include hands-on, application-based learning activities with practice in areas such as completing claim forms, posting payments to a patient's ledger, filling out "Release to Return to Work" forms, and filling out Medicare appeals. Critical thinking activities strengthen your ability to apply health insurance concepts to a variety of challenging situations. Includes Stop and Think exercises which allow you to apply critical

thinking skills to problem solving. Defining Chapter Terms activities help you review and understand key terms in each chapter. Chapter assessments test your knowledge of text content with multiple choice, true/false, short answer, fill-in-the-blank, and matching questions. Problem solving/collaborative (group) activities emphasize the importance of teamwork in the health care field. Case studies ask you to solve a real-world problem related to health insurance, such as completing a CMS-1500 claim form or explaining how HIPAA could affect someone recently out of work. Application exercises ask you to apply your knowledge and skills to real-world situations. In-class projects and discussion topics enhance your understanding of specific content from the text. Internet Exploration exercises in each chapter help you learn how to perform research online. NEW! Up-to-date information on all topics including key coverage of Medicare, Electronic Health Records, and Version 5010. NEW! Expanded ICD-10 coverage and removal of all ICD-9 content other than as reference material ensures you stay up-to-date on these significant healthcare system changes.

Balancing Coverage and Cost

National Academies Press

In this book, Phelps and Parente explore the US health care system and set out the case for its reform. They trace the foundations of today's system, and show how distortions in the incentives facing participants in the health care market could be corrected in order to achieve lower costs, a higher quality of care, a higher level of patient safety, and a more efficient

allocation of health care resources. Phelps and Parente propose novel yet economically robust changes to US tax law affecting health insurance coverage and related issues. They also discuss a series of specific improvements to Medicare and Medicaid, and assess potential innovations that affect all of health care, including chronic disease management, fraud and abuse detection, information technology, and other key issues. The Economics of US Health Care Policy will be illuminating reading for anyone with an interest in health policy, and will be a valuable supplementary text for courses in health economics and health policy, including for students without advanced training in economics.

Use, Disclosure, and Privacy National Academies Press

Most of the existing literature on health system reform in China deals with only one part of the reform process (for example, financing reform in rural areas, or the new system of purchasing pharmaceuticals), or consists of empirical case studies from particular cities or regions. This book gives a broad overview of the process of health system reform in China. It draws extensively both on the Western literature in health economics and on the experience of health care reform in a number of other countries, including the US, UK, Holland, and Japan, and compares China''s approach to health care reform with other countries. It also places the process of health system reform in the context of re-orienting China''s economic policy to place greater emphasis on equity and income distribution, and analyzes the interaction of the central

and local governments in designing and implementing the reforms. This book will be of interest to policymakers, academics, students of health economics, health policy and health administration, and people who are interested in Chinese social policy. Sample Chapter(s). Chapter 1: Health Policy in China: Introduction and Background (189 KB). Contents: Introduction: Health Policy in China: Introduction and Background; Health Systems and Health Reform: International Models; Main Components of Health Reform: Strengthening China"s Social Insurance System; Providing Primary Care; The Hospital Sector and Hospital Reform; China"s National Drug Policy: A Work in Progress; Health Care and Harmonious Development in China: Health Policy and Inequality; Decentralized Government, Central-Local Fiscal Relations, and Health Reform; China"s Health System in the Future: Health Services in the Future: Social Insurance and Purchasing; China"s Future Health Care System: A Mixed Public-Private Model?. Readership: Policy makers, academics, students of health economics, health policy, and health administration, and people who are interested in Chinese social policy.

Essays on Health Insurance Plan Design Elsevier Health Sciences

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.

Crossing the Quality Chasm

National Academies Press

Practicing population based care is a central focus of the Affordable Care Act and a key component of implementing health reform. Wellness and Prevention, Accountable Care Organizations, Patient Centered Medical Homes, Comparative Effectiveness Research, and Patient Engagement have become common terms in the healthcare lexicon. Aimed at students and practitioners in health care settings, the Second Edition of Population Health: Creating a Culture of Wellness, conveys the key concepts of concepts of population health management and strategies for creating a culture of health and wellness in the context of health care reform. Beginning

with a new opening chapter, entitled, Building Cultures of Health and Wellness, the Second Edition takes a comprehensive, forward-looking approach to population health with an emphasis on creating a culture of wellness. The revised text takes into consideration the Affordable Care Act and its substantial impact on how health science is taught, how health care is delivered and how health care services are compensated in the United States. Key Features: - Study and discussion questions are provided at the conclusion of each chapter to highlight key learning objectives and readings. - Case studies highlight real world applications of concepts and strategies, and links to web sites provide additional opportunities for expanding knowledge. - Each chapter can stand alone to highlight key population health issues and provide strategies to address them, allowing educators to choose specific chapters or sections that meet the learning objectives of the course."

