UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, Plaintiff, v. UNITED STATES DEPARTMENT OF LABOR, et al., Defendants.	20-CV-3020 (JPO)

DECLARATION OF MATTHEW COLANGELO

Matthew Colangelo, pursuant to penalty of perjury under 28 U.S.C. § 1746, does hereby state the following:

I am an attorney in the Office of the New York State Attorney General and counsel to Plaintiff in this action. I submit this Declaration in support of Plaintiff's opposition to Defendants' motion to dismiss and cross-motion for summary judgment.

Attached to this Declaration are true and correct copies of the following numbered exhibits:

1. Declaration of Dr. Heather Boushey, President & CEO, Washington Center for Equitable Growth (May 5, 2020).

2. Declaration of Dr. Leighton Ku, Professor of Health Policy and Management and Director of the Center for Health Policy Research at the Milken Institute School of Public Health, George Washington University (May 4, 2020).

3. Declaration of Scott Palladino, Deputy Commissioner, New York State Department of Taxation & Finance (May 4, 2020).

4. Declaration of Megan Thorsfeldt, Deputy Director of Research & Analytics, Office of the New York State Attorney General (May 5, 2020).

Dated: May 5, 2020

/s/ Matthew Colangelo
Matthew Colangelo

Office of the New York State Attorney General
28 Liberty Street
New York, NY 10005
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matthew.colangelo@ag.ny.gov

Attorney for the Plaintiff

Exhibit 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, Plaintiff, v. UNITED STATES DEPARTMENT OF LABOR; and EUGENE SCALIA, *in his official capacity as Secretary of Labor,* Defendants.	20 Civ. 3020

DECLARATION OF HEATHER BOUSHEY

1. I am over the age of eighteen (18) years, competent to testify to the matters contained herein, and testify based on my personal knowledge and information.

2. I am the president, CEO, and co-founder of the Washington Center for Equitable Growth ("Equitable Growth"). I am an economist with expertise in the U.S. labor market and social policy, with a Ph.D. from the New School for Social Research. I have written extensively on work and family issues, including two recent books, *Unbound: How Economic Inequality Constricts Our Economy and What We Can Do About It* and *Finding Time: The Economics of Work-Life Conflict.* I previously served as chief economist for Secretary of State Hillary Clinton's 2016 presidential transition team and as an economist for the Center for American Progress, the Joint Economic Committee of the U.S. Congress, the Center for Economic and Policy Research, and the Economic Policy Institute. I sit on the board of the Opportunity Institute and am an associate editor of *Feminist Economics*, and a senior fellow at the Schwartz Center for Economic and Policy Analysis at the New School for Social Research.

3. I am aware that the federal government recently issued a final rule, "Paid Leave Under the Families First Coronavirus Response Act," 85 Fed. Reg. 19,326 ("the Rule"). The Families First Coronavirus Response Act ("FFCRA") was written to combat the workplace spread of the novel coronavirus and COVID-19, the disease spread by the virus, by requiring covered employers to provide 2 weeks (up to 80 hours) of paid sick leave and up to an additional 10 weeks of paid expanded family and medical leave for specific reasons related to the novel coronavirus and COVID-19. The new Rule provides direction for the administration of the paid sick leave and paid expanded family and medical leave, including definitions of covered employers and procedures for exempting small businesses from the paid leave provisions. I have reviewed the Rule and am aware of its direct implications on the administration of paid leave under the Families First Coronavirus Response Act. I understand that this lawsuit challenges the Rule.

4. Equitable Growth is a nonprofit research and grantmaking organization dedicated to advancing evidence-backed ideas and policies that promote strong, stable, and broad-based economic growth. Our fundamental questions have been whether and how economic inequality—in all its forms—affects economic growth and stability, and what policymakers can do about it. We work to build a strong bridge between academics and policymakers to ensure that research on equitable growth and inequality is relevant, accessible, and informative to the policymaking process. Since our founding in 2013, we have funded the work of more than 200 scholars and built a broader network through our working papers series, events, and convenings. By supporting research and bringing these scholars together to exchange ideas, we have learned a great deal and advanced a broad range of evidence-based policy approaches to addressing economic inequality and delivering broad-based economic growth to communities and families.

5. Outside of leave provided through FFCRA, many workers do not have access to paid time away from work to address their own illness or to care for a sick relative. In 2019, 73 percent of private-industry workers had access to paid sick leave, but that access is not distributed equitably. Only 47 percent of workers in the bottom wage quartile and 43 percent of part-time workers have paid sick leave through their employers. Likewise, only 18 percent of private-industry employees have access to paid family leave that they can use to care for a loved one, and that number declines further for those workers in the bottom wage quartile and part-time workers (8 percent for both groups of workers).[1]

6. Several states and localities have made legislative efforts to address these gaps in paid sick days coverage. Paid sick days are for short-term illnesses and generally paid for by employers. Currently, 11 states, the District of Columbia, and more than 20 cities and counties have passed paid sick days laws, requiring firms to provide employees with earned sick days that they may use to care for themselves or a family member during an illness. Such a law has been in effect since 2014 in New York City and requires employers with greater than five employees to allow workers to earn up to 1 week (40 hours) of paid sick time that they may use to address their own illness, that of a family member, or to cover their time away from work due to a public health emergency. The state of New York passed a similar law in 2020 that goes into effect in January 2021.[2]

7. Similarly, several states have established social insurance programs to provide paid family and medical leave, addressing this coverage gap. Paid family and medical leave is distinct from paid sick days because the duration of leave lasts for weeks or months, rather than days. Eight states and the District of Columbia have enacted programs giving workers 4 weeks to 52 weeks of paid leave to care for a new child, a seriously ill family member, or recover from a serious illness, generally at about 60 percent of pay. In 2018, the state of New York expanded its longstanding Temporary Disability Insurance program to add paid family leave and is now providing 10 weeks of paid leave for family caregiving or to bond with a new child, in addition to 26 weeks for one's own serious medical condition.

8. In March 2020, Congress passed the Families First Coronavirus Response Act, providing some private-industry workers with federally guaranteed paid sick leave and paid

[1] Patrick Pizzella and William Beach, "National Compensation Survey: Employee Benefits in the United States, March 2019" (Washington: U.S. Bureau of Labor Statistics, 2019).
[2] The National Partnership for Women and Families, "Paid Sick Days – State and District Statutes" (2020), available at https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-statutes.pdf.

family leave for the first time. FFCRA requires covered employers with fewer than 500 employees to provide all employees with 2 weeks (80 hours) of paid sick leave at the employee's regular rate of pay when an employee cannot work due to being subject to a governmental quarantine order, ordered by a health care provider to quarantine as a result of infection by the coronavirus, or experiencing symptoms of COVID-19; 2 weeks (80 hours) of paid sick leave at two-thirds of the employee's regular rate of pay when an employee cannot work due to a family member's experience with COVID-19; and up to an additional 10 weeks of paid expanded family and medical leave at two-thirds of the employees' regular rate of pay to care for a child whose school or childcare facility was closed down due to reasons related to the coronavirus and COVID-19.[3] Qualifying firms are eligible to receive tax credits to reimburse the cost of providing paid sick leave and/or paid expanded family and medical leave.[4] Firms can retain their regularly owed payroll taxes or request expedited payment from the Internal Revenue Service if there is not sufficient payroll taxes to cover the cost of providing such leave.[5]

9. According to the U.S. Department of Labor, the law helps reduce the workplace spread of COVID-19 by "ensuring that workers are not forced to choose between their paychecks and the public health measures needed to combat the virus."[6] Contrary to the intent of the FFCRA, the Rule promulgated by the Department of Labor significantly weakens the law's paid sick leave and paid family leave provisions in several ways.

10. FFCRA allows otherwise-qualifying employees to be denied paid sick leave or paid family and medical leave if the employee is "a health care provider or an emergency responder" as defined by the Rule.[7] The Rule issues an overly broad definition of healthcare providers and emergency responders.[8] In fact, under the current definition, workers with no experience in healthcare, such as cleaning staff in hospitals or administrative staff at medical schools, are considered providers under the Rule.

11. FFCRA allows small businesses with fewer than 50 employees to qualify for an exemption to the paid sick leave and paid expanded family and medical leave provisions when "the imposition of such requirements would jeopardize the viability of the business as a going concern."[9] The Rule allows the employer to self-determine what constitutes such a jeopardy under several broad categories. Small firms wishing to exempt themselves from these provisions of the FFCRA need only to document this determination. There is no oversight by the U.S. Department of Labor as to the appropriateness of such determination.[10]

12. The Rule also requires workers to submit extensive documentation to their

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[3] U.S. Department of Labor Wage and Hour Division, "Families First Coronavirus Response Act: Employer Paid Leave Requirements" (2020), available at https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave#_ftnref2.
[4] *Families First Coronavirus Response Act* ("FFCRA"), Public Law 116-127 § 7001, 116th Cong. (March 18, 2020).
[5] Internal Revenue Service, "Treasury, IRS and Labor announce plan to implement Coronavirus-related paid leave for workers and tax credits for small and midsize businesses to swiftly recover the cost of providing Coronavirus-related leave," Press release, March 20, 2020, available at https://www.irs.gov/newsroom/treasury-irs-and-labor-announce-plan-to-implement-coronavirus-related-paid-leave-for-workers-and-tax-credits-for-small-and-midsize-businesses-to-swiftly-recover-the-cost-of-providing-coronavirus
[6] U.S. Department of Labor Wage and Hour Division, "Temporary Rule: Paid Leave under the Families First Coronavirus Response Act" (2020), available at https://www.dol.gov/agencies/whd/ffcra.
[7] FFCRA § 5111(1).
[8] 29 CFR 826.30(c)(1)(i).
[9] FFCRA § 5111(2).
[10] 29 CFR 826.40(b)(2).

employer prior to taking paid sick leave or paid expanded family and medical leave, including a reference to the government entity or healthcare provider that is requiring or encouraging the employee to remain isolated or quarantined due to the coronavirus and COVID-19.[11] Such requirements are burdensome to workers and may discourage workers from exercising their right to paid leave.[12]

13. The exemptions and conditions imposed by the Rule will result in millions of workers being denied coverage under the FFCRA. A recent analysis by the Center for American Progress finds that approximately 624,000 private-sector workers in the state of New York may be denied coverage under the FFCRA due to their status as healthcare providers and emergency responders under the Rule, while 2.3 million workers at small employers may be denied coverage if their employer seeks an exemption. Therefore, the rule has the potential to reduce the number of New Yorkers accessing paid leave under the FFCRA from nearly 50 percent to just more than 17 percent of the private workforce.[13] Denying such a large number of New Yorkers paid leave under the FFCRA will impose significant economic and administrative costs to the state.

14. By preventing many New Yorkers from accessing the paid sick leave and paid expanded family and medical leave under the FFCRA, the Rule could decrease revenue to the state of New York. Most simply, benefits paid under FFCRA are taxable income.[14] When workers who are prevented from accessing paid leave through FFCRA by the Rule take unpaid leave, less revenue accrues to the state.

15. Further, because the Rule prevents an overly broad group of employers from accessing federal reimbursement for paid leave from FFCRA, it will strain businesses and could lead to decreased tax revenue through business closures or decreases in payroll. This is particularly true in the state of New York, where many employers are required to provide paid sick days.[15] In normal economic times, researchers have found that such sick leave laws have no significant impact on employment or employees' wages, but in the extreme economic conditions created by the coronavirus and COVID-19, it is possible that small costs will affect business operations.[16]

16. Additionally, in decreasing access to leave under the FFCRA, the Rule is likely to increase costs to the state of New York. Research suggests that when workers are unable to access paid sick leave and paid family and medical leave, they are more likely to separate from their employers.[17] One study using several panels of the Medical Expenditure Panel Study found

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[11] 29 CFR 826.100.
[12] Pamela Herd and Donald Moynihan, *Administrative Burden: Policymaking by Other Means* (New York: Russel Sage Foundation, 2019).
[13] Sarah Jane Glynn, "Coronavirus Paid Leave Exemptions Exclude Millions of Workers from Coverage" (Washington: Center for American Progress, 2020), available at https://www.americanprogress.org/issues/economy/news/2020/04/17/483287/coronavirus-paid-leave-exemptions-exclude-millions-workers-coverage/.
[14] Internal Revenue Service, "COVID-19-Related Tax Credits: Special Issues for Employees and Additional Questions FAQs" (2020), available at https://www.irs.gov/newsroom/covid-19-related-tax-credits-special-issues-for-employees-and-additional-questions-faqs#employees.
[15] FFCRA § 7001.
[16] Stefan Pichler and Nicolas Ziebarth, "Labor Market Effects of U.S. Sick Pay Mandates," *Journal of Human Resources* (forthcoming).
[17] Jack Smalligan and Chantel Boyens, "Paid medical leave research: What we know and what we need to know to

that access to paid sick leave decreases the probability of job separation by 25 percent.[18] When workers lose their earnings from employment, most are unable to fall back on personal savings: 41 percent of families do not have $2,000 to smooth these types of income shocks.[19] Instead, they must turn to government programs. Thus, increases in job separations caused by the Rule will increase the financial and administrative stresses on the public benefits programs of the state of New York. Increases in unemployment claims will strain the state's Unemployment Insurance trust fund, which is already paying out a record number of claims.[20]

17. When workers do not have access to paid leave, they are often forced to take unpaid time off to address their medical or caregiving needs. In a 2016 survey by the Pew Research Center, 52 percent of workers who took family or medical leave did so with no pay (36 percent) or only partial pay (16 percent). These workers, particularly those with lower incomes, face financial hardship. Fifty-seven percent of employees with incomes of $30,000 or less took on debt after a partially compensated or uncompensated leave, and nearly half (48 percent) relied on public assistance to cover lost wages during their leave.[21] A 2012 survey supported by the Department of Labor found that nearly 15 percent of uncompensated or partially compensated leave takers overall went on public assistance while on leave.[22] These findings contributed to the Department of Labor's conclusion that paid leave programs "reduce the need for workers to rely on public assistance benefits to replace lost wages."[23] As the Rule will force some New Yorkers to opt for unpaid leave, the state of New York is likely to experience increased costs to its public assistance programs.

18. Many unemployed workers or workers taking unpaid leave will be eligible for the state of New York's Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps—indeed, when unemployment increases SNAP enrollment surges.[24] Even if workers remain attached to their jobs, lack of access to sick leave is associated with increased likelihood of participation in food assistance programs: Researchers using the National Health Interview Survey data found that, after controlling for many factors, working-age adults without access to paid sick leave were 1.41 times more likely to participate in their state or county

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improve health and economic well-being in the United States" (Washington: Washington Center for Equitable Growth, 2020), available at https://equitablegrowth.org/research-paper/paid-medical-leave-research/.

[18] Heather Hill, "Paid Sick Leave and Job Stability," *Work and Occupations* 40 (2) (2013).

[19] The Pew Charitable Trust, "The Role of Emergency Savings in Family Financial Security: What Resources Do Families Have for Financial Emergencies" (2015), available at https://www.pewtrusts.org/-/media/assets/2015/11/emergencysavingsreportnov2015.pdf.

[20] Wayne Vroman and Stephen Woodbury, "Financing Unemployment Insurance," *National Tax Journal* 67 (1) (2014): 253–268; Berkeley Lovelace Jr., "New York state's unemployment system 'collapsed' following a surge in claims, Gov. Cuomo says," CNBC, April 21, 2020, available at https://www.cnbc.com/2020/04/21/new-york-states-unemployment-system-collapsed-following-a-surge-in-claims-gov-cuomo-says.html.

[21] Juliana Menasce Horowitz and others, "Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies" (Washington: Pew Research Center, 2017), available at https://www.pewsocialtrends.org/2017/03/23/americans-widely-support-paid-family-and-medical-leave-but-differ-over-specific-policies/.

[22] Jacob Alex Klerman, Kelly Daley, and Alyssa Pozniak, "Family and Medical Leave in 2012: Technical Report" (Cambridge, MA: Abt Associates Inc., 2012), available at https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-2012-Technical-Report.pdf.

[23] U.S. Department of Labor, "The Cost of Doing Nothing: The Price We All Pay Without Paid Leave Policies to Support America's 21st Century Working Families" (2015), available at https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2609&context=key_workplace.

[24] Kenneth Hanson and Victor Oliveira, "How Economic Conditions Affect Participation in USDA Nutrition Assistance Programs," *USDA-ERA Economic Information Bulletin* 100 (2012), available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2176939.

welfare systems and 1.34 times more likely to receive food assistance. Because the state of New York shares the cost of administering SNAP with the federal government, increased SNAP participation will result in higher costs to the state.[25]

19. By denying workers access to paid sick leave and paid expanded family and medical leave, the Rule may also strain the state's system for providing supplemental disability benefits. Evidence suggests that Social Security Disability Insurance, or SSDI, is a countercyclical program, meaning that use of the program increases when people experience unemployment in a slack labor market.[26] Low-income SSDI recipients also receive Supplemental Security Income, or SSI, benefits, so increases in work separations caused by the Rule would likely increase both SSDI and SSI participation. The state of New York provides SSDI and SSI top-off benefits through its State Supplemental Program, or SSP.[27] The state will bear the cost of any increase in SSP benefits stemming from the Rule.

20. Reductions in access to paid leave among New Yorkers resulting from the Rule also are likely to increase the spread of the coronavirus and COVID-19, which would lead to added costs for the state of New York's healthcare system and health programs. The public health benefits of paid leave are particularly important to the state, which has experienced the worst community spread of the novel coronavirus in the country. As of May 1, 2020, more than 300,000 individuals have tested positive for COVID-19.[28] Recent antibody tests suggest that nearly 15 percent of the state's and 25 percent of New York City's population have contracted the coronavirus.[29]

21. When workers have access to paid sick leave, they are less likely to work while sick and thus less likely to spread illness to their co-workers and clients. Research on state and local sick leave mandates in the United States finds a significant reduction in the general flu rate after the mandates were implemented.[30] Recent estimates suggest that between 1 percent and 12 percent of symptomatic, working-aged COVID-19 carriers are admitted to hospitals, with older individuals being more likely to be hospitalized.[31] Thus, restricting access to paid leave under FFCRA could increase costly emergency room visits and other uses of the hospital system. The state's Medicaid system may absorb these costs, or they may be absorbed by the hospital system itself when patients lack insurance and private resources to pay the cost of the hospital visits.[32]

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[25] Center on Budget and Policy Priorities, "Policy Basics: The Supplemental Nutrition Assistance Program (SNAP)" (2019), available at https://www.cbpp.org/research/food-assistance/policy-basics-the-supplemental-nutrition-assistance-program-snap.

[26] Andreas Mueller, Jesse Rothstein, and Till von Wachter, "Unemployment Insurance and Disability Insurance in the Great Recession." Working Paper 19672 (National Bureau of Economic Research, 2013).

[27] New York State Office of Temporary and Disability Assistance, "New York State Supplement Program (SSP)" (2020), available at https://otda.ny.gov/programs/ssp/.

[28] New York State Department of Health, "NYSDOH COVID-19 Tracker" (2020), available at https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n.

[29] Office of Governor Andrew Cuomo, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Phase II Results of Antibody Testing Study Show 14.9% of Population Has COVID-19 Antibodies," Press release, April 27, 2020, available at https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-phase-ii-results-antibody-testing-study.

[30] Stefan Pichler and Nicolas Ziebarth, "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Noncontagious Absenteeism Behavior," *Journal of Public Economics* 156 (2017): 14–33.

[31] Robert Verity and others, "Estimates of the severity of coronavirus disease 2019: a model-based analysis," *The Lancet Infectious Diseases* (2020).

[32] Kevin Miller, Claudia Williams, and Youngmin Yi, "Paid Sick Days and Health: Cost Savings from Reduced

Indeed, access to paid time off to care for one's health is associated with a significantly lower risk of mortality across many conditions.[33] The increased spread of the novel coronavirus and COVID-19 through workplaces would also result additional costs to the state of New York's Workers' Compensation program: When workers contract COVID-19 on the job, they are eligible for Workers' Compensation benefits.[34] They are also likely to be eligible for state-provided temporary disability insurance, up to a maximum benefit of $2,043.92.[35]

22. FFCRA also allows workers to take paid time away from work to care for a sick loved one who becomes infected by the coronavirus and contracts COVID-19, which would reduce the burden on New York's healthcare systems and the state paid family leave program. Paid caregiving leave prevents infected caregivers from carrying the coronavirus virus back to their workplaces. Importantly, it also allows care recipients to receive care and attention from a loved one, decreasing the likelihood that they need care from state-funded systems. Indeed, researchers studying California's paid family and medical leave system found that the program was associated with an 11 percent decline in nursing home utilization by older adults, probably because family members could use paid time off to respond to health and caregiving concerns before they escalated to the point of requiring nursing home care.[36] Workers who are carved out of FFCRA paid leave to care for family members will either access the state's paid family leave program—increasing costs to the state—or go without paid leave and thus will likely increase costs to state-funded care systems. While the novel coronavirus and COVID-19 have no known treatment or cure, there may be some cases where hospitalization could have been avoided if the patient had access to supportive care at home.

23. The current coronavirus pandemic and the U.S. Department of Labor's regulatory interpretation of the FFCRA is set to reduce revenue to the state of New York and will impose significant financial and administrative burdens on state's Unemployment Insurance, SNAP, SSP, Medicaid, Workers' Compensation, Temporary Disability Insurance, paid family leave, and healthcare systems, all of which are currently supporting New Yorkers through the health and economic challenges they are facing due to the pandemic. By creating unnecessary administrative barriers to benefit access, adopting a broad definition of "healthcare providers" and "first responders," and implementing a broad opt-out system for small employers with no federal oversight, the Rule will deny paid sick leave and paid expanded family and medical leave to many workers who should qualify. The public health and economic consequences for New York are likely to be significant as state systems try to fill and respond to the benefit gaps that Congress intended to address with the FFCRA.

I declare under penalty of perjury that the forgoing is true and correct and of my own personal knowledge.

Emergency Department Visits" (Washington: Institute for Women's Policy Research, 2011).

