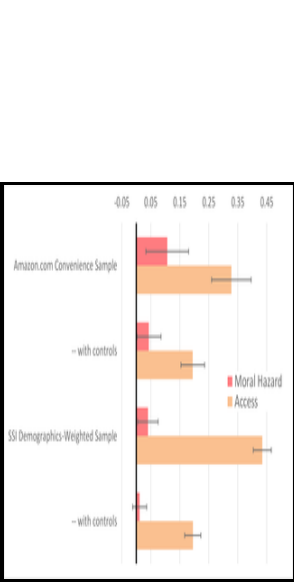


# Health insurance coverage-- who had a lapse between 1991 and 1993?

U.S. Dept. of Commerce, Economics and Statistics Administration, Bureau of the Census - Effects of Health Insurance on Health



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Archive Federally Funded PCIP Program as Established by the ACA As of July 31,

2013, 104,966 individuals were covered by federally-funded PCIP programs; three months earlier, on April 30, 2013 there were a total of 110,298 --. A study of 860 men in 26 medical practices with newly diagnosed prostate cancer evaluated their health-related quality of life HRQOL at three- to six-month intervals over a two-year period Penson et al.

## Health Insurance Coverage — Who Had a Lapse Between 1991 and 1993?

It is still the case however, that most small businesses that offer insurance offer only one plan.

## Health Insurance Coverage — Who Had a Lapse Between 1991 and 1993?

One meta-analysis has credited medical advances in the treatment of cardiovascular disease, including hospital-based care following AMI, with roughly half of the reduction in post-AMI mortality between 1975 and 1995 with a range of 20 to 85 percent Cutler et al. Such a design helps to minimize the possibility that unmeasured factors that vary along with health insurance status account for differences in health, a competing hypothesis that cannot be eliminated in cross-sectional studies. In the studies that examined overall utilization rates, the differences found by insurance status could be attributed to overutilization as well as underutilization.

## Mothers Who Receive Food Stamps — Fertility and Other Characteristics

Thus, these individuals were offered transitional coverage beginning on January 1, 2014 through April 30, 2014. In the case of both race and gender, differences in the receipt of these cardiac procedures were eliminated after gaining Medicare ESRD coverage. Includes excess employer contributions in such gross income.

## **High Risk Pools and ACA Coverage for the Uninsurable**

Persons with diabetes who are uninsured are less likely to receive the professionally recommended standard of care than are those who have health insurance. No insurance, public insurance, and private insurance: do these options contribute to differences in general health? Uninsured adults are less likely to stay on drug therapy for hypertension both because they lack a regular provider and because they do not have insurance coverage. Most small businesses 83% say it is because premiums are too high Figure 3.

## **General & Reference**

Doyle 2001 analyzed more than 10,000 police reports of auto accidents linked to hospital records maintained by Wisconsin over 1992—1997 to ascertain the care received and the mortality of insured and uninsured crash victims. By 1995 managed care became the dominant form of health coverage in the small group market, covering 70% of all workers insured through small firms, from only 27% just two years earlier Figure 2. We distribute our journalism for free and without advertising through media partners of all sizes and in communities large and small.

## **Health Insurance Coverage**

Identifying chronic conditions early and providing appropriate health care on an ongoing and coordinated basis are health care system goals that have been developed over several decades and have been continuously refined as evidence for cost-effective interventions and practices has accumulated. Our linking to these sites does not constitute an endorsement of any products, services or the information found on them.

## **Clinton health care plan of 1993**

In a multivariable analysis that adjusted for age, race, education, and a regular source of care, uninsured adults were significantly less likely than those with any kind of coverage to receive a Pap test, mammography, and colorectal screening FOBT or sigmoidoscopy ORs ranged from 0. Little difference was found in hospital admissions for more severe head injuries among patients with different insurance status. Generally, in studies examining the stage at which cancer is diagnosed, those with private health insurance have the best outcomes and those with no insurance have the worst i.

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