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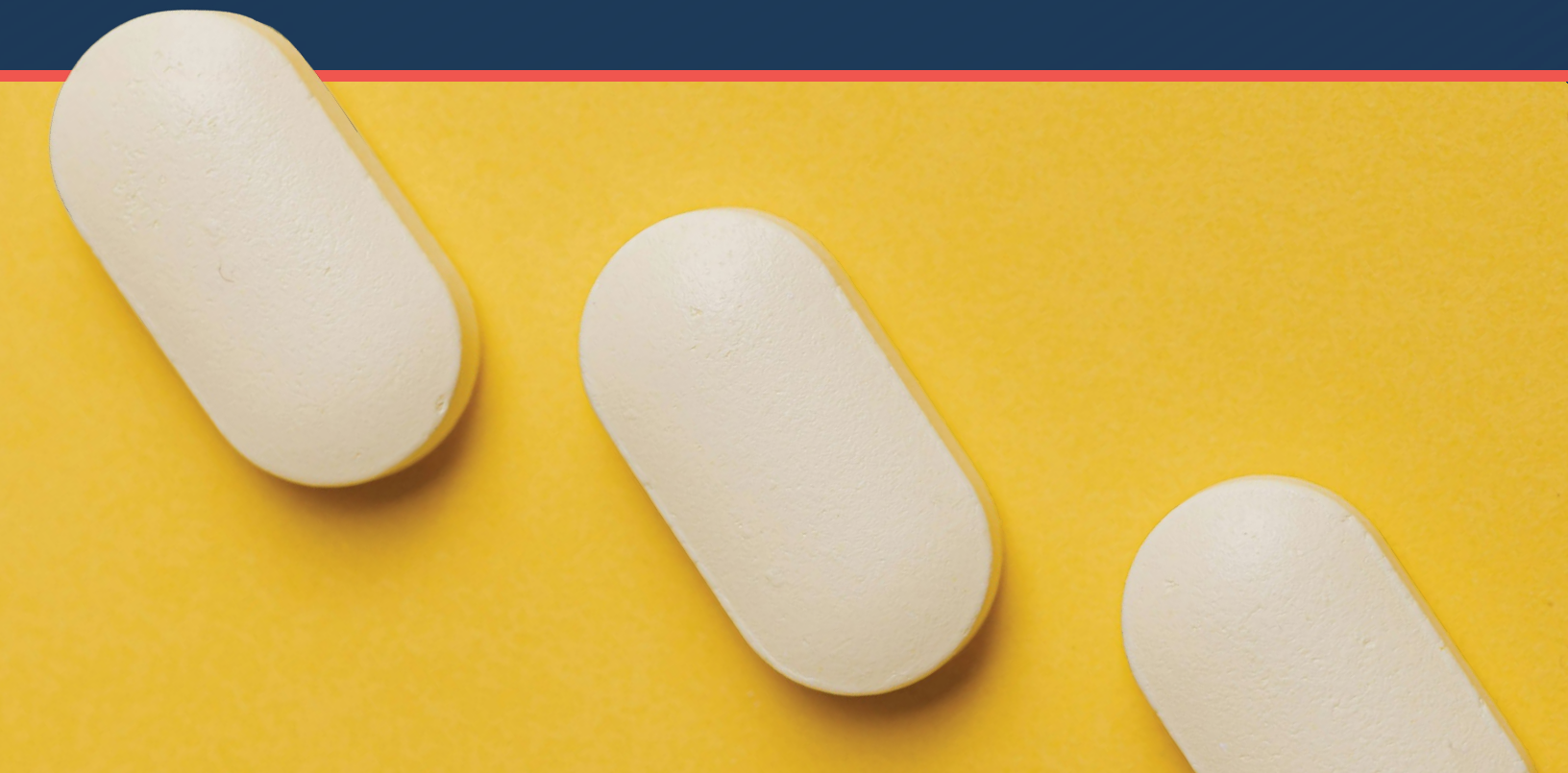
WISCONSIN & MEDICAID EXPANSION:

A Prescription for Failure



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Executive Summary

The expansion of Medicaid under the Affordable Care Act (ACA) remains a contentious issue in Wisconsin. Governor Tony Evers has included Medicaid expansion in each of his proposed biannual budgets and has signaled that he will do so again.[1] However, the state legislature has consistently rejected his proposal, making Wisconsin one of ten remaining states that have not adopted full Medicaid expansion. **Wisconsin is unique among non-expansion states because it implemented a partial expansion;** which provides Medicaid coverage to childless adults up to 100% of the federal poverty level (FPL) **eliminating any coverage gaps.** Individuals earning between 100% to 400% of the FPL qualify for subsidies for private insurance plans, ensuring that all residents are eligible for either Medicaid or a subsidized private plan. **Wisconsin currently has the 41st lowest uninsured rate among all 50 states.**

Without a coverage gap, the discussion shifts to whether Medicaid expansion would actually benefit the state. Our research and analysis suggest that Medicaid expansion would have negative repercussions—impacting both the state budget and individuals who would be forced to switch from private insurance to Medicaid.

Among the key findings:

- **Medicaid expansion is associated with higher private insurance costs.** Our analysis finds that Medicaid expansion is positively correlated with higher per capita healthcare expenditures, with expansion states spending an average of $215.59 more annually, representing a 2.1% increase compared to non-expansion states. Prices rise due to cost-shifting, which occurs when patients who have private insurance are charged more to compensate for the money lost on Medicaid patients, as Medicaid reimburses providers at lower rates.
- **Expansion would have very little impact on Wisconsin's uninsurance rate.** In 2023, only one-tenth of the state's uninsured population fell between 100% and 138% of the FPL. Even if all of them enrolled in Medicaid post-expansion, the statewide uninsurance rate would drop by just 0.36 percentage points—far less than the 2.1 and 0.8-point reductions seen in Oklahoma and Missouri after their expansions in 2021.
- **Actual health outcomes for Medicaid recipients are mediocre at best.** The Kaiser Family Foundation conducted a meta-analysis of 601 studies on Medicaid results. Only 127 studied the quality of care and health outcomes for patients—half of which show no or even worse results. Medicaid patients also face challenges in accessing care due to fewer providers accepting Medicaid compared to private insurance patients. Medicaid expansion states have also been found to shift resources away from the traditional Medicaid population, which consists of children, the disabled and the elderly, towards the expansion population of childless adults. When a silver plan only costs $35 a month for those between 100% and 138% of the FPL, it would do more harm than good to make them switch from private insurance to Medicaid.
- **States that expanded Medicaid faced unforeseen costs in their budgets.** While there would be immediate, short-term financial benefits, long-term costs have been more burdensome on state budgets than expected. Nationwide, the number of enrollees is 160% higher than projected, and the cost per enrollee is 64% higher. Improper payments for those not eligible for Medicaid are also a very high, hidden cost. According to the most recent data available, reported improper payments jumped from $35 billion to $90 billion from 2018 to 2020. Additionally, Governor Evers has signaled interest in investing the short-term savings into additional Medicaid services, which we would continue funding even after the investments run out.

INTRODUCTION

The expansion of Medicaid has been a subject of debate in Wisconsin ever since the passage of the Affordable Care Act (ACA) in 2010. Governor Tony Evers has included Medicaid expansion in all three executive budgets proposed under his administration. In response, the state legislature has stricken these provisions out of the budget each time, making Wisconsin one of the 10 remaining states that have not passed Medicaid expansion.[2]

Geographically, most non-adopters are southern states that have primarily been led by Republican governments. Many of the traditionally Republican states that have adopted expansion in recent years have done so under the leadership of Democratic governors and legislatures. For instance, Louisiana adopted expansion in 2016 after Democrat John Bel Edwards became Governor.

Despite his previously unsuccessful attempts, we expect Governor Evers to leverage the smaller Republican legislative majority and aggressively pursue Medicaid expansion in the upcoming budget. It is more important than ever for Wisconsin policymakers to fully understand the implications of Medicaid expansion.

MEDICAID & THE ACA IN WISCONSIN

Under the ACA, states were authorized to increase eligibility for Medicaid up to 138% of the federal poverty level (FPL). In return, they received a 90% federal match rate for their expansion population. To date, 40 states have accepted expansion in some form along with the promise of higher rates of reimbursement for Medicaid expenses from the federal government.[3] Figures 1 through 3 represent how many states expanded Medicaid in 2014, when the ACA first went into effect, and how many had done so by 2018 and 2024.

