

How Medicaid Fails The Poor Encounter Broadsides

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.

WINNER: The 2018 McGannon Center Book Prize and shortlisted for the Goddard Riverside Stephan Russo Book Prize for Social Justice The New York Times Book Review: "Riveting." Naomi Klein: "This book is downright scary." Ethan Zuckerman, MIT: "Should be required reading." Dorothy Roberts, author of *Killing the Black Body*: "A must-read." Astra Taylor, author of *The People's Platform*: "The single most important book about technology you will read this year." Cory Doctorow: "Indispensable." A powerful investigative look at data-based discrimination—and how technology affects civil and human rights and economic equity The State of Indiana denies one million applications for healthcare, foodstamps and cash benefits in three years—because a new computer system interprets any mistake as “failure to cooperate.” In Los Angeles, an algorithm calculates the comparative vulnerability of tens of thousands of homeless people in order to prioritize them for an inadequate pool of housing resources. In Pittsburgh, a child welfare agency uses a statistical model to try to predict which children might be future victims of abuse or neglect. Since the dawn of the digital age, decision-making in finance, employment, politics, health and human services has undergone revolutionary change. Today, automated systems—rather than humans—control which neighborhoods get policed, which families attain needed resources, and who is investigated for fraud. While we all live under this new regime of data, the most invasive and punitive systems are aimed at the poor. In *Automating Inequality*, Virginia Eubanks systematically investigates the impacts of data mining, policy algorithms, and predictive risk models on poor and working-class people in America. The book is full of heart-wrenching and eye-opening stories, from a woman in Indiana whose benefits are literally cut off as she lays dying to a family in Pennsylvania in daily fear of losing their daughter because they fit a certain statistical profile. The U.S. has always used its most cutting-edge science and technology to contain, investigate, discipline and punish the destitute. Like the county poorhouse and scientific charity before them, digital tracking and automated decision-making hide poverty from the middle-class public and give the nation the ethical distance it needs to make inhumane choices: which families get food and which starve, who has housing and who remains homeless, and which families are broken up by the state. In the process, they weaken democracy and betray our most cherished national values. This deeply researched and passionate book could not be more timely.

Medicaid is the single largest public health insurer in the United States, covering upwards of 70 million Americans. Crucially, Medicaid is also an intergovernmental program that yokes poverty to federalism: the federal government determines its broad contours, while states have tremendous discretion over how Medicaid is designed and implemented. Where some locales are generous and open handed, others are tight-fisted and punitive. In *Fragmented Democracy*, Jamila Michener demonstrates the consequences of such disparities for democratic citizenship. Unpacking how federalism transforms Medicaid beneficiaries’ interpretations of government and structures their participation in politics, the book examines American democracy from the vantage point(s) of those who are living in or near poverty, (disproportionately) Black or Latino, and reliant on a federated government for vital resources.

One-in-seven adults and one-in-five children in the United States live in poverty. Individuals and families living in povertyËnot only lack basic, material necessities, but they are also disproportionately afflicted by many social and economic challenges. Some of these challenges include the increased possibility of an unstable home situation, inadequate education opportunities at all levels, and a high chance of crime and victimization. Given this growing social, economic, and political concern, The Hamilton Project at Brookings asked academic experts to develop policy proposals confronting the various challenges of America’s poorest citizens, and to introduce innovative approaches to addressing poverty.ËWhen combined, the scope and impact of these proposals has the potential to vastly improve the lives of the poor. The resulting 14 policy memos are included in *The Hamilton Project’s Policies to Address Poverty in America*. The main areas of focus include promoting early childhood development, supporting disadvantaged youth, building worker skills, and improving safety net and work support.

