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ObamaCare Expansion Enrollment is Shattering Projections

TAXPAYERS AND
THE TRULY
NEEDY WILL
PAY THE
PRICE

AUTHORED BY:

Jonathan Ingram
Vice President of Research

Nicholas Horton
Senior Research Fellow



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Overview of Findings

ObamaCare's Medicaid expansion has flooded state welfare rolls with more able-bodied adults than supporters said would ever sign up. As a result, funding for the truly needy, education, infrastructure, and public safety are now at direct risk.

A 2012 U.S. Supreme Court decision allowed states to choose whether or not they wanted to accept ObamaCare's expansion of Medicaid to a new class of working-age, able-bodied, childless adults. States that opted in have seen much faster welfare growth than they bargained for.

This enrollment explosion will soon unleash a fiscal crisis. Unlike the federal government, states cannot print their own money and, starting in January 2017, states' share of Medicaid expansion costs will increase to 5 percent. Assuming the federal government keeps its funding promises – which is in question – state costs will gradually rise to 10 percent by 2020.¹ With expansion enrollment and per-enrollee costs rising higher and faster than ObamaCare advocates promised, those costs will rapidly swamp state budgets.

Medicaid expansion already makes welfare for able-bodied adults a higher priority than services for the nearly 600,000 seniors, children with developmental disabilities, individuals with brain injuries, and other vulnerable individuals currently languishing on waiting lists for needed Medicaid services.² Mounting overruns will soon exacerbate pressure on policymakers to shift even more money away from the truly needy and towards ObamaCare's able-bodied adults.

ObamaCare Expansion States Shatter Enrollment Projections

In April 2015, the Foundation for Government Accountability released a study highlighting ObamaCare expansion's enrollment explosion, using data from the first year of expansion.³ Now, new research finds the situation has only gotten worse.

Enrollment in previously-reviewed states have blasted further past projected maximums and new data from additional expansion states indicates the problem is even worse than previously known.

Altogether, 24 states that accepted ObamaCare's expansion released enrollment projections in advance and have since reported at least one year of enrollment data.⁴ In total, these 24 states promised that "only" 5.5 million adults would ever sign up for ObamaCare expansion. However, actual sign-ups have surpassed these projections – and not just by a little bit.

Newly-obtained data from these 24 states shows that at least **11.5 million able-bodied adults** have now enrolled in ObamaCare expansion – an overrun of **110 percent or more than double projections**. Some states have signed up **more than four times** as many able-bodied adults as they said would ever enroll.

ObamaCare expansion states have enrolled more than twice as many adults as expected

STATE	MAX ENROLLMENT	ACTUAL ENROLLMENT	AS OF DATE	OVER PROJECTIONS
Arizona	297,000	397,879	9/2016	34%
Arkansas	215,000	324,318	10/2016	51%
California	910,000	3,842,200	5/2016	322%
Colorado	187,000	446,135	10/2016	139%
Connecticut	113,000	186,967	12/2015	65%
Hawaii	35,000	35,622	6/2015	2%
Illinois	342,000	650,653	4/2016	90%
Iowa	122,900	139,119	2/2016	13%
Kentucky	188,000	439,044	12/2015	134%
Maryland	143,000	231,484	12/2015	62%
Michigan	477,000	630,609	10/2016	32%
Minnesota	141,000	207,683	12/2015	47%
Nevada	78,000	187,110	9/2015	140%
New Hampshire	45,500	50,150	8/2016	10%
New Jersey	300,000	532,917	1/2015	78%
New Mexico	149,095	235,425	12/2015	58%
New York	76,000	285,564	12/2015	276%
North Dakota	13,591	19,389	3/2016	43%
Ohio	447,000	714,595	8/2016	60%
Oregon	245,000	452,269	12/2015	85%
Pennsylvania	531,000	625,970	4/2016	18%
Rhode Island	39,756	59,280	12/2015	49%
Washington	262,000	596,873	7/2016	128%
West Virginia	95,000	174,999	12/2015	84%
Combined	5,452,842	11,466,254		110%

More recent expansion states – Alaska, Indiana, Louisiana, and Montana, which did not have at least 12 months of public enrollment data – have also enrolled more able-bodied adults than they said would sign up at this point. And Delaware, Massachusetts, and Vermont, which all maintain pre-ObamaCare Medicaid expansions, are seeing growing numbers of able-bodied adults enroll.⁵⁻⁹

Overall, each and every state that opted into ObamaCare expansion is facing a surge in Medicaid enrollment far higher than ever anticipated.



Although Arkansas’ “Private Option” ObamaCare expansion was billed as a fiscally conservative “alternative” to traditional expansion, Arkansas soon discovered that its plan was simply a more expensive way to expand welfare. Like other expansion states, Arkansas has experienced soaring expansion enrollment and rapidly rising costs, putting additional pressure on other spending priorities.

