



Impact of the Federal Health Law's “Cadillac Insurance Tax” in Massachusetts

Thousands of \$\$\$ in New Taxes for Middle-Class Workers

by Josh Archambault

Conventional wisdom is that healthcare in Massachusetts will not change significantly under the federal Patient Protection Affordable Care Act (PPACA), known as ObamaCare. However, a careful review of the law reveals that many big changes are ahead for the Commonwealth. The state is currently working hard to bring its insurance exchange, the Connector, into compliance with the law, and moving ahead with full implementation for 2014. One only has to review a recent PowerPoint presentation to the Connector Board on September 13th to get a taste of the range of steps – 124 and counting¹ – that will need to be taken to have a state-based exchange approved by the federal government. Pioneer has been writing about the planning process and some of the future changes on our blog.² Yet what is often lost in the bureaucracy shuffle and planning process is the impact on individuals.

The Obama administration has done its best to highlight some of the more popular provisions of the law such as expanded preventative benefits, allowing children up to age 26 to remain on their parents insurance, closing the prescription drug “doughnut hole” for seniors on Medicare, and expanded contraception coverage. Yet, many of the less attractive provisions have not been given a local spotlight. This brief will examine the impact of the so-called “Cadillac tax” included in ObamaCare.

Excise Tax Background

Under Section 9001 of the PPACA, sponsors of self-funded group health insurance plans and all health insurance issuers themselves will be assessed an excise tax on any benefits provided to employees that exceed \$10,200 for an individual, and \$27,500 for a family.³ The excise tax is imposed beginning in 2018. The Congressional Budget Office (CBO) recently estimated in a 10-year forecast that in 2018 the federal government will collect \$11 billion in revenue from the tax and that the number would grow to \$18 billion in 2019, \$22 billion in 2020, \$27 billion in 2021, and \$32 billion in 2022.⁴

Josh Archambault is Pioneer’s Director of Health Care Policy & Program Manager for the Middle Cities Initiative. Prior to joining Pioneer, Josh was selected as a Health Policy Fellow at the Heritage Foundation in Washington, D.C. In the past, Josh served as a Legislative Director in the Massachusetts State Senate and as Senior Legislative Aide in the Governor’s Office of Legislative Affairs. His work has appeared or been cited in outlets such as the *Wall Street Journal*, *The New York Times*, *Fox News*, and *The Boston Globe*. Josh holds a Masters in Public Policy from Harvard University’s Kennedy School and a BA in Political Studies and Economics from Gordon College.

Impact of the Federal Health Law's "Cadillac Insurance Tax" in Massachusetts

Nationally, employers have identified the excise tax as the number one concern they have about implementation of the law.⁵

Given that Massachusetts has long been a state with high premiums (ranking at or near the top in the nation⁶), it is worth exploring what the average person is likely to pay in additional federal taxes during the first decade after the provision goes into effect.

This brief takes a snapshot of the future impact of the tax on individual workers in Massachusetts. Below is an overview of the potential impact on a small business owner, a police officer, and a middle school teacher.

Scenario I. Small Business Owner

Tax Burden: \$86,905 in additional taxes per employee plan over 10 years.

The following assumptions are being made:

- This small business owner is offering an insurance package that is roughly the state median for a family, \$16,452 in 2011.
- To reflect the data methods of the Commonwealth, this employer has three or more full-time equivalents (FTE) on staff.
- Healthcare cost growth follows the historical trend for family insurance in the commercial insurance market since 2006 of 9.64 percent.