A Critical Analysis of Quality Improvement Strategies

The Failure of Health Care in Urban America

How Washington Is Destroying American Indians

Crossing the Quality Chasm

No Way Home

Medicaid, Federalism, and Unequal Politics

It's hard to imagine discussing welfare policy without discussing race, yet all too often this uncomfortable factor is avoided or simply ignored. Sometimes the relationship between welfare and race is treated as so self-evident as to need no further attention; equally often, race in the context of welfare is glossed over, lest it raise hard questions about racism in American society as a whole. Either way, ducking the issue misrepresents the facts and misleads the public and policy-makers alike. Many scholars have addressed specific aspects of this subject, but until now there has been no single integrated overview. *Race and the Politics of Welfare Reform* is designed to fill this need and provide a forum for a range of voices and perspectives that reaffirm the key role race has played--and continues to play--in our approach to poverty. The essays collected here offer a systematic, step-by-step approach to the issue. Part 1 traces the evolution of welfare from the 1930s to the sweeping Clinton-era reforms, providing a historical context within which to consider today's attitudes and strategies. Part 2 looks at media representation and public perception, observing, for instance, that although blacks accounted for only about one-third of America's poor from 1967 to 1992, they featured in nearly two-thirds of news stories on poverty, a bias inevitably reflected in public attitudes. Part 3 discusses public discourse, asking questions like "Whose voices get heard and why?" and "What does 'race' mean to different constituencies?" For although "old-fashioned" racism has been replaced by euphemism, many of the same underlying prejudices still drive welfare debates--and indeed are all the more pernicious for being unspoken. Part 4 examines policy choices and implementation, showing how even the best-intentioned reform often simply displaces institutional inequities to the individual level--bias exercised case by case but no less discriminatory in effect. Part 5 explores the effects of welfare reform and the implications of transferring policy-making to the states, where local politics and increasing use of referendum balloting introduce new, often unpredictable concerns. Finally, Frances Fox Piven's concluding commentary, "Why Welfare Is Racist," offers a provocative response to the views expressed in the pages that have gone before--intended not as a "last word" but rather as the opening argument in an ongoing, necessary, and newly envisioned national debate. Sanford Schram is Visiting Professor of Social Work and Social Research, Bryn Mawr Graduate School of Social Work and Social Research. Joe Soss teaches in the Department of Government at the Graduate school of Public Affairs, American University, Washington, D.C. Richard Fording is Associate Professor in the Department of Political Science, University of Kentucky.

America is embroiled in ideological conflict, with the opposing partisan bulwarks of the Left and the Right widening a chasm that threatens the unity of our Republic. The tumult in Washington has radiated into our universities, homes, and relationships — from constitutional threats; to the imposition on free speech; to a sprawling, unselected administrative state, America is at a tipping point. Fortunately, *Encounter's* Broadside and *Intelligence* series offer indispensable ammunition for intelligent debate on these critical issues of our time. With a staunch allegiance to the truth, these timely essays resurrect 18th-century pamphleteering to take on everything from the failures of the redistribution of wealth, to the twisting of Title IX, to the dangers of the increasingly unchecked media bias. *Saving the Republic*, a collection of *Encounter* interventions, is a necessary resource of critical thought and commonsense on how to safeguard the promise of America. *Saving the Republic* is edited by Roger Kimball with contributions from Jay Cost, Philip Hamburger, Mollie Ziegler Hemingway, David B. Kopel, Greg Lukianoff, Andrew C. McCarthy, Jared Meyer, James Piereson, Claudia Rosett, Avik Roy, Robert L. Shibley, Michael Walsh, and Kevin D. Williamson. Together these authors make the definitive case for liberty and democratic capitalism at a time when they are under siege from the resurgence of collectivist sentiment.

America is suffering from two public health crises. One is caused by a virus. The other, a brutal economic shutdown, is something we have brought on ourselves. Both the virus and the shutdown are deadly. But many more Americans will likely die from getting laid off than from the virus. The shutdown wasn't caused by the virus. It was a frantic response to America's unpreparedness. For more than two decades, a dozen official reports sounded the alarm. The career pols and federal bureaucrats did nothing. Message to Washington DC: No more commissions and televised hearings. It's time to act. In this incendiary *Encounter Broadside*, Betsy McCaughey shows how to battle the next pandemic without an economic shutdown, including technologies to make workplaces healthier, protections for hospital workers, and severing dependence on China for medical supplies. Despite the suffering, there's reason for optimism. America will be ready for the next pandemic.

