



October 2024

MEDICAID EXPANSION IN ALABAMA

Responsibilities - Costs - Consequences

Alabama Policy Institute Report on Medicaid Expansion: Responsibilities, Costs & Consequences

At the beginning of 2024, the topic of expanding Medicaid in Alabama was once again in the spotlight, with the expectation that the Alabama Legislature could act during its Regular Legislative Session¹. Pressure has continued to mount from pro-expansion advocates, as Alabama remains one of ten states that has resisted calls to expand the state's Medicaid program².

Proponents of expansion highlight the issue of the coverage gap for individuals with low income who do not qualify for Medicaid. On the other hand, opponents express concerns about the cost associated with the program and question its long-term benefits for Alabamians.

While the Legislature did not introduce Medicaid expansion legislation in 2024³, the decision could rest solely in the hands of Governor Kay Ivey, who could presumably expand Medicaid through executive action. This report examines the potential impacts of two models of Medicaid expansion and the negative implications associated with both for Alabamians and the state's economy.

What is Medicaid Expansion?

Medicaid is a program that aims to provide healthcare coverage for low-income Americans. The federal government funds part of the program, and each state pays the difference. Besides the general criteria that the federal government establishes, every state manages its program differently⁴.

In this way, Medicaid expansion aims to extend the healthcare program's capacity by increasing the number of people eligible to receive its benefits. As a result, demographic groups that previously fell into the so-called coverage gap could participate in the program. Throughout its history, Medicaid has undergone multiple expansions, and some advocates continue to push for expansion in Alabama, often bemoaning the influx of federal dollars that the state has declined to take thus far.

However, Medicaid expansion would require hundreds of millions of dollars in new spending from the state General Fund, which does not have large or consistent revenue streams, creating

the potential for a revenue shortfall that would require cuts to non-Medicaid related agencies, or higher taxes for Alabamians. In addition to the fiscal cost of Medicaid expansion, it could have other unintended consequences, such as negatively impacting the state's already lagging labor participation rate. These and other factors must be carefully considered before the Governor and/or Legislature make any decision about expanding Medicaid.

History

The Medicaid program started in 1965 when an amendment to the Social Security Act was passed into law⁵. With this new law, states could receive funding from the federal government to cover healthcare services for children who lacked parental support, people with disabilities, and the elderly⁶. One characteristic of Medicaid is that since the beginning it has been expanded multiple times to reach more demographic groups.

For instance, in 1986, the federal government provided an option for each state to expand its coverage to pregnant women and infants (less than 1 year old)⁷. In 1989, children who were less than 6 years old were added to the program⁸. In 1990, children between 6 years old to 18 years old became eligible⁹. The most recent expansion was made by the Patient Protection and Affordable Care Act of 2010¹⁰. This law became effective in 2014¹¹ and made adults under sixty-five with an income less than 138% of the federal poverty level eligible for Medicaid¹².

