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Law, Explanation and Analysis of the Patient Protection and Affordable Care Act CCH Incorporated 2010-01-01 The One Resource That Explains EVERY Provision of the Single Most Sweeping Piece of Legislation in 50 Years! CCH's Law, Explanation and Analysis of the Patient Protection and Affordable Care Act, Including Reconciliation Act Impact provides employers, legal, legislative, health, and insurance professionals with comprehensive explanation and analysis of every aspect of health care reform legislation. The information is crucial, current, and reliable and offers complete, clear and practical guidance on every provision. This is one of the most high-impact pieces of legislation passed in decades. Taken together, the laws are over 2,800 pages long. Many hundreds of changes are made to existing laws and-over 600 changes to the Social Security Act alone (which contains all of the Medicare and Medicaid law), including almost 50 newly added provisions. Other laws affected include the Employee Retirement Income and Security Act (ERISA), the Public Health Service Act, the Internal Revenue Code, and even the Fair Labor Standards Act, among others. Law, Explanation and Analysis of the Patient Protection and Affordable Care Act, Including Reconciliation Act Impact include

contains almost 500 expert explanations telling you what all those law changes mean. Only Law, Explanation and Analysis of the Patient Protection and Affordable Care Act, Including Reconciliation Act Impact includes: An editorially enhanced version of the Patient Protection and Affordable Care Act that integrates in place changes made to it by the Reconciliation Act of 2010 and Title X amendments Text of the Joint Committee on Taxation report that provides background information on the revenue-related provisions of the laws Finding devices to help navigate between analysis and official text Caution notes The legislation contains the most significant health care changes in decades. Topics covered include the following: For employers: Enhanced employer responsibility Insurance market reforms Health insurance exchanges Individual responsibility mandate For health providers and beneficiaries: Expanded eligibility rules for Medicaid and the Children's Health Insurance Program Reimbursement changes for physicians and hospitals to focus on primary and preventive care Reimbursement changes for hospitals to increase coverage in rural areas Expansion of existing value-based purchasing and quality programs EXCLUSIVE ONLINE FEATURE! With your purchase of the book,

you'll receive access to a special website that gives you access to SSA, ERISA, and IRC provisions amended by the Patient Protection and Affordable Care Act and the Reconciliation Act of 2010, as well as other valuable Health Care Reform information and resources. Full text of both Acts will also be provided on this exclusive website.

Justice and Profit in Health Care Law

Sabrina Germain 2019-03-21 The issue of justice in the field of health care is becoming more central with concerns over access, cost and provision. Obamacare in the United States and the Health and Social Care Act 2012 in the United Kingdom are key examples illustrating the increasing pressure put on governments to find just and equitable solutions to the problem of health care provision. Justice and Profit in Health Care Law explores the influence of justice principles on the elaboration of laws reforming health care systems. By examining the role played by key for-profit stakeholders (doctors, employers and insurers), it tracks the evolution of distributive norms for the allocation of health care resources in western welfare states. Essentially, this book sheds light on the place given to justice in the health care law-making process in order to understand the place we wish to give these principles in future health care reforms.

PPACA Implementation Failures United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Health 2014

Online Applications for Medicaid And/or CHIP 2011 One key component of the Affordable Care Act is the creation of integrated and coordinated eligibility processes for Medicaid, CHIP, and Exchange coverage that are supported by technology. As part of these processes, states will be required to provide a single application that individuals can use to apply for these programs that is available in multiple formats, including online. Online applications offer a number of potential advantages relative to paper applications. They can minimize burdens on individuals and lead to increased enrollment by making

the application available on a 24/7 basis, enabling faster or real-time eligibility determinations, and streamlining and simplifying the application process. States can also benefit from online applications through reduced administrative burdens and increased accuracy and efficiency. However, the extent to which an online application realizes these advantages depends on its structure and capabilities. This analysis provides an overview of current online applications for Medicaid and/or CHIP and examines the extent to which they incorporate features that streamline and simplify the enrollment process for individuals.

