THE CHINA EFFECT'S IMPACT ON
MEDICAID ENROLLMENT

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ABSTRACT

In 2010 the Affordable Care Act (ACA) was signed into law with a provision to expand Medicaid eligibility. States can choose to opt into Medicaid expansion and receive enhanced federal funding to administer their Medicaid programs. Research shows that expansion states have higher levels of health insurance coverage and better health outcomes. Between 1992 and 2010 there was a significant increase in trade with China that resulted in the loss of approximately 1.5 to 2 million American jobs. This phenomenon is often referred to as the China trade shock. During that time Chinese manufacturing imports grew from 2.3 percent to 19 percent, gutting manufacturing jobs in the American Midwest and South. Research shows that socioeconomic shocks, like job loss, are associated with poor health outcomes. Additionally, the China shock led to falling state revenues. Against this background, I hypothesize that states impacted the most by increased international trade had a monetary incentive to opt into Medicaid expansion to benefit from extra federal dollars. This study found trade-related job loss is positively associated with increased Medicaid enrollment, indicating that policymakers have many incentives to address the health and economic needs of vulnerable populations. Building on a novel dataset, this paper tests the association between job loss due to the China trade shock and increased state Medicaid enrollment.

TABLE OF CONTENTS

BACKGROUND

The main motivation for this paper is to investigate the association between trade-related jobs losses and states' subsequent decisions to expand Medicaid. Research shows that Medicaid expansion increases access to affordable healthcare, improves health for low-income people, and reduces racial health disparities, supports rural healthcare providers, and bolsters state economies (KFF, 2020). During the China trade shock–a time period between 1992 and 2010 when there was a significant increase in Chinese imports–1.5 to 2 million people in the U.S. lost their jobs (Dean & Kimmel, 2018). The highest number of job losses occurred in Appalachia, which also experienced the highest concentration of opioid-related overdose deaths during this time period (Dean & Kimmel, 2018). At the same time, local economies suffered economically as unemployment grew and factories closed down.

This paper centers around one main question: did the China trade shock drive Medicaid enrollment? States impacted the most by the trade shock experienced health declines and financial uncertainty, making them prime candidates for Medicaid expansion's enhanced federal funds. I hypothesize that the economic impact and job loss associated with the China effect influenced many states' decision to opt into Medicaid expansion. As a result, I believe that Medicaid enrollment experienced a steep uptick in 2014 to help states pay for the declining health of a rising number of unemployed residents.

Even though Chinese imports began to ebb in 2010, the impacts of the trade shock still reverberate today. Experts point out that the China trade shock was acutely concentrated "in both time and place"—meaning some localities were disproportionally impacted compared to the rest of the U.S (Hanson, 2021). As China rapidly reformed its economy, American industrial towns experienced accelerated job loss at a rate much faster than any predicted worst-case scenario for

automation (Autor, Dorn & Hanson, 2021). Because localities in the Midwest and South were "heavily dependent on a narrow range of industries, the losses were profound, and their populations had no good Plan B" (Hanson, 2021, pg. 1). As a result, manufacturing job loss often translated to overall regional unemployment, economic downtown, and social breakdown (Hanson, 2021). Research shows that job loss is associated with poor health outcomes. For example, job loss from the closure of a business can increase the chances of poor health by 54 percent (Strully, 2009). In 2014, the first year of Medicaid expansion eligibility the following states in the Midwest and South, that were greatly impacted by the China effect, opted in: Ohio, West Virginia, Kentucky, Michigan, Illinois, Arkansas, Iowa, and Minnesota (KFF, 2020).

To investigate and link these phenomena, I constructed a panel data set of U.S. trade-related job losses by state and state Medicaid enrollment between 2014 and 2019, using data from Medicaid Budget and Expenditure System (MBES) enrollment records and the Department of Labor's Trade Adjustment Assistance (TAA) program. I also incorporated state-level covariates in my analysis including state unemployment rates from the U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS), opioid and all drug related overdoses (KFF), and state GDPs from the Bureau of Economic Analysis.

In this analysis I use a fixed-effects model, with state-year as the unit of analysis, to evaluate the impact of trade-related job loss on Medicaid enrollment. This study will add to the existing body of work on the China effect and Medicaid expansion by attempting to show a causal relationship, which has not been explored broadly in the literature.

LITERATURE REVIEW AND THEORETICAL IMPLICATIONS

Numerous studies have examined the impacts of Medicaid expansion. When compared to non-expansion states, expansion states have seen increased health insurance coverage and improvements in access to primary care, specialty care, and required prescriptions (Sommers et al, 2015; Iglehart & Sommers, 2015; Black, 2015; Clemans-Cope, 2014; Long & Anderson 2016; Shartzer, Long, Anderson, 2016; Wherry & Miller, 2016).

