The Medicaid Monster:

Unpacking Arkansas's Single-Largest Budget Driver

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KEY FINDINGS:

- Medicaid has transformed from a program for the most vulnerable into welfare for able-bodied adults.
- Arkansas's Medicaid enrollment and expenditures are through the roof.
- Arkansas's Medicaid expansion program has been an abject failure.
- The truly needy who rely on Medicaid in Arkansas are being left behind.

BOTTOM LINE:

- Comprehensive reforms are needed to fix Arkansas's Medicaid program.

EXECUTIVE SUMMARY

Medicaid was intended to be a health coverage program for the truly needy—an option for Americans who were otherwise uninsurable and had nowhere else to turn. But over time, Medicaid has gradually morphed into a catch-all welfare program, serving far more individuals than originally intended, including able-bodied, working-age adults. It now makes up the vast majority of most state budgets—and Arkansas is no exception.

Regrettably, many policymakers and the general public remain unaware of just how large the program has become and how far it has drifted from its original mission. For example, in Arkansas alone:

- **Medicaid is the single-largest budget item in the entire state budget;**[1]
- **Arkansas spends roughly $1.3 billion more on Medicaid than it collects in general revenue;**[2]
- **At its peak in March 2023, enrollment was at 1,152,896;**[3]
- **Nearly one in three Medicaid enrollees in Arkansas are able-bodied, working-age adults through ObamaCare's Medicaid expansion; and**[4]
- **More than 2,000 truly needy Arkansans with developmental or intellectual disabilities remain stuck on waiting lists.**[5]

These dynamics—driven by the program's record levels of enrollment (especially in recent years), consistent expansions of eligibility and benefits, and flawed delivery models—mean less funding is available for priorities like education, transportation, and infrastructure.

It also means fewer resources are available to provide adequate services for much of the traditional Medicaid population, including thousands of individuals with developmental and intellectual disabilities who remain stuck on state waiting lists.

And finally, although state policymakers have made significant progress in recent years, **without fundamental Medicaid reform, the prospect of finally phasing out the state's work-punishing income tax is not possible.** The program is simply too expensive and growing too quickly in order to deliver the savings needed to help Arkansas workers find permanent freedom from this burdensome tax.

A brief look at Arkansas Medicaid's history reveals it is long past time for broad reform.

A Brief History of Medicaid's Transformation

Medicaid was created in 1965 as part of President Lyndon Johnson's "Great Society" initiative.[6] Often confused with Medicare, Medicaid is a federal program, administered and funded by both states and the federal government, which was originally designed to provide taxpayer-funded medical coverage to extremely low-income Americans, as well as certain individuals such as seniors, those with disabilities, those in need of long-term care, pregnant women, children, and more.[7]

But this original, limited focus on America's truly vulnerable has increasingly shifted toward able-bodied adults, particularly in recent years.

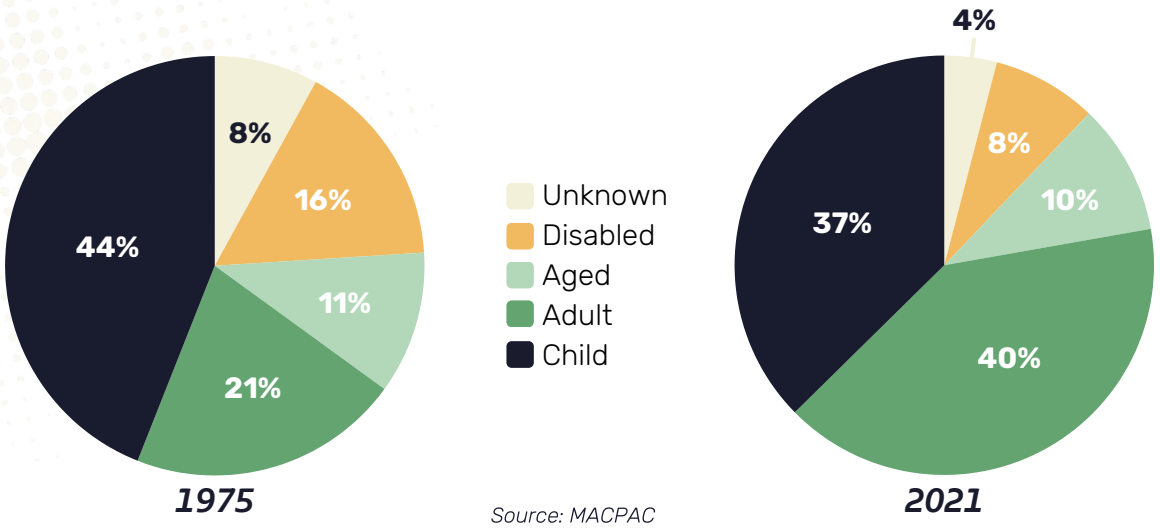
The largest shift was ushered in by the Affordable Care Act, otherwise known as ObamaCare, which expanded Medicaid to a new class of able-bodied adults earning up to 138 percent of the federal poverty level (FPL).[8]

