The Exaggerated Epidemic

JACKSON HEWITT’S WARNINGS OF SUBSTANTIAL EMPLOYER PENALTIES ABSENT MEDICAID EXPANSION ARE SEVERELY FLAWED

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EXECUTIVE SUMMARY

ObamaCare compels lawmakers throughout the states to decide whether or not to expand their Medicaid programs to enroll individuals earning up to 138 percent of the federal poverty level (FPL)—mostly working-age, able-bodied adults without children.

Medicaid funding already consumes large portions of every state’s budget, ObamaCare’s outcomes to date have been disappointing—if not dangerous—and the law’s implementation has been sloppy at best. Recognizing this, lawmakers are right to seek out information and expertise to help inform their decision of whether or not their state’s Medicaid program should expand.

ObamaCare supporters point to a pair of studies published by Jackson Hewitt, a tax preparation company, as evidence lawmakers should expand their state’s Medicaid program. The authors of those studies argue that failing to implement ObamaCare’s Medicaid expansion would be disastrous to a state’s business community because of the severe employer penalties ObamaCare would impose on businesses in states that do not expand.

As a result of several flaws and false assumptions used to arrive at its conclusions, lawmakers should be highly cautious of Jackson Hewitt’s findings, if not reject them outright.

This report explains in depth the several flaws of Jackson Hewitt’s studies:

- **Flaw #1**: Jackson Hewitt wrongly estimates the number of full-time employees between 100 and 138 percent FPL.

- **Flaw #2**: Jackson Hewitt falsely factors employees who do not trigger ObamaCare penalties because they are already eligible for Medicaid.

- **Flaw #3**: Jackson Hewitt falsely includes seasonal and part-year workers who do not trigger ObamaCare penalties.

- **Flaw #4**: Jackson Hewitt overestimates the number of employees who are not offered “affordable” coverage.

- **Flaw #5**: Jackson Hewitt assumes employers would intentionally subject themselves to ObamaCare penalties.

- **Flaw #6**: Jackson Hewitt assumes the employer mandate will be enforced as it was enacted in 2010.

The decision of whether to implement ObamaCare’s Medicaid expansion should be made based on flaw-free research. Jackson Hewitt’s reports fail to offer the reliable information lawmakers need to make the right decision for their state’s patients, taxpayers and business owners.
INTRODUCTION

For the past two years, many ObamaCare advocates have pushed state lawmakers to accept Medicaid expansion by arguing that opting out would subject their state’s employers to millions of dollars in new taxes penalties.

These warnings primarily stem from two flawed reports published by Jackson Hewitt, a tax preparation company. The authors of those reports, Brian Haile and George Brandes, previously worked for the State of Tennessee planning its ObamaCare exchange. Tennessee received more than $9 million for these planning activities, until the state decided in 2012 that it would not operate an ObamaCare exchange.

The two reports predict that failing to expand Medicaid would increase ObamaCare’s employer mandate taxes on businesses by somewhere between $2 billion and $3 billion per year. The Congressional Budget Office, on the other hand, estimates much lower potential effects resulting from states opting out of the Medicaid expansion.

After the Supreme Court’s June 2012 decision ruling that Medicaid expansion was voluntary for states, the Congressional Budget Office revised its estimates to reflect the likelihood that not all states would opt into the Medicaid expansion. Under those revised estimates, two-thirds of the total expansion population is living in states that would not expand Medicaid to individuals between 100 and 138 percent FPL. The Congressional Budget Office predicted that, as a result of states opting out of the expansion, employer penalties would increase by an average of just $400 million per year—a fraction of the $2 billion to $3 billion Jackson Hewitt predicts.

The fact that Jackson Hewitt predicts much higher potential penalties is caused by six serious flaws in its methodology. In deciding whether to spend billions of taxpayer dollars to opt into ObamaCare’s Medicaid expansion, policymakers must be aware of these serious miscalculations and should not allow these flawed findings to influence their decision.

