

# **Federal Health Reform Provides Critical Long-Term Help to States**

**Passage of Jobs Bill Needed for Additional  
Short-Term Relief**

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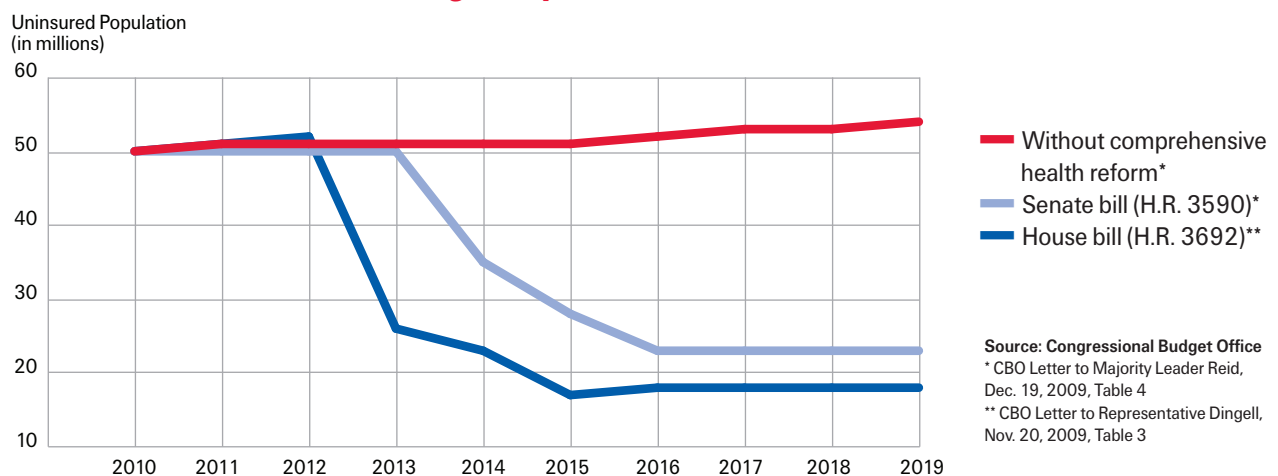
# Federal Health Reform Provides Critical Long-Term Help to States

**SUMMARY:** RESIDENTS AND GOVERNMENTS of the 50 states and the District of Columbia will receive \$849 billion in new federal funding for health coverage over the next decade under proposed federal health reform legislation. This surge of new federal support includes \$460 billion to help families purchase private health insurance coverage and \$389 billion for state Medicaid programs. In return, states will be required to provide a modest match for the new federal dollars. Experts estimate the state match will be 3.1 percent of the new federal funds, a fraction of the customary rate. Separately, under the American Recovery and Reinvestment Act of 2009 and the pending jobs bill, the federal government is financing an immediate and substantial reduction in state Medicaid spending. Experts estimate the combined impact of enacting comprehensive reform, passing the pending jobs bill and completing implementation of the Recovery Act would be a **net reduction in state Medicaid spending of \$85 billion over the 2009 to 2019 period.**

THE COMPREHENSIVE HEALTH REFORM BILLS passed in 2009 by both chambers of Congress would send substantial new federal funds to the states. Each of the bills would provide significant assistance to individuals and state governments, ease long-term pressures on state budgets from the growing uninsured population, and ensure coverage of tens of millions of people who otherwise would look to the states for help.<sup>1,2</sup> Based on the findings of the Congressional Budget Office, Figure 1 provides projections of growth in the uninsured population without federal health reform and

displays the dramatic decline in the number of uninsured under the House- and Senate-passed bills. The federal funds would be made available directly to individuals in the form of subsidies for the purchase of private health insurance plans and through state governments to extend coverage to eligible individuals through Medicaid. The money would begin to flow in 2013 under the House health reform legislation and in 2014 under the Senate bill. Both the House and Senate health reform bills are fully paid for and help reduce the nation's budget deficit.

**Figure 1. Dramatic Reduction in the Number of Uninsured From Enacting Comprehensive Health Reform**



Two other pieces of legislation, the American Recovery and Reinvestment Act of 2009,<sup>3</sup> enacted in February 2009, and the House-passed Jobs for Main Street Act of 2010<sup>4</sup> (currently pending in the Senate), are designed to provide immediate and near-term relief to states shouldering the growing financial burden of the uninsured. These bills temporarily reduce the share of Medicaid spending funded by the states, with the federal government increasing its contribution.

The combined impact of enacting comprehensive health reform along with short-term relief from the two jobs bills would be dramatic, injecting \$960 billion in federal dollars into state economies over 10 years (Appendix). Between 31 and 36 million Americans would no longer be uninsured, and millions more would secure more affordable coverage. An estimated 4 million jobs would be created under health reform, according to a recent Harvard study.<sup>5</sup> The higher share of Medicaid funding covered by the federal government would deliver tremendous relief for hard-pressed state governments struggling with spiraling demands for services in the face of state tax receipts that have plunged at the fastest pace since the Great Depression. And while the assistance for private health insurance coverage would not directly support state governments, the subsidies would indirectly shield states from the growing burden of providing care to the uninsured.

