Maine Center for Economic Policy

June 2017

Repealing the Affordable Care Act Puts Maine's Health Care and Economy at Risk

U.S. Senate Proposal Maintains Most Damaging Elements of House Republican Plan and Would Especially Hurt Older and Rural Mainers

Introduction

Congressional efforts to repeal the Affordable Care Act (ACA) would put health coverage at risk for tens of thousands of Mainers, increase costs for hundreds of thousands more, and reduce access to services in many communities. The House bill, the "American Health Care Act," (AHCA) and the Senate bill, the "Better Care Reconciliation Act," ultimately have the same effect—less care for Mainers, in exchange for tax cuts for the wealthiest.

> *About 111,000 more Mainers would lack health insurance under the House and Senate repeal plans, including 11,000 children, by 2026.*

The House narrowly passed its ACA repeal proposal earlier this year. While the Senate said it would reject that plan and start from scratch, the reality is that the Senate plan closely mirrors the House plan. Both would reduce coverage for seniors, people with disabilities, and families with children by cutting and capping Medicaid. Both would sharply increase insurance costs by raising premiums and deductibles and slashing existing tax credits. Both plans give states broad authority to eliminate consumer protections that help people with pre-existing conditions or who are in need of maternity care, mental health, or substance abuse services. Finally, both plans use the reductions in health coverage to pay for deep tax cuts for the wealthy, drug companies, and insurers.

Repealing the ACA in favor of either the House or Senate plan would have dire consequences for Maine people and communities. It would especially hurt older and rural Mainers. Beyond the impacts on individuals and families, the Republican proposals would drive up costs for the state and destabilize Maine's health care system. Like the House Republican plan, the Senate Republicans' repeal proposal is no solution to the challenges remaining in the nation's health care system and should be scrapped.

Tens of Thousands of Mainers Would Lose Coverage

The Congressional Budget Office (CBO) projects that the House Republican plan would lead to the loss of health insurance for **14 million** Americans in 2018, and **23 million** by 2026.[1] The CBO analysis predicts that older Americans and those living in rural areas would be particularly affected. Both are characteristics of Maine's population. When applied to Maine, the CBO's model projects that **111,000** Mainers (100,000 adults and 11,000 children) would lose health insurance by 2026. These losses would be concentrated in rural parts of the state.

While the CBO analysis is based on the House Republican plan, in its current form the Senate Republican plan would yield similar results since it includes many of the same provisions that would have the greatest impact on reducing health coverage as the House plan.

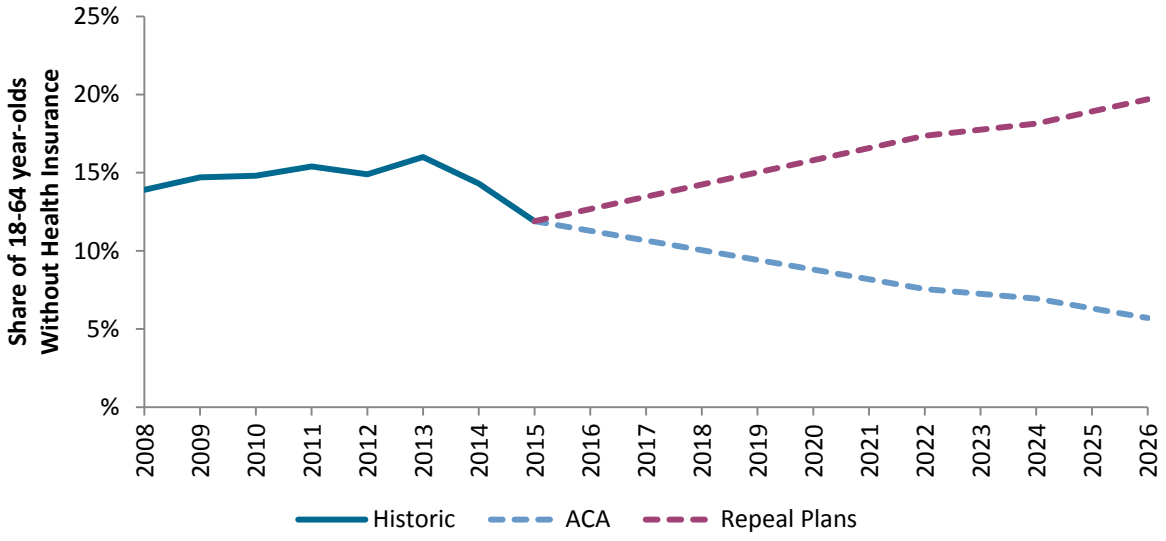
Table 1: Number of Maine Adults by Region Losing Health Insurance by 2026 under House and Senate ACA Repeal Plans

