A Online Appendix: Additional Figures and Tables

Table A1: Background Statistics by Municipality Group.

Municipalities	Helsinki 1	Comparisons 19	The Rest 274
A. Health care use			
Primary care GP visits	0.83	0.89	0.99
Emergency department visits	0.18	0.27	0.19
Specialist consultations	0.20	0.23	0.25
Private doctor visits	0.90	0.78	0.58
Medicine reimbursements	68.2%	71.5%	71.5%
B. Sociodemographic and socioeconomic characteristics			
Population mean	603,968	84,027	11,670
Pensioners	19.5%	23.0%	25.7%
Students	7.7%	8.2%	7.3%
Employment rate	71.7%	68.5%	69.5%
Tertiary education	38.6%	29.7%	26.4%
Social assistance (euros)	227.70	145.45	100.43
Rental households	47.3%	34.2%	24.4%
Urbanization rate	99.9%	93.6%	77.5%

Notes: The comparison municipalities depend on the outcome as described in Section 3, here we use GP visits. The data are from 2012 and contain aggregated registry data and publicly available municipal-level data from Statistics Finland, Sotkanet, and the Social Insurance institution.

Table A2: Time Effects after Detrending.

	All		Bottom 40%		Top 40%	
Order	Area	Estimate	Area	Estimate	Area	Estimate
1	286	0.248	286	0.283	286	0.195
2	734	0.131	734	0.167	92	0.106
3	92	0.094	405	0.118	398	0.083
4	405	0.088	858	0.116	734	0.081
5	179	0.060	609	0.055	211	0.081
6	609	0.054	92	0.050	405	0.069
7	**91**	**0.053**	**91**	**0.030**	837	0.063
8	186	0.050	179	0.023	**91**	**0.062**
9	398	0.044	837	0.002	186	0.060
10	211	0.036	186	−0.006	179	0.057
11	837	0.034	211	−0.008	257	0.043
12	858	0.033	398	−0.011	202	0.041
13	202	−0.010	491	−0.061	609	0.036
14	257	−0.010	257	−0.089	285	0.017
15	491	−0.032	285	−0.117	245	0.002
16	285	−0.058	202	−0.162	858	−0.002
17	245	−0.073	853	−0.208	491	−0.007
18	853	−0.112	245	−0.219	853	−0.013
19	444	−0.214	444	−0.301	444	−0.135
20	167	−0.321	167	−0.415	167	−0.194

Notes: We first detrend the data by estimating and subtracting a linear pre-trend difference from each municipality (labeled as area in the table). Then, we regress for each municipality the detrended outcome on an indicator for post-treatment periods and an intercept. The table reports coefficients for the time effects. The results show that the time effects can be large in absolute value in single comparison municipalities. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

Table A3: DD Estimates: GP Visits, and Sensitivity to the Parallel Trends Assumption.

A. No trend difference after the abolition (0 x the estimated slope)			
	All	Bottom 40%	Top 40%
Mean	0.868	1.306	0.513
Estimate	0.060	0.088	0.030
Change (%)	6.89%	6.70%	5.89%
SE (postal code)	0.032 (p=0.059)	0.032 (p=0.006)	0.036 (p=0.400)
SE (municipality)	0.012 (p=0.000)	0.014 (p=0.000)	0.010 (p=0.005)
CI WCU	[0.034; 0.086]	[0.056; 0.119]	[0.008; 0.052]
CI WCR	[-0.027; 0.145]	[-0.021; 0.206]	[-0.029; 0.090]
B. Trend difference slows down after the abolition (0.5 x the estimated slope)			
	All	Bottom 40%	Top 40%
Mean	0.868	1.306	0.513
Estimate	0.049	0.073	0.024
Change (%)	5.66%	5.61%	4.61%
SE (postal code)	0.032 (p=0.121)	0.032 (p=0.021)	0.036 (p=0.511)
SE (municipality)	0.012 (p=0.000)	0.014 (p=0.000)	0.010 (p=0.023)
CI WCU	[0.023; 0.075]	[0.042; 0.105]	[0.002; 0.045]
CI WCR	[-0.038; 0.134]	[-0.036; 0.191]	[-0.036; 0.084]
C. Trend difference accelerates after the abolition (1.5 x the estimated slope)			
	All	Bottom 40%	Top 40%
Mean	0.868	1.306	0.513
Estimate	0.028	0.045	0.010
Change (%)	3.20%	3.41%	2.05%
SE (postal code)	0.032 (p=0.380)	0.032 (p=0.160)	0.036 (p=0.770)
SE (municipality)	0.012 (p=0.027)	0.014 (p=0.004)	0.010 (p=0.286)
CI WCU	[0.002; 0.054]	[0.013; 0.076]	[-0.011; 0.032]
CI WCR	[-0.059; 0.113]	[-0.064; 0.163]	[-0.049; 0.071]

Notes: We estimate Specification 1. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019), clustering by municipality. Before estimation, we remove a linear pre-trend difference from the data: we compute outcome means over time by policy group and calculate their difference using only pre-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The multiplier of the slope of the linear trend difference is varied for the post-abolition periods (0, 0.5, and 1.5). Bottom 40% and top 40% are based on the equivalized family disposable income distribution. Sample sizes: 1,365,486 individuals in the whole sample, 541,431 at the bottom 40%, and 555,529 at the top 40%.

Table A4: DD Estimates: GP Visits, Robustness Checks.

A. Postal code area fixed effects			
	All	Bottom 40%	Top 40%
Mean	0.868	1.306	0.513
Estimate	0.037	0.053	0.016
Change (%)	4.23%	4.09%	3.19%
SE (postal code)	0.031 (p=0.239)	0.031 (p=0.084)	0.036 (p=0.646)
SE (municipality)	0.011 (p=0.004)	0.014 (p=0.001)	0.010 (p=0.102)
CI WCU	[0.012; 0.065]	[0.027; 0.091]	[-0.005; 0.039]
CI WCR	[-0.048; 0.124]	[-0.050; 0.177]	[-0.042; 0.077]
B. Has any GP visits + municipality fixed effects			
	All	Bottom 40%	Top 40%
Mean	6.239	9.243	3.783
Estimate	0.303	0.450	0.149
Change (%)	4.86%	4.86%	3.93%
SE (postal code)	0.228 (p=0.183)	0.213 (p=0.035)	0.267 (p=0.578)
SE (municipality)	0.079 (p=0.001)	0.094 (p=0.000)	0.064 (p=0.032)
CI WCU	[0.121; 0.485]	[0.232; 0.667]	[0.002; 0.295]
CI WCR	[-0.272; 0.885]	[-0.282; 1.242]	[-0.238; 0.548]
C. Has any GP visits + postal code area fixed effects			
	All	Bottom 40%	Top 40%
Mean	6.239	9.243	3.783
Estimate	0.291	0.413	0.144
Change (%)	4.67%	4.47%	3.80%
SE (postal code)	0.224 (p=0.194)	0.207 (p=0.046)	0.265 (p=0.588)
SE (municipality)	0.077 (p=0.001)	0.093 (p=0.000)	0.064 (p=0.036)
CI WCU	[0.121; 0.485]	[0.232; 0.667]	[0.002; 0.295]
CI WCR	[-0.272; 0.885]	[-0.282; 1.242]	[-0.238; 0.548]

Notes: We estimate Specification 1. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019), clustering by municipality. Before estimation, we remove a linear pre-trend difference from the data: we compute outcome means over time by policy group and calculate their difference using only pre-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The observed pre-trend difference is assumed to extrapolate to the post-abolition periods. Bottom 40% and top 40% are based on the equivalized family disposable income distribution. In Panel B and Panel C, we use the monthly indicator of having any GP visits as the outcome. Sample sizes: 1,365,486 individuals in the whole sample, 541,431 at the bottom 40%, and 555,529 at the top 40%.

Table A5: Synthetic Control Weights.

	All	Difference: B40% - T40%	Ratio: B40% / T40%
Vantaa	0.164	0	0.175
Joensuu	0.035	0.014	0.204
Jyväskylä	0	0.177	0.091
Kouvola	0.080	0.149	0
Lahti	0.046	0.014	0.017
Lappeenranta	0	0	0
Pori	0	0	0.133
Tampere	0.448	0.276	0.099
Turku	0.227	0.370	0.281

Notes: The table shows the synthetic control weights for our donor pool municipalities, the weights depending on outcome and visit type. We include in the donor pool municipalities with more than 40,000 sample individuals. Pre-treatment lags are used as matching variables. We subtract from each municipality its pre-treatment outcome mean (demeaning) before estimation. "All" = all individuals and all visits. "Difference" = the difference between the bottom 40% and the top 40% of the equivalized disposable income distribution in visits per capita. "Ratio" = the ratio between the bottom 40% and the top 40% in visits per capita.

