



Medicaid in Transition: Implications of Potential Changes

Sheldon Weisgrau
VP of Health Policy & Advocacy
March 20, 2025



Missouri Foundation
for Health





About Us

Mission

To eliminate underlying causes of health inequities, transform systems, and enable individuals and communities to thrive.



About Us

Working in partnership with communities and nonprofits, Missouri Foundation for Health is transforming systems to eliminate inequities within all aspects of health and addressing the social and economic factors that shape health outcomes.

The Foundation is building a more equitable future through:



collaboration



convening



knowledge sharing



strategic investments



What is Medicaid?

- Established in 1965 under the Social Security Act
- Provides health coverage to low-income individuals and families
- Funding and administration shared by federal and state governments





Why Medicaid Matters

- Reduces uninsurance
 - Enhances affordability and access to care
 - Improves health outcomes
- Supports employment and financial security
- Funds the health system
- Creates economic growth and jobs





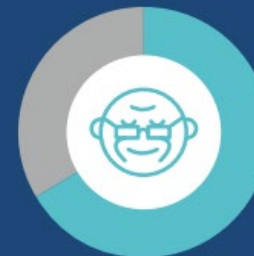
Medicaid in Missouri: MO HealthNet



Covers
1 out of every **5**
people



Covers **39%** of children



Pays for **2/3**
of nursing home care



FY 2025 House Budget Resolution

- \$1.5 trillion in “savings” to pay for tax cuts, border security, and interest
- About half of all “savings” from Medicaid

RECONCILIATION INSTRUCTIONS: Provides a floor of at least **\$1.5 trillion** in mandatory savings over 10 years. Reconciliation instructions by committee:

- Energy and Commerce: Reduce the deficit by at least **\$880 billion**





Medicaid Funding Cuts Under Consideration

- Block grants / per capita caps
- Reduce expansion cost sharing
- Restrict provider taxes
- Work reporting requirements





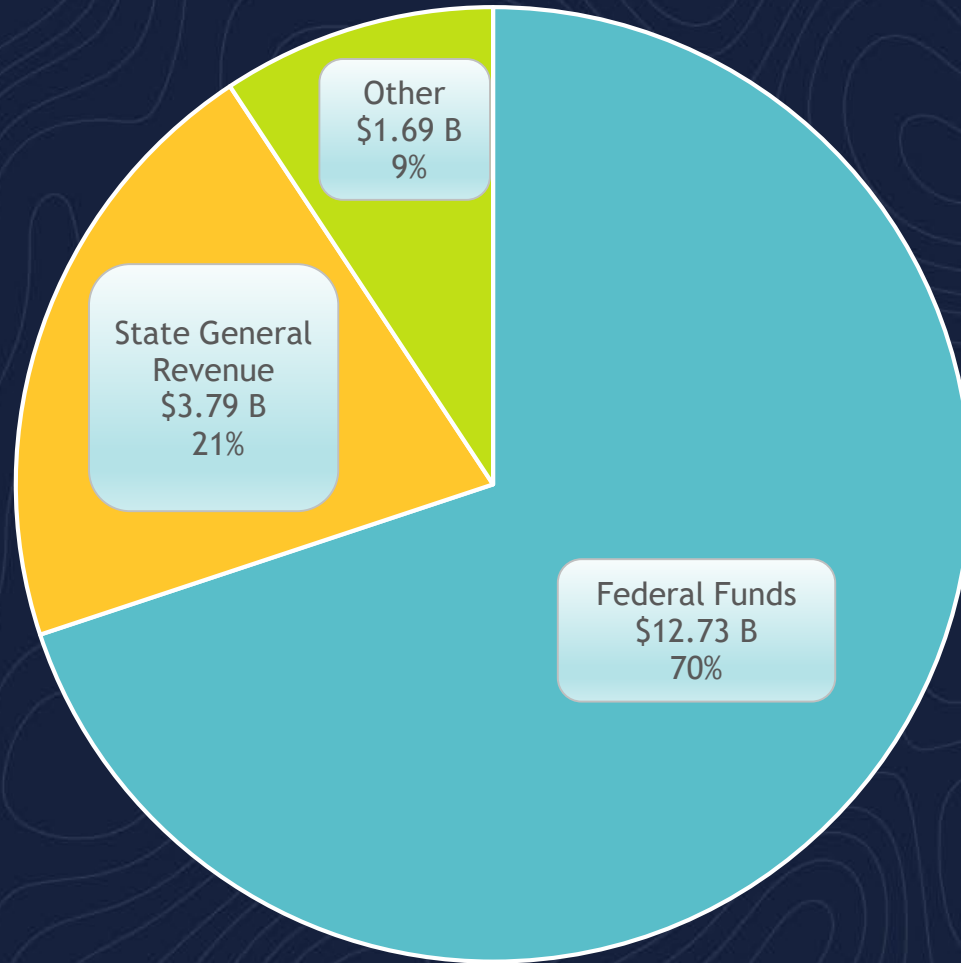
Impacts of Federal Medicaid Funding Cuts

- Shift funding responsibility to states
- Reduce enrollment
- Cut benefits
- Reduce payment to providers
- Increase administrative costs and complexity