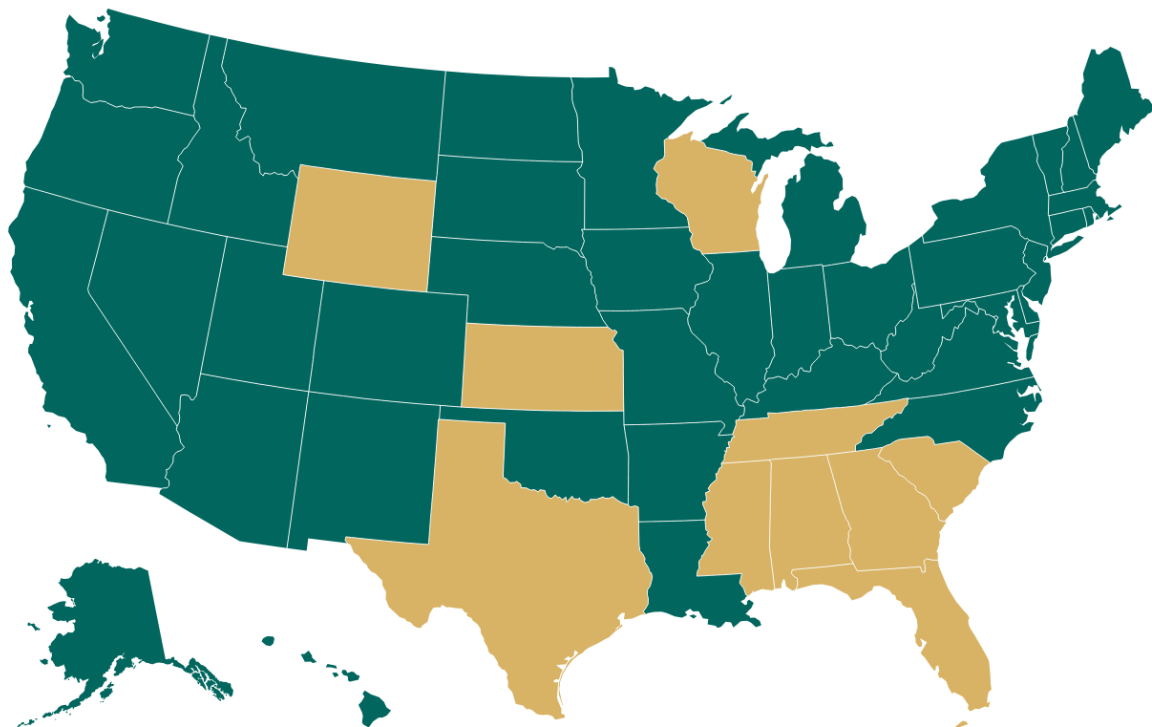
At the beginning of the program, it covered twenty million people nationwide¹³, has increased over time and reached eighty-three million enrolled individuals in 2024¹⁴. With expanded coverage come increased costs. In 1971 the total cost of Medicaid was \$6.5 billion¹⁵, and, after expanding multiple times, it increased to \$616 billion in 2024¹⁶. The Congressional Budget Office estimates that the cost will increase by more than 50% over the next 10 years, reaching a total of \$933 billion in 2034¹⁷. As federal Medicaid costs increase, state matching shares will increase as well, consuming a greater percentage of state budgets. Medicaid consumes the largest share of Alabama's General Fund budget, making up nearly 29% of all fiscal year 2024 expenditures.

How Many States Have Expanded Medicaid?

As of September 2024, forty states have expanded Medicaid under the Affordable Care Act¹⁸. Alabama and much of the Southeast, such as Texas, Florida, Georgia, Mississippi, South Carolina, and Tennessee, continue to resist calls to expand the program¹⁹.

Medicaid Expansion

Expanded Not Expanded



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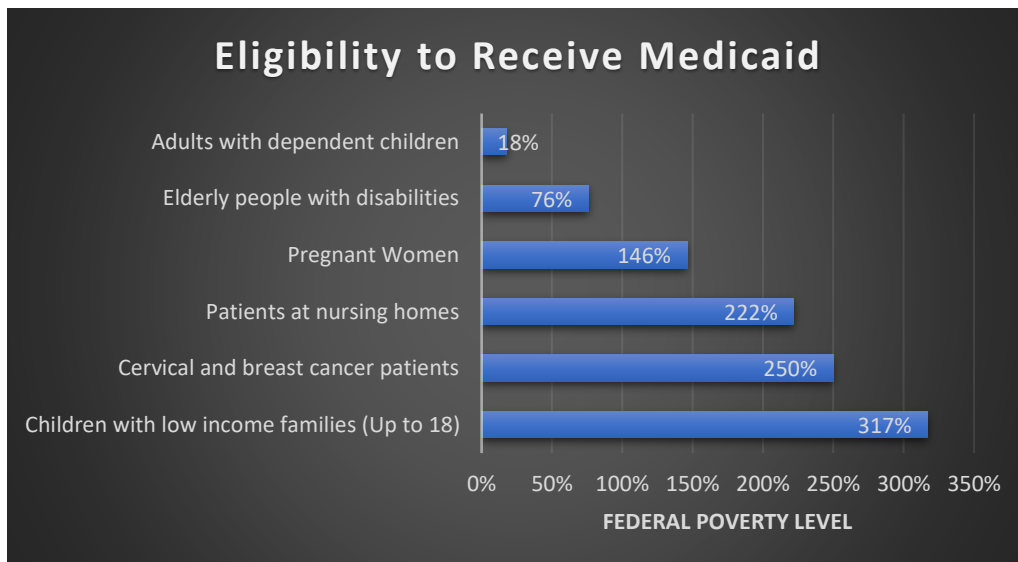
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Medicaid in Alabama