A government takeover of the US health care system has never looked more plausible. Support for the idea is at an all-time high. Two-thirds of Democratic voters favor "single-payer" health care; even one in four Republicans is on board. In this *Broadside*, Sally C.

Pipes makes the case against single-payer by offering evidence of its devastating effects on patients in Canada, the United Kingdom, and even the United States. Long wait times, substandard care, lack of access to innovative treatments, huge public outlays, and spiraling costs are endemic to single-payer. Those are hardly outcomes we should consider foisting upon the American health care system.

The Disastrous Reality of Medicare for All

Beyond Rhetoric

The Next Pandemic

Mama Might Be Better Off Dead

How Social Science Fails the Poor

The Crisis of Homelessness and How to Fix It with Intelligence and Humanity

National Strategy for the COVID-19 Response and Pandemic Preparedness

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.

DIVA national and state-by-state history of public health options for the American poor./div

"[This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care," says Robert Pear of *The New York Times*. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics--from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care."The report makes a lasting contribution to the health policy literature."--*Journal of Health Politics, Policy and Law*.

The strengths and abilities children develop from infancy through adolescence are crucial for their physical, emotional, and cognitive growth, which in turn help them to achieve success in school and to become responsible, economically self-sufficient, and healthy adults. Capable, responsible, and healthy adults are clearly the foundation of a well-functioning and prosperous society, yet America's future is not as secure as it could be because millions of American children live in families with incomes below the poverty line. A wealth of evidence suggests that a lack of adequate economic resources for families with children compromises these children's ability to grow and achieve adult success, hurting them and the broader society. A *Roadmap to Reducing Child Poverty* reviews the research on linkages between child poverty and child well-being, and analyzes the poverty-reducing effects of major assistance programs directed at children and families. This report also provides policy and program recommendations for reducing the number of children living in poverty in the United States by half within 10 years.

The Fate of Freedom in the Age of the Administrative State

Fragmented Democracy

Strengthening Forensic Science in the United States

Investing in the Health and Well-Being of Young Adults

Health and Poverty

Effects of a Decade of Change

A Roadmap to Reducing Child Poverty

America's Health Care Safety Net explains how competition and cost issues in today's health care marketplace are posing major challenges to continued access to care for America's™s poor and uninsured. At a time when policymakers and providers are urgently seeking guidance, the committee recommends concrete strategies for maintaining the viability of the safety net--with innovative approaches to building public attention, developing better tools for tracking the problem, and designing effective interventions. This book examines the health care safety net from the perspectives of key providers and the populations they serve, including: Components of the safety net--public hospitals, community clinics, local health departments, and federal and state programs. Mounting pressures on the system--rising numbers of uninsured patients, decline in Medicaid eligibility due to welfare reform, increasing health care access barriers for minority and immigrant populations, and more. Specific consequences for providers and their patients from the competitive, managed care environment--detailing the evolution and impact of Medicaid managed care. Key issues highlighted in four populations--children with special needs, people with serious mental illness, people with HIV/AIDS, and the homeless.

Medicaid, originally considered an afterthought to Medicare, is today the largest health insurance provider in the United States. Under the Affordable Care Act, the Congressional Budget Office projects Medicaid enrollment to increase nearly 30 percent by 2024 and federal spending on the program to double over the next decade. For the states, Medicaid is already the largest single budget item, and its rapid growth threatens to further crowd out other spending priorities. In this collection of essays published by the Mercatus Center at George Mason University, nine experts discuss the escalating costs and consequences of a program that provides second-class health care at first-class costs. The authors begin with an explanation of Medicaid's complex state-federal funding structure. Next, they examine how the system's conflicting incentives discourage both cost savings and efficient care. The final chapters address the pros and cons of the most mainstream Medicaid reform proposals and offer alternative solutions. This book offers a timely assessment of how Medicaid works, its most problematic components, and how—or if—its current structure can be adequately reformed to provide quality care for those in need at sustainable costs. Contributors include: Joseph Antos, American Enterprise Institute Charles Blahous, Mercatus Center at George Mason University Darcy Nikol Bryan, MD, practicing physician James C. Capretta, Ethics and Public Policy Center Robert F. Graboyes, Mercatus Center at George Mason University June O'Neill, Baruch College, CUNY Nina Owcharenko, Heritage Foundation Thomas Miller, American Enterprise Institute

