

**Course Title:** Issues in Private and Public Health Insurance, Spring 2023

**Course Number:** HBSP 0625

**Course Pre- and Co-requisite(s):** HBSP 0621: Health Care Economics

**Course Location:** Room 334

**Course Date & Time:** Tuesday, 3-5pm

**Course Instructor:** Alan C. Monheit, Ph.D., Professor of Health Economics, Rutgers School of Public Health (monheiac@sph.rutgers.edu); 732-235-4766

**Office Hours:** By appointment only

**Course Assistant:** None

**Course Website:** [Canvas.rutgers.edu](https://Canvas.rutgers.edu)

**Required Course Text:** Morrissey, *Health Insurance*, 3rd edition, 2020: Health Administration Press.

**Supplemental readings:** Supplemental readings are an essential part of the course and are included to provide further development and policy-relevant applications of concepts introduced in class and in the texts. Readings designated with a \* **are recommended but not required for MPH students but required for doctoral students**. As much as possible, readings will be posted on the Canvas system for the course. If this is not possible, some readings will be distributed in class, via e-mail, or through links to electronic journals or other web sites.

**Course Description:** Private and public health insurance in the US provide nearly 80% of all expenditures for personal health care services. Given their dominant role in health care financing, these sources of health insurance have had a profound impact on the US population's access to and use of health care, on system-wide health care costs, and on the prices paid for specific health care services on behalf of different population groups. At the same time, the benefit and payment provisions associated with health insurance can affect the efficiency with which health care is used, while the uneven distribution of health insurance across different population groups raises important issues regarding the equity with which health care resources are distributed. Concerns about such efficiency and equity effects have contributed to an ongoing debate about whether market-based or regulatory approaches are best suited to address problems of access to affordable health insurance and have played a major role in the development and enactment of health reform under the Patient Protection and Affordable Care Act (ACA) of 2010.

Under the ACA, many of the dominant features of the U.S. private and public health insurance systems remain intact as will their implications for equity and efficiency. Although private health insurance will continue to be obtained primarily through the workplace, access to individual coverage and small-group health insurance will be expanded through federal or state-

managed health insurance marketplaces or exchanges. These alternatives to employer-sponsored insurance (ESI) may create incentives for some employers to discontinue offering coverage and for employees to seek alternative coverage outside of employment. For those retaining ESI, requirements for such coverage can affect decisions regarding employment activity, including ongoing participation in the labor force, hours of work, choice of jobs, voluntary job change, retirement, and tradeoffs between pecuniary and non-pecuniary sources of compensation. While enrollment in public health insurance through Medicaid will be expanded to those with incomes up to 138% of the federal poverty line for those states participating in the expansions, categorical eligibility criteria related to income, age, and/or health status will remain in force for those residing in non-participating states. Eligibility requirements for public coverage can similarly affect labor force and employment decisions, including decisions to continue working or to adjust work-related activities so that individuals meet statutory earnings requirements. In addition, private and public coverage may exhibit certain linkages. For example, expansions of income thresholds for public coverage or extensions of public coverage to both children and their parents may “crowd out” private insurance as some newly eligible working families substitute their existing work-related coverage for less expensive public insurance. Some individuals also may hold both forms of coverage to pay for health care services, such as persons with Medicare supplemental private insurance.

We will explore a number of issues related to the role of private and public health insurance in the health care sector. In doing so, our focus will be on the institutional features of these insurance systems, the theory underlying the population’s demand for private and public health insurance, and potential behavioral responses by persons with such coverage. We will also examine empirical evidence regarding such behavior as well as evidence on the impact of policy interventions seeking to address market shortcomings. Our goal will be to engage in a critical evaluation of the private and public insurance systems with the intent of identifying changes that might improve the efficiency and equity with which these markets pool risks. In doing so, we will seek to integrate critical health insurance provisions of the ACA into our discussion, demonstrating how the performance of private and public systems of coverage have served as the basis for the ACA’s reform of past health insurance practices and provisions.

