



FOCUSING ON HEALTH REFORM

RAND Research on Coverage

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Health care coverage protects individuals against the financial risk that might result from spending on health care services. In the United States, coverage may take the form of insurance offered by private companies and made available to individuals through employers or purchased directly. The government also provides coverage for certain populations via programs such as Medicare or Medicaid; veterans are eligible for services from the Veterans Administration. RAND research on health care coverage dates from the [RAND Health Insurance Experiment](#) (HIE). Conducted in the 1970s and early 1980s, the HIE remains the only long-term, experimental study of cost sharing and its effect on health care utilization and spending, quality of care, and health. Since then, RAND studies have examined multiple dimensions of coverage, including the effects of premium costs on health care use, the cost and potential health effects of new insurance products such as high-deductible health plans, the challenges faced by small businesses in providing coverage to employees, the groups most at risk for being uninsured, state experiments with insuring the uninsured, coverage for behavioral health, and coverage for prescription drugs.

Project COMPARE: A Global Positioning System for Health Care Policy

COMPARE (Comprehensive Assessment of Reform Efforts) is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. COMPARE provides facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance; a description of policy options for changing the health care system; an inventory and the status of prominent federal, state, and private health care reform proposals; and an interactive tool to provide analyses of the effects of different health care policy options on multiple dimensions of health system performance, including cost, coverage, and outcomes.

<http://www.randcompare.org>

Immigrants and Health Care Access, Quality, and Cost

Derosé KP, Bahney BW, Lurie N, Escarce JJ Medical Care Research and Review, [Epub Jan 29 2009]

Despite current controversies over immigration policy, health care for immigrants cannot be ignored in U.S. health care reform debates. Doing so could consign a future generation to inadequate access and poor quality care and, ultimately, ill health, with implications for us all.

Is the Economic Burden of Providing Health Insurance Greater for Small Firms Than for Large Firms?

Eibner C. Santa Monica, Calif.: RAND Corporation, TR-559, 2008

From 2000 to 2005, the economic burden of providing health insurance increased for employers, especially for the smallest firms, and small firms offered plans of slightly lower quality than did large firms.

http://www.rand.org/pubs/technical_reports/TR559/

Medicare HMO Impact on Utilization at the End of Life

Fonkych K, O'Leary JF, Melnick GA, Keeler EB. The American Journal of Managed Care, Vol. 14, No. 8, Aug 2008, pp. 505—512

Medicare beneficiaries who died while enrolled in an HMO, particularly Kaiser, had many fewer hospital days during the 2 years before death than beneficiaries who died with fee-for-service (FFS) coverage.

Access to Appointments Based on Insurance Status in Washington, D.C.

Blanchard J, Ogle K, Thomas O, Lung D, Asplin B, Lurie N. Journal of Health Care for the Poor and Underserved, Vol. 19, No. 3, Aug 2008, pp. 687—696

Access to primary care appointments was better for those with private insurance than for those with Medicaid among randomly selected health care providers in the Washington, D.C. area.

Mental Health and Substance Abuse Insurance Parity for Federal Employees: How Did Health Plans Respond?

Barry CL, Ridgely MS. Journal of Policy Analysis and Management [Epub Dec 4, 2007], Vol. 27, No. 1, Winter 2008, pp. 155-175

Federal employee health plans responded to parity mandates by augmenting managed care for mental health and substance abuse treatment through managed behavioral "carve-out" firms.

