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In this issue . . .

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Randall W. Eberts
President

Marcus Dillender

Potential Effects of the Affordable Care Act on Workers' Compensation

This article draws from the author's chapter in The Economics of Health *(Donald J. Meyer, ed.), which was just published by the Upjohn Institute.* *See p. 7 for more information.*

The passage of the Affordable Care Act (ACA) represents one of the largest overhauls to the U.S. health care system since the introduction of Medicare and Medicaid. Among the reform's many provisions are an employer mandate, an individual mandate, an expansion of Medicaid, subsidies for low-income people to purchase coverage, and the establishment of health insurance exchanges. The ACA also reforms the individual market and implements many measures aimed at reducing medical costs. Despite its many changes to the health care system, the ACA largely ignores workers' compensation insurance, which also deals with medical issues and has an overlapping agenda with health insurance. Although the ACA does not address workers' compensation, it could have potentially major spillover effects on these state-level programs. This article considers the possible interactions between workers' compensation insurance and the ACA.

Workers' Compensation Overview

Workers' compensation insurance pays all medical bills for individuals with work-related injuries and diseases. Because workers' compensation is a state-level program, each state's is a little different. In some states, private insurance companies administer workers' compensation, while in others, the states are the sole providers of insurance. For workers who miss more than 3–7 days of work, workers' compensation also replaces lost wages through indemnity benefits. The injured workers' weekly benefits are a function of their weekly earnings and are subject to state-level maximums. In all states except Texas and Oklahoma, workers' compensation insurance is mandatory for employers.

In 2011, nearly 126 million workers were covered by workers' compensation insurance (Sengupta, Baldwin, and Reno 2013). Employers paid over $77 billion for coverage, and workers received over $60 billion from the system. The majority of workers' compensation cases—around 76 percent—are medical-only cases and do not involve payments for missed work. Figure 1 shows workers' compensation spending on medical and wage replacement over time. Spending for wage replacement has been falling since the early 1990s, while medical spending has continued to rise. The share of medical benefits as a percentage of the total benefits paid for workers' compensation rose from around 30 percent in the early 1980s to approximately 50 percent in 2011.

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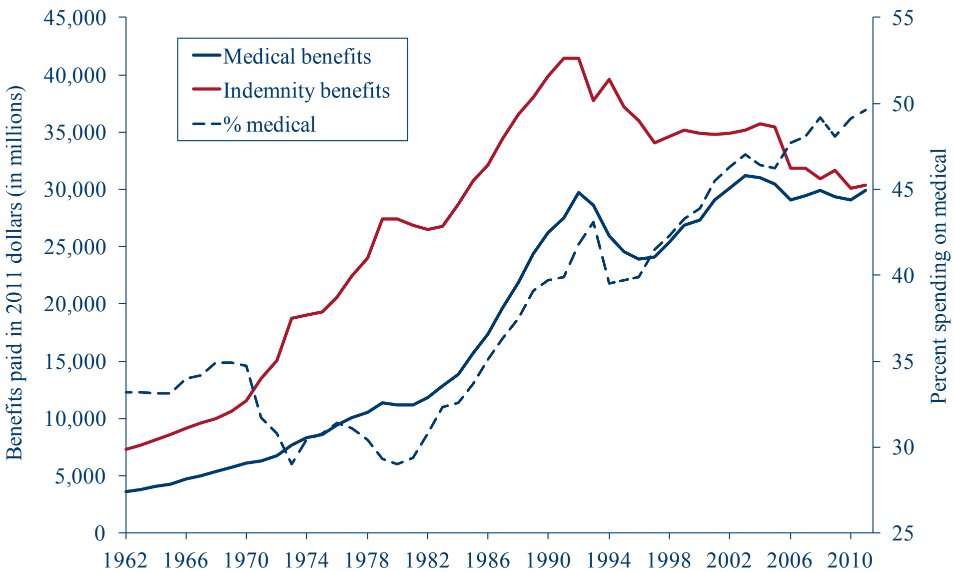
Figure 1 Workers' Compensation Medical and Indemnity Benefits by Year



SOURCE: Sengupta, Baldwin, and Reno (2013).

