

medicaid and the uninsured

The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis

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The Urban Institute

November 2012

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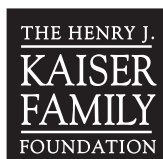
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Executive Summary

A central goal of the Patient Protection and Affordable Care Act (ACA) is to significantly reduce the number of uninsured by providing a continuum of affordable coverage options through Medicaid and new Health Insurance Exchanges. Following the June 2012 Supreme Court decision, states face a decision about whether to adopt the Medicaid expansion. These decisions will have enormous consequences for health coverage for the low-income population. This analysis uses the Urban Institute's Health Insurance Policy Simulation Model (HIPSM) to provide national as well as state-by-state estimates of the impact of the ACA on federal and state Medicaid costs, Medicaid enrollment, and the number of uninsured. The analysis shows that the impact of the ACA Medicaid expansion will vary across states based on current coverage levels and the number of uninsured. It also shows that by implementing the Medicaid expansion with other provisions of the ACA, states could significantly reduce the number of uninsured. Overall state costs of implementing the Medicaid expansion would be modest compared to increases in federal funds, and many states are likely to see small net budget gains.

If all states implement the ACA Medicaid expansion, the federal government will fund the vast majority of increased Medicaid costs. The Medicaid expansion and other provisions of the ACA would lead state Medicaid spending to increase by \$76 billion over 2013-2022 (an increase of less than 3%), while federal Medicaid spending would increase by \$952 billion (a 26% increase). Some states will reduce their own Medicaid spending as they transition already covered populations to the ACA expansion. States with the largest coverage gains will see relatively small increases in their own spending compared to increases in federal funds.

If all states implement the expansion, gains in Medicaid coverage would substantially reduce the number of uninsured. An estimated additional 21.3 million people would enroll in Medicaid by 2022, a 41% increase compared to projected levels without the ACA. Most enrollees would be newly-eligible, but some would be related to increased participation among people (primarily children) who are currently eligible. With the Medicaid expansion and other coverage provisions in ACA, the number of uninsured would be cut by 48% compared to without the ACA. However, even without the Medicaid expansion, Medicaid enrollment will increase due to provisions in the ACA that will lead to increased participation among those currently eligible for but not enrolled in Medicaid and CHIP (including children). If no states expand Medicaid, Medicaid enrollment would rise by 5.7 million people, and the number of uninsured would drop by 28%.

The additional state cost of implementing the Medicaid expansion is small relative to total state Medicaid spending. The incremental cost to states of implementing the Medicaid expansion would be \$8 billion from 2013-2022, representing a 0.3% increase over what they would spend under the ACA without the expansion. The \$8 billion includes the state share of costs for both newly eligible adults and the additional Medicaid participation among currently eligible populations that would result from expansion. If all states implemented the Medicaid expansion, federal spending would increase by \$800 billion, or 21%, compared to the ACA with no states implementing the expansion.

Accounting for factors that reduce costs, states as a whole are likely to see net savings from the Medicaid expansion. Combining Medicaid costs with a conservative estimate of \$18 billion in state and local non-Medicaid savings on uncompensated care, the Medicaid expansion would save states a total of \$10 billion over 2013-2022, compared to the ACA without the expansion. Net state savings are likely to be even greater because of other state fiscal gains that we could not estimate based on 50-state data.

The following provides an overview of the cost and coverage impact of all states implementing the ACA Medicaid expansion, including the incremental cost of adding the expansion to other ACA provisions. We also examine state costs given possible savings in other areas and in the context of state budgets as well as effects on hospital revenue.

Analytic Approach: This analysis uses the Urban Institute’s Health Insurance Policy Simulation Model (HIPSM) to provide national and state-by-state cost and coverage estimates of the ACA Medicaid expansion for the period 2013-2022. To assess the impact of the ACA Medicaid expansion, we compare three scenarios:

1. No ACA Baseline provides a starting point for understanding the impact of the ACA. These estimates use the Congressional Budget Office (CBO) March 2012 projections of current law and the impact of the ACA, as well as state-by-state Medicaid data, to estimate what Medicaid spending and coverage would be if the ACA had not been enacted (eliminating all of the ACA’s coverage options, requirements for coverage, insurance reforms, and other aspects of the ACA).
2. ACA with All States Expanding Medicaid uses HIPSM to estimate what Medicaid spending and coverage would be if the ACA remains in place and all states implement the Medicaid expansion. Comparing these results to the “No ACA Baseline” provides estimates of the impact of the ACA if all states expand Medicaid.
3. ACA with No States Expanding Medicaid uses HIPSM to estimate what Medicaid spending and coverage would be if no states implement the Medicaid expansion, but other provisions of the ACA go into place. These other provisions include new requirements that most individuals must have coverage, the no-wrong-door interface for Exchange and Medicaid/CHIP coverage, eligibility simplification, new subsidies in the Exchange, and other provisions of the ACA. As a result of these provisions, we find some increased participation in Medicaid among those currently eligible for Medicaid or CHIP, even without the expansion. Comparing these results to the “ACA with All States Expanding Medicaid” provides estimates of the incremental impact of states implementing the Medicaid expansion.

Participation: Not everyone who is eligible for Medicaid coverage enrolls in the program. HIPSM estimates take-up of Medicaid eligibility based on an individual’s specific characteristics and current coverage, rather than applying a uniform participation rate across the population. Take-up rates are modeling outcomes, not modeling assumptions. Thus, Medicaid participation rates in HIPSM vary by a number of factors including race and ethnicity, income, and education, as well as previous coverage (receiving employer-sponsored insurance (ESI), non-group coverage, or uninsured) and whether an individual is currently eligible for Medicaid or newly eligible under the ACA expansion. The average take-up rates that result are 60.5% among new eligibles and 23.4% among currently eligible but not enrolled individuals. Among currently eligible individuals, the overall take-up rate increases from 64.0% without the ACA to 72.4% under the ACA with all states implementing the Medicaid expansion.

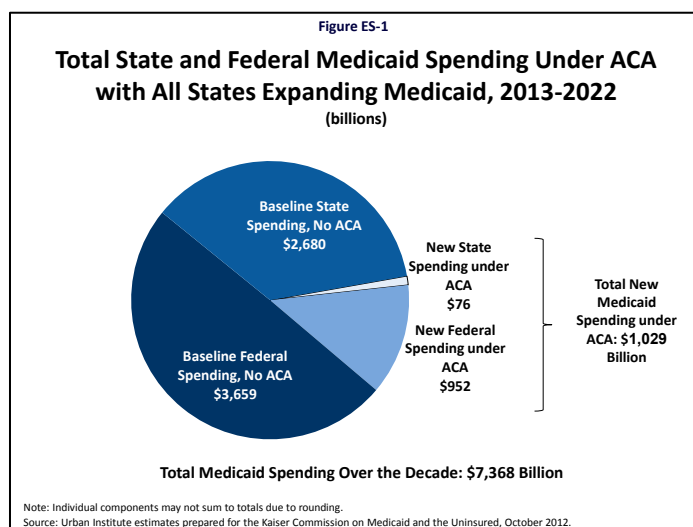
Costs: Like participation, we do not apply a uniform cost per enrollee under Medicaid; rather, the cost of covering a new Medicaid enrollee varies by the individual’s health status, previous coverage, and other characteristics. Costs per enrollee also vary by year, as prices for medical services change over time. The resulting average cost per enrollee rise from \$5,440 in 2016 to \$7,399 in 2022. Average costs per enrollee are lower among current eligibles than new eligibles because there are more children in the current eligible group, and children generally have lower costs than adults. However, newly eligible adults are less costly on average than current adult enrollees.

Financing: We split costs between the federal government and states for each state according to the federal medical assistance percentages (FMAP) stipulated under the ACA. If states do not expand Medicaid, states will receive their regular FMAP for new enrollment of current eligibles. If states do expand, they receive an enhanced FMAP for those newly eligible for Medicaid under the ACA (100% from 2014 to 2016 then phasing down to 90% in 2020 and beyond) and the regular FMAP for enrollees who are currently eligible for Medicaid. There are two exceptions to these match rates. First, states that have already enacted limited Medicaid benefits programs for adults or expanded coverage to childless adults after ACA enactment will receive the new eligible FMAP for these individuals as of 2014, provided their incomes are under 138% FPL.¹ Second, states that had expanded their Medicaid programs to include all adults with incomes up to 100% FPL as of ACA enactment will receive a phased-in increase of the FMAP for their childless adult population that will reach 93% in 2019 and 90% in 2020 and thereafter.² Last, we assume that the Children’s Health Insurance Program (CHIP) will continue to be funded beyond the expiration of its current federal allotments in 2015. Beginning in 2016, the FMAP for CHIP will be raised by 23 percentage points, capped at 100%. The CHIP increase is not tied to the Medicaid expansion, so our estimates incorporate this increase even if states do not expand. Additional detail on the methods underlying this analysis can be found in the Methods Appendix.

What Is the Cost and Coverage Impact if All States Implement the ACA Medicaid Expansion?

The ACA Medicaid expansion aims to extend Medicaid coverage to most low-income people. Specifically, beginning in 2014, the ACA expands Medicaid eligibility to 138% of the federal poverty level (FPL) (\$15,415 for an individual or \$26,344 for a family of three in 2012) for citizens and qualified immigrants. The Medicaid expansion is 100% federally funded for the first three years (2014-2016) and at least 90% federally funded thereafter.

If all states undertake the ACA Medicaid expansion, they can extend coverage to their residents with minimal or no increase in state spending due to new federal Medicaid funds. If all states expand Medicaid under the ACA, total national Medicaid spending would increase by about \$1.0 trillion over the 2013-2022 decade, with the federal government paying 93% of these costs. Most additional spending would be for the newly eligible. Of the total increased costs if all states implement the expansion, the federal government would pay \$952 billion over 2013-2022, and the state share would be \$76 billion (Figure ES-1). Under the ACA, the federal government will pay between 90% and 100% of the costs for those made newly eligible for Medicaid. While total Medicaid spending would increase by 16%, federal spending is expected to increase by 26% and state spending would increase by 3%, though results vary across states (Table ES-1).

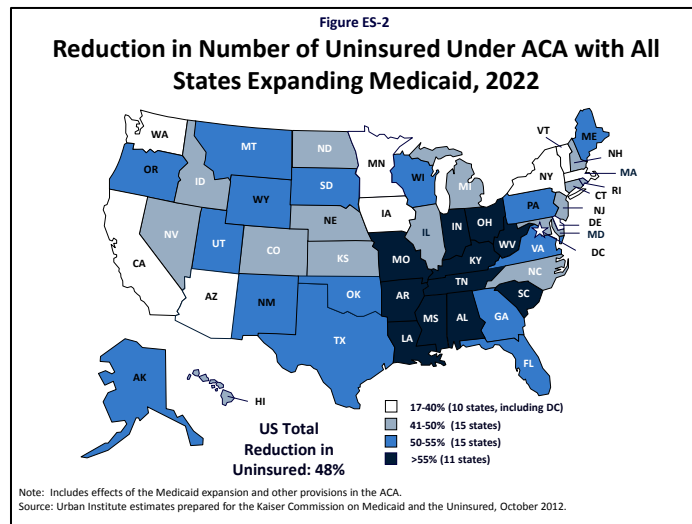


The costs or savings of the ACA Medicaid expansion (compared to no reform) vary across states. Compared to their costs without the ACA, 8 states are expected to see savings from implementing ACA with the Medicaid expansion (CT, DE, IA, MA, MD, ME, NY, and VT); in these states, the federal government pays a higher share of costs for some current eligibles. About half of the states could see their costs increase by less than 5% from 2013 through 2022. The remaining states could see their costs rise by 5 to 11% due to the size of their expansion and some increased enrollment among currently eligible people (mainly children), with the federal government paying each state's regular Medicaid match rate for current eligibles.

Most increased Medicaid spending under the ACA with all states expanding Medicaid would be for the newly eligible. Over the 2013 to 2022 period, an additional \$781 billion will be spent on new eligibles. An estimated \$248 billion will go to increased enrollment among the currently eligible. Spending for new eligibles includes spending for those newly eligible under the expansion as well as people currently covered by states through waivers with limited benefits. Spending for current eligibles includes spending for those eligible for Medicaid as of March 23, 2010 when the ACA was enacted, such as children eligible for Medicaid and CHIP, and increased federal spending for currently eligible childless adults in expansion states. The increased federal match rate for some currently eligible adults means that some states will actually save state dollars for some current beneficiaries.

If all states implement the expansion, an additional 21.3 million individuals could gain Medicaid coverage by 2022, a 41% increase compared to Medicaid without the ACA. Of the 21.3 million, increased participation among current eligibles accounts for 7.0 million and enrollment among those newly eligible under the ACA accounts for 14.3 million. Among new enrollees, 63% of the currently eligible are children, and 99% of newly eligible are adults.

In combination with other ACA provisions, implementing the Medicaid expansion would reduce the number of uninsured by 48%, relative to the number of uninsured without the ACA. States with higher uninsured rates prior to the ACA will see larger increases in Medicaid and bigger reductions in the uninsured, compared to states with lower pre-ACA uninsured rates. (Figure ES-2)

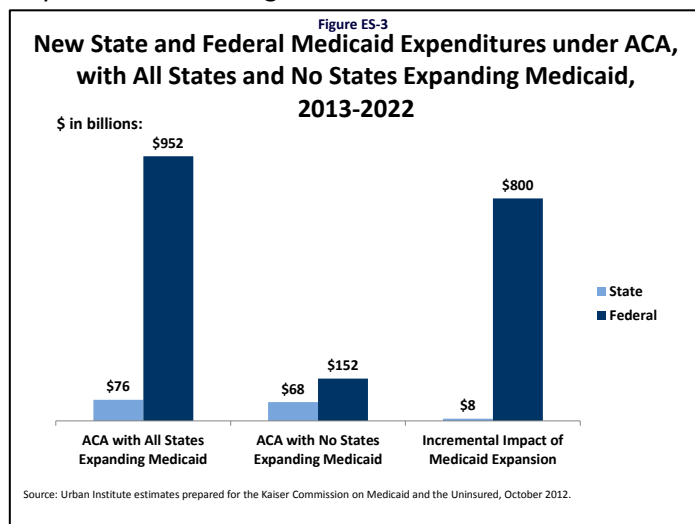


What is the Impact of the Supreme Court Ruling for State Decisions Whether to Implement the Medicaid Expansion?

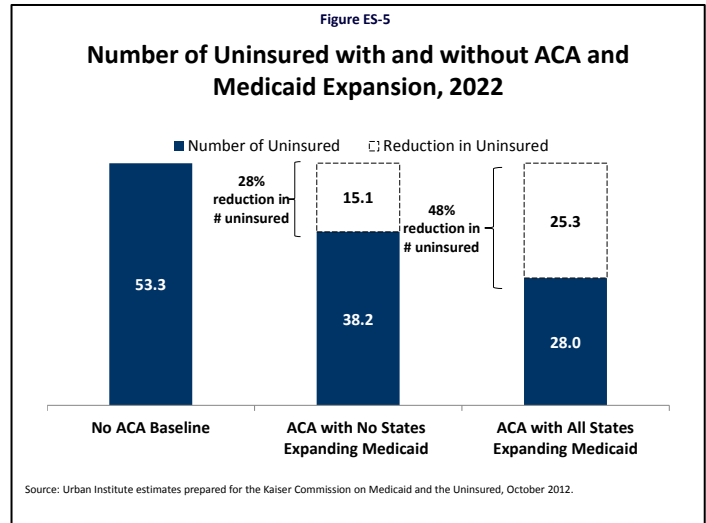
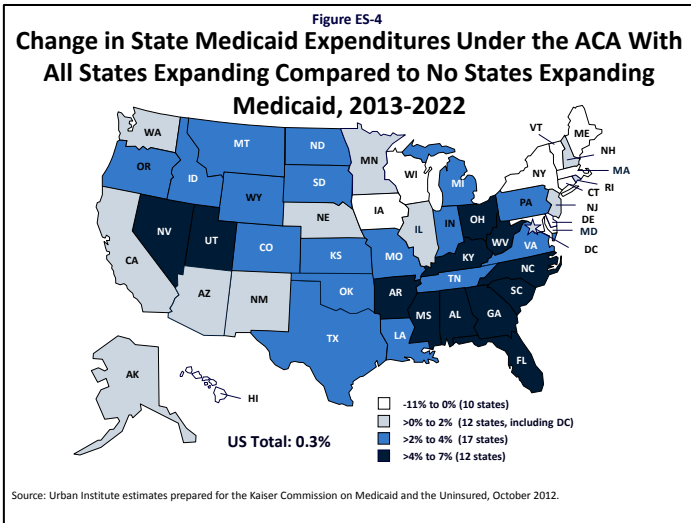
The June 2012 Supreme Court ruling on the ACA limited the federal government’s enforcement authority: if a state does not implement the expansion, the Secretary of Health and Human Services cannot withhold funds for the state’s remaining Medicaid program. However, other provisions in the ACA go into effect, regardless of whether states implement the Medicaid expansion. These provisions include the requirement that most people must obtain insurance, the no-wrong-door interface for Exchange and Medicaid/CHIP coverage, new subsidies in the Exchange, Medicaid eligibility simplification, and other aspects of the ACA.

Other provisions in the ACA will increase state Medicaid enrollment and spending, even without the Medicaid expansion. States that do not implement the Medicaid expansion will still see increased participation among those currently eligible for coverage—including children in both Medicaid and CHIP—due to the other ACA provisions noted above. Under the ACA if no state adopts the Medicaid expansion, over the 2013 to 2022 period states would spend an estimated additional \$68 billion and the federal government \$152 billion above levels without the ACA. States pay a relatively high share of such increases because, without a Medicaid expansion, new enrollment is limited to beneficiaries who qualify for standard, pre-ACA federal matching rates.

Overall, the incremental state costs of implementing the Medicaid expansion are small relative to total state Medicaid spending. State decisions about whether to implement the Medicaid expansion will be shaped in part by the costs to states. A key factor in assessing these costs is the incremental state cost and new federal funding tied to implementing the ACA Medicaid expansion. If all states implemented the expansion, this incremental state cost would be \$8 billion, increasing state Medicaid spending by 0.3%, but the increase in federal spending would be \$800 billion, or 21% (Figure ES-3 and Table ES-2). Total state cost increases are relatively small due to high federal matching payments for the newly eligible and savings in states with §1115 waiver programs or programs with limited benefits. However, even small incremental costs are a factor that must be considered by states with limited resources.



The incremental costs or savings of implementing the Medicaid expansion vary across states. For 10 states, implementing the expansion would reduce net Medicaid spending; most of these states had expanded coverage to all poor adults before the ACA and so would receive increased federal matching payments for coverage of adults without dependent children that had previously been matched at the regular Medicaid match rate. For 12 states, the expansion would increase state Medicaid spending between 4% and 7% (Figure ES-4), based on the factors we could quantify using 50-state data.

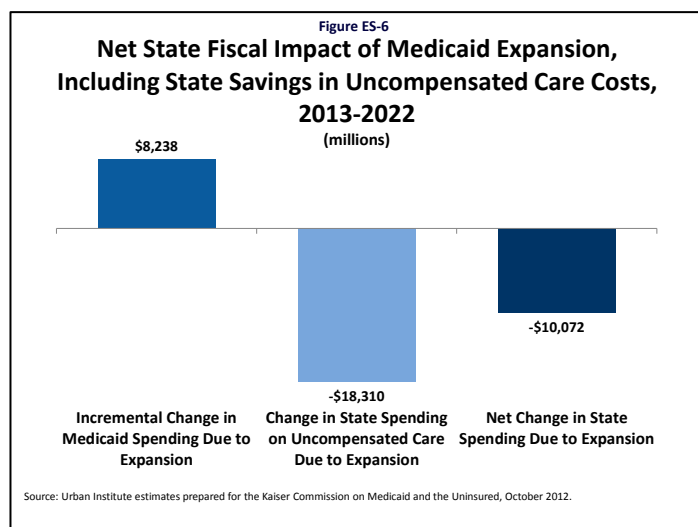


Without the Medicaid expansion, the ACA’s reduction in the number of uninsured will be much smaller. If no state implements the expansion, Medicaid coverage would increase by 5.7 million by 2022, compared to 21.3 million with the Medicaid expansion (Table ES-3). Without the expansion, the ACA would reduce the number of uninsured by 15.1 million (or 28%), due to other provisions in the legislation, including the provision allowing individuals with incomes between 100 and 138% of the FPL to enroll in Exchanges if Medicaid is not available. By contrast, the number of uninsured would decline by 25.3 million people, or 48%, if all states expanded Medicaid (Figure ES-5).

What are other effects on state spending?

Under the ACA Medicaid expansion, states would spend less on uncompensated care, and providers as a whole would receive more revenue than under ACA with no states expanding Medicaid. If all states adopted the Medicaid expansion, total uncompensated care would decline by approximately \$183 billion from 2013-2022 compared to the ACA if no states expanded Medicaid. States and localities finance about 30% of uncompensated care costs for the uninsured, and we assume that states and localities will achieve only 33% of the savings on their share of this funding. Under that conservative assumption, state and local spending on uncompensated care would decline by \$18 billion—in effect, 10% of the expansion’s total reduction in uncompensated care. Combining this state and local savings with the expansion’s \$8 billion increase in total state Medicaid costs, we find the expansion would generate \$10 billion in net state savings from 2013-2022 (Figure ES-6 and Table ES-4).

Our analysis also shows that providers as a whole would receive more revenue if states adopted the Medicaid expansion. For example, we estimate that hospitals could receive \$314 billion additional dollars between 2013 and 2022, or 18% more than they would receive under ACA with no states expanding Medicaid. Hospital



payments would increase the most in states with the largest proportionate increases in coverage under the Medicaid expansion. This increase in hospital revenue is partially offset by the ACA's \$56 billion reduction in Medicare and Medicaid Disproportionate Share Hospital payments.

The ACA Medicaid increase will have a limited impact on total state general fund spending. To place state spending effects in context, we calculate new state Medicaid spending as a share of general fund expenditures. In the aggregate, new state Medicaid spending due to the expansion represents a 0.1% increase in total general fund expenditures nationally. If state uncompensated care savings are added, states as a whole experience net fiscal gains equal to 0.1% of total general fund spending. Even in states with the highest level of increased Medicaid costs from the expansion, new state spending relative to general fund expenditures is approximately 1% or less if uncompensated care savings are included.

Many states could achieve additional savings that we could not include in this analysis. Because we limited this analysis to data available for all 50 states and the District of Columbia, we were unable to estimate several potential sources of state fiscal gain from Medicaid expansion. Such gains fall into three main categories: increased federal matching rates for current-law beneficiaries other than those covered through 1115 waivers or limited benefit programs; reduced state spending on non-Medicaid health care previously furnished to uninsured residents with incomes below 138% FPL; and additional revenue, including general revenue increases caused by the boost to state economic activity that would result from increased federal Medicaid dollars being spent within the state. In addition, certain states that provide Medicaid coverage to individuals with incomes above 138% FPL could transition this coverage to Health Insurance Exchanges whether or not the states implement the Medicaid expansion. If these factors were taken into account, many more states could realize net fiscal gains.

Conclusion

The ACA aims to significantly reduce the number of uninsured primarily by expanding coverage through Medicaid and new Health Insurance Exchanges. The June 2012 Supreme Court decision effectively allows states to decide whether to adopt the Medicaid expansion. State policy makers will evaluate the health coverage, new costs, potential savings, and political and economic implications of the decision to implement the Medicaid expansion. This analysis provides national and state-by-state information about cost and coverage effects. Our findings suggest that, by implementing the Medicaid expansion with other provisions of the ACA, states could significantly reduce the number of uninsured. Overall state costs of implementing the Medicaid expansion would be modest compared to non-ACA Medicaid spending and relative to increases in federal funds, and many states are likely to see small net budget gains.

¹ This model accounts for 11 states that have extended limited Medicaid benefits to adults eligible through section 1115 waivers that will receive the higher federal matching rates applicable to new eligibles in 2014: Connecticut, Hawaii, Indiana, Iowa, Maryland, Minnesota, New Mexico, Oregon, Utah, Washington and Wisconsin. The model does not account for states in which limited benefits are available only through premium assistance, such as Arkansas, Idaho and Oklahoma, due to the difficulty of identifying premium assistance enrollees from survey data and the small enrollment in most such programs. We also did not model limited benefits programs that are not statewide, such as those in California and Missouri. See the Methods Appendix for more information about how specific states were handled in the model.

² Seven states fall into this category: Arizona, Delaware, Hawaii, Massachusetts, Maine, New York and Vermont.