Given these assumptions, we can predict that a majority of individuals and families on private

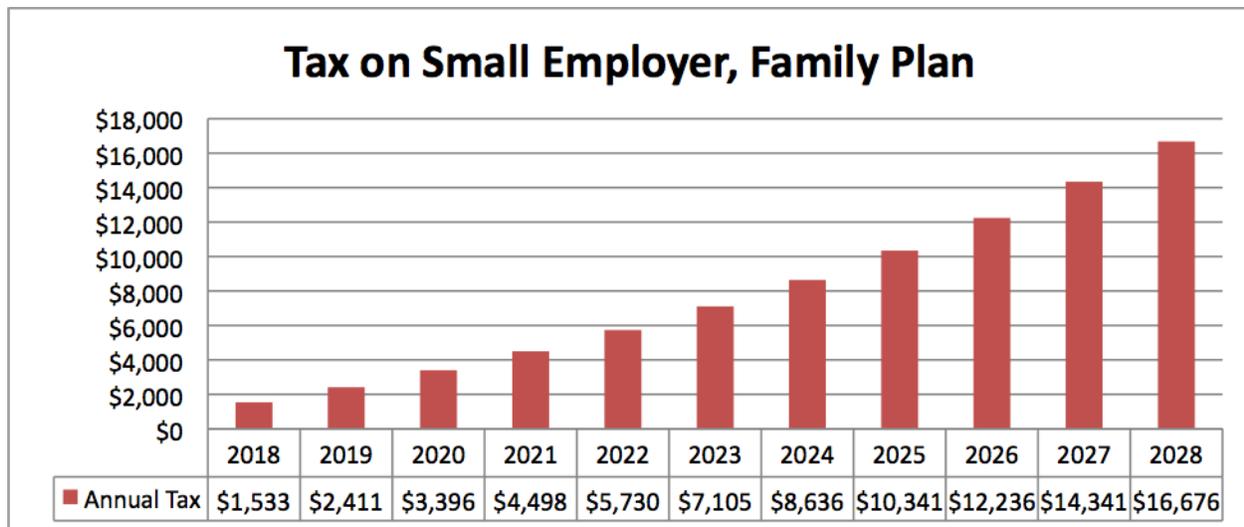
insurance in the Commonwealth will start to pay the Cadillac tax to the federal government in 2018. Over time, if insurance costs are not significantly contained, most of the working population in Massachusetts will pay this tax. Further, unless future IRS regulations determine otherwise, even small employers that are not legally mandated to offer insurance to their employees under PPACA because they have less than 50 FTEs, will still be subject to this tax if they do offer insurance. It is an open question how this cost analysis will impact small company offer rates of insurance to their employees.