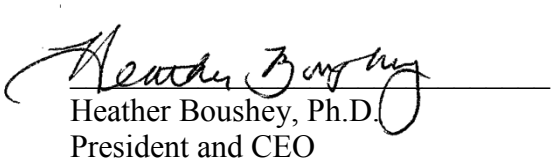
[33] Daniel Kim, "Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality among Adult Workers in the USA," *International Journal of Environmental Research and Public Health* 14 (10) (2017): 124.

[34] Letter from Clarissa Rodriguez to Carriers and Payers of Workers' Compensation, April 15, 2020, available at http://www.wcb.ny.gov/content/main/TheBoard/WCB_COVID19_LtrtoCarriers.pdf.

[35] New York Social Insurance Fund, "Instructions for taking Disability and/or Paid Family Leave for yourself due to COVID-19 Quarantine/Isolation" (2020), available at https://ww3.nysif.com/-/media/Files/DISABILITY_BENEFITS/PDF/SELF_COVID19_NYSIF.ashx?la=en&hash=E1DE954A1856C5CE0407F52EE28A90A361510FA1.

[36] Kanika Arora and Douglas Wolf, "Does Paid Family Leave Reduce Nursing Home Use? The California Experience," *Journal of Policy Analysis and Management* 37 (1) (2018): 38–62.

Executed on May 5, 2020 in Washington, D.C.



Heather Boushey, Ph.D.
President and CEO
Washington Center for Equitable Growth

Exhibit 2

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, Plaintiff, v. UNITED STATES DEPARTMENT OF LABOR *et al.*, Defendants.	20-CV-3020 (JPO)

DECLARATION OF LEIGHTON KU, PH.D., MPH

I, **Leighton Ku**, declare under penalty of perjury pursuant to 28 U.S.C. § 1746, that the following is true and correct:

1. My name is Leighton Ku. I have personal knowledge of and could testify in Court concerning the following statements of fact.

2. I am a Professor of Health Policy and Management and Director of the Center for Health Policy Research at the Milken Institute School of Public Health, George Washington University in Washington, DC.

3. I am a health policy researcher with over 25 years of experience. I have conducted numerous public health studies, authored about 100 papers published in peer-reviewed journals as well as hundreds of other policy and research reports or briefs, including numerous analyses of health care and its costs. I have taught statistical analysis and research methods at the graduate school level for over 25 years, training hundreds of graduate students, as well as dozens of federal and state budget and policy analysts. I have worked with federal, state and local agencies and testified before Congress on health policy topics. I also have knowledge of health care and employment through my role as a founding (unpaid, appointed) Executive Board

member for the District of Columbia's Health Benefits Exchange Authority, which governs the District's health insurance marketplace which insures over 100,000 persons living and working in the District of Columbia. My curriculum vitae is attached as an appendix to this declaration.

4. I have provided declarations as a public health expert about the potential effects of the Department of Homeland Security's public charge rule in September 2019,[1] January 2020,[2] and April 2020[3]; about the President's healthcare proclamation in October 2019 and January 2020[4]; and about the effects of terminating DACA on health insurance coverage and states in November 2017[5] and June 2018.[6] I have not provided testimony in any other court cases in the past four years.

5. I have a Ph.D. in Health Policy from Boston University (1990) and Master of Public Health and Master of Science degrees from the University of California at Berkeley (1979). Prior to becoming a faculty member at George Washington University, I was on the staff of the Urban Institute and the Center on Budget and Policy Priorities.

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[1] Declaration of Leighton Ku in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding public charge regulation), *Make the Road New York, et al v Ken Cuccinelli, et al.* in United States District Court, Southern District of New York, Sept. 9, 2019; *State of New York, et al. v. U.S. Department of Homeland Security, et al*. in United States District Court, Southern District of New York, Sept. 9, 2019; *La Clinica de la Raza, et al. v. Donald Trump, et al.* in United States District Court, Northern District of California, September 1, 2019.

[2] Declaration of Leighton Ku in *Make the Road New York, et al. v. Pompeo et al.* ("*MRNY v. Pompeo*") in the United States District Court, Southern District of New York, Dec. 22, 2019. In *MRNY v. Pompeo*, plaintiffs seek not only an injunction of the Department of State public charge rule, but the President's November 4, 2019 Healthcare Proclamation. My declaration was filed in support of the plaintiffs' motion to enjoin both policies.

[3] Declaration of Leighton Ku in US Department of Homeland Security v. State of New York, et al. in Supreme Court of the United States, April a, 2020.

[4] In addition to submitting a declaration in the *MRNY v. Pompeo* case on the healthcare proclamation, my declaration regarding the healthcare proclamation was filed in the *Doe v. Trump* case filed in the District of Oregon.

[5] Declaration of Leighton Ku in *State of New York, et al. v Donald Trump, et al.* in the United States District Court for the Eastern District of New York, Nov. 22, 2017.

[6] Declaration of Leighton Ku in *State of Texas v. United States of America, et al. and Karla Perez, et al., Defendant-Intervenor* in the United States District Court for the Southern District of Texas, Brownsville Division, June 14, 2018.

6. I have been engaged by counsel for the Plaintiff in this case to assess the Department of Labor's regulation about paid leave under the Families First Coronavirus Response Act.

Overview of the Paid Leave Legislation and the Regulation

7. In order to curb transmission of the novel coronavirus, Covid-19, the nation, states, local governments and individuals have engaged in major efforts to reduce the spread of infection through public health prevention methods, including social distancing, stay-at-home orders, and closures of schools and non-essential businesses. By April 30, 2020, more than 62,000 Americans had died from Covid-19 and one million Americans had reported infections,[7] while 30 million Americans filed for unemployment assistance in just six weeks.[8] In order to mitigate the harm that could be caused by potential Covid-19 workplace infections and to support care for children affected by school closures, Congress included the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act as parts of the Families First Coronavirus Response Act (Public Law 116-127). The law provides for tax credits to help compensate businesses for the costs of the paid leave provisions.[9]

8. On April 6, 2020, the U.S. Department of Labor published a temporary rule implementing those provisions.[10] The Act and rule promulgate policies for certain employers to provide paid leave to workers in light of disruptions related to the Covid-19 pandemic, both to

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[7] Centers for Disease Control and Prevention. Covid-19 Cases in the United States, as of April 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

[8] Schwartz N, Hsu T, Cohen P. Stymied in Seeking Benefits, Millions of Unemployed Go Uncounted. *New York Times.* April 30, 2020. https://www.nytimes.com/2020/04/30/business/economy/coronavirus-unemployment-claims.html

[9] Internal Revenue Service. COVID-19-Related Tax Credits: General Information FAQs. No date. Accessed. May 1, 2020. https://www.irs.gov/newsroom/covid-19-related-tax-credits-general-information-faqs

[10] Department of Labor, Wage and Hour Division. Temporary Rule: Paid Leave Under the Families First Coronavirus Response Act. *Federal Register*, 85(66): 19326-20158, April 6,2020, with corrections Issued April 10, 2020 at *Federal Register* 85(70): 20156.

relieve economic hardships and to lower the risk of disease transmission to workers or from workers to their co-workers, customers, family members and other members of their communities.

9. The State of New York has filed a complaint against the U.S. Department of Labor in the US District Court, Southern District of New York[11] seeking declaratory and injunctive relief, regarding conditions included in the temporary rule. Briefly, the state contends that the regulation is more restrictive than required by the legislation, and that this difference will injure states and their residents. The state expresses concern that the regulation allows many employers to deny paid leave in ways that go beyond the statute. For example, the rule permits an employer to deny paid sick leave when the employee is caring for a dependent if the employer determines that there is no work for the employee (§826.20(a)(6)), nor take expanded family and medical leave if the employer determines there is no work for the employee (§826.20(b)(1)). However, the rule does not describe how a "no work" determination is made, creating a very slippery slope in situations where it is important that there be certainty so an employee can leave the workplace quickly to prevent the potential spread of infection or to care for a loved one. The state also permits more employers to deny leave benefits by applying an overly broad definition of "health care provider." Additional concerns are the rule's restrictions on conditions for intermittent leave and requirements for excessive documentation prior to taking leave.

10. The net effect of the regulation is not only that employees may be denied paid leave when the law requires they receive it, but that there will be much more uncertainty among workers as to whether they can take paid leave, which will inhibit and delay its use. This, in turn, could hasten the spread of Covid-19 to the workers, others in the workplace, workers' families and their communities.

[11] Plaintiff's Motion for Summary Judgment in *New York v. U.S. Department of Labor* in the United States District Court for the Southern District of New York, April 14, 2020.

Evidence That Paid Leave Can Reduce the Transmission of Illness

11. The Department of Labor has acknowledged the importance of paid leave in promoting health, and lowering health care costs, stating in the preamble to the rule: "With the availability of paid leave, sick or potentially exposed workers will be encouraged to stay home, thereby helping to curb the spread of the virus and lessen the strain on hospitals and health care providers… This will have spillover effects not only on the individuals who receive pay while on leave, but also on their communities and the national economy as a whole, which is facing unique challenges due to the COVID-19 global pandemic"[12]

12. The lack of paid leave increases the risk that workers will go to work even when they are ill in order to avoid the loss of wages. For example, a survey of restaurant workers, conducted by the Environmental Health Specialists Network affiliated with CDC, found that three-fifths of the workers had gone to work when they were ill, sometimes at the direction of managers, posing risks of transmission to their co-workers and customers. The most common reason for going to work when ill was the lack of paid sick leave or a sick leave policy, which was mentioned by almost half (43 percent) of the workers.[13]

13. A study conducted by public health researchers at the University of Pittsburgh examined whether the availability of paid leave affected the number of sick days taken by people who had influenza or illness or who had a child with illness or injury. After rigorous analysis, the study concluded that "access to PSD [*paid sick leave*] was associated with a higher probability of staying home for an employee's own illness/injury, ILI [*influenza-like-illness*], influenza and for a child's illness/injury."[14] This study was drawn from 2009 data, when the United States experienced the H1N1 influenza (swine flu) epidemic, the largest serious recent

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[12] Department of Labor, Wage and Hour Division. Temporary Rule: Paid Leave Under the Families First Coronavirus Response Act. *Federal Register,* 85(66): 19345

[13] Carpenter L, et al. Food Worker Experiences with and Beliefs about Working While Ill. *Journal of Food Protection.* 76(12): 2146-54.

[14] Piper K, Youk A, James E, Kumar S. Paid Sick Days and Stay-At-Home Behavior for Influenza. *PLOS One.* 2017 Feb 2. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0170698

epidemic prior to Covid-19. The experience of the H1N1 flu is directly pertinent to the current Covid-19 pandemic; both are highly contagious respiratory diseases which led to serious epidemics in the United States. The study found that paid leave access was more effective in enabling minority workers, women, and those with lower incomes or less education to stay at home when ill, injured or caring for a sick child. The authors concluded "access to PSD [paid sick leave] is likely to reduce the spread of disease in workplaces by increasing the rate at which sick employees stay home from work and reduce the economic burden of staying home on minorities, women and children."[15]

14. The fact that paid leave was more important to minorities, women and lower income or less educated workers is particularly relevant given that low-wage workers have been far less likely to have access to paid leave from their employers.[16] Low-wage workers experience stronger pressure to avoid staying at home because the loss of wages creates great economic hardship for themselves and their families. The intent of the Families First Act was to make it more affordable for workers to take leave to avoid infection or to care for their loved ones. However, by permitting more exemptions from paid leave policies than specified in the Act and creating thereby greater uncertainty about whether paid leave is available, the Department of Labor created greater economic pressure on low-wage workers, including minorities and women, to avoid staying home when they are sick or when they need to care for their children.

15. There is also evidence that paid leave not only promotes the ability of workers to stay home when they are ill, but it reduces illness among other workers by preventing infection.

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[15] *Ibid.*

[16] DeSilver D. As coronavirus spreads, which U.S. workers have paid sick leave – and which don't? Pew Research Center. March 12, 2020 https://www.pewresearch.org/fact-tank/2020/03/12/as-coronavirus-spreads-which-u-s-workers-have-paid-sick-leave-and-which-dont/. Gupta P, Goldman T, Hernandez E, Rose M. Paid Family and Medical Leave Is Critical for Low-wage Workers and their Families. CLASP (Center on Law and Social Policy). Dec. 2018. https://www.clasp.org/sites/default/files/publications/2018/12/2018_pfmliscriticalfor_0.pdf

Two studies examined data about how the availability of paid leave, which can vary over time based on local laws or business practices of different types of firms, helped reduce the use of sick days by other workers and found that paid leave policies reduced reporting of flu or use of sick days by other workers.[17] Put simply, having paid leave available for an employee meant that other employees reported flu less often and used sick days less often—suggesting a reduction in the spread of disease.

16. Paid leave is particularly important in reducing transmission of communicable diseases like Covid-19. The coronavirus is highly contagious and, after an initial asymptomatic period, it can rapidly lead to severe illness and even death. This has driven the dizzying growth of infections, hospitalizations and death, and the strong policy reactions to slow its spread. Public health experts use the concept of the "reproduction rate" (R_0) to describe how contagious a disease is. Scientists estimate that the reproduction rate of Covid-19 is about 2 to 2.5, meaning that, on average, without restraint, an infected person can transmit the infection to 2 to 2.5 more people. In addition, it is estimated that a newly infected person can pass the infection to another person within 4 to 4.5 days of becoming infected. These two factors allow the Covid-19 epidemic to spread at a fierce rate.[18] Even during the period that an infected person is asymptomatic, free from symptoms, he or she can be infectious to others. At this time, we still lack effective medical treatments or vaccines that can prevent infection. This is why it has been imperative that we adopt strong public health measures – such as stay-at-home orders, social distancing, testing, contact tracing and strict sanitation – to curb disease transmission.

17. Many low-wage employees work in businesses that are viewed as essential, such as nursing homes, grocery stores, delivery firms or meat and poultry processing companies

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[17] Pichler S, Ziebarth N. The pros and cons of sick pay schemes: Testing for contagious presenteeism and noncontagious absenteeism behavior. *Journal of Public Economics*. 2017; 156 (2017) 14–33. Stearns J, White C. Can paid sick leave mandates reduce leave-taking. *Labour Economics.* 2018; 51: 227-46.

[18] Fisher M. R0, the Messy Metric That May Soon Shape Our Lives, Explained. *New York Times*. April 23, 2020. https://nyti.ms/2yBdi0U

(which the President recently deemed essential and ordered to stay in operation[19]), in which co-workers have been infected by Covid-19. Many workers have school-age children or other dependents who must currently stay at home because of school or business closures and require parental supervision. The lack of assured paid leave for many of these workers creates additional economic burdens and health risks for them, as well as their families and communities.

Harm from the Rule to New York State (and Similar State and Local Jurisdictions)

18. As described above, the gaps created by the Department of Labor's paid leave rule substantially increase the risk that workers will be afraid to stay at home when they are sick or when they are concerned about becoming infected at their jobs. This, in turn, magnifies the likelihood that the workers, their coworkers, their family members, or others they come into contact with will become infected by Covid-19 and further transmit the contagion to other members of their community.

19. These threats create a direct burden for the State of New York and to health care providers supported by the State of New York. There are at least two ways in which the additional disease incidence will increase costs to the state: (1) higher Medicaid costs and (2) higher costs of care for uninsured patients by public hospitals. In addition, there is evidence that the lack of paid leave can also contribute to other higher costs for the state because of the need for other welfare or support services, such as the Temporary Assistance to Needy Families program costs.[20]

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[19] Trump D. Executive Order on Delegating Authority Under the DPA with Respect to Food Supply Chain Resources During the National Emergency Caused by the Outbreak of COVID-19. White House. April 26, 2020. https://www.whitehouse.gov/presidential-actions/executive-order-delegating-authority-dpa-respect-food-supply-chain-resources-national-emergency-caused-outbreak-covid-19/

[20] Stoddard-Dare P, DeRigne L, Quinn L, Mallett, C. Paid sick leave status in relation to government sponsored welfare utilization. *American Journal of Orthopsychiatry*, 2018; 88(5), 608–615

20. Evidence that paid leave can lower illness and thereby lower health care costs is available. Researchers from the Institute for Women's Policy Research examined the association of paid leave with the number of emergency room visits during the H1N1 flu pandemic.[21] They estimated that providing paid leave to those who lack it could have prevented 1.3 million emergency room visits, which could have prevented $500 million in public insurance costs for Medicaid and Medicare. It is worth bearing in mind that the H1N1 flu pandemic was much less severe than the current Covid-19 pandemic, which ought to have a much higher medical care costs, such as those described below.

21. Given the massive increase in unemployment that has occurred recently, millions of additional Americans and New Yorkers are now unemployed, which will trigger the loss of their private insurance and increase the number of people on Medicaid or uninsured. A recent study estimated that if the unemployment rate reaches 17.5 percent (which seems plausible today), the number of people on Medicaid nationwide could grow by 17 million people (24 percent) above pre-Covid levels and the number of uninsured people could grow by 5 to 6 million people (17 to 21 percent).[22] The researchers estimated that, under this scenario, New York's Medicaid enrollment could grow by an additional 1.07 million people and the number of uninsured in New York could grow by 103,000.[23]

22. Medicaid is a federal-state partnership program that provides health insurance to low-income populations with shared financing by the federal government and states. Under standard rules, New York is responsible for financing 50 percent of total Medicaid medical expenditures, although the Families First Act temporarily lowered the state's share by 6.2

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[21] Miller K, Williams C, Yi Y. Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits. Institute for Women's Policy Research. Nov. 2011. https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B301-PSD&ED.pdf

[22] Health Management Associates. COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State. April 3, 2020. https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf

[23] *Ibid.*

percentage points during the period of the declared public health emergency. (The federal matching rate for Medicaid varies from state to state; states with lower per capita incomes bear a smaller share of Medicaid costs.) As more Medicaid enrollees become infected by Covid-19, New York state will bear up to half of the additional costs.

23. Researchers from the Kaiser Family Foundation have estimated that the costs of hospitalizations for uninsured patients infected by Covid-19 will be between $14 and $42 billion nationally.[24] These estimates assumed that the cost of hospitalization for a patient with similar illnesses was about $13,000 per patient in 2017 or for a patient with complications was about $40,000 per patient. (The authors increased these costs by 20 percent to account for inflation since then and price adjustments permitted by Congress in the CARES Act.) Insofar as roughly one-third of the Covid-19 cases and deaths in the nation have occurred in New York,[25] it is plausible that the costs of hospital care for uninsured patients in New York alone will be about $4 to $14 billion. New York will bear additional costs for Covid-19 care including the costs of health care for people provided in safety net clinics, nursing homes, prisons and institutions for the care of special populations, like those with mental illness or developmental disabilities. In addition to the costs of direct care to Covid-19 patients, the pandemic is raising health care costs associated with the need for more protective equipment, emergency staff, telehealth facilities and other procedural changes. To the extent that the Department of Labor's rule fuels additional Covid-19 infections, whether to workers denied paid leave or to members of their families or communities who became ill because of it, the state will experience substantial financial costs, in addition to the health harm caused to New York residents.

24. In New York, much of the costs of care to uninsured patients is borne by public hospitals. A 2017 conducted by the New York State Foundation concluded that 58% of the care

[24] Levitt L, Schwartz K, Lopez E. Estimated Cost of Treating the Uninsured Hospitalized with COVID-19. Kaiser Family Foundation. April 7, 2020. https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/

[25] Centers for Disease Control and Prevention. Covid-19 Cases in the United States. As of April 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

to uninsured patients in New York City was provided by public hospitals.[26] While the share might differ for Covid-19 care, it is clear that a major brunt of the costs of care for uninsured Covid-19 patients will be borne by state and local public hospitals, which are critical elements of the health care safety net in New York and in many other jurisdictions.

25. Even when insurance payments are available, in many cases public health agencies still bear additional costs due to difficulties billing for and being reimbursed for services. For example, despite efforts to promote vaccination for H1N1 influenza (swine flu), the epidemic that swept the United States in 2009, a survey of local public health agencies found that 80 percent had not billed for H1N1 vaccinations because of the challenges of billing and the lack of federal guidance on how to bill for these services.[27]

26. Congress has appropriated additional federal funding to help hospitals and other health providers cope with costs associated with care for Covid-19, however it is still not clear how these funds will be allocated and whether they will be sufficient to meet the costs of care, including the costs of care for uninsured patients treated at public hospitals or other facilities.[28] It is very likely that New York hospitals will continue to bear a substantial cost burden caring for uninsured Covid-19 patients.

Conclusion

27. The evidence indicates that, by creating gaps in paid sick leave and family leave policies, the Department of Labor's rule increases the risk that workers will not be able to stay at

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[26] Tikkanen R, Woolhandler S, Himmelstein D. Funding Charity Care in New York: An Examination of Indigent Care Pool Allocations. New York State Health Foundation. March 2017. https://nyshealthfoundation.org/wp-content/uploads/2017/12/examination-of-indigent-care-pool-allocation-march-2017.pdf

[27] Lindsey M. Billing Practices of Local Health Departments Providing 2009 Pandemic Influenza A (H1N1) Vaccine. *Journal of Public Health Management and Practice.* 2013 May-Jun; 19(3): 220–223.

[28] Schwartz K, Tolbert J, Pollitz K, Neuman T. Update on COVID-19 Funding for Hospitals and Other Providers. Kaiser Family Foundation. April 24,2020. https://www.kff.org/coronavirus-policy-watch/update-on-covid-19-funding-for-hospitals-and-other-providers/

home, which will in turn increase the transmission of Covid-19 infections, and lead to hardships for the workers, their families and their communities. The increased level of infections will create substantial costs for New York State (and other states and local governments) due to additional Medicaid expenditures and the costs of treatment for uninsured patients.

