

NOV 16
2016

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



TheFGA.org

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

PROJECTED MAX	187,000
ACTUAL ENROLLMENT	446,135
OCTOBER 2016	

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

PROJECTED MAX	342,000
ACTUAL ENROLLMENT	650,653
APRIL 2016	

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.

References

1. Nicholas Horton, "How the Senate just changed the ObamaCare debate forever," Townhall (2016), <http://townhall.com/columnists/nicholashorton/2015/12/10/how-the-senate-just-changed-the-obamacare-debate-forever-n2092170>.
2. Terence Ng et al., "Medicaid home and community-based services programs: 2012 data update," Kaiser Family Foundation (2015), <http://files.kff.org/attachment/report-medicaid-home-and-community-based-services-programs-2012-data-update>.
3. Jonathan Ingram and Nicholas Horton, "The ObamaCare expansion enrollment explosion," Foundation for Government Accountability (2015), <https://thefga.org/wp-content/uploads/2015/04/ExpansionEnrollmentExplosion-Final3.pdf>.
4. Alaska, Indiana, Louisiana, and Montana were excluded from the overall analysis because they had less than 12 months of available enrollment data. Delaware was excluded because it did not have publicly available enrollment projections made prior to expansion and was an early expansion state. Massachusetts and Vermont were excluded because they were early expansion states and have no newly eligible enrollees under the Affordable Care Act.
5. In Delaware, the total number of "Group VIII" enrollees had increased to more than 60,000 by December 2015, up from fewer than 47,000 in January 2014. Fewer than 15 percent of these able-bodied adults are "newly eligible" under ObamaCare.
6. In Massachusetts, the total number of "Group VIII" enrollees had increased to more than 384,000 by December 2015, up from fewer than 288,000 in January 2014. None of these able-bodied adults are "newly eligible" under ObamaCare.
7. In Vermont, the total number of "Group VIII" enrollees had increased to nearly 61,000 by December 2015, up from 37,000 in January 2014. None of these able-bodied adults are "newly eligible" under ObamaCare.
8. Centers for Medicare and Medicaid Services, "January to March 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-medicaid-enrollment-report.pdf>.
9. Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
10. Amy Webb, "Nearly 70 percent of Arkansans eligible for Private Option signed-up in first six months," Arkansas Department of Human Services (2014), <http://humanservices.arkansas.gov/pressroom/PressRoomDocs/DMSPrivateOptionNRApril2014.pdf>.
11. Andy Allison, "Estimated Medicaid-related impact of the ACA with expansion: Updated November 13, 2012," Arkansas Department of Human Services (2012), <http://humanservices.arkansas.gov/director/Documents/Updated%20cost%20estimates%20for%20Medicaid%20expansion%20Nov%202012.pdf>.
12. Centers for Medicare and Medicaid Services, "October to December 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2014.pdf>.
13. Cindy Gillespie, "Private Option eligibility, enrollment, and expenditure data – October 2016," Arkansas Department of Human Services (2016), <https://thefga.org/download/10.17.16letter.pdf>.
14. Jonathan Ingram and Nicholas Horton, "Arkansas' failed Medicaid experiment: Not a model for Nebraska," Plate Institute for Economic Research (2016), <http://www.platteinstitute.org/Library/DocLib/Arkansas-Failed-Medicaid-Experiment.pdf>.
15. Jason Pederson, "Waiver commitment wavering," KATV (2016), <http://katv.com/community/7-on-your-side/waiver-commitment-wavering>.
16. Ibid.
17. Authors' calculations based upon information provided by the Arkansas Department of Human Services.
18. Nicholas Horton, "Arkansas' latest idea: ObamaCare welfare for people who already have insurance," Townhall (2016), <http://townhall.com/columnists/nicholashorton/2016/04/05/arkansas-latest-idea-obamacare-welfare-for-people-who-already-have-insurance-n2144186>.
19. Kerry White, "Final fiscal note: Senate Bill 13-200," Colorado Legislative Council Staff (2013), http://www.leg.state.co.us//clics/clics2013a/csl.nsf/fsbillcont3/8A3C037DB1746F5787257A83006D05A8?Open&file=SB200_f1.pdf.
20. Centers for Medicare and Medicaid Services, "January to March 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-medicaid-enrollment-report.pdf>.
21. Budget Division, "Fiscal year 2016-17 medical premiums, expenditure, and caseload report," Colorado Department of Health Care Policy and Financing (2015), <https://www.colorado.gov/pacific/sites/default/files/2016%20October%2C%20Joint%20Budget%20Committee%20Monthly%20Premiums%20Report.pdf>.
22. Kerry White, "Final fiscal note: Senate Bill 13-200," Colorado Legislative Council Staff (2013), http://www.leg.state.co.us//clics/clics2013a/csl.nsf/fsbillcont3/8A3C037DB1746F5787257A83006D05A8?Open&file=SB200_f1.pdf.
23. Centers for Medicare and Medicaid Services, "January to March 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout.pdf>.

