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WEB-EXCLUSIVE CONTENTS

w991 **Understanding The Current Population Survey's Insurance Estimates And The Medicaid 'Undercount'** *Jacob A. Klerman, Michael Davern, Kathleen Thiede Call, Victoria Lynch, and Jeanne D. Ringel*

ABSTRACT: The widely cited Census Bureau estimates of the number of uninsured people, based on the Current Population Survey, probably overstate the number of uninsured people. This is because of a Medicaid "undercount": Fewer people report to survey takers that they're covered by Medicaid than program administrative data show are enrolled. Our study finds that the undercount can be explained by the inability of people to recall their insurance status accurately from the previous year. We suggest that other data sources, such as Census's American Community Survey, should be studied to determine whether they would provide better estimates of the uninsured *(published online 10 September 2009; 10.1377/hlthaff.28.6.w991)*.

w1102 Job-Based Health Insurance: Costs Climb At A Moderate Pace
Gary Claxton, Bianca DiJulio, Heidi Whitmore, Jeremy Pickreign, Megan McHugh, Benjamin Finder, and Awo Osei-Anto

ABSTRACT: Each year the Kaiser/HRET Survey of Employer Health Benefits takes a snapshot of the state of employee benefits in the United States, based on interviews with public and private employers. Our findings for 2009 show that families continue to face higher premiums, up about 5 percent from last year, and that cost sharing in the form of deductibles and copayments for office visits is greater as well. Average annual premiums in 2009 were $4,824 for single coverage and $13,375 for family coverage. Enrollment in high-deductible health plans held steady. We offer new insights about health risk assessments and how firms responded to the economic downturn *(published online 15 September 2009; 10.1377/hlthaff.28.6.w1002)*.

w1013 How A New "Public Plan" Could Affect Hospitals' Finances And Private Insurance Premiums *Allen Dobson, Joan E. DaVanzo, Audrey M. El-Gamil, and Gregory Berger*

ABSTRACT: Two key health reform bills in the House of Representatives and Senate include the option of a "public plan" as an additional source of health coverage. At least initially, the plan would primarily be structured to cover many of the uninsured and those who now have individual coverage. Because it is possible, and perhaps even likely, that this new public payer would pay less than private payers for the same services, such a plan could negatively affect hospital margins. Hospitals may attempt to recoup losses by shifting costs to private payers. We outline the financial pressures that hospitals and private payers could experience under various assumptions. High uninsured enrollment in a public plan would bolster hospital margins; however, this effect is reversed if the privately insured enter a public plan in large proportions, potentially stressing the hospital industry and increasing private insurance premiums *(published online 15 September 2009; 10.1377/hlthaff.28.6.w1013)*.

w1025 Containing Costs And Improving Care For Children In Medicaid And CHIP *Genevieve M. Kenney, Joel Ruhter, and Thomas M. Selden*

ABSTRACT: The current health reform debate is greatly concerned with "bending the curve" of cost growth and containing costs, particularly in public programs. Our research demonstrates that spending in Medicaid and the Children's Health Insurance Program (CHIP) is highly concentrated, particularly among children with chronic health problems. Ten percent of enrollees (two-thirds of whom have a chronic condition) account for 72 percent of the spending; 30 percent of enrolled children receive little or no care. These results highlight the importance of cost containment strategies that reduce avoidable hospitalizations among children with chronic problems and policies that increase preventive care, particularly among African American children *(published online 17 September 2009; 10.1377/hlthaff.28.6.w1025)*.

Tributes To Senator Edward M. Kennedy

w1037 Portrait Of A Policy And Political Entrepreneur *David Blumenthal* *(published online 17 September 2009; 10.1377/hlthaff.28.6.w1037)*

w1040 Senator Edward M. Kennedy: The Master Legislative Craftsman *David Nexon (published online 17 September 2009; 10.1377/hlthaff.28.6.w1040)*

w1049 Senator Edward M. Kennedy: Making Common Cause With Adversaries While Committed To Health Reform *Theodore R. Marmor* *(published online 17 September 2009; 10.1377/hlthaff.28.6.w1049)*

w1052 The Dangerous Shortage Of Domestic Violence Services
Radha Iyengar and Lindsay Sabik

