An Overview of Health Coverage and Costs in Maine for 2025

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February 2024

Introduction

Health coverage in Maine has experienced major changes in the past few years as Medicaid enrollment increased and the number of people without coverage shrank. More change is expected in the coming year. In 2019, the state expanded Medicaid eligibility to 138 percent of the federal poverty level (FPL). The following year saw the COVID-19 pandemic, with substantial disruptions in employment and availability of health care. In response, Congress passed the Families First Coronavirus Relief Act, which imposed a continuous coverage requirement on Medicaid and the Children's Health Insurance Program (CHIP): enrollees could not be disenrolled unless they requested it. This requirement was in effect through March 2023, leading to record-high Medicaid enrollment and record-low uninsurance (Buettgens and Green 2022). Also, during this time, Marketplace premium tax credits (PTCs) were enhanced, leading to record-high Marketplace enrollment (Buettgens, Banthin, and Green, 2022). These enhanced PTCs will be in effect through at least 2025, after which they will expire unless Congress renews them.

Like all other states, Maine is now resuming normal Medicaid and CHIP eligibility determination, often called the "unwinding." Enrollment in Medicaid and CHIP is declining, affecting enrollment in the Marketplaces, employer-sponsored health insurance, and the number of uninsured people.[1] The

unwinding was intended to take about 14 months, but CMS recently announced that temporary waivers to reduce disenrollment would be continued through at least the end of 2024.[2]

Health coverage in Maine after the unwinding will not look like any recent survey data, so we prepared this summary of health care coverage and costs in 2025 when these transitions are expected to have stabilized. We used a detailed simulation model that incorporates real-world data from Maine, both before and after the COVID-19 pandemic. We show the distribution of all types of health coverage by income and age and provide additional details on the uninsured. We then provide estimates of average household health care spending by income.

Methods

We estimated health coverage and costs in Maine for 2025 after Medicaid enrollment has stabilized following the unwinding (Buettgens and Green 2022) using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM). HIPSM is a detailed microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options (Buettgens and Banthin 2020). The model simulates household and employer decisions and models the way changes in one insurance market interact with changes in other markets. HIPSM can analyze various new scenarios—from novel health insurance offerings and strategies for increasing affordability to state-specific proposals—and can describe the effects of a policy option over several years. Results from HIPSM simulations have been favorably compared with actual policy outcomes and other respected microsimulation models (Glied, Arora, and Solís-Román 2015).

For this work, we incorporated publicly available data on Medicaid and Marketplace enrollment in Maine from two time periods: as of December 2023, and before the COVID-19 pandemic. Health coverage in 2025 will differ from both, so we had to estimate the impact of the continuous coverage requirement and its subsequent unwinding on all types of health coverage (Buettgens and Banthin 2022; Buettgens and Green 2022). Nongroup health care costs are based on 2024 Marketplace premiums in Maine, inflated to 2025. Details of our methodology are available in Buettgens and Banthin 2020.

Results

In table 1, we estimate the health coverage of the almost 1.03 million nonelderly Mainers in 2025, after the completion of the Medicaid unwinding and associated transitions to other sources of coverage. About 94.2 percent of nonelderly Mainers would have health coverage. The majority, 54.8 percent or 562,000 people, would be covered through an employer. We show only one type of coverage for each person, so the small number of people who report both Medicaid/CHIP and employer coverage are counted as Medicaid/CHIP.

TABLE 1

Health Insurance Coverage of the Nonelderly in Maine, 2025

	People	Percent of total
Insured	966,000	94.2%
Employer	562,000	54.8%
Private nongroup	81,000	7.9%
Marketplace with PTC	64,000	6.2%
Full-pay Marketplace	8,000	0.8%
Other nongroup	10,000	0.9%
Medicaid/CHIP	284,000	27.7%
Disabled	55,000	5.3%
Medicaid expansion	57,000	5.6%
Traditional nondisabled adult	59,000	5.8%
Nondisabled Medicaid/CHIP child	113,000	11.0%
Other public	38,000	3.8%
Uninsured	59,000	5.8%
Total	**1,025,000**	**100.0%**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: PTC = premium tax credit; CHIP = Children's Health Insurance Program.

We estimate just under 8 percent of nonelderly Mainers would have private nongroup coverage:

- 6.2 percent, or 64,000 people, get PTCs in the Marketplace
- 0.8 percent, or 8,000 people, are enrolled in Marketplace coverage without PTCs
- 0.9 percent, or 10,000 people, are enrolled in nongroup coverage outside the Marketplace

We estimate that 27.7 percent of nonelderly Mainers would be enrolled in Medicaid or CHIP:

- 11.0 percent, or 113,000 children, would be enrolled in Medicaid or CHIP.
- 5.3 percent, or 55,000 adults, would have coverage because of disability.
- 5.6 percent, or 57,000 adults, would be enrolled through the Affordable Care Act's (ACA) Medicaid expansion. This is larger than Medicaid expansion enrollment at the beginning of the pandemic.[3] Expansion was still relatively new then, and enrollment most likely had not reached its full level.
- 5.8 percent, or 59,000 adults, would be other nondisabled adults enrolled in Medicaid through non-ACA pathways, particularly parents.

The remaining 5.8 percent of nonelderly Mainers, or 59,000 people, would be uninsured. We will take a closer look at the uninsured below.

Health Coverage by Income

In table 2, we show how health coverage varies by income. The share of uninsured nonelderly Mainers falls with rising income, ranging from 8.3 percent for those with family incomes below 138 percent of FPL to 4.4 percent for those with incomes above 400 percent of FPL (figure 1).