While expansion was originally intended to be mandatory for states, the U.S. Supreme Court's decision in the *NFIB v. Sebelius* case left the choice to expand up to the states.[9] Most states, regrettably, opted in—and the Medicaid program's focus was radically changed.

In 1975, only 21 percent of Medicaid beneficiaries were able-bodied adults.[10] By 2021, **this nearly doubled to 40 percent of Medicaid beneficiaries**, all while the proportion of enrollees that were children, seniors, and individuals with disabilities declined over the same period.[11]

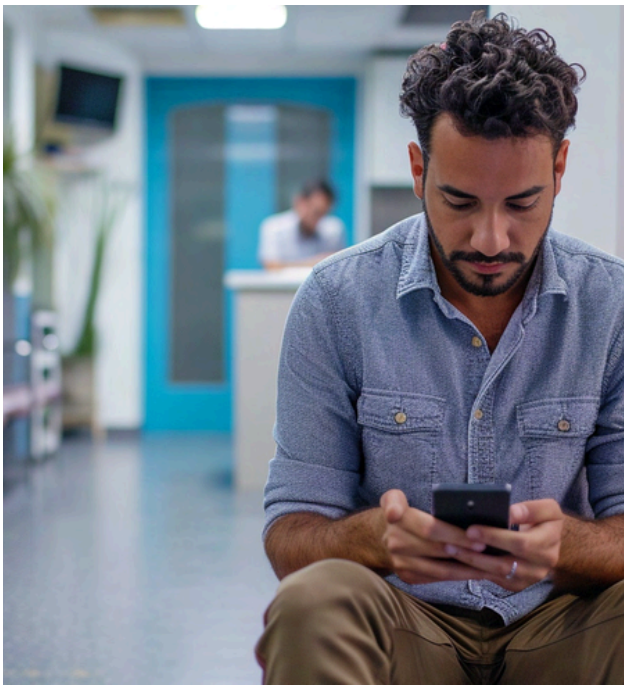
ABLE-BODIED ADULTS NOW MAKE UP 40 PERCENT OF MEDICAID BENEFICIARIES

Medicaid Beneficiaries by Eligibility Group



Source: MACPAC

In other words, there are now more able-bodied adults on the Medicaid program today than seniors and individuals with disabilities combined.[12]



Medicaid Financing 101

There are two key components of Medicaid financing that policymakers should be aware of: 1) who pays for Medicaid expenses and 2) how Medicaid providers are reimbursed.

Ultimately, all of Medicaid is financed by taxpayers. Some funds come from federal taxpayers and some from state taxpayers. For most Medicaid enrollees in Arkansas, federal taxpayers will pay roughly 71 percent of the costs, with state taxpayers picking up the balance.[13]

Notably, for the ObamaCare Medicaid expansion population (working-age, able-bodied adults up to 138 percent FPL), there is a different financing arrangement. For this group, federal taxpayers pay 90 percent of the costs, with the state picking up 10 percent.[14] However, because Arkansas taxpayers pay federal taxes too, they bear a portion of the federal costs as well.

