TJIC Alert

Thomas Jefferson Information Center • U. S. Embassy •1201 Roxas Boulevard, Manila
Tel.: 301-2470 • Fax: 301-2469 • E-mail: mnltjic@state.gov
U.S. Embassy Website: http://philippines.usembassy.gov/

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HEALTH CARE

1. Applying 21st-Century Eligibility and Enrollment Methods to National Health Care Reform
Stan Dorn — 24 p.
Urban Institute — December 1, 2009
Full Text: http://www.urban.org/uploadedpdf/411985_national_health_care_reform.pdf

Many past health coverage expansions experienced low participation levels by the uninsured who qualified for help. To avoid similar pitfalls with national health reform, policymakers need to incorporate 21st-century approaches to eligibility determination, enrollment, and retention. According to the report, one such approach qualifies individuals for subsidies based on reliable data in government hands rather than consumers' completion of traditional application forms. Federal income tax data could thus establish eligibility for subsidies, since more than 6 out of 7 uninsured, 86.3 percent, file such returns. Such data-driven eligibility may also lower administrative costs and error rates.
[Note: contains copyrighted material].

2. Senate Health Bill Scores Big For Small Business: Bill Would Help Provide Affordable, Stable Health Coverage
Elise Gould and Alexander Hertel-Fernandez — 8 p.
Economic Policy Institute — December 15, 2009
Full Text: http://epi.3cdn.net/e9d610ad38a8ea2266_7hm6bhdcs.pdf

Skyrocketing health care costs in recent years have posed challenges for all businesses, but small firms and their workers are at a particular disadvantage. Declines in insurance coverage among workers in small businesses have driven much of the drop in employer-sponsored health insurance coverage nationwide. It is no surprise then that the effect of health reform on small business has become a flashpoint in the ongoing health reform debate. The brief highlights the challenges faced by small businesses and the positive effect of Senate Majority Leader Reid's health reform bill on the ability of small firms to provide quality, affordable insurance coverage to their workers.
[Note: contains copyrighted material].

3. **Reconciling House and Senate Health Reform Proposals: Eligibility, Retention Policies That Will Maximize Health Coverage Among the Low-Income Uninsured**
   Stan Dorn — 12 p.
   Urban Institute — January 13, 2010
   Full Text: http://www.urban.org/UploadedPDF/412004_health_reform_proposals.pdf

For health reform legislation to maximize coverage among low-income, uninsured Americans, the administrative details for subsidies need to make enrollment and retention simple, seamless, and as automatic as possible for consumers. Neither the House nor the Senate health reform bill extends to Medicaid the streamlined procedures that apply to other subsidies. The lawmakers could establish, for all subsidy systems, a single, streamlined system for eligibility determination, enrollment, and retention that minimizes the need for consumers to complete paperwork.
[Note: contains copyrighted material].

4. **Mixed Views of GOP Proposals on Entitlements**
   Pew Research Center for the People & the Press — September 13, 2010
   Full Text: http://bit.ly/cOaRTN

The public has sharply different reactions to major changes in Social Security and Medicare programs being proposed by some leading Republicans. While a majority favors a proposal to allow some private investments in Social Security, there is considerably less support for the idea of ending Medicare and replacing it with a system of vouchers for purchasing private insurance.
[Note: contains copyrighted material].

5. **Oversight Challenges in the Medicare Prescription Drug Program**
   Robert Vito — 15 p.
   U.S. Department of Health & Human Services — March 3, 2010
   Full Text: http://oig.hhs.gov/testimony/docs/2010/3-3-10VitoHomelandSecSub.pdf

This is the transcript of the testimony of Robert Vito, Regional Inspector General for Evaluation and Inspections, Office of Inspector General, U.S. Department of Health and Human Services, before the U.S. Senate Committee on Homeland Security and Governmental Affairs.

6. **Future Directions for the National Healthcare Quality and Disparities Report**
   Institute of Medicine — April 2010
   Full Text: http://www.nap.edu/catalog.php?record_id=12846

As the United States devotes extensive resources to health care, evaluating how successfully the U.S. system delivers high-quality, high-value care in an equitable manner is essential. At the request of Congress, the Agency for Healthcare Research and Quality (AHRQ) annually produces the National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). The reports have revealed areas in which health care performance has improved over time, but they also have identified major shortcomings.
[Note: contains copyrighted material].

7. **The Cost of Uncompensated Care With and Without Health Reform**
   John Holahan and Bowen Garrett — 5 p.
   Urban Institute — March 10, 2010
   Full Text: http://www.urban.org/UploadedPDF/412045_cost_of_uncompensated.pdf

The authors estimate that under the health reform bill passed by the Senate, the cost of uncompensated care will fall from $62.1 billion in 2009 to $46.6 billion in 2019. If no health reform is enacted, they project that uncompensated care would rise to between $107 and $141 billion in 2019. Over the six-year period of proposed health reform legislation, 2014–2019, the costs of uncompensated care without health reform would be between $560 and $700 billion. With reform, the cost would be $330 billion under the Senate bill and provide substantive savings to each level of government.
[Note: contains copyrighted material].