OBAMACARE’S EMPLOYER MANDATE EXPLAINED

TWO TYPES OF PENALTIES

ObamaCare requires all employers with at least 50 full-time equivalent employees to offer “affordable” health insurance to all employees working at least 30 hours per week. These “large employers” could be subject to one of two ObamaCare penalties if they fail to offer affordable insurance to full-time employees. Penalties are triggered if one or more full-time employee receives ObamaCare subsidies on the health insurance exchange.

The first penalty applies to large employers that do not offer health insurance to full-time workers whatsoever. If one of their full-time employees receives an ObamaCare exchange subsidy, the employer could be subject to an annual penalty of $2,000 for every full-time worker. The federal government waives the penalty on the first 30 of these employees, reducing employers’ potential penalties by $60,000 per firm. This penalty is paid monthly and only applies in months where a full-time employee receives an ObamaCare subsidy.

The second penalty applies to large employers that offer health insurance, but that insurance is deemed “unaffordable”—with costs exceeding 9.5 percent of income for self-only coverage—or otherwise fails to comply with other ObamaCare requirements, such as maintaining a minimum actuarial value or offering essential health benefits. If at least one of their full-time employees receives an ObamaCare exchange subsidy, the employer could be subject to an annual penalty of $3,000 for every full-time worker receiving ObamaCare subsidies. This second penalty is also capped at the amount the employer would pay had they offered no insurance whatsoever, meaning the employer pays the lesser of the two ObamaCare penalties.

EMPLOYEES ON MEDICAID STILL COUNT

Despite calls for Medicaid expansion to alleviate the employer mandate and associated penalties, employees enrolled in Medicaid still count when calculating ObamaCare’s penalties. The first type of employer penalty is calculated based on the total number of full-time employees, not just on the number of employees receiving
ObamaCare subsidies. In those cases, employers would pay a $2,000 per-person penalty on all full-time employees, less the statutory exemption, even if only one employee actually received an ObamaCare subsidy.20

Full-time employees enrolled in Medicaid are still counted in calculating the employer’s potential ObamaCare penalty. In fact, Medicaid expansion only reduces an employer’s potential tax liability for not offering health insurance if every single full-time worker earns less than 138 percent FPL—an unlikely scenario.

Will the employer pay a penalty?

Are you a large employer?

- Yes
  - Are any of your full-time employees in an exchange plan and receiving a premium credit?
    - Yes
      - Pay monthly penalty,
        \[
        \frac{1}{12} \times \$2,000 \times [\text{number of full-time employees} - 30]
        \]
    - No
      - No penalty
  - No
    - Do you have more than 30 full-time employees?
      - Yes
        - Do you provide health insurance?
          - Yes
            - Pay monthly penalty,
              \[
              \frac{1}{12} \times \$3,000 \times [\text{number of full-time employees who receive credits for exchange coverage}]
              \]
          - No
            - No penalty
      - No
        - No penalty

Source: Congressional Research Service
JACKSON HEWITT’S FLAW-FILLED STUDIES

FLAW #1: JACKSON HEWITT WRONGLY ESTIMATES THE NUMBER OF FULL-TIME EMPLOYEES BETWEEN 100 AND 138 PERCENT FPL.

In states that expand Medicaid, individuals between 100 and 138 percent FPL become ineligible for ObamaCare exchange subsidies, as they become eligible for Medicaid coverage. The potential employer penalties for this small group of full-time workers earning between 100 and 138 percent are what Jackson Hewitt attempts to quantify. The methodology used, however, is severely flawed.

The first serious issue is in the authors’ attempt to quantify how many full-time workers are between 100 and 138 percent FPL. Rather than using the population estimates in the dataset they cite, the authors make an unjustified assumption about how each state’s low-income population is distributed.

Their assumptions can and do differ substantially from the actual number of people who fall into this category in any given state. In Utah, for example, the authors assume that more than twice as many people are in this 100 to 138 percent FPL group than the Census Bureau actually estimates belong there. For Missouri, Jackson Hewitt’s assumptions add nearly 15,000 more people to their calculations, or roughly 65 percent more than the Census Bureau reports. In several states, Jackson Hewitt’s “back of the envelope” calculations lead to significant miscalculations of the populations impacted and the potential associated costs to employers.