Signed

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May 4, 2020

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Summary

Leighton Ku, PhD, MPH, is a professor of health policy and management at the George Washington University (GW). He is a nationally known health policy and health services scholar with more than 25 years of experience. He has examined topics such as national and state health reforms, access to care for low-income populations, Medicaid, preventive services, the health care safety net, cost and benefits of health services, and immigrant health. He has authored or co-authored more than 90 peer-reviewed articles and 200 policy briefs and other translational reports. He directs the Center for Health Policy Research, a multidisciplinary research center, which includes physicians, attorneys, economists, health management and policy experts and others, with more than 20 faculty and dozens of staff; it has a research portfolio in excess of $25 million. He has been principal investigator for a large number of studies with support from the National Institutes of Health, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, the Commonwealth Fund and Robert Wood Johnson Foundation, and other sources. In the course of his career at GW, the Center on Budget and Policy Priorities and the Urban Institute, he has worked with federal and state executive and legislative agencies, health care organizations, advocates and others in research, technical assistance, strategic advice and advocacy. As a faculty, he has taught research methods and policy analysis at the graduate level for more than 25 years and guided numerous students through dissertations and other research. As a member of his community, he helped establish and guide the District of Columbia's Health Benefits Exchange Authority as a founding member of its Executive Board.

Education

1990	Ph.D., Health Policy, Boston University (Pew Health Policy Fellow in a joint program of Boston University and Brandeis University)
1979	M.P.H., Public Health, University of California, Berkeley
1979	M.S., Nutritional Sciences, University of California, Berkeley
1975	A.B. (honors), Biochemistry, Harvard College

Professional Background

2015 – present	Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health.
2012 - present	Executive Board, District of Columbia Health Benefit Exchange Authority (voluntary position).
2008 - present	Director, Center for Health Policy Research, The George Washington University

2008 - present	Professor of Health Policy and Management (with tenure), Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University.
2015- 2016	Interim Chair, Department of Health Policy and Management
2000 - 2008	Senior Fellow, Center on Budget and Policy Priorities, Washington, DC
1992 - present	Professor in Public Policy and Public Administration, Trachtenberg School of Public Policy and Administration, The George Washington University. Secondary appointment. Began as Associate Professorial Lecturer.
1990 - 2000	Principal Research Associate. The Urban Institute, Washington, DC. Began as Research Associate I.
1989 - 1990	Research Manager, SysteMetrics/McGraw-Hill, Cambridge, MA.
1987 - 1989	Pew Health Policy Fellow, Health Policy Institute, Boston University and the Heller School, Brandeis University
1980 - 1987	Program Analyst, Office of Analysis and Evaluation and Supplemental Food Programs Division, Food and Nutrition Service, U.S. Dept. of Agriculture, Alexandria, VA and Washington, DC.
1975 - 1976	Registered Emergency Medical Technician, Dept. of Health and Hospitals, Boston, MA

Publications Authored or Co-authored in Peer-Reviewed Journals

[Aggregate measures of scholarly productivity: H-index = 44, I10-index = 119 (according to Google Scholar as of June 26, 2019.]

Ku L, Brantley E. Conducting Evaluation Research for Policy and Legal Analysis in a Turbulent Policy Environment: The Example of Medicaid and SNAP Work Requirements. Forthcoming, Sage Research Methods Cases, 2020.

Ku L, Brantley E. The Association of Health Insurance and Ownership of Primary Medical Practices. Submitted for publication. Nov. 2019

Ku L, Han X, Chen C, Vujicic M. Dental Education and Other Factors Associated with Medicaid Pediatric Dental Participation. Submitted for publication, Sept. 2019.

Han X, Ku L. Enhancing Staffing in Rural Community Health Centers Can Improve Behavioral Health Care**.** Health Affairs. 2019 Dec.; 38(12): 2061-68.

Brantley E, Pillai D, Ku L. Associations of Work Requirements and Supplemental Nutrition Assistance Program Participation by Race/Ethnicity and Disability Status, 2013-2017. Forthcoming, JAMA Network Open, 2020.

Wang X, Babb S, Xu X, Ku L, Glover-Kudon R, Armour B. Use of Cessation Treatments is Low among

Medicaid Smokers Who Try to Quit. Submitted for publication.

Ku L, Brantley E, Pillai D. The Effect of Work Requirements on SNAP Enrollment and Benefits from 2013 to 2017. American Journal of Public Health. 2019 Oct.; 109(10): 1446-1451. https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2019.305232

Behn M, Pace L, Ku L. The Trump Administration's Final Regulations Limit Insurance Coverage of Contraception. Women's Health Issues. 2019 Jan 7. p: S1049-3867. https://doi.org/10.1016/j.whi.2018.12.003

Han X, Pittman P, Erickson C, Mullan F, Ku L. Effect of the National Health Service Corps on Clinician Staffing and Patient Visits in Federally Qualified Health Centers. Medical Care. 2019 Dec, 57(12): 1002-7. 2019. DOI: 10.1097/MLR.0000000000001209.

Bruen BK, Ku L. The Effects of Community Health Center Care on Medical Expenditures for Children and Adults: Propensity Score Analyses. Journal of Ambulatory Care Management, 2019; 42(2): 128-37. https://journals.lww.com/ambulatorycaremanagement/Fulltext/2019/04000/The_Effects_of_Community_Health_Center_Care_on.8.aspx

Lantz P, Miller G, Ryhan C, Rosenbaum S, Ku L, Iovan S. "Pay for Success" Financing and Home-Based Multicomponent Childhood Asthma Interventions: Modeling Results from the Detroit Medicaid Population. Milbank Quarterly. 2018; 96(2): 272-99.

Brantley E, Greene J, Bruen B, Steinmetz E, Ku L. Policies Affecting Medicaid Beneficiaries' Smoking Cessation Behaviors. Nicotine & Tobacco Research, 2018. 21(4): 197-204.

Holla N, Brantley E, Ku L. Physicians' Recommendations to Medicaid Patients about Tobacco Cessation. American Journal of Preventive Medicine, Dec. 2018. 55(6): 762–769.

Ku L, Steinmetz E, Bysshe T, Bruen B. Crossing Boundaries: Medicaid and Public Health Collaborations to Help Smokers Quit, Public Health Reports, 2017 Feb, Vol. 132(2) 164-170.

Han X, Luo Q, Ku L. Medicaid Expansions and Increases in Grant Funding Increased the Capacity of Community Health Centers, Health Affairs, 2017 Jan.; 36 (1):49-56.

Lantz P, Rosenbaum S, Ku L, Iovan S. Pay for Success Initiatives in the U.S.: Potential and Challenges as a Strategy for Population Health Improvement, Health Affairs, 2016 Nov; 35:2053-2061

Pittman P, Masselink L, Bade L, Frogner B, Ku L. Determining Medical Staff Configurations in Community Health Centers: CEO Perspectives. Journal of Healthcare Management, 61(5): 364-77, Sept./Oct 2016.

Frogner B, Pittman P, Masselink L, Ku L. Do Years of Experience with EHRs Matter for Productivity in Community Health Centers? Journal of Ambulatory Care Management. 2017 Jan/Mar; 40(1): 36-47.

Ku L, Brantley E, Bysshe T, Steinmetz E, Bruen B. How Medicaid and Other Public Policies Affect Utilization of Tobacco Cessation. Preventing Chronic Diseases, 2016 Oct;13:160234. DOI: http://dx.doi.org/10.5888/pcd13.160234.2016.

Labarthe D. Goldstein L, Antman E, Arnett D, Fonarow G, Alberts M, Hayman L, Khera A, Sallis J, Daniels S, Sacco R, Li S, Ku L, Lantz P, Robinson J, Creager M, Van Horn L, Kris-Etherton P, Bhatnagar A, Whitsel L. Evidence-Based Policy Making: Assessment of the American Heart

Association's Strategic Policy Portfolio. Circulation, 2016 May 3; 133(18):e615-53.

Ku L. Letter: Treating Unhealthy Behaviors: The Author Replies. Health Affairs, 35(3):551, March 2016.

Bruen B, Steinmetz E, Bysshe T, Glassman P, Ku L. Care for Potentially Preventable Dental Conditions in Operating Rooms by Medicaid Children, Journal of the American Dental Association, 2016 Sept. :147(9):702-708 (cover story)

Ku L, Bysshe T, Steinmetz E, Bruen B. Health Reform, Medicaid Expansions and Women's Cancer Screening, Women's Health Issues, Feb. 2016. http://dx.doi.org/10.1016/j.whi.2016.01.0

August E, Steinmetz E, Gavin L, Rivera M, Pazol K, Moskosky S, Weik T, Ku L. Projecting the Unmet Need and Costs for Contraception Services after Health Care Reform, American Journal of Public Health. 106(2): 334–341, Feb. 2016. doi:10.2105/AJPH.2015.302928

Ku L Bruen B, Steinmetz E, Bysshe T. Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit, Health Affairs, 35:62-70, Jan. 2016; doi:10.1377/hlthaff.2015.0756

Ku L. Capsule Commentary: Unauthorized Immigrants: Contributing to Medicare, But Left Out, Journal of General Internal Medicine, 31(1):100, Jan. 2016.

Ku L. Immigrants Face Barriers Both as Health Care Patients and Providers, Harvard Health Policy Review, 15(1):22-24, Fall 2015.

Jones E, Ku L. Sharing a Playbook: Integrated Care in Community Health Centers, American Journal of Public Health. 105(1). 2028-2034, October 2015, doi: 10.2105/AJPH.2015.302710

Jones E, Zur J, Rosenbaum S, Ku L. Opting Out of Medicaid Expansion: Impact on Encounters With Behavioral Health Specialty Staff in Community Health Centers. Psychiatr Serv. 2015 Dec 1;66(12):1277-82.

Zur J, Ku L. Factors Associated with Geographic Variation in Psychiatric Prescription Drug Expenditures among Medicaid Beneficiaries, Journal of Behavioral Health Services & Research, epub ahead of print July 24, 2015, doi: 10.1007/s11414-015-9471-x.

Ku L, Frogner B, Steinmetz E, Pittman P. Community Health Centers Use Diverse Staffing and Can Provide Lessons for Other Medical Practices, Health Affairs 34(1):95-103, Jan. 2015.

Jones E, Ku L, Smith S, Lardiere M. County Workforce, Reimbursement, and Organizational Factors Associated with Behavioral Health Capacity in Health Centers, Journal of Behavior and Health Services Research, 2014 Apr;41(2):125-39.

Bruen B, Ku L, Lu X, Shin P. No Evidence That Primary Care Physicians Offer Less Care To Medicaid, Community Health Center Or Uninsured Patients, Health Affairs, 32(9): 1624-30, Sept. 2013.

Ku L, Steinmetz E, Bruen, B. Continuous Eligibility Policies Stabilize Medicaid Coverage for Children and Could Be Extended to Adults with Similar Results, Health Affairs, 32(9): 1576-82, Sept. 2013.

Ku L, Sharac J, Bruen B, Thomas M, Norris L. Increased Use of Dental Services by Children Covered by Medicaid: 2000-2010 Medicare and Medicaid Research Review 3(3): E1-E12. July 2013.

doi: http://dx.doi.org/10.5600/mmrr.003.03.b01

Levy A, Bruen B, Ku L. Health Care Reform and Women's Insurance Coverage for Breast and Cervical Cancer Screening. Preventing Chronic Disease. 9: 120069. Oct. 25, 2012. DOI: http//dx.doi.org/10.5888/pcd9.120069.

Levy A, Bruen B, Ku L. The Potential Employment Impact of Health Reform on Working-Age Adults With Disabilities, Journal of Disability Studies. 30 May 2012. DOI: 10.1177/1044207312446225

Willard R, Shah G, Leep C, Ku L. Impact of the 2008-2010 Economic Recession on Local Health Departments, Journal of Public Health Management and Practice, 18(2):106-114, Mar/Apr. 2012.

Richard P, West K, Ku L. The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts PLoS ONE, 7(1): e29665, January 2012. doi: 10.1371/journal.pone.0029665. Available at http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0029665

Rosenbaum S, Ku L, Lantz P, et al. Examining the Evidentiary Basis of Congress's Commerce Clause Power to Address Individuals' Health Insurance Status, BNA's Health Care Policy Report, Feb. 6, 2012, p 1-9.

Richard P, Ku L, Dor A, Tan E, Shin P, Rosenbaum S. Cost Savings Associated with the Use of Community Health Centers. Journal of Ambulatory Care Management, 35(1): 50-59. Jan-Mar. 2012.

Ku L, Jones E, Shin P, Burke FR, Long S. Safety-net providers after health care reform: lessons from Massachusetts Archives of Internal Medicine, 171(15): 1379-84, Aug. 8, 2011.

Bruen B, Ku L, Burke M, Buntin M. More Than Four in Five Office-Based Physicians Could Quality for Federal Electronic Health Record Incentives. Health Affairs, 30(3): 472-80, Mar. 2011.

Ku L, Jones K, Shin P, Bruen B, Hayes K. The States' Next Challenge — Securing Enough Primary Care for an Expanded Medicaid Population. New England Journal of Medicine 364(6):493-95, Feb. 10, 2011. Also supplementary appendix available at http://www.nejm.org/doi/suppl/10.1056/NEJMp1011623/suppl_file/nejmp1011623_appendix.pdf

Ku L Ready, Set, Plan, Implement. Executing Medicaid's Expansion. Health Affairs, 29(6): 1173-77, June 2010.

Ku L, Pervez F. Documenting Citizenship in Medicaid: The Struggle Between Ideology and Evidence, Journal of Health Politics, Policy and Law, 35(1): 5-28, February 2010.

Ku L. Medical and Dental Care Utilization and Expenditures Under Medicaid and Private Health Insurance, Medical Care Research and Review, 66(4):456-71, August 2009.

Ku L Health Insurance Coverage and Medical Expenditures for Immigrants and Native-Born Citizens in the United States, American Journal of Public Health, 99(7): 1322-28, July 2009.

Ku L, Broaddus M. Public and Private Health Insurance: Stacking Up the Costs, Health Affairs, 27(4):w318-327, June 2008. Also, Technical Appendix: Public and Private Health Insurance: Stacking Up the Costs, at http://content.healthaffairs.org/cgi/content/full/hlthaff.27.4.w318/DC2.

[Note between 2000 and 2008, I was working at the Center on Budget and Policy Priorities and was not principally working on refereed publications.]

Ku L Improving Health Insurance and Access to Care for Children in Immigrant Families, Ambulatory Pediatrics, 7(6):412-20, November 2007.

Ponce, N., Ku L, Cunningham W, Brown ER. Language Barriers to Health Care Access Among Medicare Beneficiaries, Inquiry, 43(1):66–76, Spring 2006.

Ku L, Flores G. Pay Now or Pay Later: Providing Interpreter Services In Health Care, Health Affairs, 24(2) 435-44, March/April 2005.

Park E, Ku L, Broaddus M, More Than 900,000 Children Will Lose Health Insurance Due to Reductions in Federal SCHIP Funding, International Journal of Health Services, 33(2), 2003.

Ku L. The Number of Americans Without Health Insurance Rose in 2001 and Appears to Be Continuing to Rise in 2002, International Journal of Health Services, 33(2), 2003.

Lessard G, Ku L. Gaps in Coverage for Children in Immigrant Families, The Future of Children, 13(1):101-115, Spring 2003.

Ku L, St. Louis M, Black C, Aral S, Turner C, Lindberg L, Sonenstein F. Risk Behaviors, Medical Care and Chlamydial Infection Among Young Men in the United States, American Journal of Public Health, 92(7): 1140-42, July 2002.

Ku L, Matani S. Left Out: Immigrants' Access to Health Care and Insurance, Health Affairs, 20(1):247-56, Jan./Feb. 2001.

Ku L, Ellwood M, Hoag S, Ormond B, Wooldridge J. The Evolution of Medicaid Managed Care Systems and Eligibility Expansions, Health Care Financing Review, 22(2):7-29, Winter 2000.

Coughlin T, Ku L, Kim J., Reforming the Medicaid Disproportionate Share Program in the 1990s, Health Care Financing Review, 22(2):137-58, Winter 2000.

Ku L, Coughlin T, Sliding Scale Premium Health Insurance Programs: Four States' Experience, Inquiry, 36(4):471-80, Winter 2000.

Lindberg L, Ku L, Sonenstein F, Adolescents' reports of reproductive health education, 1988 and 1995. Family Planning Perspectives, 32(5):220-6, Sept./Oct. 2000.

Porter L, Ku L. Use of Reproductive Health Services Among Young Men, 1995 Journal of Adolescent Health, 27(3):186-94, September 2000.

Bradner C, Ku L, Lindberg L. Older, but Not Wiser: How Do Men Get AIDS and Sexually Transmitted Disease Information after High School?, Family Planning Perspectives, 32(1):33-39, January/February 2000.

Lindberg L, Ku L, Sonenstein F. Adolescent Males' Combined Use of Condoms with Partners' Use of Female Contraceptive Methods, Maternal and Child Health Journal, 2(4): 201-9, Spring 1999.

Ku L, Sonenstein F, Lindberg L, Bradner C, Boggess S, Pleck J. Understanding Changes in Sexual Activity Among Young Metropolitan Men: 1979 to 1995, Family Planning Perspectives, 30(6): 256-62, November/ December 1998.

Ku L, Hoag S. Medicaid Managed Care and the Marketplace, Inquiry, 35(3):332-45, Fall 1998.

Ellwood MR, Ku L. Welfare and Immigration Reforms: Unintended Side Effects for Medicaid, Health Affairs, 17(3):137-51, May/June 1998.

Sonenstein F, Pleck J, Ku L, Lindberg L, Turner C. Changes in Sexual Behavior and Condom Use Among Teenaged Males: 1988 to 1995, American Journal of Public Health, 88(6):956-959, June 1998.

Turner C, Ku L, Rogers S, Lindberg L Pleck J, Sonenstein F. Adolescent Sexual Behavior, Drug Use and Violence: New Survey Technology Detects Elevated Prevalence Among U.S. Males, Science, 280:867-73, May 8, 1998.

Ku L, Sonenstein F, Turner C, Aral S, Black C, The Potential of Integrated Representative Surveys about STDs and Risk Behaviors, Sexually Transmitted Diseases, 24(5):299-309, May 1997.

Lindberg L, Sonenstein F, Ku L , Levine G, Young Men's Experience with Condom Breakage, Family Planning Perspectives, 29(3): 132-36, May/June 1997.

Pleck JH, Sonenstein F, Ku L. Black-white Differences in Adolescent Males' Substance Use: Are They Explained by Underreporting in Blacks?, Journal of Gender, Culture, and Health, 2, 247-265, 1997

Lindberg L, Sonenstein F, Ku L, Martinez G. Age Differences Between Minors Who Give Birth and Their Adult Partners, Family Planning Perspectives, 29(2):52-60, March/April 1997.

Sonenstein F, Ku L, Schulte M, Reproductive Health Care -- Patterns in a Changing Health Care Market, Western Journal of Medicine, 163(3 Suppl):7-14, September 1995.

Ku L, Coughlin T. Medicaid Disproportionate Share and Other Special Financing Programs, Health Care Financing Review, 16(3): 27-54, Spring 1995.

Holahan J, Coughlin T, Ku L, Lipson D, Rajan S. Insuring the Poor through Medicaid 1115 Waivers, Health Affairs, 14(1): 200-17, Spring 1995.

Coughlin T, Ku L, Holahan J, Heslam D, Winterbottom C. State Responses to the Medicaid Spending Crisis: 1988 to 1992, Journal of Health Politics, Policy and Law, 19(4):837-64, Winter 1994.

Ku L, Sonenstein F, Pleck J. The Dynamics of Young Men's Condom Use During and Between Relationships, Family Planning Perspectives, 26(6): 246-251, November/ December 1994.

Pleck J, Sonenstein F, Ku L. Attitudes Toward Male Roles: A Discriminant Validity Analysis, Sex Roles, 30(7/8):481-501, 1994.

Ku L, Sonenstein F, Pleck J. Factors Affecting First Intercourse Among Young Men, Public Health Reports, 108(6):680-94, November/December 1993.

Ku L, Sonenstein F, Pleck J. Neighborhood, Work and Family: Influences on the Premarital Behaviors of Adolescent Men, Social Forces, 72(2):479-503, December 1993.

Ku L, Sonenstein F, Pleck J. Young Men's Risk Behaviors for HIV Infection and Sexually Transmitted Diseases, 1988 through 1991, American Journal of Public Health, 83(11):1609-15, November 1993.

Pleck J, Sonenstein F, Ku L. Changes in Adolescent Males' Use of and Attitudes Towards Condoms: 1988-91, Family Planning Perspectives, 25(3):100-105, 117, May/June 1993.

Pleck J, Sonenstein F, Ku L. Masculine Ideology: Its Impact on Adolescent Males' Heterosexual Relationships, Journal of Social Issues, 49(3):11-30, 1993.

Ku L, Sonenstein F, Pleck J. The Association of AIDS Education and Sex Education with Sexual Behavior and Condom Use Among Teenage Men, Family Planning Perspectives, 24(3):100-106, May/June 1992 (erratum, Family Planning Perspectives, 25(1):36, January/February 1993).

Ku L, Sonenstein F, Pleck J, Patterns of HIV Risk and Preventive Behaviors Among Teenage Men, Public Health Reports, 107(2):131-38, March/April 1992.

Sonenstein F, Pleck J, Ku L, Levels of Sexual Activity Among Adolescent Males in the United States, Family Planning Perspectives, 23(4):162-67, July /August 1991.

Pleck J, Sonenstein F, Ku L, Adolescent Males' Condom Use: The Influence of Perceived Costs-Benefits on Consistency, Journal of Marriage and the Family, 53:733-45, August 1991.

Pleck J, Sonenstein F, Ku L, Contraceptive Attitudes and Intention to Use Condoms in Sexually Experienced and Inexperienced Adolescent Males, Journal of Family Issues, 11(3):294-312, Sept. 1990.

Ku L, Ellwood MR, Klemm J. Deciphering Medicaid Data: Issues and Needs, Health Care Financing Review, 1990 Annual Supplement, p. 35-45.

Ku L, Fisher D, Attitudes of Physicians Toward Health Care Cost Containment Policies, HSR: Health Services Research, 25(1):25-42, April 1990 (Part I).

Sonenstein F, Pleck J, Ku L. Sexual Activity, Condom Use and AIDS Awareness Among Adolescent Males, Family Planning Perspectives, 21(4):152-58, July/August 1989.

