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Health Care Spending by Those Becoming Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell Would Fall by at Least 35 Percent

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Timely Analysis of Immediate Health Policy Issues

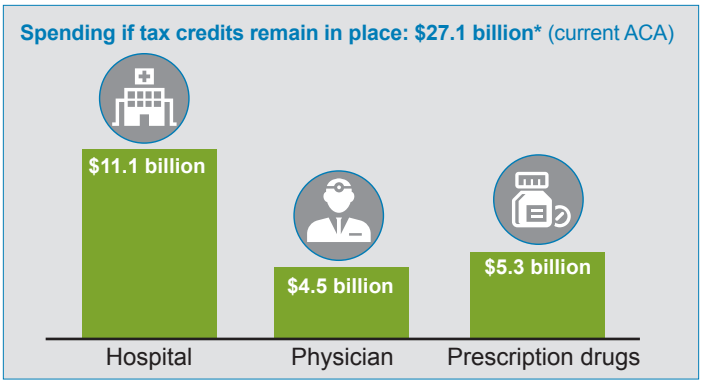
FEBRUARY 2015

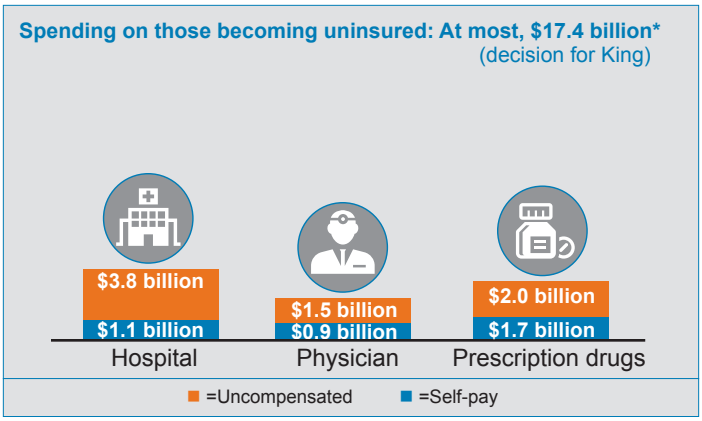
In-Brief

The U.S. Supreme Court will hear the *King v. Burwell* case in early March 2015. In it, the plaintiff argues that the Affordable Care Act (ACA) prohibits the payment of premium tax credits and cost-sharing reductions to people in states that have not established their own marketplaces. We estimate that there would be 8.2 million more uninsured people if the court rules in favor of the plaintiff, including 6.3 million people losing tax credits for Marketplace coverage, 1.2 million people purchasing nongroup coverage without tax credits and 445,000 enrolled in Medicaid or the Children's Health Insurance Program (CHIP), all of whom would become uninsured.[1]

In this brief, we estimate the change in health care expenditures for those who would lose coverage under a finding for King. Under the current law, these 8.2 million people will spend an estimated $27.1 billion on health care in 2016, with $11.1 billion spent on hospital care, $4.5 billion for physician services, $5.3 billion for prescription drugs and $6.2 billion for other health care. If these people became uninsured, they would spend $5.3 billion on their own care; another $12.0 billion in uncompensated care for this population would be provided if governments continue to fund such care at historic rates and health care providers continue to make in-kind contributions to the uninsured at the same rates as they have in the past. However, if government funding and provider contributions decrease, spending could be substantially lower than $17.4 billion. Thus, health care spending by this population could decrease by substantially more than the $9.7 billion we estimate for 2016 ($112 billion over 10 years). This significant decrease in expenditures and the rise in the demand for uncompensated care would adversely affect both the amount of health care received by those losing coverage and health care providers' revenues. This is particularly true for hospitals because the ACA reduces Medicare and Medicaid disproportionate share hospital (DSH) payments, which are historical sources of funding for uncompensated hospital care. The ACA was passed with the intent of offsetting these reductions through increased spending by people gaining insurance coverage through Medicaid or private coverage (many because of the availability of tax credits). Increasing the number of uninsured people under a decision for the plaintiff would mean that many providers would not be able to make up for the federal reductions in uncompensated care funding, particularly because many of the same states that would be affected by the case have not expanded Medicaid eligibility under the ACA.

