

# The Cost of ACA Repeal

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## In-Brief

Six years after its enactment, many are still calling for the repeal of the Affordable Care Act (ACA). In January 2016, Congress passed a bill for the first time, repealing the ACA without a replacement, but this was vetoed by the president. Because considerable controversy exists among ACA opponents on what should replace the ACA, the prospect of repeal without replacement is real and merits analysis. In this brief, we compare future health care coverage and costs with the ACA in place and with the law repealed.

We find that ACA repeal would reduce federal government spending on health care for the nonelderly, which appears to be one of the goals of those advocating repeal, by \$90.9 billion in 2021 and \$927 billion between 2017 and 2026. That represents a decrease of 21.1 percent. However, that reduction comes at a cost in other areas:

- The number of uninsured people would rise by 24 million by 2021, an increase of 81 percent.
- 81 percent of those losing coverage would be in working families, around 66 percent would have a high school education or less, 40 percent would be young adults, and about 50 percent would be non-Hispanic whites.
- There would be 14.5 million fewer people with Medicaid coverage in 2021.
- Approximately 9.4 million people who would have received tax credits for private health coverage would no longer receive assistance.
- State spending would increase by \$68.5 billion between 2017 and 2026 as reductions in Medicaid spending would be more than offset by increases in uncompensated care.
- Many states have reported net budget savings as a result of expanding Medicaid and would experience budget shortfalls if the ACA were repealed.
- Significantly less health care would be provided to modest- and low- income families.

### WHAT HAPPENS to Health Coverage if the Affordable Care Act is REPEALED?



**24M MORE**  
people would be  
**UNINSURED**

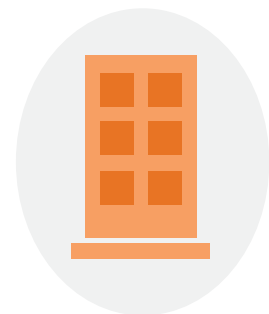


**14.5M FEWER**  
people would have  
**MEDICAID/CHIP**



**8.8M FEWER**  
people would have  
**PRIVATE NONGROUP  
COVERAGE**

(e.g., through the marketplaces)



**700K FEWER**  
people would have  
**INSURANCE THROUGH  
THEIR JOBS**

## Introduction

Frequent attempts have been made by Congress to repeal the Patient Protection and Affordable Care Act (ACA) in the six years since its enactment. In January 2016, a repeal bill passed both houses of Congress for the first time and was vetoed by the president.<sup>1</sup> The bill did not define any replacement for the ACA because there was no general agreement among congressional Republicans on what should replace it. Every Republican presidential candidate for 2016 has called for the repeal of the ACA. Some, but not all, Republican candidates have proposed health policies that they would like to put in place after repeal, but there is no broad agreement on a replacement for the ACA.<sup>2</sup>

The US Department of Health and Human Services recently released an estimate that 20 million people have thus far gained health coverage because of the ACA.<sup>3</sup> Our own analysis, based on Medicaid and marketplace enrollment data for 2015, produced a similar estimate. Given the magnitude of this gain in coverage and the congressional interest (and possible presidential candidate interest) in repeal without necessity of replacement, the consequences of repealing the ACA deserve scrutiny.

In this report, we project health care coverage and costs for the nonelderly from 2017 to 2026 under two scenarios, the first in which the ACA continues as currently enacted and the second in which the ACA is fully repealed. Repeal of the ACA would reverse the expansion of Medicaid eligibility and eliminate the health insurance marketplaces and the financial assistance available through them to modest-income families, the individual and employer mandates, insurance market reforms,<sup>4</sup> and the extension of dependent coverage to children up to age 26. We analyze the effects of repealing the ACA on health coverage, Medicaid spending, uncompensated care for the uninsured, private health care spending, and marketplace tax credits and cost-sharing reductions.

## Methods

Our primary source of data for the demographic and economic characteristics of Americans is the American Community Survey (ACS). Our estimates of pre-ACA health coverage come from the 2013 ACS. We apply edits to the ACS coverage variables; the edits have been developed over many years and have made the resulting coverage estimates agree well with sources of health coverage data considered most reliable, particularly the National Health Interview Survey (NHIS).<sup>5</sup> The ACS has a much larger sample size than the NHIS, enabling state-level analysis. We estimate eligibility for Medicaid on the 2013 ACS using the Urban Institute's pre-ACA Medicaid eligibility model for 2013.<sup>6</sup>

We estimate health coverage in 2021 using the Health Insurance Policy Simulation Model (HIPSM). We use the latest available enrollment data from the marketplaces and Medicaid to impute new coverage and ensure that our 2015 and 2016 estimates of the resulting number of enrollees in each state match actual enrollment. Most of the new enrollees in our model were previously uninsured, but some who had private coverage were also simulated to switch to Medicaid and the marketplaces. After calibrating HIPSM to reproduce 2015 Medicaid and marketplace enrollment, the resulting number of uninsured people is 28.4 million. This is extremely close to the NHIS estimate for June 2015 of 28.2 million uninsured.

For estimates of coverage under the ACA after 2016, we do not assume notably higher take-up of Medicaid or marketplace coverage than in 2016. For example, some have suggested that the individual mandate could have a stronger effect on people's behavior in the future as people have more direct experience with the full penalty amounts when they fill out their taxes. Such increases are possible, but we chose to use a conservative estimate of ACA impact based on what has already happened. As premiums increase faster than health costs, some attrition of private coverage will occur over time, leading to small increases in Medicaid and the number of uninsured. However, the ACA's

individual and employer mandates limit this effect (though the latter to a much smaller extent).

Some studies have found evidence that the ACA contributed to the slowing growth of health care costs in recent years, but there is no generally accepted estimate of how large that contribution was.<sup>7</sup> We assume that the underlying growth rate of health care costs would be the same with or without the ACA. In this, as in other areas, we avoid assumptions that would further increase health coverage under the ACA beyond what has been observed by 2016, making our estimates conservative.

Under the ACA, beginning in September 2010, children up to age 26 could enroll in a parent's private insurance family plan. ACA repeal would eliminate this provision as well. Thus, we need to impute which young adults in the 2013 ACS data would have been uninsured without the ACA dependent-coverage expansion. Our simulation finds that almost a million additional young adults who gained coverage before 2014 would be uninsured without the ACA, consistent with other estimates in the literature.<sup>8</sup>

Additional details about our methodology are available in appendix B.

## Results

We begin by estimating the change in the distribution of health coverage from 2013 to 2021 under the ACA and the change that would exist in 2021 from repealing the ACA. We then examine the share of the uninsured that would be eligible for assistance and the characteristics of those who would lose health coverage if the ACA were repealed. The rest of the results concern health care costs: differences in federal and state government spending on health care for the nonelderly and total health care spending by payer. State-level results are available in appendix A.

### Changes in Health Coverage

**Millions more would be uninsured.** We estimate that 47.5 million nonelderly people were uninsured in 2013, representing 17.6 percent of the population (Table 1). Based on the latest available Medicaid

and marketplace enrollment data, we estimate that 29.6 million people would be uninsured in 2021 if the ACA and state Medicaid expansion decisions continue unchanged, or 10.7 percent of the population.<sup>9</sup> If the ACA were repealed, we estimate 24.0 million more people would be uninsured in 2021, totaling 53.5 million people or 19.4 percent of the population (Figure 1). Thus, the uninsurance rate would be higher in 2021 without the ACA than it was in 2013. There are two main reasons for this. First, health care cost growth over those years would erode some private health coverage. Second, we estimate that roughly a million young adults in 2013 gained health coverage because of the ACA's dependent coverage provision, which took effect in 2010. ACA repeal would reverse this gain in coverage.

**Medicaid enrollment would drop.** Gains in health coverage under the ACA are caused mainly by new enrollment in Medicaid and the marketplaces, so these types of coverage would change the most if the ACA were repealed. We estimate that 52.6 million nonelderly people were enrolled in Medicaid or the Children's Health Insurance Program in 2013. Under the ACA, Medicaid and CHIP enrollment will reach 69.3 million in 2021. If the ACA were repealed, 14.5 million fewer people would be enrolled.

**Private nongroup health insurance would fall to pre-ACA levels.** Altogether, 20.3 million people will be enrolled in nongroup coverage under the ACA in 2021, compared with 11.5 million if the ACA were repealed. Thus, the private nongroup market would contract to pre-ACA enrollment levels. We estimate that 9.4 million people would be enrolled in marketplace nongroup coverage with premium tax credits in 2021. This program would be discontinued under ACA repeal.

As we have pointed out in earlier analysis, less than half of those eligible for marketplace tax credits enrolled in 2015.<sup>10</sup> Marketplace enrollment was modestly higher in 2016. Thus, it is possible that marketplace take-up rates could continue to rise, but we do not assume that they would. In the absence of a policy change, factors that could

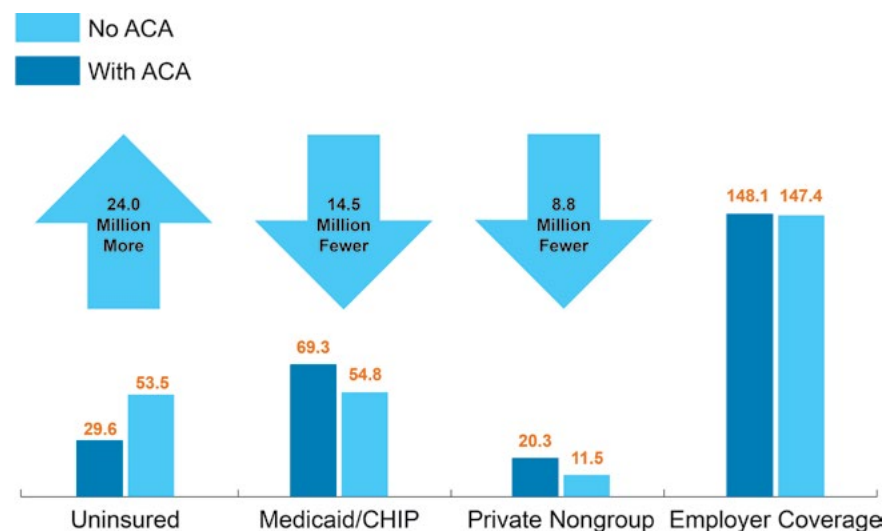
**Table 1. Health Insurance Coverage Distribution of the Nonelderly with and without the ACA, 2013 and 2021 (Millions)**

|                                    | No ACA       | ACA           | Difference   |               |              |
|------------------------------------|--------------|---------------|--------------|---------------|--------------|
| <b>2013</b>                        |              |               |              |               |              |
| <b>Insured</b>                     | <b>221.9</b> | <b>82.4%</b>  |              |               |              |
| Employer                           | 149.9        | 55.7%         |              |               |              |
| Nongroup (eligible for tax credit) | 0.0          | 0.0%          |              |               |              |
| Nongroup (other)                   | 11.1         | 4.1%          |              |               |              |
| Medicaid/CHIP                      | 52.6         | 19.5%         |              |               |              |
| Other (including Medicare)         | 8.2          | 3.1%          |              |               |              |
| Uninsured                          | 47.5         | 17.6%         |              |               |              |
| <b>Total</b>                       | <b>269.4</b> | <b>100.0%</b> |              |               |              |
| <b>2021</b>                        |              |               |              |               |              |
| <b>Insured</b>                     | <b>222.4</b> | <b>80.6%</b>  | <b>246.1</b> | <b>89.2%</b>  | <b>-23.8</b> |
| Employer                           | 147.4        | 53.4%         | 148.1        | 53.7%         | -0.7         |
| Nongroup (eligible for tax credit) | 0.0          | 0.0%          | 9.4          | 3.4%          | -9.4         |
| Nongroup (other)                   | 11.5         | 4.2%          | 10.9         | 4.0%          | 0.6          |
| Medicaid/CHIP                      | 54.8         | 19.9%         | 69.3         | 25.1%         | -14.5        |
| Other (including Medicare)         | 8.6          | 3.1%          | 8.6          | 3.1%          | 0.0          |
| <b>Uninsured</b>                   | <b>53.5</b>  | <b>19.4%</b>  | <b>29.6</b>  | <b>10.7%</b>  | <b>24.0</b>  |
| <b>Total</b>                       | <b>275.9</b> | <b>100.0%</b> | <b>275.9</b> | <b>100.0%</b> | <b>0.0</b>   |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act; CHIP = the Children's Health Insurance Program.

