



ObamaCare's Medicaid expansion would crowd out private insurance in Florida

July 31, 2019

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KEY FINDINGS

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NEARLY TWO-THIRDS OF POTENTIAL OBAMACARE EXPANSION ENROLLEES IN FLORIDA ALREADY HAVE PRIVATE COVERAGE.



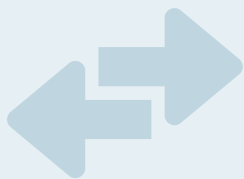
2

OBAMACARE EXPANSION WOULD FORCE NEARLY 860,000 INDIVIDUALS IN FLORIDA OUT OF PRIVATE COVERAGE AND INTO MEDICAID.



3

STATES THAT RECENTLY EXPANDED OBAMACARE EXPERIENCED A MASSIVE SHIFT FROM PRIVATE COVERAGE TO MEDICAID.



4

OTHER MEDICAID EXPANSIONS HAVE LED TO SIGNIFICANT CROWDING OUT OF PRIVATE COVERAGE.



BOTTOM LINE:

IF FLORIDA EXPANDS OBAMACARE, HUNDREDS OF THOUSANDS OF ABLE-BODIED ADULTS WILL BE SHIFTED OUT OF PRIVATE INSURANCE AND INTO MEDICAID.

Background

The Affordable Care Act, commonly known as ObamaCare, gives states the option to expand Medicaid to a new class of able-bodied, working-age adults. Before this, Medicaid eligibility had traditionally been reserved for the truly needy, such as seniors, individuals with disabilities, and low-income kids.

In December 2018, a newly-formed political action committee filed paperwork to amend Florida’s constitution and expand ObamaCare through a ballot initiative.¹ In May 2019, the group had gathered enough signatures to trigger the state to estimate the initiative’s financial impact.² As state officials prepare those estimates, they should review the lessons learned in other states.

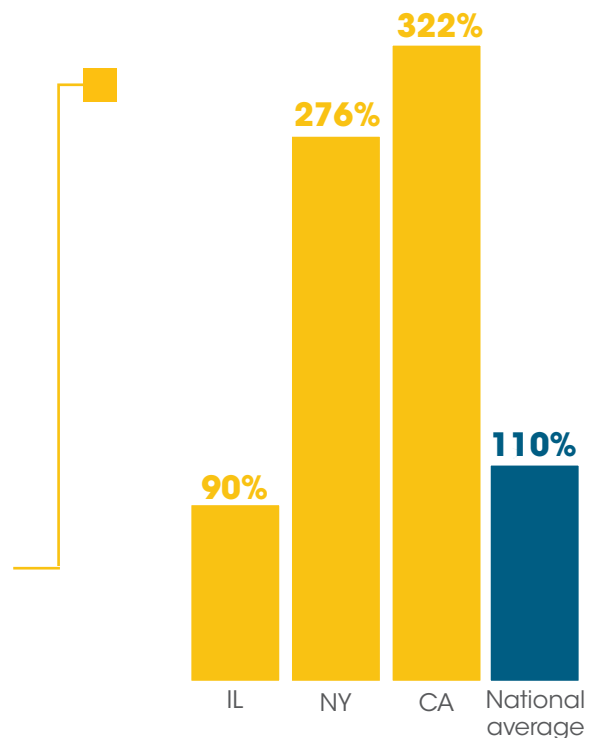
States that have expanded their Medicaid programs under ObamaCare have witnessed skyrocketing enrollment and massive cost overruns.³⁻⁴ States have signed up more than twice as many able-bodied adults as initially projected.⁵

California, for example, projected just 910,000 expansion enrollees would sign up, but more than 3.8 million eventually enrolled.⁶ Actual enrollment was 276 percent higher than expected in New York and 90 percent higher than projected in Illinois.⁷ Altogether, expansion states exceeded enrollment projections by an average of 110 percent.⁸

In many cases, more able-bodied adults signed up for the programs than state officials predicted would ever even be eligible.⁹ Worse yet, the per-person price tag has been nearly twice as high as projected, compounding the cost overruns even further.¹⁰

Much of the higher-than-expected enrollment has been driven by individuals who already had private insurance or would otherwise qualify for it.¹¹ If the ballot initiative passes in Florida, more than one million able-bodied adults could be shifted out of private coverage and into Medicaid.¹²

STATES HAVE ENROLLED MORE THAN TWICE AS MANY ABLE-BODIED ADULTS AS PROJECTED



Source: Authors’ calculations

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More than one million potential Medicaid expansion enrollees in Florida already have private coverage.