Table A6: DD Estimates: ED Visits and Specialist Consultations.

A. ED Visits			
	All	Bottom 40%	Top 40%
Mean	0.172	0.227	0.131
Estimate	0.003	0.007	-0.001
Change (%)	1.48%	3.02%	-1.08%
SE (postal code)	0.006 (p=0.662)	0.005 (p=0.157)	0.007 (p=0.845)
SE (municipality)	0.004 (p=0.534)	0.006 (p=0.272)	0.002 (p=0.570)
CI WCU	[-0.006; 0.011]	[-0.006; 0.020]	[-0.007; 0.004]
CI WCR	[-0.027; 0.036]	[-0.040; 0.062]	[-0.018; 0.015]
Individuals	1,491,828	586,151	608,406
B. Specialist Consultations			
	All	Bottom 40%	Top 40%
Mean	0.227	0.262	0.195
Estimate	0.001	0.000	0.002
Change (%)	0.58%	-0.15%	0.93%
SE (postal code)	0.006 (p=0.823)	0.005 (p=0.937)	0.008 (p=0.813)
SE (municipality)	0.006 (p=0.823)	0.008 (p=0.961)	0.004 (p=0.688)
CI WCU	[-0.010; 0.013]	[-0.017; 0.016]	[-0.007; 0.011]
CI WCR	[-0.038; 0.041]	[-0.063; 0.063]	[-0.025; 0.029]
Individuals	1,485,103	590,254	598,624

Notes: We estimate Specification 1. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019). Before estimation, we remove a linear pre-trend difference from the data: we compute outcome means over time by policy group and calculate their difference using only pre-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The observed pre-trend difference is assumed to extrapolate to the post-abolition periods. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

Table A7: DD Estimates: Dentist Visits.

	All	Bottom 40%	Top 40%
Mean	0.449	0.598	0.314
Estimate	-0.034	-0.054	-0.020
Change (%)	-7.65%	-9.04%	-6.33%
SE (postal code)	0.007 (p=0.000)	0.008 (p=0.000)	0.006 (p=0.002)
SE (municipality)	0.016 (p=0.050)	0.021 (p=0.021)	0.012 (p=0.111)
CI WCU	[-0.067; -0.002]	[-0.095; -0.013]	[-0.046; 0.006]
CI WCR	[-0.171; 0.059]	[-0.263; 0.081]	[-0.111; 0.041]
Individuals	1,403,089	560,158	565,169

Notes: We estimate Specification 1. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019). Before estimation, we remove a linear pre-trend difference from the data: we compute outcome means over time by policy group and calculate their difference using only pre-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The observed pre-trend difference is assumed to extrapolate to the post-abolition periods. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

Table A8: DDD Estimates: Dentist Visits.

A. Outcome: the number of dentist visits				
	No detrending	0 x slope	1.0 x slope	1.5 x slope
Mean	0.598	0.598	0.598	0.598
Estimate	-0.017	-0.026	-0.034	-0.038
Change (%)	-2.92%	-4.38%	-5.71%	-6.38%
SE (postal code)	0.006 (p=0.006)	0.006 (p=0.000)	0.006 (p=0.000)	0.006 (p=0.000)
SE (municipality)	0.011 (p=0.117)	0.011 (p=0.024)	0.011 (p=0.005)	0.011 (p=0.002)
CI WCU	[-0.038; 0.003]	[-0.047; -0.005]	[-0.055; -0.013]	[-0.059; -0.017]
CI WCR	[-0.106; 0.045]	[-0.115; 0.037]	[-0.123; 0.029]	[-0.127; 0.025]
B. Outcome: the indicator of having any dentist visits				
	No detrending	0 x slope	1.0 x slope	1.5 x slope
Mean	3.844	3.844	3.844	3.844
Estimate	-0.047	-0.110	-0.167	-0.195
Change (%)	-1.24%	-2.85%	-4.34%	-5.08%
SE (postal code)	0.041 (p=0.243)	0.041 (p=0.007)	0.041 (p=0.000)	0.041 (p=0.000)
SE (municipality)	0.059 (p=0.431)	0.059 (p=0.080)	0.059 (p=0.011)	0.059 (p=0.004)
CI WCU	[-0.167; 0.072]	[-0.229; 0.010]	[-0.286; -0.047]	[-0.315; -0.076]
CI WCR	[-0.532; 0.318]	[-0.594; 0.255]	[-0.651; 0.198]	[-0.680; 0.170]

Notes: We estimate Specification 2. The pre-abolition mean is computed at the bottom 40% of the income distribution in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019). In the first column, we use raw data without detrending. Otherwise, we remove a linear pre-trend difference from the data before estimation: we compute outcome means over time by policy group and calculate their difference using only pre-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The multiplier of the slope of the linear trend difference is varied for the post-abolition periods in columns (0, the baseline 1.0, and 1.5). If the multiplier is larger (smaller) than 1, the trend difference is expected to accelerate (slow down) in post-abolition periods. Sample size is 1,125,327 individuals.

Table A9: Time Placebo DD Estimates: GP Visits.

	All	Bottom 40%	Top 40%
Mean	0.885	1.324	0.523
Estimate	-0.019	-0.022	-0.014
Change (%)	-2.14%	-1.70%	-2.61%
SE (postal code)	0.010 (p=0.053)	0.016 (p=0.171)	0.006 (p=0.028)
SE (municipality)	0.016 (p=0.255)	0.024 (p=0.368)	0.009 (p=0.139)
CI WCU	[-0.054; 0.016]	[-0.079; 0.034]	[-0.032; 0.005]
CI WCR	[-0.127; 0.088]	[-0.216; 0.162]	[-0.061; 0.034]
Individuals	1,365,486	541,431	555,529

Notes: We estimate the effects of a placebo intervention using pre-abolition data from 2011-2012 and proceed as if Helsinki abolished the copayment in January 2012. We estimate Specification 1. The pre-placebo-abolition mean is computed in Helsinki for 2011, and the change in percentage terms compares the estimate to this mean. For statistical significance, we report standard errors and corresponding p-values using analytical formulas and cluster by postal code area and by municipality. We also provide confidence intervals from the unrestricted (WCU) and restricted (WCR) wild cluster bootstrap (Roodman et al., 2019). Before estimation, we remove a linear pre-trend difference from the data: we compute outcome means over time by policy group and calculate their difference using only pre-placebo-treatment data, then fit a linear trend difference with ordinary least squares (OLS), and finally subtract the estimated linear pre-trend difference from the outcome data. The observed pre-trend difference is assumed to extrapolate to the post-abolition periods. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