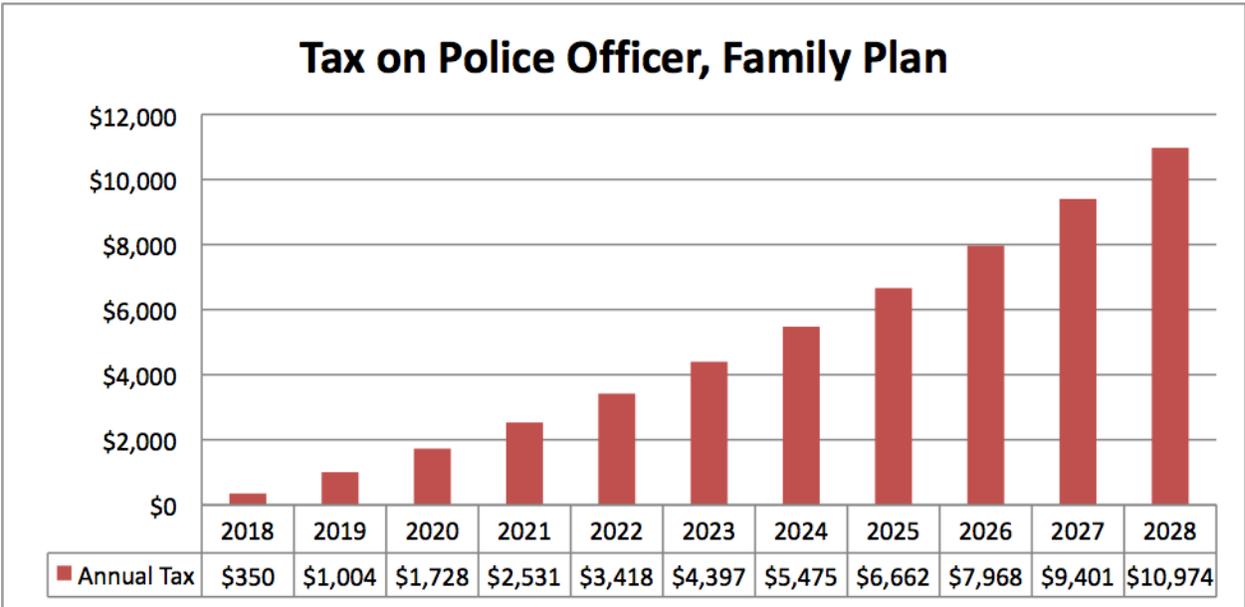
Scenario II. Police Patrol Officer

Tax Burden: \$53,907 in additional taxes, per employee plan over 10 years.

The following assumptions are being made:

- This police patrol officer is offered an insurance package for his/her family that is roughly equivalent to the average for members of the Massachusetts Police Association, \$20,000 in 2012.
- That the excise tax threshold is raised \$3,450 because they are employed in a high risk profession.
- The officer's historical growth rate for premiums parallel that of a family plan in the Group Insurance Commission (GIC) from 2005 to 2012 of 8.05%.





Scenario III. Middle School Teacher

Tax Burden: \$20,807 in additional taxes, per teacher over 10 years.

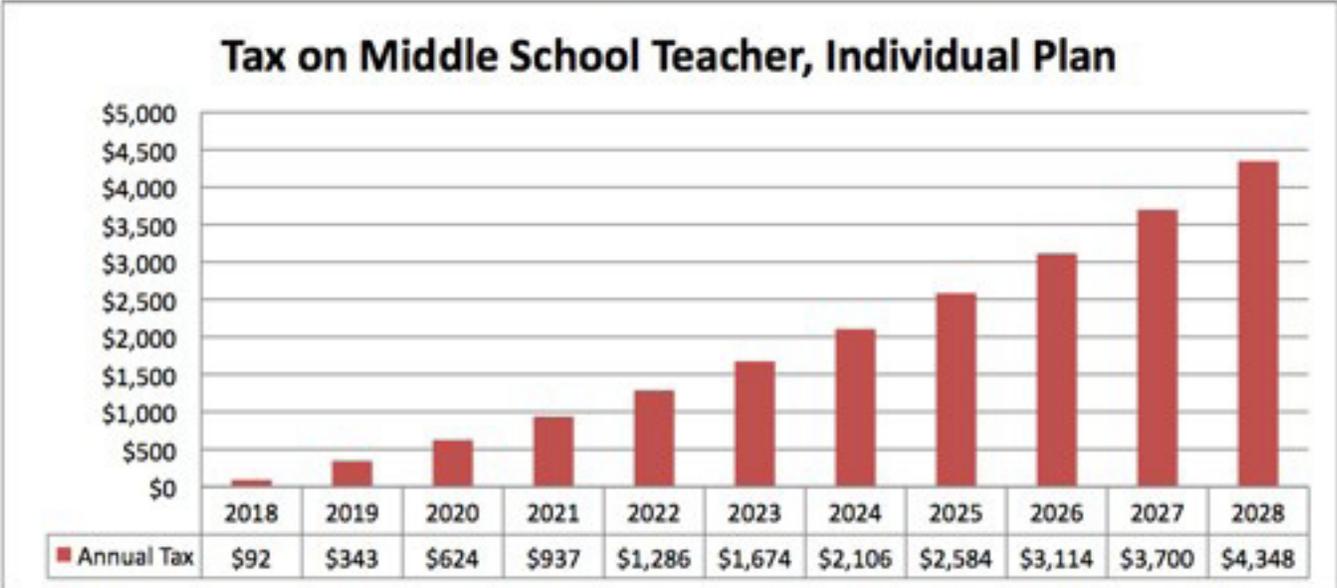
The following assumptions are being made:

- This teacher is a member of the GIC and is enrolled in an individual insurance plan for his/herself and a child. The plan is roughly equivalent to the median individual premium of \$6,236 in 2012.