24. Centers for Medicare and Medicaid Services, "April to June 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-apr-jun-2014.pdf>.
25. Centers for Medicare and Medicaid Services, "July to September 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jul-sep-2014.pdf>.
26. Centers for Medicare and Medicaid Services, "October to December 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-oct-dec-2014.pdf>.
27. Centers for Medicare and Medicaid Services, "January to March 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jan-mar-2015.pdf>.
28. Centers for Medicare and Medicaid Services, "April to June 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-apr-jun-2015.pdf>.
29. Authors' calculations based upon the fiscal year 2015 total Medicaid expansion cost overrun of \$413 million and the state share required under the expansion's enhanced FMAP rate.
30. Division of Medical Programs, "Medicaid financing for the uninsured: How the revenues and costs are computed," Illinois Department of Healthcare and Family Services (2012), <http://uncoverobamacare.com/wp-content/uploads/2015/03/HFS-estimates.pdf>.
31. Centers for Medicare and Medicaid Services, "January to March 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-medicare-enrollment-report.pdf>.
32. Authors' calculations based upon enrollment data provided by the Illinois Department of Healthcare and Family Services.
33. Division of Medical Programs, "Medicaid financing for the uninsured: How the revenues and costs are computed," Illinois Department of Healthcare and Family Services (2012), <http://uncoverobamacare.com/wp-content/uploads/2015/03/HFS-estimates.pdf>.
34. Authors' calculations based upon expenditure data provided by the Illinois Department of Healthcare and Family Services. This total does not include an estimated \$100 million to \$150 million in additional spending that had not yet been submitted for reimbursement.
35. Ellen Jean Hirst, "Illinois Medicaid expansion could carry hefty price tag," Chicago Tribune (2015), <http://www.chicagotribune.com/ct-medicare-expansion-cost-0203-biz-20150202-story.html>.
36. Authors' calculations based upon data provided by the Illinois Office of the Comptroller.
37. Matthew C. Hoops et al., "State and local pension funding in the enhanced financial accounts," Federal Reserve (2016), <https://www.federalreserve.gov/econresdata/notes/feds-notes/2016/state-and-local-pension-funding-in-the-enhanced-financial-accounts-20160205.html>.
38. 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/downloads/WhosOnTheObamacareChoppingBlock.pdf>.
39. Nicholas Horton, "Illinois' Medicaid expansion enrollment continues to climb, putting vulnerable at risk," Illinois Policy Institute (2016), <https://www.illinoispolicy.org/illinois-medicare-expansion-enrollment-continues-to-climb-putting-vulnerable-at-risk>.
40. Christina Sandefur, "Affordable Care Act lawlessness plagues the states: Red states are at the forefront of these extralegal health care expansions," Cato Institute (2015), <http://object.cato.org/sites/cato.org/files/serials/files/regulation/2015/3/regulation-v38n1-2.pdf>.
41. Deloitte Consulting, "Medicaid expansion report: 2014," Kentucky Office of the Governor (2015), http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicare_Expansion_One-Year_Study_FINAL.pdf.
42. Centers for Medicare and Medicaid Services, "January to March 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-medicare-enrollment-report.pdf>.
43. Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
44. Deloitte Consulting, "Medicaid expansion report: 2014," Kentucky Office of the Governor (2015), http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicare_Expansion_One-Year_Study_FINAL.pdf.
45. Authors' calculations based upon data provided by the Kentucky Governor's Office of Policy and Management.
46. Similar estimates were generated before the end of the fiscal year by Deloitte Consulting. See, e.g., Deloitte Consulting, "Medicaid expansion report: 2014," Kentucky Office of the Governor (2015), http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicare_Expansion_One-Year_Study_FINAL.pdf.
47. Ibid.