Care Without Coverage Institute of Medicine 2002-05-20 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. *Advanced Data Analytics in Health* Philippe J. Giabbanelli 2018-04-20 This book introduces readers to the methods, types of data, and scale of analysis used in the context of health. The challenges of working with big data are explored throughout the book, while the benefits are also emphasized through the discoveries made

possible by linking large datasets. Methods include thorough case studies from statistics, as well as the newest facets of data analytics: data visualization, modeling and simulation, and machine learning. The diversity of datasets is illustrated through chapters on networked data, image processing, and text, in addition to typical structured numerical datasets. While the methods, types of data, and scale have been individually covered elsewhere, by bringing them all together under one “umbrella” the book highlights synergies, while also helping scholars fluidly switch between tools as needed. New challenges and emerging frontiers are also discussed, helping scholars grasp how methods will need to change in response to the latest challenges in health.

The Future of Nursing Institute of Medicine 2011-02-08 The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and

knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2015 United States.

Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies 2014

The Affordable Care Act Decision Fritz Allhoff 2014-02-18 Interest in NFIB v. Sebelius has been extraordinarily high, from as soon as the legislation was passed, through lower court rulings, the Supreme Court's grant of certiorari, and the decision itself, both for its substantive holdings and the purported behind-the-scene dynamics. Legal blogs exploded with analysis, bioethicists opined on our collective responsibilities, and philosophers tackled concepts like 'coercion' and the activity/inactivity distinction. This volume aims to bring together scholars from disparate fields to analyze various features of the decision. It comprises over twenty essays from a range of academic disciplines, namely law, philosophy, and political science. Essays are divided into five units: context and history, analyzing the opinions, individual liberty, Medicaid, and future implications.

Affordable Care Act Kayla Murdock 2012-11-13 Research Paper (undergraduate) from the year 2012 in the subject Politics - International Politics - Region: USA, grade: 98.00, , language: English, abstract: The following report explains how Hispanic families, mainly the children, are affected by being uninsured and how the Patient Protection and Affordable Health Care Act will affect them. The Hispanic population has consistently grown in the United States for the past several decades. With the unexpected rapid growth of the minority, several issues have risen including Hispanic families and children being uninsured or underinsured for healthcare. Statistics show millions of

children are underinsured, an alarming 31 percent of those being Hispanic (Flores, Olson, Tomany-Korman, 2004). To correct the problem, along with many other concerns, President Obama signed the Patient Protection and Affordable Care Act of 2010. The law was put into place to correct the health care system that the United States previously had. It is a health care reform that requires every individual to carry some form of insurance by 2014. The report will list my recommendations on how to make the Patient Protection and Affordable Health Care Act a perfect fit for Hispanic families and children that are below the poverty line in America. The recommendations will have a description, rationale, information on how to implement the program, and an evaluation of the Affordable Care Act as a whole. Some of the recommendations include: building a community based agency to ensure that Hispanics understand and utilize every service available to them to obtain insurance, to provide a program for individuals with pre-existing conditions that were denied medical coverage before the Affordable Care Act passed, and an emergency room visit cap for those who tend to abuse the system. The final evaluation will sum up the entire paper, and mention why I feel the Patient Protection and Affordable Care Act is a suitable choice for the United States healthcare system reform.

The Effects of the Affordable Care Act on Health Insurance Coverage and Labor Market Outcomes M. Duggan 2019 The Affordable Care Act (ACA) includes several provisions designed to expand health insurance coverage that also alter the tie between employment and health insurance. In this paper, the authors exploit variation across geographic areas in the potential impact of the ACA to estimate its effect on health insurance and labour market outcomes in its first four years. The authors' findings indicate that approximately 70 percent of the increase in health insurance coverage since 2013 is due to the ACA. The authors also find that these increases in

health insurance coverage did not result in statistically significant changes in labour market outcomes.

