U.S. Health Reform—Monitoring and Impact

# Increasing Federal Medicaid Matching Rates to Provide Fiscal Relief to States during the COVID-19 Pandemic

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URBAN INSTITUTE

With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform to help states, researchers and policymakers learn from the process as it unfolds. Reports that have been prepared as part of this ongoing project can be found at **www.rwjf.org** and **www.healthpolicycenter.org**.

The COVID-19 pandemic will, for the foreseeable future, be a huge blow to not only population health but the economy as well. States, given their general inability to incur deficits, will face severe financial pressures. Brookings Institution researchers estimate that a 1 percentage-point increase in unemployment means states collectively lose $41 billion in revenue and face a $45 billion burden on their budgets.[1] And when incomes decline, so do tax revenues; at the same time, the need for some state services, such as Medicaid and the Children's Health Insurance Program (CHIP), increases. So far, the extent of expected economic decline is unknown.[2, 3, 4] But extrapolating from the Brookings Institution estimates above, an unemployment rate averaging 12 percent over one year would mean a $340 billion revenue decline and a $385 billion hole in state budgets; this does not include most of the large increases in direct costs to states related to the pandemic. One straightforward way to get money to states during the current crisis is increasing the federal government's matching rate for Medicaid and CHIP financing. Though this strategy has already been used in initial legislation, it could be expanded to provide considerably more assistance to states. This analysis delineates options for doing so and their implications.

Medicaid and CHIP are jointly funded by federal and state governments, with the federal government's share of spending (the federal medical assistance percentage, or FMAP) varying inversely with state per capita income (i.e., the federal government pays a larger share of Medicaid costs for states with lower per capita incomes). The 2020 Medicaid FMAP ranges from the mandated minimum of 50.0 percent in 12 states to a maximum of 77.0 percent in Mississippi, with the enhanced FMAP (E-FMAP) for CHIP proportionally higher in every state.[5] In states that expanded Medicaid under the Affordable Care Act (ACA), an FMAP of 90 percent is applied to the Medicaid expansion population once fully phased in.

The Families First Coronavirus Response Act (FFCRA)[6] increased the federal matching rate for many types of Medicaid spending[7] by 6.2 percentage points (about $40 billion[8]) during this emergency period, provided states maintain eligibility and enrollment. The Coronavirus Aid, Relief, and Economic Security (CARES) Act[9] provides states, tribal governments, and localities with another $150 billion in aid for certain expenditures related to COVID-19, of which states are slated to receive about $110 billion.[10] However, states may see very large increases in Medicaid enrollment as unemployment increases,[11, 12, 13] while they struggle to pay for even existing expenditures. These increases in federal aid are unlikely to fill the growing hole in states' finances.

The federal government could increase FMAPs further; doing so would focus increased federal spending on health care specifically, the source of the problem that has stymied the overall economy. Moreover, increasing federal matching rates is relatively easy and would move considerable funding to states, reducing state pressure to raise taxes or cut other spending—actions that would worsen the current recession.[14] FMAP increases would also provide incentives for states to maintain or expand current Medicaid/CHIP spending levels. Such increases have provided fiscal relief to states in prior economic downturns. Under current circumstances, matching rate increases could last for a set period or until states' economies have recovered. The ease of getting funds to states in this manner sharply contrasts with the daily reports of problems distributing checks to families, applying for enhanced unemployment benefits, and allocating loans for small businesses.[15, 16, 17, 18]

In this paper, we estimate various FMAP-increase approaches and how they would affect the amount of fiscal relief states would receive. By necessity, we compute estimates assuming total Medicaid/CHIP spending in 2020 does not change from pre-COVID-19 expectations, though we expect enrollment and spending to increase considerably because of the increased unemployment and health care needs resulting from the pandemic. Currently, accurately predicting how enrollment and spending will increase in each eligibility group is impossible. This means our estimates understate both the savings for states under each approach and the cost of each approach for the federal government. Consequently, we will update this analysis when better estimates of changes in enrollment and spending are available for the traditional Medicaid program, CHIP, and the Medicaid expansion population.

Changes in the FMAP should not affect the number of people applying for Medicaid or CHIP coverage; they only affect how the costs of the programs are split between states and the federal government. In practice, higher matching rates may lead some states to further facilitate enrollment into Medicaid and CHIP, because of the lower cost to state treasuries. Therefore, it is possible higher matching rates could lead to greater enrollment numbers, on top of the sizable increases expected given the economic downturn.

The financial effects of increasing federal matching rates will vary by state because different spending components—such as traditional Medicaid, the ACA expansion population, and CHIP enrollment—have different matching rates. So, the effect of any policy will depend on the size of the population enrolled, the composition of a state's Medicaid and CHIP populations, the generosity of benefits provided to enrollees, and the state's FMAP. Appendix Table 1 provides estimates of 2020 federal and state Medicaid and CHIP spending had COVID-19 not occurred, shown separately for nonelderly traditional Medicaid, CHIP, the ACA expansion population in participating states, disproportionate share hospitals (DSH), payments for Medicare premiums and acute care for people ages 65 and older, and long-term services and supports.

We first estimate the impact on states of the 6.2 percentage-point matching rate increase enacted in the FFCRA. We then show the effect of two alternatives that would increase the FMAP to 100 percent, first for acute care for the nonelderly only (including traditional Medicaid, CHIP, DSH, and the expansion population) and then for all Medicaid program components, including payments for Medicare premiums and acute care for the elderly and long-term services and supports expenditures. Under two other scenarios, the federal share of at least some expenses would increase to the pre-FFCRA matching rates for CHIP, which averaged 18.4 to 26.5 percentage points above pre-FFCRA Medicaid levels. For these scenarios, we again estimate two options, first applying the higher matching rate to acute care for the nonelderly and DSH only and then extending it to all the Medicaid expenditure types we consider. We chose CHIP matching rates because there is existing precedent for using them, and increasing federal matching rates to those levels would provide substantial—though not 100 percent—relief to states, costing the federal government less than the first two scenarios.

Finally, we examine the potential impact of a proposal adopted by House Democrats in the Take Responsibility for Workers and Families Act,[19] which was adapted from a proposal published by Brookings Institution researchers.[20] This proposal would add to the FFCRA's 6.2 percentage-point rate enhancement another 4.8 percentage points for each percentage-point increase in the state's unemployment rate beyond a state-specific threshold. We cannot estimate how much an individual state's unemployment rate would exceed its threshold, which is tied to historical unemployment rates in the state. Thus, we show three scenarios that assume 5, 10, and 15 percentage-point increases in unemployment rate. We use estimates of the threshold unemployment rate for each state from a Brookings Institution brief.[1] As indicated in the House proposal, federal matching rates would be capped at 95 percent, and excess federal funding had the cap not applied (up to 100 percent) could be applied to prior year spending (called "carryback" funding), further enhancing the financial benefits to states under this proposal. The advantage of this proposal is that matching rates could vary depending on how seriously a state's economy has been affected by the crisis.

The scenarios we examine are as follows:

- **Pre-COVID-19 baseline.** The baseline scenario applies the original pre-FFCRA fiscal year 2020 FMAPs to the six spending categories in this analysis: traditional Medicaid for the nonelderly, CHIP, ACA expansion populations, DSH, spending on Medicare premiums and acute care for those ages 65 and older, and long-term services and supports.
- **Scenario 1 (FFCRA-enacted FMAP enhancement of 6.2 percentage points).** Scenario 1 applies the 6.2 percentage-point rate enhancement for Medicaid spending categories identified in the FFCRA—nonelderly Medicaid, DSH, Medicare premiums and acute care for the elderly, and long-term services and supports—as well as an indirect increase in the E-FMAP for CHIP. As indicated in the legislation, the federal match for the ACA expansion population remains at 90 percent.

- **Scenario 2 (100 percent FMAP for nonelderly Medicaid/CHIP enrollees and DSH).** Scenario 2 applies a 100 percent federal matching rate for expenses for nonelderly Medicaid enrollees (including the ACA expansion population), CHIP enrollees, and DSH. The FFCRA 6.2 percentage-point matching rate increase for Medicare premiums and acute care for the elderly and long-term services and supports is maintained.

- **Scenario 3 (100 percent FMAP for all spending categories).** Scenario 3 applies a 100 percent federal matching rate to all spending categories included in this analysis.

- **Scenario 4 (CHIP E-FMAP for nonelderly Medicaid enrollees and DSH).** Scenario 4 applies the pre-FFCRA CHIP E-FMAP[21] to Medicaid spending on the nonelderly, including the ACA expansion population (unless the expansion FMAP is higher), and to DSH. This scenario maintains the matching rate for CHIP under the baseline scenario, as well as the 6.2 percentage-point FFCRA matching rate enhancement for Medicare premiums and acute care for the elderly and long-term services and supports.

- **Scenario 5 (CHIP E-FMAP for all spending categories).** Scenario 5 applies the pre-FFCRA CHIP E-FMAP to all Medicaid spending categories in this analysis. The federal matching rate for CHIP remains unchanged from the baseline scenario.

- **Scenario 6 (automatic rate enhancement assuming a 5 percentage-point increase in each state's unemployment rate).** Drawing from the Brookings Institution/House Democrats' proposal, Scenario 6 automatically increases the FMAP by 4.8 percentage points for each percentage point increase in a state's unemployment rate beyond a state-specific threshold, assuming a 5 percentage-point increase in each state's unemployment rate. The rate enhancement applies to all Medicaid categories included in this analysis (except for DSH spending, which is excluded from rate enhancement in the Take Responsibility for Workers and Families bill), and it is added to the 6.2 percentage-point increase enacted in the FFCRA, and is capped at 95 percent. The CHIP E-FMAP stays at the level enacted in the FFCRA. (Aggregate federal shares may be lower than 95 percent because DSH and CHIP spending are excluded from the categories subject to rate enhancement with the 95 percent cap.) We also estimate federal carryback funding, whereby states can apply any increase in the matching rate beyond 95 percent (up to 100 percent) to spending in previous years, ensuring states get the aid intended.

- **Scenario 7 (automatic rate enhancement assuming a 10 percentage-point increase in each state's unemployment rate).** Scenario 7 is identical to scenario 6 but assumes a 10-percentage point increase in the unemployment rate in each state.

- **Scenario 8 (automatic rate enhancement assuming a 15 percentage-point increase in each state's unemployment rate).** Scenario 8 is identical to scenario 6 but assumes a 15 percentage-point increase in the unemployment rate in each state.

# DATA AND METHODS

From several sources, we compiled detailed 2020 spending by state for six categories that encompass most Medicaid/CHIP spending:

1. traditional Medicaid for the nonelderly;
2. CHIP (both 1 and 2 include fee-for-service payments for acute care and payments to managed care organizations);
3. adults eligible for Medicaid under the ACA's Medicaid expansion in the District of Columbia and the 35 states that expanded Medicaid as of April 2020;
4. DSH spending;
5. Medicaid spending on Medicare beneficiaries ages 65 and older, including premiums, cost sharing, and payments for acute care; and
6. long-term services and supports.

We use the Urban Institute's Health Insurance Policy Simulation Model (HIPSM) to estimate 2020 spending for nonelderly people enrolled in Medicaid/CHIP, which includes the traditional Medicaid population, CHIP enrollees, and the ACA expansion population. HIPSM merges two years of the American Community Survey, so sample sizes are large enough to allow for state-specific estimates. The model simulates each state's eligibility rules, including whether the state has expanded Medicaid under the ACA to people with incomes up to 138 percent of the federal poverty level, and

estimates expenditures separately for the traditional Medicaid/CHIP and Medicaid expansion populations for states that expanded Medicaid.[22] The model calibrates state-specific enrollment and spending estimates to the most recent publicly available data sources, which are from late 2019.

The HIPSM model is limited to health insurance coverage and acute care spending for the nonelderly. Thus, we use other data sources for spending on acute care for the elderly, Medicare premium payments, long-term services and supports, and DSH. The most recent available data on acute care for the elderly are from the 2013–14 Medicaid Statistical Information System, and 2018 spending data on Medicare premiums and long-term services and supports are available from the Medicaid and CHIP Payment and Access Commission.[23] For these data sources, we inflate estimates to 2020 levels based on actuarial data from the Centers for Medicare & Medicaid Services. Finally, 2020 DSH allotments are published by the Medicaid and CHIP Payment and Access Commission.[24, 25] Together, these sources provide comprehensive, state-specific data on the components of Medicaid spending potentially subject to a matching rate increase (Appendix Table 1).

We assess total spending at baseline and then under the alternative payment scenarios, and we compute federal and state spending and the effective federal matching rate for each state (averaged across all coverage types). This analysis includes most, but not all, types of Medicaid spending at the federal and state levels. Unlike the other spending categories analyzed here, the ACA Medicaid expansion population was excluded from the FMAP increase in the FFCRA, but we include it as subject to rate enhancement in this analysis.

Other Medicaid spending like administrative expenses, family planning services, expenditures already fully financed by the federal government for beneficiaries in the Qualifying Individual Program, Community First Choice expenditures, and home health services were excluded from increases in FFCRA.[26] We also do not account for effects on Medicare claw-back payments related to Medicare Part D. Though services provided to American Indians and Alaska Natives eligible for the Indian Health Service at Indian Health Service, tribal health, or urban Indian facilities are not subject to rate enhancement in the FFCRA (services are paid at 100 percent), we include such spending in this analysis (at prepandemic levels) to capture payment scenarios for the entire population. Enrollment in the National Breast and Cervical Cancer Early Detection Program is also subject to rate enhancement in the FFCRA; however, because we lacked data on this enrollment, we exclude such spending from this analysis.

Estimates of all scenarios are based on prepandemic baseline spending and do not account for additional enrollment or spending per enrollee likely to occur during the pandemic and associated recession. (This includes scenarios that tie matching rates to state unemployment rates; though we adjust matching rates according to unemployment, enrollment and state spending are assumed to remain constant.) This means we understate each scenario's additional costs to the federal government and savings to states. Further, though the duration of the public health emergency and financial crisis are unknown, this analysis assumes the modeled scenarios last for all of the 2020 calendar year and excludes spending in other years (except for estimates of carryback funding that could be retroactively applied to spending in 2019 under scenarios 6–8).