How Medicaid Fails the PoorEncounter Books

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. *The Future of the Public's Health in the 21st Century* reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation.

Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

The New Catastrophe : Hearing Before the Subcommittee on Health and Long-Term Care of the Select Committee on Aging, House of Representatives, One Hundred First Congress, First Session, November 2, 1989

The Effects of Not Expanding Medicaid

Poverty and the Myths of Health Care Reform

Race and the Politics of Welfare Reform

Affordable Care Act

The Economics of Medicaid

Saving the Republic

Medicaid, America's government-run health insurance program for the poor, should be a lifeline that provides needed health care to Americans with no other options. Surprisingly, however, it doesn't. The medical literature reveals a \$450 billion-a-year scandal: that people on Medicaid have far worse health outcomes than those with private insurance, and no better outcomes than those with no insurance at all. Why is this so? In *How Medicaid Fails the Poor*, Avik Roy explains how Medicaid's clumsy design and perverse incentives make it hard for people on Medicaid to get the medical care they need. Medicaid doesn't reimburse doctors or hospitals for the cost of caring for Medicaid enrollees, forcing many doctors to opt out of the program. The Affordable Care Act, otherwise known as Obamacare, doubles down on this broken system. Roy shows us that there are better ways, using private insurance, to provide needed care to our poorest citizens.

William M. Epstein charges that most current social welfare programs are not held to credible standards in their design or their results. Rather than spending less on such research and programs, however, Epstein suggests we should spend much more, and do the job right. The American public and policymakers need to rely on social science research for objective, credible information when trying to solve problems of employment, affordable housing, effective health care, and family integrity. But, Epstein contends, politicians treat welfare issues as ideological battlegrounds; they demand immediate results from questionable data and implement policies long before social researchers can complete their analyses. Social scientists often play into the political agenda, supporting poorly conceived programs and doing little to test and revise them. Analyzing Aid to Families with Dependent Children (AFDC) and the recent welfare reform act, Food Stamps, Medicaid, job training, social services, and other programs, Epstein systematically challenges the conservative's vain hope that neglect is therapeutic for the poor, as well as the liberal's conceit that a little bit of assistance is sufficient.

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilization as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

North Lawndale, a neighborhood that lies in the shadows of Chicago's Loop, is surrounded by some of the city's finest medical facilities. Yet, it is one of the sickest, most medically underserved communities in the country. *Mama Might Be Better Off Dead* immerses readers in the lives of four generations of a poor, African-American family in the neighborhood, who are beset with the devastating illnesses that are all too common in America's inner-cities. Headed by Jackie Banes, who oversees the care of a diabetic grandmother, a husband on kidney dialysis, an ailing father, and three children, the Banes family contends with countless medical crises. From visits to emergency rooms and dialysis units, to trials with home care, to struggles for Medicaid eligibility, Laurie Kaye Abraham chronicles their access—or more often, lack thereof—to medical care. Told sympathetically but without sentimentality, their story reveals an inadequate health care system that is further undermined by the direct and indirect effects of poverty. Both disturbing and illuminating, *Mama Might Be Better Off Dead* is an unsettling, profound look at the human face of health care in America. Published to great acclaim in 1993, the book in this new edition includes an incisive foreword by David Ansell, a physician who worked at Mt. Sinai Hospital, where much of the Banes family's narrative unfolds.