Under a Decision for the Plaintiff in King v. Burwell, 2016 Health Care Spending for Those Losing Coverage Would Fall From **$27.1 Billion** to **$5.3 Billion** Paid by the Uninsured and **$12.0 Billion** in Uncompensated Care (Assuming Governments and Providers Contribute at Historic Rates)





Source: HIPSM-CPS 2015. ACA simulated in 2016.
**Includes spending in addition to hospital, physician, and prescription drugs.*

Introduction

In a recent analysis, we estimate the broad coverage and premium implications of a U.S. Supreme Court ruling in the *King v. Burwell* case that would end federal tax credits for low and middle income enrollees purchasing health insurance through marketplaces operated by the federal government under the ACA.[2] A subsequent brief analyzes the characteristics of those who would be affected by such a ruling and the premiums they would face to keep the insurance they would otherwise have.[3] In this brief, we estimate the change in health care spending that would occur for those who would lose insurance because of a ruling in favor of the plaintiff. Specifically, we analyze the health care spending of the 6.3 million people we estimate would lose marketplace coverage with tax credits, the 1.2 million who would lose coverage in the nongroup market that they would otherwise buy without tax credits and the 445,000 people who would lose Medicaid or CHIP coverage. Consistent with our prior analyses related to the case, our estimates include only residents of the 34 states where federally facilitated marketplaces (FFMs) are currently operating.

For those that would become uninsured, we estimate their annual health care expenditures if they have health insurance and if they do not. We separate each individual's spending into four categories: hospital expenditures (including inpatient, outpatient and emergency room care), physician expenditures, expenditures on prescription drugs and all other spending for insurance covered services (other spending includes dental care, home health care, providers other than hospitals and office-based physicians, and other medical equipment). We then compute the difference as the reduction in health expenditures caused by the loss of health insurance coverage.

In addition, we divide health care expenditures for the uninsured into care paid by the uninsured individual or their family members directly (self-pay) and uncompensated care. A recent study found that in 2013, those uninsured for a full year paid for an average of 30 percent of their care themselves; the remaining 70 percent of health care expenditures were uncompensated.[4] In this analysis, we independently estimate uncompensated care specifically for those who would lose health coverage because of a decision for the plaintiff.

Uncompensated care is funded through many sources:

- Medicaid DSH and upper payment limit programs
- Medicare DSH payments
- The Veterans Health Administration
- Other federal programs
- State and local government programs
- Private programs such as patient assistance programs that provide free or reduced-cost prescription drugs to qualifying individuals
- Charity care and bad debt absorbed by health care providers

The authors of the 2013 uncompensated care study estimated that overall, about 39 percent of uncompensated care was funded by the federal government through programs such as Medicaid and Medicare DSH payments, 24 percent was funded by state and local governments and the remaining 37 percent was funded by health care providers themselves. However, there is considerable variation between individual providers in how uncompensated care is funded.

Methods

This analysis follows the same methodological approach as the previous briefs.[5] We rely upon the Urban Institute's Health Insurance Policy Simulation Model (HIPSM), which simulates full implementation equilibrium of the ACA in 2016 (i.e., knowledge of the law and its provisions are assumed to have peaked and individual and employer behavior to have fully adjusted to the reforms).

Marketplaces in which the federal government has taken on at least some of the responsibilities of administration are often referred to as FFMs. For purposes of this analysis, we include 34 states, including those where the federal government has taken on complete responsibility (19 states), those with explicit agreements with the federal government such that the state takes on some responsibilities but not others (seven states), and states without explicit agreements but that have taken responsibility for plan management nonetheless (eight states). We do not include states that had created the legal framework for a state-based marketplace but for which technical problems led to use of the federal IT system (healthcare.gov).