	Share of population 18-64 without health insurance			
Region	Current (2015)	ACA (2026)	House/Senate Plans (2026)	Net increase in adults aged 18-64 without health insurance
Northeast Maine	14%	7%	22%	8,600
Western Maine	13%	6%	21%	13,300
Penobscot County	12%	5%	19%	12,900
Kennebec County	8%	3%	13%	6,900
Midcoast Maine	17%	9%	26%	15,800
Androscoggin County	10%	4%	14%	6,600
Sagadahoc and Northern Cumberland Counties	8%	4%	14%	6,600
Western Cumberland-York Counties	13%	7%	19%	11,700
Eastern Cumberland-York Counties	10%	7%	18%	8,600
Portland-South Portland-Westbrook	12%	4%	17%	9,300
Statewide	**12%**	**6%**	**20%**	**100,200**

Source: MECEP analysis of CBO modeling of health insurance losses by income level and age for the AHCA. This model was applied to Maine's demographics for the Maine Public Use Microdata Areas in the U.S. Census Bureau, American Community Survey data for 2015.[2]

Under the ACA, the share of Mainers aged 18-64 without health insurance is projected to reach historic lows by 2026. The House and Senate repeal plans would reverse this trend leading to a historic increase in the percentage of prime working age Mainers without health coverage.

Repealing the Affordable Care Act Would Reverse Progress; Deprive Historic Numbers of Mainers of Health Insurance



Source: MECEP analysis of data from CBO; US Census Bureau, Small Area Health Insurance Estimates

Loss of health insurance coverage on this scale is unprecedented. By 2026, almost **one in five** (19.7%) non-elderly adults in Maine would be without health insurance if either of the current proposals in Congress became law. Loss of health insurance would mean extreme financial hardship for many, and increased medical bankruptcies. It would also force Mainers to skip check-ups, forgo preventive care, and rely on less effective and more expensive emergency care.

> *By 2026, almost one in five non-elderly adults in Maine would be without health insurance.*

Two sets of changes contained in the House and Senate repeal plans contribute most to the significant reduction in health coverage. These include 1) cuts to Medicaid and critical consumer protections; and 2) insurance market changes that increase costs, especially for older Mainers.

Cuts to Medicaid and Critical Consumer Protections

The House and Senate plans cut Medicaid and other protections directly reducing access to health coverage for tens of thousands of Mainers while shifting more costs onto health care providers and people with private insurance coverage. Specifically, the plans:

- Eliminate Medicaid expansion: Mainers living near the poverty line would lose the opportunity to benefit from expansion of the Medicaid program, and Maine's economy would be deprived of its portion of the hundreds of billions of federal dollars that 31 other states and territories have accessed.

- Cap and cut Medicaid for seniors, people with disabilities, and families with children: The half-century-long state-federal Medicaid partnership would be replaced with a one-sided deal that would force states to implement drastic cuts in health coverage, slash other public services, or pursue a combination of cuts in health coverage, along with cuts in state funding for schools, roads, or other public services that protect us. This ultimately means that low-income seniors in nursing homes and people with disabilities who together account for the largest share of Medicaid spending in Maine would likely see a reduction in services.

- Give states broad authority to eliminate critical consumer protections: Many Mainers have benefitted from provisions that guarantee coverage for chronic or pre-existing conditions and that ensure people in need of maternity care, mental health, or substance abuse services get the coverage they need. Giving states the ability to modify or eliminate such provisions could jeopardize coverage for those who need it most.

Insurance Market Changes that Increase Costs, Especially for Older Mainers

Both House and Senate plans would damage the individual insurance market. They would also make premiums unaffordable for many Mainers by eliminating tax credits for middle-income households earning between 350 percent and 400 percent of the federal poverty level and reducing the tax credits available to purchase insurance on the individual market for everyone else.

