Changes in Language and Removals of Descriptive Text on ASPE’s Website, Reducing Emphasis on the Affordable Care Act

Access Assessment Report
July 28, 2018

This report is accompanied by a blog post, providing context for the changes detailed here.

Sunlight Foundation’s Web Integrity Project
webintegrity@sunlightfoundation.com

Report writer: Toly Rinberg
Comprehensive reviewer: Rachel Bergman
Content reviewer: Jon Campbell

See WIP’s Report Production Protocol for details of our review process

Classification of Web content alterations and changes in access to Web resources:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Changed in this report?</th>
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<tbody>
<tr>
<td>1. Altering or removing text and non-text content</td>
<td>Yes</td>
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<tr>
<td>2. Altering or removing links</td>
<td>Yes</td>
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<tr>
<td>3. Moving an entire webpage or collection of webpages or establishing redirects</td>
<td>Yes</td>
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<tr>
<td>4. Altering or removing an entire pertinent section of a webpage or collection of webpages</td>
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The Sunlight Foundation’s Web Integrity Project does not intend to assess any government agency’s intentions in presenting the changes to webpages or other Web content that appear in this report.
Changes in Language and Removals of Descriptive Text on ASPE's Website, Reducing Emphasis on the Affordable Care Act

Overview
In 2017, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) altered and added webpages on its website about research related to the Affordable Care Act (ACA), demonstrating a shift in language, which deemphasized the stated positive impacts of the health care law. The title of its “Affordable Care Act Research” webpage was changed to “Historical Research,” and the page’s URL path was changed to correspond with the new title. Both versions of the page list links to the same 125 ASPE research publications about the ACA, produced between 2011 and 2017, but descriptive text that previously accompanied each publication link no longer appears on the “Historical Research” version of the page. Background text at the top of the page about the research publications was changed so that it no longer describes the positive impacts of the ACA. A new page titled “Health Coverage Research” was created, which currently lists links and related descriptive text for three publications about the ACA published since January 20, 2017.

Background
Agency details: According to agency’s mission, “The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy.” It further states that, “ASPE conducts research and evaluation studies; develops policy analyses; and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.”

Communications about changes: The office has not proactively communicated about or explained the changes described within this report.

Known archives: No known archives identified.

Description of Most Notable Changes
1. The “Affordable Care Act Research” page title was changed to “Historical Research” (Webpage 1).
3. Text listed under the “Topics” drop-down in the website’s top menu changed from “Affordable Care Act Research” to “Historical Research,” and the link URL also changed accordingly (see description of URL change above).
4. Language in the “Background” section of the page that described the positive impacts of the ACA was removed. The “Affordable Care Act Research” version of the page previously stated, “Millions of Americans have already benefited [sic] from many of the law’s provisions including coverage for preventive health services, ban on lifetime limits,
and insurance coverage for young adults.” This text no longer appears on the “Historical Research” version of the page, which now states that the conclusions and recommendations in the articles about the ACA listed on the page “may not reflect the official position of the U.S. Department of Health & Human Services today, especially with respect to the consequences of Obamacare.”

5. Descriptive text associated with each of the 125 research publications on the “Affordable Care Act Research” version of Webpage 1 is no longer included on the “Historical Research” version. The 125 links, including the publication titles and link URLs, are the same on both pages (with the exception of minor differences in link text). The descriptive text associated with some of the publications still appears on other ASPE webpages, although some descriptive text seems to have been entirely removed from the website.

6. The “Health Coverage Research” page (Webpage 2) was added, and was also added as a category under the “Topics” drop-down in the website’s top menu. It currently lists three reports published since January 20, 2017 that were produced based on research about the impacts of the ACA and alternatives to the ACA. The page notes that, “Since January 20, 2017, ASPE has been developing research that analyzes the impact of Obamacare (the Affordable Care Act) and models changes that will create a market that lowers costs, increases quality, and gives more choices than Obamacare does.”
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Detailed Description of Changes in Access and Content

Note: Throughout the entire report, links to the Internet Archive’s Wayback Machine’s (IAWM) versions of corresponding pages are provided for reference. IAWM displays time in GMT.

