

Stephen Manning (SBN 013373)
stephen@innovationlawlab.org
Nadia Dahab (SBN 125630)
nadia@innovationlawlab.org
INNOVATION LAW LAB
333 SW Fifth Avenue #200
Portland, OR 97204
Telephone: +1 503 241-0035
Facsimile: +1 503 241-7733

Karen C. Tumlin (admitted *pro hac vice*)
karen.tumlin@justiceactioncenter.org
Esther H. Sung (admitted *pro hac vice*)
esther.sung@justiceactioncenter.org
JUSTICE ACTION CENTER
P.O. Box 27280
Los Angeles, CA 90027
Telephone: +1 323 316-0944

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION

JOHN DOE #1; JUAN RAMON MORALES;
JANE DOE #2; JANE DOE #3; IRIS
ANGELINA CASTRO; BLAKE DOE;
BRENDA VILLARRUEL; and LATINO
NETWORK,

Plaintiffs,

v.

DONALD TRUMP, in his official capacity as
President of the United States; U.S.
DEPARTMENT OF HOMELAND
SECURITY; KEVIN MCALEENAN, in his
official capacity as Acting Secretary of the
Department of Homeland Security; U.S.
DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ALEX M. AZAR II, in
his official capacity as Secretary of the
Department of Health and Human Services;
U.S. DEPARTMENT OF STATE;
MICHAEL POMPEO, in his official capacity
as Secretary of State; and UNITED STATES
OF AMERICA,

Defendants.

Case No.: 3:19-cv-01743-SB

**DECLARATION OF LEIGHTON KU IN
SUPPORT OF PLAINTIFFS' MOTION
FOR A PRELIMINARY INJUNCTION**

DECLARATION OF LEIGHTON KU

I, **Leighton Ku**, declare 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. I have attached my Curriculum Vitae as Exhibit A to this Declaration.

3. I am a nationally-known health policy researcher with over 25 years of experience. I have conducted substantial research about immigrant health, and health care and costs. I have authored or co-authored more than a dozen articles and reports about immigrant health issues, including articles in peer-reviewed journals such as Health Affairs and American Journal of Public Health, as well as scholarly reports published by diverse non-profit organizations including the Social Science Research Network, the Migration Policy Institute, the Cato Institute and the Commonwealth Fund, as well as many more articles and reports on other subjects. I have testified before the U.S. Senate Finance Committee about immigrant health issues and provided analyses and advice to state governments and non-governmental organizations in many states about immigrant health.

4. I have expertise in health and public policy and in quantitative data analysis. I have conducted quantitative analyses for most of my career, including analyses for a federal agency, two think tanks and now at a university. I have taught statistical analysis and research methods at the graduate school level for over 25 years, training hundreds of graduate students. I

have authored or co-authored more than 90 papers in peer-reviewed journals and hundreds of other reports, most of which were quantitative analyses. I have consulted with the Congressional Budget Office and numerous federal and state agencies.

5. I provided expert declarations about the effects of terminating Deferred Action for Childhood Arrivals on health insurance coverage and states in *State of New York, et al. v Trump, et al.*¹ in November 2017 and in *State of Texas v. United States, et al. and Karla Perez, et al.* in June 2018.² In September 2019, I provided three versions of an expert declaration regarding public health effects of the Department of Homeland Security's "public charge" rule in *La Clinica de la Raza, et al. v Donald Trump, et al.*, in the U.S. District Court, Northern District of California, *Make the Road, et al. v Kenneth Cucinelli, et al.* and in *State of New York, et al. v U.S. Department of Homeland Security* in the U.S. District Court, Southern District of New York. I have not provided testimony in any other court cases in the past four years.

6. I also have knowledge of health insurance and employment through my role as a voluntary (unpaid, appointed) Executive Board member for the District of Columbia's Health Benefits Exchange Authority, which governs the District's health insurance marketplace, formed under the federal ACA. This includes oversight of health insurance for small businesses as well as individual health insurance in the District of Columbia.

7. I have a PhD. in Health Policy from Boston University (1990) and Master of Public Health and Master of Science degrees from the University of California at Berkeley

¹ Declaration of Leighton Ku in *State of New York, et al. v Donald Trump, et al.* in U.S. District Court for the Eastern District of New York. Nov. 22, 2017.