> *Health insurance premiums for older Mainers would skyrocket, increasing by as much as 18 times more than current costs.*

One in three Mainers enrolled in the federal marketplace for individual insurance plans is over the age of 55, and half earn less than 200 percent of the federal poverty level ($32,000 for a household of two).[3] These families would be particularly hard hit because the replacement tax credits would offer less support than those in current law. The relatively high cost of insurance in rural Maine also means that these tax credits are distressingly inadequate. For example, a 60-year-old living in Northern or Down East Maine earning $30,000 a year would currently pay eight percent of their income annually for subsidized insurance coverage. The House plan would increase her premiums nearly **seven times**, while the Senate plan still requires her to pay nearly **three times** more, or almost one quarter of her income. For a 60-year-old earning $18,000 or just above the poverty line, the House plan would increase her premiums nearly **18 times**, while the Senate plan requires her to pay more than **five times** more.

Table 2: Comparative Cost of Health Plans after Tax Credits for a 60 Year Old Earning $30,000 Per Year in Aroostook County

	Current Law	House Plan	Senate Plan
Annual premiums after tax credits	$2,490	$17,090	$6,850
Percentage of income	8.3%	57%	23%

Source: Center on Budget and Policy Priorities; Kaiser Family Foundation. Costs based on the second-least expensive "silver" rated plan available at the federal exchange for a consumer in Aroostook, Hancock, or Washington Counties.

Provisions to allow insurers greater discretion to discriminate on the basis of age would also drive up costs for older Americans, including Mainers. Maine's previous experience with this form of age-based rating found that it pushed up costs for older Mainers and those living in rural areas.[4] Given that these populations already experience the highest health insurance costs in the state, the AHCA is likely to be the final nail in the coffin of the individual health insurance market in parts of Maine. A 2012 report on Maine's age-based rating system also found that it increased costs for small businesses with older workforces or those in rural parts of the state.[5]

Finally, both House and Senate plans phase out cost-sharing subsidies provided by the ACA starting in 2020. These payments to those with incomes under 250 percent of the federal poverty level play a crucial role in making insurance affordable by reducing the deductibles and other out-of-pocket payments that those with insurance pay over and above their monthly premiums. This would further increase costs for people purchasing coverage through the marketplace and create significant uncertainty in the health insurance market overall, resulting in higher costs for everyone. Those who have insurance currently and who wish to keep it would be forced to make a false choice—pay significantly more in premiums for similar coverage or pay the same in premium costs but face significantly higher deductibles.

For a more complete summary of effects on insurance costs, see the appendix.

Maine's Ability to Invest in Public Health, Public Safety, Education, and Key Priorities Would Be Compromised

By capping the federal government's commitment to Medicaid, both House and Senate repeal plans would shift significant costs to states, crowding out their ability to make other critical investments. Traditionally, Medicaid (known in Maine as MaineCare), has been a federal and state partnership. The federal government picks up the majority of the costs (currently about 64 percent in Maine) with the state paying a minority of the costs associated with the program. Both the House and Senate proposals would end this arrangement and place a "cap," or upper limit on the federal government's commitment to matching state costs. All expenditures above the cap would be entirely paid for by the state.

The House and Senate plans to back away from this long-standing partnership between federal and state governments have dire implications for Maine's budget. The inflexible nature of the cap, which would be based on 2016 spending levels, and adjusted some for inflation, means that Maine risks exceeding the cap due to a number of circumstances that are likely beyond its control. Examples of such circumstances include additional costs associated with addressing an epidemic, new expensive therapies or prescription drugs, additional costs associated with Maine's aging population, or other increases in spending widely recognized as necessary to address critical workforce shortages.