The variability in states' decisions to adopt or reject the ACA Medicaid expansion affords policy researchers the opportunity to evaluate whether this measure was impacted by the China shock. In the sections that follow, I will provide an overview of prior research into the effects of Medicaid expansion on states' financial wellbeing and the health of residents. I will also synthesize the results from studies that investigate the impact of the China shock on states' worsening health outcomes and financial stability.

The Impacts of Medicaid Expansion on States

Analyses show the many positive impacts of expansion on states' budgets, savings, revenues, and economic growth (Levy 2021). Initial studies showed a higher than projected growth rate in total Medicaid spending in 2014 and 2015 but the rate began to plateau in 2016. Additionally, national studies found no significant increase in states' spending after expanding Medicaid. States also did not experience a reduction in spending on important priorities such as education and transportation, among others, as a result of expansion from 2010-2015 (Sommers & Gruber, 2017).

State-specific studies also echo this positive trend. In both Louisiana and Montana, the influx of federal dollars resulted in increased savings. In 2017 and 2018, Louisiana experienced

an increase in state and local tax collection (Louisiana Department of Health 2017). While in Montana the enhanced federal funds significantly benefited businesses who were able to pay for more employee's health coverage (Bachrach et al, 2017; Sommers & Gruber, 2017; Menges Group, 2016).

There have been state-specific studies that show Medicaid expansion resulted in job growth. For example, in 2017 the influx of federal dollars from Medicaid expansion in Louisiana led to and supported over 19,000 jobs. Studies show that this generated $1.2 billion of personal earnings in Louisiana (Mark, 2019). A similar study in Colorado showed that expansion supported over 31,000 additional jobs during 2015 and 2016 (KFF, 2020).

National studies show that expansion is tied to increased employment rates (Buchmueller, 2019: Ward & Bridge, 2019). For example, research indicated that expansion resulted in fewer people with disabilities reporting not working and lower participation in Supplemental Security Insurance which requires people to document a work-limiting disability and limitations on earned income (Sommers & Gruber, 2017). Additionally, the literature indicates an association between expansion and labor force participation and employment, particularly in a study that found a decline in involuntary part-time work for both the population sample and individuals with incomes below 138 percent of the FPL (Sommers & Gruber, 2017).

The Impacts of the China Shock on State Finances

Before the China shock was accepted into the mainstream, many economists and researchers did not consider trade as a factor that exacerbated inequality in the United States. At that time most economists were focused on the impact of technological change and domestic policies (Rosalsky, 2021). While other research noted that international trade contributed to layoffs and bankruptcy for some people (Colgan & Keohane, 2017).

However, this view shifted in 2013 when David Autor, David Dorn, and Gordon Hanson released their paper on the China trade shock (Autor et al, 2013). This work showed that between 1990 and 2007, trade with China had cost the United States between 1.5 to 2 million manufacturing jobs, which equated to one-quarter of all manufacturing jobs that were lost during that time (Autor et al, 2013; Rosalsky, 2021). This research also showed that manufacturing layoffs and unemployment were localized and concentrated in specific states, often small and medium-sized communities in the American Midwest and South. (Autor, David, et al, 2013 & 2016).

The loss of manufacturing jobs due to trade is particularly unfortunate because research shows that these jobs typically pay well (Davis & Harrigan, 2011). For example, in 2016, data show that manufacturing workers earned 13 percent more than other private sector counterparts and benefited from better access to benefits such as health insurance and retirement funds (Mishel, 2018). The impact of trade-related job losses is particularly noticeable when these types of workers seek new employment. The literature notes that these workers are often faced with lower wages and less benefits when they seek employment in the service sector (Kletzer, 2001; Autor et al, 2013).

In addition to the loss of well-paid jobs, research shows that trade related job losses often result in the closure of local factories (Autor & Dorn, 2013; Davis & Harrigan, 2011; Kletzer, 2001; Margalit, 2011). As a result, the local community suffers. For example, scholarship shows that manufacturing jobs can hold sentimental and economic value to local communities that is unlike other industries in the United States (Danson, 2005; Harrison & Bluestone, 1982). In their work on de-industrialization Bennet Harrison and Barry Bluestone (1982) discovered that when northern factories relocated to the south local tax bases were gutted, spending on education

5

significantly decreased, and public health issues such as alcholoim and suicide expereinced an uptick. (Dean & Kimmel 2019; Harrison & Bluestone, 1982).

The Impacts of the China Shock on Health Outcomes

The work of Harrison and Bluestone (1982) explored the devastating impact that losing a local factory can have on the community. Following the earlier works of Gossop, Green, & Bradley, (1989), Becker, Sullivan, Tetrault, Desai, & Fiellin (2008), Mossakowski (2009), and Han et al. (2017), in a recent contribution, Dean and Kimmel (2019, pg. 2), found robust evidence that job loss and unemployment is strongly associated with an increase in both drug use and depression. It has also been documented that socioeconomic shocks, like job loss, are correlated with poor health outcomes (Strully, 2009, pg. 246).