The Economic Burden of Providing Health Insurance: How Much Worse Off Are Small Firms? (2007)

This research brief assesses the effects of the government-required Federal Employees Health Benefits Program's provision of behavioral health benefits equal to its general health benefits on insurers and consumers' use of services and spending.

http://www.rand.org/pubs/research_briefs/RB9254/

State Insurance Mandates and Consumer-Directed Health Plans: Are They Helping Small Business Provide Health Insurance to Employees? (2007)

This research brief describes the effects of state health-insurance mandates and consumer-directed health plans on the access to and affordability of health insurance for small businesses.

http://www.rand.org/pubs/research_briefs/RB9305/

Health Coverage Options for Military Retirees (2007)

This research brief summarizes the results of a 2006 pilot survey of military retirees, providing information on retirees' enrollment in civilian health care plans and reliance on TRICARE, the Department of Defense-sponsored health insurance.

http://www.rand.org/pubs/research_briefs/RB9236/

A Look Inside the "Doughnut Hole": How Drug-Benefit Limits Affect Retiree Prescription Use (2007)

This research brief examines the likely effects of the gap in the Medicare Part D standard drug benefit after \$2,400 in pharmaceutical spending, using data from a private employer.

http://www.rand.org/pubs/research_briefs/RB9285/

A Systematic Review of the Adverse Effects of Prescription Drug Cost Sharing (2007)

This research brief summarizes a review of the literature on how the cost-sharing features of prescription drug benefits may affect access to prescription drugs and, consequently, health outcomes.

http://www.rand.org/pubs/research_briefs/RB9283/

Behavioral Health Parity: Consequences for Federal Employee Health Plans (2007)

This research brief assesses the effects of the government-required Federal Employees Health Benefits Program's provision of behavioral health benefits equal to its general health benefits on insurers and consumers' use of services and spending.

http://www.rand.org/pubs/research_briefs/RB9254/

Pharmacy Benefit Caps and the Chronically Ill

Joyce GF, Goldman DP, Karaca-Mandic P, Zheng Y. Health Affairs, Vol. 26, No. 5, Sept/Oct 2007, pp. 1333—1343

Pharmacy benefit caps are associated with higher rates of medication discontinuation across the most common therapeutic classes; only a minority of those who discontinue use reinstate therapy once coverage resumes.

Prescription Drug Coverage and Elderly Medicare Spending

Shang B, Goldman DP. Cambridge, Mass.: National Bureau of Economic Research, Working Paper No. 13358, Sept 2007

Medigap prescription drug coverage reduces Medicare Part B spending. The substitution effect decreases as income rises, and thus provides support for the low-income assistance program of Medicare Part D.

Prescription Drug Cost Sharing: Associations with Medication and Medical Utilization and Spending and Health

Goldman DP, Joyce GF, Zheng Y. The Journal of the American Medical Association, Vol. 298, No. 1, Jul 2007, pp. 61—69

Increased cost sharing is highly correlated with reductions in pharmacy use, worse adherence among existing users, and more frequent discontinuation of therapy.

Partially Capitated Managed Care Versus FFS for Special Needs Children

Schuster CR, Mitchell JM, Gaskin DJ. Health Care Financing Review, Vol. 28, No. 4, Summer 2007, pp. 109-123

Special needs children enrolled in Medicaid managed care plans are significantly more likely to obtain occupational and physical therapy at school than their counterparts partaking in fee-for-service care plans.

Impact of the State Children's Health Insurance Program on Adolescents in New York

Klein JD, Shone LP, Szilagyi PG, Bajorska A, Wilson K, Dick AW. Pediatrics, Vol. 119, No. 4, Apr 2007, pp. e885—e892

Adolescents who enrolled in New York's State Children's Health Insurance Program experienced improved access, use, and quality of care. These findings suggest that the provision of health insurance can help to improve health care for adolescents.

Impact of Full Mental Health and Substance Abuse Parity for Children in the Federal Employees Health Benefits Program

Azrin ST, Huskamp HA, Azzone V, Goldman HH, Frank RG, Burnam MA, Normand S-L T, Ridgely MS, Young AS, Barry CL, Busch AB, Moran G. Pediatrics, Vol. 119, No. 2, Feb 2007, pp. e452-e459

Children covered by seven Federal Employees Health Benefits plans were compared to assess the likelihood of mental health and substance abuse service use, total spending, and out-of-pocket spending since the plans implemented parity (for physical health, mental health, and substance abuse coverage) in 2001. Out-of-pocket spending had decreased in all 7 plans, although to various degrees. The need for expanded access for children remains an issue.