Branch L, Ku L. Transition Probabilities to Disability, Institutionalization and Death for the Elderly Over a Decade, Journal of Aging and Health, 1(3):370-408, August 1989.

Ku L. Early Prenatal Enrollment in the WIC Program, Public Health Reports, 104(3): 301-06, May/June 1989.

Ku L, Shapiro L, Crawford P, Huenemann R. Body Composition and Physical Activity in Eight Year Old Children, American Journal of Clinical Nutrition, 34(12):2770-75, 1981.

Persellin R, Ku L. Effects of Steroid Hormones on Human Polymorphonuclear Leukocyte Lysosomes, Journal of Clinical Investigation, 54(4):919-25, 1974.

Books Authored or Co-authored

Ku L, Lin M, Broaddus M, Improving Children's Health: A Chartbook about the Roles of Medicaid and SCHIP: 2007 Edition, Center on Budget and Policy Priorities, Jan. 2007.

Ku L, Nimalendran S. Improving Children's Health: A Chartbook About the Roles of Medicaid and SCHIP, Center on Budget and Policy Priorities, Jan. 15. 2004

Coughlin T, Ku L, Holahan J, Medicaid Since 1980: Costs, Coverage and the Shifting Alliance Between the Federal Government and the States, Washington, DC: Urban Institute Press, 1994. (Selected by *Choice* as one of ten outstanding academic books for 1994.)

Sorensen, E, Bean F, Ku L, Zimmerman W, Immigrant Categories and the U.S. Job Market: Do They Make a Difference?, Urban Institute Report 92-1, Washington, DC: Urban Institute Press, 1992.

Articles or Chapters in Books (Refereed)

Ku L (contributor), CCH;s Law, Explanation and Analysis of the Patient Protection and Affordable Care Act, Vol.1, Commerce Clearinghouse, Wolters Kluwer, 2010.

Ku L. Changes in Immigrants' Use of Medicaid and Food Stamps: the Role of Eligibility and Other Factors, in Immigrants and Welfare, edited by Michael Fix, Russell Sage Foundation and Migration Policy Institute, 2009, p, 153-92.

Ku L, Papademetrios DG. Access to Health Care and Health Insurance: Immigrants and Immigration, in Securing America's Future: U.S. Immigrant Integration Policy Reader, M. Fix, editor, Migration Policy Institute, Feb. 2007.

Ku L. Prepared Statement. Insurance Coverage and Health Care Access for Immigrant Families, Living Without Health Insurance. Hearings of the Senate Committee on Finance, United States Senate on Who's Uninsured and Why? And Solutions to the Problem. March 13 and 15, 2001. S. Hrg 107-81. U.S. Govt Printing Office. Pg. 148-53.
https://books.google.com/books?id=ysrYaJZAew0C&pg=PA112&lpg=PA112&dq=Hearing+on+Who%27s+Uninsured+%26+Why?+%26+Solutions+to+the+Problem:+Charles+Grassley&source=bl&ots=l7enGHC7pB&sig=ACfU3U2m_YwHwAYhqSNaVng1PWTFhFdgMQ&hl=en&sa=X&ved=2ahUKEwjJ0_G55pznAhXvmOAKHTH2BYIQ6AEwAHoECAkQAQ#v=onepage&q=Hearing%20on%20Who's%20Uninsured%20%26%20Why%3F%20%26%20Solutions%20to%20the%20Problem%3A%20Charles%20Grassley&f=false

Sonenstein FL., Ellen J, Pleck J, Ku L. Taking Risks: Understanding Adolescents' Behavior, in STDs in Adolescents: Challenges for the 21st Century, edited by P. Hitchcock, et al. New York: Oxford University Press Inc.1999.

Ku L, Wooldridge J, Rajan S, Ellwood MR, Dubay L, Coughlin T, Hoag S, Wall S. The New Generation of Statewide Medicaid Managed Care Programs: State Health Reform Projects in Hawaii, Oklahoma, Rhode Island and Tennessee in Remaking Medicaid: Managed Care for the Public Good, edited by Steve Davidson and Steve Somers, San Francisco: Jossey-Bass, Inc., 1998, p. 147-78.

Wooldridge J, Ku L, Coughlin T, Dubay L., Ellwood MR, Rajan S, Hoag S, Reforming State Medicaid Programs: First Year Implementation Experiences from Three States, in Contemporary Managed Care, edited by Marsha Gold, Health Administration Press, pp. 211-26, 1998.

Sonenstein F, Ku L, Pleck J. Measuring Sexual Behavior Among Teenage Males in the U.S., in Researching Sexual Behavior: Methodological Issues, Bancroft, J., ed., Bloomington, IN: Indiana University Press, p. 87-105, 1997.

Turner, CF, Ku L, Sonenstein FL, Pleck JH, Impact of Audio-CASI on Reporting of Male-male Sexual Contacts: Preliminary Findings from the National Survey of Adolescent Males, in Health Survey

Research Methods: Conference Proceedings, Warnecke, R.B., ed., Hyattsville, MD: National Center for Health Statistics, p. 171-76, 1995.

Pleck J, Sonenstein F, Ku L, Problem Behaviors and Masculinity Ideology in Adolescent Males, in Adolescent Problem Behaviors: Issues and Research, R. Ketterlinus and M. Lamb, eds., Hillsdale, NJ: Erlbaum, 1994, p. 165-186.

Holahan J, Coughlin T, Ku L, Heslam D, Winterbottom C, Understanding the Recent Growth in Medicaid Spending, in Medicaid Financing Crisis: Balancing Responsibilities, Priorities and Dollars, D. Rowland, J. Feder and A. Salganicoff, eds., Washington, DC: AAAS Press, 1993, p. 23-44.

Sonenstein F, Pleck J, Ku L. Paternity Risk Among Adolescent Males in Young Unwed Fathers: Changing Roles and Emerging Policies, R. Lerman and T. Ooms, eds., Philadelphia, PA: Temple Univ. Press, p. 99-116, 1993.

Pleck J, Sonenstein F, Ku L. Masculine Ideology and Its Correlates in Gender Issues in Contemporary Society, S. Oskamp and M. Constanzo, eds., Claremont Symposium on Applied Social Psychology, Newbury Park: Sage Publications, p. 85-110, 1993.

Translational and Other Reports, Briefs, Blogs and Publications

Health Policy

[Note: Reports marked with [PR] went through an external peer-review process prior to release.]

Ku L. Declaration in Support of Respondents, *Department of Homeland Security v New York, et al.* (regarding public charge rule and injunction). Supreme Court of the United States. April 10, 2020.

Ku L. Assessing the Presidential Proclamation on Visas and Health Insurance. *Health Affairs Blog*. Dec. 17, 2019. https://www.healthaffairs.org/do/10.1377/hblog20191217.16090/full/

Ku L. Declaration in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding Presidential Proclamation on Visas and Health Insurance), *John Doe #1, et al. v Donald Trump, et al.* United States District Court, District of Oregon, filed November 8, 2019. (Cited in November 26 court decision)

Ku L. Brantley E. Indiana's Medicaid Work Requirements Program Is Expected to Cause Tens of Thousands to Lose Coverage. Oct. 28, 2019. https://www.commonwealthfund.org/blog/2019/indianas-medicaid-work-requirement-program-expected-cause-tens-thousands-lose-coverage

Ku L. Op-Ed: Medicaid Expansion Can and Does Expand Access to Care. Capitol Broadcasting Corporation. Oct. 16, 2019. https://mail.google.com/mail/u/0/#inbox/WhctKJVZrXGHBvSwwqpStCWklCtsCQcFsLvZxSHCLmtRjLgFWhRBwPhHqtBqjxsksKdGFxq Similar letter to the Editor, Raleigh News and Observer,. Oct. 16, 2019. https://www.newsobserver.com/opinion/letters-to-the-editor/article236193038.html

Ku L. New Evidence Demonstrating That the Public Charge Rule Will Harm Immigrant Families and Others. *Health Affairs Blog*. October 9, 2019. https://www.healthaffairs.org/do/10.1377/hblog20191008.70483/full/

Ku L. Declaration in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding public charge regulation), *La Clinica de la Raza, et al. v. Donald Trump, et al.* United States District Court, Northern District of California, September 1, 2019. https://healthlaw.org/resource/declaration-of-leighton-ku-in-la-

clinica-de-la-raza-v-trump/. Similar declarations in *Make the Road New York, et al v Ken Cucinelli, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. *State of New York, et al. v. U.S. Department of Homeland Security, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. These declarations were filed again in subsequent appeals for these cases.

Ku L, Bruen B, Brantley E. The Economic and Employment Benefits of Expanding Medicaid in North Carolina: A 2019 Update. Cone Health Foundation and Kate B Reynolds Charitable Trust. June 26, 2019. Ncmedicaidexpansion.com

Ku L, Brantley E. Approved Medicaid Work Requirement Demonstration Projects in Nine States Could Cause About 600,000 to 800,000 Adults to Lose Medicaid Coverage. Commonwealth Fund. Blog. June 21, 2019. https://www.commonwealthfund.org/blog/2019/medicaid-work-requirements-nine-states-could-cause-600000-800000-adults-lose-coverage

Rosenbaum S, Rothenberg S, Velasquez M, Ku L, Brantley E. Are 1115 Medicaid Work Requirement Demonstrations Experimental Initiatives or a Way to Side-Step Congress? June 6, 2019. http://gwhpmmatters.com/blog-are-1115-medicaid-work-requirement-demonstrations-experimental-initiatives-or-way-side-step

Ku L, Brantley E. New Hampshire's Medicaid Work Requirements Could Cause More than 15,000 to Lose Coverage. Commonwealth Fund Blog. May 9, 2019. [PR] https://www.commonwealthfund.org/blog/2019/new-hampshires-medicaid-work-requirements-could-cause-coverage-loss

Chen CP, Ku, L, Regenstein M, Mullan F. Examining the Cost Effectiveness of Teaching Health Centers. Geiger Gibson / RCHN Community Health Foundation Research Collaborative. Policy Brief #58. March 2019. http://gwhpmmatters.com/sites/default/files/2019-03/Examining%20the%20Cost%20Effectiveness%20of%20Teaching%20Health%20Centers%20%28Chen%2C%20Ku%2C%20Regenstein%2C%20Mullan%29%20Mar%2021%2C%202019.pdf

Ku L, Brantley E. Proposed Work Requirements in Montana's Medicaid Program: An Update. Mar. 15, 2019, revised. https://mthcf.org/resources/report-medicaid-work-requirements/

Ku L (primary author) and many co-signers. Comment Letter to Food and Nutrition Service, USDA on Proposed Rule: Supplemental Nutrition Assistance Program: Requirements for Able-Bodied Adults without Dependents, RIN 0584-AE57, Submitted thru regulations.gov. March 15, 2019.

Ku L, Brantley E. Potential Effects of Work Requirements in Montana's Medicaid Program. Montana Healthcare Foundation. Feb. 13, 2019. https://mthcf.org/wp-content/uploads/2019/02/Potential-Effects-of-Work-Requirements-in-Montana%E2%80%99s-Medicaid-Program-Ku-Brantley-2-13-19.pdf.

Ku L, Brantley E. Updated Estimates of the Effects of Medicaid Work Requirements in Kentucky. GW Health Policy Matters. Jan. 4, 2019. http://gwhealthpolicymatters.com/sites/default/files/2019-01/Updated%20Estimates%20of%20the%20Effects%20of%20Medicaid%20Work%20Requirements%20in%20Kentucky%20%28Ku%2C%20Brantley%29%20GWHPMMatters%201-4-19.pdf

Ku L (primary author) and many co-signers. Comment Letter to US Department of Homeland Security: RIN 1615-AA22 "Inadmissibility on Public Charge Grounds". Dec. 9, 2018 Submitted thru regulations.gov.

Ku L, Sharac J, Gunsalus R, Shin P, Rosenbaum S. How Could the Public Charge Proposed Rule Affect

Community Health Centers? Policy Brief # 55. Geiger Gibson RCHN Community Health Research Collaborative. Nov 2018. https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Public%20Charge%20Brief.pdf

Ku L, Pillai D. The Economic Mobility of Immigrants: Public Charge Rules Could Foreclose Future Opportunities. Nov. 15, 2018. Social Science Research Network. http://ssrn.com/abstract=3285546 [This was in the top five downloaded reports about immigration for SSRN for late 2018.]

Ku L, Brantley E, Steinmetz E, Bruen B, Pillai D. Medicaid Work Requirements: Will They Help the Unemployed Get Jobs or Improve Health. Issue Brief. Commonwealth Fund. Nov. 2018 https://www.commonwealthfund.org/publications/issue-briefs/2018/nov/medicaid-work-requirements-will-they-help-jobs-health

Brantley E, Ku L. Arkansas' Early Experience with Work Requirements Signals Larger Losses to Come. Commonwealth Fund Blog. Oct. 31, 2018. https://www.commonwealthfund.org/blog/2018/arkansas-early-experience-work-requirements

Ku L (primary author). Brief of the *Amici Curiae* Public Health Scholars in Support of Plaintiff-Appellant the Commonwealth of Massachusetts. Filed in *Commonwealth of Massachusetts v. United States Department of Health and Human Services, et al*. to the US Court of Appeals for the First Circuit, Sept. 24, 2018.

Vyas A, Wood SF, Landry M, Masselink L, Mead H, Ku L. District of Columbia Family Planning Community Needs Assessment. Conducted by The George Washington University Milken Institute School of Public Health for Washington Area Women's Foundation, DC Family Planning Project. Sept. 2018. [PR] https://thewomensfoundation.org/2018/new-report-family-planning-community-needs-assessment/

Erikson C, Han X, Ku L, Pittman P. Contribution of the National Health Service Corps Providers and Alumni to Medicare Beneficiaries in 2015. GW Health Workforce Institute. Aug. 2018. https://user-niv7hdi.cld.bz/Contribution-of-the-NHSC-Providers-and-Recent-Alumni-to-Medicare-Beneficiaries-in-2015/2/

Brantley E, Ku L. A First Glance at Medicaid Work Requirements in Arkansas: More Than One-Quarter Did Not Meet Requirement. *Health Affairs Blog*. Aug. 13, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180812.221535/full/

Ku L, Shin P, Sharac J, Rosenbaum S. Legacy Community Health Services v Smith*:* What are the National Implications for Community Health Centers and Their Communities? Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Research Brief # 53. August 2018. https://www.rchnfoundation.org/wp-content/uploads/2018/08/Legacy-GG-IB-53_FINAL_8.2.pdf

Ku L. Blog: The District of Columbia Is Trying to Preserve Health Insurance Coverage; Congress Is Trying to Interfere. *Health Affairs Blog*. July 23, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180722.933880/full/

Ku L. Blog: The New District of Columbia Policy to Protect Insurance Coverage. July 5, 2018. http://gwhealthpolicymatters.com/blog-new-district-columbia-policy-protect-insurance-coverage.

Ku L. Data About Contraceptive Needs in the U.S. After the Affordable Care Act. June 26, 2018. [PR] http://gwhealthpolicymatters.com/data-about-contraceptive-needs-us-after-affordable-care-act.

Ku L. Declaration about Public Health and Employment Effects of Terminating the Deferred Action for Childhood Arrivals (DACA) program. Filed in support of the Mexican American Legal Defense and Educational Fund and the state of New Jersey, intervenors, in *Texas v. United States* in suit in Federal District Court of Southern District of Texas, June 14, 2018.

Brantley E, Ku L. Work Requirements: SNAP Data Show Medicaid Losses Could Be Much Faster and Deeper Than Projected. *Health Affairs Blog*. April 12, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180412.310199/full/

Ku L. What is the Evidence of the Effects of the ACA's Individual Mandate and of Its Repeal? DC Health Benefits Exchange Authority. Revised Feb. 12, 2018.

Ku L. It Makes More Sense to Strengthen SHOP Than to Expand Association Health Plans. Jan. 4, 2018. http://gwhealthpolicymatters.com/blog-it-makes-more-sense-strengthen-shop-expand-association-health-plans

Ku L, Steinmetz E. State Economic and Employment Losses If Community Health Center Funding Is Not Restored. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Research Brief # 51. Dec. 4, 2017. [PR] https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/State%20Economic%20and%20Employment%20Losses%20if%20CHC%20Funding%20is%20Not%20Restored%2051.pdf

Ku L. Declaration about Public Health Effects of Terminating the Deferred Action for Childhood Arrivals (DACA) program. Filed in support of the state of New York and other plaintiff states, *New York, et al. v. Trump* in suit in Federal District Court of Eastern New York, Nov. 22, 2017.

Ku L. May You Live in Interesting Times: The Challenges of Health Policy Analysis in a Turbulent Period. GW Health Policy Matters. Oct. 2, 2017. http://gwhealthpolicymatters.com/may-you-live-interesting-times-challenges-health-policy-analysis-turbulent-period-0

Ku L, Steinmetz E, Brantley E, Pillai D. The Graham-Cassidy Proposal Would Eliminate a Third of a Million Jobs, *To the Point*, The Commonwealth Fund, Sept. 26, 2017, [PR] available at: http://www.commonwealthfund.org/publications/blog/2017/sep/graham-cassidy-job-loss. Methods appendix at http://www.commonwealthfund.org/~/media/files/publications/blog/2017/gc-methods-appendix_final.pdf

Ku L, Seiler N. Medicaid Expansions Help States Cope with the Opioid Epidemic. GW Dept of Health Policy and Management. July 25, 2017. https://publichealth.gwu.edu/sites/default/files/images/Medicaid%20Expansions%20Help%20States%20Cope%20with%20the%20Opioid%20Epidemic%207-25-17%20report.pdf

Ku L. Cutting immigrants' access to health insurance would drive up costs for many Americans. *Washington Post*, Letter to the Editor. July 18, 2017.

Ku L, Steinmetz E, Brantley E, Holla N, Bruen B. The Better Care Reconciliation Act: Economic and Employment Consequences for States. Commonwealth Fund, July 6, 2017.[PR] http://www.commonwealthfund.org/publications/issue-briefs/2017/jul/bcra-economic-employment-consequences-states

Bruen BK, Ku L. Community Health Centers Reduce the Costs of Children's Health Care. Geiger Gibson / RCHN Community Health Foundation Research Collaborative Policy Research Brief # 48. June 22, 2017. https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Brief%2048%20Child%20Cost%20Savings.pdf

Ku L, Steinmetz E, Brantley E, Holla N, Bruen B. The American Health Care Act: Economic and Employment Consequences for States. Commonwealth Fund, June 14, 2017. [PR] http://www.commonwealthfund.org/publications/issue-briefs/2017/jun/ahca-economic-and-employment-consequences
[Like the January 6th report, the June 14 and July 6 reports gained considerable interest and were widely cited by the media and by federal and state policy officials. This series of reports were among the most often downloaded reports for the Commonwealth Fund.]

Ku L, Paradise J, Thompson V. Data Note: Medicaid's Role in Providing Access to Preventive Care for Adults. Kaiser Commission for Medicaid and the Uninsured. May 17, 2017. [PR] http://kff.org/medicaid/issue-brief/data-note-medicaids-role-in-providing-access-to-preventive-care-for-adults/

Ku L In podcast: ACA Repeal Waves Goodbye to 3 Million Jobs and $1.5 Trillion. The Working Life. May 10, 2017. http://www.workinglife.org/politics/episode-29-aca-repeal-waves-goodbye-to-3-million-jobs-1-5-trillion/

Ku L, Brantley E. Medicaid Work Requirements: Who's at Risk? *Health Affairs Blog*, April 12, 2017. http://healthaffairs.org/blog/2017/04/12/medicaid-work-requirements-whos-at-risk/

Ku L, Brantley E. Myths about the Medicaid Expansion and the "Able-Bodied." *Health Affairs Blog*, March 6, 2017. http://healthaffairs.org/blog/2017/03/06/myths-about-the-medicaid-expansion-and-the-able-bodied/

Ku L In podcast: The Financial Consequences of ACA Repeal. The Commonwealth Fund. Feb. 15, 2017. http://www.commonwealthfund.org/interactives-and-data/multimedia/podcasts/new-directions-in-health-care/the-impact-of-aca-repeal

Bennett J, Brown C, Ku L, Bruen B. The Economic, Fiscal and Employment Effects of Health Care Modernization in Oklahoma. State Chamber (of Commerce) Research Foundation. Feb. 1, 2017. [PR] http://www.okstatechamber.com/sites/www.okstatechamber.com/files/OK%20Study%20-%20REMI%20FINAL.pdf

Mitchell K. Interview with Leighton Ku. GW Expert: Repealing Obamacare Would Hurt Patients, Economy. GW Today. Jan. 17, 2017. https://gwtoday.gwu.edu/gw-expert-repealing-obamacare-would-hurt-patients-economy

Ku L Steinmetz E, Brantley E, Bruen B. Repealing Federal Health Reform: The Economic and Employment Consequences for States. Brief, Commonwealth Fund, Jan. 6, 2017.

http://www.commonwealthfund.org/Publications/Issue-Briefs/2017/Jan/Repealing-Federal-Health-Reform [PR]

Ku L Steinmetz E, Brantley E, Bruen B. The Economic and Employment Consequences of Repealing Federal Health Reform: A 50 State Analysis. Milken Institute School of Public Health, George Washington University. Jan. 6, 2017. https://publichealth.gwu.edu/sites/default/files/downloads/HPM/Repealing_Federal_Health_Reform.pdf [PR]

[Note: The Jan. 6 reports were reported widely in numerous media including CBS, NBC, NPR, *Forbes, Fortune, the Atlanti*c, etc. Findings were frequently cited by Congressmen and Senators in Congressional floor debates about repeal of the Affordable Care Act. One of the most popular Commonwealth Fund reports in 2017]

Ku L, Steinmetz E, Bruen B. Changes in Insurance Coverage and Cardiovascular Risk for U.S. Adults in States Expanding and Not Expanding Medicaid. Dec. 2016 George Washington University and American Heart Association. [PR] https://publichealth.gwu.edu/sites/default/files/downloads/HPM/Americans%20Cardiovascular%20Risk%20and%20Changes%20in%20Health%20Insurance%20Coverage%20Dec%2016.pdf

Ku L. DC Health Link Has Expanded Health Insurance Coverage in the District. DC Health Benefits Exchange Authority, Sept. 29, 2016 [no author listed] http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/SurveyReportGainedCoverage%20final.pdf

Ku L. Up in smoke: We'll spend billions tomorrow for not helping poor people quit smoking today, *The Conversation*. July 12, 2016. https://theconversation.com/up-in-smoke-well-spend-billions-tomorrow-for-not-helping-poor-people-quit-smoking-today-60686

Ku L. The Role of Medicaid In Pay For Success Models For Supportive Housing For Chronically Homeless Individuals: Opportunities And Challenges, Report to Office of the Assistant Secretary for Planning and Evaluation, HHS, under review. [PR]

Regenstein M, Jewers M, Nocella K, Goldberg D, Strasser J, Ku L, Mullan F. Cost Estimates for Training a Resident in a Teaching Health Center. Report to HRSA. GW Dept. of Health Policy and Management, Feb. 2016. [PR]

Lantz,P, Rosenbaum S., Ku L et al. Opportunities for Pay for Success Demonstrations in HHS Programs, Office of the Assistant Secretary for Planning and Evaluation, HHS, forthcoming. [PR]

Ku L, Steinmetz E, Bruen B., Bysshe T. Effects of the Affordable Care Act on Health Insurance Coverage of Americans at Risk of Cardiovascular Disease, Washington, DC: American Heart Association. Jan. 2016.