- The teacher’s insurance historical growth rate for premiums parallel that of an individual plan in the GIC from 2005 to 2012 of 8.95%.

Conclusion

When President Obama and his team were working to pass the federal health care law, they stated that the insurance excise tax provision was aimed at, “super, gold-plated Cadillac plans” or \$40,000 Wall Street healthcare plans.⁷ The *New York Times* credits the Commonwealth’s own senior Senator John Kerry



Impact of the Federal Health Law's "Cadillac Insurance Tax" in Massachusetts

with coming up with the excise tax idea in 2009. Yet what ended up in the final law is less of a "Cadillac tax" and more of a "Ford tax."

Over half the individuals on private insurance plans working for employers with three or more employees will be subject to this tax in 2018, and many more if healthcare costs continue to rise faster than inflation. The tax does not discriminate and will add costs for the lower-middle class, the upper-middle class and everyone in between. Any profession that has robust healthcare benefits – construction workers, teachers, police, state and local public workers, and a majority of those on private insurance – will be immediately and significantly impacted by this tax. Given our high premiums, Massachusetts is likely to be one of the states that pays the most excise tax to finance new entitlement spending in the federal healthcare law.

... a majority of individuals and families on private insurance in the Commonwealth will start to pay the Cadillac tax to the federal government in 2018. Over time, if insurance costs are not significantly contained, most of the working population in Massachusetts will pay this tax.

Further analysis of the comprehensive impact of this new tax is needed. This work should spark a conversation among policymakers about whether this is the best strategy to contain insurance costs and finance new federal spending. Economists on both the right and left agree that linking insurance to employment creates many perverse incentives in our current system, and is especially tough on entrepreneurs and small businesses. Accordingly, the debate should focus on the best way to break this link.

How much of the excise tax will be paid for by employers versus employees remains an open question. Yet, most health policy experts believe companies will either "water down" their health benefits to keep premiums down and reduce their

tax liability, or simply drop coverage and send their employees to a public exchange, with lower-wage employees accessing subsidies. This latter reaction would increase the cost of the PPACA, and by default increase out national debt or the burden on future federal taxpayers.

What ended up in the final law is less of a "Cadillac tax" and more of a "Ford tax."

On a final note, I would be remiss not to mention that Massachusetts has recently passed a law to try to contain healthcare costs by changing the way the Commonwealth pays for healthcare and how it is delivered. Supporters of the law are making historic claims about its potential savings, but research and real life experience on many of the strategies in the new law have been shown to make healthcare more expensive.⁸ Only time will tell if that law is able to successfully contain costs, and its failure or success will be reflected in the amount of federal excise tax individuals will pay.

Methodology

For this brief, Pioneer pulled historical data on median premium cost growth for those on commercial private insurance. We were provided with data for local and state workers in the Group Insurance Commission (GIC), and given some union data.

Median premiums were used instead of an average because it is standard practice by the state to publicly release only median data.

The time period over which the historical growth trend was determined varies slightly by group, and was largely driven by the quality and availability of data. When possible, these historical trends were used to project future costs. This method has limitations, and further research is needed to obtain a more exact estimate of the number of individuals and families that will be impacted by the new excise tax. Data on the distribution of premium payers was not readily available, but would help to calculate, in the aggregate, the future statewide impact of the tax.