As of July 2024, there were approximately 1,099,000 people enrolled in Medicaid in Alabama²¹. That represents more than 21% of the state's estimated 2024 population²². Currently, Alabama offers Medicaid coverage for the following groups that meet a certain threshold of the federal poverty level: pregnant women, parents or caretakers, people with disabilities or who are blind, children from low-income families, patients at nursing homes, people with breast and cervical cancer, and those that are elderly²³.

In January 2023, the Center for Medicaid Services also approved a waiver allowing Alabama to expand postpartum Medicaid coverage from 60 days to 12 months. The Legislature approved a pilot program for this purpose during the 2022 Regular Legislative Session. Additionally, some people are eligible for both Medicare (a federal program that assists with healthcare, primarily for those 65 years or older²⁴) and Medicaid²⁵. Enrollees include people who are at least 65 years old and have a low income, as well as people with disabilities²⁶.

The amount of income required to be eligible for Medicaid varies for each group. It is based on the metrics of the federal poverty level. In 2024, 100% of the federal poverty level was \$15,060 for a single person household. The thresholds increase by approximately \$5,000 for each additional household member²⁷. In this case, some groups are eligible with higher income levels than others.²⁸



What Would Traditional Medicaid Expansion Look Like in Alabama?

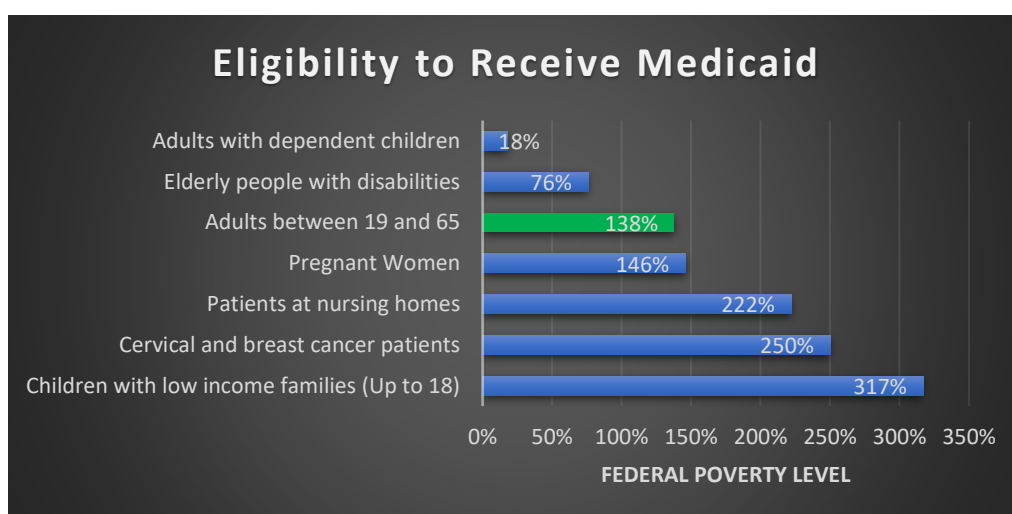
Every state has the autonomy to decide whether to expand Medicaid²⁹. If Alabama decides to expand Medicaid, all adults up to 65 years old with an annual income below 138% of the federal poverty line would be eligible³⁰. In 2024, that income is \$20,782 for a household with one individual³¹.