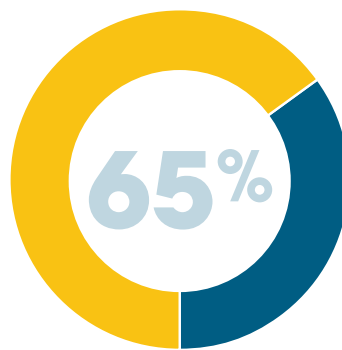
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Nearly two-thirds of potential Medicaid expansion enrollees in Florida already have private coverage

The vast majority of able-bodied adults who would become eligible for Medicaid under ObamaCare expansion already have private health insurance. A recent analysis by the Florida Office of Economic and Demographic Research concluded that more than 65 percent of potential newly eligible adults are currently insured, such as through employer-sponsored coverage or in the individual market.¹³⁻¹⁴

In total, more than one million potential Medicaid expansion enrollees in Florida already have private coverage—all of whom could potentially move over from their current plans and onto taxpayer-funded Medicaid, blowing the lid off of the state’s budget.

MORE THAN 65 PERCENT OF POTENTIAL MEDICAID EXPANSION ENROLLEES **ALREADY HAVE PRIVATE COVERAGE**



Source: Florida Office of Economic and Demographic Research

Nearly 860,000 individuals will lose federal premium subsidies if Florida expands Medicaid

More than 980,000 individuals with income between 100 percent and 150 percent of the federal poverty level (FPL) currently receive federal premium subsidies from the ObamaCare exchange in Florida—more than any other state.¹⁵

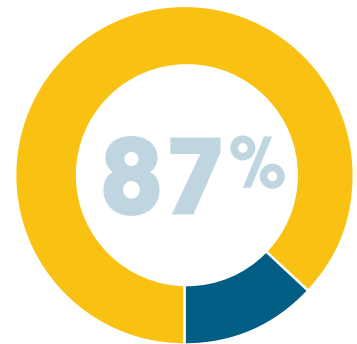
The vast majority of exchange enrollees in this income group have income that would fall within the Medicaid expansion guidelines. According to the latest federal data, more than 87 percent of these enrollees have income below 138 percent FPL—the eligibility line for Medicaid expansion.¹⁶

However, individuals who become eligible for Medicaid expansion will automatically lose access to federal premium subsidies. Under federal law, individuals are only eligible for premium subsidies if they are “not eligible for minimum essential coverage,” including government programs such as Medicaid.¹⁷ In fact, federal law requires healthcare.gov to assess these individuals’ eligibility for Medicaid and submit Medicaid applications on their behalf.¹⁸

This restriction explains why states that have expanded Medicaid under ObamaCare have few exchange enrollees between 100 percent and 150 percent FPL: only those with income above 138 percent FPL can qualify for subsidies. On average, just 13 percent of exchange enrollees in Medicaid expansion states have incomes between 100 percent and 150 percent FPL.¹⁹ By contrast, more than 55 percent of Florida’s exchange enrollees are in this income range.²⁰

Based on this data, nearly 860,000 individuals with income below the Medicaid expansion eligibility thresholds are currently enrolled in exchange plans in Florida.²¹⁻²⁶ Taxpayers can expect virtually all of these individuals to enroll in Medicaid if the state were to expand ObamaCare. Without premium subsidies, these individuals would be required to pay the entire cost of their premiums out of pocket—which averages \$627 per month—to stay in their current plans and proactively cancel their automatic Medicaid application, or they could enroll in Medicaid and pay no premiums at all.²⁷

MORE THAN 87 PERCENT OF EXCHANGE ENROLLEES BELOW 150 PERCENT FPL COULD BE FORCED OUT OF PRIVATE COVERAGE AND INTO MEDICAID



Source: Authors’ calculations

**EXCHANGE
ENROLLMENT AMONG
THOSE BELOW
150 PERCENT FPL
DROPPED BY UP
TO 80 PERCENT IN
RECENT EXPANSION
STATES**



Source: Authors' calculations

States that recently expanded Medicaid experienced a massive shift from private coverage to Medicaid

In states that have recently expanded Medicaid under ObamaCare, the number of individuals buying private coverage in the exchange has plummeted.

Montana's Medicaid expansion launched on January 1, 2016. In 2015, before the expansion took effect, approximately 17,600 individuals with income between 100 percent and 150 percent FPL were enrolled in the exchange.²⁸⁻²⁹ Today, exchange enrollment among this group sits at just 4,900—a drop of more than 72 percent.³⁰

Similarly, Louisiana expanded Medicaid on July 1, 2016. In early 2016, before the expansion took effect, approximately 97,600 individuals with income between 100 percent and 150 percent FPL were enrolled in the exchange.³¹ Today, exchange enrollment among this group sits at just 19,200—a drop of more than 80 percent.³²

In both states, thousands of able-bodied adults shifted out of the exchange and into Medicaid once federal premium subsidies were no longer available. Thousands of individuals purchasing individual market coverage outside of the exchange or insured through an employer-sponsored plan also became eligible for expansion.