The required text and supplementary readings for this course will provide institutional background and describe analytical models that have been applied to characterize individual and market behaviors regarding private and public health insurance. These sources will also present research findings assessing the impact of alternative policy interventions to address market failure in private health insurance markets and to expand access to public coverage. In evaluating such research, we will pay particular attention to the design of empirical strategies to identify causal effects. As we shall see, identifying causal relationships between policy interventions and desired outcomes remains an important challenge to assessing the success of various policy interventions.

**Selected Concentration Competencies Addressed:** The competencies addressed in this course for the MPH and Ph.D. in Health Systems and Policy include:

- A. Use economic theories, concepts and methodologies in the analysis and evaluation of current health care issues and problems;
- B. Critically evaluate both proposed and implemented health policy interventions and the empirical research seeking to assess the impact of policy interventions in the health care sector
- C. Assess and delineate public health policies and practices recognizing legal and ethical implications for individuals and populations

The competencies for doctoral students include:

- D. Apply economic theories and demographic methods to the analyses of basic issues and trends in the population's health, health care use, spending, and delivery, health insurance status, and with regard to specific health policy interventions.
- E. Critically evaluate both proposed and implemented health policy interventions and the empirical research seeking to assess the impact of policy interventions in the health care sector.

Please visit the Concentration webpages on the School of Public Health's website at [sph.rutgers.edu](http://sph.rutgers.edu) for additional competencies addressed by this course for other degrees and concentrations.

**Course Objectives:** By the completion of this course, students will be able to:

- A. Understand the characteristics and institutional features of the major private and public insurance programs in the US;
- B. Understand the theoretical basis governing individual decisions to participate in private and public health insurance;
- C. Understand the conceptual basis for interventions in private insurance markets;
- D. Identify the key policy issues related to each of these systems that have prompted health care reform;
- E. Be able to critically evaluate empirical research seeking to assess the impact of policy interventions in private insurance markets and public insurance programs.
- F. Understand the conceptual basis for public policy interventions in health care markets and for recently enacted health reform.

**Course Requirements and Grading:**

**Readings:** Assignments from the text will be supplemented with readings from a variety of health policy and health economics journals and other types of reports. Readings will be made available through the course Canvas page. *Readings will be distinguished as required or optional (\*). Class participation is strongly encouraged and will count toward the final grade.*

**Policy evaluations (60 percent of grade):** During the semester, students will be assigned **three short policy evaluations (20 points each)**. Students will be asked to respond to a specific policy statement or issue, and to discuss its advisability and implications for health insurance policy. The policy evaluations will be assigned after specific sections of the course are completed, and students will have two weeks to respond with their evaluations. **Evaluations should not exceed ten double-spaced pages.**

**Essay exam (35 percent of grade):** There will be a final essay exam. Students will be asked to apply concepts developed in class to questions regarding policy issues in provision of private and public insurance. A study guide will be provided.

**Class participation: (5 percent of grade):** Students will also be evaluated based on the contributions they make to class discussions. Students may at times be asked to lead discussions of specific readings on specific topics in the course syllabus.

- **On-line 30 assignments:** In order to ensure that we have at least three course hours, please access the Kaiser Health News (KHN) Morning Briefing (available at <https://khn.org/latest-morning-briefing/>). Since this briefing is quite extensive, reporting a variety of health care and policy issues, **please review those stories that are most relevant to health insurance issues.** I also will include certain readings as on-line 30 assignments. These are included to the syllabus after certain topics or sections have been completed.

### **Grading Policy:**

94 – 100	A
90 – <94	A-
87 – <90	B+
84 – <87	B
80 – <84	B-
77 – <80	C+
70 – <77	C
<70	F

### **Course Schedule**

**I. Background: Underlying issues; Sources of health insurance and health care financing in the US; The structure of private and public health insurance systems. (Weeks 1 & 2)**

#### **A. Setting the stage: How should we think about health insurance?**

Alan C. Monheit. 2008. “Health Care Insurance” In V. Parrillo (ed.) *Encyclopedia of Social Problems*. Sage Publishers.