> *Medicaid, which provides health insurance for 263,000 Mainers, would face drastic cuts, shifting more than $2.4 billion in costs to Maine's state budget from 2020 to 2030.*

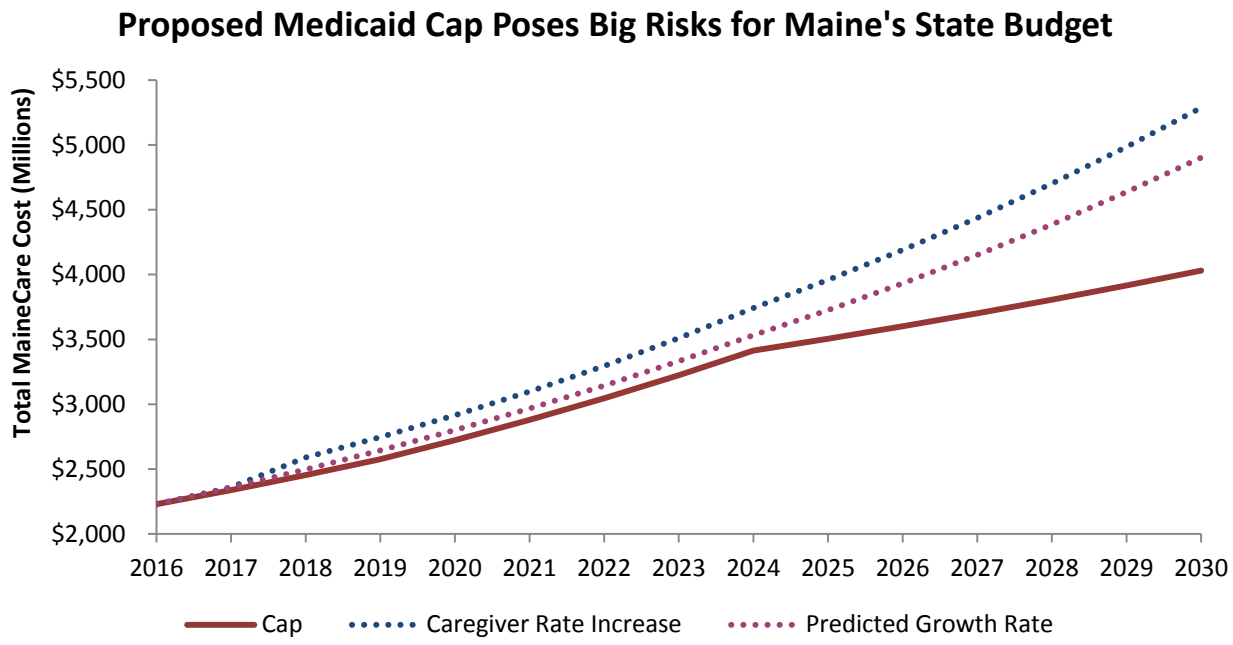
Capped funding would also preclude state policymakers from modifying the program during times when the needs of Mainers rise. For example, Maine would be unable to meet increased need due to an aging population, or cover certain services proven to be necessary and effective in preventing or treating illnesses that in the long run would end up costing the state more.

Finally, the cap severely limits lawmakers' abilities to innovate in the program or to address shortcomings. For example, Maine's legislature is currently considering a bipartisan act to more adequately compensate those who provide community care for individuals with intellectual disabilities under the state's Medicaid program.[6]

These direct care professionals have not received an increase in a decade, and a simple cost-of-living increase to reimbursement rates is critical to address a shortage of care workers and ensure adequate access to care for those who need it. However, the reimbursement rate increase would cause per-capita costs for disabled MaineCare recipients to increase 8% in 2019.[7] Even this modest and crucial policy proposal would result in an additional **$575 million** in state spending over 10 years under the proposed Medicaid cap.

Based on the proposed Senate formula, Maine lawmakers would face an additional cost of **$2.4 billion** between 2020 and 2030. In order to maintain existing services to seniors and individuals with disabilities—who are projected to account for 77 percent of all Medicaid costs by 2030—the state would have to drastically cut program funding or make cuts in other areas of the state budget. Even if the state eliminated all Medicaid spending on non-disabled, non-elderly adults in the program by 2030, it would still fall short of the amount needed to fill in the budget hole created by the federal cap.

At a time when the state continues to fall short of its obligation to fund public education and other local services, the introduction of a federal Medicaid cap all but assures that these investments will continue to be shortchanged and Maine will continue to lose ground when it comes to boosting the health and well-being of its people. Furthermore, property taxpayers can expect to see further increases as the state and federal government shift more costs to towns.