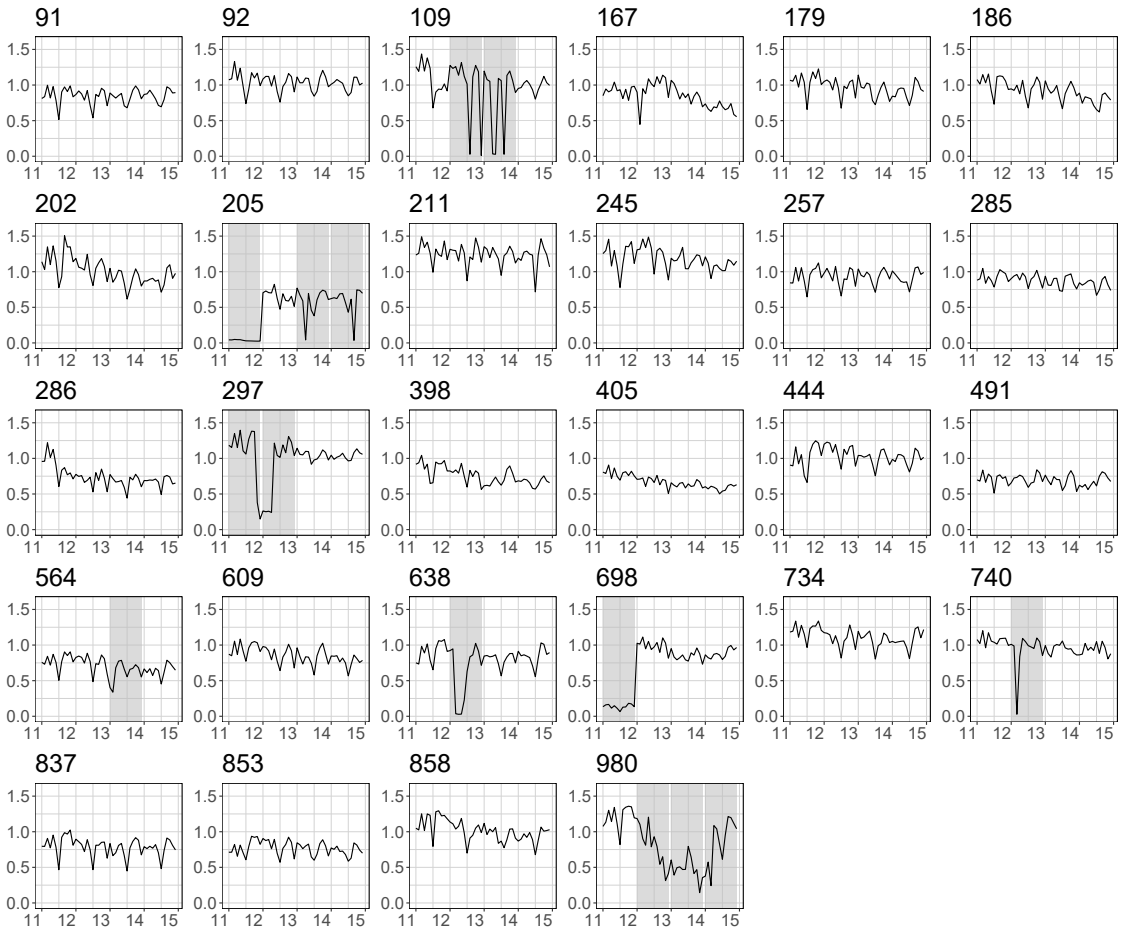

Figure A1: The Evolution of GP Visits by Sample Municipality.

Notes: The plots show the evolution of annualized GP visits in the total population in Helsinki (municipality number 91) and in the 27 potential comparison municipalities. Municipality-year observations having susceptible values of health care contacts are highlighted by gray. These municipalities are excluded from the analysis sample. They were identified as follows: 1) compute a distribution of mean contacts by permutationally dropping every combination of four consecutive months, and 2) mark an observation to be invalid if its value is less than 50% of the largest observed mean (July was not considered because the health care supply is considerably reduced due to vacations).

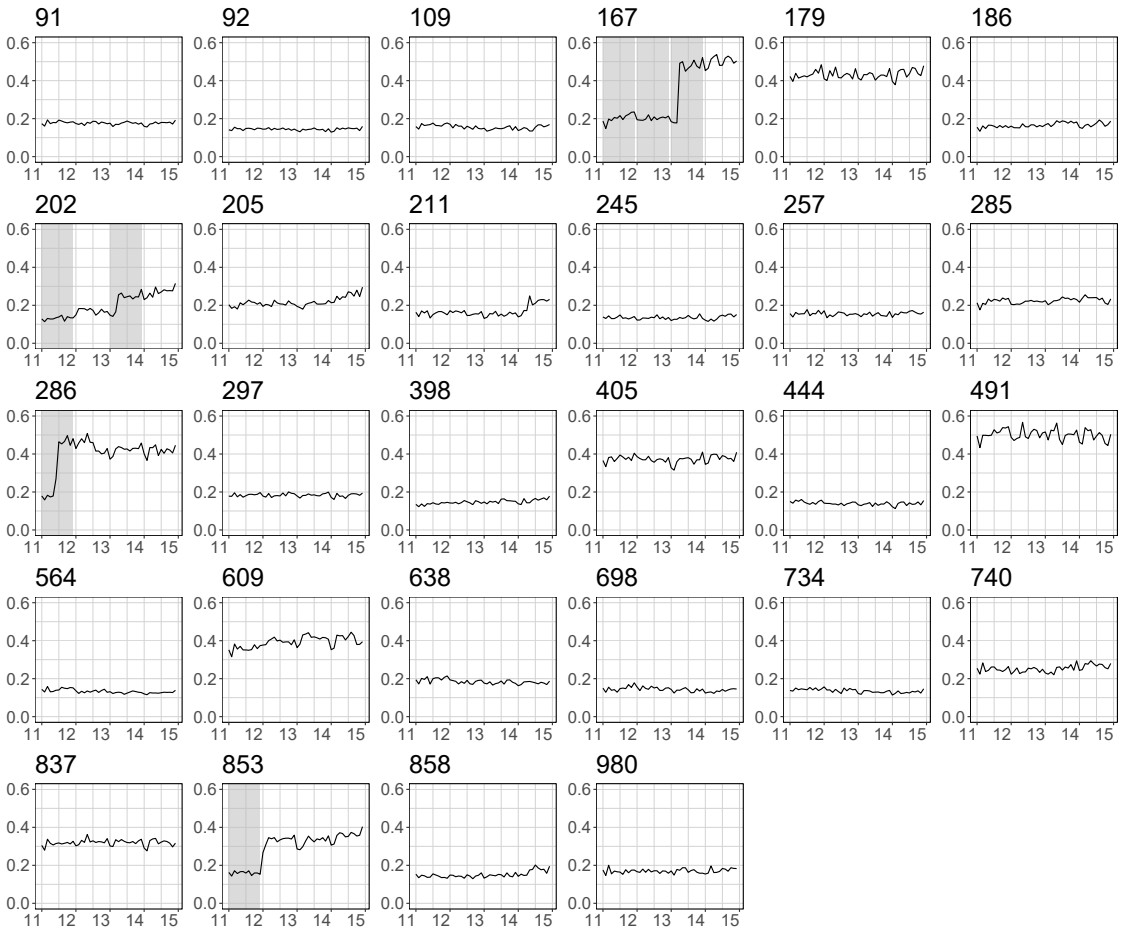

Figure A2: The Evolution of ED Visits by Sample Municipality.

Notes: The plots show the evolution of annualized ED visits in the total population in Helsinki (municipality number 91) and in the 27 potential comparison municipalities. Municipality-year observations having susceptible values of health care contacts are highlighted by gray. These municipalities are excluded from the analysis sample. They were identified as follows: 1) compute a distribution of mean contacts by permutationally dropping every combination of four consecutive months, and 2) mark an observation to be invalid if its value is less than 30% of the largest observed mean (July was not considered because the health care supply is considerably reduced due to vacations).