Webpage 1: Affordable Care Act Research (Currently: Historical Research)

- URL: https://aspe.hhs.gov/affordable-care-act-research
  o Redirects to URL: https://aspe.hhs.gov/historical-research
- Redirect began between May 26, 2017 and October 5, 2017. (Note: The large date range is due to sporadic captures by the Internet Archive’s Wayback Machine.)
  o First snapshot of the “Historical Research” version of page on July 10, 2017.
  o Link to page listed under “Topics” in website’s top menu changed between June 30, 2017 and July 6, 2017.
- No ASPE Web archives identified.

Webpage 1 Details:
1. The title of the page was changed from “Affordable Care Act Research” to “Historical Research.” The “Historical Research” version of page was live as early as July 10, 2017.
3. Changed the link text under the “Topics” section of the top menu from “Affordable Care Act Research” to “Historical Research,” and also changed the link URL to the new URL (see description of URL path change above) between June 30, 2017 and July 6, 2017.
4. Changed the “Background” section from:
   “The Affordable Care Act was signed into law in March of 2010. Millions of Americans have already benefitted [sic] from many of the law’s provisions including coverage for preventive health services, ban on lifetime limits, and insurance coverage for young adults. The expansion of Medicaid coverage and launch of Affordable Insurance Exchanges will help millions more in 2014. ASPE created this series of research and issue briefs to analyze the impact of the Affordable Care Act.”
   To:
   “Obamacare (the Affordable Care Act) was signed into law in March 2010. Research articles published prior to January 20, 2017, are archived on this page for historical interest only. Their conclusions and recommendations may not reflect the official position of the U.S. Department of Health & Human Services today, especially with respect to the consequences of Obamacare.”
5. The titles and link URLs for 125 articles listed under the “Publications” section remain unchanged across the two versions of the page. Minor differences to link text are not accounted for in this report.
6. The “Affordable Care Act Research” version of the page included text that described each of the 125 research articles listed on the page, while the “Historical Research” version contains no descriptive text (Screenshot 1.1).

   a. Below are four representative examples of articles listed under the “Publications” section of the “Affordable Care Act Research” version of the page, including any associated links and text:

   - “Did Consumers Respond to Changes in Gross Premiums or to Changes in Premiums Net of Tax Credits When Making Health Plan Choices in the 2016 ACA Marketplaces
     This research brief explains analyses conducted to explore whether consumers responded to changes in net or gross premiums when making health plan choices in the 2016 ACA Marketplaces.

   - Medicaid Expansion Impacts on Insurance Coverage and Access to Care
     This issue brief, which provides a literature review of the effects of Medicaid expansion, was first released in June 2016 and has been updated to include additional information and data from 2016. Specifically, the brief focuses on the effects of expansion on health coverage and access, affordability, financial security, and quality of care.

   - Effects of the Affordable Care Act on Safety Net Hospitals
     This study examines the early effects of the ACA on 10 safety net hospitals, both in states that expanded income eligibility for Medicaid under the ACA and those that did not. This primarily qualitative research study, was conducted between September 2013 and March 2016.

   - National Health Service Corps: An Extended Analysis
     This study continues the analysis of the National Health Service Corps (NHSC) begun in “Provider Retention in High Need Areas. Its objectives are to examine recent retention trends of NHSC program alumni in HPSAs (more frequent moves from “same HPSA” to any HPSA” than previous study); analyze the retention patterns of those NHSC participants who serve in Indian Health Service sites and compare them with that of all NHSC participants (retention in “same HPSA” and “any HPSA” similar to overall NHSC, and third examine the recruiting and retention effects of the program Estimates of recruiting and retention effects indicate substantial increases in the number of FTE-years generated by NHSC in HPSAs.”
b. Below are four representative articles listed under the “Publications” section of the “Historical Research” version of the page, including any associated links and text:

- “Did Consumers Respond to Changes in Gross Premiums or to Changes in Premiums Net of Tax Credits When Making Health Plan Choices in the 2016 ACA Marketplaces”
- Medicaid Expansion Impacts on Insurance Coverage and Access to Care
- Effects of the Affordable Care Act on Safety Net Hospitals
- National Health Service Corps: An Extended Analysis”

7. Many of the publications appear on other pages in the ASPE domain and some, but not all, appear with the descriptive text that was associated with them on the “Affordable Care Act Research” version of the page.

a. As an example, several publications listed on the “Historical Research” page also appear on the “Content by keyword: Healthcare marketplace” page, some, but not all, with descriptive text:

i. Descriptive text listed for the “Health Plan Choice and Premiums in the 2017 Health Insurance Marketplace” publication was also associated with this publication on the “Affordable Care Act Research” version of the page.

ii. Descriptive text associated with the “Health Insurance Marketplace Enrollment Projections for 2017” publication is not listed, but text was previously associated with this publication on the “Affordable Care Act Research” page. Text is also not listed on the page for the publication itself, where a PDF can be downloaded.

b. **Note:** A comprehensive analysis of the 125 publications has not been conducted to determine whether or not each appears on other webpages, and if so, whether or not each appears associated with descriptive text.
Screenshot 1.1: A portion of the “Affordable Care Act Research” version of Webpage 1 from the Internet Archive’s Wayback Machine on May 26, 2017, compared to a portion of the “Historical Research” version of the page on July 10, 2017.

Background

The Affordable Care Act was signed into law in March of 2010. Millions of Americans have already benefited from many of the law’s provisions including coverage for preventive health services, bans on lifetime limits, and insurance coverage for young adults. The expansion of Medicaid coverage and launch of Affordable Insurance Exchanges will help millions more in 2014. ASPE created this series of research and issue briefs to analyze the impact of the Affordable Care Act.

Publications

2017

- Did Consumers Respond to Changes in Gross Premiums or to Changes in Premiums Net of Tax Credits When Making Health Plan Choices in the 2016 ACA Marketplaces
  This research brief explains analyses conducted to explore whether consumers responded to changes in net or gross premiums when making health plan choices in the 2016 ACA Marketplaces.

- Medicaid Expansion Impacts on Insurance Coverage and Access to Care
  This issue brief, which provides a literature review of the effects of Medicaid expansion, was first released in June 2016 and has been updated to include additional information and data from 2016. Specifically, the brief focuses on the effects of expansion on health coverage and access, affordability, financial security, and quality of care.

- Effects of the Affordable Care Act on Safety Net Hospitals
- National Health Service Corps: An Extended Analysis
- Evidence Indicates a Range of Challenges for Puerto Rico: Health Care System
- Nearly 900,000 Puerto Ricans May Lose Health Coverage When Medicaid Funds Run Out

Background

Obamacare (the Affordable Care Act) was signed into law in March 2010. Research articles published prior to January 20, 2017, are archived on this page for historical interest only. Their conclusions and recommendations may not reflect the official position of the U.S. Department of Health & Human Services today, especially with respect to the consequences of Obamacare.

Publications

2017

- Did Consumers Respond to Changes in Gross Premiums or to Changes in Premiums Net of Tax Credits When Making Health Plan Choices in the 2016 ACA Marketplaces
- Medicaid Expansion Impacts on Insurance Coverage and Access to Care
- Effects of the Affordable Care Act on Safety Net Hospitals
- National Health Service Corps: An Extended Analysis
- Evidence Indicates a Range of Challenges for Puerto Rico: Health Care System
- Nearly 900,000 Puerto Ricans May Lose Health Coverage When Medicaid Funds Run Out
Webpage 2: Health Coverage Research

- URL: https://aspe.hhs.gov/health-coverage-research
  - Link to page listed under “Topics” in website’s top menu added between June 30, 2017 and July 6, 2017.
- No ASPE Web archives identified.