Source: MECEP analysis of Maine Department of Health and Human Services data; population projections from the Office of the Maine State Economist

Maine's Economy Would Suffer

Health care is the leading sector of Maine's economy. More than one in five Mainers in private employment works in health care or social assistance.[8] The House and Senate repeal plans threaten to disrupt the health care industry to such an extent that nationwide, almost **a million** Americans would be out of work by 2026 as a result of the legislation. The reduction in federal Medicaid funding and increases in the number of people without health insurance could mean the loss of **10,000** jobs in Maine over the same period.[9] That's more people than are employed by the state's largest hospital group, MaineHealth, or the equivalent of the next two biggest hospitals combined.[10]

> *The Senate repeal plan would cripple the health care sector, which employs one in five Mainers, and destroy an estimated 10,000 jobs.*

Federal funding for health care provides an important stimulus for states' economies. As a "net receiver" of federal monies, Maine especially benefits from the injection of federal funding into its economy. Federal funds account for more than a third of Maine's total state budget, at $2.5 billion, the majority of which is directed through the Maine Department of Health and Human Services.[11] Any potential decline in federal Medicaid funding for Maine threatens jobs and economic growth in the state. Medicaid expansion alone is predicted to generate or sustain 4,000 jobs in Maine,[12] jobs that the repeal plans would preclude.

The effects of the House and Senate repeal plans would ripple throughout the economy. Of the 10,000 predicted job losses, almost 6,000 are estimated to be in health care. The rest are jobs of those who would lose business as health care workers are laid off - primarily service sector workers, such as those who work in grocery stores, hair salons, and small businesses across Maine.[13]

In addition to individual job impacts, entire health care facilities could be affected as well. Half of Maine's hospitals ran a deficit in 2016.[14] The House and Senate repeal plans' impact on health insurance coverage would result in more individuals seeking charity care, or failing to pay hospital bills, at a time when Maine's health care system is already strained. The additional burden of more uncompensated care or bad debt could easily push one or more Maine hospitals to close, devastating local communities.

> *Business output would decline by $1.6 billion and the gross state product would be $1 billion smaller, a 2 percent decline that's larger in real terms than the decline from the recession of 2008-2009.*

The scale of the AHCA's effect on Maine's economy is such that by 2026, it would reduce business output by **$1.6 billion**, and gross state product would be **$1 billion** smaller. That represents a **2 percent decline** in state GDP, a larger real-term decline in GDP than resulted from the recession of 2008-09.[15]

Aside from its macro-economic impacts, access to health care also has implications for individual Mainers' ability to work. Expanding access to health care through Ohio's Medicaid program helped more than half—52 percent—of those beneficiaries continue working, and three-quarters to find a new job.[16]

The decline in health insurance coverage threatened by the House and Senate repeal plans risks leaving more Mainers without the ability to get health care, and less able to continue working or to re-enter the labor force. One in 12 Maine men aged 25-44 aren't working because of a sickness or disability, a figure that has doubled since 2002.[17] At a time when employers in parts of the state are struggling to find workers, repealing the ACA would only make it harder for people to go back to work and fill the jobs we do have.

Maine's Ability to Address Pressing Public Health Needs Would Be Compromised

In 2016, America's Health Rankings ranked Maine the 22nd healthiest state, its **lowest** relative position in the 25 years of the rankings' existence.[18] Infant mortality has risen every year since 2010-16 from 5.8 deaths per thousand to 6.7 per thousand.[19] Maine still has some of the highest rates of smoking and excessive drinking in the country.[20] Access to health insurance is the largest single determinant of whether someone receives health care.

Like many rural states, Maine also faces the challenge of increasing substance misuse. The public cost of tackling the opioid crisis in Maine in 2015 was $750 million.[21] Since then, the problem has only increased; overdose deaths rose 40 percent in 2016 and are on track to increase again in 2017.[22] Since 2006, hospital admissions for substance misuse in Maine have **doubled**, an increase that was entirely driven by a large increase in emergency-room (ER) visits.[23] The pattern of increased ER use - which is far less effective than medication based-treatment in an inpatient setting - is indicative of a population without adequate health insurance coverage. To tackle Maine's opioid epidemic, Mainers must be provided with affordable routes to treatment. The House and Senate repeal plans accomplish the opposite. They would drive up the cost of care, make insurance less affordable, and result in more Mainers going to the ER for treatment - or dying before they can.