² Declaration of Leighton Ku in *State of Texas v. United States of America, et al. and Karla Perez, et al., Defendant-Intervenor* in U.S. District Court for the Southern District of Texas, Brownsville Division, June 14, 2018.

(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.

8. I have been engaged by counsel for the Plaintiffs in this case to evaluate public health issues regarding the Presidential Proclamation of October 4, 2019, *Presidential Proclamation on the Suspension of Entry of Immigrants Who Will Financially Burden the United States Healthcare System*.³

Summary

9. Briefly, my review indicates that the President and the State Department, which is charged with implementing the proclamation, failed to conduct a careful and reasoned analysis of the policy. There is no compelling evidence that uninsured or publicly insured visa applicants pose a serious burden to the American health care system, certainly not one that justifies the urgent adoption of this policy without an appropriate rule-making procedures including notice and comment. Analyses of federal survey data indicate that uninsured recent immigrants are responsible for less than one-tenth of one percent of the total medical costs in the nation and do not create an overwhelming burden for our health system. Analyses of recent Census data suggest that the President's policy could reduce the number of visas approved for legal immigration by more than half, or 293,000 persons per year, because they lack the approved forms of insurance. This represents a massive shift in American immigration policy, made without a reasoned approach to administrative rulemaking. The Administration has failed to carefully consider the ramifications of this policy, which could have serious negative effects on the well-being of the nation and its residents.

³ Trump D. *Presidential Proclamation on the Suspension of Entry of Immigrants Who Will Financially Burden the United States Healthcare System*. The White House. Oct. 4, 2019.

Overview of the Presidential Proclamation

10. The Presidential Proclamation declared that immigrant visas (visas for those applying for permanent residence in the United States), would no longer be approved, with certain exceptions, unless the applicant demonstrated that within 30 days of entering the United States he or she would have an approved form of health insurance coverage, such as employer-sponsored health insurance, Medicare or unsubsidized nongroup insurance plan or, if he or she lacks approved coverage, has “financial resources to pay for reasonably foreseeable medical costs.” Health insurance such as Medicaid or tax-subsidized health insurance marketplace plans developed under the Affordable Care Act are not approved forms of health insurance coverage under this policy. Certain immigrants, such as those already approved for entry or unaccompanied children under the age of 18, are excluded. The Proclamation made the policy effective November 3, 2019. It does not apply to those seeking non-immigrant visas for temporary entry to the United States, such as students, temporary workers or tourists.

11. The stated rationale for this proclamation was that uninsured immigrants pose a hazard to the nation because they use uncompensated health care services that create burdens for hospitals, the government and to the public. It asserts that immigrants’ use of health care such as emergency services may crowd out care for citizens and other members of the public.

12. I note that the proclamation does not provide any estimates related to the costs of care for those who are recent immigrants, who are the target of the policy. Nor does it explain why health insurance programs like Medicaid or tax-subsidized coverage under health insurance marketplaces formed by the Affordable are not approved forms of health insurance.

13. Finally, it does not provide a rationale for why this is such an urgent problem that it had to be adopted within a month of the date of the proclamation and without standard procedures that apply to federal rule-making, such as the opportunity for notice and comment.

14. On October 30, 2019, the State Department issued an emergency request for public comment⁴ about the collection of information about visa applicants' health insurance coverage, requesting that comments be submitted in two days, by November 1, 2019, much shorter than the standard 60 day comment period that pertains to the review of information collection. In the notice, the Department estimated that 450,500 persons per year would be asked about health insurance coverage, but did not estimate how many might be denied visas, nor did it explain how consular officers would assess if applicants had "financial resources to pay for reasonably foreseeable medical costs."

15. On October 30, a coalition of organizations, including the Justice Action Center, Innovation Law Lab and the American Immigration Lawyers Association, filed a complaint challenging the Proclamation. Two days later, they filed a motion for a temporary restraining order. On November 2, 2019, the U.S. District Court for the District of Oregon issued a temporary restraining order, blocked implementation of the rule worldwide, and called for a November 22 hearing to consider a preliminary injunction.⁵

The Weak Basis for the Proclamation and the Lack of Analysis

16. The government presents virtually no analysis justifying its policy or the urgent need for adoption. A good place to begin is: What types of health insurance coverage do visa

⁴U.S. Department of State. Notice of Information Collection Under OMB Emergency Review: Immigrant Health Insurance Coverage. Federal Register, 84(210): 58199-200, Oct. 30, 2019.