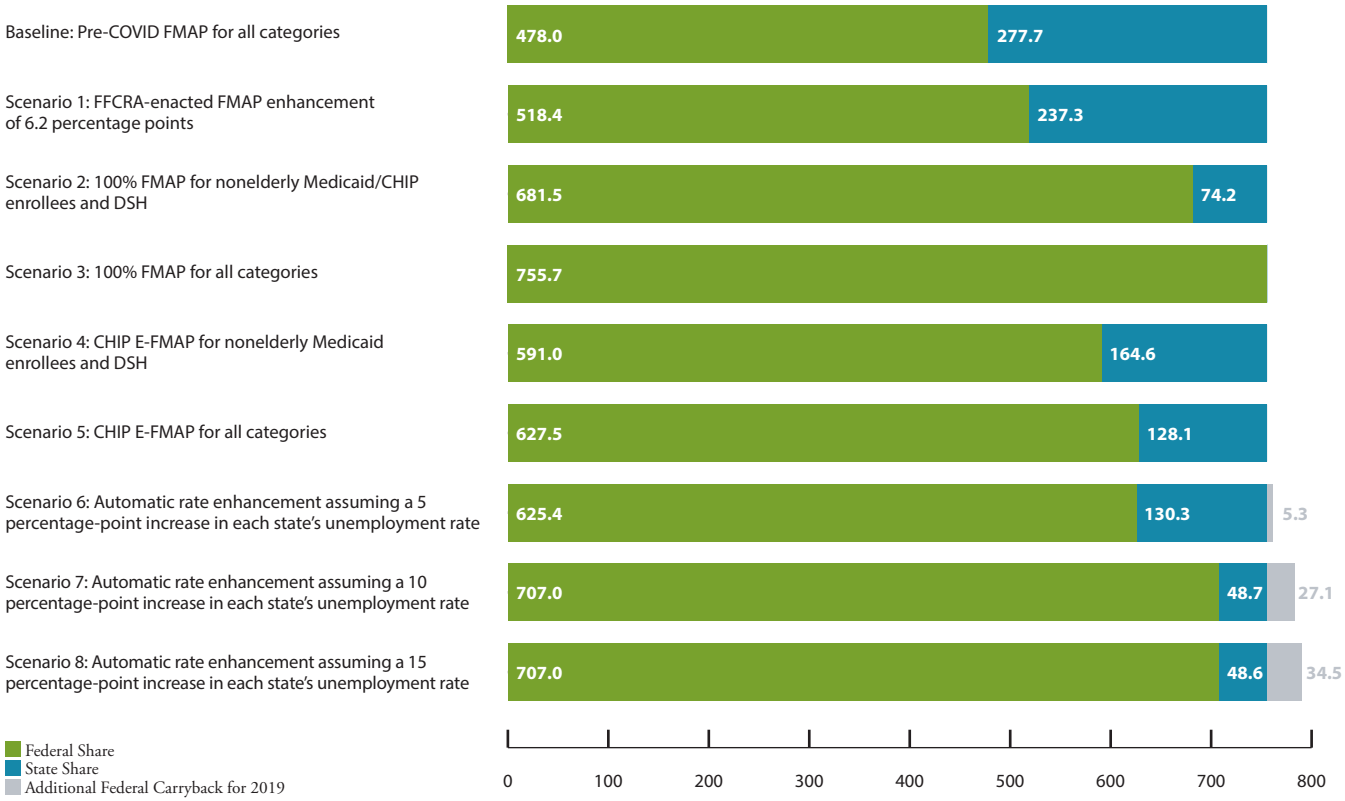
# RESULTS

## Overview

Figure 1 and the accompanying summary table summarize national results, and the table compares each scenario with both the pre-COVID-19 baseline and the federal matching rate enhancement enacted in the FFCRA. The top bar of Figure 1 and the first row of the summary table show our 2020 baseline estimate of total spending for the categories analyzed (hereafter called total Medicaid spending), which includes spending on nonelderly traditional and expansion populations, CHIP expenditures, DSH, Medicare premiums and acute care for the elderly, and long-term services and supports. We estimate that absent the pandemic, the federal government would have spent $478.0 billion on these categories, and states would have spent $277.7 billion combined. The federal share of the total would have averaged 63.3 percent. Estimated effects for the other scenarios delineated previously are also presented. Estimates for each scenario assume aggregate spending on these programs (federal plus state spending) does not change as a result of the pandemic and the associated increase in unemployment:

- **Scenario 1 (FFCRA-enacted FMAP enhancement of 6.2 percentage points)** would result in an increase in federal spending of $40.4 billion, and state spending would fall by the same amount.
- **Scenario 2 (100 percent FMAP for nonelderly Medicaid/CHIP enrollees and DSH)** would increase federal spending by $203.5 billion beyond the baseline and reduce state spending by the same amount.

## Figure 1: Estimated Federal and State Medicaid/CHIP Spending in 2020 under Alternative Funding Scenarios (Billions)




Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: FFCRA is Families First Coronavirus Response Act. FMAP is Federal Medical Assistance Percentage; E-FMAP is Enhanced Federal Medical Assistance Percentage. DSH is disproportionate share hospitals. CHIP is Children's Health Insurance Program.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

Estimates may not add to total because of rounding.

## Summary Table: Estimated Federal and State Medicaid/CHIP Spending under Alternative Funding Scenarios, 2020

| | Total for Scenario | | | Difference from Baseline | | | Difference from Scenario 1 | | | Additional Federal Carryback for 2019 (Billions) |
|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Spending Diff. from Baseline (Billions) | Pct. Increase in Federal Spending | State Spending Diff. from Baseline (Billions) | Federal Spending Diff. from Scenario 1 (Billions) | Pct. Increase in Federal Spending | State Spending Diff. from Scenario 1 (Billions) | |
| Baseline: Pre-COVID-19 FMAP for all categories | **63.3%** | **478.0** | **277.7** | – | – | – | – | – | – | – |
| Scenario 1: FFCRA-enacted FMAP enhancement of 6.2 percentage points | **68.6%** | **518.4** | **237.3** | 40.4 | 8.4% | -40.4 | – | – | – | – |
| Scenario 2: 100% FMAP for nonelderly Medicaid/ CHIP enrollees and DSH | **90.2%** | **681.5** | **74.2** | 203.5 | 42.6% | -203.5 | 163.1 | 34.1% | -163.1 | – |
| Scenario 3: 100% FMAP for all categories | **100.0%** | **755.7** | **0.0** | 277.7 | 58.1% | -277.7 | 237.3 | 49.6% | -237.3 | – |
| Scenario 4: CHIP E-FMAP for nonelderly Medicaid enrollees and DSH | **78.2%** | **591.0** | **164.6** | 113.0 | 23.6% | -113.0 | 72.7 | 15.2% | -72.7 | – |
| Scenario 5: CHIP E-FMAP for all categories | **83.0%** | **627.5** | **128.1** | 149.5 | 31.3% | -149.5 | 109.2 | 22.8% | -109.2 | – |
| Scenario 6: Automatic rate enhancement assuming a 5 percentage-point increase in each state's unemployment rate | **82.8%** | **625.4** | **130.3** | 147.4 | 30.8% | -147.4 | 107.0 | 22.4% | -107.0 | *5.3* |
| Scenario 7: Automatic rate enhancement assuming a 10 percentage-point increase in each state's unemployment rate | **93.6%** | **707.0** | **48.7** | 229.0 | 47.9% | -229.0 | 188.6 | 39.5% | -188.6 | *27.1* |
| Scenario 8: Automatic rate enhancement assuming a 15 percentage-point increase in each state's unemployment rate | **93.6%** | **707.0** | **48.6** | 229.0 | 47.9% | -229.0 | 188.7 | 39.5% | -188.7 | *34.5* |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program.FFCRA is Families First Coronavirus Response Act. FMAP is Federal Medical Assistance Percentage; E-FMAP is Enhanced Federal Medical Assistance Percentage. DSH is disproportionate share hospitals.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

- **Scenario 3 (100 percent FMAP for all categories)** would increase federal government spending by $277.7 billion beyond the baseline, and state spending for these categories would be eliminated.
- **Scenario 4 (CHIP E-FMAP for nonelderly Medicaid enrollees and DSH)** would increase federal spending by $113.0 billion beyond the baseline, saving states the same amount in aggregate.
- **Scenario 5 (CHIP E-FMAP for all categories)** would provide states with $149.5 billion more in fiscal relief than they would receive under the baseline and at a commensurate cost to the federal government.
- **Scenario 6 (automatic rate enhancement assuming a 5 percentage-point increase in each state's unemployment rate)** would save states $147.4 billion more than under the baseline, shifting those costs to the federal government. States would also receive an additional $5.3 billion in carryback funds.
- **Scenario 7 (automatic rate enhancement assuming a 10 percentage-point increase in each state's unemployment rate)** would save states $229.0 billion more than under the baseline, and states would receive an additional $27.1 billion in carryback payments.
- **Scenario 8 (automatic rate enhancement assuming a 15 percentage-point increase in each state's unemployment rate)** would also save states $229.0 billion more than under the baseline. Savings are similar to those under scenario 7 (federal spending would only rise by $40.6 million more in scenario 8) because most states would already receive the maximum 95 percent match (except for DSH and CHIP, as explained above) when assuming a 10 percentage-point increase in unemployment rates. However, states would receive carryback payments totaling $34.5 billion.

Thus, the summary figure shows a considerable amount of fiscal relief provided to states under each scenario's assumed increases in federal matching rates. The results show there are a variety of ways to shift financial burdens from the states to the federal government via modifications to FMAPs. Below we highlight how specific states would be affected under each scenario.

## State Impacts

**Scenario 1 (FFCRA-enacted FMAP enhancement of 6.2 percentage points).** Table 1 shows states would save $40.4 billion under this policy. Large states like California ($5.2 billion), New York ($3.8 billion), Texas ($3.2 billion), Pennsylvania ($2.1 billion), and Florida ($1.8 billion) receive the most new federal funding under this law. Under this scenario, the effective federal matching rates (aggregated across all spending types) for low-income states like Mississippi, New Mexico, and West Virginia would be about 84 percent. Higher-income states like Connecticut, Maryland, and Massachusetts would have matching rates of approximately 60 percent.

**Scenario 2 (100 percent FMAP for nonelderly Medicaid/CHIP enrollees and DSH).** Table 2 shows that the increase in federal spending and savings to states under this approach would total $203.5 billion in 2020. California would receive $29.7 billion, New York $20.5 billion, Texas $17.0 billion, Pennsylvania $10.6 billion, and Florida $9.3 billion. Average federal matching rates for many low-income, largely southern states would be about 95 percent. These include Alabama, Mississippi, New Mexico, South Carolina, Texas, and West Virginia. High-income states, such as Connecticut and Massachusetts, would have matching rates of around 85 percent.

**Scenario 3 (100 percent FMAP for all categories).** Table 3 shows that federal spending under this approach would increase by $277.7 billion beyond the baseline, and states would save a comparable amount. Regardless of a state's per capita income, these categories would be fully funded by the federal government (i.e., a 100 percent FMAP). California would receive $42.7 billion, New York $32.1 billion, Texas $19.8 billion, Pennsylvania $15.9 billion, and Florida $11.2 billion.

**Scenario 4 (CHIP E-FMAP for nonelderly Medicaid enrollees and DSH).** Table 4 shows that raising states' federal matching rate to the pre-FFCRA enhanced rates used for CHIP would save states $113.0 billion in aggregate. California's increase in federal payments would total $14.6 billion, New York's $10.8 billion, Texas's $9.9 billion, Pennsylvania's $5.5 billion, and Florida's $5.5 billion. Federal matching rates would remain highest in low-income states, at 92.0 percent for Mississippi, 90.1 percent for West Virginia, 88.4 percent for Alabama, 87.6 percent for South Carolina, and 85.6 percent for Louisiana. Among high-income states, aggregate matching rates would be 72.3 percent for New Jersey, 71.1 percent for New York, 71.0 percent for Connecticut, and 70.3 percent for Massachusetts.

**Scenario 5 (CHIP E-FMAP for all categories).** Under this policy, states would save $149.6 billion in aggregate (Table 5). Savings under this scenario would be greatest in large states like California ($20.7 billion), New York ($16.1 billion), Texas ($11.3 billion), Pennsylvania ($8.1 billion), and Florida ($6.6 billion). Effective federal matching rates averaged over all spending categories would still be highest (typically over 90 percent in this scenario) in the lowest-income states and would be less than 80 percent in many higher-income states.

Scenarios 6, 7, and 8 use the Brookings Institution/House Democratic formula for increasing matching rates depending on the state's unemployment rate.

**Scenario 6 (automatic rate enhancement assuming a 5 percentage-point increase in each state's unemployment rate).** This policy would increase the national federal share of Medicaid spending by almost 20 percentage points if unemployment rates rose 5 percentage points in each state (Table 6). The states benefitting most, again, are the largest; California's federal payments would increase by $18.8 billion, New York's by $13.8 billion, Texas's by $11.4 billion, Pennsylvania's by $8.3 billion, and Florida's by $6.3 billion. Many low-income states, generally in the South, would have federal matching rates above 90 percent. Higher-income states would see large increases in federal funds, but the federal share of spending would be lower than 80 percent. Twenty-three states would receive aggregate carryback payments worth $5.3 billion in addition to the $147.4 billion savings in 2020.

**Scenario 7 (automatic rate enhancement assuming a 10 percentage-point increase in each state's unemployment rate).** If unemployment rates increased by 10 percentage points in every state, the Brookings Institution/House Democratic approach would set FMAPs to the 95 percent maximum for specified categories of spending in many states, and aggregate matching rates would near the 95 percent maximum (Table 7). Federal spending would increase by $229.0 billion, and the automatic rate enhancement would lead to carryback adjustments worth an additional $27.1 billion. States like California and New York would still receive the largest increase in federal funding, which would be much higher than under the previous scenario, at $35.4 billion and $26.7 billion.

**Scenario 8 (automatic rate enhancement assuming a 15 percentage-point increase in each state's unemployment rate).** Assuming a 15 percentage-point increase in each state's unemployment rate, states' aggregate federal matching rates would near the 95 percent maximum permitted under this approach and total $229.0 billion (Table 8). With a 15 percentage-point increase in unemployment, federal spending in 2020 would be similar to that under scenario 7, but additional retroactive carryback payments for 2019 would total $34.5 billion.

The Brookings Institution/House Democratic proposal intends to increase federal matching rates to align with states' increased unemployment rates. For example, in New York, the federal share of Medicaid spending would rise by $13.8 billion under a 5 percentage-point increase in unemployment, and by $28.3 billion and $30.2 billion, respectively, under a 10 or 15 percentage-point increase in unemployment when including carryback payments.