Traditional expansion would increase the number of eligible people by an estimated 283,636³². In Alabama, this would increase the annual cost of Medicaid, which currently stands at \$863

million³³, approximately 28.6% of the total General Fund budget for fiscal year 2024³⁴. The state share of the Alabama Medicaid Agency's budget is set to increase by more than \$91.7 million under the fiscal year 2025 enacted General Fund budget³⁵.

Additionally, it has been projected that Medicaid expansion would add an average additional state cost of \$225.4 million per year³⁶. The estimate began with a forecast of \$208 million in 2022, but the costs keep increasing every year, reaching \$243 million in 2026³⁷. Therefore, the trend suggests that in the long run, the costs will continue to rise, an amount that will be paid from the state General Fund budget. As the state Medicaid match requirement increases, less money will be available to fund other General Fund budget priorities, creating a shortfall that will have to be filled through budget cuts or new revenues paid by Alabama citizens and businesses. This could include higher taxes on medical providers, which would then be passed on to citizens in the form of higher overall medical costs.

Currently, the federal government funds around 72.37% of Medicaid in Alabama³⁸. The Public Affairs Research Council of Alabama estimated potential savings of \$397.8 million through Medicaid expansion. However, these savings are the result of increased federal assistance, not actual cost reductions for the state. The federal funds are essentially offsetting the state's increased spending, not generating true savings³⁹. It is also important to note that any additional federal Medicaid dollars could only be spent on the state's Medicaid program, again meaning that the matching funds would have to come from other portions of the General Fund budget or new state revenues.



Public-Private Partnership Model

At the beginning of 2024, there was discussion of a proposal by the Alabama Hospital Association to expand Medicaid through a public-private partnership model⁴⁰. This means that there would be an agreement between Alabama, the federal government, and a private entity to deliver expanded healthcare services to individuals who currently fall into the coverage gap. The plan to cover approximately 260,000 Alabamians who fall below the 138% federal poverty line⁴¹.

Under this model, federal funds would be allocated to expand coverage in Alabama through private healthcare providers⁴². Among the companies mentioned as potential providers are Blue Cross Blue Shield of Alabama or any other company that is qualified to provide the service⁴³. According to the deputy director of the Alabama Hospital Association, this would not incur any cost for the state for at least 5 years⁴⁴; the cost would be \$1.22 billion over 5 years.⁴⁵ Regardless of who or how the expanded population is being covered, this is still Medicaid expansion at its core.

To be eligible for the private option, states must apply for a Medicaid waiver under section 1115 of the Social Security Act⁴⁶. This section “gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.”⁴⁷ This indicates that states must align with the federal Medicaid objectives and it cannot cost more than the traditional coverage⁴⁸. The Centers for Medicare and Medicaid Services (CMS) evaluate each case and determine if they meet Medicaid objectives⁴⁹. When applying, states must show certain information, such as description of their program, eligibility process, annual enrollment, expenditures, objectives, and more⁵⁰. States receive approval initially for 5 years and then it can be extended for up to 3 to 5 years⁵¹.

It is also important to note that the Biden/Harris Administration has not allowed states to attach a work requirement to Medicaid expansion plans under either the private-public or traditional expansion models. While this could change under a second Trump Administration, a Harris Administration would likely continue this policy, leaving Alabama unable to set employment parameters for Medicaid eligibility.

