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The ObamaCare Expansion Enrollment Explosion

AUTHORED BY

Jonathan Ingram | *Research Director*

Nicholas Horton | *Policy Impact Specialist*



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OVERVIEW

Across the country, states that opted into ObamaCare's Medicaid expansion have seen the number of able-bodied adults on welfare skyrocket beyond expectations. In fact, after just one year of ObamaCare expansion, several states have already seen more adults sign up for Medicaid welfare than they thought would ever sign up or even be eligible.

Some politicians have cited these enrollment surges as signs of immense "success." Taxpayers might disagree, as the economic consequences are sure to be severe. The Congressional Budget Office predicts that Medicaid expansion will discourage work and shrink the economy.¹ Recent research suggests that as many as 2.6 million able-bodied adults could drop out of the labor force as a result.² But the generational burden for future taxpayers to fund this welfare enrollment explosion is now mounting at a faster-than-expected rate, which means higher costs and even more truly needy Medicaid patients put on the chopping block.

MEDICAID EXPANSION ENROLLMENT BUSTS PROJECTIONS

Numerous states that have adopted ObamaCare's Medicaid expansion have seen enrollment in the welfare program far surpass initial projections. In fact, in many states, more able-bodied adults have signed up for the Medicaid expansion than officials thought would ever be eligible.

Arkansas

PROJECTED MAX 215,000

(MAR 2015) **ACTUAL ENROLLMENT 242,000**

When Arkansas first explored Medicaid expansion through ObamaCare, the Department of Human Services projected maximum enrollment at 215,000 able-bodied adults.³⁻⁴ The state assumed 161,000 of those individuals would enroll in fiscal year 2014 and nearly 183,000 would be on the program by the end of fiscal year 2015.⁵ Arkansas' former Medicaid director testified that these estimates assumed "significantly higher" participation rates than other projections.⁶ The media hailed Arkansas' projection as "one of the most detailed" Medicaid expansion analyses ever conducted.⁷

Ultimately, far more able-bodied adults signed up for ObamaCare's Medicaid expansion than the state thought would ever even be eligible. By January 2015, Medicaid expansion enrollment had reached 233,518.⁸⁻⁹ During just the first six months of expansion, Arkansas ran \$137 million over budget, meaning the ObamaCare expansion cost taxpayers 61 percent more than the state's actuaries projected and the welfare expansion's supporters promised.¹⁰⁻¹¹

Colorado

PROJECTED MAX 187,000

(FEB 2015) **ACTUAL ENROLLMENT 340,000**

Colorado officials initially predicted ObamaCare's Medicaid expansion would enroll a maximum of 187,000 able-bodied adults.¹² The state predicted 61,000 of those adults would sign up in fiscal year 2014, with enrollment growing to 162,000 by fiscal year 2015.¹³

But far more able-bodied adults signed up for Medicaid expansion than state budgeters ever expected. The Colorado Department of Health Care Policy and Financing was unable to provide December 2014 enrollment figures for its Medicaid expansion, but according to federal data, Medicaid expansion enrollment had already reached 210,013 by March 2014.¹⁴⁻¹⁵ Other case load reports indicate enrollment had grown to at least 307,333 by the end of 2014.¹⁶

Illinois

PROJECTED MAX 342,000

(MAR 2015)

ACTUAL ENROLLMENT 626,000

When officials from former Democratic Governor Pat Quinn's administration lobbied state legislators to expand Medicaid welfare under ObamaCare, they promised low and predictable enrollment. The Illinois Department of Healthcare and Family Services projected just 342,000 able-bodied childless adults would ever enroll in the expansion.¹⁷ State officials predicted just 199,000 of those adults would sign up by the end of the first year.¹⁸

The state exceeded this projection in a single month. Nearly 275,000 able-bodied adults enrolled by January 2014.¹⁹ By the end of the year, more than 540,000 adults signed up for ObamaCare expansion, far more than the state thought would ever even be eligible.²⁰ As a result, Illinois' Medicaid expansion ran \$800 million over budget in the first year alone.²¹⁻²² Enrollment shows no sign of slowing, with more than 626,000 able-bodied adults signing up by March 2015.²³

Kentucky

PROJECTED MAX 188,000

(DEC 2014)