The Arkansas Department of Human Services initially said just 225,000 able-bodied adults would ever be eligible for its Medicaid expansion and only 215,000 of those adults would ever possibly enroll.¹⁰⁻¹¹ But in less than a year, Arkansas blew past those projections and enrollment has only continued to climb.¹² By September 2016, Arkansas’ expansion enrollment reached nearly 325,000 able-bodied adults – nearly 51 percent more adults than the state said would ever enroll.¹³

If the enrollment explosion were not bad enough on its own, Arkansas has also faced significantly higher per-person costs under its expansion. Those cost overruns reached \$80 million after just 18 months of operation.¹⁴

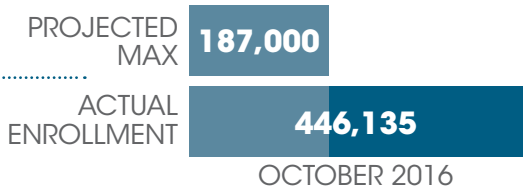
Ultimately, Arkansas’ out-of-control expansion means fewer resources for the truly needy. Nearly 3,000 Arkansas children and adults with developmental disabilities are already languishing on Medicaid waiting lists for needed services.¹⁵

Sadly, these individuals are now being pushed to the back of the line to make room for ObamaCare’s able-bodied adults: Arkansas’ waiting list has grown by more than 700 people since the state expanded Medicaid.¹⁶ The state now reports that 79 individuals with developmental disabilities on the waiting list have died since the state opted into ObamaCare.¹⁷

As Arkansas moves forward with new tweaks to their expansion that could increase enrollment even more, hope for the state’s most vulnerable gets dimmer and dimmer.¹⁸

139%
OVER PROJECTIONS

Colorado



Colorado officials initially predicted that their ObamaCare expansion would add 187,000 able-bodied adults to the Medicaid rolls.¹⁹ But within three months of expanding eligibility, Colorado had already surpassed its maximum enrollment projection.²⁰

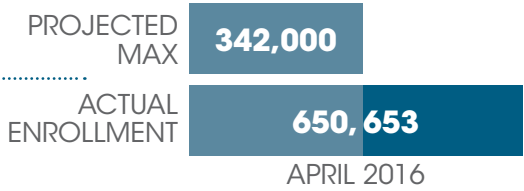
By October 2016, the number of able-bodied adults dependent on Colorado's ObamaCare expansion had grown to more than 446,000 able-bodied adults, nearly two and a half times as many adults as the state said would ever enroll.²¹

This enrollment explosion has translated into growing cost overruns. The state initially said ObamaCare's Medicaid expansion would cost less than \$1.2 billion during its first 18 months.²² But Colorado has actually spent more than \$1.7 billion on ObamaCare expansion – an overrun of more than \$550 million.²³⁻²⁸

When Colorado begins paying its share of expansion costs starting in 2017, policymakers will be scrambling to find up to \$40 million in new funding to cover ObamaCare overruns – even if the overruns do not continue to grow.²⁹ That is \$40 million that cannot go to other core priorities like Colorado's most vulnerable, education, and public safety.

90%
OVER PROJECTIONS

Illinois



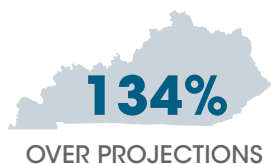
When officials from then-governor Pat Quinn's administration lobbied state legislators to expand Medicaid under ObamaCare, they promised low and predictable enrollment.

The Illinois Department of Healthcare and Family Services projected 380,000 able-bodied adults would ever be eligible for the expansion, with just 342,000 of them expected to ever enroll.³⁰ But Illinois shattered its maximum projections in under three months.³¹

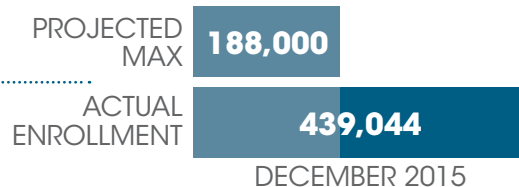
By April 2016, more than 650,000 able-bodied adults had signed up for the state's ObamaCare expansion.³² That means nearly twice as many able-bodied adults have enrolled in the expansion than the state thought would ever even be eligible.

