

THE TRUMP TRANSITION: HEALTH CARE

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Trump Transition Series



- December 1: Healthcare
- December 8: Energy
- December 15: Tax
- December 20: Infrastructure
- January 5: Trade





- Political context
- Current policy and partial overview of ACA
- Proposed/suspected alternatives
- □ REMI overview
 - Modeling methodology
 - Prior ACA-related work
- Lunch
- How to approach economic impact assessment
- Mock simulation and results

Political Context





"Obamacare has raised the economic uncertainty of every single person residing in this country...On day one of the Trump Administration, we will ask Congress to immediately deliver a full repeal of Obamacare." □ **47%** of voters think PPACA went too far □ **18%** of voters thought PPACA was "just right" Two reconciliation bills are allowed this year due to lack of FY2017 budget Not all aspects can be

repealed through reconciliation

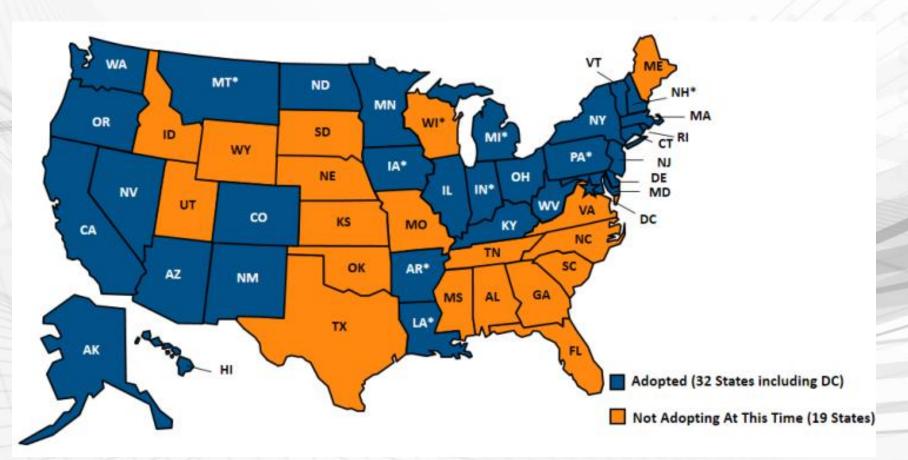
PPACA Costs and Coverage



- Total net costs of PPACA: \$1.34 trillion over 10 years (\$110 billion in 2016)*
 - Gross costs over 10 years: approx. \$850 billion each for subsidies and Medicaid expansion
 - CBO estimates: \$210 billion in combined mandate penalty payments from 2016-2025
- 31 states + DC have accepted Medicaid expansion dollars in some form
- Roughly 20 million Americans have insurance now that would not in the absence of PPACA

Medicaid Expansion





Source: The Kaiser Family Foundation, updated 4/14/16

Key Components of PPACA



- Federal funding for Medicaid expansion
- Subsidies for individual insurance
- Individual + employer mandates
- "Cadillac tax," medical device tax, etc.
- Adjustments to Medicare payments
- Investment income tax
- Ability to remain on parents' insurance plans*
- Free preventative care for Medicare beneficiaries*
- Coverage for those with preexisting conditions*
- Coverage requirements for all plans*

what does REMI say? sm

*Not the purview of reconciliation legislation

Problems with PPACA – and Repeal



Exchanges have attracted fewer (and sicker) customers than projected

- Aetna + United leaving most exchanges
- 31% of counties covered by exchanges with 1 insurer
- Only half as many people have signed up for exchanges as was predicted by CBO in 2010

Only 7 of 23 co-ops will operate in 2017

- Repealing mandates without repealing preexisting condition coverage contaminates risk pool
- Fears of a healthcare "death spiral"

"A Better Way?"





- Tax credit to buy portable individual insurance
- Expand use of HSAs
- Sell across state lines
- Allow small business and individuals to pool for purchasing and negotiating power
- Medical liability reform
- Cap employer premium tax deductions

Obamacare Donaldcare?





- Sell across state lines
- Deduct individual plan premiums from taxes
- Expand use of HSAs
- Mandate price transparency from providers
- Block grant Medicaid to states
- Allow pharmaceutical imports

Empowering Patients First?