### **Current Status of Health Reform Legislation**

Achieving these results depends upon Congress completing work on comprehensive health reform by enacting a reconciled version of the Senate- and House-passed health reform bills and completing action on the House-passed jobs bill. These efforts will supplement the impact of the Recovery Act, whose \$87.7 billion in relief to the state is already flowing.

Democratic congressional leaders are working to finalize a comprehensive health reform package before the President's Feb. 25 bipartisan summit meeting on health reform legislation. News reports indicate that the revised Democratic reform package will be based on the Senate-passed legislation with

a limited number of revisions required to secure House passage. These changes may include more progressive financing and expanded affordability credits for low- and moderate-income families, which could raise total financial assistance by as much as \$50 billion to \$100 billion more than the \$849 billion included in the Senate bill.<sup>6</sup>

### **Enormous Increase in Federal Support Matched by Modest State Contribution**

The Senate's Patient Protection and Affordable Care Act authorizes \$849 billion in new federal support to the states over 10 years, extending health coverage to 31 million uninsured Americans, according to a new state-by-state modeling analysis by Professor Jonathan Gruber, an economics professor at the Massachusetts Institute of Technology.<sup>7</sup> This substantial infusion of federal funds will help low- and moderate-income Americans buy private health insurance coverage or obtain Medicaid benefits (Figure 2).

The Senate bill would send the 50 states and the District of Columbia:

- \$389 billion to finance the enrollment of 15 million low-income people into Medicaid programs from 2014 to 2019.
- \$460 billion in direct federal subsidies to enable eligible individuals and families to enroll in private health plans.

Every state and the District of Columbia will experience a significant inflow of new federal funds to expand insurance coverage. The amounts for each state will be determined by how many residents meet the eligibility requirements for Medicaid and the private health insurance subsidies. For example, over the 2009 to 2019 period, the Senate health reform bill would direct \$87.4 billion to Texas, the state with the highest uninsured rate, and \$1.6 billion to Wyoming, the least populous state, according to Dr. Gruber (Figure 2).

Under customary rules, the federal government pays about 57 percent, on average, of Medicaid benefit costs.<sup>8</sup> The Senate health reform bill calls upon the federal government to pay all costs of newly eligible Medicaid enrollees through 2016.

**Figure 2. Increase in Federal Funding for Medicaid and Private Health Insurance (PHI) Subsidies Under Senate Health Reform Legislation, by State (in millions)**

	Totals: 2014 – 2019		Total Increase in Federal Funding for Medicaid and PHI Subsidies Under Health Reform
	Increase in Federal Medicaid Funding	Federal Funding for PHI Subsidies	
Alabama	\$5,930	\$7,920	\$13,850
Alaska	\$1,610	\$820	\$2,430
Arizona	\$3,230	\$7,580	\$10,810
Arkansas	\$3,720	\$5,970	\$9,690
California	\$15,770	\$50,550	\$66,320
Colorado	\$4,610	\$7,300	\$11,910
Connecticut	\$3,470	\$4,400	\$7,870
Delaware	\$970	\$1,160	\$2,130
District of Columbia	\$860	\$510	\$1,370
Florida	\$22,210	\$33,730	\$55,940
Georgia	\$15,390	\$17,230	\$32,620
Hawaii	\$960	\$1,100	\$2,060
Idaho	\$2,550	\$3,150	\$5,700
Illinois	\$17,450	\$13,180	\$30,630
Indiana	\$7,190	\$11,600	\$18,790
Iowa	\$3,250	\$4,590	\$7,840
Kansas	\$3,640	\$5,060	\$8,700
Kentucky	\$8,530	\$5,960	\$14,490
Louisiana	\$8,720	\$7,880	\$16,600
Maine	\$1,610	\$1,940	\$3,550
Maryland	\$8,790	\$6,040	\$14,830
Massachusetts	\$5,280	\$11,960	\$17,240
Michigan	\$12,520	\$15,850	\$28,370
Minnesota	\$5,010	\$6,500	\$11,510
Mississippi	\$3,470	\$3,740	\$7,210
Missouri	\$4,840	\$9,320	\$14,160
Montana	\$2,050	\$2,870	\$4,920
Nebraska	\$3,450	\$4,340	\$7,790
Nevada	\$4,340	\$4,190	\$8,530
New Hampshire	\$1,700	\$2,120	\$3,820
New Jersey	\$11,890	\$12,250	\$24,140
New Mexico	\$3,070	\$3,680	\$6,750
New York	\$29,620	\$26,120	\$55,740
North Carolina	\$17,970	\$16,950	\$34,920
North Dakota	\$880	\$1,650	\$2,530
Ohio	\$14,780	\$17,710	\$32,490
Oklahoma	\$3,730	\$5,610	\$9,340
Oregon	\$6,970	\$6,010	\$12,980
Pennsylvania	\$13,170	\$18,590	\$31,760
Rhode Island	\$1,530	\$1,510	\$3,040
South Carolina	\$5,320	\$6,790	\$12,110
South Dakota	\$950	\$1,450	\$2,400
Tennessee	\$10,030	\$11,420	\$21,450
Texas	\$55,230	\$32,180	\$87,410
Utah	\$3,030	\$3,020	\$6,050
Vermont	\$570	\$1,330	\$1,900
Virginia	\$11,530	\$15,010	\$26,540
Washington	\$5,130	\$8,650	\$13,780
West Virginia	\$4,560	\$2,540	\$7,100
Wisconsin	\$5,340	\$8,310	\$13,650
Wyoming	\$620	\$940	\$1,560
<b>Totals</b>	<b>\$389,040</b>	<b>\$460,280</b>	<b>\$849,320</b>