Katherine Baicker and Amitabh Chandra. 2008. “Myths and Misconceptions about U.S. Health Insurance. *Health Affairs Web Exclusive*. 21 October. W533-W543.

J.P. Ruger. 2007. “The Moral Foundations of Health Insurance.” *Quarterly Journal of Medicine* 100 (1): 53-57.

\*Alan C. Monheit. 2007. “Thoughts on Health Insurance Expansions and the Value of Coverage.” *Inquiry* 44 (Summer): 133-136.

***B. Structure of US Health Insurance: General institutional background***

Morrisey text: Chapters 3 and 12 (exclude section on “Most Favored Nation Clauses”).

David M. Cutler and Richard J. Zeckhauser. 2000. Excerpt from “The Anatomy of Health Insurance.” in A.J. Culyer and J.P. Newhouse (eds.) *Handbook of Health Economics*. Amsterdam: Elsevier Science B.V.: 566-572.

U.S. Government Accountability Office. March 2019. Private Health Insurance: Enrollment Remains Concentrated Among Few Insurers, including in Exchanges. ***Read GAO Highlights page prior to contents.***

***C. The Affordable Care Act and the Provision of Health Insurance***

Morrisey Chapter 2.

Jonathan Oberlander and Theodore Marmor. “The Health Bill Explained at Last.” *New York Review of Books* LVII (13) August 19 2010: 61-63.

\*Kaiser Family Foundation. Summary of the Affordable Care Act. Available at <http://www.kff.org/healthreform/upload/8061.pdf>

***D. The nature of the health expenditure distribution and implications for health insurance.***

Marc L. Berk and Alan C. Monheit. 2001. “The Concentration of Health Expenditures Revisited.” *Health Affairs* 20 (2) March/April: 9-18.

Emily M. Mitchell, PhD and Steven R. Machlin, MS. December 2017 Concentration of Health Expenditures and Selected Characteristics of High Spenders, U.S. Civilian Noninstitutionalized Population, 2015

Alan C. Monheit. “Persistence in Health Expenditures: Prevalence and Consequences.” *Medical Care* 41(7) July 2003 Supplement: III-53 - 64.

\*Samuel H. Zuvekas and Joel W. Cohen. “Prescription Drugs and the Changing Concentration of Health Expenditures.” *Health Affairs* 26(1): 249-257

**On-line 30 assignments:**

- **KHN Morning Briefing** (available at <https://khn.org/latest-morning-briefing/>).
- Sarah Collins, Lauren A. Haynes, and Relebohile Masitha. *The State of US Health Insurance in 2022*. Commonwealth Fund Data Brief September 2022.

- Margot Sanger-Katz, Sarah Kliff and Quoc Trung Bui. Dec. 29, 2020. "Obamacare as a Safety Net is Holding Up So Far." New York Times *Upshot*. Available at: <https://www.nytimes.com/2020/12/29/upshot/obamacare-recession-big-test.html?action=click&module=Well&pgtype=Homepage&section=The%20Upshot>

**Competencies for section I: A, C, D & E.  
Assessed by Policy Evaluation #1.**

## **II. Health Insurance: Theory, Incentives, and Market Failure (Weeks 3 & 4)**

### ***A. Review of theory of demand for health insurance***

Morrisey text: Chapter 4.

American Academy of Actuaries Issue Brief: *Fundamentals of Insurance: Implications for Health Coverage*. 2008.

### ***B. Departures from received theory***

John A. Nyman. 1998. "Theory of Health Insurance." *Journal of Health Administration Education* 16 (1): **Read brief discussion of prospect theory on 52-57.**

Katherine Baicker, William J. Congdon, and Sendhil Mullainthan. 2012. "Health Insurance Coverage and Take-Up: Lessons from Behavioral Economics." *Milbank Quarterly* 90(1):107-134.

### ***C. Moral hazard & adverse selection***

#### ***i. Moral hazard versus risk spreading***

Morrisey text: Chapters 8 & 9.