Moral Hazard in Health Insurance Amy Finkelstein 2014-12-02 Addressing the challenge of covering health care expenses—while minimizing economic risks. Moral hazard—the tendency to change behavior when the cost of that behavior will be borne by others—is a particularly tricky question when considering health care. Kenneth J. Arrow's seminal 1963 paper on this topic (included in this volume) was one of the first to explore the implication of moral hazard for health care, and Amy Finkelstein—recognized as one of the world's foremost experts on the topic—here examines this issue in the context of contemporary American health care policy. Drawing on research from both the original RAND Health Insurance Experiment and her own research, including a 2008 Health Insurance Experiment in Oregon, Finkelstein presents compelling evidence that health insurance does indeed affect medical spending and encourages policy solutions that acknowledge and account for this. The volume also features commentaries and insights from other renowned economists, including an introduction by Joseph P. Newhouse that provides context for the discussion, a commentary from Jonathan Gruber that considers provider-side moral hazard, and reflections from Joseph E. Stiglitz and Kenneth J. Arrow. “Reads like a fireside chat among a group of distinguished, articulate health economists.” —Choice

The Affordable Care Act Tamara Thompson 2014-12-02 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.

Examining Obamacare's Failures in Security, Accountability, and Transparency United States. Congress. House. Committee on Oversight and Government Reform 2015
Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2016 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies 2015

The Impacts of the Affordable Care Act on Preparedness Resources and Programs Institute of Medicine (U.S.).

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

might impact medical and public health preparedness programs across the nation. This report discusses challenges and benefits of the Affordable Care Act to disaster preparedness and response efforts around the country and considers how changes to payment and reimbursement models will present opportunities and challenges to strengthen disaster preparedness and response capacities."-- Publisher's description.

Affordable Health Care Singapore 1993
Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2015: Oversight hearing: Public Health Emergency Medical Countermeasure Enterprise; U.S. Department of Health and Human Services: Budget hearing: future of biomedical research United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies 2014
Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-expansion States Charles Courtemanche 2016 The Affordable Care Act (ACA) aimed to achieve nearly universal health insurance coverage in the United States through a combination of insurance market reforms, mandates, subsidies, health insurance exchanges, and Medicaid expansions, most of which took effect in 2014. This paper estimates the causal effects of the ACA on health insurance coverage using data from the American Community Survey. We utilize difference-in-difference-in-differences models that exploit cross-sectional variation in the intensity of treatment arising from state participation in the Medicaid expansion and local area pre-ACA uninsured rates. This strategy allows us to identify the effects of the ACA in both Medicaid expansion and non-expansion states. Our preferred specification suggests that, at the average pre-treatment uninsured rate, the full ACA increased the proportion of residents with insurance by 5.9 percentage points compared to 3.0 percentage points in states that did not

expand Medicaid. Private insurance expansions from the ACA were due to increases in both employer-provided and non-group coverage. The coverage gains from the full ACA were largest for those with incomes below the Medicaid eligibility threshold, non-whites, young adults, and unmarried individuals. We find some evidence that the Medicaid expansion partially crowded out private coverage among low-income individuals.

Medical Education and Ethics: Concepts, Methodologies, Tools, and Applications Management Association, Information Resources 2016-09-27 As the healthcare industry continues to expand, a higher volume of new professionals must be integrated into the field. Providing these professionals with a quality education will likewise ensure the further progress and advancements in the medical field. Medical Education and Ethics: Concepts, Methodologies, Tools, and Applications presents a compendium of contemporary research on the educational practices and ethical considerations in the medical industry. This multi-volume work contains pedagogical frameworks, emerging trends, case studies, and technological innovations essential for optimizing medical education initiatives. This comprehensive publication is a pivotal resource for medical professionals, upper-level students, researchers, and practitioners.