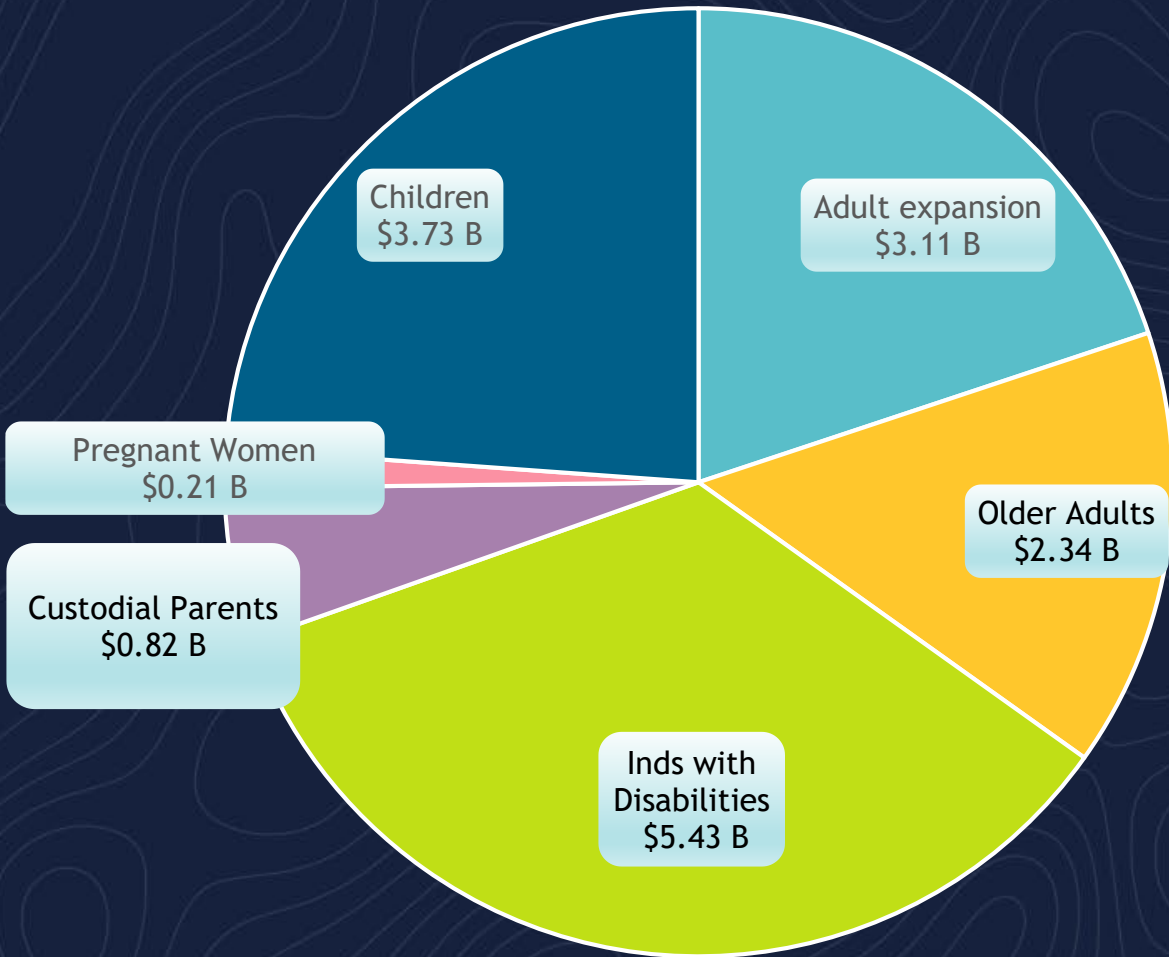


Sources of MO HealthNet Funding (SFY 2025)





MO HealthNet Expenditures by Eligibility Group, SFY 2024



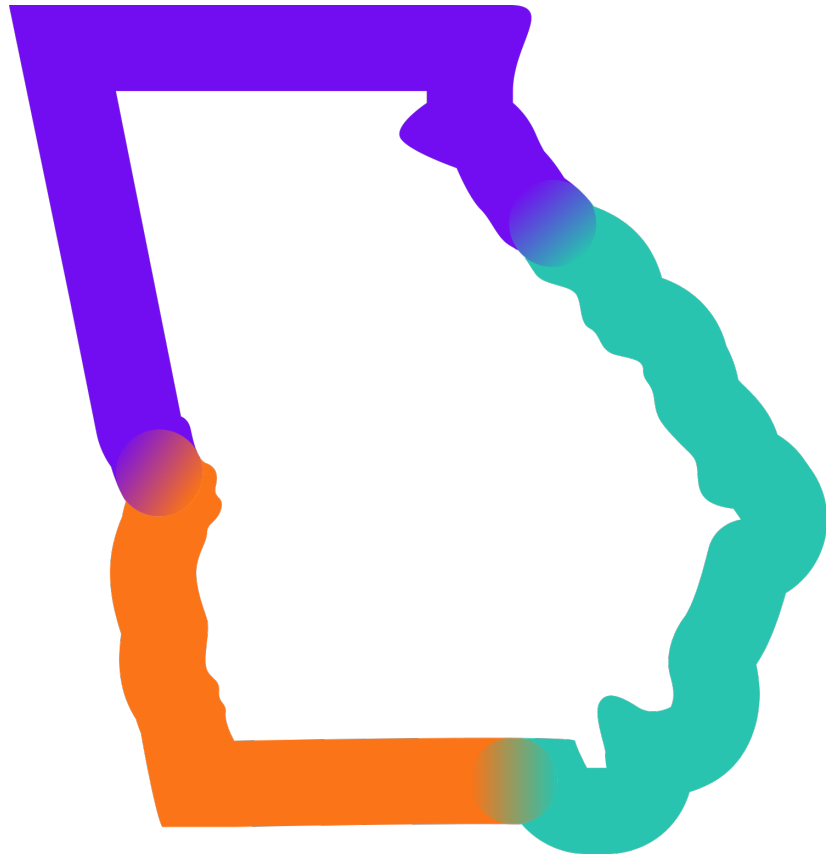


Georgia
Health
Initiative

Medicaid in Georgia

Cindy Zeldin | cindy@georgiahealthinitiative.org

Introduction to Georgia Health Initiative



Our Mission

To inspire and promote collective action that advances health equity for all Georgians

Our Vision

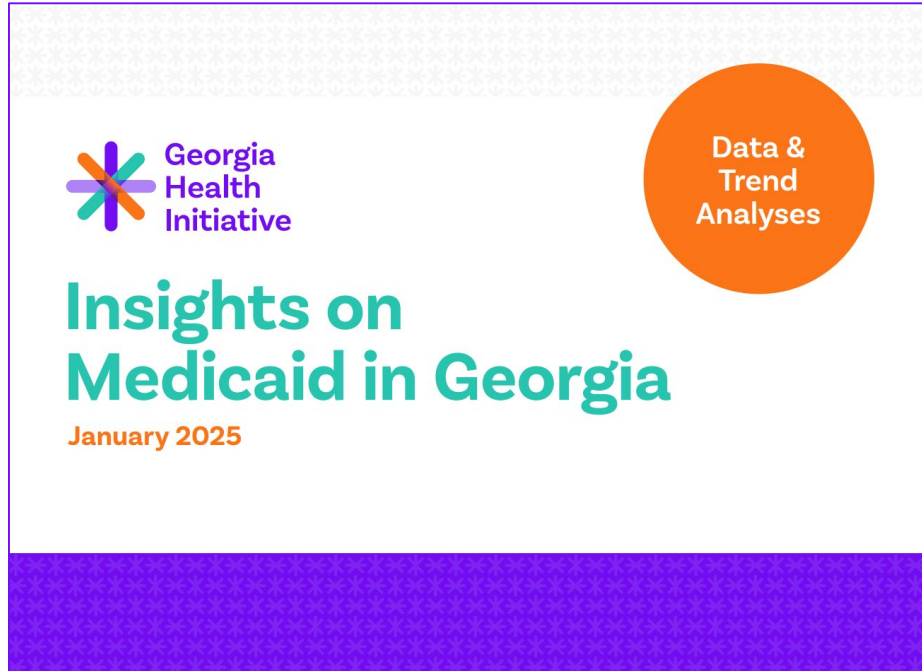
A Georgia in which all people have the opportunity to attain their fullest potential for health

Our Values

Courageous Leadership • Trust • Equity • Partnership



Key Features of Medicaid in Georgia



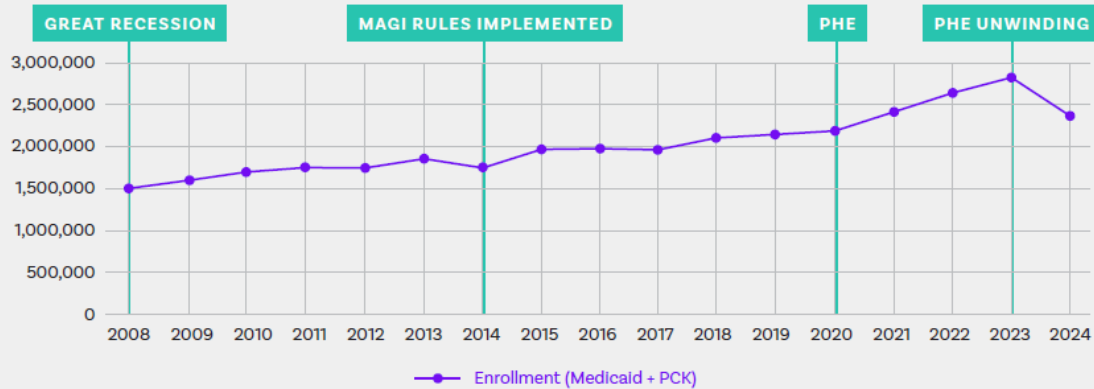
- Georgia's 2025 Medicaid budget is **\$14.63B**, or **22% of the total state budget**
- The majority of people enrolled in Medicaid in Georgia are **children**
- While less than **1 in 4** Medicaid enrollees are in the Aged, Blind, and Disabled (ABD) eligibility category, these enrollees account for nearly **60%** of Medicaid expenditures
- The percentage of county residents enrolled in Medicaid is generally **higher in rural counties**
- Georgia is a **non-expansion state**
- According to data published by KFF in 2025, there are **184,470 Georgians in the coverage gap**, and a total of **336,000 Georgians could become eligible** if Georgia expanded
- According to a 2024 REMI report, Medicaid expansion would generate an average of **51,264 new jobs** statewide



Medicaid Enrollment Overview

Nearly one in five Georgians (19%) has health coverage through Medicaid. In the two decades between State Fiscal Year (SFY) 2000 and 2020, enrollment increased from 1.3 million^{2.1} to almost 1.9 million, an average rate of growth of just over 2% each year. Several factors, including Georgia's total population growth, rising poverty rates, the aging of the population, and state policy decisions have contributed to Medicaid growth.

FIGURE 2-1.
GEORGIA MEDICAID AND PEACHCARE FOR KIDS® (PCK) POINT-IN-TIME ENROLLMENT (2008-2024)



Sources: Data.Medicaid.Gov (2017-2024) and Monthly Medicaid and CHIP Application and Enrollment Reports (2014-2016).
 NOTE: Enrollment reflects Medicaid and PCK enrollment in June of each year. "MAGI" refers to Modified Adjusted Gross Income.

Enrollment peaked at 2.8 million^{2.2} in 2023 as a result of the federal public health emergency (PHE), during which states could not disenroll members in exchange for receipt of enhanced federal funding. As of June 2024, enrollment had fallen to 2.3 million according to the Department of Community Health (DCH), which is higher than pre-pandemic counts by over 100,000 and relatively on par with the average rate of enrollment growth for the state.

Nearly
1 in 5
 Georgians (19%)
 has health coverage
 through Medicaid

18.8%
 As of July 2023, 18.8% of Georgia residents received health care through Medicaid compared to a national average of 21.3%.

81%
 On average, 81% of Medicaid members have experienced continuous enrollment for 10-12 months.

18%
 18% of Medicaid members are also dually eligible for Medicare (in part or in full).

2.1 DCH Annual Report. (2000). <https://dch.georgia.gov/document/publication/fy00-annual-report/download>.

2.2 DCH OAPI KPI Analytics Dashboard. (n.d.) Medicaid Enrollment.

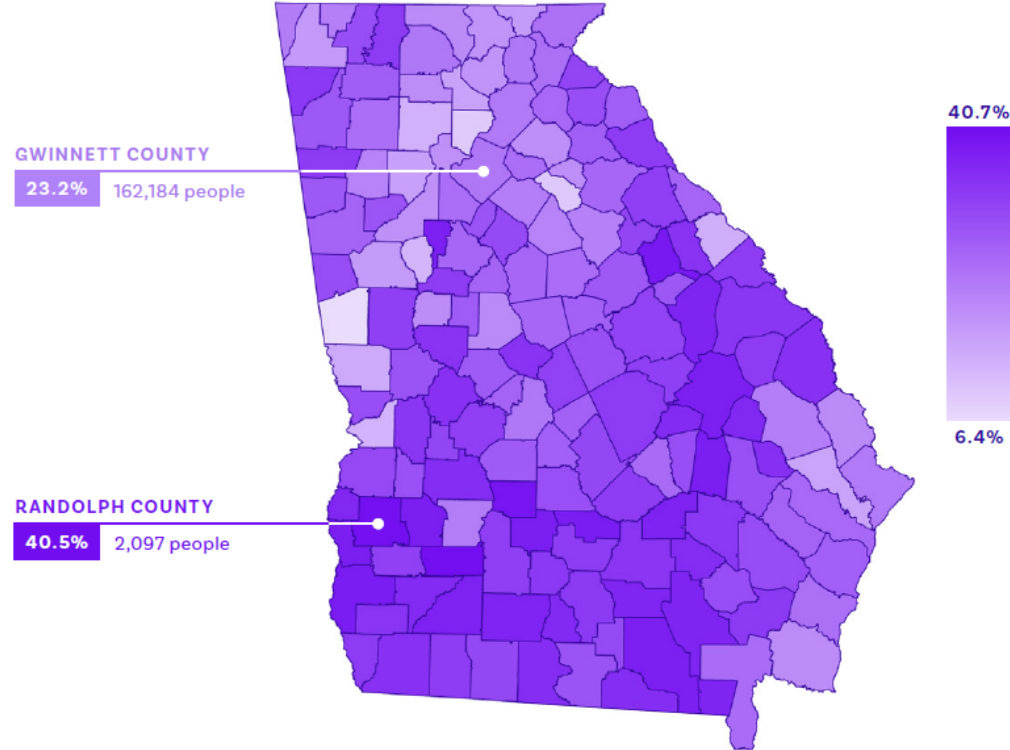


Medicaid Enrollment by County

There are Medicaid members in every county in Georgia. Overall Medicaid enrollment is higher in the more densely populated areas of the state. However, the less populated and more rural counties of Georgia tend to have higher levels of poverty and consequently have higher percentages of their population enrolled in Medicaid as compared to their urban counterparts, with as many as 43% of county residents receiving Medicaid coverage.

For example, while there are 162,184 people enrolled in Medicaid in **Gwinnett County** (the highest enrollment in the state), this translates to only 23.2% of the total county population. By contrast, **Randolph County** only has 2,097 people enrolled in Medicaid, but this translates to 40.5% of the total county population.

FIGURE 2-3.
PERCENTAGE OF COUNTY POPULATION ENROLLED IN MEDICAID (JULY 2023)

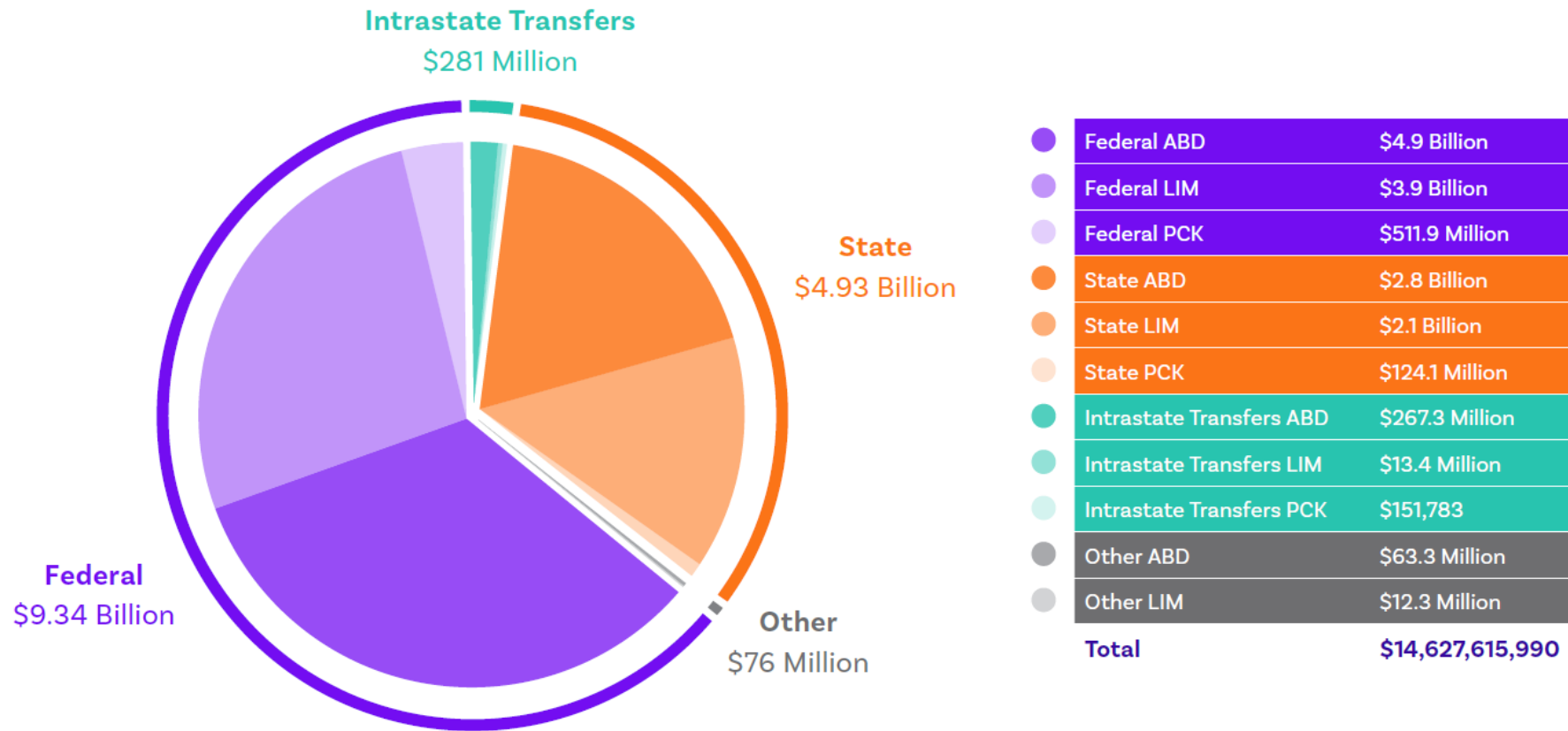


Sources: DCH Enrollment Data. Medicaid Enrollment by County. U.S. Census Bureau. Projected population by County. (2023).



Overview of the Medicaid Budget in Georgia (continued)

FIGURE 5-1.
TOTAL SPENDING ON MEDICAID IN GEORGIA (BY SOURCES OF FUNDING) FOR STATE FISCAL YEAR (SFY) 2025





Commissioned Research and Analysis

Economic Impact Research and Analysis

- As Georgia policymakers discussed approaches to expanding coverage options in 2024, **sound and updated research on the economic impact of Medicaid expansion was needed**
- The Initiative commissioned research from REMI and **distributed the findings widely**
- Research serves as a tool to **educate stakeholders and policymakers**



Economic Impacts of Medicaid Expansion in Georgia

March 2024

Principal Investigator:
Peter Evangelakis, Ph.D.

Commissioned by:
Georgia Health Initiative

Project Analyst:
Liam Paulhus

March 2024

ISSUE BRIEF



Georgia's Projected Economic Growth from Medicaid Expansion

This publication serves as a companion piece to Regional Economic Models, Inc. (REMI)'s report, *Economic Impacts of Medicaid Expansion in Georgia*, (REMI Report), which can be accessed [here](#).

As of March 2024, Georgia remains one of 10 states that has yet to expand Medicaid coverage. In addition to lower uninsured rates and increased access to care for individuals gaining coverage, expansion states have also experienced substantial economic and job growth at the state and local levels.

The Affordable Care Act allows states to expand their Medicaid programs to cover adults earning up to 138 percent of the federal poverty level (\$43,056 for a family of four in Georgia). **The federal government pays 90 percent of the costs for covering this new expansion population, with the state covering the remaining 10 percent.** In addition, a provision in the American Rescue Plan Act incentivizes states that had not expanded Medicaid as of March 11, 2021 with an **additional 5 percentage point federal match** towards the cost of covering existing enrollees from the traditional Medicaid population during the first two years of expansion.

Georgia Health Initiative is an independent nonprofit organization whose mission is to inspire and promote collective action that advances health equity for all Georgians. The Initiative commissioned REMI to perform a state- and county-level economic impact analysis of expanding Medicaid in Georgia. REMI based its analysis on a legislative fiscal note issued by the Georgia Department of Audits and Accounts in late February 2024, and estimated the impact Medicaid expansion would have on total employment, economic output, Gross Domestic Product (GDP), personal income, and population. For more information on the methodology, see the REMI report.

This Issue Brief highlights some of the findings that emerged from REMI's economic analysis.

Key Findings

Medicaid expansion would spur job creation, grow our state economy, and increase Georgians' personal incomes across the state.



Medicaid expansion would have a **positive impact** on Georgia's economy across five key areas: **total employment, economic output, GDP, personal income, and population.**



Medicaid expansion in Georgia would generate **an average of 51,264 new jobs statewide** each year in its first three years.

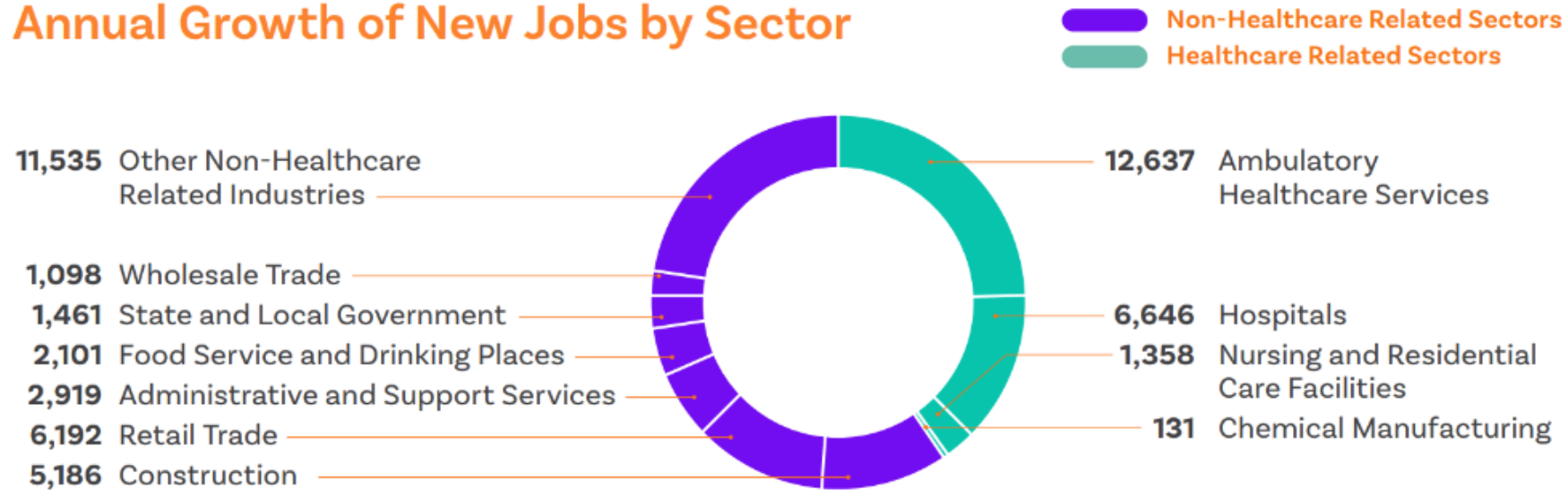


Over the first three years of Medicaid expansion, Georgians would see **an increase of \$3.6 billion in personal income in an average year**, representing an average increase of almost **\$900 per household.**



A majority of economic growth would be spread throughout the economy, outside of the healthcare industry. More than half of the new jobs created would be non-healthcare related.

Annual Growth of New Jobs by Sector

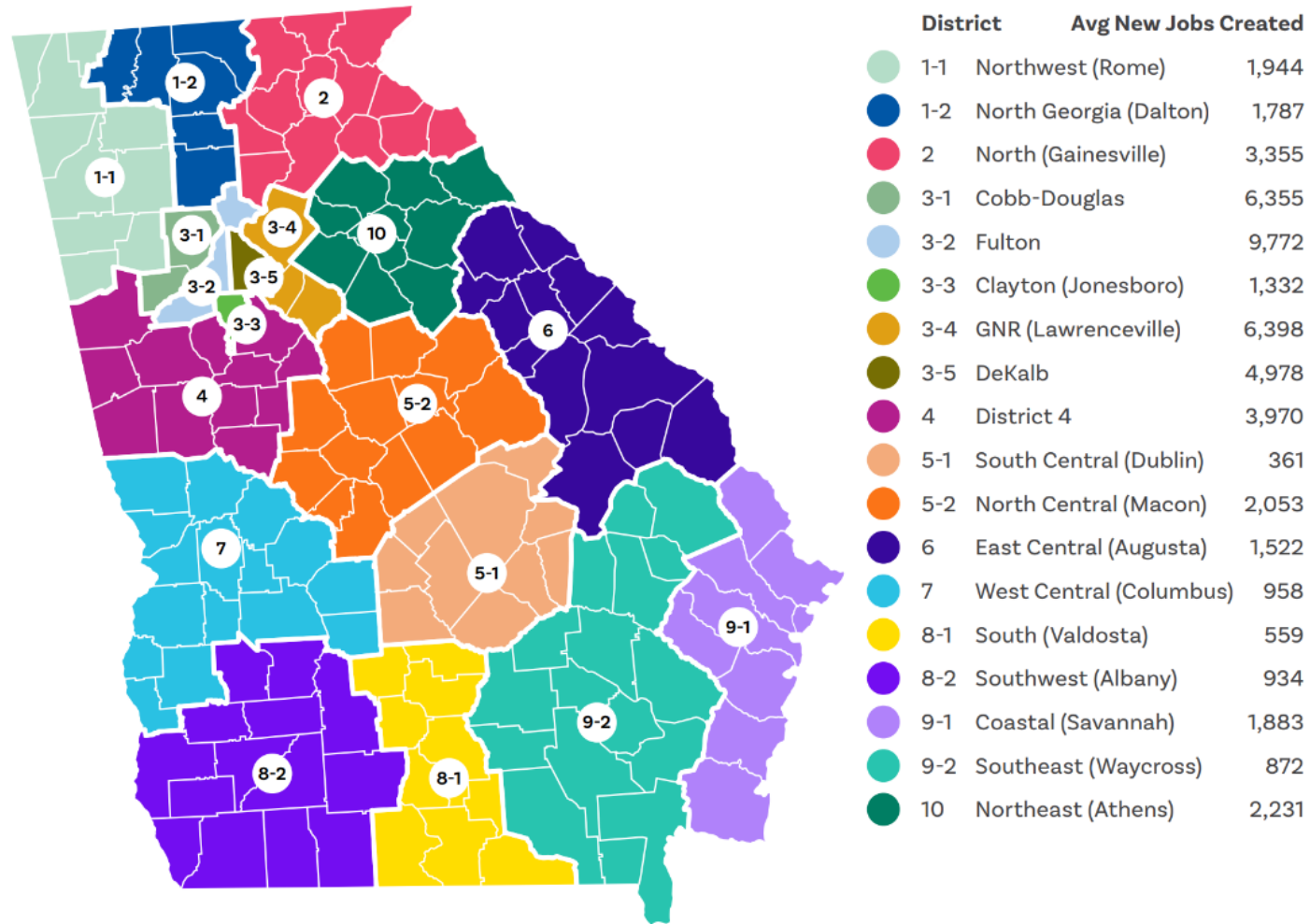


Expanding Medicaid in Georgia is projected to generate an annual average of **5,186 new jobs in construction.**



Job growth would be felt across the state.

Projected Annual Job Growth by Public Health District



These Public Health Districts are designated by the Georgia Department of Public Health. For specific county-level data, [see the REMI Report](#).



How the Analysis Was Translated and Widely Shared



GEORGIA RECORDER

GOVERNMENT/POLITICS ENERGY/ENVIRONMENT EDUCATION HEALTH CRIMINAL JUSTICE CIVIL RIGHTS

COMMENTARY

Closing the health care coverage gap would boost Georgia's economy

NATALIE CRAWFORD

CLOSING GEORGIA'S COVERAGE GAP

The Impact of Medicaid Expansion in Appling County

In the first year after Medicaid expansion, studies project Appling County would see positive economic impact, including:¹

- 41 new jobs created
- \$5.7 million increase to the county level GDP
- \$9.2 million in additional economic output
- \$2.3 million in additional personal income impact

Medicaid expansion would strengthen Appling County's economy and create new jobs.

APPLING COUNTY'S COVERAGE CRISIS²

24% of working adults aged 19-64 are uninsured

Medicaid expansion would provide affordable health coverage to thousands of people in Appling County's coverage gap that cannot get the health care they need.

The coverage gap is when people make too much to qualify for Medicaid but do not earn enough to qualify for a subsidy in the private marketplace.

Expanding Medicaid in Georgia is good for our economy, good for our health, and good for Appling County.

IT'S TIME TO CLOSE THE COVERAGE GAP IN APPLING COUNTY
COVERGA.ORG

SOURCES:
1. Georgia Health Initiative. (2024). Economic Impacts of Medicaid Expansion in Georgia (pp. 2-39).
2. Kinler-Starkley, K. & Burch, L. N. (2022, September 13). Health insurance coverage in the United States: 2021. www.census.gov/library/publications/2022/demographics/60-078.html



Report and Issue Brief available online at:

georgiahealthinitiative.org/our-work/publications-and-releases/

To learn more about our organization and engage with us, please sign up for our email distribution list at georgiahealthinitiative.org. Follow us on LinkedIn @ Georgia Health Initiative.

Economic Impacts of Medicaid Expansion in Georgia & Missouri

Peter Evangelakis, Ph.D.
Senior Vice President of Economics and Consulting

Regional Economic Models, Inc.

REMI Medicaid Expansion Studies



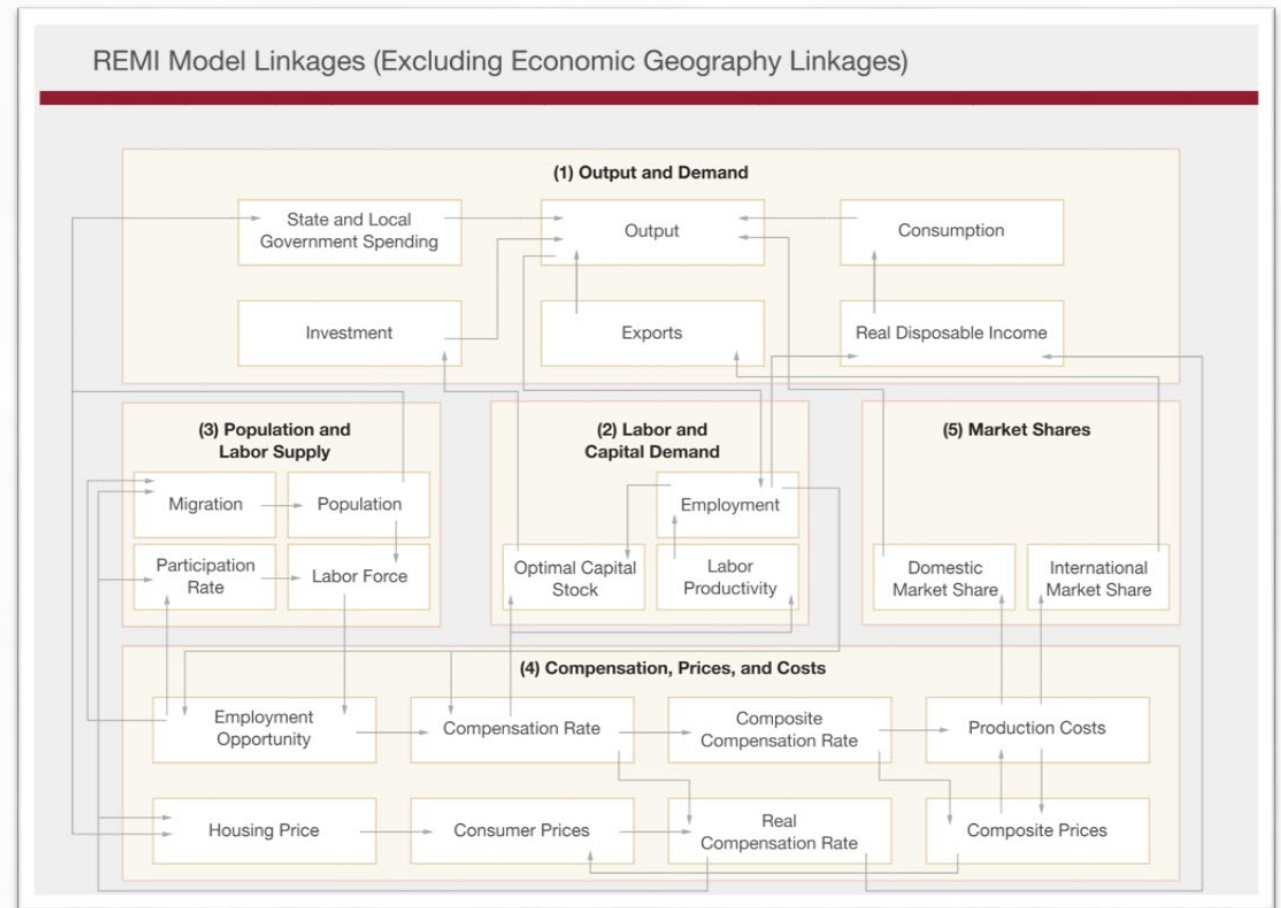
- REMI modeling has been used to study Medicaid expansion in over 15 states since 2013, including:
 - Alabama, Arkansas, Florida, [Georgia](#), Kansas, Mississippi, [Missouri](#), Montana, North Carolina, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Virginia, Wisconsin, Wyoming
- In [2024](#), REMI analyzed the economic impact on [Georgia](#) on behalf of [Georgia Health Initiative](#)
- In [2020](#), REMI analyzed the economic impact on [Missouri](#) on behalf of [Missouri Foundation for Health](#)

REMI Model



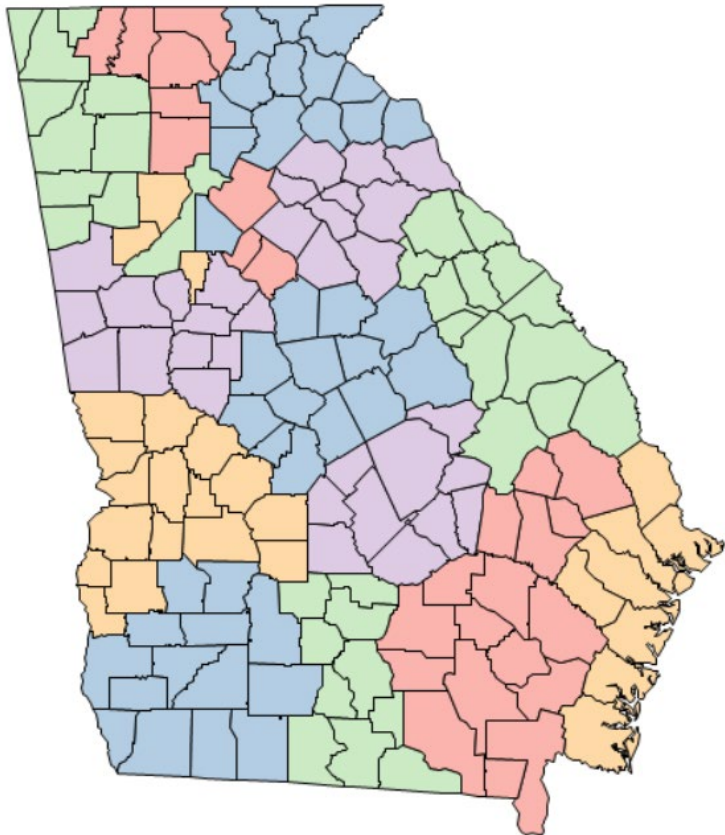
PI+ is the premier software solution for conducting dynamic macroeconomic impact analysis of public policy.

As our flagship model, PI+ specializes in generating realistic year-by-year estimates of the total local, state, and national effects of any specific policy initiative.

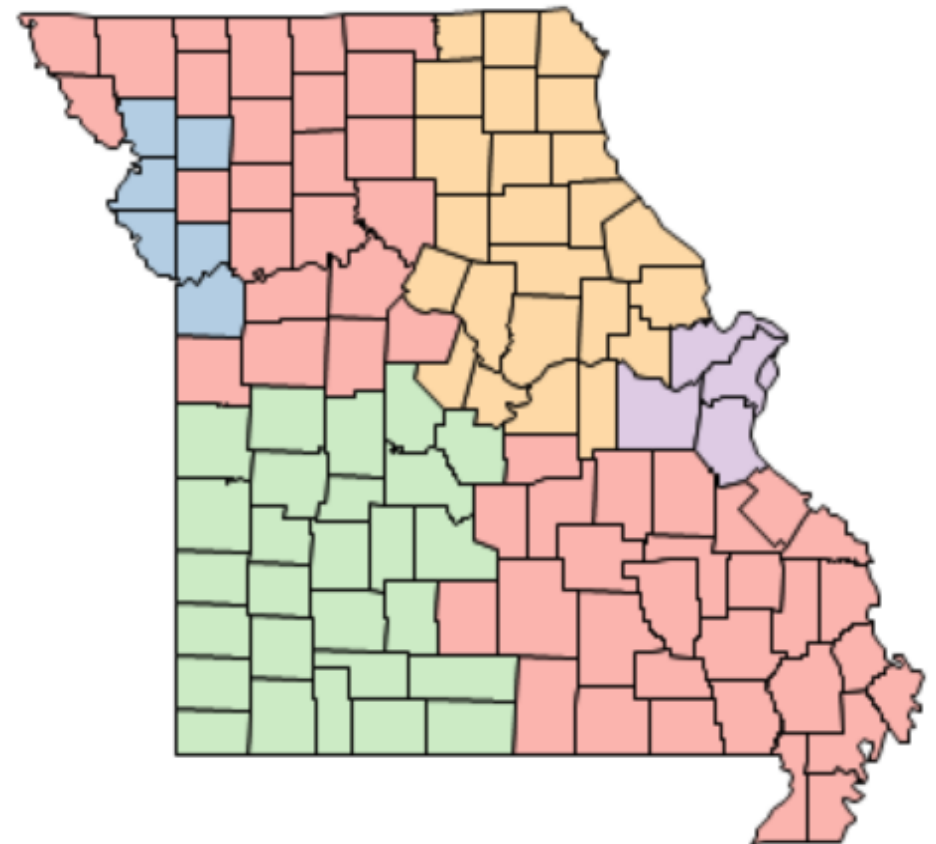


Regional Layouts

Georgia



Missouri



what does **REMI** say?sm

Direct Impacts



- REMI considered two key types of direct impact from Medicaid expansion
 - Increase in Medicaid premiums
 - Using the model's baseline forecast, this was distributed into net new health related spending by region, year, and category
 - Pharmaceutical and other medical products
 - Physician services
 - Dental services
 - Hospitals
 - Nursing homes
 - Net cost to the state government budget
 - Corresponding changes in government spending to balance budget

Data Sources



Table 1: Medicaid Capitated Payments (Premiums) and Net State Cost

Category	Year 1		Year 2		Year 3	
	Method 1	Method 2	Method 1	Method 2	Method 1	Method 2
Medicaid - Premiums (Total)	2,543.4	3,567.4	5,251.7	7,370.4	5,433.5	7,625.4
Net State Cost	-469.8	-458.8	-194.3	-157.6	512.7	556.9
Medicaid - Premiums/Admin (State)	260.1	364.4	534.1	759.6	552.2	775.1
Georgia Access/Reinsurance	0.0	0.0	22.1	26.4	22.1	26.4
Reduced State Expenditures	-721.6	-751.4	-735.6	-791.7	-48.6	-104.7
Department of Community Health (DCH)	-687.0	-687.0	-687.0	-687.0	0.0	0.0
Other Departments	-34.6	-64.4	-48.6	-104.7	-48.6	-104.7
Additional State Revenue	-8.3	-71.8	-14.9	-141.9	-13.0	-139.9

**Units: Millions of Nominal Dollars. Totals may not correspond to components due to rounding. Estimates from Tables 1 and 3 of the DOAA fiscal note. To maximize the generality of the economic impact analysis, the Workforce Development Program studied in the fiscal note was omitted. Additional table notes and information regarding the estimates are available in the fiscal note.*