**Source:** Jonathan Gruber, Professor of Economics, Massachusetts Institute of Technology, February 2010. Modeling analysis of Senate health reform legislation, H.R. 3590, the Patient Protection and Affordable Care Act, as passed by the Senate on Dec. 24, 2009. Figures do not include single-state provisions. The final health reform legislation passed by Congress may include \$50 billion – \$100 billion in additional federal funding for expansions in coverage.

In subsequent years, the federal share of Medicaid spending would vary from year to year but by 2019 would average about 90 percent under the Senate health reform bill. So while the proposed health reform legislation calls on states to meet modest Medicaid match requirements, they do not take effect until 2017. In addition, the \$460 billion in subsidies for private health insurance coverage would consist entirely of federal dollars with no requirement of a match from state governments.

To receive the federal subsidies, states would be required to contribute \$26 billion, according to the Congressional Budget Office (Figure 3). This level of state matching funds represents a modest 3.1 percent of the new federal funds. The combined funds will result in dramatic reductions in the number of uninsured residents and the burden of free care on health care providers. For states that operate 100 percent locally-funded programs directed at uninsured residents, the federal subsidies may provide an opportunity to reduce or eliminate this state spending.

### Companion Bills Immediately Reduce State Medicaid Spending

In February 2009, Congress enacted immediate, targeted investments in the health insurance system as part of the American Recovery and Reinvestment Act. The Recovery Act provided a temporary increase in the Federal Medical Assistance Percentage (FMAP) rate, which sets the federal share of Medicaid costs. The Recovery Act authorized the federal government to provide \$87.7 billion in Medicaid relief to the states, of

which \$53.4 billion had been distributed as of Jan. 8, 2010 (Figure 4).<sup>9</sup> The remainder of the money, \$34.3 billion, is slated to go to states by the end of 2010.<sup>10</sup> States must maintain the same Medicaid program eligibility standards in effect on July 1, 2008, to be eligible to receive the money.

Another piece of legislation, the jobs bill passed by the House and awaiting action in the Senate, would extend the lowered Medicaid match rate for states into early 2011. Known as the Jobs for Main Street Act of 2010, the measure would provide another \$23.5 billion to the states (Figure 5). In combination, the Recovery Act and the proposed jobs bill lower state Medicaid spending by \$111.2 billion from 2009 through 2011, as shown in state-by-state data in Figure 4.

### Combined Result Is Net Reduction in State Medicaid Spending

All told, these three measures—comprehensive health reform, the Recovery Act and the proposed jobs bill—will provide states and their residents with many billions of dollars worth of federal support for health insurance coverage while reducing demand for charity care provided by the state and uncompensated care delivered by doctors and hospitals.

Under health reform, states will see a modest \$26 billion increase in state Medicaid spending over the next decade. The added state matching funds are equal to 3.1 percent of the federal funds made available over the 2009-2019 period. But even this relatively small increase in state Medicaid spending

**Figure 3: Additional State Medicaid Spending as a Percent of New Federal Funds (in billions)**

2009 – 2019	Federal Funds*	State Match Required**
Additional Funding Under Comprehensive Health Reform		
Increase in Medicaid Funding	\$389.0	\$26.0
Funding for Private Health Insurance Subsidies	\$460.2	\$0.0
<b>Total</b>	<b>\$849.2</b>	<b>\$26.0</b>
<b>State Match as a Percent of Federal Funds</b>		<b>3.1%</b>

\*Estimate of Senate bill prepared by Massachusetts Institute of Technology Economics Professor Jonathan Gruber

\*\*Estimate of Senate bill prepared by Congressional Budget Office

**Figure 4. Increase in Federal Funding for Temporary Increase in Federal Medical Assistance Percentage (FMAP) Rates Under Recovery Act (Enacted) and Jobs Bill (Pending) (in millions)**