There are two common ways Medicaid pays health care providers. One is known as "fee-for-service," where states simply set a fee for each type of medical service offered and reimburse providers.[15] Another type is known as "managed care" where states contract with Managed Care Organizations (MCOs) to manage their Medicaid programs and pay them a fixed dollar amount per member per month, known as a capitation payment.[16] While the overwhelming majority of Medicaid enrollees nationwide are enrolled in managed care Medicaid, most Arkansas Medicaid recipients are enrolled in fee-for-service Medicaid.[17]

Arkansas also operates under a unique—and excessively expensive—payment model for its ObamaCare expansion population, originally known as the "private option." This model uses taxpayer funds to purchase "private insurance plans" for expansion enrollees. Studies by supporters of this model have shown that this delivery method is about twice as expensive as conventional Medicaid coverage through fee-for-service.[18]

Zooming in on Arkansas's Major Medicaid Challenges: *Skyrocketing Enrollment and Expenditures, An Excessively Expensive Expansion Program, and a Lack of Prioritization of the Truly Needy*

Arkansas has not been immune to Medicaid's slow-but-steady drift away from its core mission. Indeed, the program has grown dramatically over the last few decades, both in terms of cost and dependency. Much of this growth was accelerated by the state's acceptance of ObamaCare expansion in 2014. And now, as state policymakers move toward eliminating the state income tax once and for all, Medicaid stands in the way.

Arkansas's major Medicaid challenges fall into three major categories. **First, enrollment and expenditures have grown at an unsustainable rate that threatens the state's budget. Second, the state's Medicaid expansion program has failed to live up to its promises, costing far more and delivering far less than proponents claimed it would. And third, truly needy Arkansans have been left lingering on waiting lists.**

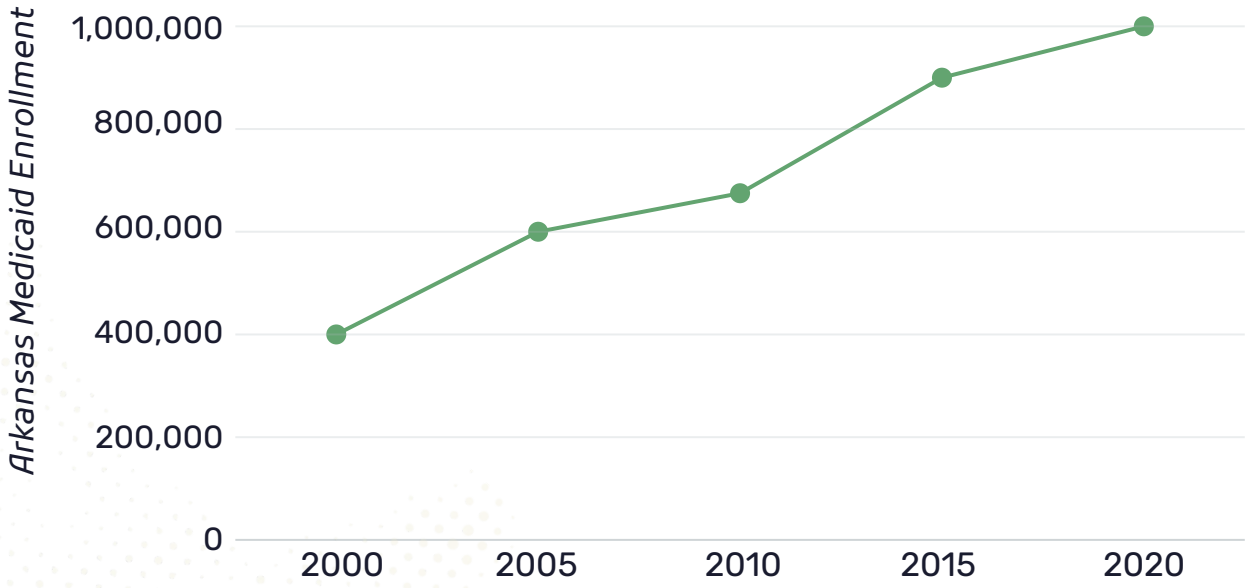
Understanding and addressing each of these three key challenges is crucial to shifting the state's Medicaid system toward a more sustainable course that protects the most vulnerable, promotes self-sufficiency, and doesn't bust the state's budget.