The ACA's Potential Effect on Workers' Compensation

Filing Claims

The ACA can affect claiming in a variety of ways. As discussed later, it can change the labor force composition and affect the number of people who have work-related injuries, but it can also affect who files for workers' compensation. People without health insurance theoretically have an increased incentive to claim that their medical issues are work related even if they are not so that workers' compensation will pay the bills. Thus, having health insurance may lower the incidence of people misclassifying non-work-related injuries. But even if an injury occurs at work, health insurance may still deter workers from filing a claim if they prefer not to file for workers' compensation. If this theoretical relationship between health insurance and workers' compensation claiming holds in practice, the ACA will reduce workers' compensation claims by expanding health insurance coverage.

Empirical research tends to support the notion that having health insurance coverage makes people less likely to file for workers' compensation. Biddle and Roberts (2003) surveyed Michigan workers identified by physicians as likely having work-related injuries. Of these injured workers, only 30 percent filed for workers' compensation. Of the 70 percent who did not file for workers' compensation, 36 percent cited having health insurance as the reason. Heaton (2012) studies the impact of Massachusetts's health insurance reform on workers' compensation by projecting how many emergency room bills would have been paid for by the state's workers' compensation system in the absence of the 2006 reform based on 2005 Massachusetts data. Heaton finds that the health care reform resulted in workers' compensation paying for 5–10 percent fewer emergency room medical bills.

In Dillender (2015a), I compare workers in Texas just before and after they turn 26, the age at which young adults lose access to dependent coverage under the ACA. This approach yields estimates of the causal effect of health insurance on workers' compensation filing. I find that immediately after people turn 26, initial claims filed for injuries with easy-to-delay reporting increase, while the overall amount of medical treatment that workers' compensation pays for increases by 8 percent. Despite these increases, overall workers' compensation medical costs do not rise dramatically for 26-year-olds because the majority of this increased care is for less expensive services. These results suggest that health insurance affects workers' compensation filing, particularly at the intensive margin, but not necessarily for the types of services that drive medical costs.

By influencing some people to file claims with health insurance instead of workers' compensation, the ACA may result in cost savings to the workers' compensation system. However, the ACA may also change the type of insurance plans people have by encouraging the use of more high-deductible plans because it institutes a 40 percent excise tax on health plans with individual premiums above $10,200 and family premiums above $27,500 starting in 2018 (Zuckerman 2010). Since people will lack first-dollar coverage, they may be more likely to shift claims onto workers' compensation, which will still provide first-dollar coverage.

Reimbursement Rates

One of the ACA's measures aimed at reducing Medicare costs is establishing the Independent Payment Advisory Board (IPAB), which will make recommendations to cut Medicare costs if they grow larger than the per capita GDP plus one percentage point. If Congress fails to pass an alternative proposal with the same cost savings, the IPAB recommendations will become law. The IPAB curtailing Medicare costs by cutting reimbursement rates could affect workers' compensation reimbursement rates since some workers' compensation programs tie their workers' compensation reimbursement rates to Medicare's.

While this provision of the ACA may lower the amount of money workers' compensation spends on medical care, it may also cause providers in these states to be less likely to accept workers' compensation patients since they will receive less money for treating them. Even in states that do not tie their reimbursement rates to Medicare, changes in Medicare rates may affect workers' compensation. Auerbach, Heaton, and Brantley (2014) argue that when Medicare pays physicians less, it may cause physicians to increase prices for other payers or provide more services to other patients that provide higher margins. If Medicare no longer pays providers for certain readmissions, it may have the same effect if it decreases physicians' profits from Medicare patients.