	Recovery Act (enacted)			Jobs Bill (pending)	Savings to States From Increase in Federal FMAP Funding
	2009	2010	2010	2011	
	Increase in Federal FMAP Funding (Distributed)* +	Increase in Federal FMAP Funding (Distributed)* +	Increase in Federal FMAP Funding (Projected Remaining Distribution)*	Increase in Federal FMAP Funding (Projected)**	
Alabama	\$354	\$190	\$350	\$240	\$1,134
Alaska	\$63	\$62	\$80	\$55	\$260
Arizona	\$797	\$468	\$814	\$557	\$2,636
Arkansas	\$240	\$139	\$244	\$167	\$790
California	\$4,100	\$2,365	\$4,161	\$2,847	\$13,474
Colorado	\$340	\$203	\$350	\$239	\$1,132
Connecticut	\$503	\$275	\$500	\$342	\$1,620
Delaware	\$130	\$72	\$130	\$89	\$420
District of Columbia	\$141	\$85	\$145	\$99	\$471
Florida	\$1,724	\$1,091	\$1,811	\$1,240	\$5,866
Georgia	\$687	\$357	\$672	\$460	\$2,176
Hawaii	\$171	\$75	\$158	\$108	\$513
Idaho	\$115	\$66	\$117	\$80	\$378
Illinois	\$1,266	\$809	\$1,336	\$914	\$4,325
Indiana	\$668	\$395	\$684	\$468	\$2,214
Iowa	\$196	\$138	\$215	\$147	\$696
Kansas	\$174	\$111	\$183	\$125	\$594
Kentucky	\$420	\$266	\$442	\$302	\$1,430
Louisiana	\$467	\$382	\$546	\$374	\$1,769
Maine	\$215	\$150	\$235	\$161	\$761
Maryland	\$638	\$419	\$680	\$465	\$2,202
Massachusetts	\$1,206	\$660	\$1,201	\$822	\$3,888
Michigan	\$990	\$514	\$967	\$662	\$3,132
Minnesota	\$801	\$439	\$798	\$546	\$2,583
Mississippi	\$292	\$188	\$309	\$211	\$1,000
Missouri	\$620	\$334	\$614	\$420	\$1,987
Montana	\$68	\$50	\$76	\$52	\$246
Nebraska	\$116	\$70	\$120	\$82	\$388
Nevada	\$187	\$102	\$186	\$127	\$602
New Hampshire	\$85	\$67	\$98	\$67	\$317
New Jersey	\$857	\$535	\$895	\$613	\$2,900
New Mexico	\$227	\$158	\$248	\$170	\$804
New York	\$4,327	\$2,762	\$4,562	\$3,122	\$14,773
North Carolina	\$827	\$602	\$920	\$629	\$2,978
North Dakota	\$39	\$23	\$39	\$27	\$128
Ohio	\$1,188	\$719	\$1,227	\$839	\$3,972
Oklahoma	\$340	\$236	\$371	\$254	\$1,202
Oregon	\$350	\$203	\$356	\$243	\$1,152
Pennsylvania	\$1,569	\$927	\$1,606	\$1,099	\$5,202
Rhode Island	\$193	\$100	\$188	\$129	\$610
South Carolina	\$376	\$178	\$356	\$244	\$1,153
South Dakota	\$48	\$30	\$50	\$34	\$162
Tennessee	\$658	\$339	\$641	\$439	\$2,076
Texas	\$2,004	\$1,470	\$2,236	\$1,530	\$7,239
Utah	\$126	\$79	\$132	\$90	\$426
Vermont	\$105	\$67	\$111	\$76	\$359
Virginia	\$573	\$362	\$602	\$412	\$1,950
Washington	\$763	\$459	\$786	\$538	\$2,545
West Virginia	\$181	\$109	\$187	\$128	\$604
Wisconsin	\$555	\$320	\$563	\$385	\$1,823
Wyoming	\$35	\$31	\$43	\$29	\$138
<b>Totals</b>	<b>\$33,110</b>	<b>\$20,250</b>	<b>\$34,340</b>	<b>\$23,500</b>	<b>\$111,200</b>

\*<http://transparency.cit.nih.gov/RecoveryGrants/grant.cfm?grant=Reinvestment>

+A temporary increase in the FMAP (Federal Medical Assistance Percentage) rate was included in the American Recovery and Reinvestment Act of 2009 providing \$83.4 billion in additional assistance to states through the Medicaid program. (<http://www.cbpp.org/cms/index.cfm?fa=view&id=2498>) Approximately \$4 billion in additional federal funds will flow to states under other federal programs as a result of the temporary increase in the FMAP rate.

\*\*In the President's 2011 budget and in the Jobs for Main Street Act of 2010 passed by the House of Representatives on Dec. 16, 2009, additional funding is included for extending the temporary FMAP increase for states through June 2011 (\$25.5 billion in Administration budget; \$23.5 billion in H.R. 2847). The allocations shown, by state, are estimates based on the actual distribution of FMAP funds authorized under the Recovery Act through Jan. 8, 2010 (as reported at [HHS.gov/Recovery](http://HHS.gov/Recovery)). Actual distribution of funds may be different.

projected under health reform will be more than offset by \$111.2 billion in reduced state Medicaid spending provided under the Recovery Act and the pending jobs bill. In fact, states will experience a net reduction in Medicaid spending of \$85.2 billion over the 2009–2019 period (Figure 5) as a result of these combined federal actions.

