

AHCA's Medicaid Cuts Would Harm Students and Threaten State Funding for Postsecondary Education

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Introduction

On May 4, 2017, the United States House of Representatives narrowly passed the American Health Care Act (AHCA) as a repeal and replacement of the Affordable Care Act (ACA). Independent analyses of the AHCA show that it would leave 23 million more people uninsured by 2026, and make coverage less comprehensive and affordable for millions more.¹ Many low-income and nontraditional students would be likely to lose health insurance coverage, which would harm their ability to complete and persist in postsecondary education. In addition, the proposed bill would further damage postsecondary education, because it would take away billions of dollars of federal Medicaid spending, forcing states to deny coverage and ration care—or to divert state funds from other purposes, such as state funding for postsecondary education, to replace the lost federal investment in Medicaid.

The AHCA would phase out the additional contribution the federal government currently makes to the 32 states and the District of Columbia that have expanded Medicaid to cover most low-income adults. It would also institute a per capita cap on the pre-existing Medicaid program in every state, which would limit federal contributions to the Medicaid program and reduce federal spending over time.² In order to continue Medicaid for those now covered, states would have to greatly increase their own spending, which would put major pressure on their budgets. States currently spend an average of 19 percent of their General Fund revenues on Medicaid and an average of 10 percent on postsecondary education.³

Historically, when states have faced budget restrictions, state funding for postsecondary education has been significantly reduced. Following the Great Recession, when federal stimulus spending was cut sharply while state revenues remained depressed, states significantly cut funding for their colleges and universities—on average, state support for postsecondary education was cut by 28 percent from 2008 to 2012.⁴ Students and postsecondary institutions continue to suffer from these cuts, as states are spending an average of 20 percent less per student than they did before the recession—a direct cause of college tuition and fees that have grown far faster than inflation.⁵ The greatest shortfall in state funding for postsecondary education came in 2012, when states spent over \$17 billion less on postsecondary education in total and nearly \$2,500 less per student than they did in 2008—a cut of almost \$29 billion from the level that would have been required to maintain 2008 funding per student. Florida, for example, spent \$9,403 per student in 2008. In 2012, more than 100,000 additional students were enrolled in state institutions of postsecondary education, yet state appropriations to these colleges and universities fell by over \$800 million, dropping the amount spent per student to \$5,951. Due to the combination of increased enrollment and funding cuts, by 2012 the state's investment in publicly-funded postsecondary education was \$2.2 billion short of pre-recession funding levels.⁶ The analysis in this paper shows the magnitude of these cuts in every state.

As the economy has improved, state budgets have partially recovered from the recession; however, shortfalls in state funding for postsecondary education continue. In 2016, for states to have funded their public colleges and

universities at the same level of investment per student as in 2008, they would have had to increase annual

spending by nearly \$18 billion. For instance, in 2016, Florida remained more than \$700 million short of total state education appropriations and \$1.2 billion short of per-student funding levels when compared to 2008.⁷

Because the ACHA would force states to increase state Medicaid spending in order to offset the federal funding reductions, it would make it extremely difficult to fund much needed increases in state funding for postsecondary education—and many states would likely cut such spending.⁸ State funding reductions have harmed the ability of institutions to provide quality postsecondary education and programming that is responsive to the changing demands of the labor market, leading to staggering increases in tuition and fees and record levels of student loan debt, which has created a college affordability crisis that harms all students, including low-income and nontraditional students.⁹

Furthermore, in the states that expanded Medicaid, more than 5.6 million postsecondary students have incomes below 138 percent of the federal poverty line; these students would likely be eligible for Medicaid.¹⁰ Students who became newly enrolled in Medicaid due to the expansion risk losing health coverage under the proposed AHCA; an added work requirement proposed in the bill would also restrict some students' Medicaid eligibility.¹¹ At a time when attaining postsecondary credentials is critical to achieving economic mobility, the AHCA would severely impact state funding for public postsecondary education and on student health insurance coverage, undermining the opportunities for success among low-income communities, and thus harming our country as a whole.