# DISCUSSION

The U.S. economy has clearly deteriorated over the last month. What will happen to gross domestic product and unemployment is unknown, but the economy has entered a serious recession and how fast it will recover is also uncertain. Some estimate national unemployment rates have exceeded 10 percent nationally and are headed much higher,[2, 3, 4] and such sharp unemployment increases will diminish state revenues. Simultaneously, states will face increased spending pressures, including from growing Medicaid rolls. Combined, greater spending needs and pronounced revenue declines place states in fiscal danger. Most states prohibit incurring deficits; therefore, they must either cut spending or raise revenues. Either action would be procyclical, exacerbating the economic pain caused by the recession.

Increasing Medicaid matching rates effectively shifts federal dollars to states. Because the economic decline has resulted from a health crisis, many people will likely be added to Medicaid and CHIP rolls, increasing state spending. Simultaneously, declining state revenues mean states may not be able to support their existing programs.

In this paper, we have estimated how much fiscal relief is possible under different approaches to altering federal Medicaid matching rates. Applying Brookings Institution researchers' estimates to a 12 percentage-point increase in unemployment over the 2020 calendar year suggests a $385 billion hole in state budgets, indicating the $40 billion in fiscal relief resulting from the 6.2 percentage-point increase in federal matching rates mandated under the FFCRA will be insufficient.[18] Increasing federal matching rates to 100 percent for specific parts of the Medicaid program would reduce state spending by $203.5 billion; a 100 percent federal match for the entire program would save states $277.7 billion. Alternatively, increasing federal matching rates to CHIP levels would save states $113.0 billion to $149.5 billion, depending on how much of the program is included in the increase.

House Democrats, building on a proposal published by the Brookings Institution, have established a formula that would increase matching rates depending on the increase in states' unemployment rates up to a maximum of 95 percent. Under this approach, we estimate that a 5 percentage-point increase in each state's unemployment rate would increase federal payments by $147.4 billion. A 10 percentage-point increase in each state's unemployment rate would save states $229.0 billion. A 15 percentage-point increase in each state's unemployment rate would not increase federal payments much further beyond those for a 10 percentage-point increase in unemployment in 2020 because of the 95 percent FMAP cap. However, it would provide extra fiscal relief to states via carryback payments applicable for 2019.

Tying increased federal Medicaid matching rates to states' unemployment rates has several advantages, including the abilities to better target states with the most economic deterioration and continue fiscal relief if the economic crisis extends beyond the public health emergency period. Though specific matching rates would be less certain, this approach would grant states more overall budgetary certainty, because federal spending would change as state unemployment fluctuates. Regardless of the method chosen, states are likely to need additional assistance beyond FMAP increases. The proposals we examine would provide less revenue than states may need to meet the increased budgetary demands they are facing as their revenues drop. It may be necessary to provide additional assistance to states with less generous Medicaid programs or those that have not expanded Medicaid under the ACA. The current circumstances should encourage states to expand Medicaid eligibility, but if they do not, additional efforts, such as direct assistance to hospitals most acutely affected by the COVID-19 emergency, may be necessary to support their health systems.

# ENDNOTES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5. Under the HEALTHY KIDS Act, the pre-FFCRA E-FMAP values for CHIP for fiscal year 2020 include a temporary 11.5 percentage-point increase lasting until September 30, 2020.
6. Families First Coronavirus Response Act, Pub. L. No. 116-127, 134 Stat. 177 (2020).
7. The FFCRA also raises the base on which the E-FMAP is computed for CHIP, increasing the federal matching rate for CHIP by approximately 4.3 percentage points beyond pre-FFCRA levels. (See: Park E. CMS Guidance Clarifies that Families First COVID-19 Response Bill's FMAP Increase Will Benefit CHIP Too. Georgetown University Center for Children and Families Say Ahhh! Blog. https://ccf.georgetown.edu/2020/03/25/cms-guidance-clarifies-that-families-first-covid-19-response-bills-fmap-increase-will-benefit-chip-too/. Accessed April 16, 2020.) FFCRA does not include an FMAP increase for the ACA expansion population.
8. The Congressional Budget Office estimates this provision will lead to an additional $50.0 billion in federal spending from 2020 to 2022, including for other types of spending beyond Medicaid and CHIP that are based on the Medicaid FMAP. We do not consider the effects of financing changes on programs other than Medicaid and CHIP in this analysis.
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21. As indicated, these pre-FFCRA CHIP E-FMAP values include an 11.5 percentage-point increase through September 30, 2020. For simplicity, we apply these rates for all of calendar year 2020.
22. Nonelderly Medicaid and CHIP spending estimates that apply pre-FFCRA FMAPs and FMAP percentage-point increases account for American Indians/Alaska Natives using Indian Health Service care, for which the federal matching rate is 100 percent. Therefore, in certain states, the effective federal match may be slightly higher than the designated FMAP. Scenarios applying specific matching rates, such as a 100 percent match or the application of the CHIP E-FMAP, apply the specified rates to all enrollees regardless of American Indian or Alaska Native status.
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24. Baseline DSH spending was derived from Medicaid and CHIP Payment and Access Commission data on state-level FY 2020 DSH allotments; see table IA-2 in Medicaid and CHIP Payment and Access Commission. *Report to Congress on Medicaid and CHIP.* Washington: Medicaid and CHIP Payment and Access Commission; 2020. https://www.macpac.gov/wp-content/uploads/2020/03/March-2020-Report-to-Congress-on-Medicaid-and-CHIP.pdf. Accessed April 16, 2020. Congress had previously planned a $4 billion reduction in federal DSH allotments in FY 2020. However, the CARES Act eliminated these cuts in FY 2020 and reduced and delayed cuts planned for FY 2021. To account for these changes, we used the Medicaid and CHIP Payment and Access Commission's total and federal "unreduced allotments" (which exclude the previously planned reductions) and then calculated state shares and implied federal matching rates.
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## Table 1. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 1, by State, 2020

*Scenario 1: FFCRA-enacted FMAP enhancement of 6.2 percentage points*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) |
| Alabama | 73.5% | 6.3 | 2.3 | 79.5% | 6.9 | 1.8 | 6.1% | 0.5 | -0.5 |
| Alaska | 64.6% | 1.5 | 0.8 | 69.1% | 1.7 | 0.7 | 4.5% | 0.1 | -0.1 |
| Arizona | 75.8% | 12.1 | 3.9 | 80.4% | 12.9 | 3.1 | 4.6% | 0.7 | -0.7 |
| Arkansas | 76.2% | 6.7 | 2.1 | 81.2% | 7.2 | 1.7 | 5.0% | 0.4 | -0.4 |
| California | 58.9% | 61.3 | 42.7 | 63.9% | 66.4 | 37.5 | 5.0% | 5.2 | -5.2 |
| Colorado | 60.3% | 6.8 | 4.5 | 65.2% | 7.4 | 3.9 | 4.8% | 0.5 | -0.5 |
| Connecticut | 55.6% | 6.9 | 5.5 | 61.0% | 7.6 | 4.9 | 5.4% | 0.7 | -0.7 |
| Delaware | 63.4% | 1.6 | 1.0 | 68.7% | 1.8 | 0.8 | 5.3% | 0.1 | -0.1 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 76.8% | 2.6 | 0.8 | 5.6% | 0.2 | -0.2 |
| Florida | 62.7% | 18.9 | 11.2 | 68.8% | 20.7 | 9.4 | 6.1% | 1.8 | -1.8 |
| Georgia | 69.0% | 11.5 | 5.2 | 75.0% | 12.5 | 4.2 | 6.1% | 1.0 | -1.0 |
| Hawaii | 61.0% | 1.5 | 0.9 | 66.0% | 1.6 | 0.8 | 5.1% | 0.1 | -0.1 |
| Idaho | 75.5% | 2.8 | 0.9 | 80.3% | 3.0 | 0.7 | 4.8% | 0.2 | -0.2 |
| Illinois | 56.0% | 10.8 | 8.5 | 61.4% | 11.8 | 7.4 | 5.4% | 1.0 | -1.0 |
| Indiana | 71.0% | 11.7 | 4.8 | 76.1% | 12.5 | 3.9 | 5.0% | 0.8 | -0.8 |
| Iowa | 68.6% | 3.8 | 1.7 | 73.6% | 4.0 | 1.4 | 5.0% | 0.3 | -0.3 |
| Kansas | 61.6% | 1.9 | 1.2 | 67.6% | 2.0 | 1.0 | 6.0% | 0.2 | -0.2 |
| Kentucky | 78.0% | 10.6 | 3.0 | 82.4% | 11.2 | 2.4 | 4.4% | 0.6 | -0.6 |
| Louisiana | 73.1% | 10.5 | 3.9 | 77.8% | 11.2 | 3.2 | 4.7% | 0.7 | -0.7 |
| Maine | 66.2% | 2.7 | 1.4 | 71.9% | 3.0 | 1.2 | 5.8% | 0.2 | -0.2 |
| Maryland | 58.2% | 8.6 | 6.2 | 63.3% | 9.4 | 5.4 | 5.1% | 0.8 | -0.8 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 60.6% | 13.4 | 8.7 | 5.6% | 1.2 | -1.2 |
| Michigan | 70.6% | 16.4 | 6.8 | 75.4% | 17.5 | 5.7 | 4.8% | 1.1 | -1.1 |
| Minnesota | 53.8% | 9.3 | 8.0 | 59.4% | 10.3 | 7.0 | 5.6% | 1.0 | -1.0 |
| Mississippi | 77.9% | 6.0 | 1.7 | 84.0% | 6.4 | 1.2 | 6.1% | 0.5 | -0.5 |
| Missouri | 66.7% | 10.2 | 5.1 | 72.8% | 11.1 | 4.2 | 6.1% | 0.9 | -0.9 |
| Montana | 74.9% | 2.3 | 0.8 | 79.1% | 2.4 | 0.6 | 4.1% | 0.1 | -0.1 |
| Nebraska | 55.8% | 1.6 | 1.3 | 61.9% | 1.8 | 1.1 | 6.1% | 0.2 | -0.2 |
| Nevada | 69.8% | 3.4 | 1.5 | 74.8% | 3.7 | 1.2 | 5.0% | 0.2 | -0.2 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 60.3% | 1.7 | 1.1 | 5.5% | 0.2 | -0.2 |
| New Jersey | 57.2% | 9.7 | 7.2 | 62.4% | 10.5 | 6.3 | 5.2% | 0.9 | -0.9 |
| New Mexico | 80.4% | 5.8 | 1.4 | 84.2% | 6.1 | 1.1 | 3.9% | 0.3 | -0.3 |
| New York | 56.5% | 41.7 | 32.1 | 61.7% | 45.6 | 28.3 | 5.2% | 3.8 | -3.8 |
| North Carolina | 69.0% | 15.0 | 6.7 | 75.0% | 16.3 | 5.4 | 6.0% | 1.3 | -1.3 |
| North Dakota | 55.2% | 0.8 | 0.7 | 60.6% | 0.9 | 0.6 | 5.5% | 0.1 | -0.1 |
| Ohio | 67.4% | 19.4 | 9.4 | 72.7% | 20.9 | 7.9 | 5.3% | 1.5 | -1.5 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 73.5% | 5.3 | 1.9 | 6.0% | 0.4 | -0.4 |
| Oregon | 68.5% | 7.8 | 3.6 | 73.3% | 8.3 | 3.0 | 4.9% | 0.6 | -0.6 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 63.4% | 24.0 | 13.9 | 5.4% | 2.1 | -2.1 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 65.9% | 1.6 | 0.8 | 5.1% | 0.1 | -0.1 |
| South Carolina | 71.7% | 6.2 | 2.4 | 77.8% | 6.7 | 1.9 | 6.1% | 0.5 | -0.5 |
| South Dakota | 60.2% | 0.9 | 0.6 | 66.0% | 1.0 | 0.5 | 5.9% | 0.1 | -0.1 |
| Tennessee | 66.7% | 9.5 | 4.7 | 72.8% | 10.3 | 3.9 | 6.1% | 0.9 | -0.9 |
| Texas | 62.9% | 33.7 | 19.8 | 69.0% | 36.9 | 16.6 | 6.0% | 3.2 | -3.2 |
| Utah | 73.6% | 3.8 | 1.3 | 78.6% | 4.0 | 1.1 | 5.0% | 0.3 | -0.3 |
| Vermont | 57.7% | 1.3 | 1.0 | 63.3% | 1.5 | 0.8 | 5.5% | 0.1 | -0.1 |
| Virginia | 60.5% | 9.2 | 6.0 | 65.2% | 10.0 | 5.3 | 4.7% | 0.7 | -0.7 |
| Washington | 59.6% | 9.8 | 6.7 | 64.4% | 10.6 | 5.9 | 4.8% | 0.8 | -0.8 |
| West Virginia | 78.4% | 4.2 | 1.2 | 83.5% | 4.5 | 0.9 | 5.1% | 0.3 | -0.3 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 66.6% | 7.2 | 3.6 | 6.1% | 0.7 | -0.7 |
| Wyoming | 51.3% | 0.5 | 0.5 | 57.3% | 0.6 | 0.4 | 6.1% | 0.1 | -0.1 |
| **Total** | **63.3%** | **478.0** | **277.7** | **68.6%** | **518.4** | **237.3** | **5.3%** | **40.4** | **-40.4** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. FFCRA is Families First Coronavirus Response Act. FMAP is Federal Medical Assistance Percentage.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 2. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 2, by State, 2020