Recent scholarship by Pierce and Schott (2016) discovered that trade with China from 2001-2013 was associated with poor health outcomes such as an increase in suicides and unintended poisoning deaths in the United States (Pierce & Schott, 2016, pg. 2; Ehrenfreund, 2016). This drives up the demand for healthcare services. Adam Dean and Simeon Kimmel explored the relationship between trade-related job losses and the opioid epidemic in the United States. From 1999 to 2015 approximately 300,000 people in America died from opioid overdoses, with rural Appalachia impacted the most. At the same time, about 2 million jobs in the U.S. were lost due to international trade, with the Appalachian region experiencing the highest job losses. In 2015 overdose deaths in Appalachia were 65 percent higher than in other regions in the United States. Dean and Kimmel found that one-thousand jobs lost due to trade are associated with a 2.3 percent increase in county-level opioid deaths–a percentage that increases when fentanyl is considered (Dean & Kimmel 2019).

Autor, Dorn, and Hanson published a new study in 2021 that examined the impact of the China trade shock from 2000 to 2019 (Autor, Dorn & Hanson, 2021). Their study differed from the traditional economic analysis that believed workers would migrate to find new jobs and new industries would flourish in hard-hit towns to benefit from the large untapped labor force (Autor, Dorn & Hanson, 2021). Yet, the researchers found that despite the significant job losses these towns experienced, few workers left to seek jobs elsewhere. Despite no longer having a job, workers do not want to leave their hometowns because their families and entire social safety nets have been in those localities for years, sometimes generations (Autor, Dorn & Hanson, 2021). The trade shock impacts workers' mental well-being, but they also do not want to lose the support of their families (Hanson 2021).

Synthesis

I hypothesize that the China shock will operate through two distinct channels. First, worsening health outcomes and second worsening economic activity led to the deterioration of public finances. As a result, the China effect leads to greater Medicaid enrollment. In light of the existing literature on Medicaid expansion and the China trade shock, I will examine whether the trade shock and associated trade-related jobs losses are correlated with states' early adoption of the ACA Medicaid expansion program. There is a wealth of evidence from previous studies that examine states' decisions to expand Medicaid (Sommers et al, 2015; Iglehart & Sommers, 2015; Black, 2015; Clemans-Cope, 2014; Long & Anderson 2016; Shartzer, Long, Anderson, 2016; Wherry & Miller, 2016; Levy, 2021; Sommers and Gruber 2017; Mark, 2019). But there is few prior scholarship that delves into the China shock's impact on expansion.

The China effect drove significant unemployment in concentrated regions of the United States, translating to a big decline in states' economic activity with the loss of taxable income. Subsequently, unemployment is often associated with poor health which results in higher healthcare costs for states. At the same time, with increases in unemployment and factory closures states lose out on a large amount of taxable income. Medicaid expansion provides an attractive option for states because the federal government pays 100 percent of the program's cost for the first three years, and then 90 percent for subsequent years (CBPP, 2014).

EMPIRICAL RESULTS

My research question is focused on the relationship between trade-related job losses and Medicaid enrollment. I anticipated that there may be a positive correlation between the two occurrences. To explore this topic, I rely on several publicly available datasets to evaluate the relationship between the China effect and Medicaid enrollment. My dependent variable is Medicaid enrollment (*Number of Medicaid Enrolled, log*), and I used the Medicaid Budget and Expenditure System (MBES) enrollment data for 2014-2019 (CMS, 2014-2019). For my independent variable the number of workers who lost jobs due to the impact of trade (*Number of Certified Workers, log)* I used fiscal year data from the U.S. Department of Labor's Trade Adjustment Assistance Program for 2014 through 2019 (2014a, 2015a, 2016a, 2017a, 2018a, 2019a). The DOL's trade assistance program provides aid to workers who lose jobs or hours of work due to increased imports, and certified workers is the current number of people who receive this specific type of aid (DOL, 2014-2019).

For state-level control variables, I used data from the following sources: The state unemployment rates are from the U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (BLS, 2014, 2015, 2016, 2017, 2018, 2019); the overdose death rates by year

(2014-2019) and state are from the Kaiser Family Foundation's (KFF) summary of the Multiple

Cause of Death (MCOD) mortality file published by the Centers for Disease Control (CDC)

(KFF, 2021a); and state GDP is from the U.S. Bureau of Economic Analysis (BEA, 2014-2019).

I hypothesized that the impact of trade-related job losses would cause ripple effects in states

leading to poor health outcomes and worsening financial situations. I chose state GDP as a

control variable to measure the impact Medicaid expansion had on improving states' finances.