TABLE 2

Health Insurance Coverage of the Nonelderly in Maine, by Income Group, 2025

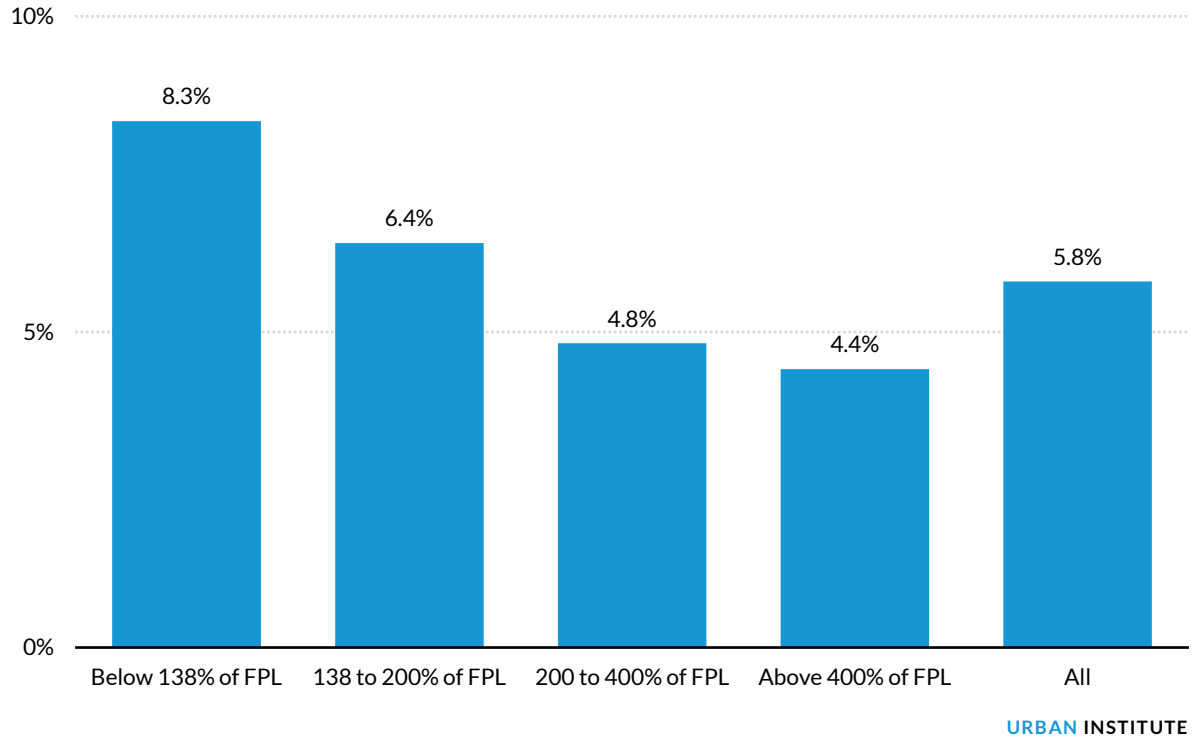
	People	Percent of total
Below 138% of FPL		
Insured	252,000	91.7%
Employer	28,000	10.0%
Private nongroup	1,000	0.3%
Marketplace with PTC	*	0.1%
Full-pay Marketplace	*	0.1%
Other nongroup	*	0.1%
Medicaid/CHIP	214,000	77.8%
Other public	10,000	3.5%
Uninsured	23,000	8.3%
Total	**275,000**	**100.0%**
Between 138 and 200% of FPL		
Insured	107,000	93.6%
Employer	38,000	33.3%
Private nongroup	21,000	18.4%
Marketplace with PTC	20,000	17.3%
Full-pay Marketplace	1,000	0.5%
Other nongroup	1,000	0.6%
Medicaid/CHIP	43,000	37.9%
Other public	5,000	4.0%
Uninsured	7,000	6.4%
Total	**114,000**	**100.0%**
Between 200 and 400% of FPL		
Insured	265,000	95.2%
Employer	196,000	70.1%
Private nongroup	38,000	13.5%
Marketplace with PTC	34,000	12.4%
Full-pay Marketplace	1,000	0.5%
Other nongroup	2,000	0.6%
Medicaid/CHIP	21,000	7.6%
Other public	11,000	4.0%
Uninsured	13,000	4.8%
Total	**279,000**	**100.0%**
Above 400% of FPL		
Insured	342,000	95.6%
Employer	300,000	84.0%
Private nongroup	22,000	6.2%
Marketplace with PTC	9,000	2.5%
Full-pay Marketplace	6,000	1.7%
Other nongroup	7,000	2.0%
Medicaid/CHIP	6,000	1.7%
Other public	13,000	3.7%
Uninsured	16,000	4.4%
Total	**358,000**	**100.0%**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

Notes: * = less than 500 people; FPL = federal poverty level; PTC = premium tax credit; CHIP = Children's Health Insurance Program.

FIGURE 1

Uninsurance Rate in Maine, by Income Group, 2025



Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: FPL = federal poverty level.

Nearly 78 percent of nonelderly Mainers with incomes below 138 percent of FPL would be enrolled in Medicaid, and only 10 percent would be enrolled in employer-sponsored insurance.[4] About 3.5 percent would have other public coverage, and a small fraction would be enrolled in nongroup coverage. That leaves 8.3 percent of Mainers with incomes below 138 percent of FPL uninsured.