*Scenario 2: 100 percent FMAP for nonelderly Medicaid/CHIP enrollees and DSH*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) |
| Alabama | 73.5% | 6.3 | 2.3 | 94.5% | 8.1 | 0.5 | 21.0% | 1.8 | -1.8 |
| Alaska | 64.6% | 1.5 | 0.8 | 87.9% | 2.1 | 0.3 | 23.3% | 0.6 | -0.6 |
| Arizona | 75.8% | 12.1 | 3.9 | 97.5% | 15.6 | 0.4 | 21.7% | 3.5 | -3.5 |
| Arkansas | 76.2% | 6.7 | 2.1 | 94.4% | 8.3 | 0.5 | 18.1% | 1.6 | -1.6 |
| California | 58.9% | 61.3 | 42.7 | 87.5% | 90.9 | 13.0 | 28.5% | 29.7 | -29.7 |
| Colorado | 60.3% | 6.8 | 4.5 | 89.1% | 10.1 | 1.2 | 28.8% | 3.3 | -3.3 |
| Connecticut | 55.6% | 6.9 | 5.5 | 84.6% | 10.5 | 1.9 | 29.0% | 3.6 | -3.6 |
| Delaware | 63.4% | 1.6 | 1.0 | 91.8% | 2.4 | 0.2 | 28.4% | 0.7 | -0.7 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 91.7% | 3.1 | 0.3 | 20.5% | 0.7 | -0.7 |
| Florida | 62.7% | 18.9 | 11.2 | 93.6% | 28.1 | 1.9 | 30.8% | 9.3 | -9.3 |
| Georgia | 69.0% | 11.5 | 5.2 | 94.0% | 15.7 | 1.0 | 25.1% | 4.2 | -4.2 |
| Hawaii | 61.0% | 1.5 | 0.9 | 87.0% | 2.1 | 0.3 | 26.1% | 0.6 | -0.6 |
| Idaho | 75.5% | 2.8 | 0.9 | 94.3% | 3.5 | 0.2 | 18.8% | 0.7 | -0.7 |
| Illinois | 56.0% | 10.8 | 8.5 | 88.2% | 17.0 | 2.3 | 32.2% | 6.2 | -6.2 |
| Indiana | 71.0% | 11.7 | 4.8 | 91.3% | 15.0 | 1.4 | 20.3% | 3.3 | -3.3 |
| Iowa | 68.6% | 3.8 | 1.7 | 97.4% | 5.3 | 0.1 | 28.8% | 1.6 | -1.6 |
| Kansas | 61.6% | 1.9 | 1.2 | 96.3% | 2.9 | 0.1 | 34.7% | 1.0 | -1.0 |
| Kentucky | 78.0% | 10.6 | 3.0 | 95.6% | 13.0 | 0.6 | 17.7% | 2.4 | -2.4 |
| Louisiana | 73.1% | 10.5 | 3.9 | 94.5% | 13.6 | 0.8 | 21.3% | 3.1 | -3.1 |
| Maine | 66.2% | 2.7 | 1.4 | 89.8% | 3.7 | 0.4 | 23.6% | 1.0 | -1.0 |
| Maryland | 58.2% | 8.6 | 6.2 | 89.2% | 13.2 | 1.6 | 31.0% | 4.6 | -4.6 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 84.4% | 18.7 | 3.5 | 29.4% | 6.5 | -6.5 |
| Michigan | 70.6% | 16.4 | 6.8 | 94.5% | 22.0 | 1.3 | 23.8% | 5.5 | -5.5 |
| Minnesota | 53.8% | 9.3 | 8.0 | 84.6% | 14.7 | 2.7 | 30.8% | 5.3 | -5.3 |
| Mississippi | 77.9% | 6.0 | 1.7 | 95.3% | 7.3 | 0.4 | 17.4% | 1.3 | -1.3 |
| Missouri | 66.7% | 10.2 | 5.1 | 91.9% | 14.1 | 1.2 | 25.2% | 3.8 | -3.8 |
| Montana | 74.9% | 2.3 | 0.8 | 94.8% | 2.9 | 0.2 | 19.9% | 0.6 | -0.6 |
| Nebraska | 55.8% | 1.6 | 1.3 | 85.0% | 2.5 | 0.4 | 29.3% | 0.9 | -0.9 |
| Nevada | 69.8% | 3.4 | 1.5 | 95.0% | 4.7 | 0.2 | 25.2% | 1.2 | -1.2 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 85.8% | 2.3 | 0.4 | 31.1% | 0.8 | -0.8 |
| New Jersey | 57.2% | 9.7 | 7.2 | 86.9% | 14.7 | 2.2 | 29.7% | 5.0 | -5.0 |
| New Mexico | 80.4% | 5.8 | 1.4 | 98.0% | 7.0 | 0.1 | 17.7% | 1.3 | -1.3 |
| New York | 56.5% | 41.7 | 32.1 | 84.2% | 62.2 | 11.6 | 27.7% | 20.5 | -20.5 |
| North Carolina | 69.0% | 15.0 | 6.7 | 95.7% | 20.8 | 0.9 | 26.7% | 5.8 | -5.8 |
| North Dakota | 55.2% | 0.8 | 0.7 | 78.9% | 1.2 | 0.3 | 23.7% | 0.4 | -0.4 |
| Ohio | 67.4% | 19.4 | 9.4 | 91.3% | 26.3 | 2.5 | 23.9% | 6.9 | -6.9 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 93.5% | 6.8 | 0.5 | 26.0% | 1.9 | -1.9 |
| Oregon | 68.5% | 7.8 | 3.6 | 90.3% | 10.2 | 1.1 | 21.8% | 2.5 | -2.5 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 85.9% | 32.5 | 5.4 | 27.9% | 10.6 | -10.6 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 95.8% | 2.3 | 0.1 | 35.0% | 0.8 | -0.8 |
| South Carolina | 71.7% | 6.2 | 2.4 | 94.5% | 8.1 | 0.5 | 22.8% | 2.0 | -2.0 |
| South Dakota | 60.2% | 0.9 | 0.6 | 89.3% | 1.3 | 0.2 | 29.1% | 0.4 | -0.4 |
| Tennessee | 66.7% | 9.5 | 4.7 | 93.7% | 13.3 | 0.9 | 27.0% | 3.8 | -3.8 |
| Texas | 62.9% | 33.7 | 19.8 | 94.6% | 50.7 | 2.9 | 31.7% | 17.0 | -17.0 |
| Utah | 73.6% | 3.8 | 1.3 | 95.4% | 4.9 | 0.2 | 21.8% | 1.1 | -1.1 |
| Vermont | 57.7% | 1.3 | 1.0 | 93.4% | 2.2 | 0.2 | 35.7% | 0.8 | -0.8 |
| Virginia | 60.5% | 9.2 | 6.0 | 90.6% | 13.8 | 1.4 | 30.1% | 4.6 | -4.6 |
| Washington | 59.6% | 9.8 | 6.7 | 88.0% | 14.5 | 2.0 | 28.4% | 4.7 | -4.7 |
| West Virginia | 78.4% | 4.2 | 1.2 | 94.3% | 5.1 | 0.3 | 15.9% | 0.9 | -0.9 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 87.3% | 9.4 | 1.4 | 26.8% | 2.9 | -2.9 |
| Wyoming | 51.3% | 0.5 | 0.5 | 82.9% | 0.8 | 0.2 | 31.6% | 0.3 | -0.3 |
| **Total** | **63.3%** | **478.0** | **277.7** | **90.2%** | **681.5** | **74.2** | **26.9%** | **203.5** | **-203.5** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. FMAP is Federal Medical Assistance Percentage. DSH is disproportionate share hospitals.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 3. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 3, by State, 2020

*Scenario 3: 100 percent FMAP for all categories*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) |
| Alabama | 73.5% | 6.3 | 2.3 | 100.0% | 8.6 | 0.0 | 26.5% | 2.3 | -2.3 |
| Alaska | 64.6% | 1.5 | 0.8 | 100.0% | 2.4 | 0.0 | 35.4% | 0.8 | -0.8 |
| Arizona | 75.8% | 12.1 | 3.9 | 100.0% | 16.0 | 0.0 | 24.2% | 3.9 | -3.9 |
| Arkansas | 76.2% | 6.7 | 2.1 | 100.0% | 8.8 | 0.0 | 23.8% | 2.1 | -2.1 |
| California | 58.9% | 61.3 | 42.7 | 100.0% | 103.9 | 0.0 | 41.1% | 42.7 | -42.7 |
| Colorado | 60.3% | 6.8 | 4.5 | 100.0% | 11.3 | 0.0 | 39.7% | 4.5 | -4.5 |
| Connecticut | 55.6% | 6.9 | 5.5 | 100.0% | 12.4 | 0.0 | 44.4% | 5.5 | -5.5 |
| Delaware | 63.4% | 1.6 | 1.0 | 100.0% | 2.6 | 0.0 | 36.6% | 1.0 | -1.0 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 100.0% | 3.3 | 0.0 | 28.8% | 1.0 | -1.0 |
| Florida | 62.7% | 18.9 | 11.2 | 100.0% | 30.1 | 0.0 | 37.3% | 11.2 | -11.2 |
| Georgia | 69.0% | 11.5 | 5.2 | 100.0% | 16.7 | 0.0 | 31.0% | 5.2 | -5.2 |
| Hawaii | 61.0% | 1.5 | 0.9 | 100.0% | 2.4 | 0.0 | 39.0% | 0.9 | -0.9 |
| Idaho | 75.5% | 2.8 | 0.9 | 100.0% | 3.7 | 0.0 | 24.5% | 0.9 | -0.9 |
| Illinois | 56.0% | 10.8 | 8.5 | 100.0% | 19.3 | 0.0 | 44.0% | 8.5 | -8.5 |
| Indiana | 71.0% | 11.7 | 4.8 | 100.0% | 16.5 | 0.0 | 29.0% | 4.8 | -4.8 |
| Iowa | 68.6% | 3.8 | 1.7 | 100.0% | 5.5 | 0.0 | 31.4% | 1.7 | -1.7 |
| Kansas | 61.6% | 1.9 | 1.2 | 100.0% | 3.0 | 0.0 | 38.4% | 1.2 | -1.2 |
| Kentucky | 78.0% | 10.6 | 3.0 | 100.0% | 13.6 | 0.0 | 22.0% | 3.0 | -3.0 |
| Louisiana | 73.1% | 10.5 | 3.9 | 100.0% | 14.4 | 0.0 | 26.9% | 3.9 | -3.9 |
| Maine | 66.2% | 2.7 | 1.4 | 100.0% | 4.2 | 0.0 | 33.8% | 1.4 | -1.4 |
| Maryland | 58.2% | 8.6 | 6.2 | 100.0% | 14.8 | 0.0 | 41.8% | 6.2 | -6.2 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 100.0% | 22.2 | 0.0 | 45.0% | 10.0 | -10.0 |
| Michigan | 70.6% | 16.4 | 6.8 | 100.0% | 23.3 | 0.0 | 29.4% | 6.8 | -6.8 |
| Minnesota | 53.8% | 9.3 | 8.0 | 100.0% | 17.3 | 0.0 | 46.2% | 8.0 | -8.0 |
| Mississippi | 77.9% | 6.0 | 1.7 | 100.0% | 7.7 | 0.0 | 22.1% | 1.7 | -1.7 |
| Missouri | 66.7% | 10.2 | 5.1 | 100.0% | 15.3 | 0.0 | 33.3% | 5.1 | -5.1 |
| Montana | 74.9% | 2.3 | 0.8 | 100.0% | 3.1 | 0.0 | 25.1% | 0.8 | -0.8 |
| Nebraska | 55.8% | 1.6 | 1.3 | 100.0% | 2.9 | 0.0 | 44.2% | 1.3 | -1.3 |
| Nevada | 69.8% | 3.4 | 1.5 | 100.0% | 4.9 | 0.0 | 30.2% | 1.5 | -1.5 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 100.0% | 2.7 | 0.0 | 45.2% | 1.2 | -1.2 |
| New Jersey | 57.2% | 9.7 | 7.2 | 100.0% | 16.9 | 0.0 | 42.8% | 7.2 | -7.2 |
| New Mexico | 80.4% | 5.8 | 1.4 | 100.0% | 7.2 | 0.0 | 19.6% | 1.4 | -1.4 |
| New York | 56.5% | 41.7 | 32.1 | 100.0% | 73.9 | 0.0 | 43.5% | 32.1 | -32.1 |
| North Carolina | 69.0% | 15.0 | 6.7 | 100.0% | 21.7 | 0.0 | 31.0% | 6.7 | -6.7 |
| North Dakota | 55.2% | 0.8 | 0.7 | 100.0% | 1.5 | 0.0 | 44.8% | 0.7 | -0.7 |
| Ohio | 67.4% | 19.4 | 9.4 | 100.0% | 28.8 | 0.0 | 32.6% | 9.4 | -9.4 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 100.0% | 7.2 | 0.0 | 32.5% | 2.4 | -2.4 |
| Oregon | 68.5% | 7.8 | 3.6 | 100.0% | 11.3 | 0.0 | 31.5% | 3.6 | -3.6 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 100.0% | 37.9 | 0.0 | 42.0% | 15.9 | -15.9 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 100.0% | 2.4 | 0.0 | 39.2% | 0.9 | -0.9 |
| South Carolina | 71.7% | 6.2 | 2.4 | 100.0% | 8.6 | 0.0 | 28.3% | 2.4 | -2.4 |
| South Dakota | 60.2% | 0.9 | 0.6 | 100.0% | 1.5 | 0.0 | 39.8% | 0.6 | -0.6 |
| Tennessee | 66.7% | 9.5 | 4.7 | 100.0% | 14.2 | 0.0 | 33.3% | 4.7 | -4.7 |
| Texas | 62.9% | 33.7 | 19.8 | 100.0% | 53.5 | 0.0 | 37.1% | 19.8 | -19.8 |
| Utah | 73.6% | 3.8 | 1.3 | 100.0% | 5.1 | 0.0 | 26.4% | 1.3 | -1.3 |
| Vermont | 57.7% | 1.3 | 1.0 | 100.0% | 2.3 | 0.0 | 42.3% | 1.0 | -1.0 |
| Virginia | 60.5% | 9.2 | 6.0 | 100.0% | 15.3 | 0.0 | 39.5% | 6.0 | -6.0 |
| Washington | 59.6% | 9.8 | 6.7 | 100.0% | 16.5 | 0.0 | 40.4% | 6.7 | -6.7 |
| West Virginia | 78.4% | 4.2 | 1.2 | 100.0% | 5.4 | 0.0 | 21.6% | 1.2 | -1.2 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 100.0% | 10.8 | 0.0 | 39.5% | 4.2 | -4.2 |
| Wyoming | 51.3% | 0.5 | 0.5 | 100.0% | 1.0 | 0.0 | 48.7% | 0.5 | -0.5 |
| **Total** | **63.3%** | **478.0** | **277.7** | **100.0%** | **755.7** | **0.0** | **36.7%** | **277.7** | **-277.7** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. FMAP is Federal Medical Assistance Percentage.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 4. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 4, by State, 2020