It should be noted that Pioneer often used the most conservative estimate or growth rate to portray a best case scenario. As a result, the future tax burden may prove to be much higher for some individuals in the Commonwealth. For example, when median and average premium data were both available, calculations showed that median premiums were often hundreds of dollars below average premiums, which would indicate that more individuals are paying premiums that are above the median, and as a result, will pay more excise tax. In addition, historical growth rates were often calculated over the last six or seven years instead of the last 12, which results in much higher average growth rates. Given the amount of change in healthcare statutes and the marketplace in general since 2005 in Massachusetts, the smaller timeframe seemed more appropriate. Yearly monitoring will be extremely important to capture the exact impact of the excise tax going forward.

The tax does not discriminate and will add costs for the lower-middle class, the upper-middle class and everyone in between. Any profession that has robust healthcare benefits -- construction workers, teachers, police, state and local public workers, and a majority of those on private insurance -- will be immediately and significantly impacted by this tax.

It is also important to note that union benefits typically run even higher than those utilized in this analysis. National data sources point to a 10-30 percent difference in premiums between firms with some union representation and those with no union representation.⁹ A recent analysis of municipal employee contracts showed that family insurance premium costs can be as high as 37 percent above those found in the private sector.¹⁰

Pioneer conservatively assumed that both the teacher and police officer in this brief to be members of the GIC, which historically have had a much lower growth rate than public employee union contracts.

Finally, Pioneer used state employer survey data to serve as a proxy for a small business owner. However it is well known in the research community that smaller companies, on average, pay higher premiums for insurance than medium and large employers when adjusting for demographics, geographic area, and benefits.¹¹ Put in slightly different terms, the anticipated impact of the excise tax will be even higher on small business employers than what is outlined here.

The Appendix provides additional information on income, and the tax estimate calculations.

**Appendix
Business Owner**

Impact of Cadillac Tax on a Family on Private Insurance in Massachusetts																			
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	10-Yr Cost
Projected Family Median Premium	\$16,452	\$18,038	\$19,777	\$21,683	\$23,774	\$26,065	\$28,578	\$31,333	\$34,353	\$37,665	\$41,296	\$45,277	\$49,642	\$54,427	\$59,674	\$65,427	\$71,734	\$78,649	
Federal Tax Threshold								\$27,500	\$28,325	\$29,175	\$30,050	\$30,951	\$31,880	\$32,836	\$33,822	\$34,836	\$35,881	\$36,958	
"Cadillac Tax"								\$1,533	\$2,411	\$3,396	\$4,498	\$5,730	\$7,105	\$8,636	\$10,341	\$12,236	\$14,341	\$16,676	\$86,905

Note: 2006-2011 historical growth rates 9.64% for insurance premiums.

Sources: Division of Health Care Finance Policy, 2005, 2007, 2009, 2010, 2011 Massachusetts Employer Survey.

Projected Median Income Growth																			
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	10-Yr Cost
Massachusetts																			
Median Income Growth	\$63,313	\$64,643	\$66,000	\$67,386	\$68,801	\$70,246	\$71,721	\$73,227	\$74,765	\$76,335	\$77,938	\$79,575	\$81,246	\$82,952	\$84,694	\$86,473	\$88,289	\$90,143	

Note: 2006-2011 historical growth rates. 2.1% for income.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements.

Police Officer
Average Wage 2011, \$55,590¹²

Impact of Cadillac Tax on Police Patrol Office, Family Plan																		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	10-Yr Cost
Projected Family Median Premium Growth	\$20,000	\$21,610	\$23,350	\$25,229	\$27,260	\$29,455	\$31,826	\$34,388	\$37,156	\$40,147	\$43,379	\$46,871	\$50,644	\$54,721	\$59,126	\$63,885	\$69,028	
Federal Tax Threshold							\$30,950	\$31,879	\$32,835	\$33,820	\$34,834	\$35,880	\$36,956	\$38,065	\$39,207	\$40,383	\$41,594	
"Cadillac Tax"							\$350	\$1,004	\$1,728	\$2,531	\$3,418	\$4,397	\$5,475	\$6,662	\$7,968	\$9,401	\$10,974	\$53,907

Note: Federal tax threshold adjusted to reflect the definition of a high-risk profession. 2005-2012 historical growth rates as a member of the Group Insurance Commission, 8.05%.
Sources: Premium data provided by Massachusetts Police Association. Historical data on premium growth provided by Group Insurance Commission staff.