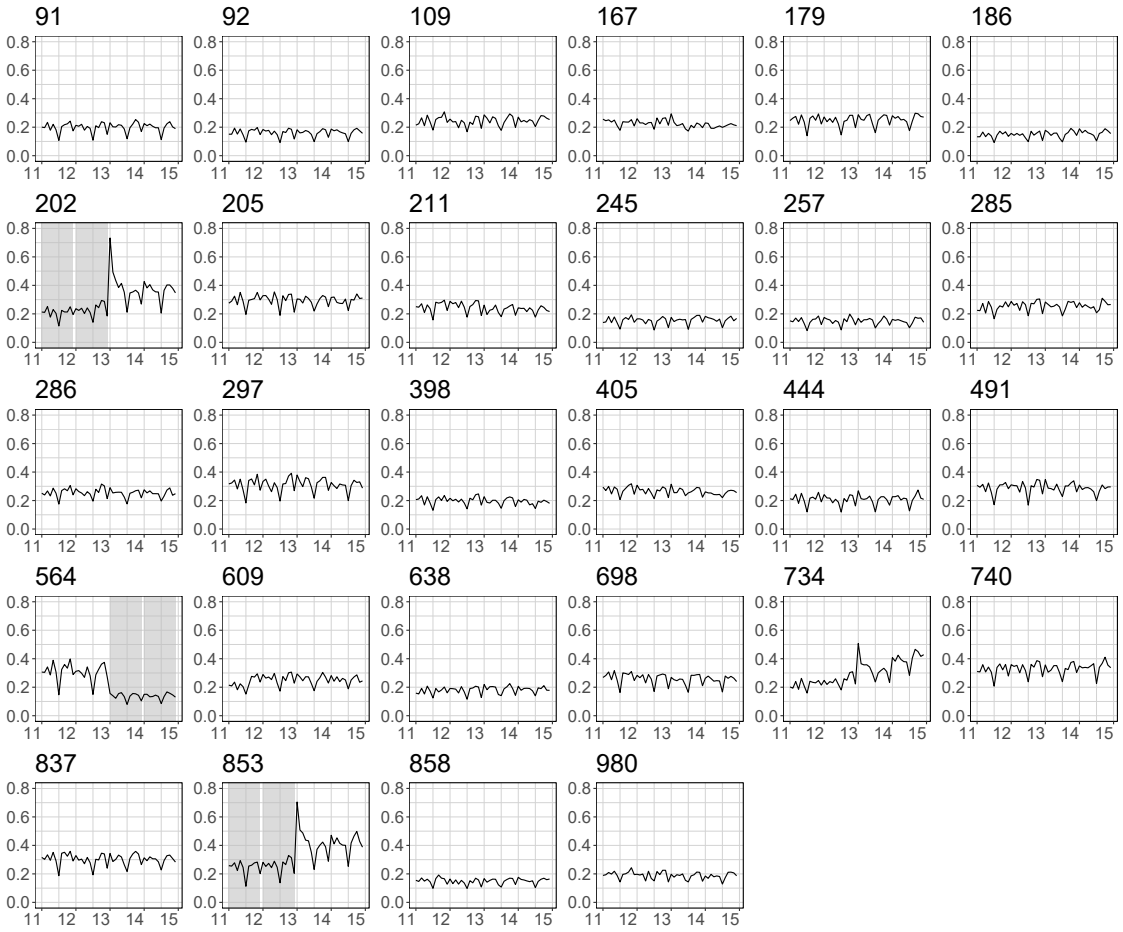

Figure A3: The Evolution of Specialist Consultations by Sample Municipality.

Notes: The plots show the evolution of annualized specialist consultations in the total population in Helsinki (municipality number 91) and in the 27 potential comparison municipalities. Municipality-year observations having susceptible values of health care contacts are highlighted by gray. These municipalities are excluded from the analysis sample. They were identified as follows: 1) compute a distribution of mean contacts by permutationally dropping every combination of four consecutive months, and 2) mark an observation to be invalid if its value is less than 40% of the largest observed mean (July was not considered because the health care supply is considerably reduced due to vacations).

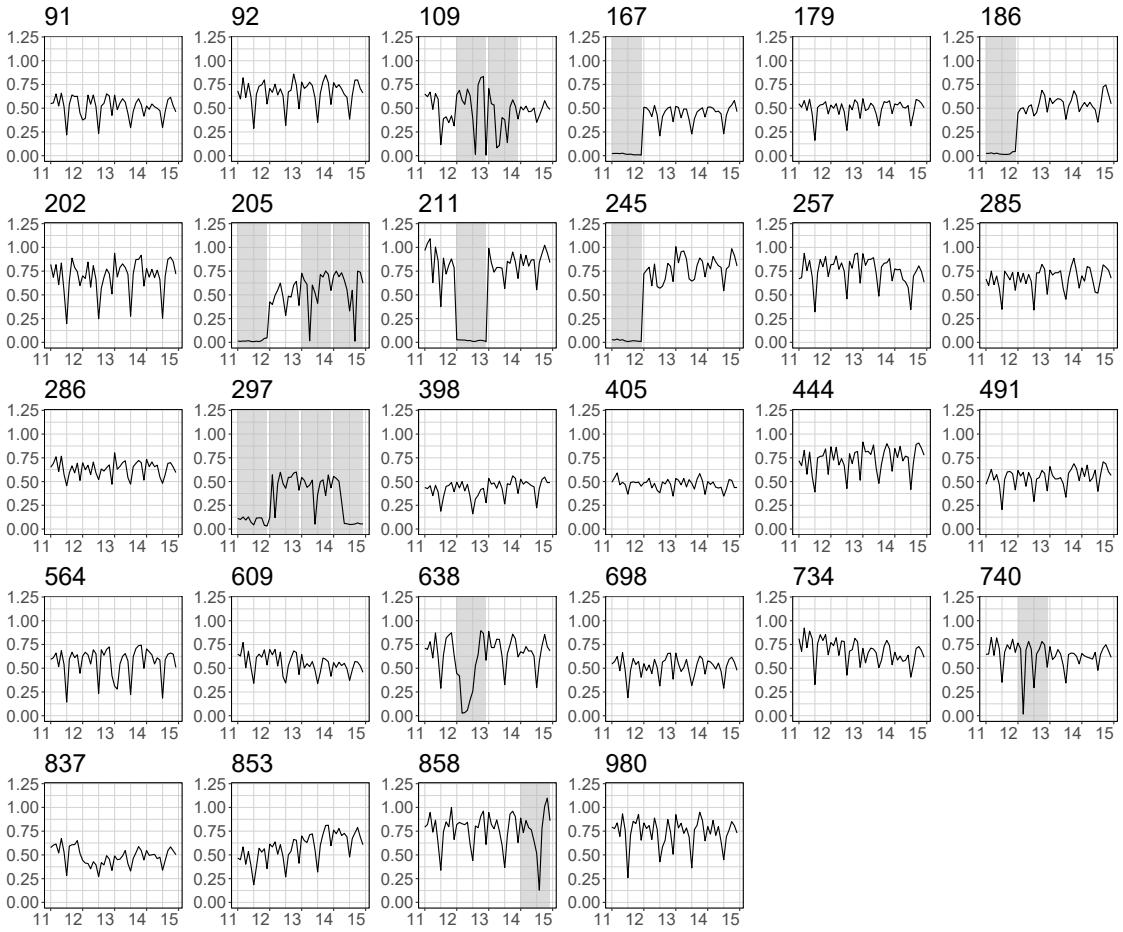

Figure A4: The Evolution of Dentist Visits by Sample Municipality.

Notes: The plots show the evolution of annualized dentist visits in the total population in Helsinki (municipality number 91) and in the 27 potential comparison municipalities. Municipality-year observations having susceptible values of health care contacts are highlighted by gray. These municipalities are excluded from the analysis sample. They were identified as follows: 1) compute a distribution of mean contacts by permutationally dropping every combination of four consecutive months, and 2) mark an observation to be invalid if its value is less than 55% of the largest observed mean (July was not considered because the health care supply is considerably reduced due to vacations).