Health Data in the Information Age Springer Nature

In the United States, health insurance is often necessary for access to regular, affordable health care. With only eight of every hundred Americans buying private insurance plans on the individual market, the main sources for health insurance traditionally have been employers and the government. As new laws are being debated and introduced to reform an expensive health care industry in which nearly one-sixth of the population is uninsured, research is needed in order to evaluate the costs and benefits of these policy changes and to predict their success. To this end, in addition to

understanding how likely individuals are to adopt new health insurance policies, we also should be interested in knowing how the demand for health insurance and changes in its accessibility will affect non-medical decisions. Specifically, labor market choices have been theorized to be directly related to decisions involving insurance coverage. If the availability of health insurance distorts a workers' job-related decisions, then the changing the landscape for how to access insurance may reverberate in employment outcomes. My dissertation focuses on understanding the factors that influence the demand for health insurance and the role that health insurance plays in an individual's decision to work, where to work, and how much to work. Specifically, I focus on the following three related questions: how does the demand for insurance affect labor market decisions such as when to exit unemployment? what drives insurance demand, and in particular, what motivators work best to increase demand for health coverage among the uninsured? and lastly, what are the supply-side employment responses to the provision of free or reduced-cost public health insurance? My first chapter explores how the demand for health insurance can change re-employment decisions among the unemployed, as well as the speed at which individuals return to work. Past research on this issue focuses on job-to-job switches and "job lock" but has yet to focus on individuals looking for work. This chapter uses data on

laid-off individuals from the Medical Expenditure Panel Survey to compare the job search behavior and outcomes of individuals who differ in their demand for health insurance. I use three proxies for demand, based on spousal health and past insurance offer take-up decisions. Although each is potentially confounded by unobserved determinants of job search, I use a difference-in-differences and propensity score designs to isolate plausibly causal effects. I find consistent patterns across all three proxies (despite different potential omitted variables biases). Overall unemployment durations do not vary with demand for insurance, but this masks variation in the types of jobs taken. Individuals with higher demand for insurance have higher hazards for exiting unemployment into a job with insurance, but lower hazards for exiting to a job without insurance. This points to effects of insurance demand on both search effort and reservation wages, and to potentially important distorting effects of employer-linked health insurance. Whereas the first chapter takes variation in demand for insurance as a given, my second chapter digs deeper into the basis for this variation and whether it can be affected. In this chapter, I investigate the reasons the uninsured choose to forego insurance coverage and the impact of different messages on their insurance demand. Working with Enroll America, a large non-profit dedicated to decreasing the number of uninsured Americans, I conducted a stratified experiment to determine the

best communication strategies to encourage participation in the healthcare exchanges. We test a combination of the following behavioral and information treatments: a risk treatment that emphasizes the average financial risk for someone without health insurance; a norms treatment that alerts our participants that staying uninsured will be against the law; a savings treatment that highlights the average savings available at the exchanges; a wording treatment where we refer to the Affordable Care Act (ACA) as "Obamacare"; and lastly, a cost-calculator treatment that allows individuals to explore the likely cost of insurance based on their own characteristics. Among the uninsured, we find that the cost-calculator treatment, the risk treatment, and the mandate are most effective in increasing intention to purchase insurance. The cost-calculator and the risk treatment increase informedness among this population, but the cost-calculator (when paired with the savings treatment) is the only treatment that increases willingness to pay for insurance. We use the information on willingness to pay to construct sub-group price elasticities of demand to compare to previous work interested in the demand for health insurance. Overall, the results of this chapter highlight the importance of informational campaigns to increase awareness of the costs and benefits of health coverage, particularly after large changes such as those implemented by the ACA. My third chapter continues by looking at the changes that have been introduced as a result of the

ACA. Specifically, it explores whether expanding access to government-provided insurance affects individuals' decisions regarding employment and overall hours of work. Recent findings have suggested that increasing access to health insurance outside of employment has a sizable, negative impact on labor force participation. Along these lines, the Congressional Budget Office predicted that the expansion of Medicaid and private health insurance will cause a 1.5 to 2% reduction in hours worked in the first ten years. Comparing states by whether they chose to expand Medicaid under reforms introduced by the ACA, I look at changes in the probability a childless adult receives Medicaid, as well as changes in this group's employment likelihood and hours of work. Using household survey data from the CPS monthly survey and ASEC Supplement, I confirm a marked increase in the percent of childless adults insured by Medicaid but find no statistically significant changes in employment outcomes. I compare these results to other estimates of "employment lock" in recent literature. These results, though imprecise, align with the findings in Chapter 1 which suggest that overall employment is not drastically affected by insurance demand.

