

**ATTACHMENT D: OVERVIEW OF OTA'S ASSESSMENT,  
TECHNOLOGY, INSURANCE, AND THE HEALTH CARE SYSTEM**

**BACKGROUND:** The Congress has been concerned for many years with serious and growing problems related to health care costs, access, and quality. In response to requests from the Senate Committee on Labor and Human Resources (Edward Kennedy, Chairman), the House Committee on Energy and Commerce (John Dingell, Chairman), the House Committee on Ways and Means Subcommittee on Health (Willis D. Gradison, then Ranking Minority Member), Senator Charles E. Grassley (Committees on Budget, Finance, Special Committee on Aging), OTA's assessment, "Technology, Insurance, and the Health Care System," addresses these congressional concerns by focusing on the following issues:

1. What does the available literature say about the impact of lacking health insurance on access to care and patient health outcomes?

2. Can a minimum benefit package for uninsured people be fashioned from the perspective of effectiveness and cost-effectiveness? In addressing this question, focus on the chronic conditions in general, and on mental health/substance abuse treatment, clinical preventive services, and patient cost-sharing as particular areas of concern.

In addition, Senator Ted Stevens, then a member of the OTA Technology Assessment Board, asked OTA to review available estimates to address the following question:

3. What cost implications do the leading types of health care reform proposals have in 7 areas: health care spending and savings; Federal, State, and local budgets; employers (large and small); employment; households (low, middle, and upper income); other costs in the economy; and administrative costs?

**SCHEDULE AND PLAN:** The assessment was approved by the Technology Assessment Board in April 1991, and began in July, 1991. In June 1992, the letter was received from Senator Stevens.

An advisory panel for the overall assessment was formed in November 1991 (see **Box D-1** ); the advisory panel met in January 1992, December 1992, and May 1993.

OTA has released, or plans to release, the following documents related to the assessment:

1. Does Health Insurance Make a Difference? (OTA-BP-H-99).

This Background Paper represents the interim report from the overall assessment. It was specifically requested by the U.S. Senate Labor and Human Resources Committee, and: summarizes the state of the literature on the relationships among insurance coverage, access, and patient health outcomes, provides a conceptual framework for evaluating access to health care and the health effects of such access, provides an overview of insured and uninsured populations in the United States as of 1990. The Background Paper is available from the U.S. Government Printing Office (GPO),

Superintendent of Documents (phone number 202/275-3030; address: Washington, DC 20402; GPO stock number 052-003-01301-1, \$5.00 per copy) or, for congressional purposes, from OTA (49241 ).

**2. An Inconsistent Picture: A Compilation of Analyses of Economic Impacts of Competing Approaches to Health Care Reform by Experts and Stakeholders (OTA-H-540)**

This report, which summarizes and reviews available analyses of the economic impacts of four major competing approaches to health care reform (popularly known as “single payer, ” “play or pay,“ “individual tax credits or vouchers, ” and “managed competition”), was requested by Senator Ted Stevens, and is expected to be released in summer 1993. The report will be available for public use from GPO (phone number 202/783-3238; address: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; GPO stock number 052-003-01327-4, \$8.00 per copy) , and for Congressional use from OTA (49241 ).

**3\* “Primary Care and Uninsured People: Efficacy and Access--Background Paper” (will not be printed by GPO)**

This background paper will be available in summer 1993 from OTA.

**4. “Nonfinancial Barriers to Access--Background Paper”**

This background paper will be available in late 1993 from GPO or, for congressional use, from OTA.

**5. A set of publications on Benefit Design in Health Care Reform which explores issues involved in designing a benefit package based on effectiveness and cost-effectiveness in relation to other factors such as public preferences, professional judgment, and political concerns, with a focus on specific benefit areas. This set of reports was prepared in response to a specific request from Congressman Dingell.**

■ **Benefit Design in Health Care Reform: Clinical Preventive Services (Report)**

Benefit Design in Health Care Reform: Mental Health and Substance Abuse Treatment Services (Report)

Benefit Design in Health Care Reform: Patient Cost-Sharing (Background paper)

■ **Benefit Design in Health care Reform: General Policy Issues (Report).**

The four publications in this set will be issued in September 1993, and will be available via the Government Printing Office and, for congressional use, from OTA.

**6. “Care for Depression: Issues Raised in Using Effectiveness and Cost Effectiveness Information to Design a Mental Health Benefit”**

This case study will be available in winter 1993; plans for distribution are not yet final.

**7. “Insurance Status and Health Care Utilization: Analysis of Four Data Bases and Cost Implications of Universal Coverage--Background Paper”**

This background paper is scheduled to be available in fall-winter 1993.

**Box D-1:**

**Advisory Panel for OTA Assessment, Technology, Insurance, and the Health Care System**

**James C. Hunt, Chair**

University Distinguished Professor  
University of Tennessee-Memphis  
Memphis, TN

**Henry Aaron**

Director  
Economic Studies Program  
Brookings Institution  
Washington, DC

**Robert Brook**

Director  
RAND Health Sciences Program  
RAND Corporation  
Santa Monica, CA

**Arthur Caplan**

Director  
Center for Biomedical Ethics  
University of Minnesota  
Minneapolis, MN

**Deborah Chollet**

Associate Director  
Center for Risk Management and  
Insurance Research  
Georgia-State University  
Atlanta, GA

**Olivia Cousins**

Associate Professor  
CUNY--Health Education  
New York, NY

**Jane L. Delgado**

President and CEO  
National Coalition of Hispanic  
Health and Human Services  
Organizations  
Washington, DC

**Paula K. Diehr**

Professor  
Department of Biostatistics  
School of Public Health and  
Community Medicine  
University of Washington  
Seattle, WA

**M. Joycelyn Elders**

Commissioner of Health  
State of Arkansas  
Little Rock, AR

**Jack Hadley**

Co-Director  
Center for Health Policy Studies  
Georgetown University  
Washington, DC

**Douglas E. Henley**

Physician in Private Practice  
Hope Mills, NC

**William Hobson**

Executive Director  
Central Seattle Community  
Health Centers  
Seattle, WA

**John Lewin**

Director of Health  
State of Hawaii  
Honolulu, HI

**Barbara J. McNeil**

Ridley Watts Professor  
and Head  
Department of Health  
Care Policy  
Harvard Medical School  
Boston, MA

**David Mechanic**

Rene Dubos Professor of  
Behavioral Sciences  
Director  
Institute for Health,  
Health Care Policy, and  
Aging Research  
Rutgers University  
New Brunswick, NJ

**Joseph Morris**

Vice President for Information  
Systems  
Delaware Valley Hospital Council  
Philadelphia, PA

**Patricia Nazemetz**

Director of Benefits  
Xerox Corporation  
Stamford, CT

**David G. Pockell**

Senior Vice President and Regional  
Manager  
Kaiser Foundation Health Plan  
Oakland, CA

**Carl Scott**

Senior Vice President  
Mutual of Omaha  
Omaha, NB

**Gordon R. Trapnell**

President  
Gordon R. Trapnell  
Consulting Actuaries, Ltd.  
Annandale, VA

**Cheryl B. Travis**

Professor of Psychology and Assistant  
Department Head  
Department of Psychology  
University of Tennessee  
Knoxville, TN

Special Consultant

**Stephen H. Long**

Senior Economist  
RAND Corporation  
Washington, DC

NOTE : OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this Report. OTA assumes full responsibility for the Report and the accuracy of its contents.