Coordinating Government Roles in Improving Health Care Quality

Assessing the Costs and Consequences

The False Promise of Single-Payer Health Care

January 2021

The Future of the Public's Health in the 21st Century

The New Trail of Tears

Automating Inequality

The ultimate guide for anyone wondering how President Joe Biden will respond to the COVID-19 pandemic—all his plans, goals, and executive orders in response to the coronavirus crisis. Shortly after being inaugurated as the 46th President of the United States, Joe Biden and his administration released this 200 page guide detailing his plans to respond to the coronavirus pandemic. The National Strategy for the COVID-19 Response and Pandemic Preparedness breaks down seven crucial goals of President Joe Biden's administration with regards to the coronavirus pandemic: 1. Restore trust with the American people. 2. Mount a safe, effective, and comprehensive vaccination campaign. 3. Mitigate spread through expanding masking, testing, data, treatments, health care workforce, and clear public health standards. 4. Immediately expand emergency relief and exercise the Defense Production Act. 5. Safely reopen schools, businesses, and travel while protecting workers. 6. Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines. 7. Restore U.S. leadership globally and build better preparedness for future threats. Each of these goals are explained and detailed in the book, with evidence about the current circumstances and how we got here, as well as plans and concrete steps to achieve each goal. Also included is the full text of the many Executive Orders that will be issued by President Biden to achieve each of these goals. The National Strategy for the COVID-19 Response and Pandemic Preparedness is required reading for anyone interested in or concerned about the COVID-19 pandemic and its effects on American society.

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

One of The Affordable Care Act (ACA) 's main goals is to increase access in the United States through insurance marketplace reforms, mandates, and Medicaid Expansion which started to take effect in 2014. Medicaid Expansion offered coverage and affordability to all citizens, primarily to those in poverty. States that did not expand Medicaid have gone through much scrutiny due to the lack of coverage to its citizens and the lack of compensation to the hospitals and providers. The 12 states that opted out of the ACA failed to provide an alternate medical coverage plan for their citizens. This literature review, through qualitative analysis, examined the socioeconomic, population health, and economic effects on hospitals in non-expansion states through contrasting the expansion and non-expansion of Medicaid through the country. iv The consequences of opting out contributed to poor population health in that people are hesitant to seek medical care for fear of incurring medical bills. Physicians and hospitals are in a bind because they must render medical attention, knowing that they will not get adequate funding to stay in business. The federal government purposefully withholds additional funding for Medicaid as an incentive to try and get the 12 states to adopt slow but steady progress. Additional policy efforts are needed to encourage non-expansion states to expand Medicaid.

The federal government operates six major health care programs that serve nearly 100 million Americans. Collectively, these programs significantly influence how health care is provided by the private sector. Leadership by Example explores how the federal government can leverage its unique position as regulator, purchaser, provider, and research sponsor to improve care - not only in these six programs but also throughout the nation's health care system. The book describes the federal programs and the populations they serve: Medicare (elderly), Medicaid (low income), SCHIP (children), VHA (veterans), TRICARE (individuals in the military and their dependents), and IHS (native Americans). It then examines the steps each program takes to assure and improve safety and quality of care. The Institute of Medicine proposes a national quality enhancement strategy focused on performance measurement of clinical quality and patient perceptions of care. The discussion on which this book focuses includes recommendations for developing and pilot-testing performance measures, creating an information infrastructure for comparing performance and disseminating results, and more. Leadership by Example also includes a proposed research agenda to support quality enhancement. The third in the series of books from the Quality of Health Care in America project, this well-targeted volume will be important to all readers of To Err Is Human and Crossing the Quality Chasm - as well as new readers interested in the federal government's role in health care.

A New American Agenda for Children and Families (Complete Report)

What's So Bad About Cronyism?