Ku L, Steinmetz, E, Bysshe T. Continuity of Medicaid Coverage in an Era of Transition, Washington, DC: Association of Community Affiliated Plans, Nov. 1, 2015. [PR]

Ku L, Bysshe T, Steinmetz E, Bruen B. Health Reform and the Implications for Cancer Screening. Report to American Cancer Society, Sept. 2015

Ku L, Bysshe T, Wu. X. The Changing Community Health Center Workforce: 2007-13, GW Health Workforce Research Center, Sept. 22, 2015. [PR]

https://www.gwhwi.org/uploads/4/3/3/5/43358451/report_the_changing_community_health_center__8-10-15_.pdf

Ku L, Mullan F, Serrano C, Barber Z, Shin P. Teaching Health Centers: A Promising Approach for Building Primary Care Workforce for the 21st Century. Geiger Gibson / RCHN Community Health Foundation Research Collaborative Policy Research Brief # 40, March 10, 2015. http://www.rchnfoundation.org/?p=4651

Rosenbaum S, Ku l, et al. (unnamed authors). *Amici Curiae* Brief Of Public Health Deans, Chairs, And Faculty And The American Public Health Association In Support Of Respondents to the Supreme Court of the United States re: *King v Burwell.* Jan. 28, 2015. [PR]

Ku L. Covering the Uninsured Through DC Health Link: Report on the First Year. DC Health Benefits Exchange Authority, Dec. 26, 2014. http://hbx.dc.gov/node/978322 [PR]

Ku L, Bruen B, Steinmetz E, Bysshe T. The Economic and Employment Costs of Not Expanding Medicaid in North Carolina: A County-Level Analysis. Dec. 2014. Cone Health Foundation and Kate B. Reynolds Charitable Trust. At www.ncmedicaidexpansion.com {PR]

Ku L, Bruen B, Steinmetz E, Brown C., Motamedi R, Stottlemyer C. Economic and Employment Effects of Expanding KanCare. Kansas Hospital Association, Nov. 2014 at http://www.kha-net.org/.

Steinmetz E, Bruen, B, Ku L. Children's Use of Dental Care in Medicaid: Federal Fiscal Years 2000 – 2012. Report to CMS, Oct. 2014. Posted at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/dental-trends-2000-to-2012.pdf. [PR]

Stewart A, Cox M, Ku L. Health Insurance Benefits Advisors: Understanding Responsibilities, Regulations, Restrictions and Relevance in Implementing the Affordable Care Act. GW Dept of Health Policy, Sept. 2014. [PR]

Ku L Zur, J. Jones E, Shin P, Rosenbaum S. How Medicaid Expansions and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs: A 2014 Update Geiger Gibson / RCHN Community Health Foundation Research Collaborative Policy Research Brief # 37, June 18, 2014. [PR]

Miller V, Ku L. The Impact of Government Transfer Programs on State and Regional Personal Incomes, Department of Health Policy Issue Brief, April 30, 2014.

Ku L. Strengthening Immigrants' Health Access: Current Opportunities GW Department of Health Policy Issue Brief, Dec. 13, 2013. http://hsrc.himmelfarb.gwu.edu/sphhs_policy_briefs/29/

Ku L Zur, J. Jones E, Shin P, Rosenbaum S. How Medicaid Expansions and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs Geiger Gibson / RCHN Community Health Foundation Research Collaborative Policy Research Brief # 34, Nov. 18. 2013

Paradise J, Rosenbaum S, Shin P, Sharac J, Alvarez C, Zur J, Ku L. Providing outreach and enrollment assistance: lessons learned from community health centers in Massachusetts. The Henry J. Kaiser Family Foundation. September 24, 2013. Available at: http://kff.org/health-reform/issue-brief/providing-outreach-and-enrollment-assistance-lessons-learned-from-community-health-centers-in-massachusetts/

Ku L, Steinmetz E. Bridging the Gap: Continuity and Quality of Coverage in Medicaid, Washington DC: Association of Community Affiliated Plans. Sept. 2013. [PR]

Ku L. The Bipartisan Senate Immigration Bill: Implications for Health Coverage and Health Access, GW Department of Health Policy, Aug. 8, 2013

Ku L. The Senate Immigration Bill's Impact on Health Care, blog posted at www.cmwf.org, Aug. 8, 2013. [PR]

Ku L. Comprehensive Immigration Reform and Health Care: CBO's Analysis of S. 744, Dept of Health Policy report, June 20, 2013. Also posted on *HealthReformGPS.org*.

Ku L. Explaining Recent Changes in CBO Projections of Health Insurance Coverage and Costs under the Affordable Care Act, Implementation Brief posted on www.*HealthReformGPS.org*, June 5, 2013.

Ku L. Medicaid Expansions Using Private Plans: The Role of Premium Assistance and Cost-Sharing, commentary in www.*HealthReformGPS*.org April 2013. http://www.healthreformgps.org/resources/medicaid-expansions-using-private-plans-the-role-of-premium-assistance-and-cost-sharing-2/

Ku L, Bruen B. Poor Immigrants Use Public Benefits At a Lower Rate than Poor Native-Born Citizens, *Economic Development Bulletin* No. 17, Washington, DC: Cato Institute. March 4, 2013 http://www.cato.org/sites/cato.org/files/pubs/pdf/edb17.pdf [PR]

Brown C, Motamedi R, Stottlemeyer C, Bruen B, Ku L. Economic and Employment Effects of Expanding Medicaid in Iowa, Regional Economic Models, Inc. and George Washington University. Prepared for Iowa Hospital Association. Mar. 2013. http://blog.iowahospital.org/wp-content/uploads/2013/03/IA-Medicaid-Expansion-Econ-Full-Report.pdf

Brown C, Motamedi R, Stottlemeyer C, Bruen B, Ku L. Economic and Employment Effects of Expanding Medicaid in Arizona, Regional Economic Models, Inc. and George Washington University. Prepared for Arizona Hospital and Healthcare Association. Feb. 2013. http://www.azhha.org/member_and_media_resources/documents/ArizonaMedicaidExpansionReportREMI2-28-13_000.pdf

Brown C, Motamedi R, Stottlemeyer C, Bruen B, Ku L. Economic and Employment Effects of Expanding Medicaid in Arkansas, Regional Economic Models, Inc. and George Washington University. Prepared for Arkansas Hospital Association. Feb. 2013. http://www.arkhospitals.org/Misc.%20Files/ReportBriefAppendix.pdf

Brown, C., Motamedi, R., Stottlemeyer, C., Bruen B and Ku L. Economic and Employment Effects of Expanding Medicaid in Kansas, Regional Economic Models, Inc. and George Washington University. Prepared for Kansas Hospital Association. Feb. 2013. http://m.kha-net.org/communications/mediareleases/102615.aspx

Ku L, Bruen B. The Use of Public Assistance Benefits by Citizens and Non-citizen Immigrants in the United States. Working Paper, Cato Institute, Feb. 2013. [PR]

Ku L, Jewers M. Health Care for Immigrants: Policies and Current Issues. Migration Policy Institute, June 2013. www.migrationpolicy.org [PR]

Ku L, Bruen B, and Steinmetz E. Task 9: Medicaid DSH Simulation: Final Report Report to the Office of the Assistant Secretary for Planning and Evaluation. Jan. 2013. [PR]

Ku L, Bruen B, Steinmetz E Beeson T. Task 7: Medicaid DSH Analytic Report Report to the Office of the Assistant Secretary for Planning and Evaluation. Oct. 2012. [PR]

Ku L Cartwright-Smith L, Sharac J, Steinmetz E, Lewis J, Shin P. Deteriorating Access to Women's Health Services in Texas: Potential Effects of the Women's Health Program Affiliate Rule, Geiger Gibson/RCHN CHF Research Collaborative Brief, Issue No. 31. October 11, 2012

Ku L, Regenstein M, Shin P, Mead H, Levy A, Buchanan K, Byrne, F.. Coordinating and Integrating Care for Safety Net Patients: Lessons from Six Communities. George Washington University Dept. of Health Policy, May 21, 2012.

Ku L, Levy A, Bruen B. The Potential Primary Care Crisis in Texas: A County-Based Analysis Report for Methodist Healthcare Ministries, April 2012.

Ku L, Cunningham M, Goetz-Goldberg D., Darnell J, Hiller M.. Quality Incentives for Federally Qualified Health Centers, Rural Health Clinics and Free Clinics: A Report To Congress, report prepared for U.S. Department of Health and Human Services for submission to Congress, January 23, 2012. [PR]

Ku L. Saving Money: The Massachusetts Medicaid Tobacco Cessation Benefit: A Policy Paper. Partnership for Prevention. Jan. 2012.
http://www.prevent.org//data/images/roi%20policy%20paper_a.pdf

Ku L, Levy A, Lantz P, Pierre-Matthieu R. Options for CDC's Cancer Screening Programs: Implications of the Affordable Care Act. Report to the American Cancer Society and Centers for Disease Control and Prevention, Nov. 15, 2011. [PR]

Ku L, Regenstein M., Shin P, Mead H, Levy A, Buchanan K, Byrne F. Coordinating and Integrating Care for Safety Net Patients: Lessons from Six Communities, Draft Report to the Commonwealth Fund, Sept. 2011. [PR]

Ku L, Regenstein M., Shin P, Bruen B, Byrne FR. Improving the Integration and Coordination of Safety Net Health Providers Under Health Reform: Key Issues, Commonwealth Fund Pub 1552, Oct. 2011. Posted at http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Oct/1552_Ku_promoting_integration_safetynet_providers_under_reform_ib.pdf [PR]

Ku L, Shin P, Jones E, Bruen B. Transforming Community Health Centers into Patient-Centered Medical Homes: The Role of Payment Reform, Report to the Commonwealth Fund, Sept. 28, 2011. Posted at http://www.commonwealthfund.org/Publications/Fund-Reports/2011/Sep/Transforming-Community-Health-Centers.aspx. [PR]

Ku L, Ferguson C. Medicaid Works: A Review of How Public Insurance Protects the Health and Finances of Low-Income Families and Individuals. First Focus and George Washington Univ. Dept. of Health Policy, June 2011.

Ku L. Medicaid in the Bull's Eye.: Blog posted at *Health Affairs* blog website. April 15, 2011.
http://healthaffairs.org/blog/2011/04/15/medicaid-in-the-bulls-eye.

Rosenbaum S, Shin P, Ku L. Who Are the Health Center Patients Who Risk Losing Care Under the House of Representatives Proposed FY 2011 Spending Reductions?. Issue No. 20. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Feb 24, 2011.

Ku L, Richard P, Dor A, Tan E, Shin P, Rosenbaum S. Strengthening Primary Care to Bend the Cost

Curve: The Expansion of Community Health Centers Through Health Reform, Brief No. 19. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, June 30, 2010.

Ku L, Shin P, Bruen B. Can Health Care Investments Stimulate the Economy?. Blog posted at *Health Affairs* blog website, March 16, 2010. http://healthaffairs.org/blog/2010/03/16/can-health-care-investments-stimulate-the-economy/

Shin P, Bruen B, Jones E, Ku L, Rosenbaum S. The Economic Stimulus: Gauging the Early Effects of ARRA Funding on Health Centers and Medically Underserved Populations and Communities, Brief No. 17. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Feb. 2010.

Shin P, Bruen B, Ku L, Mead KH, Regenstein M, Rosenbaum S, Buchanan K, Smith K. The Early Impact of ARRA on Community Health Centers: Analysis of HCQR2. Report to Health Resources and Services Administration, Rockville, MD. February 2010.

Ku L, Rosenbaum S, Shin P. Using Primary Care to Bend the Cost Curve: The Potential Impact of Health Center Expansion in Senate Reforms. Brief No. 16. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Oct 14, 2009.

Shin P, Ku L, Mauery R, Finnegan B, Rosenbaum S. Estimating the Economic Gains for States as a Result of Medicaid Coverage Expansions for Adults, Brief No. 15. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Oct 7, 2009.

Ku L, Richard P, Dor A, Tan E, Shin P, Rosenbaum S. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion on Health Care Costs. Brief No. 14. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Sep 1, 2009.

Ku L. Do Medicaid and CHIP Measure Errors Correctly?. Dept. of Health Policy, George Washington Univ. Aug. 4, 2009.

Ku L, Shin P, Rosenbaum S. Estimating the Effects of Health Reform on Health Centers' Capacity to Expand to New Medically Underserved Communities and Populations. Issue No. 11. Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Washington, DC. Jul 23, 2009. Rosenbaum S, Jones E, Shin P and Ku L National Health Reform: How Will Medically Underserved Communities Fare? Geiger Gibson / RCHN Community Health Foundation Research Collaborative, Washington, DC. July 9, 2009.

Ku L, MacTaggart P, Pervez F, Rosenbaum S. Improving Medicaid's Continuity and Quality of Care, Association for Community Affiliated Plans, July 2009. [PR]

Finnegan B, Ku L, Shin P, Rosenbaum S. Boosting Health Information Technology in Medicaid: The Potential Effect of the American Recovery and Reinvestment Act. Geiger Gibson / RCHN Community Health Foundation Research Collaborative, Washington, DC. July 7, 2009.

Ku L. Expanding Coverage for Low-income Americans: Medicaid or Health Insurance Exchanges? Blog posted at *Health Affairs* blog website, June 23, 2009. http://healthaffairs.org/blog/2009/06/23/expanding-coverage-for-low-income-americans-medicaid-of-health-insurance-exchanges/

Shin P Ku L, Jones E, Finnegan B, Rosenbaum S. Financing Community Health Centers As Patient- And Community-Centered Medical Homes: A Primer, George Washington Univ., May 27, 2009. [PR]

Ku L, Jones E, Finnegan B, Shin P, Rosenbaum S. Community Health Centers in the Midst of Massachusetts' Health Reform: How Is the Primary Care Safety Net Faring? Kaiser Commission on Medicaid and the Uninsured and Geiger Gibson Community Health Program. March 2009. [PR]

Ku L. Restoring Medicaid and SCHIP Coverage to Legal Immigrant Children and Pregnant Women: Implications for Community Health and Health Care for Tomorrow's Citizens, Geiger Gibson/RCHN Community Health Foundation Research Brief #7, Jan. 13, 2009. https://www.rchnfoundation.org/wp-content/uploads/2013/02/GG-RCHN_No7.pdf

Ku L, Feiden K. Examining the Health Consequences of the 2008-09 Recession, Rapid Public Health Policy Response Project, GW School of Public Health and Health Services, January 2009.

Ku L. The Dial and the Dashboard: The Child Well-Being Index and Public Policy, prepared for the Foundation for Child Development, Jan. 2009.

Jones E, Ku L, Lippi J, Whittington R, Rosenbaum S. Designation of Medically Underserved and Health Professional Shortage Areas: Analysis of the Public Comments on the Withdrawn Proposed Regulation. Geiger Gibson/RCHN Community Health Foundation Research Brief #5. September 2008.

Shin P, Ku L, Jones E, Rosenbaum S. Grantee-Level Estimates Show that 31 Percent of All Health Centers would Fail to Meet Tier Two Status under HRSA's Proposed MUA/MUP/HPSA Designation Regulations. Geiger Gibson/RCHN Community Health Foundation Research Brief #3. May 2008.

Shin P, Ku L, Jones E, Rosenbaum S. Analysis of the Proposed Rule on Designation of Medically Underserved Populations and Health Professional Shortage Areas, (report and highlights) Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Department of Health Policy, The George Washington University, revised May 1, 2008.

Ku L, Lindblom E. (authors not named) Expanding Children's Health Insurance and Raising Federal Tobacco Taxes Helps Low-Income Families, Joint Paper of the Center on Budget and Policy Priorities and the Campaign for Tobacco-Free Kids, Oct. 16, 2007.
Ku L. 'Crowd-Out' Is Not the Same as Voluntarily Dropping Private Health Insurance for Public Program Coverage, Center on Budget and Policy Priorities, Sept. 27, 2007

Greenstein R, Ku L (authors not named) Charge That Bipartisan SCHIP Compromise Bill Aids Undocumented Immigrants Is False, Center on Budget and Policy Priorities, Sept. 25, 2007.

Ku L. Collateral Damage: Children Can Lose Coverage When Their Parents Lose Health Insurance, Center on Budget and Policy Priorities, Sept. 17, 2007.

Ku L (author not named), More Americans, Including More Children, Now Lack Health Insurance, Center on Budget and Policy Priorities, Aug. 31, 2007.

Ku L, New Research Shows Simplifying Medicaid Can Reduce Children's Hospitalizations, Center on Budget and Policy Priorities, June 11, 2007.

Ku L, Comparing Public and Private Health Insurance for Children, Center on Budget and Policy Priorities, May 11, 2007.

Ku L, Reducing Disparities in Health Coverage for Legal Immigrant Children and Pregnant Women, Center on Budget and Policy Priorities, April 20, 2007.

Ku L, Census Revises Estimates of the Number of Uninsured People, Center on Budget and Policy Priorities, April 5, 2007.

Ku L, Schneider A, Solomon J, The Administration Again Proposes to Shift Federal Medicaid Costs to States, Center on Budget and Policy Priorities, Feb.14, 2007.

Ku L. Medicaid Costs Are Growing More Slowly Than Costs For Medicare or Private Insurance, Center on Budget and Policy Priorities, Nov. 13, 2006.

Ku L, Broaddus M. Coverage of Parents Helps Children, Too, Center on Budget and Policy Priorities, Oct. 20, 2006.

Ku L Paying for Language Services in Medicare: Preliminary Options & Recommendations, National Health Law Program and Center on Budget and Policy Priorities, Oct. 2006. (www.healthlaw.org/library.cfm?fa=detail&id=118637&appView=folder)

Ku L, Broaddus M. Is Medicaid Responsible for the Erosion of Employer-Based Health Coverage?, Center on Budget and Policy Priorities, Sept. 22, 2006.

Greenstein, R., Ku L and Dean, S. Survey Indicates House Bill Could Deny Voting Rights To Millions Of U.S. Citizens, Center on Budget and Policy Priorities, Sept. 22, 2006.

Ku L, Cohen Ross D, Broaddus M. Documenting Citizenship and Identity Using Data Matches: A Promising Strategy for State Medicaid Programs, Center on Budget and Policy Priorities, Sept. 1, 2006.

Ku L. Why Immigrants Lack Adequate Access to Health Care and Health Insurance, Migration Information Source, Migration Policy Institute, Sept. 2006. [PR](www.migrationinformation.org/Feature/display.cfm?id=417)

Kogan R, Ku L, et al. Budget Process Bill Would Result in Deep Cuts in Medicare and Medicaid, Center on Budget and Policy Priorities, Aug. 9, 2006.

Ku L. Revised Medicaid Documentation Requirement Jeopardizes Coverage for 1 To 2 Million Citizens, Center on Budget and Policy Priorities, July 13, 2006.

Ku L. Using Information Technology to Document Citizenship in Medicaid, Center on Budget and Policy Priorities, June 20, 2006.

Ku L. The Slowdown in Medicaid Expenditure Growth, Center on Budget and Policy Priorities, March 13, 2006.

Ku L, Broaddus M. New Requirement For Birth Certificates or Passports Could Threaten Medicaid Coverage For Vulnerable Beneficiaries: A State-By-State Analysis, Center on Budget and Policy Priorities, Revised Feb. 17, 2006.

Ku L Cohen Ross D. Broaddus M. Survey Indicates Deficit Reduction Act Jeopardizes Medicaid Coverage for 3 to 5 Million U.S. Citizens, Center on Budget and Policy Priorities, Revised Feb. 17, 2006.

Schneider A, Ku L, et al. Administration's Medicaid Proposals Would Shift Federal Costs to States, Center on Budget and Policy Priorities, Feb. 14, 2006.

Ku L, Cohen Ross D. New Medicaid Requirement Is Unnecessary and Could Impede Citizens' Coverage,

Center on Budget and Policy Priorities, Revised Jan. 4, 2006.

Wachino V, Ku L, et al. Medicaid Provisions of House Reconciliation Bill Both Harmful and Unnecessary Senate Bill Achieves Larger Savings Without Reducing Access to Care, Center on Budget and Policy Priorities, Dec. 9, 2005

Ku L, Wachino V. Greenstein R. The House Reconciliation Bill's Provisions On Medicaid Co-Payments and Premiums: Are They Mild or Harsh? Center on Budget and Policy Priorities, Nov. 22, 2005.

Wachino V, Ku L , et al. An Analysis of The National Governors Association's Proposals For Short-Run Medicaid Reform Center on Budget and Policy Priorities, Oct. 14, 2005.