\*John A. Nyman. 2006. "Evaluating Health Insurance: A Review of the Theoretical Foundations." *The Geneva Papers*. 2006, 31: **Read excerpt from pages 732-735.**

\*Mark V. Pauly. 1968. "The Economics of Moral Hazard." *American Economic Review* 58(3) Part 1, June: 531-537.

#### ***ii. Is moral hazard inefficient?***

Frick, Kevin D. and Michael E. Chernen. 2009. "Beneficial Moral Hazard and the Theory of Second Best." *Inquiry* 46(2) Summer 2009: 229-240.

\*John A. Nyman. 2007. "American Health Policy: Cracks in the Foundation." *Journal of Health Politics, Policy and Law* 32(5) October: 759-783.

\*Joseph P. Newhouse. 2006. "Reconsidering the Moral Hazard-Risk Avoidance Tradeoff." *Journal of Health Economics* 25(5) September. *Read first two sections*

**iii. The problem of asymmetric information: adverse selection**

Morrisey text: Chapter 5.

**iv. Addressing the problem of adverse selection through transfers and premium adjustments**

David M. Cutler and Richard J. Zeckhauser 2000 *op. cit.*: section on 'Equilibrium with Adverse Selection.

Morrisey text: Chapters 6 & 7.

\*Liran Einav and Amy Finkelstein. 2011. "Selection in Insurance Markets: Theory and Empirics in Pictures." *Journal of Economic Perspectives* 25(1): 115-138.

**On-line 30 assignments:**

- **KHN Morning Briefing (available at <https://khn.org/latest-morning-briefing/>).**
- Mark V. Pauly. 2008. "Adverse Selection and Moral Hazard: Implications for Health Insurance Markets" in Sloan and Kasper (eds.) *Incentives and Choice in Health Care*, MIT Press, 2008).

**Competencies for section I: A, C, D & E.  
Assessed by Policy Evaluation #1.**

**III. Measurement Issues (Weeks 4 & 5)**

**A. Measurement of health insurance status: the insured and uninsured populations**

"Understanding Estimates of the Uninsured: Putting the Differences in Context." Issue Brief, Assistant Secretary for Planning and Evaluation/Health, US Department of Health and Human Services. September 2005.

**B. Identifying causal relationships**

Excerpt from Melinda L. Schriver and Grace-Marie Arnett. August 14, 1998. "Uninsured Rates Rise Dramatically in States with Strictest Health Insurance Regulations." The Heritage Foundation Backgrounder.: Table 6.

Bryan Dowd and Robert Town. 2002. "Does X Really Cause Y?" Research Monograph, AcademyHealth, Program on Changes in Health Care Financing and Organization. September., pages 1 – 10.

Thomas C. Buchmueller. 2004. "What Can We Learn from the Research on Small Group Market Reform?" in A.C. Monheit and J.C. Cantor (eds). *State Health Insurance Market Reform: Toward Inclusive and Sustainable Health Insurance Markets*. London: Routledge Press: 67-81.

**C. Applications:**

**i. State Coverage Expansions for Young Adults**

Alan C. Monheit, Joel C. Cantor, Derek DeLia, and Dina Belloff. "How Have State Policies to Expand Dependent Coverage Affected the Health Insurance Status of Young Adults?" *Health Services Research* 46(1), Part II (February 2011): 251-267.

**ii. Testing for adverse selection:**

Alan C. Monheit, Joel C. Cantor, Margaret Koller, and Kimberly S. Fox. 2004. "Community Rating and Sustainable Individual Health Insurance Markets in New Jersey." *Health Affairs* 23 (4): 167-175.

\*Thomas C. Buchmueller and John DiNardo. 2002. "Did Community Rating Induce an Adverse Selection Death Spiral: Evidence from New York, Pennsylvania, and Connecticut." *American Economic Review* 92 (1): 280-294.

**iii. Does Health Insurance Improve Health?**

Helen Levy and David Meltzer. 2004. "What Do We Really Know about Whether Health Insurance Affects Health?" in Catherine G. McLaughlin (ed.) *Health Policy and the Uninsured* (Washington DC: The Urban Institute Press): 179-204.