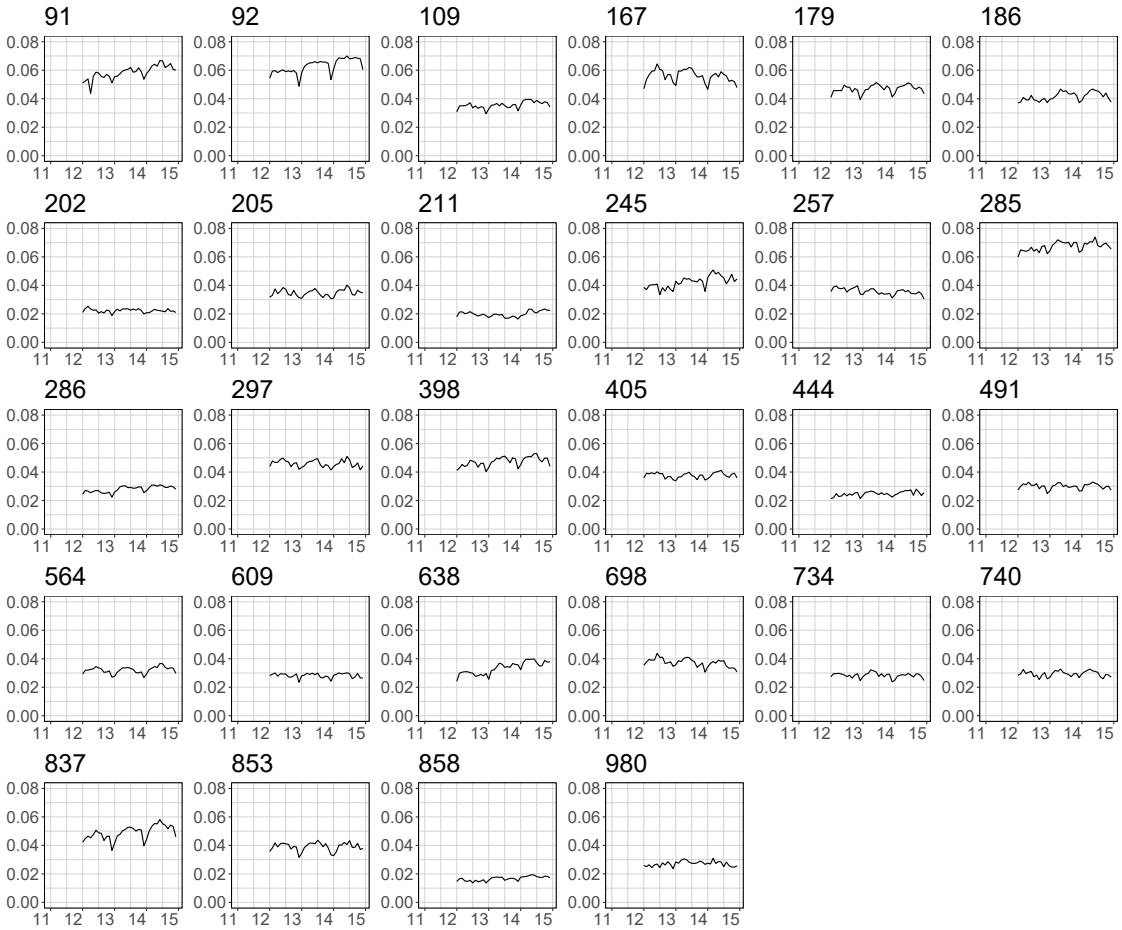

Figure A5: The Evolution of Social Assistance Use by Sample Municipality.

Notes: The plots show the probability of living in a family in which someone received social assistance in the total population in Helsinki (municipality number 91) and in the 27 potential comparison municipalities. Municipality-year observations having susceptible values of health care contacts are highlighted by gray. These municipalities are excluded from the analysis sample. They were identified as follows: 1) compute a distribution of mean contacts by permutationally dropping every combination of four consecutive months, and 2) mark an observation to be invalid if its value is less than 40% of the largest observed mean (July was not considered because the health care supply is considerably reduced due to vacations).

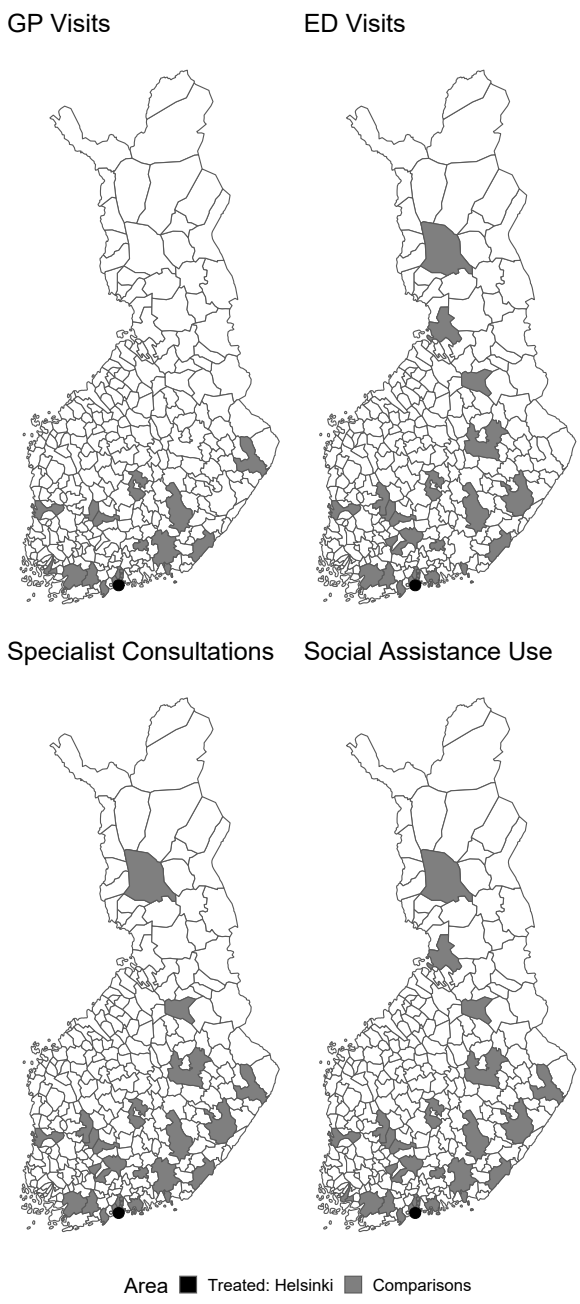

Figure A6: Sample Municipalities on the Map.

Notes: The plot illustrates where our sample municipalities, that depend on the outcome, locate. See Section 3 on how the sample municipalities were chosen.

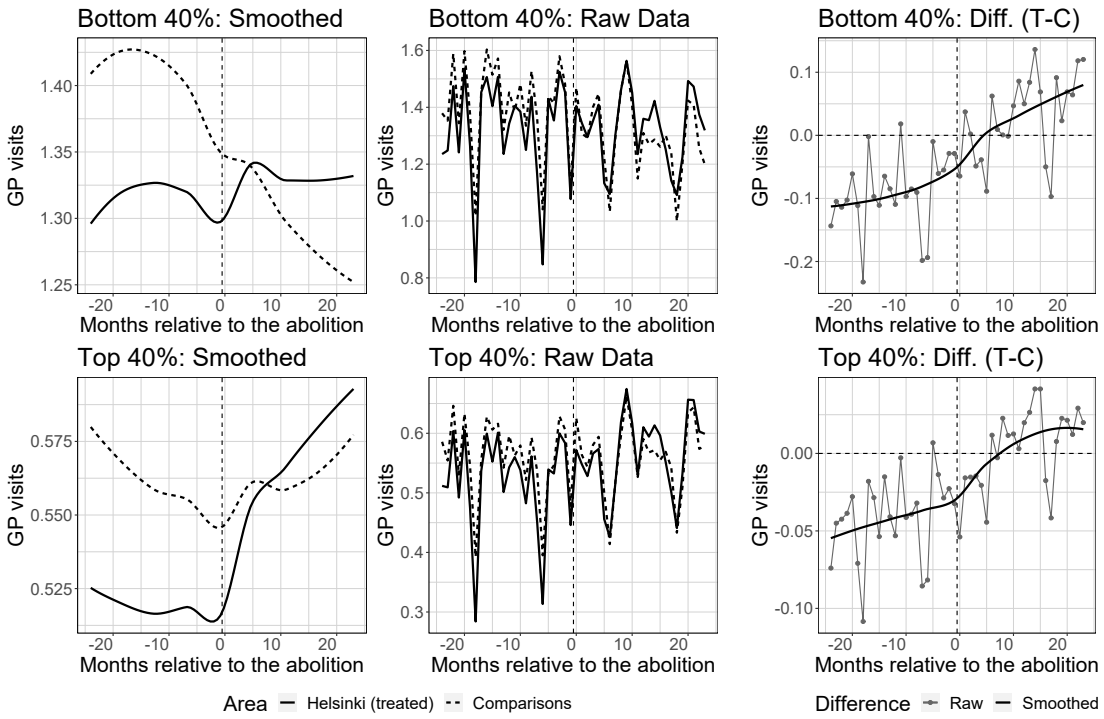

Figure A7: Trends in GP Visits by Income Group.

Notes: The outcome is the number of annualized GP visits per capita. We show 1) smoothed conditional means fitted with local linear regression, 2) the raw data, and 3) the difference in outcomes between Helsinki and the comparison areas. The sample is described in Section 3. We use the distribution of equivalized family disposable income to extract the bottom 40% and the top 40%.