FLAW #2: JACKSON HEWITT FALSELY FACTORS EMPLOYEES WHO DO NOT TRIGGER OBAMACARE PENALTIES BECAUSE THEY ARE ALREADY ELIGIBLE FOR MEDICAID.

The authors include individuals in their calculations who are eligible for Medicaid without ObamaCare’s expansion and who could never trigger employer mandate penalties in the first place. For example, children remain eligible for Medicaid until they are at least 19 years old, with some states extending coverage until they turn 21 years old. Jackson Hewitt, on the other hand, assumes these children and young adults could trigger the employer penalty in states that do not expand Medicaid.

Additionally, some states’ Medicaid eligibility exceeded the federal poverty line even before ObamaCare. In Alaska, for example, low-income parents earning up to 134 percent FPL qualify for Medicaid. But Jackson Hewitt assumes those parents would trigger ObamaCare penalties, despite the fact that these individuals could never qualify for the exchange subsidies that actually trigger the penalty. By including individuals who cannot trigger ObamaCare penalties because they are already eligible for Medicaid, Jackson Hewitt greatly overestimates the potential costs to employers.

FLAW #3: JACKSON HEWITT FALSELY INCLUDES SEASONAL AND PART-YEAR WORKERS WHO DO NOT TRIGGER OBAMACARE PENALTIES.

The authors include individuals who only work full-time seasonally or for part of the year among those who could trigger the full penalty under ObamaCare. But employers will generally pay no penalty for seasonal full-time workers and, in many cases, non-seasonal workers who only work full-time for part of the year. Under ObamaCare, employers can use a measurement period of up to 12 months to determine whether an employee is full-time. Even if an employee works full-time for some months out of the year, if he or she does not average at least 30 hours per week for the entire measurement period, the employer is not required to offer health insurance coverage.

Nationwide, nearly a third of full-time employees between 100 and 138 percent FPL work seasonally or for only part of the year. In several states, a majority of full-time employees in this income group work on a part-year basis. In Rhode Island, for example, a whopping 76 percent of uninsured full-time workers are seasonal or part-year employees. Many of these individuals would actually move out of this income group if they were year-round, full-time workers.
A third of full-time employees between 100 and 138 percent FPL are seasonal or part-year workers who do not trigger ObamaCare penalties.

Individuals earning between 100 and 138 percent FPL who work full-time for at least part of the year, by worker status.

<table>
<thead>
<tr>
<th>State</th>
<th>Seasonal and part-year workers</th>
<th>Year-round workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>32.4%</td>
<td>67.6%</td>
</tr>
<tr>
<td>Alabama</td>
<td>36.0%</td>
<td>64.0%</td>
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<tr>
<td>Alaska</td>
<td>45.7%</td>
<td>54.3%</td>
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<tr>
<td>Arizona</td>
<td>25.7%</td>
<td>74.3%</td>
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<td>Arkansas</td>
<td>22.2%</td>
<td>77.8%</td>
</tr>
<tr>
<td>California</td>
<td>34.8%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Colorado</td>
<td>18.1%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>26.1%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Delaware</td>
<td>3.7%</td>
<td>96.3%</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>24.7%</td>
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<tr>
<td>Florida</td>
<td>27.9%</td>
<td>72.1%</td>
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<tr>
<td>Georgia</td>
<td>37.2%</td>
<td>62.8%</td>
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<tr>
<td>Hawaii</td>
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<td>81.7%</td>
</tr>
<tr>
<td>Idaho</td>
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<td>58.5%</td>
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<tr>
<td>Illinois</td>
<td>40.6%</td>
<td>59.4%</td>
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<td>Indiana</td>
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<td>81.7%</td>
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<td>Iowa</td>
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<td>73.4%</td>
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<td>Kansas</td>
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<td>46.3%</td>
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<td>Kentucky</td>
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<td>68.0%</td>
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<td>Louisiana</td>
<td>46.3%</td>
<td>53.7%</td>
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<tr>
<td>Maine</td>
<td>0.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Maryland</td>
<td>33.4%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>36.0%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Michigan</td>
<td>58.6%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>26.1%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>23.9%</td>
<td>76.1%</td>
</tr>
</tbody>
</table>