Conclusion

Repealing the Affordable Care Act in favor of either the House or Senate proposals would be a reckless action that would endanger the lives, health, and economic well-being of over one hundred thousand Mainers. Both proposals contain provisions that would make health insurance more expensive, putting it out of reach for thousands of Mainers, and attempt to shift costs from the federal government onto the states, or their residents. Maine cannot afford the widespread destruction that would be wrought by either proposal, and Mainers do not deserve legislation that causes them harm for the sake of tax breaks for the wealthiest Americans.

Acknowledgements

MECEP is grateful to Chris Hastedt and Ann Woloson with Maine Equal Justice Partners and David Farmer who provided editing assistance on this report.

About MECEP

The Maine Center for Economic Policy (MECEP) provides citizens, policy-makers, advocates, and media with credible and rigorous economic analysis that advances economic justice and prosperity for all Maine people. MECEP is an independent, nonpartisan organization founded in 1994.

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Appendix A: How the Senate Health Bill Would Affect Private Health Insurance Coverage in Maine

The Senate health bill would impact the availability, qualify, and affordability of coverage for tens of thousands of people with private health insurance coverage in Maine. While those with individual market coverage would be the most affected, people with employer coverage could be affected as well.

Impact on Subsidized Marketplace Consumers

About 60,000 Mainers obtain subsidized coverage through the marketplace. Effects on these consumers would vary by age and income, but across age and income groups, most people would be left significantly worse off, and many thousands would likely become uninsured.

Consumers with incomes between 350 and 400 percent of the poverty line (about $42,000 to $48,000 for a single person). The Senate bill eliminates premium tax credits for people in this income range. In Maine, that would mean that a 60-year old would lose $7,236 in tax credits and see premiums increase to at least 26 percent of income, while a 45-year old would lose $1,799 in tax credits and see premiums increase to about 15 percent of income. Senator Collins has expressed strong concern about the ACA's financial assistance "cliff" at 400 percent of the poverty line. Because the Senate bill shifts that cliff down the income distribution, it would impact more people and would likely be larger.

Marketplace consumers with incomes between $42,000 and $48,000 are often entrepreneurs, self-employed people, and early retirees, who rely on tax credits obtained through the health insurance marketplace to afford coverage. (Maine is one of the five states with the highest marketplace participation rates among self-employed people and small business owners.1)

Consumers with incomes between 200 and 350 percent of the poverty line (about $24,000 to $42,000 for a single person). The Senate bill makes two major changes to tax credits for people in this income range. First, it rearranges the ACA tax credit schedule, so that older people would pay a larger share of income in premiums and younger people a smaller share. Second, it cuts tax credits across the board by linking them to less generous coverage – basing them on bronze plans rather than silver plans.2

The latter change would leave consumers with a choice: purchase coverage with much higher deductibles, or pay more to maintain the coverage they have now. The median bronze plan had a deductible of $6,300 in 2016, compared with a median deductible of $3,000 in silver plans.

[1] See https://www.treasury.gov/connect/blog/Pages/One-in-Five-2014-Marketplace-Consumers-was-a-Small-Business-Owner-or-Self-Employed.aspx. While estimates of the number of Maine marketplace consumers with incomes between 350 and 400 percent of the poverty line are not available, 12 percent of Maine marketplace consumers (subsidized and unsubsidized) have incomes between 300 and 400 percent of the poverty line.

[2] More precisely, the Senate bill bases tax credits on the median plan with an actuarial value of 58 percent. The ACA bases tax credits on the second-lowest cost silver plan, plans with actuarial values of 68-72 percent.

Thus, most Mainers with incomes between about $25,000 and $42,000 would either see their deductibles double or pay hundreds or thousands of dollars more in premiums to maintain the coverage they have today. Older people in this income range would see higher premiums even if they switched to a bronze plan, because of the Senate changes to the tax credit schedule.

Consumers with incomes between 100 and 200 percent of the poverty line (about $12,000 to $24,000 for a single person). The Senate bill eliminates cost sharing reduction (CSR) subsidies for lower-income consumers after 2019. (Importantly, the bill does not simply fail to provide an appropriation for CSRs after 2019; it repeals the underlying CSR program.) In combination with the bill's provision basing tax credits on bronze plans, the result is that people in this income group would see deductibles increase from well under $1,000 to about $6,300. Deductibles at these levels would almost certainly prevent lower-income people from accessing needed care. And, faced with deductibles that would prevent them actually using their health insurance, many low-income people would likely drop coverage altogether.