The same logic was employed when choosing overall drug overdose deaths and opioid

overdoses, to show that the China effect adversely impacted peoples' health and made certain

states prime candidates for the additional federal funding that comes with Medicaid expansion.

The KFF summary of the MCOD dataset estimates annual opioid overdose deaths per

100,000 state residents and is issued each year by the CDC (KFF, 2021a). The unit of analysis

for all observations in the final data set is one state-year. This means that in each of the six years

included in this analysis from 2014 to 2019 there is a record for each of the 50 U.S. states and the

District of Colombia.

The empirical results are split across two sections. The first section shows key findings

from Ordinary Least Squares (OLS). The second section presents noteworthy results from an

OLS fixed-effects model that compares trade-related jobs losses and state Medicaid enrollment,

along with state covariates GDP, unemployment rate, all drug overdoses, and opioid overdoses

per 100,000 residents. All models attempt to show a connection between trade-related job loss

and increased Medicaid enrollment.

Full U.S. Panel Model

OLS Regression Results on Opioid Overdose Death Rates

My baseline OLS regression model allows me to compare state Medicaid enrollment (*Number of Certified Workers, log*) and trade-related job loss (*Number of Certified Workers, log*). Certified workers are the number of workers that qualify for assistance because their job was deemed lost due to trade (DOL, 2014a, 2015a, 2016a, 2017a, 2018a, 2019a). Specifically, my baseline model specification can be written such that:

$$\log(Medicaid\ Enrollment) = \beta_0 + \log(Certified\ Workers) + e$$

The regression results can be seen in Table 1. The results from this regression analysis support my hypothesis that states' adoption of Medicaid expansion is positively associated with the China effect. This model suggests that if the number of certified workers increases by one percent, then we would expect state Medicaid enrollment to increase by 30 percent.

Table 1: OLS Log-Log Regression Results for Trade-Related Job Losses and Medicaid

VARIABLES	(1) Number of Medicaid Enrolled, log
Number of Certified Workers, log	0.304***
	(0.0181)
Constant	13.20***
	(0.119)
Observations	354
R-squared	0.407

<div align="center">Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1</div>

State Fixed Effects Regression

Following my baseline model, I ran a state fixed effects model for 2014 through 2019. In addition to including the state Medicaid enrollment certified workers, I included the following state-level covariates: all drug overdoses, all opioid overdoses, unemployment rates, and state GDP.

We can see the results of this regression model in Table 2. The model shows that the introduction of the state-level covariates–GDP, poverty rate, and unemployment rate–increases the magnitude of the significance of trade-related job losses on Medicaid enrollment, supporting my hypothesis. We can see in model 4 that the Medicaid enrollment coefficient gets larger when fixed effects are introduced along with the state controls, suggesting that as the number of certified workers increases by one percent then Medicaid enrollment grows by 1.5 percent. The Medicaid expansion coefficients in all of the models 1 through 5 remain highly statistically significant $(p < .01)$

My empirical analysis has several limitations that other researchers should consider before designing future studies to evaluate this topic. I would have liked my opioid overdose control variable to include data from 2020 and 2021 so that my overall analysis would encompass the years 2014 through 2020. However, due to the pandemic federal data from 2020 and 2021 on opioid overdose deaths was not published in time to be used in this analysis. It would have been interesting to compare the performance of expansion states versus non-expansion states as it relates to health outcomes during the pandemic. Additionally, I would have liked to include a control variable on tax revenue. This would have provided me the opportunity to show additional empirical evidence for the variability in my model and enhanced the robustness of my findings. However, this information is not included in this paper and should be explored in further analysis on this topic.

Table 2: State Fixed Effects Regression Results

VARIABLES	(1) OLS	(2) RE	(3) FE	(4) FE	(5) FE
Number of certified workers, log	0.304***	0.0119***	0.00967**	0.0105**	0.0105**
	(0.0181)	(0.00425)	(0.00405)	(0.00421)	(0.00421)
Opioid death rate				-0.000853	-0.000853
				(0.00466)	(0.00466)
All drug OD death rate				0.00100	0.00100
				(0.00547)	(0.00547)
Unemployment rate				0.00170	0.00170
				(0.0190)	(0.0190)
State GDP, log				-0.375	-0.375
				(0.333)	(0.333)
Constant	13.20***	14.82***	14.85***	19.42***	19.42***
	(0.119)	(0.161)	(0.0299)	(4.050)	(4.050)
Observations	354	354	354	303	303
R-squared	0.407		0.982	0.939	0.939
State FE	NO	NO	YES	YES	YES
Year FE	NO	YES	YES	YES	YES
Number of state		51	51	51	51

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

12

CONCLUSION AND POLICY IMPLICATIONS

In this paper, I explored whether states' adoption of the ACA Medicaid expansion program was associated with increasing numbers of workers who received assistance as a result of a trade-related job loss. I hypothesized adoption of Medicaid expansion would increase enrollment and certified workers receiving assistance from the Department of Labor's Trade Adjustment Assistance Program. After running fixed effects regressions on a panel of all U.S. states, I found that there is a positive and statistically significant correlation between increasing Medicaid enrollment and workers receiving trade-related job loss assistance. The China effect was acutely concentrated in certain parts of the U.S. This analysis shows that the trade-related job losses are likely negatively impacted states' financial stability and residents' health. As such, this paper suggests that states need more support to effectively handle economic shocks and mechanisms to provide adequate healthcare services. This realization likely originally influenced many states' decisions to expand Medicaid in 2014 and should be built upon.