Beginning in 2009, Wisconsin allowed childless adults up to 200% of the FPL to qualify for Medicaid but had a cap on enrollment.[4] In August of 2013, there were 157,259 childless adults on the waitlist for Medicaid.[5] When the ACA was enacted in 2014, Governor Scott Walker's administration did a partial expansion by removing the enrollment cap on childless adults but also decreasing their income eligibility to 100% of the FPL. This was because the ACA offers subsidies for private insurance plans on the marketplace for enrollees between 100% and 400% of the FPL.

This is important to note because Wisconsin is the only non-expansion state that does not have a "coverage gap." This is when residents live below 100% of the FPL, making them ineligible for subsidized plans on the ACA, but they also do not qualify for their state Medicaid program. In Wisconsin, every low-income resident already has affordable health insurance.

Figure 1. Medicaid Expansion as of 2014

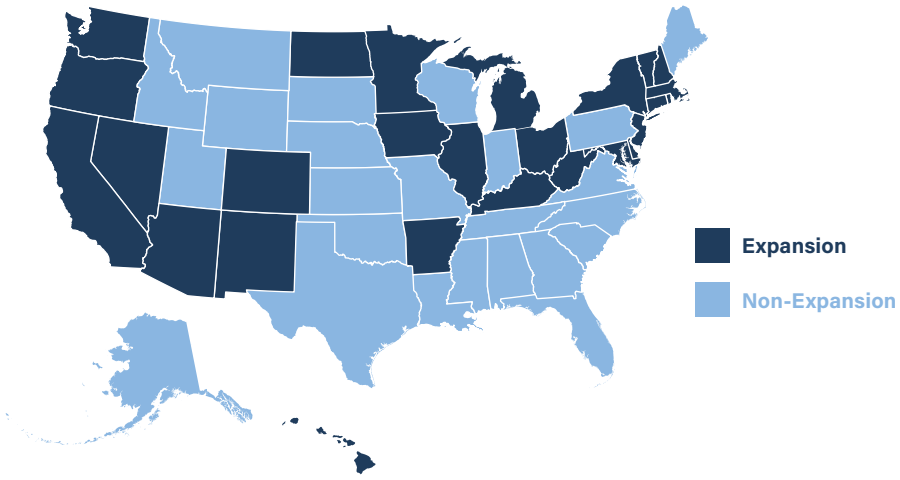


Figure 2. Medicaid Expansion as of 2018

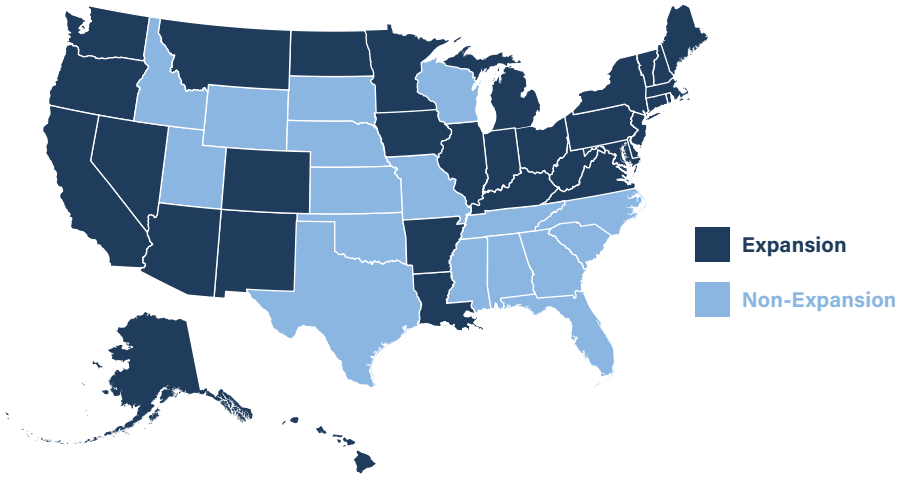
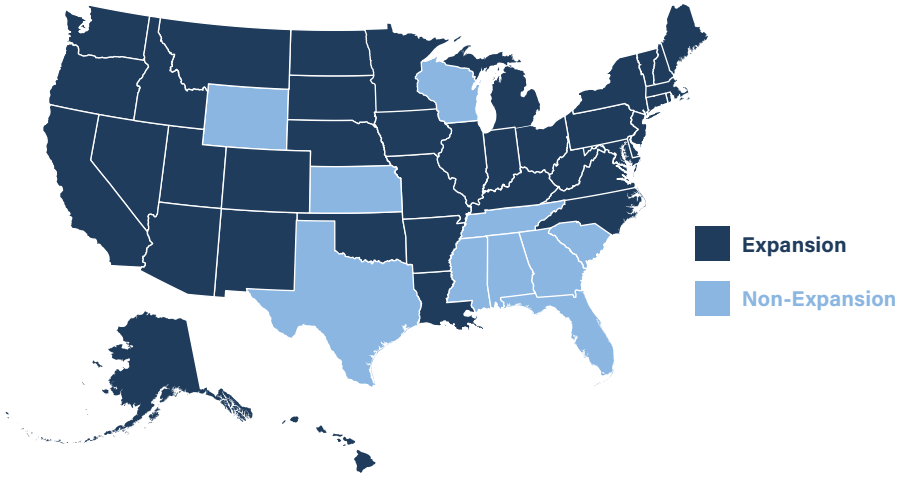