ACTUAL ENROLLMENT 375,000

Although the Kentucky legislature refused to authorize ObamaCare's Medicaid expansion, Democratic Governor Steve Beshear unilaterally expanded Medicaid through executive order.²⁴ The governor's office initially predicted just 188,000 able-bodied adults would ever sign up for the expansion, with nearly 148,000 adults signing up in fiscal year 2014.²⁵

By the end of the first year, more than 375,000 able-bodied adults enrolled into ObamaCare expansion, roughly double the number the state thought would ever sign up.²⁶ As a result, Kentucky budget officials now estimate Medicaid expansion will cost \$1.8 billion more than projected in fiscal years 2014 and 2015.²⁷

Michigan

PROJECTED MAX 477,000

(APR 2015)

ACTUAL ENROLLMENT 582,000

When Republican Governor Rick Snyder lobbied the Michigan legislature to adopt his ObamaCare Medicaid expansion plan, he too sold it on the promise of low and predictable enrollment. His office predicted no more than 477,000 able-bodied adults would ever sign up, with 323,000 signing up in the first year.²⁸

But more able-bodied adults enrolled in ObamaCare expansion in the first three months than the state thought would sign up during the entire year.²⁹ Despite the fact that Michigan did not expand Medicaid eligibility until April, nearly 508,000 adults signed up by the end of 2014, far more than the state thought would ever enroll.³⁰ Enrollment continues to climb, with nearly 582,000 able-bodied adults signing up by April 2015.³¹



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Ohio

PROJECTED MAX 447,000

(FEB 2015) **ACTUAL ENROLLMENT 511,000**

In 2013, Ohio lawmakers passed budget language prohibiting Republican Governor John Kasich from expanding Medicaid under ObamaCare.³² Kasich used a line-item veto to scrap that provision from the budget, and then proceeded to expand Medicaid unilaterally.³³ While he was lobbying the legislature to expand Medicaid, his office predicted no more than 447,000 newly-eligible adults would ever sign up, with 365,000 of them signing up in the first year.³⁴

By the end of the first year, nearly 488,000 able-bodied adults had signed up for ObamaCare expansion.³⁵ And enrollment shows no sign of slowing. By February 2015, Medicaid expansion enrollment had grown to nearly 511,000 able-bodied adults.³⁶ As a result, the Medicaid expansion is expected to run more than \$1 billion over budget by the end of fiscal year 2015, with even larger budget overruns in future years.³⁷

Washington

PROJECTED MAX 262,000

(FEB 2015) **ACTUAL ENROLLMENT 534,000**

When Washington expanded Medicaid under ObamaCare, state officials expected just 262,000 able-bodied adults would ever sign up.³⁸ The state assumed 245,000 of those adults would enroll in the first year.³⁹

Washington began exceeding those projections in February 2014, just two months into the expansion.⁴⁰ By December, ObamaCare expansion enrollment swelled to nearly 510,000 adults, more than twice what was expected.⁴¹ The state has been forced to revise its Medicaid expansion budget projections five times, the most recent revision occurring in February 2015.⁴² But even these revised projections are continually exceeded. Washington began exceeding the revised fiscal year 2017 projections shortly after they were completed in February 2015.⁴³

West Virginia

PROJECTED MAX 95,000

(SEP 2014) **ACTUAL ENROLLMENT 151,000**

When Democratic Governor Earl Ray Tomblin unilaterally expanded Medicaid through executive order, his administration hired ObamaCare architect Jonathan Gruber to provide West Virginia with cost and enrollment projections.⁴⁴ Gruber predicted just 95,000 newly-eligible adults would ever sign up for Medicaid expansion, with 63,000 signing up in fiscal year 2014.⁴⁵

West Virginia exceeded that first-year projection after a single month and began exceeding the maximum projected enrollment within three months.⁴⁶ By September 2014, nearly 151,000 able-bodied adults had signed up for ObamaCare expansion.⁴⁷ More adults likely signed up in the following months, leading to even larger cost overruns.