Source: Census Bureau

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<th>State</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>34.1%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Montana</td>
<td>40.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Nebraska</td>
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<td>62.7%</td>
</tr>
<tr>
<td>Nevada</td>
<td>31.3%</td>
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</tr>
<tr>
<td>New Hampshire</td>
<td>61.6%</td>
<td>38.4%</td>
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<tr>
<td>New Jersey</td>
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<td>77.5%</td>
</tr>
<tr>
<td>New Mexico</td>
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<tr>
<td>New York</td>
<td>26.2%</td>
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<tr>
<td>North Carolina</td>
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<td>79.0%</td>
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<td>North Dakota</td>
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<tr>
<td>Ohio</td>
<td>31.6%</td>
<td>68.4%</td>
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<td>Oklahoma</td>
<td>27.8%</td>
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<td>Oregon</td>
<td>44.1%</td>
<td>55.9%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>40.7%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>76.1%</td>
<td>23.9%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>43.4%</td>
<td>56.6%</td>
</tr>
<tr>
<td>South Dakota</td>
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<td>59.8%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>32.1%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Texas</td>
<td>22.1%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Utah</td>
<td>20.7%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Vermont</td>
<td>44.1%</td>
<td>55.9%</td>
</tr>
<tr>
<td>Virginia</td>
<td>29.7%</td>
<td>70.3%</td>
</tr>
<tr>
<td>Washington</td>
<td>65.5%</td>
<td>34.5%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>59.8%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>40.6%</td>
<td>59.4%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>22.4%</td>
<td>77.6%</td>
</tr>
</tbody>
</table>

Source: Census Bureau
Despite the clear language of the statute, Jackson Hewitt assumes these seasonal and part-year workers would trigger the full ObamaCare penalty. By including these individuals, who cannot trigger ObamaCare penalties, the authors greatly overestimate the potential costs to employers.

**FLAW #4: JACKSON HEWITT OVERESTIMATES THE NUMBER OF EMPLOYEES WHO ARE NOT OFFERED “AFFORDABLE” COVERAGE.**

Jackson Hewitt also makes a faulty assumption when determining whether full-time employees are offered affordable health insurance. The authors assume that 93 percent of uninsured, full-time workers who are employed at large firms and earn between 100 and 138 percent FPL are not offered affordable health insurance by their employer, thus triggering ObamaCare penalties.

But according to federal data, nearly 98 percent of all full-time employees at large employers work at firms that offer some type of health insurance to their workers. Nearly 88 percent of full-time workers at firms offering some type of health insurance benefits currently qualify for coverage under the firm’s program. Taken together, this means just 14 percent of full-time employees at large employers are not currently offered health insurance, not 93 percent as Jackson Hewitt purports.

**The vast majority of full-time workers at large firms are eligible for employer-sponsored health insurance**

It is only this 14 percent that could potentially trigger the first type of ObamaCare employer penalty. It is possible, however, that if employer-sponsored coverage is unaffordable, more individuals could potentially trigger the second penalty, which appears to be the focus of the Jackson Hewitt study.

Jackson Hewitt attempts to quantify the number of Medicaid-eligible full-time employees who forgo “unaffordable” employer coverage, obtain an exchange subsidy and trigger an ObamaCare penalty for their employer. They cite findings from an Urban Institute report as the basis of their calculations, but this is not the group that the Urban Institute actually studied. The Urban Institute studied all people eligible for ObamaCare exchange subsidies, not just those between 100 and 138 percent FPL. More importantly, however, the Urban Institute’s analysis includes not
just full-time workers at large employers, but individuals who do not work at all, individuals who work part-time jobs or work only seasonally and individuals who work at small businesses that are not even subject to the ObamaCare employer mandate. Indeed, the Urban Institute estimates that just 36 percent of the people in their projections actually work at an employer potentially subject to the mandate.

