

Health Care Reform:

Bending the Curve

Presented by:
Maria Ryan, PhD



A top-down view of a medical workspace on a teal surface. At the top, there are surgical instruments including two pairs of scissors, several scalpels, and two round containers. To the right is a clear plastic sharps container. On the right side, a black stethoscope is laid out. In the bottom center, a person's hands are visible, one pointing at a laptop screen displaying a grid. To the left of the laptop is a metal tray with various pills and capsules. Further left are a small jar of yellow pills and a white pill bottle. The central text is overlaid on a dark green rectangular background.

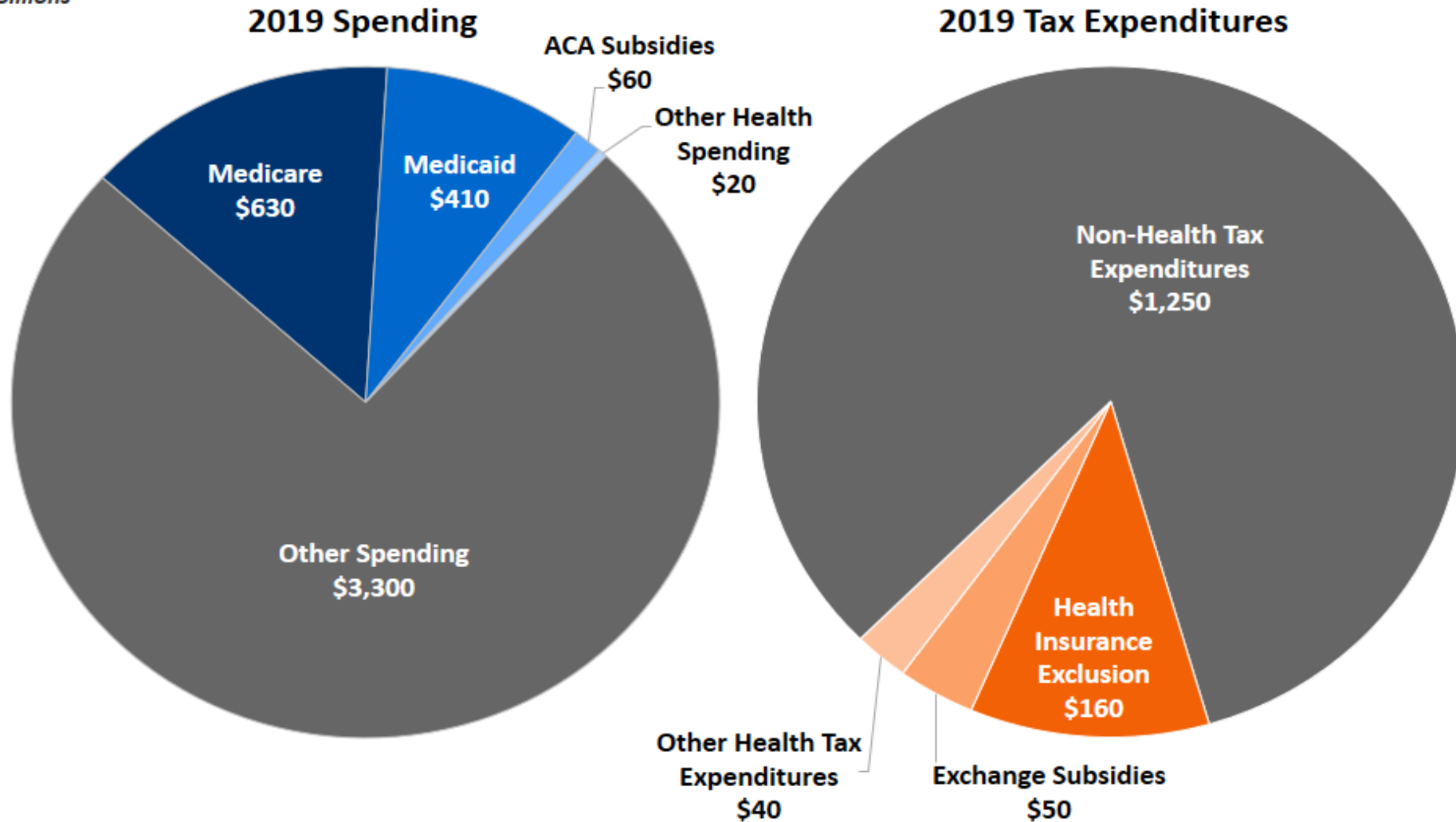
Government Spending in Health Care

Health Care Spending and GDP

- At \$3.85 trillion (seasonally adjusted rate), national health spending in July 2019 was 4.3% higher than it was in July 2018.
- The July 2019 nominal gross domestic product (GDP) growth over a 12-month period was 4.2%, and the resulting health spending share of GDP was 17.9%.
- Growth in hospital spending accounts for 33% of national health spending.
- August 2019 was the 122nd month of expansion (the longest in U.S. history) following the Great Recession, yet the Health Care Price Index (HCPI) growth is steady near 1.5%

