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House Republicans Won't Let Go of Repealing ACA; Decimating Its Medicaid Expansion Would Harm Millions of Parents, Children, Disabled People

By Allison Orris, Allie Gardner, and Elizabeth Zhang

The Affordable Care Act's (ACA) Medicaid expansion provides high-quality, low-cost coverage to 20.3 million people with low incomes nationwide and saves lives. But House Republican leadership is targeting hundreds of billions of dollars in Medicaid cuts squarely at expansion, threatening health and financial security for millions of people.[1] Eliminating Medicaid expansion was a key goal of the failed effort to repeal the ACA during President Trump's first term, and House Energy and Commerce Republicans appear to be considering various ways to undermine the expansion when marking up their reconciliation legislation the week of May 5.

Health coverage through Medicaid expansion makes people healthier and more financially secure by improving their access to preventive and primary care, providing care for serious diseases, preventing premature deaths, reducing cases of catastrophic out-of-pocket medical costs, and helping them stay working, a large body of research shows.[2] Taking coverage away from some or all of the 20 million people benefiting from expansion would roll back that progress in the 40 states and the District of Columbia that have expanded coverage. (See Appendix Table 1 for Medicaid expansion enrollment by state, Figure 1 for enrollment by congressional district.)

To name just a few harms of cutting expansion, a person who loses their coverage through Medicaid can't get cancer treatment, an older and frail adult loses the home-based care they need to

[1] Ben Leonard, "House Republicans Still Debating How to Pull Back on Medicaid Expansion," Politico, April 28, 2025, https://www.politico.com/live-updates/2025/04/28/congress/house-republicans-still-debating-how-to-pull-back-on-obamacares-medicaid-expansion-00313752; Andrew Stanton, "Republican Explains Potential Changes to Medicaid," Newsweek, April 22, 2025, https://www.newsweek.com/republican-explains-potential-medicaid-changes-2062614; Laura Harker, "House Republican Attacks on Medicaid Expansion Would Threaten Coverage for 20 Million People," CBPP, March 20, 2025, https://www.cbpp.org/blog/house-republican-attacks-on-medicaid-expansion-would-threaten-coverage-for-20-million-people.

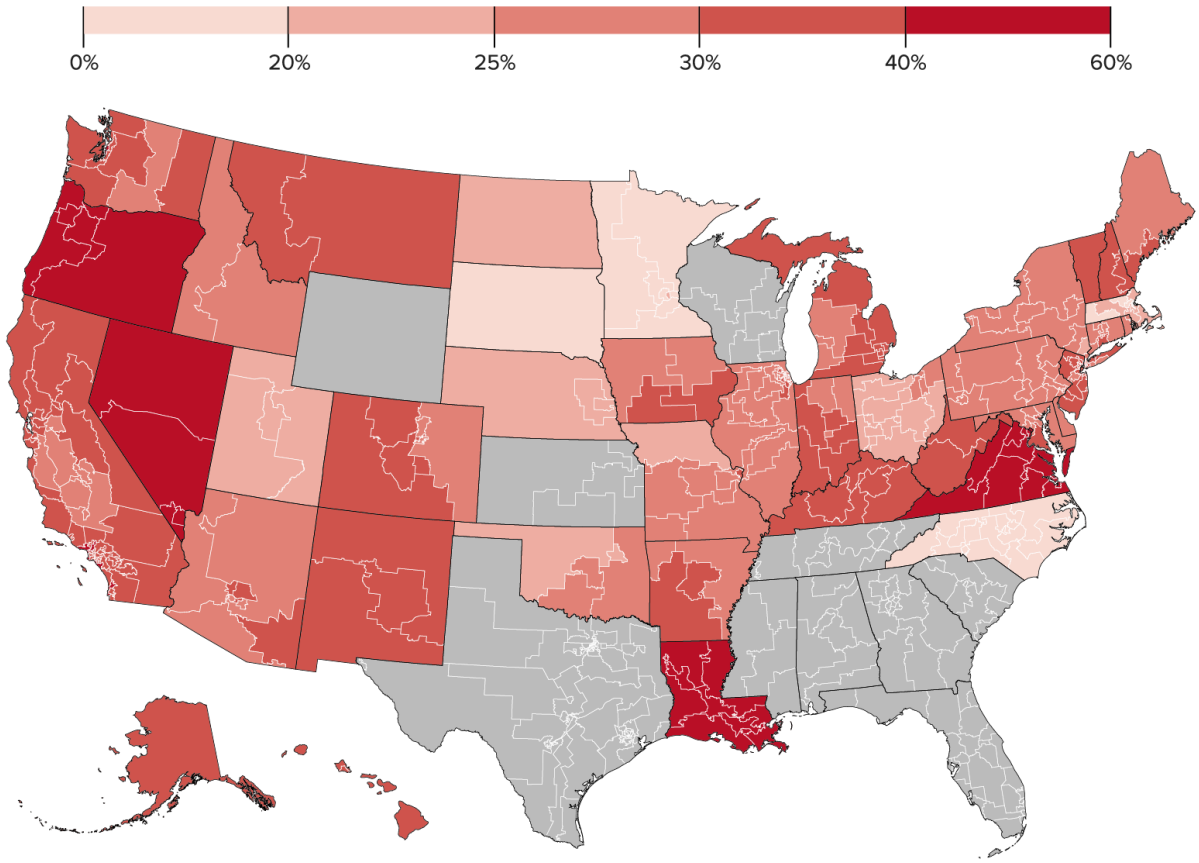
[2] Madeline Guth *et al.*, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," KFF, March 2020, https://files.kff.org/attachment/Report-The-Effects-of-Medicaid-Expansion-under-the-ACA-Updated-Findings-from-a-Literature-Review.pdf; Madeline Guth and Meghana Ammula, "Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021," KFF, May 2021, https://files.kff.org/attachment/Report-Building-on-the-Evidence-Base-Studies-on-the-Effects-of-Medicaid-Expansion.pdf.