The next income group, those with incomes between 138 and 200 percent of FPL, would have notably different health coverage. About 37.9 percent—generally children—would be covered by Medicaid or CHIP. One-third would have coverage through an employer. About 18.4 percent would have private nongroup coverage, with the large majority receiving PTCs. About 4.0 percent would have other public coverage, leaving 6.4 percent uninsured.

The large majority (70.1 percent) of Mainers with incomes between 200 and 400 percent of FPL would have health coverage through an employer. About 13.5 percent would have private nongroup coverage, mainly with PTCs. About 7.6 percent would have Medicaid or CHIP, and 4.0 percent would have other public coverage, leaving 4.8 percent of Mainers in this income group uninsured.

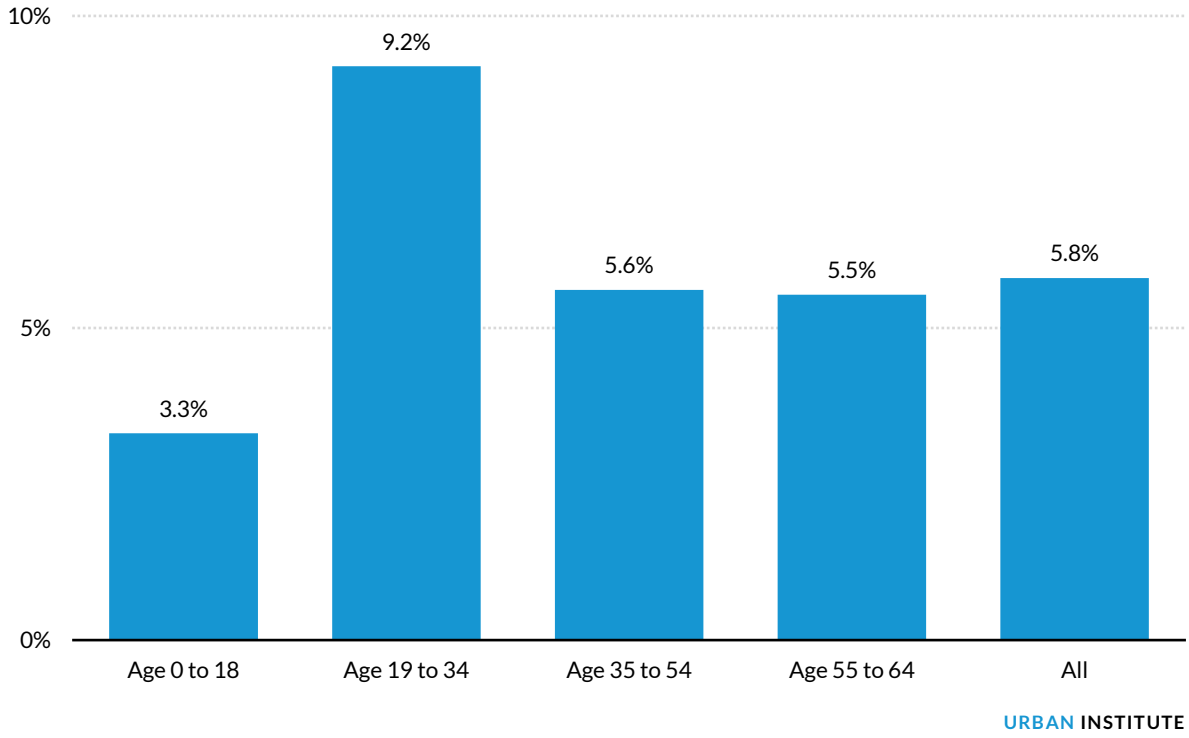
Employer-sponsored insurance covers an even larger share of Mainers with incomes above 400 percent of FPL (84 percent). Just over 6 percent would have nongroup coverage, with 2.5 percent getting PTCs. About 5.4 percent would have public coverage,[5] leaving 4.4 percent uninsured.

Health Coverage by Age

Table 3 shows the distribution of health coverage for nonelderly Mainers by age group. Uninsured rates vary considerably by age (figure 2). Children have the lowest uninsured rate, 3.3 percent, mainly because of higher Medicaid/CHIP eligibility thresholds. Young adults aged 19 to 34 have a dramatically higher uninsured rate of 9.2 percent. Older adults would have an uninsured rate of 5.5 to 5.6 percent.

FIGURE 2

Uninsurance Rate in Maine, by Age Group, 2025



Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

Table 3 shows that there would be roughly equal shares of children enrolled in Medicaid/CHIP and employer coverage, 45.3 and 46.7 percent, respectively. About 3 percent would be enrolled in nongroup coverage, mostly with PTCs, and 1.6 percent have other public coverage.

Over half of adults aged 19 to 34 would have employer-sponsored insurance (51.2 percent). About 31.3 percent would be enrolled in Medicaid, 6.1 percent in nongroup, and 2.3 percent in other public coverage.

Among adults aged 35 to 54, 61.5 percent would be covered through an employer, just under 20 percent have Medicaid, just under 10 percent have private nongroup coverage, and 3.5 percent have other public coverage. Adults aged 55 to 64 have a roughly similar pattern, with just under 60 percent covered through an employer, just under 13 percent with Medicaid, just over 14 percent with nongroup coverage, and 9.4 percent with other public coverage.