If AHCA is enacted, 23 million Americans will lose coverage

The ACA greatly expanded health insurance coverage for individuals and families in low-income communities and communities of color, significantly reducing the number of Americans who are uninsured. From 2010 to 2015, the uninsured population dropped by roughly 20 million—many of whom were low-income individuals and families benefitting from Medicaid expansion.¹² In the states that chose to expand Medicaid, over 11 million Americans enrolled in Medicaid who previously did not qualify for coverage.¹³ Traditionally underserved populations benefitted greatly. Among those gaining coverage from 2010 to 2015, 32 percent were Hispanic and 15 percent were Black, while 87 percent of all adults gaining coverage did not have a college degree.¹⁴

However, the gains made under the ACA will be rolled back if Congress passes the AHCA or any version of ACA repeal. The nonpartisan Congressional Budget Office estimates that 23 million Americans would lose health insurance by 2026 under the AHCA, with more than half of those losing coverage coming from reduced Medicaid enrollment.¹⁵ The Urban Institute estimates that if states maintain current enrollment levels in Medicaid, the federal contribution will drop by \$457 billion over ten years.¹⁶ This will force states to decide how they will make up for this significant blow to their budgets.

State funding for postsecondary education likely will be cut due to the AHCA

In Fiscal Year 2016, the federal government paid for 63 percent of the more than \$550 billion total costs of the Medicaid program.¹⁷ In order to make up for lost revenue, states would have to either add state general revenue funding for Medicaid, or do some combination of cutting already-low health care provider payment rates, limiting the health services covered by their state Medicaid plan, or denying health insurance to some beneficiaries. States already spend an average of 20 percent of their General Fund budgets on Medicaid, with little room to cut costs.¹⁸ If faced with these painful options, policymakers are likely to look to other areas of the state budget, including support for public postsecondary education, for offsetting reductions.

During the Great Recession, when most states were last forced to make severe budget cuts due to declining state revenues, all programs were cut sharply; in particular, state postsecondary education funding was significantly reduced and still has not fully recovered. States' need to dedicate additional funding to Medicaid may also crowd out investments in postsecondary education, continuing inadequate funding than remains below pre-recession levels.

The funding decisions states made to cope with the shock to their budgets from declining revenues during the Great Recession can be used to forecast how states would respond to the federal Medicaid funding cuts proposed in the AHCA. The Great Recession caused state revenues to decline significantly as unemployment and depressed housing values reduced taxable income, consumer and business spending, and other economic activity. As incomes fell and workers lost their jobs, 3.9 million more individuals became eligible for Medicaid, at the same time that state revenues were plummeting. The federal government partially relieved the fiscal burden on states by temporarily increasing the federal matching rate for Medicaid, and prohibited states from cutting Medicaid eligibility to ensure that this dedicated funding wasn't used to fill other holes in the budget.¹⁹ Many states squeezed out some savings by enacting Medicaid provider payment cuts, but they also cut other programs—including postsecondary education—to balance their state budgets.²⁰ In addition, when the higher federal Medicaid matching rate ended in 2011 and other stimulus spending was also cut, almost every state continued to cut their support for public postsecondary education, and most have not yet recovered.

The deepest cuts to state postsecondary education funding occurred in 2012, after the federal stimulus ended. State spending to support public colleges and universities in 2012 was \$17 billion below 2008 levels, even though there were 1.3 million more students in 2012. For states to have fully funded the costs of this increased enrollment by keeping per-student funding at 2008 levels, they would have needed \$28.9 billion in additional annual funding. Table 1 below shows the depths of the state cuts to postsecondary education funding at the lowest point in the aftermath of the Great Recession.