Labor Force Composition

Auerbach, Heaton, and Brantley (2014) also argue that the ACA could change the composition of the labor force. A large literature in economics finds that the need for health insurance has induced people to participate in the labor force (Antwi, Moriya, and Simon 2013; Blau and Gilleskie 2001; Buchmueller and Carpenter 2012; Dillender 2015b; Nyce et al. 2013; Strumpf 2010). Prior to the ACA, there were few good health insurance options for the near elderly outside of employment. Auerbach, Heaton, and Brantley argue that the exchanges and subsidies will allow older people to retire sooner, which may reduce costs since older workers typically take longer to recover from injuries and require more treatment.

Population Health

If the ACA improves people's health, it may lower the likelihood that people suffer injuries while at work. The notion that health insurance improves health finds broad empirical suport (Card, Dobkin, and Maestas 2009; Doyle 2005; Finkelstein et al. 2012), and Courtemanche and Zapata (2014) find that people reported being in better health as a result of the Massachusetts reform. The ACA also has a focus on prevention by eliminating copayments for preventive services and including an annual wellness visit as a part of Medicare.

Identifying More Efficient Treatment

By identifying effective treatments and digitizing medical records, the ACA has the potential to lower costs for medical care paid under workers' compensation. An example of one of the ACA's strategies to make medical treatment less expensive is the establishment of the Patient-Centered Outcomes Research Institute, which focuses on identifying effective treatments. The ACA also implements rules that establish electronic health records, which could also reduce costs while improving care.

Shared Medical Resources

A potential issue with the dramatic increase in insurance coverage promised by the ACA is that it will put more stress on existing medical resources. Hofer, Abraham, and Moscovice (2011) point out that there was already a shortage of primary care doctors before the ACA and suggest that the increased demand from the ACA could increase the shortages. Huang and Finegold (2013) find that certain areas will be hit hard by an increase in demand. They estimate that 7 million people live in areas where demand for primary care may exceed supply by 10 percent after the ACA. Physician shortages may increase wait times for injured workers before they can receive medical care.

Conclusion

By overhauling the health insurance system and making many broad changes to medical care, the ACA promises to change the health care landscape. This article describes the implications of the ACA for workers' compensation insurance. It reviews the considerable evidence that points to a reduction in the claiming rate for workers' compensation. The evidence also suggests that health insurance covers some of the costs that workers' compensation insurance was previously paying.

Apart from affecting claiming behavior, the ACA will likely affect workers' compensation insurance in other ways as well. The ACA's many cost-saving measures—especially those that aim to identify the most effective treatments—will likely have spillover effects. The aspects of the ACA that aim to improve population health may also result in fewer work-related injuries, thereby saving workers' compensation programs money. One negative aspect of the ACA for workers' compensation is that the increase in insurance coverage may put more strain on medical resources, which could make seeing a doctor more difficult.

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Marcus Dillender is an economist at the Upjohn Institute.

2016 Early Career Research Award Winners

The Upjohn Institute announces the winners of the 2016 Early Career Research Awards. These grants are intended to provide resources for junior faculty (untenured and within six years of having earned a PhD) to carry out policy-related research on labor market issues.

- **Mark Borgschulte**, *University of Illinois, Urbana-Champaign*
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  "The Effect of Paid Sick Leave Mandates on Labor and Health Outcomes"
- **Bo Cowgill**, *Columbia University*
  "Labor Market Effects of Algorithmic Hiring: Evidence from Field and Natural Experiments"
- **Jeff Denning**, *Brigham Young University*
  "The Effects of Credit Constraints in College on Human Capital and Labor Supply"
- **Rafael Dix-Carneiro**, *Duke University*
  "The Impact of Labor Market Shocks on Household Financial Outcomes and Migration"
- **Ina Ganguli**, *University of Massachusetts Amherst*
  "Knowledge and Networking in Professional Labor Markets: Do Conferences Impact Scientific Careers?"
- **Seth Gershenson**, *American University*
  "Gender, Peer Advising, and College Success"
- **John Horton**, *New York University*
  "The Effect of Demand Shocks on Human Capital Acquisition Strategies: The Case of Adobe Flash Workers"
- **L. Patten Mahler**, *Centre College*
  "Examining the Labor Market Effects of Public Pension Design"
- **Ferran Elias Moreno**, *University of Copenhagen*
  "Understanding the Labor Market Effects of Legalizing Undocumented Immigrants"
- **Samuel Kleiner**, *Cornell University*
  "The Effects of Strikes on Hospital Production: Evidence from California"
- **Olga Malkova**, *University of Kentucky*
  "The Effect of Pension Tax Reductions on Labor Supply"
- **Mallory Vachon**, *Louisiana State University*
  "The Temporary Migration Response to Industry-Specific Shocks: Evidence from the U.S. Shale Boom"