stay out of an institution, or a young adult can't get insulin to control their diabetes. Also under threat are parents covered through Medicaid expansion, and by extension their children, who face harms associated with more household medical debt and financial insecurity, as well as skipped preventive care visits that are crucial to healthy growth and development.

FIGURE 1

Medicaid Expansion Is an Important Source of Coverage for Medicaid Enrollees

Medicaid expansion enrollment as a share of total Medicaid enrollment, by congressional district



Note: Districts are for 119th (current) Congress. Non-expansion states are shown in gray. Total Medicaid enrollment includes both full- and partial-benefit enrollees. Estimates are as of June 2024. In North Carolina and South Dakota, which adopted expansion recently, the number of expansion enrollees is expected to increase beyond the estimates reported here as expansion phases in.

Source: Enrollment estimates from KFF, "Congressional District Interactive Map: Medicaid Enrollment by Eligibility Group." Population estimates from CBPP analysis of 2023 American Community Survey.

Threats to Coverage and Funding Are Varied and Harmful

Medicaid and the expansion are even more popular today than they were in 2017, when expansion faced threats remarkably similar to the menu of options Republican policymakers are considering now.[3] These policies didn't advance during that repeal attempt and should be rejected again:

- **Taking coverage away from Medicaid expansion enrollees who do not meet harsh work requirements.** Even though most Medicaid enrollees work,[4] this approach would put coverage at risk for 20.3 million people.[5] Work requirements take coverage from people who get trapped by complex work-reporting and verification systems. That includes people who lose coverage even when they are supposed to be exempt (for instance, because they have a disability, have serious health conditions, or are a caregiver), and because of circumstances beyond their control, such as layoffs, job losses, and temporary reductions in their work hours. (See Figure 2.) Work requirements don't result in more people working — the Congressional Budget Office concluded that under a work requirement, "the employment status of and hours worked by Medicaid recipients would be unchanged."[6]
- **Cutting the Medicaid expansion matching rate, shifting significant costs to states.** The federal government now pays 90 percent of the costs it takes to cover Medicaid enrollees who gained coverage through the expansion. If that matching rate is reduced, states' costs will double or even quintuple.[7] Some states have laws requiring them to automatically drop their expansion if this match lowers.[8] In other states, it would cost more than $1 billion a year to keep coverage for people enrolled in the Medicaid expansion.[9] In either case millions of people would likely lose coverage, whether because expansion is no

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[3] Shannon Schumacher *et al.*, "KFF Health Tracking Poll February 2025: The Public's Views on Potential Changes to Medicaid," KFF, March 7, 2025, https://www.kff.org/medicaid/poll-finding/kff-health-tracking-poll-public-views-on-potential-changes-to-medicaid/. More recent public polling shows bipartisan agreement in opposition to cutting Medicaid and other public programs: Grace Sparks *et al.*, "KFF Tracking Poll April 2025: Public's View on Major Cuts to Federal Health Agencies," KFF, May 1,2025, https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-april-2025-publics-view-on-major-cuts-to-federal-health-agencies.