Table 1: 2008-2012 Postsecondary education funding cuts²¹

State	2012 Postsecondary Education appropriations (Millions)	2012 FTE (full-time student enrollment)	2008 appropriations per student	How much states needed to spend in 2012 to maintain spending 2008 per-student funding (Millions)	2012 Postsecondary education shortfall from 2008 per-student funding levels (Millions)
U.S.	\$73,779	11,585,214	\$8,866	\$102,711	\$28,933
Alabama	\$1,575	206,364	\$11,986	\$2,474	\$899
Alaska	\$379	21,654	\$18,250	\$395	\$16
Arizona	\$869	275,238	\$6,498	\$1,788	\$920
Arkansas	\$1,073	124,426	\$9,362	\$1,165	\$92
California	\$9,637	1,527,254	\$8,822	\$13,473	\$3,835
Colorado	\$680	192,541	\$5,190	\$999	\$319
Connecticut	\$1,001	85,683	\$15,339	\$1,314	\$313
Delaware	\$225	34,672	\$8,789	\$305	\$80
Florida	\$3,817	641,464	\$9,403	\$6,032	\$2,214
Georgia	\$2,777	379,004	\$10,887	\$4,126	\$1,349
Hawaii	\$553	40,612	\$17,863	\$725	\$172
Idaho	\$352	58,980	\$10,675	\$630	\$278
Illinois	\$2,201	422,261	\$6,445	\$2,721	\$520
Indiana	\$1,633	257,214	\$7,569	\$1,947	\$314
Iowa	\$780	132,423	\$8,684	\$1,150	\$370
Kansas	\$825	142,967	\$7,425	\$1,062	\$236
Kentucky	\$1,041	159,306	\$8,667	\$1,381	\$340
Louisiana	\$1,304	181,589	\$11,774	\$2,138	\$835
Maine	\$284	37,897	\$8,722	\$331	\$47
Maryland	\$1,693	243,028	\$8,577	\$2,084	\$391
Massachusetts	\$1,266	170,221	\$10,386	\$1,768	\$502
Michigan	\$1,633	423,787	\$5,885	\$2,494	\$861
Minnesota	\$1,354	214,055	\$9,101	\$1,948	\$594
Mississippi	\$1,005	139,853	\$10,170	\$1,422	\$417

State	2012 Postsecondary Education appropriations (Millions)	2012 FTE (full-time student enrollment)	2008 appropriations per student	How much states needed to spend in 2012 to maintain spending 2008 per-student funding (Millions)	2012 Postsecondary education shortfall from 2008 per-student funding levels (Millions)
Missouri	\$983	196,360	\$7,114	\$1,397	\$414
Montana	\$213	40,847	\$6,319	\$258	\$45
Nebraska	\$685	83,861	\$9,954	\$835	\$149
Nevada	\$499	65,238	\$11,192	\$730	\$232
New Hampshire	\$87	39,099	\$4,613	\$180	\$93
New Jersey	\$2,106	278,868	\$9,818	\$2,738	\$632
New Mexico	\$848	97,719	\$13,636	\$1,332	\$485
New York	\$5,098	576,367	\$10,536	\$6,073	\$974
North Carolina	\$3,771	412,349	\$12,266	\$5,058	\$1,287
North Dakota	\$362	37,503	\$8,303	\$311	-\$51
Ohio	\$2,122	455,507	\$6,958	\$3,169	\$1,047
Oklahoma	\$1,099	146,518	\$9,575	\$1,403	\$304
Oregon	\$596	169,806	\$6,400	\$1,087	\$490
Pennsylvania	\$1,681	369,046	\$6,709	\$2,476	\$795
Rhode Island	\$169	31,729	\$7,261	\$230	\$61
South Carolina	\$906	175,236	\$9,208	\$1,614	\$708
South Dakota	\$191	33,540	\$7,684	\$258	\$67
Tennessee	\$1,491	201,735	\$10,789	\$2,177	\$686
Texas	\$6,811	993,964	\$9,014	\$8,960	\$2,149
Utah	\$729	126,594	\$8,987	\$1,138	\$409
Vermont	\$90	21,765	\$5,243	\$114	\$24
Virginia	\$1,624	325,517	\$7,645	\$2,488	\$864
Washington	\$1,362	253,902	\$9,135	\$2,319	\$958
West Virginia	\$543	80,193	\$8,741	\$701	\$158
Wisconsin	\$1,107	233,284	\$6,485	\$1,513	\$405
Wyoming	\$338	26,174	\$14,404	\$377	\$39

In the pre-recession year of 2007, states spent an average of 11 percent on postsecondary education and nearly 17 percent on Medicaid. However, enrollment in postsecondary education spiked upward during the Great Recession, as workers facing a depressed job market sought additional education and credentials. By 2012, years after the recession officially ended, states still spent an average of 11 percent on postsecondary education—but this funding was spread across a greater number of students. For instance, in 2008, Florida appropriated \$4.2 billion to postsecondary education, spending \$9,403 per student. By 2012, 100,641 more Florida students were enrolled in postsecondary education than in 2008, but the state spent only \$3.8 billion, decreasing funding per student to \$5,951. Florida would have needed to spend an additional \$2.2 billion to support its public postsecondary institutions at the 2008 per-student funding level.

Most states have not yet restored the funds that were cut over the past decade; states currently spend an average of 10 percent of their general funds on postsecondary education. Although the average percentage of funding has remained nearly the same, states currently spend an average of 20 percent less per student than they did prior to the Great Recession. Only four states, Montana, North Dakota, Wisconsin, and Wyoming, spent more per student in 2016 than they did in 2008.²² The charts below describe how a combination of state funding cuts and increased enrollment has led to significant shortfalls in postsecondary education.