This crowd-out likely fueled these states' significant enrollment overruns. Louisiana, for example, predicted just 302,000 adults would sign up for expansion.³³⁻³⁴ By July 2019, actual enrollment had reached nearly 455,000.³⁵ Similarly, Montana projected that fewer than 46,000 adults would enroll in its Medicaid expansion.³⁶ However, actual enrollment reached nearly 93,000.³⁷ Both states are now experiencing significant cost overruns, as well.³⁸

Other Medicaid expansions have led to significant crowding out of private coverage

States that expanded Medicaid before ObamaCare's passage and implementation have also seen significant crowding out of private coverage.³⁹ Rather than reducing the number of people without insurance, these states saw substantial drops in the number of individuals with private coverage.⁴⁰

Arizona, for example, expanded Medicaid to able-bodied adults through a 2000 voter referendum.⁴¹ After ten years of operation, the share of Arizona's population on Medicaid had grown by six percentage points.⁴² Over that same time, the share of individuals with private insurance coverage dropped by an identical six percentage points.⁴³

In 2002, Maine followed suit and expanded eligibility to able-bodied adults through a federal waiver.⁴⁴ Ten years later, the share of Mainers covered by Medicaid had grown by seven percentage points, while the share with private health insurance had dropped by seven percentage points.⁴⁵

Similar patterns have played out after other expansions as well.⁴⁶ Economists, including ObamaCare architect Jonathan Gruber, have concluded that Medicaid expansions in the late 1990s and early 2000s produced a crowd-out effect of roughly 60 percent.⁴⁷ That means that for every ten new Medicaid enrollees, six left private insurance plans.⁴⁸ Worse yet, research focusing specifically on the ObamaCare expansion population estimates that the crowd-out rate could reach as high as 82 percent.⁴⁹

Medicaid expansion would siphon resources away from the truly needy to provide welfare to able-bodied adults who already have private insurance

Expanding Medicaid in Florida would crowd hundreds of thousands of able-bodied adults out of private insurance coverage and shift them into taxpayer-funded Medicaid. In fact, nearly two-thirds of these adults have private coverage already. Ultimately, ObamaCare's Medicaid expansion means taking resources away from the truly needy to fund a welfare expansion for those who already have private coverage.

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Research focusing specifically on the ObamaCare expansion population estimates that the crowd-out rate could reach as high as 82 percent.

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APPENDIX 1

MORE THAN 981,000 EXCHANGE ENROLLEES IN FLORIDA HAVE INCOME BETWEEN 100 PERCENT AND 150 PERCENT FPL

Number of Florida exchange enrollees with incomes between 100 percent and 150 percent FPL, by county, during 2019 open enrollment period

| COUNTY | ENROLLEES | COUNTY | ENROLLEES |
|---------------------|-----------|-------------------|----------------|
| Alachua County | 7,292 | Lee County | 27,245 |
| Baker County | 397 | Leon County | 7,325 |
| Bay County | 5,445 | Levy County | 1,219 |
| Bradford County | 546 | Liberty County | 129 |
| Brevard County | 14,636 | Madison County | 471 |
| Broward County | 143,504 | Manatee County | 7,655 |
| Calhoun County | 245 | Marion County | 10,524 |
| Charlotte County | 3,790 | Martin County | 4,863 |
| Citrus County | 3,914 | Miami-Dade County | 289,972 |
| Clay County | 4,036 | Monroe County | 2,945 |
| Collier County | 15,319 | Nassau County | 1,574 |
| Columbia County | 2,571 | Okaloosa County | 3,513 |
| DeSoto County | 672 | Okeechobee County | 909 |
| Dixie County | 409 | Orange County | 84,307 |
| Duval County | 24,946 | Osceola County | 28,927 |
| Escambia County | 6,038 | Palm Beach County | 73,556 |
| Flagler County | 3,315 | Pasco County | 13,397 |
| Franklin County | 302 | Pinellas County | 24,713 |
| Gadsden County | 1,049 | Polk County | 16,596 |
| Gilchrist County | 345 | Putnam County | 1,651 |
| Glades County | 273 | St. Johns County | 4,671 |
| Gulf County | 355 | St. Lucie County | 13,070 |
| Hamilton County | 289 | Santa Rosa County | 2,704 |
| Hardee County | 536 | Sarasota County | 10,934 |
| Hendry County | 1,526 | Seminole County | 15,246 |
| Hernando County | 5,399 | Sumter County | 1,711 |
| Highlands County | 2,805 | Suwannee County | 1,269 |
| Hillsborough County | 43,470 | Taylor County | 371 |
| Holmes County | 367 | Union County | 243 |
| Indian River County | 4,978 | Volusia County | 16,539 |
| Jackson County | 918 | Wakulla County | 518 |
| Jefferson County | 332 | Walton County | 1,566 |
| Lafayette County | 155 | Washington County | 518 |
| Lake County | 10,298 | Statewide | 981,323 |