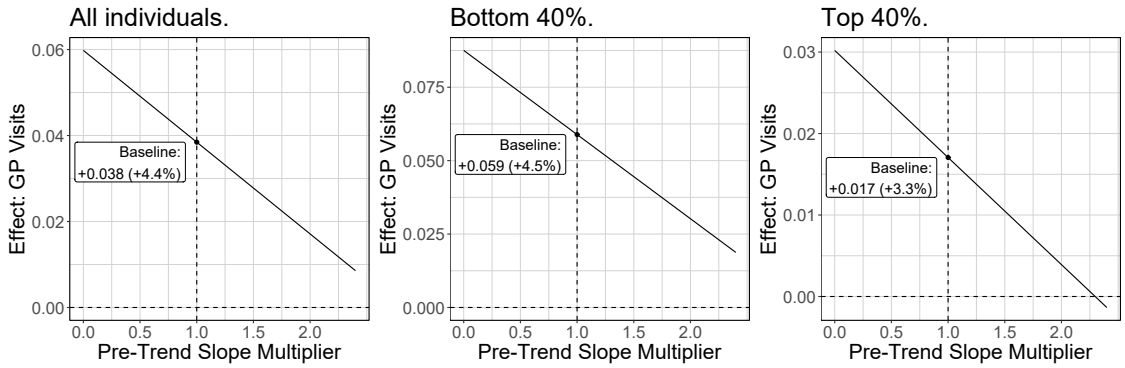

Figure A8: DD Estimates: GP Visits, and Sensitivity to the Parallel Trends Assumption.

Notes: We estimate Specification 1 but with data aggregated at the municipality level and weighted by population size. The effects represent the estimated change in the number of annualized GP visits in a two-year follow-up. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. Before effect estimation, we remove a linear pre-trend difference from the data by estimating it on the pre-abolition data. Then, we transform the outcome variable by subtracting the estimated trend difference. The figure shows the sensitivity of the estimates to assumptions on how the trend difference would have evolved in post-treatment periods. Specifically, we use different multipliers of the trend difference for post-treatment periods. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

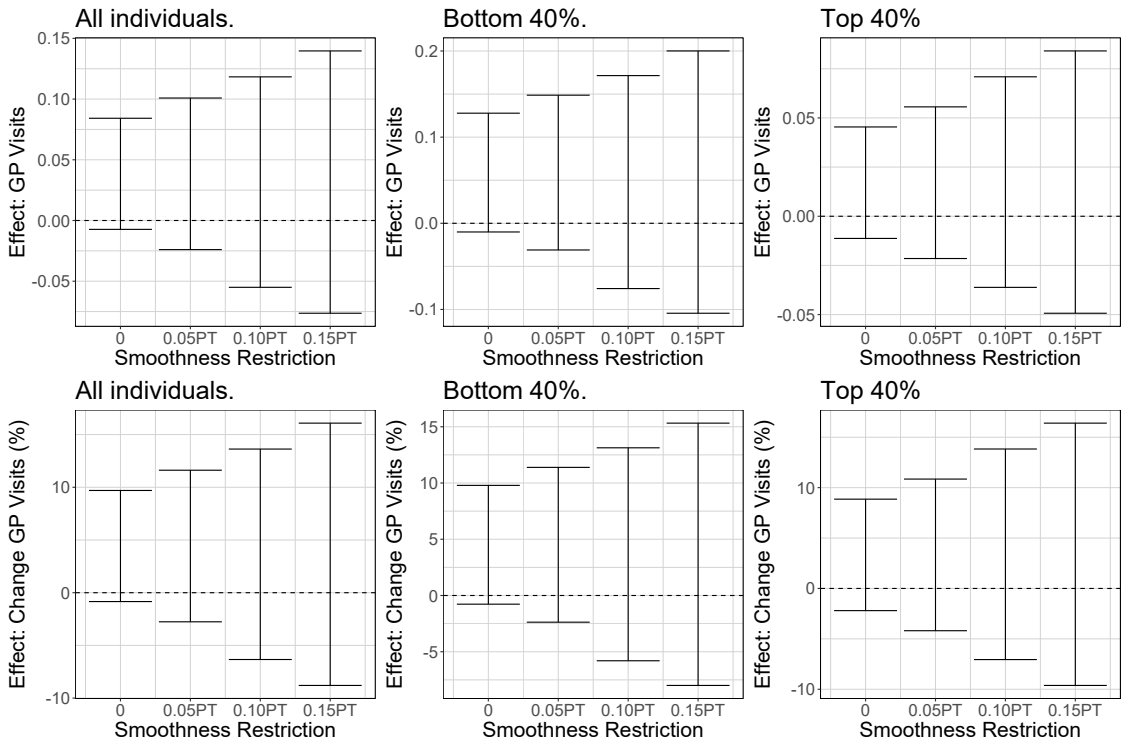

Figure A9: DD Estimates: GP Visits, and Bounding Pre-Trends.

Notes: We apply the method proposed by Rambachan and Roth (2022), estimated with the R package *HonestDiD*, to construct confidence sets by bounding pre-trends. The 10% significance level is used. First, we estimate a population-weighted event study specification that includes dynamic treatment indicators for Helsinki, normalized at time $t = -1$, and municipality and time fixed effects. The IID assumption is used for the variance-covariance matrix. The data are at the municipality-by-month level. We then use the "second derivative" smoothness restriction $\Delta^{SD}(M)$ and construct fixed length confidence intervals (FLCIs) for the average of the estimated post-treatment effects using the R package *HonestDiD*. M represents how much the slope can deviate from linearity between consecutive periods. $M = 0$ means that exact linearity is assumed. Our remaining M values are derived from multiplying the estimated slope of the linear pre-trend difference by, e.g., 0.10 (0.10PT). The effects represent the estimated change in the number of annualized GP visits in a two-year follow-up. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

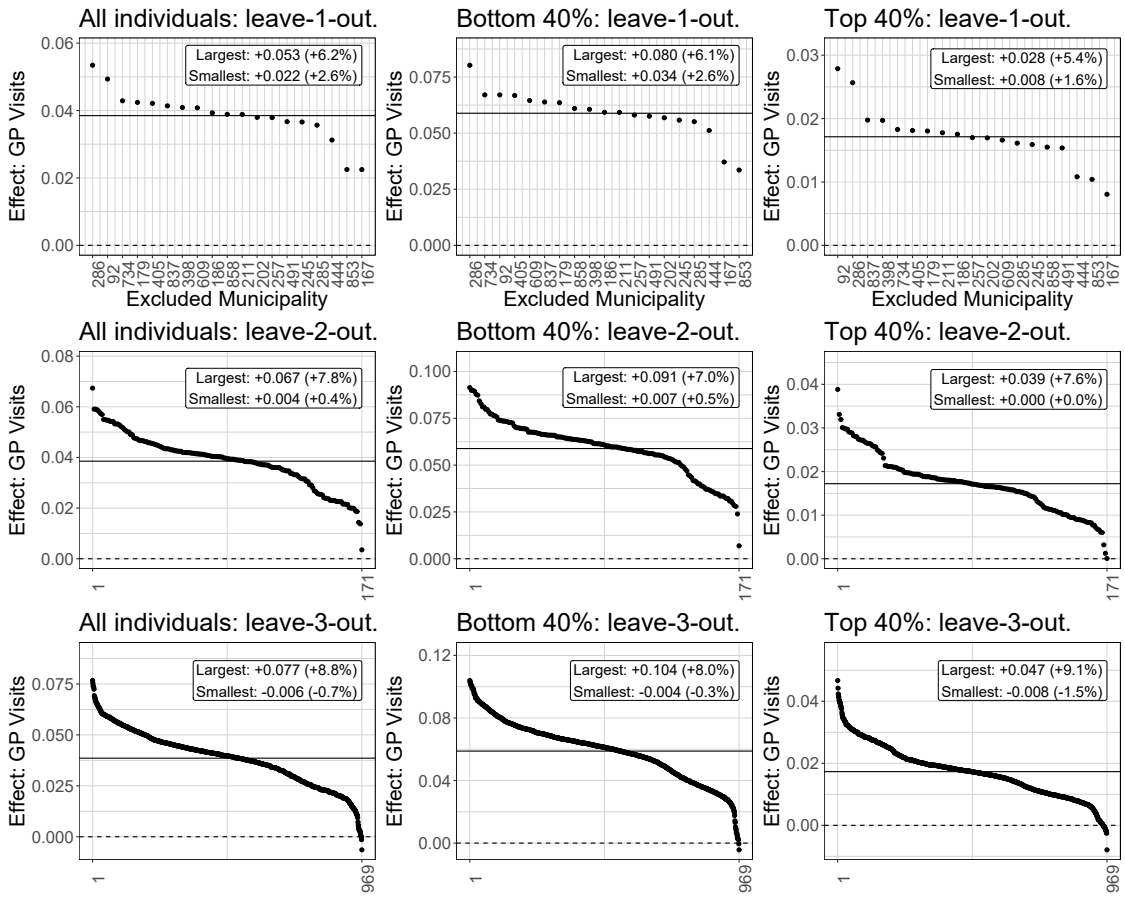

Figure A10: DD Estimates: GP Visits, and Leave-X-out Estimation.