The estimation of health care costs for individuals with various types of insurance and the estimation of uncompensated care are basic features of HIPSM. We rely on data from the Medical Expenditure Panel Survey-Household Component (MEPS-HC) and other sources. Details are available in the HIPSM methodology documentation.[6] For this work, we compute hospital (inpatient, outpatient and emergency room), physician, and prescription drug spending separately. The remaining health care spending is grouped into an "other expenditures" category. Using the MEPS-HC, we compute the average share of health expenditures attributable to each type of care, separating the privately insured population by five characteristics: health insurance coverage, age, gender, income and health status. For the uninsured, the MEPS-HC separates the amount paid by the uninsured from other expenditures. Thus for each type of care, we are able to estimate how much of spending by the uninsured is self-paid and how much is attributable to uncompensated care.

The two most common sources of data on health care expenditures are the MEPS-HC and the National Health Expenditure Accounts. These two sources use somewhat different definitions for how spending is classified.[7] For this analysis, we use the standard MEPS-HC classifications. Also, our estimates reflect the characteristics of the specific population who would lose coverage under a decision for the plaintiff, so they may differ from patterns of expenditures estimated for a different population. We use

MEPS-HC records for those with any private health coverage rather than for those in the pre-ACA private nongroup market. The latter population had a somewhat smaller share of spending for hospitals, likely because of limited hospital benefits, which are not allowable in ACA-compliant health plans.

Results

If the U.S. Supreme Court ruling prohibits marketplace tax credits in FFM states, we estimate that an additional 8.2 million people would become uninsured:

- Fully 6.3 million people would become uninsured when they lose tax credits for marketplace coverage.
- Another 1.2 million people who would otherwise purchase nongroup insurance coverage entirely at their own cost would become uninsured.
- Fully 445,000 people, mostly children, who would otherwise have Medicaid or CHIP coverage would become uninsured.
- Changes in employer-based coverage would result in about 300,000 on net losing insurance.[8]

Our estimates in this analysis include the first three groups: those whose coverage would be most directly affected by *King v. Burwell*. We estimate that $27.1 billion would be spent on health care for this population in 2016 (table 1) under the current implementation of the law. A decision in favor of the plaintiff would leave these people uninsured. The uninsured themselves would spend $5.3 billion on their care directly; $12.0 billion in uncompensated care would potentially be provided as well. This $12.0 billion in uncompensated care is consistent with the patterns of uncompensated care funding in recent years from such sources as state and federal governments and health care providers. However, it is not at all certain that state governments and providers would continue to fund care for the uninsured at rates comparable to those they have in the past. If they do not, health care spending at the national and state levels could decrease by considerably more than shown here. Thus, total spending on health care for this population would fall to at most $17.4 billion, a difference of at least $9.7 billion, a decline of at least 35 percent. Over ten years, 2016 to 2025, there would be at least $112 billion less in spending. In the two largest FFM states, Texas and Florida, health expenditures would decline by at least $1.9 billion and $1.2 billion, respectively.

When insured under the current implementation of the ACA, those who would be affected by a Court ruling in favor of King would spend $11.1 billion on hospital care (inpatient, outpatient and emergency room) in 2016 (table 2). If they become uninsured, however, they would spend $1.1 billion directly with another $3.8 billion in services provided as uncompensated care (if historic rates persist). Therefore, their spending in total would decrease to at most $4.8 billion: a 57 percent decline. Again, patterns of uncompensated care funding may not continue. If so, total hospital spending could decrease substantially more than $6.3 billion. Some hospital uncompensated care would be funded by the federal government through such programs as Medicaid and Medicare DSH, though these programs are already shrinking under the ACA; some uncompensated care would be funded through state and local governments; and some would be a loss to the hospitals.

Direct spending for physician care by the newly uninsured themselves would amount to about $900 million, with another possible $1.5 billion in uncompensated care, funded largely as physician charity care.[9] Accordingly, physician spending by this population would decrease by at least $2.1 billion if the Court finds for King: a 47 percent decline (table 3). Again, the actual level at which physicians would provide charity care in the changing health care environment in 2016 is uncertain, and the decrease in spending in this sector could be much larger as a consequence.

