

Health Risk, Insurance and Optimal Progressive Income Taxation

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Marginal Tax Rates in the US: 2018–2025

Rate	For Unmarried Individuals, Taxable Income Over	For Married Individuals Filing Joint Returns, Taxable Income Over
10%	\$0	\$0
12%	\$9,525	\$19,050
22%	\$38,700	\$77,400
24%	\$82,500	\$165,000
32%	\$157,500	\$315,000
35%	\$200,000	\$400,000
37%	\$500,000	\$600,000

Tax Cuts and Jobs Act (effective 2018–2025)

- eliminates personal exemptions of \$4,150 and
- doubles standard deductions
 - ▶ Single: \$6,350 \Rightarrow \$12,000
 - ▶ Married Filing Jointly: \$12,700 \Rightarrow \$24,000

How Progressive Should Income Tax Be?

Theory: Trade off between **insurance** and **incentive** effects

1 The redistribution/insurance effects:

- ▶ Unequal initial conditions
- ▶ Privately-uninsurable shocks (i.e., labor productivity and earnings)

2 The incentive effects:

- ▶ Labor supply or human capital accumulation
- ▶ Saving and investment

Common Views

- 1 Academic research: Less progressive
 - ▶ Conesa and Krueger (2006)
 - ▶ Heathcote, Storesletten and Violante (2017)
- 2 Policy practice: Less progressive
 - ▶ The US Tax Cuts and Jobs Act 2017: Trump's tax reform

The Role of Health

- Health is important source of risk and heterogeneity
 - ▶ Distinct health pattern over the lifecycle
 - ▶ Increasing health spending over the lifecycle
 - ▶ Health spending fluctuations are large (and persistent)

This Paper

- 1 Introduce health risk and health insurance to
 - ▶ standard incomplete markets, lifecycle model with heterogeneous agents
- 2 Study optimal degree of income tax progressivity
 - ▶ Ramsey (utilitarian) approach: market structure and tax instruments as given
- 3 Assess effects of health risk and health insurance systems
 - ▶ on optimal degree of tax progressivity

Summary

- 1 **Optimal** income tax is **more progressive** than current US taxes
- 2 Optimal tax is **more progressive** with health risk
 - ▶ Mechanism: More social insurance for the poor and low income working class
- 3 Welfare gains from switching to optimal tax are large
 - ▶ Over 5 percent in terms of compensating consumption
- 4 Optimal degree of tax progressivity depends on **health insurance system**
 - ▶ no insurance vs. ACA vs. universal public health insurance

Related Literature

1 On the optimal progressivity of income taxation:

- ▶ Income risk: Conesa and Krueger (2006), Heathcote, Storesletten and Violante (2017)
- ▶ Human capital: Erosa and Koreshkova (2007), Guvenen, Kuruscu and Ozkan (2014), Badel and Huggett (2015), Krueger and Ludwig (2016)
- ▶ Housing: Chambers, Garriga and Schlagenauf (2009)
- ▶ Health: ?

2 Quantitative health/macroeconomics:

- ▶ Health risk and insurance: Jeske and Kitao (2009), Pashchenko and Porapakarm (2013) and Capatina (2015)
- ▶ Social insurance: Kopecky and Koreshkova (2014)
- ▶ Endogenous health and insurance: Cole, Kim and Krueger (2016), Jung and Tran (2016a,b); Jung, Tran and Chambers (2017)
- ▶ Health risk and taxation: ?

Model

Modeling Framework

- General equilibrium, overlapping generations: age 20 to 90
- Agent heterogeneity: shocks to labor productivity and **health**
- Health as consumption and investment goods
- The US tax and transfer system:
 - ▶ Progressive income taxes
 - ▶ Public health insurance: Medicare & Medicaid
 - ▶ PAYG social security
 - ▶ Minimum consumption: Food stamp

Progressive Income Tax I

- The parametric tax function from Benabou (2002) and used in Heathcote, Storesletten and Violante (2017):

$$\tilde{\tau}(\tilde{y}) = \tilde{y} - \lambda \tilde{y}^{(1-\tau)}$$

- ▶ $\tilde{\tau}(\tilde{y})$: net tax revenues as a function of pre-tax income \tilde{y}
- ▶ τ : a progressivity parameter governing the progressivity of a income tax system,
- ▶ λ : a scaling parameter to balance government budget

Progressive Income Tax II

- Special cases depend on value of τ :

$$\left\{ \begin{array}{ll} (1) \text{ Full redistribution: } \tilde{\tau}(\tilde{y}) = \tilde{y} - \lambda \text{ and } \tilde{\tau}'(\tilde{y}) = 1 & \text{if } \tau = 1 \\ (2) \text{ Progressive: } \tilde{\tau}'(\tilde{y}) = 1 - \overbrace{(1 - \tau)\lambda\tilde{y}^{(-\tau)}}^{<1} \text{ and } \tilde{\tau}'(\tilde{y}) > \frac{\tilde{\tau}(\tilde{y})}{\tilde{y}} & \text{if } 0 < \tau < 1 \\ (3) \text{ No-Redistribution (proport.): } \tilde{\tau}(\tilde{y}) = \tilde{y} - \lambda\tilde{y} \text{ and } \tilde{\tau}'(\tilde{y}) = 1 - \lambda & \text{if } \tau = 0 \\ (4) \text{ Regressive: } \tilde{\tau}(\tilde{y}) = 1 - \overbrace{(1 - \tau)\lambda\tilde{y}^{(-\tau)}}^{>1} \text{ and } \tilde{\tau}'(\tilde{y}) < \frac{\tilde{\tau}(\tilde{y})}{\tilde{y}} & \text{if } \tau < 0 \end{array} \right.$$

The US Progressive Income Tax Function

- We model transfers explicitly (e.g., foodstamps, Medicaid)
- Use parametric function from Benabou (2002) and Heathcote, Storesletten and Violante (2017) with a non-negative tax restriction, $\tilde{\tau}(\tilde{y}) \geq 0$,

$$\tilde{\tau}(\tilde{y}) = \max \left[0, \tilde{y} - \lambda y^{(1-\tau)} \right]$$

The US Health Insurance System

- Private health insurance:
 - ▶ Group based health insurance (GHI)
 - ▶ Individual based health insurance (IHI)
- Public (social) health insurance:
 - ▶ Medicaid for low income
 - ▶ Medicare for retirees
- Health insurance status for workers:

$$in_j = \begin{cases} 0 & \text{if No insurance} \\ 1 & \text{if IHI} \\ 2 & \text{if GHI} \\ 3 & \text{if Medicaid} \end{cases}$$

Out-of-Pocket Health Spending

- Out-of-pocket health expenditures depend on insurance state

$$o(m_j) = \begin{cases} p_m^{in_j} \times m_j, & \text{if } in_j = 0 \\ \rho^{in_j} (p_m^{in_j} \times m_j), & \text{if } in_j > 0 \end{cases}$$

Preferences and Technology

- Preferences:

$$u(c, l, h) = \frac{\left(\left(c^\eta \times \left(1 - l - 1_{[l>0]} \bar{l}_j \right)^{1-\eta} \right)^\kappa \times h^{1-\kappa} \right)^{1-\sigma}}{1-\sigma}$$

