DOWNLOAD PDF CHOICES IN HEALTH POLICY

Chapter 1 : Policy & Guidelines

The Health Policy Consensus Group is offering recommendations for terms and conditions of block grants to the states in order to lower costs and increase choices in health care.

The goal of health policy is to protect and promote the health of individuals and the community. Government officials can accomplish this objective in ways that respect human rights, including the right to self determination, privacy, and nondiscrimination. Numerous papers have addressed the question, What is sound health policy? Which bodies are best equipped to solve which health policy problems and why? What data do policymaking bodies need? How can that data best be made available to decision makers? The United States is a highly diverse and complicated society. Many groups "weigh in" on significant health policy issues. To make an examination of policy development manageable, I will work from the following assumption, which is partly, but not wholly, valid. I will assume that formal development of health policy is the primary preserve of the three branches of government-the executive, legislature, and judiciary-at the state and federal levels. In practice, many other bodies make policy such as professional associations or ethics groups through guidelines. It evaluates the relative strengths and weaknesses of each branch of government with respect to health policy formulation. It also examines sources of information and influence that help drive policymaking. These include presidential and congressional commissions, task forces and advisory bodies, professional and trade associations, and public interest, consumer, and community-based groups. Although I argue below that health policy is best formulated through rigorous and objective assessment of data, I do not support any restriction on the right of interest groups to publish their views and to appropriately lobby policy makers. A robust constitutional society that values freedom of expression and unrestricted participation in the political process should support a role for interest groups in health policy formulation. It should not censor or fetter the views of those who seek to participate in the process. Yet, the various branches of government should be able to rely on full, objective information and advice based upon sound scientific evidence. This essay will explore some mechanisms for achieving these aims. Health policy encompasses a vast range of issues in health care, public health, and biotechnology. This essay selects illustrations from several areas that, over a period of time, have generated a great deal of policy formulated by each branch of government. These include reproductive rights, the right to die, and mental health. I will also use examples in the fields of health care reform, AIDS, and civil rights of persons with disabilities. The policies themselves are rarely subjected to scientific scrutiny. Health policy decisions often reflect choices between competing values, as well as assessments of available data. Interest groups, including organizations representing various health care professionals, select their values and evaluate data through their own lenses. Clearly, groups comprised of highly expert and well-intentioned professionals often make markedly different decisions about health policy. Axelrod 3 exemplifies the difficulty of deciding on one "correct" policy solution to complex health problems. The highest state court considered whether the state health commissioner had correctly categorized HIV infection as a communicable disease. This policy, on its face, appears noncontroversial and subject to neutral assessment. Yet, health professionals strongly split on this issue. Many public health organizations e. However, many medical and surgical organizations e. This would authorize greater use of compulsory testing, reporting, and contact tracing. Governmental officials need a framework for the development of sound health policy. Adopting the model I set out below does not guarantee that policies will be "effective"; but it does provide a way to filter out obvious biases and to focus attention on scientific data and reasonably objective assessments of arguments. Applying this framework allows interest groups to continue making their voices heard, while it encourages decision makers to obtain information from more neutral sources as well. Several factors are important for developing sound health policies. First, to the extent possible, the policymaker should be objective and dispassionate. This means that decision makers should have no conflict of interest or improper financial or professional incentive. Policymakers should be able to understand the data and arguments presented, to assess them reasonably objectively, and to balance competing values fairly. In many areas of health policy, it is not necessary or even desirable for policymakers to be "experts" themselves, as long as they have access to expert