**Table ES-1. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid²
Compared to a No ACA Baseline, 2013 - 2022 (millions)**

	Expenditure Under No ACA Baseline			Expenditure Under ACA with All States Expanding Medicaid ²			Change in Expenditure Relative to No ACA Baseline					
	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	Δ (\$)	Δ (\$)	Δ (\$)	Δ (%)	Δ (%)	Δ (%)
US TOTAL	3,659,010	2,679,790	6,338,799	4,611,463	2,756,269	7,367,732	952,454	76,479	1,028,933	26.0%	2.9%	16.2%
Regional Totals³												
New England	217,415	190,369	407,784	249,607	185,666	435,273	32,192	-4,703	27,489	14.8%	-2.5%	6.7%
Middle Atlantic	811,469	738,200	1,549,669	976,317	727,019	1,703,336	164,849	-11,181	153,667	20.3%	-1.5%	9.9%
East North Central	532,092	338,477	870,569	677,776	357,673	1,035,449	145,684	19,196	164,880	27.4%	5.7%	18.9%
West North Central	248,104	178,343	426,447	296,777	184,959	481,736	48,673	6,616	55,289	19.6%	3.7%	13.0%
South Atlantic	497,582	303,061	800,643	696,075	324,902	1,020,978	198,493	21,841	220,335	39.9%	7.2%	27.5%
East South Central	258,502	110,195	368,697	333,532	116,555	450,087	75,031	6,360	81,391	29.0%	5.8%	22.1%
West South Central	377,589	238,498	616,087	493,998	252,153	746,151	116,408	13,655	130,063	30.8%	5.7%	21.1%
Mountain	213,727	115,553	329,280	269,960	123,598	393,558	56,233	8,046	64,278	26.3%	7.0%	19.5%
Pacific	502,530	467,094	969,624	617,421	483,744	1,101,165	114,891	16,650	131,541	22.9%	3.6%	13.6%
State Totals												
Alabama	52,137	22,791	74,929	67,521	24,071	91,592	15,384	1,280	16,664	29.5%	5.6%	22.2%
Alaska	11,599	9,557	21,156	13,236	9,883	23,118	1,637	325	1,962	14.1%	3.4%	9.3%
Arizona	73,273	34,711	107,984	90,554	37,848	128,401	17,280	3,137	20,417	23.6%	9.0%	18.9%
Arkansas	42,494	16,825	59,319	55,681	18,046	73,726	13,186	1,221	14,407	31.0%	7.3%	24.3%
California	379,409	366,840	746,250	464,016	380,810	844,826	84,607	13,970	98,576	22.3%	3.8%	13.2%
Colorado	31,518	29,657	61,175	43,086	31,154	74,239	11,568	1,496	13,064	36.7%	5.0%	21.4%
Connecticut	45,962	43,419	89,381	55,954	43,068	99,022	9,992	-351	9,641	21.7%	-0.8%	10.8%
Delaware	12,503	9,433	21,937	15,228	8,928	24,157	2,725	-505	2,220	21.8%	-5.4%	10.1%
District of Columbia	19,846	7,893	27,739	20,836	8,019	28,854	990	126	1,116	5.0%	1.6%	4.0%
Florida	146,971	111,964	258,935	220,266	120,849	341,114	73,294	8,885	82,179	49.9%	7.9%	31.7%
Georgia	84,211	41,374	125,585	122,153	44,512	166,665	37,942	3,139	41,080	45.1%	7.6%	32.7%
Hawaii	12,142	10,626	22,768	15,917	10,758	26,675	3,775	132	3,907	31.1%	1.2%	17.2%
Idaho	17,218	6,640	23,858	20,967	6,901	27,868	3,749	261	4,010	21.8%	3.9%	16.8%
Illinois	127,178	122,847	250,024	156,621	129,279	285,900	29,443	6,433	35,876	23.2%	5.2%	14.3%
Indiana	69,777	33,130	102,907	88,698	34,515	123,212	18,920	1,385	20,305	27.1%	4.2%	19.7%
Iowa	34,293	20,657	54,950	39,722	20,335	60,058	5,430	-321	5,108	15.8%	-1.6%	9.3%
Kansas	27,886	19,691	47,577	34,582	20,734	55,316	6,696	1,043	7,739	24.0%	5.3%	16.3%
Kentucky	63,441	24,831	88,271	82,173	26,404	108,577	18,732	1,574	20,306	29.5%	6.3%	23.0%
Louisiana	62,963	38,737	101,700	79,708	40,515	120,223	16,745	1,778	18,523	26.6%	4.6%	18.2%
Maine	26,920	14,682	41,602	30,432	14,246	44,677	3,512	-436	3,076	13.0%	-3.0%	7.4%
Maryland	55,564	53,690	109,254	69,064	53,187	122,250	13,500	-504	12,996	24.3%	-0.9%	11.9%
Massachusetts	100,045	96,223	196,268	111,599	92,209	203,808	11,553	-4,014	7,539	11.5%	-4.2%	3.8%
Michigan	105,103	51,557	156,661	130,659	55,583	186,242	25,556	4,026	29,581	24.3%	7.8%	18.9%
Minnesota	73,633	71,324	144,957	80,688	73,255	153,943	7,055	1,931	8,986	9.6%	2.7%	6.2%
Mississippi	47,520	15,749	63,269	63,188	16,949	80,138	15,668	1,201	16,869	33.0%	7.6%	26.7%
Missouri	75,647	42,108	117,754	96,610	44,906	141,515	20,963	2,798	23,761	27.7%	6.6%	20.2%
Montana	10,555	4,694	15,249	13,370	5,130	18,500	2,815	436	3,250	26.7%	9.3%	21.3%
Nebraska	19,750	14,005	33,755	23,162	14,522	37,685	3,412	518	3,930	17.3%	3.7%	11.6%
Nevada	14,904	10,548	25,453	21,525	11,745	33,270	6,620	1,197	7,817	44.4%	11.3%	30.7%
New Hampshire	13,078	11,657	24,735	15,736	11,972	27,709	2,659	315	2,974	20.3%	2.7%	12.0%
New Jersey	87,540	83,923	171,463	107,339	87,299	194,637	19,799	3,375	23,174	22.6%	4.0%	13.5%
New Mexico	38,064	16,081	54,144	43,758	16,688	60,446	5,694	608	6,302	15.0%	3.8%	11.6%
New York	468,498	450,977	919,475	552,992	433,308	986,300	84,494	-17,669	66,825	18.0%	-3.9%	7.3%
North Carolina	127,286	65,988	193,273	171,996	71,086	243,082	44,710	5,098	49,808	35.1%	7.7%	25.8%
North Dakota	7,748	5,142	12,890	10,642	5,598	16,241	2,895	456	3,351	37.4%	8.9%	26.0%
Ohio	165,732	90,473	256,205	223,742	97,100	320,842	58,010	6,627	64,637	35.0%	7.3%	25.2%
Oklahoma	44,197	23,989	68,186	53,344	25,010	78,354	9,147	1,021	10,168	20.7%	4.3%	14.9%
Oregon	38,320	21,284	59,604	53,027	22,087	75,113	14,707	803	15,509	38.4%	3.8%	26.0%
Pennsylvania	167,518	132,284	299,802	210,859	136,278	347,138	43,341	3,995	47,336	25.9%	3.0%	15.8%
Rhode Island	19,375	16,507	35,882	22,527	16,957	39,484	3,152	450	3,602	16.3%	2.7%	10.0%
South Carolina	53,227	21,715	74,942	70,230	23,242	93,472	17,003	1,527	18,530	31.9%	7.0%	24.7%
South Dakota	9,148	5,416	14,563	11,370	5,608	16,978	2,222	192	2,415	24.3%	3.6%	16.6%
Tennessee	95,404	46,824	142,228	120,650	49,130	169,780	25,247	2,306	27,552	26.5%	4.9%	19.4%
Texas	227,935	158,947	386,882	305,266	168,582	473,848	77,330	9,636	86,966	33.9%	6.1%	22.5%
Utah	21,989	8,295	30,284	28,996	9,002	37,998	7,007	707	7,714	31.9%	8.5%	25.5%
Vermont	12,035	7,880	19,916	13,359	7,214	20,573	1,324	-667	657	11.0%	-8.5%	3.3%
Virginia	52,220	50,066	102,286	68,633	52,682	121,316	16,413	2,616	19,029	31.4%	5.2%	18.6%
Washington	61,060	58,786	119,846	71,226	60,206	131,432	10,166	1,420	11,586	16.6%	2.4%	9.7%
West Virginia	33,667	11,955	45,622	42,798	12,531	55,329	9,131	576	9,707	27.1%	4.8%	21.3%
Wisconsin	64,302	40,471	104,773	78,057	41,196	119,253	13,755	725	14,480	21.4%	1.8%	13.8%
Wyoming	6,205	4,927	11,132	7,705	5,131	12,836	1,500	204	1,704	24.2%	4.1%	15.3%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table ES-2. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid² Compared to No States Expanding Medicaid, 2013 - 2022 (millions)

	Expenditure Under ACA with No States Expanding Medicaid			Expenditure Under ACA with All States Expanding ²			Incremental Impact of Medicaid Expansion					
	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	Δ (\$)	Δ (\$)	Δ (\$)	Δ (%)	Δ (%)	Δ (%)
US TOTAL	3,811,219	2,748,031	6,559,250	4,611,463	2,756,269	7,367,732	800,244	8,238	808,482	21.0%	0.3%	12.3%
Regional Totals³												
New England	224,677	194,551	419,228	249,607	185,666	435,273	24,930	-8,886	16,045	11.1%	-4.6%	3.8%
Middle Atlantic	851,971	758,815	1,610,786	976,317	727,019	1,703,336	124,346	-31,796	92,550	14.6%	-4.2%	5.7%
East North Central	555,582	348,930	904,512	677,776	357,673	1,035,449	122,194	8,743	130,937	22.0%	2.5%	14.5%
West North Central	256,675	182,304	438,979	296,777	184,959	481,736	40,101	2,655	42,757	15.6%	1.5%	9.7%
South Atlantic	517,379	310,823	828,202	696,075	324,902	1,020,978	178,697	14,079	192,776	34.5%	4.5%	23.3%
East South Central	264,289	111,414	375,703	333,532	116,555	450,087	69,243	5,141	74,384	26.2%	4.6%	19.8%
West South Central	391,565	243,628	635,194	493,998	252,153	746,151	102,432	8,525	110,957	26.2%	3.5%	17.5%
Mountain	226,410	120,569	346,979	269,960	123,598	393,558	43,550	3,029	46,579	19.2%	2.5%	13.4%
Pacific	522,671	476,995	999,667	617,421	483,744	1,101,165	94,750	6,748	101,498	18.1%	1.4%	10.2%
State Totals												
Alabama	53,150	22,990	76,140	67,521	24,071	91,592	14,371	1,081	15,452	27.0%	4.7%	20.3%
Alaska	11,777	9,736	21,513	13,236	9,883	23,118	1,458	147	1,605	12.4%	1.5%	7.5%
Arizona	79,852	37,381	117,233	90,554	37,848	128,401	10,701	467	11,168	13.4%	1.2%	9.5%
Arkansas	43,215	17,123	60,339	55,681	18,046	73,726	12,465	922	13,388	28.8%	5.4%	22.2%
California	395,266	374,496	769,762	464,016	380,810	844,826	68,750	6,314	75,064	17.4%	1.7%	9.8%
Colorado	32,778	30,296	63,073	43,086	31,154	74,239	10,308	858	11,166	31.4%	2.8%	17.7%
Connecticut	47,796	44,318	92,114	55,954	43,068	99,022	8,159	-1,251	6,908	17.1%	-2.8%	7.5%
Delaware	13,301	10,029	23,330	15,228	8,928	24,157	1,927	-1,100	827	14.5%	-11.0%	3.5%
District of Columbia	19,984	7,952	27,936	20,836	8,019	28,854	852	67	918	4.3%	0.8%	3.3%
Florida	154,153	115,485	269,638	220,266	120,849	341,114	66,113	5,364	71,477	42.9%	4.6%	26.5%
Georgia	88,442	41,972	130,413	122,153	44,512	166,665	33,711	2,541	36,252	38.1%	6.1%	27.8%
Hawaii	12,623	11,098	23,721	15,917	10,758	26,675	3,294	-340	2,954	26.1%	-3.1%	12.5%
Idaho	17,688	6,654	24,342	20,967	6,901	27,868	3,280	246	3,526	18.5%	3.7%	14.5%
Illinois	134,865	127,067	261,931	156,621	129,279	285,900	21,756	2,213	23,969	16.1%	1.7%	9.2%
Indiana	71,375	33,416	104,791	88,698	34,515	123,212	17,322	1,099	18,422	24.3%	3.3%	17.6%
Iowa	35,813	20,869	56,682	39,722	20,335	60,058	3,909	-534	3,376	10.9%	-2.6%	6.0%
Kansas	29,312	20,209	49,521	34,582	20,734	55,316	5,270	525	5,795	18.0%	2.6%	11.7%
Kentucky	64,341	25,108	89,449	82,173	26,404	108,577	17,832	1,297	19,129	27.7%	5.2%	21.4%
Louisiana	63,921	39,271	103,192	79,708	40,515	120,223	15,786	1,244	17,030	24.7%	3.2%	16.5%
Maine	27,307	14,815	42,123	30,432	14,246	44,677	3,124	-570	2,554	11.4%	-3.8%	6.1%
Maryland	56,811	54,937	111,748	69,064	53,187	122,250	12,253	-1,751	10,502	21.6%	-3.2%	9.4%
Massachusetts	104,329	98,826	203,155	111,599	92,209	203,808	7,270	-6,617	653	7.0%	-6.7%	0.3%
Michigan	113,147	53,922	167,069	130,659	55,583	186,242	17,512	1,661	19,173	15.5%	3.1%	11.5%
Minnesota	75,092	72,783	147,874	80,688	73,255	153,943	5,597	472	6,069	7.5%	0.6%	4.1%
Mississippi	48,689	15,901	64,590	63,188	16,949	80,138	14,499	1,048	15,547	29.8%	6.6%	24.1%
Missouri	78,815	43,333	122,148	96,610	44,906	141,515	17,795	1,573	19,368	22.6%	3.6%	15.9%
Montana	11,282	4,936	16,218	13,370	5,130	18,500	2,088	194	2,282	18.5%	3.9%	14.1%
Nebraska	20,099	14,272	34,371	23,162	14,522	37,685	3,063	250	3,314	15.2%	1.8%	9.6%
Nevada	15,905	11,232	27,137	21,525	11,745	33,270	5,620	513	6,133	35.3%	4.6%	22.6%
New Hampshire	13,320	11,785	25,105	15,736	11,972	27,709	2,417	188	2,604	18.1%	1.6%	10.4%
New Jersey	91,973	85,807	177,779	107,339	87,299	194,637	15,366	1,492	16,858	16.7%	1.7%	9.5%
New Mexico	38,832	16,420	55,252	43,758	16,688	60,446	4,926	268	5,194	12.7%	1.6%	9.4%
New York	496,885	466,654	963,538	552,992	433,308	986,300	56,107	-33,345	22,762	11.3%	-7.1%	2.4%
North Carolina	132,358	68,011	200,369	171,996	71,086	243,082	39,638	3,075	42,712	29.9%	4.5%	21.3%
North Dakota	8,285	5,388	13,673	10,642	5,598	16,241	2,357	211	2,568	28.4%	3.9%	18.8%
Ohio	170,401	93,082	263,483	223,742	97,100	320,842	53,341	4,017	57,358	31.3%	4.3%	21.8%
Oklahoma	44,782	24,321	69,103	53,344	25,010	78,354	8,561	689	9,251	19.1%	2.8%	13.4%
Oregon	40,185	21,580	61,765	53,027	22,087	75,113	12,842	506	13,348	32.0%	2.3%	21.6%
Pennsylvania	173,018	133,437	306,454	210,859	136,278	347,138	37,842	2,842	40,684	21.9%	2.1%	13.3%
Rhode Island	19,592	16,707	36,299	22,527	16,957	39,484	2,935	250	3,185	15.0%	1.5%	8.8%
South Carolina	54,403	22,087	76,490	70,230	23,242	93,472	15,827	1,155	16,982	29.1%	5.2%	22.2%
South Dakota	9,260	5,451	14,711	11,370	5,608	16,978	2,110	157	2,267	22.8%	2.9%	15.4%
Tennessee	98,109	47,415	145,524	120,650	49,130	169,780	22,541	1,715	24,256	23.0%	3.6%	16.7%
Texas	239,646	162,914	402,560	305,266	168,582	473,848	65,619	5,669	71,288	27.4%	3.5%	17.7%
Utah	23,722	8,638	32,359	28,996	9,002	37,998	5,274	364	5,638	22.2%	4.2%	17.4%
Vermont	12,333	8,100	20,433	13,359	7,214	20,573	1,026	-886	140	8.3%	-10.9%	0.7%
Virginia	53,969	51,356	105,325	68,633	52,682	121,316	14,665	1,326	15,991	27.2%	2.6%	15.2%
Washington	62,820	60,085	122,905	71,226	60,206	131,432	8,406	121	8,527	13.4%	0.2%	6.9%
West Virginia	34,054	11,912	45,966	42,798	12,531	55,329	8,744	619	9,363	25.7%	5.2%	20.4%
Wisconsin	65,794	41,444	107,238	78,057	41,196	119,253	12,263	-248	12,015	18.6%	-0.6%	11.2%
Wyoming	6,352	5,012	11,365	7,705	5,131	12,836	1,353	118	1,471	21.3%	2.4%	12.9%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR, and WA.

Table ES-3. Medicaid Enrollment and Uninsurance¹ Under the No ACA Baseline, the ACA with All States Expanding Medicaid² and with No States Expanding Medicaid, 2022 (thousands)

	New Medicaid Enrollment					Reductions in the Uninsured					
	Medicaid Enrollment No ACA Baseline	ACA with No States Expanding Medicaid	ACA with All States Expanding Medicaid ¹	Incremental Impact of Medicaid Expansion	% Of New Enrollment Added by Medicaid Expansion	Uninsured No ACA Baseline	ACA with No States Expanding Medicaid	ACA with All States Expanding Medicaid ¹	Incremental Impact of Medicaid Expansion	% Reduction All States Expanding Medicaid	% Reduction No States Expanding Medicaid
US TOTAL	52,410	5,659	21,280	15,621	73.4%	53,277	15,092	25,347	10,255	47.6%	28.3%
Regional Totals³											
New England	2,504	226	522	296	56.7%	1,101	261	435	174	39.5%	23.7%
Middle Atlantic	8,227	1,123	2,463	1,341	54.4%	6,696	1,900	2,781	881	41.5%	28.4%
East North Central	7,530	768	3,076	2,308	75.0%	6,307	1,833	3,308	1,475	52.4%	29.1%
West North Central	2,752	324	1,216	892	73.4%	2,388	615	1,135	520	47.5%	25.7%
South Atlantic	7,411	838	4,135	3,297	79.7%	10,059	2,926	5,170	2,244	51.4%	29.1%
East South Central	3,556	234	1,409	1,175	83.4%	3,033	937	1,768	830	58.3%	30.9%
West South Central	6,012	676	3,316	2,640	79.6%	9,453	3,218	5,000	1,781	52.9%	34.0%
Mountain	3,051	487	1,664	1,176	70.7%	4,397	1,289	1,892	603	43.0%	29.3%
Pacific	11,368	983	3,478	2,496	71.7%	9,843	2,112	3,859	1,747	39.2%	21.5%
State Totals											
Alabama	809	58	371	313	84.3%	711	217	457	240	64.3%	30.5%
Alaska	112	10	46	37	79.2%	137	45	72	27	52.4%	32.6%
Arizona	1,210	210	448	238	53.2%	1,420	386	438	52	30.9%	27.2%
Arkansas	632	33	266	233	87.5%	574	183	329	146	57.3%	31.8%
California	9,517	795	2,654	1,860	70.1%	8,061	1,731	3,154	1,424	39.1%	21.5%
Colorado	506	71	297	225	75.9%	868	244	402	158	46.3%	28.1%
Connecticut	466	50	200	150	74.8%	405	95	181	86	44.6%	23.3%
Delaware	171	21	37	16	43.8%	120	40	47	7	39.5%	33.7%
District of Columbia	153	5	31	26	84.9%	70	5	25	20	35.8%	7.8%
Florida	2,466	357	1,633	1,276	78.1%	4,181	1,247	2,116	869	50.6%	29.8%
Georgia	1,524	157	855	698	81.6%	2,107	592	1,082	489	51.3%	28.1%
Hawaii	194	18	80	62	78.0%	115	17	57	40	49.9%	14.8%
Idaho	197	19	107	88	82.2%	251	69	125	56	49.9%	27.5%
Illinois	2,103	236	809	573	70.8%	1,860	489	898	408	48.3%	26.3%
Indiana	943	72	568	495	87.3%	867	218	487	269	56.2%	25.2%
Iowa	430	43	115	72	62.4%	299	54	74	20	24.8%	18.1%
Kansas	320	53	222	169	76.1%	383	80	182	102	47.6%	20.9%
Kentucky	758	43	311	268	86.3%	740	227	408	181	55.2%	30.7%
Louisiana	993	58	456	398	87.3%	877	256	527	272	60.1%	29.1%
Maine	300	10	55	45	82.4%	146	45	74	29	50.6%	30.8%
Maryland	761	64	209	146	69.5%	780	189	327	138	42.0%	24.2%
Massachusetts	1,296	137	152	16	10.3%	224	38	40	2	17.8%	16.9%
Michigan	1,732	202	547	345	63.0%	1,372	415	632	218	46.1%	30.2%
Minnesota	697	88	193	105	54.4%	467	135	177	43	38.0%	28.8%
Mississippi	669	57	288	231	80.1%	562	158	327	169	58.2%	28.1%
Missouri	916	103	485	383	78.9%	805	235	494	259	61.3%	29.2%
Montana	101	28	92	64	69.4%	184	60	98	39	53.6%	32.4%
Nebraska	217	20	107	88	81.6%	238	65	113	49	47.6%	27.1%
Nevada	224	58	195	137	70.3%	586	155	263	108	44.8%	26.4%
New Hampshire	129	10	52	42	81.3%	138	38	65	26	47.0%	27.9%
New Jersey	817	149	441	291	66.1%	1,415	357	590	233	41.7%	25.3%
New Mexico	464	39	247	208	84.4%	556	182	280	98	50.4%	32.7%
New York	4,421	706	1,026	320	31.2%	2,954	915	1,086	171	36.8%	31.0%
North Carolina	1,477	174	742	568	76.5%	1,651	408	795	387	48.1%	24.7%
North Dakota	61	11	42	32	75.0%	80	14	35	22	44.5%	17.5%
Ohio	1,908	196	879	684	77.8%	1,627	534	991	457	60.9%	32.8%
Oklahoma	654	31	235	204	86.7%	647	226	352	126	54.4%	34.9%
Oregon	464	71	471	400	84.9%	690	163	353	190	51.2%	23.6%
Pennsylvania	1,904	178	719	542	75.3%	1,357	393	705	313	52.0%	28.9%
Rhode Island	174	8	48	40	82.7%	126	28	54	27	43.1%	21.8%
South Carolina	813	56	368	312	84.7%	775	237	440	203	56.7%	30.6%
South Dakota	110	6	50	44	87.4%	116	32	58	26	50.5%	27.7%
Tennessee	1,319	76	438	363	82.7%	1,020	335	575	240	56.4%	32.9%
Texas	3,732	554	2,359	1,805	76.5%	7,355	2,554	3,792	1,237	51.6%	34.7%
Utah	275	56	245	189	77.1%	442	163	239	76	54.0%	36.9%
Vermont	139	11	14	3	21.5%	61	18	22	4	35.1%	28.8%
Virginia	769	80	407	327	80.4%	1,071	339	554	215	51.7%	31.7%
Washington	1,081	90	227	137	60.5%	840	157	223	66	26.5%	18.7%
West Virginia	363	13	130	116	89.8%	273	102	184	82	67.4%	37.5%
Wisconsin	843	62	273	211	77.4%	581	177	300	123	51.7%	30.5%
Wyoming	72	7	34	27	80.2%	89	30	46	16	51.8%	33.8%

Source: Urban Institute Analysis, HIPSMS 2012

1. Note that uninsurance depends not only on new Medicaid enrollment, but also other coverage transitions such as movement into the exchanges or ESI take-up.