- Health capital:

$$h_j = \underbrace{\phi_j m_j^\xi}_{\text{Investment}} + \underbrace{\left(1 - \delta_j^h \right)}_{\text{Trend}} h_{j-1} + \underbrace{\epsilon_j^h}_{\text{Disturbance}}$$

- Human capital (“labor”): $e_j = e(\vartheta, h_j, \epsilon_j^l)$

- Health, labor income and employer insurance shocks:

$$\Pr(\epsilon_{j+1}^h | \epsilon_j^h) \in \Pi_j^h, \Pr(\epsilon_{j+1}^l | \epsilon_j^l) \in \Pi_j^l \text{ and } \Pr(\epsilon_{j+1}^{GHI} | \epsilon_j^{GHI}) \in \Pi_{j,\vartheta}^{GHI}$$

Technology and Firms

- Final goods C production sector for price $p_C = 1$:

$$\max_{\{K, L\}} \{F(K, L) - qK - wL\}$$

- Medical services M production sector for price p_m :

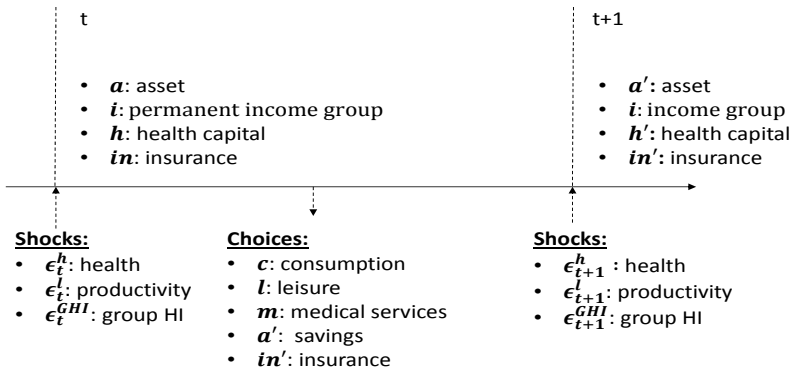
$$\max_{\{K_m, L_m\}} \{p_m F_m(K_m, L_m) - qK_m - wL_m\}$$

- p_m is a base price for medical services
- Price paid by households depends on insurance state:

$$p_j^{inj} = (1 + \nu^{inj}) p_m$$

- ▶ ν^{inj} is an insurance state dependent markup factor
- Profits are redistributed to all surviving agents

Household Problem



State vector:

$$x_t = \{j, a, i, h, in, \epsilon^h, \epsilon^l, \epsilon^{GHI}\}$$

Choice = $\{c, l, m, a', in'\}$

$$x_{t+1} = \{j + 1, a', i, h', in', \epsilon'^h, \epsilon'^l, \epsilon'^{GHI}\}$$

Worker's Dynamic Optimization Problem

$$V(x_j) = \max_{\{c_j, l_j, m_j, a_{j+1}, in_{j+1}\}} \left\{ u(c_j, h_j, l_j) + \beta \pi_j E \left[V(x_{j+1}) \mid \varepsilon_j^l, \varepsilon_j^h, \varepsilon_j^{GHI} \right] \right\}$$

s.t.

$$\begin{aligned} (1 + \tau^C) c_j + (1 + g) a_{j+1} + o(m_j) \\ + 1_{\{in_{j+1}=1\}} \text{prem}^{\text{IHI}}(j, h) \\ + 1_{\{in_{j+1}=2\}} \text{prem}^{\text{GHI}} = y_j^W - \text{tax}_j + t_j^{\text{SI}}, \end{aligned}$$

$$0 \leq l_j \leq 1,$$

$$0 \leq a_{j+1},$$

$$h_j = i(m_j, h_{j-1}, \delta^h, \varepsilon_j^h)$$

Worker's Dynamic Optimization Problem

$$y_j^W = e(\vartheta, h_j, \varepsilon_j^l) \times l_j \times w + R(a_j + t^{\text{Beq}}) + \text{profits},$$

$$\text{tax}_j = \tilde{\tau}(\tilde{y}_j^W) + \text{tax}_j^{\text{SS}} + \text{tax}_j^{\text{Mcare}},$$

$$\tilde{y}_j^W = y_j^W - a_j - t^{\text{Beq}} - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}} - 0.5(\text{tax}_j^{\text{SS}} + \text{tax}_j^{\text{Med}}),$$

$$\text{tax}_j^{\text{SS}} = \tau^{\text{Soc}} \times \min(\bar{y}_{\text{SS}}, e(\vartheta, h_j, \varepsilon_j^l) \times l_j \times w - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}}),$$

$$\text{tax}_j^{\text{Mcare}} = \tau^{\text{Mcare}} \times (e(\vartheta, h_j, \varepsilon_j^l) \times l_j \times w - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}}),$$

$$t_j^{\text{SI}} = \max[0, \underline{c} + o(m_j) + \text{tax}_j - y_j^W].$$

Retiree's Dynamic Optimization Problem

$$V(x_j) = \max_{\{c_j, m_j, a_{j+1}\}} \left\{ u(c_j, h_j) + \beta \pi_j E \left[V(x_{j+1}) \mid \varepsilon_j^h \right] \right\}$$

s.t.

$$\begin{aligned} (1 + \tau^C) c_j + (1 + g) a_{j+1} + \gamma^{\text{Mcare}} \times p_m^{\text{Mcare}} \times m_j + \text{prem}^{\text{Mcare}} \\ = R(a_j + t_j^{\text{Beq}}) - \text{tax}_j + t_j^{\text{Soc}} + t_j^{\text{SI}}, \\ a_{j+1} \geq 0, \end{aligned}$$

where

$$\text{tax}_j = \tilde{\tau} (\tilde{y}_j^R)$$

$$\tilde{y}_j^R = t_j^{\text{Soc}} + r \times (a_j + t_j^{\text{Beq}}) + \text{profits}$$

$$t_j^{\text{SI}} = \max \left[0, \underline{c} + \gamma^{\text{Mcare}} \times p_m^{\text{Mcare}} \times m_j + \text{tax}_j - R(a_j + t_j^{\text{Beq}}) - t_j^{\text{Soc}} \right]$$

Remaining Parts

- Insurance companies GHI and IHI clear zero profit condition [Details](#)
- Pension program financed via payroll tax [Details](#)
- Accidental bequests to surviving individuals [Details](#)
- Government budget constraint clears [Details](#)
- A competitive equilibrium [Competitive Equilibrium Details](#)

Calibration

Parameterization and Calibration

- Goal: to match U.S. data pre-ACA (before 2010)
- Data sources:
 - ▶ MEPS: labor supply, health shocks, health expenditures, coinsurance rates
 - ▶ PSID: initial asset distribution
 - ▶ CMS: demographic profiles
 - ▶ Previous studies: income process, labor shocks, aggregates

Production Function

- Final goods production:

$$F(K, L) = AK^\alpha L^{1-\alpha}$$

- Medical services production:

$$F_m(K_m, L_m) = A_m K_m^{\alpha_m} L_m^{1-\alpha_m}$$

- Parameters from other studies
- $A = 1$ and A_m calibrated to match aggregate health spending

