

1. US GOVERNMENT ACCOUNTABILITY OFFICE REPORT:

A. "Individual Retirement Accounts: Additional IRS Actions Could Help Taxpayers Facing Challenges in Complying with Key Tax Rules," (GAO-08-654, August 2008, .pdf format, 52p.).

<http://www.gao.gov/docsearch/abstract.php?rptno=GAO-08-654>

B. "Pension Benefit Guaranty Corporation: Some Steps Have Been Taken to Improve Contracting, but a More Strategic Approach is Needed," (GAO-08-871 August 2008, .pdf format, 39p.).

<http://www.gao.gov/products/GAO-08-871>

2. AARP REPORTS, PRIME-TIME RADIO:

A. "Millions of Low-Income Americans Can't Get Medicaid: What Can Be Done?" by Stan Dorn (September 2008, .pdf format, 36p.). http://www.aarp.org/research/assistance/medicaid/2008_13_medicaid.html

B. "Determining Whether 401(k) Plan Fees are Reasonable: Are Disclosure Requirements Adequate?" by Sandy Mackenzie (September 2008, .pdf format, 9p.).

http://www.aarp.org/research/financial/pensions/i8_fees.html

3. URBAN INSTITUTE REPORT: "Distributional Analysis of Pension and Social Security Reforms:

Alternative Approaches and a Report on an Expert Panel Meeting," by Eric Toder (September 2008, .pdf format, 21p.). <http://www.urban.org/url.cfm?ID=411753>

4. CENTER ON BUDGET AND POLICY PRIORITIES REPORT: "Removing Barriers to Retirement Saving in Medicaid and Supplemental Security Income," (No. 2008-03, September 2008, .pdf format, 23p.).

<http://www.cbpp.org/9-12-08asset.pdf>

5. _NEWSWEEK_ ARTICLE: "Invisible And Overlooked: A growing population of lesbian and gay senior citizens seeks recognition for their unique needs and challenges," by Jessica Bennett (September 18, 2008).

<http://www.newsweek.com/id/159509>

7. UNIVERSITY OF MICHIGAN RETIREMENT RESEARCH CENTER: "Deferred Annuities and Strategic Asset Allocation," by Wolfram J. Horneff and Raimond H. Maurer (WP 2008-178, August 2008, .pdf format, 25p.). Links to the abstract and full-text can be found at:

http://www.mrrc.isr.umich.edu/publications/index_abstract.cfm?ptid=1&pid=572

8. RAND CORPORATION:

A. "Health Indexes and Retirement Modeling in International Comparisons," by Erik Meijer, Arie Kapteyn, and Tatiana Andreyeva (WR614, August 2008, .pdf format, 64p.). Links to the abstract and full-text can be found at: http://www.rand.org/pubs/working_papers/WR614/

B. "Differential Mortality in Europe and the U.S.: Estimates Based on Subjective Probabilities of Survival," by Adeline Delavande and Susann Rohwedder (WR613, July 2008, .pdf format, 37p.). Links to the abstract

And full-text can be found at: http://www.rand.org/pubs/working_papers/WR613/

9. NATIONAL BUREAU OF ECONOMIC RESEARCH:

B. "Medicare Part D's Effects on Elderly Drug Costs and Utilization," by Jonathan D. Ketcham and Kosali Simon (w14326, September 2008, .pdf format, 19p.).

Abstract:

We analyze Medicare Part Ds net effect on elderly out-of-pocket (OOP) costs and use of prescription drugs using a dataset containing 1.4 billion prescription records from Wolters Kluwer Health (WKH). These data span the period December 2004-December 2007 and include pharmacy customers whose age as of 2007 is greater than 57 years. The outcomes we examine are OOP cost per days supply of a medication, the days of medication supplied per capita, and the number of individuals filling prescriptions. We compare outcomes before vs. after January 2006, for those over age 66 years vs. for those age 58-64 years, adjusting for the under-reporting of certain cash-only transactions in the WKH data. Our results indicate that from 2005-2007, Part D reduced elderly OOP costs per days supply of medication by 21.7%, and increased elderly use of prescription drugs by 4.7%, implying a price elasticity of demand of -0.22. These effects occurred primarily during the first year of the program. An age- and time-standardized comparison of our quantity results with previous estimates from Walgreens data shows that our findings are 2.6 times as large. We conclude that Part D lowered elderly patients OOP costs substantially and increased utilization modestly, and note that in comparing results across studies on this topic, magnitudes may vary substantially due to differences in data and methods.

<http://papers.nber.org/papers/w14326>

D. "Managing Contribution and Capital Market Risk in a Funded Public Defined Benefit Plan: Impact of CVaR Cost Constraints," by Raimond Maurer, Olivia S. Mitchell, and Ralph Rogalla (w14332, September 2008, .pdf format, 32p.).

Abstract:

Using a Monte Carlo framework, we analyze the risks and rewards of moving from an unfunded defined benefit pension system to a funded plan for German civil servants, allowing for alternative strategic contribution and investment patterns. In the process we integrate a Conditional Value at Risk (CVaR) restriction on overall plan costs into the pension manager's objective of controlling contribution rate volatility. After estimating the contribution rate that would fully fund future benefit promises for current and prospective employees, we identify the optimal contribution and investment strategy that minimizes contribution rate volatility while restricting worst-case plan costs. Finally, we analyze the time path of expected and worst-case contribution rates to assess the chances of reduced contribution rates for current and future generations. Our results show that moving toward a funded public pension system can be beneficial for both civil servants and taxpayers. <http://www.nber.org/papers/w14332>

E. "Socioeconomic Status and Health: Dimensions and Mechanisms," by David M. Cutler, Adriana Lleras-Muney, and Tom Vogl (w14333, September 2008, .pdf format, 53p.).

Abstract:

This paper reviews the evidence on the well-known positive association between socioeconomic status and health. We focus on four dimensions of socioeconomic status -- education, financial resources, rank, and race and ethnicity -- paying particular attention to how the mechanisms linking health to each of these dimensions diverge and coincide. The extent to which socioeconomic advantage causes good health varies, both across these four dimensions and across the phases of the lifecycle. Circumstances in early life play a crucial role in determining the co-evolution of socioeconomic status and health throughout adulthood. In adulthood, a considerable part of the association runs from health to socioeconomic status, at least in the case of wealth. The diversity of pathways casts doubt upon theories that treat socioeconomic status as a unified concept. <http://www.nber.org/papers/w14333>

10. CENTER FOR ECONOMIC STUDIES/Ifo INSTITUTE FOR ECONOMIC RESEARCH (CESifo) [MUNICH, GERMANY]: "On Myopia as Rationale for Social Security," by Torben Andersen and Joydeep Bhattacharya (CESifo Working Paper No. 2401, September 2008, .pdf format, 23p.). Links to the abstract and full-text can be found at:

http://www.cesifo-group.de/portal/page/portal/ifoHome/b-publ/b3publwp/wp_abstract?p_file_id=15988