ARKANSAS MEDICAID CHALLENGE #1: SKYROCKETING ENROLLMENT AND EXPENDITURES

Arkansas's Medicaid program has grown dramatically over the last several decades. The chief culprits contributing to this hike in dependency have been the state's decision to adopt Medicaid expansion under ObamaCare and the temporary locking-in of ineligible Medicaid enrollees during the COVID-19 pandemic. As a result, **by 2022, nearly one in every three Arkansans were on Medicaid.**[19]

From 2000 to 2022, enrollment in Arkansas's Medicaid program increased from slightly less than 400,000 to nearly 1,000,000—**a spike of approximately 151 percent.**[20] In contrast, Arkansas's population has only grown by 13.7 percent over the same period.[21]

ARKANSAS MEDICAID ENROLLMENT HAS INCREASED BY MORE THAN 150 PERCENT SINCE 2000



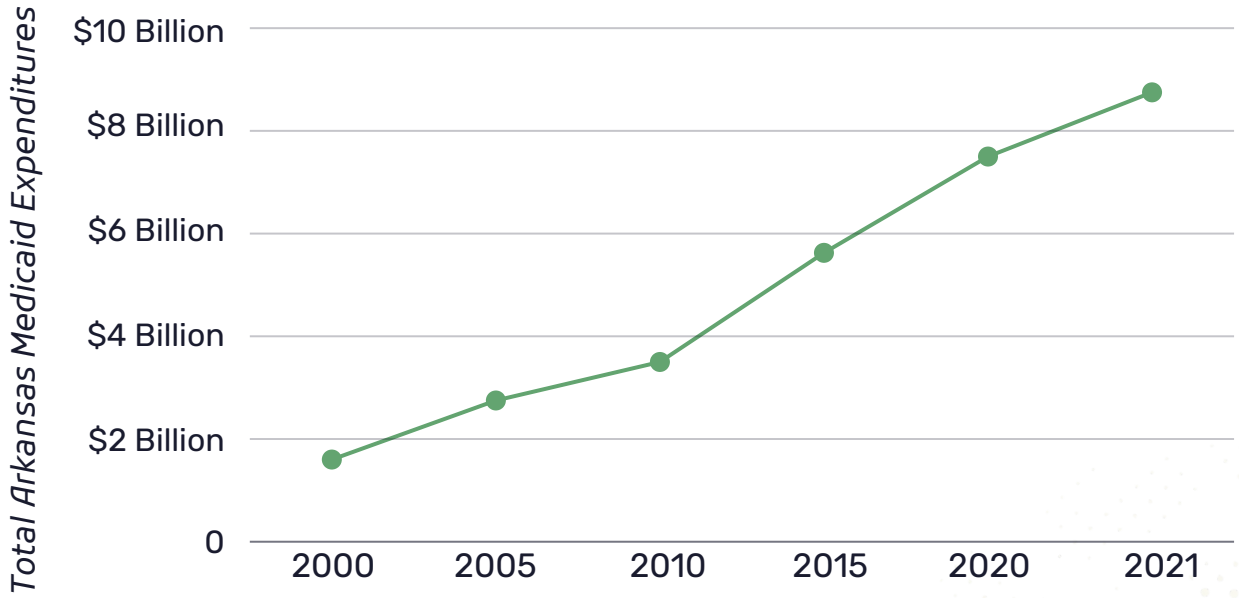
Source: Centers for Medicaid and Medicare Services

Expenditures have grown at an even faster rate.