Figure 1: State postsecondary education appropriation in 2015 constant dollars (millions)

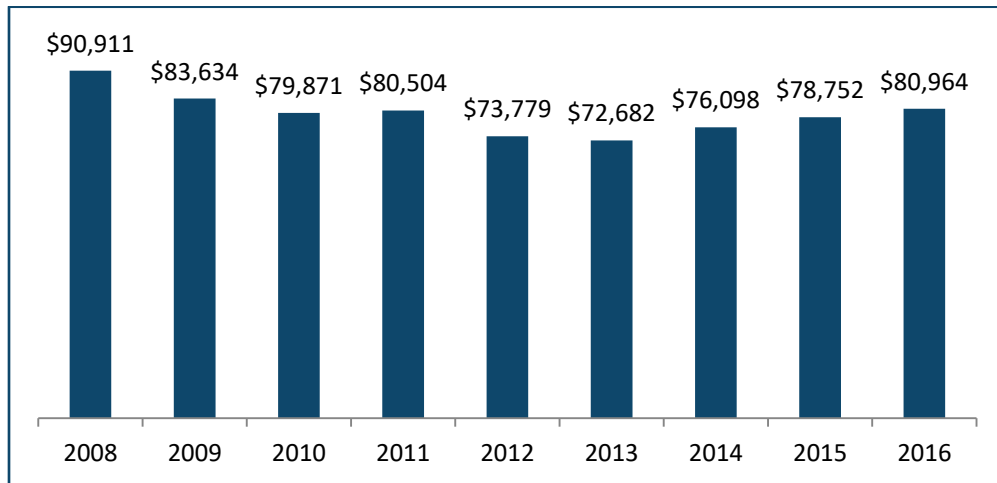
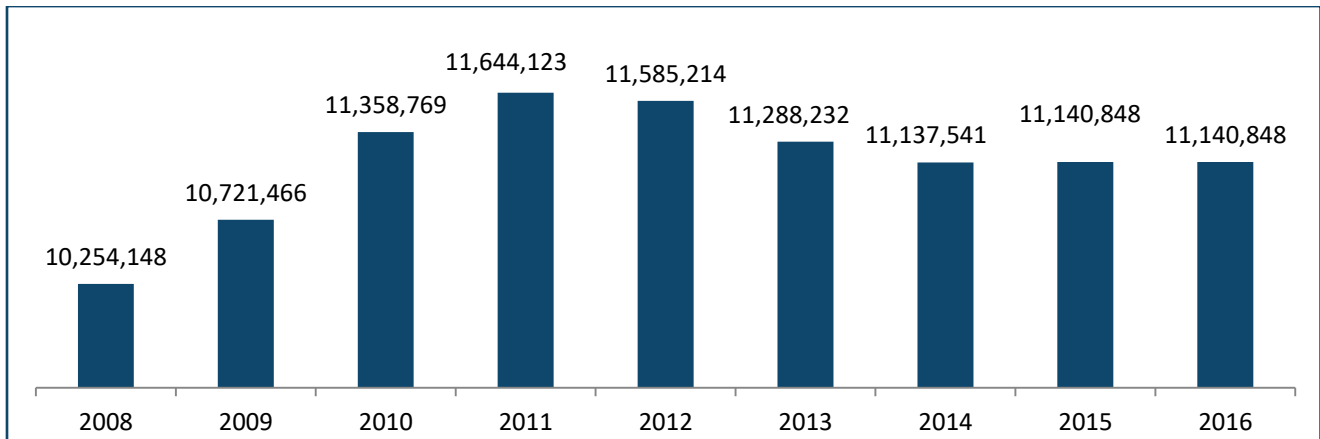


Figure 2: State postsecondary education enrollment



States spent nearly \$81 billion on postsecondary education in 2016—\$9.9 billion below 2008 levels after adjusting for inflation—and enrolled 886,700 more students last year than they did in 2008. States would have had to dedicate nearly \$18 billion more last year just to bring their postsecondary education funding back up to its per-student level before the Great Recession. The blow to state budgets from the AHCA’s Medicaid cuts would prevent states from restoring postsecondary funding, and would likely lead to further cuts. If the AHCA were enacted, states would need to increase Medicaid spending by an estimated \$457 billion over ten years just to maintain their current Medicaid coverage and services. Table 2 (below) shows how much states would need to spend to restore per-student funding for public postsecondary education to pre-recession levels and compares these amounts to estimates of the amount that states would need to spend to cover the AHCA’s cuts in Medicaid spending over ten years.