Three Essays on Labor and Health Economics

Greenhaven Publishing LLC

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.

What They Are and How They Work ??????

The balance between state and federal health care financing for low-income people has been a matter of considerable debate for the last 40 years. Some argue for a greater federal role, others for more devolution of responsibility to the states. Medicaid, the backbone of the system, has been plagued by an array of problems that have made it unpopular and difficult to use to extend health care coverage. In recent years, waivers have given the states the flexibility to change many features of their Medicaid programs; moreover, the states have considerable flexibility to in establishing State Children's Health Insurance Programs. This book examines the record on the changing health safety net. How well have states done in providing acute and long-term care services to low-income populations? How have they responded to financial incentives and federal regulatory requirements? How innovative have they been? Contributing authors include Donald J. Boyd, Randall R. Bovbjerg, Teresa A. Coughlin, Ian Hill, Michael Housman, Robert E. Hurley, Marilyn Moon, Mary Beth Pohl, Jane Tilly, and Stephen Zuckerman.

Impacts of Medicaid Expansion on the Liability Insurance Industry

Government Printing Office

Nonportable fringe benefits, such as health insurance and retirement benefits, can influence an individual's career decisions and financial well-being. To protect

employee's utility, state and federal governments enacted policies that regulated these benefits. The first two chapters of my dissertation study two such policies: tax credits for private health insurance coverage and dependent coverage mandates that allowed young adults to be covered through their parents' insurance. I examine the effects of these policies on several health and labor market outcomes. In the last chapter, my coauthor and I explore a slightly different perspective on fringe benefits. We examine to what extent lifetime earnings could explain the variation in wealth at retirement. By researching these topics, I contribute to the understanding of how fringe benefits and lifetime earnings affected outcomes of rational decision-making: health insurance take-up, job mobility and wealth accumulation.In chapter 1, I investigate the effectiveness of tax credits on health insurance premiums. There was a renewed interest in using tax credits to increase health insurance coverage after the push to repeal the Affordable Care Act (ACA). The Health Insurance Tax Credit (HITC) was implemented between 1991--1993 to reduce the burden of health insurance premiums primarily for low-income families. Although it was active for three years, this policy has

been studied in only one previous study. In this chapter, I examine the effectiveness of the HITC by using the Survey of Income Program Participation (SIPP), and I provide the first estimates of its effects on healthcare utilization and self?reported health status. My results align with previous studies and suggest the HITC increased the health insurance take-up by 5.8 percentage points. The implementation of the HITC also significantly improved the self-reported health status of respondents.In the second chapter, I analyze the effects of dependent coverage mandates on working fathers' job mobility and compensation. Due to the low rates of health insurance coverage among young adults, some state governments began mandating health insurance companies to allow adult children to stay on their parents' health insurance plans. First implemented in 1995, these mandates aimed to increase health coverage among young adults. In 2010, the federal government enacted a more comprehensive version of the dependent coverage mandate as part of the Affordable Care Act. These state- and federal-level efforts successfully increased insurance rates for young adults, but they might have also come with unintended consequences for parents. Parents who placed a high value on

health insurance for their young adult children might be reluctant to leave jobs with employer-provided health insurance, and employers might offset the mandated-incurred health care costs by reducing other types of employee benefits or earnings. To assess the extent of such consequences, I study the effects of both the state and federal dependent health insurance mandates on fathers. By analyzing the 2004 and 2008 SIPP panels, which are linked with Detailed Earnings Records and Business Registrar data from the United States Census, I examine the mandates' effects on fathers' voluntary job separation rates (job-lock and job-push) and changes in their compensation. After the implementation of the mandates, I observe a significant decrease in the likelihood of voluntary job separation among eligible working fathers aged 45--64 with employer-provided health insurance. Additionally for these fathers, except for those who separated from these jobs within the current wave, my analysis slightly evidences that the mandates reduced the total monetary compensation. In the last chapter, we investigate the impact of lifetime earnings on retirement wealth. Historically, many households accumulated substantial wealth by retirement, while many other households accumulated very little. Venti and Wise (1999,

2001) directly examine this question by utilizing data that was superior to that available to previous researchers and conclude that ``the bulk of the dispersion must be attributed to differences in the amount that households choose to save.'' In this paper, we examine the extent that a remaining problem in their data affected their results: Their measure of lifetime earnings, despite being based on administrative data, was subject to topcoding in each year. Using the 2001 SIPP that was not subject to the same problem, we find that the effect of the topcoding was substantial. At least 35 percent of individuals were misclassified in each of the top four deciles. When replicating a key result of Venti and Wise (2001), our findings suggest that the correlation between lifetime earnings and savings was about 50\\% greater than what was found when using censored deciles. This increased explanatory power came largely at the expense of the other variables in the regression model.