Between 2000 and 2022, total spending on the Arkansas Medicaid program increased from $1.6 billion to $8.8 billion, **or more than 440 percent.**[22] In contrast, overall budgetary expenditures increased by only 218 percent over the same period—**less than half the rate of growth of Medicaid.**[23]

Even after excluding federal funds, state-only spending on Arkansas's Medicaid program has increased from $444 million to $1.4 billion—or more than 215 percent—over the same period.[24]

ARKANSAS MEDICAID SPENDING HAS INCREASED BY NEARLY 440 PERCENT SINCE 2000



Source: Centers for Medicaid and Medicare Services

Importantly, enrollment and spending have declined somewhat since the unwinding of continuously eligible Medicaid enrollees was completed in Arkansas toward the end of 2023.[25] Under the leadership of Gov. Sarah Sanders, Arkansas completed the most robust unwinding of any Medicaid program in the country, disenrolling nearly 400,000 individuals from the program whose coverage had been locked-in during the pandemic.[26]

Many of these individuals were entirely ineligible for the program and diverted resources away from the truly needy. Their expeditious removal helped right-size Arkansas's Medicaid program.

However, policymakers cannot get complacent with this progress. Arkansas's Medicaid program is still way too large and way too expensive.

As of 2022 (before the state's unwinding process began), roughly 30 percent of Arkansas's enrollment and spending on Medicaid is attributable to able-bodied adults enrolled in the state's Medicaid expansion program.[27] **Put another way, the expansion population is responsible for more than half of the state's overall Medicaid growth since 2000.**[28]

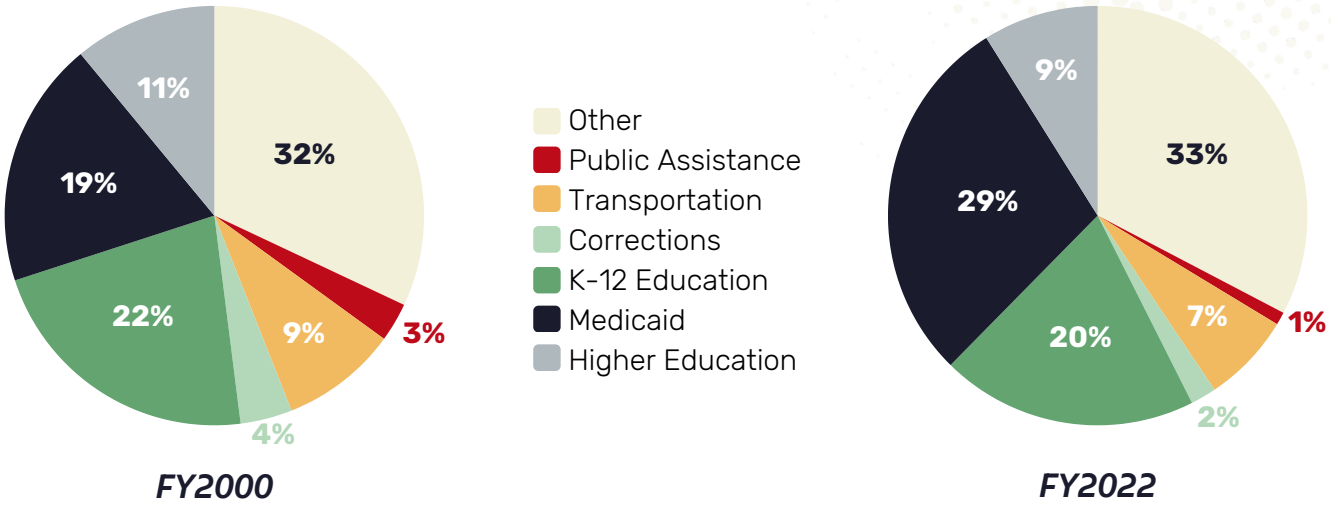
The state's Medicaid spending explosion has resulted in other state priorities being crowded out.

In 2000, Medicaid accounted for 19.1 percent of Arkansas's expenditures.[29] Today, it accounts for 28.9 percent.[30]

Nearly every other major budget category—from higher education to transportation, and more— has seen expenditures decrease as a share of Arkansas's total budgetary expenditures while Medicaid has spiked considerably. [31]

MEDICAID IS CONSUMING ARKANSAS'S BUDGET

Arkansas budgetary expenditures



Source: National Association of State Budget Officers

ARKANSAS MEDICAID CHALLENGE #2: AN EXCESSIVELY EXPENSIVE EXPANSION PROGRAM

In 2013, Democrat Governor Mike Beebe convinced the first Republican legislature in modern history to adopt the largest explosion of welfare in Arkansas history. Lawmakers agreed, albeit by very narrow margins, to expand Medicaid under ObamaCare to able-bodied, working-age adults. In doing so, the state adopted an open-ended welfare program with virtually no enrollment restrictions and unleashed Medicaid on state taxpayers.