Once again, skyrocketing enrollment has resulted in significant cost overruns. While state officials pegged expansion costs at \$2.7 billion for its first two years, actual ObamaCare expansion costs totaled at least \$4.7 billion during that timeframe – 70 percent more than expected.³³⁻³⁴ The state's share of those costs could reach \$2 billion between 2017 and 2020, more than three times as much as initially expected.³⁵

Illinois' finances are already in a precarious position, to put it mildly. Unpaid bills for the state surpass \$9 billion and the Land of Lincoln is home to the worst funded pension system in the country.³⁶⁻³⁷ Now, as policymakers scramble to find new revenue to cover mounting ObamaCare expansion costs, funding for seniors, children, and individuals with disabilities will likely be on the chopping block.³⁸ Unfortunately, these types of cuts would not be unprecedented: on the same day lawmakers expanded ObamaCare nearly two years early, they cut lifesaving medications and services for medically fragile children.³⁹ More painful choices are all but inevitable as expansion costs rise.



Kentucky



Although the Kentucky legislature refused to authorize ObamaCare's Medicaid expansion, former governor Steve Beshear unilaterally expanded Medicaid by executive order.⁴⁰ Beshear's office initially projected that 188,000 able-bodied adults would ever sign up for the new welfare program.⁴¹ But within two months, actual enrollment shattered those projections.⁴² By December 2015, more than 439,000 able-bodied adults had enrolled in Kentucky's ObamaCare expansion.⁴³

As a result, the state now faces large and growing cost overruns. While the state originally expected costs to total \$1.8 billion during the first 18 months, state data shows ObamaCare expansion actually cost \$3.6 billion during that period – more than twice what was expected.⁴⁴⁻⁴⁶ State estimates also show that expansion ran another \$1.4 billion over budget in fiscal year 2016, bringing total cost overruns to \$3.3 billion so far.⁴⁷

Despite promises by ObamaCare lobbyists that expansion would save the state money, the Kentucky Cabinet for Health and Family Services now says the program is “financially unsustainable” and “does not pay for itself” as promised by expansion advocates.⁴⁸ Rather than saving money as advocates originally promised, Kentucky budget officials now expect that the program will cost state taxpayers more than \$1.2 billion over the next five years.⁴⁹ As Kentucky officials explain, these out-of-control costs will ultimately jeopardize “funding for education, pension obligations, public safety, and the traditional Medicaid program” which serves seniors, children, and individuals with disabilities.⁵⁰

58%

OVER PROJECTIONS

New Mexico

PROJECTED
MAX

149,095

ACTUAL
ENROLLMENT

235,425

DECEMBER 2015

When New Mexico expanded Medicaid under ObamaCare, state officials expected 170,000 able-bodied adults to ever be eligible, with 149,000 enrolling at any point in the future.⁵¹⁻⁵² By July 2014, the number of able-bodied adults in New Mexico's ObamaCare expansion had already exceeded the projected maximum.⁵³

Enrollment continues to climb, reaching a whopping 235,000 by December 2015 – far more than state officials expected would ever even be eligible.⁵⁴ As a result, more than 40 percent of all residents are now dependent on Medicaid in New Mexico.⁵⁵

State officials initially said expansion would cost \$1.2 billion during its first 18 months of operation.⁵⁶ But actual spending on the expansion reached \$1.8 billion during that time – more than 45 percent higher than anticipated.⁵⁷⁻⁶¹

By 2020, state officials said expansion would cost state taxpayers no more than \$42 million and perhaps even “save” as much as \$17 million in state funds by shifting certain spending to federal taxpayers.⁶² But, as is the case in other expansion states, those “savings” never materialized and the state costs are now expected to reach \$518 million over that time.⁶³

Already facing significant shortfalls in Medicaid, the New Mexico Human Services Department was forced to slash provider reimbursement rates by \$161 million in 2016, with even larger Medicaid cuts now on the horizon.⁶⁴

60%

OVER PROJECTIONS

Ohio

PROJECTED
MAX

447,000

ACTUAL
ENROLLMENT

714,595

AUGUST 2016

In 2013, Ohio lawmakers passed legislation prohibiting Republican Governor John Kasich from expanding Medicaid under ObamaCare. Kasich proceeded to use a line-item veto to scrap that provision from the budget and expand Medicaid unilaterally.⁶⁵ His office initially predicted that no more than 447,000 able-bodied adults would ever sign up for the new ObamaCare welfare program.⁶⁶

But actual enrollment blew past the state's projected maximum in less than a year.⁶⁷ By August 2016, nearly 715,000 able-bodied adults had signed up for Ohio's ObamaCare expansion, with no sign of slowing down.⁶⁸

To make matters worse, per-person costs have also been significantly higher than anticipated, putting even further strain on Ohio's Medicaid budget.⁶⁹ By September 2016, Ohio's ObamaCare expansion total costs hit \$10.1 billion – a whopping \$4.7 billion more than anticipated.⁷⁰ The state's total cost overruns are now expected to reach more than \$8 billion by the end of 2017.⁷¹