Katherine Baicker et al. 2013. "The Oregon Medicaid Experiment: Effects of Medicaid on Clinical Outcomes." *New England Journal of Medicine* 368 (18): 713-722.

**On-line 30 assignments:**

- **KHN Morning Briefing** (available at <https://khn.org/latest-morning-briefing/>).

**Competencies for section I: A, B, C, D & E.**

**Assessed by Policy Evaluation #1.**

***POLICY EVALUATION #1 DISTRIBUTED – DUE IN TWO WEEKS.***

**IV. Some Aspects of private health insurance in the United States (Weeks 6 - 8)**

***A. Institutional and historical background***

Morrisey text: Chapter 1.

Kaiser Family Foundation. 2008 *How Does Private Health Insurance Work: A Primer*. April.

Melissa A. Thomasson. "From Sickness to Health: The Twentieth-Century Development of US Health Insurance." *Explorations in Economic History* 39, 2002: 233-253.



***i. Employer-Sponsored Insurance***

Morrisey text: Chapters 14 & 16.

Thomas C. Buchmueller and Alan C. Monheit. "Employer-Sponsored Health Insurance and the Promise of Health Insurance Reform." *Inquiry* 46(2) Summer 2009: 187-202.

***ii. Aspects of the demand for employment-based health insurance***

Morrisey text: Chapter 13.

Philip F. Cooper and Barbara Steinberg Schone. 1997. "More Offers, Fewer Takers for Employment-Based Health Insurance: 1987-1996." *Health Affairs* 16(6) Nov./Dec.: 142-149.

***An aside: The complexity of household health insurance decisions:***

Cunningham, Peter J., Charles Denk, and Michael Sinclair. 2001. "Do Consumers Know How their Health Insurance Plan Works?" *Health Affairs* 20(2): 159-166.

\*Lowenstein, George et al. 2013. "Consumer Misunderstanding of Health Insurance." *Journal of Health Economics* 32: 850-862.

Jessica Vistnes and Barbara Schone. 2008. "Pathways to Coverage: The Changing Role of Public and Private Sources." *Health Affairs* 27(1): 44-57

\*Alan C. Monheit, Barbara Schone, and Amy K. Taylor, "Health Insurance Coverage in Two-Worker Households: Determinants of Double Coverage." *Inquiry*, 36, 1 Spring 1999: 12-29.

***Demand for employment-based coverage: an example:***

Michael Chernew, Kevin Frick, and Catherine G. McLaughlin. 1997. "The Demand for Health Insurance by Low Income Workers: Can Reduced Premiums Achieve Full Coverage?" *Health Services Research* 32(4): 453-470.

***ii. Is health insurance affordable?***

Sherry Glied. 2009. "Mandates and the Affordability of Health Care." *Inquiry* 46(2) Summer: 203-213.

\*Helen Levy and Thomas DeLeire. 2009. "What Do People Buy When They Don't Buy Health Insurance and What Does that Say about Why They are Uninsured?" *Inquiry*. Spring.

\* M. Kate Bundorf and Mark V. Pauly. 2006. "Is Health Insurance Affordable for the Uninsured?" *Journal of Health Economics* 25(4):650-73. July.

**iii. The Tax subsidy for Employment-Based Coverage**

Morrisey text: Chapter 15.

Melissa A. Thomason. 2003. "The Importance of Group Coverage: How Tax Policy Shaped US Health Insurance." *American Economic Review* 93(4) September: 1373-1384.

\*Alan C. Monheit, Len M. Nichols, and Thomas M. Selden, "How are Net Health Insurance Benefits Distributed in the Market for Employment-Related Coverage?" *Inquiry* Vol.32, No. 4 (Winter 1995/96): 379-391.

**iv. Do all workers value health insurance? Worker sorting by health insurance preferences**

Morrisey Chapter 16 (review section on labor market sorting).