ABSTRACT: Domestic violence is a serious, preventable health problem affecting more than thirty million Americans annually, yet little is known about federally funded service provision. We used the National Census of Domestic Violence Services, an innovative victim-safety focused survey, to count services provided by more than 2,000 programs. During the twenty-four-hour survey period, 48,350 people used these services. The results show substantial unmet demand for services (10 percent of requests) because of resource constraints, particularly in rural, economically disadvantaged, and minority communities. Greater funding of domestic violence programs, particularly housing support, is likely to be a cost-effective public health investment *(published online 22 September 2009; 10.1377/hlthaff.28.6.w1052)*.

w1066 Closing The Schools: Lessons From The 1918–19 U.S. Influenza Pandemic *Alexandra M. Stern, Martin S. Cetron, and Howard Markel*

ABSTRACT: When the novel strain of A/H1N1 influenza first appeared in spring 2009, closing schools was initially a common and often challenging strategy implemented in many communities. Arguments for and against closing schools are likely to arise anew if influenza spikes in the fall of 2009. Policymakers and community officials considering this and other nonpharmaceutical responses can learn from the experiences of ninety-one years ago, during the 1918–19 influenza pandemic that killed thousands of Americans. Analysis of the school closure policies of forty-three U.S. cities during that pandemic shows that smooth implementation was associated with clear lines of authority among agencies and with transparent communication between health officials and the public *(published online 29 September 2009; 10.1377/hlthaff.28.6.w1066)*.

w1079 Massachusetts Health Reform: Employer Coverage From Employees' Perspective *Sharon K. Long and Karen Stockley*

ABSTRACT: The national health reform debate continues to draw on Massachusetts' 2006 reform initiative, with a focus on sustaining employer-sponsored insurance. This study provides an update on employers' responses under health reform in fall 2008, using data from surveys of working-age adults. Results show that concerns about

employers' dropping coverage or scaling back benefits under health reform have not been realized. Access to employer coverage has increased, as has the scope and quality of their coverage as assessed by workers. However, premiums and out-of-pocket costs have become more of an issue for employees in small firms *(published online 1 October 2009; 10.1377/hlthaff.28.6.w1079)*.

w1088 Zoning For Health? The Year-Old Ban On New Fast-Food Restaurants In South LA *Roland Sturm and Deborah A. Cohen*

ABSTRACT: A regulation banning new fast-food establishments for one year in Los Angeles, California, was passed unanimously by the city council in July 2008. It was motivated by health concerns and excessive obesity rates in South Los Angeles. However, it might not have had the impact that was intended. This paper reviews the empirical evidence for the regulation and whether it is likely to target the primary levers of obesity. We argue that the premises for the ban were questionable. For example, the density of fast-food chain restaurants per capita is actually higher in other parts of Los Angeles than in South LA. Other changes, such as menu calorie labeling, are likely to have a bigger impact on overweight and obesity *(published online 6 October 2009; 10.1377/hlthaff.28.6.w1088)*.

w1098 New York City's Fight Over Calorie Labeling *Thomas A. Farley, Anna Caffarelli, Mary T. Bassett, Lynn Silver, and Thomas R. Frieden*

ABSTRACT: In 2006, New York City's Health Department amended the city Health Code to require the posting of calorie counts by chain restaurants on menus, menu boards, and item tags. This was one element of the city's response to rising obesity rates. Drafting the rule involved many decisions that affected its impact and its legal viability. The restaurant industry argued against the rule and twice sued to prevent its implementation. An initial version of the rule was found to be preempted by federal law, but a revised version was implemented in January 2008. The experience shows that state and local health departments can use their existing authority over restaurants to combat obesity and, indirectly, chronic diseases *(published online 6 October 2009; 10.1377/hlthaff.28.6.w1098)*.

w1110 Calorie Labeling And Food Choices: A First Look At The Effects On Low-Income People In New York City *Brian Elbel, Rogan Kersh, Victoria L. Brescoll, and L. Beth Dixon*

ABSTRACT: We examined the influence of menu calorie labels on fast-food choices in the wake of New York City's labeling mandate. Receipts and survey responses were collected from 1,156 adults at fast-food restaurants in low-income, minority New York communities. These were compared to a sample in Newark, New Jersey, a city that had not introduced menu labeling. We found that 27.7 percent who saw calorie labeling in New York said the information influenced their choices. However, we did not detect a change in calories purchased after the

introduction of calorie labeling. We encourage more research on menu labeling and greater attention to evaluating and implementing other obesity-related policies *(published online 6 October 2009; 10.1377/hlthaff.28.6.w1110)*.