Health Capital

- Health capital accumulation:

$$h_j = \underbrace{\phi_j m_j^\xi}_{\text{Investment}} + \underbrace{(1 - \delta_j^h) h_{j-1}}_{\text{Trend}} + \underbrace{\epsilon_j^h}_{\text{Disturbance}}$$

- Health capital measure in MEPS: SF 12-v2

- $\delta^h \rightarrow$ MEPS|insured & 0-medical spenders $\rightarrow \bar{h}_j = \overbrace{(1 - \delta_j^h) \bar{h}_{j-1}}^{\text{Trend}}$

- ϵ^h and Π^h from MEPS

Health Shocks

- MEPS data split each cohort j into 4 risk groups
- Average health capital per risk group: $\{\bar{h}_{j,d}^1 > \bar{h}_{j,d}^2 > \bar{h}_{j,d}^3 > \bar{h}_{j,d}^4\}$
- Define shock magnitude:

$$\epsilon_j^h = \left\{ 0, \frac{\bar{h}_{j,d}^2 - \bar{h}_{j,d}^1}{\bar{h}_{j,d}^1}, \frac{\bar{h}_{j,d}^3 - \bar{h}_{j,d}^1}{\bar{h}_{j,d}^1}, \frac{\bar{h}_{j,d}^4 - \bar{h}_{j,d}^1}{\bar{h}_{j,d}^1} \right\}$$

- Assumption: Associate resulting health shock with risk group by age
- Non-parametric estimation of transition probabilities health shocks

Price of Medical Services

- Medicare/Medicaid reimbursement rates (to providers) are about 70% of private HI rates (CMS)
- Average price markup for uninsured around 60% (Brown (2006))
- Large GHI can negotiate favorable prices (Phelps (2003))
- Price vector:

$$[p_m^{\text{noIns}}, p_m^{\text{HI}}, p_m^{\text{GHI}}, p_m^{\text{Maid}}, p_m^{\text{Mcare}}] = [1.70, 1.25, 1.10, 1.0, 0.90] \times p_m$$

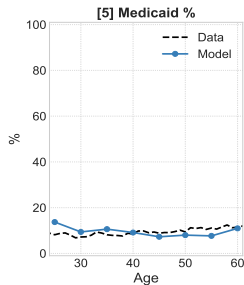
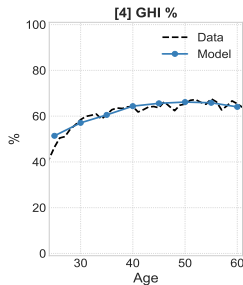
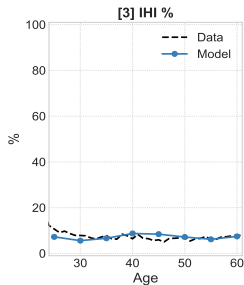
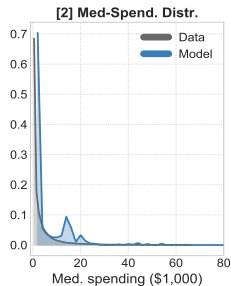
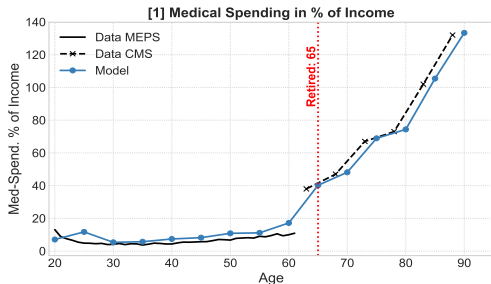
Progressive Income Tax Function

- Calibration of the Benabou (2002) tax function

$$\tilde{\tau}(\tilde{y}) = \max \left[0, \tilde{y} - \lambda \tilde{y}^{(1-\tau)} \right]$$

- ▶ Progressivity level $\tau = 0.053$ as in Guner, Lopez-Daneri and Ventura (2016)
- ▶ Scaling factor $\lambda = 1.095$ to match the relative size of the government budget

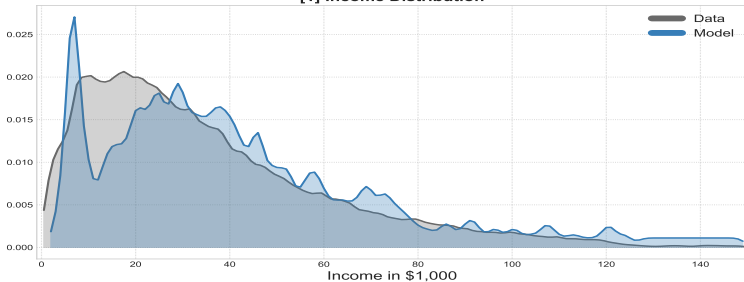
Health Expenditures and Insurance: Model vs. Data



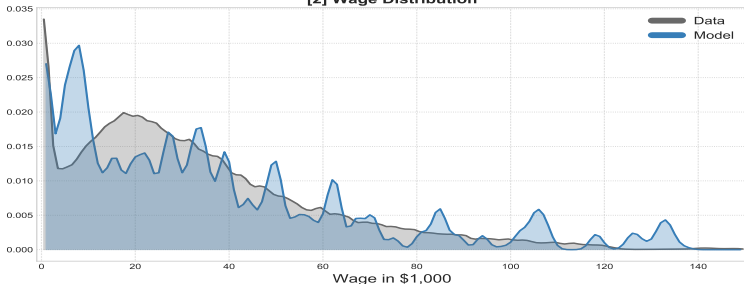
Source: MEPS 2000-2009

Income and Wage Distribution: Model vs. Data

[1] Income Distribution



[2] Wage Distribution



Source: MEPS 2000-2009

Calibration: Matched Moments

Moments	Model	Data	Source
- Medical exp. % HH income	17.6%	17.07%	CMS communication
- Workers IHI	5.6%	7.2%	MEPS 1999/2009
- Workers GHI	61.1%	62.2%	MEPS 1999/2009
- Workers Medicaid	9.6%	9.2%	MEPS 1999/2009
- Capital output ratio: K/Y	2.7	2.6 – 3	NIPA
- Interest rate: R	4.2%	4%	NIPA
- Size of Social Sec./ Y	5.9%	5%	OMB 2008
- Size of Medicare/ Y	3.1%	2.5 – 3.1%	U.S. Dept. of Health (2007)
- Medical spend. profile			MEPS 1999/2009
- IHI take-up profile			MEPS 1999/2009
- Medicaid take-up profile			MEPS 1999/2009
- Average labor hours			PSID 1984-2007
Total number of moments			

Analysis

Experiments I

- Benchmark economy with the pre-ACA health insurance system
- Consider the progressive income tax function

$$\tilde{\tau}(\tilde{y}) = \max \left[0, \tilde{y} - \lambda \tilde{y}^{(1-\tau)} \right]$$

- ▶ Social welfare function is **ex-ante lifetime utility** of newborn in stationary equilibrium implied by $\tilde{\tau}(\tilde{y}, \lambda, \tau)$:

$$WF(\lambda, \tau) = \int V(x_{j=1} | \lambda, \tau) d\Lambda(x_{j=1})$$

- ▶ Find an optimal income tax code: choose $\{\lambda, \tau\}$ to maximize the social welfare function

Experiments II

$$WF^* = \max_{\{\lambda, \tau\}} \int WF(\lambda, \tau)$$

s.t.