48. Kentucky Cabinet for Health and Family Services, "Kentucky HEALTH: Helping to engage and achieve long term health," U.S. Department of Health and Human Services (2016), <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ky/ky-health-pa.pdf>.
49. Ibid.
50. Ibid.
51. 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.
52. Lee A. Reynis, "Economic and fiscal impacts of the proposed Medicaid expansion in New Mexico," University of New Mexico (2012), http://bber.unm.edu/media/publications/Medicaid_Expansion_10-12.pdf.
53. Centers for Medicare and Medicaid Services, "July to September 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-july-sep-2014.pdf>.
54. Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
55. Authors' calculations based upon total Medicaid enrollment in December 2015 enrollment and the state's total population in 2015.
56. Lee A. Reynis, "Economic and fiscal impacts of the proposed Medicaid expansion in New Mexico," University of New Mexico (2012), http://bber.unm.edu/media/publications/Medicaid_Expansion_10-12.pdf.
57. Lee A. Reynis, "Economic and fiscal impacts of the Medicaid expansion in New Mexico," University of New Mexico (2016), http://bber.unm.edu/media/publications/Medicaid_Expansion_Final2116R.pdf.
58. Centers for Medicare and Medicaid Services, "July to September 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jul-sep-2014.pdf>.
59. Centers for Medicare and Medicaid Services, "October to December 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-oct-dec-2014.pdf>.
60. Centers for Medicare and Medicaid Services, "January to March 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jan-mar-2015.pdf>.
61. Centers for Medicare and Medicaid Services, "April to June 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-apr-jun-2015.pdf>.
62. Lee A. Reynis, "Economic and fiscal impacts of the proposed Medicaid expansion in New Mexico," University of New Mexico (2012), http://bber.unm.edu/media/publications/Medicaid_Expansion_10-12.pdf.
63. Lee A. Reynis, "Economic and fiscal impacts of the Medicaid expansion in New Mexico," University of New Mexico (2016), http://bber.unm.edu/media/publications/Medicaid_Expansion_Final2116R.pdf.
64. Medical Assistance Division, "Proposed reductions to Medicaid provider payments effective July 1, 2016," New Mexico Human Services Department (2016), http://www.hsd.state.nm.us/uploads/files/Medicaid_Provider_Rate_Proposal_042616.pdf.
65. Jason Hart, "Flashback: Gov. Kasich's Medicaid expansion end-run," Watchdog (2016), <http://watchdog.org/256146/kasich-unilateral-obamacare-expansion>.
66. Mercer Health and Benefits, "Fiscal impact of the Affordable Care Act on Medicaid enrollment and program cost," Ohio Office of Medical Assistance (2013), <http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=WFcA5Izhak%3D&tabid=136>.
67. Centers for Medicare and Medicaid Services, "October to December 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2014.pdf>.
68. Department of Medicaid, "Caseload report: August 2016," Ohio Department of Medicaid (2016), <http://www.medicaid.ohio.gov/Portals/0/Resources/Reports/Caseload/2016/08-Caseload.pdf>.
69. Authors' calculations based upon expenditure and enrollment data provided by the Ohio Department of Medicaid.
70. Ibid.
71. Authors' calculations based upon projected and actual expenditures and enrollment.
72. Ibid.
73. John R. Kasich, "Blueprint for a new Ohio: Budget highlights," Ohio Governor's Office of Budget and Management (2016), http://obm.ohio.gov/budget/operating/doc/fy-16-17/State_of_Ohio_Budget_Highlights_FY-16-17.pdf.
74. Jason Hart, "At \$4 billion, Ohio Obamacare expansion blows past projected costs," Watchdog (2015), <http://watchdog.org/228330/ohio-obamacare-expansion-4billion>.