[4] Gideon Lukens, "Research Note: Most Medicaid Enrollees Work, Refuting Proposals to Condition Medicaid on Unnecessary Work Requirements," CBPP, November 12, 2024, https://www.cbpp.org/research/health/most-medicaid-enrollees-work-refuting-proposals-to-condition-medicaid-on.

[5] See Table 1 in Gideon Lukens and Elizabeth Zhang, "Medicaid Work Requirements Could Put 36 Million People at Risk of Losing Health Coverage," CBPP, updated February 5, 2025, https://www.cbpp.org/research/health/medicaid-work-requirements-could-put-36-million-people-at-risk-of-losing-health#number-of-people-at-risk-cbpp-anchor.

[6] Congressional Budget Office, "CBO's Estimate of the Budgetary Effects of Medicaid Work Requirements Under H.R. 2811, the Limit, Save, Grow Act of 2023," April 26, 2023, https://www.cbo.gov/publication/59109.

[7] See Table 1 in Allison Orris and Gideon Lukens, "Medicaid Threats in the Upcoming Congress," CBPP, updated December 13, 2024, https://www.cbpp.org/research/health/medicaid-threats-in-the-upcoming-congress#reducing-expansion-match-rate-to-cbpp-anchor.

[8] Adam Searing, "Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States," Georgetown University McCourt School of Public Policy's Center for Children and Families, November 27, 2024, https://ccf.georgetown.edu/2024/11/27/federal-funding-cuts-to-medicaid-may-trigger-automatic-loss-of-health-coverage-for-millions-of-residents-of-certain-states/.

[9] See Table 1 in Allison Orris and Gideon Lukens, "Medicaid Threats in the Upcoming Congress," CBPP, updated December 13, 2024, https://www.cbpp.org/research/health/medicaid-threats-in-the-upcoming-congress#reducing-expansion-match-rate-to-cbpp-anchor.

longer in effect in their state or because it struggles to cover the added costs. The massive cost shift could lead some states to drop benefits or coverage, for expansion enrollees or for other groups states now choose to cover.

- **Capping expansion Medicaid spending, which likewise would shift costs and threaten coverage.** Republicans are reportedly considering capping per-person spending for Medicaid expansion enrollees in a bid to cut federal support for the Medicaid expansion. Today, states and the federal government share in costs of covering Medicaid services, and both share in the risk if health care costs rise; a per capita cap would limit federal spending to a rate well below anticipated growth in health care spending and force states to absorb the cost of any Medicaid spending beyond an artificially low cap.[10] Depending on which proposal is selected, it is likely that a per capita cap on federal funding for the expansion group would shift between $72 billion and $190 billion in costs to states from 2026 to 2034, increasing state expansion costs by 41 to 108 percent and jeopardizing coverage for millions of people.[11]
- **More frequent eligibility checks, increasing waste and enrollment churn.** Today, enrollees have to complete renewals once per year and report any changes that may affect eligibility in between renewals (and states independently check data sources to detect changes as well). Proposals to fully redetermine eligibility for Medicaid expansion enrollees twice a year, or even four times a year,[12] would add excessive red tape for enrollees and for state agencies, which are likely to make far more mistakes with the sharp increase in workload. Experience shows that people who still meet eligibility criteria will lose coverage and "churn" on and off Medicaid, which not only leads to higher healthcare costs due to interruptions in access to medications and treatment, making conditions harder to treat, but also increases costs and burden for states.[13] Contrary to some Republicans' claims, more frequent renewals, and the resulting churn, would not address fraud[14] and would actually increase waste, not reduce it.[15]

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[10] Elizabeth Zhang, "4 Reasons Why Lawmakers Should Reject Medicaid Per Capita Caps," CBPP, February 10, 2025, https://www.cbpp.org/blog/4-reasons-why-lawmakers-should-reject-medicaid-per-capita-caps.