Ku L and Wachino V. Don't Shift Medicaid's Costs onto Those Who Can Least Afford Them The Hill, July 20, 2005.

Ku L. Medicaid: Improving Health, Saving Lives, Center on Budget and Policy Priorities, July 19, 2005.

Ku L. New Research Sheds Light on Risks from Increasing Medicaid Cost-Sharing and Reducing Medicaid Benefits, Center on Budget and Policy Priorities, July 18, 2005.

Ku L, Wachino V. Medicaid Commission Named By Secretary Leavitt Lacks Balance, Center on Budget and Policy Priorities, July 10, 2005

Ku L, Wachino V. Assessing The National Governors Association's Proposals To Allow Increases In Cost-Sharing Charges To Medicaid Beneficiaries, Center on Budget and Policy Priorities, July 7, 2005.

Ku L, Wachino.V. The Effect Of Increased Cost-Sharing In Medicaid: A Summary Of Research Findings, Center on Budget and Policy Priorities, Revised, July 7, 2005.

Ku L, Broaddus M. Out-Of-Pocket Medical Expenses For Medicaid Beneficiaries Are Substantial And Growing, Center on Budget and Policy Priorities, May 31, 2005.

Ku L, Solomon, J. Is Missouri's Medicaid Program Out-of-Step and Inefficient?, Center on Budget and Policy Priorities, April 4, 2005.

Wachino V, Schneider A, Ku L. Medicaid Budget Proposals Would Shift Costs To States And Be Likely To Cause Reductions In Health Coverage: Administration's Proposal Also Implies Cap On Federal Funding, Center on Budget and Policy Priorities, Feb. 18, 2005

Ku L, Broaddus M, Wachino, V.. Medicaid and SCHIP Protected Insurance Coverage for Millions of Low-Income Americans, Jan. 31, 2005

Ku L and Wachino V. The Potential Impact of Eliminating TennCare and Reverting to Medicaid: A Preliminary Analysis, Center on Budget and Policy Priorities, Nov. 15, 2004.

Ku L, Deschamps E, Hilman J. The Effects of Copayments on the Use of Medical Services and Prescription Drugs in Utah's Medicaid Program, Center on Budget and Policy Priorities, Nov. 2, 2004.

Ku L. Will the New TennCare Cutbacks Help Tennessee's Economy? Center on Budget and Policy Priorities, July 8, 2004.

Ku L, Nimalendran S. Losing Out: States Are Cutting 1.2 to 1.6 Million Low-Income People from Medicaid, SCHIP and Other State Health Insurance Programs, Center on Budget and Policy Priorities, Dec. 22, 2003.

Ku L, Broaddus M. Funding Health Coverage For Low-Income Children In Washington, Center on Budget and Policy Priorities, Nov. 10, 2003.

Ku L, Report Documents Growing Disparities in Health Care Coverage Between Immigrant and Citizen Children as Congress Debates Immigrant Care Legislation, Center on Budget and Policy Priorities, Oct. 14, 2003

Ku L. CDC Data Show Medicaid and SCHIP Played a Critical Counter-Cyclical Role in Strengthening Health Insurance Coverage during the Economic Downturn, Center on Budget and Policy Priorities, Rev. Oct. 8, 2003.

Ku L. How Many Low-Income Medicare Beneficiaries In Each State Would Be Denied The Medicare Prescription Drug Benefit Under The Senate Drug Bill? Center on Budget and Policy Priorities, July 31, 2003.

Ku L. State Fiscal Relief Provides An Opportunity To Safeguard Medicaid Budgets, Center on Budget and Policy Priorities, June 4, 2003

Ku L, Charging the Poor More For Health Care: Cost-Sharing In Medicaid, Center on Budget and Policy Priorities, May 7, 2003.

Ku L, Fremstad S, Broaddus M. Noncitizens' Use Of Public Benefits Has Declined Since 1996, Center on Budget and Policy Priorities, April 14, 2003.

Nathanson M, Ku L. Proposed State Medicaid Cuts Would Jeopardize Health Insurance Coverage For 1.7 Million People: An Update, Center on Budget and Policy Priorities, Mar. 21, 2003.

Ku L, Shift In Costs From Medicare To Medicaid Is A Principal Reason For Rising State Medicaid Expenditures, Center on Budget and Policy Priorities, March 3, 2003.

Ku L, The Medicaid-Medicare Link: State Medicaid Programs Are Shouldering A Greater Share of The Costs Of Care For Seniors And People With Disabilities, Center on Budget and Policy Priorities, Feb. 25, 2003.

Ku L, Broaddus M. Why Are States' Medicaid Expenditures Rising? Jan. 13, 2003.

Cohen-Ross D, Ku L. Quarterly Status Reporting Could Jeopardize The Health Coverage Of Hundreds Of Thousands Of Eligible Low-Income Californians, Center on Budget and Policy Priorities, Revised Dec. 23, 2002

Ku L, et al., Proposed State Medicaid Cuts Would Jeopardize Health Insurance Coverage for One Million People, Center on Budget and Policy Priorities, Dec. 23, 2002.

Ku L, Cohen-Ross D. Staying Covered: The Importance of Retaining Health Insurance Coverage for Low-income Families, Commonwealth Fund, Dec. 2002. (One of the most frequently downloaded Commonwealth Fund reports in 2006.) [PR]

Ku L, New CDC Data Show the Importance of Sustaining Medicaid and SCHIP Coverage as Private Health Insurance Erodes in 2002, Center on Budget and Policy Priorities, Revised Oct. 8, 2002.

Ku L, Cohen-Ross D, Nathanson M. State Medicaid Cutbacks and the Federal Role In Providing Fiscal Relief to States, Center on Budget and Policy Priorities, Revised. Aug. 8, 2002

Ku L, Park E., Improving Transitional Medicaid to Promote Work and Strengthen Health Insurance Coverage, Center on Budget and Policy Priorities, April 29, 2002.

Capps R, Ku L, et al. How Are Immigrants Faring After Welfare Reform? Preliminary Evidence from Los Angeles County and New York City, Report to the Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services, March 2002. Available at http://aspe.hhs.gov/hsp/immigrants-faring02/index.htm. [PR]

Broaddus M, et al. Expanding Family Coverage: States' Medicaid Eligibility Policies for Working Families in the Year 2000, Center on Budget and Policy Priorities, Revised Feb. 2002.

Ku L, Park E, Administration's Regulation to Reduce Medicaid Upper Payment Limit Would Further Worsen State Budget Crises, Center on Budget and Policy Priorities, Dec. 11, 2001.

Ku L, Park E. Federal Aid to State Medicaid Programs Is Falling While the Economy Weakens, Center on Budget and Policy Priorities, Oct. 6, 2001.

Ku L, Rothbaum E. Many States Are Considering Medicaid Cutbacks in the Midst of the Economic Downturn, Center on Budget and Policy Priorities, October 26, 2001.

Park E, Ku L, Health Care Provisions of House Ways And Means Committee Stimulus Package Offer Little Help for the Health Insurance Needs of Unemployed Workers, Center on Budget and Policy Priorities, Oct. 19, 2001.

Park E, Ku L, Temporary Medicaid Improvements As Part of a Stimulus Package, Center on Budget and Policy Priorities, Oct. 9, 2001.

Ku L, Counting the Uninsured: A Guide for the Perplexed, Center on Budget and Policy Priorities, Sept. 21, 2001

Park E, Ku L. Administration Medicaid and SCHIP Waiver Policy Encourages States to Scale Back Benefits Significantly and Increase Cost-Sharing for Low-Income Beneficiaries, Center on Budget and Policy Priorities, August 15, 2001.

Ku L, Guyer J. Medicaid Spending: Rising Again But Not to Crisis Levels, Center on Budget and Policy Priorities, April 20, 2001.

Broaddus M, Ku L. Nearly 95 Percent of Low-Income Uninsured Children Now Are Eligible for Medicaid or SCHIP, Center on Budget and Policy Priorities, Dec. 6, 2000.
12/6/00

Ku L, Freilich A., Caring for Immigrants: Health Care Safety Nets in Los Angeles, New York, Miami and Houston, Kaiser Commission on Medicaid and the Uninsured, Feb. 2001.

Holahan J, Ku L, Pohl M.. Is Immigration Responsible for the Growth in the Number of Uninsured People? Kaiser Commission on Medicaid and the Uninsured, March 2001.

Ku L, Blaney S. Health Coverage for Legal Immigrant Children: New Census Data Highlight Importance of Restoring Medicaid and SCHIP Coverage, Center on Budget and Policy Priorities, Revised. Oct. 10, 2000.

Ormond B, Ku L and Bruen B. Engine of Change or One Force among Many? Section 1115 Demonstration Projects and Trends in Medicaid Expenditures (Baltimore, MD: Health Care Financing Administration, February 2001).

Ku L, Limiting Abuses of Medicaid Financing: HCFA's Plan to Regulate the Medicaid Upper Payment Limit, Center on Budget and Policy Priorities, Sept. 27, 2000.

Ku L, Broaddus M. The Importance of Family-Based Insurance Expansions: New Research on the Effects of State Health Reforms, Center on Budget and Policy Priorities, September 5, 2000.

Ku L, Matani S. Immigrants' Access to Health Care and Insurance on the Cusp of Welfare Reform, Assessing the New Federalism Discussion Paper 00-03, Washington, DC: The Urban Institute, June 2000.

Ku L, Garrett B. How Welfare Reform and Economic Factors Affected Medicaid Participation: 1984-96, Assessing the New Federalism Discussion Paper 00-01, Washington, DC: The Urban Institute, February 2000.

Ku L, Ellwood MR, Hoag S, Ormond B, Wooldridge J. The Evolution of Medicaid Managed Care Systems and Eligibility Expansions in Section 1115 Projects. Final report to the Health Care Financing Administration, from the Urban Institute and Mathematica Policy Research, Inc., May 2000. [PR]

Coughlin T, Ku L, Kim, J., Reforming the Medicaid Disproportionate Share Program in the 1990s, Assessing the New Federalism, The Urban Institute, Discussion Paper 99-14, (joint release with Commonwealth Fund), 1999. [PR]

Ku L, Bruen B. The Continuing Decline in Medicaid Coverage, Assessing the New Federalism Brief A-37, The Urban Institute, December 1999.

Ku L, Ullman F, Almeida R, What Counts? Determining Medicaid and CHIP Eligibility for Children, Assessing the New Federalism Discussion Paper 99-05, Washington, DC: The Urban Institute, 1999.

Ku L, Hoag S. Medicaid Managed Care and the Marketplace: State Health Reforms in Hawaii, Oklahoma, Rhode Island and Tennessee, Report to the Health Care Financing Administration from the Urban Institute and Mathematica Policy Research, February 1998.

Ku L, Kessler B. The Number and Cost of Immigrants on Medicaid: National and State Estimates, Report to the Office of the Assistant Secretary for Planning and Evaluation from the Urban Institute, December 1997. [PR]

Ku L, Berkowitz, A., Ullman F, Regenstein M. Health Policy for Low-Income People in Mississippi, Assessing the New Federalism, Washington, DC: The Urban Institute, December 1997. [PR]

Nichols L, Ku L, Norton S, Wall S. Health Policy for Low-Income People in Washington Assessing the New Federalism, Washington, DC: The Urban Institute, November 1997. [PR]

Ku L, Wall S. The Implementation of Oklahoma's Medicaid Reform Program: SoonerCare, Report to the Health Care Financing Administration from the Urban Institute and Mathematica Policy Research, October 1997. [PR]

Ku L, Coughlin T, The Use of Sliding Scale Premiums in Subsidized Insurance Programs, Urban Institute Working Paper, March 1997. [PR]

Ku L, Coughlin T, How the New Welfare Reform Law Affects Medicaid, Assessing New Federalism Policy Brief No. A-7, the Urban Institute, February 1997. [PR]

Wooldridge J., Ku L, Coughlin T, Dubay L, Ellwood MR, Rajan S, Hoag S., Reforming State Medicaid Programs: First Year Implementation Experiences from Three States, Mathematica Policy Research, January 1997. [PR]

Wooldridge J, Ku L, Coughlin T, Dubay L, Ellwood MR, Rajan S, Hoag S. Implementing State Health Care Reform: What Have We Learned from the First Year? The First Annual Report of the Evaluation of Health Reform in Five States. Report to the Health Care Financing Administration, from Mathematica Policy Research Inc. and the Urban Institute, December 1996. [PR]

Ku L, Wade M, Dodds S. How Cost-Reimbursement Affected Patients, Health Centers and Medicaid: The Federally Qualified Health Center Program, Report to the Health Care Financing Administration, from the Urban Institute and Mathematica Policy Research, Inc., August 1996.

Long S, Ciemnecki A, Coughlin T, Kenney G, Ku L, Mitchell J, Rajan S, Rosenbach M, Thornton C, Wade M, Zuckerman S. Designing an Evaluation of the Medicaid Health Reform Demonstrations, Report to the Health Care Financing Administration, from the Urban Institute, Center for Health Economics Research and Mathematica Policy Research, Inc., Feb. 1996.

Holahan J, Coughlin T, Liu K, Ku L, Kuntz C, Wade M, Wall S. Cutting Medicaid Spending in Response to Budget Caps, Report to the Kaiser Commission on the Future of Medicaid, Sept. 1995. [PR]

Wade M, Ku L, Dodds S. (1995). The Impact of the Medicaid FQHC Program on Center Users, FQHCs and the Medicaid Program, Urban Institute Working Paper 06428-03, May 1995.

Ku L, Coughlin T. Medicaid Disproportionate Share and Related Programs: A Fiscal Dilemma for the States and the Federal Government, Report to the Kaiser Commission on the Future of Medicaid from the Urban Institute, December 1994.

Holahan J, Coughlin T, Ku L, Lipson D, Rajan S. Increasing Insurance Coverage through Medicaid Waiver Programs, Urban Institute Working Paper 06433-005-01, November 1994.

Rajan S, Coughlin T, Ku L, Holahan J, Lipson, D. Increasing Insurance Coverage through Medicaid Waiver Programs: Case Studies, Urban Institute Working Paper 06433-005-02, November 1994.

Ku L, Publicly Supported Family Planning in the United States: Financing of Family Planning Services. Report to the Kaiser Family Foundation, The Urban Institute, June 1993.

Holahan J, Coughlin T, Ku L, Heslam D, Winterbottom C, The States' Response to Medicaid Financing Crisis: Case Studies Report, Health Policy Center Report 6272-02, The Urban Institute, December 1992 (revised).

Sonenstein F, Ku L, Juffras J, Cohen B. Promising Prevention Programs for Children, Report to the United Way of America, The Urban Institute, March 1991.

Ellwood MR, Ku L. Summary and Policy Recommendations: Studies on Health Care Services to Severely Disabled Children, Report Submitted to the Office of the Assistant Secretary for Planning and Evaluation, DHHS, Lexington, MA: SysteMetrics/ McGraw-Hill, August 1990.

Ku L, Who's Paying the Big Bills?: Very High Cost Pediatric Hospitalizations in California in 1987, Report to Office of the Assistant Secretary for Planning and Evaluation, DHHS, Lexington, MA: SysteMetrics/McGraw-Hill, August 1990.

Sonenstein F, Ku L, Adams EK, Orloff T. Potential Research Strategies to Evaluate the Effect of Transitional Medicaid and Child Care Benefits, Report to the Office of the Assistant Secretary for Planning and Evaluation, DHHS, Lexington, MA: SysteMetrics/McGraw-Hill, May 1990.

HIV/AIDS and Reproductive Health

Lindberg L, Ku L, Sonenstein F. Minor Mothers and Adult Fathers: Age Differences Between Teen Mothers and Their Partners, Urban Institute Working Paper, 1996.

Sonenstein FL., Pleck JH, Ku L. Why Young Men Don't Use Condoms: Factors Related to Consistency of Utilization, Sexuality and American Policy Seminar Series, Kaiser Family Foundation and American Enterprise Institute for Public Policy Research, Washington, D.C., May 1995.

Ku L and the NSAM Study Team, Preliminary Results of the Pretest for the National Survey of Adolescent Males, Report to the Centers for Disease Control and Prevention and the National Institute for Child Health and Human Development, November 1994.

Ku L, Levine G, Sonenstein F, State STD Reporting Rules and Research Surveys, Report to the Centers for Disease Control and Prevention, September 1994.

Sonenstein F, Pleck J, Ku L, The Male Side of the Equation, TEC Networks, 33:3-4, June 1992.

Sonenstein F, Pleck J, Ku L, Influences on Adolescent Male Premarital Sexual Behavior, Final Report to the Office of Population Affairs, DHHS from Urban Institute, May 1992.

Sonenstein F, Pleck J, Ku L, Sex and Contraception Among Adolescent Males, TEC Networks, 29:1-3, June 1991.

Sonenstein F, Pleck J, Calhoun C, Ku L, 1988 National Survey of Adolescent Males: A User's Guide to the Machine Readable Files and Documentation, Data Set G6, Data Archives on Adolescent Pregnancy and Pregnancy Prevention, Los Altos, CA: Sociometrics Corp, 1991.

Sonenstein F, Pleck J, Calhoun C, Ku L, Determinants of Contraceptive Use by Adolescent Males, Final Report to the National Institute for Child Health and Human Development, Urban Institute, February 1991.

Food and Nutrition Policy

Ku L, Debating WIC, The Public Interest, 135: 108-12, Spring 1999. [PR]

Ku L, Cohen B, Pindus N. Full Funding for WIC: A Policy Review, Washington, DC: Urban Institute Press, 1994.

Ku L, Long S, Brayfield A. and others, Low-Income Children's Nutritional Needs and Participation in USDA's Food Assistance Programs. Final Report to the Food and Nutrition Service, USDA from the Urban Institute, September 1993.

Ku L, Institutional Participation in the National School Lunch and Breakfast Programs, Final Report to the Food and Nutrition Service, USDA from the Urban Institute, March 1993.

Ku L, Reported Meal Production Costs and Reimbursement Rates in the National School Lunch Program, Draft Report to the Food and Nutrition Service, USDA from the Urban Institute, April 1992.

Ku L, Brayfield A, and others, Evaluation of Low-Income Children's Nutritional Needs and Participation in USDA's Food Assistance Programs: Conceptual Assessment. Report to Food and Nutrition Service, USDA from the Urban Institute, February 1992.

Ku L, McKearn M. Effects of the Temporary Emergency Food Assistance Program (TEFAP) on Displacement of Commercial Sales, (with the Economic Research Service and Mathematica Policy Research), Report to Congress, U.S. Dept. of Agriculture, August 1987.* [PR]

Ku L, Dalrymple R., Differences Between SIPP and Food and Nutrition Service Program Data on Child Nutrition and WIC Program Participation, Survey of Income and Program Participation (SIPP) Working Papers, No. 8707, Bureau of the Census, May 1987.

Ku L, Nutritional Research Relating to Infant Feeding in the WIC Program, Report to the Assistant Secretary for Food and Consumer Services, June 1986.*

Richman L, Hidelbaugh T, McMahon-Cox N, Ku L, Dayton CM, Goodrich N. Study of WIC Participant and Program Characteristics, Report to Congress, Food and Nutrition Service, U.S. Dept. of Agriculture (with Ebon Research Systems and Abt Associates Inc.), April 1986. [PR]

Ku L, Abbot J, Forchheimer M. The Feasibility, Costs and Impacts of a Universal School Lunch Program, Draft Report to Congress, U.S. Dept. of Agriculture, June 1985.

Puma M, Ku L, Economic Analysis of the Temporary Emergency Food Assistance Program, Report to Congress, Food and Nutrition Service, U.S. Dept. of Agriculture, May 1985.* [PR]

Ku L, Nichols A. Report on the Food Bank Demonstration Project, Report to Congress, Food and Nutrition Service, U.S. Dept. of Agriculture, April 1984.* [PR]

* These reports were issued as official Agency or Department reports with no listed authors. In addition, Leighton Ku wrote numerous proposed and final regulations and legislative and budget reports while on the staff of the Food and Nutrition Service. In many cases, these were published in the Federal Register, Congressional Record and related Federal series.

Selected Presentations and Testimony

Ku L. Webinar: Health Policy Responses to Covid-19. George Washington Univ. April 9 2020.

Han X, Ku L. Enhancing Staffing in Rural Community Health Centers Can Improve Behavioral Health

Care**.** Health Affairs press briefing, National Press Club, Washington DC, Dec. 4, 2019

Ku, L. Testimony: Economic and Employment Benefits of Expanding Medicaid in North Carolina. Field Hearing, North Carolina Assembly. Winston-Salem, NC. Aug. 16, 2019. Similar presentation at Field Hearing, North Carolina Legislature, Raleigh, NC, Oct. 1, 2019.

Ku L. Current Threats to Medicaid. Dialogue on Diversity. Unidos US. Washington, DC. June 26, 2019.

Ku, L, Rosenbaum S, Keith K, Blumberg L, Sidhu A. Health Policy Goes to Court: Collaborations of Law and Research. AcademyHealth Annual Research Conf. Washington, DC. June 2, 2019

Ku L, Brantley E, Pillai D. The Effects of SNAP Work Requirements in Reducing Participation and Benefits. AcademyHealth Annual Research Conf. Washington, DC. June 4, 2019

Brantley E, Pillai D, Ku L. Factors Affecting Enrollment in Public Programs. AcademyHealth Annual Research Conf. Washington, DC. June 2, 2019

Ku, L. Immigrants and American Health Policy. Boston College. Global Migration Conference: Inclusion and Exclusion. Boston MA April 12, 2019.

Ku, L. Medicaid Policy in the States. Scholars Strategy Network National Leadership Conference, Washington DC. Jan. 18, 2019.

Ku, L. Health Insurance Coverage for DC Latinos. DC Latino Health Leadership Symposium. Washington DC. Jan. 9, 2019.

Seiler N, Ku L. Medicaid's Role in Addressing the Opioid Crisis. GW seminar, Nov. 16, 2017.