advice. Second, policymaking bodies should be publicly accountable for their decisions. If science or existing societal values do not support a decision, a democratic means for altering the decision is often desirable. Democratic societies thrive on the principle that government action that affects individuals and communities is subject to public review. Periodic elections provide an opportunity for the public to demand explanations and for public officials to articulate and justify their decisions. At least one kind of health policy is not always best made through fully accountable decision makers: Health policies that seriously burden individual rights to liberty, privacy, and nondiscrimination may require judicial, rather than majoritarian, determinations. For example, a fetal protection policy that excludes all women from unsafe work places to promote the health of infants may violate fundamental rights of nondiscrimination. In Johnson Controls, the U. Supreme Court unanimously ruled that a fetal protection policy was discriminatory even though the company presented some scientific evidence that the fetus of a pregnant worker could be at risk. Government entities often have access to a great deal of information, but assessing the reliability of that information may be difficult. Policymakers may recognize that information is coming from a potentially biased source, but may have difficulty weighing the relative value of the information they receive. In addition to receiving information from the wide variety of traditional sources, policymakers need access to objective and complete information from reasonably neutral sources. This includes data and argument on the scientific, ethical, social, and legal aspects of the issue. Decision makers may seek information from one or several different objective sources in order to develop sound health policy. Fourth, policymakers must have well-considered criteria for making the decision. Objective criteria help to guide decision makers in formulating goals, selecting means, and establishing the scientific, social, and ethical parameters for decision making. They also reduce the arbitrariness or biases that often are inherent in decision making processes. I suggest the following steps to guide policymakers: Does the proposed policy seek to achieve a compelling health objective? The policymaker should clearly and narrowly define the health purpose s of the policy. This protects against biases in decision making, helps communities to understand the policy rationale, and facilitates public debate. Is the proposed policy likely to be effective in achieving the stated goal s? This step requires an assessment of whether the policy is an appropriate intervention to achieve the stated objectives and whether it is reasonably likely to lead to effective action. The policymaker should gather scientific data and apply logic to analyze whether a policy will be effective. Is the proposed policy narrowly focused on the health problem? A decision maker should determine whether a policy is narrowly tailored to address the specific health problem, or whether it is over- or underinclusive. Overbroad policies target a population that is much larger than necessary to achieve the health objective. For example, the Bush and Clinton policy that interned or repatriated all Haitian refugees with HIV infection was overbroad, because it affected all of the group, regardless of whether individuals engaged in safe sex or other practices. It adversely affected individuals who did not pose a significant risk of transmission of HIV. This step requires an inquiry into the nature, invasiveness, scope, and duration of human rights violations. Does the policy interfere with the right to liberty, autonomy, privacy, or nondiscrimination? For example, a policy that requires women to use contraceptives as a condition of receiving welfare benefits might interfere with the right to reproductive privacy and discriminate against women because the policy does not apply to men and the poor because the policy does not affect higher-income women. It may also burden the social and economic rights of dependent children if benefits were withdrawn. A policymaker should assess whether the health objective could be achieved as well, or better, with fewer restrictions on human rights. This step helps to ensure that a policymaker considers alternatives that may better accommodate societal and individual interests. Fifth, the policymaker should pursue a fair process to arrive at the decision. This requires a careful examination of all relevant facts and arguments. Procedures may include inquisitorial or adversarial hearings, investigations, or other rigorous methods for finding facts and examining arguments. A fair process requires that all persons or organizations that have a legitimate interest in the outcome should have a reasonable means of presenting evidence or arguments. Careful attention to decision making processes achieves both more accurate fact finding and greater equality and fairness to interested individuals and groups. These five elements of policymaking impartial decision making, accountability, collecting full and objective information, applying well-considered criteria, and following a rigorous and fair process are often helpful in developing

sound health policies. In the following section, I apply these criteria to decision making by each of the three branches of government and assess which bodies are most capable of resolving which health policy problems and why. Certainly, judges are thought to be impartial and able to assess evidence and arguments from a variety of sources objectively. However, many judges are insulated from public accountability. They are appointed by political figures, often for their political ideologies; they may have long-term or life appointments; and many are not subject to election or reappointment. Judges usually bring legal skills to the bench; they may lack experience with scientific or ethical thinking. They rarely receive education or training in health issues. The information that judges receive is often partial and incomplete; also, attorneys usually present narrow legal arguments that may not endorse the most desirable policy position. The legal system frequently assumes judges can produce a balanced, accurate decision after hearing two extremist versions of an issue. Yet, each version may be biased or unreliable. Courts lack the tools for assessing the validity of complex scientific or technological evidence and arguments. Courts rely on "expert" witnesses. However, expert witnesses are usually paid for their testimony; this presents a conflict of interest. Merrell Dow Pharmaceuticals, the U. Supreme Court ruled for the first time on the place of scientific evidence in federal proceedings. The federal district court and the court of appeals had dismissed the lawsuit, ruling that data concerning birth defects were inadmissible because they were not "generally accepted" in the scientific community. The Supreme Court rejected the "general acceptance" standard that looked to the conclusions of the expert witness, and it took a broader view of the scientific process, with an emphasis on "methods and procedures.