Ian Fillmore

Price Discrimination and Public Policy in the U.S. College Market

Each year, over 80 percent of incoming college freshmen in the United States complete the Free Application for Federal Student Aid (FAFSA). The FAFSA collects detailed financial information as well as a list of colleges where the student is considering attending. The government uses the FAFSA information to determine eligibility for federal aid, but because it lacks the logistical capacity to dispense aid on its own, it enlists colleges as partners in distributing federal dollars to college students. In the process, the colleges a student lists on her application receive full access to the student's FAFSA information, including information about the student's family income and the number of potential competitors the college is facing. This partnership of sharing FAFSA information with colleges has been treated as a mere administrative detail by students, parents, policymakers, and even economists. It is not. As I demonstrate, colleges use the FAFSA to engage in substantial price discrimination with widespread repercussions for the cost of a college education as well as the equilibrium sorting of students into colleges.

Colleges only redistribute 35 percent of the "tax revenue" they raise from using the FAFSA to other students in the form of lower prices; the remaining 65 percent accrues to the colleges in the form of higher tuition revenue.

Colleges in the United States charge high sticker prices but routinely offer discounts of varying sizes to their students, which means that students at the same college often pay vastly different prices for the same education. These discounts can be sizable and are intended to influence the student's choice of which college to attend. For instance, if a college has a posted sticker price of $20,000 per year but it offers a student a $15,000 discount, the relevant transaction price is not $20,000 but $5,000. Each college offers a similar "price quote" to the student, and she chooses the college that makes her the most attractive offer, taking into account other college characteristics that she values in addition to price.[1]

Colleges care about the FAFSA because it provides them with a source of low-cost, high-quality information about a student's willingness-to-pay. The information is low-cost because the federal government bears the burden of collecting it, and it is high-quality because the government imposes fines or jail time for misreporting information on the FAFSA. Moreover, the application comes bundled with a convenient monitoring technology for ensuring that its information is reliable. Thirty percent of FAFSA forms are automatically audited using IRS tax data. If a student's application is not randomly selected for audit, then that student's college has full discretion to flag it for audit anyway. Indeed many colleges simply flag *all* of their students' FAFSA forms.[2] Effectively, the FAFSA grants colleges generous access to the IRS and other government databases and allows them to use that information to learn about a student's willingness-to-pay.

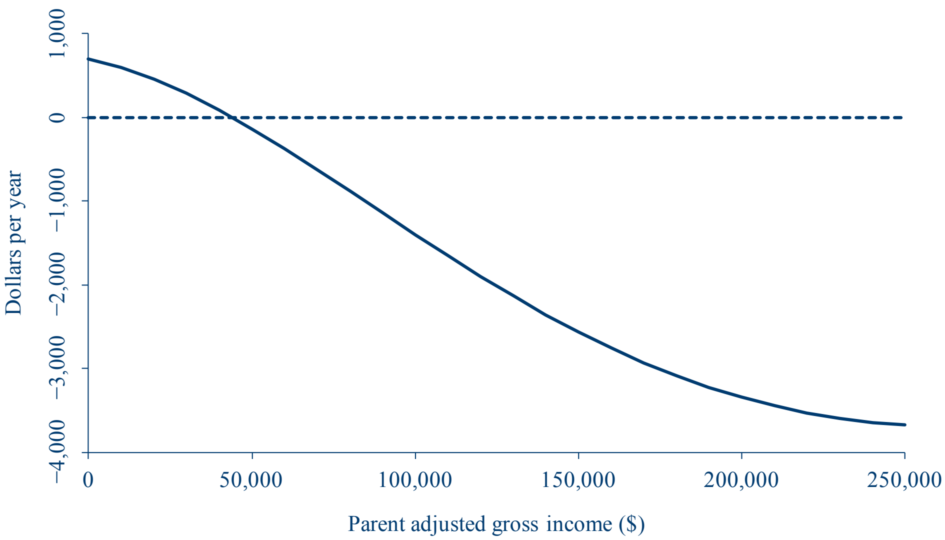
Is sharing the FAFSA with colleges a good policy choice? Specifically, what would happen to prices, student-college sorting, and welfare if colleges could not use it to price discriminate? To answer these questions I build and estimate a model of college pricing using student-level data from the National Postsecondary Student Aid Study. I then use my estimates to simulate counterfactuals wherein colleges are unable to use the FAFSA to price discriminate and find that there would be four primary consequences.