The main policy implication that can be gleaned from this paper is that the ACA Medicaid expansion program positively improves the health of people in America and provides a safety net to them when they are most vulnerable. Similar to the China effect, the COVID-19 pandemic inflicted negative economic impacts such as increased unemployment and worse health outcomes. To address the pandemic Congress passed the Families First Coronavirus Response Act (FFCRA) with provisions that required states to keep people continuously enrolled in Medicaid and temporarily increased federal matching rates. As a result, Medicaid enrollment increased substantially to 84.8 million by September 2021—an increase of 13.6 million from February 2020 (Guth et al, 2021). This recent expansion of Medicaid eligibility has proven to be effective, and my analysis indicates that a continued expansion could help address the long-

lasting impacts of the China effect. However, once the public health emergency ends (PHE) states will have to redetermine the eligibility of everyone enrolled in Medicaid and this will likely result in coverage loss (Serafi, et al, 2021). Further research will need to be conducted to investigate the relationship between the China effect and Medicaid enrollment from the years 2019 to 2022 since this analysis solely looks at 2014 through 2019.

On March 28, 2022 President Biden released his budget proposal to Congress, triggering hearings on Capitol Hill to consider its provisions (Goldman, 2022). In this budget proposal, the U.S. Department of Health and Human Services would get a nearly 30 percent spending increase (Goldman, 2022). This opened up a policy window of opportunity to make the Medicaid provisions expanded during the pandemic permanent. The Biden administration has also signaled support for providing health coverage for the many uninsured people in the United States. As the president's budget goes through the congressional hearing process this could be an effective vehicle to maintain Medicaid coverage for the 13.6 million that gained it during the pandemic and also open up coverage to more (Guth et al, 2021). One obstacle could be that states' resistance to expanding Medicaid on the political ground as the country approaches the 2022 midterm elections this fall. This could prove an insurmountable obstacle to sweeping change, but incremental legislation could still be on the table. Additionally, with the onset of the war in Ukraine, the world economy has seen firsthand how vulnerable some industries are to trade-related job loss. Bolstering Medicaid coverage for people in the U.S. could make workers less vulnerable to losing access to healthcare in times when they see their jobs gone and need it the most.

REFERENCES

Data

Centers for Medicare and Medicaid Services (CMS). (2014a) Medicaid MBES Enrollment,
January – March 2014 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2014b) Medicaid MBES Enrollment,
April – June 2014 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2014c) Medicaid MBES Enrollment,
July – September 2014 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2014d) Medicaid MBES Enrollment,
October – December 2014 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2015a) Medicaid MBES Enrollment,
January – March 2015 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2015b) Medicaid MBES Enrollment,
April – June 2015 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2015c) Medicaid MBES Enrollment,
July – September 2015 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2015d) Medicaid MBES Enrollment, October – December 2015 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2016a) Medicaid MBES Enrollment, January – March 2016 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2016b) Medicaid MBES Enrollment, April – June 2016 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2016c) Medicaid MBES Enrollment, July – September 2016 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2016d) Medicaid MBES Enrollment, October – December 2016 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2017a) Medicaid MBES Enrollment, January – March 2017 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2017b) Medicaid MBES Enrollment, April – June 2017 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2017c) Medicaid MBES Enrollment, July – September 2017 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-

information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2017d) Medicaid MBES Enrollment, October – December 2017 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2018a) Medicaid MBES Enrollment, January – March 2018 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2018b) Medicaid MBES Enrollment, April – June 2018 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2018c) Medicaid MBES Enrollment, July – September 2018 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2018d) Medicaid MBES Enrollment, October – December 2018 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2019a) Medicaid MBES Enrollment, January – March 2019 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2019b) Medicaid MBES Enrollment, April – June 2019 [Data set]. Retrieved from https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2019c) Medicaid MBES Enrollment,

July – September 2019 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

Centers for Medicare and Medicaid Services (CMS). (2019d) Medicaid MBES Enrollment,
October – December 2019 [Data set]. Retrieved from
https://www.medicaid.gov/medicaid/national-medicaid-chip-program-
information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-
mbes/index.html