Passage of comprehensive health reform, as well as enactment of immediate relief through higher federal FMAP rates, would provide an enormous financial boost to state governments. These actions will relieve states of significant budgetary pressures while addressing the rising health care needs of American families.

**Figure 5: Impact on State Medicaid Match Expenditures Under Jobs Bills and Health Reform\* (in billions)**

	2009 – 2019
<b>Reduction in State Medicaid Contribution Required Under Jobs Bills</b>	<b>-\$111.2</b>
Recovery Act (enacted) (\$87.7 billion reduction)	
Jobs for Main Street Act (House-passed) (\$23.5 billion reduction)	
<b>Increase in State Medicaid Contribution Required Under Health Reform</b>	<b>\$26.0</b>
<b>Net Reduction in Required State Medicaid Contribution (Savings)</b>	<b>-\$85.2</b>

\* Estimate of Senate bill prepared by Congressional Budget Office

## Endnotes

<sup>1</sup>Congressional Budget Office, Letter to Rep. John Dingell, Table 3, Nov. 20, 2009. Accessed at <http://www.cbo.gov/ftpdocs/107xx/doc10741/hr3962Revised.pdf>.

<sup>2</sup>House bill—H.R. 3962. Accessed at: <http://thomas.loc.gov/cgi-bin/bdquery/z?d111:HR03962:@@D&summ2=m&>; and Senate bill—H.R. 3590. Accessed at <http://thomas.loc.gov/cgi-bin/bdquery/z?d111:h.r.03590>.

<sup>3</sup>American Recovery and Reinvestment Act of 2009. Accessed at <http://thomas.loc.gov/cgi-bin/bdquery/D?d111:4:./temp/-bdq7Xm:@@D&summ2=m&l/bss/111search.html>.

<sup>4</sup><http://www.speaker.gov/newsroom/legislation?id=0351>.

<sup>5</sup>David Cutler and Neeraj Sood, New Jobs Through Better Health Care Health Care: Reform Could Boost Employment by 250,000 to 400,000 a Year this Decade, Center for American Progress, January 2010. Accessed at [www.americanprogress.org/issues/2010/01/pdf/health\\_care\\_jobs.pdf](http://www.americanprogress.org/issues/2010/01/pdf/health_care_jobs.pdf).

<sup>6</sup>Igor Volsky, “Top Pelosi Aide Says Reconciliation Process Is ‘The Only Way’ To Save Health Reform,” Think Progress, Feb. 9, 2010. Accessed at <http://wonkroom.thinkprogress.org/2010/02/09/top-pelosi-aide-says-reconciliation/>; also, “Truth and Reconciliation,” Wall Street Journal, Feb. 13, 2010, accessed at <http://online.wsj.com/article/SB10001424052748703382904575059590466473372.html>.

<sup>7</sup>Jonathan Gruber is under contract with the Obama Administration to provide economic modeling on health insurance reform options.

<sup>8</sup>Congressional Budget Office. Letter to Majority Leader Harry Reid, Dec. 19, 2009, page 7.

<sup>9</sup>A temporary increase in the FMAP rate was included in the American Recovery and Reinvestment Act of 2009 providing \$83 billion in additional assistance to states through the Medicaid program. <http://www.cbpp.org/cms/index.cfm?fa=view&id=2498> <http://www.cbpp.org/cms/index.cfm?fa=view&id=2498>.

<sup>10</sup>American Medical Association, Summary of Major Health Care Provisions, American Recovery And Reinvestment Act of 2009. Accessed at [http://www.ama-assn.org/ama/pub/advocacy/current-topics-advocacy/hr1-stimulus-summary\\_print.html](http://www.ama-assn.org/ama/pub/advocacy/current-topics-advocacy/hr1-stimulus-summary_print.html).

# Appendix

## Increase in Federal Funding, by State, Under Senate Health Reform Legislation and from Temporary Increase in the Federal Medical Assistance Percentage (FMAP) Rate Under the Recovery Act (enacted) and Jobs Bill (pending) (in millions)