[11] See Table 1 in Allison Orris and Elizabeth Zhang, "Congressional Republicans Can't Cut Medicaid by Hundreds of Billions Without Hurting People," CBPP, March 17, 2025, https://www.cbpp.org/research/health/congressional-republicans-cant-cut-medicaid-by-hundreds-of-billions-without-hurting#impact-of-a-medicaid-expansion-cbpp-anchor.

[12] Mike Lawler, "Let's separate fact from fiction on my commitment to Medicaid," Lohud, April 17, 2025, https://www.lohud.com/story/opinion/2025/04/17/mike-lawler-commits-to-supporting-medicaid-social-security-opinion/83116241007/.

[13] See "Reducing Churn Keeps Eligible Families Connected," in Jennifer Wagner, "Medicaid Ex Parte Renewals Are an Efficient Strategy to Ensure Eligible Enrollees Have Health Care, Increase Accuracy, and Reduce Administrative Costs," CBPP, February 25, 2025, https://www.cbpp.org/blog/medicaid-ex-parte-renewals-are-an-efficient-strategy-to-ensure-eligible-enrollees-have-health; Jennifer Wagner and Judith Solomon, "Continuous Eligibility Keeps People Insured and Reduces Costs," CBPP, May 4, 2021, https://www.cbpp.org/research/health/continuous-eligibility-keeps-people-insured-and-reduces-costs.

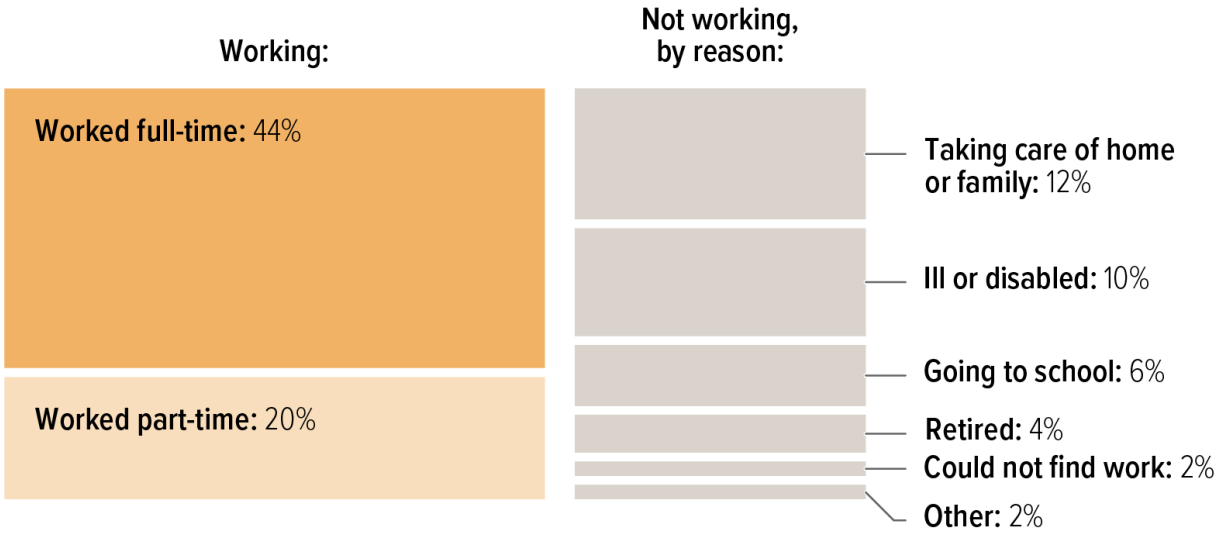
[14] Allie Gardner, "Republicans' Claims of 'Fraud' Are a Pretext for Unpopular and Drastic Medicaid Cuts," CBPP, April 16, 2025, https://www.cbpp.org/blog/republicans-claims-of-fraud-are-a-pretext-for-unpopular-and-drastic-medicaid-cuts.

[15] Jennifer Wagner, "Streamline Eligibility to Connect People to Benefits, Improve Program Integrity, and Reduce Improper Payments," Testimony Before the Government Operations Subcommittee of the House Committee on

The coordinated attack on Medicaid expansion funding, eligibility requirements, and eligibility procedures would eviscerate the Medicaid expansion; in some states coverage losses could be immediate, in others red tape barriers will decimate the expansion population over time, which will increase our nation's uninsurance rate.