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2014a) Trade
Adjustment Assistance for 2014 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2015a) Trade
Adjustment Assistance for 2015 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2016a) Trade
Adjustment Assistance for 2016 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2017a) Trade
Adjustment Assistance for 2017 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2018a) Trade
Adjustment Assistance for 2018 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Department of Labor's Trade Adjustment Assistance Program (DOL). (2019a) Trade
Adjustment Assistance for 2019 [Data set]. Retrieved from
https://www.dol.gov/agencies/eta/tradeact/data

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2014) [Data set].
Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2015) [Data set].
Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2016) [Data set].
Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2017) [Data set].
Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2018) [Data set]. Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS) (2019) [Data set]. Retrieved from https://www.bls.gov/schedule/news_release/laus.htm

U.S. Bureau of Economic Analysis Gross Domestic Product by State (BEA, 2014-2019) [Data set]. Retrieved from https://www.bea.gov/data/gdp/gdp-state

Kaiser Family Foundation (KFF). (2021a). Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): 2014-2019 [Data set]. KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistic's Multiple Cause of Death files (1999-2019) https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Medicaid Expansion

Bachrach, Deborah, Patricia Boozag, Avi Herring, and Dori Gianz Reyneri. "States Expanding Medicaid See Significant Budget Savings and Revenue Gains." State Health Reform Assistance Network, March 2016.

Baicker, Katherine, et al. "The Oregon Experiment — Effects of Medicaid on Clinical Outcomes." *New England Journal of Medicine*, vol. 368, no. 18, May 2013, pp. 1713–22. *DOI.org (Crossref)*, https://doi.org/10.1056/NEJMsa1212321.

Black LI, Cohen RA. *Insurance Status by State Medicaid Expansion Status: Early Release of Estimates From the National Health Interview Survey, 2013-September 2014*. Hyattsville, MD: National Center for Health Statistics; 2015.

Buchmueller, Thomas C., et al. "*Medicaid Expansion and the Unemployed*." National Bureau of Economic Research, 2019. https://www.nber.org/papers/w26553

Caswell, Kyle J., and Timothy A. Waidmann. "The Affordable Care Act Medicaid Expansions and Personal Finance." *Urban Institute*, 19 Sept. 2017. https://www.urban.org/research/publication/affordable-care-act-medicaid-expansions-and-personal-finance

CRS Rereport: Medicaid Primer. November 2020. https://crsreports.congress.gov/product/pdf/IF/IF10322.

Clemans-Cope L, Karpman M, Weiss A, Anderson N. *Increase in Medicaid Under the ACA Reduces Uninsurance, According to Early Estimates*. Washington, DC: Urban Institute; 2014.

Diana, Mark L., et al. *Louisiana Medicaid Expansion and Access to Care*. July 2019.
https://ldh.la.gov/assets/media/AccesstoCareReport20132018final.pdf

Dranove, David, et al. "*A Dose of Managed Care: Controlling Drug Spending in Medicaid*."
American Economic Journal: Applied Economics. Vol. 13, NO. 1, January 2021.

Goldin, Jacob, et al. "Health Insurance and Mortality: Experimental Evidence from Taxpayer
Outreach." *The Quarterly Journal of Economics*, vol. 136, no. 1, Dec. 2020, pp. 1–49.
DOI.org (Crossref), https://doi.org/10.1093/qje/qjaa029.

Goldman, M. (2022, March 28). *Biden budget plan prioritizes mental health, Public Health*.
Modern Healthcare. Retrieved April 6, 2022, from
https://www.modernhealthcare.com/politics-policy/biden-proposes-nearly-27-funding-
increase-hhs

Guth, Madeline, et al. "The Effects of Medicaid Expansion under the ACA: Studies from
January 2014 to January 2020." *KFF*, 17 Mar. 2020,
https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-
updated-findings-from-a-literature-review/.

Guth, Madeline, et al. "Medicaid Expansion Enrollment and Spending Leading up to the COVID
19 Pandemic." *KFF*, 12 Jan. 2021, https://www.kff.org/medicaid/issue-brief/medicaid-
expansion-enrollment-and-spending-leading-up-to-the-covid-19-pandemic/.

Holahan, John, et al. "*Filling the Gap in States That Have Not Expanded Medicaid." The
Commonwealth Fund*. https://www.commonwealthfund.org/publications/issue-
briefs/2021/jun/filling-gap-states-not-expanded-medicaid#1. 2021.

Iglehart JK, Sommers BD. Medicaid at 50—from welfare program to nation's largest health
insurer. *N Engl J Med*. 2015;372(22):2152-2159.

Levy, Helen, et al. "Macroeconomic Feedback Effects of Medicaid Expansion: Evidence from
Michigan." *Journal of Health Politics, Policy and Law*, vol. 45, no. 1, Feb. 2020, pp. 5–
48. *Silverchair*, https://doi.org/10.1215/03616878-7893555.

Mazza, Kathie J. "Enhancing Broker Engagement: New Strategies for Marketplaces to Expand
Enrollment." *2015*, p. 7.