Alan C. Monheit and Jessica Primoff Vistnes. 1999. "Health Insurance Availability at the Workplace - How Important are Worker Preferences." *Journal of Human Resources* XXXIV (4): 771 - 785.

**B. Is the market for individually purchased coverage a viable alternative to employer-sponsored health insurance?**

Morrisey text: Chapter 19.

Erika C. Ziller, Andrew F. Coburn, Timothy D. McBride, and Courtney Andrews. 2004. "Patterns of Individual Health Insurance Coverage, 1996 - 2000." *Health Affairs* 23(6) November/December: 210-221.

Jon Gabel, Kelley Dhont, Heidi Whitmore, and Jeremy Pickreign. 17 April 2002. "Individual Health Insurance: How Much Financial Protection Does It Provide?" *Health Affairs Web Release*: 172-181.

**On-line 30 assignments:**

- KHN Morning Briefing (available at <https://khn.org/latest-morning-briefing/>).
- Affordability of Health Insurance – NJ Example

**Competencies for section I: A, C, D & E.**  
**Assessed by Policy Evaluation #2.**

**V. Initiatives to Address Insurance Market Failure and Access to Coverage (Weeks 9 & 10)**

**A. Changing incentives:**

Morrisey text: Chapters 9 & 10.

Alain C. Enthoven. 1993. "The History and Principles of Managed Competition." *Health Affairs* (12) Supplement: 24-48.

\*Sherry Glied. 2000. "Managed Care" in A. Culyer and J.P. Newhouse (eds.) *Handbook of Health Economics*. Pp. 3-11, 16-35.

## ***B. Consumer-driven health insurance plans***

Morrisey, Chapter 17.

Martin Feldstein. January 2006. "Balancing the Goals of Health Care Provision." Address to the American Society of Health Economists.

\*Paul Fronstin and Sara R. Collins. December 2005. "Early Experience with High-Deductible and Consumer Driven-Health Plans: Findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey." *EBRI Issue Brief No. 228*.

## ***C. Reforming health insurance markets through regulation***

Morrisey text: Chapter 20.

### ***i. Health Insurance Mandates***

Lawrence Summers. 1989. "Some Simple Economics of Mandated Benefits." *American Economic Review* 79(2): 177-182.

Jonathan Gruber. 1994. "State-Mandated Benefits and Employer-Provided Health Insurance." *Journal of Public Economics* 55: 433-464.

Sherry A. Glied, Jacob Hartz, and Genessa Giorgi. 2007. "Consider it Done? The Likely Efficacy of Mandates for Health Insurance." *Health Affairs* 26(6) November/December: 1612-1621.

\**The Constitutionality of the PPACA's Health Insurance mandate: Amicus Curiae* Brief on behalf of Economic Scholars in Support of Individual Mandate. United States Supreme Court.

\*Alan C. Monheit and Jasmine Sia. 2006. *Mandated Health Insurance Benefits: A Review of the Literature*. Center for State Health Policy, Rutgers University. January 2007. Available at <http://www.cshp.rutgers.edu/Downloads/7130.pdf>

### ***ii. State Health Insurance Market Reform***

*Setting the Stage: Characteristics of the Small Group Insurance Market:*

Morrisey text: Chapter 18.

*Findings:*

Kosali Simon. 2005. "Adverse Selection in Health Insurance Markets: Evidence from State Small-Group Health Insurance Reforms." *Journal of Public Economics* 89: 1865-1877.

\*Kosali Simon. 2004. "What have we learned from research on small group market reform?" in A.C. Monheit and J.C. Cantor (eds.) *State Health Insurance Market Reform: Toward Inclusive and Sustainable Health Insurance Markets*. London: Routledge Press: 21-45.

***iii. Alternatives to market reform – ‘Carving out’ responsibility for high risks through reinsurance and high risk pools***

Katherine Swartz. 2003. "Reinsuring Risk to Increase Access to Health Insurance." *American Economic Review Paper and Proceedings* 93(2) May: 283-287.

Morrisey, Chapter 21.