**Figure 1: Health Coverage of the Nonelderly in 2021 (Millions)**



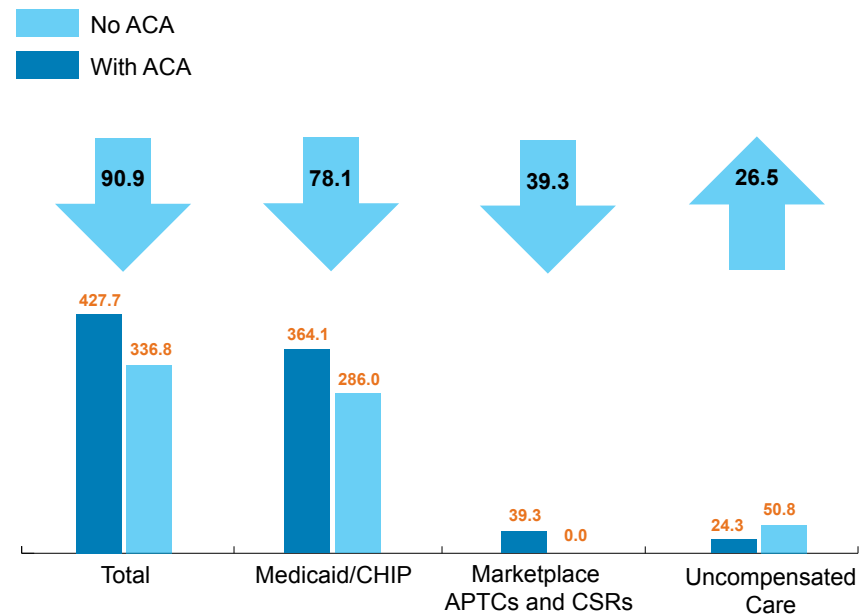
raise take-up rates noticeably are (1) the individual mandate having a greater effect on people's choices as they become more familiar with it and the resulting penalties or (2) information about insurance options continuing to spread further through word of mouth and private and public efforts.

**Employer-sponsored insurance (ESI) would change little.** We estimate that 149.9 million people, or 55.7 percent of the population, were enrolled in ESI in 2013. In 2021 under the ACA, we estimate that 148.1 million will be enrolled in ESI or 53.7 percent of the population. If the ACA were repealed, ESI enrollment would be lower by 700,000 people. ESI has remained stable after implementation of the ACA, so the total number of people with ESI would not change much if the ACA were repealed.

Although health care cost growth has slowed in recent years, these costs still grow faster than income. This long-term trend has led to gradual erosion in ESI coverage over time.<sup>11</sup> Because of that, the number of people with ESI is projected to be lower in 2021 than in 2013, with or without the ACA.

**The Uninsured and Eligibility for Medicaid, CHIP, and Tax Credits**  
**Medicaid expansion states would lose the most health coverage.** As discussed, repealing the ACA would lead to 24.0 million more uninsured people in 2021. Not surprisingly, states that have expanded Medicaid eligibility would see

**Figure 2: Federal Government Spending in 2021 (Billions \$)**



much larger increases in the number of uninsured than states that did not expand Medicaid. Among expansion states, the number of uninsured people would increase by 15.2 million or 107.0 percent (Table 2). The number of uninsured people in nonexpansion states would increase by 8.7 million or 56.9 percent.

**Many uninsured people are eligible for assistance under the ACA.** Not only are there fewer uninsured people under the ACA than would have been without it, but also a substantial share of the remaining uninsured are eligible for financial assistance to obtain health coverage but

have not yet enrolled. We find that 41.6 percent of the uninsured in 2021 under the ACA will be eligible for Medicaid, CHIP, or marketplace tax credits (Table 2). These 12.3 million eligible-but-uninsured people could potentially be enrolled through future outreach and application assistance efforts.<sup>12</sup>

In states that have expanded Medicaid, 50.9 percent of the uninsured in 2021 are eligible for some form of assistance. By contrast, in nonexpansion states only 33.0 percent of the uninsured are eligible for marketplace tax credits.

**Table 2. Uninsured, National Total and by State Medicaid Expansion Status, 2021 (Millions)**

| State                      | 2021 ACA            |  |  |   | 2021 Without ACA    |  |   | Difference          |                |
|----------------------------|---------------------|--|--|---|---------------------|--|---|---------------------|----------------|
|                            | Number of Uninsured | Uninsured and eligible for Medicaid/CHIP | Uninsured and eligible for tax credits | Percentage of uninsured eligible for any assistance | Number of uninsured | Uninsured and eligible for Medicaid/CHIP | Percentage of uninsured eligible for assistance | Number of uninsured | Percent change |
| <b>National</b>            | 29.6                | 6.2                                      | 6.1                                    | 41.6%   | 53.5                | 8.6                                      | 16.0%   | 24.0                | 81.0%          |
| <b>Expansion states</b>    | 14.2                | 4.2                                      | 3.1                                    | 50.9%   | 29.5                | 5.1                                      | 17.4%   | 15.2                | 107.0%         |
| <b>Nonexpansion states</b> | 15.4                | 2.1                                      | 3.0                                    | 33.0%   | 24.1                | 3.5                                      | 14.4%   | 8.7                 | 56.9%          |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act; CHIP = the Children's Health Insurance Program. Estimates assume that increased participation rates by those newly enrolling under the ACA but eligible under pre-ACA

Medicaid eligibility rules would remain at ACA levels in 2017, with the higher participation rates eroding by 2021.

If the ACA were repealed, 16.0 percent of the uninsured—8.6 million people—would still be eligible for Medicaid or CHIP under the rules in place before the ACA (Table 2). Marketplace tax credits would no longer be available. Thus, without replacements for the ACA's marketplace tax credits and Medicaid expansion, it would be difficult to increase coverage for more than a small fraction of the uninsured above what we have estimated.

### Those Losing Health Coverage

Among the 24 million people who would lose coverage in 2021 if the ACA were repealed, 63.3 percent would have incomes below 200 percent of the federal poverty level, or FPL (Table 3). About 81 percent of those losing coverage would be in working families, and about 66 percent would be in families with at least one full-time worker. Nearly two-thirds of those losing coverage would have a high school education or less. About 40 percent of those losing coverage would be young adults ages 18 to 34. Nearly 50 percent of those losing coverage would be white non-Hispanic, just over 26 percent would be Hispanic, and 14 percent would be black non-Hispanic.

### Government Spending

The federal government would spend \$90.9 billion less on health care for the nonelderly in 2021 if the ACA were repealed (Table 4 and Figure 2). This includes \$78.1 billion less in Medicaid and CHIP spending and \$39.3 billion in marketplace premium tax credits and cost-sharing reductions that would be eliminated. About \$26.5 billion in additional federal spending on uncompensated care for the uninsured would partially offset these decreases in spending. The federal government funds uncompensated care through several different programs, such as Medicaid Disproportionate Share Hospital, Medicare Disproportionate Share Hospital, and the Veterans Administration.<sup>13</sup>

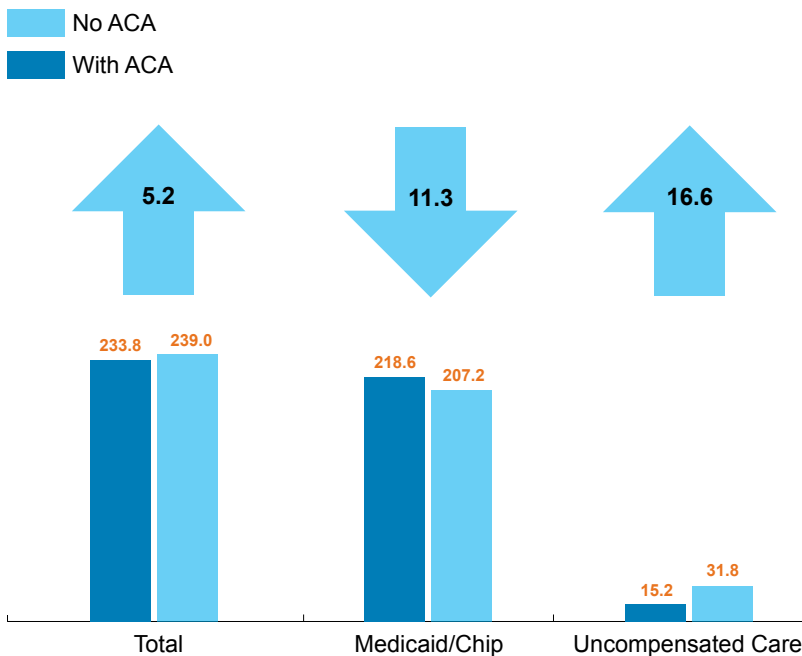
State governments as a whole would spend \$5.2 billion more on health care for the nonelderly in 2021 if the ACA were repealed (Table 4 and Figure 3). An \$11.3 billion decrease in their Medicaid and CHIP spending would be more than offset by \$16.6 billion in new spending on uncompensated care. We

**Table 3. Characteristics of Those Losing Coverage Without the ACA, 2021 (Millions)**

| 2021 Without ACA                |             |               |
|---------------------------------|-------------|---------------|
| <b>Income Level</b>             |             |               |
| < 100% FPL                      | 7.1         | 29.7%         |
| 100%–150% FPL                   | 4.8         | 19.9%         |
| 150%–200% FPL                   | 3.3         | 13.7%         |
| 200%–300% FPL                   | 3.0         | 12.4%         |
| 300%–400% FPL                   | 1.9         | 7.7%          |
| > 400% FPL                      | 4.0         | 16.5%         |
| <b>Total</b>                    | <b>24.0</b> | <b>100.0%</b> |
| <b>Age group (years)</b>        |             |               |
| < 18                            | 3.0         | 12.6%         |
| 18–24                           | 4.2         | 17.5%         |
| 25–34                           | 5.5         | 22.9%         |
| 35–44                           | 4.1         | 17.1%         |
| 45–54                           | 4.0         | 16.7%         |
| 55–64                           | 3.2         | 13.2%         |
| <b>Total</b>                    | <b>24.0</b> | <b>100.0%</b> |
| <b>Family employment status</b> |             |               |
| No worker                       | 4.5         | 18.7%         |
| Part-time only                  | 3.7         | 15.5%         |
| At least one full-time worker   | 15.8        | 65.7%         |
| <b>Total</b>                    | <b>24.0</b> | <b>100.0%</b> |
| <b>Race/Ethnicity</b>           |             |               |
| White, non-Hispanic             | 11.8        | 49.2%         |
| Black, non-Hispanic             | 3.3         | 14.0%         |
| Hispanic                        | 6.3         | 26.4%         |
| Asian                           | 1.5         | 6.2%          |
| American Indian/Alaska Native   | 0.6         | 2.7%          |
| Other, non-Hispanic             | 0.4         | 1.6%          |
| <b>Total</b>                    | <b>24.0</b> | <b>100.0%</b> |
| <b>Education attainment</b>     |             |               |
| Less than high school           | 6.4         | 26.8%         |
| High school                     | 9.0         | 37.6%         |
| Some college                    | 5.5         | 23.1%         |
| College                         | 2.2         | 9.2%          |
| Graduate school                 | 0.8         | 3.2%          |
| <b>Total</b>                    | <b>24.0</b> | <b>100.0%</b> |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act.

**Figure 3: State & Local Government Spending in 2021 (Billions \$)**

assume that federal, state, and local governments would fund uncompensated care at pre-ACA levels. If they spend less after repeal, more people would not receive necessary care and more uncompensated care would be paid for by health care providers.

If the ACA were repealed, the federal government would spend \$66.1 billion

less on health care for the nonelderly in states that have expanded Medicaid; expansion states in total would spend \$5.4 billion more. Not counting increases in uncompensated care, expansion states as a whole would spend \$5.3 billion less on Medicaid and CHIP without the ACA. But some states, such as New York, Minnesota, and Vermont would spend more if the ACA were

repealed than with the ACA in place if, as we assume here, they continued the expanded Medicaid eligibility that they implemented before the ACA (Appendix B). Under the ACA, the federal government would pay a higher share of the costs of some existing enrollees in these states. States that expanded Medicaid under the ACA reported other cost savings caused by expansion that would be lost without the ACA, so the cost of repeal to these state budgets would be higher than what is shown.<sup>14</sup>

If the ACA were repealed, the federal government would spend \$24.8 billion less on health care for the nonelderly in states that have not expanded Medicaid. In contrast with expansion states, nonexpansion states would spend slightly less on health care for the nonelderly without the ACA.