2. Also includes enrollment increases that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table ES-4. State Medicaid Costs and Uncompensated Care Savings Under the ACA with all States Expanding Medicaid and No States Expanding Medicaid¹, 2013-2022 (millions)

State	Total State Medicaid Expenditures				State Uncompensated Care	Net State Expenditures of Medicaid Costs Plus Uncompensated Care Savings	
	ACA with No States Expanding Medicaid ¹	ACA with All States Expanding Medicaid ^{1,2}	Incremental Impact of Medicaid Expansion		Incremental State Savings with All States Expanding Medicaid ³	Incremental Impact of Medicaid Expansion	
	(\$)	(\$)	Δ (\$)	Δ (%)	(\$)	Δ (\$)	Δ (%)
US TOTAL	2,748,031	2,756,269	8,238	0.3%	-18,310	-10,072	-0.4%
Regional Totals⁴							
New England	194,551	185,666	-8,886	-4.8%	-460	-9,346	-5.0%
Middle Atlantic	758,815	727,019	-31,796	-4.4%	-1,814	-33,610	-4.6%
East North Central	348,930	357,673	8,743	2.4%	-2,988	5,755	1.6%
West North Central	182,304	184,959	2,655	1.4%	-807	1,848	1.0%
South Atlantic	310,823	324,902	14,079	4.3%	-4,579	9,500	2.9%
East South Central	111,414	116,555	5,141	4.4%	-1,857	3,283	2.8%
West South Central	243,628	252,153	8,525	3.4%	-2,441	6,083	2.4%
Mountain	120,569	123,598	3,029	2.5%	-924	2,105	1.7%
Pacific	476,995	483,744	6,748	1.4%	-2,439	4,309	0.9%
State Total							
Alabama	22,990	24,071	1,081	4.5%	-512	569	2.4%
Alaska	9,736	9,883	147	1.5%	-38	109	1.1%
Arizona	37,381	37,848	467	1.2%	-50	417	1.1%
Arkansas	17,123	18,046	922	5.1%	-257	665	3.7%
California	374,496	380,810	6,314	1.7%	-1,901	4,413	1.2%
Colorado	30,296	31,154	858	2.8%	-277	581	1.9%
Connecticut	44,318	43,068	-1,251	-2.9%	-222	-1,473	-3.4%
Delaware	10,029	8,928	-1,100	-12.3%	-18	-1,118	-12.5%
District of Columbia	7,952	8,019	67	0.8%	-18	49	0.6%
Florida	115,485	120,849	5,364	4.4%	-1,254	4,109	3.4%
Georgia	41,972	44,512	2,541	5.7%	-726	1,814	4.1%
Hawaii	11,098	10,758	-340	-3.2%	-101	-441	-4.1%
Idaho	6,654	6,901	246	3.6%	-97	149	2.2%
Illinois	127,067	129,279	2,213	1.7%	-953	1,260	1.0%
Indiana	33,416	34,515	1,099	3.2%	-562	537	1.6%
Iowa	20,869	20,335	-534	-2.6%	-13	-546	-2.7%
Kansas	20,209	20,734	525	2.5%	-149	375	1.8%
Kentucky	25,108	26,404	1,297	4.9%	-451	845	3.2%
Louisiana	39,271	40,515	1,244	3.1%	-267	977	2.4%
Maine	14,815	14,246	-570	-4.0%	-120	-690	-4.8%
Maryland	54,937	53,187	-1,751	-3.3%	-178	-1,929	-3.6%
Massachusetts	98,826	92,209	-6,617	-7.2%	1	-6,616	-7.2%
Michigan	53,922	55,583	1,661	3.0%	-351	1,310	2.4%
Minnesota	72,783	73,255	472	0.6%	-49	424	0.6%
Mississippi	15,901	16,949	1,048	6.2%	-400	649	3.8%
Missouri	43,333	44,906	1,573	3.5%	-385	1,188	2.6%
Montana	4,936	5,130	194	3.8%	-56	138	2.7%
Nebraska	14,272	14,522	250	1.7%	-97	153	1.1%
Nevada	11,232	11,745	513	4.4%	-210	303	2.6%
New Hampshire	11,785	11,972	188	1.6%	-62	126	1.0%
New Jersey	85,807	87,299	1,492	1.7%	-296	1,196	1.4%
New Mexico	16,420	16,688	268	1.6%	-104	164	1.0%
New York	466,654	433,308	-33,345	-7.7%	-426	-33,772	-7.8%
North Carolina	68,011	71,086	3,075	4.3%	-1,350	1,725	2.4%
North Dakota	5,388	5,598	211	3.8%	-52	159	2.8%
Ohio	93,082	97,100	4,017	4.1%	-876	3,142	3.2%
Oklahoma	24,321	25,010	689	2.8%	-205	485	1.9%
Oregon	21,580	22,087	506	2.3%	-280	226	1.0%
Pennsylvania	133,437	136,278	2,842	2.1%	-878	1,964	1.4%
Rhode Island	16,707	16,957	250	1.5%	-51	199	1.2%
South Carolina	22,087	23,242	1,155	5.0%	-543	612	2.6%
South Dakota	5,451	5,608	157	2.8%	-62	95	1.7%
Tennessee	47,415	49,130	1,715	3.5%	-494	1,220	2.5%
Texas	162,914	168,582	5,669	3.4%	-1,712	3,956	2.3%
Utah	8,638	9,002	364	4.0%	-101	263	2.9%
Vermont	8,100	7,214	-886	-12.3%	-5	-891	-12.4%
Virginia	51,356	52,682	1,326	2.5%	-424	902	1.7%
Washington	60,085	60,206	121	0.2%	-119	2	0.0%
West Virginia	11,912	12,531	619	4.9%	-281	338	2.7%
Wisconsin	41,444	41,196	-248	-0.6%	-247	-494	-1.2%
Wyoming	5,012	5,131	118	2.3%	-28	90	1.8%

Source: Urban Institute Analysis, HIPSMS 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.
2. Estimates also include expenditure increases that would have occurred under the ACA without the Medicaid expansion
3. Estimates reflect the difference in uncompensated care under the ACA with all states vs. with no states expanding Medicaid. We estimate uncompensated care as the cost of care used by the uninsured but not paid for by the uninsured. We assume that states and localities pay for 30% of uncompensated care. We further assume that states and localities will be able to achieve only 33% of the decrease in their proportionate share of uncompensated care as savings.
4. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Introduction

This paper provides new estimates of federal and state Medicaid spending under the Patient Protection and Affordable Care Act (ACA) following last summer's Supreme Court decision. On June 28, 2012, the Supreme Court upheld the ACA's constitutionality, with one exception: the Court prohibited the federal government from denying all Medicaid funding to a state that does not implement the law's expansion of Medicaid eligibility to all individuals with incomes up to 138 percent of the federal poverty line (FPL). This ruling in effect made the Medicaid expansion optional. This paper uses the Urban Institute's Health Insurance Policy Simulation Model (HIPSM) to provide national as well as state-by-state estimates of the impact of the ACA on federal and state Medicaid costs, Medicaid enrollment and the uninsured.

This paper builds on earlier work looking at the fiscal implications of the ACA Medicaid expansion prepared by the Urban Institute for the Kaiser Commission on Medicaid and the Uninsured. That analysis, released in May 2010, showed cost and coverage estimates of the Medicaid provisions in the ACA for adults over the 2014-2019 period.³ A subsequent Urban Institute paper looked at costs for children as well as adults and accounted for four types of state savings that related to the ACA Medicaid expansion including: (1) elimination of certain categories of Medicaid adult coverage above 138 percent FPL and shifting beneficiaries into fully federally-subsidized coverage; (2) reductions in state and local spending on uncompensated care; (3) increases in the federal Medicaid matching rates for certain groups of adults;⁴ and (4) reductions in state spending on mental health and substance abuse services formerly furnished to the poor or near-poor uninsured.⁵

The analysis in this report updates the prior work in several ways:

- First, the budget window that we use is from 2013 to 2022.
- Second, we model and compare the cost and coverage impact for three scenarios: (i) No ACA, (ii) the ACA with all states implementing the Medicaid expansion, and (iii) the ACA with no states implementing the Medicaid expansion. This approach helps to isolate the incremental effect of the expansion. The ACA will have some impact on Medicaid, even in a state that does implement the Medicaid expansion. More currently eligible people will enroll because of the individual mandate, outreach through the new Health Insurance Exchanges, a new subsidy program in the exchanges, and other provisions. We estimate the effects of the decision to add the Medicaid expansion to the ACA without the expansion.

- Third, we show increased spending over 2013—2022 in prior expansion states that will receive an enhanced match rate for new enrollees who are currently eligible as well as the newly eligible. We incorporate information on limited benefit programs for which, under the expansion, states will get enhanced federal match rate for those who become new eligibles.
- Fourth, we show the impact of the expansion on Medicaid enrollment and on the number of uninsured.
- Fifth, we estimate the expansion’s effect on Medicaid hospital spending, assuming that hospitals account for the same share of spending on new enrollees as for current enrollees.
- Sixth, we estimate potential savings states and localities could realize from the additional reduction in uncompensated care that would result from adding the Medicaid expansion to the remainder of the ACA. State and local governments now pay about 30 percent of the cost of uncompensated care. Not all of previous spending can be saved; we thus assume that states and localities would eliminate just one-third of the drop in their share of uncompensated care costs. Accordingly, for every \$10 reduction in the total level of uncompensated care in a state, we make the conservative assumption that state and local government could reduce their spending on uncompensated care by \$1.⁶
- Seventh, using data on total state general fund spending from the National Association of State Budget Officers (NASBO), we show changes in state spending due to the Medicaid expansion relative to total general fund expenditures.

These estimates should be considered an overestimate of costs or an underestimate of savings if states were to implement the Medicaid expansion. Data did not permit us to develop state-specific estimates of several items.⁷ First, states could reduce their Medicaid spending on several beneficiary groups, who would instead be covered as newly eligible adults. For example, medically needy adults with incomes at or below 138 percent of the FPL who, without the expansion, would spend down to qualify for Medicaid could instead be covered as newly eligible adults who receive full Medicaid benefits at the higher federal matching rate.⁸ Second, states could cut non-Medicaid spending on health care services provided to formerly uninsured poor and near-poor adults whom the Medicaid expansion would cover with largely federal dollars. Examples include mental health and substance abuse programs and certain public health and social services. Third, the expansion could raise state revenue, including increased general revenue from heightened economic activity that results from additional federal

spending within the state.⁹ To quantify effects in these three categories, analysts would need to supplement these estimates with other analyses and state specific data.¹⁰

This analysis assumes that states could not limit the Medicaid expansion to individuals with incomes at 100 percent of the FPL or lower and still receive the enhanced federal funding that the ACA offers for newly eligible adults.

Methods

These estimates rely on the Urban Institute’s Health Insurance Policy Simulation Model (HIPSM). HIPSM is a microsimulation model that relies on the Current Population Survey (CPS) and the Medical Expenditure Panel Survey (MEPS), which provide data on insurance coverage and spending for the U.S. population. The model simulates decisions of businesses and individuals in response to policy changes such as Medicaid expansion, Health Insurance Exchange subsidies, employer penalties, and the individual mandate. We rely on CBO estimates to project the current law baseline, i.e. with the ACA fully implemented. We also use CBO analysis of the impact of the ACA to create a No ACA baseline showing the coverage and spending that would have occurred without the ACA. We simulate the ACA’s impact under two scenarios: no states adopt the Medicaid expansion; and all states adopt the expansion. Readers interested in impacts of the Medicaid expansion on a particular state can compare the two scenarios’ results.

The model yields Medicaid participation rates that vary with individual characteristics as well as previous insurance status. The participation rates used in the paper are consistent with the existing literature and are discussed further in the Methods Appendix. Estimates rely on a detailed state-specific eligibility model, incorporating states’ existing eligibility standards and population demographics in estimating the impact of the expansion.

The state specificity in the model allows us to incorporate the ACA’s changes in federal matching rates, including 100 percent payments for new eligibles from 2014-2016, declining to 90 percent in 2020 and subsequent years. We also incorporate enhanced matching rates for the seven states with Section 1115 waivers that have expanded coverage to all poor adults, including those without dependent children. We account for the limited benefit programs in 11 other states, with enrollees who will be newly eligible adults qualifying for the high federal matching payments if states expanded coverage. Last, we incorporate the ACA’s increase in federal matching payments for the Children’s Health

Insurance Program (CHIP) and assume that Congress makes federal CHIP funding available throughout the period covered by our estimates. We do not model any changes in Medicaid expenditure that would result from eliminating Medicaid eligibility for certain adults over 138% of the FPL.

We were unable to simulate other important factors because they would require state specific data; we use only data available for all 50 states. For example, we could not estimate state savings on certain adults who would qualify without the expansion, such as medically needy adults and certain adults with disabilities who have incomes at or below 138 percent of the federal poverty line (FPL) and thus could be covered as newly eligible; state savings on non-Medicaid health care (including mental health and substance abuse services as well as certain social and public health services) formerly provided to the poor- and near-poor uninsured who would be covered by the Medicaid expansion; and additional state revenue that would result as the federal expenditures for Medicaid expansion filter through the state's economy or as states receive more industry-specific revenue, such as from insurance premium taxes.

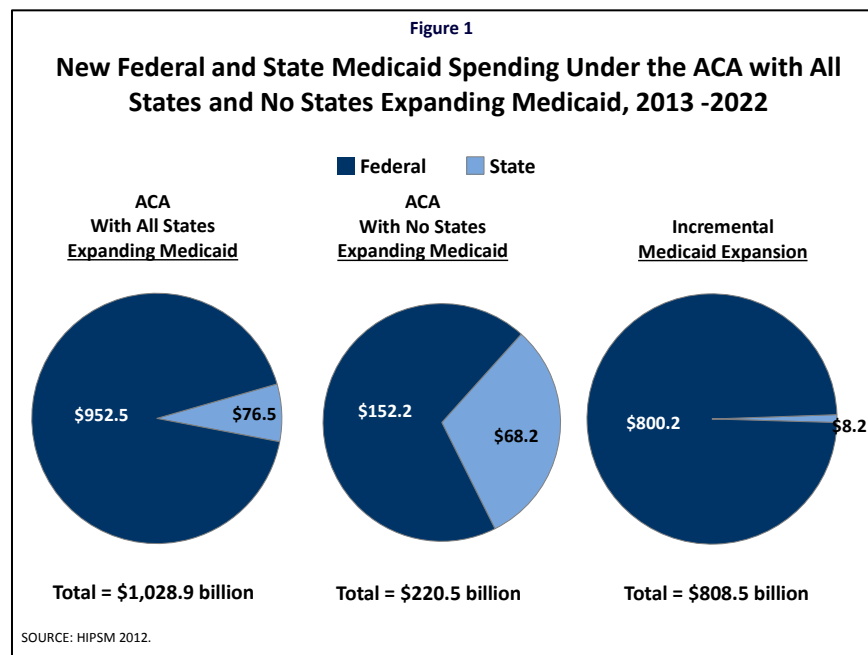
Results

Overview

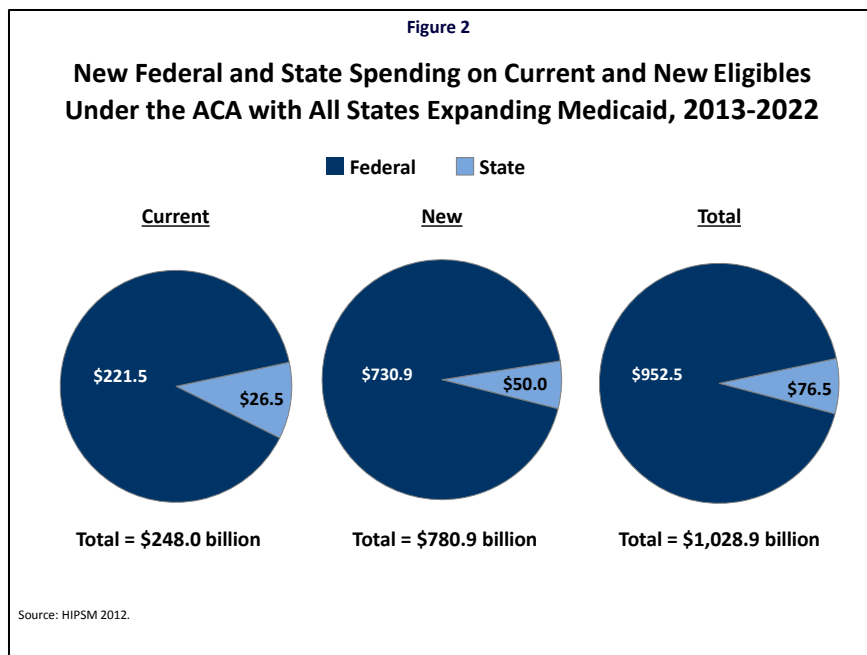
Tables 1 and 2 provide a national summary of key results. Under ACA with all states implementing the expansion, total Medicaid spending over 2013-2022 would increase by \$1.0 trillion (Figure 1), including \$952.5 billion in federal funds. This represents a 26.0 percent increase in federal Medicaid costs, compared to baseline spending without the ACA. This estimate is close to CBO's \$931 billion estimate. State spending would increase by \$76.5 billion, or 2.9 percent, based on the factors we could model.

Under the ACA with no states adopting the Medicaid expansion, Medicaid coverage and expenditures would still increase for reasons discussed earlier. Total spending would rise by \$220 billion, or 3.5 percent. Federal spending would increase by \$152.2 billion and state spending by \$68.2 billion—4.2 percent and 2.5 percent, respectively.

If all states adopted the Medicaid expansion, total spending would rise by another \$808.5 billion, or 12.3 percent more than under the ACA without the expansion. Federal spending would increase by \$800.2 billion, or 21.0 percent. The rise in state expenditures, in contrast, would be small – \$8.2 billion, or 0.3 percent, relative to spending with the ACA but no expansion. State spending increases would be small because of the high federal matching rates for new eligibles and because some states will achieve net Medicaid savings, not considering the factors we could not simulate.

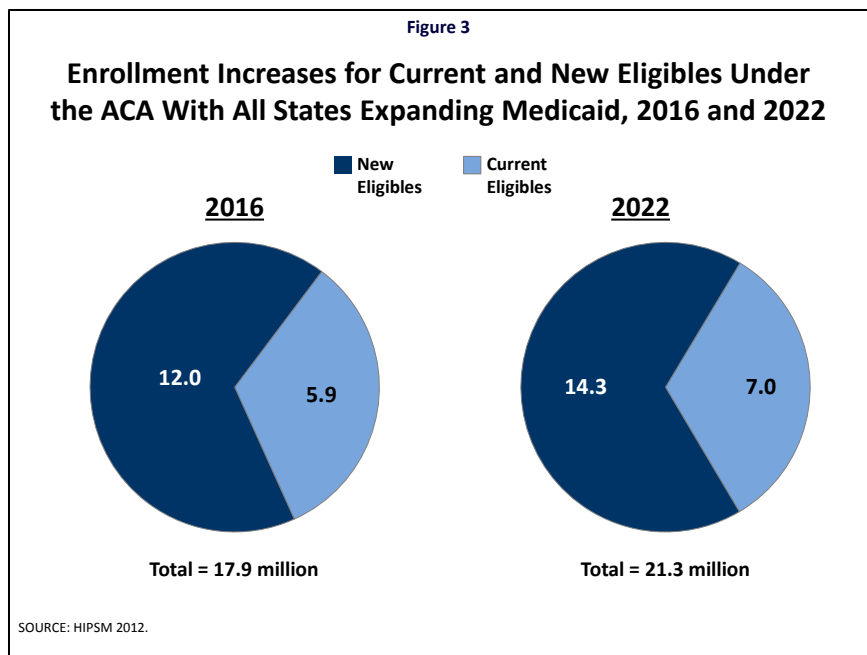


The second panel of Table 1 shows that, under the ACA with all states implementing the Medicaid expansion, total federal and state Medicaid spending would increase above No ACA levels by \$248.0 billion on current eligibles and \$780.9 billion on new eligibles. Of the spending on current eligibles, 89.3 percent would be federal and 10.7 percent state share. State expenditures on current eligibles are relatively small because while states would receive their current matching rate on new enrollment among current eligibles, they would see savings on certain groups of currently eligible adult enrollees that qualify for higher federal matching rates under reform. In addition, states would save on currently eligible CHIP enrollees who would get an enhanced match under the ACA. Thus, the overwhelming majority of the additional cost of new enrollees under reform, whether among current eligibles or new eligibles, would be borne by the federal government. (Figure 2)



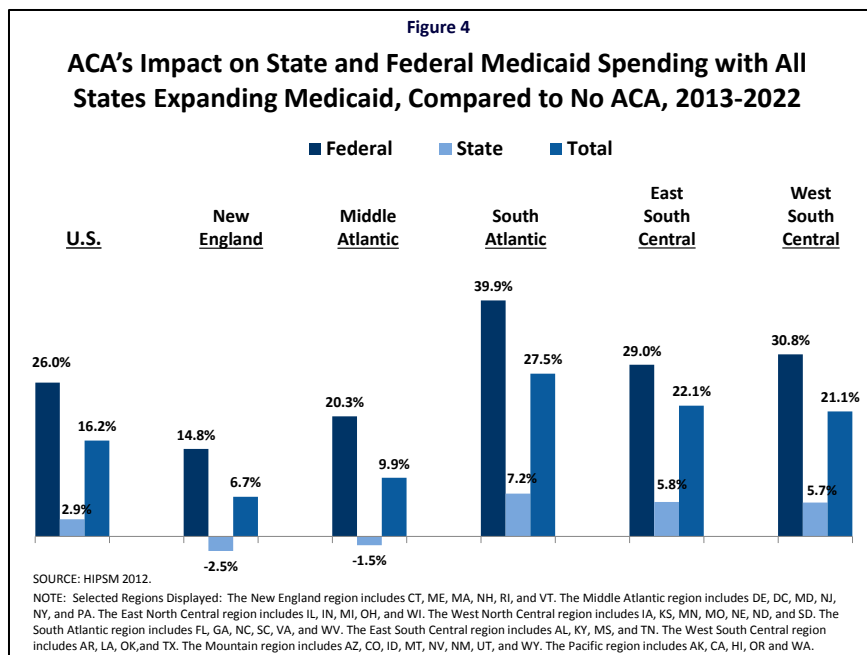
The third panel of Table 1 shows that state cost increases would grow over time. In 2016, states as a whole would realize net savings of \$3.8 billion, or 1.6 percent. On the other hand, all states will have increased expenditures on current eligibles as participation increases. By 2022, state expenditure are a positive \$5.4 billion, still only a 1.5 percent increase. The factors mentioned above still apply but states now pay 10 percent of the cost of new eligibles.

Table 2 shows the changes in Medicaid enrollment over time. If all states adopted the Medicaid expansion, enrollment increases above non-ACA levels by 17.9 million in 2016 and by 21.3 million in 2022. Two thirds of the enrollment growth is among new eligibles (Figure 3). The enrollment of current eligibles increases by 5.9 million in 2016 and 7.0 million in 2022. Children, who have particularly generous pre-ACA eligibility, comprise about 65 percent of the increase in current eligibles—namely, 3.8 million in 2016 and 4.4 million in 2022. Because there is already broad coverage of children, there are greater opportunities for new coverage through increases in participation rate. About 12.0 million newly eligible people are estimated to enroll in 2016, rising to 14.3 million in 2022; almost all new eligibles are adults.



The Impact of Medicaid Expansion Relative to No ACA

Table 3 shows the full cost increase under the ACA with nationwide implementation of the Medicaid expansion compared to no reform—that is, in the absence of any ACA provisions—between 2013 and 2022. The table shows the combined impact of the increases in Medicaid enrollment that would occur under the ACA even if no states expanded Medicaid, as well as the additional effects that would occur if all states adopted the expansion. Federal spending would increase by \$952.5 billion while state spending would increase by \$76.5 billion. As Figure 4 shows, federal spending would increase by 26.0 percent, state spending would increase by 2.9 percent, and total spending would rise by 16.2 percent.



In the New England and Mid-Atlantic states, federal spending would increase by 14.8 percent and 20.3 percent, respectively, while state spending in many states in these regions would drop. States in the South Atlantic, East South Central, and West South Central regions would see larger increases in federal spending—39.9, 29.0 and 30.8 percent, respectively—along with state cost increases of 7.2 percent, 5.8 percent, and 5.7 percent, respectively. Increases in federal spending far exceed the increases in state spending. For example, in the South Atlantic region, the increases in federal spending are nine times the size of state spending increases.

Expenditures on Current and New Eligibles under the ACA with All States Implementing the Medicaid Expansion

As noted earlier, nationally, an additional \$248.0 billion would be spent on current eligibles and \$780.9 billion on new eligibles under the ACA with all states implementing the ACA Medicaid expansion. The distribution in expenditures between current and new eligibles varies considerably among states (Table 4). Almost all states see higher federal spending on new eligibles than on current eligibles. The exceptions are primarily the prior expansion states that benefit from the enhanced match on currently eligible childless adults. Also, some states that have broad eligibility now have more opportunity for higher participation among the currently eligible.

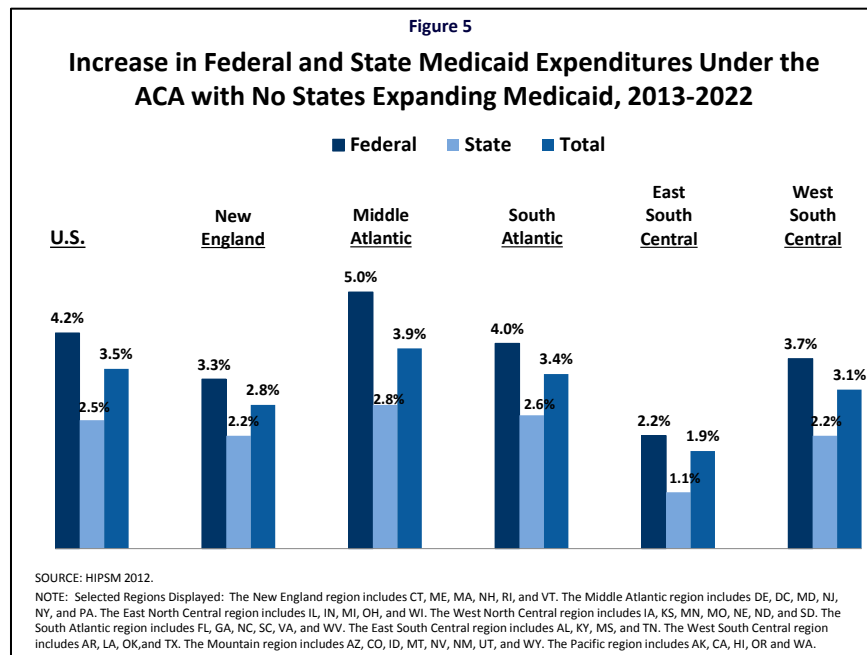
Most states will also have greater increases in state spending on new eligibles than on current eligibles. The seven prior expansion states will see large drops in state spending because of enhanced match. States that have limited benefit programs will see reductions in state spending. Note that limited

benefit enrollees who would be eligible for the higher federal match that applies to the newly eligible are classified as newly eligible in this table even though they were previously enrolled. This is why, for example, federal spending on current eligibles in Connecticut and Maryland declines.

Increases in Medicaid Enrollment and Expenditures If No States Implement the Medicaid Expansion

As explained earlier, the Affordable Care Act will increase Medicaid enrollment and expenditures for current eligibles regardless of whether states adopt the Medicaid expansion. And without the expansion, states receive existing federal matching rates.

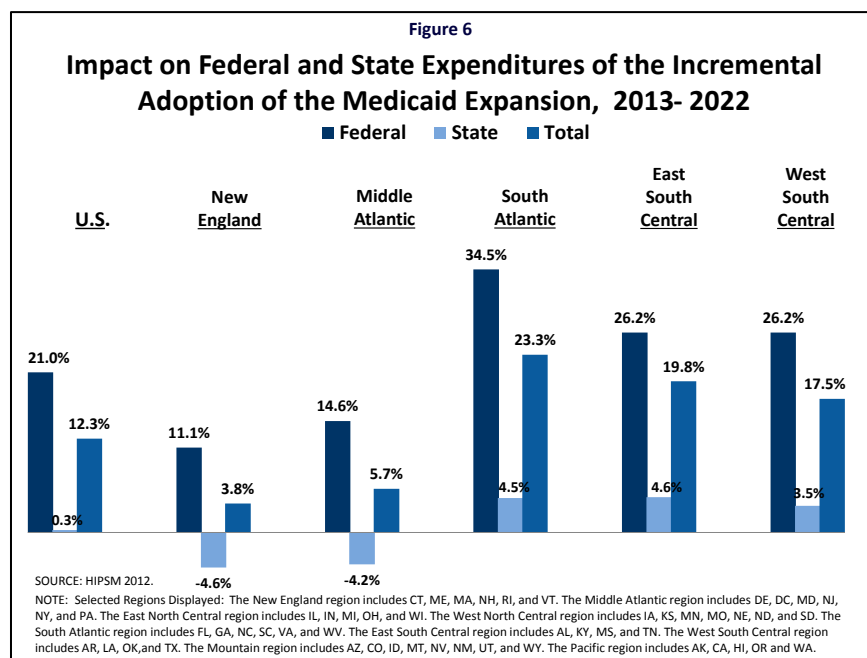
We estimate that, without the eligibility expansion, the ACA would increase Medicaid enrollment by 4.8 million people in 2016 and 5.7 million in 2022. The resulting new Medicaid expenditures would amount to \$220.5 billion over 2013-2022 (Table 5). Of this amount, \$68.2 billion would be paid by states and \$152.2 billion by the federal government, increasing state and federal spending by 2.5 percent and 4.2 percent, respectively (Figure 5). The percentage increase in federal spending is higher because the ACA increases CHIP matching rates. Particularly in states where current Medicaid eligibility is relatively limited, the effect of the increase in the CHIP matching rate could largely offset changes in Medicaid enrollment.



Incremental Impact if All States Implement the Medicaid Expansion

Table 6 shows the impact of adding the Medicaid expansion to the remainder of the ACA; the table shows federal, state, and total spending under the ACA, with and without the expansion.

Nationwide implementation of the Medicaid expansion would increase federal spending by 21.0 percent between 2013 and 2022 and state spending by 0.3 percent, compared to the ACA without an expansion (Figure 6). Federal spending would rise by \$800.2 billion while state spending would increase by \$8.2 billion. States with the smallest increases in federal spending are those that have the least new enrollment. These tend to be the New England and Middle Atlantic states. New England states would experience an increase in federal spending of 11.1 percent and Middle Atlantic states 14.6 percent. In contrast, most states in the South and West would see federal spending increases that exceed 25 percent. For example, states in the South Atlantic region would see an increase of 34.5 percent, the East South Central 26.2, and West South Central 26.2 percent. Florida would see an increase in federal spending of 42.9 percent, Georgia 38.1 percent, and Texas 27.4 percent.



In addition to increased spending on new enrollees, seven states would see the higher federal matching rates applied to childless adults who had been covered through waivers before the ACA. For example, New York over the 2013 to 2022 period would see an increase in federal spending of \$56.1 billion (11.3 percent) despite having relatively few new enrollees. States that currently provide limited benefits to their Medicaid enrollees, detailed in the methods appendix, now pay for the state share at current matching rates. The individuals now receiving limited benefits would become new eligibles under the ACA, states would receive a much higher federal matching rate, and the state share of expenditure for them would fall.

States with the largest coverage expansions would see increases in state spending in the general range of 3 to 5 percent between 2013 and 2022. State spending increases are relatively low because of the very high federal matching rates for newly eligible adults. In addition, many states with limited benefits programs, prior expansion programs, or early implementation of coverage for childless adults would see reductions in state spending under the Medicaid expansion. For example, Connecticut would have net savings of 2.8 percent, Maryland 3.2 percent, and Iowa 2.6 percent. Among the prior expansion states, Vermont would save 10.9 percent, Delaware 11.0 percent, and New York 7.1 percent, relative to Medicaid costs under the ACA with no expansion.

Spending for the Medicaid expansion would increase over time (Tables 7 and 8). The results for 2016 show an increase in federal spending of 23.6 percent and a decline in state spending (-1.6 percent in the aggregate). State spending overall would fall by \$3.8 billion relative to spending under the ACA without the Medicaid expansion. By 2022 state spending would increase in the aggregate by \$5.4 billion, or 1.5 percent. For states that save money, total gains would fall from 2016 to 2022. States that spend more would see greater increases by 2022. For example, in 2022 spending increases would average 7.6 percent, 8.0 percent, and 5.8 percent in South Atlantic, East South Central, and West South Central states, respectively.

Medicaid Enrollment With and Without the ACA Medicaid Expansion

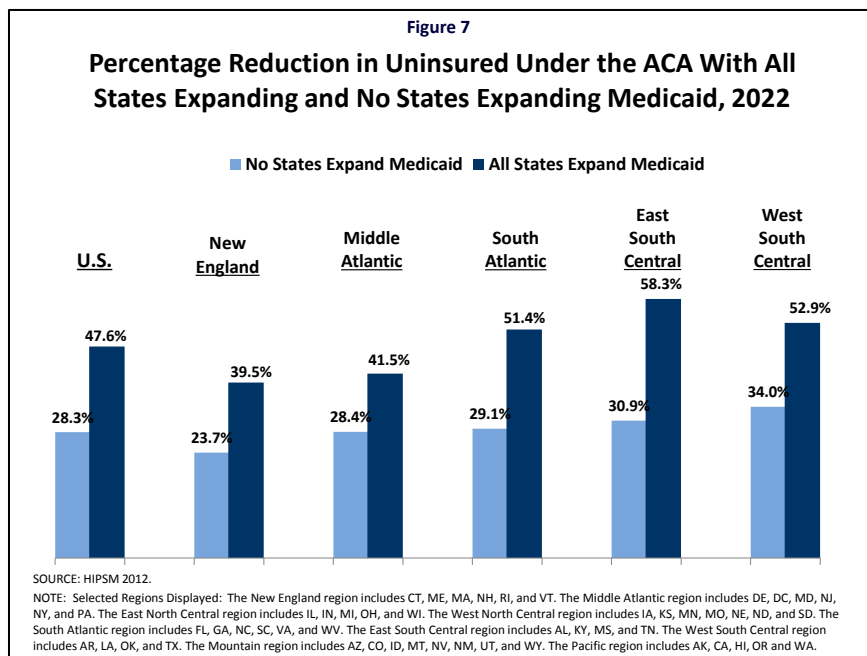
Table 9 shows new Medicaid enrollment under the ACA. Column 2 shows that, if no states implement the Medicaid expansion, new enrollees would total 5.7 million. Column 3 shows that there would be 21.3 million new enrollees if all states adopted the expansion, as adding the Medicaid expansion to the ACA would increase the number of Medicaid enrollees by 15.6 million. Nationally, 73.4 percent of the ACA's potential increase in enrollment would result from the expansion. In the South Atlantic region, East South Central, and West South Central regions, the expansion would account for 80 percent of new enrollment. In states like Massachusetts, New York, and Vermont, which already have broad Medicaid eligibility, a smaller proportion of additional enrollees are newly eligible.

If states do not adopt the Medicaid expansion, many people with incomes between 100 and 138 percent of the FPL would enroll through Health Insurance Exchanges, since those without offers of ESI that the ACA classifies as affordable would qualify for subsidies for policies purchased through Exchanges. Thus the net coverage increase if a state adopts the Medicaid expansion is less than the number of new Medicaid enrollees (Table 10). However, the increased Medicaid enrollment with the expansion is about five times the increased enrollment that would occur in exchanges without the

expansion. Similarly, the net increase in federal dollars flowing into a state is less than federal matching payments for newly eligible adults; without the expansion, some individuals with incomes between 100 and 138 percent FPL would receive federally-subsidized coverage in the exchange. However, during 2013-2022, states would receive about five times as much federal money through the Medicaid expansion as they would have received without the expansion in federal exchange subsidies for adults between 100 and 138 percent FPL (Table 11).

Impact of the Medicaid Expansion on the Uninsured

Figure 7 and Table 12 show the impact of the Medicaid expansion on the uninsured. Column 1 in Table 12 shows the number of uninsured in each state without health reform. Column 2 shows that ACA provisions other than the expansion, including the individual mandate, subsidized coverage in the exchanges, and the coordination of enrollment processes across Medicaid and Exchange coverage, would reduce the number of uninsured by 15.1 million, or 28.3 percent.¹¹ If all states adopted the Medicaid expansion, the uninsured would fall by another 10.3 million (column 4), and the number of uninsured would decline by a total of 25.3 million, representing a 47.6 percent reduction.



The additional reduction is generally greatest in the South Atlantic, East South Central, West South Central regions, as well as many states in the Mountain region—places where the Medicaid expansion would reach the largest proportion of currently uninsured. The South Atlantic region would see a 51.4 percent reduction in the number of uninsured with the expansion, compared to 29.1 percent

without it. The East South Central region would have a 58.3 percent reduction in the number of uninsured with the Medicaid expansion in contrast to 30.9 percent reduction without the expansion. The effects are smallest in states with the lowest current uninsured rates and the most generous current Medicaid coverage. The latter tend to be concentrated in the New England and Middle Atlantic regions.

Impact of the Medicaid Expansion on Payments to Hospitals

Table 13 shows the impact of the Medicaid expansion on payments to hospitals. We show hospitals as an example of new revenues available to providers. Currently, hospitals account for about 40 percent of Medicaid's overall federal and state acute care spending, on average, taking into account both inpatient and outpatient care as well as hospital services covered through managed care contracts.¹² We assume that hospitals would likewise receive 40 percent of the increase in federal and state expenditures under the Medicaid expansion. Other acute care providers would have to have disproportionate increases for hospitals not to receive the same share of new spending as they do today.

The first column of Table 13 shows total hospital payments between 2013 and 2022 under the ACA, if no states adopt the Medicaid expansion. The second column shows hospital payments under the ACA if all states implement the Medicaid expansion. Both columns include payments hospitals would have received under the current Medicaid program, without the ACA. The remaining columns show that if all states added the Medicaid expansion to the rest of the ACA, hospitals would receive \$314.0 billion in additional revenue, including both federal and state dollars. Medicaid spending on hospitals would increase by about 17.8 percent. Increased hospital revenue would be particularly significant in the states with the greatest coverage increases resulting from the expansion. For example, spending on hospitals would increase by 28 percent, 24 percent, and 23 percent in South Atlantic, East South Central, and West South Central states, respectively, if states add the Medicaid expansion to other ACA policies. The proportion of increased spending on other acute care providers is likely to be similar.

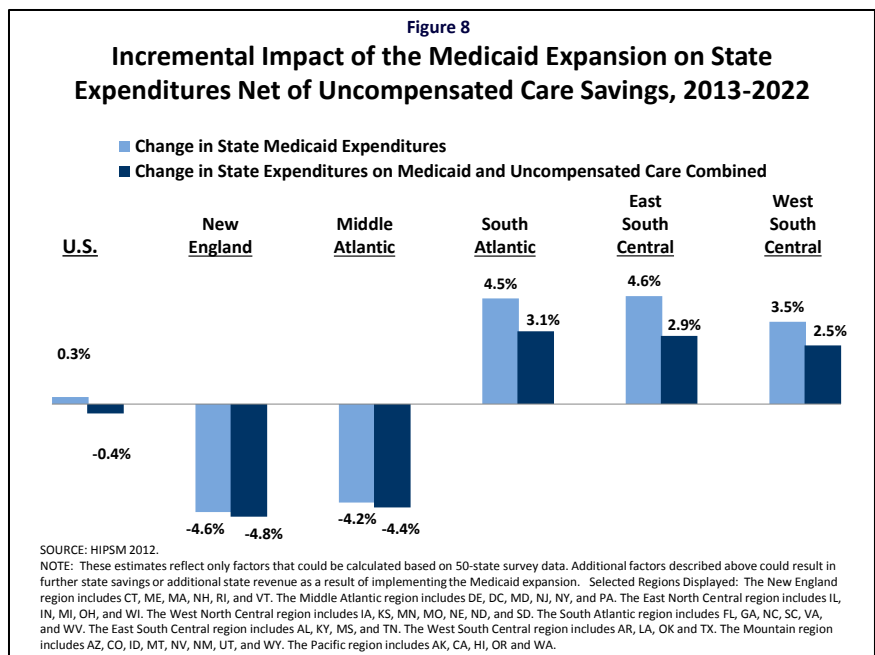
These estimates do not include the effects of hospital-based presumptive eligibility under the ACA and Medicaid coverage for emergency services only, both of which could yield additional, significant financial gains for hospitals. On the other hand, our estimated increase to hospital revenue is partially offset by the ACA's \$56 billion reduction in Medicare and Medicaid payments to Disproportionate Share Hospitals (DSH);¹³ we did not include DSH effects in our estimates because CMS has not yet promulgated regulations specifying how those reductions will be allotted among states.

The Impact of the Medicaid Expansion on Uncompensated Care

Table 14 adds one more component to our analysis of state fiscal effects. In addition to showing changes in state Medicaid spending, it shows estimated savings states and localities could realize due to reduced uncompensated care. We estimate the decrease in uncompensated care resulting from the decline in the number of uninsured by calculating uncompensated care as spending on behalf of the uninsured that they did not pay themselves. Earlier research found that states and localities finance 30 percent of the uncompensated care.¹⁴ Spending by states and localities on uncompensated care comes from grants to hospitals and clinics, the state share of Medicaid DSH payments, state and local support for graduate medical education, public hospitals, and indigent care programs. We recognize that it is politically difficult to change these commitments even if the underlying reason (e.g., support for the uninsured) becomes less necessary. One reason why states and localities may be unable to fully realize their share of uncompensated care savings is that hospitals will be absorbing federal Medicare and Medicaid DSH cuts under the ACA. Thus, we assume that states would only be able to achieve savings equal to 33 percent of the reduction in their share of payments for uncompensated care, representing only 10 percent of the total reduction in uncompensated care as noted earlier.

We estimate that over the 2013 to 2022 period, adding the Medicaid expansion to the remainder of the ACA would cut uncompensated care by \$183 billion, allowing state and local spending on uncompensated care to fall by \$18.3 billion. All states see reductions in uncompensated care. We have shown earlier that if all states implement the Medicaid expansion, the Medicaid expansion would increase net state Medicaid costs by \$8.2 billion 2013 and 2022. Subtracting \$18.3 billion in savings on uncompensated care results in of \$10.1 billion in net savings if the Medicaid expansion were implemented in all states.

These results vary considerably by state and region (Figure 8). Most of the net reductions in spending are in New England and Mid-Atlantic states, many of which provided relatively generous pre-ACA eligibility and consequently benefit from the increased federal match for current eligibles, as well as from the elimination of limited benefits programs, resulting in higher payments to new eligibles and the enhanced matching rates in prior expansion states. Overall savings in the New England and Mid-Atlantic states average 4.6 percent and 4.2 percent, respectively.

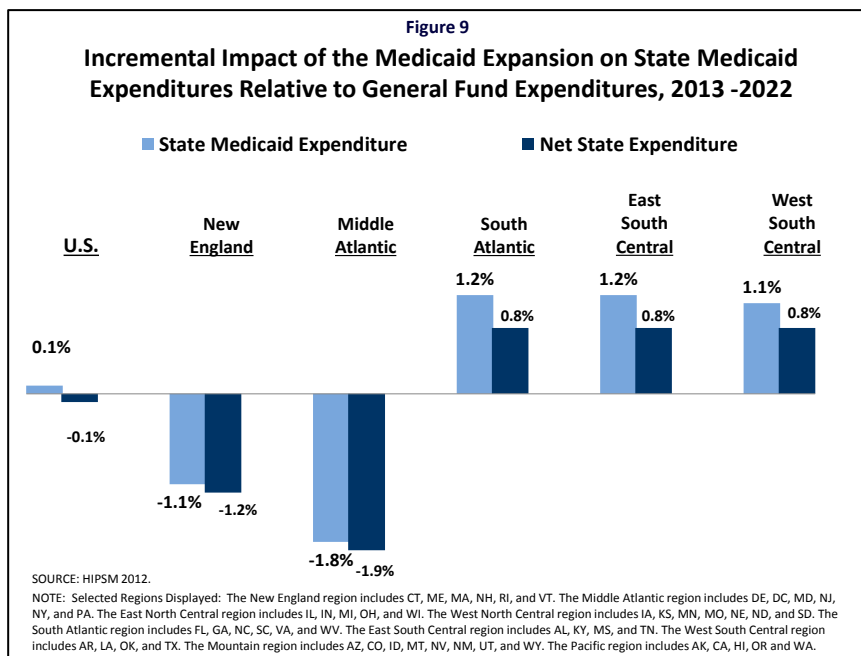


Most other states do not experience enough reductions in uncompensated care to offset their new spending. South Atlantic states, for example, would experience \$14.1 billion higher Medicaid costs and offsetting savings of \$4.6 billion from uncompensated care reductions; thus, new state spending would be \$9.5 billion, representing a 3.1 percent increase. Similarly, states in the East South Central and West South Central regions would see net increases in state expenditures of 2.9 percent and 2.5 percent, respectively. But as noted earlier, state fiscal gains from factors we could not estimate could easily outweigh these marginal increases in state spending attributable to the Medicaid expansion, resulting in additional states experiencing net fiscal benefits from the expansion.

Changes in State Spending Relative to General Fund Expenditures

Table 15 shows the impact of new state expenditures relative to total general fund expenditures. We use data from the National Association of State Budget Officers on general fund spending for all states (with the exception of District of Columbia). General fund expenditures account for about 40 percent of state spending;¹⁵ the remainder is due to special purpose spending (e.g., transportation), which is funded by various special taxes or fees that are dedicated for specific purposes. Overall, Table 15 shows that, whether it leads to net savings or net costs, the Medicaid expansion would have small effects relative to total state spending. Columns 2 and 4 in Table 15 repeat data shown in Table 14. The third and fifth columns show new state expenditures as a share of general fund expenditures. For those states that experience a decline in state health expenditures, a small amount of

freed-up general fund dollars could be used for other purposes. For example, in the New England states, 1.1 percent of general fund state expenditures could be used elsewhere in the state budget or refunded as tax cuts (1.2 percent if uncompensated care savings are included). In other states, new state expenditures would still be quite low relative to total general fund expenditures. For example, in the South Atlantic states—those with the largest coverage increase resulting from the Medicaid expansion—increased state Medicaid expenditures would equal 1.2 percent of general fund expenditures. Adding the savings from uncompensated care reduces new state expenditures to 0.8 percent. (Figure 9)



State obligations would increase over time given health care cost increases and federal matching payments that gradually fall to 90 percent in 2020 and later years. In 2016, almost all states would see savings if uncompensated care is included; state spending would decline relative to general fund expenditures by -0.7 percent. By 2022, state Medicaid expenditures relative to general fund expenditures would increase, but not by a lot (Tables 16 and 17). Overall, increased state Medicaid expenditures would be equivalent to 0.5 percent of general fund expenditures in 2022. Adding uncompensated care savings lowers new state obligations to 0.3 percent of general fund expenditures. In general, New England and Mid-Atlantic states would see savings relative to current general fund spending, even in 2022. Other states would see increases. In the South Atlantic, East South Central and West South Central, those states with the largest coverage expansion would see new expenditures in 2022 that slightly exceed 2 percent of general fund expenditures. Adding uncompensated cares effects, the net increase in expenditures is less than 2 percent. As explained earlier, additional factors that we

could not estimate based on national data could outweigh such cost increases, resulting in net fiscal gains for many states.

Conclusion

States decisions to adopt the Medicaid expansion have enormous consequences for the impact of the Affordable Care Act. The Supreme Court decision on June 28, 2012, had the effect of making the Medicaid expansion an option for states. In this paper we provide national and state level estimates of the fiscal implications of states decisions to adopt the expansion, taking into account the factors that can be quantified based on 50-state data. The major findings of the paper are as follows:

- During 2013 through 2022, the ACA, including the Medicaid expansion, will increase Medicaid spending by \$1.0 trillion, according to estimates from the Urban Institute’s HIPSIM model. Most new spending will be federal -- \$952 billion, versus \$76 billion for states. Most of the spending is on services for those who will be newly eligible: during 2013 through 2022, \$781 billion in combined federal and state funds will be spent on new eligibles and \$248 billion on current eligibles. Increased Medicaid enrollment due to the ACA (assuming all states implement the Medicaid expansion) will grow from 17.9 million in 2016 to 21.3 million in 2022.
- Even without the expansion, Medicaid enrollment and expenditures will increase because several ACA provisions such as the individual mandate, the “no wrong door” enrollment provisions, new subsidies for policies purchased via Exchanges, and enrollment simplification. We estimate that this increased Medicaid enrollment will be 4.8 million in 2016 and rise to 5.7 million in 2022. Under the ACA with no states expanding Medicaid, over the 2013-2022 period states would spend \$68.2 billion and the federal government \$152.2 billion more than without the ACA. States pay a relatively high share of these costs because, without the expansion, the state share of expenditures on new enrollees is at the current matching rate.
- If all states adopt the Medicaid expansion, federal spending would increase by another \$800 billion, or by 21.0 percent, compared to ACA implementation without the expansion. State spending would rise by \$8.2 billion, or 0.3 percent. State spending would increase only slightly because of the high federal matching payments and savings to prior expansion states and states that currently have limited benefit programs. New England and Mid-Atlantic states would on average have net reductions in Medicaid spending (4 to 5 percent) from adopting the Medicaid expansion. States in the South Atlantic,

East South Central, and West South Central regions, as well as many Mountain states, would see small increases in state spending (3 to 5 percent).

- Most acute care providers would receive more revenue if states adopt the Medicaid expansion.

We estimate that hospitals would receive about 17.8 percent more —\$314 billion—in Medicaid revenue with an expansion than under the ACA without it. The increase in payments to hospitals will be largest in the states with the greatest coverage increases attributable to the Medicaid expansion.

- Without the Medicaid expansion, the ACA would reduce the number of uninsured by 28.3 percent, because of the above-described ACA provisions that would increase Medicaid enrollment among current eligibles as well as Exchange coverage, new Exchange subsidies, and the individual mandate. If all states adopted the Medicaid expansion, the number of uninsured would fall by 47.6 percent.

- In all states that implement the Medicaid expansion, uncompensated care will decline.

According to prior research, states and localities pay about 30 percent of the cost of care received by the uninsured not paid by the uninsured. We assume that, under the ACA, states and localities can achieve only 33 percent of their proportionate share of uncompensated care savings. Overall, we estimate that adding the Medicaid expansion to the rest of the ACA would generate \$18.3 billion in state and local savings on uncompensated care between 2013 and 2022. These savings would exceed increased total state Medicaid costs during the 2013-2022 period, resulting in net fiscal gains of \$10.1 billion from the Medicaid expansion. Not all states would have net savings; states that would achieve net savings tend to be in the New England and Mid-Atlantic regions.

- Adding the Medicaid expansion to the rest of the ACA would result in new state spending that, as a share of state general fund expenditures, is relatively small, about 0.1 percent. If state savings because of less uncompensated care are added, states would spend 0.1 percent less. Even in places with large coverage expansions, new state spending relative to general fund expenditures is relatively small — about 1 percent — and less if uncompensated care savings are accounted for. Even by 2022, state spending increases only slightly as a percent of general fund expenditures.

- This analysis overstates net state costs and understates net state gains because it takes into account only those factors that can be estimated based on 50-state data. The Medicaid expansion will yield additional state fiscal gains in three areas: increasing federal matching payments for consumers who would qualify for Medicaid even without the expansion; reducing states' non-Medicaid health care spending on poor, uninsured residents who would receive Medicaid under the expansion; and increasing state revenues due to heightened economic activity or taxes on insurance premiums or health-industry-

specific transactions. These factors could outweigh the net cost increases that we estimate for many states, and they would raise the total savings experienced by states collectively above the estimated \$10.1 billion for 2013-2022.

In summary, if states adopt the Medicaid expansion they will see very large increases in federal funding, compared with their own cost increases. Federal and state Medicaid spending will rise even without the Medicaid expansion because of ACA provisions that will increase enrollment by current eligibles. The state spending added by the expansion is relatively small because of very high federal matching rates as well as savings to states with waiver programs or limited Medicaid benefits today. The reduction in the number of uninsured is substantially higher if states adopt the Medicaid expansion. Similarly, the reduction in uncompensated care costs is greater. With the large increases in federal funding coupled with relative small increases in state Medicaid spending, together with the effects on coverage, state savings on uncompensated care, increased revenue for hospitals and other providers, and state fiscal gains that we could not estimate, there are strong incentives for states to adopt the Medicaid expansion.

Methods Appendix

The principal source of our estimates of federal and state spending on the expansion of Medicaid is the Urban Institute’s Health Insurance Policy Simulation Model (HIPSM). HIPSM has been used for a number of analyses of the impact of the Affordable Care Act.¹⁶ It simulates the decisions of business and individuals in response to policy changes such as Medicaid expansion but also new health insurance options, subsidies for the purchase of health insurance and insurance market reforms. The model provides estimates of changes in government and private spending, premiums, rates of employer offers of coverage, and health insurance coverage resulting from specific reforms. The model relies on the Current Population Survey (CPS) for survey years 2009 and 2010. It incorporates data from the Medical Expenditure Panel Survey (MEPS) to obtain estimates of health care costs by personal characteristics such as health status, age, gender, etc. HIPSM estimates of the impact of the determinants of employer offers of coverage, employee take-up of offers, and participation rates in Medicaid are calibrated to the most recent research literature.¹⁷

Projecting the No-ACA Baseline

For this paper, we projected the CBO baseline from 2013 to 2022. We used the March 2012 CBO baseline for current law, prior to the recent estimates that some states would not adopt the Medicaid expansion.¹⁸ In light of the Supreme Court Decision, every state has a choice regarding the expansion, so we wanted to show the individual effects in each state of opting out of the expansion. Thus, we did not include the overall assumptions about state decisions made by CBO in July 2012 in response to the Supreme Court decision.¹⁹ In March 2012, CBO also made estimates of the impact of the ACA for 2013 through 2022.²⁰ By subtracting these impact estimates from CBO projections that assumed full implementation of the ACA (including the Medicaid expansion), we were able to construct a no-ACA baseline that was implicit in recent CBO estimates.

To make the estimates state-specific, we used the Medicaid Statistical Information System (MSIS) for 2007 for each state. We inflated the national 2007 MSIS numbers for each eligibility group – children, adults, individuals with disabilities, and the elderly – to agree with CBO estimates of national spending by eligibility group. Each state was adjusted by the same national rate of increase. We then inflated the MSIS data for each state at the same rate as the non-ACA CBO baseline for 2013 to 2022. This means that each state would grow at the same rate over time but the differences in spending among states would be preserved over the period. That is, Massachusetts would have a high level of

spending in this baseline because of its current policies and Texas would have a low level of spending in this baseline because of its policies. But their baselines would grow at the same rate, as would the baselines for all other states. We adopted similar procedures for Medicaid spending on Medicare premiums, disproportionate share hospital payments (DSH), and administration.

This no-ACA baseline, as described above, is used as a baseline for the HIPSM estimates of the impact of the ACA. We used the HIPSM model to generate estimates of the impact of the ACA. We make estimates from the HIPSM model for all years from 2013 to 2022, using methods we have used in HIPSM for several projects. Population changes over this period are based on Census projections. We assume a decrease in the unemployment rate so that full employment is reached in 2015 and subsequent years. Medicaid enrollment reflects the phase-in of the ACA through 2017 and then a growth of about 2 percent per year. This is faster than population growth, but we assume a continuation of recent trends involving slow income growth among low-income populations and erosion in employer sponsored insurance for low-wage workers.

Simulating the ACA without and with the Medicaid Expansion

We began by using HIPSM to simulate the impact of the ACA in every state without the Medicaid expansion. Even without the Medicaid expansion, there would be increased enrollment under the ACA among those currently eligible for Medicaid or CHIP. This increase is due to the individual mandate, the “no-wrong-door” interface for exchange and Medicaid/CHIP coverage, eligibility simplification,²¹ new subsidies available in the exchange, and other provisions of the ACA. To estimate Medicaid costs and coverage with the expansion, we added the HIPSM estimates of new enrollment due to the ACA with the expansion to the estimates of the effect of the ACA without the expansion.

Participation Rates

Unlike other models that estimate Medicaid costs, HIPSM does not assume a particular set of participation levels. Rather, HIPSM applies the existing literature and empirical data about participation levels in Medicaid and other coverage to a specific population group and policy configuration. Participation or “take-up” rates are thus a *result* of the modeling, not an *input* into the modeling.

Based on prior literature and observations, Medicaid participation rates vary by a number of factors, including race and ethnicity, income, and education. They also vary by whether an individual is a current or new eligible. The baseline participation rate among current eligibles is 64 percent.

Participation rates vary by the individual’s previous coverage—that is, covered by employer-sponsored

insurance (ESI), non-group insurance, or uninsured. Results from previous Medicaid expansions have shown that only a small minority of those covered by ESI switch to Medicaid.²² This relatively small transition rate reflects factors such as more generous coverage through employer insurance, the stigma of having public coverage, and that the anti-crowd-out provisions in most CHIP programs disqualify those who have recently dropped ESI. Those without coverage take up Medicaid at a much higher rate.

We predicted that, under the ACA, Medicaid-eligible individuals with current non-group coverage will also take up Medicaid at a higher rate, to eliminate the need to make premium payments. A family seeking coverage through the “no-wrong-door” interface will be screened for Medicaid and CHIP eligibility. Most of those eligible for these programs who are currently in nongroup coverage are expected to use this interface because we expect the Exchange will dominate the nongroup market by the time the ACA is fully phased in, so purchase or renewal of a nongroup policy would increasingly occur through the interface. Also, many would go to the interface to check their eligibility for subsidies. Thus, we expect that a very high percentage of these individuals would end up enrolled in public coverage.

The take-up rates that result are shown in Table A. Medicaid participation rate among current eligibles is 64.0 percent. Of the 36.0 percent who do not take up coverage in the baseline, we estimate that 4.2 percent of those with ESI, 69.2 percent of those with non-group coverage, and 39.5 percent of the uninsured will enroll in Medicaid if all states implement the Medicaid expansion under the ACA. Overall, 23.4 percent of those who are currently eligible but not enrolled would enroll in Medicaid once the ACA expansion is fully phased-in. The overall participation rate among current eligibles will rise from 64.0 percent to 72.4 percent.

Table A. Average Medicaid Participation Rates, by Insurance Status with No ACA (2022)^{1,2}			
Insurance Coverage	Average Participation Rates Under the ACA with All States Expanding Medicaid		
	No ACA	Current Eligibles	New Eligibles
ESI	4.2%	11.4%	
Non Group	69.2%	85.0%	
Uninsured	39.5%	74.0%	
Total	23.4%	60.5%	
Overall Participation Rate Among Current Eligibles - No ACA			64.0%
Overall Participation Rate Among Current Eligibles Under ACA with All States Expanding Medicaid ³			72.4%
Source: Urban Institute Analysis, HIPSM 2012			
1. Excludes those with baseline Medicare or other public coverage			
2. Includes adults and children			
3. Estimates include enrollment effects that would have occurred under the ACA without the Medicaid expansion			

Enrollment among new eligibles will depend on various factors, including income, race/ethnicity, and eligibility. We estimate that 11.4 percent of those with ESI, 85.0 percent of those with non-group coverage, and 74.0 percent of those who are uninsured will enroll. Overall, the take-up rate among new eligibles is 60.5 percent. This is about 10 percentage points below the projected participation rate among current eligibles. This is because new eligibles are more likely to be male, are less likely to be children, and are more likely to be white – all factors that are associated with lower participation rates. They are also far more likely to be located in the South, states with lower participation rates in general.

We also estimated participation levels among currently eligible adults assuming implementation of the ACA without the Medicaid expansion. We model a number of ACA provisions unrelated to the Medicaid expansion that would lead to increased enrollment of current eligibles. For example, some current Medicaid eligibles would newly enroll in response to the individual mandate. In addition to those eligibles who seek coverage because they are bound by the mandate, previous research from Massachusetts has shown that coverage mandates correlate with increased insurance among those who are exempt.²³ These people may be seeking coverage under the mistaken assumption that the mandate applies to them or simply because they want to comply with the new social norm of having insurance. Additionally, the availability of Exchange subsidies will likely draw some current eligibles to the “no-wrong-door” interface, which would automatically direct them to Medicaid enrollment.

Although we estimate that there would be significant new enrollment of current eligibles without the Medicaid expansion, it is important to note that we estimate even more current eligibles would enroll under the ACA with a full Medicaid expansion due to a number of factors. For instance, through the eligibility simplification under the Medicaid expansion, it is more likely that people will be aware of their own eligibility. Additionally, newly eligible adults who enroll through the “no-wrong-door” interface are more likely to discover the current CHIP eligibility of their children. In addition, prior research shows that, when parents receive coverage, their children are more likely to enroll.²⁴

Newly enrolled current eligibles are cheaper on average than their newly eligible counterparts (Table B). In 2022, after the phase-in is complete, newly enrolled current eligibles cost a little under \$6,000 on average; new eligibles cost slightly over \$8,000 in the same year. However, the cohort of newly enrolled current eligibles contains a larger proportion of children than the new eligibles (see full report), which drives down the average costs. In fact, we find that currently eligible adults are more expensive than newly eligible adults (data not shown). This result is unsurprising given that a considerable number of currently eligible adults qualify through disability or medical needy pathways. The same cost pattern holds in 2016, with current eligibles (including both children and adults) averaging about \$2,000 less than the new eligibles (who are mostly adults). Overall, the average cost of a new Medicaid enrollee grows by approximately 5% annually, from slightly over \$5,400 in 2016 to nearly \$7,400 in 2022.²⁵

	2016	2022
Average Cost under ACA with Full Expansion²		
Total	\$5,440	\$7,399
Current Eligibles ³	\$4,179	\$5,912
New Eligibles	\$6,058	\$8,124
Source: Urban Institute Analysis, HIPSMS 2012		
1. Acute care costs only		
2. Estimates include enrollment and expenditure increases that would have occurred under the ACA without the Medicaid expansion		
3. Currently eligible new enrollees have a higher share of children than new eligibles, causing their average cost to be lower.		

Federal Matching Rates for New Eligibles

If a state chooses to expand Medicaid, the federal government will pay 100 percent of the costs of those made newly eligible for the program for 2014 through 2016. The federal match rate decreases to 95 percent in 2017, 94 percent in 2018, and 93 percent in 2019. The 90 percent federal match rate for new eligibles in 2020 is carried forward into subsequent years.

The Enhanced Match for Seven Prior Expansion States; States with Limited Medicaid Benefits

The costs of new enrollees are not the only factor determining the impact of the Medicaid expansion on state and federal budgets. As an integral part of the ACA Medicaid expansion, we produced estimates for two cases in which the federal government will pay a higher share of the costs of existing enrollees. First, states that expanded their Medicaid programs to include all adults with incomes up to 100 percent FPL before the ACA will receive a higher match rate for some of this population under reform. Seven states fall into this category: Arizona, Delaware, Hawaii, Massachusetts, Maine, New York and Vermont. These states will see a phased-in increase of the federal match rate for

their childless adult population²⁶ that eventually reaches 93 percent in 2019 and 90 percent in 2020 and thereafter.

Secondly, states that have enacted limited Medicaid benefits programs for adults will receive the New Eligible Match Rate for these adults, provided their incomes are under 138 percent of the FPL. There are 11 states that have either extended limited Medicaid benefits to adults eligible through section 1115, or have taken advantage of the ACA's option to cover childless adults before 2014: Connecticut, Hawaii, Indiana, Iowa, Maryland, Minnesota, New Mexico, Oregon, Utah, Washington and Wisconsin.²⁷ In 2014 and thereafter,²⁸ these states will receive the higher federal matching rates applicable to new eligibles.

The Children's Health Insurance Program

Beginning in 2016, the federal government's share of the costs of children enrolled in CHIP will be raised by 23 percentage points, up to a maximum of 100 percent. This change is not tied to Medicaid, so we include it in our estimates with and without the expansion. Currently, there are no new federal allotments for CHIP beyond fiscal year 2015, so the future of the program is unclear. We assume that CHIP will continue to be funded after 2015, using the higher federal matching percentages included in the ACA.

Eliminating Medicaid Eligibility Above 138% and Above 100% of the FPL

We do not model eliminating Medicaid eligibility for certain adults above 138% of the FPL. It is possible that states could achieve additional savings through maintenance of effort reductions. For example, states could discontinue Medicaid eligibility currently provided through Section 1931 and 1115 waivers and move those adults to federally subsidized coverage in the exchange. We likewise do not model, without the Medicaid expansion, the effects of states eliminating Medicaid eligibility for adults between 100% and 138% of the FPL and moving them into subsidized coverage in the exchange.²⁹

Notes

³ Holahan J and Headen I. *Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% Poverty*. Washington, DC: Urban Institute, 2010.

http://www.urban.org/health_policy/url.cfm?ID=1001391

⁴ These adults were either previously eligible for limited benefits under Medicaid waivers, previously served by state-only programs, or childless adults in states that previously covered all their poor residents.

⁵ Buettgens M, Dorn S and Carroll C. *ACA and State Governments: Consider Savings as Well as Costs, State Governments Would Spend at Least \$90 Billion Less With the ACA than Without It from 2014 to 2019*. Washington DC: Urban Institute, 2011.

⁶ For example, suppose a state with \$1 million in uncompensated care without the ACA experienced a 50 percent reduction under the ACA, lowering uncompensated care costs to \$500,000. We would assume that, without the ACA, states and localities would have paid 30 percent of total uncompensated care, or \$300,000. A 50 percent reduction in that state and local share would amount to \$150,000. We would assume that the state and its localities could cut back their spending on uncompensated care by just 33 percent of this amount, or \$50,000. Uncompensated care in the state as a whole would fall by \$500,000, and state and local spending on uncompensated care would drop by just \$50,000, under our approach to estimated savings.

⁷ For example, we estimate that the expansion would increase Arkansas's net state costs during 2013 through 2022. But state officials who also considered the effects of (a) increasing federal matching funds for current beneficiaries (including the medically needy) not captured in our data sources and (b) higher revenues due to the macroeconomic effects of more federal Medicaid funding concluded that, on balance, the state would gain fiscally under the ACA. Arkansas Department of Human Services. July 17, 2012. Estimated Medicaid-Related Impact of the Affordable Care Act with Medicaid Expansion.

⁸ For another example, a number of states that have implemented the ACA's option for pre-2014 coverage of childless adults will experience savings in 2014, when these adults qualify for 100 percent federal funding. Currently available survey data do not permit estimates of such savings in all applicable states.

⁹ In addition, this analysis does not consider the impact of the Medicaid expansion on state administrative costs. It is not clear whether, on balance, such costs would rise or fall. Dorn 2012.

¹⁰ For further information about these fiscal effects, see Stan Dorn, "Considerations in Assessing State-Specific Fiscal Effects of the ACA's Medicaid Expansion," Urban Institute, Sept. 2012.

<http://www.urban.org/UploadedPDF/412628-Considerations-in-Assessing-State-Specific-Fiscal-Effects-of-the-ACAs-Medicaid-Expansion.pdf>.

¹¹ This takes into account that, without the Medicaid expansion, exchange subsidies will be available for many adults between 100 and 138 percent FPL.

¹² Authors' calculation from the Medicaid Statistical Information System; our hospital spending results include an estimate of the amount of hospital spending included in managed care capitation payments.

¹³ This estimate for 2013-2022 comes from Congressional Budget Office. July 24, 2012. Letter to the Honorable John Boehner regarding H.R. 6079, the Repeal of Obamacare Act, as passed by the House.

¹⁴ Jack Hadley, John Holahan, Teresa A. Coughlin, Dawn M. Miller, "Covering the Uninsured in 2008: Current Costs, Sources Of Payment, And Incremental Costs," (Washington, DC: The Urban Institute, 2008) <http://www.urban.org/url.cfm?ID=1001210>.

¹⁵ NASBO, "State Expenditure Report 2010, Examining Fiscal 2009-2011 State Spending" 2011. <http://www.nasbo.org/sites/default/files/2010%20State%20Expenditure%20Report.pdf>

¹⁶ For a complete bibliography, see The Urban Institute's Health Microsimulation Capabilities, <http://www.urban.org/uploadedpdf/412154-Health-Microsimulation-Capabilities.pdf>

¹⁷ HIPSIM Methodology Documentation, <http://www.urban.org/UploadedPDF/412471-Health-Insurance-Policy-Simulation-Model-Methodology-Documentation.pdf>

¹⁸ Congressional Budget Office, "Medicaid Spending and Enrollment Detail for CBO's March 2012 Baseline," March 2012.

¹⁹ Congressional Budget Office, "Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision," July 2012

²⁰ Congressional Budget Office, “Updated Estimates for the Increasing Coverage Provision of the Affordable Care Act,” March 2012.

²¹ For example, current eligibility standards are converted to Modified Adjusted Gross Income (MAGI), and states must grant eligibility without requesting documentation from the applicants if data matches are reasonably compatible with attestations.

²² For example, the most-quoted paper is probably David M. Cutler and Jonathan Gruber, “Does public insurance crowd out private insurance?” *The Quarterly Journal of Economics*, 111 (1996): 391-430.

²³ Sharon K. Long, Allison Cook, and Karen Stockley, “Access to Health Care in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey” (Washington, DC: The Urban Institute, 2010), <http://www.urban.org/url.cfm?ID=1001403>. See also earlier work using the Massachusetts Health Insurance Survey by Sharon Long and other coauthors.

²⁴ Government Accountability Office. “Given the Association between Parent and Child Insurance Status, New Expansions May Benefit Families,” February 2011

²⁵ Note that there are still phase in effects in 2016 and 2017, so cost growth is not precisely 5% in these years.

²⁶ Social Security Act Section 1905(z)(2)

²⁷ Due to survey data limitations, we are not able to model all limited benefits programs. For example, our data would not allow us to model the limited benefits program in Michigan or Washington, DC. Additionally, we did not model states in which limited benefits are available only through premium assistance, such as Arkansas, Idaho and Oklahoma, due to the difficulty of identifying premium assistance enrollees from survey data and the small enrollment in most such programs. It is worth noting that in states such as New Mexico, which provide limited benefits partly through premium assistance and partly through other mechanisms, we model only the limited benefits program that does not result from the premium assistance pathway. We also did not model limited benefits programs that are not statewide, such as in California or Missouri. In general, we use eligibility guidelines from 2009 as criteria for establishing MOE requirements and as such did not model any early expansion programs, such as in New Jersey.

²⁸ CMS, State Medicaid Director Letter, “New Option for Coverage of Individuals Under Medicaid,” April 9, 2010, SMDL# 10-005, PPACA # 1.

²⁹ See Edmund F. Haislmaier and Drew Gonshorowski. 2012. *State Lawmaker’s Guide to Evaluating Medicaid Expansion Projections*. Washington, D.C.: The Heritage Foundation."

Table 1. New Medicaid Expenditures Under the ACA with All States Expanding Medicaid and with No States Expanding Medicaid (millions)

Effect of the ACA and the Medicaid Expansion on Medicaid Expenditure, 2013-2022						
	ACA with All States Expanding Medicaid¹		ACA with No States Expanding Medicaid		Incremental Impact of the Medicaid Expansion	
	Δ (\$)	Δ (%)	Δ (\$)	Δ (%)	Δ (\$)	Δ (%)
Total	1,028,933	16.2%	220,451	3.5%	808,482	12.3%
Federal	952,454	26.0%	152,210	4.2%	800,244	21.0%
State	76,479	2.9%	68,241	2.5%	8,238	0.3%
ACA with All States Expanding Medicaid¹, 2013-2022						
	All Eligibles		Current Eligibles²		New Eligibles	
	Δ (\$)	(Col %)	Δ (\$)	(Col %)	Δ (\$)	(Col %)
Total	1,028,933	100.0%	248,002	100.0%	780,931	100.0%
Federal	952,454	92.6%	221,507	89.3%	730,947	93.6%
State	76,479	7.4%	26,496	10.7%	49,983	6.4%
Incremental Impact of the Medicaid Expansion, Select Years						
	2013-2022		2016		2022	
	Δ (\$)	Δ (%)	Δ (\$)	Δ (%)	Δ (\$)	Δ (%)
Total	808,482	12.3%	76,759	13.1%	122,816	14.0%
Federal	800,244	21.0%	80,561	23.6%	117,376	23.0%
State	8,238	0.3%	-3,802	-1.6%	5,440	1.5%

Source: Urban Institute Analysis, HIPSM 2012

1. Estimates also include expenditure increases that would have occurred under the ACA without the Medicaid expansion

2. Note that the federal government pays for a larger share of the cost of certain groups of current enrollees, causing state costs on current eligibles to decrease within these subgroups.

Table 2. New Enrollment Under the ACA with All States Expanding Medicaid¹ in 2016 and 2022 (thousands)

	2016	2022
Enrollment Increase Over No ACA		
Enrollment - No ACA	51,000	52,410
New Enrollment - ACA with All States Expanding ¹	17,910	21,280
% Change in Enrollment	35%	41%
New Enrollment By Eligibility Type and Age		
New Enrollment - ACA with All States Expanding ¹	17,910	21,280
Current Eligibles	5,894	6,975
Adult	2,062	2,606
Child	3,832	4,368
% Adult	35%	37%
New Eligibles	12,017	14,305
Adult	11,943	14,215
Child	73	90
% Adult	99%	99%

Source: Urban Institute Analysis, HIPSM 2012

1. Estimates also include enrollment and expenditure increases that would have occurred under the ACA without the Medicaid expansion

Table 3. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid² Compared to No ACA, 2013 - 2022 (millions)

	Expenditure Under No ACA			Expenditure Under ACA with All States Expanding Medicaid ²			Change in Expenditure Relative to No ACA					
	Federal (\$)	State (\$)	Total (\$)	Federal (\$)	State (\$)	Total (\$)	Federal Δ (\$)	State Δ (\$)	Total Δ (\$)	Federal Δ (%)	State Δ (%)	Total Δ (%)
US TOTAL	3,659,010	2,679,790	6,338,799	4,611,463	2,756,269	7,367,732	952,454	76,479	1,028,933	26.0%	2.9%	16.2%
Regional Totals³												
New England	217,415	190,369	407,784	249,607	185,666	435,273	32,192	-4,703	27,489	14.8%	-2.5%	6.7%
Middle Atlantic	811,469	738,200	1,549,669	976,317	727,019	1,703,336	164,849	-11,181	153,667	20.3%	-1.5%	9.9%
East North Central	532,092	338,477	870,569	677,776	357,673	1,035,449	145,684	19,196	164,880	27.4%	5.7%	18.9%
West North Central	248,104	178,343	426,447	296,777	184,959	481,736	48,673	6,616	55,289	19.6%	3.7%	13.0%
South Atlantic	497,582	303,061	800,643	696,075	324,902	1,020,978	198,493	21,841	220,335	39.9%	7.2%	27.5%
East South Central	258,502	110,195	368,697	333,532	116,555	450,087	75,031	6,360	81,391	29.0%	5.8%	22.1%
West South Central	377,589	238,498	616,087	493,998	252,153	746,151	116,408	13,655	130,063	30.8%	5.7%	21.1%
Mountain	213,727	115,553	329,280	269,960	123,598	393,558	56,233	8,046	64,278	26.3%	7.0%	19.5%
Pacific	502,530	467,094	969,624	617,421	483,744	1,101,165	114,891	16,650	131,541	22.9%	3.6%	13.6%
State Totals												
Alabama	52,137	22,791	74,929	67,521	24,071	91,592	15,384	1,280	16,664	29.5%	5.6%	22.2%
Alaska	11,599	9,557	21,156	13,236	9,883	23,118	1,637	325	1,962	14.1%	3.4%	9.3%
Arizona	73,273	34,711	107,984	90,554	37,848	128,401	17,280	3,137	20,417	23.6%	9.0%	18.9%
Arkansas	42,494	16,825	59,319	55,681	18,046	73,726	13,186	1,221	14,407	31.0%	7.3%	24.3%
California	379,409	366,840	746,250	464,016	380,810	844,826	84,607	13,970	98,576	22.3%	3.8%	13.2%
Colorado	31,518	29,657	61,175	43,086	31,154	74,239	11,568	1,496	13,064	36.7%	5.0%	21.4%
Connecticut	45,962	43,419	89,381	55,954	43,068	99,022	9,992	-351	9,641	21.7%	-0.8%	10.8%
Delaware	12,503	9,433	21,937	15,228	8,928	24,157	2,725	-505	2,220	21.8%	-5.4%	10.1%
District of Columbia	19,846	7,893	27,739	20,836	8,019	28,854	990	126	1,116	5.0%	1.6%	4.0%
Florida	146,971	111,964	258,935	220,266	120,849	341,114	73,294	8,885	82,179	49.9%	7.9%	31.7%
Georgia	84,211	41,374	125,585	122,153	44,512	166,665	37,942	3,139	41,080	45.1%	7.6%	32.7%
Hawaii	12,142	10,626	22,768	15,917	10,758	26,675	3,775	132	3,907	31.1%	1.2%	17.2%
Idaho	17,218	6,640	23,858	20,967	6,901	27,868	3,749	261	4,010	21.8%	3.9%	16.8%
Illinois	127,178	122,847	250,024	156,621	129,279	285,900	29,443	6,433	35,876	23.2%	5.2%	14.3%
Indiana	69,777	33,130	102,907	88,698	34,515	123,212	18,920	1,385	20,305	27.1%	4.2%	19.7%
Iowa	34,293	20,657	54,950	39,722	20,335	60,058	5,430	-321	5,108	15.8%	-1.6%	9.3%
Kansas	27,886	19,691	47,577	34,582	20,734	55,316	6,696	1,043	7,739	24.0%	5.3%	16.3%
Kentucky	63,441	24,831	88,271	82,173	26,404	108,577	18,732	1,574	20,306	29.5%	6.3%	23.0%
Louisiana	62,963	38,737	101,700	79,708	40,515	120,223	16,745	1,778	18,523	26.6%	4.6%	18.2%
Maine	26,920	14,682	41,602	30,432	14,246	44,677	3,512	-436	3,076	13.0%	-3.0%	7.4%
Maryland	55,564	53,690	109,254	69,064	53,187	122,250	13,500	-504	12,996	24.3%	-0.9%	11.9%
Massachusetts	100,045	96,223	196,268	111,599	92,209	203,808	11,553	-4,014	7,539	11.5%	-4.2%	3.8%
Michigan	105,103	51,557	156,661	130,659	55,583	186,242	25,556	4,026	29,581	24.3%	7.8%	18.9%
Minnesota	73,633	71,324	144,957	80,688	73,255	153,943	7,055	1,931	8,986	9.6%	2.7%	6.2%
Mississippi	47,520	15,749	63,269	63,188	16,949	80,138	15,668	1,201	16,869	33.0%	7.6%	26.7%
Missouri	75,647	42,108	117,754	96,610	44,906	141,515	20,963	2,798	23,761	27.7%	6.6%	20.2%
Montana	10,555	4,694	15,249	13,370	5,130	18,500	2,815	436	3,250	26.7%	9.3%	21.3%
Nebraska	19,750	14,005	33,755	23,162	14,522	37,685	3,412	518	3,930	17.3%	3.7%	11.6%
Nevada	14,904	10,548	25,453	21,525	11,745	33,270	6,620	1,197	7,817	44.4%	11.3%	30.7%
New Hampshire	13,078	11,657	24,735	15,736	11,972	27,709	2,659	315	2,974	20.3%	2.7%	12.0%
New Jersey	87,540	83,923	171,463	107,339	87,299	194,637	19,799	3,375	23,174	22.6%	4.0%	13.5%
New Mexico	38,064	16,081	54,144	43,758	16,688	60,446	5,694	608	6,302	15.0%	3.8%	11.6%
New York	468,498	450,977	919,475	552,992	433,308	986,300	84,494	-17,669	66,825	18.0%	-3.9%	7.3%
North Carolina	127,286	65,988	193,273	171,996	71,086	243,082	44,710	5,098	49,808	35.1%	7.7%	25.8%
North Dakota	7,748	5,142	12,890	10,642	5,598	16,241	2,895	456	3,351	37.4%	8.9%	26.0%
Ohio	165,732	90,473	256,205	223,742	97,100	320,842	58,010	6,627	64,637	35.0%	7.3%	25.2%
Oklahoma	44,197	23,989	68,186	53,344	25,010	78,354	9,147	1,021	10,168	20.7%	4.3%	14.9%
Oregon	38,320	21,284	59,604	53,027	22,087	75,113	14,707	803	15,509	38.4%	3.8%	26.0%
Pennsylvania	167,518	132,284	299,802	210,859	136,278	347,138	43,341	3,995	47,336	25.9%	3.0%	15.8%
Rhode Island	19,375	16,507	35,882	22,527	16,957	39,484	3,152	450	3,602	16.3%	2.7%	10.0%
South Carolina	53,227	21,715	74,942	70,230	23,242	93,472	17,003	1,527	18,530	31.9%	7.0%	24.7%
South Dakota	9,148	5,416	14,563	11,370	5,608	16,978	2,222	192	2,415	24.3%	3.6%	16.6%
Tennessee	95,404	46,824	142,228	120,650	49,130	169,780	25,247	2,306	27,552	26.5%	4.9%	19.4%
Texas	227,935	158,947	386,882	305,266	168,582	473,848	77,330	9,636	86,966	33.9%	6.1%	22.5%
Utah	21,989	8,295	30,284	28,996	9,002	37,998	7,007	707	7,714	31.9%	8.5%	25.5%
Vermont	12,035	7,880	19,916	13,359	7,214	20,573	1,324	-667	657	11.0%	-8.5%	3.3%
Virginia	52,220	50,066	102,286	68,633	52,682	121,316	16,413	2,616	19,029	31.4%	5.2%	18.6%
Washington	61,060	58,786	119,846	71,226	60,206	131,432	10,166	1,420	11,586	16.6%	2.4%	9.7%
West Virginia	33,667	11,955	45,622	42,798	12,531	55,329	9,131	576	9,707	27.1%	4.8%	21.3%
Wisconsin	64,302	40,471	104,773	78,057	41,196	119,253	13,755	725	14,480	21.4%	1.8%	13.8%
Wyoming	6,205	4,927	11,132	7,705	5,131	12,836	1,500	204	1,704	24.2%	4.1%	15.3%

Source: Urban Institute Analysis, HIPSMS 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion.

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 4. New Medicaid Spending on Current and New Eligibles Under the ACA with All States Expanding Medicaid¹ Relative to No ACA, 2013-2022 (millions)

	Total New Expenditure			New Expenditure on Current Eligibles			New Expenditure on New Eligibles		
	Federal	State ²	Total	Federal	State	Total	Federal	State	Total
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
US TOTAL	952,454	76,479	1,028,933	221,507	26,496	248,002	730,947	49,983	780,931
Regional Totals³									
New England	32,192	-4,703	27,489	14,376	-5,904	8,472	17,816	1,201	19,017
Middle Atlantic	164,849	-11,181	153,667	81,872	-16,788	65,084	82,977	5,606	88,583
East North Central	145,684	19,196	164,880	27,727	11,141	38,869	117,957	8,054	126,011
West North Central	48,673	6,616	55,289	10,967	4,047	15,013	37,706	2,570	40,276
South Atlantic	198,493	21,841	220,335	24,161	9,874	34,035	174,332	11,968	186,300
East South Central	75,031	6,360	81,391	7,099	1,669	8,768	67,932	4,691	72,622
West South Central	116,408	13,655	130,063	17,486	6,866	24,352	98,923	6,789	105,712
Mountain	56,233	8,046	64,278	15,821	5,284	21,105	40,412	2,762	43,174
Pacific	114,891	16,650	131,541	21,998	10,307	32,305	92,893	6,343	99,235
State Totals									
Alabama	15,384	1,280	16,664	1,318	312	1,630	14,066	968	15,034
Alaska	1,637	325	1,962	229	229	457	1,408	97	1,505
Arizona	17,280	3,137	20,417	8,425	2,530	10,956	8,855	606	9,461
Arkansas	13,186	1,221	14,407	912	378	1,290	12,274	843	13,117
California	84,607	13,970	98,576	18,053	9,416	27,469	66,554	4,554	71,108
Colorado	11,568	1,496	13,064	1,532	808	2,340	10,035	689	10,724
Connecticut	9,992	-351	9,641	-38	-1,020	-1,058	10,030	669	10,699
Delaware	2,725	-505	2,220	2,106	-547	1,560	619	42	661
District of Columbia	990	126	1,116	162	70	232	827	56	884
Florida	73,294	8,885	82,179	8,870	4,465	13,334	64,425	4,420	68,845
Georgia	37,942	3,139	41,080	5,191	891	6,083	32,750	2,247	34,998
Hawaii	3,775	132	3,907	1,100	-52	1,048	2,675	184	2,859
Idaho	3,749	261	4,010	588	45	633	3,161	216	3,377
Illinois	29,443	6,433	35,876	8,853	5,030	13,883	20,590	1,403	21,993
Indiana	18,920	1,385	20,305	1,461	197	1,658	17,459	1,188	18,647
Iowa	5,430	-321	5,108	2,447	-526	1,921	2,983	204	3,187
Kansas	6,696	1,043	7,739	1,782	708	2,491	4,913	335	5,248
Kentucky	18,732	1,574	20,306	1,139	360	1,499	17,593	1,213	18,806
Louisiana	16,745	1,778	18,523	1,268	716	1,984	15,477	1,061	16,539
Maine	3,512	-436	3,076	1,231	-593	638	2,281	156	2,437
Maryland	13,500	-504	12,996	-1,507	-1,507	-3,015	15,007	1,004	16,011
Massachusetts	11,553	-4,014	7,539	11,386	-4,026	7,360	167	11	179
Michigan	25,556	4,026	29,581	9,122	2,897	12,019	16,433	1,129	17,562
Minnesota	7,055	1,931	8,986	1,561	1,561	3,122	5,494	370	5,864
Mississippi	15,668	1,201	16,869	1,448	222	1,670	14,220	979	15,199
Missouri	20,963	2,798	23,761	4,013	1,639	5,652	16,950	1,159	18,109
Montana	2,815	436	3,250	881	305	1,186	1,934	131	2,064
Nebraska	3,412	518	3,930	408	313	721	3,004	205	3,209
Nevada	6,620	1,197	7,817	1,208	827	2,036	5,412	370	5,781
New Hampshire	2,659	315	2,974	284	153	437	2,375	162	2,538
New Jersey	19,799	3,375	23,174	5,366	2,403	7,769	14,433	973	15,405
New Mexico	5,694	608	6,302	1,122	295	1,417	4,572	313	4,885
New York	84,494	-17,669	66,825	69,370	-18,690	50,680	15,124	1,021	16,145
North Carolina	44,710	5,098	49,808	6,066	2,447	8,513	38,644	2,651	41,295
North Dakota	2,895	456	3,351	619	302	921	2,276	154	2,430
Ohio	58,010	6,627	64,637	5,429	3,034	8,463	52,581	3,593	56,174
Oklahoma	9,147	1,021	10,168	789	446	1,235	8,358	575	8,932
Oregon	14,707	803	15,509	1,276	-113	1,163	13,431	915	14,346
Pennsylvania	43,341	3,995	47,336	6,374	1,484	7,858	36,967	2,511	39,478
Rhode Island	3,152	450	3,602	276	254	530	2,876	196	3,072
South Carolina	17,003	1,527	18,530	1,428	457	1,884	15,575	1,071	16,646
South Dakota	2,222	192	2,415	136	50	186	2,086	143	2,229
Tennessee	25,247	2,306	27,552	3,193	775	3,969	22,053	1,530	23,583
Texas	77,330	9,636	86,966	14,516	5,326	19,842	62,814	4,310	67,124
Utah	7,007	707	7,714	1,883	360	2,243	5,124	347	5,471
Vermont	1,324	-667	657	1,237	-673	564	87	6	93
Virginia	16,413	2,616	19,029	2,143	1,635	3,777	14,271	981	15,252
Washington	10,166	1,420	11,586	1,341	827	2,168	8,825	593	9,418
West Virginia	9,131	576	9,707	464	-21	444	8,666	597	9,263
Wisconsin	13,755	725	14,480	2,861	-16	2,845	10,894	741	11,635
Wyoming	1,500	204	1,704	181	113	294	1,319	91	1,410

Source: Urban Institute Analysis, HIPSM 2012

1. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion

2. Total new state expenditure can be negative to due the recategorization of current limited benefits adults to new eligibles under the ACA with Medicaid expansion.

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 5. Total Federal and State Medicaid Expenditures¹ Under the ACA with No States Expanding Medicaid Compared to No ACA, 2013 - 2022 (millions)

	Expenditure Under No ACA (2013-2022)			Expenditure Under ACA with No States Expanding Medicaid (2013-2022)			Change in Expenditure Relative to No ACA (2013-2022)					
	Federal (\$)	State (\$)	Total (\$)	Federal (\$)	State (\$)	Total (\$)	Federal Δ (\$)	State Δ (\$)	Total Δ (\$)	Federal Δ (%)	State Δ (%)	Total Δ (%)
US TOTAL	3,659,010	2,679,790	6,338,799	3,811,219	2,748,031	6,559,250	152,210	68,241	220,451	4.2%	2.5%	3.5%
Regional Totals²												
New England	217,415	190,369	407,784	224,677	194,551	419,228	7,262	4,182	11,444	3.3%	2.2%	2.8%
Middle Atlantic	811,469	738,200	1,549,669	851,971	758,815	1,610,786	40,502	20,615	61,117	5.0%	2.8%	3.9%
East North Central	532,092	338,477	870,569	555,582	348,930	904,512	23,490	10,453	33,943	4.4%	3.1%	3.9%
West North Central	248,104	178,343	426,447	256,675	182,304	438,979	8,571	3,961	12,532	3.5%	2.2%	2.9%
South Atlantic	497,582	303,061	800,643	517,379	310,823	828,202	19,797	7,762	27,559	4.0%	2.6%	3.4%
East South Central	258,502	110,195	368,697	264,289	111,414	375,703	5,787	1,219	7,006	2.2%	1.1%	1.9%
West South Central	377,589	238,498	616,087	391,565	243,628	635,194	13,976	5,130	19,106	3.7%	2.2%	3.1%
Mountain	213,727	115,553	329,280	226,410	120,569	346,979	12,683	5,017	17,700	5.9%	4.3%	5.4%
Pacific	502,530	467,094	969,624	522,671	476,995	999,667	20,141	9,902	30,043	4.0%	2.1%	3.1%
State Totals												
Alabama	52,137	22,791	74,929	53,150	22,990	76,140	1,013	199	1,211	1.9%	0.9%	1.6%
Alaska	11,599	9,557	21,156	11,777	9,736	21,513	178	178	357	1.5%	1.9%	1.7%
Arizona	73,273	34,711	107,984	79,852	37,381	117,233	6,579	2,670	9,249	9.0%	7.7%	8.6%
Arkansas	42,494	16,825	59,319	43,215	17,123	60,339	721	299	1,020	1.7%	1.8%	1.7%
California	379,409	366,840	746,250	395,266	374,496	769,762	15,857	7,656	23,513	4.2%	2.1%	3.2%
Colorado	31,518	29,657	61,175	32,778	30,296	63,073	1,260	639	1,898	4.0%	2.2%	3.1%
Connecticut	45,962	43,419	89,381	47,796	44,318	92,114	1,833	900	2,733	4.0%	2.1%	3.1%
Delaware	12,503	9,433	21,937	13,301	10,029	23,330	798	595	1,393	6.4%	6.3%	6.4%
District of Columbia	19,846	7,893	27,739	19,984	7,952	27,936	138	59	197	0.7%	0.8%	0.7%
Florida	146,971	111,964	258,935	154,153	115,485	269,638	7,182	3,521	10,703	4.9%	3.1%	4.1%
Georgia	84,211	41,374	125,585	88,442	41,972	130,413	4,231	598	4,828	5.0%	1.4%	3.8%
Hawaii	12,142	10,626	22,768	12,623	11,098	23,721	481	472	953	4.0%	4.4%	4.2%
Idaho	17,218	6,640	23,858	17,688	6,654	24,342	469	15	484	2.7%	0.2%	2.0%
Illinois	127,178	122,847	250,024	134,865	127,067	261,931	7,687	4,220	11,907	6.0%	3.4%	4.8%
Indiana	69,777	33,130	102,907	71,375	33,416	104,791	1,598	286	1,884	2.3%	0.9%	1.8%
Iowa	34,293	20,657	54,950	35,813	20,869	56,682	1,520	212	1,732	4.4%	1.0%	3.2%
Kansas	27,886	19,691	47,577	29,312	20,209	49,521	1,426	518	1,944	5.1%	2.6%	4.1%
Kentucky	63,441	24,831	88,271	64,341	25,108	89,449	900	277	1,177	1.4%	1.1%	1.3%
Louisiana	62,963	38,737	101,700	63,921	39,271	103,192	959	533	1,492	1.5%	1.4%	1.5%
Maine	26,920	14,682	41,602	27,307	14,815	42,123	388	133	521	1.4%	0.9%	1.3%
Maryland	55,564	53,690	109,254	56,811	54,937	111,748	1,247	1,247	2,494	2.2%	2.3%	2.3%
Massachusetts	100,045	96,223	196,268	104,329	98,826	203,155	4,283	2,603	6,886	4.3%	2.7%	3.5%
Michigan	105,103	51,557	156,661	113,147	53,922	167,069	8,044	2,365	10,408	7.7%	4.6%	6.6%
Minnesota	73,633	71,324	144,957	75,092	72,783	147,874	1,458	1,458	2,917	2.0%	2.0%	2.0%
Mississippi	47,520	15,749	63,269	48,689	15,901	64,590	1,169	153	1,322	2.5%	1.0%	2.1%
Missouri	75,647	42,108	117,754	78,815	43,333	122,148	3,168	1,225	4,393	4.2%	2.9%	3.7%
Montana	10,555	4,694	15,249	11,282	4,936	16,218	727	242	969	6.9%	5.2%	6.4%
Nebraska	19,750	14,005	33,755	20,099	14,272	34,371	349	267	616	1.8%	1.9%	1.8%
Nevada	14,904	10,548	25,453	15,905	11,232	27,137	1,000	684	1,684	6.7%	6.5%	6.6%
New Hampshire	13,078	11,657	24,735	13,320	11,785	25,105	242	128	370	1.9%	1.1%	1.5%
New Jersey	87,540	83,923	171,463	91,973	85,807	177,779	4,433	1,884	6,316	5.1%	2.2%	3.7%
New Mexico	38,064	16,081	54,144	38,832	16,420	55,252	768	339	1,108	2.0%	2.1%	2.0%
New York	468,498	450,977	919,475	496,885	466,654	963,538	28,387	15,677	44,064	6.1%	3.5%	4.8%
North Carolina	127,286	65,988	193,273	132,358	68,011	200,369	5,073	2,024	7,096	4.0%	3.1%	3.7%
North Dakota	7,748	5,142	12,890	8,285	5,388	13,673	538	245	783	6.9%	4.8%	6.1%
Ohio	165,732	90,473	256,205	170,401	93,082	263,483	4,669	2,609	7,279	2.8%	2.9%	2.8%
Oklahoma	44,197	23,989	68,186	44,782	24,321	69,103	586	331	917	1.3%	1.4%	1.3%
Oregon	38,320	21,284	59,604	40,185	21,580	61,765	1,865	297	2,161	4.9%	1.4%	3.6%
Pennsylvania	167,518	132,284	299,802	173,018	133,437	306,454	5,499	1,153	6,652	3.3%	0.9%	2.2%
Rhode Island	19,375	16,507	35,882	19,592	16,707	36,299	217	200	417	1.1%	1.2%	1.2%
South Carolina	53,227	21,715	74,942	54,403	22,087	76,490	1,176	372	1,549	2.2%	1.7%	2.1%
South Dakota	9,148	5,416	14,563	9,260	5,451	14,711	112	35	147	1.2%	0.6%	1.0%
Tennessee	95,404	46,824	142,228	98,109	47,415	145,524	2,705	591	3,296	2.8%	1.3%	2.3%
Texas	227,935	158,947	386,882	239,646	162,914	402,560	11,711	3,967	15,678	5.1%	2.5%	4.1%
Utah	21,989	8,295	30,284	23,722	8,638	32,359	1,733	343	2,075	7.9%	4.1%	6.9%
Vermont	12,035	7,880	19,916	12,333	8,100	20,433	298	220	517	2.5%	2.8%	2.6%
Virginia	52,220	50,066	102,286	53,969	51,356	105,325	1,749	1,290	3,039	3.3%	2.6%	3.0%
Washington	61,060	58,786	119,846	62,820	60,085	122,905	1,760	1,299	3,059	2.9%	2.2%	2.6%
West Virginia	33,667	11,955	45,622	34,054	11,912	45,966	387	-43	344	1.1%	-0.4%	0.8%
Wisconsin	64,302	40,471	104,773	65,794	41,444	107,238	1,492	973	2,465	2.3%	2.4%	2.4%
Wyoming	6,205	4,927	11,132	6,352	5,012	11,365	147	86	233	2.4%	1.7%	2.1%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 6. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid² Compared to No States Expanding Medicaid, 2013 - 2022 (millions)

	Expenditure Under ACA with No States Expanding Medicaid			Expenditure Under ACA with All States Expanding Medicaid ²			Incremental Impact of Medicaid Expansion					
	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	Δ (\$)	Δ (\$)	Δ (\$)	Δ (%)	Δ (%)	Δ (%)
US TOTAL	3,811,219	2,748,031	6,559,250	4,611,463	2,756,269	7,367,732	800,244	8,238	808,482	21.0%	0.3%	12.3%
Regional Totals³												
New England	224,677	194,551	419,228	249,607	185,666	435,273	24,930	-8,886	16,045	11.1%	-4.6%	3.8%
Middle Atlantic	851,971	758,815	1,610,786	976,317	727,019	1,703,336	124,346	-31,796	92,550	14.6%	-4.2%	5.7%
East North Central	555,582	348,930	904,512	677,776	357,673	1,035,449	122,194	8,743	130,937	22.0%	2.5%	14.5%
West North Central	256,675	182,304	438,979	296,777	184,959	481,736	40,101	2,655	42,757	15.6%	1.5%	9.7%
South Atlantic	517,379	310,823	828,202	696,075	324,902	1,020,978	178,697	14,079	192,776	34.5%	4.5%	23.3%
East South Central	264,289	111,414	375,703	333,532	116,555	450,087	69,243	5,141	74,384	26.2%	4.6%	19.8%
West South Central	391,565	243,628	635,194	493,998	252,153	746,151	102,432	8,525	110,957	26.2%	3.5%	17.5%
Mountain	226,410	120,569	346,979	269,960	123,598	393,558	43,550	3,029	46,579	19.2%	2.5%	13.4%
Pacific	522,671	476,995	999,667	617,421	483,744	1,101,165	94,750	6,748	101,498	18.1%	1.4%	10.2%
State Totals												
Alabama	53,150	22,990	76,140	67,521	24,071	91,592	14,371	1,081	15,452	27.0%	4.7%	20.3%
Alaska	11,777	9,736	21,513	13,236	9,883	23,118	1,458	147	1,605	12.4%	1.5%	7.5%
Arizona	79,852	37,381	117,233	90,554	37,848	128,401	10,701	467	11,168	13.4%	1.2%	9.5%
Arkansas	43,215	17,123	60,339	55,681	18,046	73,726	12,465	922	13,388	28.8%	5.4%	22.2%
California	395,266	374,496	769,762	464,016	380,810	844,826	68,750	6,314	75,064	17.4%	1.7%	9.8%
Colorado	32,778	30,296	63,073	43,086	31,154	74,239	10,308	858	11,166	31.4%	2.8%	17.7%
Connecticut	47,796	44,318	92,114	55,954	43,068	99,022	8,159	-1,251	6,908	17.1%	-2.8%	7.5%
Delaware	13,301	10,029	23,330	15,228	8,928	24,157	1,927	-1,100	827	14.5%	-11.0%	3.5%
District of Columbia	19,984	7,952	27,936	20,836	8,019	28,854	852	67	918	4.3%	0.8%	3.3%
Florida	154,153	115,485	269,638	220,266	120,849	341,114	66,113	5,364	71,477	42.9%	4.6%	26.5%
Georgia	88,442	41,972	130,413	122,153	44,512	166,665	33,711	2,541	36,252	38.1%	6.1%	27.8%
Hawaii	12,623	11,098	23,721	15,917	10,758	26,675	3,294	-340	2,954	26.1%	-3.1%	12.5%
Idaho	17,688	6,654	24,342	20,967	6,901	27,868	3,280	246	3,526	18.5%	3.7%	14.5%
Illinois	134,865	127,067	261,931	156,621	129,279	285,900	21,756	2,213	23,969	16.1%	1.7%	9.2%
Indiana	71,375	33,416	104,791	88,698	34,515	123,212	17,322	1,099	18,422	24.3%	3.3%	17.6%
Iowa	35,813	20,869	56,682	39,722	20,335	60,058	3,909	-534	3,376	10.9%	-2.6%	6.0%
Kansas	29,312	20,209	49,521	34,582	20,734	55,316	5,270	525	5,795	18.0%	2.6%	11.7%
Kentucky	64,341	25,108	89,449	82,173	26,404	108,577	17,832	1,297	19,129	27.7%	5.2%	21.4%
Louisiana	63,921	39,271	103,192	79,708	40,515	120,223	15,786	1,244	17,030	24.7%	3.2%	16.5%
Maine	27,307	14,815	42,123	30,432	14,246	44,677	3,124	-570	2,554	11.4%	-3.8%	6.1%
Maryland	56,811	54,937	111,748	69,064	53,187	122,250	12,253	-1,751	10,502	21.6%	-3.2%	9.4%
Massachusetts	104,329	98,826	203,155	111,599	92,209	203,808	7,270	-6,617	653	7.0%	-6.7%	0.3%
Michigan	113,147	53,922	167,069	130,659	55,583	186,242	17,512	1,661	19,173	15.5%	3.1%	11.5%
Minnesota	75,092	72,783	147,874	80,688	73,255	153,943	5,597	472	6,069	7.5%	0.6%	4.1%
Mississippi	48,689	15,901	64,590	63,188	16,949	80,138	14,499	1,048	15,547	29.8%	6.6%	24.1%
Missouri	78,815	43,333	122,148	96,610	44,906	141,515	17,795	1,573	19,368	22.6%	3.6%	15.9%
Montana	11,282	4,936	16,218	13,370	5,130	18,500	2,088	194	2,282	18.5%	3.9%	14.1%
Nebraska	20,099	14,272	34,371	23,162	14,522	37,685	3,063	250	3,314	15.2%	1.8%	9.6%
Nevada	15,905	11,232	27,137	21,525	11,745	33,270	5,620	513	6,133	35.3%	4.6%	22.6%
New Hampshire	13,320	11,785	25,105	15,736	11,972	27,709	2,417	188	2,604	18.1%	1.6%	10.4%
New Jersey	91,973	85,807	177,779	107,339	87,299	194,637	15,366	1,492	16,858	16.7%	1.7%	9.5%
New Mexico	38,832	16,420	55,252	43,758	16,688	60,446	4,926	268	5,194	12.7%	1.6%	9.4%
New York	496,885	466,654	963,538	552,992	433,308	986,300	56,107	-33,345	22,762	11.3%	-7.1%	2.4%
North Carolina	132,358	68,011	200,369	171,996	71,086	243,082	39,638	3,075	42,712	29.9%	4.5%	21.3%
North Dakota	8,285	5,388	13,673	10,642	5,598	16,241	2,357	211	2,568	28.4%	3.9%	18.8%
Ohio	170,401	93,082	263,483	223,742	97,100	320,842	53,341	4,017	57,358	31.3%	4.3%	21.8%
Oklahoma	44,782	24,321	69,103	53,344	25,010	78,354	8,561	689	9,251	19.1%	2.8%	13.4%
Oregon	40,185	21,580	61,765	53,027	22,087	75,113	12,842	506	13,348	32.0%	2.3%	21.6%
Pennsylvania	173,018	133,437	306,454	210,859	136,278	347,138	37,842	2,842	40,683	21.9%	2.1%	13.3%
Rhode Island	19,592	16,707	36,299	22,527	16,957	39,484	2,935	250	3,185	15.0%	1.5%	8.8%
South Carolina	54,403	22,087	76,490	70,230	23,242	93,472	15,827	1,155	16,982	29.1%	5.2%	22.2%
South Dakota	9,260	5,451	14,711	11,370	5,608	16,978	2,110	157	2,267	22.8%	2.9%	15.4%
Tennessee	98,109	47,415	145,524	120,650	49,130	169,780	22,541	1,715	24,256	23.0%	3.6%	16.7%
Texas	239,646	162,914	402,560	305,266	168,582	473,848	65,619	5,669	71,288	27.4%	3.5%	17.7%
Utah	23,722	8,638	32,359	28,996	9,002	37,998	5,274	364	5,638	22.2%	4.2%	17.4%
Vermont	12,333	8,100	20,433	13,359	7,214	20,573	1,026	-886	140	8.3%	-10.9%	0.7%
Virginia	53,969	51,356	105,325	68,633	52,682	121,316	14,665	1,326	15,991	27.2%	2.6%	15.2%
Washington	62,820	60,085	122,905	71,226	60,206	131,432	8,406	121	8,527	13.4%	0.2%	6.9%
West Virginia	34,054	11,912	45,966	42,798	12,531	55,329	8,744	619	9,363	25.7%	5.2%	20.4%
Wisconsin	65,794	41,444	107,238	78,057	41,196	119,253	12,263	-248	12,015	18.6%	-0.6%	11.2%
Wyoming	6,352	5,012	11,365	7,705	5,131	12,836	1,353	118	1,471	21.3%	2.4%	12.9%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 7. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid² Compared to ACA with No States Expanding Medicaid, 2016 (millions)