The relative change in prescription drug spending for this population would be smaller than for hospitals and physicians largely because the uninsured historically cover a larger share of the costs they incur for prescription drugs with their own money (as compared with their spending on hospital or physician services). We estimate that those losing coverage would spend $1.7 billion on prescriptions drugs themselves compared with $1.1 billion on hospital services and $900 million for physician services (table 4). Another $2.0 billion in prescription drug spending could be financed by uncompensated care. For example, many pharmaceutical companies have established patient assistance programs to provide free or reduced-cost medications to qualifying low-income patients. Therefore, if marketplace tax credits are eliminated in the FFM states, spending in this sector would fall to at most $3.7 billion: a 30 percent decline. Consistent with the earlier discussion of other medical services, this $2.0 billion in uncompensated care spending is contingent upon past patterns of support continuing.

Spending on other sources of care is estimated to increase slightly from $6.2 billion to at most $6.5 billion (table 5). The MEPS-HC data show that spending categorized here as “other” tends to be higher for the uninsured than for the insured. In particular, there is higher utilization of providers other than hospitals and office-based physicians, perhaps indicating a substitution of sources of care in the absence of insurance. Still, nearly three-quarters of spending on other services on behalf of this newly uninsured population would be attributable to uncompensated care, funding for which may or may not materialize at these levels.

Discussion

We estimate that a decision for the plaintiff in *King v. Burwell* would reduce total hospital spending by at least $6.3 billion. But patterns of financing for uncompensated care in recent years may not continue. If so, an additional $3.8 billion of hospital spending would be at risk. Although nearly 40 percent of uncompensated care was paid for by the federal government in 2013,[10] there are important

changes in federal payments to hospitals under the ACA. The ACA funds coverage expansion in part through cuts in Medicare and Medicaid DSH payments, funding that has historically financed uncompensated care for many low-income and uninsured patients.[11] From 2013 to 2022, the Congressional Budget Office projects that Medicaid DSH funds will be reduced $22 billion and Medicare DSH funds $34 billion. Cuts in Medicaid DSH were delayed for fiscal year 2014, but will take effect on October 1, 2015, with double the amount of cuts that would have applied in that year ($1.2 billion in total).[12] In addition, reductions in future increases to Medicare fee-for-service hospital payments will reduce payments by $260 billion over those 10 years.

In the ACA's original design, before the Supreme Court changed the Medicaid expansion from essentially mandatory to optional, the DSH cuts were premised on offsetting the increased hospital revenue that would result when millions of formerly uninsured patients enrolled in Medicaid or marketplace insurance coverage. However, 22 states have not expanded Medicaid eligibility under the ACA,[13] and those decisions have significant implications for the amount of uncompensated care provided in hospitals. A June 2014 study by the Colorado Hospital Association found that hospitals in Medicaid expansion states showed overall declines in self-pay and charity care, and hospitals in nonexpansion states showed no change beyond normal year-to-year variation.[14] The U.S. Department of Health and Human Services recently projected that health care spending attributable to uncompensated care will be $5.7 billion lower in 2014 than it would have been without the ACA because of increased health coverage.[15] Similarly, eliminating tax credits can be expected to increase uncompensated care in the FFM states, reversing recent reductions achieved through the ACA's coverage expansion.

If *King v. Burwell* is decided in favor of the plaintiff, not only will the additional coverage resulting from financial assistance for the purchase of marketplace-based policies be reversed, but some of those purchasing nongroup insurance fully with their own funds would become uninsured given the consequent large increase in premiums in those markets.[16] Consequently, hospital revenues would decline in the affected states; the largest decreases would occur for hospitals that serve a large share of low- and moderate-income patients, but all hospitals would be affected financially in some way. Hospitals in states not expanding Medicaid may already be facing a loss of revenue that this reduction in private nongroup coverage would exacerbate.

Altogether, taking into account hospital, physician, prescription drug and all other spending, health care spending would decrease by at least 35 percent because of a decision in favor of the plaintiff ($9.7 billion in 2016 or $112 billion over 10 years), and an additional $12 billion in health care spending would be vulnerable to reductions in funding for uncompensated care. This would adversely affect both the amount of health care received by those losing coverage and the finances of health care providers.