	2009		2010		2011		2014		2015		2016		2017		2018		2019		Total Federal Dollars			Total Increase in Federal Funding Under Health Reform (for Medicaid and PHI Subsidies) and From Temporary Increase in FMAP Rate
	Recovery Act (enacted)		Jobs Bill (pending)		Increase in Federal FMAP Funding (Projected Remaining Distribution)**	Increase in Federal FMAP Funding (Projected)	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal FMAP Funding	Increase in Federal Medicaid Funding	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding	Increase in Federal FMAP Funding	Increase in Federal Medicaid Funding	Federal Private Health Insurance Subsidies*	
	Increase in Federal FMAP Funding (Distributed)†††	Increase in Federal FMAP Funding (Projected)	Increase in Federal FMAP Funding (Projected)	Increase in Federal FMAP Funding (Projected)																		
Alabama	\$354	\$190	\$350	\$240	\$470	\$780	\$870	\$1,070	\$1,310	\$1,640	\$1,220	\$1,750	\$1,310	\$1,880	\$1,134	\$5,930	\$7,920	\$14,984				
Alaska	\$63	\$62	\$80	\$55	\$30	\$220	\$80	\$320	\$140	\$180	\$320	\$190	\$340	\$200	\$260	\$1,610	\$820	\$2,690				
Arizona	\$797	\$468	\$814	\$557	\$360	\$410	\$780	\$600	\$1,300	\$1,590	\$670	\$1,710	\$720	\$1,840	\$2,636	\$3,230	\$7,580	\$13,446				
Arkansas	\$240	\$139	\$244	\$167	\$390	\$490	\$710	\$670	\$1,020	\$1,190	\$770	\$1,280	\$820	\$1,380	\$790	\$3,720	\$5,970	\$10,480				
California	\$4,100	\$2,365	\$4,161	\$2,847	\$2,840	\$2,120	\$5,560	\$3,150	\$8,480	\$10,420	\$3,130	\$11,190	\$3,400	\$12,060	\$13,474	\$15,770	\$50,550	\$79,794				
Colorado	\$340	\$203	\$350	\$239	\$440	\$660	\$800	\$910	\$1,170	\$840	\$890	\$1,630	\$950	\$1,750	\$1,132	\$4,610	\$7,300	\$13,042				
Connecticut	\$503	\$275	\$500	\$342	\$200	\$490	\$440	\$690	\$760	\$930	\$680	\$1,000	\$720	\$1,070	\$1,620	\$3,470	\$4,400	\$9,490				
Delaware	\$130	\$72	\$130	\$89	\$40	\$120	\$110	\$180	\$190	\$260	\$200	\$270	\$220	\$290	\$420	\$970	\$1,160	\$2,550				
Dist. of Columbia	\$141	\$85	\$145	\$99	\$30	\$120	\$60	\$170	\$90	\$100	\$170	\$110	\$180	\$120	\$471	\$860	\$510	\$1,841				
Florida	\$1,724	\$1,091	\$1,811	\$1,240	\$1,420	\$3,020	\$3,390	\$4,200	\$5,550	\$4,090	\$7,240	\$4,450	\$7,780	\$4,830	\$8,350	\$22,210	\$33,730	\$61,806				
Georgia	\$687	\$357	\$672	\$460	\$620	\$1,990	\$1,750	\$2,820	\$2,950	\$2,950	\$3,170	\$3,960	\$3,410	\$4,260	\$2,176	\$15,390	\$17,230	\$34,796				
Hawaii	\$171	\$75	\$158	\$108	\$70	\$130	\$120	\$190	\$180	\$230	\$190	\$240	\$210	\$260	\$513	\$960	\$1,100	\$2,573				
Idaho	\$115	\$66	\$117	\$80	\$190	\$340	\$340	\$470	\$530	\$480	\$520	\$700	\$560	\$750	\$378	\$2,550	\$3,150	\$6,078				
Illinois	\$1,266	\$809	\$1,336	\$914	\$770	\$2,390	\$1,460	\$3,430	\$2,200	\$3,230	\$3,440	\$2,900	\$3,660	\$3,120	\$4,325	\$17,450	\$13,180	\$34,955				
Indiana	\$668	\$395	\$684	\$468	\$600	\$950	\$1,260	\$1,320	\$1,930	\$1,370	\$2,600	\$2,600	\$1,580	\$2,790	\$2,214	\$7,190	\$11,600	\$21,004				
Iowa	\$196	\$138	\$215	\$147	\$370	\$400	\$560	\$590	\$750	\$640	\$680	\$970	\$730	\$1,040	\$696	\$3,250	\$4,590	\$8,536				
Kansas	\$174	\$111	\$183	\$125	\$350	\$490	\$580	\$680	\$850	\$690	\$740	\$1,090	\$780	\$1,170	\$594	\$3,640	\$5,060	\$9,294				
Kentucky	\$420	\$266	\$442	\$302	\$250	\$1,100	\$600	\$1,560	\$990	\$1,640	\$1,760	\$1,370	\$1,890	\$1,470	\$1,430	\$8,530	\$5,960	\$15,920				
Louisiana	\$467	\$382	\$546	\$374	\$380	\$1,160	\$770	\$1,610	\$1,270	\$1,650	\$1,700	\$1,820	\$1,900	\$1,940	\$1,769	\$8,720	\$7,980	\$16,369				
Maine	\$215	\$150	\$235	\$161	\$110	\$190	\$210	\$310	\$330	\$320	\$340	\$430	\$370	\$460	\$761	\$1,610	\$1,940	\$4,311				
Maryland	\$638	\$419	\$680	\$465	\$380	\$1,200	\$670	\$1,730	\$990	\$1,600	\$1,740	\$1,330	\$1,880	\$1,430	\$2,202	\$8,790	\$6,040	\$17,032				
Massachusetts	\$1,206	\$660	\$1,201	\$822	\$750	\$490	\$1,340	\$700	\$2,000	\$1,180	\$1,280	\$2,620	\$1,390	\$2,810	\$3,888	\$5,280	\$11,960	\$21,128				
Michigan	\$990	\$514	\$967	\$662	\$1,020	\$1,660	\$1,780	\$2,350	\$2,640	\$2,390	\$2,540	\$3,460	\$2,700	\$3,720	\$3,132	\$12,520	\$15,950	\$31,502				
Minnesota	\$801	\$439	\$798	\$546	\$490	\$680	\$760	\$970	\$1,090	\$920	\$1,000	\$1,390	\$1,080	\$1,490	\$2,583	\$5,010	\$6,500	\$14,093				
Mississippi	\$292	\$188	\$309	\$211	\$250	\$440	\$430	\$640	\$630	\$670	\$720	\$810	\$770	\$870	\$1,000	\$3,470	\$3,740	\$8,210				
Missouri	\$620	\$334	\$614	\$420	\$550	\$640	\$1,060	\$900	\$1,580	\$910	\$1,900	\$2,040	\$1,070	\$2,190	\$1,987	\$4,840	\$9,320	\$16,147				
Montana	\$68	\$50	\$76	\$52	\$180	\$270	\$320	\$380	\$470	\$390	\$420	\$630	\$450	\$680	\$246	\$2,050	\$2,870	\$5,166				
Nebraska	\$116	\$70	\$120	\$82	\$350	\$440	\$530	\$630	\$720	\$670	\$720	\$910	\$770	\$980	\$388	\$3,450	\$4,340	\$8,178				