Figure 3. Medicaid Expansion as of 2024



MINIMAL RESULTS FOR WISCONSIN

The main motivation for expanding Medicaid is to give more people access to health coverage, and in this goal it has been successful. The Kaiser Family Foundation conducted a meta-analysis of 601 studies done on Medicaid outcomes since 2014 and found a solid consensus that Medicaid expansion created better outcomes in insurance coverage, use of care, and financial security.[6]

These results are logical, as most states had a coverage gap. Prior to the ACA, about 44 million Americans lacked insurance coverage nationwide in 2013.[7] Expanding Medicaid served to close that gap decreasing the number of uninsured people by over 20 million by 2016.

Wisconsin, however, does not have a coverage gap. The state's uninsured rate is only 4.9%, which amounts to roughly 284,000 uninsured individuals.[8] For context, in 2023, Wisconsin ranked 41st nationwide (where 50th is most insured), well below the national rate of 7.9% and the median state rate of 6.75%.[9]

Importantly, in 2023 the number of uninsured Wisconsin adults aged 19-64 living between 100% and 138% of the FPL was only 21,034.[10] In other words, less than one-tenth of the state's uninsured rate would become newly eligible for Medicaid, as the remainder have incomes above 138% of the FPL. If every single one of these newly eligible were to sign up for Medicaid after expansion, the statewide uninsurance rate would only fall around 0.36 percentage points. By comparison, Oklahoma and Missouri expanded Medicaid in 2021 and their uninsured rates fell by 2.1 points and 0.8 percentage points respectively.[11]

If Wisconsin expanded Medicaid to include adults up to 138% of the FPL, it is estimated that 89,700 individuals would gain access to Medicaid coverage.[12] However, this estimate mostly includes Wisconsinites who are not uninsured but already have insurance through the ACA marketplace (which offers multiple plan options for $0 a month), their employer, or even Medicare and Medicaid.

Unlike other states where most of the expansion population had no health insurance, most of the expansion population in Wisconsin would switch from one insurance plan to another. This would not lead to much, if any, improvement in coverage or financial outcomes for those enrolling on Medicaid. According to the plan search on healthcare.gov, the private insurance plan options for a healthy 25-year-old, with no children, making less than 138% of the FPL, in Monroe County include:[13]

- **Six bronze plans** for $0 a month
- **Two silver plans** for $0 a month
- An additional **28 low-cost monthly plan options**.

Forcing individuals on free or low-cost private insurance to shift to state-run insurance offers no benefit. There would be no significant impact on the insurance rate, and it would cost the government and individuals billions of dollars.

WORSE QUALITY FOR ENROLLEES

In Wisconsin's case, what matters most is the quality of the insurance that our residents would switch to. In the same KFF meta-analysis, only 127 of the 601 collected studies even measured health outcomes (as opposed to insurance or financial outcomes, e.g.), and the ones they did collect are approximately 50/50 on positive results.

- **18 studies found better outcomes** in provider capacity to see patients, but **21 found no effect** and **3 found negative effects**.
- **20 studies found better self-reported health** while **19 found no improvement**.
- **21 studies found an increase in positive health outcomes**, but **22 found no effect** and **3 found negative effects**.