Deborah Chollet. "Expanding Individual Health Insurance Coverage: Are High Risk Pools the Answer?" *Health Affairs Web Exclusive* October 23, 2002: 349-352.

**On-line 30 assignments:**

- **KHN Morning Briefing** (available at <https://khn.org/latest-morning-briefing/>).

**Competencies for section I: A, B, C, D & E.**

**Assessed by Policy Evaluation #2.**

**POLICY EVALUATION #2 DISTRIBUTED – DUE IN TWO WEEKS.**

**VI. Public health insurance: when private markets fail (Weeks 11-13)**

***A. Basic features of social insurance and means-tested insurance programs:***

Martin Feldstein. March 2005. "Rethinking Social Insurance." *American Economic Review* 95 (1): **pages 1-13, 20-22.**

Jonathan Gruber. Fall 2017. "Delivering Private Health Insurance Through Private Plan Choice in the United States." *Journal of Economic Perspectives*, pages 3 – 22.

***B. Medicaid and the State Children’s Health Insurance Program***

***i. Medicaid: Program descriptions and summary of accomplishments:***

Morrisey, Chapter 24.

\*Thomas Buchmueller, John C. Ham, and Lara D. Shore-Shepard. 2015. *Medicaid*. NBER working paper.

\*Jonathan Gruber. 2003. "Medicaid" in Robert A. Moffitt (ed). *Means-Transferred Transfer Programs in the United States*. Chicago: University of Chicago Press.

## **ii. Policy issues:**

### **a. Does Public Health Insurance Programs Crowd Out Private Health Insurance?**

Lisa Dubay and Genevieve Kenney. 1997. "Did Medicaid Expansions for Pregnant Women Crowd Out Private Coverage?" *Health Affairs* 16(1) January/February: 185-193.

David M. Cutler and Jonathan Gruber. 1997. "Medicaid and Private Insurance: Evidence and Implications." *Health Affairs* 16(1) January/February: 194-200.

\*David M. Cutler and Jonathan Gruber. 1996. "Does Public Insurance Crowd Out Private Insurance?" *Quarterly Journal of Economics* May: 391-430.

### **b. Enrolling eligible population not enrolled.**

Thomas M. Selden, Jessica Banthin, and Joel W. Cohen. 1998. "Medicaid's Problem Children: Eligible but not Enrolled." *Health Affairs* 17 (3): 192-200.

## **iii. SCHIP – The State Children's Health Insurance Program**

Anthony T. Lo Sasso and Thomas C. Buchmueller. September 2004. "The effect of the state children's health insurance program on health insurance coverage" *Journal of Health Economics*, 23 (5): 1059-1082.

## **C. Medicare: Health insurance for the elderly and disabled**

### **i. Intent and structure of program**

Morrisey, Chapter 22 &23.

### **ii. Accomplishments**

Amy Finkelstein and Robin McKnight. September 2005. "What Did Medicare Do (and Was it Worth It)?" National Bureau of Economic Research Working Paper #11609.

\*David Card, Carlos Dopkin, and Nicole Maestas. 2007. "Does Medicare Save Lives?" *National Bureau of Economic Research Working Paper #13668*. November.

### **iii. The Medicare Prescription Drug Program (Medicare part D)**

Mark Duggan, Patrick Healy, and Fiona Scott. 2008. "Providing Prescription Drug Coverage to the Elderly: America's Experiment with Medicare Part D." *Journal of Economic Perspectives* 22(4): 69-92.

Frank Lichtenberg and Shawn Sun. 2007. "The Impact of Part D on Prescription Drug Use by the Elderly." *Health Affairs* 26(6): 1736-1744.

## ***v. Reforming Medicare***

Amitabh Chandra and Craig Garthwaite. November 2019. "Economic Principles for Medicare Reform." *The Annals of the American Academy of Political and Social Science* (686): 63-91

Len M. Nichols. 2001. "The Not-So-Simple Economics (and Politics) of Medicare Reform." in Huizhong Zhou (ed.) *The Political Economy of Health Care Reforms* (Kalamazoo, MI: W.E. Upjohn Institute for Employment Research): excerpt: read pages 9 - 13.