Health Literacy and Numeracy Institute of Medicine 2014-07-17 Although health literacy is commonly defined as an individual trait, it does not depend on the skills of individuals alone. Health literacy is the product of the interaction between individuals' capacities and the health literacy-related demands and complexities of the health care system. Specifically, the ability to understand, evaluate, and use numbers is important to making informed health care choices. Health Literacy and Numeracy is the summary of a workshop convened by The Institute of Medicine Roundtable on Health Literacy in July 2013 to discuss topics related to numeracy, including the effects of ill health on

cognitive capacity, issues with communication of health information to the public, and communicating numeric information for decision making. This report includes a paper commissioned by the Roundtable, "Numeracy and the Affordable Care Act: Opportunities and Challenges," that discusses research findings about people's numeracy skill levels; the kinds of numeracy skills that are needed to select a health plan, choose treatments, and understand medication instructions; and how providers should communicate with those with low numeracy skills. The paper was featured in the workshop and served as the basis of discussion.

Model Rules of Professional Conduct American Bar Association. House of Delegates 2007 The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

Health Care Reform Jonathan Gruber 2011-12-20 "A graphic explanation of the PPACA act"--Provided by publisher.

Delivering Better Health Care Value to Consumers United States. Congress. Senate. Committee on Commerce, Science, and Transportation 2014

Health Insurance Today - E-Book Janet I. Beik 2014-08-06 With an emphasis on preparing and filing claims electronically, Health Insurance Today, 4th Edition features completely updated content on ICD-10 coding, ARRA, HI-TECH, Version 5010, electronic health records, the Health Insurance Reform Act, and more. The

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

Medicaid Eligibility Quality Control United States. Social and Rehabilitation Service 1975

Understanding Consumer Health Insurance Decision-Making Under the Affordable Care Act Petra Willis Rasmussen 2020 Following the implementation of the Affordable Care Act (ACA), millions of Americans have

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

participants had higher predicted probabilities of consistently choosing the higher quality, more expensive plan. However, a significant portion of the study population made poor decisions: more than a third of participants chose a dominated plan at least once. The less numerate, those with higher risk-seeking tendencies, and those with low health insurance literacy had the highest predicted probabilities of choosing poorly. The second experiment also found that individuals are more likely to choose a dominated plan when the quality star ratings are similar across plans. The second and third papers use data from California's health insurance marketplace, Covered California, to examine consumer behavior following the implementation of silver loading in 2018. Silver loading is a policy California and other states put into place after the cancellation of federal funding for a set of subsidies included in the ACA that reduce the amount of cost-sharing required by low-income enrollees in silver tier marketplace plans, known as cost-sharing reductions (CSRs). Silver loading placed the cost of providing CSRs in the absence of federal funding onto the premiums of silver plans, subsequently raising premium subsidies which are tied to the cost of silver coverage. The second paper focuses on enrollment in silver plans that became dominated because of silver loading. This paper looks at enrollment in these plans over time (both before and after they became dominated) and by enrollees' prior year enrollment decisions to examine differences in enrollment by pre-existing biases regarding metal tier labeling and the potential role of status quo bias. Overall, more than 60,000 Californians enrolled in a dominated plan in 2018 and, on average, households enrolled in dominated plans in 2018 spent an additional \$38.87 per month in premiums. Households that were enrolled in silver coverage in the year before the examined silver plans became dominated had the highest predicted probability of enrolling in a dominated plan in 2018. The third paper examines Covered California consumers' decisions to switch health plans

during open enrollment over the first four open enrollment periods where individuals could renew their coverage (2015-2018). Under the ACA, switching rates in the individual market have been much higher than those previously seen in other markets. Looking at re-enrollees in Covered California, this paper provides data on consumer switching behavior over time and identifies the consumer, plan, and choice environment characteristics associated with consumers' decisions to change their coverage during open enrollment. The percentage of re-enrollees in Covered California who made changes to their coverage steadily increased between the 2014-15 and 2017-18 open enrollment periods. Following the implementation of silver loading the proportion of consumers who moved into gold plans during the 2017-18 open enrollment period drastically increased, compared to previous years. Among bronze or silver plan enrollees who switched metal tiers during open enrollment, those who could enroll in gold plans that were no more than \$49 per month more expensive than their initial bronze or silver plan had a significantly higher probability of switching into gold coverage than those who faced larger premium differences. The results of this dissertation identify several consumer, health plan, and choice environment characteristics that can influence consumer health insurance decision-making. Policymakers and marketplace regulators can use this work to help inform the decisions they make around marketplace choice architecture, policies aimed at retaining enrollees and recruiting new consumers, and decisions about re-enrollment for consumers who do not actively renew their coverage during annual re-enrollment periods.

