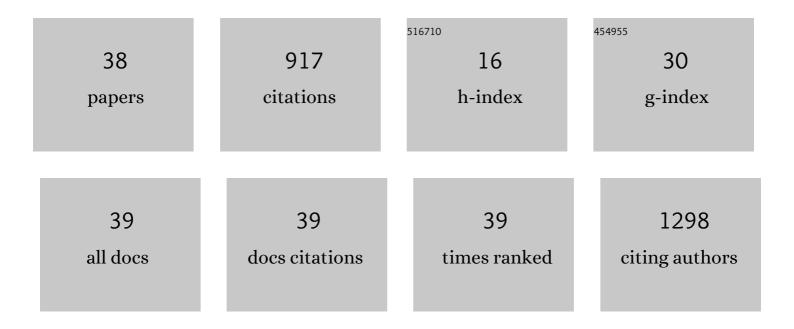
Thomas Rice

List of Publications by Year in descending order

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THOMAS RICE

#	Article	IF	CITATIONS
1	The Affordable Care Act's Insurance Marketplace Subsidies Were Associated With Reduced Financial Burden For US Adults. Health Affairs, 2021, 40, 496-504.	5.2	10
2	Health reforms in the United States: The outlook after Biden's first 100 days. Health Policy, 2021, 125, 1277-1284.	3.0	2
3	Uwe Reinhardt on being a good economist. Health Services Research, 2020, 55, 907-910.	2.0	2
4	Do health systems cover the mouth? Comparing dental care coverage for older adults in eight jurisdictions. Health Policy, 2020, 124, 998-1007.	3.0	31
5	California's New Gold Rush: Marketplace Enrollees Switch To Gold-Tier Plans In Response To Insurance Premium Changes. Health Affairs, 2019, 38, 1902-1910.	5.2	4
6	Ambulance diversions following public hospital emergency department closures. Health Services Research, 2019, 54, 870-879.	2.0	11
7	Universal coverage reforms in the USA: From Obamacare through Trump. Health Policy, 2018, 122, 698-702.	3.0	17
8	Revisiting out-of-pocket requirements: trends in spending, financial access barriers, and policy in ten high-income countries. BMC Health Services Research, 2018, 18, 371.	2.2	48
9	Can Plan Recommendations Improve the Coverage Decisions of Vulnerable Populations in Health Insurance Marketplaces?. PLoS ONE, 2016, 11, e0151095.	2.5	16
10	Insights From Behavioral Economics to Design More Effective Incentives for Improving Chronic Health Behaviors, With an Application to Adherence to Antiretrovirals. Journal of Acquired Immune Deficiency Syndromes (1999), 2016, 72, e50-e52.	2.1	17
11	The 2013 cholesterol guideline controversy: Would better evidence prevent pharmaceuticalization?. Health Policy, 2016, 120, 797-808.	3.0	8
12	Reflecting on †Valuing lives and life years: anomalies, implications, and an alternative'. Health Economics, Policy and Law, 2015, 10, 405-409.	1.8	0
13	Beyond Measurement and Reward: Methods of Motivating Quality Improvement and Accountability. Health Services Research, 2015, 50, 2155-2186.	2.0	50
14	Enforcing Enrollment in Health Insurance Exchanges. Medical Care Research and Review, 2015, 72, 496-509.	2.1	11
15	The Private Health Insurance Choices of Medicare Beneficiaries. Medical Care Research and Review, 2014, 71, 661-689.	2.1	4
16	Challenges facing the United States of America in implementing universal coverage. Bulletin of the World Health Organization, 2014, 92, 894-902.	3.3	20
17	The Behavioral Economics of Health and Health Care. Annual Review of Public Health, 2013, 34, 431-447.	17.4	203
18	Remembering Rick Brown. Journal of Health Politics, Policy and Law, 2013, 38, 187-193.	1.9	0

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#	Article	IF	CITATIONS
19	How Medicare should and should not control expenditures. Aging Health, 2013, 9, 127-129.	0.3	1
20	Physician Trainees' Decision Making and Information Processing: Choice Size and Medicare Part D. PLoS ONE, 2013, 8, e77096.	2.5	3
21	United States of America: health system review. Health Systems in Transition, 2013, 15, 1-431.	5.2	31
22	One Fish, Two Fish, Red Fish, Blue Fish. Medical Care Research and Review, 2012, 69, 460-473.	2.1	23
23	What factors influence seniors' desire for choice among health insurance options? Survey results on the Medicare prescription drug benefit. Health Economics, Policy and Law, 2010, 5, 437-457.	1.8	8
24	How Much Choice Is Too Much? The Case of the Medicare Prescription Drug Benefit. Health Services Research, 2009, 44, 1157-1168.	2.0	82
25	Can Limiting Choice Increase Social Welfare? The Elderly and Health Insurance. Milbank Quarterly, 2006, 84, 37-73.	4.4	47
26	The Ownership Society and Health 2006 AcademyHealth's Chair's Address. Health Services Research, 2006, 41, 2025-2032.	2.0	0
27	Who will be denied Medicare prescription drug subsidies because of the asset test?. American Journal of Managed Care, 2006, 12, 46-54.	1.1	3
28	The Distributional Consequences of a Medicare Premium Support Proposal. Journal of Health Politics, Policy and Law, 2004, 29, 1187-1226.	1.9	3
29	Does open enrollment control premiums? A case study from the "Medigap" market. Inquiry (United) Tj ETQq1 1	0.784314	rgBT /Overlo
30	Workers And Their Health Plans: Free To Choose?. Health Affairs, 2002, 21, 182-187.	5.2	74
31	Who Switches from Medigap to Medicare HMOs?. Health Services Research, 2002, 37, 273-290.	2.0	12
32	Socioeconomic Differences In Medicare Supplemental Coverage. Health Affairs, 2000, 19, 186-196.	5.2	34
33	Can Markets Give Us the Health System We Want?. Journal of Health Politics, Policy and Law, 1997, 22, 383-426.	1.9	77
34	Physician Payment Policies: Impacts and Implications. Annual Review of Public Health, 1997, 18, 549-565.	17.4	19
35	A Reply to Gaynor and Vogt, and Pauly. Journal of Health Politics, Policy and Law, 1997, 22, 497-501.	1.9	1
36	The Internal Economics of HMOs: A Research Agenda. Medical Care Research and Review, 1996, 53, 44-64.	2.1	7

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	37	Can Managed Competition Solve The Problems Of Market Failure?. Health Affairs, 1993, 12, 216-228.	5.2	14
	38	Evaluating The New Medigap Standardization Regulations. Health Affairs, 1992, 11, 194-207.	5.2	24