w1122 Adoption And Spread Of New Imaging Technology: A Case Study
Joseph A Ladapo, Jill R. Horwitz, Milton C. Weinstein, G. Scott Gazelle, and David M. Cutler

ABSTRACT: Technology is a major driver of health care costs. Hospitals are rapidly acquiring one new technology in particular: 64-slice computed tomography (CT), which can be used to image coronary arteries in search of blockages. We propose that it is more likely to be adopted by hospitals that treat cardiac patients, function in competitive markets, are reimbursed for the procedure, and have favorable operating margins. We find that early adoption is related to cardiac patient volume but also to operating margins. The paucity of evidence informing this technology's role in cardiac care suggests that its adoption by cardiac-oriented hospitals is premature. Further, adoption motivated by operating margins reinforces concerns about haphazard technology acquisition *(published online 13 October 2009; 10.1377/hlthaff.28.6.w1022)*.

w1133 Magnetic Resonance Imaging And Low Back Pain Care For Medicare Patients *Jacqueline D. Baras and Laurence C. Baker*

ABSTRACT: Magnetic resonance imaging (MRI) is a technology frequently used to evaluate low back pain, despite evidence that challenges the usefulness of routine MRI and the surgical interventions it may trigger. We analyze the relationship between MRI supply and care for fee-for-service Medicare patients with low back pain. We find that increases in MRI supply are related to higher use of both low back MRI and surgery. This is worrisome, and careful attention should be paid to assessing the outcomes for patients *(published online 13 October 2009; 10.1377/hlthaff.28.6.w1133)*.

w1144 Uninsured Adults With Chronic Conditions Or Disabilities: Gaps In Public Insurance Programs *Steven D. Pizer, Austin B. Frakt, and Lisa I. Iezzoni*

ABSTRACT: Among nonelderly U.S. adults (ages 25–61), uninsurance rates increased from 13.7 percent in 2000 to 16.0 percent in 2005. Despite the existence of public insurance programs, rates remained high for low-income people reporting serious health conditions (25 percent across years) or disabilities (15 percent). Residents of southern states had even higher rates (32 percent with health conditions, 22 percent with disabilities). Those who did not belong to a federally mandated Medicaid eligibility category were about twice as likely as others to be uninsured overall, and uninsurance among this group increased more rapidly over time. These regional and categorical differences reflect gaps in current

policy that pose challenges for incremental health reform *(published online 20 October 2009; 10.1377/hlthaffairs.28.6.w1144)*.

w1151 Hypertension, Diabetes, And Elevated Cholesterol Among Insured And Uninsured U.S. Adults *Andrew P. Wilper, Steffie Woolhandler, Karen E. Lasser, Danny McCormick, David H. Bor, and David U. Himmelstein*

ABSTRACT: In this paper we explore whether uninsured Americans with three chronic conditions were less likely than the insured to be aware of their illness or to have it controlled. Among those with diabetes and elevated cholesterol, the uninsured were more often undiagnosed. Among hypertensives and people with elevated cholesterol, the uninsured more often had uncontrolled conditions. Undiagnosed and uncontrolled chronic illness, which is common among insured people, is even more frequent among the uninsured *(published online 20 October 2009; 10.1377/hlthaff.28.6.w1151)*.

w1160 Evidence Of An Emerging Digital Divide Among Hospitals That Care For The Poor *Ashish K. Jha, Catherine DesRoches, Alexandra E. Shields, Paola D. Miralles, Jie Zheng, Sara Rosenbaum, and Eric G. Campbell*

ABSTRACT: Some hospitals that disproportionately care for poor patients are falling behind in adopting electronic health records (EHRs). Data from a national survey indicate early evidence of an emerging digital divide: U.S. hospitals that provide care to large numbers of poor patients also had minimal use of EHRs. These same hospitals lagged others in quality performance as well, but those with EHR systems seemed to have eliminated the quality gap. These findings suggest that adopting EHRs should be a major policy goal of health reform measures targeting hospitals that serve large populations of poor patients *(published online 26 October 2009; 10.1377/hlthaff.28.6.w1160)*.

w1171 Primary Care Physicians: Care Systems, Experiences, And Perspectives In Eleven Countries, 2009 *Cathy Schoen, Robin Osborn, Michelle M. Doty, David Squires, Jordon Peugh, and Sandra Applebaum (published online 5 November 2009; 10.1377/hlthaff.28.6.w1171)*