Table 2: 2016 State postsecondary education shortfall compared to state increases in health care spending ²³

State	2016 Postsecondary Education appropriations (Millions)	2016 FTE	2008 appropriations per student	How much states would need to spend to maintain spending per student from 2008 (Millions)	2016 Postsecondary education shortfall from 2008 funding levels (Millions)	Est. State Increases in Health Care Spending, Assuming Full Offset of Federal Funding Reductions, 2019-2028 (Millions)
U.S.	\$80,964	11,140,848	\$8,866	\$98,772	\$17,808	\$457,000
Alabama	\$1,495	195,469	\$11,986	\$2,343	\$848	\$2,000
Alaska	\$361	19,910	\$18,250	\$363	\$2	\$1,000
Arizona	\$791	274,316	\$6,498	\$1,782	\$992	\$19,000
Arkansas	\$988	116,983	\$9,362	\$1,095	\$108	\$3,000
California	\$13,159	1,540,279	\$8,822	\$13,588	\$429	\$45,000
Colorado	\$865	181,921	\$5,190	\$944	\$79	\$15,000
Connecticut	\$1,195	87,429	\$15,339	\$1,341	\$146	\$7,000
Delaware	\$230	36,753	\$8,789	\$323	\$93	\$2,000
Florida	\$4,373	601,471	\$9,403	\$5,656	\$1,282	\$7,000
Georgia	\$3,009	344,427	\$10,887	\$3,750	\$741	\$4,000
Hawaii	\$599	39,444	\$17,863	\$705	\$105	\$3,000
Idaho	\$419	56,743	\$10,675	\$606	\$187	\$1,000
Illinois	\$1,255	423,272	\$6,445	\$2,728	\$1,472	\$24,000
Indiana	\$1,778	249,292	\$7,569	\$1,887	\$109	\$8,000
Iowa	\$849	124,920	\$8,684	\$1,085	\$236	\$4,000
Kansas	\$794	137,077	\$7,425	\$1,018	\$224	\$1,000
Kentucky	\$898	152,362	\$8,667	\$1,321	\$422	\$16,000
Louisiana	\$1,186	165,378	\$11,774	\$1,947	\$761	\$10,000
Maine	\$285	35,619	\$8,722	\$311	\$25	\$1,000
Maryland	\$1,821	231,639	\$8,577	\$1,987	\$165	\$14,000
Massachusetts	\$1,494	170,754	\$10,386	\$1,773	\$280	\$13,000
Michigan	\$1,826	392,392	\$5,885	\$2,309	\$484	\$17,000
Minnesota	\$1,533	197,783	\$9,101	\$1,800	\$267	\$12,000
Mississippi	\$1,039	129,519	\$10,170	\$1,317	\$278	\$2,000
Missouri	\$1,035	186,992	\$7,114	\$1,330	\$295	\$3,000
Montana	\$249	38,744	\$6,319	\$245	-\$4	\$3,000
Nebraska	\$747	79,206	\$9,954	\$788	\$42	\$1,000
Nevada	\$539	66,944	\$11,192	\$749	\$211	\$5,000
New Hampshire	\$124	38,409	\$4,613	\$177	\$53	\$3,000
New Jersey	\$2,068	274,422	\$9,818	\$2,694	\$626	\$31,000
New Mexico	\$923	96,139	\$13,636	\$1,311	\$388	\$11,000
New York	\$5,600	567,634	\$10,536	\$5,981	\$380	\$50,000
North Carolina	\$3,843	392,106	\$12,266	\$4,809	\$967	\$6,000
North Dakota	\$446	36,812	\$8,303	\$306	-\$141	\$1,000
Ohio	\$2,237	379,145	\$6,958	\$2,638	\$401	\$22,000
Oklahoma	\$1,022	136,351	\$9,575	\$1,306	\$284	\$2,000
Oregon	\$779	155,551	\$6,400	\$996	\$216	\$15,000
Pennsylvania	\$1,589	355,167	\$6,709	\$2,383	\$794	\$18,000
Rhode Island	\$180	31,556	\$7,261	\$229	\$49	\$3,000
South Carolina	\$1,026	176,842	\$9,208	\$1,628	\$602	\$2,000
South Dakota	\$222	33,948	\$7,684	\$261	\$39	\$360
Tennessee	\$1,640	185,371	\$10,789	\$2,000	\$360	\$5,000
Texas	\$7,418	993,780	\$9,014	\$8,958	\$1,541	\$15,000
Utah	\$933	120,388	\$8,987	\$1,082	\$149	\$1,000
Vermont	\$91	20,658	\$5,243	\$108	\$18	\$2,000
Virginia	\$1,862	314,159	\$7,645	\$2,402	\$540	\$2,000
Washington	\$1,771	242,293	\$9,135	\$2,213	\$442	\$20,000
West Virginia	\$486	72,787	\$8,741	\$636	\$150	\$4,000
Wisconsin	\$1,471	219,555	\$6,485	\$1,424	-\$47	\$1,000
Wyoming	\$419	24,048	\$14,404	\$346	-\$73	\$170