Chapter 2 : Freedom of Choice in Health Care Act - American Legislative Exchange Council

What factors are important in developing sound health policies? The policies themselves are rarely subjected to scientific scrutiny. Whether society seeks to reform the health care system, to restrict or to expand women's choices to receive an abortion, or to authorize or to criminalize physician-assisted dying, it has no precise means by which to test for the "correct" approach.

The goal of health policy is to protect and promote the health of individuals and the community. Government officials can accomplish this objective in ways that respect human rights, including the right to self determination, privacy, and nondiscrimination. Numerous papers have addressed the question, What is sound health policy? Which bodies are best equipped to solve which health policy problems and why? What data do policymaking bodies need? How can that data best be made available to decision makers? The United States is a highly diverse and complicated society. Many groups "weigh in" on significant health policy issues. To make an examination of policy development manageable, I will work from the following assumption, which is partly, but not wholly, valid. I will assume that formal development of health policy is the primary preserve of the three branches of government-the executive, legislature, and judiciary-at the state and federal levels. In practice, many other bodies make policy such as professional associations or ethics groups through guidelines. It evaluates the relative strengths and weaknesses of each branch of government with respect to health policy formulation. Social and Ethical Decision Making in Biomedicine. The National Academies Press. These include presidential and congressional commissions, task forces and advisory bodies, professional and trade associations, and public interest, consumer, and community-based groups. Although I argue below that health policy is best formulated through rigorous and objective assessment of data, I do not support any restriction on the right of interest groups to publish their views and to appropriately lobby policy makers. A robust constitutional society that values freedom of expression and unrestricted participation in the political process should support a role for interest groups in health policy formulation. It should not censor or fetter the views of those who seek to participate in the process. Yet, the various branches of government should be able to rely on full, objective information and advice based upon sound scientific evidence. This essay will explore some mechanisms for achieving these aims. Health policy encompasses a vast range of issues in health care, public health, and biotechnology. This essay selects illustrations from several areas that, over a period of time, have generated a great deal of policy formulated by each branch of government. These include reproductive rights, the right to die, and mental health. I will also use examples in the fields of health care reform, AIDS, and civil rights of persons with disabilities. The policies themselves are rarely subjected to scientific scrutiny. Health policy decisions often reflect choices between competing values, as well as assessments of available data. Interest groups, including organizations representing various health care professionals, select their values and evaluate data through their own lenses. Clearly, groups comprised of highly expert and well-intentioned professionals often make markedly different decisions about health policy. Axelrod 3 exemplifies the difficulty of deciding on one "correct" policy solution to complex health problems. The highest state court considered whether the state health commissioner had correctly categorized HIV infection as a communicable disease. This policy, on its face, appears noncontroversial and subject to neutral assessment. Yet, health professionals strongly split on this issue. Many public health organizations e. However, many medical and surgical organizations e. This would authorize greater use of compulsory testing, reporting, and contact tracing. Governmental officials need a framework for the development of sound health policy. Adopting the model I set out below does not guarantee that policies will be "effective"; but it does provide a way to filter out obvious biases and to focus attention on scientific data and reasonably objective assessments of arguments. Applying this framework allows interest groups to continue making their voices heard, while it encourages decision makers to obtain information from more neutral sources as well. Several factors are important for developing sound health policies. First, to the extent possible, the policymaker should be objective and dispassionate. This means that decision makers should have no conflict of interest or improper financial or professional incentive. Policymakers should be able to understand the data and arguments presented, to assess