Health Care is a Major Part of the Budget

Billions



Source (left): Congressional Budget Office May 2019 Baseline

Source (right): Joint Committee on Taxation

CRFB.org

Medicaid Spending

- The Federal share of all Medicaid expenditures is estimated to have been 63% in 2017. State Medicaid expenditures are estimated to have increased 4.2% to \$221.6 billion.
- Medicaid expenditures are projected to increase from 3.1% of GDP in 2016 to 3.7% of GDP in 2026. The increase in expenditures would place a growing strain on Federal and State budgets.
- Medicaid expenditures for expansion adults are projected to amount to \$938 billion over the period 2017 through 2026. Most of these expenditures— \$855 billion, or about 91%—are projected to be financed by the Federal government.
- Medicaid represents a significant share of the Federal and State budgets. In FY 2017, out of a total of \$4,062 billion spent by the Federal government for all purposes, \$378 billion (or 9.3%) can be attributed to Medicaid. Under the President's FY 2019 Budget, Federal outlays on Medicaid are projected to account for 9.2% of all Federal outlays by 2027.

Medicaid Spending Continued...

- The Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC) found that 9.5 million persons (or about 15% of all enrollees) were dually eligible in 2013 and that, in that year, dual eligible beneficiaries accounted for \$118.9 billion in Medicaid expenditures (or about 32% of Medicaid benefit spending).
- Medicaid has a greater number of enrollees than Medicare. In FY 2016, Medicaid is estimated to have covered 72.2 million individuals (including persons residing in U.S. Territories). In comparison, Medicare covered an average of 56.8 million people during CY 2016.
- From 2017 through 2026, Medicaid expenditures are projected to increase about 1.6% faster than GDP per year. This difference is driven by relatively faster projected growth in per enrollee spending for the program overall, averaging 4.5% from 2017 through 2026, as well as by increases in DSH expenditures starting in 2026 following the expiration of the temporary DSH allotment reductions most recently updated in the Bipartisan Budget Act of 2018 (Public Law 115-123).

CHIP Spending

From the December 2018 MAC Stats Data Book:

- In FY 2016, CHIP spending totaled \$15.6 billion; 92.5% of which is paid by the federal government and the remaining 7.5% paid by the states and territories.
- Medicaid and CHIP accounted for 17.5 percent of national health expenditures in calendar year 2016, less than either Medicare (20.1 percent) or private insurance (33.7 percent).
- The share of the federal budget devoted to Medicaid and Medicare has grown steadily since the programs were enacted in 1965. Even so, in fiscal year 2017, Medicaid accounted for a smaller share (9.4 percent) than Medicare (14.9 percent).

Medicare Spending

- Expenditures are projected to increase from 3.7% of GDP in 2018 to 6.5% by 2093.
- However, if relatively low price increases for physicians and other health services under Medicare are not sustained and do not take full effect in the long range assumed, then Medicare spending would instead represent roughly 9.0% of GDP in 2093.
- Growth under any of these scenarios, if realized, would substantially increase the strain on the nation's workers, the economy, Medicare beneficiaries, and the Federal budget.
- There is a need for substantial changes to address Medicare's financial challenges. The sooner solutions are enacted, the more flexible and gradual they can be. The early introduction of reforms increases the time available for affected individuals and organizations—including health care providers, beneficiaries, and taxpayers—to adjust their expectations and behavior. The Trustees recommend that Congress and the executive branch work closely together with a sense of urgency to address these challenges.

Medicare Spending Continued...

Research From the Dartmouth Atlas Found:

- Medicare spending varies more than twofold among hospital referral regions. Spending also varies from state to state, and from one hospital to another, even among hospitals within the same region.
- Among the 306 hospital referral regions in the United States, price-adjusted Medicare reimbursements varied twofold in 2016; from about \$7,400 per enrollee in the lowest spending region to more than \$13,000 in the highest spending region.
- From 1992 to 2006, total Medicare spending grew at an average rate of 3.5% per year, but this growth was not also spread evenly across regions. These findings have important implications for health policy and the goal of achieving sustainable and affordable health care for all Americans.
- Studies comparing similar patients have found that those in higher-spending regions are more likely to be admitted to the hospital, spend more time in the hospital, receive more discretionary tests, see more medical specialists, and have many more different physicians involved in their care. The extra care does not produce better outcomes overall or result in better quality of care, whether one looks at measures of technical quality (such as providing appropriate medication to heart attack patients), or survival following such serious conditions as a heart attack or hip fracture. Higher spending also does not result in improved patient perceptions of the accessibility or quality of medical care.
- While price differences explain some of the regional variation in Medicare spending, our studies suggest that utilization – the volume of services delivered – is a far more important driver of Medicare regional payment variation than price differences.