Although states that expanded Medicaid would be hit the hardest, all states would have to make tough funding decisions when faced with the Medicaid cuts in the AHCA. Florida, for example, severely cut postsecondary education by more than \$2 billion in the aftermath of the Great Recession and still had an annual shortfall of more than \$1.2 billion in 2016. In comparison, the AHCA would force the state to increase funding by \$7 billion over 10 years in order to maintain the state’s current Medicaid program. In another example, Kentucky, which expanded Medicaid to cover 443,300 additional low-income individuals, is currently \$422 million below pre-recession funding levels for postsecondary education—and the AHCA would leave the state with a \$16 billion Medicaid deficit over ten years. These and other states may reduce their postsecondary education funding to protect some or all of their Medicaid program’s coverage and eligibility; either way, the magnitude of the Medicaid cuts would preclude increases to postsecondary education funding in almost every state.

Over the past decade, severe state disinvestment in support for public postsecondary education has made college significantly less accessible and affordable to low-income and nontraditional students. Tuition has increased by 33 percent since the 2007-08 school year,²⁴ while annual student-loan debt increased by \$17 billion in the five years since the beginning of the Great Recession.²⁵ If the AHCA punches a massive hole in state budgets, policymakers are likely to look to make funding decisions similar to those made in the aftermath of the recession—putting students at further risk.

Financially at-risk students will lose health coverage

In the 32 states that opted to expand Medicaid through the ACA, more than 5.6 million independent students report incomes at or below 138 percent of the federal poverty line, the income cut-off for Medicaid eligibility under this program.²⁶ Although not all of these students are receiving Medicaid, the AHCA would directly threaten health care coverage of students who became newly eligible for Medicaid under the ACA.

In addition, the AHCA also gives states the option to impose a “work requirement” as a condition of Medicaid receipt for most adult recipients, using the same narrow list of qualifying activities used in the Temporary Assistance for Needy Families (TANF) program. Notably, college attendance would not count as a “work activity,” which would pose a direct threat to the 18 percent of unemployed adults who receive Medicaid and report that they did not work because they attended school. Passage of the AHCA would put these students at risk of losing health care coverage, and prevent other low-income students from receiving Medicaid in the future, which would remove the critical support of health insurance and potentially deter them from pursuing the postsecondary credentials that could help advance their careers and their economic success.²⁷

Conclusion

Almost all of the jobs created in our economy since the Great Recession require some sort of postsecondary credential, and state support for postsecondary education is more important than ever. Yet the AHCA’s proposed cuts to Medicaid will devastate state budgets—and if the past is any guide, state policymakers are very likely to respond by reducing funding for public colleges and universities. Such a downstream impact would deeply harm millions of students as they pursue a pathway towards economic mobility, and ultimately would be detrimental harm our nation’s future.

