

### Instructions

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Section 1.	Identifying Inform	nation				
1. Given Name (F Steffie		2. Surname (Last Name Woolhandler	) 3. Date 08-March-2019			
4. Are you the corresponding author? Yes ✓ No Corresponding Author's Name Gaffney						
5. Manuscript Titl The Effects of th		h Insurance Coverage Ex	cpansions in the US on Hospital Utilization"			
6. Manuscript Ide M18-2806	ntifying Number (if you k	now it)				
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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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<ul><li>4. Are you the corresponding author?</li></ul>	McCormick	Corresponding Author's Name Adam Gaffney
<ol> <li>Manuscript Title</li> <li>"The Effects on Hospital Utilization of</li> <li>Manuscript Identifying Number (if you M18-2806</li> </ol>		Insurance Coverage Expansions in the US"
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Are there any relevant conflicts of interest?		Yes	
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Dr. McCormick reports membership on the national board of Physicians for a National Health Program.

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Dr. Goldman has nothing to disclose.

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1.	Identifying Infor	mation	
1. Given Name (F Adam	irst Name)	2. Surname (Last Name) Gaffney	3. Date 26-March-2019
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl The Effects on H		he 1966 and 2014 Health Insurance Cov	verage Expansions in the US
6. Manuscript Ide M18-2806	entifying Number (if you	know it)	
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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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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**.

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		•	



## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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No other relationships/conditions/circumstances that present a potential conflict of interest

serves as a leader in the organization Physicians for a National Health Program (PNHP), a non-profit organization that favors coverage expansion through a single payer program. He has not received any compensation from that group, but is reimbursed for some travel on behalf of the organization

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#### Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gaffney serves as a leader in the organization Physicians for a National Health Program (PNHP), a non-profit organization that favors coverage expansion through a single payer program. He has not received any compensation from that group, but is reimbursed for some travel on behalf of the organization.

### **Evaluation and Feedback**