75. Authors' calculations based upon data provided by the Ohio Department of Health Transformation.
76. Ohio Department of Health Transformation, "How federal regulations may impact Ohio sales tax revenue," Ohio Department of Health Transformation (2016), <http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=3a8V-BLI3k0%3D&tabid=136>.
77. The West Virginia Offices of the Insurance Commissioner, led by a Tomblin appointee, hired CCRC Actuaries to provide detailed cost and enrollment projections for the Medicaid expansion. ObamaCare architect Jonathan Gruber served on the project team, performed economic analysis, and designed the Gruber Microsimulation Model used to produce the estimates. See, e.g., Dave Bond et al., "Health insurance marketplace: Medicaid expansion report," West Virginia Offices of the Insurance Commissioner (2013), <http://www.governor.wv.gov/media/Documents/Medicaid%20Expansion%20CCRCReport.pdf>.
78. Centers for Medicare and Medicaid Services, "January to March 2014 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-medicare-enrollment-report.pdf>.
79. Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
80. Dave Bond et al., "Health insurance marketplace: Medicaid expansion report," West Virginia Offices of the Insurance Commissioner (2013), <http://www.governor.wv.gov/media/Documents/Medicaid%20Expansion%20CCRCReport.pdf>.
81. Centers for Medicare and Medicaid Services, "July to September 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jul-sep-2014.pdf>.
82. Centers for Medicare and Medicaid Services, "October to December 2014 new adult group expenditure reports," U.S. Department of Health and Human Services (2015), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-oct-dec-2014.pdf>.
83. Centers for Medicare and Medicaid Services, "January to March 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-jan-mar-2015.pdf>.
84. Centers for Medicare and Medicaid Services, "April to June 2015 new adult group expenditure reports," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/cms-64-expenditures-viii-group-breakout-apr-jun-2015.pdf>.
85. Arizona officials predicted 297,000 adults would sign up for its Medicaid expansion, which includes restoration of Arizona's Proposition 204 expansion that was frozen in 2011. See, e.g., Office of Intergovernmental Relations, "Arizona Medicaid moving forward," Arizona Health Care Cost Containment System (2013), <http://www.azahcccs.gov/publicnotices/Downloads/MedicaidMovingForwardJuly2013.pdf>.
86. By November 2016, nearly 398,000 able-bodied adults had enrolled in the Medicaid expansion. See, e.g., Patty Dennis et al., "AHCCCS population by category," Arizona Health Care Cost Containment System (2016), http://www.azahcccs.gov/reporting/Downloads/PopulationStatistics/2015/Apr/AHCCCS_Population_by_Category.pdf.
87. California expected 910,000 newly eligible adults to ever enroll in the Medicaid expansion. See, e.g., Mercer Government Human Services Consulting, "Medicaid alternative benefit plan options analysis," California Department of Health Care Services (2013), http://www.dhcs.ca.gov/services/MH/Documents/HCR_2013_06_03b_Med-Cal_AB_Ppt_DRAFT.pdf.
88. By May 2016, more than 3.8 million able-bodied adults had enrolled in the Medicaid expansion. See, e.g., California Department of Health Care Services, "Estimated average monthly certified eligibles - May 2016 estimate," California Department of Health Care Services (2016), http://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2016_May_Estimate/M1604_v6.0_Caseload_Tab.pdf.
89. Connecticut expanded Medicaid to some able-bodied childless adults prior to 2014, as part of an early expansion option authorized by ObamaCare. The state immediately exceeded its initial cost and enrollment projections, leading to budget shortfalls. See, e.g., Benjamin Barnes, "Fiscal accountability report: Fiscal years 2013-2016," Connecticut Office of Policy and Management (2012), http://www.ct.gov/opm/lib/opm/budget/fiscalaccountability/fa_report_final.pdf.
90. When Connecticut expanded Medicaid to all able-bodied adults under 138 percent FPL, state officials revised their earlier projections, estimating that the expansion would increase enrollment by 113,000 adults. See, e.g., Office of Fiscal Analysis, "Fiscal note: Senate Bill 1204," Connecticut General Assembly (2011), http://www.ct.gov/opm/lib/opm/budget/fiscalaccountability/fa_report_final.pdf.
91. By December 2015, nearly 187,000 able-bodied adults had signed up for Connecticut's Medicaid expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
92. When Hawaii expanded Medicaid, state officials predicted 35,000 able-bodied adults would ever be eligible. See, e.g., Med Quest Division, "1115A waiver renewal: Attachment G," Hawaii Department of Human Services (2012), <https://humanservices.hawaii.gov/wp-content/uploads/2013/01/Att-G-Budget-Neutrality.pdf>.
93. By June 2015, nearly 36,000 able-bodied adults had signed up for Hawaii's ObamaCare expansion. See, e.g., Med Quest Division, "Hawaii QUEST Integration Section 1115 quarterly report," Hawaii Department of Human Services (2015), <http://www.med-quest.us/PDFs/CMS%20Reports/CMSQuarterlyReport3rdQtrFY15.pdf>.