⁵United States District Court, District of Oregon. Temporary Restraining Order in John Doe #1, et al. v Donald Trump, et al. Case No. 3:19-cv-01743-SB. November 2, 2019.

applicants have or expect to have soon after arrival? And what is the value of uncompensated care provided to legally admitted immigrants who might have been affected by this policy?

Although I have studied data about health insurance, health care and immigrants for many years, I am not aware of any information that accurately answers this question. Indeed, to the best of my knowledge, the first attempt to collect such information is entailed in the State Department's effort to ask about health insurance coverage, although this was not for the purpose of analysis, but for the purpose of denying visa applications.⁶ Although the State Department estimated that 450,500 people applying for visas would need to be asked the question, there are no estimates of how many would be denied entry because they lack the approved forms of insurance coverage.

17. I sought to examine these issues with currently available data, using a nationally representative survey called the Medical Expenditure Panel Survey (MEPS) conducted by the federal Agency for Healthcare Research and Quality.⁷ I analyzed the most recent full-year MEPS data for 2017. To represent the types of people who might be affected, I examined the status and medical expenditures for recent immigrants (those born outside the U.S.), who entered the U.S. within five years of the date of the survey. This group of recent immigrants includes recently admitted legal immigrants aged 18 to 64, those targeted by the proclamation, but also naturalized citizens and undocumented immigrants; the survey does not have more detailed data about their precise immigration status. To assess the scope of the costs associated with uninsured recent immigrants, I compared them to "not recent immigrant" adults, which includes U.S.-born citizens and immigrants who have been in the U.S. for five years or more. I recognize that this is

⁶ U.S. Department of State. Notice of Information Collection Under OMB Emergency Review: Immigrant Health Insurance Coverage. Federal Register, 84(210): 58199-200, Oct. 30, 2019.

⁷ Agency for Healthcare Research and Quality, HHS. Medical Expenditure Panel Survey. <https://meps.ahrq.gov/mepsweb/index.jsp>

not an ideal analysis, but it should provide a rough idea of the impacts. Table 1 below presents data about the percent of American adults and uninsured adults who are recent uninsured immigrants. Recent, uninsured immigrants are only 0.3 percent of American adults and only 2.9 percent of all uninsured adults.

Table 1. Distribution of Recent Immigrant and Insurance Status, Adults 18-64

Category	% Total Population	% Total Uninsured
Not Recent Immigrant & Insured	89.2%	
Not Recent Immigrant & Uninsured	9.5%	97.1%
Recent Immigrant & Insured	1.0%	
Recent Immigrant & Uninsured	0.3%	2.9%

Source: Analysis of 2017 Medical Expenditure Panel Survey

18. Next I considered the medical costs incurred in providing care for these adults. Table 2 presents the average medical expenditure per person in 2017. Table 3 combines information about the share of the population that each group represents and their average medical expenditures to show the overall fraction of national medical expenditures incurred in care for recent uninsured immigrants.

Table 2. Per Person Annual Medical Expenditures by Immigrant and Insurance Status

Category	Average Total Medical Expenditures	Average Ambulatory Medical Expenditures	Average Emergency Expenditures	Average Inpatient Expenditures
Not Recent Immigrant & Insured	\$5,071	\$1,345	\$221	\$1,087
Not Recent Immigrant & Uninsured	\$1,369	\$308	\$144	\$398
Recent Immigrant & Insured	\$2,439	\$1,039	\$169	\$449
Recent Immigrant & Uninsured	\$933	\$48	\$61	\$447

Source: Analysis of 2017 Medical Expenditure Panel Survey

Table 3. Distribution of Total U.S. Medical Expenditures by Immigrant and Insurance Status

Category	% of Total US Medical Expenditures	% of Total Ambulatory Medical Expenditures	% of Total Emergency Expenditures	% of Total Inpatient Expenditures
Not Recent Immigrant & Insured	96.65%	96.80%	92.70%	95.71%
Not Recent Immigrant & Uninsured	2.77%	2.35%	6.42%	3.72%
Recent Immigrant & Insured	0.52%	0.84%	0.80%	0.44%
Recent Immigrant & Uninsured	0.06%	0.01%	0.08%	0.13%