Table 1. Total Health Care Spending by Those Who Would Become Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell, 2016 (Millions $)

	Expenditures when insured (current implementation of the ACA)	Expenditures when uninsured[a] (if the Supreme Court finds for King)	*Difference between insured and uninsured expenditures*	Expenditures when Uninsured[a]	
				Direct payments by the uninsured	Uncompensated care spending
All FFM states	**27,073.9**	**17,362.6**	***-9,711.4***	**5,333.3**	**12,029.3**
Alabama	369.6	283.1	*-86.4*	69.9	213.2
Alaska	254.2	83.0	*-171.1*	14.9	68.2
Arizona	713.3	559.0	*-154.3*	161.3	397.7
Arkansas	233.0	147.0	*-86.0*	49.6	97.3
Delaware	55.7	26.7	*-29.0*	10.7	16.0
Florida	3,168.1	1,918.6	*-1,249.6*	616.0	1,302.6
Georgia	1,658.3	1,070.0	*-588.3*	306.1	763.9
Illinois	1,567.0	1,051.8	*-515.2*	393.4	658.5
Indiana	889.2	706.0	*-183.2*	260.0	446.0
Iowa	198.7	140.0	*-58.8*	35.3	104.7
Kansas	342.4	219.1	*-123.3*	59.2	159.8
Louisiana	884.0	516.3	*-367.7*	189.8	326.5
Maine	303.3	188.4	*-114.9*	42.5	145.9
Michigan	802.5	576.0	*-226.5*	170.8	405.2
Mississippi	662.2	465.4	*-196.8*	78.1	387.3
Missouri	531.8	398.1	*-133.7*	101.4	296.7
Montana	133.8	90.8	*-43.0*	30.0	60.8
Nebraska	278.6	185.4	*-93.2*	58.3	127.1
New Hampshire	156.9	87.4	*-69.5*	27.5	59.9
New Jersey	1,310.6	625.9	*-684.7*	290.7	335.2
North Carolina	1,247.7	742.0	*-505.7*	250.1	491.8
North Dakota	96.7	47.1	*-49.6*	13.1	34.0
Ohio	1,263.3	940.9	*-322.4*	288.2	652.7
Oklahoma	521.8	360.6	*-161.1*	113.7	246.9
Pennsylvania	1,106.3	774.1	*-332.2*	200.1	574.0
South Carolina	505.1	324.1	*-181.0*	115.3	208.8
South Dakota	94.7	64.7	*-30.0*	24.6	40.1
Tennessee	535.0	349.4	*-185.7*	120.1	229.2
Texas	4,294.1	2,420.8	*-1,873.3*	725.0	1,695.8
Utah	228.0	145.7	*-82.2*	48.8	96.9
Virginia	1,325.5	967.6	*-357.8*	219.0	748.6
West Virginia	120.8	91.9	*-28.9*	35.7	56.2
Wisconsin	1,080.9	727.5	*-353.4*	190.2	537.3
Wyoming	140.9	68.3	*-72.7*	23.8	44.4

Note: FFM = federally facilitated marketplace.

[a] Assuming governments and health care providers fund uncompensated care at historic rates. If they do not, health care expenditures would be lower than these estimates.

Source: HIPSM-CPS 2015. ACA simulated in 2016.

Table 2. Hospital Spending by Those Who Would Become Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell, 2016 (Millions $)