Poor People's Medicine

How Medicaid Fails the Poor

Welfare Reform

Hearing Before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives, Ninety-ninth Congress, Second Session, March 26, 1986

Too Little, Too Late

The definitive story of American health care today—its causes, consequences, and confusions In March 2010, the Affordable Care Act was signed into law. It was the most extensive reform of America's health care system since at least the creation of Medicare in 1965, and maybe ever. The ACA was controversial and highly political, and the law faced legal challenges reaching all the way to the Supreme Court; it even precipitated a government shutdown. It was a signature piece of legislation for President Obama's first term, and also a ball and chain for his second. Ezekiel J. Emanuel, a professor of medical ethics and health policy at the University of Pennsylvania who also served as a special adviser to the White House on health care reform, has written a brilliant diagnostic explanation of why health care in America has become such a divisive social issue, how money and medicine have their own—quite distinct—American story, and why reform has bedeviled presidents of the left and right for more than one hundred years. Emanuel also explains exactly how the ACA reforms are reshaping the health care system now. He forecasts the future, identifying six mega trends in health that will determine the market for health care to 2020 and beyond. His predictions are bold, provocative, and uniquely well-informed. Health care—one of America's largest employment sectors, with an economy the size of the GDP of France—has never had a more comprehensive or authoritative interpreter.

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.

Scores of talented and dedicated people serve the forensic science community, performing vitally important work. However, they are often constrained by lack of adequate resources, sound policies, and national support. It is clear that change and advancements, both systematic and scientific, are needed in a number of forensic science disciplines to ensure the reliability of work, establish enforceable standards, and promote best practices with consistent application. Strengthening Forensic Science in the United States: A Path Forward provides a detailed plan for addressing these needs and suggests the creation of a new government entity, the National Institute of Forensic Science, to establish and enforce standards within the forensic science community. The benefits of improving and regulating the forensic science disciplines are clear: assisting law enforcement officials, enhancing homeland security, and reducing the risk of wrongful conviction and exoneration. Strengthening Forensic Science in the United States gives a full account of what is needed to advance the forensic science disciplines, including upgrading of systems and organizational structures, better training, widespread adoption of uniform and enforceable best practices, and mandatory certification and accreditation programs. While this book provides an essential call-to-action for congress and policy makers, it also serves as a vital tool for law enforcement agencies, criminal prosecutors and attorneys, and forensic science educators.

In Poverty and the Myths of Health Care Reform, Dr. Richard (Buz) Cooper argues that US poverty and high health care spending are inextricably entwined. Our nation's health care system bears a financial burden that is greater than in any other developed country in large part because impoverished patients use more health care, driving up costs across the board. Drawing on decades of research, Dr. Cooper illuminates the geographic patterns of poverty, wealth, and health care utilization that exist across neighborhoods, regions, and states—and between countries. He chronicles the historical threads that have led to such differences, examines the approaches that have been taken to combat poverty throughout US history, and analyzes the impact that structural changes now envisioned for clinical practice are likely to have. His research reveals that ignoring the impact of low income on health care utilization while blaming rising costs on waste, inefficiency, and unnecessary care has led policy makers to reshape clinical practice in ways that impede providers who care for the poor. The first book to address the fundamental nexus that binds poverty and income inequality to soaring health care utilization and spending, Poverty and the Myths of Health Care Reform is a must-read for medical professionals, public health scholars, politicians, and anyone concerned with the heavy burden of inequality on the health of Americans.

False Premise, False Promise

Leadership by Example

Intact but Endangered

Health Care for the Elderly

How High-Tech Tools Profile, Police, and Punish the Poor

America's Health Care Safety Net

Care Without Coverage

If you want to know why American Indians have the highest rates of poverty of any racial group, why suicide is the leading cause of death among Indian men, why native women are two and a half times more likely to be raped than the national average and why gang violence affects American Indian youth more than any other group, do not look to history. There is no doubt that white settlers devastated Indian communities in the 19th, and early 20th centuries. But it is our policies today—denying Indians ownership of their land, refusing them access to the free market and failing to provide the police and legal protections due to them as American citizens—that have turned reservations into small third-world countries in the middle of the richest and freest nation on earth. The tragedy of our Indian policies demands reexamination immediately—not only because they make the lives of millions of American citizens harder and more dangerous—but also because they represent a microcosm of everything that has gone wrong with modern liberalism. They are the result of decades of politicians and bureaucrats showering a victimized people with money and cultural sensitivity instead of what they truly need—the education, the legal protections and the autonomy to improve their own situation. If we are really ready to have a conversation about American Indians, it is time to stop bickering about the names of football teams and institute real reforms that will bring to an end this ongoing national shame.