The Role of Product Design in Consumers' Choices in the Individual Insurance Market

Marquis S, Beeuwkes Buntin M, Escarce JJ, Kapur K. Health Services Research [Epub April 19, 2007], Vol. 42, No. 6 (Part 1), Dec 2007, pp. 2194—2223

Government subsidies that cut health insurance premium prices in half for people without insurance would reduce the number of uninsured Americans by just 3 percent.

Triple Jeopardy for Vulnerable Children: Greater Health Needs, Less Access, Poorer Primary Care (2006)

This research brief summarizes an analysis of data from a nationwide survey to determine why children eligible to be in the State Children's Health Insurance Program (SCHIP) are not enrolled.

http://www.rand.org/pubs/research_briefs/RB9215/

Quality Primary Care Requires More Than Insurance (2006)

This Research Brief summarizes research analyzing and comparing key components of children's primary care: having insurance, having a regular medical care provider, and actually receiving care when it is needed.

http://www.rand.org/pubs/research_briefs/RB9170/

The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate (2006)

This research brief summarizes the main findings of the RAND Health Insurance Experiment and clarifies its relevance for today's health care debate.

http://www.rand.org/pubs/research_briefs/RB9174/

Consumer Decisionmaking in the Insurance Market (2006)

This research brief summarizes a multi-year examination of consumer decisionmaking in the individual insurance market in California.

http://www.rand.org/pubs/research_briefs/RB9151/

Cutting Drug Co-Payments for Sicker Patients on Cholesterol-Lowering Drugs Could Save a Billion Dollars Every Year (2006)

This research brief summarizes the relationship between (1) co-payments and compliance for patients whose doctors prescribed cholesterol-lowering drugs, and (2) compliance and subsequent use of expensive health care services.

http://www.rand.org/pubs/research_briefs/RB9169/

Improving Access to Needed Health Care Improves Low-Income Children's Quality of Life (2006)

This research brief describes an examination of the effect of the State Children's Health Insurance Program (SCHIP) on children's access to needed health services and on their quality of life.

http://www.rand.org/pubs/research_briefs/RB9210/

Role of SCHIP in Serving Children with Special Health Care Needs

Yu H, Dick AW, Szilagyi PG. Health Care Financing Review, Vol. 28, No. 2, Winter 2006, pp. 53—64

A limited fraction of children with special health care needs (CSHCN) were eligible for SCHIP while a relatively small proportion of SCHIP-eligible CSHCN were uninsured. Access to care for CSHCN under SCHIP was better than those who were SCHIP-eligible but uninsured, and similar to those who were income-eligible for SCHIP but privately insured.

Massachusetts Health Reform: Beauty Is in the Eye of the Beholder

McGlynn EA, Wasserman J. Health Affairs, Web exclusive, Sept 14, 2006, pp. w447—w449

Several lessons can be learned from Massachusetts' effort to reform its health care system to offer insurance coverage for nearly all of its residents: bipartisan cooperation is possible, a variety of policy options are needed, and the initial rates of uninsurance and degree of regulation in the insurance market are important considerations.

The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program

Seid M, Varni JW, Cummings L, Schonlau M. Journal of Pediatrics, Vol. 149, No. 3, Sep 2006, pp. 354-361

Children newly enrolled in a public health insurance program in California reported improvements such as doing better in school, feeling better physically, and getting along better with their peers.

Benefit Design and Specialty Drug Use

Goldman DP, Joyce GF, Lawless G, Crown WH, Willey V. Health Affairs, Vol. 25, No. 5, Sept 2006, pp. 1319—1331

Patients continue to take expensive specialty drugs even when their co-payments rise. The best way to hold down costs for employers and health insurance plans is to make sure the medications are prescribed only to the patients who can truly benefit from them.