Investing in the Health and Well-Being of Young Adults National Research Council 2015-01-27 Young adulthood - ages approximately 18 to 26 - is a critical period of development with long-lasting implications for a person's economic security, health and well-being. Young

adults are key contributors to the nation's workforce and military services and, since many are parents, to the healthy development of the next generation. Although 'millennials' have received attention in the popular media in recent years, young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the nation is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today's young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large. Investing in The Health and Well-Being of Young Adults describes what is meant by the term young adulthood, who young adults are, what they are doing, and what they need. This study recommends actions that nonprofit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults. Investing in The Health and Well-Being of Young Adults makes the case that increased efforts to improve high school and college graduate rates and education and workforce development systems that are more closely tied to high-demand economic sectors will help this age group achieve greater opportunity and success. The report also discusses the health status of young adults and makes recommendations to develop evidence-based practices for young adults for medical and behavioral health, including preventions. What happens during the young adult years has profound implications for the rest of the life course, and the stability and progress of society at large

depends on how any cohort of young adults fares as a whole. Investing in The Health and Well-Being of Young Adults will provide a roadmap to improving outcomes for this age group as they transition from adolescence to adulthood.

Section 1557 of the Affordable Care Act

American Dental Association 2017-05-24 Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

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

Mark Gregory Duggan 2017 The Affordable Care Act (ACA) includes several provisions designed to expand insurance coverage that also alter the tie between employment and health insurance. In this paper, we exploit variation across geographic areas in the potential impact of the ACA to estimate its effect on health insurance coverage and labor market outcomes in the first two years after the implementation of its main features. Our measures of potential ACA impact come from pre-existing population shares of uninsured individuals within income groups that were targeted by Medicaid expansions and federal subsidies for private health insurance, interacted with each state's Medicaid expansion status. Our findings indicate that the majority of the increase in health insurance coverage since 2013 is due to the ACA and that areas in which the potential Medicaid and exchange enrollments were higher saw substantially larger increases in coverage. While labor market outcomes in the aggregate were not significantly affected, our results indicate that labor force participation reductions in areas with higher potential exchange enrollment were offset by increases in labor force participation in areas with higher potential Medicaid enrollment

PPACA Pulse Check, Serial No. 113-78, August 1, 2013, 113-1 Hearing 2014

Health Literacy Implications for Health Care Reform Institute of Medicine 2011-07-20 Health literacy is the degree to which one can understand and make decisions based on health information. Nearly 90 million adults in the United States have limited health literacy. While poor health literacy spans all demographics, rates of low health literacy are disproportionately higher among those with lower socioeconomic status, limited education, or limited English proficiency, as well as among the elderly and individuals with mental or physical disabilities. Studies have shown that there is a correlation between low health literacy and poor health outcomes. In 2010, President Obama signed the Affordable Care Act designed to extend access to health care coverage to millions of Americans who have been previously uninsured. Many of the newly eligible individuals who should benefit most from the ACA, however, are least prepared to realize those benefits as a result of low health literacy. They will face significant challenges understanding what coverage they are eligible for under the ACA, making informed choices about the best options for themselves and their families, and completing the enrollment process. *Health Literacy Implications for Health Care Reform* explores opportunities to advance health literacy in association with the implementation of health care reform. The report focuses on building partnerships to advance the field of health literacy by translating research findings into practical strategies for implementation, and on educating the public, press, and policymakers regarding issues of health literacy.

Public Health and Welfare: Concepts, Methodologies, Tools, and Applications Management Association, Information Resources 2016-09-12 The prevention and treatment of diseases is a primary concern for any nation in modern society. To maintain an effective public health system, procedures and infrastructure must be analyzed and enhanced accordingly. **Public Health and Welfare: Concepts, Methodologies, Tools, and Applications**

provides a comprehensive overview of the latest research perspectives on public health initiatives and promotion efforts. Highlighting critical analyses and emerging innovations on an international scale, this book is a pivotal reference source for professionals, researchers, academics, practitioners, and students interested in the improvement of public health infrastructures.