TABLE 3

Health Insurance Coverage of the Nonelderly in Maine, by Age Group, 2025

	People	% of Total
Children (Age 0 to 18)		
Insured	259,000	96.7%
Employer	125,000	46.7%
Private nongroup	8,000	3.0%
Marketplace with PTC	5,000	2.0%
Full-pay Marketplace	1,000	0.4%
Other nongroup	2,000	0.6%
Medicaid/CHIP	121,000	45.3%
Other public	4,000	1.6%
Uninsured	9,000	3.3%
Total	**268,000**	**100.0%**
Age 19 to 34		
Insured	208,000	90.8%
Employer	117,000	51.2%
Private nongroup	14,000	6.1%
Marketplace with PTC	12,000	5.1%
Full-pay Marketplace	1,000	0.5%
Other nongroup	1,000	0.5%
Medicaid/CHIP	72,000	31.3%
Other public	5,000	2.3%
Uninsured	21,000	9.2%
Total	**229,000**	**100.0%**
Age 35 to 54		
Insured	329,000	94.4%
Employer	215,000	61.5%
Private nongroup	34,000	9.7%
Marketplace with PTC	27,000	7.8%
Full-pay Marketplace	3,000	0.8%
Other nongroup	4,000	1.1%
Medicaid/CHIP	69,000	19.7%
Other public	12,000	3.5%
Uninsured	20,000	5.6%
Total	**349,000**	**100.0%**
Age 55 to 64		
Insured	170,000	94.5%
Employer	105,000	58.3%
Private nongroup	26,000	14.2%
Marketplace with PTC	19,000	10.8%
Full-pay Marketplace	3,000	1.8%
Other nongroup	3,000	1.7%
Medicaid/CHIP	23,000	12.6%
Other public	17,000	9.4%
Uninsured	10,000	5.5%
Total	**180,000**	**100.0%**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

Notes: FPL = federal poverty level; PTC = premium tax credit; CHIP = Children's Health Insurance Program.

Characteristics of the Uninsured

In table 4, we show selected characteristics of uninsured Mainers, besides income and age, which we have already seen. Uninsured rates fall dramatically with educational attainment (figure 3). More than 12 percent of adult Mainers with less than a high school education would be uninsured, compared with 4.8 percent of college graduates. Uninsured rates also vary geographically within the state (figure 4), ranging from 4.8 to 5.0 percent in Androscoggin and Kennebec counties to 6.6 and 6.7 percent in Northeast and Coastal Maine.

TABLE 4

Composition of the Nonelderly Uninsured in Maine, 2025

	Uninsured	Percent of uninsured	Population	Uninsurance rate
Geography				
Northeast Maine	5,000	8.1%	72,000	6.6%
Northwest Maine	6,000	10.7%	114,000	5.6%
Penobscot County	7,000	11.5%	121,000	5.6%
Kennebec County	5,000	7.9%	93,000	5.0%
Coastal Maine Region	8,000	13.7%	123,000	6.7%
Androscoggin County	4,000	6.9%	85,000	4.8%
Cumberland, Sagadahoc, and York Counties	25,000	41.2%	416,000	5.9%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**
Educational attainment (age 19 to 64)				
Less than high school	2,000	4.6%	19,000	12.3%
High school	21,000	41.0%	234,000	8.9%
Some college	14,000	28.1%	226,000	6.3%
College graduate	13,000	26.3%	278,000	4.8%
Total	**51,000**	**100.0%**	**758,000**	**6.7%**
Family work status				
No worker in family	13,000	21.5%	153,000	8.9%
Only part-time worker in family	5,000	9.1%	66,000	8.1%
One full-time worker in family	31,000	51.6%	490,000	6.2%
> One full-time worker in family	11,000	17.7%	316,000	3.3%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**
Eligibility				
Medicaid/CHIP	23,000	38.3%	352,000	6.5%
Marketplace PTCs	19,000	31.4%	175,000	10.6%
Ineligible	18,000	30.3%	498,000	3.6%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**

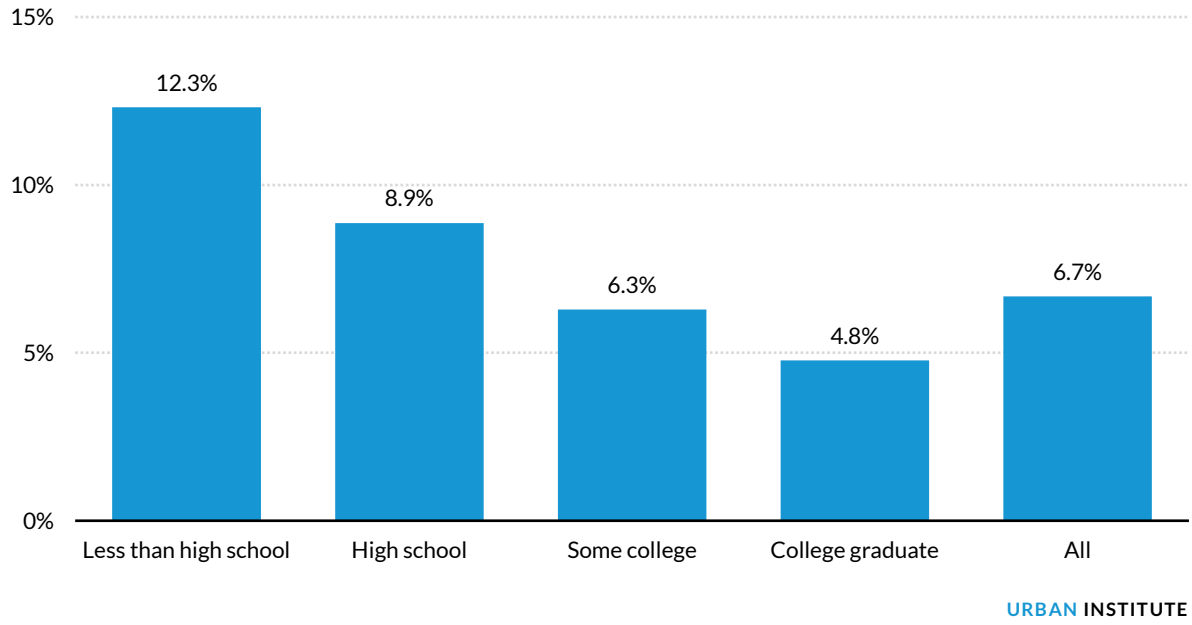
Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

Notes: FPL = federal poverty level; PTC = premium tax credit; CHIP = Children's Health Insurance Program.