FIGURE 2

Most Adults With Medicaid Work – And Those Who Don't Mainly Are Caring for Family, Ill or Disabled, or Going to School



Note: Percent who worked in 2023, and reasons for not working among those who did not work. Responses are among adults aged 19-64 with Medicaid coverage who did not receive Supplemental Security Income and were not covered by Medicare. Full-time work is defined as 35 hours or more per week.

Source: CBPP analysis of March 2024 Current Population Survey

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Many Groups Benefit from Expansion, and None Would Be Unscathed by Cuts

Republicans are justifying these cuts by making false claims that Medicaid's expansion to low-income adults takes care away from traditionally eligible groups like children, pregnant enrollees, older adults, and people with disabilities. In reality, expansion supports better outcomes for all groups,[16] and any cuts targeting expansion pose a risk to people in all these groups. Health coverage is a matter of life and death, and people who get their health care from Medicaid, including through

Oversight and Government Reform, CBPP, March 11, 2025, https://www.cbpp.org/research/health/streamline-eligibility-to-connect-people-to-benefits-improve-program-integrity-and.

[16] Laura Harker, "Medicaid Expansion Helps Newly Eligible Adults and Groups Traditionally Eligible for Medicaid," CBPP, June 3, 2024, https://www.cbpp.org/research/health/medicaid-expansion-helps-newly-eligible-adults-and-groups-traditionally-eligible; Madeline Guth, Rachel Garfield, and Robin Rudowitz, "The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020," KFF, March 17, 2020, https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/; Guth and Ammula, *op. cit.*

the expansion, may not have any other pathway to coverage.[17] This is in large part because many low-paying employers do not offer health care.

Far from diverting coverage and resources from the groups Medicaid traditionally covers, Medicaid expansion drove coverage gains for millions of adults with low incomes who had no other coverage options before the ACA. That includes many people in these groups who didn't previously qualify. And states that expanded Medicaid actually invest more per enrollee overall and in each eligibility group than non-expansion states.[18]

Medicaid expansion has made affordable coverage a reality for a range of people with lower incomes. Among those Medicaid expansion has helped:

- **Parents.** Without expansion, the income limits to qualify for Medicaid as a parent are very low. Today, the median eligibility limit to qualify as a *parent* in non-expansion states is just 34 percent of the federal poverty level (about $9,061 a year for a family of three), and adults without children are generally not eligible, unless they qualify on the basis of unusually high medical need or a disability.[19] Therefore, in non-expansion states most parents with incomes anywhere between their state's low eligibility limit and 138 percent of poverty ($37,777 a year) don't have access to Medicaid, and many are uninsured. In expansion states, however, parents *and* all other non-elderly adults are eligible for Medicaid if they have income up to 138 percent of poverty.
- **Children.** In most states Medicaid expansion drove coverage gains for parents, which also improved access to care and overall well-being for their children. When parents have health coverage, their children are more likely to be covered as well.[20] Expansion has also been associated with an increased likelihood of children receiving annual preventive care visits, which are crucial for their healthy growth and development.[21] And parents having health insurance helps protect the entire household from medical debt and bankruptcy due to

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[17] Natasha Murphy and Andrea Ducas, "Congressional Republicans' Proposals To Slash Medicaid Could Cost Tens of Thousands of Lives," Center for American Progress, April 23, 2025, https://www.americanprogress.org/article/congressional-republicans-proposals-to-slash-medicaid-could-cost-tens-of-thousands-of-lives/.

[18] Jennifer Mathers *et al.*, "5 Key Facts About Medicaid Expansion," KFF, April 25, 2025, https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-expansion/; Rhiannon Euhas and Priya Chidambaram, "A Look at Variation in Medicaid Spending Per Enrollee by Group and Across States," KFF, August 16, 2024, https://www.kff.org/medicaid/issue-brief/a-look-at-variation-in-medicaid-spending-per-enrollee-by-group-and-across-states/.

[19] See Appendix Table 5 in Tricia Brooks *et al.*, "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Resume Routine Operations Following the Unwinding of the Pandemic-Era Continuous Enrollment Provision," KFF, April 1, 2025, https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-resume-routine-operations-appendix-tables/#table-5.

[20] Julie L. Hudson and Asako S. Moriya, "Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children," Health Affairs, Vol. 36, No. 9, September 2017, https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347.