$$\sum_{j=1}^J \mu_j \int tax_j(\lambda, \tau, x_j) d\Lambda(x_j) = \overline{C_G} + T^{SI}(\lambda, \tau)$$

$$\begin{aligned} &+ \text{Medicaid}(\lambda, \tau) + \text{Medicare}(\lambda, \tau) \\ &- \tau^C C(\lambda, \tau) - \text{Medicare Prem}(\lambda, \tau) , \\ &- \text{Medicare Tax}(\lambda, \tau) \end{aligned}$$

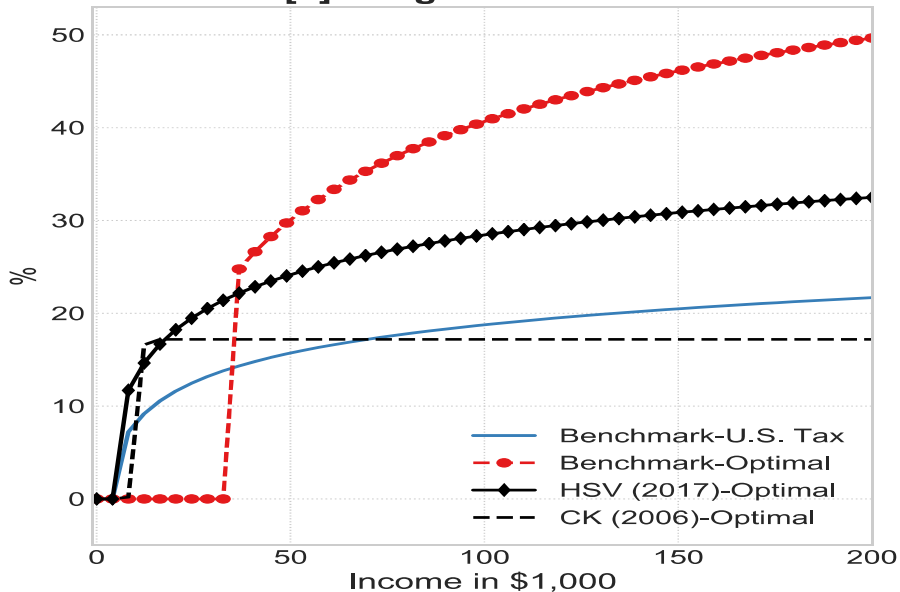
- ▶ Note: Choose $\tau \Rightarrow \lambda$ adjusts to clear government budget s.t. C_G is constant

The Optimal Income Tax System

Parameters:	[1] Benchmark	[2] Optimal Tax
+ Progressivity: τ	0.053	0.247
+ Scaling: λ	1.095	2.411
+ Tax break	\$6,050	\$36,360

The Optimal Income Tax System

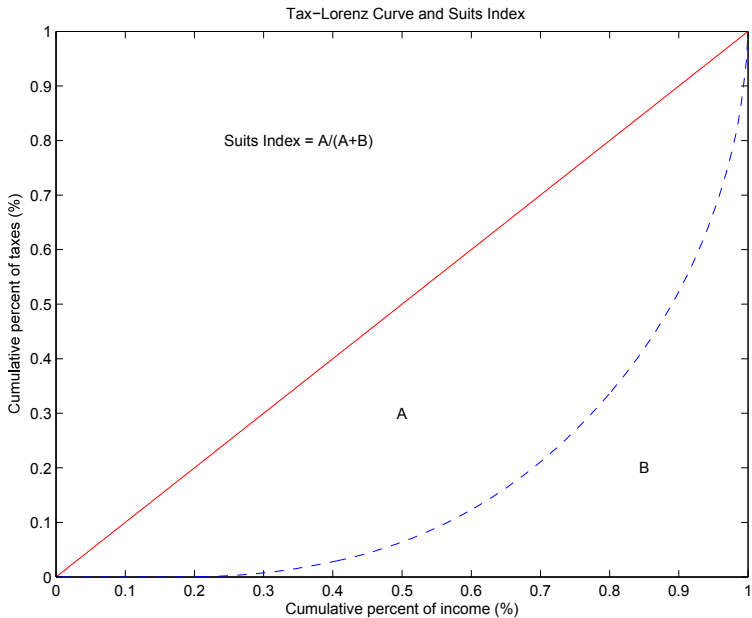
[3] Marginal Tax Rate



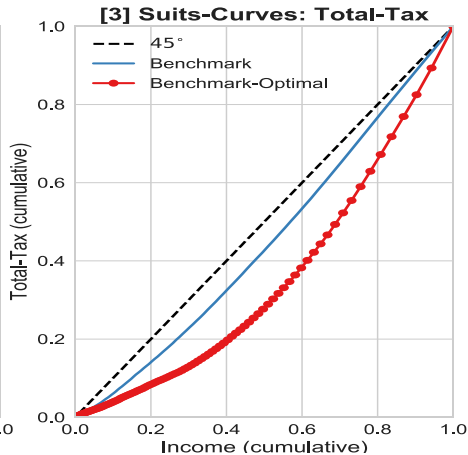
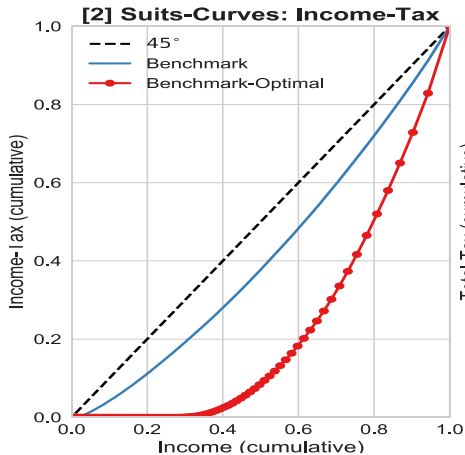
Measuring Tax Progressivity

- How to measure the level of progressivity of a income tax system?
- Tax Progressivity Index (Suits Index): **Suits (1977)** measures income-tax inequality
 - ▶ Lorenz-type curve measuring the degree of disproportionality between pretax income and tax contributions
 - ▶ \Rightarrow relative concentration curve
- The **Suits Index** is a “Gini coefficient” for tax contributions by income group
 - ▶ +1 (most progressive) \Rightarrow entire tax burden allocated to households of highest income bracket
 - ▶ 0 for a proportional tax
 - ▶ -1 (most regressive) \Rightarrow entire tax burden allocated to households of lowest income bracket

Suits Index



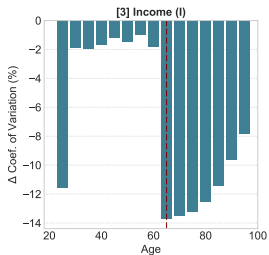
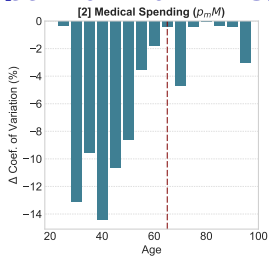
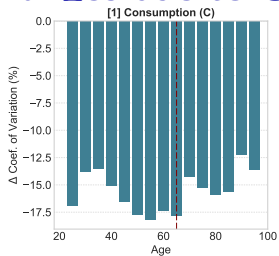
Suit Index: Benchmark vs Optimal