Impact on Other Individual Market Consumers in Maine

For unsubsidized Mainers purchasing coverage either through the marketplace or in the off-marketplace individual market, the major change in the Senate bill is the provision allowing insurers to charge older people premiums five times as high as younger people. In general, older people would see higher premiums, while younger people would see lower premiums.

In addition, all Mainers purchasing individual coverage could be impacted by a Senate bill provision allowing states to waive essential health benefit standards. Specifically, the bill alters the ACA's rules for so-called "1332 waivers," requiring the Secretary to approve any such waiver – including waivers of essential health benefits – so long as it is deficit neutral. CBO projected that, if given the option, states comprising about half the nation's population would waive essential health benefits standards, with maternity coverage, mental health, and substance use treatment among the categories most likely to be waived. As CBO explained, "in response to such changes in minimum requirements, insurers would probably narrow the scope of benefits included in their plans." That means that individual market consumers would be unable to purchase coverage including these benefits, or could purchase such coverage only as a "rider." Since "insurers would expect most purchasers [of the rider] to use the benefits, [they] would… price that rider at close to the average cost" of the relevant service, for example "more than $1,000 per month" for maternity coverage.

Impact on Mainers in the "Coverage Gap"

One group that might appear to benefit from the Senate bill are the tens of thousands of Mainers in the so-called coverage gap, adults with incomes below the poverty line who currently have access to neither Medicaid coverage nor marketplace subsidies, because Maine did not expand Medicaid. Under the Senate bill, this group could access marketplace subsidies. Nonetheless, they are likely to gain very little, and could actually be made worse off.

- First, premiums alone would put coverage out of reach for many people with incomes below the poverty line. Under the Senate bill, this group would have to pay premiums equaling 2 percent of their income to purchase individual market coverage. A large body of research finds that premiums at these or even lower levels put coverage out of reach for many people in poverty.

- More important, because the Senate bill eliminates cost sharing reduction subsidies and bases tax credits on bronze rather than silver plans, the benchmark plans people could purchase for 2 percent of income would have deductibles of about $6,300.[3] (Note that the poverty line for a single adult is about $12,000.)

Even if they could afford their premiums, lower-income people enrolled in benchmark coverage could not afford the out-of-pocket payments required to obtain health care. And, knowing that, they would be even less likely to sign up for coverage and cut back on other expenses like rent, transportation, or food in order to stay current on premiums.

Meanwhile, the Senate bill would likely prevent Maine from ever expanding Medicaid, since it bars states that have not yet expanded from receiving the enhanced federal match (even before the higher match phases out for all states from 2021-2023). Thus, Mainers in poverty would lose any chance to benefit from expansion, while gaining access to coverage that would be worth very little to them.

Impact on Mainers with Employer Coverage

The Senate bill could also result in the return of annual and lifetime limits on coverage for a significant share of the 600,000 Mainers with employer coverage. That's because the ACA's prohibition on annual and lifetime limits only applies to coverage of services classified as essential health benefits. So if states eliminated or greatly weakened essential health benefits standards, plans could go back to imposing coverage limits on any services excluded from essential health benefits – including for people covered through their employer. Moreover, because large employer plans are currently allowed to select any state's definition of essential health benefits to abide by, essential health benefits waivers in any state could mean a return to annual and lifetime limits for people in employer plans nationwide.[4] Before the ACA, 431,000 Mainers, most of them with employer plans, had lifetime limits on their coverage.

In addition, tens of millions of people each year (nationwide) lose job-based coverage and either enroll in individual market coverage or become uninsured. Thus, the availability of affordable, comprehensive individual market coverage is an important protection for Mainers with employer coverage as well.

[3] To buy up to a plan with even a $3,000 deductible, a 60-year old Mainer with income at the poverty line would have to pay about a fifth of income in premiums.

[4] For a more detailed explanation, see https://www.brookings.edu/blog/up-front/2017/06/23/like-the-ahca-the-senates-health-care-bill-could-weaken-aca-protections-against-catastrophic-costs/.