	Expenditures when insured (current implementation of the ACA)	Expenditures when uninsured[a] (if the Supreme Court finds for King)	*Difference between insured and uninsured expenditures*	Expenditures when Uninsured[a]	
				Direct payments by the uninsured	Uncompensated care spending
All FFM states	**11,139.9**	**4,835.7**	***-6,304.2***	**1,063.6**	**3,772.1**
Alabama	155.1	72.3	*-82.7*	17.8	54.5
Alaska	108.7	27.1	*-81.6*	3.2	23.8
Arizona	298.8	154.5	*-144.3*	30.4	124.1
Arkansas	98.0	43.3	*-54.7*	9.3	34.0
Delaware	22.1	6.8	*-15.4*	2.1	4.7
Florida	1,279.7	525.7	*-754.0*	108.7	417.0
Georgia	701.2	293.0	*-408.2*	60.9	232.1
Illinois	635.5	294.0	*-341.5*	84.3	209.7
Indiana	378.5	195.2	*-183.3*	57.4	137.9
Iowa	82.4	39.4	*-43.1*	6.4	32.9
Kansas	136.0	67.8	*-68.2*	11.6	56.2
Louisiana	383.7	134.8	*-248.9*	43.8	91.1
Maine	122.5	46.9	*-75.6*	7.8	39.1
Michigan	340.3	161.5	*-178.8*	33.1	128.4
Mississippi	290.3	131.5	*-158.7*	16.5	115.0
Missouri	222.6	113.4	*-109.2*	20.3	93.1
Montana	54.3	22.2	*-32.1*	5.3	16.8
Nebraska	107.2	49.7	*-57.5*	9.6	40.1
New Hampshire	59.0	20.5	*-38.5*	5.1	15.4
New Jersey	526.5	160.0	*-366.5*	60.3	99.7
North Carolina	529.7	218.0	*-311.7*	49.3	168.8
North Dakota	39.6	11.6	*-27.9*	2.3	9.3
Ohio	512.5	270.2	*-242.3*	52.5	217.6
Oklahoma	239.8	110.2	*-129.7*	23.4	86.8
Pennsylvania	420.7	207.5	*-213.2*	41.2	166.3
South Carolina	203.4	86.6	*-116.8*	27.5	59.1
South Dakota	37.4	18.5	*-18.9*	4.9	13.6
Tennessee	220.5	92.4	*-128.1*	22.2	70.2
Texas	1,743.5	666.2	*-1,077.3*	144.6	521.6
Utah	93.8	39.6	*-54.1*	10.4	29.3
Virginia	582.4	316.0	*-266.5*	43.5	272.5
West Virginia	47.9	21.7	*-26.2*	5.9	15.8
Wisconsin	411.1	199.6	*-211.6*	38.1	161.5
Wyoming	55.0	18.1	*-36.9*	4.0	14.1

Note: FFM = federally facilitated marketplace.

[a] Assuming governments and health care providers fund uncompensated care at historic rates. If they do not, health care expenditures would be lower than these estimates.

Source: HIPSM-CPS 2015. ACA simulated in 2016.

Table 3. Physician Spending by Those Who Would Become Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell, 2016 (Millions $)

	Expenditures when insured (current implementation of the ACA)	Expenditures when uninsured[a] (if the Supreme Court finds for King)	*Difference between insured and uninsured expenditures*	Expenditures when Uninsured[a]	
				Direct payments by the uninsured	Uncompensated care spending
All FFM states	**4,473.5**	**2,373.5**	***-2,100.0***	**876.6**	**1,496.9**
Alabama	52.9	36.9	*-15.9*	11.3	25.6
Alaska	40.6	8.0	*-32.6*	2.2	5.8
Arizona	126.8	83.0	*-43.8*	23.1	59.9
Arkansas	36.6	18.6	*-18.0*	6.8	11.8
Delaware	9.8	3.6	*-6.2*	1.8	1.9
Florida	518.2	270.8	*-247.5*	102.4	168.4
Georgia	270.4	141.9	*-128.5*	51.2	90.6
Illinois	260.5	148.4	*-112.1*	64.9	83.6
Indiana	142.0	85.7	*-56.3*	42.5	43.2
Iowa	34.8	20.3	*-14.5*	5.2	15.1
Kansas	59.5	29.2	*-30.3*	9.6	19.5
Louisiana	140.7	74.0	*-66.7*	34.7	39.3
Maine	48.1	27.3	*-20.8*	7.0	20.3
Michigan	131.5	83.1	*-48.4*	30.2	52.9
Mississippi	92.7	53.5	*-39.2*	11.3	42.2
Missouri	89.1	55.6	*-33.4*	17.8	37.9
Montana	21.2	12.9	*-8.2*	4.9	8.0
Nebraska	48.7	26.8	*-22.0*	9.4	17.4
New Hampshire	26.1	11.2	*-14.8*	4.4	6.8
New Jersey	225.2	92.6	*-132.5*	49.7	42.9
North Carolina	200.7	98.0	*-102.7*	41.0	57.0
North Dakota	15.5	6.9	*-8.6*	2.1	4.8
Ohio	217.4	136.6	*-80.8*	48.5	88.2
Oklahoma	77.9	42.6	*-35.4*	17.5	25.1
Pennsylvania	184.6	100.3	*-84.3*	30.6	69.6
South Carolina	91.4	53.2	*-38.2*	21.0	32.2
South Dakota	16.1	8.6	*-7.6*	4.0	4.6
Tennessee	89.7	53.2	*-36.5*	18.7	34.5
Texas	723.5	336.5	*-387.1*	117.6	218.9
Utah	39.1	20.9	*-18.2*	8.9	12.0
Virginia	216.4	125.4	*-90.9*	38.7	86.7
West Virginia	19.3	13.4	*-5.9*	5.8	7.6
Wisconsin	182.3	84.4	*-97.9*	28.0	56.4
Wyoming	24.5	10.1	*-14.4*	3.9	6.2