Endnotes

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- ³ Kaiser Family Foundation, “Distribution of State General Fund Expenditures,” 2015, <http://www.kff.org/other/state-indicator/distribution-of-general-fund-spending/?dataView=1¤tTimeframe=0&selectedDistributions=elementary-secondary-education--higher-education--public-assistance--medicaid--corrections--transportation--all-other--total&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ⁴ CLASP analysis of Center on Budget and Policy Priorities state appropriations data (2008-2016), <http://www.cbpp.org/sites/default/files/atoms/files/5-27-16sfp-supplement.xlsx>.
- ⁵ Michael Mitchell, Michael Leachman, and Kathleen Masterson, *Funding Down, Tuition Up: State Cuts to Higher Education Threaten Quality and Affordability at Public Colleges*, Center on Budget and Policy Priorities, 2016, <http://www.cbpp.org/research/state-budget-and-tax/funding-down-tuition-up>.
- ⁶ CLASP analysis of Center on Budget and Policy Priorities state appropriations data (2008-2016), <http://www.cbpp.org/sites/default/files/atoms/files/5-27-16sfp-supplement.xlsx>.
- ⁷ Ibid.
- ⁸ John Holahan, Matthew Buettgens, Clare Pan et. al, *The Impact of Per Capita Caps on Federal and State Medicaid Spending*, Urban Institute, 2017, http://www.urban.org/sites/default/files/publication/89061/2001186-the_impact-of-per-capita-caps-on-federal-spending-and-state-medicaid-spending_2.pdf.
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- ¹⁰ CLASP analysis of data from U.S. Department of Education, Profile of Undergraduate Students: 2011-12, October 2014, <http://nces.ed.gov/pubs2015/2015167.pdf> and National Postsecondary Student Aid Study 2012.
- ¹¹ Elizabeth Lower-Basch, *Adding Stumbling Blocks in the Path to Health Care*, CLASP, 2017, <http://www.clasp.org/resources-and-publications/publication-1/Adding-Stumbling-Blocks-in-the-Path-to-Health-Care.pdf>.
- ¹² Bowen Garrett and Anuj Gangopadhyaya, *Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?*, Urban Institute, 2016, <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>.
- ¹³ Kaiser Family Foundation, “Medicaid Expansion Enrollment,” 2016, <http://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ¹⁴ Garrett et al., *Who Gained Health Insurance*.
- ¹⁵ Congressional Budget Office, “HR. 1628 Cost Estimate.”
- ¹⁶ Holahan et. al, *Per Capita Caps*. Note: This figure is much lower than the CBO’s estimate of \$834 billion in federal cuts from the AHCA because the CBO assumes that states will stop providing Medicaid coverage to the expansion population once the enhanced federal match was ended. The report provides more methodological details.
- ¹⁷ Kaiser Family Foundation, “Federal and State Share of Medicaid Spending,” 2016, <http://www.kff.org/medicaid/state-indicator/federalstate-share-of-spending/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ¹⁸ Kaiser Family Foundation, “Distribution of State General Fund Expenditures,” 2015, <http://www.kff.org/other/state-indicator/distribution-of-general-fund-spending/?dataView=1¤tTimeframe=0&selectedDistributions=elementary-secondary-education--higher-education--public-assistance--medicaid--corrections--transportation--all-other--total&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ¹⁹ Phil Oliff, Vincent Palacios, Ingrid Johnson et. al, *Recent Deep State Higher Education Cuts May Harm Students and the Economy for Years to Come*, Center on Budget and Policy Priorities, 2013,

<http://www.cbpp.org/research/recent-deep-state-higher-education-cuts-may-harm-students-and-the-economy-for-years-to-come?fa=view&id=3927>.

²⁰ Kaiser Family Foundation, *Medicaid in a Crunch: A Mid-FY 2009 Update on State Medicaid Issues in a Recession*, 2009, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7848.pdf>.

²¹ CLASP analysis of Center on Budget and Policy Priorities state appropriations data (2008-2016), <http://www.cbpp.org/sites/default/files/atoms/files/5-27-16sfp-supplement.xlsx>.

²² Mitchell et al, *Funding Down*.

²³ CLASP analysis of Center on Budget and Policy Priorities state appropriations data (2008-2016), <http://www.cbpp.org/sites/default/files/atoms/files/5-27-16sfp-supplement.xlsx>; Holahan et. al, *Per Capita Caps*.

²⁴ Ibid.

²⁵ Baylor, *State Disinvestment*.

²⁶ CLASP analysis of data from U.S. Department of Education, Profile of Undergraduate Students: 2011-12, October 2014, <http://nces.ed.gov/pubs2015/2015167.pdf> and National Postsecondary Student Aid Study 2012.

²⁷ Elizabeth Lower-Basch, *Adding Stumbling Blocks in the Path to Health Care*, CLASP, 2017, <http://www.clasp.org/resources-and-publications/publication-1/Adding-Stumbling-Blocks-in-the-Path-to-Health-Care.pdf>.