Notes: We exclude each X-municipality combination, $X \in \{1,2,3\}$, from the comparison group permutatively and estimate Specification 1 but with data aggregated at the municipality level and weighted by population size. The effects represent the estimated change in the number of annualized GP visits in a two-year follow-up. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean. Before effect estimation, we remove a linear pre-trend difference from the data by estimating it on the pre-abolition data. Then, we transform the outcome variable by subtracting the estimated trend difference. Bottom 40% and top 40% are based on the equivalized family disposable income distribution.

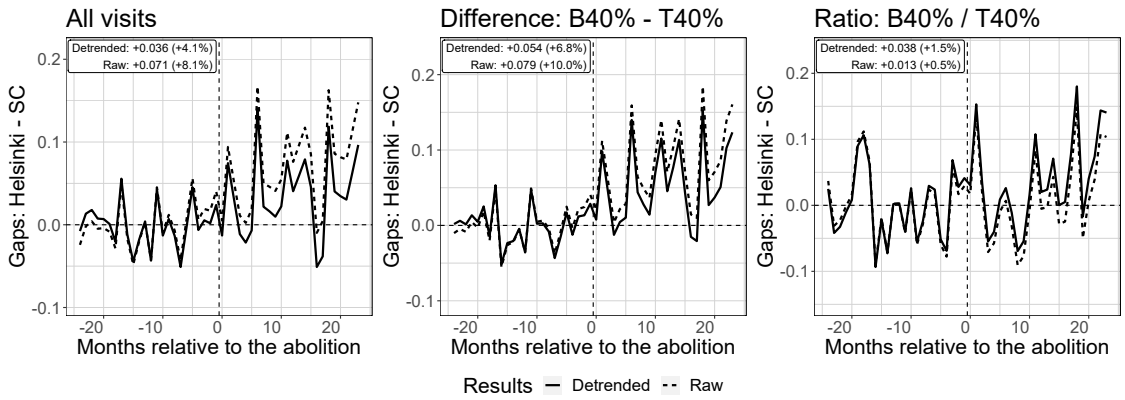

Figure A11: Synthetic Control Estimates: GP Visits, Leave-Two-Out Estimation.

Notes: We permutatively exclude all two-donor combinations from the donor pool (leave-two-out), estimate the synthetic control, and average the results. The plots show the difference in outcomes between Helsinki and its synthetic control (gaps). The donor pool contains municipalities with more than 40,000 sample individuals. Pre-treatment lags are used as matching variables. We subtract from each municipality its pre-treatment outcome mean (demeaning) before estimation. B40% and T40% refer to the bottom 40% and the top 40% of the equivalized disposable income distribution. The detrended results show the gaps after subtracting a linear pre-trend difference. In the top left corner, we show aggregated treatment effect estimates from averaging all post-treatment gaps. The pre-abolition mean is computed in Helsinki for 2012, and the change in percentage terms compares the estimate to this mean.

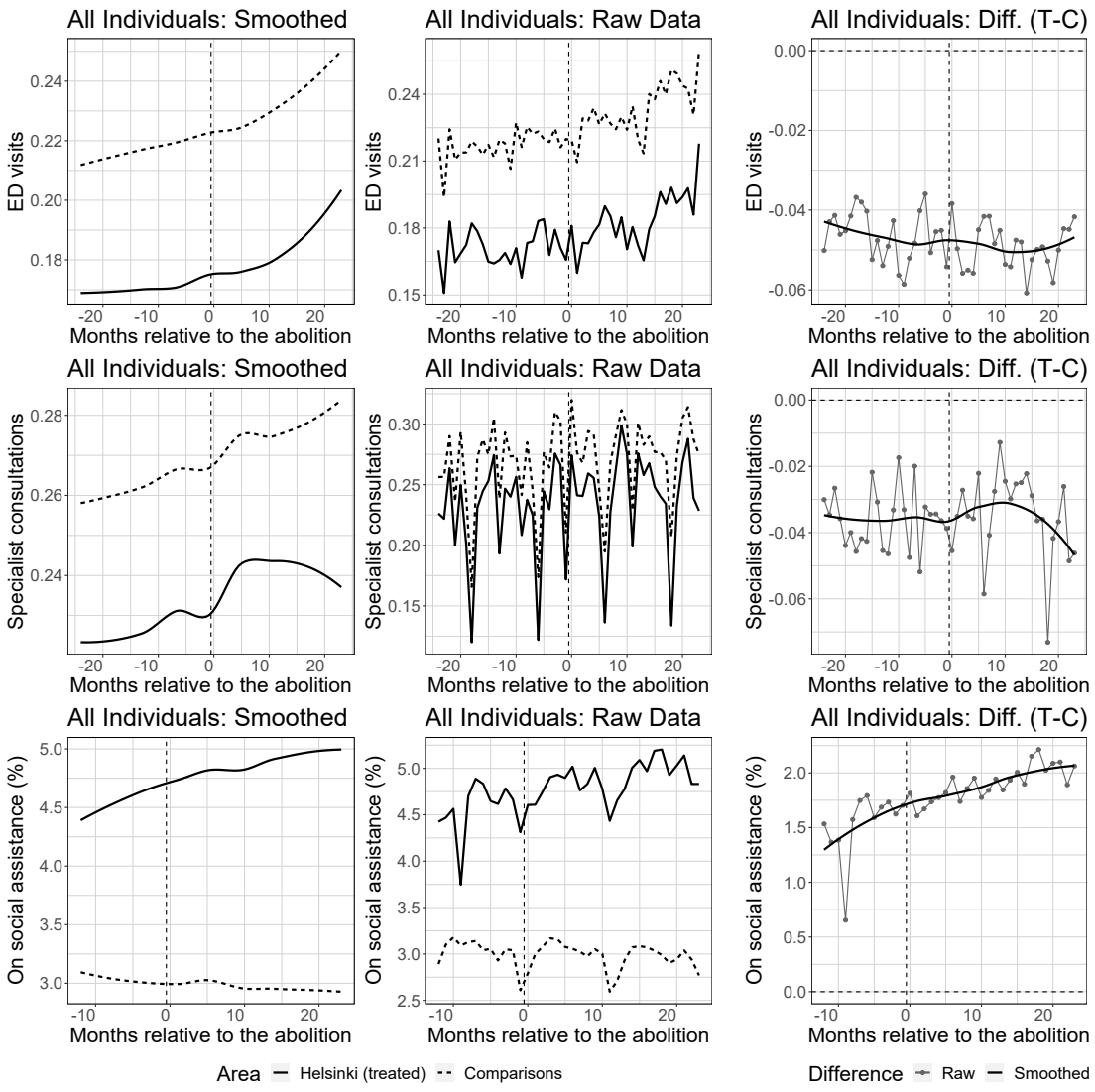

Figure A12: Trends in ED Visits, Specialist Consultations, and Social Assistance Use.

Notes: The outcomes are the number of annualized ED visits and specialist consultations per capita, and the probability of living in a family in which someone received social assistance. We show 1) smoothed conditional means fitted with local linear regression, 2) the raw data, and 3) the difference in outcomes between Helsinki and the comparison areas. The sample is described in Section 3.