Miller, Sarah, et al. *MEDICAID AND MORTALITY: NEW EVIDENCE FROM LINKED
SURVEY AND ADMINISTRATIVE DATA*. National Bureau of Economic Research, 2021.
https://www.nber.org/papers/w26081

*National Federation Of Independent Business Et Al. V. Sebelius, Secretary Of Health And
Human Services, et Al. (06/28/2012)*. 2012, p. 193.

Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Issue Brief No. HP-2021-13. "Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates." June 2021. https://aspe.hhs.gov/pdf-report/aca-related-coverage-ib

Pines, Jesse M., et al. "Medicaid Expansion In 2014 Did Not Increase Emergency Department Use But Did Change Insurance Payer Mix." *Health Affairs*, vol. 35, no. 8, Health Affairs, Aug. 2016, pp. 1480–86. *healthaffairs.org (Atypon)*, https://doi.org/10.1377/hlthaff.2015.1632.

Rosenbaum, Sara. "Confronting the Consequences of National Federation of Independent Business v Sebelius to Insure the Poor." *Milbank Memorial Fund*, https://doi.org/10.1599/mqop.2021.0413.

Serafi, Kinda, Cindy Mann, and Nina Punukollu. (2021, September 23). *The risk of coverage loss for Medicaid beneficiaries as the COVID-19 public health emergency ends*. The Commonwealth Fund. https://www.commonwealthfund.org/blog/2021/risk-coverage-loss-medicaid-beneficiaries-covid-19

Shartzer A, Long SK, Anderson N. Access to care and affordability have improved following Affordable Care Act implementation; problems remain. *Health Aff (Millwood)*. 2016;35(1):161-168.

Sommers, Benjamin D., and Jonathan Gruber. "Federal Funding Insulated State Budgets From Increased Spending Related To Medicaid Expansion." *Health Affairs*, vol. 36, no. 5, Health Affairs, May 2017, pp. 938–44. *healthaffairs.org (Atypon)*, https://doi.org/10.1377/hlthaff.2016.1666.

Sommers, Benjamin D., et al. "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance." *JAMA Internal Medicine*, vol. 176, no. 10, Oct. 2016, pp. 1501–09. *Silverchair*, https://doi.org/10.1001/jamainternmed.2016.4419.

Sommers BD, Gunja MZ, Finegold K, Musco T. Changes in self-reported insurance coverage, access to care, and health under the Affordable Care Act. *JAMA*. 2015;314(4):366-374.

The Kaiser Family Foundation. "Status of State Medicaid Expansion Decisions: Interactive Map." November 2021. https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

The Menges Group, et all. Assessment of Medicaid Expansion and Reform. https://alaskamentalhealthtrust.org/wp-content/uploads/2018/08/HandOut-MedicaidExpansionAndReformInitialAnalysis-011516-TheMengesGroup.pdf. January 2016.

The Louisiana Department of Health. *"Medicaid Expansion 2016/17."*
https://ldh.la.gov/assets/HealthyLa/Resources/MdcdExpnAnnlRprt_2017_WEB.pdf.
Accessed 7 Dec. 2021.

Status of the ACA Medicaid Expansion after Supreme Court Ruling. The Center on Budget and
Policy Priorities (CBPP), 2014.
https://www.cbpp.org/sites/default/files/atoms/files/status-of-the-ACA-medicaid-
expansion-after-supreme-court-ruling.pdf.

Ward, Bryce, and Brandon Bridge. "The Economic Impact of Medicaid Expansion in Montana
Updated Findings." *BUREAU OF BUSINESS AND ECONOMIC RESEARCH
UNIVERSITY OF MONTANA*, January 2019.
http://www.bber.umt.edu/pubs/BBER/Mediacaid_Expansion_2019.pdf

Autor, David, et al. *On the Persistence of the China Shock*. National Bureau of Economic
Research, 2021 https://www.nber.org/papers/w29401.

Ward, Bryce. *The Impact of Medicaid Expansion on States' Budgets*. The Commonwealth Fund.
May 2020. https://doi.org/10.26099/5q66-1k77.

Wherry LR, Miller S. Early coverage, access, utilization, and health effects associated with the
Affordable Care Act Medicaid expansions: a quasi-experimental study. *Ann Intern Med*.
2016;164(12):795-803.

China Shock/The Impact of Trade

Autor, David H., et al. *The China Shock: Learning from Labor Market Adjustment to Large
Changes in Trade*. National Bureau of Economic Research, 2016.
https://www.nber.org/papers/w21906

Autor, David., David Dorn, and Gordon Hanson."On the Persistence of the China Shock."
Brookings, September, 2021, https://www.brookings.edu/bpea-articles/on-the-
persistence-of-the-china-shock/.