[21] Shreya Roy *et al.*, "The Impact of Medicaid Expansion for Adults Under the Affordable Care Act on Preventive Care for Children," Medical Care 58(11):p 945-951, November 2020, https://journals.lww.com/lww-medicalcare/abstract/2020/11000/the_impact_of_medicaid_expansion_for_adults_under.2.aspx.

medical expenses, supporting the financial security of the entire household.[22] States that have expanded Medicaid have consistently had lower uninsured rates among children.[23] And almost half of the nation's uninsured children live in non-expansion states.[24]

- **People with disabilities and chronic conditions.** Medicaid expansion has also increased coverage for people with disabilities, allowing many to qualify based on income rather than strict disability eligibility criteria. Nationwide, approximately two-thirds of non-elderly adult Medicaid enrollees with a disability do not receive Supplemental Security Income, which would qualify them for Medicaid on the basis of disability; instead, many of these adults are likely covered through Medicaid expansion.[25] Similarly, KFF recently found that nearly half (44 percent) of expansion adults have at least one chronic condition, including physical and mental health conditions. And of Medicaid enrollees with at least one chronic condition, more than half (53 percent) are enrolled in the Medicaid expansion.[26]
- **Women.** Women of reproductive age — those who are not yet able to qualify for Medicaid on the basis of being pregnant or having a child — have also gained a pathway to comprehensive, affordable coverage through the Medicaid expansion. KFF found that 38 percent of women aged 19-49 who are enrolled in Medicaid are enrolled in the expansion group.[27] Having affordable, stable coverage *before* pregnancy helps improve the health of mothers and their babies.
- **Older adults.** Expansion covers more than 60 percent of Medicaid enrollees aged 50-64, before they are eligible for Medicare.[28] Medicaid expansion has saved lives, especially among newly covered near-seniors who otherwise would not have access to affordable coverage. A study of 55- to 64-year-olds shortly after the expansion went into effect found that Medicaid expansion reduced annual mortality rates between 39 percent and 64 percent for older adults

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[22] Adam Searing and Aubrianna Osorio, "Fact Sheet: How Covering Adults Through Medicaid Expansion Helps Children," Georgetown University Center for Children and Families, November 2024, https://ccf.georgetown.edu/wp-content/uploads/2024/11/Medicaid-expansion-v2-2.pdf.

[23] See Figure 5 in Adam Searing, Alexandra Corcoran, and Joan Alker, "Children Are Left Behind When States Fail to Expand Medicaid," Georgetown University Health Policy Institute for Children and Families, February 2021, https://ccf.georgetown.edu/wp-content/uploads/2021/02/Kids-and-Medicaid-expansion_2-19.pdf.

[24] CBPP analysis of 2023 American Community Survey (ACS) data, available at: https://data.census.gov/table/ACSDT1Y2023.B27001?q=insurance&g=010XX00US_040XX00US01,12,13,20,28,37,45,47,48,55,56&moe=false. North Carolina implemented the ACA Medicaid expansion in December 2023, so it is included for the purposes of these estimates.

[25] Alice Burns and Sammy Cervantes, "5 Key Facts About Medicaid Coverage for People with Disabilities," KFF, February 7, 2025, https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-people-with-disabilities/.

[26] Jennifer Mathers et al., op. cit. See also Heather Saunders, Alice Burns, and Robin Rudowitz, "5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions," KFF, April 10, 2025, https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-adults-with-chronic-conditions/.

[27] Mathers *et al.*, *op. cit.*

[28] *Ibid.*

gaining coverage.[29] Among people aged 50-59, more than 11,000 lives were saved between 2010 and 2022, a more recent study found in states that expanded.[30]

And while people 65 and older are not eligible for Medicaid expansion directly, they have also benefited from expansion. Data show that among adults aged 65 and over with limitations related to a chronic condition, those in expansion states are significantly more likely than those in non-expansion states to be covered by traditional Medicaid (alongside Medicare) and to have had a recent physician office visit.[31]

- **Veterans.** Many veterans and their families receive health care from Medicaid. Because of restrictions on Veterans Affairs and TRICARE eligibility, many veterans and their families rely on Medicaid following separation from military service. Nearly 1.6 million veterans are enrolled in Medicaid,[32] not only for routine and acute care services, but also for care for service-related conditions including mental health services and treatment for substance use disorder.