*Scenario 4: CHIP E-FMAP for nonelderly Medicaid enrollees and DSH*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) |
| Alabama | 73.5% | 6.3 | 2.3 | 88.4% | 7.6 | 1.0 | 14.9% | 1.3 | -1.3 |
| Alaska | 64.6% | 1.5 | 0.8 | 72.7% | 1.7 | 0.7 | 8.2% | 0.2 | -0.2 |
| Arizona | 75.8% | 12.1 | 3.9 | 89.0% | 14.3 | 1.8 | 13.2% | 2.1 | -2.1 |
| Arkansas | 76.2% | 6.7 | 2.1 | 88.0% | 7.8 | 1.1 | 11.8% | 1.0 | -1.0 |
| California | 58.9% | 61.3 | 42.7 | 73.0% | 75.9 | 28.0 | 14.1% | 14.6 | -14.6 |
| Colorado | 60.3% | 6.8 | 4.5 | 74.0% | 8.4 | 2.9 | 13.6% | 1.5 | -1.5 |
| Connecticut | 55.6% | 6.9 | 5.5 | 71.0% | 8.8 | 3.6 | 15.4% | 1.9 | -1.9 |
| Delaware | 63.4% | 1.6 | 1.0 | 79.0% | 2.1 | 0.5 | 15.6% | 0.4 | -0.4 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 85.5% | 2.9 | 0.5 | 14.3% | 0.5 | -0.5 |
| Florida | 62.7% | 18.9 | 11.2 | 81.2% | 24.4 | 5.7 | 18.4% | 5.5 | -5.5 |
| Georgia | 69.0% | 11.5 | 5.2 | 85.2% | 14.2 | 2.5 | 16.2% | 2.7 | -2.7 |
| Hawaii | 61.0% | 1.5 | 0.9 | 74.6% | 1.8 | 0.6 | 13.6% | 0.3 | -0.3 |
| Idaho | 75.5% | 2.8 | 0.9 | 87.3% | 3.2 | 0.5 | 11.8% | 0.4 | -0.4 |
| Illinois | 56.0% | 10.8 | 8.5 | 72.6% | 14.0 | 5.3 | 16.6% | 3.2 | -3.2 |
| Indiana | 71.0% | 11.7 | 4.8 | 83.2% | 13.7 | 2.8 | 12.1% | 2.0 | -2.0 |
| Iowa | 68.6% | 3.8 | 1.7 | 83.9% | 4.6 | 0.9 | 15.3% | 0.8 | -0.8 |
| Kansas | 61.6% | 1.9 | 1.2 | 81.0% | 2.4 | 0.6 | 19.4% | 0.6 | -0.6 |
| Kentucky | 78.0% | 10.6 | 3.0 | 89.0% | 12.1 | 1.5 | 11.1% | 1.5 | -1.5 |
| Louisiana | 73.1% | 10.5 | 3.9 | 85.6% | 12.3 | 2.1 | 12.4% | 1.8 | -1.8 |
| Maine | 66.2% | 2.7 | 1.4 | 80.9% | 3.4 | 0.8 | 14.7% | 0.6 | -0.6 |
| Maryland | 58.2% | 8.6 | 6.2 | 73.5% | 10.9 | 3.9 | 15.3% | 2.3 | -2.3 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 70.3% | 15.6 | 6.6 | 15.3% | 3.4 | -3.4 |
| Michigan | 70.6% | 16.4 | 6.8 | 84.1% | 19.6 | 3.7 | 13.5% | 3.1 | -3.1 |
| Minnesota | 53.8% | 9.3 | 8.0 | 70.6% | 12.2 | 5.1 | 16.8% | 2.9 | -2.9 |
| Mississippi | 77.9% | 6.0 | 1.7 | 92.0% | 7.0 | 0.6 | 14.1% | 1.1 | -1.1 |
| Missouri | 66.7% | 10.2 | 5.1 | 83.0% | 12.7 | 2.6 | 16.2% | 2.5 | -2.5 |
| Montana | 74.9% | 2.3 | 0.8 | 85.0% | 2.6 | 0.5 | 10.1% | 0.3 | -0.3 |
| Nebraska | 55.8% | 1.6 | 1.3 | 72.6% | 2.1 | 0.8 | 16.8% | 0.5 | -0.5 |
| Nevada | 69.8% | 3.4 | 1.5 | 84.3% | 4.1 | 0.8 | 14.4% | 0.7 | -0.7 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 71.3% | 2.0 | 0.8 | 16.5% | 0.5 | -0.5 |
| New Jersey | 57.2% | 9.7 | 7.2 | 72.3% | 12.2 | 4.7 | 15.1% | 2.5 | -2.5 |
| New Mexico | 80.4% | 5.8 | 1.4 | 91.2% | 6.6 | 0.6 | 10.8% | 0.8 | -0.8 |
| New York | 56.5% | 41.7 | 32.1 | 71.1% | 52.5 | 21.4 | 14.6% | 10.8 | -10.8 |
| North Carolina | 69.0% | 15.0 | 6.7 | 86.0% | 18.6 | 3.0 | 17.0% | 3.7 | -3.7 |
| North Dakota | 55.2% | 0.8 | 0.7 | 68.3% | 1.0 | 0.5 | 13.1% | 0.2 | -0.2 |
| Ohio | 67.4% | 19.4 | 9.4 | 81.6% | 23.5 | 5.3 | 14.2% | 4.1 | -4.1 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 84.1% | 6.1 | 1.2 | 16.6% | 1.2 | -1.2 |
| Oregon | 68.5% | 7.8 | 3.6 | 80.4% | 9.1 | 2.2 | 11.9% | 1.4 | -1.4 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 72.6% | 27.5 | 10.4 | 14.6% | 5.5 | -5.5 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 78.4% | 1.9 | 0.5 | 17.5% | 0.4 | -0.4 |
| South Carolina | 71.7% | 6.2 | 2.4 | 87.6% | 7.5 | 1.1 | 15.9% | 1.4 | -1.4 |
| South Dakota | 60.2% | 0.9 | 0.6 | 76.5% | 1.1 | 0.4 | 16.3% | 0.2 | -0.2 |
| Tennessee | 66.7% | 9.5 | 4.7 | 83.7% | 11.9 | 2.3 | 16.9% | 2.4 | -2.4 |
| Texas | 62.9% | 33.7 | 19.8 | 81.3% | 43.6 | 10.0 | 18.4% | 9.9 | -9.9 |
| Utah | 73.6% | 3.8 | 1.3 | 86.7% | 4.4 | 0.7 | 13.1% | 0.7 | -0.7 |
| Vermont | 57.7% | 1.3 | 1.0 | 77.2% | 1.8 | 0.5 | 19.5% | 0.4 | -0.4 |
| Virginia | 60.5% | 9.2 | 6.0 | 75.3% | 11.5 | 3.8 | 14.8% | 2.3 | -2.3 |
| Washington | 59.6% | 9.8 | 6.7 | 73.8% | 12.2 | 4.3 | 14.2% | 2.3 | -2.3 |
| West Virginia | 78.4% | 4.2 | 1.2 | 90.1% | 4.9 | 0.5 | 11.7% | 0.6 | -0.6 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 76.6% | 8.2 | 2.5 | 16.1% | 1.7 | -1.7 |
| Wyoming | 51.3% | 0.5 | 0.5 | 68.6% | 0.7 | 0.3 | 17.3% | 0.2 | -0.2 |
| **Total** | **63.3%** | **478.0** | **277.7** | **78.2%** | **591.0** | **164.6** | **15.0%** | **113.0** | **-113.0** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. E-FMAP is Enhanced Federal Medical Assistance Percentage. DSH is disproportionate share hospitals.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 5. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 5, by State, 2020

*Scenario 5: CHIP E-FMAP for all categories*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) |
| Alabama | 73.5% | 6.3 | 2.3 | 91.9% | 7.9 | 0.7 | 18.4% | 1.6 | -1.6 |
| Alaska | 64.6% | 1.5 | 0.8 | 78.3% | 1.9 | 0.5 | 13.7% | 0.3 | -0.3 |
| Arizona | 75.8% | 12.1 | 3.9 | 90.5% | 14.5 | 1.5 | 14.7% | 2.4 | -2.4 |
| Arkansas | 76.2% | 6.7 | 2.1 | 91.5% | 8.1 | 0.8 | 15.3% | 1.3 | -1.3 |
| California | 58.9% | 61.3 | 42.7 | 78.8% | 81.9 | 22.0 | 19.9% | 20.7 | -20.7 |
| Colorado | 60.3% | 6.8 | 4.5 | 79.0% | 8.9 | 2.4 | 18.7% | 2.1 | -2.1 |
| Connecticut | 55.6% | 6.9 | 5.5 | 78.1% | 9.7 | 2.7 | 22.5% | 2.8 | -2.8 |
| Delaware | 63.4% | 1.6 | 1.0 | 83.1% | 2.2 | 0.4 | 19.7% | 0.5 | -0.5 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 90.5% | 3.0 | 0.3 | 19.3% | 0.6 | -0.6 |
| Florida | 62.7% | 18.9 | 11.2 | 84.5% | 25.4 | 4.7 | 21.8% | 6.6 | -6.6 |
| Georgia | 69.0% | 11.5 | 5.2 | 88.6% | 14.8 | 1.9 | 19.7% | 3.3 | -3.3 |
| Hawaii | 61.0% | 1.5 | 0.9 | 80.8% | 1.9 | 0.5 | 19.8% | 0.5 | -0.5 |
| Idaho | 75.5% | 2.8 | 0.9 | 90.7% | 3.3 | 0.3 | 15.2% | 0.6 | -0.6 |
| Illinois | 56.0% | 10.8 | 8.5 | 78.0% | 15.1 | 4.2 | 22.1% | 4.3 | -4.3 |
| Indiana | 71.0% | 11.7 | 4.8 | 88.0% | 14.5 | 2.0 | 17.0% | 2.8 | -2.8 |
| Iowa | 68.6% | 3.8 | 1.7 | 85.2% | 4.7 | 0.8 | 16.6% | 0.9 | -0.9 |
| Kansas | 61.6% | 1.9 | 1.2 | 82.9% | 2.5 | 0.5 | 21.3% | 0.6 | -0.6 |
| Kentucky | 78.0% | 10.6 | 3.0 | 91.8% | 12.5 | 1.1 | 13.8% | 1.9 | -1.9 |
| Louisiana | 73.1% | 10.5 | 3.9 | 88.7% | 12.8 | 1.6 | 15.6% | 2.2 | -2.2 |
| Maine | 66.2% | 2.7 | 1.4 | 86.4% | 3.6 | 0.6 | 20.2% | 0.8 | -0.8 |
| Maryland | 58.2% | 8.6 | 6.2 | 78.5% | 11.6 | 3.2 | 20.3% | 3.0 | -3.0 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 77.5% | 17.2 | 5.0 | 22.5% | 5.0 | -5.0 |
| Michigan | 70.6% | 16.4 | 6.8 | 87.1% | 20.3 | 3.0 | 16.5% | 3.8 | -3.8 |
| Minnesota | 53.8% | 9.3 | 8.0 | 77.8% | 13.5 | 3.9 | 24.0% | 4.1 | -4.1 |
| Mississippi | 77.9% | 6.0 | 1.7 | 95.4% | 7.3 | 0.4 | 17.5% | 1.3 | -1.3 |
| Missouri | 66.7% | 10.2 | 5.1 | 87.5% | 13.4 | 1.9 | 20.7% | 3.2 | -3.2 |
| Montana | 74.9% | 2.3 | 0.8 | 87.9% | 2.7 | 0.4 | 12.9% | 0.4 | -0.4 |
| Nebraska | 55.8% | 1.6 | 1.3 | 79.8% | 2.3 | 0.6 | 24.0% | 0.7 | -0.7 |
| Nevada | 69.8% | 3.4 | 1.5 | 86.9% | 4.3 | 0.6 | 17.1% | 0.8 | -0.8 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 77.8% | 2.1 | 0.6 | 23.1% | 0.6 | -0.6 |
| New Jersey | 57.2% | 9.7 | 7.2 | 78.4% | 13.2 | 3.7 | 21.2% | 3.6 | -3.6 |
| New Mexico | 80.4% | 5.8 | 1.4 | 92.4% | 6.6 | 0.5 | 12.1% | 0.9 | -0.9 |
| New York | 56.5% | 41.7 | 32.1 | 78.4% | 57.9 | 16.0 | 21.9% | 16.1 | -16.1 |
| North Carolina | 69.0% | 15.0 | 6.7 | 88.4% | 19.2 | 2.5 | 19.5% | 4.2 | -4.2 |
| North Dakota | 55.2% | 0.8 | 0.7 | 78.0% | 1.2 | 0.3 | 22.8% | 0.3 | -0.3 |
| Ohio | 67.4% | 19.4 | 9.4 | 86.2% | 24.8 | 4.0 | 18.8% | 5.4 | -5.4 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 87.7% | 6.3 | 0.9 | 20.2% | 1.5 | -1.5 |
| Oregon | 68.5% | 7.8 | 3.6 | 85.4% | 9.7 | 1.7 | 17.0% | 1.9 | -1.9 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 79.3% | 30.0 | 7.9 | 21.3% | 8.1 | -8.1 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 80.3% | 1.9 | 0.5 | 19.5% | 0.5 | -0.5 |
| South Carolina | 71.7% | 6.2 | 2.4 | 91.0% | 7.8 | 0.8 | 19.3% | 1.7 | -1.7 |
| South Dakota | 60.2% | 0.9 | 0.6 | 81.9% | 1.2 | 0.3 | 21.7% | 0.3 | -0.3 |
| Tennessee | 66.7% | 9.5 | 4.7 | 87.2% | 12.4 | 1.8 | 20.4% | 2.9 | -2.9 |
| Texas | 62.9% | 33.7 | 19.8 | 84.1% | 45.0 | 8.5 | 21.2% | 11.3 | -11.3 |
| Utah | 73.6% | 3.8 | 1.3 | 89.4% | 4.6 | 0.5 | 15.8% | 0.8 | -0.8 |
| Vermont | 57.7% | 1.3 | 1.0 | 80.4% | 1.9 | 0.5 | 22.6% | 0.5 | -0.5 |
| Virginia | 60.5% | 9.2 | 6.0 | 79.7% | 12.2 | 3.1 | 19.2% | 2.9 | -2.9 |
| Washington | 59.6% | 9.8 | 6.7 | 79.4% | 13.1 | 3.4 | 19.8% | 3.3 | -3.3 |
| West Virginia | 78.4% | 4.2 | 1.2 | 94.0% | 5.1 | 0.3 | 15.5% | 0.8 | -0.8 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 83.1% | 8.9 | 1.8 | 22.5% | 2.4 | -2.4 |
| Wyoming | 51.3% | 0.5 | 0.5 | 76.5% | 0.7 | 0.2 | 25.3% | 0.2 | -0.2 |
| **Total** | **63.3%** | **478.0** | **277.7** | **83.0%** | **627.5** | **128.1** | **19.8%** | **149.5** | **-149.5** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. E-FMAP is Enhanced Federal Medical Assistance Percentage.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 6. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 6, by State, 2020