94. Iowa officials predicted Medicaid expansion would increase enrollment by 80,700 to 122,900 adults. See, e.g., Jennifer Vermeer, "Memo: Affordable Care Act reports," Iowa Department of Human Services (2012), http://dhs.iowa.gov/sites/default/files/ACA%20Studies%20Memo_FINAL_2012_12_14JS_0.pdf.
95. By February 2016, more than 139,000 able-bodied adults had enrolled in Iowa's ObamaCare expansion. See, e.g., Iowa Medicaid Enterprise, "Iowa Health and Wellness Plan enrollment maps – February 2016," Iowa Department of Human Services (2016), https://dhs.iowa.gov/sites/default/files/IHAWPErollmentMaps_February2016.pdf.
96. Maryland officials predicted no more than 143,000 adults would ever enroll in the state's Medicaid expansion. See, e.g., Hilltop Institute, "The economic impact of the ACA," Maryland Health Benefits Exchange (2012), <http://marylandhbe.com/wp-content/uploads/2012/10/Model-Projections-July-12.pdf>.
97. By December 2015, more than 231,000 able-bodied adults had enrolled in Maryland's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
98. Michigan officials predicted no more than 477,000 adults would ever enroll in the state's Medicaid expansion. See, e.g., Communications Division, "Gov. Rick Snyder: Healthy Michigan plan has enrolled more than 600,000 people in first year," Michigan Executive Office of the Governor (2015), <http://www.michigan.gov/snyder/0,4668,7-277-57577-351257-,00.html>.
99. By October 2016, nearly 631,000 able-bodied adults had enrolled in Michigan's ObamaCare expansion. See, e.g., Medical Services Administration, "Healthy Michigan plan progress report: October 31, 2016," Michigan Department of Community Health (2016), http://www.michigan.gov/documents/mdch/Website_Healthy_Michigan_Plan_Progress_Report_12-01-2014_475355_7.pdf.
100. Minnesota officials predicted 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-2012-09-06ACA_and_Medicaid_Expansion.pdf.
101. By December 2015, nearly 208,000 able-bodied adults had enrolled in Minnesota's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
102. Nevada officials expected 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/Newsand-Media/Press/2012/Governor-Sandoval-Statement-on-Medicaid-Expansion>.
103. By September 2015, more than 187,000 able-bodied adults had enrolled in Minnesota's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "July to September 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-july-sept-2015.pdf>.
104. New Hampshire officials expected 45,500 able-bodied adults to sign up for the state's Medicaid expansion.
105. Authors' calculations based upon data provided by the New Hampshire Department of Health and Human Services illustrating an expected 29,512 newly eligible enrollees coming from the ranks of the uninsured and an additional 15,965 newly eligible enrollees leaving existing insurance plans for Medicaid expansion.
106. By August 2016, more than 50,000 able-bodied adults had signed up for New Hampshire's ObamaCare expansion. See, e.g., Office of Medicaid Business and Policy, "New Hampshire Health Protection Program demographic profile – August 1, 2016," New Hampshire Department of Health and Human Services (2016), <http://www.dhhs.nh.gov/ombp/pap/documents/nhhpp-enroll-demo-080116.pdf>.
107. New Jersey officials expected 300,000 able-bodied adults to sign up for the state's Medicaid expansion. See, e.g., Chris Christie, "The fiscal year 2015 budget summary," New Jersey Office of Management and Budget (2014), <http://www.state.nj.us/treasury/omb/publications/15bib/BIB.pdf>.
108. By January 2015, nearly 533,000 able-bodied adults had signed up for New Jersey's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "January to March 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-jan-mar-2015.pdf>.
109. New York officials expected 76,000 newly-eligible able-bodied adults to sign up for the state's Medicaid expansion. See, e.g., Fredric Blavin et al., "The coverage and cost effects of implementation of the Affordable Care Act in New York State," New York State of Health (2012), http://info.nystateofhealth.ny.gov/sites/default/files/2012-03_urban_institute_report.pdf.
110. By December 2015, nearly 286,000 able-bodied adults had enrolled in New York's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
111. North Dakota officials predicted 13,591 able-bodied adults would ever enroll in the state's Medicaid expansion. See, e.g., Department of Human Services, "Medicaid expansion and other ACA fiscal impacts," North Dakota Department of Human Services (2013), <https://thefga.org/download/NDMedicaidExpansionFiscalImpact.pdf>.