Unequal social and health care policies in the United States continue to keep the poor disempowered in situations that not only limit their access to health care services, but also the quality of care they receive. An overview of health policies in the U.S., Health and Poverty examines where gaps in social and health care policies exist at the federal, state, and municipal levels; the impact of economic recessions on health care; and how our health policies are inextricably linked with political agendas, economic priorities, and social and cultural values. In an attempt to bridge issues of health, such as health care and administration costs, with issues of social and health policy related to poverty in America, this important book explores the need to make fundamental change to the structure of the medical and health care system. It contends that the incremental modifications our government has taken have not changed regional and economic disparity, granted equal access to services or equal quality of care, or eliminated discrimination. Providing the political and economic context for understanding health care policy issues and concerns related to the poor, Health and Poverty discusses: services and programs that achieve more humane outcomes why our cultural values present the greatest challenge toward developing competent, accessible, and affordable health care for all U.S. residents barriers to health care for the homeless population with HIV patient dumping how many African-American infants and children lack access to primary care physicians or services how the U.S. focuses on who receives medical care, rather than on how medical care is delivered and received trends in states'Medicaid programs the impact of poor working conditions on the physical and emotional health of low-income minority populations As Health and Poverty demonstrates, universal health care can only become a reality in the U.S. when reform proposals that divide the public into the “deserving” and the “undeserving” are rejected. Health care is not a privilege, reserved for the middle class and the wealthy. It is a basic human right. Social workers, policymakers, health care educators and providers, and public administrators need to read this book to find out how that right can be guaranteed to all Americans and why current legislation and health care reform proposals are inadequate for meeting the health care needs of countless men, women, and children.

In Welfare Reform, Jeffrey Grogger and Lynn Karoly assemble evidence from numerous studies to assess how welfare reform has affected behavior. To broaden our understanding of this wide-ranging policy reform, the authors evaluate the evidence in relation to an economic model of behavior.

Presents the Commission's findings, conclusions and recommendations. Part 1 focuses on the crisis facing the nation's children and families. Part 2 presents the Commission's agenda for the 1990s organized into chapters focused on the broad policy areas that are most vital to children and families. Part 3 summarizes the Commission's vision for a better society and their recommendations for building the necessary commitment to achieve it. Photos and graphs.

Understanding Racial and Ethnic Differences in Health in Late Life

Medicaid and American Charity Care Since 1965

A Research Agenda

Medigap Insurance

The Affordable Care Act

How the Affordable Care Act will Improve our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System