Source: U.S. Department of Health and Human Services

APPENDIX 2

MORE THAN 87 PERCENT OF EXCHANGE ENROLLEES WITH INCOME BETWEEN 100 PERCENT AND 150 PERCENT FPL ARE BELOW MEDICAID EXPANSION ELIGIBILITY THRESHOLDS

Florida exchange enrollees with incomes below 138 percent FPL as a share of enrollees with income between 100 percent and 150 percent FPL, by county, during 2016 open enrollment period

| COUNTY | SHARE BELOW MEDICAID EXPANSION ELIGIBILITY | COUNTY | SHARE BELOW MEDICAID EXPANSION ELIGIBILITY |
|---------------------|--|-------------------|--|
| Alachua County | 87% | Lee County | 85% |
| Baker County | 88% | Leon County | 87% |
| Bay County | 85% | Levy County | 87% |
| Bradford County | 86% | Liberty County | 83% |
| Brevard County | 85% | Madison County | 85% |
| Broward County | 88% | Manatee County | 85% |
| Calhoun County | 83% | Marion County | 84% |
| Charlotte County | 84% | Martin County | 84% |
| Citrus County | 87% | Miami-Dade County | 89% |
| Clay County | 84% | Monroe County | 83% |
| Collier County | 85% | Nassau County | 87% |
| Columbia County | 84% | Okaloosa County | 83% |
| DeSoto County | 84% | Okeechobee County | 86% |
| Dixie County | 89% | Orange County | 87% |
| Duval County | 87% | Osceola County | 87% |
| Escambia County | 85% | Palm Beach County | 87% |
| Flagler County | 84% | Pasco County | 85% |
| Franklin County | 87% | Pinellas County | 86% |
| Gadsden County | 85% | Polk County | 86% |
| Gilchrist County | 86% | Putnam County | 89% |
| Glades County | 84% | St. Johns County | 82% |
| Gulf County | 88% | St. Lucie County | 86% |
| Hamilton County | 81% | Santa Rosa County | 83% |
| Hardee County | 84% | Sarasota County | 84% |
| Hendry County | 90% | Seminole County | 85% |
| Hernando County | 84% | Sumter County | 82% |
| Highlands County | 86% | Suwannee County | 87% |
| Hillsborough County | 87% | Taylor County | 85% |
| Holmes County | 76% | Union County | 87% |
| Indian River County | 85% | Volusia County | 85% |
| Jackson County | 84% | Wakulla County | 86% |
| Jefferson County | 84% | Walton County | 82% |
| Lafayette County | 78% | Washington County | 87% |
| Lake County | 84% | Statewide | 87% |

Source: U.S. Department of Health and Human Services

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21. Authors' calculations based upon three independent models of Florida exchange enrollment, utilizing data provided by the U.S. Department of Health and Human Services. The three models produced consistent results.
22. At the close of 2019 open enrollment, Florida had 1,783,304 exchange enrollees. Approximately 981,323 of these individuals had income between 100 percent and 150 percent FPL. Approximately 801,981 of these individuals had income above 150 percent FPL. In states that expanded Medicaid, those with income above 150 percent FPL represented approximately 86.8 percent of all exchange enrollees. This suggests that if Florida expanded, total exchange enrollment would decline to approximately 924,445 – the total number with income above 150 percent FPL divided by 86.8 percent – as those with income between 100 percent and 138 percent FPL would move from the exchange to Medicaid. The difference between current enrollment and this projected enrollment is approximately 858,859 – the estimated number of individuals currently enrolled in exchange plans in Florida who have income below the Medicaid expansion eligibility thresholds.

23. In 2016, approximately 87.2 percent of enrollees with income between 100 percent and 150 percent FPL in Florida's exchange had income below the Medicaid expansion eligibility threshold. At the close of 2019 open enrollment, Florida had 981,323 exchange enrollees with income between 100 percent and 150 percent FPL. This suggests that approximately 855,285 exchange enrollees in Florida have income below the Medicaid expansion eligibility thresholds – the total number with income between 100 percent and 150 percent FPL multiplied by 87.2 percent.
24. In 2016, approximately 87.2 percent of enrollees with income between 100 percent and 150 percent FPL in Florida's exchange had income below the Medicaid expansion eligibility threshold. But this rate varied by county, from a low of 76.3 percent in Holmes County to a high of 89.8 percent in Hendry County. This suggests that approximately 855,975 exchange enrollees in Florida have income below the Medicaid expansion eligibility thresholds – the total number with income between 100 percent and 150 percent FPL in each county multiplied by the share of enrollees between 100 percent and 150 percent FPL who are below Medicaid expansion eligibility thresholds in each county.
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