them reasonably objectively, and to balance competing values fairly. In many areas of health policy, it is not necessary or even desirable for policymakers to be "experts" themselves, as long as they have access to expert advice. Second, policymaking bodies should be publicly accountable for their decisions. If science or existing societal values do not support a decision, a democratic means for altering the decision is often desirable. Democratic societies thrive on the principle that government action that affects individuals and communities is subject to public review. Periodic elections provide an opportunity for the public to demand explanations and for public officials to articulate and justify their decisions. At least one kind of health policy is not always best made through fully accountable decision makers: Health policies that seriously burden individual rights to liberty, privacy, and nondiscrimination may require judicial, rather than majoritarian, determinations. For example, a fetal protection policy that excludes all women from unsafe work places to promote the health of infants may violate fundamental rights of nondiscrimination. In Johnson Controls, the U. Supreme Court unanimously ruled that a fetal protection policy was discriminatory even though the company presented some scientific evidence that the fetus of a pregnant worker could be at risk. Government entities often have access to a great deal of information, but assessing the reliability of that information may be difficult. Policymakers may recognize that information is coming from a potentially biased source, but may have difficulty weighing the relative value of the information they receive. In addition to receiving information from the wide variety of traditional sources, policymakers need access to objective and complete information from reasonably neutral sources. This includes data and argument on the scientific, ethical, social, and legal aspects of the issue. Decision makers may seek information from one or several different objective sources in order to develop sound health policy. Fourth, policymakers must have well-considered criteria for making the decision. Objective criteria help to guide decision makers in formulating goals, selecting means, and establishing the scientific, social, and ethical parameters for decision making. They also reduce the arbitrariness or biases that often are inherent in decision making processes. I suggest the following steps to guide policymakers: Does the proposed policy seek to achieve a compelling health objective? The policymaker should clearly and narrowly define the health purpose s of the policy. This protects against biases in decision making, helps communities to understand the policy rationale, and facilitates public debate. Examine the overall effectiveness of the policy. Is the proposed policy likely to be effective in achieving the stated goal s? This step requires an assessment of whether the policy is an appropriate intervention to achieve the stated objectives and whether it is reasonably likely to lead to effective action. The policymaker should gather scientific data and apply logic to analyze whether a policy will be effective. Evaluate whether the policy is well-targeted. Is the proposed policy narrowly focused on the health problem? A decision maker should determine whether a policy is narrowly tailored to address the specific health problem, or whether it is over- or underinclusive. Overbroad policies target a population that is much larger than necessary to achieve the health objective. For example, the Bush and Clinton policy that interned or repatriated all Haitian refugees with HIV infection was overbroad, because it affected all of the group, regardless of whether individuals engaged in safe sex or other practices. It adversely affected individuals who did not pose a significant risk of transmission of HIV. 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Fifth, the policymaker should pursue a fair process to arrive at the decision. This requires a careful examination of all relevant facts and arguments. Procedures may include inquisitorial or adversarial hearings, investigations, or other rigorous methods for finding facts and examining arguments. A fair process requires that all persons or organizations that have a legitimate interest in the outcome should have a reasonable means of presenting evidence or arguments. Careful attention to

decision making processes achieves both more accurate fact finding and greater equality and fairness to interested individuals and groups. These five elements of policymaking impartial decision making, accountability, collecting full and objective information, applying well-considered criteria, and following a rigorous and fair process are often helpful in developing sound health policies. In the following section, I apply these criteria to decision making by each of the three branches of government and assess which bodies are most capable of resolving which health policy problems and why. Certainly, judges are thought to be impartial and able to assess evidence and arguments from a variety of sources objectively. However, many judges are insulated from public accountability. They are appointed by political figures, often for their political ideologies; Page Share Cite Suggested Citation: Judges usually bring legal skills to the bench; they may lack experience with scientific or ethical thinking. They rarely receive education or training in health issues. The information that judges receive is often partial and incomplete; also, attorneys usually present narrow legal arguments that may not endorse the most desirable policy position. The legal system frequently assumes judges can produce a balanced, accurate decision after hearing two extremist versions of an issue. Yet, each version may be biased or unreliable. Courts lack the tools for assessing the validity of complex scientific or technological evidence and arguments. Courts rely on "expert" witnesses. However, expert witnesses are usually paid for their testimony; this presents a conflict of interest.

Chapter 3 : Community HealthChoices

The key argument of this commentary is that patient choice has a broader meaning than suggested by consumerist choice models. In increasingly marketized health care systems with diversified and knowledge-based service arrangements, patients are continuously obliged to choose insurers, physicians or hospitals and treatmentsâ€"whether they like it or not.