National Health Expenditures by Type and Payer

| Type of expenditure | Payer amount (millions) | | | | | | | |
|---|-------------------------|------------------|-----------------|------------------|--------------------|-------------------------------------|---------------------------------------|------------------|
| | Total | Medicaid | CHIP | Medicare | Private insurance | Other health insurance ¹ | Other third party payers ² | Out of pocket |
| Total payer expenditures | \$3,337,248 | \$565,550 | \$16,883 | \$672,093 | \$1,123,372 | \$108,945 | \$497,868 | \$352,537 |
| Hospital care | 1,082,479 | 189,824 | 4,466 | 267,504 | 426,671 | 62,651 | 98,693 | 32,671 |
| Physician and clinical services | 664,882 | 72,564 | 3,911 | 149,964 | 287,254 | 26,069 | 66,206 | 58,913 |
| Dental services | 124,373 | 12,122 | 1,829 | 511 | 57,729 | 1,783 | 470 | 49,929 |
| Other professional services ³ | 91,980 | 7,263 | 355 | 22,582 | 31,576 | – | 7,350 | 22,854 |
| Home health care | 92,364 | 33,981 | 62 | 37,376 | 9,641 | 652 | 2,600 | 8,052 |
| Other non-durable medical products ⁴ | 62,201 | – | – | 2,050 | – | – | – | 60,151 |
| Prescription drugs | 328,588 | 33,445 | 1,750 | 95,393 | 142,617 | 8,477 | 1,873 | 45,032 |
| Durable medical equipment ⁵ | 50,952 | 7,653 | 174 | 7,476 | 9,932 | – | 869 | 24,848 |
| Nursing care facilities and continuing care retirement communities ⁶ | 162,685 | 49,991 | 14 | 37,477 | 14,809 | 5,042 | 11,574 | 43,778 |
| Other health, residential, and personal care services ⁷ | 173,486 | 98,379 | 1,398 | 4,944 | 13,538 | 968 | 47,950 | 6,310 |
| Administration ⁸ | 263,652 | 60,327 | 2,923 | 46,814 | 129,605 | 3,305 | 20,679 | – |
| Public health activity | 82,187 | – | – | – | – | – | 82,187 | – |
| Investment | 157,418 | – | – | – | – | – | 157,418 | – |

Beginning of Life Critical Care Spending

- In 2017, 1 in 10 babies was born premature.
- Care for infants in NICUs accounts for 75% of all dollars spent on newborn care.
- The total economic cost of preterm birth has been estimated to be \$26 billion.
- NICU admissions occur in about 1 of every 1,000 members in a commercial health plan. In Medicaid populations, this is two to three times higher.
- The Agency for Health Care Research and Quality has compared the average cost of a NICU admission to patients admitted for spinal cord injury and heart valve disorders.
- There is evidence to suggest that besides obesity, there is an increased incidence of diabetes and either inadequate or excessive weight gain during pregnancy; each of which can raise the incidence of preterm births.

End of Life Critical Care Spending

- One fourth of all Medicare spending goes to pay for the care of beneficiaries in their last year of life, and much of the growth in Medicare spending in recent decades is the result of the high cost of treating chronic disease.
- It may be possible to reduce spending while improving the quality of end-of-life care by ensuring that patient preferences are followed more closely.

End of Life Critical Care Spending

- It is estimated that approximately 13 percent of the \$1.6 trillion in health care costs is for the care of individuals in their last year of life.
- The majority of costs in the last year of life (61 percent) are paid for by Medicare.

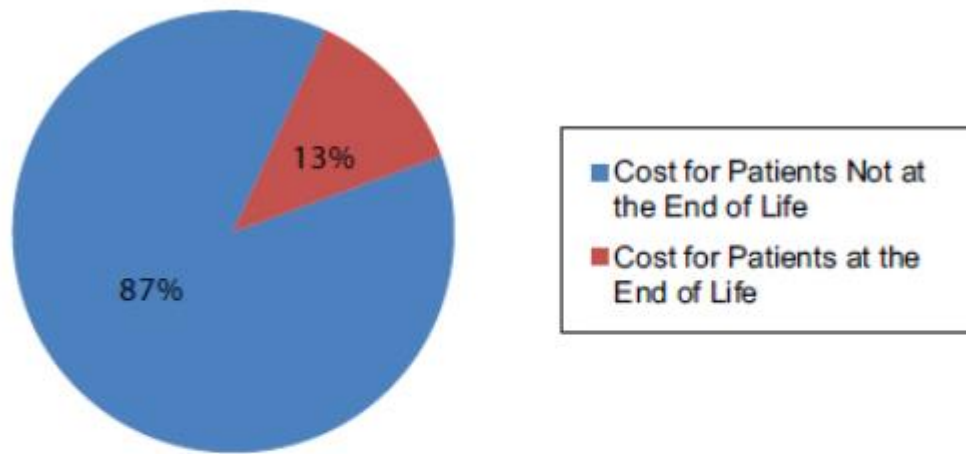


FIGURE E-10 Proportion of total health care costs for patients at the end of life