Webpage 2 Details:
Changes to content on the “Health Coverage Research” page:
1. The “Health Coverage Research” page was live as early as July 10, 2017.
3. On July 10, 2017, when the first snapshot of the page was stored in the Internet Archive’s Wayback Machine, the page contained the following text:
   “Background

Since January 20, 2017, ASPE has been developing research that analyzes the impact of Obamacare (the Affordable Care Act) and models changes that will create a market that lowers costs, increases quality, and gives more choices than Obamacare does.

- Individual Market Premium Changes
  This ASPE Data Point analyzes premium increases from two data series, comparing premium costs in individual market plans purchased by consumers in 2013 to exchange plans purchased in 2017 in order to better determine how much premiums have increased since the ACA’s key provisions have taken effect.”
4. Between July 10, 2017 and July 31, 2017, the following link and corresponding text were added to the page as the first bullet, above the content previously on the page:
   - “Draft ASPE Analysis of the Consumer Freedom Amendment

The Department of Health and Human Services provides technical assistance on an ongoing basis to members of Congress during the legislative development process. This analysis, marked as “preliminary draft” was provided as technical assistance in response to an inquiry specifically related to the Consumer Freedom Amendment. The purpose of this analysis was to examine the potential impact of ACA and non-ACA plans, and a single or dual risk pool structure, as described by the Consumer Freedom Amendment on consumer behavior. It was performed by an HHS contractor on an accelerated timeline, and, given the narrow scope of the analysis, made a number of simplifying assumptions in the interest of time.
An unchanged ACA baseline is included for comparison purposes. It assumes a static individual market population, adequate issuer and consumer participation in a competitive insurance market, and assumes all states permit the sale of non-ACA plans alongside ACA plans (without state-specific requirements of issuers to make non-ACA plans more like ACA plans). The model assumes one plan design, though a number of benefit designs and actuarial values would likely be offered by issuers under the amendment.

For the sake of transparency and due to the interest in this proposal, HHS is publicly releasing this preliminary draft and the underlying assumptions contained therein.

3. Between July 31, 2017 and December 7, 2017, the following link and corresponding text were added to the page as the first bullet, above the content previously on the page (as shown in Screenshot 2.1):

   ● “Health Plan Choice and Premiums in the 2018 Federal Health Insurance Exchange

   This issue brief presents analysis of Qualified Health Plan (QHP) data in the individual market Exchanges for plan year 2018 for states that use the HealthCare.gov platform. It examines issuer participation, plan options and premiums for individuals enrolling in coverage through the Exchanges.”
**Screenshot 2.1:** The “Health Coverage Research” page from the Internet Archive’s Wayback Machine on May 31, 2018.

**Background**

Since January 20, 2017, ASPE has been developing research that analyzes the impact of Obamacare (the Affordable Care Act) and models changes that will create a market that lowers costs, increases quality, and gives more choices than Obamacare does.

- **Health Plan Choice and Premiums in the 2018 Federal Health Insurance Exchange**
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  - An unchanged ACA baseline is included for comparison purposes. It assumes a static individual market population, adequate issuer and consumer participation in a competitive insurance market, and assumes all states permit the sale of non-ACA plans alongside ACA plans (without state-specific requirements of issuers to make non-ACA plans more like ACA plans). The model assumes one plan design, though a number of benefit designs and actuarial values would likely be offered by issuers under the amendment.

    For the sake of transparency and due to the interest in this proposal, HHS is publicly releasing the preliminary draft and the underlying assumptions contained therein.

- **Individual Market Premium Changes** This ASPE Data Point analyzes premium increases from two data series, comparing premium costs in individual market plans purchased by consumers in 2013 to exchange plans purchased in 2017 in order to better determine how much premiums have increased since the ACA’s key provisions have taken effect.