Ku L. Medicaid: Addressing Tobacco & Opioid Addictions. Presentation at Addressing Addiction: Policy Prescriptions to Preventing Opiate Abuse and Tobacco Use. Health Policy Institute of Ohio, Columbus, OH, Sept. 26, 2017.

Ku L. Economic and Employment Effects of the Better Care Reconciliation Act. Testimony to the Maryland Legislative Health Insurance Coverage Protection Commission, Maryland House of Delegates, Annapolis, MD. Aug. 1, 2017. Similar presentation at REMI webinar, Aug. 2, 2017.

Ku L. Economic and Employment Effects of the American Health Care Act. Presentation at AcademyHealth Annual Research Conference, New Orleans, June 25, 2017. Similar presentations at Policy in the Trump Era: National, State, and Regional Economic Impacts Conference, Hall of States, Washington, D.C. June 19, 2017 and at Medicaid Policy Conference, Council of State Governments, Washington, DC, June 29, 2017.

Ku L. Repealing Obamacare: Effects on the Health Workforce. Presentation at AcademyHealth Annual Research Conference, New Orleans, June 26, 2017.

Brantley E, Ku L. Promoting Tobacco Cessation: The Role of Medicaid and Other Policies. Poster at AcademyHealth Annual Research Conference, New Orleans, June 26, 2017.

Ku L. The Future of Medicaid. Conference on Obamacare After Obama. Southern Illinois Healthcare/Southern Illinois University School of Law. Springfield, IL, May 19, 2017.

Brantley E, Ku L. Linking Data to Uncover Medicaid's Role in Cessation. National Conference on

Tobacco or Health, Austin TX, March 23, 2107.

Ku L. The Future of Medicaid and the Safety Net. Health Policy Expert Series. Milken Institute School of Public Health. March 21, 2017.

Ku L. Financial Consequences of ACA Repeal. Podcast, Feb. 15, 2017 http://www.commonwealthfund.org/interactives-and-data/multimedia/podcasts/new-directions-in-health-care/the-impact-of-aca-repeal

Ku L. Repealing Health Reform: Economic and Employment Consequences for States. REMI Seminar, Washington, DC. Jan. 27, 2016. Similar national webinar Feb. 1, 2017.

Ku L. Pay for Success Demonstrations of Supportive Housing for Chronically Homeless Individuals: The Role of Medicaid. Association for Public Policy and Management Research Conference, Washington, DC. Nov. 4, 2016.

Ku L. Immigrants and Community Health Centers. Pennsylvania Association of Community Health Centers, Lancaster PA. Oct. 12, 2016.

Ku L. Moving Medicaid Data Forward (discussant). Mathematica Policy Research, Washington, DC Oct. 11, 2016.

Ku L. Medicaid Can Do More to Help Smokers Quit, Michael Davis Lecture, University of Chicago, Oct. 4, 2016. Similar seminar at Univ. of Maryland, Sept. 15, 2016.

Ku L, Borkowski L. Publish or Perish: Advice for Publishing for Peer-Reviewed Journals in Health Policy. GW Department of Health Policy & Management seminar, Sept. 20, 2016.

Ku L . Family Planning, Health Reform and Potential Restrictions on Coverage or Access, presented at Contraception Challenged: Putting *Zubik v. Burwell* in Context, sponsored by National Family Planning and Reproductive Health Association meeting at Capitol Visitors Center, Washington, DC, June 7, 2016.

Ku L Russell T. et al. Debate on the Role of Public Programs in Care for the Poor. Benjamin Rush Institute, Washington, DC, April 1, 2016.

Brantley E, Ku L. Improved Access and Coverage Under The ACA: Are Immigrants at the Table?, presented at GW Research Day, March 30, 2016. (Won prize for best policy and practice research.)

Ku L. The Role of the Health Care Safety Net, Virginia Commonwealth University, Richmond, March 17, 2016.

Ku L, Steinmetz E, Bysshe T. Medicaid Continuity of Coverage in an Era of Transition. Webinar for Association of Community-Affiliated Plans, Nov. 2, 2015.

Ku L Bruen B, Steinmetz E, Bysshe T. Trends in Tobacco Cessation Among Medicaid Enrollees, presented at AcademyHealth Annual Research Meeting, Minneapolis, June 15, 2015.

Ku L. Using Economic Impact Analysis in Medicaid Advocacy, presented at AcademyHealth Annual Research Meeting, Minneapolis, June 13, 2015.

Ku L. The Translation of Health Services Research into Policy Related to the Affordable Care Act, Presented at American Association of Medical Colleges, March 20, 2015.

Ku L. Policy and Market Pressures on Safety Net Providers, National Health Policy Conference, Feb. 10, 2015.

Ku L. 'Economic and Employment Costs of Not Expanding Medicaid in North Carolina, Cone Health Foundation, Greensboro, NC, Jan. 9, 2015.

Ku L . Health Reform: How Did We Get Here, What the Heck Is Going On and What Next? Keynote Address: Medical Librarians Association, Alexandria VA, Oct. 20, 2014.

Ku L. Health Reform and the Safety Net. Testimony before Maryland Community Health Resources Commission. Annapolis, MD, Oct. 2, 2014.

Ku L. Some Key Issues in Health Reform. Presented at American Association for the Advancement of Science Health Policy Affinity Group Meeting, Washington, DC July 24, 2014.

Ku L, Curtis D. Barlow P. District of Columbia's Health Benefits Exchange at the Launch of a State-Based Exchange: Challenges and Lessons Learned Georgetown Law School Summer Session on Health Reform, July 23, 2014.

Ku L. The Big Picture on Medicaid for State Legislators Presented at Council of State Governments. Medicaid Workshop for Health Leaders, Washington, DC June 20, 2014.

Ku L, Frogner B, Steinmetz E, Pittman P. Many Paths to Primary Care: Flexible Staffing and Productivity in Community Health Centers, Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 10, 2014.

Ku L, Zur J., Jones E, Shin, P, Rosenbaum S. How Medicaid Expansions and Post-ACA Funding Will Affect Community Health Centers' Capacity. Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 9, 2014.

Ku L. Critical Issues for Community Health Centers, Alliance for Health Reform briefing, Commonwealth Fund, Washington, DC. May 16, 2014.

Ku L. Immigrants' Health Access: At the Nexus of Welfare, Health and Immigration Reform, Keynote talk at Leadership Conference on Health Disparities, Harvard Medical School, Boston, MA May 6, 2014.

Ku L. Wellness and the District of Columbia. District of Columbia Chamber of Commerce forum, Washington, DC, March 11, 2014.

Ku L. Health Care for Immigrant Families: A National Overview. Congressional Health Justice Summit, Univ. of New Mexico - Robert Wood Johnson Center for Health Policy, Albuquerque, NM, Sept. 7, 2013.

Ku L. Health Reform: Promoting Cancer Prevention and Care. Talk to DC Citywide Navigators Network, Washington, DC, July 15, 2013.

Ku L. Analyzing Policies to Promote Prevention and Health Reform. Seminar at the Centers for Disease Prevention and Promotion, Atlanta, GA. July 10, 2013.

Ku L. Medicaid: Key Issues for State Legislators. Council on State Governments, Medicaid Workshop for Health Leaders, Washington, DC, June 22, 2013.

Ku L, Steinmetz E. Improving Medicaid's Continuity of Care: An Update. Association of Community Plans Congressional Briefing, May 10, 2013.

Ku L (with Brown C, Motamedi R, Stottlemeyer C, Bruen B) Economic and Employment Impacts of Medicaid Expansions. REMI Monthly Policy Seminar, Washington, DC, April 24, 2013.

Ku L. Building Texas' Primary Care Workforce, Legislative Briefing: Health Care Coverage Expansion & Primary Care Access in Texas, Center on Public Priorities and Methodist Healthcare Ministries, Texas Capitol, Austin, TX, Mar. 8, 2013

Ku L, Jewers M. Health Care for Immigrants: Policies and Issues in a New Year. Presentation to Conference on After the Election: Policies Affecting Young Children of Immigrants, Migration Policy Institute, Washington, DC, Jan. 17, 2013.

Ku L. Health Reform and the New Health Insurance Exchanges: Issues for Indiana Families, Indiana Family Impact Seminar at Indiana State Legislature, Nov. 19, 2012.

Ku L. Pediatric Preventive Medical and Dental Care: The Role of Insurance and Poverty, AcademyHealth Annual Research Meeting, Orlando, FL, June 24, 2012.

Ku L. A Medicaid Tobacco Cessation Benefit: Return on Investment, Webinar for Partnership for Prevention and Action to Quit, Feb. 8, 2012.

Ku L. Safety Net Financing Issues, Webinar for National Workgroup on Integrating a Safety Net, National Academy for State Health Policy, Feb. 6, 2012

Ku L. How Medicaid Helps Children: An Introduction. Briefing to Congressional Children's Health Caucus, Jan. 25, 2012

Ku L. Market Access Webinar: Provider Access: Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Webinar for Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, Dec. 15, 2011.

Ku L. The Safety Net: An Evolving Landscape, Presented to Grantmakers in Health, Washington, DC. Nov. 3, 2011. [Similar talks in Orlando, FL to Blue Cross Blue Shield of Florida Foundation, Feb. 17, 2012 and in Williamsburg, VA to Williamsburg Community Health Foundation Apr. 3, 2012 and to Virginia Health Foundation, Nov. 13, 2012]

Ku L. Open Access Publishing. Presented at forum for GW Medical Center faculty and staff, Oct. 24, 2011.

Ku L, Levy A. Implications of Health Reform for CDC's Cancer Screening Programs: Preliminary Results, Presentation to National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program Directors Meeting, Atlanta, GA, Oct. 21, 2011.

Ku L. Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Presented to America's Health Insurance Plans, Washington, DC. Sept. 16, 2011.

Ku L. The Potential Impact of Health Reform on CDC's Cancer Screening Programs: Preliminary Results, Presented to NBCCEDP Federal Advisory Committee Meeting, Atlanta, GA, Jun. 17, 2011. (Similar presentations to the American Cancer Society, Sept. 2011.)

Ku L. Crystal Balls and Safety Nets: What Happens After Health Reform? Presented at AcademyHealth, Seattle, WA, June 2011.

Ku L. Strengthening Primary Care to Bend the Cost Curve: Using Research to Inform U.S. Policy, International Community Health Center Conference, Toronto, Canada, June 2011

Ku L. Integrating/Coordinating Care for Safety Net Providers: Issues and Local Examples, International Community Health Center Conference, Toronto, Canada, June 2011.

Ku L. Health Reform: Federal Implementation and More Unanswered Questions Presented at American Society of Public Administration, Baltimore, MD, Mar. 14, 2011.

Ku L. Key Issues in the Confusing World of Health Reform, Presented to Industrial College of the Armed Forces, National Defense University, Washington, DC, Feb. 25, 2011.

Ku L. Reducing Disparities and Public Policy Conflicts, Institute of Medicine Workshop on Reducing Disparities in Life Expectancy, Washington, DC, Feb. 24, 2011.

Ku L. Primary Care, Hospitalizations and Health Reform, American Enterprise Institute Workshop, Washington, DC, Feb. 17, 2011.

Ku L. The Promise and Perils of Health Policy for Asians in the United States, Invited keynote talk at 4th International Asian Health and Wellbeing Conference, Univ. of Auckland, New Zealand, NZ, July 6, 2010. Similar talk at symposium sponsored by the New Zealand Office of Ethnic Affairs, Wellington, NZ, July 8, 2010.

Ku L, Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform, Briefing for Senate and House staff and media, convened by Sen. Bernie Sanders (VT), Russell Senate Office Building, June 30, 2010.

Ku L. Ready, Set, Plan, Implement. Executing Medicaid's Expansion, *Health Affairs* Conference on Health Reform, Washington, DC, June 8, 2010.

Ku L. Coordinating Care Among Safety Net Providers, Primary Care Forum, National Academy of State Health Policy, Alexandria, VA, June 2, 2010.

Ku L. Title VI: The Role of Culturally Competent Communication in Reducing Ethnic and Racial Health Care Disparities, National Minority AIDS Education and Training Center Spring Symposium, Howard Univ. May 29, 2010.

Ku L. American Health Reform as Massive Incrementalism, American Association for Budget and Program Analysis, Nov. 24, 2009.

Ku L. The Health Care Safety Net and Health Reform, National Academy of Public Administration, Conference on Health Care for the Future, Nov. 22, 2009.

Ku L. The Health of Latino Children, National Council of La Raza Symposium on Latino Children and Youth, Oct. 22, 2009.

Ku L. What the Obama Administration Will Mean for Child Health, AcademyHealth preconference session on Child Health, Chicago, IL June 2009.

Ku L. Immigrants and health reform, 6th Annual Immigration and Law Conference, Georgetown Univ. Law School, Migration Policy Institute and Catholic Legal Immigration Network, Washington, DC, June 24, 2009.

Ku L. From the Politics of No! to the Potential for Progress, invited keynote talk about immigrant policy and research to Society for Research in Child Development, Denver, CO, April 1, 2009.

Ku L. Strengthening the Primary Care Safety Net, National Association of Community Health Centers, Policy and Issues Conference, March 26, 2009.

Ku L. The Dial and the Dashboard: Assessing the Child Well-Being Index, Presentation to the Board of the Foundation for Child Development, March 3, 2009.

Ku L. Key Data Concerning Health Coverage for Legal Immigrant Children and Pregnant Women, invited presentation to Senate staff, Jan. 13, 2009.

Ku L. Comparing the Obama and McCain Health Plans, George Washington Univ. Medical School Alumni Conference, Sept. 27, 2008.

Ku L. The Future of Medicaid, Medicaid Congress, sponsored by Avalere Health and Health Affairs, Washington, DC, June 5, 2008.

Ku L. A Brief Appreciation of Health Advocates: Progress Made, Some Setbacks, Challenges Ahead, Public Interest Law Center of Philadelphia Conference, Philadelphia, PA, May 14, 2008.

Ku L. Financing Health Care Reform in New Jersey: Making Down Payments on Reform, Rutgers-AARP Conference, New Brunswick, NJ. Mar. 18, 2008

Ku L, Perez T, Lillie-Blanton M. Immigration and Health Care-What Are the Issues, Kaiser Family Foundation Health Cast, webcast interview March 12, 2008.

Ku L. How Research Might Affect SCHIP Reauthorization, Child Health Services Research Meeting at AcademyHealth, Orlando, FL, June 2, 2007.

Ku L. Immigrant Children and SCHIP Reauthorization, Capital Hill Briefing conducted by the Population Resource Center, April 20, 2007.

Ku L. Health Policy and Think Tanks, Robert Wood Johnson Health Policy Fellows, Institute of Medicine, June 2006. Similar talk in other years.

Ku L. Medicaid Reform and Mental Health, National Alliance for the Mentally Ill, Annual Conference, Austin, TX, June 20, 2005.

Ku L. Cost-sharing in Medicaid and SCHIP: Research and Issues, National Association of State Medicaid Directors, Washington, DC, Nov. 18, 2004. Similar talk given to National Academy of State Health Policy, St. Louis, MO, Aug. 2, 2004.

Ku L. Coverage of Poverty-Level Aged and Disabled in Mississippi's Medicaid Program, Testimony to Mississippi Senate Public Health and Welfare Committee, Aug. 24, 2004

Ku L. Medicaid Managed Care Issues, Testimony to Georgia House of Representatives Appropriations Committee, March 2, 2004.

Ku L. Medi-Cal Budget Issues, Testimony to Joint Hearing of California Senate Budget and Health and Human Services Committees, Feb. 26, 2003.

Ku L .New Opportunities to Improve Health Care Access and Coverage, American College of Emergency Physicians, May 1, 2001.

Ku L,. Medicaid DSH and UPL: Perplexing Issues, National Association of Public Hospitals Health Policy Fellows Conference, Washington, DC, Mar. 20, 2001.

Ku L, Insurance Coverage and Health Care Access for Immigrant Families, Testimony Before the U.S. Senate Finance Committee, Washington, DC, March 13, 2001.

Ku L. Increasing Health Insurance Coverage for Low-Income Families and Children, Insuring the Uninsured Project Conference, Sacramento, CA, Feb. 13, 2001.

Ku L, Concerning the Healthy Families Program Parent Expansion Proposal, Testimony Before a Joint Hearing of the California Senate Health and Human Services and Insurance Committees and Budget and Fiscal Review Subcommittee # 3, Sacramento, CA, January 30, 2001.

Ku L, Insurance Trends and Strategies for Covering the Uninsured, National Health Law Program Conference, Washington, DC, Dec. 3, 2000.

Ku L, Improving Health Care Access and Coverage: New Opportunities for States in 2001, Midwest Leadership Conference, Council of State Governments, Minneapolis, MN, August 6, 2000.

Ku L, Health Care for Immigrants: Recent Trends and Policy Issues, Alliance for Health Reform, Washington, DC, August 2, 2000. Similar talks in Miami at Florida Governor's Health Care Summit and in San Diego at California Program on Access to Care conference.

Ku L, Matani S, Immigrants' Access to Health Care and Insurance on the Cusp of Welfare Reform, presented at Association for Health Services Research Conference, Los Angeles, CA, June 25, 2000.

Ku L, Matani S. Immigrants and Health Care: Recent Trends and Issues, presented to the Association of Maternal and Child Health Programs meeting, Washington, DC, March 7, 2000.

Ku L, Ellwood MR., Hoag S, Ormond B, Wooldridge J. Building a Newer Mousetrap: the Evolution of Medicaid Managed Care Systems and Eligibility Expansions in Section 1115 Projects, presented at American Public Health Association meeting, Chicago, IL, Nov. 10, 1999.

Ku L. Young Men's Reproductive Health: Risk Behaviors and Medical Care", presented at D.C. Campaign to Prevent Teen Pregnancy Meeting, Washington, DC, Oct. 19, 1999.

Ku L, Medicaid and Welfare Reform: Recent Data, presented at Getting Kids Covered Conference, sponsored by National Institute for Health Care Management and Health Resources and Services Administration, Washington, DC, Oct. 6, 1999.

Ku L, Garrett B. How Welfare Reform and Economic Factors Affected Medicaid Participation, presented at Association for Health Services Research meeting, Chicago, IL, June 29, 1999.

Ku L. Recent Factors Affecting Young Men's Condom Use, presented to conference sponsored by National Campaign to Prevent Teen Pregnancy and Advocates for Youth, Washington, DC, February 1999.

Medicaid, Welfare Reform and CHIP: The Growing Gulf of Eligibility Between Children and Adults, presented to National Association of Public Hospitals and Health Systems, Washington, DC, and to Generations United, Washington, DC, September 1998.

Ku L. Sliding Scale Premiums and Cost-Sharing: What the Research Shows presented at workshop on CHIP: Implementing Effective Programs and Understanding Their Impacts, Agency for Health Care Policy and Research User Liaison Program, Sanibel Island, FL, June 30, 1998.

Ku L, Sonenstein F, Boggess S, Pleck J. Understanding Changes in Teenage Men's Sexual Activity: 1979 to 1995, presented at 1998 Population Association of America Meetings, Chicago, IL, April 4, 1998.

Ku L. Welfare Reform, Immigrants and Medicaid presented at Annual Meeting of the Association of Maternal and Child Health Programs, Washington, DC, March 9, 1998. Similar talk presented at Association for Health Services Research Meeting, Washington, DC, June 23, 1998.

Ku L. Medicaid Policy and Data Issues: An Overview presented to National Committee on Vital and Health Statistics, DHHS, September 29, 1997.

Ku L. How Welfare Reform Will Affect Medicaid Coverage presented to National Ryan White Title IV Program Conference, Washington, DC, November 8, 1996.

Ku L, Rajan S, Wooldridge J, Ellwood MR, Coughlin T, Dubay L. Using Section 1115 Demonstration Projects to Expand Medicaid Managed Care in Tennessee, Hawaii and Rhode Island, presented at Association of Public Policy and Management, Pittsburgh, Nov. 1, 1996.

Ku L. The Federal-State Partnership in Medicaid: Is Divorce Inevitable or Would Therapy Be Enough? presented to Council of State Governments Conference on Managing the New Fiscal Federalism, Lexington, KY, May 10, 1996.

Ku L. The Male Role in the Prevention of Teen Pregnancy, presented to the Human Services Committee, National Council of State Legislatures, Washington, DC, May 9, 1996

Ku L. Implications of Converting Medicaid to a Block Grant with Budget Caps, presented to American Medical Association State Legislation Meeting, Aventura, FL, Jan. 1996 and to the American Psychiatric Association Public Policy Institute, Ft. Lauderdale, FL, March 1996.

Ku L. Medicaid: Program Under Reconstruction, presented at Speaker's Forum at New York City Council, September 12, 1995.

Ku L. State Health Reform Through Medicaid Section 1115 Waivers, presented at Pew Health Policy Conference, Chicago, IL, June 3, 1995.

Ku L. Setting Premiums for Participants in Subsidized Insurance Programs, presented at Conference on the Federal-State Partnership for State Health Reform, sponsored by HCFA, the National Academy of State Health Policy and RTI, March 15, 1995.

Ku L. Medicaid Disproportionate Share and Related Programs: A Fiscal Dilemma for the Federal Government and the States, with Teresa Coughlin, presented to the Kaiser Commission on the Future of Medicaid, November 13, 1994.

Ku L. Full Funding for WIC: A Policy Review, with Barbara Cohen and Nancy Pindus, presented at Dirksen Senate Office Building, Washington, DC, in a panel hosted by the Center on Budget and Policy Priorities, Bread for the World, the Food Research and Action Center and the National Association of WIC Directors, May 5, 1994.

Ku L. The Financing of Family Planning Services in the U.S., presented at the Institute of Medicine, National Academy of Sciences on February 15, 1994 and at the American Public Health Association meeting, San Francisco, CA, October 25, 1993.

Ku L. Using SUDAAN to Adjust for Complex Survey Design in the National Survey of Adolescent Males, with John Marcotte and Karol Krotki, briefing at National Institute of Child Health and Human Development, Rockville, MD, April 2, 1992.