Lawmakers will soon be scrambling to find funding to cover the state's share of the costs, which are now on track to run more than twice as high as expected.⁷² Medicaid already makes up more than half of the state's general operating budget, leaving little room for policymakers to sweep existing funding from other priorities.⁷³

Gov. Kasich has already proposed slashing payments to pediatric hospitals and cutting eligibility levels for pregnant women in order to rein in the Medicaid budget.⁷⁴ In 2016, Kasich's administration also eliminated Medicaid eligibility for more than 34,000 individuals with disabilities.⁷⁵ With cost overruns mounting and state lawmakers already facing a Medicaid shortfall of more than \$1 billion, these cuts may simply be a sign of what is to come.⁷⁶



When Democratic Governor Earl Ray Tomblin unilaterally expanded Medicaid through executive order, his administration predicted 95,000 able-bodied adults would ever enroll.⁷⁷ But actual enrollment shattered that supposed maximum in fewer than three months, with enrollment continuing the climb thereafter.⁷⁸ By December 2015, nearly 175,000 able-bodied adults had signed up for the state's ObamaCare expansion – nearly twice as many as the state said would ever enroll.⁷⁹

Cost overruns are now mounting as a result. ObamaCare expansion was supposed to cost taxpayers \$429 million in fiscal year 2015, per state estimates.⁸⁰ But according to federal data, actual expansion costs totaled nearly \$627 million – 46 percent more than anticipated.⁸¹⁻⁸⁴ Even if costs flatline, state policymakers will soon be searching under the couch cushions for funds to cover tens of millions of dollars in higher-than-expected costs in 2017 and beyond.

These states are not outliers. Similar enrollment explosions – and associated cost overruns – have occurred in expansion states across the country.⁸⁵⁻¹²⁰ In fact, not one state that expanded Medicaid under ObamaCare has managed to keep its enrollment on target with its initial expectations. Higher-than-expected enrollment and higher costs in these states will ultimately leave fewer resources available for all other priorities – including services for the most vulnerable, education, and public safety.

Recent ObamaCare Expansion States Are Facing Similar Problems

This report primarily focuses on ObamaCare expansion states with at least 12 months of available data. However, even recent expansion states are facing enrollment explosions.

Alaska, for example, predicted that 20,000 able-bodied adults would sign up for its expansion in the first year, costing taxpayers an estimated \$145 million.¹²¹ But actual enrollment has already surpassed those expectations, with costs already running more than \$60 million over budget.¹²²

In Indiana, actuaries predicted fewer than 317,000 able-bodied adults would sign up for HIP 2.0 within the first 11 months.¹²³ But actual enrollment during that time frame hit 362,000 and continues to grow.¹²⁴ Higher-than-expected enrollment caused the expansion to run an estimated \$285 million over budget during that window of time.¹²⁵

In Louisiana, nearly 332,000 able-bodied adults signed up for ObamaCare expansion in the first five months – far more than the state’s maximum enrollment projection of 302,000 adults.¹²⁶⁻¹²⁷

And, perhaps worst of all, Montana’s recent ObamaCare expansion has been over budget since the day it launched.¹²⁸ Although state officials expected just 18,600 able-bodied adults to enroll in the first six months, more than 20,000 had already enrolled on Day One.¹²⁹ Within five months, enrollment surpassed the state’s maximum projections – with nearly 47,000 able-bodied adults on the program.¹³⁰

CONCLUSION

ObamaCare Expansion Is An Uncontrollable Nightmare For States

ObamaCare expansion’s enrollment explosion, combined with higher-than-expected costs for able-bodied adults, will spell disaster for ObamaCare expansion states, taking limited taxpayer resources away from the truly needy and other core priorities, including education, public safety, and infrastructure.

ObamaCare’s perverse funding formula for able-bodied adults creates a massive new incentive for states to siphon away resources from the truly needy, to help pay for these cost overruns. ObamaCare expansion remains an optional program for states and federal officials have repeatedly assured states that they could roll back eligibility at any time. States should take them up on this offer.

Finally, policymakers in non-expansion states should take notice of the disasters unfolding in states that have embraced ObamaCare and be glad that they have protected their own states from the same fate.

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115. Pennsylvania officials initially expected no more than 531,000 able-bodied adults to enroll in its Medicaid expansion. See, e.g., Independent Fiscal Office, "An analysis of Medicaid expansion in Pennsylvania," Pennsylvania Independent Fiscal Office (2013), http://www.ifo.state.pa.us/getfile.cfm?file=/resources/PDF/Medicaid_Expansion_Report_%20May_13.pdf.
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15275 Collier Boulevard | Suite 201-279

Naples, Florida 34119

(239) 244-8808