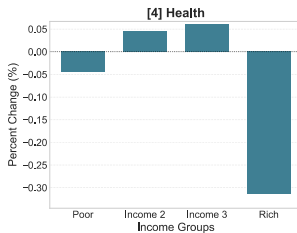
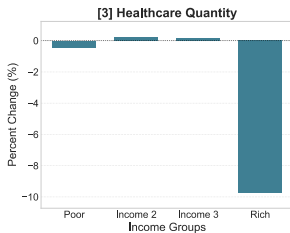
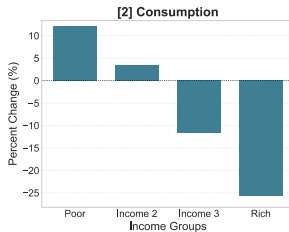
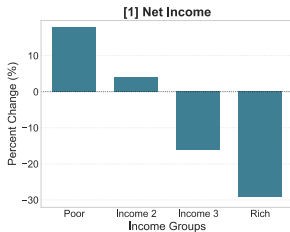
Aggregate Variables: Benchmark vs. Optimal

	[0] Benchmark: US Tax	[1] Optimal Tax
Output (GDP)	100	94.34
Capital (K_c)	100	93.55
Capital (K_m)	100	99.28
Weekly hours worked	29.40	29.03
Non- Med. Cons. (C)	100	93.13
Med. consumption (M)	100	99.42
Med. spending ($p_m M$)	100	100.46
Workers insured (%)	78.59	75.55
Medicaid (%)	9.56	6.19
Gini (Total income)	0.44	0.41
Gini (Net income)	0.38	0.31
Suits index (Income tax)	0.17	0.53
Welfare (CEV):	0	+5.64
• Income Group 1 (Low)	0	+20.85
• Income Group 2	0	+11.89
• Income Group 3	0	-9.11
• Income Group 4 (High)	0	-31.84

Changes due to Optimal Tax Progressivity



Changes due to Optimal Tax Progressivity



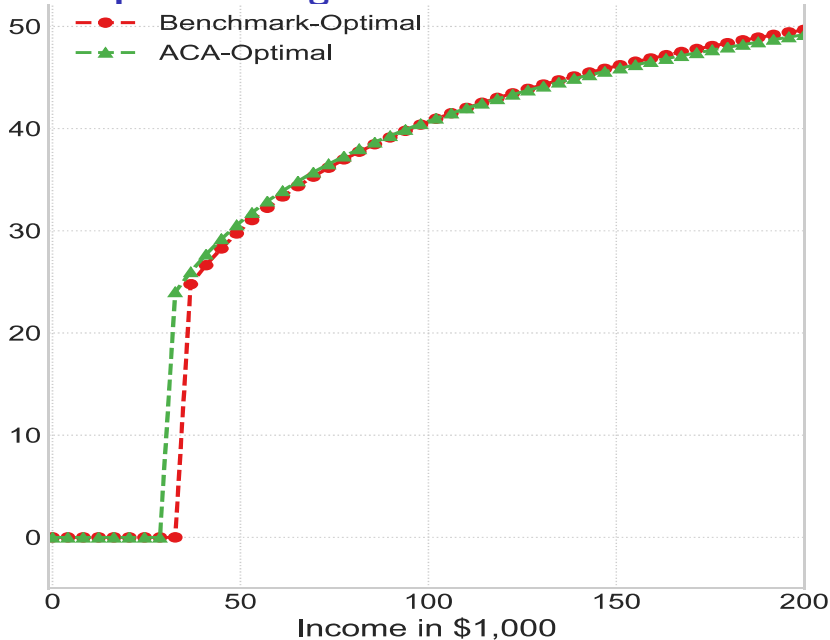
The Role of Health Insurance

- Redistribution/social insurance embedded in the health insurance system
- How does the design of the health insurance system affect the optimal income tax system?
 - ▶ The shape of the progressive tax function
 - ▶ The optimal progressive level
- Two alternative health insurance systems:
 - 1 Obamacare (ACA)
 - 2 Universal public health insurance (UPHI)

The Optimal Tax System after ACA

Parameters	[1] Opt. Tax - Bench.	[2] Opt. Tax - ACA
Progressivity (τ)	0.247	0.222
Scaling (λ)	2.411	2.118
Tax break	\$36,360	\$30,300

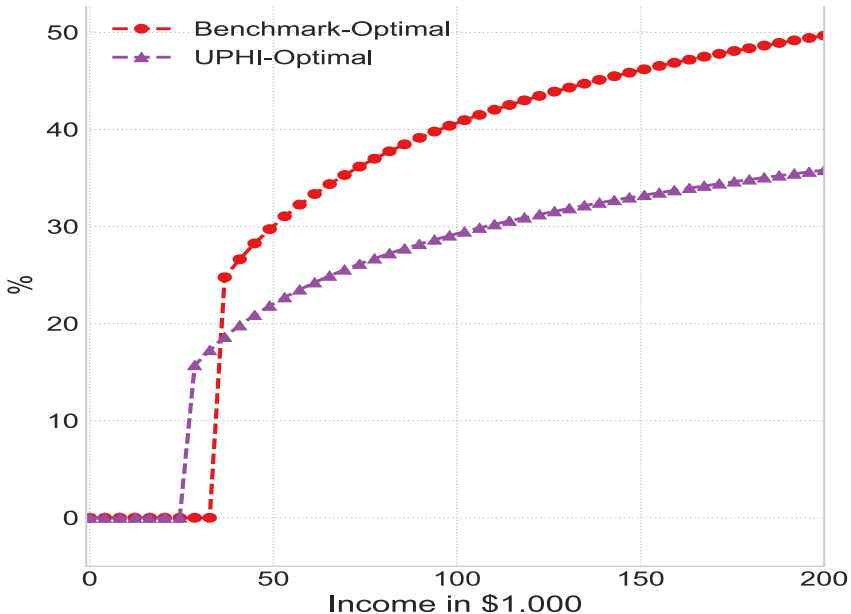
Optimal Marginal Tax Rates with ACA



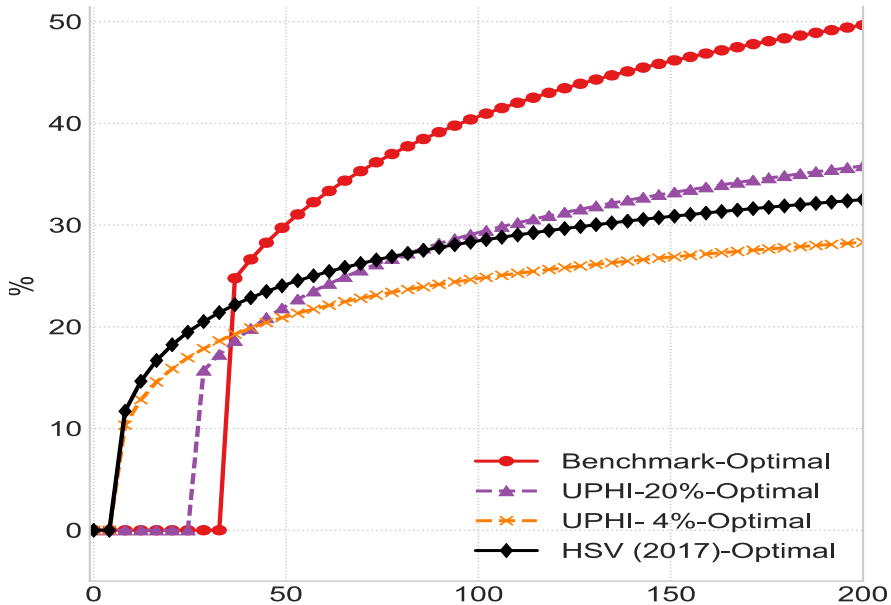
The Optimal Tax System with UPHI

	[1] Bench.	[3.1] UPHI $\rho = 0.2$	[3.2] UPHI $\rho = 0.04$
Progressivity (τ)	0.247	0.140	0.07
Scaling (λ)	2.411	2.118	1.117
Tax break	\$36,360	\$26,260	\$6,061