Truthfully, there is no guarantee that Medicaid recipients will receive the care they need. 96.1% of doctors accept new private insurance patients while only 74.3% accept new Medicaid patients.[14] This leads to Medicaid patients having much more difficulty scheduling appointments, particularly for specialty doctors.[15] For the expansion population, most of whom would be switching from private insurance, Medicaid would likely be a worse-quality plan.

Additionally, the quality of the Medicaid program would likely decrease for the vulnerable populations already enrolled. The 90% federal match rate only applies to the able-bodied, childless adults, creating a perverse incentive to prioritize that population over patients like children, the elderly, and disabled who do not receive as much federal funding.

Research by the Mercatus Center in 2022 found that per-capita Medicaid spending growth on children in expansion states was less than one-third what it was in non-expansion states.[16] In general, the distribution of spending on children, the disabled, and the elderly remained mostly unchanged between 2013 and 2019, while the growth of spending on the expansion population was higher in expansion states. While there may be some financial incentive to expand Medicaid in Wisconsin, it is unlikely that we will see any improvement in coverage or health outcomes.

IMPACT ON THE STATE BUDGET

Expanding Medicaid would certainly have short-term financial benefits to the state. The federal reimbursement rate for the expansion population would be 90%, including the nearly 200,000 childless adults who already receive Medicaid in Wisconsin. This would result in $635 million in savings for the state budget over two years. The American Rescue Plan Act of 2021 sweetened the deal by providing large financial incentives on a permanent basis. For the first two years of newly expanding Medicaid, in addition to the 90% reimbursement rate for the expansion population, the reimbursement rate for the traditional Medicaid population would be five percentage points higher. It is estimated that this would result in an additional $1.6 billion over the first two years of expansion.[17]

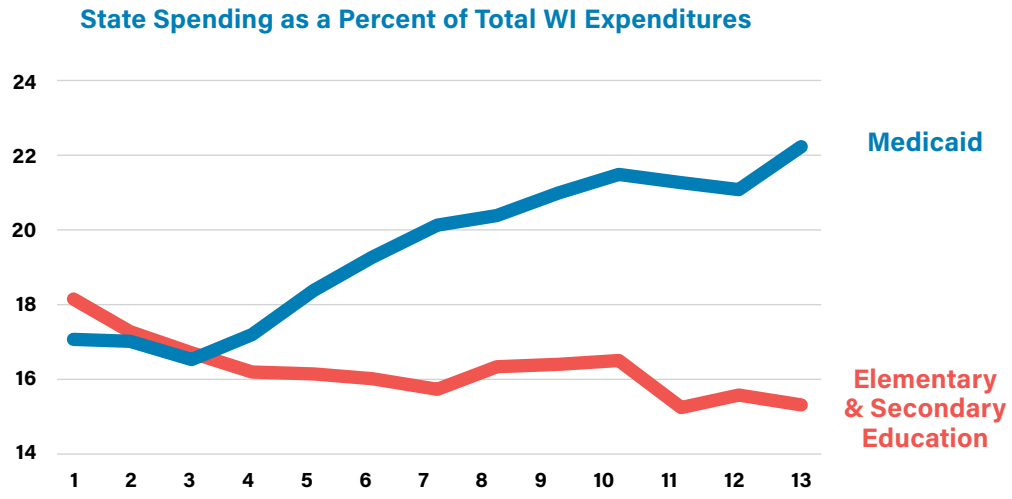
However, the long-term financial impact of expansion after the first two years must be considered. Over time, the additional number of enrollees and the cost per enrollee have far surpassed estimates. Nationwide, the number of enrollees is 160% higher than projected, and the cost per enrollee is 64% higher.[18] In Wisconsin, the initial projected enrollment estimate by KFF, had we fully expanded Medicaid in 2014, was 211,000. Following the true enrollment trends of other states, the actual enrollment over that time would have been 410,000, increasing the cost of the program to $27.2 million over 10 years rather than $14 million.

Spending may also increase beyond these projections as a result of Governor Ever's proposal to reinvest the short-term Medicaid savings back into the program. This proposal includes $626 million to increase Medicaid reimbursement rates for hospitals, and $46.5 million to add coverage for doula services, community health services, and non-medical services.[19] These additional services are unlikely to be eliminated after the initial savings and federal incentives end, placing an even greater strain on future budgets than previously estimated.

State Medicaid programs also encounter increased costs as the result of improper payments. Medicaid expansion has led to an increase of ineligible enrollees that cost states billions of dollars. Between 2014 and 2018, eligibility reviews were suspended. This led to an underestimation of the number of ineligible enrollees, likely costing states millions of dollars, the extent of which remains unclear. When reviews were reinstated, there was a significant increase of reported improper payments, rising from $35 billion in 2018 to almost $90 billion in 2020—over just two years.[20] Reviews were again suspended during the pandemic, leading to another decrease in reporting of improper payments.

Our current spending on Medicaid currently makes up a large share of our state budget, resulting in less funds for other budget priorities. According to historical data by the National Association of State Budget Officers, the percentage of the total state budget spent on Medicaid has been increasing, while other budget priorities such as education have been decreasing.[21] The graph on the next page shows the share of Wisconsin's budget spending for Medicaid and Elementary & Secondary Education from 2010 to 2023. This trend has continued and worsened in expansion states. Research by the Paragon Institute shows that

Medicaid is about 30% of state budget spending, which is the same amount as K-12 and higher education state spending combined.[22]



FUTURE FEDERAL CHANGES

It is also important to consider how the new Trump Administration and Republican-controlled Congress may change the federal reimbursement rate. Republicans have warned Medicaid proponents for years of their intent to reduce the 90% match rate for the expansion population, leaving the states on the hook for funding. Recent recommendations indicate that this reduction is likely.

The Paragon Institute recently proposed phasing down the expanded population match rate to align with the traditional population match rate by 2034.[23] The Republican Study Committee's FY 2025 Budget Proposal recommended restructuring Medicaid funding into block grants and adjusting the cost-sharing of the program to 50/50 between the federal and state governments.[24] It has recently been reported that changes to Medicaid and the ACA may be included in a Republican reconciliation bill or otherwise pursued through reform efforts. These changes may include the equalization of payments for able-bodied adults with the traditional Medicaid population.[25] If a change to the federal spending were to happen, the impact on the state budget would be detrimental and any possible benefits of expansion would be moot.

NEW ANALYSIS

Finally, it is important to consider the effect expansion would have on the cost of private insurance. In a previous WILL study, we reviewed data from all 50 states and the District of Columbia to compare private sector health insurance costs and emergency room visits between states that expanded Medicaid eligibility and those that did not. We found that expanding Medicaid in Wisconsin would raise healthcare costs for private insurance holders by an average of $177 per year, or up to $700 for a family of four. Additionally, emergency room visits in Wisconsin would increase by over 52,000 visits annually. These changes would have cost Wisconsinites over $1 billion annually due to increased private insurance premiums, and the state government $1.2 billion in each biannual budget.[26] In this review, we updated and expanded upon this research with new data.

Healthcare costs in Wisconsin are already significantly higher than most states. According to a recent study by the RAND Corporation, Wisconsin has the 5th highest hospital costs in the nation.[27] Almost half of all Wisconsinites have delayed or completely avoided care due to high costs, which averages around $10,000 per person.[28] This research suggests that Medicaid expansion would only further increase the burden on residents and employers who are already struggling to pay for healthcare.

Fourteen years of Medicaid expansion across the United States have provided an opportunity for a quasi-experiment on the impact of expansion on the cost of healthcare. This study builds on our previous research by incorporating more advanced statistical techniques and expanding our control variables. We also evaluate a larger dataset that includes additional years of data as well as more states that have expanded Medicaid.

We utilize a panel regression with states serving as the panel variable. We report the results from the fixed effects model here, though the results on our variable of interest do not vary significantly when the random effects version is used. The key independent variable takes on a value of '1' after the state adopts Medicaid expansion, and '0' for years before they adopt expansion (a state is '0' throughout if they never do). The dependent variable in this analysis is inflation-adjusted healthcare spending per capita by state gathered by the Kaiser Family Foundation.

Key control variables include variables that are likely to affect healthcare costs, including the average age of residents, the poverty rate of the state, and the average number of chronic conditions per capita gathered from the Behavioral Risk Factor Surveillance survey conducted by the Centers for Disease Control.[29] If Medicaid expansion increases costs (as is our projection), we would expect a positive relationship between Medicaid expansion and healthcare spending per capita.

RESULTS

An initial review of Table 1 shows the average per-capita healthcare expenditure in expansion versus non-expansion states for the most recent year of data included in our model. In this simplistic analysis, non-expansion states have costs about $711 less expensive than expansion states. This result shows a strong statistical significance in a t-test (t=6.81). But other factors must be accounted for, as outlined above, before drawing any firm conclusions.

Table 1. Average Cost in Expansion vs. Non-Expansion States

Category	Average Cost
Non-Expansion States	$9,988.87
Expansion States	$10,700.26
Difference	$711.38

On the next page, Table 2 shows the results of the regression analysis described in the previous section. First, as a robustness check, we note that other variables in the model tend to work in the direction that would be expected. For instance, states with a greater percentage of the population over the age of 65 see significantly higher healthcare costs per capita than states where the population is younger. We also see from our time variables that costs have increased over time relative to the baseline year of 2006. This is consistent with existing data on the cost of healthcare.[30] Chronic conditions do not show up as significant but are highly correlated with the percentage of the population over 65.

Our key variable of interest, Medicaid Expansion, does show a positive correlation to Per Capita Healthcare Expenditure. On average, the cost of healthcare in Medicaid expansion states is $215.59 higher than in non-expansion states annually. Currently, the average per-capita expenditure in the United States is $10,191, according to KFF data. An increase of $216 is substantively significant—representing about 2.1% higher costs.

Table 2. Regression Results

Key:

** indicates p<0.1*
*** indicates p< 0.05*
**** indicates p < 0.01*

Healthcare Expenditure	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
Medicaid Expansion	$215.59***	55.13511	3.91	0.000	107.1441	324.035
Poverty Rate	$19.03	23.24413	0.82	0.413	-26.6858	64.75218
Chronic Conditions	$0.10	0.114271	0.88	0.381	-0.12445	0.325074
Over 65	$7,902.28**	3499.15	2.26	0.025	1019.788	14784.77
Population (millions)	-$96.21***	30.12	-3.19	0.002	—	-36.9613
Year					-155.4505	
2008	192.1866***	57.71483	3.33	0.001	78.66711	305.7062
2010	582.3968***	71.89928	8.10	0.000	440.9778	723.8158
2012	684.5414***	82.93369	8.25	0.000	521.4188	847.6639
2014	743.5151***	98.44341	7.55	0.000	549.8864	937.1438
2016	1378.708***	118.6282	11.62	0.000	1145.378	1612.038
2018	1482.215***	148.1279	10.01	0.000	1190.862	1773.569
2020	2150.132***	168.0293	12.80	0.000	1819.635	2480.63
Constant	7227.377	511.8932	14.12	0.000	6220.532	8234.222
sigma_u	1389.7498					
sigma_e	284.09548					
rho	0.9598879	(fraction of variance due to u_i)				

RECOMMENDATION

Medicaid expansion under the ACA is not the right policy for Wisconsin, and the legislature should continue to oppose this measure. Wisconsin's unique approach of offering free or affordable insurance options to all low-income residents without expansion has already addressed the coverage gap that drove the adoption of expansion in other states. As a result, the anticipated benefits in reducing the uninsured rate and improving healthcare outcomes are minimal in this context.

Our analysis and evidence from other states highlight significant challenges with Medicaid expansion, including increased healthcare expenditures, limited resources for the most vulnerable populations, and a higher incidence of improper payments. While there are short-term financial incentives to expand Medicaid, the long-term fiscal and systemic costs outweigh these benefits.

Policymakers in Wisconsin must consider these findings carefully. Rather than adopting a one-size-fits-all approach to Medicaid, the state's efforts would be better directed toward innovative solutions that more effectively target the root causes of high healthcare costs and limited access to care.

Conclusion

Medicaid expansion has been championed as a solution to improve health coverage and outcomes. However, the data in this report suggests this is not the case. Medicaid expansion would fail to significantly reduce the uninsured rate, potentially lower the quality of care for current enrollees, increase private insurance costs, and create long-term financial risks for the state. Instead, Wisconsin should focus on maintaining its current system, supporting vulnerable populations, and exploring alternative strategies to improve healthcare affordability and access. **By rejecting expansion, Wisconsin can prioritize fiscal responsibility, healthcare quality, and the needs of its most vulnerable residents.**

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