what does **REMI** say?sm

Model Inputs



fiscal method 1

Save Forecast Import Export Print Tools

Select Inputs **Inputs List** Forecast Options Results

Policy Variable Inputs

Active	Edit	Group	Active	View	Category	Detail	Region	Units	2022	2023	2024	2025	2026	2027	2028	2029
<input checked="" type="checkbox"/>		New State and Local Government Spending	<input checked="" type="checkbox"/>		State and Local Government Spending	State Government	Regions (18)	Nominal \$ (M)	0	0	469.8	194.3	-512.7	0	0	0
<input checked="" type="checkbox"/>		New Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Hospitals	Northwest District	Nominal \$ (Units)	0	0	49672872.1	103221545	106884714	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Nursing homes	Northwest District	Nominal \$ (Units)	0	0	6343360.0	13098834.1	13455467.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Pharmaceutical and other medical products	North Georgia District	Nominal \$ (Units)	0	0	26917326.1	55328931.1	56719971.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Physician services	North Georgia District	Nominal \$ (Units)	0	0	35274451.1	73817391.1	77075678.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Dental services	North Georgia District	Nominal \$ (Units)	0	0	5470728.4	11325034.1	11730407.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Hospitals	North Georgia District	Nominal \$ (Units)	0	0	45913843.1	95307666.1	98673429.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Nursing homes	North Georgia District	Nominal \$ (Units)	0	0	5873481.4	12075488.1	12420431.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Pharmaceutical and other medical products	North District	Nominal \$ (Units)	0	0	42020564.1	86302217.1	88668081.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Physician services	North District	Nominal \$ (Units)	0	0	55714167.1	116661496	122134244	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Dental services	North District	Nominal \$ (Units)	0	0	8759878.1	18215566.1	18906657.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Hospitals	North District	Nominal \$ (Units)	0	0	73334611.1	153092629	159602546	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Nursing homes	North District	Nominal \$ (Units)	0	0	9364007.6	19443582.1	20148700.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Pharmaceutical and other medical products	Cobb-Douglas District	Nominal \$ (Units)	0	0	56217608.1	115501703	118684124	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Physician services	Cobb-Douglas District	Nominal \$ (Units)	0	0	75415502.1	157049569	163811693	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Dental services	Cobb-Douglas District	Nominal \$ (Units)	0	0	11478460.1	23741637.1	24564853.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Hospitals	Cobb-Douglas District	Nominal \$ (Units)	0	0	96257971.1	199961897	207490211	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Nursing homes	Cobb-Douglas District	Nominal \$ (Units)	0	0	12317529.1	25447215.1	26151908.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Pharmaceutical and other medical products	Fulton District	Nominal \$ (Units)	0	0	102097889	208626230	214390451	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Physician services	Fulton District	Nominal \$ (Units)	0	0	140661491	291585517	304231573	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Dental services	Fulton District	Nominal \$ (Units)	0	0	21144533.1	43731005.1	45265573.1	0	0	0
<input checked="" type="checkbox"/>		Consumer Spending	<input checked="" type="checkbox"/>		Consumer Spending	Hospitals	Fulton District	Nominal \$ (Units)	0	0	176775011	367381377	381928273	0	0	0

91 policy variables active. Saved C:\Users\kamp\Desktop\GAPHwin21.70 - Georgia Public Health Districts - v3.1.0\ Georgia Public Health Districts (GAPH) - 18 Region 70 Sector Model

what does **REMI** say? sm

Georgia Results



- Average Annual Impacts:
 - 51,264 jobs
 - \$9.4B economic output
 - \$5.5B Gross State Product
 - \$3.6B personal income
 - 26,112 population

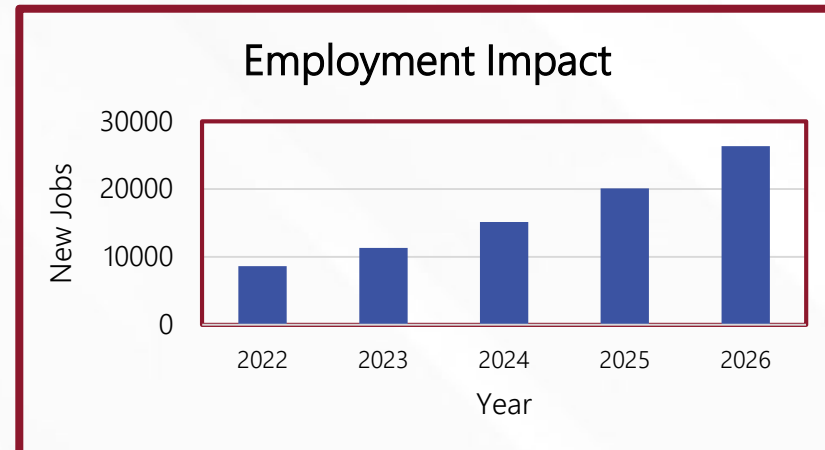
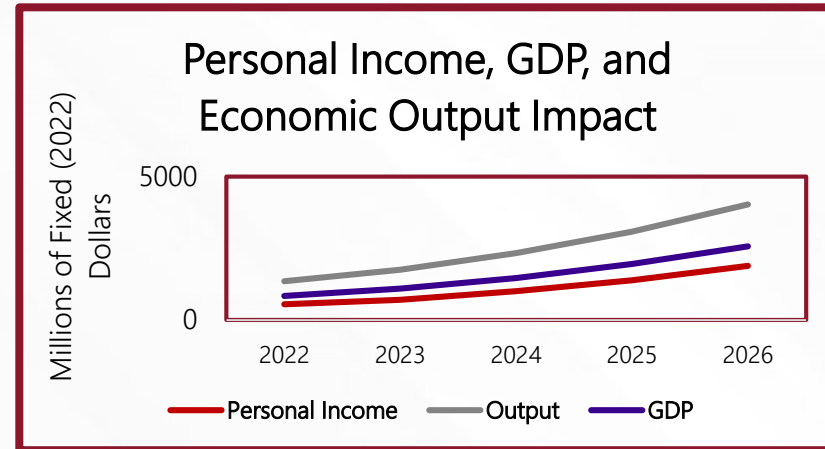
Category	Year 1	Year 2	Year 3	Average
Total Employment	38,932	63,525	51,333	51,264
<i>Selected Key Industries</i>				
Ambulatory health care services	8,063	15,321	14,528	12,637
Hospitals	4,097	8,009	7,831	6,646
Retail trade	4,289	7,555	6,730	6,192
Construction	3,626	6,316	5,615	5,186
Administrative and support services	2,119	3,597	3,043	2,919
Food services and drinking places	1,445	2,534	2,324	2,101
State and local government	4,769	2,746	-3,132	1,461
Nursing and residential care facilities	842	1,640	1,592	1,358
Wholesale trade	798	1,351	1,146	1,098
Chemical manufacturing	87	159	145	131
Economic Output	7,008.2	11,504.2	9,604.1	9,372.1
Gross Domestic Product (GDP)	4,103.9	6,775.7	5,664.7	5,514.7
Personal Income	2,719.2	4,418.2	3,748.1	3,628.5
Population	12,206	28,753	37,377	26,112
*Units: Total Employment - Jobs; Economic Output, GDP, Personal Income - Millions of 2024 Dollars; Population - Individuals. Averages may not correspond to impacts due to rounding. State and local government impacts exclude public hospitals, which are included in the Hospitals impacts.				

what does **REMI** say? sm

Missouri Results



- Average Annual Impacts:
 - 16,330 jobs
 - \$2.5B economic output
 - \$1.6B Gross State Product
 - \$1.1B personal income



Conclusions



- REMI studies found significant positive economic impacts to states from Medicaid expansion
- The studies captured both state-level impacts and differential impacts across heterogeneous sub-state regions
- The impacts were caused primarily by increases in health care spending, but they extended across all parts of the economy
 - Over 50% of the total job impacts occurred outside of the health care sector, driven by consumer spending, supply chain demand, investment activity, etc.

Q&A

(Please enter your questions into the question box)

Contact



Sheldon Weisgrau

VP of Health Policy & Advocacy at Missouri Foundation for Health

sweisgrau@mffh.org

Cindy Zeldin

Vice President of Health Policy and Government Affairs at Georgia Health Initiative

cindy@georgiahealthinitiative.org

Peter Evangelakis, Ph.D.

Senior Vice President of Economics & Consulting at REMI

peter.evangelakis@remi.com

what does *REMI* say?sm