continued

	2009	2010	2010	2011	2014		2015		2016		2017		2018		2019		Total Federal Dollars			Total Increase in Federal Funding Under Health Reform (for Medicaid and PHI Subsidies) and From Temporary Increase in FMAP Rate
	Increase in Federal FMAP Funding (Distributed)†††	Increase in Federal FMAP Funding (Projected)†††	Increase in Federal FMAP Funding (Projected)†††	Increase in Federal FMAP Funding (Projected)†††	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*	Increase in Federal Medicaid Funding*	Federal Private Health Insurance Subsidies*
Nevada	\$187	\$102	\$186	\$127	\$330	\$230	\$610	\$460	\$840	\$700	\$800	\$870	\$850	\$930	\$910	\$1,000	\$602	\$4,340	\$4,190	\$9,132
New Hampshire	\$85	\$67	\$98	\$67	\$130	\$90	\$240	\$210	\$340	\$360	\$310	\$450	\$330	\$490	\$350	\$520	\$317	\$1,700	\$2,120	\$4,137
New Jersey	\$857	\$535	\$895	\$613	\$870	\$500	\$1,640	\$1,200	\$2,320	\$2,060	\$2,210	\$2,630	\$2,350	\$2,810	\$2,500	\$3,050	\$2,900	\$11,890	\$12,250	\$27,040
New Mexico	\$227	\$158	\$248	\$170	\$200	\$190	\$390	\$410	\$560	\$620	\$590	\$760	\$640	\$820	\$690	\$880	\$804	\$3,070	\$3,680	\$7,554
New York	\$4,327	\$2,762	\$4,562	\$3,122	\$2,170	\$1,140	\$4,160	\$2,650	\$5,940	\$4,400	\$5,310	\$5,570	\$5,770	\$5,970	\$6,270	\$6,390	\$14,773	\$29,620	\$26,120	\$70,513
North Carolina	\$827	\$602	\$920	\$629	\$1,240	\$890	\$2,340	\$1,770	\$3,320	\$2,780	\$3,430	\$3,570	\$3,680	\$3,830	\$3,960	\$4,110	\$2,978	\$17,970	\$16,950	\$37,898
North Dakota	\$39	\$23	\$39	\$27	\$60	\$120	\$120	\$200	\$160	\$270	\$170	\$330	\$180	\$350	\$190	\$380	\$128	\$880	\$1,650	\$2,658
Ohio	\$1,188	\$719	\$1,227	\$839	\$970	\$710	\$1,840	\$1,650	\$2,690	\$2,840	\$2,900	\$3,880	\$3,090	\$4,160	\$3,290	\$4,470	\$3,972	\$14,780	\$17,710	\$36,462
Oklahoma	\$340	\$236	\$371	\$254	\$230	\$230	\$460	\$550	\$690	\$970	\$730	\$1,200	\$780	\$1,280	\$840	\$1,380	\$1,202	\$3,730	\$5,610	\$10,542
Oregon	\$350	\$203	\$356	\$243	\$510	\$340	\$950	\$630	\$1,300	\$1,010	\$1,290	\$1,250	\$1,400	\$1,340	\$1,520	\$1,440	\$1,152	\$6,970	\$6,010	\$14,132
Pennsylvania	\$1,569	\$927	\$1,806	\$1,099	\$920	\$930	\$1,720	\$1,870	\$2,510	\$3,140	\$2,510	\$3,920	\$2,670	\$4,210	\$2,840	\$4,520	\$5,202	\$13,170	\$18,590	\$36,962
Rhode Island	\$193	\$100	\$188	\$129	\$110	\$90	\$210	\$180	\$300	\$250	\$280	\$310	\$300	\$330	\$330	\$350	\$610	\$1,530	\$1,510	\$3,650
South Carolina	\$376	\$178	\$356	\$244	\$370	\$380	\$690	\$750	\$990	\$1,130	\$1,010	\$1,400	\$1,090	\$1,510	\$1,170	\$1,620	\$1,153	\$5,320	\$6,790	\$13,263
South Dakota	\$48	\$30	\$50	\$34	\$60	\$120	\$120	\$170	\$170	\$230	\$190	\$290	\$200	\$310	\$210	\$330	\$162	\$950	\$1,450	\$2,562
Tennessee	\$658	\$339	\$841	\$439	\$690	\$760	\$1,340	\$1,260	\$1,830	\$1,950	\$1,910	\$2,310	\$2,060	\$2,530	\$2,210	\$2,710	\$2,076	\$10,030	\$11,420	\$23,526
Texas	\$2,004	\$1,470	\$2,236	\$1,530	\$3,850	\$1,510	\$7,210	\$3,360	\$10,070	\$5,430	\$10,660	\$6,790	\$11,350	\$7,280	\$12,090	\$7,810	\$7,239	\$55,230	\$32,180	\$94,649
Utah	\$126	\$79	\$132	\$90	\$190	\$170	\$380	\$320	\$560	\$510	\$590	\$630	\$630	\$670	\$680	\$720	\$426	\$3,030	\$3,020	\$6,476
Vermont	\$105	\$67	\$111	\$76	\$30	\$80	\$70	\$150	\$110	\$220	\$110	\$270	\$120	\$290	\$130	\$320	\$359	\$570	\$1,330	\$2,259
Virginia	\$573	\$362	\$802	\$412	\$910	\$690	\$1,660	\$1,620	\$2,290	\$2,560	\$2,090	\$3,140	\$2,220	\$3,370	\$2,360	\$3,630	\$1,950	\$11,530	\$15,010	\$28,490
Washington	\$763	\$459	\$786	\$538	\$330	\$570	\$700	\$980	\$1,000	\$1,450	\$970	\$1,750	\$1,030	\$1,880	\$1,100	\$2,020	\$2,545	\$5,130	\$8,650	\$16,325
West Virginia	\$181	\$109	\$187	\$128	\$330	\$100	\$610	\$250	\$830	\$430	\$860	\$540	\$930	\$580	\$1,000	\$640	\$604	\$4,560	\$2,540	\$7,704
Wisconsin	\$555	\$320	\$563	\$385	\$350	\$450	\$700	\$900	\$1,000	\$1,400	\$1,010	\$1,730	\$1,090	\$1,850	\$1,190	\$1,980	\$1,823	\$5,340	\$8,310	\$15,473
Wyoming	\$35	\$31	\$43	\$29	\$40	\$40	\$80	\$100	\$120	\$160	\$120	\$200	\$130	\$210	\$130	\$230	\$138	\$620	\$940	\$1,698
<b>Totals</b>	<b>\$33,110</b>	<b>\$20,250</b>	<b>\$34,340</b>	<b>\$23,500</b>	<b>\$27,210</b>	<b>\$24,230</b>	<b>\$51,630</b>	<b>\$48,980</b>	<b>\$73,180</b>	<b>\$76,880</b>	<b>\$73,500</b>	<b>\$96,150</b>	<b>\$78,870</b>	<b>\$103,170</b>	<b>\$94,650</b>	<b>\$110,970</b>	<b>\$111,200</b>	<b>\$389,040</b>	<b>\$460,280</b>	<b>\$960,520</b>

