

1: Using Taxes to Reform Health Insurance: Pitfalls and Promises - Ebook pdf and epub

*Several of the nation's foremost experts on taxation and health policy address these questions in *Using Taxes to Reform Health Insurance*, a joint product of the Urban-Brookings Tax Policy Center.*

Additional Information In lieu of an abstract, here is a brief excerpt of the content: Reforming the Tax Treatment of Health Care: First, according to census estimates 47 million Americans are uninsured. A good reform proposal would make a worthwhile trade-off among the three dimensions. An unacceptable reform proposal would move in the wrong direction in some or all dimensions. Evaluation of reform proposals is complicated by the enormous complexity and interdependence in the health care system, which leads to substantial uncertainty about the impact of reforms. To understand the impact of a health reform proposal requires predicting not only the behavior of individuals but also that of employers, insurance companies, medical providers, and state insurance regulators. The further a reform departs from historical experience, the less dependable the elasticities and other behavioral assumptions that derive from that historical experience become. As a result, it is important to evaluate any change, and especially major change, not just by the expected outcome but also by the uncertainty that surrounds that outcome. Everything else being equal, it is better to pursue a more certain course. I use these criteria to evaluate two reform options and find each wanting. The first is the proposal by John Cogan, Glenn Hubbard, and Daniel Kessler to make all health expenses tax deductible. Both of these proposals provide 9 Jason Furman was a senior fellow at the Brookings Institution at the time of this writing, April The shortcomings of these plans provide a cautionary note for many of the numerous other health tax reforms that have been proposed. My criticisms of these plans lead me to analyze a third alternative that would replace the existing tax exclusion to see if it could be done in a manner that would increase coverage, reduce costs, and lower or at least not increase the long-run fiscal gap. The most likely way to achieve these goals would be to combine progressive, refundable tax credits with three reforms to insurance markets: Without these complementary reforms, however, merely replacing the exclusion would be counterproductive, causing large-scale dropping of people who have good employer coverage and potentially even increasing the net number of uninsured. Tax Incentives to Encourage Less Spending on Health Care The tax treatment of health care expenses encourages greater spending in a number of ways. The tax exclusion for employer contributions to health insurance lowers the after-tax price of the insurance and helps underpin an institutional system of employer-sponsored insurance. It increases the number of people with insurance and the comprehensiveness of insurance coverage, both of which increase health spending. In addition, the fact that insurance premiums are tax favored and out-of-pocket payments generally are not provides an incentive to purchase high premium plans with low deductibles and copayments, leading to even more spending. The argument is simple: Add in a tax subsidy, and people will consume even more health care. As a result, the marginal benefit of the additional health services will drop and be less than the marginal cost of producing them. This inefficiency could be remedied by reducing health spending and shifting it to other areas like food, clothing, and housing. This conclusion depends on the capacity of consumers or someone acting for them to curtail low-benefit, but not high You are not currently authenticated. View freely available titles:

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Health reform proposals may use the Internal Revenue Service (IRS) to enforce mandates requiring individuals to obtain health insurance, provide new tax-based subsidies for health insurance, or cap or eliminate the current exclusion for employer-provided health insurance.

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3: The Affordable Care Act (ACA) and Your Taxes

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Several of the nation's foremost experts on taxation and health policy address these questions in Using Taxes to Reform Health Insurance, a joint product of the Urban-Brookings Tax Policy Center and the American Tax Policy Institute.

Additional Information In lieu of an abstract, here is a brief excerpt of the content: Democrats were shell-shocked by the political fallout from the Clinton debacle, to which some attributed the loss of control of both houses of Congress in 1995. Most Republicans were ideologically unsympathetic to federal tinkering with private health insurance decisions. And so for years both parties shunned the issue. Health system reform has once again become politically salient, consistently ranking among the top three issues in public opinion polls, along with the Iraq War and the economy. The reasons for renewed interest are straightforward. Health care spending has outpaced income growth for decades and in 2002 absorbed an estimated 16 percent of gross domestic product and approximately 25 percent of total federal outlays. Continuation of this trend would squeeze other government services, force massive tax increases, or balloon the federal debt. Unabated growth of private health care spending would also eventually seriously strain most household budgets. Partly because of rising costs, the number of Americans without health insurance of any kind has grown steadily. If per capita health care costs keep growing faster than income, as the aging of the population and advances in medical technology make virtually certain, the number of uninsured will also continue to increase. Perhaps most galling, rapidly growing spending has not translated into consistently high quality. In fact, the quality of care even for the well insured is extremely uneven—superb for some but subpar for many. The fledgling subdiscipline of health economics blossomed and matured. Among the shortcomings of the U.S. health care system, the exclusion of employer-sponsored insurance (ESI) from both income and payroll taxes is particularly notable. Under current law, premiums for employer-sponsored insurance are excluded from both income and payroll taxes. The self-employed may deduct their premiums from income tax but not payroll taxes. But people who cannot get health insurance at work must pay their premiums out of after-tax income. The ESI exclusion thus favors employer-sponsored health insurance over all other forms of insurance as well as over other types of consumption expenditure. The value of the ESI exclusion is large. Employers who pay a dollar in employee wages must also pay payroll tax for Social Security and Medicare—7.65 percent. For a worker subject to the full Social Security and Medicare payroll tax and a 25 percent marginal income tax rate, the combined tax rate is 23.6 percent. The favorable tax treatment is worth less to taxpayers who face lower marginal income or payroll tax rates and more to those who face higher rates. The exclusion encourages employees to get health insurance at work if they can. And it means that at a given cost many employers can offer workers a more valuable compensation package if it includes health insurance than if it does not. Some workers place little value on health insurance. And the costs to employers of administering health insurance—particularly those companies with rapid job turnover and that employ few workers—may exceed the value of the tax benefits and any premium discounts the employers might be able to negotiate. Although employers may write the checks for health coverage, employees ultimately bear the burden in the form of lower wages. You are not currently authenticated. View freely available titles:

5: Using Taxes to Reform Health Insurance : Henry Aaron :

"Examines the role that taxes currently play, the likely effects of recently introduced health savings accounts, the challenges of administering major subsidies for health insurance through the tax system, and options for using the tax system to expand health insurance coverage"--Provided by publisher.

6: Project MUSE - Using Taxes to Reform Health Insurance

I use these criteria to evaluate two reform options and find each wanting. The first is the proposal by John Cogan, Glenn Hubbard, and Daniel Kessler to make all health expenses tax deductible. The second is the proposal to make all

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