*Scenario 6: Automatic rate enhancement assuming a 5 percentage-point increase in each state's unemployment rate*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | | Additional Federal Carryback for 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | |
| Alabama | 73.5% | 6.3 | 2.3 | 91.6% | 7.9 | 0.7 | 18.1% | 1.6 | -1.6 | 0.0 |
| Alaska | 64.6% | 1.5 | 0.8 | 82.3% | 2.0 | 0.4 | 17.7% | 0.4 | -0.4 | 0.0 |
| Arizona | 75.8% | 12.1 | 3.9 | 94.7% | 15.2 | 0.8 | 18.9% | 3.0 | -3.0 | 0.2 |
| Arkansas | 76.2% | 6.7 | 2.1 | 94.9% | 8.4 | 0.4 | 18.7% | 1.7 | -1.7 | 0.2 |
| California | 58.9% | 61.3 | 42.7 | 77.0% | 80.1 | 23.9 | 18.1% | 18.8 | -18.8 | 0.9 |
| Colorado | 60.3% | 6.8 | 4.5 | 78.1% | 8.8 | 2.5 | 17.7% | 2.0 | -2.0 | 0.1 |
| Connecticut | 55.6% | 6.9 | 5.5 | 75.7% | 9.4 | 3.0 | 20.1% | 2.5 | -2.5 | 0.1 |
| Delaware | 63.4% | 1.6 | 1.0 | 85.3% | 2.2 | 0.4 | 21.9% | 0.6 | -0.6 | 0.0 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 91.8% | 3.1 | 0.3 | 20.6% | 0.7 | -0.7 | 0.0 |
| Florida | 62.7% | 18.9 | 11.2 | 83.6% | 25.1 | 4.9 | 20.8% | 6.3 | -6.3 | 0.0 |
| Georgia | 69.0% | 11.5 | 5.2 | 88.3% | 14.7 | 1.9 | 19.4% | 3.2 | -3.2 | 0.0 |
| Hawaii | 61.0% | 1.5 | 0.9 | 82.0% | 2.0 | 0.4 | 21.1% | 0.5 | -0.5 | 0.0 |
| Idaho | 75.5% | 2.8 | 0.9 | 94.5% | 3.5 | 0.2 | 18.9% | 0.7 | -0.7 | 0.0 |
| Illinois | 56.0% | 10.8 | 8.5 | 73.6% | 14.2 | 5.1 | 17.6% | 3.4 | -3.4 | 0.1 |
| Indiana | 71.0% | 11.7 | 4.8 | 90.4% | 14.9 | 1.6 | 19.4% | 3.2 | -3.2 | 0.1 |
| Iowa | 68.6% | 3.8 | 1.7 | 88.0% | 4.8 | 0.7 | 19.4% | 1.1 | -1.1 | 0.0 |
| Kansas | 61.6% | 1.9 | 1.2 | 83.2% | 2.5 | 0.5 | 21.6% | 0.6 | -0.6 | 0.0 |
| Kentucky | 78.0% | 10.6 | 3.0 | 94.8% | 12.9 | 0.7 | 16.8% | 2.3 | -2.3 | 0.3 |
| Louisiana | 73.1% | 10.5 | 3.9 | 92.9% | 13.4 | 1.0 | 19.7% | 2.8 | -2.8 | 0.2 |
| Maine | 66.2% | 2.7 | 1.4 | 88.7% | 3.7 | 0.5 | 22.6% | 0.9 | -0.9 | 0.0 |
| Maryland | 58.2% | 8.6 | 6.2 | 76.8% | 11.3 | 3.4 | 18.5% | 2.7 | -2.7 | 0.1 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 74.7% | 16.6 | 5.6 | 19.7% | 4.4 | -4.4 | 0.1 |
| Michigan | 70.6% | 16.4 | 6.8 | 87.8% | 20.4 | 2.8 | 17.2% | 4.0 | -4.0 | 0.2 |
| Minnesota | 53.8% | 9.3 | 8.0 | 76.6% | 13.3 | 4.0 | 22.9% | 4.0 | -4.0 | 0.1 |
| Mississippi | 77.9% | 6.0 | 1.7 | 94.9% | 7.3 | 0.4 | 17.0% | 1.3 | -1.3 | 0.4 |
| Missouri | 66.7% | 10.2 | 5.1 | 90.5% | 13.8 | 1.5 | 23.8% | 3.6 | -3.6 | 0.0 |
| Montana | 74.9% | 2.3 | 0.8 | 91.6% | 2.8 | 0.3 | 16.7% | 0.5 | -0.5 | 0.0 |
| Nebraska | 55.8% | 1.6 | 1.3 | 79.6% | 2.3 | 0.6 | 23.8% | 0.7 | -0.7 | 0.0 |
| Nevada | 69.8% | 3.4 | 1.5 | 88.0% | 4.3 | 0.6 | 18.2% | 0.9 | -0.9 | 0.0 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 74.9% | 2.0 | 0.7 | 20.1% | 0.6 | -0.6 | 0.0 |
| New Jersey | 57.2% | 9.7 | 7.2 | 75.7% | 12.8 | 4.1 | 18.5% | 3.1 | -3.1 | 0.1 |
| New Mexico | 80.4% | 5.8 | 1.4 | 95.0% | 6.8 | 0.4 | 14.7% | 1.1 | -1.1 | 0.3 |
| New York | 56.5% | 41.7 | 32.1 | 75.2% | 55.6 | 18.3 | 18.7% | 13.8 | -13.8 | 0.5 |
| North Carolina | 69.0% | 15.0 | 6.7 | 89.9% | 19.5 | 2.2 | 20.9% | 4.5 | -4.5 | 0.0 |
| North Dakota | 55.2% | 0.8 | 0.7 | 76.6% | 1.1 | 0.3 | 21.4% | 0.3 | -0.3 | 0.0 |
| Ohio | 67.4% | 19.4 | 9.4 | 87.3% | 25.1 | 3.6 | 19.9% | 5.7 | -5.7 | 0.2 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 89.4% | 6.5 | 0.8 | 21.9% | 1.6 | -1.6 | 0.0 |
| Oregon | 68.5% | 7.8 | 3.6 | 85.8% | 9.7 | 1.6 | 17.4% | 2.0 | -2.0 | 0.1 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 79.9% | 30.3 | 7.6 | 21.9% | 8.3 | -8.3 | 0.2 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 78.1% | 1.9 | 0.5 | 17.3% | 0.4 | -0.4 | 0.0 |
| South Carolina | 71.7% | 6.2 | 2.4 | 90.6% | 7.8 | 0.8 | 18.9% | 1.6 | -1.6 | 0.0 |
| South Dakota | 60.2% | 0.9 | 0.6 | 85.7% | 1.3 | 0.2 | 25.5% | 0.4 | -0.4 | 0.0 |
| Tennessee | 66.7% | 9.5 | 4.7 | 89.6% | 12.7 | 1.5 | 22.9% | 3.3 | -3.3 | 0.0 |
| Texas | 62.9% | 33.7 | 19.8 | 84.2% | 45.1 | 8.4 | 21.3% | 11.4 | -11.4 | 0.0 |
| Utah | 73.6% | 3.8 | 1.3 | 92.1% | 4.7 | 0.4 | 18.4% | 0.9 | -0.9 | 0.0 |
| Vermont | 57.7% | 1.3 | 1.0 | 79.7% | 1.8 | 0.5 | 21.9% | 0.5 | -0.5 | 0.0 |
| Virginia | 60.5% | 9.2 | 6.0 | 78.3% | 12.0 | 3.3 | 17.8% | 2.7 | -2.7 | 0.2 |
| Washington | 59.6% | 9.8 | 6.7 | 76.9% | 12.7 | 3.8 | 17.3% | 2.9 | -2.9 | 0.2 |
| West Virginia | 78.4% | 4.2 | 1.2 | 94.9% | 5.1 | 0.3 | 16.5% | 0.9 | -0.9 | 0.2 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 85.9% | 9.2 | 1.5 | 25.4% | 2.7 | -2.7 | 0.0 |
| Wyoming | 51.3% | 0.5 | 0.5 | 77.0% | 0.7 | 0.2 | 25.7% | 0.2 | -0.2 | 0.0 |
| **Total** | **63.3%** | **478.0** | **277.7** | **82.8%** | **625.4** | **130.3** | **19.5%** | **147.4** | **-147.4** | **5.3** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 7. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 7, by State, 2020

*Scenario 7: Automatic rate enhancement assuming a 10 percentage-point increase in each state's unemployment rate*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | | Additional Federal Carryback for 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | |
| Alabama | 73.5% | 6.3 | 2.3 | 94.1% | 8.1 | 0.5 | 20.6% | 1.8 | -1.8 | 0.4 |
| Alaska | 64.6% | 1.5 | 0.8 | 93.6% | 2.2 | 0.2 | 29.0% | 0.7 | -0.7 | 0.1 |
| Arizona | 75.8% | 12.1 | 3.9 | 94.8% | 15.2 | 0.8 | 19.0% | 3.0 | -3.0 | 0.8 |
| Arkansas | 76.2% | 6.7 | 2.1 | 94.9% | 8.4 | 0.4 | 18.7% | 1.7 | -1.7 | 0.4 |
| California | 58.9% | 61.3 | 42.7 | 93.0% | 96.6 | 7.3 | 34.1% | 35.4 | -35.4 | 2.5 |
| Colorado | 60.3% | 6.8 | 4.5 | 92.8% | 10.5 | 0.8 | 32.5% | 3.7 | -3.7 | 0.3 |
| Connecticut | 55.6% | 6.9 | 5.5 | 93.1% | 11.6 | 0.9 | 37.5% | 4.7 | -4.7 | 0.3 |
| Delaware | 63.4% | 1.6 | 1.0 | 94.3% | 2.5 | 0.1 | 30.9% | 0.8 | -0.8 | 0.1 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 94.4% | 3.2 | 0.2 | 23.2% | 0.8 | -0.8 | 0.2 |
| Florida | 62.7% | 18.9 | 11.2 | 94.3% | 28.4 | 1.7 | 31.6% | 9.5 | -9.5 | 1.4 |
| Georgia | 69.0% | 11.5 | 5.2 | 94.2% | 15.7 | 1.0 | 25.3% | 4.2 | -4.2 | 0.7 |
| Hawaii | 61.0% | 1.5 | 0.9 | 94.1% | 2.3 | 0.1 | 33.1% | 0.8 | -0.8 | 0.1 |
| Idaho | 75.5% | 2.8 | 0.9 | 94.9% | 3.5 | 0.2 | 19.3% | 0.7 | -0.7 | 0.2 |
| Illinois | 56.0% | 10.8 | 8.5 | 93.0% | 17.9 | 1.4 | 37.0% | 7.1 | -7.1 | 0.1 |
| Indiana | 71.0% | 11.7 | 4.8 | 94.3% | 15.5 | 0.9 | 23.3% | 3.8 | -3.8 | 0.8 |
| Iowa | 68.6% | 3.8 | 1.7 | 93.9% | 5.1 | 0.3 | 25.2% | 1.4 | -1.4 | 0.2 |
| Kansas | 61.6% | 1.9 | 1.2 | 93.4% | 2.8 | 0.2 | 31.8% | 1.0 | -1.0 | 0.1 |
| Kentucky | 78.0% | 10.6 | 3.0 | 94.8% | 12.9 | 0.7 | 16.8% | 2.3 | -2.3 | 0.6 |
| Louisiana | 73.1% | 10.5 | 3.9 | 93.1% | 13.4 | 1.0 | 19.9% | 2.9 | -2.9 | 0.6 |
| Maine | 66.2% | 2.7 | 1.4 | 93.7% | 3.9 | 0.3 | 27.5% | 1.1 | -1.1 | 0.2 |
| Maryland | 58.2% | 8.6 | 6.2 | 93.3% | 13.8 | 1.0 | 35.1% | 5.2 | -5.2 | 0.3 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 92.7% | 20.6 | 1.6 | 37.7% | 8.4 | -8.4 | 0.4 |
| Michigan | 70.6% | 16.4 | 6.8 | 94.3% | 21.9 | 1.3 | 23.6% | 5.5 | -5.5 | 1.1 |
| Minnesota | 53.8% | 9.3 | 8.0 | 94.6% | 16.4 | 0.9 | 40.8% | 7.1 | -7.1 | 0.7 |
| Mississippi | 77.9% | 6.0 | 1.7 | 94.9% | 7.3 | 0.4 | 17.0% | 1.3 | -1.3 | 0.4 |
| Missouri | 66.7% | 10.2 | 5.1 | 93.6% | 14.3 | 1.0 | 26.8% | 4.1 | -4.1 | 0.7 |
| Montana | 74.9% | 2.3 | 0.8 | 94.5% | 2.9 | 0.2 | 19.6% | 0.6 | -0.6 | 0.1 |
| Nebraska | 55.8% | 1.6 | 1.3 | 93.9% | 2.7 | 0.2 | 38.2% | 1.1 | -1.1 | 0.1 |
| Nevada | 69.8% | 3.4 | 1.5 | 94.4% | 4.6 | 0.3 | 24.5% | 1.2 | -1.2 | 0.2 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 89.3% | 2.4 | 0.3 | 34.5% | 0.9 | -0.9 | 0.1 |
| New Jersey | 57.2% | 9.7 | 7.2 | 90.6% | 15.3 | 1.6 | 33.4% | 5.6 | -5.6 | 0.5 |
| New Mexico | 80.4% | 5.8 | 1.4 | 95.0% | 6.8 | 0.4 | 14.7% | 1.1 | -1.1 | 0.3 |
| New York | 56.5% | 41.7 | 32.1 | 92.7% | 68.5 | 5.4 | 36.2% | 26.7 | -26.7 | 1.6 |
| North Carolina | 69.0% | 15.0 | 6.7 | 94.3% | 20.4 | 1.2 | 25.3% | 5.5 | -5.5 | 1.0 |
| North Dakota | 55.2% | 0.8 | 0.7 | 94.3% | 1.4 | 0.1 | 39.1% | 0.6 | -0.6 | 0.1 |
| Ohio | 67.4% | 19.4 | 9.4 | 94.2% | 27.1 | 1.7 | 26.7% | 7.7 | -7.7 | 1.4 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 94.7% | 6.8 | 0.4 | 27.2% | 2.0 | -2.0 | 0.3 |
| Oregon | 68.5% | 7.8 | 3.6 | 94.3% | 10.7 | 0.6 | 25.9% | 2.9 | -2.9 | 0.5 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 92.8% | 35.2 | 2.7 | 34.8% | 13.2 | -13.2 | 1.7 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 91.8% | 2.2 | 0.2 | 31.0% | 0.7 | -0.7 | 0.1 |
| South Carolina | 71.7% | 6.2 | 2.4 | 93.9% | 8.1 | 0.5 | 22.1% | 1.9 | -1.9 | 0.4 |
| South Dakota | 60.2% | 0.9 | 0.6 | 94.3% | 1.4 | 0.1 | 34.1% | 0.5 | -0.5 | 0.1 |
| Tennessee | 66.7% | 9.5 | 4.7 | 94.6% | 13.4 | 0.8 | 27.9% | 4.0 | -4.0 | 0.7 |
| Texas | 62.9% | 33.7 | 19.8 | 93.5% | 50.1 | 3.5 | 30.6% | 16.4 | -16.4 | 2.4 |
| Utah | 73.6% | 3.8 | 1.3 | 94.8% | 4.8 | 0.3 | 21.1% | 1.1 | -1.1 | 0.2 |
| Vermont | 57.7% | 1.3 | 1.0 | 94.3% | 2.2 | 0.1 | 36.5% | 0.8 | -0.8 | 0.1 |
| Virginia | 60.5% | 9.2 | 6.0 | 93.9% | 14.3 | 0.9 | 33.4% | 5.1 | -5.1 | 0.4 |
| Washington | 59.6% | 9.8 | 6.7 | 93.5% | 15.4 | 1.1 | 33.9% | 5.6 | -5.6 | 0.3 |
| West Virginia | 78.4% | 4.2 | 1.2 | 94.9% | 5.1 | 0.3 | 16.5% | 0.9 | -0.9 | 0.2 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 94.1% | 10.1 | 0.6 | 33.6% | 3.6 | -3.6 | 0.5 |
| Wyoming | 51.3% | 0.5 | 0.5 | 94.6% | 0.9 | 0.1 | 43.4% | 0.4 | -0.4 | 0.0 |
| **Total** | **63.3%** | **478.0** | **277.7** | **93.6%** | **707.0** | **48.7** | **30.3%** | **229.0** | **-229.0** | **27.1** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Table 8. Federal and State Medicaid/CHIP Spending under Baseline and Scenario 8, by State, 2020