Brookings Papers on Economic Activity:

Fall 2019 Janice Eberly 2020-08-25 Brookings Papers on Economic Activity (BPEA) provides academic and business economists, government officials, and members of the financial and business communities with timely research on current economic issues. Contents: All Medicaid Expansions Are Not Created Equal: The Geography and Targeting of the Affordable Care Act Craig Garthwaite, John Graves, Tal Gross, Zeynal Karaca, Victoria Marone, and Matthew J. Notowidigdo Policies and Payoffs to Addressing America's College Graduation Deficit Christopher Avery, Jessica Howell, Matea Pender, and Bruce Sacerdote The Optimal Inflation Target and the Natural Rate of Interest Philippe Andrade, Jordi Galí, Hervé Le Bihan, and Julien Matheron Inflation Dynamics: Dead, Dormant, or Determined Abroad? Kristen J. Forbes Macri's Macro: The Elusive Road to Stability and Growth Federico Sturzenegger Progressive Wealth Taxation Emmanuel Saez and Gabriel Zucman

Health Insurance Exchanges United States. Congress. Senate. Committee on Finance 2015

Federal Register 2014

Obamacare Implementation United States. Congress. House. Committee on Oversight and Government Reform 2014

The Affordable Health Care Act (ObamaCare) and the Concept of Universal Healthcare Patrick Kimuyu 2017-11-28 Research Paper (postgraduate) from the year 2016 in the subject Medicine - Public Health, grade: 1, Egerton University, language: English, abstract: Healthcare reforms in the United States have always been faced with challenges, ranging from

the drafting of the concerned policies to their implementation. This is probably the reason as to why the U.S healthcare system has never attained remarkable sustainability, especially through the elimination of health inequalities with the population. However, ObamaCare has attracted unprecedented political criticism, owing to its cost consequences. Therefore, this paper will provide an overview of the U.S context, in which the Affordable Care Act has attracted political criticism. It will also present the methods used to analyze different perspectives of the issue in regard to political narrative strategies, in which the dominant perspective will discuss the concept on universal healthcare as a reliable public policy.

Tax Policy and the Economy Jeffrey R. Brown 2016-01-20 The papers in Volume 29 of Tax Policy and the Economy illustrate the depth and breadth of the taxation-related research by NBER research associates, both in terms of methodological approach and in terms of topics. In the first paper, former NBER President Martin Feldstein estimates how much revenue the federal government could raise by limiting tax expenditures in various ways, such as capping deductions and exclusions. The second paper, by George Bulman and Caroline Hoxby, makes use of a substantial expansion in the availability of education tax credits in 2009 to study whether tax credits have a

significant causal effect on college attendance and related outcomes. In the third paper, Casey Mulligan discusses how the Affordable Care Act (ACA) introduces or expands taxes on income and on full-time employment. In the fourth paper, Bradley Heim, Ithai Lurie, and Kosali Simon focus on the “young adult” provision of the ACA that allows young adults to be covered by their parents’ insurance policies. They find no meaningful effects of this provision on labor market outcomes. The fifth paper, by Louis Kaplow, identifies some of the key conceptual challenges to analyzing social insurance policies, such as Social Security, in a context where shortsighted individuals fail to save adequately for their retirement. Federal Regulatory Directory CQ Press, 2015-10-09 The Federal Regulatory Directory, Seventeenth Edition continues to offer a clear path through the maze of complex federal agencies and regulations, providing to-the-point analysis of regulations. Information-packed profiles of more than 100 federal agencies and departments detail the history, structure, purpose, actions, and key contacts for every regulatory agency in the U.S. government. Now updated with an improved searching structure, the Federal Regulatory Directory continues to be the leading reference for understanding federal regulations, providing a richer, more targeted exploration than is possible by cobbling together electronic and print sources.