Note: FFM = federally facilitated marketplace.

[a] Assuming governments and health care providers fund uncompensated care at historic rates. If they do not, health care expenditures would be lower than these estimates.

Source: HIPSM-CPS 2015. ACA simulated in 2016.

Table 4. Prescription Drug Spending by Those Who Would Become Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell, 2016 (Millions $)

	Expenditures when insured (current implementation of the ACA)	Expenditures when uninsured[a] (if the Supreme Court finds for King)	*Difference between insured and uninsured expenditures*	Expenditures when Uninsured[a]	
				Direct payments by the uninsured	Uncompensated care spending
All FFM states	**5,288.9**	**3,681.8**	***-1,607.1***	**1,679.8**	**2,002.0**
Alabama	61.5	47.2	*-14.3*	20.3	26.9
Alaska	47.9	17.9	*-30.0*	4.8	13.1
Arizona	139.7	119.0	*-20.7*	50.1	68.9
Arkansas	48.2	37.0	*-11.3*	15.3	21.6
Delaware	10.7	5.6	*-5.1*	3.3	2.4
Florida	654.2	438.4	*-215.8*	209.1	229.3
Georgia	324.3	242.5	*-81.7*	98.9	143.6
Illinois	320.9	220.3	*-100.6*	112.9	107.4
Indiana	175.2	148.7	*-26.5*	84.3	64.4
Iowa	35.5	26.8	*-8.7*	10.5	16.4
Kansas	62.4	41.5	*-21.0*	17.5	23.9
Louisiana	168.0	91.3	*-76.6*	49.1	42.2
Maine	62.6	39.1	*-23.4*	14.0	25.1
Michigan	152.1	115.5	*-36.6*	55.7	59.8
Mississippi	140.0	122.4	*-17.6*	30.5	92.0
Missouri	100.9	86.2	*-14.7*	31.3	54.9
Montana	26.4	20.8	*-5.6*	10.1	10.6
Nebraska	58.4	42.5	*-15.9*	20.3	22.3
New Hampshire	32.2	18.0	*-14.2*	8.3	9.7
New Jersey	251.2	118.5	*-132.7*	80.8	37.7
North Carolina	247.0	162.6	*-84.3*	85.1	77.5
North Dakota	19.9	9.1	*-10.8*	4.3	4.8
Ohio	258.1	195.3	*-62.8*	93.8	101.5
Oklahoma	104.1	87.9	*-16.2*	41.0	46.9
Pennsylvania	214.6	155.0	*-59.7*	61.6	93.4
South Carolina	91.8	70.0	*-21.8*	32.0	38.0
South Dakota	17.5	12.3	*-5.2*	7.1	5.2
Tennessee	109.8	81.1	*-28.6*	42.7	38.4
Texas	810.9	513.0	*-297.8*	219.8	293.2
Utah	40.6	28.6	*-12.1*	13.9	14.7
Virginia	218.9	177.5	*-41.4*	65.1	112.4
West Virginia	27.0	20.8	*-6.2*	12.5	8.3
Wisconsin	227.8	154.0	*-73.8*	65.5	88.5
Wyoming	28.7	15.1	*-13.6*	8.1	7.0

Note: FFM = federally facilitated marketplace.