David M. Cutler. 2000. "Walking the Tightrope on Medicare Reform." *Journal of Economic Perspectives* 14(2) Spring: 45-56.

\*Mark McClellan. 2000. "Medicare Reform: Fundamental Problems, Incremental Steps." *Journal of Economic Perspectives*. 14 (2): 21-44.

## **VII. The Market for Long-Term Care Insurance (Week 13)**

Brown, J. R. and A. Finkelstein. 2011. "Insuring Long-Term Care in the United States." *Journal of Economic Perspectives* 25(4): 119-142.

## **POLICY EVALUATION #3 TO BE DISTRIBUTED – DUE IN TWO WEEKS.**

## **VIII. Reform of the U.S. Health Care System (Week 14)**

### ***a. Massachusetts as a Model for U.S. Health Reform***

Center for American Progress. Myth vs. Fact: Health Care Reform in Massachusetts. April, 2011.

Papers by Levy, Long et al., and Miller on Massachusetts Health Reform, 49(4) Winter 2012/2013.

### ***b. National Health Reform: The Patient Protection and Affordable Care Act.***

Morrisey text: Chapter 2.

\*Kaiser Family Foundation. Summary of the New Health Law. Available at <http://www.kff.org/healthreform/upload/8061.pdf>

c. Some assessments:

New York Times. February 5, 2017. "Grading Obamacare: Successes, Failures, and Incompletes." <https://www.nytimes.com/2017/02/05/upshot/grading-obamacare-successes-failures-and-incompletes.html>

Center of Budget and Policy Priorities. March 19, 2019. *Chart Book: Accomplishments of Affordable Care Act*.  
<https://www.cbpp.org/research/health/chart-book-accomplishments-of-affordable-care-act>

\*Barack Obama. "United States Health Reform: Progress to Date and Next Steps." *JAMA* July 11, 2016.

Benjamin D. Sommers, Genevieve M. Kenney, and Arnold M. Epstein. 2014. "New Evidence On The Affordable Care Act: Coverage Impacts Of Early Medicaid Expansions." *Health Affairs*, 33, no.1 (2014):78-87

d. *An ACA Alternative: Should the US adopt a single-payer health insurance system?*

Victor R. Fuchs. "Is Single-Payer the Answer for the US Health Care System?" *JAMA*, 319(1), January 2, 2018.

Paul Starr. "A New Strategy for Health Care." *The American Prospect*. January 4, 2018.  
Available at:  
<http://prospect.org/article/new-strategy-health-care>

**On-line 30 assignments:**

- **KHN Morning Briefing** (available at <https://khn.org/latest-morning-briefing/>).

**Competencies for section I: A, B, C, D & E.**  
**Assessed by Final Exam.**

**Course Schedule:** Listed above

**Learning Management System:** Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support ([help@canvas.rutgers.edu](mailto:help@canvas.rutgers.edu)). Canvas is accessible at [canvas.rutgers.edu](https://canvas.rutgers.edu).

**School of Public Health Honor Code:** The School of Public Health Honor Code is found in the School Catalog ([sph.rutgers.edu/academics/catalog.html](https://sph.rutgers.edu/academics/catalog.html)). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to

maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

**Students with Disabilities:** Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at [ods.rutgers.edu](https://ods.rutgers.edu). The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

**Commitment to Safe Learning Environment:** The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

**Reporting Discrimination or Harassment:** If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health's [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School's [Office of Student Affairs](#). The School strongly encourages all students to report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

**Graduate Student Computer Policy:** Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: [sph.rutgers.edu/student-life/computer-support.html](https://sph.rutgers.edu/student-life/computer-support.html)

**Policy Concerning Use of Recording Devices and Other Electronic Communications Systems:** When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.



**Policy Concerning Use of Turnitin:** Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

**Withdrawal/Refund Schedule:** Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: [sph.rutgers.edu/academics/academic-calendar.html](http://sph.rutgers.edu/academics/academic-calendar.html)