Teacher
Average Wage 2011, \$62,900

Impact of Cadillac Tax On a Middle School Teacher																		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	10-Yr Cost
Projected Individual Median Premium	\$6,236	\$6,794	\$7,402	\$8,065	\$8,786	\$9,573	\$10,430	\$11,363	\$12,380	\$13,488	\$14,695	\$16,011	\$17,443	\$19,005	\$20,706	\$22,559	\$24,578	
Federal Tax Threshold							\$10,200	\$10,506	\$10,821	\$11,146	\$11,480	\$11,825	\$12,179	\$12,545	\$12,921	\$13,309	\$13,708	
"Cadillac Tax"							\$92	\$343	\$624	\$937	\$1,286	\$1,674	\$2,106	\$2,584	\$3,114	\$3,700	\$4,348	\$20,807

Note: 2005-2012 historical growth rate for Group Insurance Commission (GIC), 8.95%
Source: Historical data on premium trends provided by Group Insurance Commission staff.

Endnotes

1. Massachusetts Connector, *National Health Care Reform Update*, September 13, 2012. PPT at: https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/About%2520Us/Publications%2520and%2520Reports/2012/2012-09-13/NHCR_Update_to_Board_Sept%20_2012.pdf (accessed September 25, 2012).
2. For an example, see: Pioneer Blog, *ACA Impact on Mass, Part 1: Low-income Residents will Pay More for Healthcare and Insurance*, July 19, 2012. <http://www.pioneerinstitute.org/blog/healthcare/aca-impact-on-mass-part-1-low-income-residents-will-pay-more-for-healthcare-and-insurance/> (accessed September 25, 2012).
3. PPACA text available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf> (accessed September 25, 2012).
The threshold will grow by inflation annually. In addition, the annual thresholds described above are increased by \$1,650 in the case of self-only coverage and \$3,450 in the case of self and spouse or family coverage for retirees not entitled to Medicare benefits and individuals engaged in high-risk professions.
4. It should be noted that the Congressional Budget Office projects that the excise tax will also have indirect impacts on taxes. On page 21 of their latest scoring report, an additional line includes \$231 Billion in other effects on revenues, which are at least partially due to more taxes being paid by employers paying less in tax preferred health benefits, and more in taxable income. Congressional Budget Office, *Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision*. Available at: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-24-2012-CoverageEstimates.pdf> (accessed September 25, 2012).
5. Mercer Consulting, *US Employer Health Plan Enrollment Up 2% Under PPACA's Dependent Eligibility Rule*. August 1, 2011. <http://www.mercer.com/press-releases/1421820> (accessed September 25, 2012).
6. Kaiser Family Foundation, *Mapping Premium Variation in the Individual Market*, August 9, 2011. <http://www.kff.org/healthreform/8214.cfm> (accessed September 25, 2012).
7. President Obama on the PBS show “*The NewsHour with Jim Lehrer*” partial transcript posted on National Public Radio website on July 30, 2009 at: <http://www.npr.org/templates/transcript/transcript.php?storyId=111339166> (accessed September 25, 2012).
David Axelrod in *The New York Times*, “A Bid to Tax Health Plans of Executives” July 26, 2009. http://www.nytimes.com/2009/07/27/health/policy/27insure.html?_r=0 (accessed September 25, 2012).
8. Pioneer has written at length on the new law. All entries can be found at: <http://www.pioneerinstitute.org/blog/category/healthcare/> and a good example can be found at: *The Myth of Cost Control Legislation*, <http://www.pioneerinstitute.org/blog/healthcare/the-myth-of-cost-control/> (accessed September 25, 2012).
9. Kaiser Family Foundation & Health Research & Educational Trust, *Employer Health Benefits: 2012 Annual Survey*. Available at: <http://ehbs.kff.org/pdf/2012/8345.pdf> (accessed September 25, 2012).
10. Massachusetts Taxpayer Foundation, *Municipal Health Plans: Gilded Benefits from a Bygone Era*. April 2011. Available at: http://rlcareyconsulting.com/uploads/Gilded_Benefits_04-2011.pdf (accessed September 25, 2012).
11. Division of Health Care Finance and Policy. *Massachusetts Health Care Cost Trends: Premium Levels and Trends in Private Health Plans: 2007-2009*. May 2011. Available at: <http://www.mass.gov/eohhs/docs/dhcfp/cost-trend-docs/cost-trends-docs-2011/premium-report.pdf> (accessed September 25, 2012).
12. US Department of Labor, Bureau of Labor Statistics, *Occupational Employment Statistics*. May 2011. Available at: http://www.bls.gov/oes/current/oes_ma.htm (accessed September 25, 2012).