Abstract The key argument of this commentary is that patient choice has a broader meaning than suggested by consumerist choice models. In increasingly marketized health care systems with diversified and knowledge-based service arrangements, patients are continuously obliged to choose insurers, physicians or hospitals and treatmentsâ€"whether they like it or not. However, health care users refer to a wide range of roles and resources while taking health-related decisions. They are patients, consumers and co-producers at the same time. In particular, two aspects are crucial: According to Professor Fotaki, these non-achievements are due to the application of a narrow consumerist choice model, defining health care users simply as rational actors. In increasingly marketized health care systems with diversified and knowledge-based service arrangements, patients are continuously obliged to choose insurers, physicians or hospitalsâ€"whether they like it or not. Rejecting to take such complex choices seems almost impossible. Hence, for those who are challenged to make proper health care decisions, dismissing the current use of choice mechanisms is of little help. Current choice policies, exclusively inspired by rational choice theory, reduce health care users to the rather simple assumptions of the homo economicus model 2. However, this dichotomy isâ€"more than everâ€"misleading. On the one hand, health care users are nowadays, contrary to what Krugman suggests 4 , patients and consumers at the same time, claiming unconditional help and freedom of choice. On the other hand, they refer to a wide range of roles and resources while taking health-related decisions. Furthermore, health care users are entitled citizens having a right for a certain level on service guarantees , co-producers of health care treatments e. However, all roles have an impact on choice-making processes. How could this be realized? So far, current choice models are one-sidedly based on economic incentives and measurable factors, e. Moreover, users of respective choice frameworks are without exception supposed to have a strong agency capacity. For instance, healthy users should scout insurance markets for value for money tariffs. Also chronically-ill people, searching for tailored service packages, are required to benefit from rationally framed choice options, promising good and affordable care. However, most of the users, especially those who are less healthy, less active and less informed, assess health care choices in the light of at least two other aspects: Why voice and trust are important? To the first aspect: Applied to health care provision 6 , this means not only to voice dissatisfaction but to give users a say on what exactly they can choose, e. As a rule, it can be stated: To the second aspect: Here, the significance of interpersonal trust comes into play. As co-producers, patients contribute emotional knowledge to the doctor-patient relationship 8. In this respect, choice becomes a relational procedure where it is less important who decides but how the decision has been developed. Then a person in their confidence, normally their doctor, chooses a treatment on their behalf. Apparently, such an interactive way of making health-care choices, allowing patients to entrust themselves to professionals, have less in common with consumerist models rewarding individual agency and economic thinking only. Skilled users may benefit from personalized and high-quality service arrangements that are more suitable to their needs than large-scale and standardized health care services of the past. On the contrary, a worse quality of services e. This dilemma, even if it cannot be solved easily, does not justify a withdrawal of choice schemes in health care. Rather the persistence of the equity problem reminds us to design choice policies in the full sense of their meaning: If they refuse to do so, basic guarantees, providing a decent level of service quality, should protect them of harm. Patient choice has become the standard practice in healthcare provision:

Chapter 4 : OMES Employees Group Insurance Division - Home

health policy Information sheet 4 a policy analysis on a policy of your choice. Policy intervention Understanding the policy, political and decision-making.