Closing the Quality Gap

American health care is at a crossroads. Health spending reached \$3.5 trillion in 2017. Yet more than 27 million people remain uninsured. And it's unclear if all that spending is buying higher-quality care. Patients, doctors, insurers, and the government acknowledge that the healthcare status quo is unsustainable. America's last attempt at health reform -- Obamacare -- didn't work. Nearly a decade after its passage in 2010, Democrats are calling for a government takeover of the nation's healthcare system -- Medicare for All. The idea's supporters assert that health care is a right. They promise generous, universal, high-quality care to all Americans, with no referrals, copays, deductibles, or coinsurance. With a sales pitch like that, it's no wonder that seven in ten people now support Medicare for All. Doctors, especially young ones, are coming around to the idea of single-payer, too. Democrats, led by the progressive wing of the party, hope to capitalize on this enthusiasm. In 2017, they introduced companion legislation in the House and Senate that would establish Medicare for All. They have already promised to do the same when the next Congress convenes in 2019. More than 70 House Democrats have joined a new Medicare for All Caucus. Senator Bernie Sanders is effectively already on the presidential campaign trail, making his case for single-payer. If Democrats take the White House and Senate in 2020, and hold onto the House, a Medicare for All bill could be among the first pieces of legislation presented to the new president for a signature. In this book, Sally C. Pipes, a Canadian native, will make the case against Medicare for All. She'll explain why health care is not a right -- and how progressives pressing for single-payer are making a litany of promises they can't possibly keep. Evidence from government-run systems in Canada, the United Kingdom, and other developed countries proves that single-payer forces patients to withstand long waits for poor care at high cost. First, she'll unpack the Medicare for All plans under consideration in Congress. She'll explain how radical they truly are. Medicare for All will not save \$5 trillion, as some of its proponents claim. It will cost about \$32 trillion over 10 years, according to analyses from the Urban Institute and the Mercatus Center. It will outlaw private health insurance. It will raise taxes by trillions of dollars. It will cut pay for doctors to the rates paid by Medicare and thereby exacerbate our nation's shortage of physicians. And it will ration care. Then, Sally will detail the horrors of single-payer. She'll start in Canada, whose single-payer system most closely resembles the one progressives have in mind for the United States. Analyses of the government-run systems in the United Kingdom and a few other developed countries will follow, with particular focus on the problems that these systems pose for patients and doctors. To substantiate her indictment of single-payer, Sally will marshal both quantitative and qualitative evidence. She'll highlight how Americans fare better than their peers in Canada and the United Kingdom on the health outcomes that are directly linked to the quality of a healthcare system, including survival rates for patients with cancer and cardiovascular issues. She'll also explain why the health outcomes where the United States performs poorly relative to other nations, like infant mortality and life expectancy, tell us little about our healthcare system. Sally will pepper her text with heart-wrenching stories of the human costs of single-payer -- of people who were injured, were forced to remain in pain, or even died because their government-run healthcare system delayed or denied care. Too often, evangelists for free markets limit their arguments to facts and statistics -- and fail to appeal to the public's emotions. Sally will feature the stories of individuals and families who have been victims of single-payer systems. These vignettes will help drive home the truth about single-payer -- and why it must not come to the United States. She'll conclude with her vision for delivering the affordable, accessible, quality care the American people are looking for.

Cronyism is a serious problem in the United States, but unfortunately it is still not very well understood. In this new essay, Jay Cost explains what it is, and why we should be so worried about it. By mingling private and public interests, cronyism costs us hundreds of billions of dollars per year and threatens to transform our republic into an oligarchy, where the rich dominate the middle class. Worse, modern cronyism has become embedded into the laws themselves, so politicians in Washington assume that such corruption is just the way things should be. To confront the dangers of cronyism, reformers need to think outside the box, paying special attention to how the political process functions.

As the population of older Americans grows, it is becoming more racially and ethnically diverse. Differences in health by racial and ethnic status could be increasingly consequential for health policy and programs. Such differences are not simply a matter of education or ability to pay for health care. For instance, Asian Americans and Hispanics appear to be in better health, on a number of indicators, than White Americans, despite, on average, lower socioeconomic status. The reasons are complex, including possible roles for such factors as selective migration, risk behaviors, exposure to various stressors, patient attitudes, and geographic variation in health care. This volume, produced by a multidisciplinary panel, considers such possible explanations for racial and ethnic health differentials within an integrated framework. It provides a concise summary of available research and lays out a research agenda to address the many uncertainties in current knowledge. It recommends, for instance, looking at health differentials across the life course and deciphering the links between factors presumably producing differentials and biopsychosocial mechanisms that lead to impaired health.

Reinventing American Health Care

Health Care Financing Review

Health-Care Utilization as a Proxy in Disability Determination

Health Status and Utilization

For-Profit Enterprise in Health Care

A New Health System for the 21st Century

Policies to Address Poverty in America