Impact of the Federal Health Law's "Cadillac Insurance Tax" in Massachusetts

About Pioneer

Pioneer Institute is an independent, non-partisan, privately funded research organization that seeks to improve the quality of life in Massachusetts through civic discourse and intellectually rigorous, data-driven public policy solutions based on free market principles, individual liberty and responsibility, and the ideal of effective, limited and accountable government.

Responding to Cadillac Tax Report Concerns

Pioneer Blog - 19 Oct 2012

by Joshua Archambault

Pioneer's recent report on the Cadillac tax has garnered a good deal of media attention and some political push back.

Political pushback comes in the form of objections that fail to engage on the issue of the Cadillac tax itself; rather they focus on two assumptions made in the Pioneer study: 1) Healthcare growth rates in the future will look similar to the recent past, and 2) Income growth rates in the future will look similar to the recent past. Of course, we have no more of a crystal ball than anyone else does, however...

As is our practice, we made our assumptions very clear, right up front. And second, we based our assumptions on data. Pioneer is an empirical organization, and therefore in any modeling exercise we often use historical data in order to base our assumptions on something other than political expedience or uninformed assumptions.

We hope, as do I hope everyone involved in this debate, that healthcare insurance premiums decrease significantly. In fact we published, and nationally released, an entire book on how to achieve that important goal (greatexperiment.org). We also hope the economic picture brightens dramatically over the next 10 years and that median incomes grow significantly.

That's hope. But information, experience and judgment also play a role in policy formation, if such policies are to be anything more than press releases. Hope without a plan based on experience is, at best, imprudent – at worst, folly. So, let's look at the objections in order:

1) The healthcare growth rates in the report are too high

How Low Does Growth Have to Be?: In order to figure out when the average person paying the median premium in Massachusetts could avoid triggering

the Cadillac Tax we ran multiple scenarios. An employee on a commercial family plan, along with 50% of the workers in Massachusetts, will still trigger the tax if average growth is 4.88%. Keep in mind, even with a much slower growth than 4.88%, many of the folks above the median currently will still trigger the tax.

For a generic local public employee, not in a high-risk profession, the growth rate to trigger the tax is even lower, 3.92%. Object all you want to our choice to use historical data to estimate future growth, however one has to be confident that median insurance premiums will not grow faster than 4.88% or 3.92% in order to allow roughly 50% of workers to avoid paying any tax.

Why the 2006-2011 Time Period?: Pioneer utilized historical data for the median insurance growth rate from 2006-2011. If we had used a longer historical window the growth rate would have been even higher, closer to 12-13% average annual growth. Since the healthcare system has changed appreciably since 2000, we thought looking at the time period following the 2006 healthcare law made sense.