FIGURE 3

Uninsurance Rate in Maine, by Educational Attainment, 2025

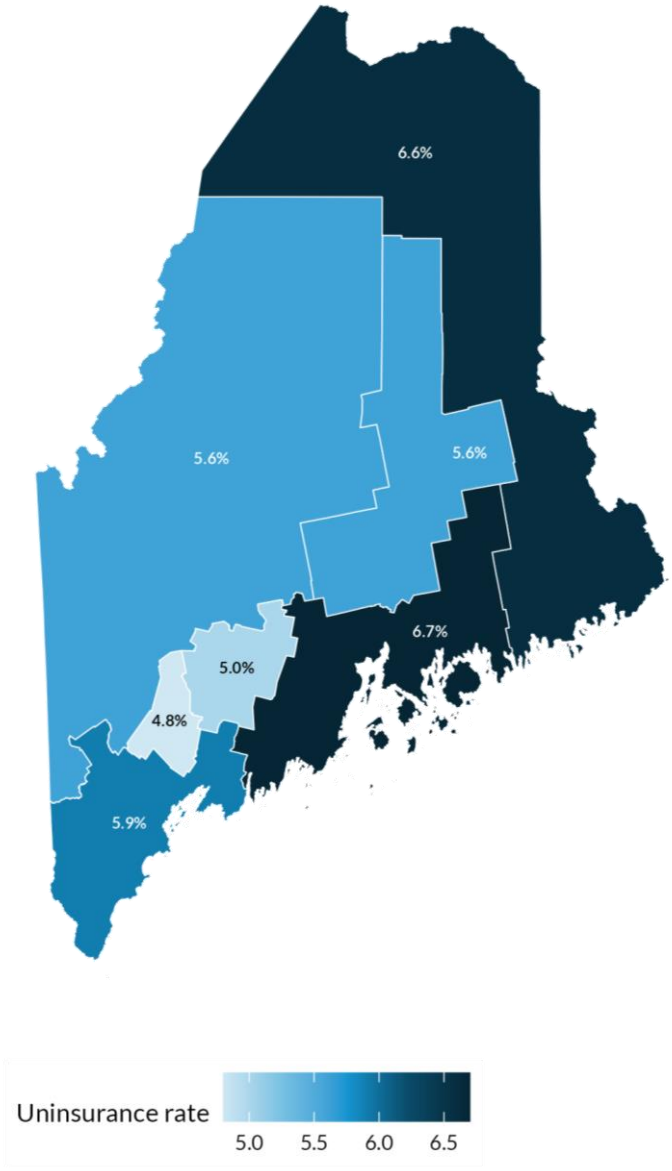
Ages 19 to 64 only



Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

FIGURE 4

Uninsurance Rate in Maine, by Geographical Area, 2025



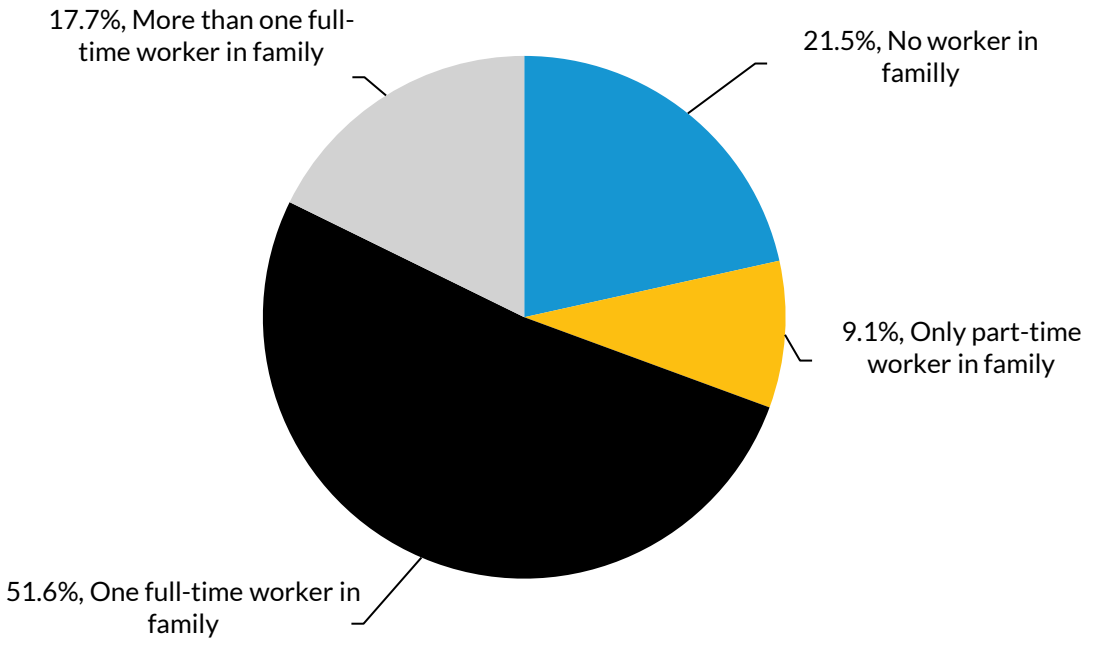
URBAN INSTITUTE

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

The overwhelming majority of uninsured Mainers would be in working families; only 21.5 percent would be in families without a worker (figure 5). Further, just under 70 percent of the uninsured would be in families with at least one full-time worker. While most nonelderly Mainers get their health coverage through an employer (table 1), employment does not provide access to coverage for many workers.