*Scenario 8: Automatic rate enhancement assuming a 15 percentage-point increase in each state's unemployment rate*

| State | Pre-COVID-19 Baseline | | | Total For Scenario | | | Difference From Baseline | | | Additional Federal Carryback for 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | Federal Share | Federal Spending (Billions) | State Spending (Billions) | |
| Alabama | 73.5% | 6.3 | 2.3 | 94.1% | 8.1 | 0.5 | 20.6% | 1.8 | -1.8 | 0.4 |
| Alaska | 64.6% | 1.5 | 0.8 | 93.6% | 2.2 | 0.2 | 29.0% | 0.7 | -0.7 | 0.1 |
| Arizona | 75.8% | 12.1 | 3.9 | 94.8% | 15.2 | 0.8 | 19.0% | 3.0 | -3.0 | 0.8 |
| Arkansas | 76.2% | 6.7 | 2.1 | 94.9% | 8.4 | 0.4 | 18.7% | 1.7 | -1.7 | 0.4 |
| California | 58.9% | 61.3 | 42.7 | 93.0% | 96.6 | 7.3 | 34.1% | 35.4 | -35.4 | 4.7 |
| Colorado | 60.3% | 6.8 | 4.5 | 92.8% | 10.5 | 0.8 | 32.5% | 3.7 | -3.7 | 0.5 |
| Connecticut | 55.6% | 6.9 | 5.5 | 93.1% | 11.6 | 0.9 | 37.5% | 4.7 | -4.7 | 0.6 |
| Delaware | 63.4% | 1.6 | 1.0 | 94.3% | 2.5 | 0.1 | 30.9% | 0.8 | -0.8 | 0.1 |
| District of Columbia | 71.2% | 2.4 | 1.0 | 94.4% | 3.2 | 0.2 | 23.2% | 0.8 | -0.8 | 0.2 |
| Florida | 62.7% | 18.9 | 11.2 | 94.3% | 28.4 | 1.7 | 31.6% | 9.5 | -9.5 | 1.4 |
| Georgia | 69.0% | 11.5 | 5.2 | 94.2% | 15.7 | 1.0 | 25.3% | 4.2 | -4.2 | 0.7 |
| Hawaii | 61.0% | 1.5 | 0.9 | 94.1% | 2.3 | 0.1 | 33.1% | 0.8 | -0.8 | 0.1 |
| Idaho | 75.5% | 2.8 | 0.9 | 94.9% | 3.5 | 0.2 | 19.3% | 0.7 | -0.7 | 0.2 |
| Illinois | 56.0% | 10.8 | 8.5 | 93.2% | 18.0 | 1.3 | 37.2% | 7.2 | -7.2 | 0.9 |
| Indiana | 71.0% | 11.7 | 4.8 | 94.3% | 15.5 | 0.9 | 23.3% | 3.8 | -3.8 | 0.8 |
| Iowa | 68.6% | 3.8 | 1.7 | 93.9% | 5.1 | 0.3 | 25.2% | 1.4 | -1.4 | 0.2 |
| Kansas | 61.6% | 1.9 | 1.2 | 93.4% | 2.8 | 0.2 | 31.8% | 1.0 | -1.0 | 0.1 |
| Kentucky | 78.0% | 10.6 | 3.0 | 94.8% | 12.9 | 0.7 | 16.8% | 2.3 | -2.3 | 0.6 |
| Louisiana | 73.1% | 10.5 | 3.9 | 93.1% | 13.4 | 1.0 | 19.9% | 2.9 | -2.9 | 0.6 |
| Maine | 66.2% | 2.7 | 1.4 | 93.7% | 3.9 | 0.3 | 27.5% | 1.1 | -1.1 | 0.2 |
| Maryland | 58.2% | 8.6 | 6.2 | 93.3% | 13.8 | 1.0 | 35.1% | 5.2 | -5.2 | 0.7 |
| Massachusetts | 55.0% | 12.2 | 10.0 | 92.7% | 20.6 | 1.6 | 37.7% | 8.4 | -8.4 | 1.0 |
| Michigan | 70.6% | 16.4 | 6.8 | 94.3% | 21.9 | 1.3 | 23.6% | 5.5 | -5.5 | 1.1 |
| Minnesota | 53.8% | 9.3 | 8.0 | 94.6% | 16.4 | 0.9 | 40.8% | 7.1 | -7.1 | 0.9 |
| Mississippi | 77.9% | 6.0 | 1.7 | 94.9% | 7.3 | 0.4 | 17.0% | 1.3 | -1.3 | 0.4 |
| Missouri | 66.7% | 10.2 | 5.1 | 93.6% | 14.3 | 1.0 | 26.8% | 4.1 | -4.1 | 0.7 |
| Montana | 74.9% | 2.3 | 0.8 | 94.5% | 2.9 | 0.2 | 19.6% | 0.6 | -0.6 | 0.1 |
| Nebraska | 55.8% | 1.6 | 1.3 | 93.9% | 2.7 | 0.2 | 38.2% | 1.1 | -1.1 | 0.1 |
| Nevada | 69.8% | 3.4 | 1.5 | 94.4% | 4.6 | 0.3 | 24.5% | 1.2 | -1.2 | 0.2 |
| New Hampshire | 54.8% | 1.5 | 1.2 | 89.3% | 2.4 | 0.3 | 34.5% | 0.9 | -0.9 | 0.1 |
| New Jersey | 57.2% | 9.7 | 7.2 | 90.6% | 15.3 | 1.6 | 33.4% | 5.6 | -5.6 | 0.7 |
| New Mexico | 80.4% | 5.8 | 1.4 | 95.0% | 6.8 | 0.4 | 14.7% | 1.1 | -1.1 | 0.3 |
| New York | 56.5% | 41.7 | 32.1 | 92.7% | 68.5 | 5.4 | 36.2% | 26.7 | -26.7 | 3.4 |
| North Carolina | 69.0% | 15.0 | 6.7 | 94.3% | 20.4 | 1.2 | 25.3% | 5.5 | -5.5 | 1.0 |
| North Dakota | 55.2% | 0.8 | 0.7 | 94.3% | 1.4 | 0.1 | 39.1% | 0.6 | -0.6 | 0.1 |
| Ohio | 67.4% | 19.4 | 9.4 | 94.2% | 27.1 | 1.7 | 26.7% | 7.7 | -7.7 | 1.4 |
| Oklahoma | 67.5% | 4.9 | 2.4 | 94.7% | 6.8 | 0.4 | 27.2% | 2.0 | -2.0 | 0.3 |
| Oregon | 68.5% | 7.8 | 3.6 | 94.3% | 10.7 | 0.6 | 25.9% | 2.9 | -2.9 | 0.5 |
| Pennsylvania | 58.0% | 22.0 | 15.9 | 92.8% | 35.2 | 2.7 | 34.8% | 13.2 | -13.2 | 1.7 |
| Rhode Island | 60.8% | 1.4 | 0.9 | 91.8% | 2.2 | 0.2 | 31.0% | 0.7 | -0.7 | 0.1 |
| South Carolina | 71.7% | 6.2 | 2.4 | 93.9% | 8.1 | 0.5 | 22.1% | 1.9 | -1.9 | 0.4 |
| South Dakota | 60.2% | 0.9 | 0.6 | 94.3% | 1.4 | 0.1 | 34.1% | 0.5 | -0.5 | 0.1 |
| Tennessee | 66.7% | 9.5 | 4.7 | 94.6% | 13.4 | 0.8 | 27.9% | 4.0 | -4.0 | 0.7 |
| Texas | 62.9% | 33.7 | 19.8 | 93.5% | 50.1 | 3.5 | 30.6% | 16.4 | -16.4 | 2.4 |
| Utah | 73.6% | 3.8 | 1.3 | 94.8% | 4.8 | 0.3 | 21.1% | 1.1 | -1.1 | 0.2 |
| Vermont | 57.7% | 1.3 | 1.0 | 94.3% | 2.2 | 0.1 | 36.5% | 0.8 | -0.8 | 0.1 |
| Virginia | 60.5% | 9.2 | 6.0 | 93.9% | 14.3 | 0.9 | 33.4% | 5.1 | -5.1 | 0.7 |
| Washington | 59.6% | 9.8 | 6.7 | 93.5% | 15.4 | 1.1 | 33.9% | 5.6 | -5.6 | 0.8 |
| West Virginia | 78.4% | 4.2 | 1.2 | 94.9% | 5.1 | 0.3 | 16.5% | 0.9 | -0.9 | 0.2 |
| Wisconsin | 60.5% | 6.5 | 4.2 | 94.1% | 10.1 | 0.6 | 33.6% | 3.6 | -3.6 | 0.5 |
| Wyoming | 51.3% | 0.5 | 0.5 | 94.6% | 0.9 | 0.1 | 43.4% | 0.4 | -0.4 | 0.0 |
| **Total** | **63.3%** | **478.0** | **277.7** | **93.6%** | **707.0** | **48.6** | **30.3%** | **229.0** | **-229.0** | **34.5** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program.

Estimates are based on pre-COVID-19 baseline spending and do not account for additional enrollment or spending per enrollee likely to occur under the pandemic and associated recession.

