



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gaurab

2. Surname (Last Name)

Basu

3. Date

12/13/2016

4. Are you the corresponding author?

☐ Yes

☒ No

5. Manuscript Title

Coverage and Access After the Affordable Care Act for Americans with Chronic Disease: An observational Study

6. Manuscript Identifying Number (if you know it)

M 16-1256

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

[Signature]



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Section 5. Relationships not covered above

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3

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lauren

2. Surname (Last Name)

Campbell

3. Date

20-December-2016

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Coverage and Access After the Affordable Care Act for Americans with Chronic Disease: An Observational Study

6. Manuscript Identifying Number (if you know it)

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Yes



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Yes



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Section 1 Identifying Information

1. Given Name (First Name) *Chin Ho* 2. Surname (Last Name) *Fung* 3. Date *12/15/2016*
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
Coverage and access after the Affordable Care Act for Americans with chronic disease: an observational study
6. Manuscript Identifying Number (if you know it)
M16-1256

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Danny	2. Surname (Last Name) McCormick	3. Date 19-December-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Elizabeth Poorman
5. Manuscript Title Coverage and Access After the Affordable Care Act for Americans with Chronic Disease: An Observational Study		
6. Manuscript Identifying Number (if you know it) M16-1256		

Section 2. The Work Under Consideration for Publication

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being a member of a group called Physicians for National Health Program that supports a single-payer health care system but has no financial relationship with this organization.

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Dr. McCormick reports and being a member of a group called Physicians for National Health Program that supports a single-payer health care system but has no financial relationship with this organization..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicole

2. Surname (Last Name)
Mushero

3. Date
15-December-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Poorman

5. Manuscript Title
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Elisabeth

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Poorman

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15-December-2016

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Cynthia

2. Surname (Last Name)
Schoettler

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20-December-2016

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☐ Yes

☒ No

Corresponding Author's Name
Hugo Torres, MD, MPH

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6. Manuscript Identifying Number (if you know it)
M16-1256

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Schoettler has nothing to disclose.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Uma

2. Surname (Last Name)

Tadepalli

3. Date

13-December-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Elisabeth Poorman

5. Manuscript Title

Coverage and Access After the Affordable Care Act for Americans with Chronic Disease: An Observational Study

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M16-1256

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Section 1. Identifying Information

1. Given Name (First Name)
Hugo

2. Surname (Last Name)
Torres

3. Date
19-December-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Coverage and Access After the Affordable Care Act for Americans with Chronic Disease: An Observational Study

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