Becot, Bonnie Braun, Stephan J. Q14, Q15, Q18, I13 Keywords: In order to grow the next generation of farmers and increase rural prosperity, there is a need to understand how healthcare costs, access, and insurance affect both agriculture and rural development. Responding to the shrinking and aging farm population, Congress has broadened approaches to stimulating growth and innovation in the food and agriculture sector through recent Farm Bills by including added funding for new and beginning farmer and rancher programs. Along with increasing access to markets, capital, and land, many programs focus on building human capital in the farm sector through training and education. These rural and workforce development programs have not, however, considered how health insurance influences these initiatives or the role of health insurance as a salient tool for supporting rural economic development. The ARMS data track overall numbers of farmers insured and their source of coverage. Yet, outside of Ahearn, El-Osta, and Mishra and Ahearn, Williamson, and Black , there has been little discussion or analysis of how health, health insurance, or access to healthcare affect farm management decision-making and rural development. The goal of this national research and Extension project is to understand how health insurance affects economic development and quality of life in the agriculture sector. We present new research findings examining health insurance access and use in the farm population and connections between health insurance and risk management, farm viability, and farmland access. We also discuss implications of this research on efforts to grow the next generation of farmers and ranchers and on rural economic development. Approach and Methods Figure 1. Map of Case Study States The research presented here is based on data from farmers and ranchers hereafter farmers collected in 10 case study states across the United States, including: State flexibility in implementing federal health insurance reforms introduced through the Patient Protection and Affordable Care Act ACA created discrete policy environments. States had the option to expand Medicaid and to establish state or federal health insurance exchanges, also known as marketplaces. Within each region, we paired states based on whether or not they chose to expand Medicaid Figure 1. Using a mixed-methods approach, we conducted in-depth interviews with up to 10 families in each case study state in â€” and surveyed randomly sampled producer households in these states in , yielding 1, responses. Mixed-methods research that includes both qualitative and quantitative methods offers better crosschecking and triangulation of data Guba and Lincoln, and ensures the reliability and validity of analysis Janesick, Survey and interview questions focused on healthcare and health insurance access, off-farm work, farm finances and economics, and farm labor. To ensure that our sample was representative of the national farm population, we weighted the sample on reported sales data to match sales proportions reported in the Census of Agriculture for the national farm population Table 1. We present both the quantitative and qualitative data and include quotes that reflect common themes expressed by farmers in both the interviews and written survey comments. Farmer and Rancher Demographics Health Insurance Access and Use Partly because of off-farm work, farmers have historically had overall high rates of health insurance Ahearn, Williamson, and Black, The way farm families are insured, however, is complex and varies by their age and life stage, health, values, and the structure of the enterprise. For example, one Nebraska farm family of four had insurance plans from three different sources: Smaller percentages of farmers purchased a plan through a farm organization 3. I lost it when we got divorced. Older farmers frequently reported delaying healthcare until they were eligible for Medicare at age Fourteen percent of farmers reported they had transitioned from employer-based insurance options into the marketplace or enrolled in a public health insurance plan in the last five years. A provision of the ACA uses income and not assets to determine Medicaid and Marketplace subsidy eligibility Andrews, For example, a ranch family with five children explained how ACA health insurance legislation changed their access to healthcare. Their three oldest children had never gone to the doctor because they had no health insurance. After the ACA implementation, the two younger children had preventative well-child visits and the family had access to a wider range of health

services. These farmers shared that marketplace plans were unaffordable to them for two reasons. Some reported the premiums were unaffordable, while for others the cost of using the plan was too high due to high deductibles and out-of-pocket costs. These farmers still reported prioritizing their health by being cautious with their bodies, going for chiropractic care, bartering for healthcare, or using food as medicine. As a cost-saving strategy, coupled with personal convictions, a small percentage of farmers 1. These plans do not cover preventive health services, but serve as a risk management strategy by providing catastrophic coverage. As such, some farmers reported delaying preventative care for themselves and their families that was not covered. The plans potentially inhibit access to care until a health issue becomes acute and expensive to treat. Some farmers shared how they continued to rely on public healthcare access through programs like subsidized vaccinations. I need a shingles vaccine. We have a risky job. The health and well-being of all farm family members directly impact the farm enterprise. The farm enterprise and farm family are often treated as separate, but the two are intertwined. These findings demonstrate the way in which health creates constraints on the farm operation with direct implications for enterprise growth and development. Current farm risk management programming predominantly focuses on production and marketing related risks and currently places little emphasis on health risk outside of farm safety. These findings reinforce the need for more active integration of health into business and risk management planning. Health Insurance, Farm Viability, and Farm Land Access The finances of farm operations and farm families are often co-mingled, and healthcare costs can influence the trajectory of the farming enterprise. Nationally, farmers have an average age of Taken together, these results indicate that to cover healthcare needs, older farmers may need to farm longer to augment their incomes or sell land to the highest bidder, which may result in nonfarm development and exacerbate the land-access bottleneck for young and beginning farmers. This further disrupts efforts to attract young farm families, as aging farmers persist in their occupations past the window of opportunity for their children and other young farmers to succeed them. Growing the Next Generation of Farmers The Farm Bill supports new and beginning farmers through strategic investments in production, marketing, access to capital and land, and succession planning but does not address health insurance. The Young Farmer Coalition cites health insurance as one of the top three issues affecting the trajectory and success of young and beginning farmers Shute, We found, however, that access to affordable health insurance through marketplace subsidies and Medicaid expansion has benefitted young farmers, especially in Medicaid expansion states. And I really like having health insurance. By removing the need for a full-time off-farm job with benefits, farmers reported being able to invest more time and money into growing their operation. Affordable and accessible health insurance options were especially significant for families who prioritized health insurance coverage for their children. Farm families shared the conflicting insurance options they face: Some farm families reported deferring job opportunities that would offer extra income and cash flow because the added earnings would increase their income above the threshold eligibility for public health insurance, but income levels would still be relatively low, making marketplace health insurance options unaffordable. Understanding the relationships among types of jobs e. While off-farm work provides an important source of income, cash flow, and health insurance, it also takes time and energy away from the farm enterprise and family and is an added source of tension and distraction. One multigeneration rancher commuting to a full-time off-farm job 45 minutes away articulated this challenge faced by many farmers: We would be okay on the farm without my full-time job, but you have to have it for the insurance. The stress of off-farm work is compounded by lack of high-paying employers offering health insurance and benefits in rural areas and shapes how farmers balance farm priorities with off-farm employment demands. In our interviews, farmers consistently pointed out the stress of commuting long distances to work, farming, and family obligations and the additional stress of performing well at their job to ensure they would not be fired or let go and lose their benefits. As noted earlier, even farm families with employer-based insurance reported that individual family members are insured through different plans. In rural areas, public-sector jobs tend to offer the highest wages and most generous benefits. Changes in public- and private-sector employment options and benefits affect the financial stability and social well-being of farm families with impacts felt throughout rural communities. Another challenge some farmers noted is the lack of physical access to healthcare resulting from rural hospital closures. Several farmers reported the consolidation