Optimal Marginal Tax Rates with UPHI ($\rho = 0.2$)



Optimal Marginal Tax Rates with UPHI



Two Extreme Cases

- 1 **No health risk:** Health capital accumulation

$$h_j = \overbrace{\phi_j m_j^\xi}^{\text{Investment}} + \overbrace{\left(1 - \delta_j^h\right) h_{j-1}}^{\text{Trend}}$$

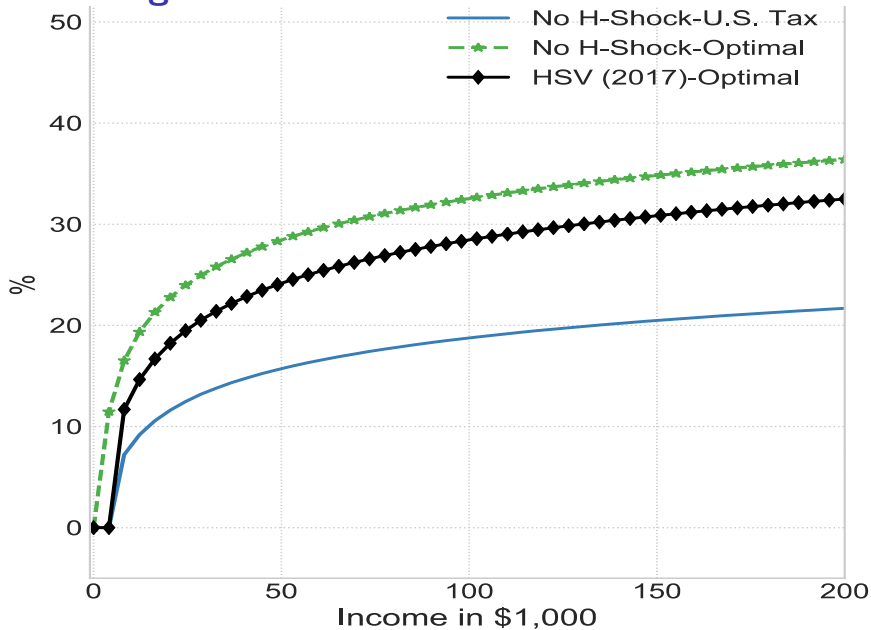
- 2 **No health insurance:** Remove the health insurance system (Self insurance only)
- ▶ Out-of-pocket health expenditure

$$o(m_j) = p_m \times m_j,$$

The Optimal Tax System No Health Risk and No HI

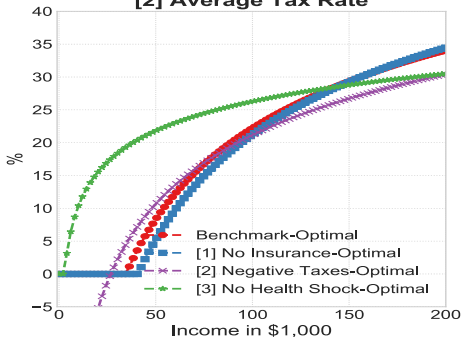
	[1] Bench.	[2] No Health Risk	[3] No HI
Progressivity (τ)	0.247	0.085	0.266
Scaling (λ)	2.411	1.090	1.117
Tax break	\$36,360	\$4,041	\$42,425

Marginal Tax Rates under No Health Risk

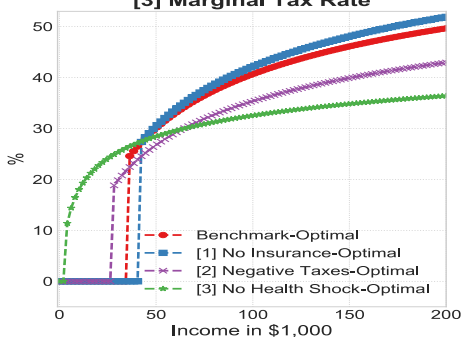


Average and Marginal Tax Rates

[2] Average Tax Rate



[3] Marginal Tax Rate



Sensitivity Analysis I

[1] Opt. Benchmark

	$\sigma = 2$	$\sigma = 3$	$\sigma = 4$
Progr. (τ)	0.186	0.247	xxx
Scaling (λ)	1.891	2.411	xxx
Tax break	\$32,324	\$36,360	\$xxx

[2] Opt. UPHI: $\rho = 0.2$

	$\sigma = 2$	$\sigma = 3$	$\sigma = 4$
Progr. (τ)	0.121	0.140	0.145
Scaling (λ)	1.447	2.118	1.593
Tax break	\$22,223	\$26,260	\$26,263

[3] Opt. No Health Shock

	$\sigma = 2$	$\sigma = 3$	$\sigma = 4$
Progr. (τ)	0.037	0.085	0.110
Scaling (λ)	0.905	1.090	1.188
Tax break	\$2,021	\$4,041	\$6,062

Sensitivity Analysis II

- Endogenize survival probability following Suen (2006)

$$\pi_j(h) = 1 - \frac{1}{\exp\left(\text{haz1}_j \times \left(\frac{h_j}{h_{\max}}\right)^{\text{haz2}_j}\right)}$$

$$v(c, l, h) = u(c, l, h) + b$$

- Medical spending leisure cost to make medical demand less price elastic

$$u(c, l, h) = \frac{\left(\left(c^\eta \times \left(\frac{1-l-1_{[l>0]}\bar{l}_j}{(1+m)^{\eta m}}\right)^{1-\eta}\right)^\kappa \times h^{1-\kappa}\right)^{1-\sigma}}{1-\sigma}$$

[1] Opt. Benchmark

	Basic	Endog. Surv	Elast. m-spend↓	H-productivity↑
Progr. (τ)	0.247	0.193	0.180	0.251
Scaling (λ)	2.411	1.933	1.838	2.505
Tax break	\$36,360	\$32,324	\$30,304	\$38,384

[2] Opt. UPHI: $\rho = 0.2$

	Basic	Endog. Surv	Elast. m-spend↓	H-productivity↑
Progr. (τ)	0.140	0.110	0.108	0.061
Scaling (λ)	2.118	1.382	1.367	1.076
Tax break	\$26,260	\$20,202	\$18,182	\$4,041

[3] Opt. No Health Shock

	Basic	Endog. Survival	Elast. m-spend↓	H-productivity↑
Progr. (τ)	0.085	xxx	0.073	0.017
Scaling (λ)	1.090	xxx	1.019	0.727
Tax break	\$4,041	\$xxx	\$2,021	\$1