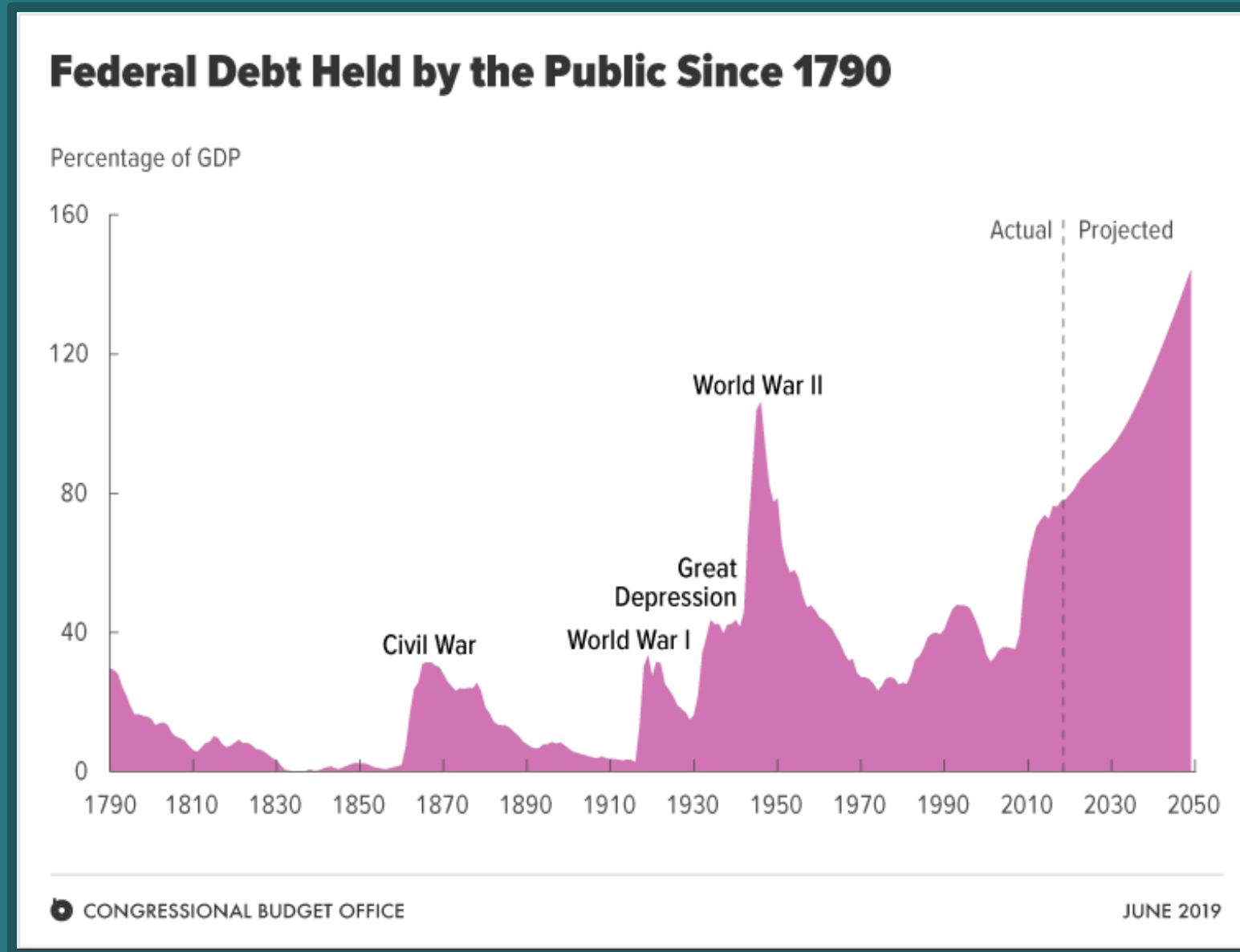
SOURCE: Numerator: Health and Retirement Study and linked Medicare data, decedents 2000-2008; adjusted to include non-Medicare payors (Hogan et al., 2001), and adjusted to 2011 dollars using the Bureau of Labor Statistics Consumer Price Index. Denominator: [CMS 2011 National Health Expenditure report \(CMS, 2014\)](#), with adjustments based on estimates from [Sing and colleagues \(2006\)](#) and the 2011 Medical Expenditure Panel Survey data ([AHRQ and HHS, 2011](#)) (see [Figure E-1](#)).

Projected Budget Deficits

From the Congressional Budget Office (CBO):

“Large budget deficits over the next 30 years are projected to drive federal debt held by the public to unprecedented levels—from 78 percent of gross domestic product (GDP) in 2019 to 144 percent by 2049. That projection incorporates CBO’s central estimates of various factors, such as productivity growth and interest rates on federal debt. CBO’s analysis indicates that even if values for those factors differed from the agency’s projections, debt several decades from now would probably be much higher than it is today.”

Rising Medicare & Medicaid Costs Drive Deficits



Estimated Burden of Compliance with Regulatory Requirements for a Typical Community Hospital

| Per-hospital estimate: Typical community hospital* | Staff FTEs | Up Front IT Cost | Staff Salaries | Vendors | IT-Related | Other (Training, Education) | Total Cost (By Domain) | % Of Total Cost |
|---|------------|------------------|----------------|-----------|------------|-----------------------------|------------------------|-----------------|
| Hospital CoPs | 23.2 | \$55,379 | \$2,600,846 | \$258,350 | \$67,605 | \$181,251 | \$3,108,052 | 41.0% |
| Billing & Coverage | 17.2 | \$121,902 | \$1,229,161 | \$298,976 | \$69,382 | \$43,527 | \$1,641,046 | 21.6% |
| Meaningful Use | 4.8 | \$410,687 | \$661,190 | \$28,353 | \$58,839 | \$11,307 | \$759,689 | 10.0% |
| Quality Reporting | 4.6 | \$14,884 | \$605,541 | \$53,708 | \$19,197 | \$30,245 | \$708,691 | 9.3% |
| Privacy & Security | 3.5 | \$140,553 | \$434,398 | \$35,651 | \$72,742 | \$26,680 | \$569,471 | 7.5% |
| Fraud & Abuse | 2.3 | \$8,356 | \$277,417 | \$49,727 | \$8,800 | \$3,708 | \$339,652 | 4.5% |
| Program Integrity | 2.8 | \$4,467 | \$263,533 | \$48,942 | \$12,004 | \$12,900 | \$337,379 | 4.5% |
| New Models of Care | 0.6 | \$1,170 | \$82,578 | \$10,566 | \$7,117 | \$21,512 | \$121,774 | 1.6% |
| Total cost (by cost center) | 59.0 | \$757,400 | \$6,154,663 | \$784,273 | \$315,687 | \$331,129 | \$7,585,752 | |
| | | % of total cost | 81.1% | 10.3% | 4.2% | 4.4% | | |

*Extrapolated to a typical hospital by scaling respondent responses to a per-bed figure and then multiplying by average number of beds among community hospitals (161 beds, according to 2015 AHA Annual Survey). Excludes costs related to PAC regulations.