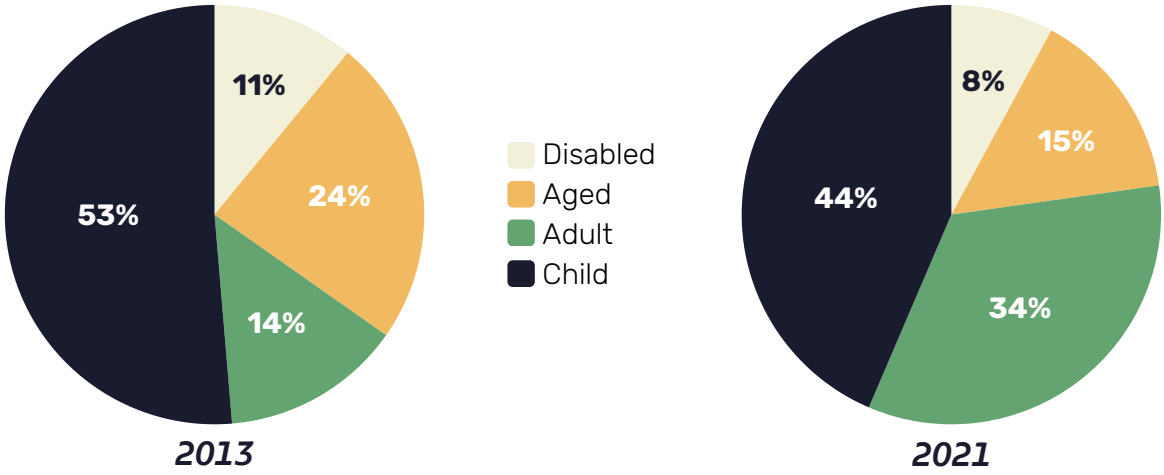
But rather than adopting conventional Medicaid expansion, policymakers contrived something even worse: **They decided to use taxpayer funds to purchase these able-bodied, working-age adults private insurance through the ObamaCare health care exchange.** This costly decision has wrecked Arkansas's budget over the last decade.

Numerous promises were made in conjunction with Arkansas's implementation of Medicaid expansion. Few of them have come true. For example, proponents claimed enrollment would cap out at 215,000; even after Medicaid unwinding, it stood at 240,000 able-bodied adults.[32-33] Expansion proponents also stated that the program would cost $827 million by 2021; in reality, it cost $2.3 billion that year.[34-35] Meanwhile, Arkansas hospitals have continued to close, while the truly needy have been left behind.[36-37]

And, as noted above, able-bodied adults now dominate the program relative to more vulnerable enrollees. In FY2013, able-bodied adults accounted for roughly 14 percent of all Arkansas Medicaid enrollees.[38] By 2021, this figure had more than doubled to encompass nearly one-third of all enrollees, while every other eligibility category's share of enrollment had declined.[39]

THE SHARE OF ABLE-BODIED ADULTS ON ARKANSAS'S MEDICAID PROGRAM HAS MORE THAN DOUBLED SINCE EXPANSION

Arkansas medicaid enrollment by category



Source: MACPAC

From shattered enrollment and cost estimates to the closure of Arkansas hospitals to thousands of vulnerable Arkansans stuck on waiting lists, **Medicaid expansion has been a disaster in Arkansas.**

But while expansion is bad in its own right, Arkansas's private option approach has made it objectively worse. Some estimates suggest the private option model costs twice as much as conventional Medicaid expansion would cost.[40] Meanwhile, as a result of Medicaid enrollees being gifted private health plans, Arkansas's individual market has destabilized as insurers have fled the marketplace and premiums have risen dramatically.[41-42]

If Arkansas eliminated the private option, **it would free up nearly $80 million per year that could be dedicated towards the long-term goal of phasing out the state's income tax.**[43]

As a result, it's no surprise that **every other state that has tried the private option has completely abandoned it,** switching back to conventional expansion.[44]

There is no question that Arkansas's Medicaid expansion program—especially the state's unique approach through the private option—has been an abject failure.