Sources:  
† <http://transparency.cit.nih.gov/RecoveryGrants/grant.cfm?grant=Reinvestment>

\*\*A temporary increase in the FMAP (Federal Medical Assistance Percentage) rate was included in the American Recovery and Reinvestment Act of 2009 providing \$87.7 billion in additional assistance to states through the Medicaid program.  
<http://www.cbpp.org/cms/index.cfm?fa=view&id=2498>

\*In the President's 2011 budget and in the House Jobs for Main Street Act of 2010 passed by the House of Representatives on Dec. 16, 2009, additional funding is included for extending the temporary FMAP increase for states through June 2011 (\$25.5 billion in Administration budget; \$23.5 billion in H.R. 2847). The allocations shown, by state, are estimates based on the actual distribution of FMAP funds authorized under the Recovery Act through Jan. 8, 2010 (as reported at <http://transparency.cit.nih.gov/RecoveryGrants/grant.cfm?grant=Reinvestment>). Actual distribution of funds may be different.

\*Jonathan Gruber, Professor of Economics, Massachusetts Institute of Technology, Feb. 2010. Analysis of Senate health reform legislation, H.R. 3590, The Patient Protection and Affordable Care Act, as passed by the Senate on Dec. 24, 2009. Figures do not include state-specific special Medicaid provisions. The final health reform legislation passed by Congress is expected to include \$50 billion to \$100 billion in additional federal funding for subsidies under Medicaid and/or private health insurance plans offered through exchanges.