112. By March 2016, more than 19,000 able-bodied had enrolled in North Dakota's ObamaCare expansion. See, e.g., Stephanie Waloch and Maggie Anderson, "Health Care Reform Review Committee – May 2016," North Dakota Department of Human Services (2016), <https://www.nd.gov/dhs/info/testimony/2015-2016-interim/healthcare-reform/2016-5-18-medicaid-expansion-update.pdf>.
113. Oregon officials predicted 245,000 able-bodied adults would ever enroll in the state's Medicaid expansion. 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/medicaidexpansionestimatedfinancialeffects.pdf>.
114. By December 2015, more than 452,000 able-bodied adults had enrolled in Oregon's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
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.
116. By April 2016, nearly 626,000 able-bodied adults had enrolled in Pennsylvania's ObamaCare expansion. See, e.g., Office of Medical Assistance Programs, "Celebrating one year: Medicaid expansion in Pennsylvania," Pennsylvania Department of Human Services (2016), http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_226819.pdf.
117. Rhode Island officials predicted fewer than 40,000 able-bodied adults would ever enroll in the state's Medicaid expansion. See, e.g., Office of the Health Insurance Commissioner, "Who goes where under federal healthcare reform: Rhode Island population insurance status projections, 2014 and beyond," Rhode Island Office of the Health Insurance Commissioner (2012), <http://www.ohic.ri.gov/documents/ACA-Projections-General-Aug-2012.pdf>.
118. By December 2015, more than 59,000 able-bodied adults had enrolled in Rhode Island's ObamaCare expansion. See, e.g., Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
119. Washington officials predicted 262,000 able-bodied adults would ever enroll in the state's Medicaid expansion. See, e.g., Matthew Buettgens et al., "The ACA Medicaid expansion in Washington," Washington Office of Financial Management (2012), http://www.hca.wa.gov/hcr/me/documents/ACA_Medicaid_Expansion_WA_State.pdf.
120. By July 2016, nearly 597,000 able-bodied adults had enrolled in Washington's ObamaCare expansion. See, e.g., Caseload Forecast Council, "Monthly monitoring report: Medical services – Total Medicaid expansion new eligibles," Washington State Caseload Forecast Council (2016), http://www.cfc.wa.gov/Monitoring/MS_NE_Total.pdf.
121. Ted L. Helvoigt, "Memorandum re: projected population, enrollment, service costs and demographics of Medicaid expansion beginning in fiscal year 2016," Alaska Department of Health and Social Services (2016), http://dhss.alaska.gov/HealthyAlaska/Documents/Evergreen_Medicaid_Expansion_Analysis-020615.pdf.
122. Authors' calculations based upon expenditure data provided by the Alaska Department of Health and Social Services.
123. Milliman, "1115 waiver: Healthy Indiana Plan expansion proposal – Budget neutrality projections," Indiana Family and Social Services Administration (2014), http://www.in.gov/fssa/hip/files/15-1115_Waiver_Expansion_-_2015.pdf.
124. Centers for Medicare and Medicaid Services, "October to December 2015 Medicaid MBES enrollment report," U.S. Department of Health and Human Services (2016), <https://www.medicare.gov/medicaid/program-information/downloads/cms-64-enrollment-report-oct-dec-2015.pdf>.
125. Authors' calculations based upon actual and projected enrollment and projected per capita expenditures. The overrun may be larger than reported if per-person spending was also higher than expected – as it was in many states.
126. Shawn Hotstream, "Fiscal note: Medicaid expansion," Louisiana Legislative Fiscal Office (2015), https://legiscan.com/LA/supplement/HB517/id/33239/Louisiana-2015-HB517-Fiscal_Note_-_HB517_Original.pdf.
127. Healthy Louisiana, "LDH Medicaid expansion dashboard," Louisiana Department of Health and Hospitals (2016), <https://thefga.org/download/Healthy-Louisiana-Expansion-Dashboard.pdf>.
128. Nicholas Horton, "Montana's ObamaCare expansion: Over budget on day 1," Townhall (2016), <http://townhall.com/columnists/nicholashorton/2016/01/20/montanas-obamacare-expansion-over-budget-on-day-1-n2107026>.
129. Ibid.
130. Authors' calculations based on data provided by the Montana Department of Public Health and Human Services.



TheFGA.org

[@TheFGA](https://twitter.com/TheFGA)

15275 Collier Boulevard | Suite 201-279

Naples, Florida 34119

(239) 244-8808