Similar patterns have played out in Arizona, California, Connecticut, Iowa, Maryland, Minnesota, Nevada, New Mexico, Oregon, and other states.⁴⁸⁻⁶⁹



ACTUAL MEDICAID EXPANSION ENROLLMENT IS BUSTING PROJECTIONS

STATE	PROJECTED 2014 ENROLLMENT	ACTUAL 2014 ENROLLMENT	PERCENTAGE ABOVE PROJECTION
Arizona	297,000	309,232	4%
Arkansas	172,000	233,518	36%
California	795,000	2,000,000	152%
Colorado	100,000	307,333	207%
Connecticut	113,000	177,068	57%
Illinois	199,000	540,877	172%
Iowa	81,000	121,257	50%
Kentucky	154,000	375,175	144%
Maryland	91,000	232,075	155%
Michigan	323,000	507,618	57%
Minnesota	141,000	186,431	32%
Nevada	78,000	164,906	111%
New Mexico	130,000	186,054	43%
Ohio	365,000	487,699	34%
Oregon	223,000	360,422	62%
Washington	245,000	509,646	108%
West Virginia	70,000	150,616	115%
TOTAL	3,577,000	6,849,927	91%

Notes: Some states provide fiscal year estimates, rather than calendar year estimates. For these states, authors calculated calendar year projections by utilizing monthly geometric growth rates between projections for fiscal years 2014 and 2015. In some states, actual 2014 enrollment may not reflect the entire calendar year.

STATE	PROJECTED MAXIMUM ENROLLMENT	ACTUAL ENROLLMENT	PERCENTAGE ABOVE PROJECTION
Arizona	297,000	332,305 (APR 2015)	12%
Arkansas	215,000	242,103 (MAR 2015)	13%
California	910,000	2,000,000 (SEP 2014)	120%
Colorado	187,000	339,899 (FEB 2015)	82%
Connecticut	113,000	177,068 (DEC 2014)	57%
Illinois	342,000	626,097 (MAR 2015)	83%
Iowa	122,900	122,806 (MAR 2015)	0%
Kentucky	188,000	375,175 (DEC 2014)	100%
Maryland	143,000	232,075 (DEC 2014)	62%
Michigan	477,000	581,769 (APR 2015)	22%
Minnesota	141,000	186,431 (NOV 2014)	32%
Nevada	78,000	166,393 (JAN 2015)	113%
New Mexico	170,000	201,656 (MAR 2015)	19%
Ohio	447,000	510,544 (FEB 2015)	14%
Oregon	245,000	360,422 (SEP 2014)	47%
Washington	262,000	533,628 (FEB 2015)	104%
West Virginia	95,000	150,616 (SEP 2014)	59%
TOTAL	4,432,900	7,138,987	61%



INDEPENDENT PROJECTIONS ALSO WRONG

State officials were not the only ones to get these projections wrong. The most widely-used enrollment estimates come from the Urban Institute and the Kaiser Family Foundation.⁷⁰ In 2012, these two organizations published a report that included Medicaid expansion enrollment estimates for all 50 states, based on the Urban Institute’s microsimulation model.⁷¹ That report is frequently cited by policymakers, ObamaCare advocates, and the media.

Now that state policymakers can look to the experiences of other states, they should be wary of ever using that report again. In virtually every state, total enrollment has already surpassed the report’s projection for 2022.

Even outside projections are notoriously inaccurate

STATE	PROJECTED 2022 ENROLLMENT	ACTUAL ENROLLMENT	PERCENTAGE ABOVE PROJECTION
Arizona	238,000	332,305 (APR 2015)	40%
Arkansas	233,000	242,103 (JAN 2015)	4%
California	1,860,000	2,000,000 (SEP 2014)	8%
Colorado	225,000	339,899 (FEB 2015)	51%
Connecticut	150,000	177,068 (DEC 2014)	18%
Illinois	573,000	626,097 (MAR 2015)	9%
Iowa	72,000	122,806 (MAR 2015)	71%
Kentucky	268,000	375,175 (DEC 2014)	40%
Maryland	146,000	232,075 (DEC 2014)	59%
Michigan	345,000	581,769 (APR 2015)	69%
Minnesota	105,000	186,431 (NOV 2014)	78%
Nevada	137,000	166,393 (JAN 2015)	21%
New Mexico	208,000	201,656 (MAR 2015)	-3%
Ohio	684,000	510,544 (FEB 2015)	-25%
Oregon	400,000	360,422 (SEP 2014)	-10%
Washington	137,000	533,628 (FEB 2015)	290%
West Virginia	116,000	150,616 (SEP 2014)	30%
TOTAL	5,897,000	7,138,987	21%

REPEATING HISTORY

States that expanded Medicaid should not be surprised to see enrollment surge far higher than projected. States that similarly expanded Medicaid to this group prior to ObamaCare saw exactly the same thing.⁷² Indeed, officials from those states even warned other states about their experiences.⁷³⁻⁷⁴