of rural healthcare facilities, resulting in longer distances to travel for services. Rural development programs embedded in the Farm Bill need to account for these emerging trends when creating programs and developing incentives for rural economic development. Health Insurance, National Farm Policy, and the Farm Bill Health insurance is a cross-sector risk for agriculture, interconnected with farm risk management, productivity, health, retirement, need for off-farm income for farmers of all ages, and land access for young and beginning farmers. In our survey, farmers expressed a preference for national health insurance policy to address specific needs of the farm sector. The Farm Bill presents a new opportunity to integrate health, access to healthcare, healthcare costs, and health insurance into the Risk Management Agency RMA and Rural Development RD initiatives that work to promote a vibrant and resilient farm sector. RMA programs traditionally focus on crop insurance as a way to manage risk, but there is an opportunity to expand how risk is framed to include health, healthcare costs and access, and health insurance. Moreover, there is an opportunity to account for age-specific health insurance needs that change along the life course by accounting for the varying needs of young farm families with young children, those who are middle-aged, and those over The USDA has made substantial efforts to recruit a new generation of farmers and ranchers. To ensure returns on this investment, it is critical to consider the interplay between national farm policy and healthcare policy. RD initiatives could account not only for the number of jobs created in rural areas but also the quality of those jobs, including the provision of health insurance benefits, to support efforts to build a more vibrant and prosperous farm sector and rural economy. Including the ARMS health insurance questions on the Census of Agriculture would allow researchers and policy-makers to track changes over time and respond better to producer health policy and program needs. For More Information Ahearn, M. The Role of Health Insurance. Number and rate of fatal occupational injuries, by industry section. Linking Health Insurance and Farm Viability. Department of Agriculture, Economic Research Service. Alana Knudson knudson-alana norc. Bonnie Braun bbraun umd. Scott Loveridge loverid2 msu. Jason Parker jparker7 uvm. Bob Parsons rlparson uvm. Rachel Welborn rachelw srdc.

Chapter 5 : Community Health Planning and Policy Development

Although choice may be seen as an end in itself, the papers included in this special issue of Health Economics, Policy and Law, examine choice policies in European systems of health care, which aim to be effective instruments for ameliorating the systemic pressures from the iron triangle of equity, efficiency, and cost.

Chapter 6 : Consumers in Health Care: The Burden of Choice - California Health Care Foundation

Hedging health care expenditure risks through an efficient insurance system is a policy concern in all developed countries. In the U.S., most health care is covered through private insurance. Still, government programs such as Medicare and Medicaid account for more than 40 percent of overall health care expenditures.

Chapter 7 : 1st Quarter | Choices Magazine Online

The U.S. Department of Health and Human Services, for example, has an unequaled capacity to obtain data in areas of clinical and policy research (e.g., the National Institutes of Health and the Agency for Health Care Policy and Research), prevention and public health strategies (e.g. the Centers for Disease Control and Prevention), and.