[a] Assuming governments and health care providers fund uncompensated care at historic rates. If they do not, health care expenditures would be lower than these estimates.

Source: HIPSM-CPS 2015. ACA simulated in 2016.

Table 5. Other Spending[a] by Those Who Would Become Uninsured if the Supreme Court Finds for the Plaintiff in King v. Burwell, 2016 (Millions $)

	Expenditures when insured (current implementation of the ACA)	Expenditures when uninsured[b] (if the Supreme Court finds for King)	*Difference between insured and uninsured expenditures*	Expenditures when Uninsured[b]	
				Direct payments by the uninsured	Uncompensated care spending
All FFM states	**6,171.7**	**6,471.6**	***299.9***	**1,713.3**	**4,758.2**
Alabama	100.1	126.7	*26.6*	20.5	106.1
Alaska	56.9	30.0	*-26.8*	4.7	25.4
Arizona	147.9	202.5	*54.6*	57.7	144.8
Arkansas	50.1	48.1	*-2.0*	18.2	29.9
Delaware	13.0	10.6	*-2.3*	3.5	7.1
Florida	716.0	683.7	*-32.4*	195.7	487.9
Georgia	362.4	392.6	*30.2*	95.0	297.6
Illinois	350.2	389.1	*39.0*	131.3	257.8
Indiana	193.5	276.3	*82.8*	75.9	200.4
Iowa	46.0	53.4	*7.4*	13.2	40.2
Kansas	84.6	80.7	*-3.9*	20.5	60.2
Louisiana	191.7	216.1	*24.4*	62.2	153.9
Maine	70.1	75.1	*5.0*	13.7	61.4
Michigan	178.7	215.9	*37.2*	51.9	164.0
Mississippi	139.2	157.9	*18.7*	19.8	138.1
Missouri	119.3	142.8	*23.6*	32.0	110.9
Montana	32.0	34.9	*3.0*	9.6	25.3
Nebraska	64.3	66.4	*2.1*	19.0	47.4
New Hampshire	39.7	37.7	*-2.0*	9.7	28.0
New Jersey	307.8	254.8	*-53.0*	99.9	154.9
North Carolina	270.3	263.3	*-7.0*	74.8	188.6
North Dakota	21.7	19.5	*-2.2*	4.4	15.1
Ohio	275.4	338.8	*63.5*	93.4	245.5
Oklahoma	99.9	120.0	*20.1*	31.9	88.1
Pennsylvania	286.3	311.3	*25.0*	66.7	244.7
South Carolina	118.5	114.3	*-4.2*	34.8	79.5
South Dakota	23.6	25.3	*1.6*	8.5	16.7
Tennessee	115.1	122.7	*7.6*	36.5	86.2
Texas	1,016.2	905.1	*-111.1*	243.0	662.1
Utah	54.5	56.6	*2.1*	15.6	40.9
Virginia	307.8	348.7	*40.9*	71.8	277.0
West Virginia	26.6	36.0	*9.4*	11.5	24.5
Wisconsin	259.6	289.5	*29.9*	58.5	231.0
Wyoming	32.7	24.9	*-7.8*	7.8	17.1

Note: FFM = federally facilitated Marketplace.

[a] Other spending as defined here includes dental care, home health care, care delivered by providers other than physicians and hospitals and other medical devices.

[b] Assuming governments and health care providers fund uncompensated care at historic rates. If they do not, health care expenditures would be lower than these estimates.

Source: HIPSM-CPS 2015. ACA simulated in 2016.

Notes

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Matthew Buettgens is a senior research associate, John Holahan is an Institute Fellow, Linda Blumberg is a senior fellow, and Hannah Recht is a research assistant, all in the Urban Institute's Health Policy Center. The authors are appreciative of comments and suggestions from Stephen Zuckerman.