Source: Analysis of 2017 Medical Expenditure Panel Survey

As seen in Table 2, immigrants generally use much less medical care than those who are not recent immigrants, particularly when they are uninsured. Thus, the average annual medical expenditure per recent uninsured immigrant is \$933, less than one-fifth the amount used by the largest group, insured adults who are not recent immigrants (\$5,071). This pattern holds true for ambulatory care (care at doctors' offices), emergency care and inpatient hospital care; uninsured immigrants use very little care, compared with others. As seen in Table 3, when I factor in how many people are in each category, we can see that recent uninsured immigrants use less than one-tenth of one percent (0.06 percent) of total American medical resources and just 0.08 percent of emergency care expenditures. If I was able to further confine the analysis to recent legally admitted non-citizen immigrants, such as visa applicants hope to be, the share of medical costs for target population of the President's proclamation would be much smaller. Given how little medical care is used by uninsured recent immigrants, there is no reasonable basis to believe that immigrants are creating a massive fiscal burden for the nation, nor that care for uninsured recent immigrants is crowding out care for citizens or others.

19. There is no reasonable evidentiary basis for the President's claim that providing uncompensated care for uninsured recent immigrants hinders citizens or others from getting medical care. The Administration has failed to provide evidence that it adequately developed

analyses supporting its stated policy rationale. Indeed, if the President is concerned about reducing uncompensated care as expressed in the proclamation, then it would make more sense to reduce the share of citizens and immigrants who are uninsured by expanding Medicaid or other forms of health insurance, such as the health insurance marketplaces.

What Are the Potential Effects of the President's Policy?

20. Neither does the government provide any analysis of the potential effect of its policy. How many immigrant visa applicants might be denied entry because they lack the approved forms of insurance or because they lack adequate financial resources to pay for medical care? In addition, how would a consular official determine what the appropriate level of financial resources is? Neither the President nor the State Department addressed these issues.

21. Recent analyses by the Migration Policy Institute, based on analyses of 2014-16 American Community Survey data, found that, among adult green-card holders who entered the U.S. in the past two years, 34 percent were uninsured and 31 percent were covered by Medicaid or subsidized insurance that would not count as approved insurance under the Presidential proclamation.⁸ The State Department estimated that 450,500 people per year would be subject to the proclamation and would be asked about their insurance coverage.⁹ Unless these immigrants obtain another type of insurance coverage or have the undefined level of financial resources to cover their medical needs, these data suggest that roughly 293,000 visa applicants would be denied visas each year. In 2018, about 533,000 immigrant visas were issued by the State

⁸ Gelatt J, Greenberg M. Health Insurance Test for Green Card Applicants Could Sharply Cut Future U.S. Legal Immigration. Migration Policy Institute. Oct. 2019.

<https://www.migrationpolicy.org/news/health-insurance-test-green-card-applicants-could-sharply-cut-future-us-legal-immigration>

⁹ U.S. Department of State. Notice of Information Collection Under OMB Emergency Review: Immigrant Health Insurance Coverage. Federal Register, 84(210): 58199-200, Oct. 30, 2019.

Department.¹⁰ That means this policy alone might reduce the number of legal immigrants to the United States by about 55 percent.

22. What are the implications of such a large and sudden reduction of legal immigration to the United States? A substantial body of evidence has demonstrated the importance of immigrants in meeting the nation's need for workers and in supporting the U.S. economy, including a landmark report by the National Academy of Sciences.¹¹ It is reasonable to worry that such a drastic reduction would have major repercussions for America's economy and the supply of labor to meet the needs of the nation's businesses. It would also extend a large social toll on large numbers Americans who find that they cannot be reunited with family members living abroad, who may have been waiting years for visas to enter the country. It could also have serious consequences for the demographic, social and racial/ethnic composition of the nation. There is no evidence that the Administration considered the potentially sweeping consequences of its policy.

23. Another problematic aspect of the Presidential proclamation is the types of insurance coverage that it includes and excludes. Although the proclamation describes the underlying problem as one of uncompensated care, it does not articulate why Medicaid or tax-subsidized health insurance marketplace coverage are not acceptable forms of insurance coverage. Evidence indicates the expansion of Medicaid under the Affordable Care Act reduced uncompensated care levels by over \$6 billion.¹² If anything, this suggests that if the

¹⁰ U.S. State Department. Report of the Visa Office 2018. <https://travel.state.gov/content/travel/en/legal/visa-law0/visa-statistics/annual-reports/report-of-the-visa-office-2018.html>

¹¹ National Academy of Sciences. The Economic and Fiscal Consequences of Immigration. Washington, DC: National Academy Press. 2017.