ARKANSAS MEDICAID CHALLENGE #3: TRULY NEEDY ARKANSANS HAVE BEEN LEFT BEHIND

Meanwhile, as Arkansas has devoted billions of dollars of resources to serving new able-bodied adults—at excessively high costs—the state has lost its focus on providing quality care and services for those Medicaid was originally intended to serve.

Medicaid waiting lists exist for home and community-based services that individuals with severe intellectual and developmental disabilities require. **More than 2,000 truly needy Arkansans are stuck on Medicaid waiting lists.**[45]

Despite the promises of state officials to eliminate the Medicaid waiting lists, Arkansas's list has persisted for years.[46-47] **In fact, one public records request found that just in the 15-month period between January 2014 and March 2016, 74 individuals died on Medicaid waiting lists in Arkansas, while nearly 290,000 able-bodied adults were added to the program over roughly the same period.**[48]

Expansion has clearly not solved the waiting list crisis. If anything, it has only further exacerbated it as able-bodied adults have been pushed to the front of the line.

Other Challenges

Despite these pervasive, persistent problems in Arkansas Medicaid, some lawmakers and health care special interests have perplexingly called for yet another expansion of Medicaid by extending postpartum coverage for low-income mothers from 60 days after birth to 12 months after birth.[49] These calls have continued for more than a year, despite the fact that plenty of coverage options already exist for low-income women in Arkansas, including Medicaid.

Currently, pregnant women in Arkansas, as well as Arkansas moms up to two months post-birth, who earn up to 214 percent FPL are eligible for Medicaid services.[50] Additionally, all able-bodied women who earn up to 138 percent FPL are also eligible for endless coverage through Medicaid expansion.[51] And women earning above these thresholds will typically qualify for heavily subsidized private coverage on the federal health exchange.[52]

Even more troubling, according to the Arkansas Maternal Mortality Review Committee that was specifically established to study this issue, the overwhelming majority of post-birth deaths occurred shortly after birth, during the time period in which Medicaid coverage is already available for low-income pregnant women.[53]

Gov. Sarah Sanders has rightly resisted misguided calls for postpartum expansion, which would simply be another taxpayer-financed expansion of welfare with no effect on maternal mortality outcomes.[54]

BOTTOM LINE:

IT IS LONG PAST TIME FOR BROAD MEDICAID REFORM.

Arkansas's Medicaid program has exploded over the last two decades, crowding out other state priorities as enrollment and expenditures have exceeded Arkansas taxpayers' ability to pay. Chief among the challenges with Arkansas's Medicaid program is its private option model of Medicaid expansion, which has driven up costs and failed to live up to its promises. Meanwhile, some lawmakers are promoting additional expansions of Medicaid to certain populations, which would only exacerbate the state's underlying issues with Medicaid.

Importantly, the possibility of a change in the federal administration in Washington, D.C., presents a unique opportunity for reform. Major Medicaid policy changes—from work requirements for able-bodied adults to lockouts for fraudsters, among many others—could become options for which the state could pursue a waiver. Critically, Gov. Sanders' administration has already taken the important first step of applying for work requirements for some able-bodied adults in the state's Medicaid program.[55]

These policy changes are crucial not only to fix Medicaid itself, but to put the state on a more prosperous path as a whole. For example, **there is no way to set Arkansas on a path to repealing its state income tax without reforming the state's Medicaid system.**[56]

If Arkansas is to rein-in the growth of government and phase out its state income tax, policymakers need to take a close look at the state's bloated Medicaid program. Continuing to blindly follow the status quo will simply kick the can further into the future and perpetuate longstanding, generational problems of dependency and taxpayer strain.

For the sake of Arkansas taxpayers and the truly needy, it is time for state policymakers to get serious about broad, bold Medicaid reform.

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