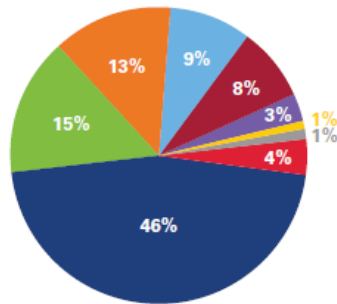
Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care

Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from the patient-centered mission of health systems, hospitals and post-acute care providers.

\$39 BILLION Spent by health systems, hospitals, and post-acute care providers each year on non-clinical regulatory requirements

629 mandatory regulatory requirements

- Hospitals have to comply with 341 mandatory regulatory requirements.
- Post-acute care providers have an additional 288 requirements.



Percent & Number of Regulations, by Domain

- 7 - Billing & Coverage
- 8 - Program Integrity
- 26 - Health IT/ Meaningful Use
- 288 - Post-acute Care
- 96 - Hospital Conditions of Participation
- 78 - Privacy & Security
- 58 - Quality Reporting
- 52 - Fraud & Abuse
- 16 - New Models of Care



\$7.6 MILLION per community hospital spent annually to comply

- This figure rises to \$9 million for those hospitals with post-acute care.
- For the largest hospitals, costs can exceed \$19 million annually.
- The average hospital also spends almost \$760,000 annually on the information technology investments needed for compliance.

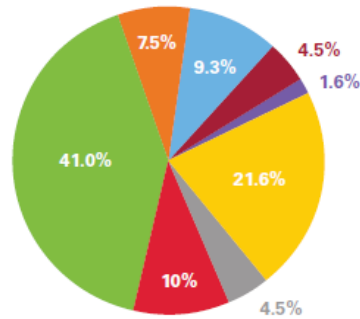
Patients are affected by excessive regulatory burden through:

- Less time with their caregivers
- Unnecessary hurdles to receiving care
- Higher health care costs.



Medicare conditions of participation; billing and coverage determinations are the most costly areas:

- The Medicare COPs are important to ensure that care is provided safely and meets standards.
- However, these requirements need to be evaluated carefully to ensure they actually improve safety.
- Existing guidance to simplify billing and coverage determinations should be adopted universally by payers and others to achieve savings.



Percent of \$7.6 Million per Hospital Spent on Regulatory Burden

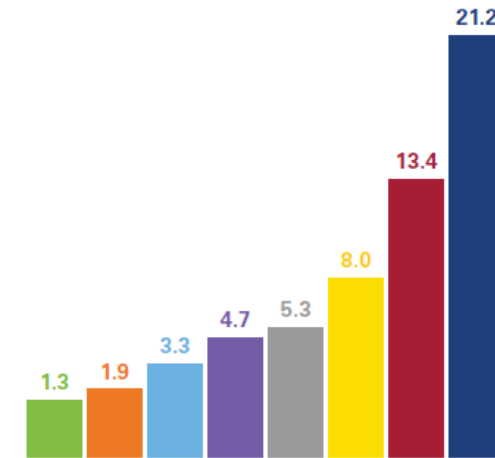
- \$1.6M - Billing & Coverage
- \$570K - Privacy & Security
- \$340K - Program Integrity
- \$710K - Quality Reporting
- \$760K - Health IT/ Meaningful Use
- \$340K - Fraud & Abuse
- \$3.1M - Hospital COPs
- \$120K - New Models of Care



Regulatory burden costs **\$1,200** every time a patient is admitted to a hospital

15 doctors & nurses per hospital for compliance

- 59 full-time equivalent staff are required in each hospital to meet the demands of regulations.
- Over one-quarter of these FTEs are doctors and nurses, who could otherwise be caring for patients.