First, with less ability to distinguish between low and high willingness-to-pay students, prices would vary less across students. I estimate that the variance in transaction prices among students at the same elite college would fall by 19 percent.[3]

Second, transaction prices at elite colleges would fall by $826 per student per year, and consequently student welfare would rise. However, the change in prices would vary by income so that students with parent adjusted gross income of about $37,000 would see no change in transaction price, those with higher incomes would see their prices fall, and those with lower incomes would actually see their prices rise.[4] Looking at it differently, colleges use the FAFSA to price discriminate in a way that amounts to a 2 percent income tax coupled with a $723 rebate, so the lowest income students receive the rebate, but it is taxed away as income rises. This is illustrated in Figure 1, which plots average change in a student's transaction price (relative to baseline) as a function of her parents' adjusted gross income. Thus, colleges use the FAFSA to charge wealthier students more and poorer students less, effectively using higher-income students to subsidize lower-income students. Nevertheless, Table 1 demonstrates that colleges only redistribute 35 percent of the "tax revenue" they raise from using the FAFSA to other students in the form of lower prices; the remaining 65 percent accrues to the colleges in the form of higher tuition revenue.

Colleges care about the FAFSA because it provides them with a source of low-cost, high-quality information about a student's willingness-to-pay.

Figure 1 Change in Price If FAFSA Information Is Restricted



NOTE: The fitted values plotted here come from regressing the estimated change in price relative to baseline on parent adjusted gross income (included as a fourth-order polynomial). No other covariates were included.

The third consequence of preventing colleges from using the FAFSA to price discriminate is that 12.5 percent of students who are currently attending elite colleges would be inefficiently priced out of the elite market and would attend a nonelite college. This occurs because colleges are no longer able to tailor their prices as precisely. These mismatched students consist of a mixture of low-income students and high-income, low-ability students.

Fourth, without direct information on income, colleges will use other student characteristics to engage in statistical discrimination, which will tend to reduce prices for minority students as well as curtail merit-based aid (since students with high test scores also tend to have higher incomes). These results all illustrate the extent to which giving colleges access to FAFSA information has affected the sorting of students into elite and nonelite colleges, the prices students pay, and the way those prices vary across different types of students.

In summary, the federal government has made a policy choice to share FAFSA information with colleges. This arrangement has been viewed as an administrative detail by students, parents, policymakers, and even economists. My results demonstrate that this seemingly unimportant administrative detail is actually an important policy lever that should be part of the current debate around redesigning our federal financial aid system. Taken as a whole, I find that although allowing colleges to use FAFSA information does increase efficiency somewhat and lower prices for some students, its main effect is to boost tuition revenue, primarily at the expense of middle- and high-income students.

Table 1 Price Change Relative to Baseline by Income Group

	FAFSA information restricted		
	Parent income	Number of colleges listed	All FAFSA info
Bottom third ($)	212	−242	428
Middle third ($)	−493	−361	−538
Top third ($)	−1,908	−471	−2,312
Percent of "tax revenue" transferred to other students (%)	17.0	45.8	35.4

NOTE: When colleges can no longer use the FAFSA to price discriminate, some students see their prices rise, relative to baseline, while others see their prices fall. Each cell in the first three rows reports the average change in price for students in the corresponding tercile of the distribution of parent adjusted gross income. The final row reports the change in price for those who see their prices rise, divided by the change in price for those who see their prices fall. This measures the degree to which colleges use FAFSA information to price discriminate in a way that redistributes money from some students to others, versus simply boosting tuition revenues.