¹² Dravnove D, Garthwaite G, Ody C. The Impact of the Affordable Care Act's Medicaid Expansion on Uncompensated Care and the Potential Effects of Repeal. Commonwealth Fund. May 2017.

Administration is concerned about uncompensated care, it would be more effective to promote the expansion of Medicaid programs.

24. Instead, the proclamation encourages immigrants to purchase short-term insurance, temporary insurance policies meant to cover people for periods of a few weeks to several months. These policies are not subject to insurance regulations under the Affordable Care Act which guarantee certain levels of insurance protection. It is difficult to think of a less efficient or less useful health insurance mechanism. A recent analysis noted that short-term insurance plans “benefit insurance companies more than the patients who purchase them.”¹³ On average, less than 40 percent of the cost of the insurance premium for a short-term plan is actually spent on medical care, the majority is profit and administrative costs for the insurance companies. By comparison, regular health insurance plans spend about twice as much of the premiums on actual medical care. (In comparison, the administrative costs for Medicaid are even lower, about 7 percent, making it far more efficient than either.) Because short-term plans, which need not provide essential health benefits under the Affordable Care Act, often have high cost-sharing and large insurance exclusions, the short-term plans usually offer less effective coverage protection than most other insurance and might not effectively protect against uncompensated care costs. For example, a short-term plan might exclude maternity coverage or preexisting conditions, so would not protect a woman who delivers a baby or a person who has a history of diabetes or heart disease.

<https://www.commonwealthfund.org/publications/issue-briefs/2017/may/impact-acas-medicaid-expansion-hospitals-uncompensated-care>

¹³ Livingston S. Short-term health plans spend little on medical care. *Modern Healthcare*. Aug. 6, 2019. <https://www.modernhealthcare.com/insurance/short-term-health-plans-spend-little-medical-care>

Changing Goals of Immigration Policy

25. Much of President Trump's public statements about immigration policy focus on the desire to protect the American public from crime and terrorism. But the available evidence suggests that this does not correspond to actual changes in the reasons immigrants are legally admitted or denied entry. For example, using data from State Department statistics on visa denials, in 2016, the last year of the Obama Administration, 4,991 visa applications were denied due to reasons related to crime, drug abuse or terrorism; this level has remained flat under the Trump Administration, reaching 4,916 denials in 2018. In comparison, the number of visas denied due to public charge reasons was 1,076 in 2016 under the Obama Administration and soared to 13,450 in 2018, after the State Department implemented new public charge policies that were unrelated to crime or terrorism.¹⁴ The analysis above suggests that the new Presidential proclamation could lead to as many as 293,000 additional visa denials because immigrants lack the approved types of health insurance, radically reducing the number of immigrants admitted and constituting a massive shift in American immigration policy. Under the Administration's new policies, the primary reason for denying immigrant visas would become because immigrant applicants are poor or lack the right type of insurance coverage, not to protect against crime or terrorism.

I hereby declare under penalty of perjury under the laws of Washington D.C. and the United States that the foregoing is true and correct.

¹⁴ State Department. Reports of the Visa Office for 2016 and 2018. See Table XX in each report. <https://travel.state.gov/content/travel/en/legal/visa-law0/visa-statistics.html>

DATE: November 8, 2019

A handwritten signature in black ink, appearing to read "Leighton Ku". The signature is written in a cursive style with a horizontal line extending from the end.

Leighton Ku, Ph.D., MPH

EXHIBIT A

CURRICULUM VITAE**LEIGHTON KU**

Professor of Health Policy and Management
 Director, Center for Health Policy Research
 Department of Health Policy and Management
 Milken Institute School of Public Health
 The George Washington University
 950 New Hampshire Ave, NW, 6th Floor
 Washington, DC 20052

Telephone: (202) 994-4143

E-mail: lku@gwu.edu

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 20 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.)

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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.

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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]

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

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

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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.*

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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. 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. UnidosUS. 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 Insitute 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, Bysse 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, Bysse 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 HealthCast, 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 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.

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 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.

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 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 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*, *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.

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)

In Progress

Evelyn Lucas-Perry (chair)
Nina Brown
Kyle Peplinski (chair)
Shin Nozaki
Jessica Sharac (chair)
Mariellen Jewers (chair)
Erin Brantley
Leo Quigley (chair)
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