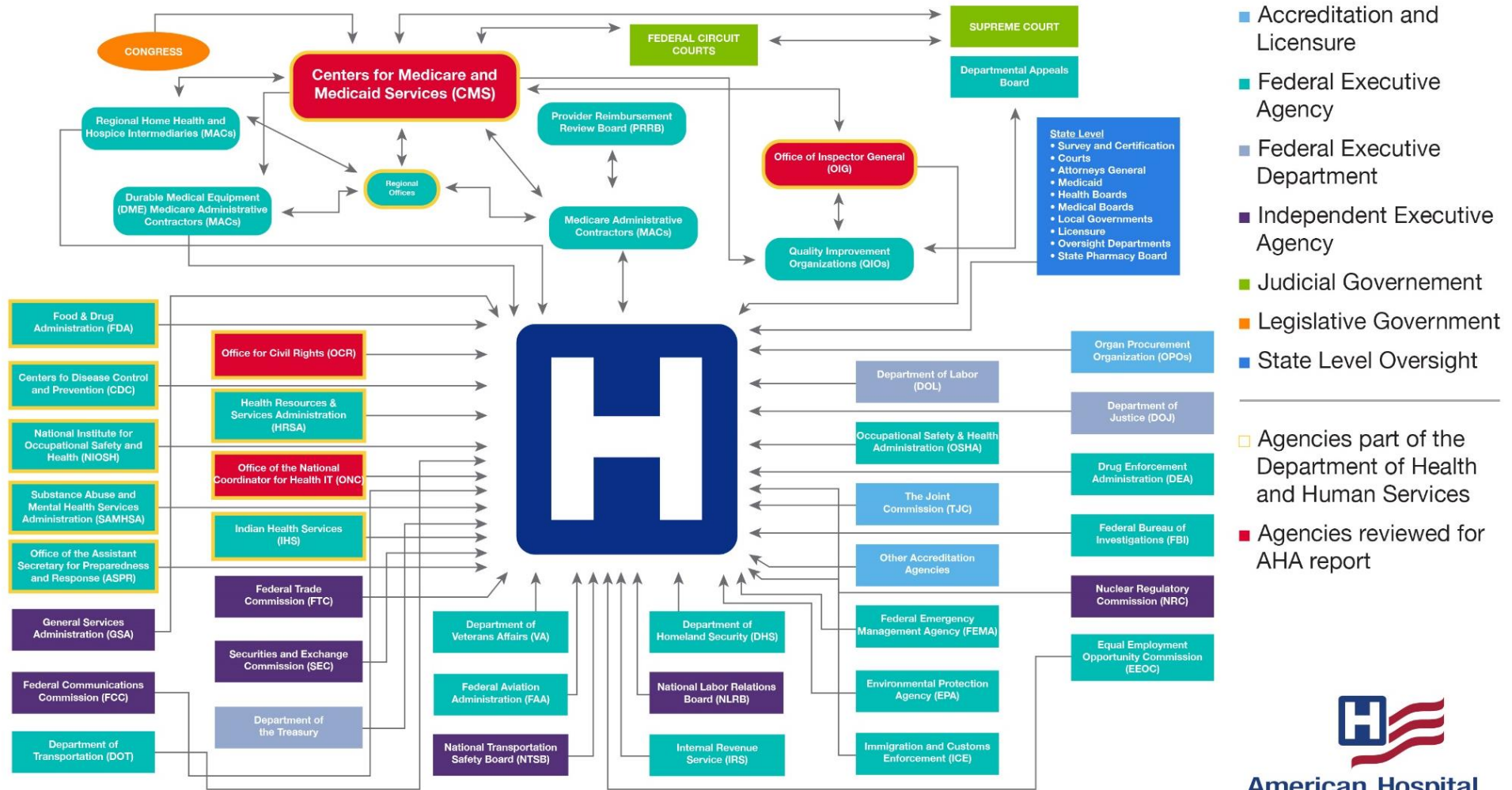
FTEs Dedicated to Regulatory Burden per Hospital

- Legal
- Physician (MD, DO)
- Compliance
- Other Staff
- Health IT Professional
- Management
- Nursing Allied Health
- Other Administrative

Source: Data from the American Hospital Association Report: Regulatory Overload - Accessing Regulatory Burden on Health Systems, Hospitals and Post-acute Care Providers.

Reducing regulatory requirements will allow providers to focus on patients, not paperwork.

Federal Agencies with Regulatory Authority Impacting Health Systems, Hospitals and PAC Providers



American Hospital Association®

A top-down view of various medical supplies arranged on a light blue surface. On the left, there are two pairs of surgical scissors, several scalpels, a small jar of white ointment, a round metal tin, and a clear plastic container. In the center, a dark green rectangular box contains the text 'Chronic Disease in America'. Below this box, a hand is seen interacting with a laptop keyboard. To the right of the laptop is a smartphone. On the far right, a black stethoscope is laid out. In the bottom left, there is a small jar of yellow pills, a larger jar of white pills, and a metal tray containing several colorful capsules and pills.

Chronic Disease in America

“Chronic diseases are defined broadly as (mental or physical) conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.”

“Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$3.3 trillion in annual health care costs.”

- Centers for Disease Control

CHRONIC DISEASES IN AMERICA

6 IN 10

Adults in the US
have a **chronic disease**



4 IN 10

Adults in the US
have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's **\$3.3 Trillion** in Annual Health Care Costs