FIGURE 5

Percent of Uninsured People in Maine, by Family Work Status, 2025



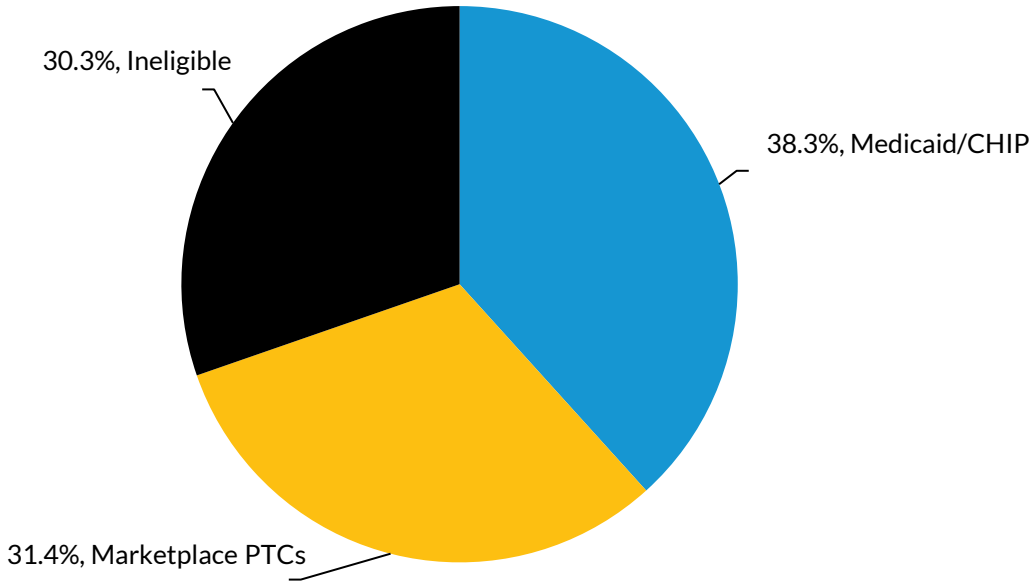
URBAN INSTITUTE

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

We estimate that 70 percent of uninsured Mainers would be eligible for assistance in affording health coverage but would not be enrolled (figure 6). About 38 percent would be eligible for Medicaid or CHIP but not enrolled. Higher enrollment in Medicaid expansion could make a particularly large difference in the uninsured. Medicaid expansion was still relatively new at the beginning of the COVID-19 pandemic, and enrollment was below what we would expect based on take-up in other states. Since then, the Medicaid continuous coverage requirement has led to notably larger Medicaid expansion enrollment. There is considerable uncertainty about how enrollment will change during the unwinding as the state resumes normal eligibility redetermination. We estimate that Medicaid expansion enrollment will be higher in 2025 than in 2020. It could end up higher than we estimate.

FIGURE 6

Percent of Uninsured People in Maine, by Eligibility for Public Benefits, 2025



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Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: PTC = premium tax credit, CHIP = Children's Health Insurance Program.

We estimate that 32 percent of uninsured Mainers would be eligible for Marketplace PTCs but not enrolled. The Medicaid unwinding will also affect Marketplace enrollment, so the eventual level may differ from our estimate. Also, unlike Medicaid, Marketplace coverage requires nontrivial premiums and cost sharing, which can be a barrier to enrollment. See the cost estimates in the next section.

The remaining 30 percent of uninsured Mainers would be ineligible for Medicaid and CHIP because of high income or immigration status and are ineligible for PTCs because of offers of coverage deemed affordable under the ACA or immigration status.

Household Health Care Spending of the Nonelderly

In table 5, we estimate the average household health spending of Mainers with private health coverage. Those with coverage through an employer would spend an average of $3,904 per person, $2,077 on premiums, and $1,828 on other out-of-pocket (OOP) health spending. This excludes employer premium contributions. Those covered through large firms would spend less on average than those covered through small firms, $3,821 versus $4,612 per person.

TABLE 5

Average Household Health Spending of the Nonelderly in Maine, by Private Coverage, 2025