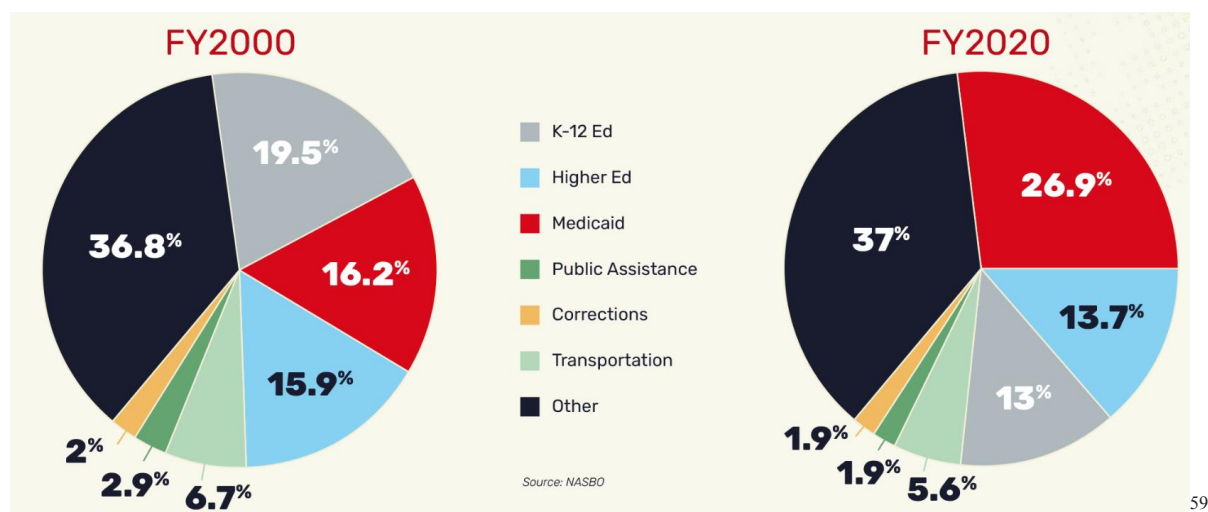
We can only measure the performance of the public/private model by comparing it to what other states have done. Arkansas decided to further expand their Medicaid program with a public-private partnership. According to a study made by the Foundation of Government Accountability, it has been a failure⁵².

The reason for its failure is that the estimated impacts of expansion through a public-private partnership failed to project reality. Arkansas expected 250,000 people to enroll in Medicaid under the new model, but there were approximately 342,000 Arkansans enrolled as of the end of 2023⁵³. However, it is important to point out that as of April 2024 as a part of the post COVID-19 Medicaid redetermination process, Arkansas Medicaid rolls had been reduced to approximately 244,000 enrollees⁵⁴. Again though, this could shift in the future depending on what political party controls the White House.

Additionally, initial projections estimated annual costs of around \$800 million for the public-private partnership expansion model, but actual expenditures have risen to approximately \$2 billion.⁵⁵ Therefore, Arkansas' state government is now spending one out of every four dollars of their state budget on Medicaid alone⁵⁶.

The cost per person has also proved to be significantly higher than the traditional expansion model. The cost for the standard fee per person per month for Medicaid is \$260, while the public-private option in Arkansas is \$661 per month⁵⁷.

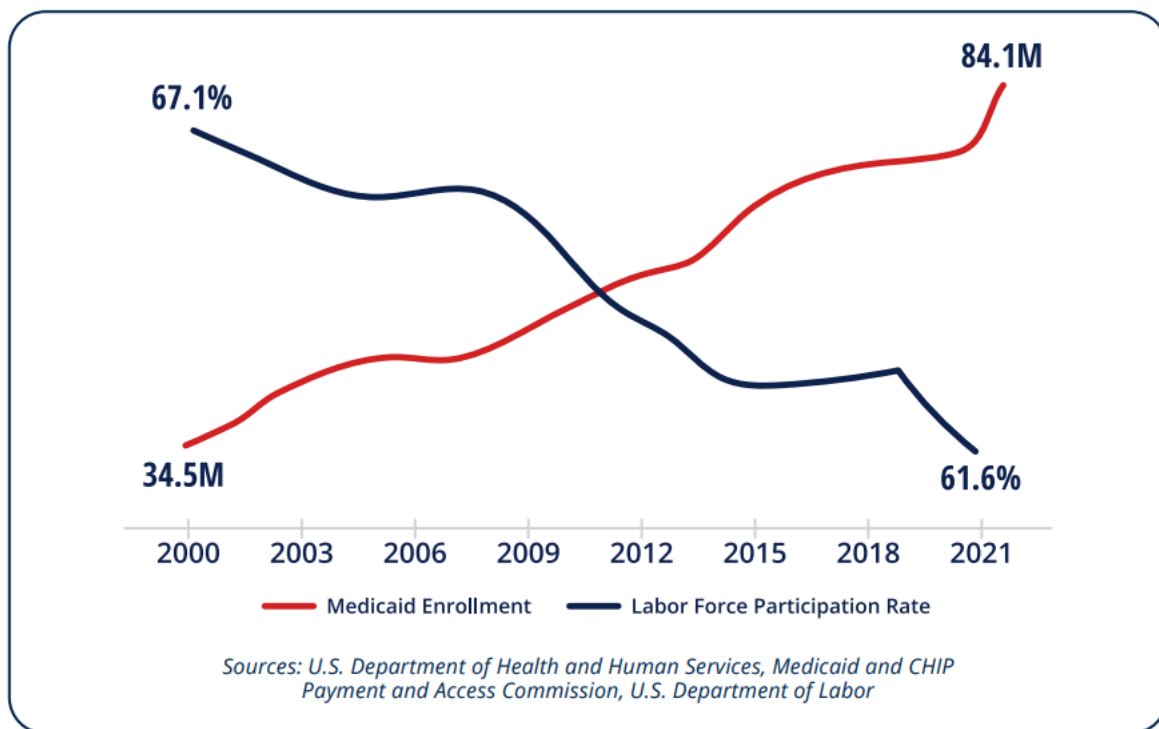
Arkansas Medicaid expenditures have increased as illustrated by the following image extracted from Opportunity Arkansas⁵⁸:



Iowa and New Hampshire also pursued a public-private partnership model to expand Medicaid⁶⁰. Both states ended their programs before their CMS waivers expired and they transitioned to the traditional model due to high costs and a lack of providers⁶¹. In Iowa, one of the two private insurance companies involved in the partnership lost \$163 million in 2014, and the other experienced similar losses⁶², leading the state to shut the program down in 2015⁶³. The same occurred in New Hampshire, which also faced prohibitive costs⁶⁴.

The Effect of Medicaid Expansion on Labor Participation Rate

Data shows that while Medicaid has expanded, the Labor Force Participation rate nationally has decreased, as illustrated by the following chart extracted from the Foundation for Government Accountability⁶⁵



After Medicaid expansion, full-time work among the study population of non-disabled, low-educated, childless adults aged 50-64 decreased by 7.06%⁶⁷. Another study showed that, after expanding Medicaid, there was a reduction in employment in individual states by an average of 1.6 %.

To increase the labor force participation rate, Arkansas created an alternative program called ArkansasWorks. This program required adults aged 30 to 49 to work 80 hours a month or

participate in community engagement to receive Medicaid; otherwise, obtaining an exemption would be necessary⁶⁸. The Cato Institute conducted a study on Mississippi's attempt to imitate Arkansas's approach, believing it would improve labor participation rates⁶⁹. However, they showed that Arkansas's did not significantly enhance labor participation with ArkansasWorks and that this should be considered because both states share similar demographics⁷⁰. Ultimately, ArkansasWorks lasted less than a year⁷¹.

Alabama consistently ranks amongst the bottom of the United States for labor participation, with a rate of 57.5% as of September 2024. Medicaid expansion, whether through the traditional model or a public-private partnership would almost certainly have a negative impact on the state's labor participation rate, giving citizens a disincentive to join Alabama's labor market. The state cannot and should not take any action that further disincentivizes able-bodied workers from entering or remaining in the state's labor pool.

Conclusion

Medicaid expansion has led to increased costs and diminished labor participation rates in expansion states. While the public-private partnership seems appealing due to its perceived lack of immediate costs, it would lead to long-term price increases and significant negative impacts on the state General Fund budget. The same level of consideration should be applied to traditional expansion, which also increases costs to the General Fund budget and introduces the very real risks of increased taxation, whether directly or indirectly, on all Alabamians. Both expansion models would create more dependence on the federal government, which continues to be on an unsustainable fiscal trajectory.

Ensuring that all Alabamians have access to high quality health care is important, but yielding to pressure to expand Medicaid would pose significant risks to state budgets and Alabama's overall economy.

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