**Most of the people included in Urban Institute’s study do not work at employers subject to the ObamaCare employer mandate**

Distribution of Urban Institute’s simulated projections, by employment status and firm size

- **36%** Do not work
- **24%** Work at small businesses not subject to the mandate
- **40%** Work at large businesses subject to the mandate

*Source: Urban Institute*

Rather than finding that 93 percent of uninsured full-time workers were offered “unaffordable” coverage, the Urban Institute report relied upon by Jackson Hewitt actually estimates that between 87 percent and 99 percent of uninsured individuals rejecting an offer for employer-sponsored coverage would not qualify for ObamaCare subsidies, as the offers they reject are not unaffordable under the law.

If the authors of the Jackson Hewitt study had a firm grasp of the reports on which they rely, they would have realized that as few as 1 percent of employees rejecting employer-sponsored coverage are offered “unaffordable” insurance. At most, between 1 percent and 11 percent of all full-time workers at large employers could potentially trigger the second kind of ObamaCare penalty—far less than Jackson Hewitt estimates. Jackson Hewitt’s unjustified assumption that most uninsured full-time employees at large firms are offered “unaffordable” health insurance coverage greatly overestimates the potential costs to employers.

**FLAW #5: JACKSON HEWITT ASSUMES EMPLOYERS WOULD INTENTIONALLY SUBJECT THEMSELVES TO OBAMACARE PENALTIES.**

Even with Medicaid expansion, employers would be subject to penalties if any of their full-time employees received an ObamaCare exchange subsidy. It is difficult to imagine a scenario in which an employer would be able to structure compensation in a way that the Medicaid expansion would have any meaningful impact on their tax liability. Factors outside of an employer’s control could move individuals in and out of eligibility for ObamaCare subsidies. A worker getting married or divorced, getting a supplemental part-time job, changes in a spouse’s wages or hours, having a baby or losing a dependent as an adult child becomes independent could all trigger ObamaCare penalties for employers. The only true way an employer can avoid these new ObamaCare penalties is to restructure its workforce. This explains why many employers have begun to reduce hours for their employees, to ensure they do not qualify as full-time employees. This workforce restructuring is available whether states expand Medicaid or not.
Given the uncertainty employers face, this seems the most likely course for employers to take. It would give employers certainty that they have reduced their tax liability, whereas counting on the Medicaid expansion’s marginal effects provides no certainty at all. Jackson Hewitt’s assumption that employers would subject themselves to ObamaCare penalties, rather than take steps to avoid the penalties, ultimately means that Jackson Hewitt greatly overestimates the potential costs to employers.

**FLAW #6: JACKSON HEWITT ASSUMES THE EMPLOYER MANDATE WILL BE ENFORCED AS ENFORCED AS IT WAS ENACTED IN 2010.**

Jackson Hewitt’s flawed study sparked some state leaders to push for and ultimately enact ObamaCare’s Medicaid expansion, fearing the impact not expanding would have on employers in their states. It likely came as a great shock to those policymakers when the Obama administration announced in July 2013 that it was delaying the employer mandate for one year. The authors of the Jackson Hewitt study should not be blamed for failing to predict this particular delay, but the simple fact is the rules and regulations implementing ObamaCare are changing frequently. Assuming that provisions of ObamaCare will be implemented exactly as enacted misguides in this ever-changing environment.

Not surprisingly, the Obama administration announced a second delay to the employer mandate shortly after Jackson Hewitt released its second flawed study mirroring its original findings. Under the new rule, the mandate would be delayed for employers with fewer than 100 full-time equivalent employees. For employers with more than 100 full-time equivalent employees, the mandate has been relaxed to require only that large firms offer employer-sponsored coverage to 70 percent of full-time employees. Even before ObamaCare’s employer mandate, this group of large employers had offered health insurance to roughly 88 percent of their full-time employees on average.

