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

Executive Summary

John Holahan, Matthew Buettgens, Caitlin Carroll, Stan Dorn
The Urban Institute

November 2012

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The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.

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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. Full results of this analysis are available at http://www.kff.org/medicaid/8384.cfm.

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 an individual newly-enrolled in Medicaid varies according to an 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 costs 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 beneficiaries.

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 full report, available at http://www.kff.org/medicaid/8384.cfm

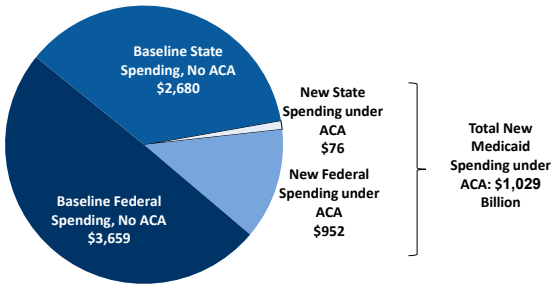
What Is the Cost and Coverage Impact if All States Implement the ACA Medicaid Expansion?

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 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).

Figure 1

Total State and Federal Medicaid Spending Under ACA with All States Expanding Medicaid, 2013-2022
(billions)



Total Medicaid Spending Over the Decade: $7,368 Billion

Note: Individual components may not sum to totals due to rounding.
Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

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.

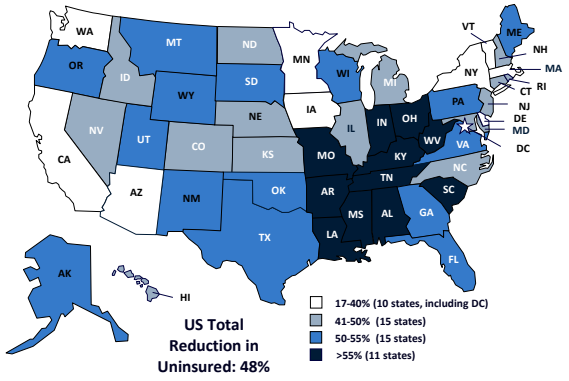
Most increased Medicaid spending under the ACA with all states expanding Medicaid would be for the newly eligible. Over the 2013 to 2022 period, an additional $781 billion will be spent on new eligibles. An estimated $248 billion will go to increased enrollment among the currently eligible. Spending 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 2)

Figure 2

Reduction in Number of Uninsured Under ACA with All States Expanding Medicaid, 2022



Note: Includes effects of the Medicaid expansion and other provisions in the ACA.
Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

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

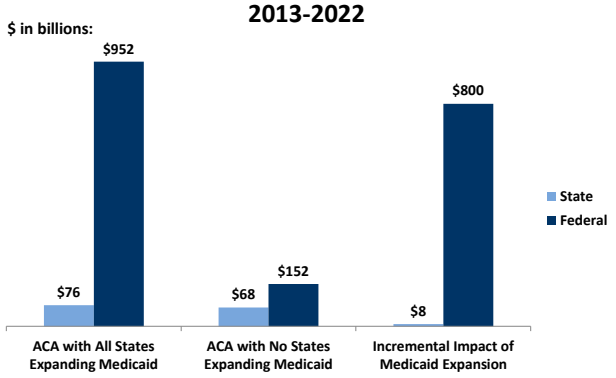
The June 2012 Supreme Court ruling on the ACA limited the federal government's enforcement authority: if a state does not implement the expansion, the Secretary of Health and Human Services cannot withhold funds for the state's remaining Medicaid program. However, other provisions in the ACA go into 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 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.

Figure 3

New State and Federal Medicaid Expenditures under ACA, with All States and No States Expanding Medicaid, 2013-2022

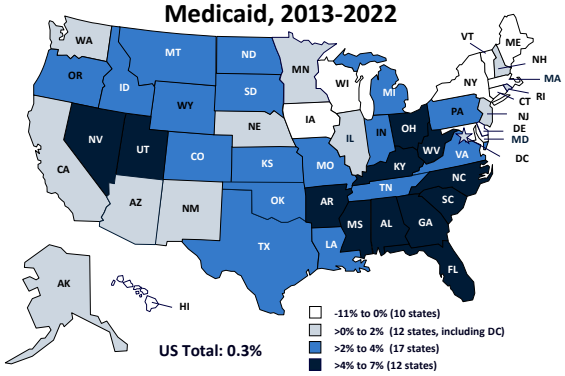


Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

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 4), based on the factors we could quantify using 50-state data.

Figure 4

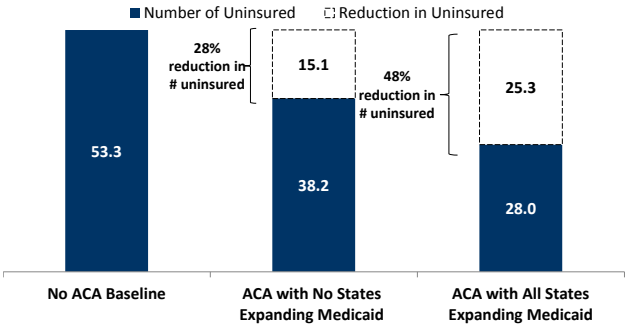
Change in State Medicaid Expenditures Under the ACA With All States Expanding Compared to No States Expanding Medicaid, 2013-2022



Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

Figure 5

Number of Uninsured with and without ACA and Medicaid Expansion, 2022



Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

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 5).

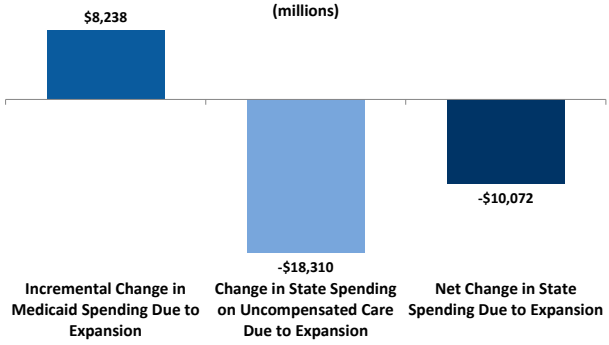
What are other effects on state spending?

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 6 and Table ES-4).

Figure 6

Net State Fiscal Impact of Medicaid Expansion, Including State Savings in Uncompensated Care Costs, 2013-2022

(millions)



Source: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2012.

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.

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[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 full report 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 Expenditures [1] Under the ACA with All States Expanding Medicaid [2] 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 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 Totals [3]												
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 MedicaidExpenditures[1] Under the ACA with All States Expanding Medicaid[2] 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 Δ ($)	State Δ ($)	Total Δ ($)	Federal Δ (%)	State Δ (%)	Total 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 Totals[3]												
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 ES-3. Medicaid Enrollment and Uninsurance[1] Under the No ACA Baseline, the ACA with All States Expanding Medicaid[2] 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	Total 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 Totals[3]											
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, 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 takeup.

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 Medicaid [1], 2013-2022 (millions)

	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	
State	($)	($)	Δ ($)	Δ (%)	($)	Δ ($)	Δ (%)
US TOTAL	2,748,031	2,756,269	8,238	0.3%	**-18,310**	**-10,072**	**-0.4%**
Regional Totals[4]							
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, HIPSM 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.

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