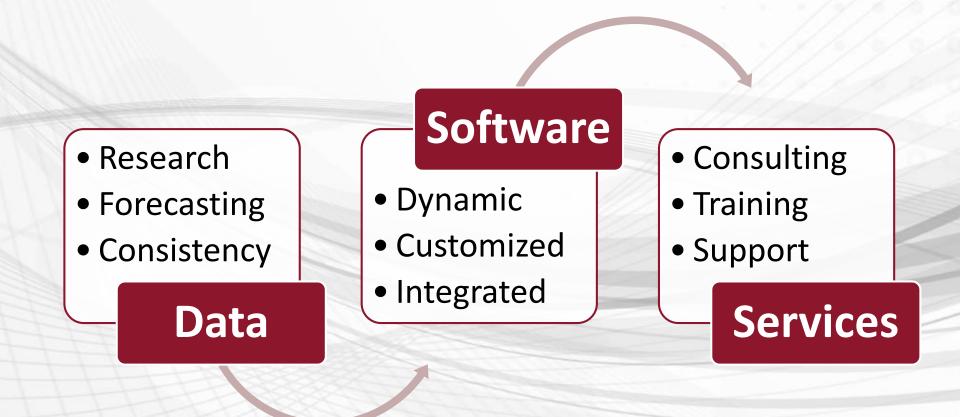




Medical liability reform □ Allow small business and individuals to pool for purchasing and negotiating power Sell across state lines Tax credit to buy portable individual insurance Create state-level high risk insurance pools

About





Regions

- How REMI defines model regions:
 - A county or...
 - A collection of counties
 - e.g. an MSA or a state
 - Can cross state borders
 - Multiple regions
 - No requirement for contiguousness
 - Customized by needs





Integrated Model





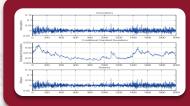
Input-Output (IO) Tabulation

- Industry-to-industry transactions and social accounting matrices
- Supply chains, regional purchase concepts, and multipliers



Computable General Equilibrium (CGE)

- Long-term effects after markets "clear" back to an equilibrium
- Dynamic adjustments to population, fuel mixtures, market shares, etc.



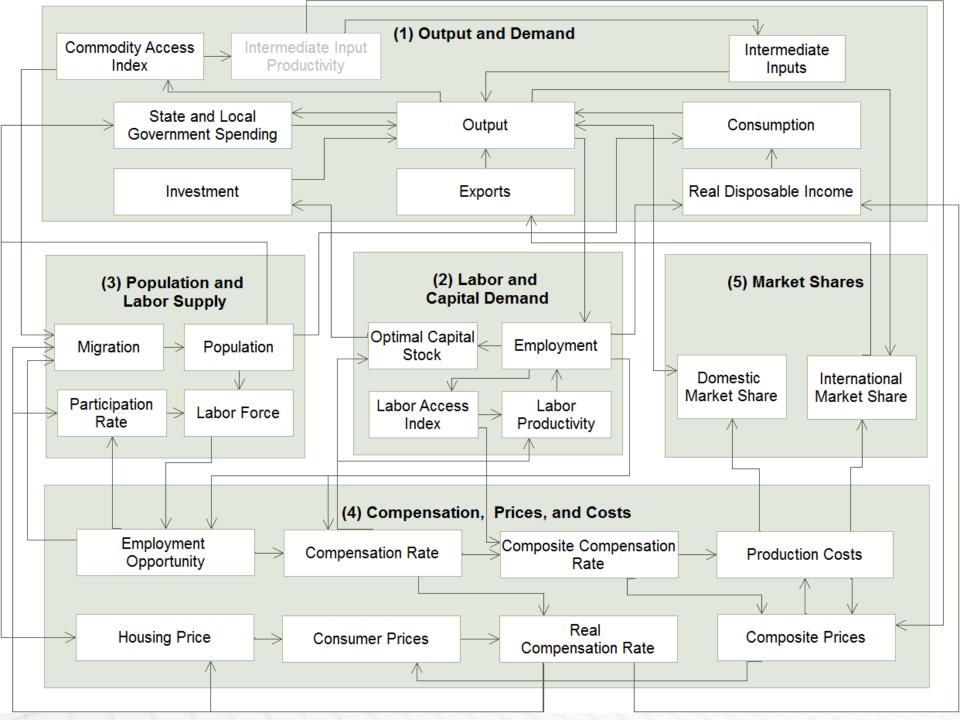
Econometrics

- Estimation of statistical parameters from historical data
- Strength of responses, elasticities, preferences, and "time lags"