Prescription Drug Spending for Medicare+Choice Beneficiaries in the Last Year of Life

Fahlman C, Lynn J, Doberman D, Gabel J, Finch M. Journal of Palliative Medicine, Vol. 9, No. 4, Aug 2006, pp. 884—893

Medication expenditures in the LYOL were highly dependent upon selected sociodemographic, insurance characteristics, and disease states.

Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment Under Medicaid Managed Care

Maglione M, Ridgely MS. Journal of Substance Abuse Treatment, Vol. 30, No. 4, Jun 2006, pp. 285-290

This study reports on a survey of state Medicaid managed care programs conducted in the year 2000, which were examined to determine whether coverage for substance abuse treatment is poor under Medicaid managed care.

Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey

Yu H, Seid M. Managed Care Interface, Vol. 19, No. 5, May 2006, pp. 31-39

A national survey reveals that about 6% of children (4.3 million) were eligible for SCHIP in 2000, and over one-third of eligible children were uninsured. Results showed variation across states, and also suggested a lower uninsurance rate in the 17 states that expanded Medicaid eligibility.

Consumer Decision Making in the Individual Health Insurance Market

Marquis MS, Buntin MB, Escarce JJ, Kapur K, Louis TA, Yegian JM. Health Affairs, Web exclusive, May 2, 2006, pp. w226—w234

Tax credits and subsidies are unlikely to have a large impact on the number of people without individual health insurance. Simplifying the application process and making information easier to find may be more effective.

Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors

Stevens GD, Seid M, Mistry R, Halfon N. Health Services Research, Vol. 41, No. 2, Apr 2006, pp. 507-531

Vulnerable children who have the greatest health care needs may also have the greatest difficulty obtaining primary care.

Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access

Stevens GD, Seid M, Halfon N. Pediatrics, Vol. 117, No. 4, Apr 2006, pp. e751-e759

Uninsured children in California who are eligible for public health insurance have poorer access to care than enrolled children, and those with the highest levels of risk have poorer health status. Providing insurance to these children may lead to improved access and health.

Preventive Care for Children in the United States: Quality and Barriers

Chung PJ, Lee TC, Morrison JL, Schuster MA. Annual Review of Public Health [Epub Sept 8, 2005], Vol. 27, Apr 2006, pp. 491-515

The quality of childhood preventive care is mixed, with large disparities among populations. Recent research has identified barriers that might be overcome through practice and policy interventions.

Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas

Gresenz CR, Rogowski J, Escarce JJ. Pediatrics, Vol. 117, No. 3, Mar 2006, pp. e509-e517

Uninsured rural children are more likely to receive some type of medical services if they live closer to "safety net" providers or if there are more primary care physicians nearby.

State Efforts to Insure the Uninsured: An Unfinished Story (2005)

Expanding public programs and new public subsidies are intended to make health insurance more readily available and affordable to low-income uninsured persons, regardless of their work status. A series of studies have examined how successful these state experiments have been.

http://www.rand.org/pubs/research_briefs/RB4558-1/

Prospects for Change in the Individual Health Insurance Market (2005)

At least 45 million Americans are uninsured. Most are employed but either work for firms that don't offer insurance or can't afford the plan that's offered. Individual health insurance may be an option.

http://www.rand.org/pubs/research_briefs/RB9097/

How Cost Sharing Affects Use of Drugs by the Chronically Ill (2005)

Many health plans are raising beneficiaries' co-payments for drugs to discourage use of more-expensive pharmaceuticals and to reduce overall spending on drugs. How does cost sharing affect drug use?

http://www.rand.org/pubs/research_briefs/RB9109/

Pharmacy Benefits for Military Retirees: Controlling Costs Without Compromising Health (2005)

This research brief describes work documented in Pharmacy Use and Costs in Employer-Provided Health Plans: Insights for TRICARE Benefit Design from the Private Sector (MG-154-OSD) and Determinants of Dispensing Location in the TRICARE Senior Pharmacy Program (MG-237-OSD).

http://www.rand.org/pubs/research_briefs/RB9084/

The Office of Congressional Relations provides any of the listed documents to Congressional offices and U.S. Federal agencies on request, at no charge.

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