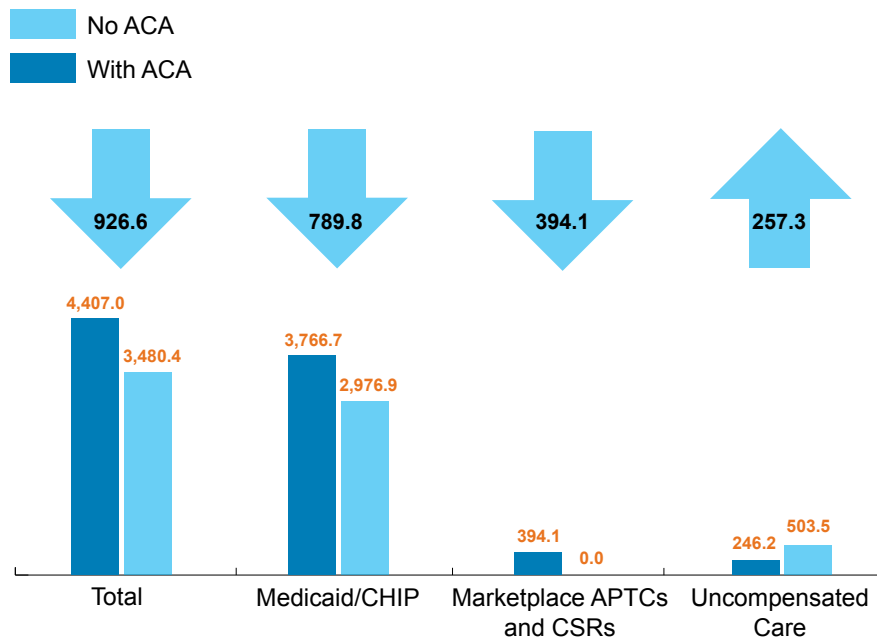
If the ACA were repealed, federal spending on health care for the nonelderly would be \$926.6 billion lower over the 10-year budget window from 2017 to 2026, going from \$4.4 trillion with the ACA to \$3.5 trillion without it (Table 5 and Figure 4). The federal government would spend \$789.8 billion less for Medicaid and CHIP. The ACA's marketplace tax credits and cost-sharing reductions will cost the federal government \$394.1 billion over

**Table 4. Government Cost Estimates, 2021 (\$ Billions)**

|   | All states     |                |                | Medicaid expansion states |                |                | Nonexpansion states |                |                |
|---|----------------|----------------|----------------|---------------------------|----------------|----------------|---------------------|----------------|----------------|
|   | ACA            | No ACA         | Difference     | ACA                       | No ACA         | Difference     | ACA                 | No ACA         | Difference     |
| <b>Medicaid/CHIP spending</b>                   | <b>\$582.7</b> | <b>\$493.2</b> | <b>-\$89.5</b> | <b>\$392.3</b>            | <b>\$319.7</b> | <b>-\$72.5</b> | <b>\$190.5</b>      | <b>\$173.5</b> | <b>-\$16.9</b> |
| Federal   | \$364.1        | \$286.0        | -\$78.1        | \$245.2                   | \$178.0        | -\$67.3        | \$118.9             | \$108.0        | -\$10.9        |
| State/Local                                     | \$218.6        | \$207.2        | -\$11.3        | \$147.0                   | \$141.7        | -\$5.3         | \$71.6              | \$65.5         | -\$6.1         |
| <b>Federal marketplace financial assistance</b> | <b>\$39.3</b>  | <b>\$0.0</b>   | <b>-\$39.3</b> | <b>\$15.8</b>             | <b>\$0.0</b>   | <b>-\$15.8</b> | <b>\$23.5</b>       | <b>\$0.0</b>   | <b>-\$23.5</b> |
| <b>Spending on uncompensated care</b>           | <b>\$39.5</b>  | <b>\$82.6</b>  | <b>\$43.1</b>  | <b>\$20.5</b>             | <b>\$48.2</b>  | <b>\$27.7</b>  | <b>\$19.0</b>       | <b>\$34.4</b>  | <b>\$15.5</b>  |
| Federal   | \$24.3         | \$50.8         | \$26.5         | \$12.6                    | \$29.7         | \$17.0         | \$11.7              | \$21.2         | \$9.5          |
| State/Local                                     | \$15.2         | \$31.8         | \$16.6         | \$7.9                     | \$18.5         | \$10.6         | \$7.3               | \$13.2         | \$5.9          |
| <b>Total federal spending</b>                   | <b>\$427.7</b> | <b>\$336.8</b> | <b>-\$90.9</b> | <b>\$273.7</b>            | <b>\$207.6</b> | <b>-\$66.1</b> | <b>\$154.0</b>      | <b>\$129.2</b> | <b>-\$24.8</b> |
| <b>Total state/local spending</b>               | <b>\$233.8</b> | <b>\$239.0</b> | <b>\$5.2</b>   | <b>\$154.9</b>            | <b>\$160.3</b> | <b>\$5.4</b>   | <b>\$78.9</b>       | <b>\$78.7</b>  | <b>-\$0.1</b>  |
| <b>Total federal and state spending</b>         | <b>\$661.5</b> | <b>\$575.8</b> | <b>-\$85.7</b> | <b>\$428.6</b>            | <b>\$367.9</b> | <b>-\$60.7</b> | <b>\$232.9</b>      | <b>\$207.9</b> | <b>-\$25.0</b> |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act.

**Figure 4: Federal Government Spending, 2017–2026 (Billions \$)****Table 5. Government Cost Estimates, 10-Year Budget Window of 2017–2026 (\$ Billions)**

| 2017–2026                                       |                  |                  |                 |
|---|------------------|------------------|-----------------|
|   | ACA              | No ACA           | Difference      |
| <b>Medicaid/CHIP spending</b>                   | <b>\$6,016.7</b> | <b>\$5,134.7</b> | <b>-\$882.0</b> |
| Federal   | \$3,766.7        | \$2,976.9        | -\$789.8        |
| State/Local                                     | \$2,250.0        | \$2,157.8        | -\$92.2         |
| <b>Federal marketplace financial assistance</b> | <b>\$394.1</b>   | <b>\$0.0</b>     | <b>-\$394.1</b> |
| <b>Spending on uncompensated care</b>           | <b>\$400.1</b>   | <b>\$818.1</b>   | <b>\$418.0</b>  |
| Federal   | \$246.2          | \$503.5          | \$257.3         |
| State/Local                                     | \$153.9          | \$314.6          | \$160.7         |
| <b>Total federal spending</b>                   | <b>\$4,407.0</b> | <b>\$3,480.4</b> | <b>-\$926.6</b> |
| <b>Total state/local spending</b>               | <b>\$2,403.9</b> | <b>\$2,472.4</b> | <b>\$68.5</b>   |
| <b>Total federal and state spending</b>         | <b>\$6,810.9</b> | <b>\$5,952.8</b> | <b>-\$858.1</b> |

Source: Urban Institute analysis, HIPSM 2016.

Note: ACA = the Affordable Care Act.

this 10-year period. However, absent the ACA, the federal government would spend \$257.3 billion more on uncompensated care for the uninsured over this period, assuming that federal and state governments are willing to fund uncompensated care at pre-ACA levels after repeal.

Note that we have not assessed the full impact of repeal on the federal deficit. For example, several important revenue provisions in the ACA would also be eliminated; we do not estimate the revenue effects of repeal here.

State governments would spend \$92.2 billion less on Medicaid/CHIP without the ACA from 2017 to 2026; states' shares of expenditures with the ACA are small by design (Table 5 and Figure 5). However, state and local governments would spend \$160.7 billion more on uncompensated care if they funded it at pre-ACA levels after repeal. Thus, state and local governments as a whole would spend \$68.5 billion more over this 10-year period without the ACA. As we discussed above for the 2021 cost estimates, the actual effect would vary by state.

### Total Health Care Spending

**People would receive less health care if the ACA were repealed.** Finally, we look at total spending on health care for the nonelderly by type of payer in 2021. Total health care spending would be \$88.1 billion lower without the ACA, falling from \$2.2 trillion to \$2.1 trillion (Table 6). We do not assume that ACA repeal would reduce the unit price of health care. On the contrary, some evidence suggests that part of the recent slowdown in health care cost growth is partially because of the ACA, so people would receive less health care without the ACA. More than two-thirds of the reduction in health care spending would come from reducing care delivered to those in families with incomes below 200 percent of FPL. Almost all of the rest of the reduction is from the health care of those with incomes between 200 and 400 percent of FPL. If governments and health care providers did not return to pre-ACA rates of spending on uncompensated care under repeal, then the reductions in total

health care spending would be larger than the \$88.1 billion estimated here and unmet need would be higher.

### Changes in household health care spending would vary by income.

Households would spend \$28.9 billion less on their own health care without the ACA, a decrease of 4.9 percent. Spending is lower because fewer people would have health coverage. However, the effect varies by income. Households below 100 percent of FPL would see their spending on health care increase 5.9 percent without the ACA, households with incomes between 100 and 200 percent of FPL would see their spending on health care decrease 0.8 percent without the ACA, and those with higher incomes would see larger reductions in health care spending. These reductions in health care spending occur because more people enroll in health coverage under the ACA and many contribute to insurance premiums and pay directly out-of-pocket for some portion of the care they receive, and they use more care when insured.

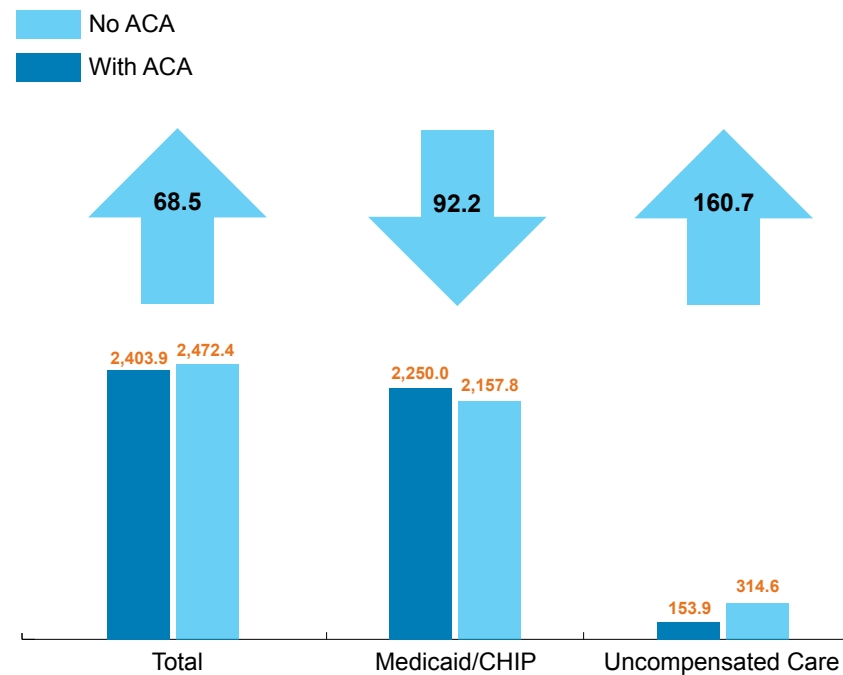
### Providers would pay for more uncompensated care if the ACA were repealed.

Uncompensated care that is not funded by federal, state, or local governments is ultimately absorbed by health care providers. We estimate that the providers' share of uncompensated care would increase 109.2 percent in 2021 if the ACA were repealed, from \$21.3 billion to \$44.5 billion (Figure 6). That assumes that governments would be willing to fund uncompensated care at pre-ACA levels. If governments did not return to pre-ACA levels of uncompensated care funding, the increase in the burden on providers would be higher than shown here, and the unmet need for care would also be higher.

## Discussion

This is not a complete picture of the effect of ACA repeal on the federal budget. Most importantly, revenue-raising provisions of the ACA would also be repealed. Similarly, the difference in direct Medicaid spending is not the only effect on state budgets. In particular, the loss of federal and state spending on health

**Figure 5: State & Local Government Spending, 2017–2026 (Billions \$)**



**Table 6. Total Health Care Spending for the Nonelderly by Payer and Income Level, 2021 (\$ Billions)**

|  | ACA              | No ACA           | Difference     | % Difference |
|--|------------------|------------------|----------------|--------------|
| <b>Health care costs paid directly by households, including premiums and out-of-pocket costs</b> |                  |                  |                |              |
| < 100% FPL   | \$39.8           | \$42.2           | \$2.3          | 5.9%         |
| 100%–200% FPL  | \$76.1           | \$75.5           | -\$0.6         | -0.8%        |
| 200%–300% FPL  | \$98.4           | \$91.8           | -\$6.6         | -6.7%        |
| 300%–400% FPL  | \$94.0           | \$86.0           | -\$8.0         | -8.5%        |
| > 400% FPL   | \$282.5          | \$266.4          | -\$16.1        | -5.7%        |
| <b>Total</b>   | <b>\$590.8</b>   | <b>\$561.9</b>   | <b>-\$28.9</b> | <b>-4.9%</b> |
| <b>Total spending on health care by all payers on behalf of households in each income group</b>  |                  |                  |                |              |
| < 100% FPL   | \$466.1          | \$438.2          | -\$27.9        | -6.0%        |
| 100–200% FPL   | \$362.0          | \$329.8          | -\$32.2        | -8.9%        |
| 200–300% FPL   | \$323.4          | \$309.0          | -\$14.4        | -4.5%        |
| 300–400% FPL   | \$277.9          | \$268.9          | -\$9.0         | -3.2%        |
| 400%+ FPL  | \$779.3          | \$774.7          | -\$4.6         | -0.6%        |
| <b>Total</b>   | <b>\$2,208.7</b> | <b>\$2,120.6</b> | <b>-\$88.0</b> | <b>-4.0%</b> |

Source: Urban Institute analysis, HIPSM 2016.

Note: ACA = the Affordable Care Act.

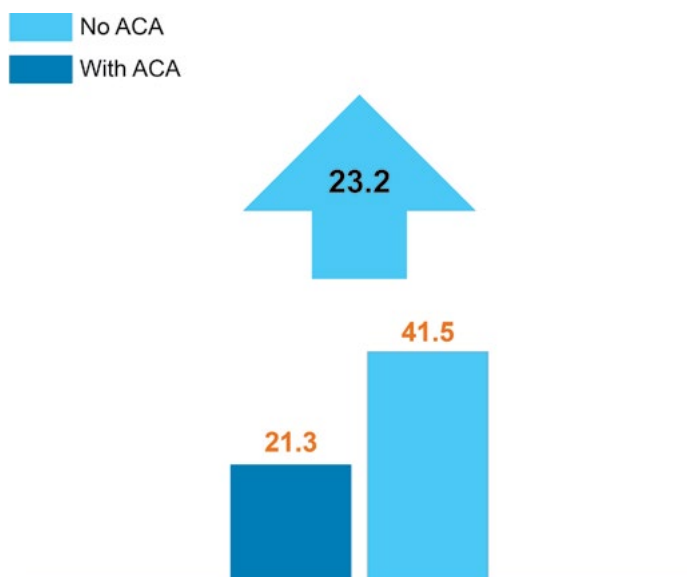


care would have important economic consequences for states. For example, Arkansas Governor Asa Hutchinson and Arkansas House Speaker Jeremy Gillam recently warned that if the state legislature failed to approve continuing Medicaid expansion, the state would face a substantial budget gap.<sup>15</sup> Arkansas is not alone in reporting savings resulting from Medicaid expansion.<sup>16</sup>

Our estimates of the effect of ACA repeal are conservative. Several factors could lead to higher enrollment in the future under the ACA than we simulated, and thus a greater loss of coverage with repeal:

- More states could choose to expand Medicaid. In an earlier report, we estimated that if all states were to expand Medicaid, the number of uninsured people would decrease by 4.3 million in 2016.<sup>17</sup> Thus, if the remaining states would have expanded Medicaid eligibility in the coming years, the effect of repeal would be larger, increasing the number of uninsured by over 28.0 million people in 2021. According to our earlier report, all states expanding Medicaid would lead to \$472 billion more in federal Medicaid spending and \$38 billion more in state Medicaid spending from 2015 to 2024.
- The individual mandate could have a larger effect on people's behavior than it has so far. This would lead to more private coverage under the ACA than we simulated and a correspondingly larger loss of coverage under repeal.
- It is unclear how much of the slowdown in per-capita health care cost growth in recent years is directly attributable to the ACA.<sup>18</sup> Our estimates make the same cost-growth assumptions both with and without the ACA. If, as we suspect, at least a portion of the slowdown in spending is attributable to the ACA, repealing it would increase both government and private spending over time more than shown here.
- We find that 41.6 percent of the remaining uninsured under the ACA are eligible for Medicaid or subsidized private marketplace coverage. Additional targeted outreach and assistance

**Figure 6: Uncompensated Care Paid for by Providers in 2021 (Billions \$)**



efforts could potentially increase health coverage further under the ACA.<sup>19</sup> If such an effort succeeds, a greater loss of coverage under repeal would occur than shown here.

- Repeal may be more disruptive of health coverage than we simulate. Before the ACA, many states used Medicaid waivers to expand eligibility. We assume that those states would revert back to pre-ACA eligibility levels if the ACA were repealed. However, pre-ACA waivers have been renegotiated to accommodate the ACA, so going backwards would likely require the Centers for Medicare and Medicaid Services to approve new waivers. A new presidential administration that favors ACA repeal may not necessarily grant such waivers or may require substantial changes to them. In that case, some people who were covered by Medicaid before the ACA would become ineligible after the ACA's repeal. We do not attempt to predict what waiver changes would occur in various states under repeal, but we estimate that this could affect the coverage of up to an additional 3.6 million childless adults (data not shown).

We find that total health care spending on the nonelderly would be \$88.0 billion lower in 2021 if the ACA were repealed,

a decrease of 4 percent. No evidence suggests that ACA repeal would lower the unit cost of health care—in fact, the opposite may be true<sup>20</sup>—so this reduction in total spending means that people would receive less health care without the ACA. This gap in health spending is largest for families with incomes below 200 percent of FPL, but those with incomes between 200 and 400 percent of FPL would also see noticeable reductions. These reductions in spending would be concentrated on those made uninsured under repeal. For them, the decreases in health care use would be substantially larger.

In addition to reductions in total health care, those with incomes below 100 percent of FPL would pay more health costs out-of-pocket without the ACA. Those with higher incomes would pay less out-of-pocket for health care because more have purchased private health coverage under the ACA, and, without it, they will receive less care.

In 2021, repeal would lower the amount of health care spending funded by the federal government by \$90.9 billion, a 21.3 percent increase. State and local governments as a whole would spend \$5.2 billion more on health care without the ACA—a 2.2 percent increase—

because their increase in spending on uncompensated care would outweigh their reduction in Medicaid spending. ACA repeal would have very little effect on the amount that employers pay in health insurance premium contributions. By contrast, the amount of uncompensated care that providers would have to absorb would more than double. And that assumes that federal, state, and local governments would be willing to restore

uncompensated care funding to pre-ACA levels. If they do not, the decline in health care spending overall would be greater.

Thus, ACA repeal would reduce federal government spending, which appears to be one of the goals of those advocating repeal. However, that reduction in spending comes at a cost in other areas. The number of uninsured people would increase by 24 million or more. Many

states that have expanded Medicaid would actually see their health care spending increase without the ACA, and states that have seen savings because of Medicaid expansion in their budgets would face budget shortfalls if the ACA were repealed. Modest- and low-income families would forgo health care because of cost and lack of coverage, and health care providers would end up paying for more uncompensated care.

## Appendix A. State-Level Estimates

In this appendix, we present state-level estimates supplementing the estimates presented in the report.

### The Uninsured by State, 2021

Looking at the difference in the number of uninsured people by state, we find that ACA repeal would increase the number of uninsured people in Medicaid expansion states, in aggregate, 107.0 percent in 2021 and would increase the number of uninsured in nonexpansion states in aggregate 56.9 percent (Table A.1). Every state would have at least 40 percent more uninsured people, and the number of uninsured people would more than double in 19 states: Arkansas, California, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Montana, New Hampshire, New Jersey, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Washington, West Virginia, and Wisconsin. States that had already expanded Medicaid eligibility before the ACA was enacted, such as New York, Minnesota, and Vermont, would see lower increases in the number of uninsured because we assume they would maintain those earlier expansions. But even in these states the number of uninsured would increase somewhere in the range of 57.7 percent to 81.0 percent.

Wisconsin stands out among the other Medicaid nonexpansion states; it would see a 104.7 percent increase in the number of uninsured without the ACA. This is because the state changed eligibility rules in 2014 to make all adults up to 100 percent of FPL eligible for Medicaid; that change was related to the ACA but did not meet the ACA's expansion rule of eligibility up to 138 percent of FPL. Because Wisconsin's change was made

in response to the ACA, we assume that the state would revert to its pre-ACA eligibility level after repeal.

It may come as a surprise that Massachusetts would see its number of uninsured more than double if the ACA were repealed. That large rate of increase occurs because the change in the number of uninsured under the ACA, based on published enrollment data, is compared with an extremely small number of uninsured people before the ACA because of that state's landmark health reform law (i.e., we estimate a large rate of increase off of a small base). If Massachusetts is not able to re-create its pre-ACA health reform institutions after the ACA's repeal, the increase in the uninsured would be far larger than we estimate.

The share of the remaining uninsured eligible for Medicaid or marketplace tax credits varies considerably across expansion states (table A.1). The number of people newly enrolling in these programs in each state was based on reported 2015 data, so such shares vary depending on each state's 2015 marketplace participation. The lowest share of uninsured eligible for assistance is in California (33.2%), a state with notably high enrollment among both those eligible for Medicaid and those eligible for marketplace tax credits according to 2015 administrative data. Alaska has the highest share of uninsured eligible for assistance, but that state expanded Medicaid in the middle of 2015, so Medicaid enrollment is likely to end up higher in the coming years under the ACA.

Among states that did not expand Medicaid, the share of the uninsured eligible for marketplace tax credits under the ACA is largely driven by the marketplace participation rates observed in 2015. Florida saw the highest share of those eligible for tax credits enrolling in coverage; consequently, only 25.4 percent of the remaining uninsured in that state are eligible for tax credits.<sup>21</sup> States with lower marketplace participation, such as South Dakota, have notably higher shares of the uninsured eligible for assistance. Wisconsin is a special case because adults with incomes up to 100 percent of FPL are eligible for Medicaid, raising its share of uninsured eligible for assistance to a level similar to that of a Medicaid expansion state.

### Medicaid/CHIP Costs by State

We provide state-level estimates of Medicaid and CHIP spending for 2021 (Table A.2). Under the ACA, the federal government will spend \$364.1 billion on acute care for the nonelderly under Medicaid in 2021; the corresponding state share will be \$218.6 billion. If the ACA were repealed, federal Medicaid spending would decrease by \$78.1 billion, or 21.5 percent, while overall state Medicaid spending would decrease by \$11.3 billion, or 5 percent.

ACA repeal would lead to a 3.5 percent decline in state Medicaid spending, in aggregate, among expansion states in 2021 (\$147.0 billion to \$141.7 billion). However, some states, such as New York, Minnesota, and Vermont would spend more if the ACA were repealed than with the ACA in place, if, as we assume here, those states continued the expanded

Medicaid eligibility that they implemented before the ACA. States that expanded Medicaid under the ACA reported other cost savings caused by expansion that would be lost without the ACA, so the cost to of repeal to these state budgets would be higher than shown in here (i.e., state spending in 2021 would not decrease to the extent shown).<sup>22</sup>

Among nonexpansion states, state Medicaid spending in 2021 would be 8.5 percent lower without the ACA than with it (\$65.5 billion versus \$71.6 billion). Therefore, the lower spending reflects fewer Medicaid enrollees.

### Marketplace Subsidy Costs by State

We provide state-level estimates of spending on marketplace tax credits and cost-sharing reductions for 2021 in Table A.3. We estimate that the federal government will spend \$32.4 billion on tax credits and \$6.9 billion on cost-sharing reductions for marketplace coverage in 2021 under the ACA. Just five states, California, Florida, Texas, North Carolina, and Georgia, account for more than half of the amount spent to make marketplace coverage more affordable. If the ACA were repealed, this spending would be eliminated.

### Uncompensated Care Costs by State

We provide state-level estimates of uncompensated care by payer for 2021 (Table A.4). The most populous state that has expanded Medicaid, California, would see total uncompensated care increase 148 percent if the ACA were repealed; that is larger in relative terms than the 134 percent increase that Medicaid expansion states as a whole would experience. The four nonexpansion states with the largest uncompensated care costs, Florida, Georgia, Texas and North Carolina, account for more than half of the total uncompensated care in all 19 states that have not expanded Medicaid.

## Appendix B. Data and Methods

Our primary source of data for the demographic and economic characteristics of Americans is the ACS. Our estimates of pre-ACA health coverage come from the 2013 ACS. We apply edits to the ACS coverage variables; these edits have been developed over many years and have made our resulting coverage estimates agree well with sources of health coverage data considered most reliable, particularly the NHIS.<sup>23</sup> The ACS has a much larger sample size than the NHIS, making state-level analysis possible. We estimate eligibility for Medicaid on the 2013 ACS using the Urban Institute's pre-ACA Medicaid eligibility model for 2013.<sup>24</sup>

We estimate health coverage in 2015 using HIPSIM because ACS data for that year have not been released yet. HIPSIM uses a microsimulation approach based on the relative desirability of the health insurance options available to each individual and family under reform. The health insurance coverage decisions of individuals and families in the model account for several factors, such as premiums and out-of-pocket health care costs for available insurance products, health care risk, whether or not the individual mandate would apply to them and the size of the applicable penalties, and family disposable income. Our utility model accounts for people's current choices as reported on the survey data. We use such preferences to customize

individual utility functions so their current choices score the highest, and this in turn affects behavior under the ACA. The resulting health insurance decisions made by individuals, families, and employers are calibrated to findings in the empirical economics literature, such as price elasticities for employer-sponsored insurance and nongroup coverage.<sup>25</sup>

We use June 2015 enrollment data from the marketplaces and Medicaid to ensure that the resulting number of enrollees in each state match actual enrollment. The US Department of Health and Human Services published income and age distributions for 2015 Marketplace enrollees, so we calibrate HIPSIM to replicate those as well. Although the total number of enrollees in a state is controlled to match actual experience, HIPSIM is used to determine which eligible people actually enroll under the ACA, based on their characteristics and estimated health care costs. HIPSIM computes the difference in the expected utility of each family's best coverage option under the ACA, given eligibility for Medicaid or subsidized marketplace coverage and the type of coverage they had before the ACA (uninsured or private). The individual mandate reduces the value of remaining uninsured. Those with the most to gain from being insured are the most likely to enroll. Those with the strongest preferences for Medicaid or marketplace coverage are enrolled

until the target total number (based on actual enrollment data) is reached.

Many relevant characteristics about Medicaid and marketplace enrollees were not available from administrative data. For example, we do not know what type of coverage marketplace or Medicaid enrollees had before they signed up. Most of the new enrollees in our model were previously uninsured, but some who had private coverage were also simulated to switch to Medicaid and the marketplaces. Also, Medicaid enrollment in 2015 was only reported in aggregate. We have no information about basic distinctions, such as how many of them gained eligibility under the ACA Medicaid expansion and how many were eligible under pre-ACA rules. After calibrating HIPSIM to reproduce 2015 Medicaid and marketplace enrollment, the resulting number of uninsured people is 28.4 million. This is extremely close to the NHIS estimate for June 2015 of 28.2 million uninsured people.

Our 2016 estimates use the same methodology as for 2015 but with more-recent enrollment data. The US Department of Health and Human Services released marketplace plan selections at the end of the 2016 open enrollment period. We simulate actual, or effectuated, enrollment, which is lower than the number of plan selections because some people will fail to pay

their first month's premium or supply required documentation. We estimate actual enrollment for 2016 by applying the percent change in plan selections for each state to the 2015 effectuated enrollment. We also assume that the attrition between plan selections and effectuated enrollment is 25 percent lower in 2016 than in 2015 because of improvements in data coordination between Healthcare.gov and insurers.

For future estimates of coverage under the ACA, we do not assume notably higher take-up of Medicaid or marketplace coverage than in 2016. For example, some have suggested that the individual mandate could have a stronger effect on people's behavior in the future as people see the full penalty amounts when they fill out their taxes. Such increases are possible, but we chose to use a conservative estimate of ACA effect based on experience so far. As premiums increase faster than health costs, some attrition of private coverage will occur over time, leading to small increases in Medicaid and the number of uninsured. However, the ACA's individual and employer mandates limit this effect (the latter to a smaller extent).

Data show that Medicaid enrollment increased under the ACA for those who were already eligible before enactment of the law. If the ACA were repealed, we assume that those enrolled in 2016 who were eligible under 2013 rules would maintain coverage into 2017 but that this additional enrollment caused by the ACA would phase out over time because ACA-related outreach and enrollment activities that likely led to this increase would cease with repeal. Also, with repeal, growth in premiums and health care costs would lead to a greater decline in private health coverage because the ACA's mandates would be eliminated.

Some studies have found evidence that the ACA contributed to the slowing growth of health care costs in recent years, but there is no generally accepted estimate of how large that contribution was.<sup>26</sup> We assume that the underlying growth rate of health care costs would be the same with or without the ACA. In this, as in

other areas, we avoid assumptions that would further increase health coverage under the ACA beyond what has been observed by 2016.

Although Wisconsin did not accept the ACA's Medicaid expansion, the state made major changes to its eligibility rules in 2014. Previously, parents with incomes up to 200 percent of FPL were eligible and income-based eligibility did not exist for adult nonparents. Beginning in 2014, both parents and nonparents with incomes up to 100 percent of FPL were eligible; that was the lowest income level for which people could qualify for marketplace tax credits under the ACA. We assume that Wisconsin would revert to 2013 Medicaid eligibility rules if the ACA were repealed. That state's change in rules for 2014 was clearly a response to the ACA, though it was not technically an acceptance of Medicaid expansion.

Also, some states, such as California, expanded Medicaid eligibility beginning in 2011 or later in anticipation of the ACA expansion in 2014. We assume that these early expansions would be revoked under ACA repeal because they were intended as a temporary transition between the law's enactment and its implementation. In contrast, we assume that Medicaid expansions that occurred before the ACA was enacted would continue. We also assume that Massachusetts would revert to its 2006 state coverage expansion. Given that pre-ACA Medicaid expansions were dependent on federal waivers that would have to be approved once again, this assumption may not be realistic.

Under the ACA, beginning in September 2010, children up to age 26 could enroll in a parent's private insurance family plan. Repealing the ACA would eliminate this provision as well. Thus, we need to impute which young adults in the 2013 ACS data would have been uninsured without the ACA dependent-coverage expansion. To do this, we analyze Survey of Income and Program Participation data from 2010 to 2013 to estimate the probability that privately insured young adults in 2013 would have been uninsured without access to a parent's

policy. Our simulations find, consistent with other estimates in the literature, that almost a million additional young adults who gained coverage before 2014 would be uninsured without the ACA.<sup>27</sup>

### **Comparison with estimates from the Congressional Budget Office (CBO).**

The CBO released its latest projections of health coverage under the ACA in March.<sup>28</sup> Their Medicaid and CHIP enrollment forecasts are very close to ours, with 67 million enrolled in 2016 and 69 million enrolled in 2021. Their estimates of the number of people uninsured are a somewhat lower than our projections: 26 million in 2017 and 27 million in 2021.

The biggest difference between their projections and ours is in marketplace enrollment. The US Department of Health and Human Services reported that about 8.3 million people were enrolled in subsidized marketplace coverage in June 2015. Based on 2016 open enrollment period data, we estimate that enrollment has increased to just over 9 million, a little lower than the CBO's estimate of 10 million in subsidized marketplace coverage. However, the CBO predicts substantial future increases in marketplace enrollment; 12 million people would be enrolled in subsidized marketplace coverage in 2017, rising to 19 million by 2021. We project little growth in subsidized marketplace coverage after 2016.

Table A1. Uninsured by State

| State                   | 2021 ACA            |  |  |   | 2021 Without ACA, pre-ACA<br>Medicaid enrollment rates |  |   | Difference          |                |
|-------------------------|---------------------|--|--|---|--|--|---|---------------------|----------------|
|                         | Number of Uninsured | Uninsured and eligible for Medicaid/CHIP | Uninsured and eligible for tax credits | Percentage of uninsured eligible for any assistance | Number of Uninsured                                    | Uninsured and eligible for Medicaid/CHIP | Percentage of uninsured eligible for any assistance | Number of Uninsured | Percent change |
| <b>National</b>         | <b>29,588,000</b>   | <b>6,210,000</b>                         | <b>6,098,000</b>                       | <b>41.6%</b>  | <b>53,542,000</b>                                      | <b>8,585,000</b>                         | <b>16.0%</b>  | <b>23,954,000</b>   | <b>81.0%</b>   |
| <b>Expansion states</b> |                     |  |  |   |  |  |   |                     |                |
| Alaska                  | 119,000             | 59,326.10                                | 33,000                                 | 77.7%   | 175,000  | 22,000                                   | 12.4%   | 57,000              | 47.7%          |
| Arizona                 | 771,000             | 219,000                                  | 190,000                                | 53.0%   | 1,367,000  | 270,000                                  | 19.7%   | 596,000             | 77.2%          |
| Arkansas                | 218,000             | 65,000                                   | 60,000                                 | 57.3%   | 546,000  | 70,000                                   | 12.8%   | 328,000             | 150.5%         |
| California              | 3,383,000           | 603,000                                  | 506,000                                | 32.8%   | 7,531,000  | 1,172,000                                | 15.6%   | 4,148,000           | 122.6%         |
| Colorado                | 447,000             | 85,000                                   | 155,000                                | 53.6%   | 888,000  | 139,000                                  | 15.7%   | 441,000             | 98.6%          |
| Connecticut             | 203,000             | 56,000                                   | 38,000                                 | 46.6%   | 390,000  | 108,000                                  | 27.8%   | 187,000             | 92.3%          |
| Delaware                | 62,000              | 23,000                                   | 12,000                                 | 57.2%   | 104,000  | 36,000                                   | 35.0%   | 42,000              | 67.3%          |
| District of Columbia    | 32,000              | 13,000                                   | 5,000                                  | 54.9%   | 49,000   | 20,000                                   | 41.5%   | 17,000              | 53.1%          |
| Hawaii                  | 88,000              | 22,000                                   | 39,000                                 | 69.3%   | 154,000  | 21,000                                   | 13.5%   | 67,000              | 76.0%          |
| Illinois                | 907,000             | 272,000                                  | 164,000                                | 48.0%   | 1,849,000  | 278,000                                  | 15.1%   | 942,000             | 103.8%         |
| Indiana                 | 567,000             | 273,000                                  | 119,000                                | 69.2%   | 1,061,000  | 177,000                                  | 16.7%   | 493,000             | 87.0%          |
| Iowa                    | 160,000             | 51,000                                   | 48,000                                 | 61.8%   | 326,000  | 51,000                                   | 15.7%   | 166,000             | 103.6%         |
| Kentucky                | 250,000             | 78,000                                   | 84,000                                 | 65.0%   | 686,000  | 118,000                                  | 17.3%   | 436,000             | 174.5%         |
| Louisiana               | 368,000             | 123,000                                  | 104,000                                | 61.6%   | 825,000  | 107,000                                  | 13.0%   | 457,000             | 124.0%         |
| Maryland                | 403,000             | 67,000                                   | 77,000                                 | 35.7%   | 779,000  | 88,000                                   | 11.2%   | 377,000             | 93.6%          |
| Massachusetts           | 137,000             | 21,000                                   | 37,000                                 | 42.7%   | 376,000  | 36,000                                   | 9.6%  | 238,000             | 173.3%         |
| Michigan                | 508,000             | 238,000                                  | 117,000                                | 69.9%   | 1,226,000  | 174,000                                  | 14.2%   | 718,000             | 141.3%         |
| Minnesota               | 318,000             | 141,000                                  | 69,000                                 | 66.1%   | 562,000  | 204,000                                  | 36.3%   | 244,000             | 76.6%          |
| Montana                 | 86,000              | 37,000                                   | 30,000                                 | 78.6%   | 196,000  | 34,000                                   | 17.4%   | 110,000             | 127.4%         |
| Nevada                  | 408,000             | 119,000                                  | 86,000                                 | 50.3%   | 748,000  | 143,000                                  | 19.0%   | 340,000             | 83.3%          |
| New Hampshire           | 62,000              | 16,000                                   | 23,000                                 | 62.7%   | 155,000  | 16,000                                   | 10.2%   | 92,000              | 147.7%         |
| New Jersey              | 654,000             | 136,000                                  | 107,000                                | 37.1%   | 1,355,000  | 203,000                                  | 15.0%   | 701,000             | 107.2%         |
| New Mexico              | 197,000             | 44,000                                   | 54,000                                 | 49.7%   | 443,000  | 71,000                                   | 16.0%   | 246,000             | 124.8%         |
| New York                | 1,532,000           | 554,000                                  | 286,000                                | 54.8%   | 2,416,000  | 792,000                                  | 32.8%   | 884,000             | 57.7%          |
| North Dakota            | 46,000              | 13,000                                   | 19,000                                 | 68.8%   | 91,000   | 11,000                                   | 12.3%   | 45,000              | 98.7%          |
| Ohio                    | 625,000             | 235,000                                  | 202,000                                | 69.9%   | 1,432,000  | 224,000                                  | 15.6%   | 807,000             | 129.1%         |
| Oregon                  | 261,000             | 71,000                                   | 58,000                                 | 49.3%   | 658,000  | 83,000                                   | 12.6%   | 397,000             | 151.8%         |
| Pennsylvania            | 724,000             | 357,000                                  | 163,000                                | 71.9%   | 1,452,000  | 208,000                                  | 14.3%   | 728,000             | 100.6%         |
| Rhode Island            | 58,000              | 11,000                                   | 14,000                                 | 43.5%   | 137,000  | 22,000                                   | 16.3%   | 79,000              | 136.5%         |
| Vermont                 | 27,000              | 9,000                                    | 10,000                                 | 68.3%   | 49,000   | 19,000                                   | 39.5%   | 22,000              | 81.0%          |
| Washington              | 522,000             | 111,000                                  | 149,000                                | 49.9%   | 1,169,000  | 158,000                                  | 13.5%   | 648,000             | 124.2%         |
| West Virginia           | 88,000              | 35,000                                   | 28,000                                 | 70.6%   | 261,000  | 36,000                                   | 13.9%   | 172,000             | 194.8%         |
| <b>Total</b>            | <b>14,233,000</b>   | <b>4,158,000</b>                         | <b>3,087,000</b>                       | <b>50.9%</b>  | <b>29,456,000</b>                                      | <b>5,113,000</b>                         | <b>17.4%</b>  | <b>15,223,000</b>   | <b>107.0%</b>  |