HEART DISEASE



CANCER



CHRONIC LUNG
DISEASE



STROKE



ALZHEIMER'S
DISEASE



DIABETES



CHRONIC
KIDNEY DISEASE

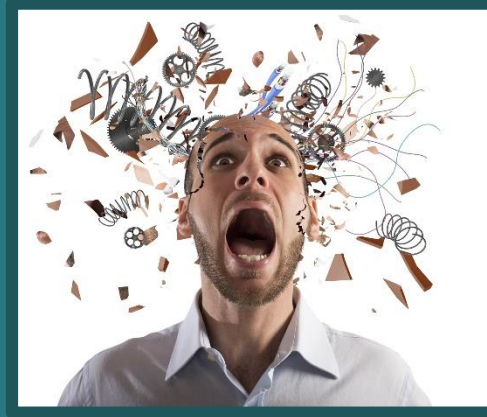


Major Risk Factors for Chronic Disease

Poor Nutrition



Stress



Lack of Physical Activity



Obesity



Excessive Alcohol Use



Tobacco Use



Harmful Effects of Poor Nutrition

- **Obesity** - Eating a healthy diet, along with getting enough physical activity and sleep, can help children grow up healthy and prevent overweight and obesity. In the United States, 19% of young people aged 2 to 19 years and 40% of adults have obesity, which can put them at risk for heart disease, type 2 diabetes, and some cancers. In addition, obesity costs the US health care system \$147 billion a year.
- **Heart Disease and Stroke** - Two of the leading causes of heart disease and stroke are high blood pressure and high blood cholesterol. Getting too much sodium can lead to high blood pressure. Current guidelines recommend getting less than 2,300 mg a day, but Americans consume more than 3,400 mg a day on average. Over 70% of the sodium that Americans eat comes from packaged, processed, store-bought, and restaurant foods. Eating foods low in saturated fats and high in fiber, along with regular physical activity, can help prevent high blood cholesterol.
- **Type 2 Diabetes** - People who are overweight or have obesity are at increased risk of type 2 diabetes compared to those at a normal weight because, over time, their bodies become less able to use the insulin they make. More than 84 million US adults—or 1 in 3 people—have prediabetes, and 90% of them don't know they have it. In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the US population has aged and become heavier.

Harmful Effects of Poor Nutrition Continued...

- **Cancer** - An unhealthy diet can increase the risk of some cancers. Overweight and obesity are associated with at least 13 types of cancer, including endometrial (uterine) cancer, breast cancer in postmenopausal women, and colorectal cancer. These cancers make up 40% of all cancers diagnosed.
- **Deficits in Brain Function** - The brain develops most quickly in the first 1,000 days of life, from the start of pregnancy to the child's second birthday. Having low levels of iron during pregnancy and early childhood is associated with mental and behavioral delays in children. Ensuring that iodine levels are high enough during pregnancy also helps a growing baby have the best brain development possible.

Harmful Effects of Lack of Physical Activity

- **Heart Disease** - Not getting enough physical activity can lead to heart disease—even for people who have no other risk factors. It can also increase the likelihood of developing other heart disease risk factors, including obesity, high blood pressure, high blood cholesterol, and type 2 diabetes.
- **Type 2 Diabetes** - Not getting enough physical activity can raise a person's risk of developing type 2 diabetes. Physical activity helps control blood sugar (glucose), weight, and blood pressure and helps raise “good” cholesterol and lower “bad” cholesterol. Adequate physical activity can also help reduce the risk of heart disease and nerve damage, which are often problems for people with diabetes.
- **Cancer** - Getting the recommended amount of physical activity can lower the risk of many cancers, including cancers of the bladder, breast, colon, uterus, esophagus, kidney, lung, and stomach. These effects apply regardless of weight status.

Current Statistics Show That:



**\$117
BILLION**

in annual health care costs are related to low physical activity.



**\$147
BILLION**

a year is spent on health care for obesity.



**9 IN 10
AMERICANS**
consume too much sodium.



**4 IN 5
STUDENTS**

in high school do not get enough physical activity.

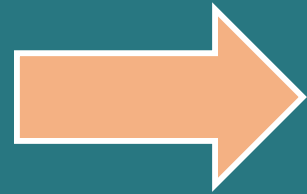
A top-down view of various medical supplies arranged on a blue surface. On the left, there are two pairs of surgical scissors, several metal scalpels, a small jar of white ointment, a round metal container, and a clear plastic container with a white label. In the center, a white pill bottle with yellow pills sits next to a metal tray containing several colorful capsules. At the bottom, a person's hands are visible, one holding a clipboard with a grid and text, and the other near a smartphone. On the right, a black stethoscope is laid out vertically.

Ample Health Care Funding...

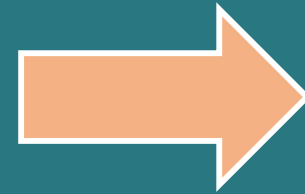
Spent in the Wrong Place

Bend the Health Outcome Curve and the Cost Curve will Follow

Redirect
Current
Spending



Focus on
Preventive
Measures



Reduced
Costs

Preventive Education Begins at School

#1 Expand the Public School Day



- Adds more time to focus on important health / well being topics
- Reduces mental burnout and stress by allowing time for less mentally strenuous activities
- Allows longer time for eating, rather than rushing to play or get back to class
- Benefits working parents who currently have to pay for after-school childcare

Preventive Education Begins at School

#2 Add Nutrition / Healthy Eating Classes for Students of All Ages



- More Whole Food; Less Processed Food
- Reading & Understanding Nutrition Labels
- Portion Control
- Avoiding Fad Diets - “Low Fat” or “No Fat” Diets
- Reducing Sugar Intake
- Eating a “Rainbow” of Whole Foods
- Limiting Multi-Ingredient Foods
- Shop Around the Outside Edges of the Grocery Store
- Eating Fresh From Local Sources

Preventive Education Begins at School

#3 School Provided Breakfast, Lunch & Snacks Regardless of Student's Ability to Pay