End Notes

[1] Congressional Budget Office Cost Estimate: "HR 1628, American Health Care Act of 2017." Available at https://www.cbo.gov/publication/52752.

[2] ACA projections follow CBO estimates of improved coverage in the employer-sponsored and non-group markets, plus expanded Medicaid coverage in Maine. AHCA estimates assume no Medicaid expansion, a 30% reduction in adult non-disabled Medicaid coverage to meet the per-capita cap requirements, and follow the CBO's projections of a 1% reduction in employer-sponsored coverage, plus a 26% reduction in non-group coverage.

[3] U.S. Centers for Medicaid Services, Assistant Secretary for Planning and Evaluation, Healthcare.gov plan selections by zip code, 2017.

[4] Bela Gorman, Don Gorman & Jennifer Smagula, "The Impact of PL90 on Maine' Health Insurance Markets," Gorman Actuarial (Malborough, MA, 2011). Available at: http://www.maine.gov/pfr/insurance/publications_reports/archived_reports/pdf/gorman_actuarial_report.pdf.

[5] Ibid.

[6] LD 967 (128th Legislature), "An Act to Ensure Access to Community Services for Persons with Intellectual Disabilities."

[7] Fiscal note for LD 967 as amended. Available at: http://www.mainelegislature.org/legis/bills/bills128th/fiscalpdfs/FN096703.pdf.

[8] Maine Department of Labor, Quarterly Census of Employment and Wages, fourth quarter 2016. 103,173 Mainers were employed in health care and social assistance industries, of a total of 508,875 private-sector employees. Available at: http://www.maine.gov/labor/cwri/qcew1.html.

[9] Leighton Ku et. al., "The American Health Care Act: Economic and Employment Consequences for States," June 14, 2017. Available at: http://www.commonwealthfund.org/publications/issue-briefs/2017/jun/ahca-economic-and-employment-consequences.

[10] Maine Department of Labor, "Top 50 Employers in Maine by Average Monthly Employment, 4th Quarter 2016." Available at: http://www.maine.gov/labor/cwri/publications/pdf/MaineTop50Employers.pdf.

[11] Maine Office of Fiscal and Program Review, "FY2016 Total Expenditures by Funding Source." Available at: http://legislature.maine.gov/uploads/originals/fy-2016-total-expenditures-all-funding-sources.pdf.

[12] Maine Center for Economic Policy, "Accepting Federal Funds for Affordable Health Care: Still a Great Deal for Maine," March 2016. Available at: http://www.mecep.org/wp-content/uploads/2016/03/MaineCare-Expansion_Final.pdf.

[13] Leighton Ku et. al., "The American Health Care Act: Economic and Employment Consequences for States," June 14, 2017. Available at: http://www.commonwealthfund.org/publications/issue-briefs/2017/jun/ahca-economic-and-employment-consequences.

[14] Maine Health Data Organization data.

[15] St Louis Federal Reserve, U.S. Bureau of Economic Analysis data, real-term Gross Domestic Product for Maine. Maine's GDP was $51.8 billion in 2016. A decline of $1 billion represents a 1.9% decrease. Between 2009 and 2010, Maine's economy shrank by 1.6% in real terms.

[16] Ohio Department of Medicaid, *Annual Group VIII Assessment,* 2016. Available at http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf?ver=2016-12-30-085452-610.

[17] MECEP analysis of US Census Bureau, American Community Survey public use microdata, 2002-2015.

[18] United Health Foundation, "America's Health Rankings, 2016." Available at http://www.americashealthrankings.org/explore/2016-annual-report/state/ME.

[19] Maine Kids Count data. Available at: http://mekids.org/2017-maine-kids-data-book.php.

[20] United Health Foundation, "America's Health Rankings, 2016." Available at http://www.americashealthrankings.org/explore/2016-annual-report/state/ME.

[21] Maine Center for Economic Policy, "Annual Cost of Maine's Substance Abuse Epidemic, 2015." Available at: http://www.mecep.org/wp-content/uploads/2017/03/Substance-Abuse-Epidemic-Costs.pdf.

[22] Maine Attorney General's Office data.

[23] US Department of Health and Human Services, Agency for Healthcare Research and Quality, "Opioid Hospital Stays and Emergency Department Visits by State, 2009-14," December 2016. Available at: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf.