



Expanding Medicaid under the Affordable Care Act: Where do States Stand Today?

Prepared by the Harvard Law School Center for Health Law &
Policy Innovation

In the wake of the Supreme Court's ruling to significantly limit the enforcement mechanism for the Patient Protection and Affordable Care Act's (ACA) Medicaid expansion, state governors and legislators are weighing the costs and benefits of expanding eligibility.¹ To date, several state officials have expressed their strong support for expanding Medicaid eligibility pursuant to the law; eager to take advantage of the billions of federal health care funding that will accompany it. Others have expressed reservations largely relating to their concerns with financial implications of expansion, and a number of governors have declared outright opposition to the provision.

This analysis is designed to provide advocates with the facts they need to educate law makers about the expansion – namely its implications for individual and public health as well as fiscal solvency. Because states are in the early stages of processing the Court's decision, it also provides a snapshot of the current policy stance of each state governor, to assess the vantage point from which the law is being received.

We encourage policymakers to consider the issues discussed below to make an informed decision regarding implementation. As states battle budget deficits, it is critical that policy makers understand and consider the benefits that Medicaid expansion offers in terms of both improving individual and public health outcomes and of realizing substantial net state savings in the coming years.

Medicaid & Individual and Public Health

- **Chronic Disease** – Access to preventive and regular care reduces morbidity and mortality of chronic illness. Not only can screenings and precautionary steps often prevent onset of disease (e.g., breast cancer, diabetes, and cardiovascular disease) but early diagnosis and treatment can also significantly reduce the severity of prognosis and increase chances of leading a healthy and productive life.
- **Infectious Disease** – The public health benefits of expanded Medicaid translate directly to the safety and security of all individuals. Access to care reduces the spread of disease by providing a cure or reducing infectiousness. For example, continuous and comprehensive treatment of HIV not only improves the health of the individual, but also has been shown to reduce the likelihood of transmitting the virus by 96%.²
- **Disparities** – Health disparities (health differences closely linked to social or economic disadvantages) are rampant across the United States, but particularly in states with restrictive Medicaid eligibility standards. For example, low-income individuals have higher rates of heart disease and diabetes and consistently shorter

life expectancies than their wealthier counterparts.³ African-Americans with breast cancer, cardiovascular disease, or even pregnancy experience poorer outcomes than whites with the same condition.³ Finally, there are tremendous disparities in rates of HIV/AIDS across the nation; southern states (particularly Alabama, Florida, Georgia, Louisiana, Mississippi, North and South Carolina, Tennessee, and Texas) have the highest rates of both new infections and existing cases, as well as the worst outcomes in terms of HIV related complications and deaths.⁴ One of several reasons for this tremendous disparity is that these states currently have highly restrictive Medicaid eligibility, leaving most low-income individuals without access to treatment (and thus more likely to transmit the virus as well as experience deteriorating health).

Reducing health disparities, and eventually achieving health equity, has been a federal goal since the turn of the century.^{5,6,7} It is part of the ACA's design, particularly reflected in the expansion of Medicaid and the creation of widely available subsidized private insurance. Access to health insurance is a fundamental determinant of health outcomes (e.g., Medicare has reduced disparities among the elderly by providing individuals with similar coverage regardless of income or ethnicity).

Medicaid & Fiscal Stability

- **Hospital Solvency** – The ACA incrementally reduces federal payments to hospitals (known as disproportionate share hospital funds), anticipating that increased access to both Medicaid and private insurance will reduce the amount of uncompensated care that hospitals provide (as hospitals are required by law to stabilize any patient in need, regardless of ability to pay).⁸ Thus, hospitals in states with limited Medicaid coverage will face severe deficits as they continue to treat a high volume of uninsured patients. Without federal reimbursements for this care, hospitals will largely pass all of this cost onto covered private insurance patients, inflating premiums in states without an expanded Medicaid program. Worse still, some small hospitals (e.g., in rural areas) will not be able to offset these costs, and may be forced to close, leaving entire communities without access to care (not to mention eliminating hundreds of jobs).⁹
- **Federal Funding** – State officials expressing concerns with the Medicaid expansion point to state budget deficits as a reason not to fully implement the ACA. However, federal dollars will pay for 90-100% of the cost of covering newly eligibles (state residents with income up to 133% FPL who are not currently eligible for Medicaid).¹⁰ States that take up the Medicaid expansion will not incur more than 10% of the cost of covering these new beneficiaries, and will enjoy the added benefit of federal money that creates jobs and increases consumer spending, thereby spurring local economies (the “multiplier effect” of federal funds).¹¹ It is important for legislators to consider the net fiscal effect of expanding Medicaid, rather than merely the isolated cost of covering new beneficiaries. Moreover, residents of states that do not expand will ultimately

subsidize the cost of coverage in states that do, via federal taxation. Voters will be particularly attuned to this point.

- **Net State Savings** – The cost of the state share of newly eligibles (10%) will be offset by the savings realized in reduced spending on uncompensated care. Not only will the cost of “free” (tax-payer funded) emergency care to the uninsured fall drastically with nearly universal coverage, but the overall cost of treatment will decline as well, as patients benefit from preventive services. Indeed, implementation of the Medicaid expansion will result in projected net savings between \$12-19 billion in the first five years of expanding coverage.¹² Even as states assume 10% of the cost of coverage, net savings remain positive, particularly in states that currently have restrictive Medicaid eligibility standards.¹²

Conclusion

There is strong empirical evidence that “opting out” of expansion will have many negative implications by any measure, not only for individual and public health outcomes, but also for state fiscal stability. In other words, expanding Medicaid to residents with income up to 133% FPL is in every state’s interest. While political battles loom large in the coming months, states will benefit from analyzing the actual costs and benefits of the Medicaid expansion and making an informed decision that best serves states’ residents at large.

Snapshot: Where Do States Stand?

Reactions to the Supreme Court’s ruling on the ACA have been varied and are in flux, suggesting that education is crucial at this time, as legislators attempt to understand the implications of the law in each state. As of July 18, 2012, state governors had made public statements implying the following stances on expanding Medicaid pursuant to the ACA:

- 13 committed
- 7 seemingly supportive
- 13 seemingly opposed
- 5 opposed
- 12 undecided

These initial reactions to the Court ruling on the ACA’s Medicaid provision reflect the temperature of the political climate, but not necessarily which course of action a given state will ultimately take. For example, several governors have expressed ideological opposition to the expansion but concede that it may be politically untenable to forgo such a large influx of federal financial support (e.g., Gov. LePage (R, ME) and Gov. McDonnell (R, VA and president of the Republican Governors Association) both disapprove of the law, but recognize that Medicaid expansion may be inevitable).^{13,14}

Other governors are outnumbered by state representatives and senators of differing party affiliations; their views are not necessarily reflective of future legislation.

Figure 1 provides a state-by-state snapshot of stances on expanding Medicaid, and appendix A lists governors by stance, referencing sound bites that reflect their respective positions in the wake of the Court's ruling. Contention exists in many states where legislatures, governors, and attorneys general disagree about the implications of implementing the ACA's Medicaid expansion. Advocacy in these states may be of particular consequence: emphasizing the benefits of the law - not only for individual and public health, but also for a state's economy.

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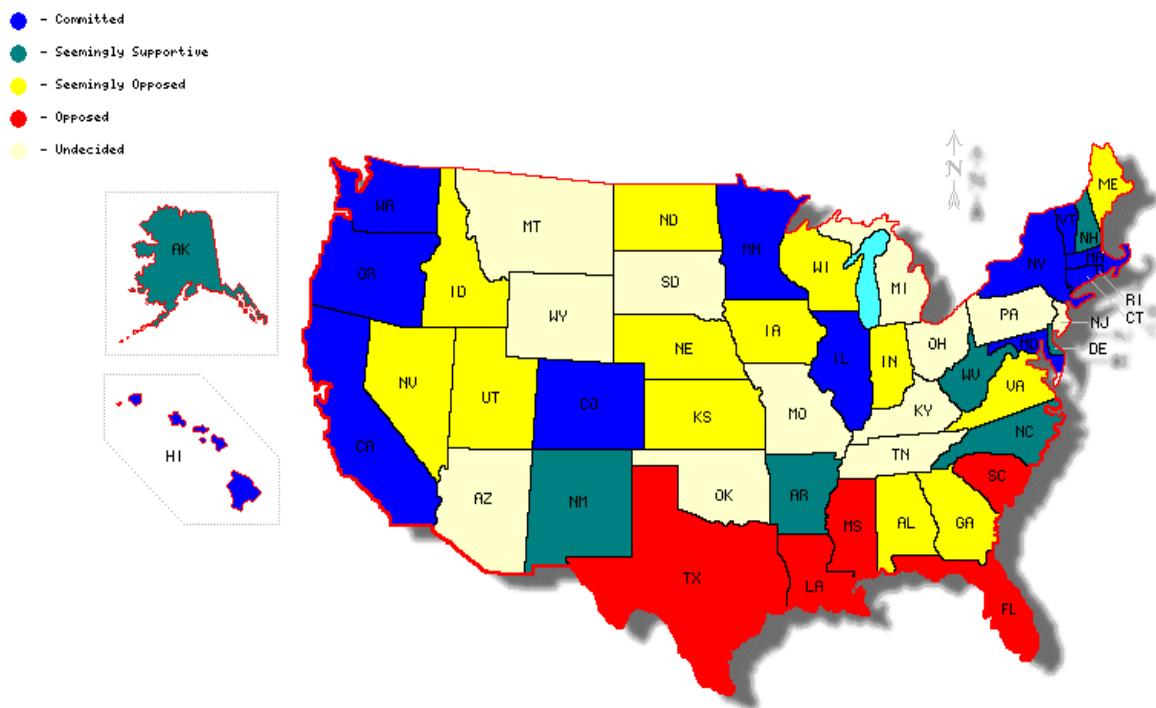


Figure 1. Snapshot of State Stances on Expanding Medicaid, July 18, 2012

Appendix A: State Governors on Expanding Medicaid, July 18, 2012

Committed

California (Gov. Brown, D)	Court's ruling "removes the last roadblock to fulfilling President Obama's historic plan to bring health care to millions of uninsured citizens" ¹⁵
Colorado (Gov. Hickenlooper, D)	"The Court's decision simply keeps Colorado on the path toward reform we've been on since the Affordable Care Act became law." ¹⁶
Connecticut (Gov. Malloy, D)	Judicial validation of the law "demonstrates that the nation will do the right thing in ensuring accessible, affordable health care for all Americans." ¹⁷
Hawaii (Gov. Abercrombie, D)	"Here in Hawai'i, we already have our Prepaid Health Care Act, which enables a vast majority of our residents to be insured. The U.S. Supreme Court's decision supports President Obama's initiative to make healthcare availability a national policy." ¹⁸
Illinois (Gov. Quinn, D)	ACA ruling marks "a great day for health care in America and a great day for health care in Illinois" ¹⁹
Massachusetts (Gov. Patrick, D)	"Each and every one of the list of horrors Governor Romney now says will happen in America because of Obamacare did not happen in Massachusetts because of Romneycare." ²⁰
Minnesota (Gov. Dayton, D)	Implementation of the ACA will "improve the quality and lower the cost of care" ²¹
Maryland (Gov. O'Malley, D)	The ACA is "good for businesses" and will give the state "an economic competitive advantage over other states that decide to put their head in the sand." ²²
New York (Gov. Cuomo, D)	"We look forward to continuing to work together with the Obama administration to ensure accessible, quality care for all New Yorkers." ²³
Oregon (Gov. Kitzhaber, D)	The ACA "will help all Oregonians, including the 600,000 Oregonians who are uninsured, have better access to health coverage. ... [and] will transform Medicaid for better health and lower cost." ²⁴
Rhode Island (Gov. Chafee, I)	Implementation in the Rhode Island has "been moving ahead ... with lights flashing, pedal to the metal, horn blaring on this initiative" ²⁵
Vermont (Gov. Shumlin, D)	"We'll be the first state in the country where health care is a right and not a privilege." ²⁶
Washington (Gov. Gregoire, D)	"[W]e have worked tirelessly to implement [the ACA] ... with my firm belief that it was constitutional" ²⁷

Seemingly supportive

Alaska (Gov. Parnell, R)	"I do not intend to saddle the state's residents with the costs of that if I can allow the federal government to cover the cost for our citizens." ²⁸
Arkansas (Gov. Beebe, D)	"I will be guided, first and foremost, by the fact that before I turn my back on the 200,000 to 250,000 Arkansans who don't currently have health-care coverage, it would take a pretty dang strong argument for me to say no to those people." ²⁹
Delaware (Gov. Markell, D)	"It provides some significant clarity that we ought to be moving ahead and we have been moving ahead." ³⁰
New Hampshire (Gov. Lynch, D)	"Creating greater access to affordable health care is a goal we should all be working together to achieve, and that is what I will continue to do." ³¹
New Mexico (Gov. Martinez, R)	"I still have to look at the opinion ... to see ... what's best for New Mexico. What I think is important is that we

	provide the system that is available to those that are most in need.” ³²
North Carolina (Gov. Perdue, D)	“I am committed to continuing to move forward, and to keep fighting to ensure that all North Carolinians have affordable reliable health coverage that they can count on.” ³³
West Virginia (Gov. Tomblin, D)	“We all know health care costs continue to rise and our health care system must be more efficient. We’re going to review the Supreme Court’s ruling, and work with our federal delegation on how we move forward.” ³⁴

Seemingly opposed

Alabama (Gov. Bentley, R)	“The ACA is the single worst piece of legislation to come out of Congress. … Market-based solutions are the best solutions to giving the public the most affordable options.” ³⁵
Georgia (Gov. Deal, D)	“We are probably just going to be in a holding pattern until … we see what the events of November bring us” ³⁶
Idaho (Gov. Otter, R)	“[W]e must elect a new president and congressional candidates who will repeal Obamacare and protect our freedom to maintain the architects of our own destiny.” ³⁷
Indiana (Gov. Daniels, R)	“If it’s optional as I’m advised that it is, that’ll be a decision for future legislators … It’s a \$2 billion plus cost to do what the federal government tried to order Indiana to do. So that’s a big decision.” ³⁸
Iowa (Gov. Branstad, R)	ACA decision will result in “a future of higher costs, higher taxes, and increasing debt for Iowans.” ³⁹
Kansas (Gov. Brownback, R)	“I’m going to wait to see what’s going to happen in the fall election before we move forward.” ⁴⁰
Maine (Gov. LePage, R)	The Court did not “tell the president or us, the states, what we have to do. … We owe the hospitals \$500 million; we can’t be expanding when we can’t pay our bills.” ⁴¹
Nebraska (Gov. Heineman, R)	“[I]f this unfunded Medicaid expansion is implemented, state aid to education and funding for the University of Nebraska will be cut or taxes will be increased.” ⁴²
Nevada (Gov. Sandoval, R)	“The implications for Medicaid costs are still unclear, but Nevada will prepare to meet the serious financial implications of this decision.” ⁴³
North Dakota (Gov. Dalrymple, R)	“The health care plan is wrong for North Dakota. Our citizens want the freedom to make their own decisions about their health-care coverage … I call on Congress to enact meaningful reforms that reflect the wishes of the American people.” ⁴⁴
Utah (Gov. Herbert, R)	The ACA “results in burdensome regulation, higher costs and a massive, budget-busting Medicaid expansion.” ⁴⁵
Virginia (Gov. McDonnell, R)	“The only way to stop Barack Obama’s budget-busting healthcare takeover is by electing a new president” ⁴⁶
Wisconsin (Gov. Walker, R)	“There’s no way we’re going to do anything between now and the elections anyway on this topic.” ⁴⁷

Opposed

Florida (Gov. Scott, R)	“We’re not going to implement [Medicaid].” ⁴⁸
Louisiana (Gov. Jindal, R)	“We’re not expanding Medicaid.” ⁴⁸
Mississippi (Gov. Bryant, R)	“I have a lawsuit still pending that we hope will make its way to the Supreme Court on the privacy ruling that I believe the federal government’s invading my privacy [by enacting the ACA]” ⁴⁹
South Carolina (Gov. Haley, R)	The ACA is “a broken system that further ties our hands … the best way to find South Carolina solutions for South Carolina health problems is through the flexibility that block grants provide” ⁵⁰
Texas (Gov. Perry, R)	“‘Obamacare’ is bad for the economy, bad for health care, bad for freedom.” ⁵⁰

Undecided

Arizona (Gov. Brewer, R)	"There's a lot of unanswered questions that we need guidance ... on how the voluntary expansion would be implemented if we choose to do that." ⁵¹
Kentucky (Gov. Beshear, D)	"We continue to review ... the Medicaid portion of the Affordable Care Act to determine what our options may be." ⁵²
Michigan (Gov. Snyder, R)	The administration will examine the cost of expansion to determine the "best course of action." ⁵³
Missouri (Gov. Nixon, D)	"Both the law is complicated and the opinion is complicated. There are a myriad of issues, and ultimately our goal is to make sure that Missourians have access to affordable health insurance while continuing to keep our fiscal house in order. And that will guide us through it." ⁵⁴
Montana (Gov. Schweitzer, D)	No comment
New Jersey (Gov. Christie, R)	"We're going to consider both of those options" ⁴⁸
Ohio – John Kasich (R)	"Unfortunately, it is going to force us to go back and look inside the Medicaid program at the benefits we provide ... I don't want to raid all of these other programs to pay for it, but this is a work in progress right now." ⁵⁵
Oklahoma (Gov. Fallin, R)	"At this point in time, we really don't know what this means to the state of Oklahoma." ⁵⁶
Pennsylvania (Gov. Corbett, R)	"My administration will do all we can to ensure the negative impact of this law affects the lives of Pennsylvanians as little as possible" ⁵⁷
South Dakota (Gov. Daugaard, R)	The state will "make an informed decision that minimizes the damage this law could do to South Dakota's health care and insurance industries." ⁵⁸
Tennessee (Gov. Haslam, R)	"We will review the entire Supreme Court's opinion to fully understand its impact on the State of Tennessee." ⁵⁹
Wyoming (Gov. Mead, R)	"Concerning the direction Wyoming will take, it is appropriate to study the opinion, meet with health-care experts, citizens and the legislature before making further decisions." ⁶⁰

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