Table A1. Uninsured by State (continued)

| State                      | 2021 ACA            |  |  |   | 2021 Without ACA, pre-ACA<br>Medicaid enrollment rates |  |   | Difference          |                |
|----------------------------|---------------------|--|--|---|--|--|---|---------------------|----------------|
|                            | Number of Uninsured | Uninsured and eligible for Medicaid/CHIP | Uninsured and eligible for tax credits | Percentage of uninsured eligible for any assistance | Number of Uninsured                                    | Uninsured and eligible for Medicaid/CHIP | Percentage of uninsured eligible for any assistance | Number of Uninsured | Percent change |
| <b>National</b>            | 29,588,000          | 6,210,000                                | 6,098,000                              | 41.6%   | 53,542,000   | 8,585,000                                | 16.0%   | 23,954,000          | 81.0%          |
| <b>Nonexpansion states</b> |                     |  |  |   |  |  |   |                     |                |
| Alabama                    | 496,000             | 64,000                                   | 92,000                                 | 31.3%   | 758,000  | 116,000                                  | 15.3%   | 262,000             | 52.7%          |
| Florida                    | 2,532,000           | 248,000                                  | 395,000                                | 25.4%   | 4,310,000  | 558,000                                  | 12.9%   | 1,778,000           | 70.2%          |
| Georgia                    | 1,496,000           | 208,000                                  | 252,000                                | 30.7%   | 2,328,000  | 384,000                                  | 16.5%   | 833,000             | 55.7%          |
| Idaho                      | 189,000             | 21,000                                   | 45,000                                 | 35.3%   | 316,000  | 40,000                                   | 12.7%   | 127,000             | 67.1%          |
| Kansas                     | 294,000             | 40,000                                   | 72,000                                 | 38.2%   | 438,000  | 61,000                                   | 13.9%   | 144,000             | 48.8%          |
| Maine                      | 77,000              | 10,000                                   | 21,000                                 | 40.1%   | 147,000  | 19,000                                   | 13.1%   | 70,000              | 90.3%          |
| Mississippi                | 353,000             | 52,000                                   | 87,000                                 | 39.2%   | 544,000  | 95,000                                   | 17.4%   | 191,000             | 54.2%          |
| Missouri                   | 551,000             | 88,000                                   | 120,000                                | 37.8%   | 921,000  | 156,000                                  | 17.0%   | 370,000             | 67.2%          |
| Nebraska                   | 154,000             | 29,000                                   | 25,000                                 | 35.1%   | 248,000  | 37,000                                   | 14.9%   | 94,000              | 61.1%          |
| North Carolina             | 1,190,000           | 98,000                                   | 219,000                                | 26.7%   | 1,981,000  | 267,000                                  | 13.5%   | 791,000             | 66.5%          |
| Oklahoma                   | 543,000             | 101,000                                  | 129,000                                | 42.3%   | 790,000  | 136,000                                  | 17.2%   | 247,000             | 45.6%          |
| South Carolina             | 624,000             | 124,000                                  | 135,000                                | 41.5%   | 897,000  | 164,000                                  | 18.3%   | 273,000             | 43.8%          |
| South Dakota               | 83,000              | 13,000                                   | 32,000                                 | 54.8%   | 118,000  | 19,000                                   | 16.3%   | 36,000              | 43.4%          |
| Tennessee                  | 686,000             | 72,000                                   | 180,000                                | 36.7%   | 1,057,000  | 176,000                                  | 16.7%   | 372,000             | 54.2%          |
| Texas                      | 4,478,000           | 580,000                                  | 827,000                                | 31.4%   | 6,602,000  | 890,000                                  | 13.5%   | 2,124,000           | 47.4%          |
| Utah                       | 341,000             | 71,000                                   | 81,000                                 | 44.4%   | 520,000  | 89,000                                   | 17.2%   | 179,000             | 52.4%          |
| Virginia                   | 900,000             | 99,000                                   | 214,000                                | 34.7%   | 1,387,000  | 134,000                                  | 9.7%  | 487,000             | 54.1%          |
| Wisconsin                  | 306,000             | 126,000                                  | 64,000                                 | 61.8%   | 627,000  | 120,000                                  | 19.1%   | 321,000             | 104.7%         |
| Wyoming                    | 62,000              | 10,000                                   | 21,000                                 | 48.7%   | 95,000   | 11,000                                   | 11.3%   | 33,000              | 53.2%          |
| <b>Total</b>               | <b>15,355,000</b>   | <b>2,052,000</b>                         | <b>3,011,000</b>                       | <b>33.0%</b>  | <b>24,086,000</b>                                      | <b>3,472,000</b>                         | <b>14.4%</b>  | <b>8,731,000</b>    | <b>56.9%</b>   |

Source: Urban Institute analysis, HIPSIM 2016.

Note: ACA = the Affordable Care Act.

Table A2. Medicaid/CHIP Costs by State in 2021 (\$ Millions)

| State                            | 2021 ACA         |                  |                  | 2021 Without ACA, pre-ACA Medicaid enrollment rates |                  |                  |
|----------------------------------|------------------|------------------|------------------|---|------------------|------------------|
|                                  | Federal          | State            | Total            | Federal   | State            | Total            |
| <b>National</b>                  | <b>\$364,117</b> | <b>\$218,591</b> | <b>\$582,708</b> | <b>\$285,972</b>                                    | <b>\$207,249</b> | <b>\$493,221</b> |
| <b>Medicaid Expansion States</b> |                  |                  |                  |   |                  |                  |
| Alaska                           | \$1,010          | \$858            | \$1,868          | \$889   | \$889            | \$1,778          |
| Arizona                          | \$12,500         | \$5,250          | \$17,750         | \$9,350   | \$4,560          | \$13,910         |
| Arkansas                         | \$3,670          | \$1,370          | \$5,040          | \$2,940   | \$1,250          | \$4,190          |
| California                       | \$31,900         | \$25,900         | \$57,800         | \$22,700  | \$22,700         | \$45,400         |
| Colorado                         | \$6,520          | \$3,890          | \$10,410         | \$3,630   | \$3,470          | \$7,100          |
| Connecticut                      | \$4,540          | \$3,480          | \$8,020          | \$3,560   | \$3,480          | \$7,040          |
| Delaware                         | \$1,310          | \$775            | \$2,085          | \$1,060   | \$837            | \$1,897          |
| District of Columbia             | \$1,600          | \$586            | \$2,186          | \$1,420   | \$608            | \$2,028          |
| Hawaii                           | \$1,340          | \$923            | \$2,263          | \$984   | \$914            | \$1,898          |
| Illinois                         | \$13,800         | \$9,990          | \$23,790         | \$10,200  | \$9,680          | \$19,880         |
| Indiana                          | \$7,120          | \$2,770          | \$9,890          | \$5,760   | \$2,800          | \$8,560          |
| Iowa                             | \$3,020          | \$1,710          | \$4,730          | \$2,480   | \$1,730          | \$4,210          |
| Kentucky                         | \$9,230          | \$2,620          | \$11,850         | \$4,960   | \$2,120          | \$7,080          |
| Louisiana                        | \$6,510          | \$3,160          | \$9,670          | \$4,510   | \$2,860          | \$7,370          |
| Maryland                         | \$7,020          | \$5,030          | \$12,050         | \$4,810   | \$4,810          | \$9,620          |
| Massachusetts                    | \$8,330          | \$6,840          | \$15,170         | \$6,680   | \$6,460          | \$13,140         |
| Michigan                         | \$13,000         | \$5,070          | \$18,070         | \$10,100  | \$5,080          | \$15,180         |
| Minnesota                        | \$7,220          | \$5,580          | \$12,800         | \$5,740   | \$5,740          | \$11,480         |
| Montana                          | \$1,970          | \$713            | \$2,683          | \$1,210   | \$591            | \$1,801          |
| Nevada                           | \$3,090          | \$1,240          | \$4,330          | \$1,900   | \$1,090          | \$2,990          |
| New Hampshire                    | \$1,240          | \$866            | \$2,106          | \$864   | \$864            | \$1,728          |
| New Jersey                       | \$11,800         | \$6,690          | \$18,490         | \$6,980   | \$6,670          | \$13,650         |
| New Mexico                       | \$6,340          | \$2,000          | \$8,340          | \$3,910   | \$1,740          | \$5,650          |
| New York                         | \$30,500         | \$23,500         | \$54,000         | \$25,900  | \$25,200         | \$51,100         |
| North Dakota                     | \$617            | \$383            | \$1,000          | \$405   | \$400            | \$805            |
| Ohio                             | \$15,500         | \$6,910          | \$22,410         | \$11,500  | \$6,740          | \$18,240         |
| Oregon                           | \$7,220          | \$2,460          | \$9,680          | \$3,950   | \$2,220          | \$6,170          |
| Pennsylvania                     | \$13,500         | \$8,880          | \$22,380         | \$11,200  | \$9,300          | \$20,500         |
| Rhode Island                     | \$1,840          | \$1,370          | \$3,210          | \$1,210   | \$1,210          | \$2,420          |
| Vermont                          | \$986            | \$609            | \$1,595          | \$804   | \$655            | \$1,459          |
| Washington                       | \$7,910          | \$4,710          | \$12,620         | \$4,380   | \$4,300          | \$8,680          |
| West Virginia                    | \$3,080          | \$888            | \$3,968          | \$1,980   | \$777            | \$2,757          |
| <b>Total</b>                     | <b>\$245,233</b> | <b>\$147,021</b> | <b>\$392,254</b> | <b>\$177,966</b>                                    | <b>\$141,745</b> | <b>\$319,711</b> |