In Maine, officials projected a stable enrollment of just 11,000 childless adults in the pre-ObamaCare expansion.⁷⁵ But within just two years, enrollment had reached 25,000, leading to severe financial difficulties.⁷⁶ As a result, the state was required to cap enrollment at various times, maintaining a waiting list for otherwise eligible adults.⁷⁷ By 2013, more than 35,000 adults were either enrolled in or on a waiting list for the expansion.⁷⁸

In Arizona, state officials predicted the pre-ObamaCare Medicaid expansion would enroll 29,000 childless adults in 2002, gradually rising to 75,000 by 2010.⁷⁹ Childless adult enrollment would actually grow from 54,000 in 2002 to more than 206,000 by 2010.⁸⁰ The Medicaid expansion cost taxpayers four times what was projected, leading to severe cuts to the truly needy, including elimination of life-saving organ transplants.⁸¹⁻⁸²



CONCLUSION: OBAMACARE EXPANSION PUTS THE TRULY NEEDY ON THE CHOPPING BLOCK

With Medicaid expansion enrollment far exceeding projections, states that adopted the expansion will soon need to find additional funds to pay for the inevitable cost overruns. States will begin paying a share of ObamaCare expansion costs in 2017, assuming the federal government even lives up to its funding promise that long.⁸³⁻⁸⁴ States will begin to pay these costs in their fiscal year 2017 budgets, which are being prepared this year and next year.⁸⁵

ObamaCare's perverse funding scheme encourages state budgeters to steal resources from seniors, children, pregnant women, and individuals with disabilities in order to free up funding for Medicaid expansion.⁸⁶ After all, states typically receive \$1.32 in federal funding for every state dollar spent on traditional Medicaid, compared to the \$19 they are set to receive for every dollar spent on ObamaCare expansion in 2017.⁸⁷ Put simply, ObamaCare's immoral funding formula puts truly vulnerable Medicaid patients in the crosshairs in order to fund a new entitlement for able-bodied adults.



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 60. Minnesota officials predicted just 57,000 adults would sign up for the state's Medicaid expansion, in addition to the 84,000 who were eligible under the early expansion. See, e.g., Department of Human Services, "Affordable Care Act and Medicaid expansion," Minnesota Department of Human Services (2012), http://mn.gov/health-reform/images/TaskForce-2012-09-06-ACA_and_Medicaid_Expansion.pdf.
 61. In March 2015, the Foundation for Government Accountability sought December 2014 enrollment figures through a public records request. The Minnesota Department of Human Services responded that more than 225,000 individuals were enrolled in Medicaid "sometime in 2014 due to the ACA expansion." Because the unduplicated enrollment count may include individuals who were enrolled in early 2014, but left before December, it may be higher than actual December enrollment.
 62. The Minnesota Department of Human Services reports that more than 186,000 childless adults had enrolled in the Medicaid expansion by November 2014. This figure is similar to the number of newly-eligible adults reported to the federal government in September 2014. See, e.g., Reports and Forecast Division, "Monthly medical care programs enrollment counts: Statewide and by county, by program and program components," Minnesota Department of Human Services (2015), <http://uncoverobamacare.com/wp-content/uploads/2015/04/Medical-Care-Programs-Eligibility-0415.pdf>.
 63. Nevada officials expected just 78,000 adults to sign up for the state's Medicaid expansion. See, e.g., Mary-Sarah Kinner, "Governor Sandoval statement on Medicaid expansion," Nevada Office of the Governor (2012), <http://gov.nv.gov/News-and-Media/Press/2012/Governor-Sandoval-Statement-on-Medicaid-Expansion>.
 64. By December 2014, nearly 165,000 able-bodied adults had signed up for Nevada's Medicaid expansion. See, e.g., Richard Whitley, "Nassir notes: DHHS fact book," Department of Health and Human Services (2015), <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Reports/NassirNotes.pdf>.
 65. New Mexico officials predicted 170,000 adults would ever be eligible for Medicaid expansion, with 130,000 adults projected to enroll in 2014. See, e.g., Brent Earnest, "Medicaid expansion in New Mexico: Presentation to the Board of the New Mexico Health Insurance Exchange," New Mexico Department of Human Services (2013), <http://www.nmhix.com/wp->