	Expenditure Under ACA with No States Expanding Medicaid			Expenditure Under ACA with All States Expanding Medicaid ²			Incremental Impact of Medicaid Expansion					
	Federal (\$)	State (\$)	Total (\$)	Federal (\$)	State (\$)	Total (\$)	Federal Δ (\$)	State Δ (\$)	Total Δ (\$)	Federal Δ (%)	State Δ (%)	Total Δ (%)
US TOTAL	341,920	245,267	587,187	422,481	241,465	663,946	80,561	-3,802	76,759	23.6%	-1.6%	13.1%
Regional Totals³												
New England	20,077	17,298	37,375	22,516	16,374	38,890	2,439	-924	1,514	12.1%	-5.3%	4.1%
Middle Atlantic	76,488	67,685	144,174	88,686	64,342	153,028	12,197	-3,343	8,854	15.9%	-4.9%	6.1%
East North Central	49,707	31,085	80,792	62,097	31,125	93,222	12,390	39	12,430	24.9%	0.1%	15.4%
West North Central	23,030	16,273	39,303	27,115	16,264	43,378	4,085	-10	4,075	17.7%	-0.1%	10.4%
South Atlantic	46,368	27,725	74,093	64,463	27,919	92,382	18,095	194	18,289	39.0%	0.7%	24.7%
East South Central	23,665	9,936	33,601	30,626	9,977	40,603	6,961	41	7,002	29.4%	0.4%	20.8%
West South Central	35,281	21,861	57,142	45,635	22,021	67,657	10,354	160	10,514	29.3%	0.7%	18.4%
Mountain	20,325	10,769	31,094	24,749	10,776	35,525	4,424	7	4,431	21.8%	0.1%	14.3%
Pacific	46,979	42,634	89,613	56,594	42,668	99,262	9,615	34	9,649	20.5%	0.1%	10.8%
State Totals												
Alabama	4,787	2,063	6,849	6,237	2,073	8,310	1,450	10	1,460	30.3%	0.5%	21.3%
Alaska	1,056	868	1,924	1,203	872	2,075	147	5	152	13.9%	0.5%	7.9%
Arizona	7,173	3,344	10,517	8,261	3,317	11,578	1,088	-27	1,061	15.2%	-0.8%	10.1%
Arkansas	3,849	1,524	5,373	5,102	1,531	6,633	1,253	7	1,261	32.6%	0.5%	23.5%
California	35,549	33,480	69,029	42,535	33,643	76,179	6,987	163	7,150	19.7%	0.5%	10.4%
Colorado	2,946	2,708	5,654	3,991	2,724	6,714	1,045	16	1,060	35.5%	0.6%	18.8%
Connecticut	4,289	3,952	8,241	5,123	3,766	8,889	834	-186	648	19.4%	-4.7%	7.9%
Delaware	1,191	893	2,084	1,374	790	2,164	183	-104	80	15.4%	-11.6%	3.8%
District of Columbia	1,790	711	2,501	1,877	712	2,589	87	1	88	4.9%	0.1%	3.5%
Florida	13,769	10,283	24,052	20,472	10,370	30,842	6,703	87	6,791	48.7%	0.8%	28.2%
Georgia	7,964	3,743	11,707	11,379	3,769	15,147	3,414	26	3,440	42.9%	0.7%	29.4%
Hawaii	1,127	987	2,114	1,454	940	2,393	327	-48	279	29.0%	-4.8%	13.2%
Idaho	1,583	590	2,173	1,916	593	2,509	333	3	336	21.1%	0.5%	15.5%
Illinois	12,108	11,329	23,437	14,328	11,404	25,731	2,220	75	2,295	18.3%	0.7%	9.8%
Indiana	6,385	2,975	9,360	8,136	2,966	11,102	1,751	-9	1,742	27.4%	-0.3%	18.6%
Iowa	3,207	1,848	5,055	3,609	1,762	5,371	401	-86	316	12.5%	-4.6%	6.2%
Kansas	2,630	1,799	4,429	3,167	1,816	4,983	537	17	554	20.4%	1.0%	12.5%
Kentucky	5,751	2,241	7,992	7,542	2,249	9,791	1,791	8	1,799	31.1%	0.3%	22.5%
Louisiana	5,811	3,566	9,377	7,405	3,583	10,988	1,594	17	1,611	27.4%	0.5%	17.2%
Maine	2,436	1,318	3,753	2,749	1,248	3,996	313	-70	243	12.8%	-5.3%	6.5%
Maryland	5,067	4,896	9,963	6,328	4,629	10,957	1,261	-267	994	24.9%	-5.4%	10.0%
Massachusetts	9,280	8,743	18,023	9,933	8,149	18,083	653	-593	60	7.0%	-6.8%	0.3%
Michigan	10,145	4,788	14,933	11,911	4,837	16,748	1,765	49	1,815	17.4%	1.0%	12.2%
Minnesota	6,696	6,486	13,182	7,267	6,495	13,763	572	9	581	8.5%	0.1%	4.4%
Mississippi	4,362	1,417	5,779	5,825	1,424	7,248	1,463	6	1,469	33.5%	0.4%	25.4%
Missouri	7,126	3,904	11,030	8,934	3,943	12,876	1,807	39	1,846	25.4%	1.0%	16.7%
Montana	1,012	438	1,450	1,226	444	1,670	215	6	220	21.2%	1.3%	15.2%
Nebraska	1,797	1,274	3,071	2,110	1,278	3,388	313	4	317	17.4%	0.3%	10.3%
Nevada	1,436	1,010	2,446	2,009	1,024	3,033	573	14	587	39.9%	1.4%	24.0%
New Hampshire	1,213	1,069	2,282	1,459	1,072	2,531	246	2	248	20.3%	0.2%	10.9%
New Jersey	8,337	7,725	16,062	9,927	7,773	17,700	1,590	47	1,637	19.1%	0.6%	10.2%
New Mexico	3,468	1,465	4,933	3,967	1,457	5,424	499	-8	491	14.4%	-0.5%	10.0%
New York	44,630	41,602	86,232	49,862	38,552	88,413	5,231	-3,050	2,181	11.7%	-7.3%	2.5%
North Carolina	11,862	6,079	17,941	15,877	6,118	21,995	4,015	39	4,054	33.8%	0.6%	22.6%
North Dakota	744	477	1,221	984	483	1,467	241	5	246	32.3%	1.1%	20.1%
Ohio	15,226	8,315	23,541	20,609	8,356	28,965	5,383	40	5,424	35.4%	0.5%	23.0%
Oklahoma	3,995	2,168	6,162	4,861	2,178	7,039	866	11	877	21.7%	0.5%	14.2%
Oregon	3,606	1,917	5,523	4,901	1,877	6,778	1,295	-40	1,255	35.9%	-2.1%	22.7%
Pennsylvania	15,473	11,858	27,331	19,318	11,887	31,205	3,845	29	3,874	24.8%	0.2%	14.2%
Rhode Island	1,756	1,495	3,251	2,054	1,500	3,553	297	5	302	16.9%	0.3%	9.3%
South Carolina	4,908	1,989	6,897	6,508	1,996	8,504	1,599	8	1,607	32.6%	0.4%	23.3%
South Dakota	829	485	1,314	1,044	486	1,530	214	1	216	25.9%	0.3%	16.4%
Tennessee	8,765	4,215	12,980	11,022	4,232	15,254	2,257	17	2,274	25.8%	0.4%	17.5%
Texas	21,626	14,604	36,230	28,267	14,729	42,996	6,641	125	6,766	30.7%	0.9%	18.7%
Utah	2,136	768	2,904	2,671	769	3,440	535	1	536	25.1%	0.1%	18.5%
Vermont	1,102	721	1,824	1,198	639	1,837	95	-82	13	8.7%	-11.4%	0.7%
Virginia	4,821	4,574	9,395	6,302	4,606	10,908	1,481	32	1,513	30.7%	0.7%	16.1%
Washington	5,641	5,382	11,023	6,501	5,336	11,837	860	-46	813	15.2%	-0.9%	7.4%
West Virginia	3,044	1,058	4,102	3,925	1,060	4,986	882	2	884	29.0%	0.2%	21.6%
Wisconsin	5,843	3,678	9,522	7,113	3,563	10,676	1,270	-116	1,154	21.7%	-3.1%	12.1%
Wyoming	571	446	1,016	707	448	1,156	137	3	139	24.0%	0.6%	13.7%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 8. Total Federal and State Medicaid Expenditures¹ Under the ACA with All States Expanding Medicaid² Compared to ACA with No States Expanding Medicaid, 2022 (millions)

	Expenditure Under ACA with No States Expanding Medicaid			Expenditure Under ACA with All States Expanding ²			Incremental Impact of Medicaid Expansion					
	Federal (\$)	State (\$)	Total (\$)	Federal (\$)	State (\$)	Total (\$)	Federal Δ (\$)	State Δ (\$)	Total Δ (\$)	Federal Δ (%)	State Δ (%)	Total Δ (%)
US TOTAL	509,508	365,701	875,209	626,884	371,141	998,025	117,376	5,440	122,816	23.0%	1.5%	14.0%
Regional Totals³												
New England	30,045	25,945	55,990	33,769	24,697	58,465	3,724	-1,248	2,476	12.4%	-4.8%	4.4%
Middle Atlantic	114,307	101,202	215,509	132,828	96,664	229,491	18,520	-4,538	13,982	16.2%	-4.5%	6.5%
East North Central	74,313	46,480	120,793	92,193	48,540	140,734	17,880	2,060	19,940	24.1%	4.4%	16.5%
West North Central	34,210	24,224	58,434	40,049	24,872	64,922	5,839	649	6,487	17.1%	2.7%	11.1%
South Atlantic	69,159	41,260	110,419	95,236	44,404	139,640	26,078	3,144	29,222	37.7%	7.6%	26.5%
East South Central	35,185	14,783	49,968	45,364	15,960	61,324	10,178	1,177	11,356	28.9%	8.0%	22.7%
West South Central	52,229	32,352	84,581	67,203	34,219	101,422	14,974	1,867	16,841	28.7%	5.8%	19.9%
Mountain	30,217	16,040	46,257	36,559	16,786	53,344	6,342	745	7,087	21.0%	4.6%	15.3%
Pacific	69,842	63,415	133,257	83,684	64,998	148,682	13,842	1,584	15,425	19.8%	2.5%	11.6%
State Totals												
Alabama	7,094	3,060	10,154	9,196	3,306	12,502	2,102	246	2,348	29.6%	8.0%	23.1%
Alaska	1,558	1,292	2,850	1,772	1,323	3,095	213	31	244	13.7%	2.4%	8.6%
Arizona	10,693	4,988	15,681	12,223	5,154	17,377	1,530	166	1,696	14.3%	3.3%	10.8%
Arkansas	5,754	2,281	8,036	7,583	2,493	10,076	1,828	212	2,041	31.8%	9.3%	25.4%
California	52,863	49,795	102,658	62,872	51,142	114,014	10,008	1,347	11,356	18.9%	2.7%	11.1%
Colorado	4,376	4,027	8,404	5,880	4,215	10,095	1,503	188	1,691	34.4%	4.7%	20.1%
Connecticut	6,407	5,913	12,320	7,603	5,803	13,406	1,196	-109	1,086	18.7%	-1.8%	8.8%
Delaware	1,779	1,342	3,121	2,071	1,174	3,245	292	-168	124	16.4%	-12.5%	4.0%
District of Columbia	2,649	1,055	3,705	2,773	1,070	3,843	123	15	138	4.7%	1.4%	3.7%
Florida	20,721	15,309	36,030	30,366	16,495	46,861	9,645	1,186	10,831	46.5%	7.7%	30.1%
Georgia	11,824	5,556	17,380	16,743	6,129	22,872	4,918	573	5,492	41.6%	10.3%	31.6%
Hawaii	1,683	1,483	3,167	2,170	1,447	3,617	486	-36	451	28.9%	-2.4%	14.2%
Idaho	2,348	878	3,225	2,825	933	3,758	477	55	533	20.3%	6.3%	16.5%
Illinois	18,057	16,896	34,953	21,218	17,350	38,568	3,160	455	3,615	17.5%	2.7%	10.3%
Indiana	9,490	4,425	13,915	12,080	4,704	16,784	2,591	279	2,870	27.3%	6.3%	20.6%
Iowa	4,787	2,763	7,550	5,359	2,723	8,082	572	-40	532	11.9%	-1.4%	7.0%
Kansas	3,917	2,684	6,600	4,684	2,792	7,475	767	108	875	19.6%	4.0%	13.3%
Kentucky	8,546	3,332	11,878	11,172	3,633	14,805	2,627	301	2,928	30.7%	9.0%	24.6%
Louisiana	8,490	5,215	13,705	10,802	5,494	16,297	2,312	280	2,592	27.2%	5.4%	18.9%
Maine	3,633	1,969	5,602	4,090	1,899	5,989	457	-70	387	12.6%	-3.6%	6.9%
Maryland	7,560	7,314	14,874	9,309	7,163	16,472	1,749	-150	1,598	23.1%	-2.1%	10.7%
Massachusetts	13,987	13,193	27,179	15,122	12,161	27,283	1,135	-1,031	103	8.1%	-7.8%	0.4%
Michigan	15,266	7,215	22,482	17,833	7,566	25,399	2,567	351	2,918	16.8%	4.9%	13.0%
Minnesota	9,977	9,673	19,649	10,795	9,780	20,575	818	108	926	8.2%	1.1%	4.7%
Mississippi	6,495	2,113	8,608	8,616	2,354	10,970	2,121	241	2,362	32.7%	11.4%	27.4%
Missouri	10,523	5,765	16,288	13,113	6,102	19,214	2,590	336	2,926	24.6%	5.8%	18.0%
Montana	1,516	661	2,176	1,817	701	2,518	301	41	342	19.9%	6.1%	15.7%
Nebraska	2,669	1,897	4,566	3,113	1,953	5,065	444	55	499	16.6%	2.9%	10.9%
Nevada	2,126	1,501	3,627	2,941	1,610	4,551	816	109	924	38.4%	7.2%	25.5%
New Hampshire	1,773	1,567	3,340	2,124	1,609	3,733	351	42	393	19.8%	2.7%	11.8%
New Jersey	12,338	11,431	23,769	14,548	11,737	26,285	2,209	307	2,516	17.9%	2.7%	10.6%
New Mexico	5,146	2,177	7,323	5,878	2,251	8,129	732	74	806	14.2%	3.4%	11.0%
New York	66,808	62,305	129,114	75,451	57,119	132,570	8,642	-5,186	3,456	12.9%	-8.3%	2.7%
North Carolina	17,649	9,046	26,695	23,430	9,736	33,166	5,781	690	6,471	32.8%	7.6%	24.2%
North Dakota	1,112	721	1,833	1,453	766	2,219	341	45	387	30.7%	6.3%	21.1%
Ohio	22,721	12,412	35,133	30,530	13,332	43,863	7,809	920	8,729	34.4%	7.4%	24.8%
Oklahoma	5,938	3,226	9,164	7,190	3,380	10,570	1,252	154	1,405	21.1%	4.8%	15.3%
Oregon	5,374	2,860	8,234	7,287	3,024	10,311	1,913	164	2,077	35.6%	5.7%	25.2%
Pennsylvania	23,172	17,755	40,927	28,677	18,400	47,076	5,505	645	6,150	23.8%	3.6%	15.0%
Rhode Island	2,603	2,222	4,825	3,031	2,277	5,309	429	55	484	16.5%	2.5%	10.0%
South Carolina	7,244	2,938	10,182	9,556	3,203	12,759	2,312	265	2,577	31.9%	9.0%	25.3%
South Dakota	1,226	722	1,948	1,533	758	2,291	307	36	343	25.0%	5.0%	17.6%
Tennessee	13,050	6,278	19,329	16,378	6,668	23,046	3,328	390	3,718	25.5%	6.2%	19.2%
Texas	32,046	21,630	53,676	41,628	22,852	64,480	9,582	1,222	10,804	29.9%	5.6%	20.1%
Utah	3,170	1,143	4,314	3,954	1,231	5,186	784	88	872	24.7%	7.7%	20.2%
Vermont	1,643	1,081	2,724	1,799	946	2,746	156	-135	22	9.5%	-12.5%	0.8%
Virginia	7,198	6,836	14,034	9,342	7,122	16,463	2,144	285	2,429	29.8%	4.2%	17.3%
Washington	8,363	7,985	16,348	9,583	8,062	17,645	1,221	77	1,298	14.6%	1.0%	7.9%
West Virginia	4,521	1,575	6,096	5,800	1,719	7,519	1,278	144	1,423	28.3%	9.2%	23.3%
Wisconsin	8,779	5,532	14,311	10,532	5,587	16,119	1,753	56	1,808	20.0%	1.0%	12.6%
Wyoming	842	665	1,506	1,040	690	1,730	198	26	223	23.5%	3.9%	14.8%

Source: Urban Institute Analysis, HIPSIM 2012

1. Includes all Medicaid spending in baseline including aged, long term care, DSH, etc.
2. Also includes expenditure increases that would have occurred under the ACA without the Medicaid expansion
3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 9. Medicaid Enrollment with No ACA and Under the ACA with All States and No States Expanding Medicaid¹, 2022 (thousands)

State	Medicaid Enrollment with No ACA	New Medicaid Enrollment			% Of New Enrollment Added by the Medicaid Expansion
		ACA with No States Expanding Medicaid	ACA with All States Expanding Medicaid ¹	Incremental Impact of Medicaid Expansion	
US TOTAL	52,410	5,659	21,280	15,621	73.4%
Regional Totals²					
New England	2,504	226	522	296	56.7%
Middle Atlantic	8,227	1,123	2,463	1,341	54.4%
East North Central	7,530	768	3,076	2,308	75.0%
West North Central	2,752	324	1,216	892	73.4%
South Atlantic	7,411	838	4,135	3,297	79.7%
East South Central	3,556	234	1,409	1,175	83.4%
West South Central	6,012	676	3,316	2,640	79.6%
Mountain	3,051	487	1,664	1,176	70.7%
Pacific	11,368	983	3,478	2,496	71.7%
State Totals					
Alabama	809	58	371	313	84.3%
Alaska	112	10	46	37	79.2%
Arizona	1,210	210	448	238	53.2%
Arkansas	632	33	266	233	87.5%
California	9,517	795	2,654	1,860	70.1%
Colorado	506	71	297	225	75.9%
Connecticut	466	50	200	150	74.8%
Delaware	171	21	37	16	43.8%
District of Columbia	153	5	31	26	84.9%
Florida	2,466	357	1,633	1,276	78.1%
Georgia	1,524	157	855	698	81.6%
Hawaii	194	18	80	62	78.0%
Idaho	197	19	107	88	82.2%
Illinois	2,103	236	809	573	70.8%
Indiana	943	72	568	495	87.3%
Iowa	430	43	115	72	62.4%
Kansas	320	53	222	169	76.1%
Kentucky	758	43	311	268	86.3%
Louisiana	993	58	456	398	87.3%
Maine	300	10	55	45	82.4%
Maryland	761	64	209	146	69.5%
Massachusetts	1,296	137	152	16	10.3%
Michigan	1,732	202	547	345	63.0%
Minnesota	697	88	193	105	54.4%
Mississippi	669	57	288	231	80.1%
Missouri	916	103	485	383	78.9%
Montana	101	28	92	64	69.4%
Nebraska	217	20	107	88	81.6%
Nevada	224	58	195	137	70.3%
New Hampshire	129	10	52	42	81.3%
New Jersey	817	149	441	291	66.1%
New Mexico	464	39	247	208	84.4%
New York	4,421	706	1,026	320	31.2%
North Carolina	1,477	174	742	568	76.5%
North Dakota	61	11	42	32	75.0%
Ohio	1,908	196	879	684	77.8%
Oklahoma	654	31	235	204	86.7%
Oregon	464	71	471	400	84.9%
Pennsylvania	1,904	178	719	542	75.3%
Rhode Island	174	8	48	40	82.7%
South Carolina	813	56	368	312	84.7%
South Dakota	110	6	50	44	87.4%
Tennessee	1,319	76	438	363	82.7%
Texas	3,732	554	2,359	1,805	76.5%
Utah	275	56	245	189	77.1%
Vermont	139	11	14	3	21.5%
Virginia	769	80	407	327	80.4%
Washington	1,081	90	227	137	60.5%
West Virginia	363	13	130	116	89.8%
Wisconsin	843	62	273	211	77.4%
Wyoming	72	7	34	27	80.2%

Source: Urban Institute Analysis, HIPSM 2012

1. Also includes enrollment increases that would have occurred under the ACA without the Medicaid expansion

2. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 10. New Enrollment Under the ACA with No States Expanding Medicaid and with All States Expanding Medicaid, 2022

State (thousands)	Exchange Enrollment Between 100% - 138% FPL Under the ACA with No States Expanding Medicaid¹	Increased Medicaid Enrollment if All (Rather than No) States Expand Medicaid¹	Net Increase in Enrollment over ACA with No States Expanding Medicaid	Factor Increase over ACA with No States Expanding Medicaid²
US TOTAL	3,198	15,621	12,423	4.9
Regional Totals³				
New England	74	296	222	4.0
Middle Atlantic	340	1,341	1,001	3.9
East North Central	445	2,308	1,863	5.2
West North Central	165	892	727	5.4
South Atlantic	730	3,297	2,567	4.5
East South Central	172	1,175	1,003	6.8
West South Central	535	2,640	2,105	4.9
Mountain	245	1,176	931	4.8
Pacific	490	2,496	2,005	5.1

1. Includes new Medicaid enrollment of the currently eligible between 100% - 138% FPL

2. Shows the ratio of: (a) increased Medicaid enrollment if all (rather than no) states expand Medicaid; to (b) exchange enrollment between 100%-138% FPL if no states expand Medicaid

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 11. New Federal Expenditure Under the ACA with No States Expanding Medicaid and with All States Expanding Medicaid, 2013 - 2022

State	Federal Expenditure		Incremental Impact of Medicaid Expansion	
	Subsidies between 100%-138% FPL Under the ACA with No States Expanding Medicaid ^{1,2}	Increased Medicaid Costs if All (Rather than No) States Expand Medicaid ¹	Net Increase in Federal Expenditure	Factor Increase in Federal Expenditure ³
	\$(millions)	\$(millions)	\$(millions)	
US TOTAL	155,558	800,244	644,686	5.1
Regional Totals⁴				
New England	2,647	24,930	22,284	9.4
Middle Atlantic	16,699	124,346	107,647	7.4
East North Central	18,186	122,194	104,008	6.7
West North Central	7,909	40,101	32,193	5.1
South Atlantic	40,890	178,697	137,807	4.4
East South Central	9,899	69,243	59,345	7.0
West South Central	31,105	102,432	71,327	3.3
Mountain	10,467	43,550	33,083	4.2
Pacific	17,757	94,750	76,992	5.3

1. Includes new Medicaid expenditure on newly enrolled, current Medicaid eligibles between 100% - 138% FPL

2. The phase in for Federal Subsidies is such that expenditure is 50% of what it would be with a full expansion in 2014 and 75% in 2015

3. Shows the ratio of: (a) increased federal Medicaid spending if all (rather than no) states expand Medicaid; to (b) federal exchange costs between 100%-138% FPL if no states expand Medicaid

4. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 12. Uninsurance¹ with No ACA and Under the ACA with All States and No States Expanding Medicaid², 2022

State (thousands)	No ACA	ACA with No States Expanding Medicaid		ACA with All States Expanding Medicaid ²		Incremental Impact of Medicaid Expansion
	Total Uninsured	Reduction in the Uninsured	% Reduction in Uninsured	Reduction in the Uninsured	% Reduction in Uninsured	Incremental Reduction in Uninsured
US TOTAL	53,277	15,092	28.3%	25,347	47.6%	10,255
Regional Totals³						
New England	1,101	261	23.7%	435	39.5%	174
Middle Atlantic	6,696	1,900	28.4%	2,781	41.5%	881
East North Central	6,307	1,833	29.1%	3,308	52.4%	1,475
West North Central	2,388	615	25.7%	1,135	47.5%	520
South Atlantic	10,059	2,926	29.1%	5,170	51.4%	2,244
East South Central	3,033	937	30.9%	1,768	58.3%	830
West South Central	9,453	3,218	34.0%	5,000	52.9%	1,781
Mountain	4,397	1,289	29.3%	1,892	43.0%	603
Pacific	9,843	2,112	21.5%	3,859	39.2%	1,747
State Totals						
Alabama	711	217	30.5%	457	64.3%	240
Alaska	137	45	32.6%	72	52.4%	27
Arizona	1,420	386	27.2%	438	30.9%	52
Arkansas	574	183	31.8%	329	57.3%	146
California	8,061	1,731	21.5%	3,154	39.1%	1,424
Colorado	868	244	28.1%	402	46.3%	158
Connecticut	405	95	23.3%	181	44.6%	86
Delaware	120	40	33.7%	47	39.5%	7
District of Columbia	70	5	7.8%	25	35.8%	20
Florida	4,181	1,247	29.8%	2,116	50.6%	869
Georgia	2,107	592	28.1%	1,082	51.3%	489
Hawaii	115	17	14.8%	57	49.9%	40
Idaho	251	69	27.5%	125	49.9%	56
Illinois	1,860	489	26.3%	898	48.3%	408
Indiana	867	218	25.2%	487	56.2%	269
Iowa	299	54	18.1%	74	24.8%	20
Kansas	383	80	20.9%	182	47.6%	102
Kentucky	740	227	30.7%	408	55.2%	181
Louisiana	877	256	29.1%	527	60.1%	272
Maine	146	45	30.8%	74	50.6%	29
Maryland	780	189	24.2%	327	42.0%	138
Massachusetts	224	38	16.9%	40	17.8%	2
Michigan	1,372	415	30.2%	632	46.1%	218
Minnesota	467	135	28.8%	177	38.0%	43
Mississippi	562	158	28.1%	327	58.2%	169
Missouri	805	235	29.2%	494	61.3%	259
Montana	184	60	32.4%	98	53.6%	39
Nebraska	238	65	27.1%	113	47.6%	49
Nevada	586	155	26.4%	263	44.8%	108
New Hampshire	138	38	27.9%	65	47.0%	26
New Jersey	1,415	357	25.3%	590	41.7%	233
New Mexico	556	182	32.7%	280	50.4%	98
New York	2,954	915	31.0%	1,086	36.8%	171
North Carolina	1,651	408	24.7%	795	48.1%	387
North Dakota	80	14	17.5%	35	44.5%	22
Ohio	1,627	534	32.8%	991	60.9%	457
Oklahoma	647	226	34.9%	352	54.4%	126
Oregon	690	163	23.6%	353	51.2%	190
Pennsylvania	1,357	393	28.9%	705	52.0%	313
Rhode Island	126	28	21.8%	54	43.1%	27
South Carolina	775	237	30.6%	440	56.7%	203
South Dakota	116	32	27.7%	58	50.5%	26
Tennessee	1,020	335	32.9%	575	56.4%	240
Texas	7,355	2,554	34.7%	3,792	51.6%	1,237
Utah	442	163	36.9%	239	54.0%	76
Vermont	61	18	28.8%	22	35.1%	4
Virginia	1,071	339	31.7%	554	51.7%	215
Washington	840	157	18.7%	223	26.5%	66
West Virginia	273	102	37.5%	184	67.4%	82
Wisconsin	581	177	30.5%	300	51.7%	123
Wyoming	89	30	33.8%	46	51.8%	16

Source: Urban Institute Analysis, HIPSM 2012

1. Note that uninsurance depends not only on new Medicaid enrollment, but also other coverage transitions such as movement into the exchanges or ESI take-up.