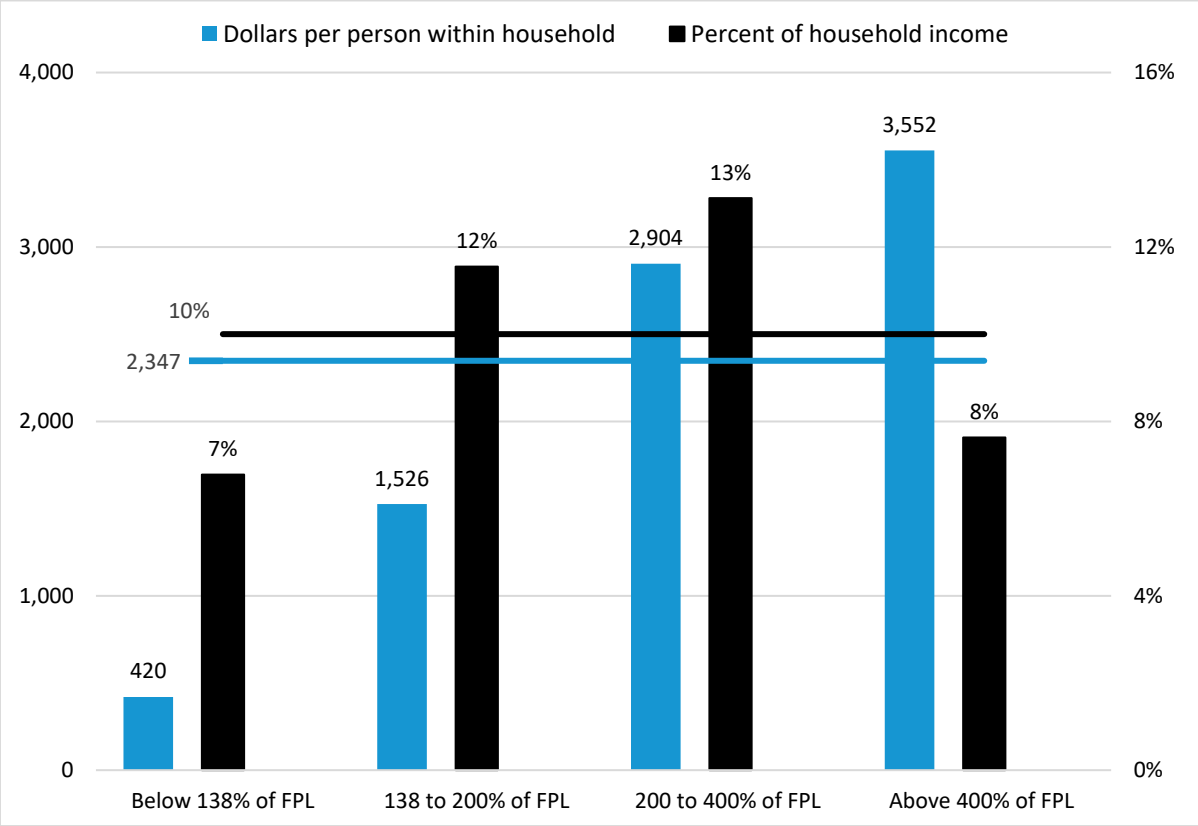
Dollars per person within household

	Total spending	Premiums	Out-of-pocket
Employer-sponsored insurance			
Small group	4,612	2,704	1,908
Large group	3,821	2,003	1,818
All	**3,904**	**2,077**	**1,828**
Nongroup Insurance			
Marketplace with PTC, <200% of FPL	1,458	249	1,209
Marketplace with PTC, >200% of FPL	4,715	1,654	3,061
Full-pay nongroup	9,906	7,238	2,668
All	**4,224**	**1,865**	**2,359**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: FPL = federal poverty level; PTC = premium tax credit.

FIGURE 7

Household Health Spending of the Nonelderly in Maine, by Income Group, 2025



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Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: FPL = federal poverty level. Spending includes premiums paid by households, adjusted for taxes, and other out-of-pocket health spending.

Household spending for those with nongroup coverage can differ dramatically, depending on their income and whether they receive Marketplace PTCs and cost-sharing reductions (CSRs). Those with incomes below 200 percent of FPL receiving Marketplace PTCs would pay $1,458 per person on average, $249 in premiums, and $1,209 in OOP spending. This group would see the most generous PTCs and CSRs. If enhanced PTCs expire after 2025, this will increase substantially (Buettgens, Banthin, and Green 2022). Those with incomes above 200 percent of FPL receiving Marketplace PTCs would pay $4,715 per person on average, $1,654 in premiums, and $3,061 in OOP costs. The few Mainers purchasing nongroup coverage without PTCs would pay substantially more: $7,238 in premiums and $2,668 in OOP spending per person on average.

Average Health Care Spending of the Nonelderly

In table 6 and figure 7, we estimate average household health spending by income group, including those with all types of health coverage and the uninsured. In 2025, Mainers would spend an average of $2,347 per person on health care. Health care spending would increase with income. Those with incomes below 138 percent of FPL would spend $420 per person. People enrolled in Medicaid would have minimal health spending, but the uninsured and the few people with incomes this low enrolled in private coverage would spend considerably more.

TABLE 6

Average Household Health Spending of the Nonelderly in Maine, by Income Group, 2025

	Total spending	Premiums	Out-of-pocket
Dollars per person within household			
Below 138% of FPL	420	156	265
Between 138 and 200% of FPL	1,526	662	863
Between 200 and 400% of FPL	2,904	1,282	1,622
Above 400% of FPL	3,552	1,766	1,787
All	**2,347**	**1,097**	**1,250**
Percent of household income			
Below 138% of FPL	7%	3%	4%
Between 138 and 200% of FPL	12%	5%	6%
Between 200 and 400% of FPL	13%	6%	7%
Above 400% of FPL	8%	4%	4%
All	**10%**	**4%**	**5%**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.
Notes: FPL = federal poverty level.

Those with incomes above the adult Medicaid eligibility threshold, between 138 and 200 percent of FPL, would spend $1,526 per person. These costs would be moderated by more generous PTCs and CSRs, as shown in table 5. Health care spending rises steeply at higher incomes as PTCs phase down and most people have employer coverage (table 2). It is important to note that Medicaid and Marketplace policies are not the only reason average spending increases with income. Those with higher incomes

may choose more generous coverage because they are better able to afford it. Also, higher income is associated with older ages, and average health care costs vary considerably by age.