8. **Adding Up the Numbers: Understanding Medicare Savings in the Affordable Care Act**
   Mark Merlis 25 p.
   Center for American Progress October 2010
   Full Text: http://www.americanprogress.org/issues/2010/10/pdf/medicare_aca_report.pdf

The Congressional Budget Office estimates that Affordable Care Act provisions specifically affecting Medicare will reduce the federal deficit by about $525 billion over the 10-year period from 2010 to 2019.
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9. **Income, Poverty, and Health Insurance Coverage in the United States: 2009**
   U.S. Census Bureau September 16, 2010 88 p.
   Full Text: http://bit.ly/b5bpcN

The data shows that real median household income in the United States in 2009 was $49,777, not statistically different from the 2008 median. The nation's official poverty rate in 2009 was 14.3 percent, up from 13.2 percent in 2008, the second statistically significant annual increase in the poverty rate since 2004. There were 43.6 million people in poverty in 2009, up from 39.8 million in 2008, the third consecutive annual increase. Meanwhile, the number of people without health insurance coverage rose from 46.3 million in 2008 to 50.7 million in 2009, while the percentage increased from 15.4 percent to 16.7 percent over the same period.

10. **Medicaid Meltdown: Dropping Medicaid Could Save States $1 Trillion**
    Dennis G. Smith and Edmund F. Haislmaier 4 p.
    The Heritage Foundation December 1, 2009
    Full Text: http://s3.amazonaws.com/thf_media/2009/pdf/wm2712.pdf

The authors contend that the health care legislation currently in Congress not only imposes new costs on states through expansion of the Medicaid program; it also preempts state authority in management of the program. Faced with becoming merely an agent of the federal government, states will likely take the rational and reasoned approach of simply ending the state-federal partnership known as Medicaid.
[Note: contains copyrighted material].

11. **Deadly Delivery: The Maternal Health Care Crisis in the U.S.A**
    Amnesty International March 2010 154 p.
    Full Text: http://www.amnestyusa.org/dignity/pdf/DeadlyDelivery.pdf

Maternal mortality ratios have increased from 6.6 deaths per 100,000 live births in 1987 to 13.3 deaths per 100,000 live births in 2006. While some of the recorded increase is due to improved data collection, the fact remains that maternal mortality ratios have risen significantly. The USA spends more than any other country on health care, and more on maternal health than any other type of hospital care. Despite this, women in the USA have a higher risk of dying of pregnancy-related complications than those in 40 other countries, according to the report.
[Note: contains copyrighted material].

12. **Better Health Care at Lower Costs: Why Health Care Reform Will Drive Better Models of Health Care Delivery**
    Ellen-Marie Whelan and Lesley Russell 26 p.
    Center for American Progress March 19, 2010
    Full Text: http://www.americanprogress.org/issues/2010/03/pdf/health_delivery.pdf

The paper describes a number of innovative models of care delivery that are currently delivering the dual goals of providing better health care and better value, and outlines the key elements of these new approaches to health care delivery and financing that should be part of the reform of the health care system.
[Note: contains copyrighted material].

13. **Health Care Spending: 1998, 2003, And 2008**
    Bureau of Labor Statistics August 2010
    Full Text: http://bit.ly/cBXuns

How have rising health care costs affected household budgets? That question was raised many times before the passage of the Affordable Care Act, whose goal—as the act's name implies—is to make health care more affordable for American families. This analysis of Consumer Expenditure Survey (CE) data from the 1998, 2003, and 2008 Interview Surveys provides a picture of nominal out-of-pocket health care spending among households categorized by the age of the reference person.

14. Medical Tourism: Have Insurance Card, Will Travel

Devon Herrick — 2 p.
National Center for Policy Analysis — September 22, 2010
Full Text: http://bit.ly/bJxKgd

As insurers and employers look for ways to cut health care costs, medical tourism - both abroad and within the U.S. - is an increasingly popular option for expensive procedures and care, according to the report.
[Note: contains copyrighted material].

15. 2010 Global Survey of Health Care Consumers: Behaviors, Attitudes and Unmet Needs

Deloitte — April 2010 — 24 p.
Full Text: http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_consumerism_Global.pdf

Consumers in six Western countries, Canada, France, Germany, Switzerland, the United Kingdom and the United States, say their medical costs are too high and share concerns about their ability to meet future financial demands resulting from health care costs, according to the survey. The majority of the consumers do not understand their health care systems.
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Thomas Jefferson Information Center
Embassy of the United States of America
1201 Roxas Boulevard Manila, Philippines
Fax: (632) 301-2469 Tel: (632) 301-2470

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