## Appendix Table 1: Medicaid/CHIP Spending by State and Coverage/Service Type at Baseline, 2020

*Baseline: Pre-COVID-19 FMAP for all categories*

| State | Total Baseline | | | Nonelderly Traditional Medicaid | | | CHIP | | |
|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Millions) | State Spending (Millions) | Federal Share | Federal Spending (Millions) | State Spending (Millions) | Federal Share | Federal Spending (Millions) | State Spending (Millions) |
| Alabama | **73.5%** | **6,334** | **2,287** | 72.0% | 3,809 | 1,482 | 91.9% | 592 | 52 |
| Alaska | **64.6%** | **1,547** | **849** | 65.6% | 854 | 448 | 79.5% | 107 | 28 |
| Arizona | **75.8%** | **12,143** | **3,877** | 70.8% | 7,040 | 2,909 | 90.7% | 419 | 43 |
| Arkansas | **76.2%** | **6,733** | **2,098** | 71.4% | 3,071 | 1,229 | 91.5% | 657 | 61 |
| California | **58.9%** | **61,255** | **42,657** | 50.3% | 23,206 | 22,960 | 76.6% | 5,882 | 1,798 |
| Colorado | **60.3%** | **6,825** | **4,488** | 50.4% | 2,532 | 2,493 | 76.6% | 896 | 273 |
| Connecticut | **55.6%** | **6,921** | **5,527** | 50.0% | 2,866 | 2,863 | 76.5% | 284 | 87 |
| Delaware | **63.4%** | **1,647** | **951** | 57.9% | 873 | 636 | 82.0% | 107 | 23 |
| District of Columbia | **71.2%** | **2,383** | **964** | 68.5% | 1,197 | 550 | 90.5% | 78 | 8 |
| Florida | **62.7%** | **18,860** | **11,202** | 61.5% | 13,564 | 8,494 | 84.5% | 1,377 | 252 |
| Georgia | **69.0%** | **11,508** | **5,181** | 67.3% | 7,507 | 3,648 | 88.6% | 1,150 | 148 |
| Hawaii | **61.0%** | **1,468** | **939** | 53.5% | 576 | 502 | 78.9% | 100 | 27 |
| Idaho | **75.5%** | **2,779** | **901** | 70.6% | 1,281 | 534 | 90.8% | 144 | 15 |
| Illinois | **56.0%** | **10,794** | **8,495** | 50.1% | 5,209 | 5,180 | 76.6% | 847 | 259 |
| Indiana | **71.0%** | **11,688** | **4,765** | 65.8% | 4,832 | 2,507 | 87.6% | 613 | 87 |
| Iowa | **68.6%** | **3,764** | **1,721** | 61.4% | 2,122 | 1,335 | 84.4% | 567 | 105 |
| Kansas | **61.6%** | **1,853** | **1,154** | 59.3% | 1,370 | 939 | 83.0% | 243 | 50 |
| Kentucky | **78.0%** | **10,605** | **2,997** | 71.8% | 4,415 | 1,732 | 91.8% | 805 | 72 |
| Louisiana | **73.1%** | **10,532** | **3,869** | 66.9% | 4,217 | 2,087 | 88.3% | 511 | 68 |
| Maine | **66.2%** | **2,748** | **1,405** | 63.9% | 1,380 | 780 | 86.2% | 112 | 18 |
| Maryland | **58.2%** | **8,596** | **6,166** | 50.0% | 3,747 | 3,747 | 76.5% | 947 | 291 |
| Massachusetts | **55.0%** | **12,187** | **9,979** | 50.0% | 5,119 | 5,119 | 76.5% | 1,237 | 380 |
| Michigan | **70.6%** | **16,421** | **6,830** | 64.1% | 7,960 | 4,456 | 86.4% | 1,064 | 168 |
| Minnesota | **53.8%** | **9,312** | **7,998** | 50.1% | 4,742 | 4,714 | 76.5% | 1 | 0 |
| Mississippi | **77.9%** | **5,958** | **1,695** | 77.0% | 3,790 | 1,133 | 95.4% | 342 | 17 |
| Missouri | **66.7%** | **10,204** | **5,089** | 65.6% | 6,100 | 3,192 | 87.5% | 658 | 94 |
| Montana | **74.9%** | **2,294** | **768** | 66.7% | 896 | 447 | 87.2% | 265 | 39 |
| Nebraska | **55.8%** | **1,624** | **1,288** | 55.1% | 905 | 736 | 79.9% | 76 | 19 |
| Nevada | **69.8%** | **3,437** | **1,486** | 64.2% | 1,868 | 1,041 | 86.3% | 206 | 33 |
| New Hampshire | **54.8%** | **1,499** | **1,238** | 50.0% | 561 | 561 | 76.5% | 62 | 19 |
| New Jersey | **57.2%** | **9,651** | **7,220** | 50.0% | 3,453 | 3,453 | 76.5% | 827 | 254 |
| New Mexico | **80.4%** | **5,775** | **1,411** | 73.8% | 2,700 | 957 | 92.7% | 378 | 30 |
| New York | **56.5%** | **41,740** | **32,117** | 50.7% | 15,969 | 15,513 | 72.5% | 996 | 377 |
| North Carolina | **69.0%** | **14,953** | **6,728** | 67.1% | 10,574 | 5,189 | 88.4% | 1,705 | 223 |
| North Dakota | **55.2%** | **815** | **662** | 51.4% | 292 | 276 | 77.0% | 13 | 4 |
| Ohio | **67.4%** | **19,408** | **9,381** | 63.1% | 9,542 | 5,589 | 85.6% | 794 | 133 |
| Oklahoma | **67.5%** | **4,882** | **2,353** | 66.6% | 3,422 | 1,714 | 87.9% | 300 | 41 |
| Oregon | **68.5%** | **7,765** | **3,577** | 61.6% | 3,030 | 1,890 | 84.4% | 704 | 130 |
| Pennsylvania | **58.0%** | **21,966** | **15,916** | 52.3% | 8,920 | 8,143 | 78.1% | 2,281 | 640 |
| Rhode Island | **60.8%** | **1,441** | **928** | 53.0% | 751 | 667 | 78.6% | 155 | 42 |
| South Carolina | **71.7%** | **6,178** | **2,434** | 70.7% | 3,948 | 1,634 | 91.0% | 396 | 39 |
| South Dakota | **60.2%** | **898** | **595** | 60.3% | 590 | 389 | 82.7% | 41 | 8 |
| Tennessee | **66.7%** | **9,479** | **4,725** | 65.2% | 6,526 | 3,482 | 87.2% | 859 | 127 |
| Texas | **62.9%** | **33,699** | **19,846** | 61.0% | 23,467 | 14,988 | 84.2% | 3,776 | 711 |
| Utah | **73.6%** | **3,764** | **1,348** | 68.6% | 2,010 | 922 | 89.3% | 322 | 39 |
| Vermont | **57.7%** | **1,333** | **976** | 53.9% | 878 | 752 | – | – | – |
| Virginia | **60.5%** | **9,238** | **6,033** | 50.0% | 3,783 | 3,783 | 76.5% | 471 | 145 |
| Washington | **59.6%** | **9,845** | **6,673** | 50.5% | 3,787 | 3,718 | 76.6% | 460 | 140 |
| West Virginia | **78.4%** | **4,239** | **1,166** | 74.9% | 1,879 | 628 | 94.0% | 299 | 19 |
| Wisconsin | **60.5%** | **6,512** | **4,248** | 59.4% | 3,623 | 2,472 | 83.1% | 420 | 86 |
| Wyoming | **51.3%** | **492** | **468** | 50.9% | 285 | 274 | 76.9% | 19 | 6 |
| **Total** | **63.3%** | **477,993** | **277,665** | **59.0%** | **237,042** | **164,889** | **82.2%** | **35,562** | **7,726** |

*continued*

## Appendix Table 1: *continued*

| State | Medicaid Expansion Population | | | DSH | | | Acute Care for Elderly + Medicare Cost Sharing | | | Long-Term Services and Supports | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Share | Federal Spending (Millions) | State Spending (Millions) | Federal Share | Federal Spending (Millions) | State Spending (Millions) | Federal Share | Federal Spending (Millions) | State Spending (Millions) | Federal Share | Federal Spending (Millions) | State Spending (Millions) |
| Alabama | – | – | – | 72.0% | 360 | 140 | 72.0% | 406 | 158 | 72.0% | 1,167 | 455 |
| Alaska | 92.3% | 232 | 19 | 50.0% | 24 | 24 | 50.0% | 44 | 44 | 50.0% | 286 | 286 |
| Arizona | 90.2% | 3,377 | 365 | 70.0% | 118 | 51 | 70.0% | 1,120 | 480 | 70.0% | 68 | 29 |
| Arkansas | 90.0% | 1,364 | 152 | 71.4% | 50 | 20 | 71.4% | 386 | 155 | 71.4% | 1,205 | 482 |
| California | 90.0% | 16,044 | 1,776 | 50.0% | 1,282 | 1,282 | 50.0% | 5,992 | 5,992 | 50.0% | 8,849 | 8,849 |
| Colorado | 90.0% | 1,884 | 208 | 50.0% | 108 | 108 | 50.0% | 428 | 428 | 50.0% | 978 | 978 |
| Connecticut | 90.0% | 1,342 | 149 | 50.0% | 234 | 234 | 50.0% | 307 | 307 | 50.0% | 1,888 | 1,888 |
| Delaware | 90.0% | 316 | 35 | 57.9% | 11 | 8 | 57.9% | 219 | 160 | 57.9% | 123 | 89 |
| District of Columbia | 90.0% | 218 | 24 | 70.0% | 72 | 31 | 70.0% | 129 | 55 | 70.0% | 690 | 296 |
| Florida | – | – | – | 61.5% | 234 | 147 | 61.5% | 2,024 | 1,269 | 61.5% | 1,661 | 1,041 |
| Georgia | – | – | – | 67.3% | 314 | 153 | 67.3% | 529 | 257 | 67.3% | 2,008 | 976 |
| Hawaii | 90.0% | 366 | 41 | 53.5% | 11 | 10 | 53.5% | 331 | 288 | 53.5% | 83 | 72 |
| Idaho | 90.1% | 704 | 78 | 70.3% | 19 | 8 | 70.3% | 97 | 41 | 70.3% | 533 | 225 |
| Illinois | 90.0% | 1,875 | 208 | 50.1% | 251 | 250 | 50.1% | 750 | 745 | 50.1% | 1,862 | 1,852 |
| Indiana | 90.0% | 2,619 | 291 | 65.9% | 250 | 130 | 65.8% | 440 | 229 | 65.8% | 2,934 | 1,522 |
| Iowa | 90.0% | 763 | 85 | 61.3% | 46 | 29 | 61.2% | 154 | 97 | 61.2% | 112 | 71 |
| Kansas | – | – | – | 59.1% | 48 | 33 | 59.2% | 122 | 84 | 59.2% | 69 | 48 |
| Kentucky | 90.0% | 3,272 | 364 | 71.8% | 170 | 67 | 71.8% | 358 | 141 | 71.8% | 1,584 | 622 |
| Louisiana | 90.0% | 3,024 | 336 | 66.9% | 802 | 397 | 66.9% | 380 | 188 | 66.9% | 1,598 | 792 |
| Maine | 90.0% | 231 | 26 | 63.8% | 123 | 70 | 63.8% | 194 | 110 | 63.8% | 708 | 402 |
| Maryland | 90.0% | 1,996 | 222 | 50.0% | 89 | 89 | 50.0% | 289 | 289 | 50.0% | 1,528 | 1,528 |
| Massachusetts | 90.0% | 1,520 | 169 | 50.0% | 357 | 357 | 50.0% | 1,198 | 1,198 | 50.0% | 2,757 | 2,757 |
| Michigan | 90.0% | 4,320 | 479 | 64.1% | 310 | 174 | 64.1% | 854 | 479 | 64.1% | 1,914 | 1,074 |
| Minnesota | 90.0% | 1,446 | 160 | 50.0% | 87 | 87 | 50.0% | 618 | 618 | 50.0% | 2,418 | 2,418 |
| Mississippi | – | – | – | 77.0% | 178 | 53 | 77.0% | 405 | 121 | 77.0% | 1,242 | 371 |
| Missouri | – | – | – | 65.6% | 554 | 290 | 65.7% | 471 | 247 | 65.7% | 2,421 | 1,267 |
| Montana | 90.3% | 763 | 82 | 64.9% | 13 | 7 | 64.8% | 47 | 26 | 64.8% | 309 | 168 |
| Nebraska | – | – | – | 54.7% | 33 | 27 | 54.7% | 78 | 65 | 54.7% | 532 | 440 |
| Nevada | 90.1% | 786 | 86 | 63.9% | 54 | 31 | 63.9% | 117 | 66 | 63.9% | 406 | 229 |
| New Hampshire | 90.0% | 245 | 27 | 50.0% | 187 | 187 | 50.0% | 35 | 35 | 50.0% | 408 | 408 |
| New Jersey | 90.0% | 2,091 | 232 | 50.0% | 753 | 753 | 50.0% | 895 | 895 | 50.0% | 1,632 | 1,632 |
| New Mexico | 90.4% | 2,187 | 233 | 72.6% | 24 | 9 | 72.7% | 137 | 51 | 72.7% | 349 | 131 |
| New York | 90.0% | 9,617 | 1,068 | 50.0% | 1,878 | 1,878 | 50.0% | 5,290 | 5,290 | 50.0% | 7,990 | 7,990 |
| North Carolina | – | – | – | 67.0% | 345 | 170 | 67.0% | 708 | 348 | 67.0% | 1,621 | 797 |
| North Dakota | 90.4% | 143 | 15 | 50.2% | 11 | 11 | 50.1% | 29 | 29 | 50.1% | 328 | 327 |
| Ohio | 90.0% | 3,498 | 388 | 63.0% | 475 | 279 | 63.0% | 1,039 | 610 | 63.0% | 4,060 | 2,382 |
| Oklahoma | – | – | – | 66.0% | 42 | 22 | 66.0% | 250 | 129 | 66.0% | 868 | 447 |
| Oregon | 90.1% | 1,902 | 210 | 61.2% | 53 | 34 | 61.2% | 400 | 253 | 61.2% | 1,675 | 1,061 |
| Pennsylvania | 90.0% | 3,369 | 374 | 52.2% | 656 | 600 | 52.3% | 736 | 673 | 52.3% | 6,004 | 5,486 |
| Rhode Island | 90.0% | 330 | 37 | 52.9% | 76 | 68 | 53.0% | 39 | 35 | 53.0% | 89 | 79 |
| South Carolina | – | – | – | 70.7% | 383 | 159 | 70.7% | 301 | 125 | 70.7% | 1,151 | 477 |
| South Dakota | – | – | – | 57.6% | 13 | 10 | 57.6% | 36 | 27 | 57.6% | 219 | 161 |
| Tennessee | – | – | – | 65.2% | 53 | 28 | 65.2% | 1,375 | 734 | 65.2% | 665 | 355 |
| Texas | – | – | – | 60.9% | 1,118 | 718 | 60.9% | 2,456 | 1,578 | 60.9% | 2,881 | 1,851 |
| Utah | 90.1% | 786 | 87 | 68.2% | 23 | 11 | 68.2% | 99 | 46 | 68.2% | 524 | 244 |
| Vermont | 90.0% | 223 | 25 | 53.8% | 26 | 23 | 53.9% | 93 | 80 | 53.9% | 113 | 96 |
| Virginia | 90.0% | 3,239 | 360 | 50.0% | 102 | 103 | 50.0% | 387 | 387 | 50.0% | 1,255 | 1,255 |
| Washington | 90.1% | 3,128 | 345 | 50.0% | 216 | 216 | 50.0% | 316 | 316 | 50.0% | 1,937 | 1,937 |
| West Virginia | 90.0% | 764 | 85 | 74.9% | 79 | 26 | 74.9% | 170 | 57 | 74.9% | 1,048 | 350 |
| Wisconsin | – | – | – | 59.3% | 111 | 76 | 59.4% | 1,035 | 708 | 59.4% | 1,324 | 907 |
| Wyoming | – | – | – | 60.0% | 0 | 0 | 50.0% | 28 | 28 | 50.0% | 159 | 159 |
| **Total** | **90.0%** | **79,986** | **8,839** | **57.0%** | **12,829** | **9,684** | **56.2%** | **34,343** | **26,769** | **56.7%** | **78,231** | **59,758** |

Source: Authors' analysis of estimated Medicaid/Children's Health Insurance Program spending data for 2020.

Notes: CHIP is Children's Health Insurance Program. FMAP is Federal Medical Assistance Percentage. DSH is disproportionate share hospitals.

In some states, the effective match shown for a category may be slightly higher than the designated FMAP because the match accounts for spending for Indian Health Service care, for which the federal matching rate is 100 percent.

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