Three Essays on Health Insurance Regulation and the Labor Market

Rowman & Littlefield

This is a complete business plan for a Health Insurance Broker. Each of our plans follows a 7 chapter format: Chapter 1 - Executive Summary - This part of the business plan provides an introduction for the business,

showcases how much money is sought for the company, and acts as a guideline for reading the rest of the business plan. Chapter 2 - Financing Summary - The second section of the business plan showcases how you intend to use the financing for your business, how much of the business is owned by the Owners, who sits on the board of directors, and how the business could be sold in the future. Chapter 3 - Products and Services - This section of the business plan showcases the products/services that you are selling coupled with other aspects of your business operations. Chapter 4 - Market Analysis - This is one of the most important sections of your business plan. Each of our plans includes complete industry research specific to the business, an economic analysis regarding the general economy, a customer profile, and a competitive analysis. Chapter 5 - Marketing Plan - Your marketing plan will showcase to potential investors or banks how you intend to properly attract customers to your business. We provide an in depth analysis of how you can use your marketing plan in order to drive sales. Chapter 6 - Personnel Summary - Here, we showcase the organizational structure of your business coupled with the headcount and salaries of your employees. Chapter 7 - Financial Plan - This is the

most important part of your business plan. Here, we provide a three year profit and loss statement, cash flow analysis, balance sheet, sensitivity analysis, breakeven analysis, and business ratios.

A Comparative Perspective Saunders

In 2010, an estimated 50 million people were uninsured in the United States. A portion of the uninsured reflects unemployment rates; however, this rate is primarily a reflection of the fact that when most health plans meet an individual's needs, most times, those health plans are not affordable. Research shows that people without health insurance are more likely to experience financial burdens associated with the utilization of health care services. But even among the insured, underinsurance has emerged as a barrier to care. The Patient Protection and Affordable Care Act (ACA) has made the most comprehensive changes to the provision of health insurance since the development of Medicare and Medicaid by requiring all Americans to have health insurance by 2016. An estimated 30 million individuals who would otherwise be uninsured are expected to obtain insurance through the private health insurance market or state expansion of Medicaid programs. The success of the ACA depends on the design of the essential health benefits (EHB)

package and its affordability. Essential Health Benefits recommends a process for defining, monitoring, and updating the EHB package. The book is of value to Assistant Secretary for Planning and Evaluation (ASPE) and other U.S. Department of Health and Human Services agencies, state insurance agencies, Congress, state governors, health care providers, and consumer advocates.

Social and Demographic Consequences of Health Insurance BizPlanDB Scholars are eager to evaluate the effects of health policy on health, but they often neglect that policies are intricately connected to marriage, family structure, and social standing. The three chapters of this dissertation study unintended consequences of health insurance policies in the United States. How people gain private health insurance is connected to divorce (chapter 1) and availability of a public insurance program at birth is associated with lower mortality not only in infanthood but also in adulthood (chapter 2). US health policies that tie health insurance coverage to socioeconomic status add dimensions to racial and ethnic inequality. Minorities spend more years without insurance due to their greater probabilities of losing coverage (chapter 3). These chapters provide national landscapes of

health insurance coverage and inequality in the years prior to the Patient Protection and Affordable Care Act of 2010 setting the baseline for post-reform comparisons. In Chapter 1, I apply hazard models to the nationally representative longitudinal Survey of Income and Program Participation (2004 panel) to find lower divorce rates among people who are enrolled in their spouses' health insurance policies. Women who depend on their husbands for health insurance had the lowest rates of divorce. This chapter highlights how family- and employment-based insurance coverage could create inequalities between families and between men and women. In Chapter 2, I use US Vital Statistics data to compare changes in age-specific mortality rates between cohorts born in states with Medicaid and cohorts born in states without Medicaid. I exploit the variation in the timing of States' Medicaid participation to establish a connection between the availability of public insurance at birth to improvements in later life mortality. This chapter underscores the lasting consequences of having access to medical care during critical periods in the life-course. Chapter 3 examines the dynamics of gaining and losing health insurance across the life course and how it contributes to racial and ethnic disparities in coverage. African Americans, Hispanics,

and Asians have high uninsurance rates mostly due to their greater likelihoods of losing the insurance that they already have. Life-table simulations show that simply increasing the accessibility of health insurance does surprisingly little to reduce disparities in insurance coverage. This paper draws attention to the importance of developing policies that stabilize existing insurance.