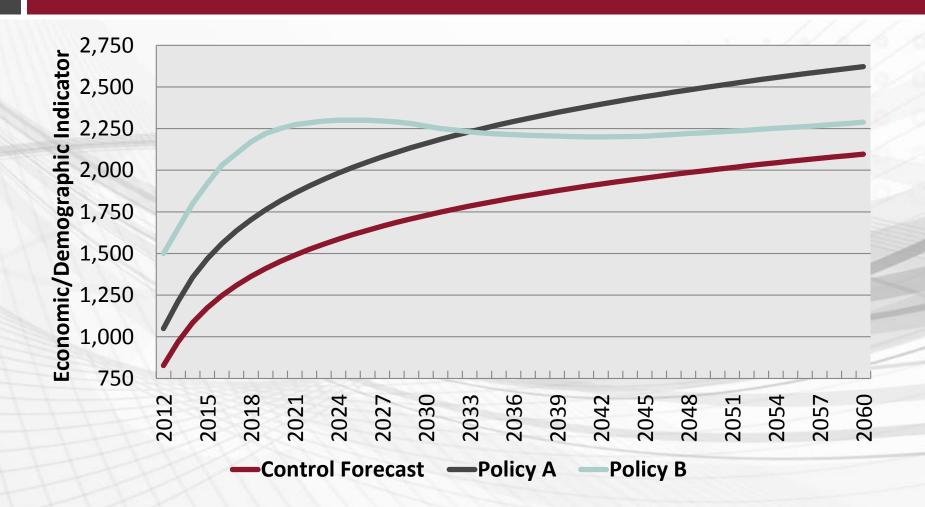
New Economic Geography (NEG)

- Endogenous productivity adjustments from industry/labor clustering
- Full trade flows by industry and interregional competitiveness



Framework





Client Types



 Montana Department of Commerce (DOC) Southern California Association of Governments (SCAG) 	Economic and demographic forecast for 56 counties Impact of the \$500 billion long-range transportation plan
deral Agencies	
•Sandia National Laboratory (SNL)	Integration of REMI with energy and financial models
•U.S. Army Corps of Engineers (USACE)	Environmental impact of closing Chicago River freight locks
ternational	
Alberta Enterprise and Advanced Education	Supply chain implications for oil and gas developments
•Korean Energy Economics Institute (KEEI)	Development and energy policy for the 10 provinces
onsultants	
•Booz Allen Hamilton	Impacts of new technology on macroeconomic growth
Cambridge Systematics	Tolling options for Interstate-95 in North Carolina
ademic Institutions	
•Florida State University (FSU)	Contribution of university system to Florida's economy
University of Michigan	Budget planning and tax credit analysis for Lansing
on-Profits and Research Groups	
National Federation of Independent Business (NFIB)	Healthcare reform and tax credits for small businesses
•Third Way	State-by-state impact of the "fiscal cliff" and sequestration

Client Base





Select Prior Engagements



- "Economic and Employment Effects of Expanding Medicaid in Iowa" (REMI & GWU, 2013)
- "Economic and Employment Effects of Expanding Medicaid in Kansas" (REMI & GWU, 2013)
- "Economic and Employment Effects of Expanding Medicaid in Maryland" (REMI & GWU, 2013)
- "Economic and Employment Effects of Expanding Medicaid in Arkansas" (REMI & GWU, 2013)
- "A Contrast: Modeling the Macroeconomic Impact of 'Medicaid Expansion' in North Carolina" (REMI, 2015)
- "Economic Impacts of the Arkansas Private Option" (REMI, 2016)
- "Expanding Medicaid in Ohio" (HPIO, OSU, Urban Institute & REMI, 2013)

Analytical Procedure



Micro-Sim

- Number of newly eligible
- Number of new enrollees
- "Woodwork effect"
- Cost of additional care
- Net new healthcare spending

Macro-Sim

- Spending breakdown by sector
- Supply chain
- Consumption effects
- Demographic effects
- Regional effects
- Temporal effects

Results

- Jobs impact
- Sectors impacted
- New GSP created
- Economic inmigration
- Personal income growth
- Revenues created

Sample Micro Results: Iowa, 2014-2020



- \$376 million in total new federal funds
 - **\$150 million** in ambulatory health care services
 - **\$165 million** in hospitals
 - \$11 million in nursing and residential care facilities
 - **\$49 million** in pharmaceutical consumption

Sample Macro Results: Iowa, 2014-2020







Model Demonstration and Simulations