Congress has also signaled its intent to delay, amend and repeal ObamaCare’s employer mandate. Given the rapidly changing environment surrounding implementation, it is likely the employer mandate will not be implemented as originally envisioned for quite some time, if it is ever fully implemented at all. Jackson Hewitt’s assumption that the employer mandate will be implemented exactly as enacted, despite the clear history of ObamaCare implementation constantly in flux, is further confirmation that its report greatly overestimates the potential costs to employers.

**CONCLUSION**

Supporters of ObamaCare’s Medicaid expansion have fought hard to influence state lawmakers to expand their Medicaid programs to enroll thousands or millions more working-age, able-bodied adults with no kids. The Jackson Hewitt studies have been one of their most widely-used tools to influence those policymakers to expand.

While the studies have been cited as a warning sign to lawmakers who want to protect their state’s business community from ObamaCare-related penalties, they fail to meet basic standards of credible research. The flawed assumptions, inconsistent data and other miscalculations make Jackson Hewitt a dangerous source for legislators to rely upon as they decide whether or not to implement ObamaCare’s Medicaid expansion.

Even if Jackson Hewitt’s flawed studies were accurate, however, and Medicaid expansion would actually help business owners—which it does not—the idea that states should spend more than $100 billion per year in order to protect employers from $2 billion to $3 billion in ObamaCare tax penalties is fiscally reckless.
REFERENCES


3. Ibid.


8. The Congressional Budget Office estimates that if two-thirds of the Medicaid expansion population lived in states that did not expand to individuals between 100 and 138 percent FPL, employer penalties would increase by only $4 billion over the course of 10 years. See, e.g., Jessica Banthin et al., “Estimates for the insurance coverage provisions of the Affordable Care Act updated for the recent Supreme Court decision,” Congressional Budget Office (2012), http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-24-2012-CoverageEstimates.pdf.

9. The Congressional Budget Office assumed that approximately 17 percent of the Medicaid expansion population live in states that do not expand Medicaid whatsoever and that 50 percent live in states that expand Medicaid to 100 percent FPL or below.


15. Ibid.

16. Ibid.

17. Ibid.


20. Ibid.

21. The Census Bureau reports that there are roughly 6,875 uninsured adults in Utah who are between 100 and 138 percent FPL and who work full-time for at least part of the year. See, e.g., Census Bureau, “Current population survey: Annual social and economic supplement,” U.S. Department of Commerce (2013), http://www.census.gov/cps/data/cpsablecreator.html.


23. The Census Bureau reports that there are roughly 23,068 uninsured adults in Missouri who are between 100 and 138 percent FPL and who work full-time for at least part of the year. See, e.g., Census Bureau, “Current population survey: Annual social and economic supplement,” U.S. Department of Commerce (2013), http://www.census.gov/cps/data/cpsablecreator.html.


27. Alaska, Florida, Maine, Massachusetts, New York, North Carolina and Pennsylvania extend Medicaid coverage to adults under the age


32. Ibid.

33. Ibid.

34. The Census Bureau reports that approximately 67.6 percent of uninsured adults who are between 100 and 138 percent FPL and who work full-time for at least part of the year are year-round full-time workers, while the remaining 32.4 percent work full-time only seasonally or for part of the year. See, e.g., Census Bureau, http://www.census.gov/cps/data/cpstablecreator.html.

35. Ibid.


37. Ibid.


41. Ibid.

42. Ibid.

43. Ibid.

44. Ibid.

45. Ibid.


47. In order for the Medicaid expansion to have a significant effect, employers would need to structure benefits in a way that, absent expansion, would have triggered a penalty for employees earning between 100 and 138 percent FPL, but would not trigger a penalty for someone earning just above 138 percent FPL. Even in these situations, absent expansion, employers would have to actively choose to pay an ObamaCare penalty of $3,000 per year for those employees, when they could simply increase the employer contribution for coverage by a few hundred dollars in order to deem the offer “affordable” under ObamaCare.


53. Ibid.

54. Ibid.