Autor, David, et al. "The China Syndrome: Local Labor Market Effects of Import Competition in
the United States." *American Economic Review*, vol. 103, no. 6, Oct. 2013, pp. 2121–68.
DOI.org (Crossref), https://doi.org/10.1257/aer.103.6.2121.

Becker, William C., Sullivan, Lynn E., Jeanette, M. Tetrault, Desai, Rani A., & Fiellin, David A.
(2008). Non-medical use, abuse and dependence on prescription opioids among U.S.
adults: Psychiatric, medical and substance use correlates. *Drug and Alcohol
Dependence, 94*(1–3), 38–47.

Colgan, Jeff D., & Keohane, Robert O. (2017). The liberal order is rigged. Foreign Affairs.

Danson, Mike (2005). Old industrial regions and employability. *Urban Studies, 42*(2), 285–300.

Davis, Donald R., & Harrigan, James (2011). Good jobs, bad jobs, and trade liberalization. *Journal of International Economics, 84*(1), 26–36.

Dean, Adam (2018). "NAFTA's army: Free trade and U.S. Military enlistment. *International Studies Quarterly, 62*(4), 845–856.

Dean, Adam (2016). *From conflict to coalition: Profit-sharing institutions and the political economy of trade.* Cambridge University Press.

Dean, Adam. and Simeon Kimmel. " Free trade and opioid overdose death in the United States." SSM Popul Health. 2019 May 23;8:100409. doi: 10.1016/j.ssmph.2019.100409. Erratum in: SSM Popul Health. 2020 Dec 10;12:100714. PMID: 31309136; PMCID: PMC6606896.

Ehrenfreund, Max. "Researchers have found a troubling new cause of death for middle-aged white Americans." November 2016. The Washington Post. https://www.washingtonpost.com/news/wonk/wp/2016/11/23/trade-with-china-literally-kills-americans-economists-say/

Feenstra et al. *"US Exports and Employment."* National Bureau of Economic Research, 2017. https://www.nber.org/papers/w24056

Gossop, M., Green, L., G Phillips, & Bradley, B. (1989). Lapse, relapse and survival among opiate addicts after treatment. A prospective follow-up study. *The British Journal of Psychiatry: The Journal of Mental Science, 154*(3), 348–353.

Han, Beth, Compton, Wilson M., Blanco, Carlos, Crane, Elizabeth, Lee, Jinhee, Christopher, M., et al. (2017). Prescription opioid use, misuse, and use disorders in U.S. Adults: 2015 national survey on drug use and health. *Annals of Internal Medicine, 167*(5), 293–301.

Hanson, Gordon H. *The China Shock's Lessons for the Green Economy*. Nov. 2021. *www.foreignaffairs.com*, https://www.foreignaffairs.com/articles/united-states/2021-11-08/china-shocks-lessons-green-economy.

Harrison, Bennett, and Barry Bluestone,(1982). *The deindustrialization of America.* New York: Basic Books.

Kletzer, Lori G. (2001). *Job loss from imports: Measuring the costs.* Peterson Institute.

Krugman, Paul R. "Technology, Trade and Factor Prices." *Journal of International Economics*, vol. 50, no. 1, Feb. 2000, pp. 51–71. *ScienceDirect*, https://doi.org/10.1016/S0022-1996(99)00016-1.

Meit, Michael, Heffernan, Megan, Tanenbaum, Erin, & Hoffmann, T. (2017). *Appalachian diseases of despair.* Report for the Appalachian Regional CommissionThe Walsh Center for Rural Health Analysis National Opinion Research Center (NORC) at the University of Chicago.

Margalit, Yotam (2011). Costly jobs: Trade-related layoffs, government compensation, and voting in US elections. *American Political Science Review, 105*(01), 166–188.

Mishel, Lawrence (2018). *Yes, manufacturing still provides a pay advantage, but staffing firm outsourcing is eroding it.* Technical reportEconomic Policy Institute.

Mossakowski, Krysia N. (2009). The influence of past unemployment duration on symptoms of depression among young women and men in the United States. *American Journal of Public Health, 99*(10), 1826–1832.

Pierce, Justin and Peter Schott. *"Trade Liberalization and Mortality: Evidence from U.S. Counties."* National Bureau of Economic Research, November 2016. https://www.nber.org/papers/w22849

Rosalsky, Greg. "How American Leaders Failed to Help Workers Survive the 'China Shock.'" *NPR*, 2 Nov. 2021. *NPR*, https://www.npr.org/sections/money/2021/11/02/1050999300/how-american-leaders-failed-to-help-workers-survive-the-china-shock.

Strully, Kate W. "Job Loss and Health in the U.S. Labor Market." *Demography*, vol. 46, no. 2, May 2009, pp. 221–46.

Wood, Adrian (1995). How trade hurt unskilled workers. *The Journal of Economic Perspectives, 9*(3), 57–80.