**Table A2. Medicaid/CHIP Costs by State in 2021 (\$ Millions) (continued)**

| State                      | 2021 ACA         |                  |                  | 2021 Without ACA, pre-ACA Medicaid enrollment rates |                  |                  |
|----------------------------|------------------|------------------|------------------|---|------------------|------------------|
|                            | Federal          | State            | Total            | Federal   | State            | Total            |
| <b>National</b>            | <b>\$364,117</b> | <b>\$218,591</b> | <b>\$582,708</b> | <b>\$285,972</b>                                    | <b>\$207,249</b> | <b>\$493,221</b> |
| <b>Nonexpansion states</b> |                  |                  |                  |   |                  |                  |
| Alabama                    | \$4,100          | \$1,810          | \$5,910          | \$3,770   | \$1,670          | \$5,440          |
| Florida                    | \$15,900         | \$10,800         | \$26,700         | \$14,000  | \$9,640          | \$23,640         |
| Georgia                    | \$8,850          | \$4,440          | \$13,290         | \$7,700   | \$3,870          | \$11,570         |
| Idaho                      | \$2,250          | \$873            | \$3,123          | \$1,990   | \$773            | \$2,763          |
| Kansas                     | \$2,090          | \$1,510          | \$3,600          | \$1,910   | \$1,380          | \$3,290          |
| Maine                      | \$1,490          | \$911            | \$2,401          | \$1,440   | \$888            | \$2,328          |
| Mississippi                | \$3,840          | \$1,390          | \$5,230          | \$3,470   | \$1,250          | \$4,720          |
| Missouri                   | \$7,060          | \$4,180          | \$11,240         | \$6,530   | \$3,880          | \$10,410         |
| Nebraska                   | \$1,290          | \$1,070          | \$2,360          | \$1,270   | \$1,050          | \$2,320          |
| North Carolina             | \$12,800         | \$6,500          | \$19,300         | \$10,800  | \$5,520          | \$16,320         |
| Oklahoma                   | \$4,240          | \$2,380          | \$6,620          | \$4,070   | \$2,290          | \$6,360          |
| South Carolina             | \$4,740          | \$1,980          | \$6,720          | \$4,630   | \$1,930          | \$6,560          |
| South Dakota               | \$724            | \$624            | \$1,348          | \$689   | \$593            | \$1,282          |
| Tennessee                  | \$8,560          | \$4,390          | \$12,950         | \$7,090   | \$3,670          | \$10,760         |
| Texas                      | \$28,400         | \$19,400         | \$47,800         | \$26,800  | \$18,300         | \$45,100         |
| Utah                       | \$2,880          | \$1,180          | \$4,060          | \$2,720   | \$1,120          | \$3,840          |
| Virginia                   | \$4,940          | \$4,810          | \$9,750          | \$4,660   | \$4,540          | \$9,200          |
| Wisconsin                  | \$4,330          | \$2,930          | \$7,260          | \$4,080   | \$2,760          | \$6,840          |
| Wyoming                    | \$400            | \$392            | \$792            | \$387   | \$380            | \$767            |
| <b>Total</b>               | <b>\$118,884</b> | <b>\$71,570</b>  | <b>\$190,454</b> | <b>\$108,006</b>                                    | <b>\$65,504</b>  | <b>\$173,510</b> |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act.



**Table A3. Marketplace Subsidy Costs by State (\$ Millions)**

| State                            | 2021 ACA          |                  |                   |
|----------------------------------|-------------------|------------------|-------------------|
|                                  | PTCs              | CSRs             | Total             |
| <b>National</b>                  | <b>\$32,392.1</b> | <b>\$6,898.8</b> | <b>\$39,291.0</b> |
| <b>Medicaid expansion states</b> |                   |                  |                   |
| Alaska                           | \$130.0           | \$22.2           | \$152.2           |
| Arizona                          | \$230.0           | \$53.4           | \$283.4           |
| Arkansas                         | \$193.0           | \$37.5           | \$230.5           |
| California                       | \$5,240.0         | \$802.0          | \$6,042.0         |
| Colorado                         | \$171.0           | \$35.0           | \$206.0           |
| Connecticut                      | \$280.0           | \$45.1           | \$325.1           |
| Delaware                         | \$63.2            | \$11.0           | \$74.2            |
| District of Columbia             | \$5.3             | \$0.2            | \$5.5             |
| Hawaii                           | \$28.0            | \$6.0            | \$34.0            |
| Illinois                         | \$631.0           | \$129.0          | \$760.0           |
| Indiana                          | \$452.0           | \$82.8           | \$534.8           |
| Iowa                             | \$140.0           | \$25.8           | \$165.8           |
| Kentucky                         | \$221.0           | \$48.8           | \$269.8           |
| Louisiana                        | \$290.0           | \$53.5           | \$343.5           |
| Maryland                         | \$273.0           | \$57.2           | \$330.2           |
| Massachusetts                    | \$534.0           | \$79.6           | \$613.6           |
| Michigan                         | \$671.0           | \$124.0          | \$795.0           |
| Minnesota                        | \$48.5            | \$2.0            | \$50.5            |
| Montana                          | \$62.2            | \$12.5           | \$74.7            |
| Nevada                           | \$282.0           | \$54.9           | \$336.9           |
| New Hampshire                    | \$81.6            | \$16.4           | \$98.0            |
| New Jersey                       | \$578.0           | \$101.0          | \$679.0           |
| New Mexico                       | \$72.4            | \$16.9           | \$89.3            |
| New York                         | \$692.0           | \$128.0          | \$820.0           |
| North Dakota                     | \$50.7            | \$7.8            | \$58.5            |
| Ohio                             | \$507.0           | \$102.0          | \$609.0           |
| Oregon                           | \$210.0           | \$43.6           | \$253.6           |
| Pennsylvania                     | \$650.0           | \$129.0          | \$779.0           |
| Rhode Island                     | \$61.9            | \$10.5           | \$72.4            |
| Vermont                          | \$90.6            | \$9.1            | \$99.7            |
| Washington                       | \$424.0           | \$78.0           | \$502.0           |
| West Virginia                    | \$107.0           | \$22.2           | \$129.2           |
| <b>Total</b>                     | <b>\$13,470.4</b> | <b>\$2,347.0</b> | <b>\$15,817.5</b> |

**Table A3. Marketplace Subsidy Costs by State (\$ Millions) (continued)**

| State                      | 2021 ACA          |                  |                   |
|----------------------------|-------------------|------------------|-------------------|
|                            | PTCs              | CSRs             | Total             |
| <b>National</b>            | <b>\$32,392.1</b> | <b>\$6,898.8</b> | <b>\$39,291.0</b> |
| <b>Nonexpansion states</b> |                   |                  |                   |
| Alabama                    | \$590.0           | \$156.0          | \$746.0           |
| Florida                    | \$5,070.0         | \$1,090.0        | \$6,160.0         |
| Georgia                    | \$1,670.0         | \$418.0          | \$2,088.0         |
| Idaho                      | \$234.0           | \$60.3           | \$294.3           |
| Kansas                     | \$222.0           | \$63.6           | \$285.6           |
| Maine                      | \$287.0           | \$59.2           | \$346.2           |
| Mississippi                | \$342.0           | \$90.0           | \$432.0           |
| Missouri                   | \$908.0           | \$225.0          | \$1,133.0         |
| Nebraska                   | \$237.0           | \$55.6           | \$292.6           |
| North Carolina             | \$2,170.0         | \$511.0          | \$2,681.0         |
| Oklahoma                   | \$339.0           | \$93.4           | \$432.4           |
| South Carolina             | \$661.0           | \$176.0          | \$837.0           |
| South Dakota               | \$71.7            | \$16.3           | \$88.0            |
| Tennessee                  | \$482.0           | \$141.0          | \$623.0           |
| Texas                      | \$3,340.0         | \$894.0          | \$4,234.0         |
| Utah                       | \$220.0           | \$50.5           | \$270.5           |
| Virginia                   | \$1,190.0         | \$273.0          | \$1,463.0         |
| Wisconsin                  | \$763.0           | \$147.0          | \$910.0           |
| Wyoming                    | \$125.0           | \$31.9           | \$156.9           |
| <b>Total</b>               | <b>\$18,921.7</b> | <b>\$4,551.8</b> | <b>\$23,473.5</b> |

Source: Urban Institute analysis, HIPSMS 2016.

Note: ACA = the Affordable Care Act; CSRs = cost-sharing reductions; PTCs = premium tax credits.

Table A4. Uncompensated Care Costs by State in 2021 (\$ Millions)

| State                            | 2021 ACA          |                   |                   |                   | 2021 Without ACA, Medicaid Enrollment Rates Maintained |                   |                   |                   |
|----------------------------------|-------------------|-------------------|-------------------|-------------------|--|-------------------|-------------------|-------------------|
|                                  | Total             | Federal           | State/Local       | Providers         | Total  | Federal           | State/Local       | Providers         |
| <b>National</b>                  | <b>\$60,758.9</b> | <b>\$24,297.4</b> | <b>\$15,191.5</b> | <b>\$21,270.0</b> | <b>\$127,083.6</b>                                     | <b>\$50,837.2</b> | <b>\$31,771.4</b> | <b>\$44,475.0</b> |
| <b>Medicaid expansion states</b> |                   |                   |                   |                   |  |                   |                   |                   |
| Alaska                           | \$342.6           | \$137.0           | \$85.6            | \$120.0           | \$468.0  | \$187.0           | \$117.0           | \$164.0           |
| Arizona                          | \$1,840.0         | \$736.0           | \$460.0           | \$644.0           | \$3,253.0  | \$1,300.0         | \$813.0           | \$1,140.0         |
| Arkansas                         | \$705.0           | \$282.0           | \$176.0           | \$247.0           | \$1,605.0  | \$642.0           | \$401.0           | \$562.0           |
| California                       | \$6,370.0         | \$2,550.0         | \$1,590.0         | \$2,230.0         | \$15,770.0   | \$6,310.0         | \$3,940.0         | \$5,520.0         |
| Colorado                         | \$1,200.0         | \$480.0           | \$300.0           | \$420.0           | \$2,544.0  | \$1,020.0         | \$635.0           | \$889.0           |
| Connecticut                      | \$473.0           | \$189.0           | \$118.0           | \$166.0           | \$1,365.0  | \$546.0           | \$341.0           | \$478.0           |
| Delaware                         | \$126.5           | \$50.6            | \$31.6            | \$44.3            | \$322.6  | \$129.0           | \$80.6            | \$113.0           |
| District of Columbia             | \$80.1            | \$32.1            | \$20.0            | \$28.0            | \$155.9  | \$62.3            | \$39.0            | \$54.6            |
| Hawaii                           | \$147.3           | \$58.9            | \$36.8            | \$51.6            | \$302.4  | \$121.0           | \$75.4            | \$106.0           |
| Illinois                         | \$2,167.0         | \$867.0           | \$542.0           | \$758.0           | \$5,230.0  | \$2,090.0         | \$1,310.0         | \$1,830.0         |
| Indiana                          | \$1,280.0         | \$512.0           | \$320.0           | \$448.0           | \$2,975.0  | \$1,190.0         | \$745.0           | \$1,040.0         |
| Iowa                             | \$377.2           | \$151.0           | \$94.2            | \$132.0           | \$875.0  | \$350.0           | \$219.0           | \$306.0           |
| Kentucky                         | \$617.0           | \$247.0           | \$154.0           | \$216.0           | \$1,685.0  | \$674.0           | \$421.0           | \$590.0           |
| Louisiana                        | \$885.0           | \$354.0           | \$221.0           | \$310.0           | \$2,020.0  | \$808.0           | \$505.0           | \$707.0           |
| Maryland                         | \$725.0           | \$290.0           | \$181.0           | \$254.0           | \$1,652.0  | \$661.0           | \$413.0           | \$578.0           |
| Massachusetts                    | \$387.9           | \$155.0           | \$96.9            | \$136.0           | \$1,177.0  | \$471.0           | \$294.0           | \$412.0           |
| Michigan                         | \$1,503.0         | \$601.0           | \$376.0           | \$526.0           | \$3,771.0  | \$1,510.0         | \$941.0           | \$1,320.0         |
| Minnesota                        | \$988.0           | \$395.0           | \$247.0           | \$346.0           | \$2,264.0  | \$906.0           | \$566.0           | \$792.0           |
| Montana                          | \$344.0           | \$138.0           | \$86.0            | \$120.0           | \$635.0  | \$254.0           | \$159.0           | \$222.0           |
| Nevada                           | \$636.0           | \$254.0           | \$159.0           | \$223.0           | \$1,621.0  | \$649.0           | \$405.0           | \$567.0           |
| New Hampshire                    | \$139.7           | \$55.9            | \$34.9            | \$48.9            | \$468.0  | \$187.0           | \$117.0           | \$164.0           |
| New Jersey                       | \$1,156.0         | \$462.0           | \$289.0           | \$405.0           | \$3,055.0  | \$1,220.0         | \$765.0           | \$1,070.0         |
| New Mexico                       | \$373.4           | \$149.0           | \$93.4            | \$131.0           | \$903.0  | \$361.0           | \$226.0           | \$316.0           |
| New York                         | \$2,907.0         | \$1,160.0         | \$727.0           | \$1,020.0         | \$5,800.0  | \$2,320.0         | \$1,450.0         | \$2,030.0         |
| North Dakota                     | \$90.0            | \$36.0            | \$22.5            | \$31.5            | \$276.9  | \$111.0           | \$69.1            | \$96.8            |
| Ohio                             | \$1,489.0         | \$596.0           | \$372.0           | \$521.0           | \$3,894.0  | \$1,560.0         | \$974.0           | \$1,360.0         |
| Oregon                           | \$705.0           | \$282.0           | \$176.0           | \$247.0           | \$1,792.0  | \$717.0           | \$448.0           | \$627.0           |
| Pennsylvania                     | \$1,772.0         | \$709.0           | \$443.0           | \$620.0           | \$3,628.0  | \$1,450.0         | \$908.0           | \$1,270.0         |
| Rhode Island                     | \$84.5            | \$33.8            | \$21.1            | \$29.6            | \$270.5  | \$108.0           | \$67.7            | \$94.8            |
| Vermont                          | \$105.5           | \$42.2            | \$26.4            | \$36.9            | \$214.5  | \$85.8            | \$53.6            | \$75.1            |
| Washington                       | \$1,297.0         | \$519.0           | \$324.0           | \$454.0           | \$3,374.0  | \$1,350.0         | \$844.0           | \$1,180.0         |
| West Virginia                    | \$277.1           | \$111.0           | \$69.2            | \$96.9            | \$769.0  | \$308.0           | \$192.0           | \$269.0           |
| <b>Total</b>                     | <b>\$31,590.8</b> | <b>\$12,635.5</b> | <b>\$7,893.6</b>  | <b>\$11,061.7</b> | <b>\$74,135.8</b>                                      | <b>\$29,658.1</b> | <b>\$18,534.4</b> | <b>\$25,943.3</b> |