- content/uploads/2013/05/MedicaidExpansionPresentationNMHIX_6-7-2013.pdf.
66. By December 2014, more than 186,000 adults had signed up for New Mexico's Medicaid expansion, with enrollment growing to nearly 202,000 by March 2015. See, e.g., Rosalie Rayburn, "Expanded Medicaid aids New Mexico economy," *Albuquerque Journal* (2015), <http://www.abqjournal.com/559620/biz/biz-most-recent/expanded-medicaid-aids-nm-economy.html>.
 67. Oregon officials predicted just 245,000 able-bodied adults would ever enroll in the state's Medicaid expansion, with 18,000 signing up in fiscal year 2014 and nearly 223,000 enrolling by the end of fiscal year 2015. See, e.g., State Health Access Data Assistance Center, "Estimated financial effects of expanding Oregon's Medicaid program under the Affordable Care Act, 2014-2020," Oregon Health Authority (2013), <http://www.oregon.gov/oha/documents/medicaidexpansion-estimatedfinancialeffects.pdf>
 68. By September 2014, more than 360,000 newly-eligible adults had enrolled in Oregon's Medicaid expansion, in addition to the 83,000 expansion adults who were eligible under an earlier expansion of Medicaid. See, e.g., Centers for Medicare and Medicaid Services, "Total Medicaid enrollees – VIII Group break out report: April 2014 to September 2014," U.S. Department of Health and Human Services (2015), <http://medicaid.gov/medicaid-chip-program-information/program-information/downloads/mbes-enrollment-report-april-september-2014.pdf>
 69. This analysis excludes a few states that did not produce publicly available enrollment projections, had expanded Medicaid eligibility to childless adults prior to ObamaCare, or failed to produce enrollment projections and/or actual enrollment data in response to public records requests.
 70. John Holahan et al., "The cost and coverage implications of the ACA Medicaid expansion: National and state-by-state analysis," Kaiser Family Foundation (2012), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8384.pdf>.
 71. Ibid.
 72. Jonathan Ingram, "Medicaid expansion: We already know how the story ends," Foundation for Government Accountability (2013), <http://uncoverobamacare.com/wp-content/uploads/2013/10/Medicaid-Expansion-UncoverObamaCare.pdf>.
 73. Kelli Ward, "Testimony of Arizona State Senator Dr. Kelli Ward," New Hampshire Commission to Study Expansion of Medicaid Eligibility (2013), <http://www.dhhs.state.nh.us/sme/documents/testimony-ward-09032013.pdf>
 74. Mary Mayhew, "Childless adults coverage in Maine, 2001-2013: Testimony before Florida Senate Select Committee on Patient Protection and Affordable Care Act," Maine Department of Health and Human Services (2013), http://www.fisenate.gov/PublishedContent/Committees/2012-2014/SPPA/MeetingRecords/MeetingPacket_2026.pdf.
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 76. Ibid.
 77. Ibid.
 78. Ibid.
 79. Ibid.
 80. Ibid.
 81. Ibid.
 82. Jonathan Ingram, "Who is on the ObamaCare chopping block? The immoral funding formula of ObamaCare's Medicaid expansion puts the neediest patients at risk," Foundation for Government Accountability (2014), <http://uncoverobamacare.com/who-is-on-the-obamacare-chopping-block>.
 83. Ibid.
 84. Jonathan Ingram and Nic Horton, "Promises made, promises broken: States cannot trust Washington's promise to fund ObamaCare Medicaid expansion," Foundation for Government Accountability (2015), <http://thefga.org/wp-content/uploads/2015/04/UO-PromisesMadePromisesBroken-Final.pdf>.
 85. For an explanation of which states utilize annual budgets and which states utilize biennial budgets, see Ronald K. Snell, "State experiences with annual and biennial budgeting," National Conference of State Legislatures (2011), http://www.ncsl.org/documents/fiscal/BiennialBudgeting_May2011.pdf.
 86. Jonathan Ingram, "Who is on the ObamaCare chopping block? The immoral funding formula of ObamaCare's Medicaid expansion puts the neediest patients at risk," Foundation for Government Accountability (2014), <http://uncoverobamacare.com/who-is-on-the-obamacare-chopping-block>.
 87. Ibid.



www.UncoverObamaCare.org

Jonathan Ingram | *Research Director*

jingram@thefga.org

Nicholas Horton | *Policy Impact Specialist*

nicholas@thefga.org



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