2. Estimates also include enrollment changes that would have occurred under the ACA without the Medicaid expansion

3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, IA, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 13. Incremental Impact of Medicaid Expansion on Federal and State Medicaid Payments to Hospitals¹, 2013 - 2022 (millions)

	Federal and State Spending			
	Medicaid Payments to Hospitals Under ACA with No States Expanding Medicaid	Medicaid Payments to Hospitals Under ACA with All States Expanding Medicaid ²	Incremental Impact of Medicaid Expansion on Payments to Hospitals	
	(\$)	(\$)	Δ (\$)	Δ (%)
US TOTAL	1,450,409	1,764,376	313,967	17.8%
Regional Totals³				
New England	71,810	76,579	4,769	6.2%
Middle Atlantic	374,521	414,254	39,734	9.6%
East North Central	229,833	283,654	53,821	19.0%
West North Central	91,934	108,767	16,834	15.5%
South Atlantic	204,273	284,384	80,111	28.2%
East South Central	80,511	106,517	26,005	24.4%
West South Central	134,787	173,880	39,093	22.5%
Mountain	54,997	69,151	14,153	20.5%
Pacific	207,743	247,190	39,448	16.0%
State Totals				
Alabama	7,093	9,791	2,697	27.6%
Alaska	4,439	5,000	561	11.2%
Arizona	N/A	N/A	N/A	N/A
Arkansas	9,632	13,522	3,890	28.8%
California	153,586	181,882	28,296	15.6%
Colorado	13,480	18,029	4,549	25.2%
Connecticut	15,326	17,866	2,540	14.2%
Delaware	4,897	5,182	285	5.5%
District of Columbia	6,799	7,168	369	5.1%
Florida	74,239	107,808	33,569	31.1%
Georgia	41,966	59,569	17,604	29.6%
Hawaii	5,605	6,814	1,209	17.7%
Idaho	4,765	5,965	1,200	20.1%
Illinois	83,553	95,045	11,492	12.1%
Indiana	21,177	27,570	6,393	23.2%
Iowa	11,099	12,365	1,266	10.2%
Kansas	10,654	12,983	2,329	17.9%
Kentucky	21,101	28,233	7,131	25.3%
Louisiana	22,256	28,997	6,740	23.2%
Maine	3,011	3,359	348	10.4%
Maryland	31,168	36,098	4,930	13.7%
Massachusetts	41,791	42,023	232	0.6%
Michigan	47,303	55,528	8,226	14.8%
Minnesota	29,940	32,353	2,412	7.5%
Mississippi	15,823	22,664	6,841	30.2%
Missouri	28,301	35,966	7,666	21.3%
Montana	2,672	3,394	722	21.3%
Nebraska	6,650	7,908	1,258	15.9%
Nevada	5,182	7,150	1,968	27.5%
New Hampshire	2,722	3,351	629	18.8%
New Jersey	33,353	39,938	6,585	16.5%
New Mexico	16,785	19,267	2,482	12.9%
New York	227,035	237,091	10,055	4.2%
North Carolina	39,269	52,648	13,379	25.4%
North Dakota	2,135	3,088	953	30.9%
Ohio	57,448	80,567	23,119	28.7%
Oklahoma	16,008	19,648	3,640	18.5%
Oregon	14,538	20,275	5,737	28.3%
Pennsylvania	71,269	88,779	17,510	19.7%
Rhode Island	6,454	7,440	986	13.3%
South Carolina	18,819	25,547	6,728	26.3%
South Dakota	3,154	4,103	949	23.1%
Tennessee	36,494	45,829	9,335	20.4%
Texas	86,890	111,713	24,822	22.2%
Utah	9,684	12,249	2,565	20.9%
Vermont	2,506	2,541	35	1.4%
Virginia	22,385	28,523	6,137	21.5%
Washington	29,575	33,220	3,645	11.0%
West Virginia	7,595	10,290	2,695	26.2%
Wisconsin	20,352	24,943	4,592	18.4%
Wyoming	2,428	3,096	668	21.6%

Source: Urban Institute Analysis, HIPSM 2012

1. Includes an estimate of those payments made by managed care plans. Includes payments that would have occurred without the ACA. Does not include effects of ACA on DSH payments, emergency-services-only coverage, and presumptive eligibility.
2. Estimates also include expenditure increases that would have occurred under the ACA without the Medicaid expansion
3. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 14. State Medicaid Costs and Uncompensated Care Savings Under the ACA with No States and All States Expanding Medicaid¹, 2013-2022 (millions)

	Total State Medicaid Expenditures				State Uncompensated Care	Net State Expenditure	
	ACA with No States Expanding Medicaid ²	ACA with All States Expanding Medicaid ^{1,2}	Incremental Impact of Medicaid Expansion		Incremental State Savings with All States Expanding Medicaid ³	Incremental Impact of Medicaid Expansion	
	(\$)	(\$)	Δ (\$)	Δ (%)	(\$)	Δ (\$)	Δ (%)
US TOTAL	2,748,031	2,756,269	8,238	0.3%	-18,310	-10,072	-0.4%
Regional Totals⁴							
New England	194,551	185,666	-8,886	-4.6%	-460	-9,346	-4.8%
Middle Atlantic	758,815	727,019	-31,796	-4.2%	-1,814	-33,610	-4.4%
East North Central	348,930	357,673	8,743	2.5%	-2,988	5,755	1.6%
West North Central	182,304	184,959	2,655	1.5%	-807	1,848	1.0%
South Atlantic	310,823	324,902	14,079	4.5%	-4,579	9,500	3.1%
East South Central	111,414	116,555	5,141	4.6%	-1,857	3,283	2.9%
West South Central	243,628	252,153	8,525	3.5%	-2,441	6,083	2.5%
Mountain	120,569	123,598	3,029	2.5%	-924	2,105	1.7%
Pacific	476,995	483,744	6,748	1.4%	-2,439	4,309	0.9%
State Total							
Alabama	22,990	24,071	1,081	4.7%	-512	569	2.5%
Alaska	9,736	9,883	147	1.5%	-38	109	1.1%
Arizona	37,381	37,848	467	1.2%	-50	417	1.1%
Arkansas	17,123	18,046	922	5.4%	-257	665	3.9%
California	374,496	380,810	6,314	1.7%	-1,901	4,413	1.2%
Colorado	30,296	31,154	858	2.8%	-277	581	1.9%
Connecticut	44,318	43,068	-1,251	-2.8%	-222	-1,473	-3.3%
Delaware	10,029	8,928	-1,100	-11.0%	-18	-1,118	-11.2%
District of Columbia	7,952	8,019	67	0.8%	-18	49	0.6%
Florida	115,485	120,849	5,364	4.6%	-1,254	4,109	3.6%
Georgia	41,972	44,512	2,541	6.1%	-726	1,814	4.3%
Hawaii	11,098	10,758	-340	-3.1%	-101	-441	-4.0%
Idaho	6,654	6,901	246	3.7%	-97	149	2.2%
Illinois	127,067	129,279	2,213	1.7%	-953	1,260	1.0%
Indiana	33,416	34,515	1,099	3.3%	-562	537	1.6%
Iowa	20,869	20,335	-534	-2.6%	-13	-546	-2.6%
Kansas	20,209	20,734	525	2.6%	-149	375	1.9%
Kentucky	25,108	26,404	1,297	5.2%	-451	845	3.4%
Louisiana	39,271	40,515	1,244	3.2%	-267	977	2.5%
Maine	14,815	14,246	-570	-3.8%	-120	-690	-4.7%
Maryland	54,937	53,187	-1,751	-3.2%	-178	-1,929	-3.5%
Massachusetts	98,826	92,209	-6,617	-6.7%	1	-6,616	-6.7%
Michigan	53,922	55,583	1,661	3.1%	-351	1,310	2.4%
Minnesota	72,783	73,255	472	0.6%	-49	424	0.6%
Mississippi	15,901	16,949	1,048	6.6%	-400	649	4.1%
Missouri	43,333	44,906	1,573	3.6%	-385	1,188	2.7%
Montana	4,936	5,130	194	3.9%	-56	138	2.8%
Nebraska	14,272	14,522	250	1.8%	-97	153	1.1%
Nevada	11,232	11,745	513	4.6%	-210	303	2.7%
New Hampshire	11,785	11,972	188	1.6%	-62	126	1.1%
New Jersey	85,807	87,299	1,492	1.7%	-296	1,196	1.4%
New Mexico	16,420	16,688	268	1.6%	-104	164	1.0%
New York	466,654	433,308	-33,345	-7.1%	-426	-33,772	-7.2%
North Carolina	68,011	71,086	3,075	4.5%	-1,350	1,725	2.5%
North Dakota	5,388	5,598	211	3.9%	-52	159	3.0%
Ohio	93,082	97,100	4,017	4.3%	-876	3,142	3.4%
Oklahoma	24,321	25,010	689	2.8%	-205	485	2.0%
Oregon	21,580	22,087	506	2.3%	-280	226	1.0%
Pennsylvania	133,437	136,278	2,842	2.1%	-878	1,964	1.5%
Rhode Island	16,707	16,957	250	1.5%	-51	199	1.2%
South Carolina	22,087	23,242	1,155	5.2%	-543	612	2.8%
South Dakota	5,451	5,608	157	2.9%	-62	95	1.7%
Tennessee	47,415	49,130	1,715	3.6%	-494	1,220	2.6%
Texas	162,914	168,582	5,669	3.5%	-1,712	3,956	2.4%
Utah	8,638	9,002	364	4.2%	-101	263	3.0%
Vermont	8,100	7,214	-886	-10.9%	-5	-891	-11.0%
Virginia	51,356	52,682	1,326	2.6%	-424	902	1.8%
Washington	60,085	60,206	121	0.2%	-119	2	0.0%
West Virginia	11,912	12,531	619	5.2%	-281	338	2.8%
Wisconsin	41,444	41,196	-248	-0.6%	-247	-494	-1.2%
Wyoming	5,012	5,131	118	2.4%	-28	90	1.8%

Source: Urban Institute Analysis, HIPSM 2012

1. Estimates include expenditure increases that would have occurred under the ACA without the Medicaid expansion

2. Also includes all Medicaid spending in baseline including aged, long term care, DSH, etc.

3. Estimates reflect the difference in uncompensated care under the ACA with all states vs. with no states expanding Medicaid. We estimate uncompensated care as the cost of care used by the uninsured but not paid for by the uninsured. We assume that states and localities pay for 30% of uncompensated care. We further assume that states and localities will be able to achieve only 33% of the decrease in their proportionate share of uncompensated care as savings.

4. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 15. Incremental Impact of Medicaid Expansion on State Health Care Expenditures Relative to State General Fund Expenditures, 2013 - 2022 (millions)

	State General Fund Expenditures ¹	Incremental Impact of the Medicaid Expansion			
		State Medicaid Costs	State Medicaid Costs Relative to General Fund Expenditure	Net State Costs (Including Medicaid and Uncompensated Care)	Net State Costs Relative to General Fund Expenditure
		(\$)	Δ(%)	(\$)	Δ(%)
US TOTAL	8,841,728	8,238	0.1%	-10,072	-0.1%
Regional Totals²					
New England	796,755	-8,886	-1.1%	-9,346	-1.2%
Middle Atlantic	1,752,295	-31,796	-1.8%	-33,610	-1.9%
East North Central	1,249,886	8,743	0.7%	5,755	0.5%
West North Central	548,120	2,655	0.5%	1,848	0.3%
South Atlantic	1,151,698	14,079	1.2%	9,500	0.8%
East South Central	419,627	5,141	1.2%	3,283	0.8%
West South Central	770,892	8,525	1.1%	6,083	0.8%
Mountain	472,528	3,029	0.6%	2,105	0.4%
Pacific	1,679,929	6,748	0.4%	4,309	0.3%
State Totals					
Alabama	100,594	1,081	1.1%	569	0.6%
Alaska	74,499	147	0.2%	109	0.1%
Arizona	114,441	467	0.4%	417	0.4%
Arkansas	61,226	922	1.5%	665	1.1%
California	1,251,430	6,314	0.5%	4,413	0.4%
Colorado	94,702	858	0.9%	581	0.6%
Connecticut	244,971	-1,251	-0.5%	-1,473	-0.6%
Delaware	44,713	-1,100	-2.5%	-1,118	-2.5%
District of Columbia	N/A	67	N/A	49	N/A
Florida	325,157	5,364	1.6%	4,109	1.3%
Georgia	233,257	2,541	1.1%	1,814	0.8%
Hawaii	67,924	-340	-0.5%	-441	-0.6%
Idaho	33,490	246	0.7%	149	0.4%
Illinois	398,808	2,213	0.6%	1,260	0.3%
Indiana	178,387	1,099	0.6%	537	0.3%
Iowa	73,050	-534	-0.7%	-546	-0.7%
Kansas	77,465	525	0.7%	375	0.5%
Kentucky	120,141	1,297	1.1%	845	0.7%
Louisiana	106,376	1,244	1.2%	977	0.9%
Maine	39,081	-570	-1.5%	-690	-1.8%
Maryland	180,957	-1,751	-1.0%	-1,929	-1.1%
Massachusetts	438,491	-6,617	-1.5%	-6,616	-1.5%
Michigan	112,322	1,661	1.5%	1,310	1.2%
Minnesota	209,622	472	0.2%	424	0.2%
Mississippi	62,251	1,048	1.7%	649	1.0%
Missouri	104,312	1,573	1.5%	1,188	1.1%
Montana	23,881	194	0.8%	138	0.6%
Nebraska	45,410	250	0.6%	153	0.3%
Nevada	47,283	513	1.1%	303	0.6%
New Hampshire	17,921	188	1.0%	126	0.7%
New Jersey	385,043	1,492	0.4%	1,196	0.3%
New Mexico	72,544	268	0.4%	164	0.2%
New York	756,922	-33,345	-4.4%	-33,772	-4.5%
North Carolina	259,803	3,075	1.2%	1,725	0.7%
North Dakota	22,568	211	0.9%	159	0.7%
Ohio	374,941	4,017	1.1%	3,142	0.8%
Oklahoma	74,048	689	0.9%	485	0.7%
Oregon	83,452	506	0.6%	226	0.3%
Pennsylvania	384,660	2,842	0.7%	1,964	0.5%
Rhode Island	40,407	250	0.6%	199	0.5%
South Carolina	70,630	1,155	1.6%	612	0.9%
South Dakota	15,693	157	1.0%	95	0.6%
Tennessee	136,640	1,715	1.3%	1,220	0.9%
Texas	529,243	5,669	1.1%	3,956	0.7%
Utah	64,588	364	0.6%	263	0.4%
Vermont	15,884	-886	-5.6%	-891	-5.6%
Virginia	211,290	1,326	0.6%	902	0.4%
Washington	202,623	121	0.1%	2	0.0%
West Virginia	51,561	619	1.2%	338	0.7%
Wisconsin	185,427	-248	-0.1%	-494	-0.3%
Wyoming	21,598	118	0.5%	90	0.4%

Source: Urban Institute Analysis, HIPS 2012

1. 2011 NASBO data inflated using nominal GDP growth targets from CBO's economic projections

2. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 16. Incremental Impact of Medicaid Expansion on State Health Care Expenditures Relative to State General Fund Expenditures, 2016 (millions)

State	State General Fund Expenditures ¹ (\$)	Incremental Impact of Medicaid Expansion			
		State Medicaid Costs (\$)	State Medicaid Costs Relative to General Fund Expenditure Δ (%)	Net State Costs (Including Medicaid and Uncompensated Care) (\$)	Net State Costs Relative to General Fund Expenditure Δ (%)
US TOTAL	824,799	-3,802	-0.5%	-5,820	-0.7%
Regional Totals²					
New England	74,325	-924	-1.2%	-975	-1.3%
Middle Atlantic	163,463	-3,343	-2.0%	-3,543	-2.2%
East North Central	116,595	39	0.0%	-290	-0.2%
West North Central	51,131	-10	0.0%	-99	-0.2%
South Atlantic	107,436	194	0.2%	-310	-0.3%
East South Central	39,145	41	0.1%	-164	-0.4%
West South Central	71,913	160	0.2%	-109	-0.2%
Mountain	44,080	7	0.0%	-95	-0.2%
Pacific	156,712	34	0.0%	-235	-0.1%
State Totals					
Alabama	9,384	10	0.1%	-46	-0.5%
Alaska	6,950	5	0.1%	0	0.0%
Arizona	10,676	-27	-0.3%	-33	-0.3%
Arkansas	5,711	7	0.1%	-21	-0.4%
California	116,739	163	0.1%	-46	0.0%
Colorado	8,834	16	0.2%	-15	-0.2%
Connecticut	22,852	-186	-0.8%	-210	-0.9%
Delaware	4,171	-104	-2.5%	-106	-2.5%
District of Columbia	N/A	1	N/A	-1	N/A
Florida	30,332	87	0.3%	-51	-0.2%
Georgia	21,759	26	0.1%	-54	-0.2%
Hawaii	6,336	-48	-0.8%	-59	-0.9%
Idaho	3,124	3	0.1%	-8	-0.3%
Illinois	37,203	75	0.2%	-30	-0.1%
Indiana	16,641	-9	-0.1%	-71	-0.4%
Iowa	6,814	-86	-1.3%	-87	-1.3%
Kansas	7,226	17	0.2%	1	0.0%
Kentucky	11,207	8	0.1%	-42	-0.4%
Louisiana	9,923	17	0.2%	-12	-0.1%
Maine	3,646	-70	-1.9%	-83	-2.3%
Maryland	16,881	-267	-1.6%	-286	-1.7%
Massachusetts	40,905	-593	-1.5%	-593	-1.5%
Michigan	10,478	49	0.5%	11	0.1%
Minnesota	19,555	9	0.0%	4	0.0%
Mississippi	5,807	6	0.1%	-38	-0.7%
Missouri	9,731	39	0.4%	-4	0.0%
Montana	2,228	6	0.3%	0	0.0%
Nebraska	4,236	4	0.1%	-6	-0.2%
Nevada	4,411	14	0.3%	-9	-0.2%
New Hampshire	1,672	2	0.1%	-5	-0.3%
New Jersey	35,919	47	0.1%	15	0.0%
New Mexico	6,767	-8	-0.1%	-19	-0.3%
New York	70,609	-3,050	-4.3%	-3,097	-4.4%
North Carolina	24,236	39	0.2%	-110	-0.5%
North Dakota	2,105	5	0.2%	-1	0.0%
Ohio	34,976	40	0.1%	-56	-0.2%
Oklahoma	6,908	11	0.2%	-12	-0.2%
Oregon	7,785	-40	-0.5%	-71	-0.9%
Pennsylvania	35,883	29	0.1%	-68	-0.2%
Rhode Island	3,769	5	0.1%	-1	0.0%
South Carolina	6,589	8	0.1%	-52	-0.8%
South Dakota	1,464	1	0.1%	-6	-0.4%
Tennessee	12,746	17	0.1%	-38	-0.3%
Texas	49,370	125	0.3%	-64	-0.1%
Utah	6,025	1	0.0%	-10	-0.2%
Vermont	1,482	-82	-5.6%	-83	-5.6%
Virginia	19,710	32	0.2%	-15	-0.1%
Washington	18,902	-46	-0.2%	-59	-0.3%
West Virginia	4,810	2	0.0%	-29	-0.6%
Wisconsin	17,298	-116	-0.7%	-143	-0.8%
Wyoming	2,015	3	0.1%	-1	0.0%

Source: Urban Institute Analysis, HIPSMS 2012

1. 2011 NASBO data inflated using nominal GDP growth targets from CBO's economic projections

2. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

Table 17. Incremental Impact of Medicaid Expansion on State Health Care Expenditures Relative to State General Fund Expenditures, 2022

State	State General Fund Expenditures ¹	Incremental Impact of Medicaid Expansion			
		State Medicaid Costs	State Medicaid Costs Relative to General Fund Expenditure	Net State Costs (Including Medicaid and Uncompensated Care)	Net State Costs Relative to General Fund Expenditure
	(\$)	(\$)	Δ (%)	(\$)	Δ (%)
US TOTAL	1,066,095	5,440	0.5%	3,373	0.3%
Regional Totals²					
New England	96,069	-1,248	-1.3%	-1,300	-1.4%
Middle Atlantic	211,284	-4,538	-2.1%	-4,743	-2.2%
East North Central	150,706	2,060	1.4%	1,723	1.1%
West North Central	66,090	649	1.0%	557	0.8%
South Atlantic	138,866	3,144	2.3%	2,627	1.9%
East South Central	50,597	1,177	2.3%	968	1.9%
West South Central	92,951	1,867	2.0%	1,592	1.7%
Mountain	56,975	745	1.3%	641	1.1%
Pacific	202,558	1,584	0.8%	1,308	0.6%
State Totals					
Alabama	12,129	246	2.0%	188	1.6%
Alaska	8,983	31	0.3%	26	0.3%
Arizona	13,799	166	1.2%	160	1.2%
Arkansas	7,382	212	2.9%	183	2.5%
California	150,892	1,347	0.9%	1,133	0.8%
Colorado	11,419	188	1.6%	156	1.4%
Connecticut	29,538	-109	-0.4%	-134	-0.5%
Delaware	5,391	-168	-3.1%	-170	-3.1%
District of Columbia	N/A	15	N/A	13	N/A
Florida	39,206	1,186	3.0%	1,044	2.7%
Georgia	28,125	573	2.0%	491	1.7%
Hawaii	8,190	-36	-0.4%	-47	-0.6%
Idaho	4,038	55	1.4%	44	1.1%
Illinois	48,086	455	0.9%	347	0.7%
Indiana	21,509	279	1.3%	215	1.0%
Iowa	8,808	-40	-0.5%	-41	-0.5%
Kansas	9,340	108	1.2%	91	1.0%
Kentucky	14,486	301	2.1%	250	1.7%
Louisiana	12,826	280	2.2%	250	1.9%
Maine	4,712	-70	-1.5%	-84	-1.8%
Maryland	21,819	-150	-0.7%	-171	-0.8%
Massachusetts	52,871	-1,031	-2.0%	-1,031	-2.0%
Michigan	13,543	351	2.6%	311	2.3%
Minnesota	25,275	108	0.4%	102	0.4%
Mississippi	7,506	241	3.2%	196	2.6%
Missouri	12,577	336	2.7%	293	2.3%
Montana	2,879	41	1.4%	34	1.2%
Nebraska	5,475	55	1.0%	44	0.8%
Nevada	5,701	109	1.9%	85	1.5%
New Hampshire	2,161	42	2.0%	35	1.6%
New Jersey	46,427	307	0.7%	273	0.6%
New Mexico	8,747	74	0.8%	62	0.7%
New York	91,266	-5,186	-5.7%	-5,234	-5.7%
North Carolina	31,326	690	2.2%	538	1.7%
North Dakota	2,721	45	1.7%	40	1.5%
Ohio	45,209	920	2.0%	821	1.8%
Oklahoma	8,928	154	1.7%	130	1.5%
Oregon	10,062	164	1.6%	132	1.3%
Pennsylvania	46,381	645	1.4%	546	1.2%
Rhode Island	4,872	55	1.1%	49	1.0%
South Carolina	8,516	265	3.1%	204	2.4%
South Dakota	1,892	36	1.9%	29	1.5%
Tennessee	16,475	390	2.4%	334	2.0%
Texas	63,814	1,222	1.9%	1,028	1.6%
Utah	7,788	88	1.1%	76	1.0%
Vermont	1,915	-135	-7.0%	-135	-7.1%
Virginia	25,476	285	1.1%	237	0.9%
Washington	24,431	77	0.3%	64	0.3%
West Virginia	6,217	144	2.3%	112	1.8%
Wisconsin	22,358	56	0.2%	28	0.1%
Wyoming	2,604	26	1.0%	22	0.9%

1. 2011 NASBO data inflated using nominal GDP growth targets from CBO's economic projections

2. The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR and WA.

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