**Table A4. Uncompensated Care Costs by State in 2021 (\$ Millions) (continued)**

| State                      | 2021 ACA          |                   |                   |                   | 2021 Without ACA, Medicaid Enrollment Rates Maintained |                   |                   |                   |
|----------------------------|-------------------|-------------------|-------------------|-------------------|--|-------------------|-------------------|-------------------|
|                            | Total             | Federal           | State/Local       | Providers         | Total  | Federal           | State/Local       | Providers         |
| <b>National</b>            | <b>\$60,758.9</b> | <b>\$24,297.4</b> | <b>\$15,191.5</b> | <b>\$21,270.0</b> | <b>\$127,083.6</b>                                     | <b>\$50,837.2</b> | <b>\$31,771.4</b> | <b>\$44,475.0</b> |
| <b>Nonexpansion states</b> |                   |                   |                   |                   |  |                   |                   |                   |
| Alabama                    | \$940.0           | \$376.0           | \$235.0           | \$329.0           | \$1,669.0  | \$668.0           | \$417.0           | \$584.0           |
| Florida                    | \$5,350.0         | \$2,140.0         | \$1,340.0         | \$1,870.0         | \$10,080.0   | \$4,030.0         | \$2,520.0         | \$3,530.0         |
| Georgia                    | \$2,495.0         | \$998.0           | \$624.0           | \$873.0           | \$4,480.0  | \$1,790.0         | \$1,120.0         | \$1,570.0         |
| Idaho                      | \$463.0           | \$185.0           | \$116.0           | \$162.0           | \$812.0  | \$325.0           | \$203.0           | \$284.0           |
| Kansas                     | \$671.0           | \$268.0           | \$168.0           | \$235.0           | \$1,300.0  | \$520.0           | \$325.0           | \$455.0           |
| Maine                      | \$238.9           | \$95.6            | \$59.7            | \$83.6            | \$580.0  | \$232.0           | \$145.0           | \$203.0           |
| Mississippi                | \$905.0           | \$362.0           | \$226.0           | \$317.0           | \$1,449.0  | \$580.0           | \$362.0           | \$507.0           |
| Missouri                   | \$1,480.0         | \$592.0           | \$370.0           | \$518.0           | \$2,998.0  | \$1,200.0         | \$748.0           | \$1,050.0         |
| Nebraska                   | \$374.9           | \$150.0           | \$93.9            | \$131.0           | \$666.0  | \$266.0           | \$167.0           | \$233.0           |
| North Carolina             | \$1,860.0         | \$744.0           | \$465.0           | \$651.0           | \$3,922.0  | \$1,570.0         | \$982.0           | \$1,370.0         |
| Oklahoma                   | \$1,531.0         | \$612.0           | \$383.0           | \$536.0           | \$2,425.0  | \$970.0           | \$606.0           | \$849.0           |
| South Carolina             | \$1,108.0         | \$443.0           | \$277.0           | \$388.0           | \$1,763.0  | \$705.0           | \$441.0           | \$617.0           |
| South Dakota               | \$207.3           | \$82.9            | \$51.8            | \$72.6            | \$337.3  | \$135.0           | \$84.3            | \$118.0           |
| Tennessee                  | \$1,368.0         | \$547.0           | \$342.0           | \$479.0           | \$2,317.0  | \$927.0           | \$579.0           | \$811.0           |
| Texas                      | \$6,310.0         | \$2,520.0         | \$1,580.0         | \$2,210.0         | \$10,930.0   | \$4,370.0         | \$2,730.0         | \$3,830.0         |
| Utah                       | \$829.0           | \$332.0           | \$207.0           | \$290.0           | \$1,374.0  | \$550.0           | \$343.0           | \$481.0           |
| Virginia                   | \$2,013.0         | \$805.0           | \$503.0           | \$705.0           | \$3,602.0  | \$1,440.0         | \$902.0           | \$1,260.0         |
| Wisconsin                  | \$818.0           | \$327.0           | \$205.0           | \$286.0           | \$1,869.0  | \$748.0           | \$467.0           | \$654.0           |
| Wyoming                    | \$206.0           | \$82.4            | \$51.5            | \$72.1            | \$374.5  | \$150.0           | \$93.5            | \$131.0           |
| <b>Total</b>               | <b>\$29,168.1</b> | <b>\$11,661.9</b> | <b>\$7,297.9</b>  | <b>\$10,208.3</b> | <b>\$52,947.8</b>                                      | <b>\$21,176.0</b> | <b>\$13,234.8</b> | <b>\$18,537.0</b> |

Source: Urban Institute analysis, HIPSM 2016.

Note: ACA = the Affordable Care Act.

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## Notes

- 1 An act to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016, H.R. 3762, 114th Cong. (2015–2016). <https://www.congress.gov/bill/114th-congress/house-bill/3762>. Accessed May 24, 2016.
- 2 2016 presidential candidates on healthcare. Ballotpedia. [https://ballotpedia.org/2016\\_presidential\\_candidates\\_on\\_healthcare](https://ballotpedia.org/2016_presidential_candidates_on_healthcare). Accessed May 24, 2016.
- 3 Uberoi N, Finegold K, and Gee E. *Health Insurance Coverage and the Affordable Care Act, 2010–2016*. Washington: US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>. Accessed May 24, 2016.
- 4 The insurance market reforms include such provisions as guaranteed issue of coverage, prohibitions on pre-existing conditions, prohibitions of rescissions, modified community rating, coverage of essential health benefits, preventive care coverage without cost sharing, actuarial value standards, limits on waiting periods, uniform explanation of coverage documents, prohibition on lifetime and annual benefit limits, limits on waiting periods, and others.
- 5 Lynch V, Boudreaux M, and Davern M. *Applying and Evaluating Logical Coverage Edits to Health Insurance Coverage in the American Community Survey*. Suitland, MD: US Census Bureau, Housing and Household Economic Statistics Division, 2010.
- 6 Haley JM, Lynch V, and Kenney GM. *The Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model*. Washington: Urban Institute, 2014. <http://www.urban.org/research/publication/urban-institute-health-policy-centers-medicaidchip-eligibility-simulation-model>. Accessed May 24, 2016.
- 7 Holahan J and McMorrow S. *The Widespread Slowdown in Health Spending Growth: Implications for Future Spending Projections and the Cost of the Affordable Care Act*. Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/widespread-slowdown-health-spending-growth>. Accessed May 24, 2016.
- 8 Blumberg LJ, Garrett B, and Holahan J. Estimating the counterfactual: How many uninsured adults would there be today without the ACA? *Inquiry* 2016;53: 1–13. <http://inq.sagepub.com/content/53/0046958016634991.full.pdf+html>. Accessed May 24, 2016.
- 9 Note that the total nonelderly population would grow by 6.5 million people between 2013 and 2021, so care should be taken when comparing numbers of people with various types of coverage across those years.
- 10 Buettgens M, Kenney GM, and Pan CW. *Variation in Marketplace Enrollment Rates in 2015 by State and Income*. Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/variation-marketplace-enrollment-rates-2015-state-and-income>. Accessed May 24, 2016.
- 11 Blavin F, Garrett B, Blumberg LJ, Buettgens M, Gadsden SM, and Rifkin S. *Monitoring the Impact of the Affordable Care Act on Employers*. Washington: Urban Institute, 2014. <http://www.urban.org/research/publication/monitoring-impact-affordable-care-act-employers>. Accessed May 24, 2016.
- 12 Recent Urban Institute analysis of the 2015 Current Population Survey (CPS) also found that about 21 percent of the remaining uninsured were eligible for marketplace tax credits. However, that analysis found that 27.7 percent of the uninsured were eligible for Medicaid. That share is higher than the 21 percent that we estimate here because the current analysis matches the Medicaid enrollment from administrative data; the CPS analysis used reported health coverage. Type of health coverage is not available on the 2015 CPS, but other surveys, such as the National Health Interview Survey and the ACS, reported lower Medicaid enrollment than the administrative data. Medicaid has been underreported on the CPS in the past, so that is likely to have been the case in 2015 as well. See Blumberg LJ, Karpman M, Buettgens M, and Solleveld P. *Who Are the Remaining Uninsured, and What Do Their Characteristics Tell Us About How to Reach Them?* Washington: Urban Institute, 2016. <http://www.urban.org/research/publication/who-are-remaining-uninsured-and-what-do-their-characteristics-tell-us-about-how-reach-them>. Accessed May 24, 2016.
- 13 Coughlin TA, Holahan J, Caswell KJ, and McGrath M. *Uncompensated Care for the Uninsured in 2013: A Detailed Examination*. Washington: Urban Institute, 2014. <http://www.urban.org/research/publication/uncompensated-care-uninsured-2013>. Accessed May 24, 2016.

- 14 Dorn S, Francis N, Snyder L, and Rudowitz R. *The Effects of the Medicaid Expansion on State Budgets: An Early Look in Select States*. Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/effects-medicaid-expansion-state-budgets>. Accessed May 24, 2016.
- 15 See Fannery B. Arkansas house speaker details cuts if Medicaid plan fails. *Arkansas Online*. April 12, 2016. <http://www.arkansasonline.com/news/2016/apr/12/plan-wields-ax-to-anticipate-a-medicaid/?news-arkansas>. Accessed May 24, 2016. Medicaid expansion in Arkansas was extended on April 21, 2016. See Ramsey D. Using novel line-item veto, Ark. governor extends Medicaid expansion. *Kaiser Health News*. April 21, 2016. <http://khn.org/news/using-novel-line-item-veto-ark-governor-extends-medicaid-expansion/>. Accessed May 24, 2016.
- 16 Dorn S et al, 2015.
- 17 These published estimates include Montana and Louisiana, which have since approved Medicaid expansion. See Buettgens M, Holahan J, and Recht H. *Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 States that have not Expanded Eligibility*. Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/medicaid-expansion-health-coverage-and-spending>. Accessed May 24, 2016.
- 18 Holahan and McMorrow, 2015.
- 19 Blumberg et al., *Who Are the Remaining Uninsured?*
- 20 Holahan and McMorrow, 2015.
- 21 Buettgens, Kenney, and Pan, 2015.
- 22 Dorn et al., 2015.
- 23 Lynch V, Boudreaux M, and Davern M. *Applying and Evaluating Logical Coverage Edits to Health Insurance Coverage in the American Community Survey*. Suitland, MD: US Census Bureau, Housing and Household Economic Statistics Division, 2010.
- 24 Haley, Lynch, and Kenney, 2014.
- 25 More detailed methodology is available at Buettgens M. *Health Insurance Policy Simulation Model (HIPSM) Methodology Documentation*. Washington: Urban Institute, 2011. <http://www.urban.org/research/publication/health-insurance-policy-simulation-model-hipsm-methodology-documentation>. Accessed May 24, 2016.
- 26 Holahan and McMorrow 2015.
- 27 Blumberg, Garrett, and Holahan, Estimating the counterfactual.
- 28 Congressional Budget Office. *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016 to 2026*. Washington: Congressional Budget Office. <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51385-HealthInsuranceBaseline.pdf>. Accessed May 24, 2016.