Considering only dollar amounts of health care spending does not consider that households with higher incomes are more able to pay for health care. Thus, we also show household health care spending as a percentage of household income. We estimate that Maine households would pay an average of 10 percent of their income in health care costs in 2025.

Those with the lowest and highest incomes would pay a similar share of their income (7 to 8 percent) but for different reasons. Those with incomes below 138 percent of FPL are a mix of Medicaid enrollees with very little health care spending and those with no or private coverage who would face substantial spending. Their incomes are so low that even relatively small dollar amounts could be a high percentage of income. By contrast, those with incomes above 400 percent of FPL would have relatively low spending as a percent of income primarily because their income is so high.

Those with incomes between 138 and 400 percent of FPL would spend between 12 and 13 percent of their income on health care on average. As we saw in table 5, PTCs and CSRs make a considerable difference for those who enroll, but not all are eligible and not all of those who are eligible enroll in the Marketplace.

Discussion

We estimate that 59,000 Mainers—5.8 percent of the nonelderly population—would be uninsured in 2025 after the Medicaid unwinding has finished. About 70 percent of uninsured Mainers would be eligible for Medicaid, CHIP, or Marketplace PTCs but not enrolled. Thus, additional outreach and improving enrollment processes could increase health coverage significantly.

Groups with the highest rates of uninsurance include those with the lowest incomes, those with the lowest educational attainment, and young adults. Children have the lowest uninsured rates because of high-income eligibility for Medicaid and CHIP. About 78.5 percent of the uninsured are in working families, and most have a full-time worker.

We estimate that Mainers would spend an average of 10 percent of household income on health care. Those with incomes too high to qualify for adult Medicaid (138 percent of FPL) but below 400 percent of FPL would pay a higher share on average (12 to 13 percent). While Marketplace PTCs and CSRs reduce health care costs substantially, costs are still notably higher than Medicaid, so affordability may still be an issue. Also, not all are eligible for PTCs and CSRs.

Notes

[1] The following paper is forthcoming in 2024: Buettgens, Matthew, Jameson Carter, Jessica Banthin, and Jason Levitis. 2024. "State Variation in Unwinding Rates and Correspondence with Key Policy Choices." Washington, DC: Urban Institute.

[2] "Biden-Harris Administration Releases New Medicaid and CHIP Renewal Data Showing the Role State Policy Choices Play in Keeping Kids Covered," HHS.gov, December 18, 2023, https://www.hhs.gov/about/news/2023/12/18/biden-harris-administration-releases-new-medicaid-chip-renewal-data-showing-role-statepolicychoices-play-keeping-kids-covered.html.

[3] "MaineCare (Medicaid) Update: March 2, 2020," State of Maine Department of Health and Human Services, accessed February 8, 2024, https://www.maine.gov/tools/whatsnew/index.php.

[4] Rules for counting family income differ for Medicaid and Marketplace PTCs, with Medicaid Modified Adjusted Gross Income as a percent of FPL lower for a small number of people. We classify anyone with income below 138 percent of FPL according to Medicaid rules in this group.

[5] Although Medicaid and CHIP income eligibility does not extend above 400 percent of FPL, nearly all household survey data show a small number of people with incomes apparently too high to qualify reporting Medicaid or CHIP coverage. We leave these people with their reported coverage. They may be eligible through a special pathway, such as the medically needy, that we cannot model, their circumstances may have changed since their last eligibility determination, or there may be errors in their survey responses.

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About the Authors

Matthew Buettgens is a senior fellow in the Health Policy Center at the Urban Institute, where he is the mathematician leading the development of Urban's Health Insurance Policy Simulation Model (HIPSM). The model is currently being used to provide technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington, as well as to the federal government. His recent work includes several research papers analyzing various aspects of national health insurance reform, both nationally and state-by-state. Research topics have included the costs and coverage implications of Medicaid expansion for both federal and state governments; small firm self-insurance under the Affordable Care Act and its effect on the fully insured market; state-by-state analysis of changes in health insurance coverage and the remaining uninsured; the effect of reform on employers;

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Buettgens was previously a major developer of the Health Insurance Reform Simulation Model—the predecessor to HIPSM—used in the design of the 2006 Roadmap to Universal Health Insurance Coverage in Massachusetts.

Jessica S. Banthin is a senior fellow in the Health Policy Center, where she studies the effects of health insurance reform policies on coverage, costs, and households' financial burdens. Before joining the Urban Institute, she served more than 25 years in the federal government, most recently as deputy director for health at the Congressional Budget Office. During her eight-year term at the Congressional Budget Office, Banthin directed the production of numerous major cost estimates of legislative proposals to modify the Affordable Care Act.

Banthin has also conducted significant research on a wide range of topics, such as the burdens of health care premiums and out-of-pocket costs on families, prescription drug spending, and employer and nongroup market premiums. She has special expertise in the design of microsimulation models for analyzing health insurance coverage and an extensive background in the design and use of household and employer survey data. Banthin served on the President's Task Force on National Health Care Reform in 1993 and participated in an interagency work group on improving the measurement of income and poverty in 1998, which led to the Census Bureau's Supplemental Poverty Measure. Banthin earned her AB cum laude from Harvard University and her PhD in economics from the University of Maryland, College Park. Jessica Banthin has served on the advisory board for the Cancer Policy Institute since 2020.

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Acknowledgments

This brief was supported by Arnold Ventures. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The authors wish to thank John Holahan and Meg Garratt-Reed, the executive director of the State of Maine Office of Affordable Health Care, for their helpful comments.

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