Ku L. The Association of HIV/AIDS Education with Sexual Behavior and Condom Use Among Teenage Men in the United States with Freya Sonenstein and Joseph Pleck, presented at the Seventh International Conference on AIDS, Florence, Italy, June 1991.

Ku L. Patterns of HIV-Related Risk and Preventive Behaviors Among Teenage Men in the United States, with Freya Sonenstein and Joseph Pleck, paper presented at the Sixth International Conference on AIDS, San Francisco, CA, June 23, 1990.

Ku L. Trends in Teenage Childbearing, Pregnancy and Sexual Behavior, paper presented at the American Sociological Association Meeting, Washington, D.C., August 15, 1990.

Ku L. Research Designs to Assess the Effect of WIC Participation by Pregnant Women on Reducing Neonatal Medicaid Costs, briefing to Congressional staff, February 1987.

Ku L. Testimony about the Special Supplemental Food Program for Women, Infants and Children (WIC), with Frank Sasinowski, presented to House Education and Labor Committee on behalf of the American Public Health Association, March 1983.

Media

Leighton Ku has extensive experience with electronic and print media. He has been interviewed by ABC, NBC, CBS, Fox, PBS, National Public Radio, CNN, Bloomberg TV, BBC and other television or radio news broadcasts and webcasts. He has been quoted or his research has been cited in the *New York Times, Los Angeles Times, Washington Post, Wall Street Journal, USA Today, Christian Science Monitor, Huffington Post, Forbes, Fortune, US News and World Report, Politico, The Hill, Buzzfeed,* and trade publications, such as *Modern Health Care, Nation's Health* or *CQ HealthBeat, Kaiser Health News*, etc. He has been an online contributor to the *Washington Post.* He was a regular panelist on a radio talk show about health policy, broadcast on WMAL in the Washington DC region. He has been cited as an expert by *PolitiFact* and related fact-checking sources.

Service and Honors

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now) (The board governs the new health insurance exchange for the District of Columbia, based on the Patient Protection and Affordable Care Act. This is a voluntary, unpaid position, appointed by the Mayor and

approved by the City Council. I was reappointed in 2018.) Chair of the Research Committee and the Information Technology Committee. Led working groups that developed the financial sustainability plan for the Exchange, dental plans, standardized benefit plans and changes required in light of threats to the Affordable Care Act.

One of three top reviewers of the year, *Milbank Quarterly,* December 2019

Social Science Research Network, one of five most downloaded papers in field, Oct-Dec. 2018.

Commonwealth Fund, two of the top ten most frequently downloaded reports (2017).

Commonwealth Fund, one of top ten most frequently downloaded reports (2006).

Award for promoting racial and economic justice, Mississippi Center for Justice, 2005

Service award from the National WIC Directors Association (2002).

Choice (the magazine of the American Library Association for academic publications), top ten academic books of the year (1994)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Other Service

Submitted expert witness declaration in a federal lawsuit regarding the President's proclamation which would have denied visas to those without approved forms of health insurance, Declaration in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding Presidential Proclamation on Visas and Health Insurance), *John Doe #1, et al. v Donald Trump, et al.* United States District Court, District of Oregon, filed November 8, 2019. [Resulted in an injunction prohibiting implementation of the visa denials.]

Submitted expert witness declaration in federal lawsuits on public charge regulations and health, including *La Clinica de la Raza, et al. v. Donald Trump, et al.* United States District Court, Northern District of California, September 1, 2019. *Make the Road New York, et al v Ken Cucinelli, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. *State of New York, et al. v. U.S. Department of Homeland Security, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. [Resulted in injunctions prohibiting implementation of the public charge regulations.]

Helped develop and cosigned *amicus* briefs on behalf of public health scholars in key federal lawsuits, including *King v Burwell* (health insurance exchanges), *Stewart v Azar* (approval of Kentucky work requirement waiver, versions 1 and 2), *Gresham v Azar* (approval of Arkansas work requirements). *Texas v Azar* (constitutionality of ACA), *Philbrick v Azar* (approval of New Hampshire work requirement) and *Massachusetts v. US Dept of Health and Human Service* (contraceptive mandate).

Parliamentarian, Milken Institute School of Public Health, 2019

Member, Technical Expert Panel, AHRQ Panel on Future of Health Services Research, RAND, 2019.

Served as expert witness in federal lawsuits on immigration and health, including *State of Texas v United States and Perez* and *State of New York v Trump* (Deferred Action for Childhood Arrivals). 2018.

Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health, 2015-now

Served as search committee member, chair, Department of Health Policy and Management, 2019 and 2020 and faculty, Dept. of Exercise and Nutrition Sciences, 2019.

Search committee, Associate Provost for Graduate Studies, George Washington Univ, 2019

Member, AcademyHealth/NCHS Health Policy Fellowship Program board. 2016-17.

Affiliated faculty, Jacobs Institute of Women's Health, 2015-now.

Advisory Board, Remaining Uninsured Access to Community Health Centers (REACH) Project, Univ. of California Los Angeles, 2015-17.

Member, DC Metro Tobacco Research and Instruction Consortium (MeTRIC). 2014- present

Member, Health Workforce Research Institute, GW, 2013-present.

Member, National Advisory Board, Public Policy Center of University of Iowa, 2014-18.

Chair/Vice Chair, Advocacy Interest Group, AcademyHealth, 2014-17.

Member, Advisory Committee on Non-Health Effects of the Affordable Care Act, Russell Sage Foundation, Dec. 2013.

Member, Technical Expert Group on the Affordable Care Act and the National Survey of Family Growth, National Center for Health Statistics, Centers for Disease Control and Prevention, Nov. 2013

Member, Steering Committee, GW Institute of Public Policy, 2013-now

Member, External Review Committee for Department of Family Science for the University of Maryland School of Public Health, 2012.

GW Faculty Senator, representing School of Public Health and Health Services, 2010-12.

Member of numerous University, School and Departmental committees. 2008-present.

Member or chair, numerous faculty and dean search committees, Milken Institute School of Public Health and School of Nursing, George Washington University. 2008-present.

National Institutes of Health, member of various grant review study sections (1996-now).

Invited reviewer. Committee on National Statistics. National Academy of Sciences. Databases for Estimating Health Insurance Coverage for Children. 2010-11.

Grant reviewer. Robert Wood Johnson Public Health and Law program. 2010.

Invited reviewer, Institute of Medicine report on family planning services in the U.S., 2009.

External reviewer for faculty promotion and tenure for Harvard School of Public Health, Harvard Medical School, Univ. of California at Los Angeles and at San Diego, Boston University, Baruch College, George Mason University, University of Maryland, University of Iowa, Kansas University, Portland State University, etc., 2008-present.

Submitted expert witness affidavits/declarations in federal, state and local lawsuits including: *Texas v United States* and *New York, et al. v. Trump* (Deferred Action for Childhood Arrivals), *Wood, et al. v. Betlach,* (Medicaid cost sharing), *Lozano v. City of Hazleton* (immigrant rights), *Spry, et al., v. Thompson* (Medicaid cost-sharing), *Dahl v. Goodno* (Medicaid cost-sharing), *Newton-Nations, et al., v. Rogers* (Medicaid cost-sharing) and *Alford v. County of San Diego* (cost-sharing for a local health program).

Board Member and Treasurer, Alliance for Fairness in Reforms to Medicaid (2002-2008)

Urban Institute, founding member, Institutional Review Board (1997-2000)

National Health Research Institute (Taiwan's NIH) grant reviewer (1999).

Urban Institute, member, Diversity Task Force (1995)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Consultant Services

Consortium of law practices, including Justice Action Center, Paul Weiss, National Health Law Program and New York State Attorney General, 2019
Mexican American Legal Defense and Educational Fund, 2018
New Jersey State Attorney General, 2018
New York State Attorney General, 2017
First Hospital Foundation, Philadelphia PA, 2017
Wilmer Hale/Planned Parenthood Federation, 2017
Centers for Disease Control and Prevention, 2016

Professional Society Memberships and Service

AcademyHealth (formerly Association for Health Services Research), Program Selection Committees (multiple years), chair Advocacy Interest Group (2014-16).
American Public Health Association
Association of Public Policy and Management, Program Selection Committees (many years)

Editorial Peer Review Service

Associate editor, *BMC Health Services Research,* 2009 – 2013.

Reviewer for numerous journals, including *Health Affairs, New England Journal of Medicine, Journal of the American Medical Association, Milbank Quarterly, Pediatrics, American Journal of Public Health, Inquiry, Medical Care, HSR, Medicare and Medicaid Research Review, American Journal of Preventive Medicine, Family Planning Perspectives, Journal of Association of Public Policy and Management, Nicotine and Tobacco Research, Maternal and Child Health, Journal of Health Care for the Poor and Underserved, JAMA-Internal Medicine*, *Public Administration Review* (1990 to now). In 2017, I reviewed 16 manuscripts for journals. External reviewer for RAND Corporation, National Academy of Science, Oxford Univ. Press, etc.

Awarded as one of three top reviewers of the year, *Milbank Quarterly,* December 2019

Public Health Practice Portfolio

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now). The board governs the new health insurance exchange for the District. (Nominated by the Mayor and appointed by the City Council; reappointed in 2017). Chair of the IT and Eligibility Committee, Research Committee and various working groups.

Member, Technical Expert Group, the Future of Health Services Research, for Agency for Healthcare Research and Quality, conducted by RAND. Jan. 2019.

Expert Advisor, Russell Sage Foundation. Non-health effects of the Affordable Care Act. (2013).

Expert Advisor, Revisions to the National Survey of Family Growth, National Center for Health Statistics, CDC (2013)

Member, Technical Advisory Committee for Monitoring the Impact of the Market Reform and Coverage Expansions of the Affordable Care Act, sponsored by ASPE. (2013)

Member, Technical Advisory Group for the Design of the Evaluation of the Medicaid Expansion Under the ACA, sponsored by ASPE (2012)

Member, National Workgroup on Integrating the Safety Net, National Academy of State Health Policy, July 2011 – 2013.

Member, National Advisory group for Iowa Safety Net Integration project, 2011-2013.

Foundation for Child Development, Selection Committee, Young Scholars Program, 2008-2015.

Foundation for Child Development, Advisory Committee, Child Well-Being Index, 2008-present

Member, National Advisory Board, Center on Social Disparities on Health, University of California at San Francisco, 2005-2008.

National Campaign to Prevent Teen Pregnancy, Member, Effective Programs and Research Task Force (2000)

Doctoral Students Mentored/Advised

Dissertations Completed
Prof. Peter Shin (chair)
Prof. Megan McHugh
Dr. Sarah Benatar
Dr. Emily Jones (chair)
Dr. Saqi Cho (chair)
Dr. DaShawn Groves (chair)
Dr. Heitor Werneck
Dr. Brad Finnegan (chair)
Dr. Maliha Ali
Dr. Christal Ramos
Dr. Qian (Eric) Luo
Dr. Bill Freeman
Dr. Serena Phillips
Dr. Julia Strasser
Dr. Kristal Vardaman (chair)

Dr. Brian Bruen
Dr. Xinxin Han (chair)
Dr. Jessica Sharac (chair)
Dr. Nina Brown
Dr. Mariellen Jewers (chair)
Dr. Leo Quigley (chair)
Dr. Erin Brantley
Dr. Roberto Delhy

In Progress
Evelyn Lucas-Perry (chair)
Kyle Peplinski (chair)
Shin Nozaki
Brent Sandmeyer (chair)

Other Student Advising

Co-Director, Health Policy PhD Program.
Faculty advisor, MPH, health policy. Provide guidance to about a dozen MPH students per cohort.
Faculty Advisor, GW Health Policy Student Association, 2016-now

Exhibit 3

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, Plaintiff, v. UNITED STATES DEPARTMENT OF LABOR; and EUGENE SCALIA, *in his official capacity as Secretary of Labor*, Defendants.	20-cv-03020

DECLARATION OF SCOTT PALLADINO

Scott Palladino, declares under penalty of perjury pursuant to 28 U.S.C. § 1746, that the following is true and correct:

I. Education and Background

1. I am the Deputy Commissioner of the New York State Department of Taxation and Finance ("DTF"). I was appointed to this position in February 2018.

2. As Deputy Commissioner, I oversee the Office of Tax Policy Analysis ("OTPA"), which operates within DTF and is responsible for developing and evaluating tax policy, revenue forecasting and estimation, and related matters.

3. I previously served as Assistant Deputy Commissioner in the Office of Tax Policy Analysis. I was appointed to that position in January of 2011.

4. I previously served for nearly ten years as Deputy Fiscal Director for the Committee on Ways and Means of the New York State Assembly, which has jurisdiction over

tax legislation in the New York State Legislature, and as a Senior Policy Analyst at the National Governors Association for nearly three years.

5. I hold a Bachelor's Degree in Business Administration from Baruch College and a Master's Degree in Economics from the State University of New York, Albany.

6. My opinions are based on analyses conducted by myself and others at DTF under my direction and supervision, my review of analyses conducted by third parties, and the totality of my professional experience. The following statements are true and accurate to the best of my knowledge.

II. The *Families First Coronavirus Response Act*

7. I understand that, on March 18, 2020, the *Families First Coronavirus Response Act* (FFCRA), Public Law 116-127, became federal law. I assume that, under that law, an employee who takes paid leave pursuant to Division C (the *Emergency Family and Medical Leave Act*) or Division E (the *Emergency Paid Sick Leave Act*) receives wages for the time the employee is on paid leave.

8. The Internal Revenue Service has stated that such wages are treated as income for tax purposes to the employee.

9. An IRS's question-and-answer page states: "57. Are qualified sick leave wages and qualified family leave wages taxable to employees? Yes."[1] The page further notes, "wages are generally compensation for services subject to income tax under section 61 of the Code and federal income tax withholding under section 3402 of the Code unless an exception applies. The FFCRA did not include an exception for qualified leave wages from income."[2]

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[1] https://www.irs.gov/newsroom/covid-19-related-tax-credits-special-issues-for-employees-and-additional-questions-faqs#employees

[2] *Id.*

10. A New York State taxpayer's taxable income is calculated based on the taxpayer's federal adjusted gross income. *See* New York Tax Law § 612(a).

11. Denying an employee paid leave time that otherwise would be required by FFCRA's emergency family leave or emergency sick leave provisions would deny the employee any paid leave wages required to be paid by those provisions.

12. Assuming the employee remains employed and takes unpaid leave, the denial of paid leave wages to an employee in New York State would reduce the employee's taxable income for New York State tax purposes. In other words, holding all else constant, if an employee is denied a certain amount of emergency family leave wages, the employee's taxable income for New York State tax purposes will decline by that amount.

13. This analysis does not include the possibility that some employees denied paid leave would seek unemployment compensation or other benefits.

Respectfully submitted,

Date: May 4, 2020

SCOTT PALLADINO

Exhibit 4

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, Plaintiff, v. UNITED STATES DEPARTMENT OF LABOR; and EUGENE SCALIA, *in his official capacity as Secretary of Labor*, Defendants.	20-CV-3020 (JPO)

DECLARATION OF MEGAN THORSFELDT

I, Megan Thorsfeldt, declare pursuant to 28 U.S.C. § 1746 that the following is true and correct:

1. I am the Deputy Director of Research & Analytics in the Executive Division of the Office of the New York State Attorney General. I have been in this role since May of 2018. In this capacity, I assist, support, and supervise in a wide variety of investigations and cases. I am frequently called upon to analyze public and private datasets to quantify the impacts of particular policies. My work address is 28 Liberty Street, 23rd Floor, New York, NY 10005.

2. Prior to joining the Attorney General's Office, I spent seven years at 1199 SEIU United Healthcare Workers East, where I served in various research and analysis capacities including supervising a team of researchers. I left that work in the role of Assistant Director of Research. In those roles, I conducted and oversaw dozens of analyses of health care policies.

3. I am very familiar with health care, health insurance and demographic data. I am a 2010 graduate of the New School with a Master of Science degree in Public Policy.

4. Based on publicly available data, approximately 6.07 million New Yorkers are enrolled in Medicaid or the Children's Health Insurance Program (CHIP) as of January 2020.[1] New York State is expected to spend a projected $23.6 billion on its share of Medicaid expenses alone in fiscal year 2021.[2]

5. An additional 5.4 percent of New Yorkers or approximately 1.06 million people were uninsured in 2018, the most recent available statistics from the U.S. Census Bureau's American Community Survey (ACS).[3] This number includes all New Yorkers that do not have health insurance through their employer, direct purchase, Medicare, Medicaid, VA health care, or other types of insurance. New York spends considerable amounts to reimburse hospitals for the cost of care of the uninsured, including $795 million for the Indigent Care Pool in 2018.[4]

6. The seasonally adjusted unemployment rate for New York in March 2020 was 4.5 percent according to the U.S. Bureau of Labor Statistics.[5] In the months before the widespread outbreak of COVID-19, the NYS unemployment rate was steady at 3.9 percent (June-December 2019).[6]

7. Approximately 1.64 million New Yorkers have filed first-time unemployment insurance claims from March 14, 2020 through April 25, 2020, based on NYS Department of

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[1] Medicaid.gov, Medicaid & CHIP, https://www.medicaid.gov/state-overviews/stateprofile.html?state=new-york, Accessed April 30, 2020.
[2] New York State Department of Budget FY 2021 Executive Budget January 21,2020, https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/FY2021BudgetBook.pdf
[3] U.S. Census Bureau, American Community Survey, https://data.census.gov/cedsci/profile?q=New%20York&g=0400000US36&tid=ACSDP1Y2018.DP05, Accessed April 30, 2020.
[4] New York State Indigent Care Pool Workgroup Report, February 2019 https://www.health.ny.gov/press/reports/docs/2019_icp_workgroup_report.pdf
[5] U.S. Bureau of Labor Statistics State Employment and Unemployment (Monthly) March 2020, published April 17, 2020, accessed May 4, 2020.
[6] U.S. Bureau of Labor Statistics, https://data.bls.gov/timeseries/LASST360000000000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true, Accessed April 30, 2020.

Labor statistics.[7] Taking these claims into account brings the current unemployment rate in New York to approximately 13 percent.[8]

8. New York could experience an increase in Medicaid enrollment between 719,000 and 1.45 million people due to increases in unemployment related to the COVID-19 economic downturn, according to a study prepared by Health Management Associates (HMA). HMA also estimated that up to 305,000 additional New Yorkers could become uninsured. HMA's study examined low-, medium-, and high-unemployment increases.[9]

9. Based on publicly available data there have been 308,314 confirmed cases of COVID-19 in New York State as of May 1, 2020.[10] Multiple medical researchers have estimated that the actual infection rate is between 5 to 20 times the official count in the United States due to limitations on testing and asymptomatic carriers of the virus.[11] This is consistent with preliminary studies on antibody testing in New York that show an estimated 12.3% of the New York State population, and 19.9% of the New York City population, had COVID-19 antibodies.[12]

10. The COVID-19 virus has a reproductive number, which is the number of

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[7] NYS Department of Labor, Weekly UI Claims Report, https://labor.ny.gov/stats/weekly-ui-claims-report.shtm, Accessed May 1, 2020.
[8] Forbes, "New York State Unemployment Rate Is At Highest Level Since Great Depression," https://www.forbes.com/sites/mayrarodriguezvalladares/2020/04/26/new-york-state-unemployment-rate-is-at-highest-level-since-the-great-depression/#49472b6376f2, April 26, 2020.
[9] Health Management Associates, "HMA Model Provides Forecast of COVID-19 Impact on Medicaid, Marketplace, and Uninsured," https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf, April 3, 2020. Accessed May 1, 2020.
[10] NYS Department of Health, https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-schools-and-college-facilities, Accessed May 1, 2020.
[11] Business Insider, " To know the real number of coronavirus cases in the US, China, or Italy, researchers say multiply by 10," https://www.businessinsider.com/real-number-of-coronavirus-cases-underreported-us-china-italy-2020-4?op=1, April 19, 2020.
[12] New York State Office of the Governor, May 2,2020, last accessed May 5, 2020. https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-results-completed-antibody-testing

secondary infections generated from one infected individual, of between 2 and 2.5.[13] According to the World Health Organization, this rate is higher than for influenza.[14]

11. The Centers for Disease Control and Prevention (CDC) recommends that "Employees who have symptoms (i.e., fever, cough, or shortness of breath) [of COVID-19] should notify their supervisor and stay home" and should not return to work until the criteria to discontinue home isolation are met.[15] The CDC also recommends that those who have been exposed to a person symptomatic with COVID-19 should stay at home until 14 days after last exposure and maintain social distance of at least 6 feet from others at all times.[16]

12. A study in the *American Journal of Public Health* showed that in a simulated influenza outbreak, which has similar properties to COVID-19 but has a lower reproductive number, 11.5 percent of employees were infected due to workplace transmission.[17] Provision of universal paid sick leave reduced workplace infections by 5.9 percent. The study also found that allowing sick employees to stay home for 1 or 2 days reduced workplace infections by 25.3 and 39.2 percent, respectively.[18]

13. New York State is covering and will cover the cost of care for a substantial

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[13] World Health Organization, "Coronavirus disease 2019 (COVID-19) Situation Report – 46," https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4, March 6, 2020, Accessed May 1, 2020.
[14] World Health Organization, "Coronavirus disease 2019 (COVID-19) Situation Report – 46," https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4, March 6, 2020, Accessed May 1, 2020.
[15] Centers for Disease Control and Prevention, "Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)," https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html, Accessed May 1, 2020.
[16] Centers for Disease Control and Prevention, "Public Health Recommendations for Community-Related Exposure," https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html, Accessed May 1, 2020.
[17] In this study, the reproduction rate for influenza was 1.4, compared to the estimated rate for COVID-19 of between 2-2.5.
[18] Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, Donald S. Burke, "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model," *American Journal of Public Health*, Vol: 103, Issue 8, August 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893051/.

number of COVID-19 patients, through Medicaid, CHIP, indigent care or other programs. Public health guidance is aimed at reducing the spread of COVID-19 by keeping sick or exposed workers out of workplaces. If large numbers of workers are not able to take paid leave, this will lead to additional cases and additional costs to the state.

Date: May 5, 2020

MEGAN THORSFELDT