- Ensures all students receive adequate and healthy food intake
- Healthy & adequate food helps students focus and prolongs attention span
- Focus on clean, local ingredients with minimal processed food
- Helps demonstrate what good nutrition looks like

Preventive Education Begins at School

#4 Bring Back Self-Care & Sufficiency Courses



- Cooking
- Sewing
- Financial Acumen
- Stress Management
- Emotional Intelligence
- Debating
- Physical Fitness

Preventive Education Begins at School

#5 “Raise The Bar”



- Simplify Teaching
- Eliminate “Common Core”
- Back to Basics; Math, Science, Language, Geography, History

8th Grade Final Exam: Salina, KS 1895

Geography (1 hour)

1. What is climate? Upon what does climate depend?
2. How do you account for the extremes of climate in Kansas?
3. Of what use are rivers? Of what use is the ocean?
4. Describe the mountains of N.A.
5. Name and describe the following: Monrovia, Odessa, Denver, Manitoba, Hecla, Yukon, St. Helena, Juan Fernandez, Aspinwall and Orinoco.
6. Name and locate the principal trade centers of the U.S.
7. Name all the republics of Europe and give capital of each.
8. Why is the Atlantic Coast colder than the Pacific in the same latitude?
9. Describe the process by which the water of the ocean returns to the sources of rivers.
10. Describe the movements of the earth. Give inclination of the earth.

8th Grade Final Exam Continued...

Grammar (1 hour)

1. Give nine rules for the use of Capital Letters.
2. Name the Parts of Speech and define those that have no modifications.
3. Define Verse, Stanza and Paragraph.
4. What are the Principal Parts of a verb? Give Principal Parts of do, lie, lay and run.
5. Define Case, Illustrate each Case.
6. What is Punctuation? Give rules for principal marks of Punctuation.
- 7-10. Write a composition of about 150 words and show therein that you understand the practical use of the rules of grammar.

8th Grade Final Exam Continued...

Arithmetic (1.25 hours)

1. Name and define the Fundamental Rules of Arithmetic.
2. A wagon box is 2 ft. deep, 10 feet long, and 3 ft. wide. How many bushels of wheat will it hold?
3. If a load of wheat weighs 3942 lbs., what is it worth at 50cts. per bu, deducting 1050 lbs. for tare?
4. District No. 33 has a valuation of \$35,000. What is the necessary levy to carry on a school seven months at \$50 per month, and have \$104 for incidentals?
5. Find cost of 6720 lbs. coal at \$6.00 per ton.
6. Find the interest of \$512.60 for 8 months and 18 days at 7 percent.
7. What is the cost of 40 boards 12 inches wide and 16 ft. long at \$.20 per inch?
8. Find bank discount on \$300 for 90 days (no grace) at 10 percent.
9. What is the cost of a square farm at \$15 per acre, the distance around which is 640 rods?
10. Write a Bank Check, a Promissory Note, and a Receipt.

8th Grade Final Exam Continued...

U.S. History (45 Minutes)

1. Give the epochs into which U.S. History is divided.
2. Give an account of the discovery of America by Columbus.
3. Relate the causes and results of the Revolutionary War.
4. Show the territorial growth of the United States.
5. Tell what you can of the history of Kansas.
6. Describe three of the most prominent battles of the Rebellion.
7. Who were the following: Morse, Whitney, Fulton, Bell, Lincoln, Penn, and Howe?
8. Name events connected with the following dates: 1607, 1620, 1800, 1849, and 1865?

8th Grade Final Exam Continued...

Orthography (1 hour)

1. What is meant by the following: Alphabet, phonetic orthography, etymology, syllabication?
2. What are elementary sounds? How classified?
3. What are the following, and give examples of each: Trigraph, subvocals, diphthong, cognate letters, linguals?
4. Give four substitutes for caret 'u'.
5. Give two rules for spelling words with final 'e'. Name two exceptions under each rule.
6. Give two uses of silent letters in spelling. Illustrate each.
7. Define the following prefixes and use in connection with a word: Bi, dis, mis, pre, semi, post, non, inter, mono, super.
8. Mark diacritically and divide into syllables the following, and name the sign that indicates the sound: Card, ball, mercy, sir, odd, cell, rise, blood, fare, last.
9. Use the following correctly in sentences, Cite, site, sight, fane, fain, feign, vane, vain, vein, raze, raise, rays.
10. Write 10 words frequently mispronounced and indicate pronunciation by use of diacritical marks and by syllabication.

Preventive Education Begins at School

#6 Teach More U.S. History (Without Bias)



- Learn About the Flag
- Bring Back a Daily Pledge of Allegiance
- Promote a Sense of Belongingness

A top-down view of various medical supplies arranged on a teal surface. On the left, there are two pairs of surgical scissors, several scalpels, a pair of tweezers, a syringe in a metal tray, a pair of glasses, a stethoscope, a clear plastic IV bag, and a white smartphone. In the center, a white box with a dark green border contains the word 'Questions?'. Below the box, a person's hands are visible, holding a clipboard with a grid and writing on it. To the right of the box is a pair of glasses and a white smartphone. On the far left, there are two small jars of pills, one yellow and one white, and a larger metal tray filled with various colorful capsules and pills. At the top, there are two small round containers, one white and one silver.

Questions?