National Data Versus Massachusetts Data: While some have objected to our use of Massachusetts specific data, they instead suggest we should have used CBO national estimates for future growth. This method has two problems. First, just like our estimates, these reports make assumptions and, therefore, are not inherently better. They deserve the same level of scrutiny as our report, since we are talking about the unknowable future. Second, CBO and other national data sources utilize a completely different methodology for their data collection, and in order to obtain an apples-to-apples comparison, we stuck with local data whenever possible.

2) Wage growth in the report of 2.1% is no representative of "normal" wage growth

Slow Wage Growth: Further objections to our report point to our assumed 2.1% wage growth rate. Some have said this number "would barely keep

Impact of the Federal Health Law's "Cadillac Insurance Tax" in Massachusetts

pace with inflation and is based on projections from the years of the financial crash (2006-2011) when wages experienced an unprecedented collapse.” We don’t disagree, however the historical data doesn’t lie no matter how much we *want* growth to be higher in the future.

Once again, Pioneer pulled historical median income data from 2006-2011 to guide our growth assumption and matched the time window with our insurance

premiums numbers. Even under the most positive framing of median income growth from 2000-2011 in Massachusetts, growth has only been 2.88%. If you look at growth in terms of 2011 dollars, the rate has been even more anemic. While Massachusetts has a higher median income and growth rate than the US as a whole, the fact remains that growth has been below inflation, and no reasonable economist expects a radical departure in the near to mid-term.

A final consideration: the ACA Tax Credits

A final criticism of the report has been that we did not account for the tax credit that the ACA contains for individuals and small businesses; the implicit argument being that the tax credit will make health insurance more affordable. The truth is that its impact depends on who you are and how you define affordable.

The credits for individuals are not universal: They apply to those receiving sliding scale premium support subsidies in a public exchange, and that earn 138-400% of FPL. (Roughly \$15,000 to \$45,000 for an individual) For anyone making close to 400%FPL or more, insurance will be expensive. It is now in Massachusetts, and most experts don’t believe that will change drastically in the near to mid-term. This leaves any person making above \$45,000 to pay the full cost of insurance. So, it is an open question if individuals near the cut off and those above it, will deem their insurance affordable.

The small business tax credit is only for companies paying on average \$50,000 or less in salary. Further research is needed to estimate how many employers in Massachusetts will qualify for this credit. However, many policy experts expect the take up to be low since the median income in Massachusetts is over \$13,000 more when compared to the national average, and well above the \$50,000 threshold. So far, experience nationally with the tax credit would seem to lend respectability to this claim. According to *The New York Times*, while 1.4 million to 4 million small businesses nationally are eligible, only 170,300 had taken advantage of the program as reported in a May 2011 GAO report.

	2011 Median Income
Current Dollars	
United States	\$50,054
2000-2011 Average Annual Growth in Median Wages in US	1.63%
2006-2011 Average Annual Growth in Median Wages in US	1.32%
Massachusetts	\$63,313
2000-2011 Average Annual Growth in Median Wages in MA	2.88%
2006-2011 Average Annual Growth in Median Wages in MA	2.10%
2011 Dollars	
United States	\$50,054
2000-2011 Average Annual Growth in Median Wages in US	-0.82%
2006-2011 Average Annual Growth in Median Wages in US	-1.05%
Massachusetts	\$63,313
2000-2011 Average Annual Growth in Median Wages in MA	0.40%
2006-2011 Average Annual Growth in Median Wages in MA	0.29%

So, let the Debate Begin.

We believe that most reasonable people will agree that our assumptions are entirely in line with past reality and what is likely to continue to be the reality on healthcare premiums well into the future. Pioneer hopes that our brief on one small tax provision in the federal health care law will lead to a more robust conversation about the benefits and costs of the entire new law on Massachusetts. For too long, political leaders have glossed over the changes that are coming for the Bay State, and as future patients and taxpayers, we deserve to know what could lay ahead for us.



85 Devonshire Street, 8th Floor, Boston, MA 02109 |
T: 617.723.2277 F: 617.723.1880 |
www.pioneerinstitute.org