Conclusion

- 1 Health risks and insurance systems are important
- 2 Riskier environments result in higher optimal income tax progressivity (more redistribution/insurance is needed)
- 3 The US income tax system should be more progressive
- 4 Introduction of ACA reduces optimal progressivity
- 5 Medicare for all would reduce optimal progressivity substantially

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Supplementary Material

Worker's Dynamic Optimization Problem

$$V(x_j) = \max_{\{c_j, l_j, m_j, a_{j+1}, in_{j+1}\}} \left\{ u(c_j, h_j, l_j) + \beta \pi_j E \left[V(x_{j+1}) \mid \varepsilon_j^l, \varepsilon_j^h, \varepsilon_j^{GHI} \right] \right\}$$

s.t.

$$\begin{aligned} & (1 + \tau^C) c_j + (1 + g) a_{j+1} + o(m_j) \\ & + 1_{\{in_{j+1}=1\}} \text{prem}^{\text{IHI}}(j, h) + 1_{\{in_{j+1}=2\}} \text{prem}^{\text{GHI}} \\ = & y_j^W - \text{tax}_j + t_j^{\text{SI}}, \end{aligned}$$

$$0 \leq a_{j+1}, \quad 0 \leq l_j \leq 1,$$

$$h_j = i(m_j, h_{j-1}, \delta^h, \varepsilon_j^h)$$

Worker's Dynamic Optimization Problem

$$y_j^W = e(\vartheta, h_j, \varepsilon_j^I) \times l_j \times w + R(a_j + t^{\text{Beq}}) + \text{profits},$$

$$\text{tax}_j = \tilde{\tau}(\tilde{y}_j^W) + \text{tax}_j^{\text{SS}} + \text{tax}_j^{\text{Mcare}},$$

$$\tilde{y}_j^W = y_j^W - a_j - t^{\text{Beq}} - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}} - 0.5(\text{tax}_j^{\text{SS}} + \text{tax}_j^{\text{Med}}),$$

$$\text{tax}_j^{\text{SS}} = \tau^{\text{Soc}} \times \min(\bar{y}_{\text{SS}}, e(\vartheta, h_j, \varepsilon_j^I) \times l_j \times w - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}}),$$

$$\text{tax}_j^{\text{Mcare}} = \tau^{\text{Mcare}} \times (e(\vartheta, h_j, \varepsilon_j^I) \times l_j \times w - 1_{[in_{j+1}=2]} \text{prem}^{\text{GHI}}),$$

$$t_j^{\text{SI}} = \max[0, \underline{c} + o(m_j) + \text{tax}_j - y_j^W].$$

Retiree's Dynamic Optimization Problem

$$V(x_j) = \max_{\{c_j, m_j, a_{j+1}\}} \left\{ u(c_j, h_j) + \beta \pi_j E \left[V(x_{j+1}) \mid \varepsilon_j^h \right] \right\}$$

s.t.

$$\begin{aligned} (1 + \tau^C) c_j + (1 + g) a_{j+1} + \gamma^{\text{Mcare}} \times p_m^{\text{Mcare}} \times m_j + \text{prem}^{\text{Mcare}} \\ = R \left(a_j + t_j^{\text{Beq}} \right) - \text{tax}_j + t_j^{\text{Soc}} + t_j^{\text{SI}}, \\ a_{j+1} \geq 0, \end{aligned}$$

where

$$\text{tax}_j = \tilde{\tau} \left(\tilde{y}_j^R \right)$$

$$\tilde{y}_j^R = t_j^{\text{Soc}} + r \times \left(a_j + t_j^{\text{Beq}} \right) + \text{profits}$$

$$t_j^{\text{SI}} = \max \left[0, \underline{c} + \gamma^{\text{Mcare}} \times p_m^{\text{Mcare}} \times m_j + \text{tax}_j - R \left(a_j + t_j^{\text{Beq}} \right) - t_j^{\text{Soc}} \right]$$

Insurance Sector

$$\begin{aligned} & (1 + \omega_{j,h}^{\text{IHI}}) \sum_{j=2}^{J_1} \mu_j \int \left[\mathbf{1}_{[in_j(x_j)=1]} (1 - \rho^{\text{IHI}}) p_m^{\text{IHI}} m_{j,h}(x_{j,h}) \right] d\Lambda(x_{j,h}) \\ = & R \sum_{j=1}^{J_1-1} \mu_j \int \left(\mathbf{1}_{[in_{j,h}(x_{j,h})=1]} \mathbf{prem}^{\text{IHI}}(j, h) \right) d\Lambda(x_{j,h}) \\ & (1 + \omega^{\text{GHI}}) \sum_{j=2}^{J_1} \mu_j \int \left[\mathbf{1}_{[in_j(x_j)=2]} (1 - \rho^{\text{GHI}}) p_m^{\text{GHI}} m_j(x_j) \right] d\Lambda(x_j) \\ = & R \sum_{j=1}^{J_1-1} \mu_j \int \left(\mathbf{1}_{[in_j(x_j)=2]} \mathbf{prem}^{\text{GHI}} \right) d\Lambda(x_j), \end{aligned}$$

Pensions and Bequests

- Pensions:

$$\begin{aligned} & \sum_{j=J_1+1}^J \mu_j \int t_j^{\text{Soc}}(x_j) d\Lambda(x_j) \\ &= \sum_{j=1}^{J_1} \mu_j \int \tau^{\text{Soc}} \times (e_j(x_j) \times l_j(x_j) \times w) d\Lambda(x_j) \end{aligned}$$

- Accidental Bequests:

$$\sum_{j=1}^{J_1} \mu_j \int t_j^{\text{Beq}}(x_j) d\Lambda(x_j) = \sum_{j=1}^J \int \tilde{\mu}_j a_j(x_j) d\Lambda(x_j)$$

Government Budget

$$\begin{aligned} & C_G + T^{SI} + \sum_{j=2}^{J_1} \mu_j \int 1_{[in_j(x_j)=3]} \left(1 - \rho^{MAid}\right) p_m^{MAid} m_j(x_j) d\Lambda(x_j) \\ & + \sum_{j=J_1+1}^J \mu_j \int \left(1 - \rho^R\right) p_m^R m_j(x_j) d\Lambda(x_j) \\ = & \sum_{j=1}^J \mu_j \int \left[\tau^C c(x_j) + tax_j(x_j)\right] d\Lambda(x_j) \\ & + \sum_{j=J_1+1}^J \mu_j \int prem^R(x_j) d\Lambda(x_j) + \sum_{j=1}^{J_1} \mu_j \int tax_j^{Med} d\Lambda(x_j) \end{aligned}$$

Competitive Equilibrium Definition I

- Given $\{\Pi_j^l, \Pi_j^h, \Pi_{j,\vartheta}^{\text{GHI}}\}_{j=1}^J$, $\{\pi_j\}_{j=1}^J$ and
- $\{\text{tax}(x_j), \tau^C, \text{prem}^R, \tau^{\text{SS}}, \tau^{\text{Med}}\}_{j=1}^J$,

a competitive equilibrium is a collection of sequences of:

- distributions $\{\mu_j, \Lambda_j(x_j)\}_{j=1}^J$
- individual household decisions $\{c_j(x_j), l_j(x_j), a_{j+1}(x_j), m_j(x_j), in_{j+1}(x_j)\}_{j=1}^J$
- aggregate stocks of capital and labor $\{K, L, K_m, L_m\}$
- factor prices $\{w, q, R, p_m\}$
- markups $\{\omega^{\text{IHI}}, \omega^{\text{GHI}}, \nu^{\text{in}}\}$ and
- insurance premiums $\{\text{prem}^{\text{GHI}}, \text{prem}^{\text{IHI}}(j, h)\}_{j=1}^J$

such that:

Competitive Equilibrium Definition II

(a) $\{c_j(x_j), l_j(x_j), a_{j+1}(x_j), m_j(x_j), in_{j+1}(x_j)\}_{j=1}^J$
solves the consumer problem

(b) the firm first order conditions hold:

$$w = F_L(K, L) = p_m F_{m,L}(K_m, L_m)$$

$$q = F_K(K, L) = p_m F_{m,K}(K_m, L_m)$$

$$R = q + 1 - \delta$$

(c) markets clear

Competitive Equilibrium Definition III

$$K + K_m = \sum_{j=1}^J \mu_j \int (a(x_j)) d\Lambda(x_j) + \sum_{j=1}^J \int \tilde{\mu}_j a_j(x_j) d\Lambda(x_j)$$

$$T^{\text{Beq}} = \sum_{j=1}^J \int \tilde{\mu}_j a_j(x_j) d\Lambda(x_j)$$

$$L + L_m = \sum_{j=1}^{J_1} \mu_j \int e_j(x_j) l_j(x_j) d\Lambda(x_j)$$

$$\sum_{j=1}^J \mu_j \int (m(x_j)) d\Lambda(x_j) = F_m(K_m, N_m),$$

Competitive Equilibrium Definition IV

(d) the aggregate resource constraint holds

$$C_G + (1 + g) S + \sum_{j=1}^J \mu_j \int c(x_j) d\Lambda(x_j) = Y + (1 - \delta) K$$

(e) the government programs clear

(f) the budget conditions of the insurance companies hold, and

(g) the distribution is stationary

$$(\mu_{j+1}, \Lambda(x_{j+1})) = T_{\mu, \Lambda}(\mu_j, \Lambda(x_j)),$$

where $T_{\mu, \Lambda}$ is a one period transition operator

Human Capital Formation

- Human capital:

$$e = e_j(\vartheta, h_j, \epsilon^l) = \epsilon^l \times (\overline{wage}_{j,\vartheta})^\chi \times \left(\exp\left(\frac{h_j - \bar{h}_{j,\vartheta}}{\bar{h}_{j,\vartheta}}\right) \right)^{1-\chi}$$

- $\overline{wage}_{j,\vartheta}$ from MEPS
- ϵ^l and Π^l from prior studies using Tauchen (1986) procedure

Calibration: Group Insurance Offers

- Offer shock: $\epsilon^{GHI} = \{0, 1\}$ where
 - ▶ 0 indicates no offer and
 - ▶ 1 indicates a group insurance offer
- MEPS variables OFFER31X, OFFER42X, and OFFER53X
- Probability of a GHI offer is highly correlated with income
- $\Pi_{j,\vartheta}^h$ with elements $\Pr(\epsilon_{j+1}^{GHI} | \epsilon_j^{GHI}, \vartheta)$
- ϑ indicates permanent income group

Calibration: Coinsurance Rates

- Coinsurance rates from MEPS
- Premiums clear insurance constraints
- Markup profits of GHI are zero
- Markup profits of IHI are calibrated to match IHI take up rate
- IHI profits used to cross-subsidize GHI

Calibration: Pension Payments

- L is average/aggregate effective human capital and
- $w \times L$ average wage income
- Pension payments: $t^{\text{Soc}}(\vartheta) = \Psi(\vartheta) \times w \times L$
- where $\Psi(\vartheta)$ is replacement rate that determines the size of pension payments
- Total pension amount to 4.1 percent of GDP

Calibration: Public Health Insurance

- Premium for medicare at 2.11% of GDP (Jeske and Kitao (2009))
- Coinsurance rates for Medicare and Medicaid from MEPS
- Calibrated: Medicaid eligibility FPL_{Maid} at 60% of FPL to match % on Medicaid
- Calibrated: Asset test for Medicaid to match Medicaid take-up profile

Calibration: Taxes

- Gouveia and Strauss (1994) for federal progressive income tax

$$\tilde{\tau}(\tilde{y}) = \lambda \left[\tilde{y} - (\tilde{y}^{-\tau_1} + \tau_2)^{-1/\tau_1} \right]$$

- Medicare tax is 2.9%
- Social security tax is 9%
- Consumption tax is 5%

External Parameters

Parameters:		Explanation/Source:
- Periods working	$J_1 = 9$	
- Periods retired	$J_2 = 6$	
- Population growth rate	$n = 1.2\%$	CMS 2010
- Years modeled	$years = 75$	from age 20 to 95
- Total factor productivity	$A = 1$	Normalization
- Capital share in production	$\alpha = 0.33$	KydlandPescott1982
- Capital in med. services prod.	$\alpha_m = 0.26$	Donahoe (2000)
- Capital depreciation	$\delta = 10\%$	KydlandPescott1982
- Health depreciation	$\delta_{h,j} = [0.6\% - 2.13\%]$	MEPS 1999/2009
- Survival probabilities	π_j	CMS 2010
- Health Shocks	see appendix	MEPS 1999/2009
- Health transition prob.	see appendix	MEPS 1999/2009
- Productivity shocks	see appendix	MEPS 1999/2009
- Productivity transition prob.	see appendix	MEPS 1999/2009
- Group insurance transition prob.	see appendix	MEPS 1999/2009

Calibrated Parameters

Parameters:		Explanation/Source:	Nr.M.
- Relative risk aversion	$\sigma = 3.0$	to match $\frac{K}{Y}$ and R	1
- Pref. cons. leisure	$\eta = 0.43$	to match labor supply and $\frac{p \times M}{Y}$	1
- Pref c and l vs. h	$\kappa = 0.75$	to match labor supply and $\frac{p \times M}{Y}$	1
- Discount factor	$\beta = 1.0$	to match $\frac{K}{Y}$ and R	1
- GHI markup profits	$\omega^{\text{GHI}} = 0$	to match GHI take-up	1
- IHI markup profits	$\omega_{j,h} \in [0.6 - 1.5]$	to match spending profile	8
- Health production productivity	$\phi_j \in [0.2 - 0.45]$	to match spending profile	15
- TFP in medical production	$A_m = 0.4$	to match $\frac{p \times M}{Y}$	1
- Production parameter of health	$\xi = 0.26$	to match $\frac{p \times M}{Y}$	1
- Effective labor services production	$\chi = 0.85$	to match labor supply	1
- Health productivity	$\theta = 1.0$	used for sensitivity analysis	1
- Pension replacement rate	$\Psi = 40\%$	to match τ^{soc}	1
- Fixed time cost of labor	$\bar{l}_j \in [0.0 - 0.7]$	to match average work hours	9
- Minimum health state	$h_{\min} = 0.01$	to match health spending	1
- Asset test level	$\bar{a}_{\text{Maid}} = \$150,000$	to match Medicaid take-up	1
- Total Nr. of paras			44