Notes

1. Most high school seniors complete the FAFSA at the same time as their college applications. A primary reason for doing this is so they can compare price offers when choosing which college to attend. Research by van der Klaauw (2002) demonstrates that these discounts are indeed effective at attracting students.

2. It appears to be public knowledge that many colleges verify all of their FAFSA forms (Grant 2006; Weston 2014).

3. Elite colleges consist of four-year private colleges plus very selective public colleges (which roughly correspond to flagship state schools). Nonelite colleges then consist of less-selective and non-selective public colleges.

4. Roughly 30 percent of students at elite colleges have parent adjusted gross income below $36,886.

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Ian Fillmore is a postdoctoral scholar at the Upjohn Institute.

New and Recent Books from Upjohn Press

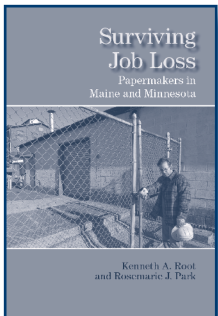
Surviving Job Loss

NEW

Papermakers in Maine and Minnesota

Kenneth A. Root and Rosemarie J. Park

Root and Park examine the plight of workers displaced from two paper mills and their paths to reemployment, retirement decisions, and the personal struggles they faced as a result of their dislocations. They provide insightful, personal portraits of workers that are representative of the hundreds who lost their jobs as a result of two mill closings—one in Sartell, Minnesota, and the other in Bucksport, Maine.



In addition, the authors describe the types of assistance that were offered to the workers displaced by the mill closings, dedicate a chapter each to the plights of female workers and of spouses who were both displaced by the closings, discuss the importance of community when economic displacement occurs, compare the experience of a mill closing in Canada with the Maine and Minnesota closings, and conclude with ways that society can be more proactive in assisting workers who suffer job displacement and the economic and psychological impacts that so often occur as a result.

Overall, this book adds a human perspective to the problems facing dislocated workers, not only in the shrinking paper industry but also in other contracting industries in the United States.

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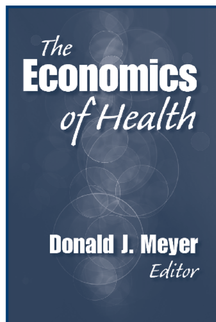
The Economics of Health

NEW

Donald J. Meyer, ed.

The choices we make concerning our health have consequences that are felt both personally and economy-wide. On the personal level, good health allows us to function freely, earn a living, interact with family, friends, and co-workers, and to generally enjoy life. Each individual's health-related decisions also play a role in the nation's health care economy, which now represents some 17 percent of the nation's GDP with projections that it will reach nearly 20 percent by 2024. Therefore, policies and actions that encourage healthy living, along with a streamlined health care system, can have positive impacts on a large and growing portion of the nation's economy.



In this timely collection, editor Donald J. Meyer leads a group of notable health economists who explore critical issues—and their economic impacts—facing health care today. These include lifestyle choices and their health impacts, decisions on medical care and self-care, the fee-for-service payment model, disability and workers' compensation insurance claims, long-term care, and how various aspects of the Patient Protection and Affordable Care Act (ACA) impact the nation's health care system.

Contributors include M. Kate Bundorf, Marcus Dillender, John H. Goddeeris, Donald J. Meyer, Edward C. Norton, and Charles E. Phelps.

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The Economic Payoff to Early Childhood Education

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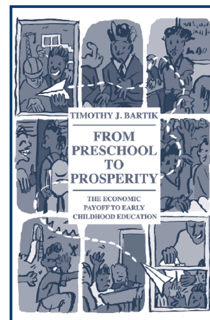

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