Eliminating Medicaid expansion was a key goal of Republicans' failed effort to repeal the ACA eight years ago, and Congress should once again reject efforts to undermine it. People who need health care would lose their coverage or see it worsen, and that includes the parents, children, and people with disabilities that many policymakers say they want to protect.

[29] Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," CBPP, November 6, 2019, https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds.

[30] Angela Wyse and Bruce D. Meyer, "Saved by Medicaid: New Evidence on Health Insurance and Mortality from the Universe of Low-Income Adults," December 15, 2023, https://drive.google.com/file/d/1SiJIXz6dRQhKjqNnNXiit1c08IOS6uK3/view.

[31] Renuka Tipirneni and John Z. Ayanian, "Spillover Benefits of Medicaid Expansion for Older Adults With Low Incomes," JAMA Health Forum, June 3, 2022, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2793010.

[32] CBPP estimates based on 2021 to 2023 data from the Census Bureau's American Community Survey. See also CBPP, "2025 Budget Stakes: Veterans Could Lose Vital Health, Food and Other Assistance," April 23, 2025, https://www.cbpp.org/research/poverty-and-inequality/2025-budget-stakes-veterans-could-lose-vital-health-food-and-other.

Appendix

APPENDIX TABLE 1

Medicaid Expansion Enrollment, as of June 2024

State	Expansion Enrollment	Total Medicaid Enrollment	Expansion as a Share of Total Medicaid Enrollment	Expansion as a Share of the Non-Elderly Adult Population
Expansion Total	20,271,616	65,812,660	31%	14%
Alaska	71,212	236,414	30%	17%
Arizona	631,710	2,156,441	29%	15%
Arkansas	242,602	812,769	30%	14%
California	4,956,615	14,478,012	34%	21%
Colorado	350,083	1,142,953	31%	10%
Connecticut	322,407	1,085,951	30%	15%
Delaware	70,019	237,013	30%	12%
District of Columbia	118,303	256,959	46%	26%
Hawai'i	156,126	441,394	35%	20%
Idaho	93,337	354,682	26%	8%
Illinois	843,458	2,941,752	29%	11%
Indiana	568,700	1,833,150	31%	14%
Iowa	182,541	603,298	30%	10%
Kentucky	488,080	1,394,715	35%	19%
Louisiana	784,585	1,855,653	42%	30%
Maine	112,072	395,873	28%	14%
Maryland	422,601	1,469,244	29%	12%
Massachusetts	392,790	1,989,455	20%	9%
Michigan	742,156	2,386,748	31%	13%
Minnesota	221,348	1,170,996	19%	7%
Missouri	326,915	1,223,109	27%	9%
Montana	79,606	218,449	36%	12%
Nebraska	72,113	346,451	21%	6%
Nevada	312,696	737,583	42%	17%
New Hampshire	60,857	181,309	34%	7%
New Jersey	567,989	1,721,810	33%	10%
New Mexico	289,236	877,577	33%	24%
New York	2,111,796	6,985,692	30%	18%
North Carolina*	480,836	3,011,926	16%	8%
North Dakota	24,356	105,070	23%	5%
Ohio	729,295	3,081,179	24%	11%
Oklahoma	245,688	984,181	25%	11%
Oregon	641,243	1,268,286	51%	26%
Pennsylvania	831,819	2,986,165	28%	11%
Rhode Island	78,989	308,855	26%	12%

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Medicaid Expansion Enrollment, as of June 2024

State	Expansion Enrollment	Total Medicaid Enrollment	Expansion as a Share of Total Medicaid Enrollment	Expansion as a Share of the Non-Elderly Adult Population
South Dakota*	24,241	125,473	19%	5%
Utah	78,443	336,538	23%	4%
Vermont	64,675	167,586	39%	17%
Virginia	683,528	1,519,807	45%	14%
Washington	625,573	1,860,025	34%	13%
West Virginia	170,977	522,117	33%	17%

*South Dakota adopted expansion on July 1, 2023, and North Carolina adopted expansion on December 1, 2023. The number of expansion adults in these states is therefore expected to increase beyond the estimates reported here as expansion continues to phase in.

Source: June 2024 Medicaid enrollment data collected from the Centers for Medicare & Medicaid Services Medicaid Budget and Expenditure System. Total Medicaid enrollment includes both full- and partial-benefit enrollees. Population estimates are from the U.S. Census Bureau's 2023 American Community Survey 1-year estimates, table S2704.