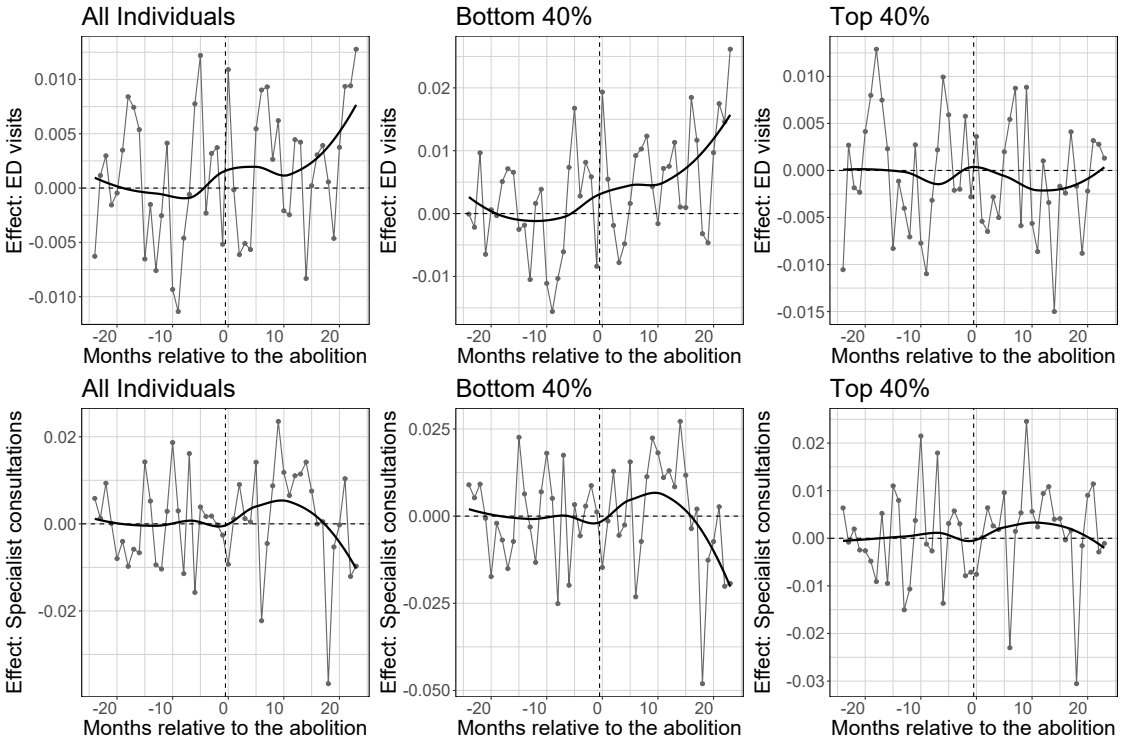

Figure A13: Trends in ED Visits and Specialist Consultations after Removing a Linear Pre-Trend Difference.

Notes: We show the difference in outcomes between Helsinki and the comparison areas after subtracting a linear pre-trend difference from the outcomes, estimated with OLS using only pre-abolition data. The plot shows the raw difference and its smoothed conditional mean, fitted with local linear regression. We use the distribution of equivalized family disposable income to extract the bottom 40% and the top 40%.

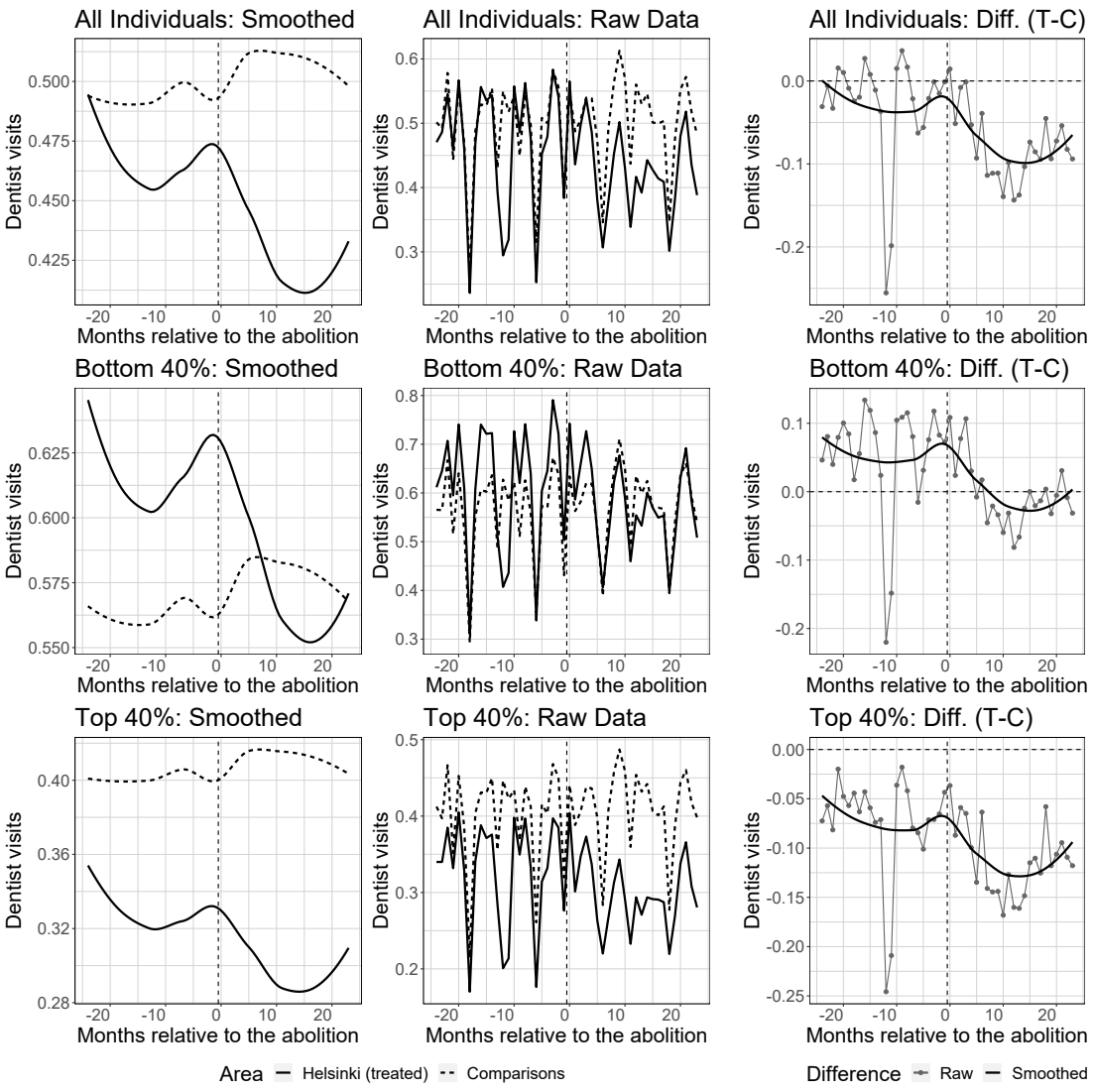

Figure A14: Trends in Dentist Visits.

Notes: The outcome is the number of annualized dentist visits per capita. We show 1) smoothed conditional means fitted with local linear regression, 2) the raw data, and 3) the difference in outcomes between Helsinki and the comparison areas. The sample is described in Section 3. We use the distribution of equivalized family disposable income to extract the bottom 40% and the top 40%.

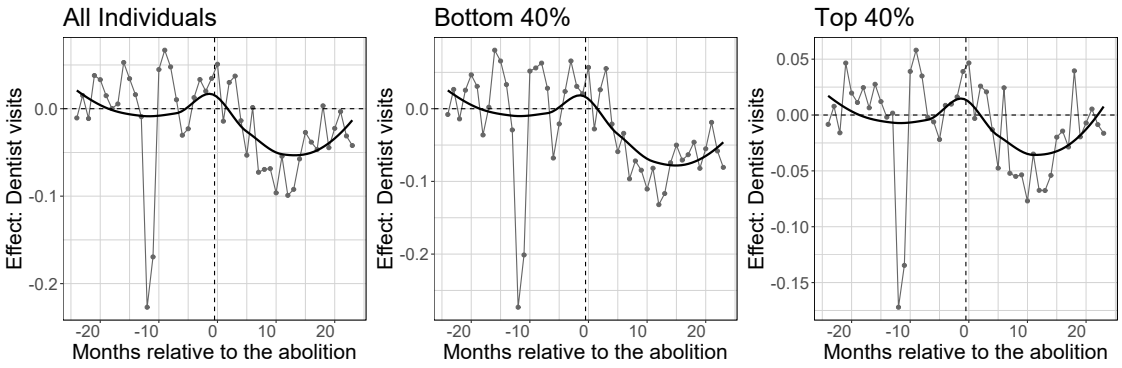

Figure A15: Trends in Dentist Visits after Removing a Linear Pre-Trend Difference.

Notes: We show the difference in dentist visits between Helsinki and the comparison areas after subtracting a linear pre-trend difference from the outcomes, estimated with OLS using only pre-abolition data. The plot shows the raw difference and its smoothed conditional mean, fitted with local linear regression. We use the distribution of equivalized family disposable income to extract the bottom 40% and the top 40%.